

A GENERIC MODEL FOR PLANNING AND EVALUATING HEALTH PROMOTION

Michael Goodstadt

Centre for Health Promotion, University of Toronto

INTRODUCTION

A number of models exist that are relevant to planning and evaluating health promotion initiatives. These models differ with respect to their purpose and content. First, some models are largely conceptual in nature. These models, the prime example of which is the *Ottawa Charter for Health Promotion*, identify broad health promotion goals, values, principles, and general strategies. Second, a number of models have been developed to assist in the operational *planning* of initiatives (e.g., PATCH, MATCH); however, few, if any, of these models deal with the planning of initiatives that are guided by health promotion goals, values, principles, and strategies contained in frameworks such as the *Ottawa Charter for Health Promotion*. Third, the general evaluation literature is replete with models that suggest structures and flow for the processes involved in the *evaluation* of initiatives; again, few of these models address the issues and challenges faced in evaluating initiatives grounded in the *Ottawa Charter for Health Promotion* or similar health promotion frameworks. Fourth, some models give attention to the inter-relationships between conceptual, planning and evaluation elements (e.g., PRECEDE-PROCEED); however, these models have not been grounded in health promotion principles as reflected in the *Ottawa Charter for Health Promotion* and similar frameworks.

There is, therefore, a need to develop a model that incorporates three elements: (1) the principles and strategies contained in the *Ottawa Charter for Health Promotion*; (2) a structure and sequence of components that can be employed in the planning of health promotion initiatives that are consistent with the *Ottawa Charter for Health Promotion*; and (3) a corresponding structure and sequence of steps that can be employed in evaluating the effectiveness of initiatives that have conceptual and operational roots in the *Ottawa Charter for Health Promotion*. For this purpose, the proposed *Generic Model for Planning and Evaluating Health Promotion* (1) summarizes the principles and strategies as contained in the *Ottawa Charter for Health Promotion*, (2) can be used to plan health promotion initiatives reflective of the *Ottawa Charter for Health Promotion*, and (3) can be employed in evaluating such initiatives.

COMPONENTS OF THE GENERIC MODEL FOR PLANNING AND EVALUATING HEALTH PROMOTION

The upper portion of the *Generic Model for Planning and Evaluating Health Promotion* identifies the key elements of the *Ottawa Charter for Health Promotion*. In particular, according to the Model, health promotion initiatives should give attention to:

1. **health promotion goals** that extend beyond the reduction of mortality and morbidity, and the treatment or prevention of disease, to include improvement of health and well-being;
2. **health promotion core values** that include a focus on positive health, holistic health, social justice, equity, and participation;
3. **the core mechanism of empowerment**: that is, the goal(s) of health promotion will be most effectively achieved through enhancing the capacities of individuals and communities to exercise control over the factors that determine or influence their health;
4. **the prerequisites (or determinants) of health**: that is, health is most strongly influenced by broader (macro-level) factors that include: income inequity, social status, social support networks, education, employment and working conditions, physical environments, biology and genetics, personal health practices and coping skills, healthy child development, health services;
5. **multi-level interventions** that include the individual, the community and institutional and societal environments;
6. **priority action areas for health promotion**, that is: strengthening community action, building healthy public policy, creating supportive environments, developing personal skills, and reorienting health services.

The above conceptual principles and elements, derived from the *Ottawa Charter for Health Promotion*, suggest that the most general statement of **health promotion goals and objectives** might be stated as: (1) to enhance the capacity of individuals and communities to exercise control over the factors that determine or influence their health, and (2) to develop and foster institutional and physical environments that support the goals, values, principles, and strategies identified above.

The lower portion of the *Generic Model for Planning and Evaluating Health Promotion* identifies the elements involved in the operational planning of health promotion initiatives. This planning includes decisions related to:

1. **objectives, processes, and outcomes** that are instrumental in achieving the health promotion goals and objectives identified above. Examples of objectives, processes, and outcomes are: improved awareness, knowledge, skills, decision-making and behaviours; enhanced organizational capacity; increased community capacity and participation; increased & enhanced health promoting public policies; increased equity in access to health care; increased focus on prevention and health promotion in health care system; and increased knowledge regarding how to facilitate social and individual change, and regarding the effectiveness of health promotion initiatives.
2. **strategy or combination of strategies**, which are not unique to health promotion, but originate in other disciplines such as education, psychology, sociology, and political science. They include: health education, health communication, organizational development, community development, policy development, advocacy, intersectoral collaboration, and research/evaluation.
3. **activities, products, outputs., etc.**, that (1) are the outcome of the selected strategies, and (2) will be instrumental in achieving health promotion goals and objectives as identified above. These activities, products and outputs may include: programs, marketing and materials; modified organizational structures and climate; coordination of community efforts, enhanced community resources and capacities, and community coalition building; laws and regulations, policy statements; public dialogue regarding decision-making; coordination of policies and activities in sectors that affect health; knowledge development and dissemination.

4. As suggested in the above discussion, the planning of health promotion initiatives should reflect the conceptual framework that underlies: (1) our understanding of the nature and origins of the health issues/problems about which we are concerned, and (2) our understanding of how we might influence (e.g., prevent) the health issue/problem. It should be apparent that we are likely to be more effective if we plan health promotion initiatives within the context of an *explicitly stated* framework such as the *Ottawa Charter for Health Promotion*.

IMPLICATIONS FOR PLANNING HEALTH PROMOTION

The *Generic Model for Planning and Evaluating Health Promotion* suggests a number of principles related to planning health promotion initiatives, including the following:

1. There are close relationships among all the Model's components
2. Optimally, health promotion initiatives should be planned and developed from the general level to the more concrete level
3. Where planning for a health promotion initiative begins at a lower level in the model (e.g., health education regarding parenting), an effort should be made to relate it to its higher levels (i.e., to the assumed overall goals and objectives, assumed values, implied processes and mechanisms, etc.)
4. Higher-level, mid-level and immediate goals/objectives should be clearly specified
5. Health promotion initiatives should be directed towards the ultimate achievement of the higher-level health promotion goals and objectives
6. Health promotion initiatives should be built upon, exemplify, and enhance the core values of health promotion
7. Health promotion initiatives should incorporate and build upon the core mechanism of individual and community empowerment, that is, increasing their ability and opportunity to exercise control over factors that have an impact on their health
8. Health promotion initiatives should aim to (1) reduce/remove factors that have a negative influence on health, and enhance the presence and impact of factors that have a positive influence on health; and/or (2) take account of the potential influence of the determinants of health on the health promotion initiative; and/or (3) help individuals and communities to deal (e.g., cope) with the determinants of health
9. Health promotion initiatives should address a variety of "action areas"; usually this will mean an integrated focus on more than one area of activity
10. Health promotion initiatives should employ a variety of integrated and mutually supportive strategies
11. Planning health promotion should be explicit regarding how strategies and activities are expected to bring about the immediate and longer term goals/objectives
12. Health promotion planning should recognize the limitations placed on it with respect to the quality and quantity of available resources
13. Health promotion planning should recognize and made use of the important contribution of knowledge acquired by previous research and evaluation

IMPLICATIONS FOR EVALUATING HEALTH PROMOTION

The proposed *Generic Model for Planning and Evaluating Health Promotion* also has important implications for the evaluation of health promotion. First, the evaluation of

health promotion initiatives is inextricably related to, and dependent upon, both (1) a clear understanding of the conceptual framework underlying or guiding the initiative, and (2) the processes and elements involved in planning the initiatives. It can be argued that planning and evaluation are reverse sides of the same coin. It is not an exaggeration to state that evaluation of health promotion initiatives will only be as good as the preceding planning of those initiatives. Taking this argument one step further, planning and evaluation are often portrayed and discussed as being equally important parts of an ongoing iterative loop. That is, planning leads to and contributes evaluation which, in turn, leads to further planning and development; this relationship is shown by the “evaluation loop” included in the Model.

Second, evaluation involves an assessment of each of the “elements” emanating from the various planning steps. In this way, evaluation should examine an initiative with respect to:

1. Its success in achieving the goals and objectives identified in planning the initiative--this evaluation should give attention to all levels of goals and objectives including achievement of the overall health promotion goals, as well as attainment of the “instrumental” objectives, processes, outcomes, products and other outputs
2. The extent to which the initiative employed/reflected the values identified as guiding principles for the initiative (e.g., equity, participation)
3. Its success in implementing the health promotion core mechanism, namely, individual and community empowerment
4. Its success in addressing the determinants of health, identified through the planning process as being relevant to the issue/problem of concern (e.g., employment opportunities, economics-based access issues)
5. The way in which the initiative incorporated one or more of the general health promotion “action areas,” and the more specific strategies (e.g., health education, advocacy), identified in planning; evaluation can include an assessment of the range of action areas and strategies employed, the appropriateness of the strategies included/excluded, and the synergy/support among strategies.

Third, evaluation involves retracing, usually in reverse order, the steps taken in planning, that is, moving from evaluation of the most specific activities and components, through an assessment of intermediate or instrumental effects, to an evaluation of the initiative’s overall outcomes and impacts. There are three advantages to this temporal approach to evaluation: (1) it systematizes the evaluation process, (2) it simplifies the evaluation process, and (3) it goes beyond a simple description of the intervention and its effects to an understanding of *why* the initiative produced or did not produce its intended effects.

Fourth, the logic underlying this evaluation model is that each step in implementing a planned initiative, and each step in evaluating an initiative, builds upon the contributions of the previous steps. For this reason, in addition to assessing an initiative’s success in achieving its planned-for effects (as discussed above), evaluation of health promotion initiatives should include an assessment of the contributions made by each element to the achievement of the higher-order elements of the initiative. For example, in addition to assessing success in achieving planned-for outputs and other tangible outcomes, evaluation should also examine the contributions these make (or fail to make) to the achievement of the initiative’s instrumental and intermediate objectives. Similarly, in

addition to assessing an initiative's success in addressing poverty as a determinant of health, evaluation should also examine how the initiative contributed to (or failed to contribute to) improvements in health.

Finally, the *Generic Model for Planning and Evaluating Health Promotion* implies that: (1) evaluations of health promotion can serve a number of functions, including assisting in the formative development and implementation of initiatives, and in assessing an initiative's outcomes and "summative" impact; (2) evaluations of health promotion can, and probably should, employ a variety of methodologies and procedures, depending on its purposes; (3) evaluations should give attention to the assessment of processes as well as outcomes and impacts; (4) evaluations should focus on a variety of variables, which are related to goals, mechanisms, instrumental objectives, activities, and outputs; and (5) health promotion evaluations should occur at a variety of levels related to the sequence or "hierarchy" of elements included in the planning process.

GENERIC LOGIC MODEL FOR PLANNING AND EVALUATING HEALTH PROMOTION (Goodstadt, 1999)



