

<b>HEALTH PROMOTION AND DISEASE PREVENTION</b> <b>A Handbook for Teachers, Researchers, Health Professionals and Decision Makers</b>	
<b>Title</b>	<b>Evaluation in Health Promotion</b>
<b>Module: 1.8</b>	<b>ECTS: 0.25</b>
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<b>Key words</b>	Health promotion, evaluation, health promotion interventions
<b>Learning objectives</b>	After completing this module students and public health professionals will be able to: <ul style="list-style-type: none"> <li>• understand the conceptual framework of health promotion and its evaluation;</li> <li>• increase knowledge on basic principles of evaluation;</li> <li>• improve knowledge on health promotion evaluation;</li> <li>• becoming aware of the necessity of health promotion intervention evaluation;</li> <li>• be able to evaluate a health promotion intervention.</li> </ul>
<b>Abstract</b>	Evaluation of health promotion intervention is a systematic examination and assessment of process and outcomes of a health promotion intervention in order to produce information for further improvement. Due to complexity of health promotion interventions, several methodological and practical issues have to be clarified from the beginning of the processes. In this context, based on the literature review, and Springett and all model, an eight step evaluation framework and its principles is described. Some important methodological issues and challenges specific for each step are further detailed. Also critical points and difficulties are briefly presented. The whole approach contributes to enhance understanding of methodology and importance of evaluation as part of health promotion interventions cycle.

<b>Teaching methods</b>	Teaching methods include: <ul style="list-style-type: none"><li>• introductory lectures related to health promotion concept and its understanding;</li><li>• distribution and discussion of relevant literature on health promotion and its evaluation and best cases examples;</li><li>• guided discussion on general health promotion interventions and their evaluation;</li><li>• small group evaluation for a health intervention from the best cases examples;</li><li>• distribution of topics for seminar papers.</li></ul>
<b>Specific recommendations for teachers</b>	Specific recommendations: <ul style="list-style-type: none"><li>• <math>\frac{3}{4}</math> lectures; <math>\frac{1}{4}</math> discussions;</li><li>• facilities equipment available;</li><li>• training materials elaborated and distributed;</li><li>• best cases health promotion interventions presentations.</li></ul>
<b>Assessment of students</b>	Assessment of students: <ul style="list-style-type: none"><li>• multiple choice questionnaire for theoretical aspect</li><li>• presentation of evaluation papers</li></ul>

## EVALUATION IN HEALTH PROMOTION

Alexandra Cucu

### Introduction

Generally, there are more than 100 specific types of evaluation, each of them appropriate for specific purposes, from the very broad perspective of Green (1) as “comparison with an object of interest against a standard of acceptability” to the programme/project more specific evaluation.

Health promotion evaluation shares many issues common to evaluation in general, but due to specificity of community health interventions, raise many methodological difficulties.

In order to be able to find out the most appropriate approach for health promotion intervention a clear definition of concepts and understanding of *health promotion* and *evaluation* should be done from the beginning.

### Health promotion concept

Even the health promotion concept is a not a new one, according to the recent social, economic, demographic, technological developments its understanding has continuously evolved continuous broadening its senses.

Any overview of health promotion definitions should start from Marc Lalonde (2) approach, who, since 1974, on his document “A new perspective on health of Canadians” identifies health promotion as a *key strategy* “aiming at informing, influencing and assisting both individuals and organizations so that they will accept more responsibly and be more active in matters affecting mental and physical health” emphasizing both on information and assistance rolls at individual and organizational level.

Few years later, the U.S. Department of Health Education and Welfare definition (3), contributes to widening the modern understanding of the HP as “a combination of health education and related organizational, political and economic programs designed to support changes in behaviour and in the environment that will improve health” (4). It stresses more clearly the integrated, multilevel approach of the health promotion intervention and the goals of that process: improving health.

The recent conceptualization of the HP, corresponding to the WHO updated definition “the process of enabling people to increase control over the determinants of their health and thus to improve their health” contained in the *Ottawa Charter for Health Promotion (1986)*, (5) is stressing one of the cardinal principle of health promotion, empowering, as a tool for individual action for health improvement.

Even different, stressing more on finalities, partnership or process features, beyond all those definitions there are the same values as equity, participation and empowering, oriented to the same, consistent goal over decades, improving health and wellbeing at individual and social level.

### A framework for evaluation of health promotion intervention

Theoretician’s definition on evaluation as “systematic examination and assessment of features of programme or other intervention in order to produce knowledge that different stakeholders can use for a variety of purposes” (6) gives us only an introduction on the complexity of this process.

According to the specialist opinion “many methodological issues are associated with evaluation in health promotion, above and beyond the difficulties of programme evaluation”. Even so, the logic model framework for programme evaluation from figure 1 could be considered as a simplified necessary background for understanding the specificities and difficulties of health promotion evaluation (7). Its general diagram includes the following components:

**Figure 1.** Logic model evaluation diagram



The term understanding is the following:

- *Resources/Inputs* - resources/inputs include the human, financial, organizational, and community resources available for doing the work;
- *Activities* - activities are what the intervention does with the resources in order to reach the intended results;
- *Results* - the term results includes all of the intervention desired results (outputs, outcomes, and impact);
- *Outputs* - the outputs are the direct products of program activities and may include types, levels and targets of services to be delivered by the program;
- *Outcomes* - outcomes are the specific changes in program participants' behaviour, knowledge, skills, status and level of functioning. Short-term outcomes should be attainable within 1-3 years, while longer-term outcomes should be achievable within a 4-6 year timeframe. The logical progression from short-term to long-term outcomes should be reflected in impact occurring within about 7-10 years;
- *Impact* - Impact is the fundamental intended or unintended change occurring in organizations, communities or systems as a result of program activities within 7-10 years. It often occurs after the programme/intervention ends.

In applying this simplifying approach, always health promotion specific attributes as: complexity, dependence of political and social values and context, different intervention levels, diversity of results, long term effects and difficulty to measure outcomes as participation and empowering, should be addressed. That's why, in order to draw up a framework for health promotion evaluation, several methodological and practical issues have to be clarified.

The main methodological aspects are related to difficulties to determine the relationship between the intervention and their associated, sometimes synergic, results, in the context of long term effects and multilevel character of health promotion interventions. In addition reaching best evidences of impact of the interventions, often requiring use of both objective and subjective measurements and ensuring the appropriate level of precision is another issue to be solved.

Practical aspects are related to difficulties to involve according their roles in the participatory process the stakeholders, evaluator and beneficiary of the intervention. Another key issue is what to evaluate, one single intervention or a package and their associated outcomes. How to deal with results in terms of cost-effectiveness, for this reason usually evaluation should be done for interventions where the costs are known or could be estimated.

Briefly, after the long series of specificities that should be considered, generally a health promotion evaluation framework, according to Springett et al. (8) should be based and respond to following principles:

- be applicable in all evaluation process, but ensure that the most appropriate method is use for the programme or policy being assessed;
- be consistent with health promotion principles, in particular empowering individuals and communities, by emphasizing participation, focus on collective as well as individual accountability;
- be flexible in its application, able to respond to changing circumstances;
- cover all stages of the evaluation process, from setting the agenda to using the results;
- apply to at all levels of evaluation.

According to these principles, evaluation should include eight steps, as follows:

1. Step 1 - describing the evaluated programme.  
The first step consists in *describing the evaluated programme*, policy in terms of mandate, aims, objectives, procedure, structure and links with other initiatives.  
It also includes the set up of the evaluation team and collecting baseline information. A logic model, as presented previously, for each health promotion intervention should be used in this stage for clarifying, together with all involved partners on the structure of the health promotion intervention that will be evaluated. It is a crucial step, requiring participation, involvement and commitment influencing not only the evaluation process but the implementation of it's the results. This stage includes the team selection for conducting evaluation and sometimes requires a task force team for support of process progression to be established.
2. Step 2 - identification of issues of concern.  
The second important step is *identification of issues of concern*. This is a major one for clarification on the substance of the evaluated intervention and also on the purpose of evaluation and the end use of results. It consists in formulation of the evaluation question. Those should address both the operation of the initiative and its effects, in achieving the proposed objective and goals. For instance the questions on implementation of activities are important for assessing the effectiveness of the initiative, sometimes failure in reaching the expected results, for instance lack of reduction in prevalence of risk factors for a modifiable risk factor in a community, being associated with improper implementation or delivery to the beneficiary. This stage will be followed by clarification of information needs and indicators and not concomitant in order not to influence the relevance of the evaluation question due to data availability constraints.
3. Step 3 - designing the data collection process.  
Step tree is *designing the data collection process*. It is a decisive, mostly methodological, step in progression of the evaluation process. It includes decisions on type of evaluation, methods and indicators to be produced in order to respond to the previously formulated questions. It requires involvement and participation of the stakeholders for selecting the most relevant information providing answers for the questions previously selected, ensuring effective evaluation. It has to establish the paradigm and criteria for goals achievement specific to the evaluated intervention. Also, decisions should be taken on what data should be collected. This is closely linked to the agreed methodological

approach, quantitative data being usually preferable to qualitative one. But often, due to complexity of health promotion outcomes qualitative data, meaningful soft tools have to be produced. Another important issue is to establish the appropriate level of aggregation of the information, being known that data aggregated for individuals are not always appropriate for assessing the community impact of an intervention at community level (9, 13). Selected measures should reflect both process and outcome, and for the last one effect should be explored both at individual and community/systemic level.

4. Step 4 - data collecting.

The fourth stage is *data collecting according to the format and requirements agreed before*. This is a process also complicated due to issues as confidentiality, ethical approach and selection of the target group beneficiary of the intervention. Participation and involvement of stakeholders is necessary for obtain reliable and accurate data for the studied intervention.

5. Step 5 - data analysis and interpretation.

Step five, *data analysis and interpretation* are another critical step. As often qualitative data are used and their quality is often beyond influence, analysis of data should be carefully made in order to keep and transmit the correct message in an understandable and significant format for the beneficiary of the evaluation. It gives added value to the evaluation process trough translating the technical results in an easy accessible format, adequate for the purpose of evaluation itself.

6. Step 6 - formulation of recommendation.

The sixth step, succeeding to data analysis, is *formulation of recommendation*. This includes also clarification of implication of the findings and their implementation. It is the primary mode for valorising the results of the evaluation made. Stakeholder's involvement during this stage will guarantee the adequacy and feasibility of the recommendation and also their future implementation.

7. Step 7 – dissemination of the results.

On the seventh stage the results of evaluation should be *effectively and not “ad hoc” disseminated* (10). It is a step that must be systematically designed and planed, according to a dissemination plan, in order to maximize the use of results of the evaluation process. It should be done, consistent with the previous steps, with participation and involvement of all actors, stakeholders and beneficiary together. Dissemination should clearly transmit information on the scope, team, methods, questions, results and recommendation of the evaluation process. Proper carried out, with the target audience mobilized it represents one of the moments where information can be a powerful tool in empowering communities and individuals (11, 12), ensuring in this way the success of the evaluation made. There are opinions that, for this stage, efforts and resources should be devoted as much as for the whole process. In fact dissemination itself is not only the trigger of improvement and implementation of findings and the recommendation for the policy/intervention evaluated but also represents a model for similar initiatives evaluation or even improvement without an explicit evaluation.

8. Step 8 - intervention.

The last step, the eighth is *the intervention* one. It consists in implementation of results and recommendation of the evaluation. It requires identification of resources and tools for proposed changes of the evaluated health promotion interventions and should be done in an articulated systematic manner according to a specific action plan. It is the starting point

for the next evaluation process of the health promotion intervention and it contribute to integration of evaluation in health promotion practice.

These steps, adapted to the features of the intervention to be evaluated, represent the backbone of a generic health promotion evaluation process. If the key challenges, represented by the correct identification of evaluation questions, decision on the design, outcome measures, and adequate data analysis are met, evaluation can be conducted in a systematic, reproductive way.

### **Instead of conclusion**

The question on what is the most appropriate methodology to be used for health promotion intervention find out the logical answer that a unique model, adequate for all purposes and intervention is impossible to be draw up. Even so, the principles and the logical steps of the evaluation framework presented above are largely applicable. The rest is the role of the evaluation team and their art to involve and motivate stakeholders and beneficiary participation in the process.

To conclude this overview several features of health promotion evaluation should be always keep in mind when planning such an approach. The most important aspects are:

- health promotion evaluation is a process that requires systematic planning due to complexity of the evaluated theme;
- it requires good evaluators (14), able of logical thinking, ethical approach, excellent communication and interpersonal skills as well as research and conceptualization skills;
- it is strongly participatory process, stakeholders involvement during all stages being crucial for progression of evaluation and its added value for the intervention future;
- as a systematic information feedback mechanism, it is necessary for all health promotion intervention, allowing adjustments for reaching the proposed goals.

Deriving from the above, it is clear that no matter how systematic, rigorous is the evaluation process planed and conducted; its results are strongly depending on skills and quality of the evaluators and their capabilities to lead the process in order to reflect the complexity of the intervention and to ensure stakeholder participation.

In conclusion, well designed and carried out evaluation could contribute not only in improving of the evaluated health promotion intervention but also in developing networks and contacts, creating bridges between practitioners, beneficiary and decision makers, increasing the impact, support and participation for other health promotion activities.

### **Exercise**

The students will work in small groups (4-6 students). They will analyze the health promotion national framework features. They will design evaluation, based on the recommended steps, for one specific intervention from the national public health programme. They will identify and discuss the main methodological and practical issues raised by each specific intervention and elaborate presentation on the studied topic.

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