Runanga Whakapiki ake i te Hauora o Aotearoa
HEALTH PROMOTION FORUM
of New Zealand

keeping up to date

Keeping up to date - the 24th edition

"About Keeping Up to Date

Each issue of *Keeping Up to Date* tells you about current research, evidence and thought on an important issue for your work in health promotion.

Keeping Up to Date reviews academic literature. It references some key articles, especially those that you can get download from the world wide web. If you have difficulty accessing any of the references, please contact us and we can point you in the right direction.

Each issue is peer reviewed. The Health Promotion Forum's Academic Reference Group is the editorial advisory committee for *Keeping Up to Date."*

From the Newsletter Editor

Dear Co-Workers and Readers
I wish to inform you of some changes to the ***Keeping up to Date***. As from its next edition, No. 25 in March 2007, the ***Keeping up to Date*** will be merged under one cover with our other quarterly publication, the ***Newsletter***. This merging will ensure better access to, and cost effectiveness of producing both publications. However, to ensure ease of reference, the ***Keeping up to Date*** will retain its distinct name and place within the centre of the combined publication.

As for the ***Newsletter*** there will be some changes too. It will be renamed, ***Hauora***. *Hauora –Everyone's Right* is the vision statement of the Health Promotion Forum, hence the new name for the newsletter. Our new logo will also feature as part of the masthead of the newsletter as from March 2007.

Thank you for the constructive feedback over past editions. Keep them coming as such feedback help us to improve our work. Happy reading!

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EVALUATION FOR HEALTH PROMOTION PRACTITIONERS

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INTRODUCTION

There are many kinds of evaluation and understandings of its benefits. At the global level evaluation has been described as a world saver, as an essential producer of knowledge for well being and for addressing issues such as Avian flu that "we can't afford to get wrong" (Rist 2006). At the national level evaluation appears to be a response to the desire for "good Government" and programmes and policies are evaluated by agencies charged with improving outcomes for the population.(Lunt in Lunt, Davidson & McKegg 2003: 4.) Organisations evaluate their programmes or have their programmes audited. Individuals reflect on their personal practice and the organisations they work in. All these activities are evaluative though their approaches, purposes, and methods differ. (Duignan in Lunt, Davidson& McKegg 2003:79) A variety of approaches, purposes and methods founded on different worldviews, paradigms and interests is found in evaluation practice and evaluators are constantly challenged about their roles and methods. What follows here is not a review of evaluation in all its complexities but a conceptual and practical introduction to assist health promotion practitioners in Aotearoa/New Zealand, many of whom work in relatively small organisations close to their communities.

Evaluation can mean

- A simple review of programme activities and progress, by those delivering the programme
- An audit to find out whether the programme has met predetermined objectives, by funders or their agent
- Daily informal personal reflection to identify problems, analyse and find solutions
- Documentation of processes and outcomes to build evidence about what works, what doesn't work and why
- Highlighting issues that need to be addressed prior to continuation, or commencement in other communities
- Judgement of effects, by the people for whom the service is intended

Evaluation may be undertaken for any of the following purposes

- To improve the design or performance of a project, policy, activity or service
- To determine if a project is meeting the needs of the community
- To make choices between activities
- To aid decisions about which activities should be funded and which initiatives have greatest impact
- To provide evidence for decisions about policies, programmes and resource allocation

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- To learn how a particular project or activity might be repeated and sustained elsewhere
- For accountability, to find out whether an activity is conducted according to an agreed plan, objectives and time frame
- To find out whether a project provides value for money (cost-effectiveness)
- To test whether new or innovative ideas will work in practice
- To delay making decisions about funding a programme or as a lead-up to cutting back a programme
- To contribute to practice-based evidence by identifying the most effective methods to meet the objectives of community empowerment and health gain.

VALUES IN EVALUATION

" evaluation is the process by which we judge the worth or value of something"(Suchman 1967)

Evaluation is a judgmental activity. How you judge depends on what you value. How you judge depends on expectations, past experience, what you think is important and what you think is not important. (Hawe:6-7). "Evaluation involves two processes—observation and measurement and then comparison of what you observe with some criterion or standard of what you (or the group you represent) would consider an indication of good performance".(Hawe:6).

The definition of what is worthwhile or valued is not straightforward and the question of "whose values?" an issue tightly linked to who will benefit, routinely requires clarification.(Newport 2006, Moewaka-Barnes 2003). Values are found in Charters, Mission Statements and Strategic Plans. For example, the Bangkok Charter for Health Promotion in a Globalized World builds on the values of the Ottawa Charter for Health Promotion and affirms that "policies and partnerships to empower communities, and to improve health and health equality should be at the centre of global and national development." Locally, the Health Promotion Forum's strategic plan states that "the Forum will set its priorities and measure its progress against the principle of Hauora- Everyone's Right." The values of the Forum are health and inclusiveness and so the organisation can be expected to prioritise activities that will benefit the the people and communities who are least advantaged. Other values common to health promotion are social justice, collective responsibility, equity, empowerment, diversity, health gain, population health and effective practice.

Evaluation of activities or projects is the evaluative activity most commonly undertaken. An organisation evaluating a health promotion project should consider its own health promotion values and design the evaluation to answer four questions: Did we meet the needs of the recipients? Did we act in a manner consistent with the goals and values of the organisation? What can we do differently? Who should we communicate this information to?

It is imperative that the voice of the immediate or direct recipients, the people Yoland Wadsworth calls "the primary reference group" (Wadsworth 1997:12-18) is heard in the evaluation.These are the people whose wellbeing was intended to be improved. They may have used a product, received a service, participated in a programme or been affected by a policy. (Jane Davidson 2005:240,241) They are the ultimate reason for the programme's existence but may be overlooked.

EVALUATION APPROACHES AND DESIGNS

There are a number of approaches to evaluation and organisations will choose among these according to their values, the paradigms they prefer and the particular purpose of the evaluation. Each approach has its own often passionate proponents. Davidson (2005) has provided a useful glossary and lists the following terms: Analytical evaluation- as contrasted to Holistic evaluation; Collaborative evaluation; Formative evaluation;Goal -free evaluation;Meta evaluation ; Needs based evaluation; Nonparticipatory evaluation;Participatory evaluation; Policy evaluation; Summative evaluation and Theory based evaluation. Other terms of interest to health promotion include Utilisation focussed evaluation(Patton 1997) , Constructivist or Fourth Generation Evaluation (Guba & Lincoln 1989), Personalising evaluation, (Kushner 2000) Advocacy oriented evaluation (Greene 2002) and Empowerment evaluation(Fetterman & Wandersman 2005). Of particular interest in the context of New Zealand is kaupapa Maori evaluation(Te Puni Kokiri 1999, Moewaka Barnes 2000), evaluation based on Pacific Peoples' research models (Newport 2003) and strategic evaluation (Duignan 2003).

The design of an evaluation will include the values and conceptual approach, the purposes of the evaluation and the methods of collecting and analysing the data . There are risks here in that the values, perspectives and needs of stakeholders may be contradictory and so the design and its findings may satisfy only one or none of the parties involved in the evaluation.

Programme and project evaluation usually involves observing and collecting measures about how a programme operates and the effects it is having and comparing this to a pre-set standard or yardstick. However, this model of matching inputs and objectives to outcomes though elegant and appealing is inadequate as it is unable to provide the central evaluative information about the mechanisms of change.(Kushner 2000) The programme, the activities that occurred between the objectives and the outcomes, remains a black box and knowledge about the processes involved and the reasons for success or partial success is not produced.

A diversity of evaluation designs is appropriate given obligations under the Treaty of Waitangi and the diversity of collective and individual world views and values in contemporary Aotearoa New Zealand. Approaches such as kaupapa Maori, empowerment and personalising approaches are being used alongside the more familiar quasi experimental impact/outcome evaluations.

EVIDENCE-INFORMED AND EVIDENCE-BASED EVALUATION

Evidence–based information is essential for effective health promotion practice. Effective practice depends on systematic planning, implementation and evaluation which depends in turn on good information. An evidence–based approach to health promotion means constantly engaging in evaluative thinking. This means asking questions such as: What do we know about what will be effective ? How do we know? Who says so? What do we know about the people who will be affected? What cultural, economic and and historical factors are affecting their health? What is known about the causes of the issue? What does the practice literature say about interventions and strategies tried elsewhere? Are there other strategies ? What do colleagues and experts say? What is already being done to address the issue? Is the programme we are proposing (or continuing) consistent with the Treaty of Waitangi ? How does it rate in relation to values of equity and empowerment?

The information needed when planning (a process which includes evaluation) a programme is information about the needs of the people who will be affected directly or indirectly, knowledge of the causes of the problem being addressed, knowledge of the social and political context, the networks and stakeholders involved, and evaluation of prior experience and interventions in the area.

However, the kind of evidence that health promoters need to inform decisions about interventions and make choices among activities may not be available.One of the reasons for this is that many evaluations of health promotion programmes remain informal and inhouse and even when formally undertaken are not published or otherwise shared. In addition, much of the scientific evidence produced and published is non- evaluative and does not provide information about what works for whom in what circumstances or about the effectiveness of programmes that target broad issues such as underlying health determinants (Labonte 2001).

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A broader range of evidences than has been included in most formal reviews of evidence is needed. Nicki Jackson highlighted the need for a pluralistic view of evidence in a previous issue of this series (Jackson 2006).Knowledge based on personal experience, intuition and anecdotal, traditional or commonsense sources is also essential and practice knowledge, the experience of colleagues and community and agency opinions should be canvassed. This information can be gathered face to face and also in discussion groups on line. The results of a variety of different research approaches combined with practice knowledge are necessary for judgment of health promotion effectiveness and to inform choices about new initiatives.

There are risks associated with reliance on personal experience, commonsense or received wisdom. But these risks are not essentially different from those associated with the scientific production of knowledge. As Mark Twain said "its not the things folks don't know that are the problem…it's the things that they know that ain't so! This applies to scientific evidence as much as to common knowledge and the scientific community mitigates this risk through the process of peer review . Similar processes can be developed within the health promotion community for assessing shared practice knowledge and anecdotal information. Beliefs, theories and plans are tested in the arena of practice and the contribution of practitioners to a sound evidence base for health promotion in Aotearoa New Zealand is crucial. Systems for encouraging the collection, review and dissemination of practice based information require development.

The belief that good intentions alone will result in good outcomes is a barrier to evaluative practice. A "presumption of innocence" is often applied to social and public health interventions. This is an assumption based on the belief that these interventions do not have negative effects and that an intervention is worthwhile "so long as even one person is helped". But some well intentioned, plausible and timely interventions are actually harmful. For example, driver education interventions with adolescents may actually make matters worse by increasing the number of motor vehicle accidents. (Robertson 1980). The knowledge gap between more and less educated groups may be increased by health education campaigns. In addition, resources are wasted when health information is mass produced and not understood or rejected for cultural reasons by large groups in the population. These issues of harm,equity and opportunity cost are important but the more general point is that "no social intervention, not even one known to be effective, is likely to be wholly beneficial." (Pettigrew 2003:2). There are risks in all interventions and the results of what seems to be uncontroversially a good such as improved physical environments and housing may have undesirable side-effects such as disruption to established social networks and loss of places and facilities valued for cultural and heritage reasons. Interventions can cause harm and increase inequities. Good intentions and hard work are not enough.

Similarly, over reliance on either scientifically ratified information or practice wisdom is the road to poor outcomes. Health promotors need both kinds of evidence as well as a good dollop of innovation and intuition to inform their planning, implementation and evaluation. The term evidence-informed rather than evidence-based is more appropriate in this context.

Evidence based on scientific principles and methods is found in academic journals, review articles, research reports and established data sources such as government statistics and agency reports. Local websites and websites in other countries are also good sources of evidence and are listed at the end of this paper.

EVALUATION IN ORGANISATIONS

Health promoters are more and more under pressure to demonstrate the value of their work and to justify the ways they go about that work. Health promotors **must** evaluate. However, the most important reason to engage in evaluation is not as a response to external demands but as an integral part of everyday practice. It is important that evaluation is embedded in the everyday work of an organisation, service or agency. Each organisation can find or develop tools to guide ways to stop and think about what they are doing, to assess the effects of what they do and to check these actions against the central values of their organisation.
The lack of evaluation is wasteful of the store of wisdom and experience that people have and act on daily. Often, we feel that we do not have time to reflect on the value of what we do or are planning to do. Because of this, evaluation must be supported from the top of the organisation and there must be agreement that evaluation is a valuable and legitimate activity. Time needs to be allocated specifically for this task, evaluation skills included in professional training plans and evaluation activities included in performance reviews. Once the value of evaluation is acknowledged we can get the evidence needed to strengthen our practice, guide innovations and demonstrate to ourselves and others the worth of what we do. We can feel less "time-poor" as we demonstrate efficiency gains to ourselves and others. Evaluation gives the grounds for celebration.

Evaluation is essentially an empowering activity. It is nevertheless true that the prospect of "an evaluation" is met by some organisations and practitioners with a mixture of fear and irritation, seeing evaluation as an intrusion and waste of time and occasionally quite accurately as a threat to their funding and continued existence. Yet, a framework for evaluative activities builds on the capacity for thoughtful, reflective and innovative practice among health promotion practitioners and helps ensure that health promotion organisations have the information they need in order to be accountable to themselves and to external stakeholders.The experience of self and internal evaluation enables organisations to partner more productively and also to challenge external evaluations more effectively. Organisations that are continually reflecting on their work are better able to engage with the demands of external evaluation.

Evaluation should be embedded within the reiterative spiral of planning, delivery, reporting, and continuous quality improvement. A comprehensive program of built-in evaluation (Wadsworth:57) comprises opportunities for:

- Daily informal personal reflection
- Weekly spans
- Special effort evaluations of particular aspects of practice or activities
- Monthly collective problem-pooling sessions
- Annual "what-have-we-achieved" and "where-are-we-heading-next" workshops
- Comprehensive program "stock-takes" every three to ten years or more

Not all practitioners will engage in all types of evaluation and not all programmes will be evaluated formally, either as self evaluations, evaluations with the assistance of an evaluator or evaluations conducted by an external evaluator contracted externally for instance by a funder. However all practitioners should engage in evaluative reflection about their activities and make decisions informed by that reflection. This "reflective practice " ranges from self evaluation of use of time " what is the best use of my time right now?" (Wadsworth 1997:59-61) to evaluating the possibilities and limitations of their own values and actions. For example, health promoters may consider their own values and actions in relation to the macro political context and the challenges they face personally and professionally in addressing health inequities (Johns 2002). Reflection can be focussed on one's own practice and on the processes of a programme or organisation. In this way practice wisdom is increased in groups, services and organisations. Organisations currently need assistance to build this evaluation capacity.

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CONCLUSION

Evaluation is the key to getting it right in health promotion programmes, achieving the Bangkok Charter for Health Promotion aim of "enabling people to increase control over their health and its determinants" and, consistent with the principle of "Hauora- Everyone's Right," addressing inequities in New Zealand Aotearoa. Achievement of these broader aims depends on the production, use and dissemination of evaluative knowledge. It is imperative that every health promotion organisation engages in high quality evaluative activity and that staff have time and training to achieve this. The production of evaluative knowledge requires coordination and prioritisation so that knowledge streams (Rist 2006;State Services Commission and the Treasury 2003) and information management systems start to replace the single studies and the piecemeal bits of evidence and information we now have available. A priority task is to build a community of practice in Aotearoa New Zealand sharing evaluations and improving the links between innovation, experience and services development.

Evaluation is a personally and organisationally empowering activity. Evaluation is a way of ensuring that health promotion practitioners achieve the best outcomes from their efforts, that they engage in a pleasurable process of continuous learning, that resources are used efficiently and that the outcomes wanted are achieved - in short, that Health Promotion can celebrate getting it right.

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SOURCES

A good way to start accessing the information you need for evaluation is to participate in conferences, join a discussion group on line and read or listen to reports of evaluations. There are local and international organisations of professional evaluators, notably the newly formed national organisation Aotearoa New Zealand Evaluation Association (**anzea)** and the Australasian Evaluation Society(AES) www.aes.asn.au. Both organisations promote ethics and standards in evaluation. To join **anzea** contact Rachael Trotman: rachael.trotman@xtra.co.nz

The book edited by Neil Lunt, Carl Davidson and Kate McKegg " Evaluating Policy and Practice: A New Zealand Reader" (Lunt N,Davidson C & McKegg K. eds 2003. Auckland ,Pearson Education) is a very interesting collection of articles about evaluation in New Zealand.

The Health Communication Unit at the Centre for Health Promotion, University of Toronto (www.thcu.ca) has evaluation handbooks, information on topics methods guides and a blog for the learning community available on line: www.thcu.ca/infoandresources/evaluation-resources.htm

The book Everyday Evaluation on the Run by Yoland Wadsworth (1997) in a handy A-4 format is an excellent hands-on guide to programme evaluation developed in Australia.

Other evaluation handbooks covering all aspects of evaluation are available on line, notably the WK Kellogg Foundation. www.wkkf.org/pubs/tools/evaluation/pub770

There is information to help organisations plan for evaluation. For example , the RUFDATA system developed by Murray Saunders is a quick and structured system to assist organisations to decide on the range of evaluative activities to undertake.The paper " Beginning an Evaluation with RUFDATA:Theorising a Practical Approach to Evaluation Planning" is available in the journal Evaluation 2000 Volume 6(1):7-21 and on line at http://www,centreforexcellence.org.uk/usersdocRufdatajuly.pdf

The Key Evaluation Checklist provided by Michael Scriven (2003) is available on line http//evaluation.wmich.edu/checklists/

Examples of evaluations and information on what works are available from:

SHORE The Centre for Social & Health Outcomes Research and Evaluation www,shore.ac.nz and WHARIKI www.shore.ac.nz/whariki . SHORE and WHARIKI have undertaken formative,process, impact and outcome evaluations of a range of programme types and specialise in complementary methodologies for hard to reach groups.

The Injury Prevention Research Centre (IPRC) at the School of Population Health,Auckland University. Injury prevention literature (IPLit) is online at www.health.auckland.ac.nz/ipc

The Victorian Health Promotion Foundation in Australia www.vichealth.vic.gov.au

The UK Health Development Agency http://www.healthpromishd - online.org.uk

Journals

Evaluation Journal of Australasia

Evaluation Practice

Critical Public Health http://tandf,co.uk/journals

Journal of Multidisciplinary Evaluation. Access on line at www.Evaluationwmich,edu/imde/