

# Current Aspects of the GPHPE, the Ottawa Charter, and Evidence: Notes for JASP

David V. McQueen  
IUHPE VP Scientific Development; Associate Director for  
Global Health Promotion at CDC

October 25, 2006  
Workshop 7  
JASP, Montreal



SAFER • HEALTHIER • PEOPLE™



## How to build “good” evidence

- Distinguish evidence of success from evidence of harm
- Methodology of deleting vs building evidence – reduction vs complexity
- Operationalize judgment
- Distinguish evidence from effectiveness from evaluation



SAFER • HEALTHIER • PEOPLE™



Cette présentation a été effectuée le 25 octobre 2006, au cours du Symposium "La Charte d'Ottawa pour la promotion de la santé est-elle toujours utile pour la pratique de la santé publique d'aujourd'hui ?" dans le cadre des Journées annuelles de santé publique (JASP) 2006. L'ensemble des présentations est disponible sur le site Web des JASP, à l'adresse <http://www.inspq.qc.ca/jasp>.<sup>1</sup>

## How to build “better” evidence

- Distinguish levels of complexity
- Methods follow complexity
- Build data retrieval that is complex
- Move away from reduction
- Collect more data
- More interventions



SAFER • HEALTHIER • PEOPLE™



Distinguish “evidence” of causation and etiology from  
evidence related to the understanding of  
interventions

- An example



SAFER • HEALTHIER • PEOPLE™



## An old-old (tedious) story

- The health of populations is affected by and is a product of the social determinants in the population



SAFER • HEALTHIER • PEOPLE™



## Early Insights or we knew it then

- Graunt (London, 1662)
  - Analysis of social distribution of mortality rates
- Virchow and Engels (mid-19<sup>th</sup> century)
  - Effects of social class and work conditions on illness rates
- Durkheim (Paris, 1897)
  - Social integration and suicide



SAFER • HEALTHIER • PEOPLE™



## History and Theory of Public Health: **Slowly Changing Paradigms**

- Sanitary Era (when we knew it)
- Germ Theory
- Infectious & Chronic Disease  
Epidemiology (individual risk factor epidemiology-  
-“social” Epidemiology)
- \* Health Promotion (finding it again)



SAFER • HEALTHIER • PEOPLE™



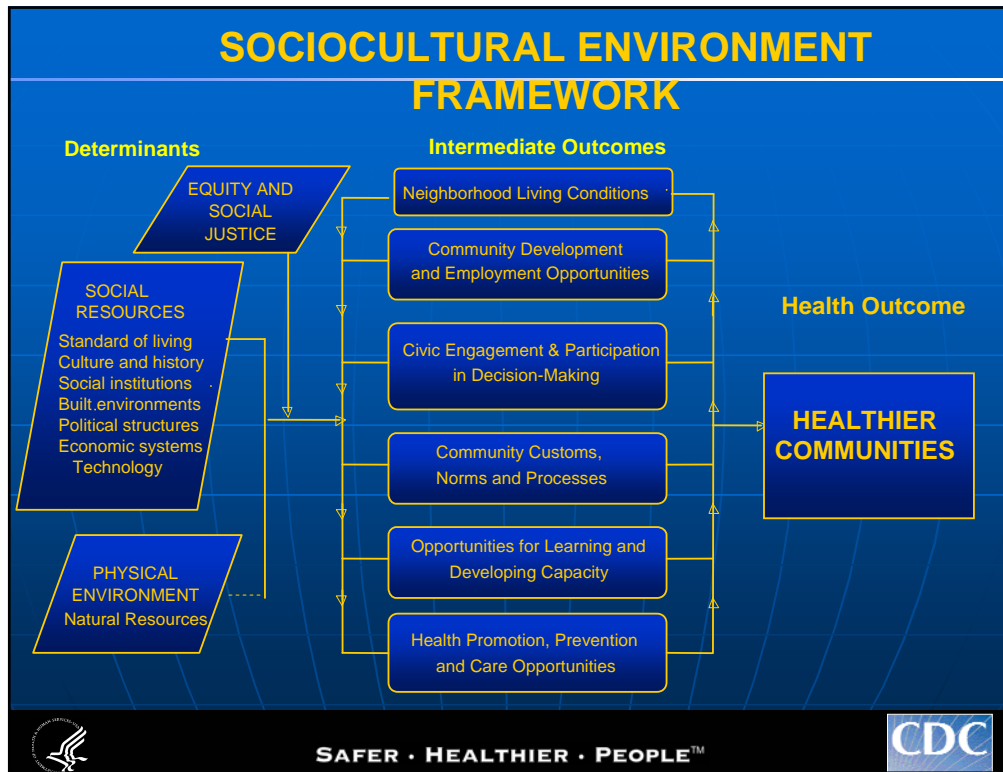
## The Components of **Social** Determinants from a HP Perspective

- **LIFESTYLE**: Collective pattern of life conduct
- **LIFE CONDUCT**: Pattern of behavior of an individual in their day-to-day lives
- **LIFE CONDITIONS**: Patterns of resources of an individual or group (including health status)
- **LIFE SITUATION**: Collective pattern of life conditions
- **LIFE CHANCES**: Structural-based probability of correspondence of lifestyle and life situation
- Adapted from Rutten, A. (1995). The implementation of health promotion: a new structural perspective. *Social Science & Medicine*, 41(2), 1627-1637.



SAFER • HEALTHIER • PEOPLE™





## The “problem” Dominant Patterns of Work

<u>Epidemiology</u>	<u>Health Promotion</u>
<ul style="list-style-type: none"> <li>■ Methods</li> <li>■ Action</li> <li>■ Theory</li> <li>■ <b>Concerned with CAUSE (i.e. etiology)</b></li> </ul>	<ul style="list-style-type: none"> <li>■ Action</li> <li>■ Concepts and Principles</li> <li>■ Methods</li> <li>■ <b>Concerned with CHANGE (i.e. interventions)</b></li> </ul>

SAFER · HEALTHIER · PEOPLE™

CDC

## Health Promotion and Effectiveness

- Effectiveness is a broad, loosely defined term, generally linked to the notion of “outcomes”
- Notion that effective health promotion leads to changes in the determinants of health is a little different
- Underlying epistemology of “outcomes” remains complicated



SAFER • HEALTHIER • PEOPLE™



## Complexity and Methodology are Intertwined in Health Promotion

- Most community-based health promotion interventions include a complex mixture of many disciplines, many variables of varying degrees of measurement difficulty, and dynamic changing settings
- Understanding multi variate fields of action may require a mixture of complex methodologies and considerable time to unravel causal relationships



SAFER • HEALTHIER • PEOPLE™



## Evidence is

- Strength of knowledge base for what works



SAFER • HEALTHIER • PEOPLE™

CDC

## Effectiveness is

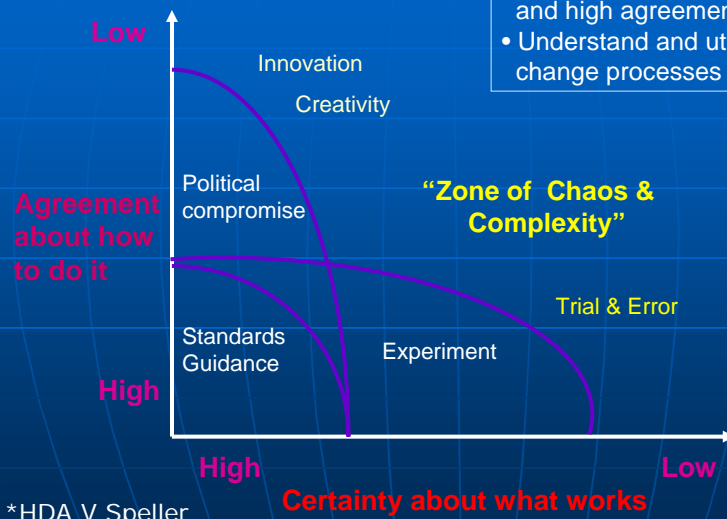
- Agreement about translating the evidence to application



SAFER • HEALTHIER • PEOPLE™

CDC

## Understanding change processes\*: where effectiveness meets evidence



SAFER · HEALTHIER · PEOPLE™



## Zone of Chaos and Complexity: Characteristics

- Multiple determinants
- Multiple intervention settings
- Multiple outcomes
- Multiple actors
- Multiple paradigms
- Cultural diversity
- Everything/interactions = probabilistic
- Politics



SAFER · HEALTHIER · PEOPLE™





## Irritating Ideas

- Shared versus unshared variables in interventions
- Intervention as corruption (power corrupts, empowerment corrupts)
- Ethics of interventions (planned interventions should do no harm)
- Evidence of harm
- "Harmful effectiveness"
- Naturally occurring interventions



SAFER · HEALTHIER · PEOPLE™

CDC

## Irritating Ideas (continued)

- Intervention deceit (curb appeal, eyewash)
- Evaluation –advisory boards
- Evaluation reports and analyses not unbiased
- External policy makers base their assessment on evidence in these biased reports
- External evaluators base their assessment of evidence on the biased published reports-systematic review of the lit



SAFER · HEALTHIER · PEOPLE™

CDC

## So what can we conclude?

- We have initial evidence that health promotion interventions on the social determinants of health work
- However, comprehensive and/or systematic reviews have only been conducted on a few interventions and almost entirely on western literature



SAFER • HEALTHIER • PEOPLE™



## Three things that we need

- **Many more** health promotion **interventions** based on the best theory of practice
- **Many Comprehensive** and/or systematic **evaluations** of interventions
- A **better theory** of evidence and evaluation for health promotion



SAFER • HEALTHIER • PEOPLE™





- More information: [dvmcqueen@cdc.gov](mailto:dvmcqueen@cdc.gov)



SAFER • HEALTHIER • PEOPLE™

