Making the Case
A Workshop on the Effectiveness of Health Promotion

May 26, 1997

Centre for Health Promotion
University of Toronto

Final Report: June 4, 1997

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A Workshop on the Effectiveness
of Health Promotion

Introduction

Background

In June 1996, the Centre for Health Promotion, University of Toronto hosted an International Symposium on the Effectiveness of Health Promotion. Participants in the symposium identified a need for follow-up action in Ontario. Subsequently a one-day workshop was held on October 21, 1996. At this meeting, participants identified needs and priorities for action. Two work groups were formed around the top two priorities: consolidating the evidence and evaluation/best practices.

Purpose of the May 26 Workshop

The objectives of the May 26 workshop were to:

- review and provide feedback on the papers produced by the work groups
- suggest next steps.

Some 40 people attended the meeting (see Appendix A for a Participant List).

Workshop Design/Agenda

1. Review of Work Groups

Dr. Irving Rootman, Director of the Centre for Health Promotion, welcomed participants, reviewed the objectives for the day and explained the background leading up to this meeting. He noted that the two work groups had split into three because the topics of evaluation and best practices warranted separate efforts

The three work groups included one on consolidating the evidence, one on evaluation and a third group which chose to call their area continuous quality improvement (CQI). Dr. Rootman thanked all of the volunteers for their excellent work.

Consolidating the Evidence Work Group

Michael Goodstadt (chair)
Debbie Bang
Larry Hershfield
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Hilton Mijovick
Peggy Schultz
Suzanne Smith

Evaluation Work Group

Irving Rootman (chair)
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Rick Edwards
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Continuous Quality Improvement Work Group

Irving Rootman (chair)
Barbara Kahan
H,lŠne Gagn,
Colleen Stanton

2. Consolidating the Evidence

Michael Goodstadt presented on behalf of the Consolidating the Evidence Work Group. The group had undertaken two separate but related efforts.

Source lists: A print source list (Appendix B) and an electronic sourc list (Appendix C) were distributed. Michael noted that these lists were a beginning, since there is currently no one place with a comprehensive listing of resources and references on the effectiveness of health promotion. Please send information on additional electronic or print sources to Debbie Bang (dbang@email.stjosham.on.ca). Both sources will be posted on Click4HP.

Framework for Consolidating the Evidence: The group presented thei framework paper (available from the Centre) which features a way to categorize and organize the information on effectiveness. The intended audience includes government officials (who are required to make the case for health promotion), managers e.g., hospitals, CHCs (who make decisions about investments in health promotion) and practitioners (who are looking for information on how to be effective and are making the case up the line). Participants discussed the framework in small groups and provided feedback (see next section).

3. Evaluation

Brian Hyndman presented on behalf of the Evaluation Work group. The evaluation framework paper (available from the Centre) went through numerous drafts and builds on some earlier work done by the Centre for the World Health Organization. Brian emphasized that while the framework looks linear on paper, it is meant to be flexible (e.g., you can begin at any step) and is designed to provide broad guidelines, not to be a prescription for evaluation. Participants discussed the framework in small groups and provided feedback (see next section).

4. Continuous Quality Improvement (CQI)

Irving Rootman, Colleen Stanton and H,lŠne Gagn, presented the work of the CQI group. The move to CQI grew out of the need to look at best practices. After looking at several options, the group decided that CQI was the best terminology to pursue at the moment ("may be a need to take the lead before it is imposed on us"). Irving stressed that the group was not totally committed to CQI and was seeking feedback at this point. Colleen presented the paper written by Barbara Kahan (who was unable to attend) and thanked her for her excellent work. Copies of the paper on CQI are available from the Centre. H,lŠne presented a possible follow-up plan for implementing CQI (Appendix D). Feedback and discussion from participants is summarized in the next section.

5. Future Directions

Larry Hershfield presented some ideas for a comprehensive dissemination plan (Appendix E) and noted that the Centre was committed to offering nine workshops on evaluation in the upcoming year through the Health Communications Unit. He offered the services and assistance of the Unit for other ideas that would be generated as appropriate. Participants worked in small groups to suggest future steps (summarized in next section).

6. Conclusion

Dr. Rootman thanked the work group members, facilitator presenters and participants. He also thanked Linda Sagar, staff member from the Centre, who organized the logistics for the workshop.

Reminder!: The three work groups will meet to discuss the interconnections between the three groups on June 4 at 9:30 a.m. at the Centre's office. All are welcome to attend.

Participant Feedback

These notes are a compilation of feedback from all of the small groups _ "Keeners" "Edge of Change," "Water Table," "Centre Table," "South Pole," "Between Opportunities," "Yorkies," and "Lost But Not Least."

Framework for Consolidating the Evidence

A Useful Framework

- It increases the potential for searching out evidence
- Good range of sources and types of evidence; provides a comprehensive overvie
- Can be tailored
- Great potential for electronic database (but challenging to set up and update) use hypertext
- Needs to be tested at various operational levels
- Need to clarify what constitutes evidence
- Health promotion interventions use multiple strategies (will this work?)
- Will it look at "how it is working?" not just "is it working?"

Things to Reconsider or Change

- Language too complex _ need to simplify; suggest a glossary of terms accompan framework
- Two different audiences: decision-makers are topic-oriented and issue-driven practitioners need clear language
- As is, it seems to imply a hierarchy (e.g., experimental research highest communication highest). Needs a preamble to expose and avoid bias
- Make determinants of health and Ottawa Charter front and centre; stat interpretation of health promotion upfront
- Aims and objectives should probably go before actions
- Put actions _ aims _ criteria below "nature of evidence"
- Solve the problem of how to access the actual article or report that you nee (put on-line?)
- Knowledge development needs to be added
- How do we know how well an evaluation has been done (can we assume only wor that has been evaluated is included?); add something on the quality of the evidence
- List key contacts for projects
- Change middle column to: "health promoting organizations, e.g., schools workplaces, etc" (instead of just workplaces)
- Include annotated bibliographies
- Every area of Charter not represented i.e., where is reorienting health care?
- Where is social change/consensus building?
- Integrate settings, priority groups and issues into the framework (these ar how most people will access data) (perhaps by footnotes). Visual components should include options to search by these headings
- Public opinion polls are missing _ important to add to sources of evidence
- Where are indicators (well-being, social health, etc.)

Using the Framework

- Need resource/contact people in the field to help practitioners access an interpret the data
- Should be in both official languages
- Identify grassroots organizations with electronic access so others can piggyback
- Test it out
- Produce a teaching video that includes examples

Include examples but be cautious: identify them as examples only
Possible use of CD Rom
Include information on how to analyze good evidence
Need to be able to identify "best practices"

Evaluation Framework
Will it Help Meet Your Needs?
Links evaluation and planning, this is important
Flexible, can be customized
Good it is on one page!
Comprehensive, gives legitimacy to the health promotion process
Can help to bridge academia and the field
Relates to evidence framework (good!)
Meets the needs of planners and funders; could meet needs of stakeholders i
Steps 1 and 4 are carried out
Need to define scope of parameters, i.e., looking for individual or population based change
Use clear language; glossary
Title of the framework is confusing
Can CQI be incorporated?

Things to Reconsider or Change
Longer logic model (more options)
Need to link purpose (#3) and how you will use results (#8 and 9)
Redo as a compass (e.g., PEI model) _ different, less linear model
Identify what must be done, no matter what (ensure can be used in part)
Link purpose to how to use results (what to do with the answer
Be more explicit: how does evidence contribute to health and determinants o
health? Articulate goal of improved health
Add people outputs (e.g., involvement, leadership)
Add section on inputs, i.e., what resources were put in?
Identify process checkpoints
Stress importance of baseline data
Provide closer link to health outcomes (should be an indicator)
Add knowledge development
Be more explicit about connections across the framework
Acknowledge and build unanticipated outcomes into loop
Review Step 1 (as there does not appear to be stakeholder involvement from th
beginning); this must be built into planning
Ideal is to integrate evaluation with planning from the beginning
Step 7 can be problematic (stakeholders are also interest groups)
Missing scan of political context/environment

Additional Information or Assistance Needed
Teaching video
Training
List of resources/tools to accompany it
Practical examples
Information on how to disseminate results (including use of consolidatio
model)
Clear description of the process with reminders (contacts)
Academic buy in
How do you factor out other variables and prove that the intervention was th
cause of change?
Information/education i.e., logic models
Companion guidebook

Continuous Quality Improvement (CQI)

Not sure of label: alternatives include "best practices," "practic guidelines," "process improvement"

Language is very important: pro use of CQI _ it relates to business; agains use _ negative connotations in some cases, may not fit values of health promotion

CQI terminology may be pass, (suggest "best practice")

Link to evaluation is not clear; should be linked to the evaluation framework

Similar initiatives with different names underway, e.g., CHCs "building health organizations"

Advantage of CQI: identifies best practice benchmarks and moves them forward

May be duplicating with evaluation; why not incorporate best of CQI i evaluation framework?

May be middle piece linking two other frameworks.

The following practice guidelines are not in the paper; these are central t the use of CQI in health promotion

Health Promotion Guidelines in CQI

1. Articulate goals, values, philosophies, assumptions, definitions and analysis, so that they are explicit and can be examined and discussed.
2. Take into account relationships between individual group/community, and society-wide levels when planning programs.
3. Reference program content, structures and processes to health promotion goals, values and philosophy, so that they are consistent with each other.
4. Consider possible consequences, including unintended ones, resulting from any program.
5. Apply theory to practice and incorporate practice results into theory.
6. Develop appropriate skills and attitudes.
7. Be critical and reflective:
    a. What are our current practices?
    b. Are they achieving what we want them to achieve?
    c. Why or why not?
    d. What changes can be made to make them work better?
8. Try to apply the answers in order to improve current practice.
9. Document processes, results and the effect of any changes.

Next Steps

Continuous Quality Improvement

The group left it to the joint meeting of the three work groups on June 4th to decide whether to proceed with the CQI initiative, taking into account the discussion at the workshop.

Consolidating the Evidence

- Keep accumulating more evidence.
- Develop an electronic structure for using the framework to catalogue th evidence (flexible health information system).
- Simplify the language for practitioners
- Connect with other initiatives
  - add Jakarta information on sustainability, etc.
  - UK efforts
- Identify "grey literature" contact/access points and develop a strategy fo collecting it. For example, the Ministry has an agreement that all project reports go to OPC.
- Presentation to Health Canada (funder) i.e., achievements to date an opportunities for further work.
- Identify ways of identifying literature.
- Leadership: Centre (work group), OPC, Health Canada (possible funding), Bruc Small has a model for collecting evidence on environmental health.

Evaluation

- Pilot/focus test the framework; expose to a broader group (including grassroots).
- Integrate/consolidate interconnections with other work groups.
- Assess need for training.
- Assess need for alternative (non-linear) models.
- Increase representation on working group from provincial ministry an municipalities.
- Pursue partnerships outside the province.
- Make modifications discussed today.
- Explore the integration of key CQI concepts.
- Training video.
- Dissemination plan for all levels; get academic and community buy-in.
- Improve visuals (e.g., colour, graphics).
- Possible support: OPC, Health Canada, DHCs, CHPCU, Canadian Evaluatio Association, private foundations.
- Develop partnership with Canadian Consortium for Health Promotion Research t undertake national and international initiatives related to the evaluation framework..
- Add a decision-tree to assist in choosing an appropriate evaluation design.

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List of Participants

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List of Participants

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Appendix B: Print Source List
Effectiveness of Health Promotion

Recommended Sources Regarding Evidence for the Effectiveness of Health Promotion

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May 10, 1997

Anderson, R. (1984). Health promotion: An overview. European Monographs in Health Education Research. 6, 1-126.

Badura, B., Kickbusch, I. (Eds.). (1991). Health Promotion Research: Towards a New Social Epidemiology. Copenhagen: World Health Organization.

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Appendix C
Key Health Websites

Appendix D
Continuous Quality Improvement

Appendix E
Dissemination Plan for Evidence on Effectiveness