

EVALUATION OF PROGRAMS, SERVICES AND TECHNOLOGIES FROM THE HEALTH PROMOTION PERSPECTIVE: A THEORETICAL REFLECTION

Avaliação de programas, serviços e tecnologias na perspectiva da promoção da saúde: uma reflexão teórica

Evaluación de programas, servicios y tecnologías desde la perspectiva de la promoción de la salud: una reflexión teórica

Description or evaluation of experiences, methods, techniques, procedures and instruments

ABSTRACT

Objective: To perform a theoretical reflection concerning the use of the 'evaluation' concepts, for application in health promotion's technologies, programs and services. **Data Synthesis:** With a brief description of health assessment and health promotion conceptual aspects, stands out the importance of adopting evaluative models that address the complexity and multiplicity of practices. It is hence expected to expand the limits of the biomedical sciences and traditional epidemiology, also underpinned by the social sciences and humanities. Following these considerations, it is proposed that evaluations have as principles: being participative; being introduced at the beginning of the program/technology/service and taking part in all stages of its development; encompassing strategies for sharing the findings with all actors involved. It is suggested the triangulation of qualitative and quantitative methods and scientific techniques, with capacity to embrace the subject complexity, such as document analysis, individual interviews, focus groups, survey of primary or secondary data in databases, direct or participative observations. **Conclusion:** The reflection proposed indicated that emphasis on learning, action and transformation of social practices should compose the guidelines of health promotion evaluative models. The knowledge produced has the potential to strengthen the practice of health promotion, the intersectionality, social mobilization, partnerships, sustainability and the advocacy of public health.

Descriptors: Health Promotion; Health Evaluation; Program Evaluation.

RESUMO

Objetivo: Realizar uma reflexão teórica sobre a utilização dos conceitos de "avaliação" para a aplicação em tecnologias, programas e serviços de promoção da saúde. **Síntese dos dados:** Com breve descrição sobre os aspectos conceituais da avaliação em saúde e da promoção da saúde, destaca-se a importância na adoção de modelos avaliativos que contemplem a complexidade e multiplicidade das práticas. Espera-se, assim, expandir os limites das ciências biomédicas e da epidemiologia tradicional, fundamentando-se também nas ciências sociais e humanas. Como resultado dessa reflexão, propõe-se que as avaliações tenham como princípios: serem participativas; serem introduzidas no início do programa/tecnologia/serviço e tomarem parte de todas as fases de desenvolvimento deste; conterem em seu formato estratégias de partilha dos achados com todos os atores envolvidos. Sugere-se a adoção da triangulação de métodos quanti-qualitativos e técnicas científicas com capacidade para abarcar a complexidade dessa temática, tais como: análise documental, entrevistas individuais, realização de grupos focais, levantamento de dados primários ou secundários em bases de dados, observações diretas ou participantes. **Conclusão:** A reflexão proposta apontou que privilegiar o aprendizado, a ação e a transformação das práticas sociais deve compor a pauta dos modelos avaliativos da promoção da saúde. O conhecimento produzido em tais avaliações tem potencial de fortalecer a prática da promoção da saúde, a intersetorialidade, a mobilização social, as parcerias, a sustentabilidade e a defesa pública da saúde.

Descritores: Promoção da Saúde; Estudos de Avaliação; Avaliação de Programas e Projetos de Saúde.

Ana Lúcia Mendes Lopes⁽¹⁾
Simone Albino da Silva^(1,2)
Danielle Freitas Alvim de Castro⁽¹⁾
Cláudia Maria Bógus⁽¹⁾
Lislaine Aparecida Fracoli⁽¹⁾

1) University of São Paulo (*Universidade de São Paulo – USP*) – São Paulo (SP) - Brazil

2) Federal University of Alfenas (*Universidade Federal de Alfenas – UNIFAL*) – Alfenas (MG) – Brazil

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RESUMEN

Objetivo: Realizar una reflexión teórica sobre la utilización de conceptos de “evaluación” para la aplicación en tecnologías, programas y servicios de promoción de la salud. **Síntesis de los datos:** Con breve descripción de los aspectos conceptuales de evaluación en salud y de la promoción de la salud, se destaca la importancia de adopción de modelos evaluativos que contemplen la complejidad y multiplicidad de las prácticas. De ese modo, se espera expandir los límites de las ciencias biomédicas y de la epidemiología tradicional, fundamentándose también en las ciencias sociales y humanas. Como resultado de esa reflexión, se propone que las evaluaciones tengan como principios que sean participativas; que sean introducidas al inicio del programa/tecnología/servicio y que hagan parte de todas las fases de su desarrollo; que tengan en su formato estrategias de participación de los hallazgos con todos los actores involucrados. Se sugiere la adopción de triangulación de métodos cuanti-cualitativos y técnicas científicas con capacidad para abarcar la complejidad de esa temática tales como análisis documental, entrevistas individuales, realización de grupos focales, recogida de datos primarios o secundarios en bases de datos, observaciones directas o participantes. **Conclusión:** La reflexión propuesta apuntó que privilegiar el aprendizaje, la acción y la transformación de prácticas sociales debe componer la pauta de los modelos evaluativos de promoción de la salud. El conocimiento producido en tales evaluaciones tiene potencial para fortalecer la práctica de promoción de la salud, la intersectorialidad, la movilización social, las sociedades, la sostenibilidad y la defensa pública de salud.

Descriptor: Promoción de la Salud; Estudios de Evaluación; Evaluación de Programas y Proyectos de Salud.

INTRODUCTION

Health promotion is not definitely a new concept; it is a renewed approach to health that has been redefined from the 1986 Ottawa Charter and reaffirmed and improved by other subsequent documents that caused health care interventions to have an expanded perspective that included social participation, intersectoral action, strengthening of individual and collective capabilities, creation of healthy environments, formulation of public policies and reorientation of health care services⁽¹⁻²⁾. It was then highlighted that there is a need for a different way of thinking and intervening in the health-disease-care process, taking into account its socio-historical determinations, as well as the forms of participative, democratic and cooperative management⁽¹⁻²⁾. Health promotion also entails changes in the way of articulating and using classic concepts of the scientific knowledge used in the prevention. It goes beyond a normative and technical application, and one should accept that it is not enough to know the functioning of diseases and

find mechanisms for their control. This conception is about strengthening health by building up the capacity for choice and knowledge use with discernment to note the differences and singularities of the events⁽³⁾.

As a field of applied knowledge and practices, health promotion considers its evaluative approaches an important tool for the legitimation of its innovative character.

Lack of conclusive scientific evidence regarding several health promotion actions shows the need to encourage the development of more efficient ways to evaluate programs, especially their long-term benefits⁽⁴⁾. From this perspective, the implementation of initiatives necessarily demands the adoption of extended evaluative models.

This article proposes a reflection on the use of evaluation concepts in health promotion technologies, programs and services.

DATA SYNTHESIS

Evaluation of health programs, services and technologies: conceptual aspects

Evaluation takes place in many different contexts of social space. It is the art of issuing a value judgment in order to help decision-making⁽⁵⁾. It is also an important technical and political resource for the reorientation of health practices, including health promotion⁽⁶⁾. Its conceptual and methodological polysemy is translated into debates on several theories that can support the evaluation⁽⁷⁾.

Evaluating social projects and programs through scientific methods and techniques is relatively recent. It has multiplied after World War Two in developed countries, following heavy investments in social well-being public policies. Over the past 60 years, evaluation has become a major issue on the list of theoretical and practical investments along with social researches aiming at greater efficiency in the deployment of resources and effectiveness of actions⁽⁸⁾.

The most common health care evaluations conducted so far are about the implementation or impact of programs that stand out as a set of resources that provide a target population with services in an organized way in relation to time and space⁽⁹⁾. The original purpose of activities of a certain program lies under and upon groups. Theoretical purposes for evaluation of programs show interfaces with technological evaluation and quality evaluation. On the other hand, they also keep interfaces with social science, politics and planning, because programmatic goals are reached through systems, services and concrete procedures^(10,11), hence the need for clarification of the object as well as its scope.

Evaluating requires a consistent and careful investment in the construction of a series of agreements. It is not just the need for compatibility of instruments, but also the need to adjust the object and the evaluation goals, keeping in mind that this is, above all, an activity negotiated between different actors of the health care system⁽¹²⁾.

The evaluation of health care services involves the production of knowledge and/or instruments aiming at improving the services provided through techniques and technologies developed by healthcare professionals^(10,11). It incorporates social movement issues and the concept of expanded State in the service concept⁽¹³⁾. According to these theoretical propositions, the service is a field of technical, social and political practices whose agenda of priorities is defined from political clashes between social and technical groups (technical and political rationality)⁽¹³⁾.

The evaluation of services must feature a dialectic proposal (hereby the understanding of existing contradictions in the social relationships in health) for the investigation within the organizational field, whose unit of analysis is the representation of the service in its entirety. This analysis is performed in the historical movement, and it is not restricted to the description of conditions, factors or mechanisms that interfere in the production of the phenomenon or social process; it also tries to evidence the existing connections between the elements that determine it. The object of analysis becomes the service performance, instead of the service itself, taking into account the empirical basis of the actions, the relationships that set up the service structure, its processes, including the set of representations articulated by social actors regarding this action and its contradictions⁽¹³⁾.

The evaluation of health technologies may consider: products and processes; technologies for health promotion, prevention, diagnosis, therapy and rehabilitation; new technologies for new purposes or established purposes; and existing technologies for new purposes or established purposes^(7,9,11). Technology is the application of science and scientific knowledge which – in addition to other knowledge – change into practice performed by human action⁽¹¹⁾. Technologies can be classified in light, light-hard and hard.

Light technologies refer to relationships that produce care between the professional and the users. Hard technologies refer to the instruments since they are already designed to produce health products. Light-hard technologies are a mix of the aforementioned technologies, i.e., they refer to technical knowledge since they concern the singular way each professional applies the knowledge⁽¹⁴⁾.

Evaluation designs for health promotion

Due to their complexity and diversity of epistemologies and practices, health promotion interventions evidence the

different perspectives of the health-disease-care problems. Such perspectives relate to social, historical, cultural, economic and humanistic aspects as well as to their causes and the different approach forms. This complexity makes data analysis challenging; therefore, the indicators may not show only one, but multiple causes, and they may not even show reference relations between the interventions and their effects^(11,13).

In addition to evaluating interventions to demonstrate the effectiveness of procedures, highlight the results and foster reflection, there is a need to adopt evaluative designs that favor learning, acting and transforming social practices through plurimethodological ways⁽¹³⁾.

While the health evaluation models generally propose an evaluative look upon more concrete and technical aspects, the evaluation under a health promotion perspective implies the challenge to incorporate and dimension: 1) the construction uncertainties during the health-disease-care process, 2) the participation of different social actors, 3) the strength of subjectivity in the health-disease-care process, 4) the influence of instituting elements and explicit commitment of evaluators and evaluated ones, and 5) adoption of methodologies that can translate the plurality of health promotion⁽¹³⁾.

When evaluating initiatives under a health promotion perspective, it is not enough to look at indicators as morbidity and mortality or the production of programs and services. Although they are very important, they do not constitute the totality of care^(6,13). Thus, the evaluation of health promotion technologies/programs and services should consider quantitative and qualitative models^(7,9) that included the participation of the people involved and the technical, human, communitarian, multidisciplinary and multisectoral scope of their practices.

The qualitative research has the power to expand the reductionist boundaries of the framework for the object that consider axes and typologies typical of quantitative research, to the dynamics and interaction between elements (structure, process and result) and the variables of subject/object^(1,7,13-15). In an attempt to ensure a better understanding of reality and aiming to add more rigor, amplitude and depth in order to validate a certain investigation, the methodological choice for health promotion evaluations is made considering the triangulation of methods^(13,16,17).

Using the triangulation of methods and techniques makes it possible to converge various sources of evidences for the same phenomenon: documental analysis, individual interviews, focus groups, collection of primary and secondary data in databases, direct observations or participants.

Health promotion evaluation should follow some principles: 1) be participative; 2) start at the beginning of

the program/technology/service and participate in all phases of their development; 3) the findings should be properly shared with all the actors involved⁽¹⁷⁾.

These principles can be operationalized in eight steps: describe the purpose of the program/service/technology; identify relevant questions; design the process for obtaining information; collect data: analyze and validate the data collected; involve the actors in the interpretation of data; share the findings; develop an action plan⁽¹⁷⁾.

In health promotion, the methodological designs generally span the health care field. They tend to evaluate the results of the participation of different subjects and their capacity of critical reflection of the social determinants. Most of the time, the knowledge produced by health promotion evaluations strengthens the intersectoriality, social mobilization, partnerships, sustainability and the public protection of health^(18,19).

CONCLUSIONS

The production of knowledge through the evaluation of health promotion programs/services/technologies is faced with the challenge to become a concrete practice.

The dimensions involved the assumptions of health promotion involve the development of specific and innovative technologies that should include more than biomedical fundamentals. They should also be based on social and human sciences and practices.

The reflection proposed by this study showed that fostering learning, actions and the change of social practices should make part of evaluative designs of health promotion.

The evaluation of health promotion must be carried out by means of instruments that are comprehensive enough to include the aforementioned dimensions and provide evidences of the outcomes of actions for people's quality of life, as well as for the social, ethical and political aspects of the community involved.

REFERENCES

1. Hartz ZMA. Avaliação dos programas de saúde: perspectivas teórico metodológicas e políticas institucionais. *Ciênc Saúde Coletiva*. 1999;4(2):341-53.
2. Ministério da Saúde (BR). Promoção da saúde: Carta de Otawa, Declaração de Adelaide, Sundsvall e Santa Fé de Bogotá. Brasília; 2001.
3. Czeresnia D, Freitas CM, organizadores. Promoção da saúde: conceitos, reflexões, tendências. Rio de Janeiro: Fiocruz; 2009.
4. Carvalho AFS, Dias EC. Promoção da Saúde no Local de Trabalho: revisão sistemática da literatura. *Rev Bras Promoç Saúde*. 2012;25(1):116-26.
5. Contandriopoulos AP. A avaliação na área da saúde: conceitos e métodos. In: Hartz ZMA. Avaliação em Saúde: dos modelos conceituais à prática na análise da implantação de programas. Rio de Janeiro: Fiocruz; 2000.
6. Ayres JR. Norma e formação: horizontes filosóficos para as práticas de avaliação no contexto da promoção da saúde. *Rev C S Col*. 2004;9(3):583-92
7. Hartz ZMA, Vieira-da-Silva LM. Avaliação em saúde: dos modelos conceituais à prática na análise da implantação de programas. Rio de Janeiro: Fiocruz, 2005.
8. Minayo MSC, Assis SG, Souza ER. Avaliação por triangulação de métodos. Rio de Janeiro: Editora Fiocruz; 2005.
9. Nemes MIB. Avaliação em Saúde: questões para os programas de DST/ AIDS no Brasil. Rio de Janeiro: Associação Brasileira Interdisciplinar de AIDS – ABIA; 2001.
10. Donabedian A. The quality of care: how can it be assessed? *JAMA*. 1988;260(12):1743
11. Novaes HMD. Avaliação de programas, serviços e tecnologias em saúde. *Rev Saúde Pública* 2000;34(5):547-59
12. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Atenção Básica, Coordenação de Acompanhamento e Avaliação. Avaliação na Atenção Básica em Saúde: caminhos da institucionalização. Brasília: Ministério da Saúde; 2005.
13. Deslandes SF. Concepções em pesquisa social: articulações com o campo da avaliação em serviços de saúde. *Cad Saúde Publica*. 1997;13(1):103-7
14. Merhy EE. Saúde: a cartografia do trabalho vivo. São Paulo:Hucitec; 2002.
15. Akerman M, Mendes R, Bógus CM. É possível avaliar um imperativo ético? *Cienc Saúde Coletiva*. 2004;9(3):605-15.
16. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 8ª ed. São Paulo: Hucitec; 2004.
17. World Health Organization - WHO. Evaluation in health promotion: principles and perspectives. WHO Regional Publications;2001. (European Series, n. 92.)

18. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde Coordenação-Geral de Doenças e Agravos não Transmissíveis. Estudo Multicêntrico de Avaliação em Promoção da Saúde: termo de referência. Brasília: Ministério da Saúde; 2006.
19. Chiesa AM, Fracoli LA, Verissimo MR, Zoboli ELC, Ávila LK, Oliveira AAP. A construção de tecnologias de atenção em saúde com base na promoção da saúde. Rev Esc Enferm USP. 2009;43(Nesp 2):1352-7.

First author's address:

Ana Lúcia Mendes Lopes
Universidade de São Paulo
Av. Prof. Lineu Prestes 2565
Bairro: Butantã
CEP:05508-000, São Paulo, Brazil
E-mail: analuciamlopes@hu.usp.br

Mailing address:

Simone Albino da Silva
Rua Gabriel Monteiro da Silva nº 700,
Bairro: Centro
CEP 37130-000 - Alfenas - MG - Brazil
E-mail: simonealbino76@hotmail.com