

WORLD HEALTH ORGANIZATION HEALTH PROMOTION EVALUATION PRINCIPLES AND AHS

Health Promotion and Evaluation

Health Promotion, as defined by the Ottawa Charter for Health Promotion (1986), refers to the process of enabling people to increase control over, and to improve, their health. The implementation of this definition requires that health promotion should be empowering, participatory, holistic, intersectoral, equitable, sustainable and multi-strategy.

The WHO Evaluation Working Group concludes that core features of approaches appropriate for the evaluation of health promotion initiatives are Participation, Multiple Methods, Capacity Building and Appropriateness. They believe that evaluations premised on these principles provide an appropriate means of assessing and understanding health promotion initiatives. The AHS impact evaluation practises the same evaluation principles, and AHS is also designed and implemented in accordance with the following WHO Principles of Health Promotion:

- \$ **Empowering** : Health promotion initiatives should enable individuals and communities to assume more power over the personal, socioeconomic and environmental factors that affect their health.
- \$ **Participatory** : Health promotion initiatives should involve those concerned in all stages of planning, implementation and evaluation.
- \$ **Holistic**: Health promotion initiatives foster physical, mental, social and spiritual health.
- \$ **Intersectoral** : Health promotion initiatives should involve the collaboration of agencies from relevant sectors.
- \$ **Equitable** : Health promotion initiatives should be guided by a concern for equity and social justice.

The following WHO Conclusions and Recommendations in support of appropriate evaluation methods are included in the table below along with the AHS response as it relates to AHS program evaluation.

Conclusions	Recommendations to policy-makers	AHS response
<p>1. Those who have a direct interest in a health promotion initiative should have the opportunity to participate in all stages of its planning and evaluation.</p>	<p>Encourage the adoption of participatory approaches to evaluation that provide meaningful opportunities for involvement by all those with a direct interest in health promotion initiatives.</p>	<p>The Aboriginal community development methodology and indicators framework which guides the impact evaluations.</p> <p>Culturally appropriate impact and tools were developed by evaluation, child development Aboriginal contractors implemented.</p> <p>Community members recommended participating sites are hired and evaluators for the impact evaluation. AHS early childhood education standardized child observation <i>Sampling System</i>.</p> <p>Participating sites have input into the impact evaluation.</p> <p>The National Aboriginal Health the evaluations</p>
<p>2. Adequate resources should be devoted to the evaluation of health promotion initiatives.</p>	<p>Require that a minimum of 10% of the total financial resources for a health promotion initiative to allocated to evaluation.</p>	<p>The impact evaluation has been due to financial constraints. A required to further develop evaluation the evaluation to accommodate and to increase the number of</p>
<p>3. Health Promotion initiatives</p>	<p>Ensure that a mixture of process and</p>	<p>AHS uses process and impact</p>

Conclusions	Recommendations to policy-makers	AHS response
should be evaluated in terms of their processes as well as their outcomes.	outcome information is used to evaluate all health promotion initiatives.	provide a comprehensive evaluation. The AHS evaluation logic model emphasizes accountability and contribution to development from these and other initiatives.
4. The use of randomized control trials to evaluate health promotion initiatives is, in most cases, inappropriate, misleading and unnecessarily expensive.	Support the use of multiple methods to evaluate health promotion initiatives. Support further research into the development of appropriate approaches to evaluating health promotion initiatives.	A Tool Development Team developed a tool for the impact evaluation. The comparison groups was considered due to ethical and practical challenges. Qualitative and quantitative evidence of success are triangulated to ensure validity. Standardized child observation staff, parents and other key informants provide meaningful and accurate evidence. Their interpretation are understood and acknowledged the diversity of participants.
5. Expertise in the evaluation of health promotion initiatives needs to be developed and sustained.	Support the establishment of a training and education infrastructure to develop expertise in the evaluation of health promotion initiatives. Create and support opportunities for sharing information on evaluation methods used in health promotion through conferences, workshops, networks and other means.	AHS is building an evaluation infrastructure in communities and is building capacity through participatory methods and presentations. AHS has given presentations on development, evaluation tools and evaluation outcomes at conferences and evaluation and at early child development uptake by the research community. This has been disappointing.