

EDITORIAL

**EVALUATING HEALTH PROMOTION- PROGRESS,
PROBLEMS AND SOLUTIONS**

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In the past 20 years there has been an enormous growth in the volume of research which is relevance to health promotion. This expanding research base has advanced knowledge and improved understanding of the determinants of health in populations.

There are many different interpretations of what represents “value” from a health promotion program (1). Among the perspectives reflected in the literature is that of the population who are to benefit from health promotion actions. Defining success in health promotion concerns assessment to which an action achieves a valued outcome. Also, there is value placed on the process by which these outcomes are achieved (2). The Ottawa Charter identifies both valued outcomes and valued process in health promotion. The Charter defines health promotion as the process of enabling people to exert control over the determinants of health and thereby improve their health. Health promotion is an activity directed towards enabling people to take action. Participation

and partnership are valued processes in health promotion. In tackling the determinants of health, health promotion will include both actions directed towards changing determinants within the more control of individuals, including individual health behaviors but also social, economic and environmental conditions (3). Personal behaviors which provide protection from disease or injury (such as physical activity), or increase risk of ill-health (such as tobacco use) are represented through the goal of healthy lifestyles. The physical environment can limit access to facilities and economic and social conditions can limit people’s participation in society. Social influence and action includes organized efforts to promote or enhance the actions and control of social groups over the determinants of health.

Research to support the development of different health promotion interventions takes many forms. Nutbeam et al. indicates six stages of research.

Stage 1: problem definition. This stage draws upon basic epidemiological research to this information defines the major health problems experienced within a defined population.

Stage 2: solution generation. It draws upon social and behavioral research to improve understanding of target populations, the range of personal, social, environmental and organizational characteristics. The stages 1 and 2 describe the cause, content, population and method, which form the basic for planning health promotion interventions. Such information will describe a problem, can identify determinants of that problem, can indicate individuals, groups, institutions and policies in a defined community.

Stage 3: testing innovation. The function of such studies is to assess the extent to which defined objectives can be achieved operating in the best possible conditions for success.

Stage 4: intervention demonstration. It shows a shift in the relative emphasis given to assessing outcomes and understanding process. The stage helps to clarify whether or not the desired outcomes can be achieved in a less artificial environment.

Stage 5: intervention dissemination. This type of evaluation research also provides information of great interest to communities, managers and practitioners, because it helps to

investigate the causal basis and aim for an intervention, community needs assessment to identify priorities. This define what needs to be done, by whom, to what standard and to what cost. Stage 6. Beyond this stage, the basic evaluation tasks are directed towards supporting program management. These tasks include monitoring the quality of program delivery relative to the optimal conditions for success. The assessment of quality in health promotion has been given considerable attention in the recent past.

The generation and use of a diverse range of data and information sources will provide more relevant and sensitive evidence of effects than a single “definitive” study (1).

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