

EVALUATION IN HEALTH PROMOTION

EVALUATION IN HEALTH PROMOTION

- Does Health Promotion work?
- Can we demonstrate the success of Health Promotion?
- How can do we measure success in Health Promotion?
- What is evaluation in Health Promotion?

EVALUATION

- Making a value judgement about something.
- A critical assessment of the good and bad points of an intervention, and how it can be improved.
- Answers the question: “Have the programme objectives been achieved?”

DOES HEALTH PROMOTION WORK?

The north Karelia Project launched in 1971 was a heart disease prevention project located in an area in Finland which had the highest rate of premature deaths from coronary heart disease in Europe. The project used an integrated community-wide approach which included the mass media, the development of a schools programme, use of volunteers to act as lay educators and role models in the community, and the production of low-fat foods. Evaluation showed that risk behaviours, such as fat consumption and smoking, declined more dramatically in North Karelia than in the rest of Finland. This change in behaviour was matched by a reduction in risk factors for CHD, such as mean serum cholesterol and blood pressure, which again was greater than for the rest of Finland. The population reported improvements in their health and general well-being. There was a greater reduction in the death rate from CHD in North Karelia than for Finland as a whole.

Source: Tones *et al.*, 1990

SOME DEFINITION

- Evaluation is the process of assessing what has been achieved (whether the specified goals, objectives and targets have been met) and how it has been achieved.

(Simnett, I)

- A process that attempts to determine as systematically and objectively as possible the relevance, effectiveness and impact of activities in the light of their objectives.

(Last, J.M., A Dictionary of Epidemiology)

SOME TERMS

- Effectiveness
 - what has been achieved
- Efficiency
 - how the outcome has been achieved, and how good is the process (value for money, use of time & other resources)

WHY EVALUATE?

1. To assess results and to determine if objectives have been met.
2. To justify the use of resources.
3. To demonstrate success in order to compete for scarce resources.
4. To assist future planning by providing a knowledge base.

5. To improve our own practice by building on our success and learning from our mistakes.
6. To determine the effectiveness and efficiency of different methods of Health Promotion. This helps in deciding the best use of resources.
7. To win credibility and support for Health Promotion.
8. To inform other health promoters so that they don't have to reinvent the wheel. This helps others to improve their practice.

WHAT TO EVALUATE?

1. WHAT has been achieved - the outcome
2. HOW it has been achieved - the process

TYPES OF EVALUATION

1. Process evaluation
2. Impact evaluation
3. Outcome evaluation

1. PROCESS EVALUATION

- The process refers to what happens between the input and the outcome.
- PE is concerned with assessing the process of programme implementation and how the programme is performing as implementation takes place.
- Ongoing, a method of quality control.
- Monitors progress of the programme, whether the planned activities are carried out efficiently, cost effectively and as scheduled.

2. IMPACT EVALUATION

- Impact refers to immediate effects of the intervention or short-term outcome.
- It is carried out at the end of the programme.

3. OUTCOME EVALUATION

- Outcome are the long-term consequences; they are usually the ultimate goals of a programme.
- Outcome evaluation involves an assessment of long-term effects of a programme.
- More difficult & time-consuming to implement.

HOW TO EVALUATE?

PROCESS EVALUATION

1. Measuring the programme inputs i.e. the resources expended in implementing the programme in order to determine whether the programme was worthwhile (efficient and cost effective)
2. Using performance indicators to measure activity. PI provide a quantifiable measure activity. Examples are:
 - Number of health educational materials produced and distributed.

3. Obtaining feedback from other people e.g. colleagues and other staff.
4. Obtaining feedback from the clients or participants of HP programmes
 - their reactions, perceptions and suggestions
 - methods include observation, interview or questionnaires
5. Documentation e.g. reports, checklist, diaries, video-taping, slides etc.

- Number of health educational materials produced and distributed.
- Number of people attending educational activities.
- Screening uptake rates.
- Uptake of physical activities formed and number of people involved.
 - PIs need to be identified at the planning stage.
 - Monitoring PIs helps you to determine how well your programme is progressing.

IMPACT EVALUATION

1. Measure changes in health awareness, knowledge and attitudes.
 - Measure interest shown by target groups e.g. uptake of health education materials, phone-ins, participation in activities etc.
 - Observation, questionnaires, interviews, discussions etc.
 - Use of attitude scales.

2. Evaluate behaviour change

- Observing what clients do.
- Recording behaviour e.g. number of people attending exercise sessions, health screening, stop smoking etc.
- Interview or questionnaire.

3. Evaluate policy changes

- Introduction of pro-health policies in schools, workplaces etc. Such as safety policies, healthy food, exercise, No Smoking etc.

4. Changes in the environment

- Cleaner air.
- Less/no littering.
- Creation of no-smoking zones/areas.
- Provision of public toilets.
- Provision of safe water supply and better housing.
- Increase in % of food premises with acceptable hygienic rating.
- Reduction in Aedes breeding sites.

5. Changes in health status

- Improvements in BMI, blood pressure, fitness levels, blood cholesterol levels etc.

OUTCOME EVALUATION

OUTCOME EVALUATION

- This is the preferred evaluation method because it measures sustained and significant changes which have stood the test of time.
- Uses hard evidence and quantitative methods.

1. Behaviour change e.g. safe sexual practices, healthy habits and other healthier lifestyle practices.
2. Policy and legislation changes e.g. lead-free petrol, ban on indirect tobacco advertising, compulsory use of bicycle helmets and rear seat belts, gazetting of No Smoking Areas, establishment of Safety and Health Committees in all work places etc.

3. Environmental changes e.g. provision of jogging tracks and playgrounds in housing areas, improved public transportation system, better housing facilities, clean air and water, provision of separate motorcycle lanes at all major roads and highways etc.

4. Changes in health status

- reduction in morbidity, disability and mortality rate
- improve life expectancy
- reduced prevalence of risk factors

MEASURING BEHAVIOUR CHANGE ATTRIBUTION TO INTERVENTION

1. To compare the target group's health-related behaviour before and after the intervention.
 - change will occur with time
 - confounding factors difficult to eliminate

2. To compare the target group's behaviour to another group of similar characteristics (demographic, socio-economic) who were not given the programme.

The control group is necessary to avoid attributing all behaviour change to the HP programme and therefore overestimating its achievement.

CHALLENGES IN EVALUATION

1. Deciding what to measure

- Some objectives are difficult to measure e.g. attitudes and behaviours.
- Need to select appropriate evaluation criteria and performance indicators (specific, sensitive, relevant etc.

2. Contamination of HP outcome

- HP is a long term process and can be influenced by many extraneous situational factors.
- How to adjust for these confounding factors?
- Difficult to ensure that any change detected is only due to the programme input and not to any outside influence.

3. When to evaluate?

- The timing of evaluation affects the assessment of the overall success or failure of a programme due to time effects.

- Delay of impact

The effects of a programme may not be immediate e.g. behaviour change.

Immediate evaluation might not yield positive results.

- Decay of impact

Changes due to programme are not sustained, and after some time the situation reverts to pre-programme. Late evaluation will not yield results.

- Adjusting for secular trends

Many factors are already changing in the desired direction even in the absence of HP programme.

Only those changes over and above the general trend may be attributed to the programme.

- Backlash or boomerang effect

A backlash or unexpected result may occur at the end of the programme which may not be present in the early stages. Depending on when evaluation is done, findings may be positive or negative.

4. Is evaluation worth the effort?

- Evaluation requires and consumes scarce resources.

- Routine work vs. new projects

- Evaluation is worthwhile if it will make a difference.