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Evaluation of health promotion effectiveness: a political debate and/or a technical exercise?

Marco Akerman¹, Hiram Arroyo², Catherine M. Jones³, Michel O'Neill⁴, Angel Roca⁵ and Nina Wallerstein⁶

Abstract: This article summarizes the points of view of professionals from different nationalities, working in diverse organizations and dealing with concepts and activities related to health promotion effectiveness evaluation. This collection of views came from a panel presentation and dialogue held during the First Brazilian Seminar on Effectiveness in Health Promotion. Four professionals working in evaluation and health promotion - two from the United States, one from French Canada and another representing an international professional organization - facilitated by one Brazilian and one Puerto Rican moderator, had an informal dialogue with the audience. Four questions about how these professionals perceive evaluation in health promotion were asked to initiate the dialogue. The panelists deliberated five aspects of health promotion evaluation, asking: "how", "how much", "what for", "with whom" and "why." Professionals working in developing countries (in this case, Brazil) and those dealing with indigenous communities (in developed countries) tended to put more emphasis on "what for?", "with whom?" and "why?" regarding initiatives to evaluate effectiveness of health promotion. Questions associated with "how?" and "how much?" were more often mentioned by professionals working for international or governmental agencies. A 90-minute dialogue among panelists with a clearly Brazilian bias, was not sufficient to produce conclusions on the predominant character of international evaluation efforts of effectiveness. Nevertheless, this debate framed the five aspects of evaluation into a value perspective. The questions, "what for?", "with whom?", "why?", "how?" and "how much?" are linked to a political or technical presumptions that could be orchestrated in evaluations of health promotion effectiveness. (*Promotion & Education*, 2007, Supplement (1): pp13-15)

Key words: evaluation, effectiveness, health promotion indicators

Resumo em português na página 33. Résumé en français à la page 37. Resumen en español en la página 41.

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The First Brazilian Seminar on Effectiveness in Health Promotion was held in the city of Rio de Janeiro, Brazil, in May 2005. This meeting represented the Brazilian response to the growing global movement to address the effectiveness of health promotion actions, which has been spurred and supported by governmental and private organizations and by the civil society (Akerman & Mendes, 2006; Ciências e Saúde Coletiva, 2004).

This global initiative has stimulated the introduction of evaluation components into health promotion projects and programs and the development of innovative assessment methodologies. Moreover, it has prompted theoretical and political debates on the theme of "effectiveness," discussing its capacity and power to influence decision-making processes and resource allocation in public and private healthcare management, as well as in the formulation of public policies at municipal, regional and national levels (Moises, 2006; Campos, 2004).

This article presents the points of view of professionals from different nationalities, working in diverse organizations and set-

tings dealing with concepts and activities related to health promotion effectiveness evaluation. These views were originally presented in a dialogue panel held during the First Brazilian Seminar on Effectiveness in Health Promotion. Four professionals working in evaluation and health promotion - two from the United States, one from French Canada and another representing an international professional organization - facilitated by one Brazilian and one Puerto Rican moderator, had an informal dialogue with the audience.

Four questions about how these professionals perceive evaluation in health promotion were asked to initiate the dialogue: (1) "what led you to become involved in evaluation?"; (2) "would a demonstration of the effectiveness of a health promotion project or program assure its implementation?"; (3) "are there other aspects that may influence the decision-making process which are not necessarily related to effectiveness of the programs to be implemented?"; "how would these aspects be considered in health promotion practice?"; and (4) "what do you expect from the global effort to evaluate effectiveness in health promotion?"

Each question was debated for 24 minutes - 12 minutes for the speakers and 12 minutes for audience's comments. The activity lasted for approximately 90 min-

utes. In the following sections, each participant answered the questions with different perspectives, demonstrating the range unique professional settings, social contexts, and/or personal experiences.

What led you to become involved in evaluation?

One speaker put forward an interesting concept: we are always somehow involved with evaluation, either as "the evaluator" or "the evaluated".

Simply put, to be assessed means to be exposed to value judgments. According to one participant, "as a child I was evaluated well in terms of school achievement, but poorly assessed as to my behavior". Very often the use of these evaluative results may be ambiguous since "they recommended that I leave school due to my behavior, but later I was invited to come back for having good grades that helped my school compete with others".

The school achievement of this student enabled him to enter a Sociology Department, where he perceived other aspects of evaluation. In his first experience as an evaluator, he noticed there was not much connection between data collected in the field and the evaluation report produced, since the report was written by someone who did not gather data, and "these reports were (often) written before data collection!"

1. Faculdade de Medicina do ABC, Sao Paolo, Brazil. Correspondence to: akermanm.ops@terra.com.br

2. University of Puerto Rico, San Juan, Puerto Rico

3. International Union for Health Promotion and Education (IUHPE), Saint-Denis, France

4. Laval University, Quebec, Canada

5. Centers for Disease Control and Prevention, Atlanta, GA, United States

6. University of New Mexico, Albuquerque, NM, United States

In his first professional experience as an evaluator, he had the uncomfortable task of assessing colleagues in the health sector, although having no specific knowledge of this field. Recently, he was “assessed” by his peers, as he used to do in the beginning of his professional life, and received the unpleasant news that his request for funding for his research had been denied.

This brief account of a personal and professional experience of one speaker allows us to consider that the field of evaluation is characterized by value judgments, political will, and power relationships.

Two other speakers, one working for an international professional network and the other for federal agency, presented institutional experiences with the topic of evaluation. Both drew attention to the instrumental aspect of evaluation for advocacy purposes; one highlighted the use of evaluation as an advocacy tool for politicians and decision-makers to influence and leverage support for health promotion investments, whether through policy-making, infrastructure development or financial resource investments. Another speaker reported one experience of gathering and assessing data, which were important to demonstrate the need to expand the hours of counseling and testing service for suspected HIV-positive patients.

The fourth speaker stressed the influence of Paulo Freire in her life and her activities as an evaluator. She holds a broad view of effectiveness, and said that by working with young people and programs to prevent alcohol abuse, their focus is not on program effectiveness *per se* related to alcohol behaviors, but rather on strengthening the self and collective efficacy of the youth as subjects and as active players in society. She also expressed more interest in changing “indicators of community life,” rather than the effectiveness of programs and projects to change indicators on an individual level.

In addition, she values the experiences of participatory evaluation, in which the subjects who benefit from the programs are also evaluators of the programs. She is “very interested” in research questions that ask about the “possibilities of building authentic partnerships” and about how “power is negotiated in the evaluation process.”

Would a demonstration of the effectiveness of a health promotion project or program assure its implementation?

In general, the participants do not think that effectiveness is the only criteria for assuring a program’s implementation.

There is a major current debate now

throughout the implementation and translation literature about the gap between what is considered an evidence-based program that may work in one community or setting, but has difficulty being transferred and disseminated to other cultures, places, and political contexts. This is true in the U.S., for example, where many programs are created in dominant culture settings (or even in a single cultural setting) with good effectiveness data. Yet, the same program may not work in a community that is different from the first (i.e. in a predominantly African-American, Latino, or Native American community).

One of the professionals thinks a participatory process that enables the program staff, community members and other stakeholders to incorporate the local political, social, cultural context is essential to assure widespread implementation.

In other words, some of the panel participants stated that they do not think we’ve been effective as public health practitioners and researchers when we just pull a “science-based program” off a shelf and implement it from the top without community input.

The panelists think we need to incorporate not only community people in the planning, but also ensure we, as “scientists,” are open to the “science that emerges from the community,” for example, the community and cultural perspectives, the indigenous theories, and other ideas that will assure that the program values are complementary to the setting, and the program has an opportunity to be adapted to local logistics and local insights. Only then can we hope for programs to be sustainable within local contexts.

Are there other aspects that can influence health promotion implementation apart from a program’s effectiveness? How can these be considered?

The answers were similar to the question above. People stated that a community-based participatory research process (CBPR) in which you develop authentic partnerships, where decision-making and power is appropriately shared between public health professionals and communities, is needed to support health promotion implementation and sustainability.

There are excellent writings now about supporting collaborative partnerships within CBPR (among many others, Israel et al. (Eds), 2005 and Minkler and Wallerstein (Eds), 2003) for good case studies and explanations of the issues.

Some of these issues of course involve the role of stakeholders in the process:

- who has the power to make decisions;

- where decisions come from at different stages;
- whose voices are not heard (i.e. who in the community is participating and who is not participating);
- whose knowledge is being listened to (i.e. is it only the health promotion practitioners’ knowledge or is community knowledge being incorporated);
- who has control over the money;
- what kind of transparency and accountability is there to the community;
- what is the role of policy-makers in the health promotion implementation and in developing plans to sustain the program; and
- what indicators for success are being chosen and by whom.

Of course, each of these issues would require an entire discussion, but the bottom line is that the partnerships and collaborations between professionals and communities need to be looked at carefully.

Differences must be recognized and acknowledged. Community members, for example, might have different indicators of success than the health professionals, though with dialogue and negotiation, hopefully a comprehensive plan can be developed that includes the best ideas from all participants.

What do you expect from the global initiative of evaluation of health promotion effectiveness?

The major expectations and benefits were to share experiences including case studies of different methodologies used for judging effectiveness and alternative research designs (other than the randomized clinical trial as the only gold standard) to assess indicators of success.

Panel participants stated they would also hope that we could support more work on indicators of empowerment, participation and community capacity outcomes so that we could look at these as important intermediate outcomes, other than just waiting for health status and health behavior changes as outcomes. Many of these empowerment and capacity outcomes are in fact intermediate system changes that are necessary to transform conditions that would lead to improved health status, behaviors and reduced disparities.

A vibrant discussion on models of evaluation of empowerment outcomes would be helpful in the literature, incorporating opportunities for people to debate each others’ indicators and categories. One discussion of this is found in a recent WHO review of the evidence of effectiveness of empowerment interventions (Wallerstein, 2006).

A brief conclusion

Professionals working in developing countries and those dealing with indigenous communities tend to emphasize questions such as “what for?”, “with whom?” and “why?” regarding initiatives to evaluate effectiveness in health promotion. They are concerned with power relationships and the need to consider the importance of participatory approaches. Professionals working for international or governmental agencies are generally more pre-occupied with questions such as “how?” and “how much?”

Giving priority to the three questions (“what for?”, “with whom?” and “why?”) as compared with the other two (“how?” and “how much?”) would indicate a more political bias in evaluation for demanding that evaluators take a stand as to the purpose, direction, and participatory and inclusive nature of the evaluation efforts they take part in.

A 90-minute dialogue among panelists with a primarily Brazilian audience was not sufficient to produce concrete conclusions on the predominant character of international effectiveness evaluation efforts. Nevertheless, this debate framed the five aspects of evaluation into a value perspective. The questions, “what for?”, “with whom?”, “why?”, “how?” and “how much?” are linked to political or technical notions that could be included and harmonized in evaluations of health promotion effectiveness.

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