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Development and testing of a framework for assessing the effectiveness of health promotion

Summary

Objectives: The purpose was to develop and test a framework for assessing the overall effectiveness of health promotion in one Canadian province.

Methods: The project relied on expert opinion and consensus. A multidisciplinary team developed a Project Description Framework and a Health Promotion Evaluation Framework. Two sets of inclusion criteria were developed for selecting projects to be assessed using the Framework. The sampling frame was all health promotion projects starting in Alberta in January 1993 or later for which a written program evaluation could be obtained. Of 180 project reports, 91 met the first set and 35 met the remaining inclusion criteria. Two research associates independently used the Project Description Framework. Three associates independently applied the inclusion criteria. Consensus was reached in all cases. Research team members used the Health Promotion Evaluation Framework to assess the 35 projects and to comment on its utility and any gaps identified.

Results: A framework for assessing the effectiveness of health promotion was developed and tested.

Conclusion: This framework is a useful tool as evidenced by the review that was obtained and subsequent applications.

Keywords: Effectiveness – Framework – Health promotion – Evaluation.

This project originated in 1998 from a request from senior decision makers in the provincial ministry of health to a consortium of health promotion researchers to provide an overview of the effectiveness of health promotion in that province. This overview was to assist them in assessing how well they are doing in supporting best practices in health promotion. The intention was that the findings would give government decision makers and other stakeholders direction in setting policy. This type of request from decision

makers has recently been the source of considerable international attention regarding how individual health promotion projects should be evaluated (Rootman 2001).

The Cochrane Collaboration (Cochrane Collaboration 2002) is one of the better known research networks producing systematic reviews in the health field. The methodology used by the Collaboration to date depends heavily on meta-analysis of quantitative data. A Health Promotion and Public Health Field was established in 1999, and one of the authors (WT) served on the steering committee until 2001. Guidelines for reviewing published research also exist (Fink 1998; Girden 1996); however, no framework was available in the published literature for undertaking the type of overview that was required for this project. Specifically, policy decision makers and researchers needed a framework that could be applied to health promotion projects that differed in a variety of ways including focus, scope, content, approach, and type of evaluation. This was needed at a time when considerable debate was underway about the appropriateness of various methodologies for evaluation of health promotion. Both nationally and provincially in Canada there continues to be policy support for health promotion, but with greater demands for evidence of the benefits to the health of the population.

Methods

Design

A multidisciplinary team with expertise in health promotion designed the two-phase project described in Figure 1. The project used both quantitative and qualitative data with a focus on the latter. The members of the team had expertise in several disciplines (e.g., medicine, nursing, public health, health administration) and in several substantive areas (e.g., violence prevention, exercise enhancement, child health). Face to face meetings, teleconferences, and electronic communication were used extensively over a six month period.

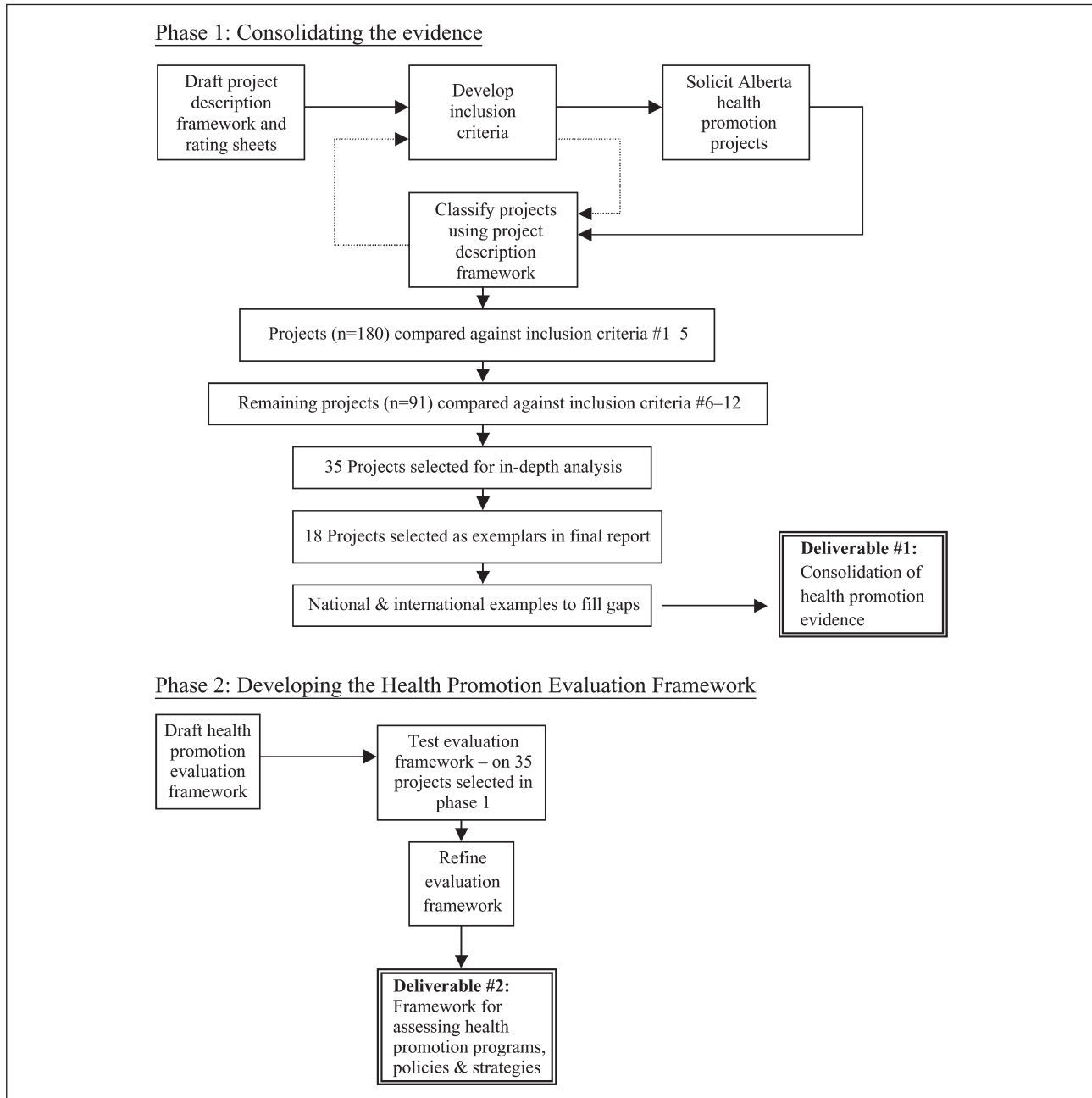


Figure 1 Methods for evaluating the effectiveness of health promotion projects

Using the published literature on health promotion (Fink 1998; Federal, Provincial and Territorial Advisory Committee on Population Health 1994; Girden 1996; Kahan & Goodstadt 1998; Milstein, Wetterall, CDC Evaluation Working Group 2000; Rootman 2001; Rootman et al. 2001; Saskatchewan Health 1997; Scott 1998; World Health Organization European Working Group on Health Promotion Evaluation 1998; World Health Organization 1998), the team developed a Project Description Framework and a draft Health Promotion Evaluation Framework. Twelve in-

clusion criteria were developed for selecting projects to be assessed using the Evaluation Framework (Tab. 1), with each of the criterion being given an operational definition.

Population

The sampling frame for projects to be used in development and testing of the framework was all health promotion projects conducted in Alberta for which written reports were available that met the first three criteria; that is, the project had to be a health promotion project that started in January

Table 1 Inclusion criteria for health promotion projects

<ol style="list-style-type: none">1. The project is a health promotion project.2. The project started in January 1993 or later.3. A program evaluation was done and a written report was available by June 1998.4. The evaluation goals are clear and appropriate to the scope of the project.5. The evaluation documents the health promotion project's effectiveness due to documentation of:<ol style="list-style-type: none">a) positive health, intermediate health, or health promotion outcomeb) the project was promising with respect to resulting desired impactc) lessons learned and challenges encountered6. The overall research design is appropriate.7. Appropriate data collection methods were used.8. Appropriate analytic methods were used.9. The results were appropriately interpreted.10. The findings have relevance to policy practice and/or program design.11. Any impact can logically be attributed to the program.12. Health promotion principles are incorporated in the evaluation process.<ol style="list-style-type: none">a) participationb) interdisciplinarityc) capacity buildingd) appropriateness
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1993 or later, and that had a written evaluation report. Research associates and team members contacted the 17 regional health authorities in the province, the federal government office responsible for population health, the provincial cancer agency, the provincial addiction agency, an injury prevention center, an Aboriginal institute for health promotion, and other major funders, such as United Way, and asked for examples of health promotion projects that had been evaluated. A total of 180 reports were collected, of which 91 met inclusion criteria one through five. As can be seen in Figure 1, inclusion criteria were progressively refined during the process of classifying projects. Thirty-five projects met all of the inclusion criteria.

Analysis

Two research associates independently used the Project Description Framework to describe all of the 180 projects. Along with one additional research associate, they independently applied the inclusion criteria. Differences of opinion were few in both processes and related primarily to differences about how the definitions of key concepts within the Framework could be applied in project reviews. In all cases, the research associates reached consensus with respect to how the definition would be applied for the remainder of the project by thoroughly discussing potential applications and returning to projects that were reviewed earlier in the process to ensure consistency. The first three authors on this paper as well as eight reviewers from around the province applied the draft Evaluation Framework to four or five of the 35 projects iden-

tified for in-depth analysis. Eleven of the reviewers have PhD level research training and all were actively involved in health promotion research. These reviewers possessed both qualitative and quantitative research expertise. Reviewers were asked to comment on the utility of the framework and any problems or gaps identified. In addition, two international health promotion experts reviewed the final framework and no substantive changes were recommended.

Results

The Project Description Framework

A Project Description Framework was developed that included the following dimensions: Ottawa Charter health promotion strategies; population health determinants; level of action; setting of the health promotion project; initiating organization; type of evaluation completed or in progress; and health issue or population addressed. Operational definitions of each of these dimensions and their elements were developed. Other descriptive information included on the review sheets were the project title, a contact name for the project, the regional health authority(s) within which the project took place, whether the project was urban and/or rural, the project source (i.e., where the report was obtained), and whether the project was a "rare bird." A rare bird was defined, for the purpose of this study, as any project that was unique with respect to the strategies used and/or health determinants addressed or the lessons learned.

The Project Description Framework and accompanying definitions were tested by rating the first group of health promotion projects collected, and revisions were made. A few new elements were added; that is, general community setting was added to the setting dimension, coalition was added to the initiating organization, and outcome of evaluation was broken down into short term and long term. The list of the types of health issues and/or populations addressed was added to during the rating of all the projects. Where discrepancies arose among research associates on the interpretation of definitions, these were discussed and a consensus reached. The definitions were then changed in order to make the application clearer. All of the data from the Project Description Framework were entered into a database created using Reference Manager (ISI Researchsoft, 1998).

The Health Promotion Evaluation Framework

A framework for assessing health promotion practice was developed following a definition of best practice in health promotion from Kahan and Goodstadt (1998) (see App. 1). Our perspective of effectiveness in health promotion was

Table 2 Sections in the evaluation framework

Part I: Health promotion characteristics
1. Health promotion strategies
2. Determinants of health
3. Health promotion principles
a) Empowerment
b) Equity and accessibility
c) Intersectoral collaboration
4. Community action for health
5. Current knowledge
6. Community capacity
Part II: Evaluation and effectiveness
7. Evaluation process
a) Evaluation design
b) Data collection methods
c) Analytic methods
d) Interpretation of results
e) Impact
f) Principles for the evaluation of health promotion initiatives
8. Effectiveness
9. Lessons learned

consistent with this definition and included much more than outcomes and impact. In our view, effectiveness also includes attending to principles and processes such as participation and capacity building. The framework we developed has two sections (Tab. 2): Part I addresses the characteristics of health promotion projects; and Part II addresses the evaluation of the effectiveness of the project and adherence to principles of health promotion in the evaluation. Within these two parts there are nine sub-sections, definitions of the key terms used, and one or more questions to ask about the health promotion project. The assessment process, however, remains subjective (for instance, if the material being reviewed is not explicit, one must decide if more than one Ottawa Charter strategy is being used); therefore, space is available on the form for comments about how the assessment was reached or what was included.

The Health Promotion Evaluation Framework was developed with the view that it would be an evolving document, undergoing regular modification to incorporate what is currently considered important in both the process and the evaluation of health promotion. In future applications, if there is insufficient written material, or where clarification is desired, one may wish to interview project people using the Health Promotion Evaluation Framework as an interview guide. The Framework was also designed as a flexible tool in that sections can be used independently. Greater emphasis can be placed on either Part I or Part II, on certain sub-sections, or on certain questions within sub-sections depending on the needs of the user. In some cases, for instance, intersectoral collaboration and evaluation may not be important to a reviewer, and those sub-sections of the Health Promotion Evaluation Framework may then be skipped.

At the end of each part of the Health Promotion Evaluation Framework there is an opportunity to assess an overall rating of how well a project accomplishes what is covered in those parts. For Part I the overall question is: Does this project exemplify health promotion principles and practice? The choices are: very weakly, weakly, fair, strongly, very strongly. Similarly, for Part II the overall rating concerns whether the project's evaluation provides evidence of positive impact. The choices are: weak, suggestive, acceptable, conclusive. At the end of the Health Promotion Evaluation Framework one has the opportunity to record general comments and to make a final conclusion and recommendation for the future of the project.

Selecting exemplars using the framework

Following the in-depth analysis of the reports, 22 of the 35 reports analyzed were assessed as being strong enough to include as exemplars for the final report to the provincial government. These 22 exemplar reports represented 20 projects, as two projects had two separate evaluation reports. A matrix was used as a tool to summarize the project information collected through the framework. A matrix, created by listing the 35 projects down the left side of a chart and the nine framework sections across the top, was used to simplify analysis and present findings. Each project was given an overall rating of A, B, or C on the degree to which it reflected the principles examined in each section or cell of the matrix. **A** indicated clear evidence that the issues raised in the sub-section have been addressed, **B** indicated some reflection of attention to issues, and **C** indicated weak or no reflection on the issues. Reviewing the summarized information contained in the matrix, it was possible to assess how strong each project was in terms of health promotion (sections 1–6) and evaluation (sections 7–9). Those that were very strong health promotion projects and had very strong evaluations were considered exemplary, as were those that were reasonably strong health promotion projects with very strong evaluations, or very strong health promotion projects with reasonably strong evaluations.

Discussion

The Project Description Framework was used to create a database of projects. This database allowed researchers to keep track of a large number of projects and to search for projects that share a common characteristic (e.g., “Building Healthy Public Policy” or tobacco control). In addition, one can use the database to produce summary statistics on a collection of projects; for instance, what percentage used “Building Healthy Policy” as an action strategy.

The results of this project were reported in a summary document that was disseminated to all regional health authorities in Alberta (Thurston et al. 1999d) and to other interested groups across Canada. In addition, a full report (Thurston et al. 1998) contains detailed information on the findings concerning the 180 projects. Strengths of this project were the multidisciplinary nature of the project team and the extensive shared experience in project design, implementation, administration, and evaluation. That the project was provincial in scope was also a strength because it helped to ensure that assumptions about health promotion in one area of the province did not bias the product development. To be robust and have practical utility, a generic framework must be applicable to both strong and weak projects.

Finding and obtaining the project reports was a long and complicated process. Many of the project reports had to be obtained from the organization actually providing the program, and in many cases there was only one copy of the evaluation report available. Also, often there was no staff available to look for reports and do photocopying, so the research associates actually traveled to the organization, physically searched for reports, reviewed them to ensure that they met the initial inclusion criteria, and then copied them for use in the project. The collection strategy was limited to a three-month period to fit the resources available.

In addition, it was difficult to obtain project reports from other than the health sector. There may be some very good evaluations in other sectors that address some key determinants of health that we did not locate. We suspect but cannot confirm that projects from other sectors were not specifically labelled "health promotion" and therefore were not identified when project personnel contacted organizational representatives. Within the provincial government, for example, Alberta Labour may be aware of projects that address employment and working conditions; projects related to enhancing educational achievement may be obtainable from Alberta Learning; and social status, racism, and culture may have been addressed by Alberta Family and Social Services and Alberta Community Development projects. We believe that the Evaluation Framework would be applicable to these projects because of its built-in flexibility. Indeed, the framework has subsequently been used in assessing practices in violence prevention (Thurston et al. 1999a), school based injury prevention and tobacco control (Thurston et al. 1999b) and as assessment of projects funded under one federal government strategy (Thurston et al. 1999c). The

Health Promotion Evaluation Framework is a useful tool as evidenced by the review that was obtained in this project and by these subsequent applications. It is recommended that future modifications to framework be made based on similar methods of interdisciplinary and expert reviews.

The search was limited to programs and evaluations done over a five year period in the province of Alberta. We reasoned that while there may have been many examples of success and effectiveness in the decade prior to that, those successes should have become part of the knowledge base from which the projects reviewed here were derived. If that was not the case, then they are not germane to a study of current best practices, and if it were the case, it would not change the framework or our conclusions.

The Framework has been incorporated by staff from one of the largest regional health authorities into a framework for evaluating community health promotion initiatives. In addition, a Youth Violence Coordinator uses the framework as a tool to help representatives from individual programs assess and classify the programs. A weakness of the framework is that it requires research training to answer some of the questions. We argue that it is beneficial that practitioners, at the very least, recognize that such questions are important.

The focus of many efforts addressing effectiveness of health promotion is on single projects (Wimbush & Watson 2000; Rootman et al. 2001; Milstein et al. 2000; Scott & Weston 1998). The Framework described here is a tool to identify how well program developers are doing overall in implementing the recommendations concerning best practices that derive from these efforts. The Framework is one tool that can be used by both policy makers and program developers to assist them in evaluating how well they are doing in implementing current knowledge concerning best practices in health promotion.

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Zusammenfassung**Entwicklung und Test eines Systems zur Erfassung der Wirksamkeit von Massnahmen zur Gesundheitsförderung**

Fragestellung: Entwicklung und Test eines Systems zur Erhebung der generellen Wirksamkeit von Massnahmen zur Gesundheitsförderung in einer Kanadischen Provinz.

Methoden: Das Projekt stützte sich auf Meinungen und den Konsensus von Experten. Ein multidisziplinäres Team entwickelte ein „Projektbeschreibungssystem“ und ein „Evaluationssystem für die Gesundheitsförderung“. Zwei Sets von Einschlusskriterien wurden entwickelt zur Auswahl von Projekten, die mit diesen Systemen erfasst werden sollten. Die Grundgesamtheit umfasst alle Projekte zur Gesundheitsförderung in Alberta, die im Januar 1993 oder später starteten und für die ein schriftliches Evaluationsprogramm vorlag. Von 180 Projektberichten erfüllten 91 den ersten Satz an Einschlusskriterien, 35 die verbleibenden Einschlusskriterien. Zwei wissenschaftliche Mitarbeiter wendeten unabhängig voneinander das „Projektbeschreibungssystem“ an, drei Mitarbeiter die Einschlusskriterien. In allen Fällen wurde ein Konsensus erzielt. Mitglieder des Forschungsteams verwendeten das „Evaluationssystem für die Gesundheitsförderung“ zur Bewertung der 35 Projekte und somit über Nutzen und Mängel darzustellen.

Ergebnisse: Ein System zur Erfassung der Wirksamkeit von Massnahmen zur Gesundheitsförderung wurde entwickelt und getestet.

Schlussfolgerung: Die Übersicht und Anwendung zeigte, dass dieses System ein praktikables Instrument ist.

Résumé**Développement et test d'un cadre conceptuel pour l'évaluation de l'efficacité de la promotion de la santé**

Objectifs: Développer et tester un concept d'évaluation de l'efficacité de la promotion de la santé dans une province canadienne.

Méthode: Le projet reposait sur l'opinion d'expert et le consensus. Une équipe multidisciplinaire développa un concept pour la description de projets et un concept pour l'évaluation de la promotion de la santé. Deux groupes de critères d'inclusion furent développés pour sélectionner les projets évalués à partir du concept. Deux associés de recherche utilisèrent le concept de développement de projet de façon indépendante. Trois associés de recherche appliquèrent indépendamment les critères d'inclusion. Un consensus fut obtenu dans tous les cas. Les membres de l'équipe de recherche utilisèrent le concept d'évaluation de la promotion de la santé pour évaluer 35 projets, discuter son utilité et identifier les défauts. L'échantillonnage fut réalisé au sein de tous les projets de promotion de la santé débuté en Alberta en 1993 ou plus tard et disposant d'une évaluation écrite. Parmi 180 rapports, 91 satisfaisaient le premier groupe de critères d'inclusion et 35 le second.

Résultats: Un concept pour évaluer la promotion de la santé à été développé et testé.

Conclusion: Ce concept est un instrument utile comme le montra la revue qui fut obtenue et les applications qui suivirent.

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Appendix 1: The framework¹

Health Promotion Evaluation Framework

This framework outlines a series of questions one should ask about a health promotion project (either proposed or ongoing) in order to assist in determining whether it is congruent with respect to what we know about best practices in health promotion.

”Best practice in health promotion is the set or sets of continually evolving actions and associated attitudes which are most likely to achieve health promotion goals in a given situation, and which are consistent with the values of health promotion” (Kahan & Goodstadt 1998).

This framework was developed based on what is currently known about best practices in health promotion. Because knowledge around best practices in health promotion will continue to grow, this framework will need to continually evolve. The relevance of each category will depend on the nature of the health promotion initiative, thus not all categories will be relevant to all health promotion projects.

Document title:

Source of evidence (e.g., journal article, evaluation report, book chapter, paper presented at course):

¹ For the sake of brevity, the Health Promotion Evaluation Framework presented here has all but one line removed where the opportunity to write responses was originally provided.

Part I: Health promotion characteristics*1. Health promotion strategies*

Five priority health promotion strategies are outlined in the Ottawa Charter for Health Promotion. These are:

- 1. Building healthy public policy
- 2. Creating supportive environments
- 3. Strengthening community action
- 4. Developing personal skills
- 5. Reorienting health services

Please check off above which health promotion strategies were used in this project.

2. Determinants of health

The term **determinants of health** refers to "the range of personal, social, economic and environmental factors which determine the health status of individuals or populations" (WHO 1998: 6). Evidence indicates that there are a number of key factors which influence health status, and that the majority of these factors fall outside of health care. Each of these determinants is important in their own right, but they also work in an integrated fashion to influence the health status of individuals and populations (Federal, Provincial and Territorial Advisory Committee on Population Health 1994; Saskatchewan Health 1997). We know a lot about the factors which determine health, but more research is required on the mechanisms by which health is impacted. The following list of determinants is a well researched starting point:

- Income and social status
- Biology and genetic endowment
- Social support networks
- Personal health practices and coping skills
- Education
- Healthy child development
- Employment and working conditions
- Health services
- Social environments
- Gender
- Physical environments
- Culture
- Other (please specify) _____

Please check off above which determinants of health are addressed in this project.

Did the program focus go beyond individuals?

Yes or No Comments:

Was health being addressed in the context of social and environmental factors?

Yes or No Comments:

3. Health promotion principles

Health Promotion is based on the values of participation, equity and intersectoral collaboration; as well as consideration of socio-environmental factors. The cardinal principle of Health Promotion is the empowerment of individuals and/or communities.

a) Empowerment

”In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health. A distinction is made between individual and community empowerment. *Individual empowerment* refers primarily to the individual’s ability to make decisions and have control over their personal lives. *Community empowerment* involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community” (WHO 1998: 6–7).

Was empowerment a key guiding principle of this project?

Yes or No Comments:

Was the project sensitive to power relationships among the individuals and groups involved

Yes or No Comments:

b) Equity and accessibility

”Equity is fairness. Equity in health means that people’s needs guide the distribution of opportunities for well-being” (WHO 1998:7). It is important to note that equity in health status is not the same as equality in health status. Inequalities in health status can be inevitable consequences of such factors as genetic differences, different social and economic conditions, or personal lifestyle choices. Inequities in health status, however, arise as a consequence of inequities in opportunities in life (e.g., unequal access to nutritious food, adequate housing, health services) (WHO 1998).

Was equity a focus of this project (e.g., through advocacy, accessibility, policy, by-law, or law)?

Yes or No Comments:

Were steps were taken to ensure program accessibility (e.g., geographically, financially, culturally and functionally)?

Yes or No Comments:

c) Intersectoral collaboration

Intersectoral collaboration is ”a recognized relationship between part or parts of different sectors of society which has been formed to take action on an issue to achieve health outcomes or intermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone” (WHO 1998: 14).

Were multiple sectors (e.g., health care, social services, transportation, environment, education) involved in planning, implementing and evaluating the program?

Yes or No Comments:

4. *Community action for health*

”Community action for health refers to collective efforts by communities which are directed towards increasing community control over the determinants of health, and thereby improving health” (WHO 1998: 6). ”A community may be defined as a specific group of people, often [but not always] living in a defined geographical area [...] Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them” (WHO 1998: 5).

Was evidence presented that community members have been actively involved in program planning (including identifying needs), and implementation?

Yes or No Comments:

After implementation, did the community have the opportunity to share information about the program on a regular basis (e.g., does the community have an actively involved community board where program information is shared openly)?

Yes or No Comments:

Were multiple partners involved in this project?

Yes or No Comments:

Did this project demonstrate awareness of other related projects in their community?

Yes or No Comments:

5. *Current knowledge*

”Best practices in health promotion builds upon and enhances knowledge regarding the appropriateness and effectiveness of health promotion” (Kahan & Goodstadt 1998:11).

Is there evidence (i.e., other evaluations, published literature, theory, experience) presented to support the choice and effectiveness of the program activities?

Yes or No Comments:

If prior evaluations were conducted, were efforts made to modify the project according to the findings?

Yes or No Comments:

6. Community capacity

Was the local context taken into account in the development of the program?

Yes or No Comments:

”Best practices in health promotion make effective use of available resources in achieving the goals of health promotion” (Kahan & Goodstadt 1998:11).

Did the program build on local resources?

Yes or No Comments:

Was this program sustainable or did it have a sustained impact?

Yes or No Comments:

Did the program deliver the intended impact within a time frame that was appropriate to the needs of the target population?

Yes or No Comments:

Conclusion Part I: Does this project exemplify health promotion principles and practice (framework steps 1–6)?

That is:

- Was one or more than one Ottawa Charter Strategy used in the project?
- Were appropriate population determinants of health addressed?
- Were the key principles of empowerment, equity and intersectoral collaboration embodied in the project?
- Was the project directed towards increasing community control over the determinants of health?
- Was the project based on current knowledge regarding its appropriateness and effectiveness?
- Did the project make effective use of available resources?

Overall rating: *very weakly* *weakly* *fair* *strongly* *very strongly*

General comments on the health promotion characteristics of this project:

Part II: Evaluation of effectiveness

7. Evaluation process

For the purpose of this framework, evaluation is defined as: ”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” (WHO Working Group on Health Promotion Evaluation 1998).

a) Evaluation design

Were the **project** goals and objectives clear, and appropriate to the scope of the project?

Yes or No Comments:

Were the **evaluation** goals (research questions) clear, and appropriate to the scope of the project?

Yes or No Comments:

Could the evaluation design answer the evaluation questions?

Yes or No Comments:

Does the evaluation refer to short and/or long term indicators?

Yes or No Comments:

Was 8–10% of the total budget allocated for evaluation?

Yes or No Comments:

b) Data collection methods

Were data collection methods clearly described?

Yes or No Comments:

If appropriate, were a variety of data collection and evaluation methods used?

Yes or No Comments:

Were data collected from more than one source (e.g., from program clients, from persons involved in delivering the program, from board members, from documents related to the project)?

Yes or No Comments:

Were qualitative and/or quantitative data collected?

Qualitative Quantitative Both

If qualitative, were methods (e.g., triangulation, member-checking) used to increase the trustworthiness of the findings?

Yes or No Comments:

If quantitative, is there evidence of reliability and validity of the measures used?

Yes or No Comments:

c) Analytic methods

Was the analysis clearly defined and appropriate to: the evaluation (research) question(s) posed, the information collection methods used, and a health promotion initiative (refer to the principles outlined in the table below)?

Yes or No Comments:

Where necessary, were appropriate statistical methods outlined?

Yes or No Comments:

d) Interpretation of results

Did the interpretation of the evaluation results flow logically and clearly from the analysis of the data?

Yes or No Comments:

Was attention given to negative and positive consequences, both intended and unintended?

Yes or No Comments:

e) Impact

If an impact was shown, was it likely attributable to the program (i.e., the study results were internally valid)? This implies that the evaluation design enables the reader to see logical connections between the program inputs, processes and outcomes.

Yes or No Comments:

Were the program inputs, processes and outcomes clearly described or illustrated? If yes, please indicate whether or not a logic model was used?

Yes or No Comments:

f) Principles for the evaluation of health promotion initiatives

Were health promotion principles, as outlined in the following table, incorporated into the evaluation process?

Yes or No Comments:

Principles for the evaluation of health promotion initiatives

Participation

At each stage of the evaluation (i.e., design, implementation, analysis and interpretation of the results) 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 the evaluation.**

Capacity building

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

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.

Appropriateness

Evaluations of health promotion initiatives should be designed to accommodate the complex nature of health promotion interventions and their long-term impact (e.g., the evaluation design needs to be flexible enough to account for program changes over the course or the program). Ethical considerations must be addressed (e.g., steps should be taken to minimize any potential harm to evaluation participants).

(Adapted from the WHO European Working Group on Health Promotion Evaluation 1998)

8. Effectiveness

Did this health promotion project have a positive short or long term outcome?

Yes or No

Please specify the outcomes and whether they were short and/or long term.

Comments:

If not, did the project show promise with respect to resulting in the desired outcome(s)?

Yes or No Comments:

The following health promotion outcomes should be considered in your response:

- 1) Increase knowledge and levels of awareness
- 2) Change attitudes
- 3) Increase adoption of health promoting behaviors and practices
- 4) Develop supportive social and/or physical environments
- 5) Increase adoption of health promoting policies
- 6) Enhance organizational capacity through reduction in illness-related costs
- 7) Enhance communities' ability to address shared health concerns
- 8) Develop effective sustainable community coalitions
- 9) Increase coordination of community health efforts
- 10) Increase levels of participation of marginalized community groups
- 11) Increase public input into policy decision-making processes
- 12) Lead to the implementation of health-promoting laws and regulations
- 13) Lead to increased coordination of activities among health-related sectors
- 14) Lead to social change
- 15) Cost-effectiveness
- 16) Decrease in health services utilization
- 17) Decrease incidence of preventable morbidity/mortality (improve health status)

9. *Lessons learned*

Can conclusions be drawn from this project?

Yes or No Comments:

Are lessons learned from this project (i.e., what worked and what didn't work)?

Yes or No Comments:

Does this project contain important lessons for other communities, other health issues, etc.?

Yes or No Comments:

Does this project have a unique, but potentially promising feature(s)?

Yes or No Comments:

Would the findings be useful in guiding future policy development, health promotion program design, and/or health promotion practice?

Yes or No Comments:

Conclusion Part II: *Does this project's evaluation provide evidence that the project has a positive impact on the intended target population (framework steps 7-9)?*

That is:

- Was the evaluation appropriately designed? Did it use appropriate data collection and analytic methods? Did it describe the program inputs, processes, and outcomes?
- Did the project show success in achieving short or long term outcomes; OR did the project show promise with respect to these outcomes?
- Were lessons learned from this project that would be useful in guiding future policy development, program design or health promotion practice?

Overall rating of evaluation of effectiveness: *weak suggestive acceptable conclusive*

General comments on the evaluation of the effectiveness of this project:

Conclusion: Health promotion evaluation framework

Overall impressions and additional comments:

Considering your assessment of both the health promotion principles followed (Part I), and the strength of the evaluation (Part II), which of the following options would you recommend:

- A. Keep both the program and the evaluation process as they are;
- B. Modify the program to address health promotion deficiencies and continue with appropriate evaluation
- C. Keep the program virtually as it is, but improve the evaluation; **OR**
- D. Discontinue the program, because there is too much missing to invest further in program development and evaluation.

References

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