

Assessment guidelines.

Contest of Best Practices tackling Social Inequalities in Cancer Prevention.

Background

The iPAAC Joint Action, co-funded under the 3rd European Health Programme (DG Santé), brings together 24 European countries and 44 partners whose main objectives are to develop and implement innovative approaches to advances in cancer control.

The iPAAC Joint Action officially started on 1 April 2018 and it will last for three years. It is coordinated by the National Institute of Public Health Slovenia (NIJZ). More information about the iPAAC Joint Action can be obtained by visiting the official website (www.ipaac.eu).

In the field of cancer prevention and population-based screening programmes, the project aims to strengthen the principles of the European Code against Cancer (ECAC) as well as to optimise population screening programmes by integrating social equality as a crucial cross-cutting issue.

Many **cancer risk and protection factors** such as tobacco consumption, diet, alcohol, exercise radiation, screening, vaccination etc. are **socially conditioned**. In general, those who pertain to lower socioeconomic groups are more exposed to cancer risk factors and less to protector ones. As a result, socially disadvantaged groups in all EU countries are at higher risk for most of the common cancers. Successful cancer prevention practices with an equity perspective requires not only an individual outlook but also a public health approach, addressing actions to the whole population with additional emphasis on socially vulnerable groups.

In this light, FISABIO (the Foundation for the Promotion of Health and Biomedical Research in Valencia Region, Spain) launches through the present call the **Contest of Best Practices tackling social inequalities in cancer prevention**, including both health promotion and cancer screening programmes. The aims of this contest are:

- To **identify and compile** relevant European experiences,
- To **disseminate** them among European countries in order to promote and facilitate their implementation in different health systems and services,
- To contribute to the **exchange and replication** of best practices on equality in cancer prevention.

This initiative adds to the efforts undertaken by the European Commission in preventing and managing non-communicable diseases through a good-practice-sharing approach, focusing exclusively and specifically on cancer prevention and screening, from the perspective of social inequalities.

The European Commission 3rd Health Programme states that, in order to promote health, prevent diseases, and foster supportive environments for healthy lifestyles, good practices should be identified and disseminated, and their uptake promoted, addressing in particular the key lifestyle related risk factors with a focus on the EU added value¹.

Documenting and sharing “Best Practices” affords one the opportunity to acquire knowledge about **lessons learned** and to continue learning about how to **improve and adapt** strategies and activities through feedback, reflection and analysis in order to implement larger-scale, sustained, and more effective interventions².

Based on the review of the *Guide for documenting and sharing “best Practices” in Health Programmes* (WHO – Regional Office for Africa)², documents and manuals concerning good practices compilation procedures available at the *EC Health and Food Safety Best Practice Portal*³ and at the Spanish Ministry of Health⁴, the term “best practice” has been defined as follows:

A best practice is an **innovative and relevant** intervention or organisational/managerial model implemented in a real life setting which has been favourably **assessed** in terms of adequacy (**ethics** and evidence) and **equity**, as well as **effectiveness and efficiency**. Additional criteria are important in determining best practices: ability to be transferred to other settings, sustainability, inter-sectorial collaboration and public involvement.

Practices submitted to the present contest will be evaluated, according to the above definition and reviews, against the **criteria** set further in this document.

¹ <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32014R0282&from=EN>

²

https://www.afro.who.int/sites/default/files/2017-06/Guide_for_documenting_and_Sharing_Best_Practice_-_english_0.pdf

³ <https://webgate.ec.europa.eu/dyna/bp-portal/>

⁴ <https://www.msrebs.gob.es/organizacion/sns/planCalidadSNS/BBPP.htm>

Evaluation rules:

- Only proposals complying with the compulsory criteria ('relevance', 'equity' and 'effectiveness') will be evaluated by experts. Evaluation will be performed on the basis of the following **basic criteria**:
 1. Gender perspective
 2. Efficiency
 3. Ethics
 4. Sustainability
 5. Intersectorial collaboration
 6. Transferability
 7. Innovation
 8. Evidence and/or theory based
 9. Public engagement.
- An explanation on these criteria has been included, in order to provide the reference framework and perspective.
- Each basic criterion will be assessed on a **scale from 0 to 5**.
- Justification on the score awarded may be described briefly in the corresponding section.
- Proposals achieving an overall score of 27 points or more will be considered "best practice".

1. *Gender perspective.*

Gender refers to the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men⁵

The practice specifically addresses gender-related inequalities as a cross-cutting issue.

- Gender-stratified data are considered for initial analysis and steers the practice approach.
- The analysis of results has been carried out taking into account the gender dimension.
- The experience promotes, through its actions or recommendations, the empowerment of women and men as self-care agents.

Awarded score (please tick only one box).

0 – Proposal fails to address the criterion or cannot be assessed due to missing or incomplete information.	<input type="radio"/>
1 – Poor. The criterion is inadequately addressed or there are serious inherent weaknesses.	<input type="radio"/>
2 – Fair. The proposal broadly addresses the criterion, but there are significant weaknesses.	<input type="radio"/>
3 – Good. The proposal addresses the criterion well, but a number of shortcomings are present.	<input type="radio"/>
4 – Very good. The proposal addresses the criterion very well, but a small number of shortcomings are present.	<input type="radio"/>
5 – Excellent. The proposal successfully addresses all relevant aspects of the criterion. Any shortcomings are minor.	<input type="radio"/>

Justification/argument (max 750 characters):

⁵ <https://www.who.int/gender-equity-rights/understanding/gender-definition/en/>

2. *Efficiency.*

It measures the extent to which the practice objectives have been successfully met under real conditions at the lowest possible cost.

- The practice has been evaluated from an economic point of view.
- The practice includes an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks.

Awarded score (please tick only one box).

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Justification/argument (max 750 characters):

3. *Ethics.*

The practice guarantees ethical values.

- The practice must be respectful of the basic bioethical principles of Autonomy, Nonmaleficence, Beneficence and Justice.
- The practice includes measures aimed at protecting the rights of individuals, according to national and European legislation.
- Conflicts of interest (including potential ones) are clearly stated, including measures taken.
- Relevant information is adequately presented to patients/persons, ensuring conscious and informed decision making.

Awarded score (please tick only one box).

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Justification/argument (max 750 characters):

4. *Sustainability.*

The practice can be implemented over a long period of time with no (or minor) additional resources, adapting to social, economic and environmental context:

- The practice has institutional/financial support, an organizational and technological structure and stable human resources.
- The practice presents a financial report.
- The practice provides training of staff in terms of knowledge, techniques and approaches in order to sustain it,
- A sustainability strategy has been developed taking into account a range of contextual factors (e.g. health and social policies, innovation, cultural trends and general economy, epidemiological trends).
- A contingency plan has been drawn up.

Awarded score (please tick only one box).

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Justification/argument (max 750 characters):

5. *Intersectoral collaboration.*

Ability of the practice to foster collaboration among the different sectors involved:

- The practice has been jointly implemented by several sectors.
- A multidisciplinary approach is supported by the agents involved.
- A continuum-of-care approach is encouraged through collaboration between social, health and/or other services.
- The practice sets up coordination arrangements involving all different stakeholders (e.g. professional associations, public institutions, educational establishment, employers).

Awarded score (please tick only one box).

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Justification/argument (max 750 characters):

6. *Transferability.*

This criterion refers to the practice capacity to being transferred to other settings or scaled up to a broader target population/geographic context.

- The practice uses instruments that allow for replication (e.g. a manual with a detailed activity description).
- The description of the practice includes all organizational elements, identifies the limits and the necessary actions that were taken to overcome legal, managerial, financial or skill-related barriers.
- A communication strategy and a plan to disseminate the results has been developed and implemented.
- The practice has already been successfully transferred.
- The practice shows adaptability to difficulties encountered during its implementation.

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Justification/argument (max 750 characters):

7. Innovation.

Novel approach to health challenges.

- The practice widens scientific knowledge or offers new methodology or proceedings.

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Justification/argument (max 750 characters):

8. *Evidence and/or theory based.*

Scientific excellence or other evidence (e.g. grey literature) was used and analysed in a conscious, explicit and thoughtful manner:

- The intervention is built on well-founded theory/principles and is evidence-based.
- The relevant concepts are stated and explained.

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Justification/argument (max 750 characters):

9. *Public Engagement.*

All societal actors work together during the whole process in order to align the practice to the needs of society.

- The structure, organization and content (also evaluation outcomes and monitoring) of the practice was defined and established together with the target population and social actors involved.
- Elements are included to promote empowerment of the target population (e.g. strengthen their health literacy, ensuring the right skills, knowledge and behaviour).
- Outcomes and results have been shared and disseminated among the target population.
- The practice encourages the creation and strengthening of community alliances and promotes social responsibility.

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Justification/argument (max 750 characters):



Co-funded by
the Health Programme
of the European Union

Please complete the following **summary evaluation chart**:

Criteria	Score
<i>Gender perspective</i>	<input type="text"/>
<i>Efficiency</i>	<input type="text"/>
<i>Ethics</i>	<input type="text"/>
<i>Sustainability</i>	<input type="text"/>
<i>Intersectorial collaboration</i>	<input type="text"/>
<i>Transferability</i>	<input type="text"/>
<i>Innovation</i>	<input type="text"/>
<i>Evidence and/or theory based</i>	<input type="text"/>
<i>Public engagement</i>	<input type="text"/>
Total score	<input type="text"/>