



Criteria for Best Practice (Concept of Best Practice – Health Promotion Switzerland)

Overriding criterion: When making strategic decisions and when planning, implementing and evaluating health promotion and prevention activities, sufficient time must be spent on reflecting and appropriately considering the 3 best practice dimensions (values, knowledge, context) (see *Fig. Radar screen model*).
This should be done systematically, using adequate existing tools.

Values

Criterion: When making strategic decisions and when planning, implementing and evaluating health promotion and prevention activities, the fundamental (ethical) values and principles of health promotion (and public health) are given due consideration.

- The most important stakeholders/target groups (sponsors, funding institutions, project team, etc.) are familiar with the fundamental values and principles of health promotion (see *Fig. List of relevant values*).
- These are studied and discussed with the key stakeholders (e.g. by using tried and tested checklists).
- Strategic decisions and health promotion and prevention activities are in line with these fundamental values and principles. Sometimes, prioritizing may be necessary. If this is the case, the order of priorities should be carefully considered and the rationale clearly explained.

Knowledge

Criterion: Decisions and activities are based on current scientific knowledge.

- Current scientific knowledge (incl. evidence) is systematically researched and reviewed in advance. The research and review process is differentiated according to the available type of knowledge (sources, types and categories of knowledge) (see *Fig. Evidence types, sources; see also the Swiss model of outcome classification - SMOC*).
- The most important sources of knowledge are used (see *Fig. Types, sources and objects of scientific knowledge*).
- Where current knowledge is not taken into account, good reasons are provided and documented.

Criterion: Decisions and actions contribute to the strengthening scientific base or evidence base of health promotion and prevention.

- If knowledge/evidence gaps related to health promotion were found, these gaps are documented and communicated to suitable parties (federal government and cantons, Health Promotion Switzerland, research institutes, professional associations, networks).
- Work to reduce these knowledge gaps is initiated, scheduled and carried out if this is sensible, necessary and appropriate (see *Fig. Knowledge cycle*).

Criterion: In addition to scientific knowledge, decisions and activities are also based on other important knowledge (expert opinions/knowledge from practice).

- This kind of knowledge is also carefully researched in advance, interpreted and reviewed, as necessary. This process, again, is differentiated according to the kind of knowledge available (types of knowledge such as expert opinion and knowledge derived from practice; sources of knowledge such as good self evaluations, project reports and experts' reports).
- Current scientific knowledge and available experiential knowledge are then carefully examined for their potential application regarding decisions and actions. When in doubt, priority is given to scientific knowledge, as long as it is appropriate and relevant in the specific context.
- Where current knowledge is not taken into account, good reasons are provided and documented.
- Important results and findings are disseminated (distributed and made usable).

Context

Criterion: When making strategic decisions and when planning, implementing and evaluating health promotion and prevention activities, to the context is given appropriate consideration.

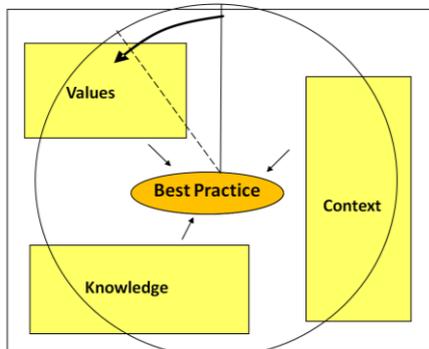
- The relevant dimensions of the narrower and broader context are studied as appropriate (see *Fig. Context check*).
- The transferability of scientific and other important findings/new knowledge to the respective context is carefully checked/studied.
- If approaches, processes and interventions from elsewhere are adapted to the specific context, these changes must be well-founded and documented.

Final overriding criterion: The intended positive effects have been achieved and negative effects have been avoided.



Overview of the main figures and tables with regard to the criteria for best practice

Radar screen model



List of relevant values

Values, principles, ethical standards in public health

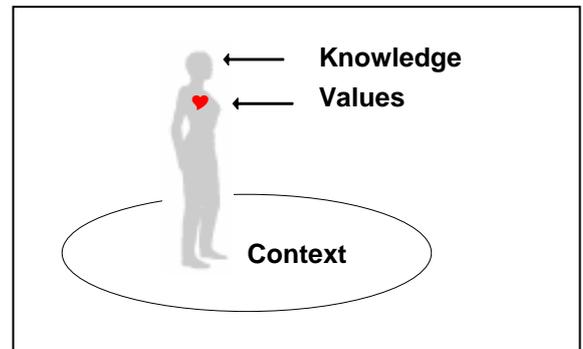
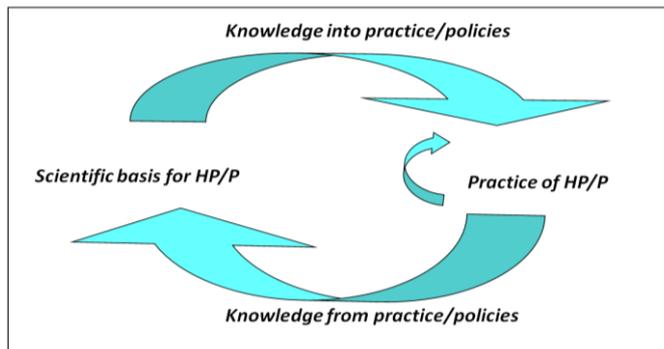
- Equal rights/ equal duties and shared responsibility for health, social responsibility
- Avoidance of doing harm, beneficence ("the doing of good"), respect for autonomy, justice (the general ethical cornerstones of public health)
- Transparency and accountability, inclusiveness/openness
- Health equity (decisions and actions are guided by the principles of equal opportunity and justice)
- Sustainability: a) of measures and/or obtained health promoting changes beyond the initial financing period; b) in the sense of the concept for sustainable development

For Health Promotion in particular:

- Focused on health and health determinants (salutogenesis instead of pathogenesis)
- Empowerment
- Participation

Types of knowledge (scientific knowledge)	Sources of knowledge	Objects of knowledge
1. Evidence „Types of evidence“ 	1. Evidence „Sources of evidence“ Scientific/research articles (peer reviewed) – from health, educational, social, evaluation, political, management sciences, etc. Systematic and narrative reviews Good evaluation reports; meta-analyses of evaluation reports and studies	1. Evidence „Objects of knowledge“ - Determinants of health/health resources and their interaction - Distribution of health/determinants of health in the population - Effectiveness of interventions/policies; effectiveness models Effectiveness of interventions/policies
2. Scientific theories		

Knowledge cycle: evidence in practice/policy and vice versa



Context check

