



## Evaluation report - Summary

### *quint-essenz*

## Quality development in health promotion and prevention

An evaluation commissioned by Health Promotion Switzerland and in collaboration with the University of Geneva.

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# Summary

## The project *quint-essenz*

*quint-essenz* is a practical model for quality development for interventions in health promotion and prevention. It is realized and continuously developed by Health Promotion Switzerland. Its main objective is to enable health promotion and prevention professionals to improve the quality of interventions; the use of *quint-essenz* is meant to encourage systematic quality development. The main components of *quint-essenz* are its website that presents information and tools, as well as training and support measures for users. The unique and distinguishing feature of this model is the way it integrates the specific requirements of health promotion and prevention with aspects of project management and quality development. *quint-essenz* has been continuously improved and updated since 1999<sup>1</sup>. At its core is a set of quality criteria for projects in health promotion and prevention.

## Purpose of the evaluation

*quint-essenz* has so far not undergone any external appraisal. The present evaluation has been commissioned by Health Promotion Switzerland. *The purpose of the evaluation is to examine how widely and to what extent quint-essenz is being used in health promotion and prevention projects, programmes and institutions in Switzerland – and its effect.* Particular attention is given to the dissemination strategy and to the achievement of objectives.

## Methodology

The evaluation is based on 3 sources of data: (i) the analysis of documents, (ii) the results of a quantitative survey by standardized questionnaire, and (iii) the results of semi-directive in-depth interviews with six key persons and 35 users of *quint-essenz*.

The quantitative data were analyzed with the statistical software package *S-plus 6.2 for windows professional edition*. Univariate and bivariate statistical analyses were conducted. Most of the results were split by “linguistic part of the country” (German/French-Italian speaking Switzerland), “category of user” (often<sup>2</sup>/occasionally/never/other tool), “diffusion method” and “professional position” (programme leader<sup>3</sup>/project leader/other) so as to get frequency tables and investigate the correlations between the method of using *quint-essenz* and the different profile of the users.

Qualitative data were analyzed for content according to two main themes: “use” (when in a project – which instruments used) and “extent of use” (on institutional and personal level). Indicators for “extent of use” were the dimensions “adoption”, “implementation” and “maintenance”. Final results were obtained by synthesizing the quantitative and the qualitative data.

The interpretation of results was partly inspired by Rogers’s diffusion of innovations theory<sup>4</sup>.

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<sup>1</sup> At that time still funded by the Federal Office for Public Health

<sup>2</sup> This category is the amalgam of originally two categories: “systematic” and “repeated” users. For some of the statistical analysis, they were added together to form the newly named category of “frequent users”.

<sup>3</sup> The category “programme leaders” is a short term used in this report for a category defined in the questionnaire as “in an executive position, i.e as unit or programme manager”.

<sup>4</sup> Rogers, E.M. (1995). Diffusion of Innovation, Fourth Edition, New York : The Free Press.

## Validity of results

Standardized questionnaires were addressed to professionals identified by Health Promotion Switzerland. Around 200 valid answers were obtained (35% response rate). The interview partners were recruited from a subset of respondents willing to be interviewed. With this method, the only persons reached were those who made a positive choice by answering questions about *quint-essenz*. Therefore, some degree of self-selection bias cannot be excluded. In order to counteract this possible bias, special care was taken to include interview partners with a known critical stance towards *quint-essenz*.

## Results

### Spread and reach

*quint-essenz* is known by over 80% of professionals all over Switzerland irrespective of their provenance (German or French speaking) or their professional status (programme or project leader). Institutions are also well aware of the model.

The rate of use is also high, as almost 90% of those who know *quint-essenz* are using the model in one way or another. There are 27% systematic or regular users and 62% occasional users compared to 11% of non-users.

Although the model is equally well known in all parts of the country, it is less frequently used in the French speaking part and there are indications that it is less established.

### Dissemination strategy and reach of target groups

Although *quint-essenz* was at first primarily aimed at “experienced project managers”, the measures employed for its diffusion reached a much broader range of professionals in health promotion and prevention. The observed high level of awareness and use has been achieved thanks to the mix of interventions employed over years. The most important elements of this diffusion strategy are the internet platform, presentations and referrals to the site, briefings and seminars, integration of the model in the curricula of further professional education, binding engagements and incentives, as well as the integration of acknowledged experts and professionals from the start of the project.

Two elements of the diffusion strategy have proved to be particularly successful as they led users to adopt *quint-essenz* in a durable way: training given in the form of seminars, personal consultations or within teaching courses and Health Promotion Switzerland’s strong recommendation to use *quint-essenz* in connection with project proposals and demands for funding.

However, this recommendation needs to be associated with training and support if it is not to be met by indifference and lack of understanding. It has been noted repeatedly that the architecture, the logic and the application of the website and the tools are not obvious to the untrained user. This criticism can be answered if *quint-essenz* is clearly described as a model primarily aimed at projects of a certain complexity and size, and at trained health promotion and prevention professionals.

## Extent of use

The evaluation of the groups of users shows that the majority of all users are casual users (62%), whereas a minority (27%) uses *quint-essenz* repeatedly or systematically.

- Casual users employ *quint-essenz* occasionally as a kind of online resource centre, or they check the quality of their work by referring to *quint-essenz* standards, particularly during the different planning stages of a project. In the latter stages of a project, casual users refer back to *quint-essenz* only infrequently.
- Repeated/systematic users employ *quint-essenz* more regularly. Use varies according to the requirements of their jobs. They also consider *quint-essenz* as their reference and/or they use *quint-essenz* tools in either their original or adapted form. Institutions use it also to assess others' projects or in order to conceptualize or manage projects. In some cases *quint-essenz* is used for teaching or coaching project management techniques.
- Only a very small core of users exploit the full potential of *quint-essenz* and use it during all the different stages of a project.

Some *quint-essenz* elements are particularly appreciated and have been "adopted" quite widely either in their original or adapted form: the quality criteria with indicators, the definition of objectives and the tools for strategic, general and detailed project planning are particularly appreciated.

## Effects

*quint-essenz* has shown effects at different levels.

Within the community of health promotion and prevention professionals, high awareness for the site and its contents has been achieved. Although demanding, *quint-essenz* has become the standard reference for the majority of professionals, particularly with regard to quality issues or project planning in health promotion. In Switzerland, *quint-essenz* has largely contributed to create a common base and language for health promotion and has thus facilitated cooperation and networking, even across national language barriers. Awareness of the importance of quality development and of the need to demonstrate effects has increased generally; not only because of the existence of *quint-essenz*, but also *quint-essenz* has managed to offer practical solutions to put these issues into practice.

On an institutional level, some institutions<sup>5</sup> have started to apply quality criteria inspired by *quint-essenz* and/or to integrate other elements of *quint-essenz* into their work. These institutions as well as some establishments for further education have not only integrated *quint-essenz* into their own practice but have also started to disseminate the philosophy of *quint-essenz* inside and outside their institution.

Programme and project managers and casual or systematic users alike declare that *quint-essenz* gives structure to their thought and working process, that it incites them to work with more awareness and goal orientation, that it induces reflection on their actions and simplifies the task of explaining their work to others.

In a chain effect perspective, it may be assumed that such goal- and result-oriented planning has a positive effect on the quality of interventions and equally, that increased transparency and communicability of programmes and projects lead to a better understanding of health promotion by decision-makers and the public. More research needs to be planned to demonstrate the extent of *quint-essenz*' impact and possible long term effects.

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<sup>5</sup> This evaluation did not set out to establish the exact number

## Conclusions and recommendations

In Switzerland, in the field of health promotion and prevention, *quint-essenz* is now well known, enjoys a high reputation, is unique in its market and is put into practice successfully. Regular users are often enthusiastic about *quint-essenz* whereas casual and untrained users may be overwhelmed by the apparent complexity of the website (and the funding procedure by Health Promotion Switzerland, often associated to *quint-essenz*).

In the future, *quint-essenz* must exploit the positive results obtained so far. In practice, convinced users (opinion leaders) must be gained to disseminate the model further; efforts to share their positive experiences made with *quint-essenz* need encouragement and support. The measures that have proved to lead to particularly sustainable use of *quint-essenz* (training, support and recommendations made by Health Promotion Switzerland) ought to be continued. The integration of *quint-essenz* in the curricula of further education must be pursued. Communication regarding various aspects of *quint-essenz* can be improved and ought to result in a better understanding of the scope and limitations of the model by all health promotion and prevention professionals.

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