How Can Both the Intervention and Its Evaluation Fulfill Health Promotion Principles? An Example From a Professional Development Program

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Abstract

The emergence over the past 20 years of health promotion discourse poses a specific challenge to public health professionals, who must come to terms with new roles and new intervention strategies. Professional development is, among other things, a lever for action to be emphasized in order to meet these challenges. To respond to the specific training needs of public health professionals, a team from the Direction de santé publique de Montréal (Montreal Public Health Department) in Quebec, Canada, established in 2009 the Health Promotion Laboratory, an innovative professional development project. An evaluative component, which supports the project's implementation by providing feedback, is also integrated into the project. This article seeks to demonstrate that it is possible to integrate the basic principles of health promotion into a professional development program and its evaluation. To this end, it presents an analytical reading of both the intervention and its evaluation component in light of the cardinal principles in this field. Initiatives such as the Health Promotion Laboratory and its evaluation are essential to consolidate the foundations of professional development and its assessment by concretely integrating health promotion discourse into these practices.

Keywords : health promotion, professional development, planning, evaluation, principles

Introduction

Over the past 20 years, several phenomena have drastically changed the foundations of public health practice. One of the main changes stems from the emergence of the health promotion movement, which supports principles of action and values such as empowerment and participation, as well as community and intersectoral action (O'Neill & Stirling, 2006; Rootman, Goodstat, Potvin, & Springett, 2001; World Health Organization [WHO], 1986). This change in discourse has significant implications for public health professionals, who must come to terms with new professional roles and new intervention strategies (Amodeo, 2003; Bunton & Macdonald, 2004; Green & Kreuter, 1999).

Professional development, seen as an intentional, ongoing, and systemic process that is intended to enhance the knowledge, skills, and areas of competence of professionals (Guskey, 2000), appears as a lever for action to be emphasized in order to handle this challenge. In 1986, the Ottawa Charter pinpointed continuing education as a means of reorienting health services toward

health promotion: “Reorienting health services also requires … changes in professional education and training” (WHO, 1986, p. 3). However, 25 years later, it is obvious that progress in this field has not measured up to expectations: “It is widely acknowledged that closing the implementation gap in health promotion by reframing, repositioning and renewing efforts to strengthen the health promotion role of health systems is still an unaccomplished agenda” (Ziglio, Simpson, & Tsouros, 2011, p. ii216). Investments in professional development and continuing education are still advocated in this respect (Wise & Nutbeam, 2007; Ziglio et al., 2011).

In fact, although intense efforts have been devoted over the past few years to defining core competencies of the public health workforce and to developing certifications, professional development still faces many challenges (Koo & Miner, 2010; Tilson & Gebbie, 2004). One of these challenges concerns workforce heterogeneity, which includes many professionals who lack formal training in public health as well as knowledge and competencies that align with health promotion practices (Koo & Miner, 2010; Tilson & Gebbie, 2004). Another issue relates to the evaluation of professional development programs, which is often carried out in an incomplete manner (Crawford et al., 2009; Guskey, 2000; Muijs & Lindsay, 2008). Indeed, assessments of professional development initiatives are often nothing more than ex post descriptions of the activities carried out or focus on participant’ satisfaction concerning the training program (Guskey, 2000; Muijs & Lindsay, 2008). In the evaluation of health promotion development programs, this challenge doubles up with the necessity to include core values of the field into the evaluative process.

In 2009, to facilitate integration of health promotion into the practices of public health professionals, a team from the Montreal public health department (Direction de la santé publique de Montréal [DSPM], Québec, Canada) launched an innovative professional development program, the Health Promotion Laboratory. This intervention, designed for multidisciplinary audiences and aimed at anchoring health promotion discourses and principles in practice, seems particularly relevant to respond to training needs and knowledge gaps of the public health workforce. The project also includes a comprehensive evaluation component to support the intervention’s implementation process and assess some outcomes of the Laboratory. The broad intervention-evaluation approach seeks to integrate the basic principles of health promotion, thereby affording a unique opportunity to reorient health care systems through ongoing training, as promoted by the Ottawa Charter.

This article seeks to show that it is possible to concretely and comprehensively integrate the principles of health promotion to answer professional development needs in this field, from program design to its evaluation. To this end, the article first briefly examines the core principles of health promotion and describes (a) the Health Promotion Laboratory, a professional development program, and (b) the specific evaluative component that it encompasses, in light of the cardinal principles of health promotion. To conclude, the article discusses certain issues related to the usefulness and applicability of this comprehensive intervention-evaluation approach.

Conceptual Analytical Framework: Health Promotion Principles

Since the appearance of health promotion as a specific discourse within public health, many documents, books, and articles have attempted to define health promotion through its core principles. In 2001, the WHO European Working Group on Health Promotion Evaluation, a select panel responsible for reviewing, supporting, and guiding evaluation in the realm of health promotion, defined seven principles that underlie initiatives and programs in this field (Rootman et al., 2001). As shown in Table 1, the committee concluded that it would be advantageous for health promotion programs to be participatory and to aim at empowerment of individuals and communities. An intervention should also focus on health conceived as positive or holistic and should therefore build on intersectoral action to influence it. A multistrategic intervention, consideration for equity, and social justice as well as sustainability are others characteristics that should be included in an ideal health promotion program.

TABLE 1
Core Principles of Health Promotion Interventions and Evaluations

Principle	*Intervention*	*Evaluation*
Participation	Involve the stakeholders concerned at all stages of the project.	Include the stakeholders who display a legitimate interest in the evaluation of the intervention.
Capacity building/ empowerment	Enable individuals and communities to assume broader control over the personal, socioeconomic, and environmental factors that affect their health.	Enable the stakeholders involved in the evaluation to develop competencies.
Holism	Consider the multiple dimensions of health: physical, mental, social, and spiritual.	
Intersectoriality/ multidisciplinarity	Ensure collaboration by actors from all the disciplines and sectors concerned.	Anchor the process in a multitude of disciplines and rely on a variety of information-gathering techniques.
Equity	Seek equity in health and social justice.	
Sustainability	Bring about changes that individuals and communities can maintain once the intervention has ended.	
Multiple strategies	Rely on a variety of approaches in combination.	
Relevance (in relation to the intervention)		Design the process in such a way that it respects the complex nature of the interventions and allows for the measurement of their long-term impact.

SOURCE: Adapted from Rootman, Goodstat, Potvin, and Springett (2001).

Table 1 Core Principles of Health Promotion Interventions and Evaluations

These specific characteristics of health promotion initiatives require adapted evaluations, which partly hinge on the same principles. The WHO European Working Group on Health Promotion Evaluation also defined four principles that should be embedded in evaluative approaches geared to health promotion (see Table 1). In fact, according to the committee, evaluation should respect these core principles: participation, competencies development, multidisciplinarity, and relevancy.

These key principles, underlined by a central body of health promotion literature, serve as a conceptual framework on which the intervention-evaluation analysis presented in this article hinges.

A Comprehensive Health Promotion Approach

The Health Promotion Laboratory: Intervention Component

How was the program designed?

Canada has a national, publicly funded health care system. The provincial governments are responsible for the administration, organization, and delivery of health services to their residents. In Quebec, public health is organized at three decision-making levels: provincial (Ministère de la Santé et des Services sociaux [MSSS], or department of health and social services), regional (Agences de la santé et des services sociaux, or regional health and social services agencies), and local (Centre de santé et de services sociaux [CSSS], or health and social services centers). This structure was adopted in 2004 with a reform that reorganized the local governance level through the establishment of the CSSS, an entity that encompasses local community service centers, residential and long-term care centers, and, in several instances, hospitals. Since the 2004 reform, CSSS have had to assume a population-based responsibility. This new planning approach seeks to enhance the health and well-being of local populations by means of prevention, community action, and an integrated service offer based on local needs (MSSS, 2003). This structuring encompasses a service continuum that ranges from health promotion to palliative care. Attribution to the CSSS of a population-based responsibility is thus posing new challenges to professionals from CSSS in Quebec, who must integrate promotion and prevention activities into their practices in addition to the usual service delivery (Breton, 2009; Breton, Lévesque, Pineault, Lamothe, & Denis, 2008). The integration of the prevention and promotion mission stipulated in the reform into the practices of CSSS professionals has not proceeded smoothly (Breton, 2009; Breton et al., 2008). According to Beaudet, Richard, Gendron, and Boisvert (2011), the day-to-day practices of CSSS nurses in Montreal are still primarily geared to clinical care and individual interventions.

In response to these observations, the Montreal Public Health Department (DSPM) established an innovative Health Promotion Laboratory project in 2009. This unique project, which combines competencies development and reflective practice through community of practice, assembles professionals from different disciplines and CSSS managers around a specific theme (here called an issue) examined from the standpoint of health promotion. The broad objective is to equip and support a CSSS team in order to enable it to develop and implement new interventions that are in keeping with a population-based logic and a health promotion approach.

The promoters of the Health Promotion Laboratory have targeted four specific objectives: (a) co-construct new ways of broaching local population-based public health issues, (b) develop

reflective practice, (c) broaden professional competencies, and (d) initiate organizational changes that facilitate the adoption of new health promotion practices. To this end, Laboratories bring together approximately 10 participants that voluntarily take part in the process. The program's formula involves 3-hour bimonthly meetings that follow an operational approach that can last up to 2 or 3 years. The chosen approach is adapted to a team's situation and needs. Meetings take place during the regular working hours of participants, who have been allotted time to attend by their employers. During the process, teams are guided, supported, and directed by mentors from the DSPM. The iterative operational approach that mentors propose to teams can be broken down into seven steps: (a) identify an issue and the appropriate participants who are interested in addressing it, (b) specify the operational approach, (c) grasp the basic public health concepts, (e) broaden the issue, (e) pinpoint possibilities for action, (f) develop a partnership, and (g) propose and implement a new health promotion intervention. Each of the aforementioned steps includes different activities (see Table 2).

TABLE 2
Examples of Activities for Each Step of the Operational Approach

Step	*Examples of Activities*
1. Identify an issue and participants	Present the laboratory to the CSSS management, select a team interested in the project, and choose an issue.
2. Specify the operational approach	Present the approach, involve the participants in the definition and steps of the approach, etc.
3. Grasp the basic public health concepts	Engage in relevant reading, learning exercises focusing on the key concepts of public health and health promotion, write articles on the project for the internal newsletter, etc.
4. Broaden the theme (issue)	Discuss the perspective to be chosen to broach the issue; interpret the population health status data in the territory; and collect, analyze and interpret data to support the choice of the issue, etc.
5. Pinpoint possibilities for action	Discuss relevant interventions in health promotion (strategies used, determinants affected, changes sought), make a collective decision to choose the intervention to be developed in relation to the issue, etc.
6. Develop a partnership	Study material on partnership issues, discuss the advantages and drawbacks of sectoral action as opposed to intersectoral action, define the needed partnership in relation to the issue, pinpoint key partners, etc.
7. Propose and implement a new intervention to promote health	Develop a logical model, elaborate intervention tools, a communications plan, set up an intersectoral coordinating committee with the partners, etc.

NOTE: CSSS = Centre de santé et de services sociaux.

Table 2 Examples of Activities for Each Step of the Operational Approach

Since the project was started in 2010 at the local CSSS, some Laboratory teams have already progressed through the operational approach. Table 3 presents the themes of the two most advanced Laboratories involved in this project and describes briefly the kind of intervention developed by their teams.

TABLE 3
Themes and Interventions of the Two Laboratories Involved in This Project

	Thematic Description
Laboratory Site A	The Laboratory's theme (or issue) is occupational health. The team has chosen to develop a counseling program to support new factories and companies right from the start of the process as they are being implemented in the territory. This has the aim of promoting healthy and favorable working environments for workers.
Laboratory Site B	The Laboratory's theme (or issue) is student retention. The team has decided to develop a multistrategic program in order to promote the value of education among parents of elementary school children and target important school transitions.

Table 3 Themes and Interventions of the Two Laboratories Involved in This Project

How does the Laboratory fulfill the health promotion principles?

In light of the principles mentioned earlier, the Laboratory project appears to be a professional development program underpinned by health promotion principles. Indeed, the Health Promotion Laboratory emphasizes participation of professionals and managers by enabling them to grasp the project's operational approach. The Laboratory does not, therefore, underpin a set formula. It is intended to be adopted and adapted to the context in a consensual manner by the participants. To this end, bimonthly preparation meetings, which alternate with Laboratory sessions, allow a representative subcommittee from the Laboratory to oversee, adapt, and manage the implementation of the process. In so doing, the chosen approach allows different trajectories and activities to emerge according to the group dynamics and the participants' needs.

The Laboratory is an empowering initiative that seeks to support reflexivity and competency development among health professionals, potentially enabling them to develop critical thinking and acquire power in their roles and practices. It is through recurring group discussions, enriched by reading and by sharing experiences, that participants seek, in particular, to reflect on health promotion and spark reflexive questioning of their professional practices. Learning new competencies through Laboratory's activities also allows professionals to broaden their potential fields of professional action and thus achieve greater freedom.

Furthermore, by emphasizing a positive presentation of health that is not confined to biomedical facets, the program seeks to allow for a holistic conception of health for professionals, such that they can include the environmental and social aspects of health in their understanding and, ultimately, in their actions. To this end, extensive reading and group discussions seek to facilitate a representation of health that goes beyond the one prevailing in the medical field. Insistence on health determinants, combined with the reflexive aspects of several Laboratory activities, also seeks to heighten professionals' awareness of social justice and equity in health.

In addition, the Laboratory assembles a multidisciplinary team comprising social workers, nurses, physicians, industrial hygienists, community organizers, managers, and so on, who focus on a common issue to share their experiences. With a view to promoting intersectorality, Laboratory activities aim to define partnership and promote its establishment in complex intervention situations. The participants' competencies in this respect are developed through activities such as identification of partners, their interests, and the mission of their organizations; reflection and discussion on mobilization; and power-sharing strategies.

Moreover, the project is multistrategic since it pulls together activities of different types to support development of professional competencies. Activities can include book clubs, training workshops devoted to specific themes, data collection in the field, elaboration of data analysis plans, meetings with other community players, consultations with experts, and visits to neighborhoods.

Last, the Laboratory presents certain characteristics that seek to ensure its sustainability in CSSS. Accordingly, managers are encouraged to participate in the Laboratory so that they develop competencies to reproduce the approach with other teams in the organization. Further more, through the competencies developed, participants should be able to reimplement the Laboratory approach to broach new challenges.

The Health Promotion Laboratory: Evaluation Component

How was the evaluation designed?

Prior to the establishment of the Health Promotion Laboratories in the CSSS, the project designers suggested integrating an evaluative component that would foster continuous improvement and facilitate implementation. The main objective of the evaluation is, therefore, to support and guide implementation of the Laboratories.

To fulfill this mandate, the evaluator, in collaboration with the DSPM team, developed a utilization-focused evaluation (Patton, 2008). In keeping with such an approach, the evaluation protocol (objectives, design, data collection method, values underlying the process) was developed in collaboration with the project's team to maximize utilization of the results. Furthermore, some developmental evaluation characteristics were adopted in this project to adapt in a timely manner with the inner characteristics of the Laboratory (Patton, 2011). In fact, the integration into the project team of the evaluator; representation of the intervention as a dynamic and evolving system; and inclusion of a significant feedback component between the evaluator and the team, using an ongoing collection and analysis process, were characteristics promoted in the evaluation (Patton, 2006, 2008, 2011). All these features of the evaluation design were meant to provide relevant Laboratory implementation analysis and support. After 1 year, an

outcome analysis was also conducted to evaluate the Health Promotion Laboratory's effects in developing health promotion competencies and fostering reflectivity among participants. Methodological considerations for these two analysis types (implementation and outcome analysis) are detailed in the next two paragraphs.

The implementation analysis and support is broadly integrated into the intervention through the feedback component, called the "evaluation space." This formal feedback mechanism is a 15-minute time slot intended for exchanges between the evaluator and the Laboratory participants at the conclusion of most of the sessions. It is mainly a question of supporting the Laboratory and pinpointing certain obstacles or aspects that influence the implementation of the intervention. In this regard, examples of the evaluation questions addressed to participants include the following: Do you have the feeling that you have made progress since the beginning of the Laboratory? In your opinion, what are the positive elements of the Laboratory? What are the difficult elements? How can the Laboratory be improved? Do you have expectations, inquiries and concerns regarding the follow-up of the Laboratory? The answers and comments collected are then submitted to the DSPM mentors to ensure ongoing improvement and facilitate the implementation of the Laboratory. For instance, in one case, the "evaluation space" revealed that although participants were freed up to take part in the Laboratory by their employers, they were not exempt from work during this time. As a consequence, the work accumulated outside the Laboratory and participants were not able to mentally engage fully in the process. Subsequent meetings with the DSPM mentors allowed reflection on how to surmount this obstacle with the employers. Other complementary data collection techniques are also used to support and guide implementation of the intervention and include participant observation during Laboratory sessions and collection of reports, DSPM mentors' logbooks, and other organizational documents such as internal newsletter articles and organization charts. Observation notes and document analysis identify specific implementation challenges that are not necessarily explicit in the comments and discourse of participants, for instance, participants' willingness to reconsider their practices, immaturity of the team, lack of managers' leadership, or lack of organizational support for the intervention.

As mentioned before, in addition to the implementation analysis and support, an outcome analysis of the Laboratory was realized in two Laboratories (Sites A and B, presented in Table 3), building on qualitative interviews with participants 1 year after the beginning of the project. It was assumed that fact that the Laboratory has been in operation for a year meant that enough time had elapsed to see some results, thus avoiding measuring the effects only at the end of the process, which could extend over 2 to 3 years. Twenty regular participants of the Laboratory (Site A = 9, Site B = 11) were interviewed for approximately 45 minutes to 1 hour. Open-ended questions were used to investigate what participants had learned from the Laboratory, how their conception of health promotion had changed, as well as changes in practices and professional roles (if any) that they attributed to participation in the Laboratory. Some preliminary results from the outcome evaluation demonstrate that after 1 year, Laboratory participants improved their knowledge and understanding of health promotion and developed useful competencies in this

field. Using a framework based on the Galway Consensus Conference core competency domains in health promotion (Allegrante et al., 2009), the analysis shows that participants have developed competencies related to (a) leadership in mobilizing their teams and organizations with regard to the Laboratory; (b) needs assessment in collecting, analyzing, and interpreting population health data to support the choice of an issue; (c) planning in identifying and discussing intervention strategies based on knowledge derived from theory, evidence, and practice; and (d) partnership in working collaboratively across disciplines, sectors, and partners to develop an intervention.

How does the evaluation fulfill the health promotion principles?

It appears that the evaluation fully satisfies the core principles of evaluation in health promotion (Rootman et al., 2001). Indeed, the proposed evaluative approach, centered on the users, fosters participation by the stakeholders involved in the project. In particular, the evaluator and the DSPM team collaborate on designing an evaluation process that essentially respects the organization's (DSPM's) principles and objectives. The DSPM team is also involved in the evaluation process by reacting to concerns and adjusting the program in response to the information provided in the "evaluation space." Moreover, through the significant feedback component, the proposed evaluation allows for capacity building among project team members because it establishes reflective processes that foster the interventionists' ability to absorb the knowledge produced by the evaluation and to react to such knowledge. The evaluation might also be described as relevant since it respects the complex, adaptive nature of the Health Promotion Laboratories. Accordingly, the evaluation strives to adapt to complexity by leaving room for adjustments to the program model in response to changing conditions and the new understanding that emerges (Tremblay & Richard, 2011). Last, the evaluation relies on a multitude of techniques (participant observation, document analysis, qualitative interviews, focus groups) and a multidisciplinary conceptual framework to collect and analyze data relevant to evaluation's objectives. It also mobilizes several actors (i.e., participants in the Laboratory, the DSPM team, and the evaluators) from different sectors and disciplines.

Discussion

Integrating health promotion principles in both the conception of the intervention and in the design of the evaluation is a challenge. The case presented in this article is a perfect illustration that it is possible. Table 4 summarizes the operationalization of the core principles of health promotion in the Health Promotion Laboratory intervention-evaluation project.

TABLE 4
Operationalization of Health Promotion Principles in the Intervention and the Evaluation Components of the Health Promotion Laboratory Project

Health Promotion Principles	*Intervention Component*	*Evaluation Component*
Participation	Enables managers and professionals to grasp a common operational approach	Involves collaboration by the evaluator and the DSPM team to design the evaluation process
Capacity building/ empowerment	Seeks to support reflexivity and competencies development among health professionals, thus potentially enabling them to develop critical thinking and to acquire power	Establishes reflexive processes that foster the interventionists' ability to assimilate the knowledge produced by the evaluation and to react to such knowledge
Holism	Allows professionals to adopt a holistic conception of health	
Intersectoriality/ multidisciplinarity	Assembles a multidisciplinary team that focuses on a common issue and seeks to establish partnerships with sectors other than the health care system	Relies on a multitude of techniques (participant observation, document analysis, qualitative interviews, focus groups) in order to collect data relevant to the evaluation, mobilizes the actors from different disciplines and sectors, uses a multidisciplinary conceptual framework
Equity	Heightens awareness of social justice and equity in health.	
Sustainability	Encourages the managers from local public health branches to participate in the laboratory so that they develop the competencies to reproduce the approach with other CSSS teams	
Multiple strategies	Mobilizes various types of activities to support the competencies development of professionals	
Relevance (in relation to the intervention)		Respects the complex, adaptive nature of the health promotion laboratories

NOTE: DSPM = Direction de la santé publique de Montréal.

Table 4 Operationalization of Health Promotion Principles in the Intervention and the Evaluation Components of the Health Promotion Laboratory Project

Not only does the broad intervention-evaluation approach of the Health Promotion Laboratory integrate core principles of health promotion, but it could also meet important health promotion needs by procuring a useful framework for workforce development and training evaluation. In fact, as shown in a previous section, preliminary results from the outcome evaluation demonstrate that the Laboratory is an effective development program to provide a common understanding of health promotion to professionals with different academic backgrounds. Furthermore, the intervention allowed participants to develop important competencies in the field.

The utilization-focused developmental evaluation approach also turned out to be useful to support the intervention implementation by providing timely feedback to the project team and providing keen understanding of the barriers related to participation in the Laboratory. This kind of evaluation has certainly stimulated DSPM mentors' capacities to react and adjust to feedback as well as their competencies to take part in an evaluation process. However, some challenges related to the evaluation and its particular form have been encountered. For instance, timely and ongoing analysis to feed the project team is an exhaustive and demanding task, the developmental evaluation process needs to build on a solid trust relationship between evaluator and project team, and dealing with the evaluator's as well as team member's roles can sometime

be difficult. A paper discussing the challenges encountered in this context is currently being written (Rey, Tremblay & Brousselle, in preparation).

Conclusion

For several years, authors have deplored the growing gap between practice and discourse in health promotion (Best et al., 2003; Boutilier, Mason, & Rootman, 1997). The example presented in this article shows that it is possible to integrate comprehensively health promotion principles not only into an intervention aimed at populations but also into professional development interventions targeting health professionals. The Health Promotion Laboratory has also proved to be useful in rallying professionals from diverse backgrounds, enabling them to share a common understanding of health promotion as well as developing core competencies in this field. The evaluation component of the Health Promotion Laboratory demonstrates that core principles of the field can be applied in a comprehensive assessment of professional development that goes beyond the simple description of participant satisfaction concerning the program and involves a useful participatory and adaptive process. Through the broad intervention-evaluation approach, CSSS professionals have not only been trained in health promotion, but they have also concretely experienced its core values with this multi-layered innovative program.

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