



EUROPE



HEALTH PROMOTION EVALUATION: RECOMMENDATIONS TO POLICY-MAKERS

Report of the WHO European Working Group
on
Health Promotion Evaluation

Sexual and
Family Health

REGIONAL OFFICE FOR EUROPE
SCHERFIGSVEJ 8
DK-2100 COPENHAGEN Ø
DENMARK
TEL.: (45) 39 17 17 17
TELEFAX: (45) 39 17 18 18
TELEX: 15348 and 12000
WEB SITE: <http://www.who.dk>

EUR/ICP/IVST 05 01 03
ORIGINAL: ENGLISH
UNEDITED
EUR/HFA target 15
1998
E60706

TARGET 15

HEALTH COMPETENCE

By the year 2000, accessible and effective education and training in health promotion should be available in all Member States, in order to improve public and professional competence in promoting health and increasing health awareness in other sectors.

ABSTRACT

In June 1995, the WHO Regional Office for Europe established a Working Group on Health Promotion Evaluation in cooperation with three government agencies:

- the Centers for Disease Control and Prevention, United States
- Health Canada
- Health Education Authority, United Kingdom.

The Working Group had three objectives:

- to provide guidance to policy-makers and practitioners to foster the use of appropriate methods for health promotion evaluation;
- to examine the current range of evaluation methods, both quantitative and qualitative; and
- to provide guidance to policy-makers and practitioners to increase the quality of health promotion evaluations.

To achieve its objectives, the Working Group:

- commissioned and reviewed more than 30 background papers dealing with key issues related to the evaluation of health promotion initiatives;
- produced resource documents to guide the planning and implementation of health promotion evaluations by evaluators, policy-makers and practitioners; and
- sought and incorporated the views of health promotion policy-makers, practitioners and evaluators in developing its reports and publications.

The present report, which is a summary of the work carried out by the Working Group from June 1995 to March 1998, provides guidance to policy-makers and other decision-makers who can influence resources for planning, implementing and evaluating health promotion initiatives. The conclusions and recommendations are summarized in Table 1.

Keywords

HEALTH PROMOTION
PROGRAM EVALUATION – methods
POLICY-MAKING

© World Health Organization

All rights in this document are reserved by the WHO Regional Office for Europe. The document may nevertheless be freely reviewed, abstracted, reproduced or translated into any other language (but not for sale or for use in conjunction with commercial purposes) provided that full acknowledgement is given to the source. For the use of the WHO emblem, permission must be sought from the WHO Regional Office. Any translation should include the words: *The translator of this document is responsible for the accuracy of the translation.* The Regional Office would appreciate receiving three copies of any translation. Any views expressed by named authors are solely the responsibility of those authors.



CONTENTS

	<i>Page</i>
Foreword.....	1
Introduction	2
The meaning of health promotion and evaluation	3
Principles for the evaluation of health promotion initiatives.....	3
Conclusions and recommendations for the evaluation of health promotion initiatives.....	3
Annex 1 Members of the Working Group	7
Annex 2 Principles of health promotion	8

Foreword

As we approach the twenty-first century, throughout the public sector, those who plan and deliver services and policies face increasing pressure to demonstrate that what they are doing is worthwhile, effective and efficient. The field of health promotion is also under this kind of pressure.

Is health promotion a good investment? How can the short- and long-term returns of such an investment be assessed? To what degree can social and economic benefits stemming from health promotion initiatives be measured alongside health gains? Answering such questions is not a simple task. Health promotion policies and programmes, if properly planned and implemented, involve complex and sophisticated activities. Very often, health promotion action requires multiple approaches, relies on interdisciplinary inputs and operates at several levels over long periods of time. Despite this complexity, health promotion programmes are often forced to be evaluated with methods and approaches that, although quite acceptable within medical care and prevention, are totally unsuitable for this field.

Fortunately, over the last two decades knowledge and understanding about how best to evaluate complex programmes and policies have significantly increased. Decision-makers and practitioners, however, are not fully aware of these developments or their implications for the evaluation of health promotion interventions.

For these reasons, in 1995 the WHO Regional Office for Europe established a WHO European Working Group on Health Promotion Evaluation. The Regional Office conducted this much needed exercise in cooperation with Health Canada and the Centers for Disease Control and Prevention in the United States. In Europe, the Health Education Authority (England, United Kingdom) gave strong support, both financial and in kind. The chairperson of the Working Group was Dr Irving Rootman, Director of the Centre for Health Promotion in Toronto, Ontario, Canada (a WHO collaborating centre). Throughout its work, the Working Group was in all senses a model of effective international collaboration, thanks to the goodwill of the participating governments, agencies and, most of all, individuals. The main purpose of its work was to increase the quality, appropriateness and use of evaluations of health promotion programmes, policies and other organized activities in developed countries. Another key purpose was to increase the policy-makers' understanding of their role in evaluation of health promotion initiatives. This document presents recommendations to policy-makers on how they might more effectively fulfil their role in this important area.

The WHO Regional Office for Europe thanks both the Working Group and everyone who contributed to finalizing its work; the Regional Office also expresses appreciation to the agencies, both within and outside Europe, that provided resources for this important international collaborative effort.

J.E. Asvall
Regional Director WHO Regional Office

Table 1. Conclusions and recommendations

Conclusions	Recommendations to policy-makers
Those who have a direct interest in a health promotion initiative should have the opportunity to participate in all stages of its planning and evaluation.	Encourage the adoption of participatory approaches to evaluation that provide meaningful opportunities for involvement by all of those with a direct interest in health promotion initiatives
Adequate resources should be devoted to the evaluation of health promotion initiatives.	Require that a minimum of 10% of the total financial resources for a health promotion initiative be allocated to evaluation
Health promotion initiatives should be evaluated in terms of their processes as well as their outcomes.	Ensure that a mixture of process and outcome information is used to evaluate all health promotion initiatives
The use of randomized control trials to evaluate health promotion initiatives is, in most cases, inappropriate, misleading and unnecessarily expensive.	Support the use of multiple methods to evaluate health promotion initiatives Support further research into the development of appropriate approaches to evaluating health promotion initiatives
Expertise in the evaluation of health promotion initiatives needs to be developed and sustained.	Support the establishment of a training and education infrastructure to develop expertise in the evaluation of health promotion initiatives Create and support opportunities for sharing information on evaluation methods used in health promotion through conferences, workshops, networks and other means

Introduction

Background

Recognizing the importance of evaluation in health promotion and need for appropriate methods, in June 1995, the WHO Regional Office for Europe established a Working Group on Health Promotion Evaluation (Annex 1) in co-operation with three government agencies:

- the Centers for Disease Control and Prevention, United States
- Health Canada
- Health Education Authority, United Kingdom.

The Working Group had three objectives:

- to examine the current range of evaluation methods, both quantitative and qualitative;
- to provide guidance to policy-makers and practitioners to foster the use of appropriate methods for health promotion evaluation; and
- to provide guidance to policy-makers and practitioners to increase the quality of health promotion evaluations.

To achieve its objectives, the Working Group:

- commissioned and reviewed more than 30 background papers dealing with key issues related to the evaluation of health promotion initiatives;
- produced resource documents to guide the planning and implementation of health promotion evaluations by evaluators, policy-makers and practitioners; and
- sought and incorporated the views of health promotion policy-makers, practitioners and evaluators in developing its reports and publications.

The present report provides guidance to policy-makers and other decision-makers who can influence resources for planning, implementing and evaluating health promotion initiatives (programmes, policies and other organized activities).

The meaning of health promotion and evaluation

Health promotion, as defined by the Ottawa Charter for Health Promotion (1986), refers to the "process of enabling people to increase control over, and to improve, their health". The implementation of this definition requires that health promotion initiatives should be empowering, participatory, holistic, intersectoral, equitable, sustainable, and multi-strategy. Defini-

tions of these key principles for health promotion are provided in Appendix 2.

Evaluation, as defined by the Working Group, is "the systematic examination and assessment of the features of an initiative and its effects, in order to produce information that can be used by those who have an interest in its improvement or effectiveness".

Principles for the evaluation of health promotion initiatives

Based on the principles of health promotion, the Working Group concluded that the following are the core features of approaches appropriate for the evaluation of health promotion initiatives:

Participation

At each stage of evaluation, health promotion initiatives should involve, in appropriate ways, those who have a legitimate interest in the initiative. Those with an interest can include: policy-makers, community members and organizations, health and other professionals, and local and national health agencies. It is especially important that members of the community whose health is being addressed be involved in evaluation.

Multiple methods

Evaluations of health promotion initiatives should draw on a variety of disciplines, and should consider employing a broad range of information gathering procedures.

Capacity building

Evaluations of health promotion initiatives should enhance the capacity of individuals, communities, organizations and governments to address important health promotion concerns.

Appropriateness

Evaluations of health promotion initiatives should be designed to accommodate the complex nature of health promotion interventions and their long-term impact.

The Working Group believes that evaluations premised on these principles provide an appropriate means of assessing and understanding health promotion initiatives. To support the adoption of appropriate evaluation methods in the field of health promotion, policy-makers should consider the conclusions and recommendations outlined in the next section of this report.

Conclusions and recommendations for the evaluation of health promotion initiatives

Conclusion 1. Those who have a direct interest in a health promotion initiative should have the opportunity to participate in all stages of its planning and evaluation.

Participation and empowerment are key principles of health promotion (see the Ottawa Charter for Health Promotion). Participation must therefore be an integral feature of any evaluation process.

Participation by those with a direct interest in a health promotion initiative is an important prerequisite for the evaluation of health promotion programmes and policies. Such participation increases the relevance and credibility of evaluation results, as well as the likelihood that the results will be used. In addition, participatory approaches to evaluation help foster the process of empowerment and build stake-holders' capacity to address health needs, thus giving them more control over the factors affecting their health.

Ideally, participation should extend beyond those who are the primary focus of health promotion initiatives, to include others who have a direct stake in the initiatives. These additional stakeholders include: health promotion practitioners, community representatives, policy-makers, and evaluators.

Substantial evidence indicates that the results of programme evaluations are more likely to be implemented when key stakeholders have participated in all stages of the evaluation process.

The participation of stakeholder groups makes the values underlying the evaluation explicit, and allows the issues of different groups to be addressed. This, in turn, helps to increase the credibility and subsequent use of evaluation results.

The evaluation of health promotion initiatives benefits from pooling professional and lay resources, including the unique knowledge possessed by non-professionals. In addition, a participatory approach to the evaluation of health promotion grounds evaluation indicators in practical reality, and ensures that information gained through evaluation benefits all participants.

Most importantly, participatory evaluation encourages collaboration between different sectors, forcing conscious choices and a multisectoral approach to selecting indicators in complex health promotion projects. Finally, participatory evaluation provides a practical way to cross boundaries between theory and practice.

Recommendation 1. Policy-makers should encourage the adoption of participatory approaches to evaluation that provide meaningful opportunities for involvement by all of those with a direct interest in health promotion initiatives.

Conclusion 2. Adequate resources should be devoted to the evaluation of health promotion initiatives.

To maximize the benefits of an evaluation, budgets for health promotion initiatives must include sufficient funding for a thorough examination of their main features. The importance of adequate funding has been recognized by a number of jurisdictions, where minimum standards for the allocation of financial resources to the evaluation of health promotion

programmes have been established. These have ranged from 8% to 15% of the total programme budget.

Analysis of previous experience supports the Working Group's view that the allocation of 10% of total programme resources is a reasonable standard to ensure the development and implementation of appropriate evaluations in health promotion. This does not, however, preclude the allocation of additional resources when necessary.

Recommendation 2. Policy-makers should require that a minimum of ten percent of the total financial resources for a health promotion initiative be allocated to evaluation.

Conclusion 3. Health promotion initiatives should be evaluated in terms of their processes as well as their outcomes.

The evaluation of health promotion initiatives requires evaluation methods to assess both the process and contextual aspects of the activities, in addition to evaluation of outcomes.

Outcome-focused evaluations predominate in the current public health system. In many instances, outcome measures provide an important contribution to understanding the impact of health promotion initiatives. Outcome measures are not, however, a sufficient means of understanding the ways in which a health promotion programme or policy has brought about change.

Although outcome measures can reveal if a programme works (or does not work), they are neither intended nor designed to reveal why or how

a programme works. Understanding why or how a health promotion initiative fosters change is as important as knowing whether a desired change took place, particularly when broader implementation of an initiative is planned or the context of an initiative changes significantly.

Process evaluation, combined with indicators of short- and long-term outcomes, provide the range of information needed fully to assess and understand the impact of health promotion initiatives, and make appropriate programme decisions.

Recommendation 3. Policy-makers should ensure that a mixture of process and outcome information is used to evaluate all health promotion initiatives

Conclusion 4. The use of randomized control trials to evaluate health promotion initiatives is, in most cases, inappropriate, misleading and unnecessarily expensive.

A multidimensional focus on the determinants of health and the impossibility of imposing tight environmental controls, or their unacceptability, are inherent features of most health promotion initiatives. The randomized controlled trial is often an inappropriate and potentially misleading means of evaluating these efforts. For a better understanding of the impact of health promotion initiatives, evaluators need to use a wide range of qualitative and quantitative methods that extend beyond the narrow parameters of randomized controlled trials.

Randomized controlled trials are most effective when the intervention can be delivered and received in a standard way: that is, when variations in delivery and acceptance are minimized. Health promotion programmes can vary greatly in both of these dimensions. Variability may occur, first, in the delivery of an information campaign, implementation of a school programme or enforcement of a policy, and, second, in audience attention to or acceptance of campaign messages or participation in a programme. In addition, because health promotion is often a long-term process, frequently involving environmental modifications, attempts to keep environmental conditions constant can undermine the processes that health promotion attempts to influence.

Recommendation 4. Policy-makers should support the use of multiple methods to evaluate health promotion initiatives

Recommendation 5. Policy-makers should support further research into the development of appropriate approaches to evaluating health promotion initiatives

Conclusion 5. Expertise in the evaluation of health promotion initiatives needs to be developed and sustained.

As with other scientific activities, the evaluation of health promotion initiatives requires specific skills and capacities. Given the diverse nature of

health promotion programmes and policies, these skills extend beyond the domain of health sciences to include social science methods, organizational change theory, participatory action research and other approaches to knowledge development that are compatible with core health promotion principles and values.

At present, the field of health promotion lacks both an adequate infrastructure to develop expertise in evaluation and evaluators with the knowledge and skills to make appropriate assessments. This deficit, in many instances, has resulted in the adoption of inappropriate criteria for evaluating health promotion initiatives.

To ensure that evaluators possess the requisite skills for examining health promotion initiatives,

the capacity for monitoring and evaluation must be supported and strengthened at every level of policy-making. This requires the establishment of a strategy for the development and maintenance of an adequate infrastructure for the development of skills in the evaluation of health promotion initiatives, as well as the dissemination of information about appropriate evaluation methods.

Recommendation 6. Policy-makers should support the establishment of a training and education infrastructure to develop expertise in the evaluation of health promotion initiatives.

Recommendation 7. Policy-makers should create and support opportunities for sharing information on evaluation methods used in health promotion through conferences, workshops, networks and other means.

Annex 1

Members of the Working Group

- Dr Laurie Anderson
Health Scientist, Epidemiological Program
Office, Urban Health Center, Centers for
Disease Control and Prevention, Atlanta,
USA
- Dr Lynda Anderson
Health Scientist, Division of Adult and
Community Health, National Center for
Chronic Disease Prevention and Health
Promotion, Centers for Disease Control and
Prevention, Atlanta, USA
- Mr Nick Doyle
Head of Policy, Health Education Authority,
London, United Kingdom
- Dr Brian Flay
Director, Prevention Research Centre,
University of Illinois, Chicago, USA
- Dr Michael Goodstadt
Deputy Director, Centre for Health Promo-
tion, University of Toronto, Canada
- Dr Igor Glasunov
Executive Director, CINDI Russia, Institute
of Preventive Medicine, Moscow, Russian
Federation
- Mr Brian Hyndman
Consultant, Centre for Health Promotion,
University of Toronto, Canada (*Secretary*)
- Dr Glenn Irwin
Senior Policy Analyst, Health Promotion
and Programs Branch, Health Canada,
Ottawa, Canada
- Mr Paul Lincoln
Director, Health Education Authority,
London, United Kingdom
- Dr Peter Makara
Director, National Institute for Health Pro-
motion, Budapest, Hungary
- Dr David McQueen
Assistant Director for Global Health Promo-
tion, National Center for Chronic Disease
Prevention and Health Promotion, Centers
for Disease Control and Prevention, Atlanta,
USA
- Dr Tapani Piha
Principal Medical Officer, Ministry of So-
cial Affairs and Health, Helsinki, Finland
- Dr Louise Potvin
Professor, Groupe de recherche interdisci-
plinaire en santé, Université de Montréal,
Montreal, Canada
- Dr Irving Rootman
Director, Centre for Health Promotion,
University of Toronto, Canada (*Chairperson*)
- Dr Tom Schmid
Evaluator, Division of Nutrition and Physi-
cal Activity, Centers for Disease Control
and Prevention, Atlanta, USA
- Dr Sylvie Stachenko
Director, Department of Health Promotion
and Disease Prevention, WHO Regional
Office for Europe, Copenhagen, Denmark
- Dr Jane Springett
Professor, Health Promotion and Public
Health, Institute for Health, John Moores
University, Liverpool, United Kingdom
- Dr Erio Ziglio
Regional Adviser for Health Promotion and
Investment, WHO Regional Office for
Europe, Copenhagen, Denmark

Annex 2

Principles of health promotion

Health promotion initiatives are programmes, policies and other organized activities planned and implemented in accordance with the following principles.

Empowering

Health promotion initiatives should enable individuals and communities to assume more power over the personal, socioeconomic and environmental factors that affect their health.

Participatory

Health promotion initiatives should involve those concerned in all stages of planning, implementation and evaluation.

Holistic

Health promotion initiatives should foster physical, mental, social and spiritual health.

Intersectoral

Health promotion initiatives should involve the collaboration of agencies from relevant sectors.

Equitable

Health promotion initiatives should be guided by a concern for equity and social justice.

Sustainable

Health promotion initiatives should bring about changes that individuals and communities can maintain once initial funding has ended.

Multi-strategy

Health promotion initiatives should use a variety of approaches, including policy development, organizational change, community development, legislation, advocacy, education and communication, in combination with one another.