



### **Mainstreaming Health Promotion - Developing an effective toolkit to cover the gap**

#### **Summary of Workshop held during WHA63, 18 May 2010**

There was lively discussion around the topic of measuring the effects of health promotion at A4HP's May 18, 2010, workshop titled "Mainstreaming health promotion: Developing an effective toolkit to cover the gaps". The workshop, held at the World Health Organization in Geneva, coincided with the 63<sup>rd</sup> World Health Assembly and was attended by NGOs, public health practitioners, students, and WHO officials. The occasion was also an opportunity for A4HP to preview its plans for creating a knowledge base of practices for utilizing community assets in the service of health promotion and a toolkit for evaluating their value and effectiveness.

The topic was a timely one as WHO's Health Promotion Unit is currently in the process of developing a scheme to mainstream health promotion in state public health policies by introducing recommended performance measures. Workshop participants were vocal in their opinion that qualitative evidence is a useful complement to the quantitative measures favoured by WHO. As a result, A4HP will advocate for integrating qualitative measures into the scheme, and support its NGO partners in implementing practical and powerful evaluation tools.

Dr. Gauden Galea, coordinator for health promotion at WHO, kicked off the workshop explaining the motivations for and logistics of WHO's mainstreaming health promotion effort. The 7<sup>th</sup> Global Conference on Health Promotion (7GCHP), held in Nairobi last October, developed the basis for mainstreaming, he said, by challenging us to make health promotion tangible. Up to now, he said, there have been no standards. WHO responded by beginning to develop a package of standard programmatic approaches and measures, but several important questions remain to be solved such as, what are the priorities for health, what constitutes evidence of success, or even how we are to define health promotion itself. Galea encouraged input on these topics.

A significant challenge for the mainstreaming effort remains the issue of what types of metrics to consider when evaluating health promotion interventions. Galea called it a Pandora's box because, once opened, it leads to a whole series of questions about whether they should be values-based, evidence-based or rights-based, for example. After that, it is still necessary to determine how to translate what is learned into programmatic action, funding and standards in the field, and all while avoiding a reductionist result.

Galea concluded by inviting feedback on assets-based knowledge.

Community assets were the subject of the following presentation in which Dr. Ron Kirk elaborated on the research and experiences that went into “Focusing on Community Assets for Health Promotion: The role of NGOs and civil society in local empowerment”, a technical paper presented at 7GCHP. That research marks the starting point of A4HP’s ongoing effort to map and harness the power of community assets in health promotion.

Preliminary findings based on the research point to the value of honouring local culture and customs as a way of bridging the implementation gap from the bottom up. Noting the positive impact of several of the interventions studied, from a citizen health movement in Bangalore to community mobilization in Kenya, sustainable change, he said, comes from poor people.

As the first step in A4HP’s ongoing effort to evaluate and use community assets in health promotion, the technical paper demonstrated that there are significant gaps in our knowledge about community assets and cultural dynamics, and their effects on health promotion, said Peter Carson, a consultant working with A4HP. Responding to this opportunity, he explained, A4HP is working with NGOs on additional mapping in order to compile a substantial knowledge base of health promotion interventions employing community assets.

The knowledge base will be available as a reference to anyone involved in health promotion who is seeking benchmarks for their own projects, collaborations or fresh ideas. Practitioners will also have the opportunity to take advantage of a practical and easy to implement evaluation tool that is under development.

Carson said the knowledge base and evaluation toolkit are meant to benefit the health promotion community and the people it serves by enhancing collaboration, inclusiveness and empowerment. Removing obstacles to evaluation will allow practitioners to demonstrate the value of their work and thus, make it tangible.

Other participants in the workshop agreed that wider use of evaluation techniques will be a benefit for health promotion as long as the toolkit is designed with the real world needs of communities and practitioners in mind.

They were also outspoken on the topic of standards of evidence. One participant stated, “There is no doubt Cochrane studies and RCTs are a better accepted norm for evidence-based practice, but it is not the whole truth. Value-based and human rights issues should be taken into consideration for better acceptance in the community.” According to another, “We need to promote the approach to evidence that meets our needs and provide measurable outcomes.”

A4HP expects to gain valuable input for the Community Assets Knowledge Base and Evaluation Toolkit July 15 when it hosts a World Café workshop at the IUHPE World Conference on Health Promotion. The Knowledge Base and Toolkit are scheduled to go online in May 2011.