

Cross-Cutting Issue „Evidence“: Evidence in health promotion: a pluralistic approach

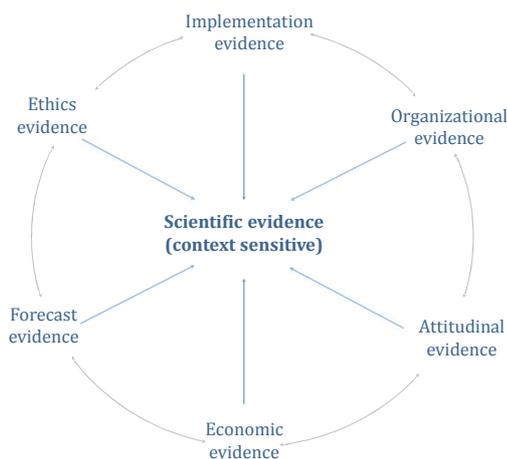
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Background

Evidence is a guide for decision makers and practitioners working in the field of health promotion. In this debate, the scientific point of view and the practical-oriented point of view seem contradictory. While practitioners often refer to tacit knowledge gained from daily-life experiences, the scientific debate on evidence in health promotion is about effectiveness inspired by the evidence-based medicine (EBM) perspective. The vivid debates on the EBM perspective in health promotion are encouraged by the challenges in applying the EBM standards in health promotion. Given these challenges and the criticism towards the application of a narrow EBM perspective in health promotion research, we introduce a pluralistic framework of evidence. The framework will be placed in context of the scientific debate about different perspectives of scientific and practical evidence relevant in the field of health promotion. We also discuss the consideration of different forms of evidence at different phases of intervention research in health promotion.

Dimensions of context-sensitive scientific evidence



Implementation evidence	Provides crucial information on the practical aspects of program adoptions and replications. Differentiation between process/ formative and summative evaluation of implementation with determinants of and level of implementation
Organizational evidence	Provides crucial information on the context of an intervention. It refers to explicit (organizational values, considerations, regulations and resources), cultural (situational and environmental variables) and tacit knowledge of an organization.
Attitudinal evidence	Provides crucial information on the target groups' and stakeholders' assessment of the intervention. It includes dimensions of acceptability (e.g. satisfaction), appropriateness (compatibility) and feasibility (barriers and facilitators).
Forecast evidence	Helps to 1) identify emerging health issues that need to be addressed by interventions and 2) predict the health gains and costs that an intervention will bring
Economic evidence	Refers to the economic evaluation of an intervention – also referred to as cost-effectiveness – and describes the relationship between costs and consequences of an intervention in comparison to a relevant alternative.
Ethical evidence	The ethical analysis generally encompasses three aspects: 1) the description of what is right and good, 2) the debate about theoretical justifications for what is good and right and 3) the normative assistance in acting right and good.
Colloquial evidence	Presents the local rationality in terms of values, political judgement, pressures, resources, experiences, habits and traditions and pragmatics.

Consideration of different forms of evidence in health promotion intervention research

		Identification	→	Planning	→	Implementation	→	Evaluation
Evidence	Implementation Evidence			Review/ production of evidence on fidelity, adoption, feasibility etc.		Process evaluation on fidelity, adoption, feasibility, penetration, etc.		Synthesize with effectiveness evaluation
	Organizational Evidence			Review/ production of evidence on structures, resources etc.		Process evaluation on structures, resources holders, stakeholders etc.		Synthesize with effectiveness evaluation
	Attitudinal Evidence			Review/ production of evidence on motivation, satisfaction etc.		Process evaluation evidence Motivation, satisfaction, beliefs etc.		Synthesize with effectiveness evaluation
	Economic Evidence	Review of cost-effectiveness of interventions Review of costs of health problems		Review of evidence on intervention/ implementation cost				Production of evidence on intervention/ implementation cost
	Forecast Evidence	Review health problems Review intervention effectiveness						
	Ethics Evidence	Emerging ethical health issues		Research aims, methods, definition, Measurement, mechanisms, Information process and disclosure Intervention fail				
	Colloquial Evidence	Needs and status in the setting/ target group Emerging health problems		Setting-specific knowledge by qual. interviews, document reviews etc.		Stakeholder knowledge to adapt intervention		Synthesize with effectiveness evaluation