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Theory and practice in the context of health promotion program evaluation

Maria da Fátima Lobato Tavares¹, Cláudia Márcia Santos Barros², Willer Baumgarten Marcondes¹, Regina Bodstein¹, Simone Cynamon Cohen¹, Debora Cynamon Kligerman¹, Francisco Comarú³, Carlos Santos Silva⁴, Cláudia Maria Bógus³, Rosa Maria da Rocha¹, Alexandre Moraes de Mello⁵, Leila Adesse¹, Katia Edmundo⁶ and Rosilda Mendes⁷

Abstract: Evaluation of health promotion (HP) actions is a major challenge, generating inquiries and reflections that can contribute on the effectiveness of the actions themselves. With the aim on fostering exchange on monitoring and evaluation experiences related to the implementation of healthy settings, the 1st Brazilian Seminar on Health Promotion Effectiveness was launched in 2005. The program included round table and workshops known as Working Groups (WG) in Brazil. The criteria used to constitute the workshops focused settings as spaces of circulation and living as an intrinsic connection to lifestyles and conditions, as well as to social and/or environmental risk factors associated with groups living in these settings day after day. Focusing on evaluation as an activity that generates knowledge, this article highlights and stimulates the discussion about some major issues arising from the theoretical-methodological approach and the discussions developed in the workshops. The debates carried out during the Seminar illustrated the different perceptions and views of the social players involved in implementation and evaluation of HP practices, disclosing a multiplicity of meanings. It became clear that procedures are needed to document a future maturation of concepts and methods, in combination with further in-depth theoretical discussion. (*Promotion & Education*, 2007, Supplement (1): pp 27-30)

Key words: effectiveness, evaluation, health promotion, monitoring

Resumo em português na página 34. Résumé en français à la page 38. Resumen en español en la página 42.

Institutionalizing health promotion actions (HP) and their evaluation is a major challenge, generating inquiries and reflections that change the context of the actions themselves. These reflections generate a learning space that can establish new relations among people, knowledge and broader health practices (Pedrosa, J.I.S., 2004).

The program of the 1st Brazilian Seminar on Health Promotion Effectiveness included workshops, also known as Work Groups (WG) in Brazil, which aimed to foster an exchange of evaluation experiences related to the implementation of healthy settings.

In organizing the workshops, settings were viewed as spaces of circulation and living, with an intrinsic connection to lifestyles and conditions, as well as to social and/or environmental risk factors associated with groups living in these settings day after day. Workshop coordinators presented pre-chosen experiences to provide a conceptual and methodological framework for a particular setting. By exchanging experiences with other participants, they encouraged debates on the barriers and successes of different evaluation models and designs utilized.

Focusing on evaluation as an activity that generates knowledge, this article highlights and stimulates the discussion about some major issues arising from the theo-

retical-methodological approach and the discussions developed in the workshops. These discussions, grounded in the guiding concepts of the HP area in each setting, pointed to critical elements and perspectives experienced by participants from the diverse groups.

Workshop 1: Health promotion in primary health care

Key health promotion features in Brazil related to Primary Health Care have included advocacy for egalitarian and universal principles underlying SUS (Brazil's Unified Health System), and a critique of the biomedical model. The dialogue between both HP and health care stakeholders has taken place at all levels of the health care system, leading to building a new health care model, starting from the restructuring of the primary health care (PHC).

The experiences and innovations in PHC and in the Family Health Program and the Community Health Agents Program (FHP/CHAP) are particularly important as they address social determinants in the health-disease process; and include strategies such as intersectorial actions, community participation, strengthening of population/health care links, empowerment, and the increase of community control. However, the effectiveness of community-based

HP programs and actions has been hardly explored, in spite of indications that point to successful experiences.

Under these conditions, the workshop proposed a debate on evidence and/or indicators of HP actions in order to evaluate whether the program works, or to provide input to change the primary health care and/or health care model. The experiences people reported underscored common problems involved in implementing public policies inspired by programs whose practices are often difficult to evaluate, which has threatened their sustainability. Such insufficiency in traditional evaluation and financing models becomes even more of a challenge, when applied to health care based in the perspective of HP. Researchers often lack adequate criteria and indicators connected with the HP paradigm. The group also placed great emphasis on the need to overcome "spontaneous" trends, like specific campaigns; and to overcome false dichotomies, such as health versus disease, quantitative versus qualitative approaches, or research versus provision of health services.

Specifically, with the latter false dichotomy, the participants proposed strengthening the alliances between researchers and health care professionals, who, notwithstanding the fact that they have disagreements related to their specific

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objectives, need to provide visibility to their initiatives as well. Visibility of the HP paradigm involves establishing fundamental legitimacy and sustainability to the actions. For this alliance, participants underlined the need to systematically share information, knowledge, and experiences; to stimulate virtual and supportive networks; as well as to promote mutual communication and learning flow between research and health services. In addition, they suggested the organization of other meetings to present and discuss successful “paradigmatic cases”, or even the unsuccessful ones.

Finally, the group addressed autonomy and self-evaluation, emphasizing the adaptation and development of better evaluation indicators. Another proposal involved the advocacy of professional credentialing, and the carrying out of workshops on assessment indicators and quality of data.

Workshop 2: Environment and healthy housing

Habitat as the setting involves housing, dwellings, or other built structures within surrounding environments. This definition implies the need to articulate public policies on housing, health, environment and urban infrastructure, in order to confront the challenges of consolidating interventions that address the determinants of health in the built space. (Cohen, 2004)

A program designed to encourage the building of healthy habitats, joining both healthy housing initiatives (HH) and environmental primary care (EPC) (the basic care of ecosystem’s health, can be considered a tool for optimizing outcomes in a gradual process to improve people’s quality of life. These programs tend to be effective only through the elaboration of healthy public policies which require intersectoral and interdisciplinary actions, as well as new relationships to social institutions. This model is actualized by initiatives within specific territories, which are connected to institutions and accountability, and have a comprehensive view of the environment in which individuals and their families are living. It requires the translation of concepts, such as “integral health care” and “healthy housing,” into practices, as well as exchanges of technical-scientific and popular knowledge.

Sanchez (1997) states that the solution to environmental and sanitary problems rests in local management because citizens, in a direct way, or through the local government and/or organizations, are aware of their problems and needs. They can examine these needs in accordance with their technical, financial, political and institutional contexts, and can detect and find possible

solutions. Thus, social mobilization has been a great challenge to environmental projects, requiring a social approach imbued with criteria and indicators from Environment Primary Care (EPC), and Health Promotion, so that a higher level of participation, involvement and commitment from the players engaged in the project can be achieved.

In this workshop, the debate on governmental and non-governmental actions in Rio de Janeiro slums contributed to the systematic analysis of parameters and criteria of effectiveness, with regard to the environment and HP. In particular, the debate focused on parameters related to the following objectives: strengthening of individual /collective rights and public freedom; development of community capacity towards action; implementation of primary and preventive actions over elements of the social environment; intersectoral actions which integrate the different governmental agendas; and consolidation of participation as a tenet of this work.

Within Brazil, there are several types of human settlements and habitats with different levels of precarious health and housing conditions, which could be specifically discussed. These include: “cortiços” (poor houses like a “beehive”), precarious building lots in peripheral zones, and occupation under bridges, people living in the streets, and apartment blocks for the poor in a state of degradation, among others. Thus, the discussions carried out by the group did not exhaust the full parameters, indicators and criteria for HP effectiveness applied to human settlement typologies in all localities of the country. Nevertheless, it contributed to an initial systematization of such elements, especially in exchanging ideas and dialogue among several public sectors, such as health, health promotion, housing, urban development, and environment. The latter may be the greatest achievement of the WG 2 discussions.

Workshop 3: Health Promoting Schools

The initiative Health Promoting Schools (HPS) (OPAS/ OMS, 1996) proposes a concept of school both as an efficient system for providing education and as a human community concerned with health for all its members: teachers, students, staff, and all the people involved in these relationships. The Health Promoting School is expressed as a joint commitment and capability of the school, health services, and community to provide adequate conditions for the development of students’ physical and intellectual potential, for HP attitudes and practices, and for building healthier settings.

This conception served as the ground

for debates in WG 3 which addressed the education role within the HP process. It was assumed by the group that the HP main objective does not lie just in health education, but in the overarching political-pedagogical approach, whose design ought to contain commitment to social change and the adoption of educational principles oriented to people’s (“subject”) emancipation, so that the development of critical and reflexive thought leads to citizens’ empowerment (FREIRE, 1996).

Social change, considered as a HP target for the improvement of health and living conditions, is achieved through concerted actions involving the whole society. The group debated this interdisciplinary and intersectoral character of the HPS process within the context of its potentialities and its challenges, i.e. the difficulties regarding intercommunication and linkages faced by both health and education sectors in the development of integrated actions. The group discussed the need to design strategies that might improve the relations between both sectors, and also among others, for the consolidation of proposals.

In addition, the debate included revisiting how HPS have been implemented, with strategies usually without prior knowledge of the actual needs and interests of stakeholders accountable for their operation; and embedded within infrastructural, financial and political conditions. The debate fostered the development of a minimal set of guidelines for evaluation: 1) evaluation should start from program inception, with clear formulation of objectives and diagnosis jointly undertaken by professionals and the community; 2) evaluation should contain a complexity of components and strategies to define indicators, incorporating dimensions concerning context, process, and outcomes; 3) introduction of “actions assessment,” considering the process and potential reformulations as the program is developed; and 4) creation of conditions to support different social actors’ involvement and participation in decisions as to what should be evaluated as well as in the assessment process itself.

The participants were animated by the discussion on the compatibility of objectives proposed by the HPS initiative with those feasible in their own realities. They suggested continuing to discuss and study this issue, including developing a frame of reference with guidelines that might foster the institutionalization of assessment in this field.

Workshop 4: Healthy workplaces

Health Promotion in Workplaces (HPWP) or Healthy Enterprises (HE) requires taking into consideration the world of labor with its economic, socio-political

and cultural dimensions, as well as the level of organization and functioning of contemporary global capitalism, which critical effects can be seen in social fragility, expressed in feelings such as instability and distress, with repercussions in workers' biological and psychological integrity (Luz, 2004). The changes that have affected labor for the last 20 years, markedly the precariousness of work conditions, the informal workforce of labor relations and structural unemployment are reflected in the epidemiological profile of the country (Augusto, 2005).

The debates in WG 4 characterized the HPWP or HE approach as a field to be consolidated within the scope of the Worker Health Program in the Ministry of Health, which reveals the challenges related to linking HP with the Ministry of Labor. Taking as a reference the national informal workforce average, (60% of total workers) (IBGE, 2004); and considering that informal employment is generally found in small and micro businesses (98% of total enterprises in the country) (Pastore, 2005), the participants stressed the need to build strategic actions targeting effective initiatives addressing better health conditions and quality of life for this significant portion of unprotected workers living on reduced benefits. Under-scored strategies included building social networks capable of integrating small businesses, with particular emphasis on the so called "S System" (Social Service of Industry - National Industrial Training Service - SSI/SENAI; Social Service of Commerce - National Service for Commercial Training - SSC/SENAC), which has large coverage and infiltration into multiple settings.

As far as the formal work sector is concerned, the interest and development of HP and quality of life initiatives have been increasing and surpassing the legal requirements related to safety and health in the workplace. The group considered, however, the need to broaden individualistic intervention approaches, dealing with behavioral and lifestyle changes, in order to combine these activities with those involving work conditions and organizational designs.

This approach requires that existing barriers to the democratization of labor relations be overcome, through the redesign of policy management. Worker participation should be facilitated in the design of programs, and in the reflection on what should be evaluated, joining together the different segments and sectors of businesses (Breucker e Schöer, 1999).

To redesign policy management, what is needed is a diagnosis of each business enterprise, and a labor force profile. Both aspects contribute to the role of policies and programs to address diversified, complex and changeable problems and needs

of the labor force in each setting, considering the multiple relations involving living contexts, health and work.

In order to overcome traditional productivity- and competitiveness-related categories for defining indicators, WG 4 discussed new combinations of factors, such as motivation and worker satisfaction in the job; labor relations; policies oriented to professional valuation; new ethical-political dimensions, which take into consideration the worker's subjectivity; and values like solidarity and common well-being in labor relations.

Workshop 5: Healthy Cities and Communities

Evaluation of healthy cities is a recent issue within the current debates on the assessment of HP actions and strategies (WHO 1998, WHO 2001, Akerman et al. 2002). This evaluation perspective requires a reflection on meanings and definitions. After all, what does a healthy municipality mean? How can such a complex field, with multiple determinants, be evaluated? Assuming these questions as a starting point, WG 5 participants debated theoretical and methodological assumptions that guide the "healthy cities and communities movement" (HC & C), in particular its fundamental pillars or strategies included the five actions fields of Health Promotion.

As a special challenge, "healthy cities" broadens the discussion of evaluation capacity related to ongoing processes, and discussions on their effectiveness. The group debated the pertinence of searching for an identity in the existing HP evaluation methodologies, in order to compare available data and information, and consolidate the knowledge produced by different experiences in both national and international arenas.

Developing evaluation skills must be considered a core objective of the healthy community and municipality movements, processes and networks. The focus must be pedagogical, placing greater interest in the development of a local evaluation culture that involves "promoters and beneficiary populations" in a permanent and systematic learning exercise. It pre-supposes the adoption of a participatory methodology which is necessarily a formative process; the combination of quantitative and qualitative indicators; and the use of multiple methods. This combination is capable of establishing new analytic categories, addressing integrated and articulated processes of local action, all of which are multidimensional and complex from a theoretical-methodological formulation.

The interdisciplinary approach, considered to be one of the core pillars of HC & M

initiatives, must be present in the evaluation, so that new understandings of what tenets guide the movement, (with its emphasis on health and urbanism) can be discussed. Moreover, different disciplines generating new approaches and analytic categories capable of comprehending the integral lived process should also be considered. It is important to consider evaluation from the very inception of the intervention, adding concepts of sustainability and future to analyze outcomes. The evaluation process is a crucial strategy of the intervention itself, as it fosters empowerment through production of knowledge about local actions, strengthening stakeholders, and contributing to broad understandings of the integrated actions.

As for evaluation guidebooks and tools (i.e., OPAS/ OMS, 1999), the group examined the risks of promoting a certain "ontologization" of tools, providing them with their own power, when it is the action about social reality that is the core element of both the intervention and its evaluation. The collective construction of "issues for debate" among stakeholders is a core premise, since diverse views and perspectives about social reality change depending on the place they live in, and the degree of government capacity and identified demands of the local area, whether a community or city. Evaluative questions have strategic value, once the starting points and issues to be investigated, systematized, monitored, and evaluated are shared by all.

Conclusion

The debates carried out during the Seminar illustrated the different perceptions and views of the social players involved in implementation and evaluation of HP practices, disclosing a multiplicity of meanings. It became clear that procedures are needed to document a future maturation of concepts and methods, in combination with a more in-depth theoretical discussion. Nevertheless, stimulated by the theoretical-practical challenges presented through the initiatives in different settings, the participants proposed a continuous exchange of experiences. This article, therefore, is the first fruit of the collective construction of the workshop participants as well as an invitation to new reflections and encounters for discussing the theme of health promotion evaluation.

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