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Evaluating complex community-based health promotion: Addressing the challenges

Gwyneth Jolley *

South Australian Community Health Research Unit, Flinders University, Bedford Park, SA 5062, Australia

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ABSTRACT

Community-based health promotion is poorly theorised and lacks an agreed evidence-base. This paper examines characteristics of community-based health promotion and the challenges they present to evaluation. A review of health promotion evaluation leads to an exploration of more recent approaches, drawing on ideas from complexity theory and developmental evaluation. A reflexive analysis of three program evaluations previously undertaken as an evaluation consultant is used to develop a conceptual model to help in the design and conduct of health promotion evaluation. The model is further explored by applying it retrospectively to one evaluation.

Findings suggest that the context-contingent nature of health promotion programs; turbulence in the community context and players; multiple stakeholders, goals and strategies; and uncertainty of outcomes all contribute to the complexity of interventions. Bringing together insights from developmental evaluation and complexity theory can help to address some evaluation challenges. The proposed model emphasises recognising and responding to changing contexts and emerging outcomes, providing rapid feedback and facilitating reflexive practice. This will enable the evaluator to gain a better understanding of the influence of context and other implementation factors in a complex setting. Use of the model should contribute to building cumulative evidence and knowledge in order to identify the principles of health promotion effectiveness that may be transferable to new situations.

1. Introduction

Empirical research providing evidence of effectiveness for community-based health promotion (CBHP) is limited and there is a need to build the evidence base (Baum, 2003; de Leeuw & Skovgaard, 2005; Judge & Bauld, 2001). This would strengthen the case for investment in health promotion, increase credibility and develop a sound theoretical framework, and build a resource of knowldege (Baum, 2002). This paper examines the characteristics of CBHP programs and the challenges these present when searching for appropriate evaluation approaches. A brief history of health promotion and evaluation approaches sets the scene and leads to a discussion of opportunities for future development. The main purpose of the paper is to present a conceptual model, drawing on developmental evaluation and complexity theory, to help in the design and conduct of CBHP evaluation. The model is further explored by applying it retrospectively to a case study evaluation. The paper concludes with lessons learnt with regard to evaluation of complex community-based initiatives.

1.1. Health promotion

Health promotion is a contested term with practice ranging from individual health education and mass marketing of health promotion messages, to support for community action and advocacy for policy and system change. In the early 1980s it became apparent that health education alone was insufficient to bring about change in behaviour related to complex socially embedded lifestyles (Grembowski, 2001) and this was followed in 1986 by the Ottawa Charter for Health Promotion (World Health Organization, 1986) which identifies three central processes for health promotion: advocacy for health to create the essential conditions for health; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health. The WHO Glossary (World Health Organization, 1998) strengthens the notion of health promotion as a social and political activity and notes the importance of addressing the social, environmental and economic determinants

* Tel.: +61 8 7221 8411.
E-mail address: gwyn.jolley@flinders.edu.au

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Box 1. Principles and values of health promotion practice (source: Keleher, 2007; Tones & Green, 2004).

- Empowerment of individuals and communities to assume more control over factors that affect their health
- Participatory for all concerned, at all stages
- Holistic, to include physical, mental, social and spiritual health
- Intersectoral, with collaboration from sectors other than health
- Equitable, with a concern for equity and social justice
- Sustainable, with changes maintained when funding for an initiative has ended
- Multi-strategy, including a combination of policy development, legislation, organisational change, education, advocacy, community development

of health while also recognising the importance of personal skills and capabilities. It also confirms the importance of citizen participation in health and health care decision making.

Health promotion writers have described a set of principles to guide practice that reflect the values of the Ottawa Charter (see Box 1).

1.2. Community-based health promotion

Community-based health promotion comprises activities in communities that draw on the principles of the Ottawa Charter (Baum, 1998). The community settings approach acknowledges the physical, organisational and social context in which people live, work and play as legitimate objects for research (Poland, Frolich, & Cargo, 2009). The healthy settings approach has developed substantially and includes Healthy Cities, health promoting hospitals, schools and workplaces. Green, Poland, and Rootman (2000) argue that a settings approach is critical to health promotion theory because it provides a conceptual boundary and defines the people and location for activities. According to Boutilier, Cleverly, and Labonte (2000) however, the settings approach goes beyond providing a location for intervention, but aims to ensure that the ethos and activities 'are mutually supportive and combine synergistically' to improve health and wellbeing.

While community settings for health promotion vary, some common principles have been identified by Dooris (2005). These include: an ecological model of health, determined by complex interactions between environment, organisation and personal factors, largely outside the control of health services; salutogenic rather than pathogenic focus; settings understood as complex dynamic systems with each setting seen as part of a greater whole; focus on bringing about and managing change within a whole organisation or community (Dooris, 2005). This frames the setting as a complex environment where people and relationships interact dynamically with health promotion activities.

1.3. Community-based health promotion characteristics and evaluation

The characteristics of health promotion, as described above, challenge evaluation design and conduct. While alternative perspectives, such as those from a social view of health, have contributed much to health promotion, it continues to be closely linked to health and medical services with a very different understanding of health and illness. Health promotion struggles to distance itself from association with the medical model that focuses on individual responsibility to reduce exposure to risky behaviour and risky environments (Green & Tones, 2010). For example, the advent of evidence-based medicine has created a surge of interest in 'outcome' evaluation, and this has spilled over to health promotion (Wimbush & Watson, 2000).

Tones and Green (2004) point out that health promotion settings are culturally constructed, with pre-existing relationships and permeable boundaries. Settings are not discrete, fixed entities but exist as systems with a complex web of interactions (Tones & Green, 2004). Thus, CBHP initiatives are less amenable to evaluation because it is hard to set parameters and priorities when everything interacts (Green et al., 2000) and boundaries are unclear (Dooris, 2005). Further, there is great diversity of approach and practice, and variations in settings (Dooris, 2005; South & Woodall, 2012), which implies that evaluation frameworks need to be flexible and diverse in response to this variation and also that transferability of findings is problematic. A summary of CBHP characteristics and their impact on evaluation is shown in Table 1.

1.4. Research paradigms and CBHP evaluation

Evaluation theory and practice has tended to reflect the dominant research paradigm at the time. However, it is argued that health promotion principles should guide evaluation of health promotion initiatives (Poland, 1996; Tremblay, Richard, Brousselle, & Beaudet, 2013). This section traces the development of evaluation approaches and their congruence with CBHP in order to identify strengths and gaps.

1.4.1. Postpositivism: measurement and judgement

Modern notions of evaluation began in the 1960s (Chen, 1990) and was firmly based in positivist thinking. Furler (1979) argues that the positivist approach cannot accommodate social programs like CBHP since these embody ideals, a theory of intervention and implementation of the theory. All these require the setting of value criteria and making value judgements. Also, a positivist approach ignores differing power relationships and the political nature of evaluation, and neglects to take account of context (Chen, 1990; Guba & Lincoln, 1989).

Evaluations under a postpositivist paradigm focus on experimental methods that use experimental and control groups to

Table 1
CBHP characteristics and evaluation implications.

CBHP characteristics	Evaluation implications
Settings context	Context of initiative is critical to implementation and varies between settings, thus transferability of findings is limited
Setting is permeable	Context and stakeholders are subject to change
People-centred and built on interactive relationships	Initiative is a function of relationships and interactions between people. These are unpredictable and need to be documented
Participatory and empowering	Initiative develops in response to stakeholder participation. Evaluation is political and subject to power differences among stakeholders
Cross-sector engagement	Sectors may bring different values and goals to the evaluation
Holistic and positive view of health	Broad range of positive health indicators needed to assess outcomes
Focus on equity	Equity of access and outcomes should be assessed as part of the evaluation