Framework for Evaluating Health Promotion projects: The Swiss Model for Outcome Classification in Health Promotion and Prevention (SMOC)

Committee on Valuing Community-Based, Non-Clinical Prevention Policies and Wellness Strategies
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The SMOC in 2 phrases:

- structured framework offering a common language to describe pathways to health
- methodology developed for interactive use integrates the perspectives of all stakeholders

Plan of presentation

- Why and how was this model developed?
- What is the purpose and context of its use?
- What is its theoretical basis and structure?
- How is the model applied in practice?
The Swiss Model for Outcome Classification in Health Promotion and Prevention (SMOC):

Plan of presentation

- Why and how was this model developed?
- What is the purpose and context of its use?
- What is its theoretical basis and structure?
- How is the model applied in practice?
Our ever-faithful friend, the black box

Measures applied:
- Projects
- Programmes
- Strategies
- Policies

What we do

Why we think our activities can lead to our goal

Our goal

Improvement of a population's health

n.b. output is not outcome!
It’s never so simple…

Measures applied:
- Projects
- Programmes
- Strategies
- Policies

Not possible to standardise measures
Not desirable to standardise measures – adaptation to context

What’s more, the context changes over time of a population’s health

Most of these changes you cannot predict

And once they’ve taken place, you’ll need to take different measures
And even if you could, you couldn’t control them
Various ways to open the black box...
"Looks like the research boys really came up with something this time."
SMOC Development

2002-2004: Model Construction
2004-2005: Feasibility testing & Translation
2005 onwards: Dissemination

Guidelines for use

2008: Publication in Health Promotion International

http://heapro.oxfordjournals.org/cgi/content/full/dam038?ijkey=zQDCckIz8KuMxob&keytype=ref
The Swiss Model for Outcome Classification in Health Promotion and Prevention (SMOC):

Plan of presentation

Why and how was this model developed?

What is the purpose and context of its use?

What is its theoretical basis and structure?

How is the model applied in practice?
Three types of application

**Situation analysis**
Where is a specific problem to be located?
How may the problem have arisen?
To which categories can the factors contributing to the development of the problem be attributed and how do they relate to each other?
Are there other players that may already be having an impact?

**Intervention planning**
How can the health of the population be maintained or how can a health-related problem be reduced?
In which categories should the project’s objectives be situated and how do the objectives interact?

**Evaluation**
Which factors have contributed in which way to maintain health or reduce health-related problems in the population?
In which categories have results been achieved and how do these results interact?
What do these results tell us about our hypothesised theory of action?

**Applied at three levels:**
- Projects
- Programmes
- Strategies
Plan of presentation

- Why and how was this model developed?
- What is the purpose and context of its use?
- What is its theoretical basis and structure?
- How is the model applied in practice?
The determinants of health

Theoretical and Methodological underpinnings and links

Field of Health:
- Ottawa Charter, 1986
- Don Nutbeam, 2002; NIGZ Health Promotion Framework
- Saan & de Haes 2005; PRECEDE-PROCEED
- Green & Lewis, 1986; EUPHID Health Development Model for the classification of public health indicators Bauer et al., 2006

Programme Theory in Evaluation
- Logic model - “graphic depiction of the relationship between the main strategies of a program and associated goals, objectives, population(s) of interest, indicators and resources” (Hyndman et al., 2001)
Swiss Model for Outcome Classification

- Health promotion measures (A)
  - A1: Development of services
  - A2: Advocacy Networking organisations
  - A3: Social mobilization
  - A4: Development of individual skills

- Factors influencing health determinants (B)
  - B1: Health promoting services
  - B2: Public policy and organisational practice
  - B3: Social potential and commitment
  - B4: Individual health-related life skills

- Health determinants (C)
  - C1: Physical environment
  - C2: Social environment
  - C3: Indiv. resources/behavioural patterns

- Health status of the population (D)
  - D: Health
SMOC: Levels of outcome (columns) and focal points

- Health promotion measures (A)
- Factors influencing health determinants (B)
- Health determinants (C)
- Health status of the population (D)

- Infrastructures, services
- Legal system, administration, organisations
- Groups, communities, population
- Individuals

Health
Health promotion measures (A)

- Outcome levels
  - Infrastructures services
  - Legal system
    - Administration
    - Organisation
    - Networks
  - Groups
    - Communities
    - Population
  - Individuals

Health promotion measures (A)

A1: Development of services

A2: Advocacy Networking organisations

A3: Social mobilisation

A4: Development of individual skills

Factors influencing health determinants (B)

Health determinants (C)

Health status of the population (D)

Health
Factors influencing health determinants (B)

<table>
<thead>
<tr>
<th>Outcome levels</th>
<th>Health promotion measures (A)</th>
<th>Factors influencing health determinants (B)</th>
<th>Health determinants (C)</th>
<th>Health status of the population (D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrastructures services</td>
<td>A1: Development of services</td>
<td>B1: Health promoting services</td>
<td></td>
<td></td>
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<tr>
<td>Legal system Administration Organisation Networks</td>
<td>A2: Advocacy Networking organisations</td>
<td>B2: Public policy and organisational practice</td>
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<tr>
<td>Groups Communities Population</td>
<td>A3: Social mobilization</td>
<td>B3: Social potential and commitment</td>
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<td>Individuals</td>
<td>A4: Development of individual skills</td>
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</tbody>
</table>

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B1 Health promoting services

Outcome levels

Health promotion measures

Factors influencing health determinants

Health determinants

Health status of the population

Infrastructures services

Development of services

Advocacy Networking organisations

Social mobilization

Development of individual skills

B1: Health promoting services
B1 Health promoting services

- B1-1 Awareness of the service
- B1-2 Accessibility of the service and reaching of target groups
- B1-3 Use of the service and satisfaction with it
- B1-4 Sustainability of the service
- B1-5 Improved professionalism in health promotion

- Professionals, mediators
- Population
B2: Health promoting public policy and organisational practice

Outcome levels

Health promotion measures

Factors influencing health determinants

Health determinants

Health status of the population

- Development of services
- Advocacy
- Networking organisations
- Social mobilization
- Development of individual skills

B1: Health promoting services

B2: Public policy and organisational practice
B2 Health promoting public policy and organisational practice

- B2-1 Binding engagement of decision-makers and/or key persons
- B2-2 Action-relevant, binding written basis
- B2-3 Successful organisational changes
- B2-4 Successful exchange and cooperation

- Policy
- Organisations
B3 Health promoting social potential and commitment

Outcome levels

**Health promotion measures**
- Development of services
- Advocacy
- Networking organisations
- Social mobilization
- Development of individual skills

Factors influencing health determinants
- B1: Health promoting services
- B2: Public policy and organisational practice
- B3: Social potential and commitment

Health determinants

Health status of the population

Individuals

Groups
- Communities
- Population

Infrastructures services

Legal system
- Administration
- Organisation
- Networks

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B3: Health promoting social potential and commitment

- B3-1  Existence of active groups focusing on health promoting concerns or themes
- B3-2  Enlisting of new players
- B3-3  Awareness of the concern by population groups
- B3-4  Acceptance of a concern by population groups
B4 Individual health-related life skills

Health promotion measures
Development of services
Advocacy Networking organisations
Social mobilization
Development of individual skills

Factors influencing health determinants
B1: Health promoting services
B2: Public policy and organisational practice
B3: Social potential and commitment
B4: Individual health-related life skills

Health determinants

Health status of the population

Outcome levels

Infrastructures services
Legal system Administration Organisation Networks
Groups Communities Population
Individuals

Health
B4 Individual health-related life skills

- **B4-1** Factual health-relevant knowledge and capacity to act on knowledge
- **B4-2** Positive attitudes towards a health-relevant topic
- **B4-3** New personal and/or social skills
- **B4-4** Strengthened self-confidence regarding a health-relevant topic or an activity
Health Determinants (C)

Outcome levels

Health promotion measures (A)

Infrastructures services
A1: Development of services

Legal system Administration Organisation Networks
A2: Advocacy Networking organisations

Groups Communities Population
A3: Social mobilization

Individuals
A4: Development of individual skills

Factors influencing health determinants (B)

B1: Health promoting services

B2: Public policy and organisational practice

B3: Social potential and commitment

B4: Individual health-related life skills

Health determinants (C)

C1: Physical environment

C2: Social environment

C3: Indiv. resources/behavioural patterns

Health status of the population (D)

D:Health

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C1 Health-promoting physical environment

Outcome levels

Health promotion measures

Factors influencing health determinants

Health determinants

Health status of the population

- Development of services
- Advocacy networking organisations
- Social mobilization
- Development of individual skills

C1: Physical environment

- Health promoting services
- Public policy and organisational practice
- Social potential and commitment
- Individual health-related life skills

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C1 Health-promoting physical environment

- C1-1 Reduction of pollution caused by physical-chemical influences
- C1-2 Conservation and improvement of natural resources
- C1-3 Health-promoting installations and products

- Work place, education, school
- Habitation, home
- Leasure, mobility
C2 Health-promoting social environment

- Health promotion measures
  - Development of services
  - Advocacy
  - Networking organisations
  - Social mobilization
  - Development of individual skills

- Factors influencing health determinants
  - Health promoting services
  - Public policy and organisational practice
  - Social potential and commitment
  - Individual health-related life skills

- Health determinants
  - C1: Physical environment
  - C2: Social environment

- Outcome levels
  - Health status of the population
  - Legal system
  - Administration
  - Organisation
  - Networks
  - Infrastructures services
  - Groups
  - Communities
  - Population
  - Individuals

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C2 Health-promoting social environment

- C2-1 Social support, social networks, social integration
- C2-2 Social climate
- C2-3 Equal access to general social resources

- Work place, education, school
- Habitation, home
- Leasure, mobility
C3: Health-promoting individual resources and behavioural patterns

Outcome levels

- Health promotion measures
- Factors influencing health determinants
- Health determinants
- Health status of the population

Infrastructures services

Legal system
Administration
Organisation
Networks

Groups
Communities
Population

Individuals

Development of services

Advocacy
Networking organisations

Social mobilization

Development of individual skills

Health promoting services

Public policy and organisational practice

Social potential and commitment

Individual health-related life skills

C1: Physical environment

C2: Social environment

C3: Indiv. resources/behavioural patterns
C3: Health-promoting individual resources and behavioural patterns

- C3-1  Health promoting individual skills
- C3-2  Improved health-relevant behaviour and patterns of behavioural

- Work place, education, school
- Habitation, home
- Leasure, mobility
D: Improvement of a population’s health and quality of life

Indicators regarding:

- Increased healthy life expectancy
- Increased health-related quality of life
- Lower morbidity
- Less premature mortality
The Swiss Model for Outcome Classification in Health Promotion and Prevention (SMOC):

Plan of presentation

♫ Why and how was this model developed?
♫ What is the purpose and context of its use?
♫ What is its theoretical basis and structure?
♫ How is the model applied in practice?
Elderly in the community: situation analysis

- Development of services
  - Advocacy
  - Networking organisations
  - Social mobilization
  - Development of individual skills

- Health promoting services
  - Absence of public policy
  - Low public awareness
  - Individual health-related life skills

- Neighbourhood construction unfavourable to elderly pedestrians
  - Social isolation
  - Loneliness
  - Insecurity

- Institutionalisation
  - Poor Quality of Life
  - Frailty
  - Low physical activity

- C3: Indiv. resources/behavioural patterns
  - Fear
  - Resignation

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Elderly in the community: programme theory

- Development of services
- Seek partnerships
- ProSenectute community development project
- Public policy and organisational practice
- Social potential and commitment

Health promoting services
- Project Agenda 21 for community garden
- Joint project with municipality: QoL
- Residents of all ages participate in design and construction of garden
- Residents Community group created
- Development of individual skills
- Increased confidence

Individual health-related life skills
- Increased physical activity

Advocacy
- Networking organisations
- Social mobilization

Advocacy
- Development of individual skills
- Increased physical activity

Increased social contact
- Intergenerational understanding
- Neighbour garden activities
- Elderly live independently
- Increased strength
- Less depression

C3: Indiv. resources/behavioural patterns
Outcome model of a prevention project on obesity in infants

A1 Development and Dissemination
- Broad dissemination, wide use by maternal consultants
- High attainment of target groups and many coachings
- Parental satisfaction, few dropouts

A2 Advocacy, cooperation of organizations
- Improved expert skills

A3 Social mobilization
- Committed consultants
- Successful cooperation

A4 Development of individual skills

B1 Health promoting services

B2 Health promoting public policy and organizational practice
- Improved expert skills

B3 Health promoting social potential and commitment
- Committed consultants
- Successful cooperation

B4 Development of individual skills

C1 Health promoting physical environment
- Improved eating culture
  - Family meals, slow food, eating without distraction/TV,…
- Improved eating behavior
  - More fruits, vegetables and salads, less sweets, snacks and sweet beverages. Increased consumption of sugarless beverages
- Increased physical activity
  - Increased activity outdoors, less computer and television

C2 Health promoting social/societal environment

C3 Health promoting individual resources and behavioural patterns
- Healthy weight
  - Improved eating culture
  - Improved eating behavior
  - Increased physical activity

D Health

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Outcome model of a prevention project on obesity in infants: research questions

- How many parent counsellors have been reached?
- How good is the quality of the training?
- Which parents can be reached?
- Do the parent counsellors have better skills due to the trainings?

- Is the networking with pediatrics successful?
- Quality of the coaching?
- What is the influence on parental attitudes and skills?

- Coachings by parent counsellors
- Improved educational skills
- Improved educational behaviour

- More physical activity
- Improved eating culture
- Decrease of body weight?

- More fruits, vegetables and salads, less sweets, snacks and sweet beverages. Increased consumption of sugarless beverages
- More activity outdoors, less computer and television
- Family meals, slow food, eating without distraction/TV,…
- Are they more active?

- To what extent have educational behaviors changed?
- Was it possible to change the eating culture of the families?
- Do children eat healthier?

- Outcome model of a prevention project on obesity in infants:
  - Decrease of body weight?
  - How many parent counsellors have been reached?
  - How good is the quality of the training?
  - Which parents can be reached?
  - Do the parent counsellors have better skills due to the trainings?

- Is the networking with pediatrics successful?
- Quality of the coaching?
- What is the influence on parental attitudes and skills?

- Coachings by parent counsellors
- Improved educational skills
- Improved educational behaviour

- More physical activity
- Improved eating culture
- Decrease of body weight?
Stakeholder Workshop Process

Participation:
- within stakeholder groups
- between stakeholder groups

Communication:
- implicit becomes explicit
- exchange and clarify
- agree on transparent objectives
Général de l’outil de
analyse des résultats

Facteurs qui influencent les
déterminants de la santé

B1
Offres en matière de
promotion de la santé

Effets sur les
déterminants de la santé

C1
Environnement

Bénéfice pour la
santé de la population

B3
Potentiel social et
engagement favorables à la
santé

Ressources perçues
e comportement
favorables à la santé

B4
Compétences individuelles
favorables à la santé
An iterative process... but nonetheless with outputs...
Overall process leading to the definition of an evaluation framework

- Situation analysis
- Programme theory
- Choice of « priority » objectives
- Definition of relevant/key indicators
- Definition of corresponding anticipated values
  - Quantitative
  - Qualitative
Elderly in the community: possible indicators

- Development of services
  - Seek partnerships organisations
  - ProSenectute community development project
  - Development individual skills

- Health promoting services
  - Project Agenda 21
  - Joint project with municipality

- Public policy and organisational practice
  - Advocacy
  - Networking organisations
  - Social mobilization

- Social potential and commitment
  - Individual health-related life skills
  - Increased confidence

- Elderly live independently
  - Increased strength
  - Less depression
  - Increased social contact
  - Intergenerational understanding
  - Joint project with municipality
  - Residents of all ages participate in design and construction of garden

- Level of satisfaction regarding atmosphere in neighbourhood
  - Frequency of activities
  - Level of participation
  - Neighbour garden activities

- Maintenance of garden
  - Frequency of contacts
  - Level of physical activity
Individual programmes and projects do not need to provide evidence of progress from C to D:

- **A1: Development of services**
- **A2: Advocacy Networking organisations**
- **A3: Social mobilization**
- **A4: Development of individual skills**

- **B1: Health promoting services**
- **B2: Public policy and organisational practice**
- **B3: Social potential and commitment**
- **B4: Individual health-related life skills**

- **C1: Physical environment**
- **C2: Social environment**
- **C3: Indiv. resources/behavioural patterns**

- **D: Health status of the population**

Epidemiological data

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THE LATEST RESEARCH SHOWS THAT WE REALLY SHOULD DO SOMETHING WITH ALL THIS RESEARCH
Where are we now?

- Dissemination of use
  - National
  - International

- Sustainability/ Integration of SMOC into:
  - further education and training
  - technical support system
  - grant management process

- Multiple uses and levels of application
- Creation of web-based community of users
- Links with systems management
Key characteristics of the SMOC

- Communication and understanding is promoted between stakeholders
- Provides synthesis of multiple perspectives
- Development of common language
- Acknowledges complexity
- Brings together different forms of evidence from research and expert/practitioner knowledge
- Interventions are developed on a theoretical and evidence-based framework
- Hypotheses regarding change theory are made explicit and can be verified: performance AND learning objectives
Thankyou for your attention!