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# The Good Practice Criteria: A Contribution to Quality Development in Health Promotion

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German Collaborative Network for Equity in Health

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# Collaborative Network for Equity in Health



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- Nationwide network with 75 partners (number still rising)
- Established in 2003 by the Federal Centre for Health Education (BZgA)
- Creates transparency and makes practice in social status-based health promotion more visible
- Supports the development of health promotion with 12 criteria and 127 “Models of Good Practice” (number still rising)
- Coordinates Centers for Equity in Health (KGC - Koordinierungsstellen Gesundheitliche Chancengleichheit) in all federal states

# What are the Good Practice Criteria and how did they emerge?



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- Since 2003, the 12 “Criteria for Good Practice in social situation-related Health Promotion” have been developed by an advisory working group with reference to national and international knowledge bases and experience.
- The set of criteria provides a standardised understanding of what constitutes good health promotion to improve health equity. They offer a specialized framework for planning, implementing and reflecting health promotion interventions.
- Objective: "Improving practice by learning from others“

# The 12 Good Practice Criteria



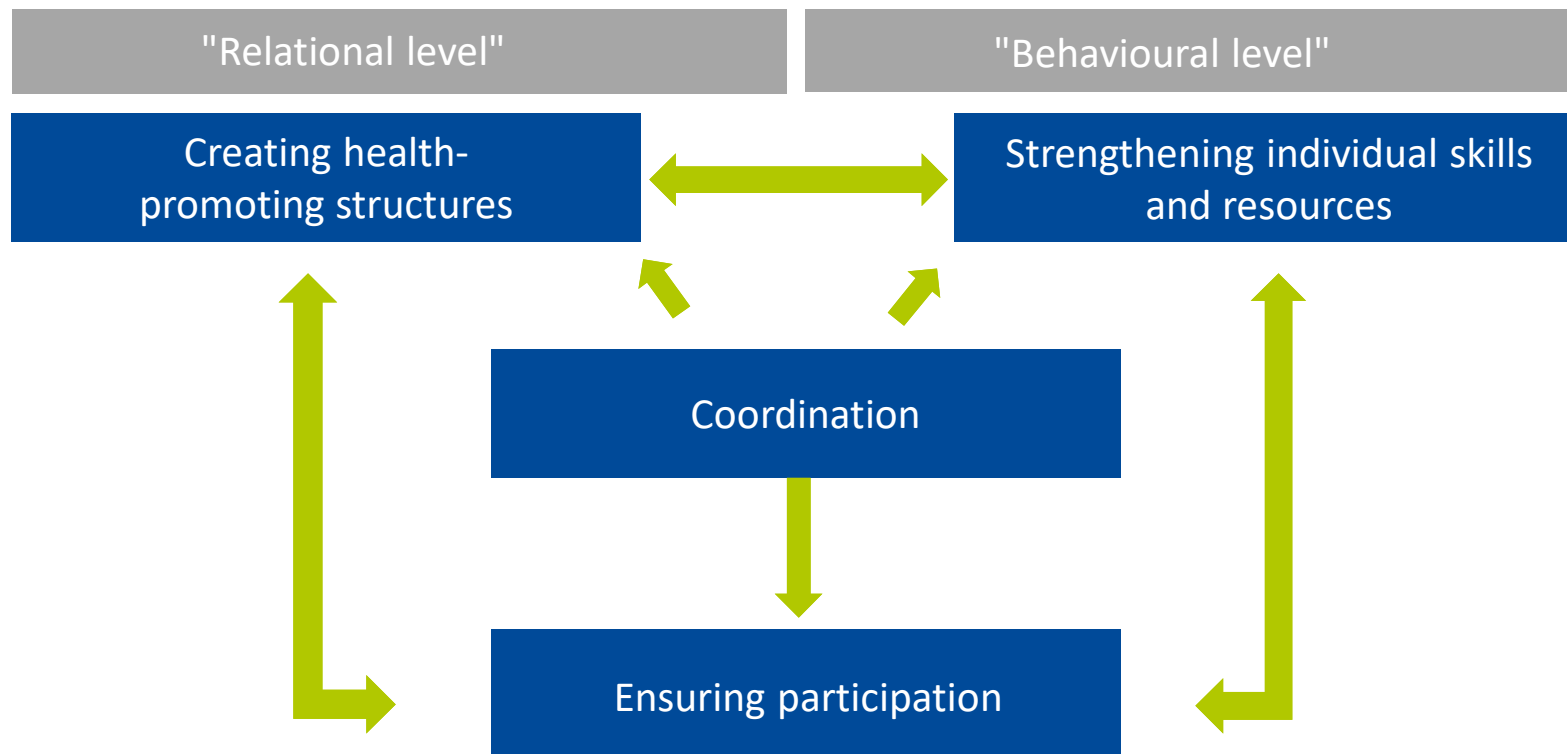
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# Setting approach



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# The profiles of all twelve criteria



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1. **Definition:** Brief explanation of the criterion with reference to interfaces with other criteria



2. **Implementation levels:** Stages build on each other; each stage describes a more comprehensive implementation than the previous one; development opportunities are presented: implementation is a process



3. **Explanation of the levels:** Explanation of the implementation levels and illustration with an example; examples cover various fields of action and target groups



4. **Further reading:** Reference to further literature for a more in-depth discussion of the criteria (usually free and available online)

# Criteria profile in the brochure



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## CRITERIA FOR GOOD PRACTICE IN HEALTH PROMOTION ADDRESSING SOCIAL DETERMINANTS

### 01 TARGET GROUP ORIENTATION

#### DEFINITION

In health promotion, 'target groups' are persons who are to be reached by an intervention, i.e. whose health situation is to be improved. Since they are to be involved as much as possible (→ Participation), they are active stakeholders at the same time.

The term 'target group' can be misunderstood and is therefore not unproblematic. Health promotion does not intend to turn groups of people into targets, and thus into objects, but rather – as specifically as possible – to address their socio-cultural needs together with them. The use of the term 'target group' is explained in more detail in the introduction of this brochure (see 'Why do we speak of target groups?' in the information box: What is health promotion addressing social determinants?).

The groups to be reached and involved are defined as precisely as possible in the » Conception. Not only the pressures and problems resulting from their social situation are de-

scribed there in detail, but also the capacities and resources they possess. Also taken into account in this process is the fact that large differences may exist within these groups based on additional social characteristics, such as attributions of gender or ethnic background. Moreover, care is also taken that no terms are used in describing these pressures and problems which may be perceived as stigmatising or discriminatory by the target groups.

Mainly vertical characteristics of social inequality are used to describe target groups precisely: social disadvantage may, for example, result from a lower level of education and/or income. However, characteristics of horizontal inequality must also be taken into account, i.e. a possible disadvantage on the basis of age, sex/gender, ethnic background, religion/belief system, disability, or sexual identity (see also the characteristics underlying discrimination as listed in the General Act on Equal Treatment (Allgemeines Gleichbehandlungsgesetz, AGG). The term 'diversity' is often used to cover this

#### TARGET GROUP ORIENTATION: IMPLEMENTATION LEVELS



- 01 Target Group Orientation
- 02 Empowerment
- 03 Sustainability
- 04 Integrated Action
- 05 Participation
- 06 Low-Threshold Approach
- 07 Multiple Multipliers
- 08 Quality Management
- 09 Supportive Action
- 10 Evidence and Effects

#### EXPLANATION OF THE LEVELS

##### LEVEL 1 DESCRIPTION OF TARGET GROUPS BASED ON HEALTH STATUS, BUT NOT ON SOCIAL DETERMINANTS

Target groups are determined according to the pressures and health issues to which they are exposed. The social factors underlying these pressures and problems, however, are hardly taken into account – or not at all – and neither the capacities nor the resources are available to the target groups.

##### EXAMPLE FOR LEVEL 1

A counselling centre for women is planning to offer a health promotion course with a focus on 'Psychologically stressful aspects of unemployment'. The target group for the planned course is described as 'all unemployed women with mental health problems'. In the explanatory notes, these mental health problems are described as 'low self-esteem, depressive tendencies and anxiety'.

##### LEVEL 2 DESCRIPTION OF TARGET GROUPS INCLUDES CHARACTERISTICS OF SOCIAL DISADVANTAGE

Target groups are narrowed down further, based on characteristics of social disadvantage such as education, income and employment status. However, the diversity within these target groups, as well as their capacities and resources, are not closely examined.

##### EXAMPLE FOR LEVEL 2

The counselling centre contacts the job centre to find out more about which group of unemployed women has a particularly high need for counselling. As a result, the target group is defined as 'women who are receiving unemployment benefit II, who do not have a vocational qualification and who are experiencing particular barriers in finding employment due to mental health problems'. The workshop programme is then tailored to respond to these particular issues.

wide range of social characteristics. In the majority of cases, the most accurate way to describe target groups is to combine vertical and horizontal characteristics (see also the term 'intersectionality' in the information box: What is health promotion addressing social determinants? in the introduction). For neighbourhood-based interventions, it is therefore important to get to know the respective problems, needs, capacities and resources pertaining to different population groups well, and to not only make distinctions by health status, but also by using characteristics such as education, income, age, gender, sexual and ethnic identity, as well as disability.

Important target groups for health promotion addressing social determinants can be found e.g. in the health equity in practice database (Praxisdatenbank Gesundheitliche Chancengleichheit, available at [www.gesundheitliche-chancengleichheit.de/praxisdatenbank/ueber-die-praxisdatenbank](http://www.gesundheitliche-chancengleichheit.de/praxisdatenbank/ueber-die-praxisdatenbank)). Health promotion activities aim to sustainably improve the living conditions of target groups (→ Setting approach) and to sustainably develop their individual coping strategies and health literacy (→ Empowerment) and to sustainably develop their individual coping strategies and health literacy (→ Participation) and are designed for easy access (→ Low-threshold approach).

## PROMOTION ADDRESSING SOCIAL DETERMINANTS

describes → Participation, → Empowerment, (→ Sustainability) and the project's integration into overarching programmes of action (→ Integrated action). If possible, the conception should take all 12 Good Practice criteria into account.

The conception describes precisely which disadvantaged target groups and other stakeholders (e.g. supporters, multipliers, decision makers) the intervention aims to reach. It lists social pressures as well as opportunities for health promotion and/or prevention to influence them. For this purpose, it explains as concretely and clearly as possible how pressures faced by target groups can be reduced and how their capacities and resources can be strengthened. On this basis, the conception articulates

#### LEVELS



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#### EXPLANATION OF THE LEVELS

Conception components	LEVEL 1 Conception with incidental references to social determinants of health	LEVEL 2 Conception with systematic reference to social determinants of health	LEVEL 3 Conception with systematic reference to social determinants of health
The conception describes:			
(1) which disadvantaged target groups are to be reached	The conception names target groups and health issues without describing social determinants.	Target groups, health issues and vertical characteristics of social status are captured.	Target groups and the relationships between their social status/diversity, health and their capacities and resources are described.
(2) how pressures are to be reduced and capacities and resources strengthened	Pressures, capacities and resources for the target groups are not described.	Pressures faced by and capacities and resources available to the target groups are named only in broad and general terms.	The pressures faced by and the capacities and resources available to target groups are listed in detail and specified in relation to local conditions where relevant.
(3) how health inequalities are to be systematically reduced	To reduce health inequalities is not stated as an objective at all or only indirectly.	Reducing health inequalities is an expected (side) effect, but not worked towards systematically.	The intervention is specifically geared towards modifying the determinants of health so that health inequalities are reduced. It takes the Good Practice criteria into account at every stage.
(4) how the intervention responds to target group needs and social determinants of health	Target group needs and social determinants of health are not a subject of the project plan.	Target group needs and social determinants of health are referred to only incidentally and are not a central reference point for the intervention.	The conception describes in detail how the intervention responds to target group needs and social determinants of health.
(5) how the target groups will be actively involved in planning, implementation and evaluation	The active participation of target groups is not envisaged in the conception.	The target groups are only involved at one of the preliminary levels of participation.	Target groups are consulted and involved in shared decision making.
(6) how the focus on health equity is firmly established within the funding / auspicing organisation	Improving health equity is not a core concern within the funding / auspicing organisation.	Improving health equity is supported within the funding body, but is not a component of the shared mission statement.	Improving health equity is one of the central goals of the funding body and is systematically supported at all levels (starting with the executive).

interventions and methods to promote health and health equity.

The conception makes it clear how the intervention systematically strives to reduce health disadvantage. It also demonstrates how detailed planning of the intervention considering social determinants specifically mitigates the risk of unintentionally increasing inequal-

ity. A coherent conception requires a comprehensive understanding of the factors influencing health (determinants of health, see information box: 'What is health promotion addressing social determinants?' in the introduction). It is based on the Public Health Action Cycle and contains information on costs and timelines as well as the expected effects (→ Evidence for costs and effects).

# Experiences made by working with the criteria





# The practice database on [www.gesundheitliche-chancengleichheit.de](http://www.gesundheitliche-chancengleichheit.de)



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### Recherche

**Kriterien**

- Lebenswelt: Schule
- Altersgruppe: 6 bis 10 Jahre, 11 bis 14 Jahre, 15 bis 17 Jahre (ODER)

**Suchergebnis (175 Treffer)**

Suchergebnisse nach **Titel aufsteigend** sortieren

Nr.	Titel	Anbieter
1	<b>GOOD PRACTICE</b> Das Body+Grips-Mobil (48151 Münster)	Jugendrotkreuz im DRK-Landesverband Westfalen-Lippe e.V.
2	<b>GOOD PRACTICE</b> Die AnGeL - Anlauf- und Koordinierungsstelle für Gesundheitsbewusstes Leben (99734 Nordhausen)	Horizont e.V.
3	<b>GOOD PRACTICE</b> "Du weißt, wo's lang geht" (24939 Flensburg)	Stadt Flensburg Gesundheitsdienste
4	<b>GOOD PRACTICE</b> "fit ist cool" (99096 Erfurt)	Landessportbund Thüringen e.V. Referat Kinder- und Jugendsport
5	<b>GOOD PRACTICE</b> Fit und stark fürs Leben (39130 Magdeburg)	Grundschule Am Fliederhof
6	<b>GOOD PRACTICE</b> 'Fitness für Kids' - Frühprävention im Kindergarten- und Grundschulalter (10559 Berlin)	Fitness für Kids - Verein für Frühprävention e.V.
7	<b>GOOD PRACTICE</b> Gesund groß werden (13359 Berlin)	Labyrinth Kindermuseum gGmbH
8	<b>GOOD PRACTICE</b> Jungen* im Blick (70176 Stuttgart)	GesundheitsLaden e.V.
9	<b>GOOD PRACTICE</b> Kiezdetektive - Kinderbeteiligung für eine gesunde und zukunftsfähige Stadt (10965 Berlin)	Bezirksamt Friedrichshagen von Berlin, Referat für Kinder- und Jugendangelegenheiten und Koordinierungsstelle Gesundheit
10	<b>GOOD PRACTICE</b> Kinder gestalten ihren Naschgarten (37603 Holzminden)	Landesvereinigung für Gesundheit und Akademie für Sozialpedagogie Niedersachsen

Veröffentlichung: 2011

**Kinder gestalten ihren Naschgarten**

**Kurzbeschreibung mit Zielen und Maßnahmen**

Übergewicht, Fehlentwicklungen im Ernährungsverhalten sowie zunehmende Bewegungsdefizite werden als ein gesundheitliches Problem bei Kindern und Jugendlichen, Auch in der Stadt Holzminden Landkreises für die städtischen Schulen sichtbar. Die Daten der Schuleingangsuntersuchungen des Prozent der Kinder bei der Einschulung (5 bis 7 Jahre) übergewichtig waren. Davon war jedes zweite Naturspielergebnisse verbunden mit einem natürlichen Obst- und Gemüseanbau zugänglich macht, dabei den Bedarf an offenen Erfahrungs-, Bewegungs- und Spielräumen aufgreift und partizipativ die Zielgruppe mit einbezieht. Auf einem 8.000 qm großen Grundstück werden in dem Projekt „Kinder gestalten ihren Naschgarten“ die Kinder aktiv in die Planung und Gestaltung ihrer Lebenswelt eingebunden. Auf eine spielerisch erlebbare Art und Weise werden die Mädchen und Jungen auf den Geschmack einer gesunden Ernährung gebracht.

Das Gelände wird von den Kindern sowohl über die kooperierenden Einrichtungen, in denen sie sich täglich aufhalten, wie auch selbstständig in ihrer Freizeit genutzt. Mit diesem Ansatz wird ein neuer Weg in die Adipositas-Prävention verfolgt. Durch das niedrigschwellig angelegte Projektvorhaben soll insbesondere Kindern aus sozial benachteiligten Familien die Teilhabe an den erlernspädagogischen Angeboten und den gemeinsamen Spielerlebnissen erleichtert werden. Das kommunale Projekt wird in private-public-partnership mit verschiedenen Partnern und aus unterschiedlichen Quellen finanziert. Durch die gelungene Kooperation von Einrichtungen aus dem schulischen, kirchlichen und dem Jugendhilfebereich wird die Nachhaltigkeit über den Projektstatus hinaus sichergestellt.

**Dokumente zur Darstellung des Angebotes**

- Kontakt**
- Projekträger**
- Hintergrund**
- Ziele und Zielgruppen**
- Vorgehen**



[www.gesundheitliche-chancengleichheit.de/praxisdatenbank](http://www.gesundheitliche-chancengleichheit.de/praxisdatenbank)

# Good Practice Workshop



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The „Good Practice quiz“



Work in progress

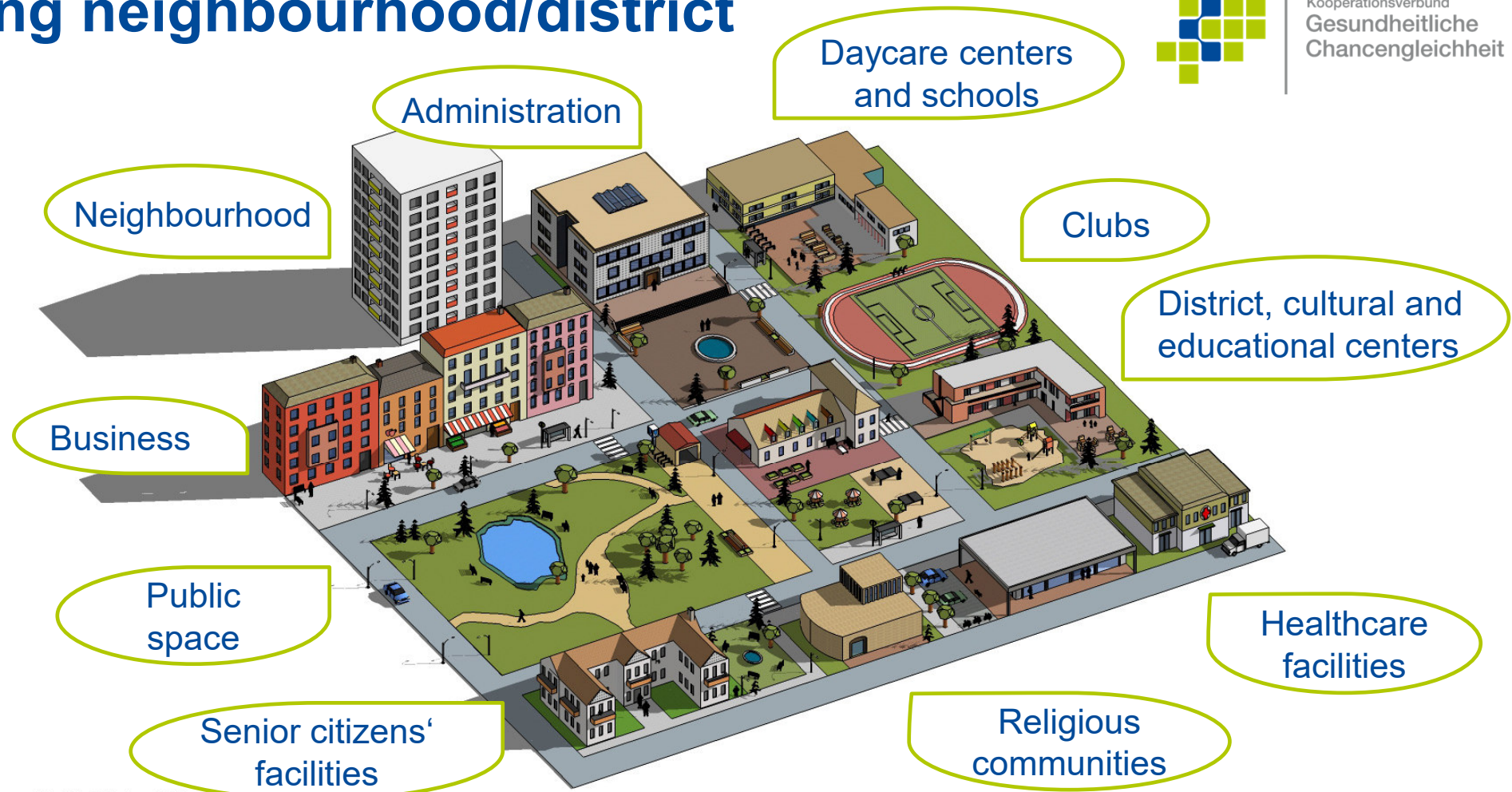


„Which ones belong to each other?“

# Setting neighbourhood/district

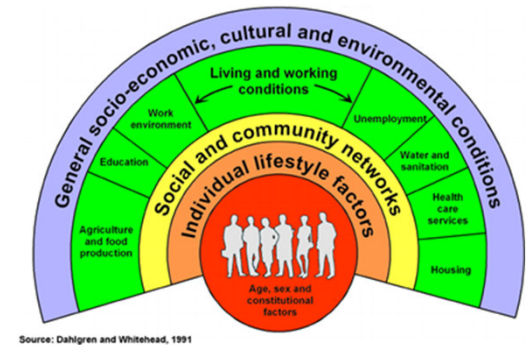


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Grafik: Nikolas Dölken

# Prevention chain approach – Integrated strategies for community health promotion



Source: Kooperationsverbund „Gesundheitliche Chancengleichheit“, Gesundheit Berlin-Brandenburg e.V.



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# Thank you very much for your attention

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