

Evaluation in health promotion

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Principles and
perspectives



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Abbreviations

Organizations

BSI	British Standards Institute, United Kingdom
CDC	Centers for Disease Control and Prevention, United States
ENHPS	European Network of Health Promoting Schools
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
ISO	International Organization for Standardization
HEA	Health Education Authority, United Kingdom
NHS	National Health Service, United Kingdom

Specific studies and technical and other terms

4GE	fourth-generation evaluation
CATCH	Child and Adolescent Trial for Cardiovascular Health
CINDI	WHO countrywide integrated noncommunicable disease intervention programme
COMMIT	community intervention trial for smoking cessation
CVD	cardiovascular diseases
DALY	disability-adjusted life year
EIA	environmental impact assessment
GDP	gross domestic product
HIA	health impact assessment
KSDPP	Kahnawake School Diabetes Prevention Project
MATCH	multilevel approach to community health
MRFIT	Multiple Risk Factor Intervention Trial
PATCH	planned approach to community health
NGO	nongovernmental organization
NHEXAS	National Human Exposure Assessment Survey

PRECEDE	predisposing, reinforcing and enabling constructs in ecosystem diagnosis and evaluation
PROCEED	policy, regulating or resourcing, and organizing for educational and environmental development
QALY	quality-adjusted life year

Foreword

Promoting populations' health is an enterprise whose complex and often subtle dimensions challenge scholars and practitioners from diverse disciplines. Epidemiologists, social scientists, educators, policy scientists, economists, urban planners and biomedical scientists (most recently including geneticists) all contribute perspectives that illuminate one aspect or another of health promotion. Each discipline also offers an evaluation scheme appropriate to its strategic focus. It is easy to understand how casual observers may be frustrated in their search for a single, clear analysis to answer the bottom-line question of just how effective health promotion is. As the authors represented in this book attest, the answer very much depends on what aspect of the health promotion initiative is being addressed. Of course, matters of theoretical justification, intervention strategy, adequacy of resources and other issues of quality—the process questions—pertain, but at the end of the day the results should be measured in ways that are consistent with the stated objectives. Who benefits and how, and who is missed and why, are the central evaluation questions.

The genius of this collection of evaluation approaches to diverse health promotion programmes and related policies is what it reveals about the spread of options: options that do not compete but supplement each other. For the builder of a health promotion strategy, the task is to discover the available evaluative technology with the best fit, and to apply it in a way that balances a comprehensive view with a necessary parsimony of effort. Cost-effectiveness must apply to evaluation design as well as programme design.

For organized health promotion efforts to be positioned as key resources in pursuing social and economic goals, there must be evidence of their effectiveness and their relative costs as compared with other health promoting options: for example, approaches targeting reductions in individual risk versus those seeking reductions in risk conditions through policy change.

The requirement for evidence-based health promotion pertains to public health practice in general, from designing an intervention through evaluating its impact. Criteria for such evidence are expanding to include negative impact as well as positive benefits and a wide range of effects on community wellbeing and economic and social development goals.

Until the publication of this book, it was difficult to juxtapose the myriad dimensions of health promotion, the spread of their assumptions and theories, the challenges faced in planning and undertaking evaluations of health promotion initiatives, and the basis for choosing an approach to evaluation. Further, it is now easier to appreciate the value-added potential of combining several measures focused, for example, on personal, community, environmental and political impact. The chapters of this book demonstrate the conundrum that the whole may be greater than the sum of its parts.

As health promotion comes of age as a theory-informed, evidence-based and broadly accountable practice, this book provides a landscape of evalua-

tive issues and options that can help refocus health promotion planning before resources are committed. It is much more than a catalogue of evaluation methods. Implicit in each chapter is a closely argued rationale for the design or choice of a given intervention, a rationale that helps clarify the potential limitations of the method, and the necessity of having a systems-based strategy for promoting the health of populations and individuals. The principal benefit of this book for health promotion practitioners is a sense of how disparate kinds of technology can join together as complementary parts of a strategic whole.

This book – with two shorter companion documents aimed at practitioners and policy-makers – is a major link in a series of developments aimed at strengthening the capacity of national and local resources to broaden the health promoting impact of both programmes and policies. With more powerful evaluation tools, used with greater specificity to pursue diverse objectives, health promotion efforts can be more equitable, more empowering, more participatory, more accountable and more sustainable.

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