

EDPQS Theory of Change

How can the introduction of quality standards help improve prevention practice and lead to better outcomes for target populations?

Authors

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Suggested citation

Brotherhood A & the European Prevention Standards Partnership (2015) EDPQS Theory of Change: how can the introduction of quality standards help improve prevention practice and lead to better outcomes for target populations? Liverpool: Centre for Public Health.

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Funding statement

This publication has been produced with the financial support of the Drug Prevention and Information Programme of the European Union (Project name: “Promoting Excellence in Drug Prevention in the EU - Phase II of the European Drug Prevention Quality Standards Project”). The contents of this publication are the sole responsibility of the authors stated above and can in no way be taken to reflect the views of the European Commission.

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Introduction

The EDPQS Theory of Change (see Figure 1) helps to understand how quality standards such as the European Drug Prevention Quality Standards (EDPQS) can contribute to improvements in preventive practice and, consequently, lead to better outcomes for target populations.

It shows the larger context within which quality standards are developed or adapted, and helps make the links between the development/adaptation of quality standards, their promotion, uptake and implementation, and target population outcomes.

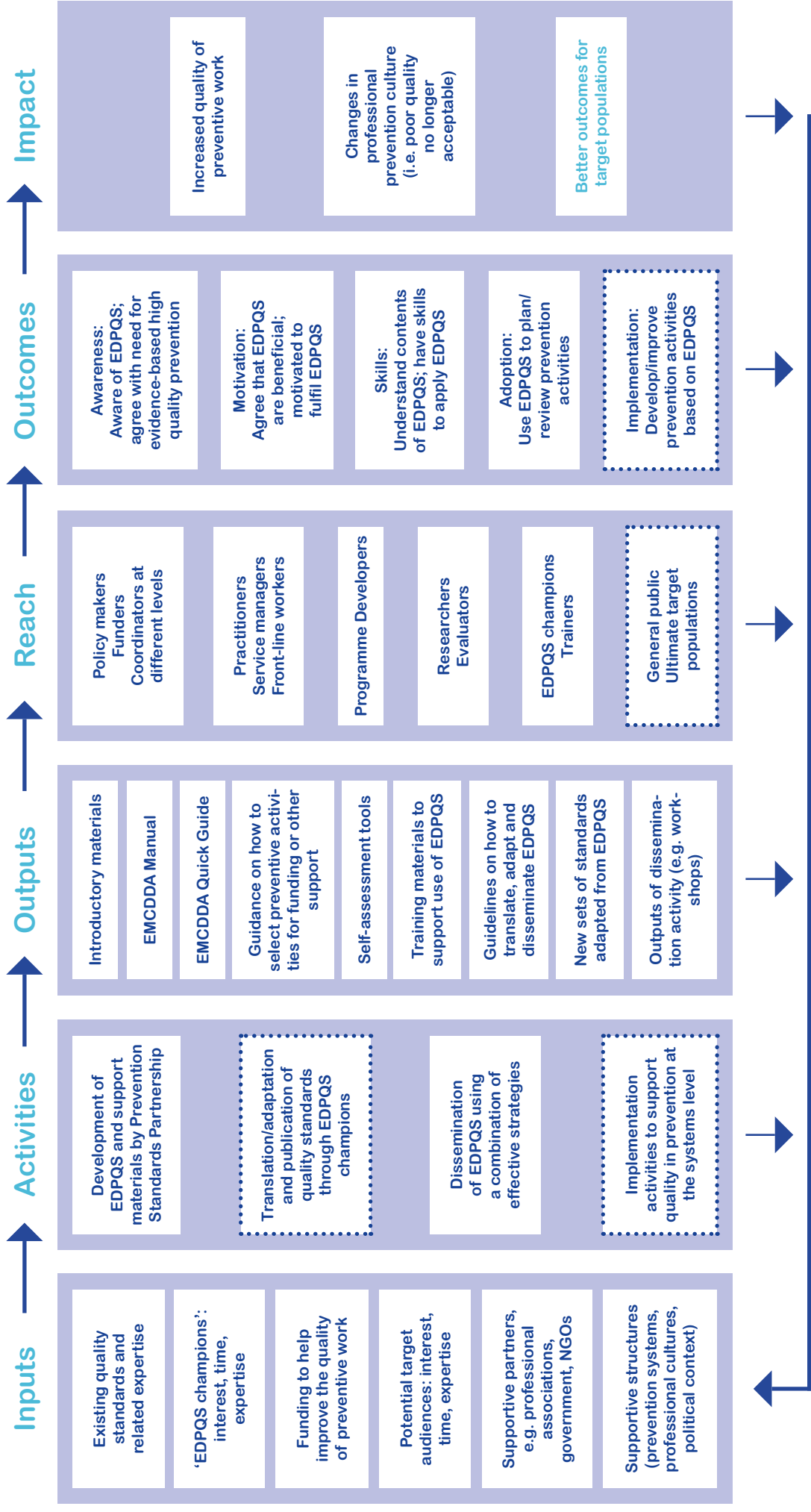
It will therefore be of particular use to people wishing to promote and advocate for quality in prevention, as it can help them with explaining to other members of the prevention community how quality standards can help to achieve beneficial outcomes. The model presented was developed based on the aims and practical experiences of the Prevention Standards Partnership, as well as existing theories of behaviour change in healthcare professionals (e.g. Bywood et al. 2008). It reflects theoretical considerations rather than empirical data derived from scientific research. In other words, Figure 1 shows what the quality standards are expected to achieve, and how they are expected to achieve this.

Readers of this document will also find the EDPQS Position Paper interesting, as this explains the meaning of 'high quality drug prevention' in the context of the EDPQS (<http://prevention-standards.eu/position-paper/>). Those wishing to develop, translate, adapt or promote quality standards will also benefit from consulting the EDPQS Toolkit 4, which provides guidelines concerning the adaptation and dissemination of quality standards in drug prevention (see <http://prevention-standards.eu/toolkit-4/>).

Figure 1: The EDPQS Theory of Change (hypothetical logic model)

Context: Prevention activities are not necessarily in line with 'best practice' recommendations or evidence-based guidelines; prevention systems are not sufficiently well developed to facilitate quality; and professional cultures do not generally support evidence-based approaches to prevention.

Assumption: We assume that various barriers hinder the achievement of quality in prevention (e.g. lack of a shared vision and consensus statement on what constitutes 'high quality' in prevention), and that activities to develop and promote quality standards can effectively help to address these barriers.



The elements of the EDPQS Theory of Change

Each part of the EDPQS Theory of Change is briefly described here, moving from top to bottom and from left to right in Figure 1.

Context

Members of the prevention community will probably try to promote quality if they see the need or potential for (further) improvements. The *need* for improvement arises in contexts where:

- prevention activities (including policy and practice) are not necessarily in line with 'best practice' recommendations or evidence-based guidelines
- prevention systems are not sufficiently well developed to facilitate quality, and/or
- professional cultures do not generally support evidence-based approaches to prevention.

In such contexts, prevention activities are unlikely to be evaluated or to routinely and systematically take into account target population characteristics and needs, or to utilise scientific knowledge on 'what works'. Instead, prevention activities are likely to be carried out as fragmented, one-off initiatives with little chance of producing sustained effects.

The *potential* for further improvements arises in contexts where a minimum level of quality has already been achieved, but where more work is needed to achieve excellence in prevention. Once excellence in prevention has been achieved, activities will likely seek to maintain the high level of quality through monitoring and review.

Assumptions

What are the basic assumptions about *why* quality standards might help to improve preventive practice and, consequently, lead to better outcomes for target populations?

The EDPQS Theory of Change assumes that *lack of a shared vision and consensus statement* on what constitutes 'high quality' in prevention can be a key barrier hindering the achievement of quality in preventive policy and practice. Developing and offering written quality standards will directly address this barrier, ensuring there is a common basis for developing and assessing prevention.

In addition, the process of promoting quality standards and their implementation should also help to address other relevant barriers. For example, activities to promote quality standards could help to improve the status of the prevention workforce as a professional group, which has so far suffered from the relative lack of formal training and qualifications in the prevention field and the relative lack of prevention specialists. If standards development and implementation is seen as a consensus- and capacity-building process, it may also help to develop prevention systems and professional cultures further.

Projects to develop and promote quality standards are thus justified because quality standards offer an opportunity to address these kinds of barriers.

Inputs

The successful development and promotion of quality standards depends on a number of inputs, including (but not limited to):

- existing quality standards and related expertise
- the interest, time and expertise of 'EDPQS champions' (i.e. individuals or organisations wishing to support other members of the prevention community in achieving high quality in prevention)

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- funding (not only for the development and promotion of standards, but also for their implementation, as well as for high quality prevention policy and practice)
- the interest, time and expertise of potential target audiences (e.g. to improve their knowledge and the quality of their work, to provide feedback on draft standards, to use standards)
- supportive partners who can help advocate the importance of quality standards, and
- supportive structures (prevention systems, professional cultures, political context).

It is important to note that these inputs are *not a pre-condition* for the introduction of quality standards, as it is possible to develop these inputs at the same time as developing standards¹. For example, the initial interest among target audiences and EDPQS champions may be low, but it would likely increase as these people learn more about quality standards and are involved in activities to develop and promote standards.

Activities

The Prevention Standards Partnership and other EDPQS champions undertake a number of activities to promote quality in prevention. These include:

- the development of quality standards and support materials
- the adaptation of quality standards to particular contexts, such as specific countries or particular intervention settings (note, in some cases adaptation may not be necessary, and therefore the line surrounding this box in Figure 1 is dotted), and
- dissemination activities to encourage use of these materials².

The Prevention Standards Partnership developed the European Drug Prevention Quality Standards in the EDPQS Phase I project (2008-2010), and support materials in the Phase II project (2013-2015). Although some dissemination activities were undertaken as part of these two project phases, further dissemination may take place in subsequent phases of the work.

If possible, EDPQS champions are also encouraged to undertake 'implementation activities' to ensure that prevention systems, policy and practice are actually in line with the quality standards (or provide the foundations necessary to achieve quality in prevention). Such activities will typically fall outside the narrower scope of projects to develop and promote quality standards because they require additional work (e.g. revising funding and commissioning mechanisms to incorporate quality considerations, developing procedures to better support the communication and collaboration between different prevention stakeholders, setting up systems for the training and accreditation of professionals), and therefore the line surrounding this box in Figure 1 is dotted.

Outputs

These activities result in tangible products, including quality standards in different formats and languages, as well as materials developed by the Prevention Standards Partnership and other EDPQS champions to support and promote use of quality standards. If the EDPQS have been used to develop further sets of quality standards, then these can also be included in this category³.

With regard to dissemination activities, outputs do not necessarily refer to written materials but can also include, for example, training workshops, conference presentations, online content, and so on.

Reach

In the EDPQS Theory of Change, activities and outputs address the entire prevention community. Many different roles and disciplines contribute to prevention, and in most countries 'prevention specialists' do not exist. To achieve changes in professional culture, activities and outputs must therefore reach all levels and sectors. For example, change cannot happen if practitioners are motivated to implement the quality standards but funders are not prepared to provide the necessary support.

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Figure 1 highlights a number of different roles within the prevention community, although in reality individuals will take on multiple roles (e.g. a practitioner may also be a trainer, a policy-maker may also be an EDPQS champion). The Prevention Standards Partnership has developed bespoke materials to support different groups, considering differences in needs and the practical working conditions⁴.

Other groups not listed in Figure 1 may also benefit from quality standards and related support, for example supervisors and programme certifiers. As the EDPQS are primarily targeted at professional audiences, the general public and ultimate target populations are likely to be reached only indirectly and are thus shown in Figure 1 in a box surrounded by a dotted line.

Outcomes

Activities and outputs are expected to produce specific changes in the defined target audiences. The EDPQS Theory of Change distinguishes five different types of changes, depending on whether they relate to:

- target audience's awareness (i.e. knowing about quality standards and issues relating to quality in prevention)
- motivation, including related concepts such as attitudes, normative beliefs, outcome expectancies and intentions (i.e. agreeing that quality standards are useful, being motivated to fulfil them)
- skills, including related concepts such as self-efficacy and perceived behavioural control (i.e. knowing how to apply quality standards in practice)
- adoption (i.e. using quality standards in practice), or
- implementation (i.e. ensuring that prevention practice meets the standards).

These five categories were developed through a review of existing theories of professional behaviour change (e.g. Bywood et al. 2008); the most similar model being Pathman's awareness-to-adherence model (Pathman et al. 1996⁵). It is assumed that the successful introduction of quality standards will depend on positive changes being achieved in *all five areas*.

The inputs specified in the first column of the EDPQS Theory of Change can act as *moderators* at this stage; this means that they can increase or diminish the success of activities which develop and promote quality standards. Especially the ability to *implement* standards is likely to depend on such external factors (e.g. availability of expertise, time, funding). Activities to promote the quality standards alone are therefore unlikely to be sufficient to achieve quality in prevention, but should be accompanied by 'implementation activities' at the systems level (as described earlier, e.g. revising funding and commissioning mechanisms to incorporate quality considerations). As implementation of quality standards requires activities that go beyond the mere development and promotion of quality standards, the 'implementation' box is surrounded by a dotted line in Figure 1⁶.

Impact

Impact refers to the expected long-term achievements of projects to develop and promote quality standards. *If quality standards are successfully adopted and implemented*, this should lead to increased quality of preventive work and changes in the professional culture overall. Changes in professional culture would mean that poor quality will no longer be acceptable in the prevention field, creating a pressure on all members of the prevention community to offer high quality activities.

The EDPQS Theory of Change highlights that quality standards are not a goal in themselves, but that their ultimate aim is *to produce better outcomes for target populations*, including how target populations experience interventions (e.g. are they meaningful to them) as well as behavioural changes (i.e. as well as increased health and wellbeing). Adherence to quality standards also conveys a message to the recipients of prevention and society at large that their needs are being taken seriously by the services responsible for prevention. Although it is important to note that use and implementation of quality standards cannot *guarantee* increased health and wellbeing in all members of the target population, the standards emphasise high quality implementation of evidence-based and evaluated approaches, and thus, consistent adherence to the quality standards is expected to improve health and wellbeing at the population level in the long-term.

A circular process towards quality in prevention

At the bottom of Figure 1, arrows lead back to the beginning of the process. This is because at each stage, the process of developing and promoting quality standards helps to develop the required inputs and can represent the beginning of further activities to develop and promote quality. For example, if activities to develop standards include consultations with stakeholders, this can help develop a supportive professional context; if outputs include quality standards developed for one context, this can inspire the development of quality standards in another context; if regional drug prevention coordinators are convinced that the EDPQS are worth promoting, they may become EDPQS champions and start a dissemination process in their own region; if the professional culture changes in one field as a result of promoting quality standards, this may incentivise related fields to introduce quality standards. This highlights that although the EDPQS Theory of Change is presented in a linear way, it is also a circular and self-reinforcing process.

Acknowledgements

The author is grateful to the following colleagues for taking the time to review and helpfully comment on earlier drafts of this document:

- Gregor Burkhart, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
- Katalin Felvinczi, Eötvös Lóránd University (ELTE), Hungary
- Jeff Lee, Centre for Public Health, Liverpool John Moores University, UK
- Harry Sumnall, Centre for Public Health, Liverpool John Moores University, UK

Graphic design: Laura Heeks, Centre for Public Health, Liverpool John Moores University, UK

Notes

- 1 Further discussed in Step 2 of the EDPQS Toolkit 4, see <http://prevention-standards.eu/toolkit-4/>
- 2 Specific guidance for people interested in developing, translating, adapting and/or disseminating quality standards is available (see <http://prevention-standards.eu/toolkit-4/>), as well as for those wishing to provide training on quality standards (see <http://prevention-standards.eu/toolkit-3/>).
- 3 A compendium of example projects which have adapted the EDPQS to different contexts is available (see <http://prevention-standards.eu/toolkit-4/>).
- 4 See the EDPQS Toolkits on www.prevention-standards.eu
- 5 Pathman's original model was developed and empirically applied in the context of adherence to paediatric vaccines guidelines. It comprises four sequential steps: awareness; agreement; adoption; and adherence (Pathman et al. 1996). Our own model differs in that we included an additional aspect referring to the necessary skills set, and in that we do not necessarily assume a sequential order among the outcomes (acknowledging instead that e.g. individuals may be motivated but unaware, or that they may become motivated only once they have acquired the skills necessary to confidently apply the EDPQS).
- 6 Further discussed in Step 4 of the toolkit on adaptation and dissemination (<http://prevention-standards.eu/toolkit-4/>) and in the guidance on how to select prevention activities for funding and other support (<http://prevention-standards.eu/toolkit-1/>).

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