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Concept Paper: Evaluation of Oral Health Promotion Interventions

Introduction

In June 2003 the WHO Oral Health Programme is hosting a two-day workshop to discuss and share experiences of evaluation of disease prevention and health promotion interventions carried out in different regions of the world. This briefing paper has been prepared as background reading for the workshop participants. The paper summarises a selection of key issues relevant to the development of evaluation approaches appropriate for oral disease prevention and health promotion interventions.

Health promotion, as defined by the Ottawa Charter refers to the “process of enabling people to increase control over the determinants of health, to improve their health” (WHO, 1986). The implementation of this definition requires that health promotion initiatives should be empowering, participatory, holistic, equitable, sustainable, and multi-strategy (WHO, 1998).

Importance of evaluation

The development and implementation of evidence based practice is important for both clinical and health promotion interventions. Evaluation approaches need to be developed that are appropriate for oral health promotion programmes. The randomised control trial (RCT) is a methodology that has been used extensively to evaluate clinical interventions. Other approaches and methods are however required in health promotion evaluation (WHO, 1998).

Evaluation of health promotion is important for a variety of reasons including:

- ⇒ As a means of developing effective interventions
- ⇒ To share and disseminate examples of good practice
- ⇒ To make best use of limited resources
- ⇒ To provide feedback to staff and participants
- ⇒ To inform policy development and implementation

Need for development

Although widely recognised as being important, evaluation is often a neglected area of practice. There are many reasons for the lack of progress with evaluation, including a lack of knowledge, confidence and skills in practitioners, inadequate provision of resources, time and support for evaluation activity, and a lack of appropriate evaluation frameworks. As a result, the quality of evaluation has been reported as poor in many instances (Brown, 1994; Schou and Locker, 1994; Sprod et al., 1996).

Issues for discussion

A variety of topics need to be discussed when reviewing ways of developing evaluation approaches for oral health promotion programmes.

Intervention planning

Evaluation should be a core element in the planning process for any intervention. With oral health programmes a wide diversity of intervention approaches can be developed. Increasingly rather than relying solely on educational interventions, a broader range of public health strategies are being developed. It is therefore essential that the evaluation developed is in accordance with the nature of the intervention (Watt et al, 2001).

Evaluation methods

Oral health services have been developed from a bio-medical research paradigm. Clinical research has therefore been based upon experimental methodology and quantitative sciences. Randomised controlled trials are recognised as being the 'gold standard' method in the evaluation of clinical interventions. In recent years the need for a more pluralistic approach in the evaluation of public health and community interventions has been acknowledged (WHO, 1999; WHO, 2001). The strengths and weaknesses of different evaluation methods need to be considered (Puska, 2000). Both quantitative and qualitative approaches have an important role to play in the evaluation of community oral health programmes (Petersen, 1989). The choice of methods depends on the nature of the intervention, the purpose of the evaluation and the resources available. What evaluation methods are most appropriate for oral health promotion? On a practical level how can theoretical evaluation frameworks be implemented in community settings?

Evaluation measures

A comprehensive evaluation of any community based intervention requires both process and outcome data. One of the major criticisms emerging from reviews of the oral health promotion literature was the inappropriate nature and poor quality of many evaluation outcome measures used (Sprod et al, 1996). Process evaluation seeks data on how the intervention was implemented and may uncover information on unexpected results. This type of information is valuable as feedback in reviewing the development and delivery of the intervention. Outcome measures may be useful indicators assessing the effects of the intervention, either in the short, intermediate or longer term (Nutbeam 1998). The outcome measures selected need to be appropriate to the nature of the intervention and timescale of the evaluation. Standardised clinical measures may be useful outcomes but these need to be complemented by a range of other measures. What types of outcome measures are most appropriate in the evaluation of oral health promotion interventions? What measures could be used in a community development intervention?

Roles and responsibilities

Evaluation should be a core element in the planning of oral health interventions. It is important that this task is shared between the key players and participants. Too often evaluation is solely left to those implementing the intervention. Instead it should be a shared responsibility with planners, researchers and practitioners actively cooperating together to develop clear roles in the evaluation process. In addition, consultation and involvement of the local community is also important. Shared ownership increases credibility and ensures the relevance of evaluation (WHO, 2001). How can local communities become involved in the evaluation of oral health programmes?

Capacity building

Many oral health practitioners feel daunted at the prospect of undertaking a detailed evaluation of community based programmes. Practitioner's knowledge, skills and confidence need to be developed to facilitate progress in this area. Evaluation training programmes and resources are required. These need to be developed at the appropriate level and be tailored to the nature of community oral health interventions. Sharing examples of good practice and dissemination are critically important, Practitioners who are isolated and not integrated into existing professional networks require the greatest level of support. What types of training and support resources are needed? How can the needs of developing countries be best met?

Partnership working

It is essential that developments in public health evaluation approaches are utilised, as appropriate in oral health evaluations. A great deal of expertise and experience already exists in other areas of public health research. What ways can this be disseminated to the oral health community? In addition, cooperation between international agencies is essential in terms of developing and disseminating resources and materials. What role do WHO, research institutions, national health authorities and non-governmental agencies have to play?

Resources

High quality evaluation requires both time and expertise, and therefore resources. The WHO recommends that at least 10% of resources should be allocated to the evaluation of interventions (WHO, 1998). Inadequate resources have often been allocated to the evaluation of community oral health programmes. The evaluations may be of limited value and do not capture the full impact and value of the interventions. Are sufficient resources available for the evaluation of community oral health programmes? How can resources be used to best effect?

Conclusion

The evaluation of oral health promotion programmes is an important activity which requires further development. A range of issues need to be considered to ensure that the evaluation approaches adopted fully capture the impact and effects of oral health interventions. The development and use of appropriate evaluation methodologies and measures is essential.

Key References

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