Capacity building for evaluation of social connectedness

Greer Lamaro and Bernie Marshall

There is an increasing body of work addressing the health priority of social connectedness, but published evaluations remain limited. Evaluation evidence is important for informing health promotion practice,[1] and a need to improve health promotion practitioners' evaluation capacity has been identified.[2]

A pilot study was conducted to investigate the capacity of health promotion practitioners to evaluate community level interventions addressing social connectedness. Practitioners working in agencies affiliated with Primary Care Partnerships in Victoria (formalised networks of agencies that work collaboratively on agreed health priorities) were invited to participate by direct invitation and snowballing. Nine people from five organisations participated in semi-structured interviews, and evaluation documents from all organisations were analysed regarding evaluation practice. Data were coded inductively and key themes identified.

A considerable challenge to evaluation was participants' difficulty understanding and defining social connectedness. Some participants advocated for the development of a standard definition, contending that the lack of such contributes to uncertainty and anxiety about evaluating this concept. Others felt that a broad interpretation facilitates flexibility in evaluation to enable agencies to meet their own needs.

Selecting and using appropriate measurement indicators was another challenge highlighted, due to uncertainty about what to measure and the lack of a specific evaluation tool. Participants generally agreed that a wide range of indicators are used, often drawn from tools designed to measure other similar yet distinct concepts such as social capital. Identifying and selecting appropriate indicators was reported to be overwhelming for some practitioners. However, other participants supported the use of multiple tools to enable contextual evaluation.

The question of whether a common definition and measurement tool for social connectedness should be developed is contentious. Social connectedness is, by nature, highly contextual. Interventions addressing social connectedness often involve collaborations between stakeholders who may have varying understandings of the concept. Developing an accepted common definition and measurement tool would be challenging, and the appropriateness of doing so is questionable given the diversity of opinions discussed previously. Prior undertakings to enhance workforce evaluation capacity have been useful for developing practitioners' generic evaluation skills.[3] However, more work is needed to build practitioners' skills and confidence in applied evaluation particularly for complex or contested topics like social connectedness. Evaluation capacity building efforts should now focus on developing health promotion practitioners' skills, confidence and flexibility to use a range of tools to identify and apply appropriate indicators for evaluation.

References

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Authors

Greer Lamaro, Centre for Health through Action on Social Exclusion (CHASE), Deakin University, Victoria

Assoc. Prof. Bernie Marshall, Faculty of Health, Deakin University, Victoria

Correspondence

Ms Greer Lamaro, School of Health and Social Development, Deakin University, Geelong Waterfront Campus, Locked Bag 20000, Geelong, Victoria 3220; e-mail: greer.lamaro@deakin.edu.au

Workplace health promotion and pedometers: response to Hess, Borg and Rissel

Margo Saunders

Despite the importance of their concluding call for workplace health promotion interventions focusing on male employees in the healthcare sector, the report by Hess, Borg and Rissel[1] raises concerns about the design of current workplace health promotion programs. Specifically, the program that they describe – the TEAM Challenge at Liverpool Hospital – risks being regarded an example of how in health promotion, as in history, those who do not learn from the past are doomed to repeat it.

The 12-week TEAM Challenge involved a multi-faceted intervention to increase physical activity and healthy eating. The authors cite several studies about workplace interventions which use pedometers and note that part of the Challenge was based on the Rockhampton approach of aiming to reach 10,000 steps per day using a pedometer. Of the hospital employees who chose to participate in the TEAM Challenge, 93% were female.

Previous studies have found that health-promoting activities involving pedometers and a 10,000 steps approach have had limited effectiveness with men. In a review of 26 studies which was cited by the authors as supportive of pedometer programs combined with a daily step goal,[2] Bravata et al found that participants in pedometer-based physical activity programs were overwhelmingly women, with men comprising only 15% of participants.

In another study cited by the authors,[3] a pedometer-based program with a 10,000 steps goal was implemented among non-hospital staff of the former South Australian Department of Human Services. The initiative was presented to all relevant staff, of whom 63% were