



A CRITICAL REVIEW OF HEALTH PROMOTION SYSTEMS IN EKURHULENI

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ABSTRACT

Health promotion is a critical pillar of the primary health care approach that aims to improve the health of individuals by changing behaviour and empowering communities. A review was undertaken to assess the effectiveness of the government health promotion system within the Ekurhuleni municipal district, South Africa. This review attempts to assess the maturity and strength of the district health promotion model using the quality indicators framework for health promotion initiatives. The framework is also used to compare other health promotion initiatives in the region that do not operate under the municipal district system. Findings suggest that there are significant challenges which exist within the primary health care system and that a more structured, measurable and integrated approach needs to be taken to ensure that activities and initiatives are effective.



1 INTRODUCTION

The World Health Organisation (WHO) defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” [1]. This definition provides the basis for the Primary Health Care approach, which aims to support national health systems by improving the health of communities within a country.

A core component of the Primary Healthcare Approach is health promotion. According to the Ottawa Charter, health promotion is defined as the “process of enabling people to increase control over and improve their health”. [2]

Although health systems are often perceived as the provision of treatment and hospitals, the Primary Healthcare Approach requires a much more holistic outlook. Ziglio et al [3] state that health systems that predominantly invest in tertiary and curative clinical services are becoming unaffordable in many countries and health promotion is an important vehicle to reorient investment so that health systems are not only more effective but also sustainable.

Health promotion activities should focus on the structural causes of ill health and not necessarily on individual health-related behaviours. Lewis et al [4] recognised that the most effective community based health promotion activities result in sustained change because individuals have attained both personal as well as community empowerment.

2 RATIONALE AND AIM

The South African National Development Plan, compiled by the National Planning Commission in 2011, identified nine main challenges in the diagnostic report [5]. One of these was a widespread burden of disease compounded by a failing public health system. In the new South African story, the planning commission describes a scenario that aims to provide quality healthcare to all. This manifests itself in a chapter in the document entitled, Promoting Health.

South Africa currently faces a complex burden of disease including communicable or infectious diseases such as tuberculosis, sexually transmitted diseases and HIV/AIDS, maternal and perinatal diseases, violence and injury related disorders as well as non-communicable or lifestyle related diseases. Between 1994 and 2009, life expectancy has declined, there are still high levels of HIV infection and maternal and under-five mortality rates have increase since 1990. In addition, non-communicable diseases that are prevalent in both rural and urban areas are increasingly affecting poorer people and are expected to be a major threat over the next 20-30 years as a result of poor lifestyles [5].

It has been identified that although it is important to provide comprehensive medical care to address these issues, an integrated focus is required on Primary Health Care and community outreach to reduce this burden of disease.

Although the Primary Healthcare Approach has been operating in South Africa for over 30 years, the poorest and those most in need still often lack access to basic healthcare services [6].

Health Promotion, like so many areas within the public sector in South Africa, desperately needs increased focus in order to improve the lives of South Africans. This is a complex system operating in a challenging environment with a mix of needs and critically constrained resources. A fresh and analytical response is required to identify new and innovative ways to solving this problem. Industrial engineering is a field that is well placed to do just this.

The aim of this study is to provide a preliminary assessment of health promotion activities within a specific municipal district to identify the current state of health promotion initiatives within Primary Health Care. It is hoped that this will identify constraints, challenges and future projects. Ultimately, it is envisaged that this and subsequent studies in the area will provide guidance on future planning of health promotion activities within provinces, which should support the Primary Health Care Strategy.

3 LITERATURE SURVEY

This section will look at quality as it relates to the specific problem of health promotion within this study. It does not attempt to present a comprehensive overview of quality management or assurance.

3.1 Quality In Services And Healthcare

Health promotion can be seen as a service and as such quality techniques in this field are expected to be most applicable. A study of quality management practices in services [7] identified many distinct characteristics of quality in services. These included human resource development and management and the pivotal role that employees have on the ability of the organisation to produce a quality service. They also emphasised a strong link between technology management and innovation and quality services and improvement initiatives.

Although traditional quality management techniques and approaches can be considered, the situation in this study is complicated by the fact that health promotion in South Africa is operating in a government environment in a developing country.

A study of rural primary health care information and communication needs in rural Peru and Nicaragua identified that systems were highly inefficient [8]. Some of the main reasons for this included communication infrastructure, information sharing and continuous training of health professionals. It was highlighted that the application of technology solutions from industrialised nations cannot always be applied to developing countries for a variety of reasons including lack of infrastructure and low-income levels.

Public sector organisations or government institutions can also not be seen as traditional corporate entities. Swiss conducted a study on the applicability of Total Quality Management (TQM) in government [9]. He found that a technique like this could not just be applied within such institutions without first adapting and testing the approach. He identified some of the limitations of TQM in this environment on the importance in TQM of well-defined customer groups and a strong focus on quality within the organisational culture. He believes that an adapted version of TQM would need to emphasise factors such as performance monitoring, continuous improvement and worker participation.

3.2 Quality in Health Promotion

There have been many attempts to best describe how to assess quality or evaluate health promotion programmes. This section describes several that are relevant to this study.

In the field of health promotion, quality assurance can be defined as a method for describing, evaluating, measuring and improving quality [10]. It is seen as a dynamic process that focuses on ongoing evaluation of the process rather than the final outcome.

3.2.1 *The Health Impact Pyramid*

Frieden et al [11] use a five-tier pyramid to describe the impact of different types of public health interventions. They propose that there is an inverse relationship between the amount of individual effort required and the impact on the population as a whole. Interventions at the base on the triangle aim to have a much further reaching impact on the community while those at the apex address individual behaviours. This relationship confirms other studies in the South African context for example Lewis et al [4].

The Health Impact Pyramid describes that addressing socioeconomic factors has the greatest potential to improve health (Tier 5), interventions that change the context of individual's behaviour generally are the most effective public health actions (Tier 4), long lasting protective interventions (Tier 3) can be more effectively applied than once off clinical

interventions (Tier 2) and that counselling and education can have the least impact on the community as a whole (Tier 1). They have found that even well developed and implemented health promotion programmes at the pyramid's higher levels achieve limited public health impact because of their dependence on long-term individual behavioural change. Although the effectiveness decreases up the pyramid, those at the top generally require the least political commitment. They advocate that comprehensive public health programs should generally attempt to implement interventions at all levels to maximize the possibility of long-term success.

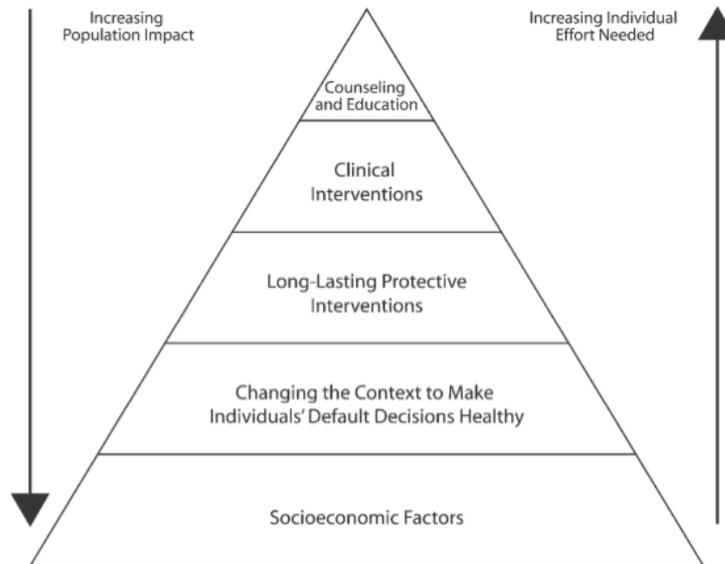


Figure 1: The Health Impact Pyramid [11]

3.2.2 Dutch recognition system

Brug et al [12] developed a quality assessment system for assessing quality and effectiveness of health promotion interventions in the Netherlands. The basis of their system is that all interventions are theoretically sound. They advocate that interventions need to have a full and clearly planned description which include as a set of minimum criteria:

- Clearly defined goals
- Target population
- Description of methods, strategies, activities, materials, procedure and timing
- Ownership and support systems
- A theoretical foundation using sound scientific analysis of the relevance of the health issue, determinants and risk factors
- System for monitoring the integrity and delivery of the intervention
- Costs of the intervention

3.2.3 Quality Indicators Model

Ader et al [10] identified that there was a need for a framework that could be used for assessing quality assurance in health promotion. Because health promotion is a long-term strategy and the outcomes often cannot be confirmed for a lengthy period, there is a need to develop methods for assessing the effectiveness of programmes during their progress.

They analysed several successful health promotion initiatives to identify common characteristics. They used these characteristics and developed the Quality Indicators Model for planning and auditing of quality assurance for health promotion projects and programmes. The model focuses on a definition of quality which encompasses describing,

measuring, evaluating and identifying opportunities for improvement in order to increase the potential of achieving programme objectives or goals.

The Quality Indicators Model consists of a set of guiding questions that are used to assess the programme being planned or studied using three broad areas of structure, process and outcome. Table 1 highlights key areas of the model. When developing the model they found that structure was generally more clearly defined in programmes and that the process of actual health promotion programmes was less clearly described. For the outcomes of the programme it was stressed that these should refer not only to the goals that were set by the programme but also the functioning of the structure and process. They believe that if the quality of the work conducted, as part of the programme is good then the quality of the results achieved by the overall programme in promoting health should also increase.

The framework has been tested by auditing several health promotion programmes and has enabled the identification of areas of strength and opportunities for improvement. In conclusion the framework is seen as a useful tool for planning and evaluation but may need to be tailored depending on the type and phase of the programme.

Table 1: Overview Of The Quality Indicators Model

Broad Focus Areas		Key Guidelines
Structure	Goals	<ul style="list-style-type: none"> • Clear and specific problem description • Long term in nature • Include goals that measure outcome, structure and process
	Target groups	<ul style="list-style-type: none"> • Community and or risk analysis to identify and target groups and focus the programme
	Design	<ul style="list-style-type: none"> • Theoretically rooted • Include programme strategy and activities
	Responsibility	<ul style="list-style-type: none"> • Decisions can be reached at a level in the organisation where resources are allocated • Clear distribution of both responsibility and authority
	Resources	<ul style="list-style-type: none"> • Include material and human resources • Skill levels of resources must be considered • Available, adaptable and in control of programme management
	Organisation	<ul style="list-style-type: none"> • Clear organisation and defined leadership
Process	Network	<ul style="list-style-type: none"> • Deliberate use of networks to disseminate information • Development of personal skills within the network • Use of networking within the programme operations
	Exposure	<ul style="list-style-type: none"> • An attempt to measure the extent and intensity with which the target groups come into contact with and receive the messages which are being sent
	Commitment	<ul style="list-style-type: none"> • An attempt to measure how well the message is accepted and ultimately rooted specifically in partners collaborating with the programme.

Broad Focus Areas		Key Guidelines
	Participation	<ul style="list-style-type: none">• Degree to which target groups, partners and decision makers are enabled to influence and be involved
Outcome	Changes	<ul style="list-style-type: none">• Should include as many measures as possible including knowledge and behavioural changes, environmental changes and epidemiological changes.• If possible measurements should be taken before and after the programme• An analysis should also be made of other changes or factors which could have influenced changes
	Maintenance	<ul style="list-style-type: none">• Programme initiatives need to be incorporated into regular organised activities to ensure sustainability

3.2.4 WHO and Health Promotion Evaluation

The World Health Organisation issued a document on health promotion evaluation [13]. The document highlights several recommendations:

- Use of a participatory approach and involvement of everyone with a direct interest in the initiative
- A multi-sectoral approach
- 10% of the initiative's financial resources to be allocated to evaluation
- A combination of both process and outcome indicators
- Multiple methods for evaluation
- Development of further ways to evaluate programmes
- Training and education infrastructure to develop methods of evaluating programmes
- Opportunities for sharing information on evaluation methods

3.3 Assessments Of Health Promotion In South Africa

This section will highlight previous work that has been done to assess the quality of health promotion within South Africa.

A review by Onya conducted in 2007 [14] indicated that there was a stable structure for health promotion service delivery at the national government level but at provincial level there were huge disparities between provinces. Details of his assessment included the following:

- Few trained health promotion specialists who are actually in a position to inform the government
- Lack of a career path for health promotion practitioners
- Lack of standards for health promotion training and education.
- Limited health promotion research
- Limited evaluation of health promotion initiatives

He also found that in addition to government health promotion initiatives that there were several non-governmental organisations (NGOs) providing health promotion services but that there was no single coordinating body liaising between these different organisations and the government.

He concluded by indicating that there is a need for well coordinated monitoring and evaluation of health promotion services.



A study on non-communicable diseases in South Africa by Mayosi et al [15] indicated that a strengthened district- based primary health care system will be required to manage the care and risk factors surrounding these diseases into the future. They also suggest that there is a need for an integrated model, which includes a robust surveillance system that incorporates care at all levels of the health system to address communicable and non-communicable diseases. They identify that although there are several existing models of community-based interventions for the control and management of non-communicable diseases their effect remains to be established. In addition these programmes are largely operated by independent organisations and links between governmental, non-governmental and community based agencies are weak.

They continue to discuss the health system stating that provincial and national departments are also operating largely in isolation and reliable systems of clinical support, record keeping and referral are uncommon in health care delivery. It is suggested that part of the reason for these issues are a result of decisions that are made centrally and several hierarchical levels above those actively undertaking the work which constrains decision making and permissions. Authority levels also have a lack of insight into local needs, are geographically distant and difficult to communicate with. They stress the importance of collaboration and partnerships between district and provincial service communities, academic and community based institutions and a need to establish a training, supervision and support base for initiatives.

Studies of health promotion in South Africa show that although initiatives exist there is a need for these to be evaluated. There is also evidence to suggest that there is significant scope for improving the overall quality of these initiatives.

Several frameworks have been identified that can be used to evaluate and plan health promotion programmes. All of these frameworks have similar themes that relate closely to some of the issues already identified within the South African health promotion system. This indicates that there is indeed an opportunity to make use of these frameworks to evaluate and improve the quality of health promotion in South Africa.

4 OBJECTIVES

The objectives of this study were to:

- Evaluate health promotion activities in the Ekurhuleni district
- Identify weaknesses in the overall system
- Identify opportunities for improvement
- Make recommendations on areas for further work

5 METHOD

The Ekurhuleni health promotion system was investigated by interviewing employees within the organisation to gain an understanding of current operations. These interviews were conducted at five clinics within the Ekurhuleni district. The five clinics were selected from five different customer care centre areas. Each customer care centre is composed of between three and six individual clinics. Employees interviewed included health promoters, nurses and clinic managers.

This information was supplemented by interviewing other stakeholders including a nursing education specialist, a health promotion education specialist and programme managers at an independent NGO involved in health promotion activities.

The Quality Indicators Model was then chosen and used to analyse the Ekurhuleni health promotion system. This was done by using information obtained from the interviews to answer the guiding questions that form part of this model. The model was then used to highlight areas of strength and weakness and thus opportunities for improvement.

The Quality Indicators Model was chosen, as this is a comprehensive framework that provides detailed guidance on the method of evaluating quality with health promotion programmes and initiatives. It is specifically designed for this environment and includes focus on important areas identified by quality assurance and management in traditional service and public sector organisations

6 FINDINGS

This section summarises the findings from the evaluation of the Ekurhuleni health promotion system. It also includes a brief comment on an independent health promotion programme. The section concludes by discussing relevant and interesting points relating to this study from the National Planning Commission's, National Development Plan.

6.1 Evaluation Of Ekurhuleni Health Promotion Using The Quality Indicators Model

The findings from this study have been tabulated in Table 2. This summarises the most critical points within the categories defined by the Quality Indicators Model.

Table 2: Assessment Of The Current Status Of Health Promotion Activities Using The Quality Indicators Framework

Area		Observations
Structure	Goals	<ul style="list-style-type: none"> • There appeared to be no pre-defined goals • Health promoters did consider and focus attention on issues affecting their specific population
	Target groups	<ul style="list-style-type: none"> • The main target group tended to be clinic visitors although there was an awareness of the need of the specific local population • Communities were occasionally targeted through schools and churches • There are support groups for specific illnesses • Clinics have specific catchment areas which range in size and demographic makeup
	Design	<ul style="list-style-type: none"> • Education in the form of talks and brochures was the primary method of health promotion • Counselling was used by some health promoters • There is no structured, overall plan for the municipal district. There was also no evidence that there is a plan for provincial districts.
	Responsibility	<ul style="list-style-type: none"> • There is a very unclear decision-making hierarchy • Evidence suggests that local initiatives do not always have the support of decision makers • Health promoters within clinics make decisions regarding activities
	Resources	<ul style="list-style-type: none"> • Health promoters had limited access to educational brochures • There did not appear to be any programme budgets • There was an obvious lack of human resources involved in health promotion and clinic activities • Health promoters did not all have adequate training • There were plans to support and continue training of

Area	Observations	
		health promoters <ul style="list-style-type: none"> • There was also support for research activities that appeared to be encouraged
	Organisation	<ul style="list-style-type: none"> • The organisational structure was uncertain and limiting • There was confusion over the role of health promoters within clinic structures
Process	Network	<ul style="list-style-type: none"> • Community involvement appeared minimal on daily activities • There was very limited use of existing community networks • No formal or written documents exist
	Exposure	<ul style="list-style-type: none"> • Exposure was primarily aimed at clinic visitors • There were no formal measures to assess this
	Commitment	<ul style="list-style-type: none"> • Commitment and reception and perception of messages is not measured • Clinic workers have a feel for the impact that is being made but there is no evidence to support this
	Participation	<ul style="list-style-type: none"> • Clinic staff and health promoters appeared to have good contacts and communication with communities and their leaders although this participation was informal. • No formal or written commitments or agreements exist • There appeared to be a lack of coordination between municipal health promotion initiatives and those of NGOs
Outcome	Changes	<ul style="list-style-type: none"> • There are no measures to determine the success of programmes
	Maintenance	<ul style="list-style-type: none"> • There was not a strong focus on sustaining programmes as most initiatives are seen as ongoing

6.2 Evaluation Of Another NGO

It is interesting to include a note on the findings from interviewing personnel at an independent NGO involved in health promotion activities. It was found that the NGO used a standardised and evidence based approach for all their programmes. This approach includes three stages including a preliminary stage that focuses on research to provide scientific principles on which the programme will be based and gaining stakeholder buy-in, a communication and implementation stage that involves development of the programme including engagement with policy makers to ensure a supportive environment, and a maintenance stage that includes regular reviews of key measurements and evaluations as well as smaller campaigns to reinvigorate the original programme. During the interview, it was evident that there was very little collaboration with or even knowledge of government health promotion initiatives.

6.3 Reflection On The National Development Plan

The National Development Plan (NDP) [5] includes a chapter entitled Health Promotion. The following section includes a brief summary of some of the points included in this document that relate to health promotion as discussed in this study.

The NDP outlines complete health system reforms that include amongst others:

- Evidence based health delivery systems
- Clear separation of policy making from operations and management
- Authority and administration is decentralised to the lowest levels
- Clinical processes are rationalised and make systematic use of data that incorporates community health, prevention and environmental factors

Other key issues in NDP include:

- The establishment of primary health care teams and household access to community health workers
- Health education in schools
- Adequate resources for primary health care teams
- Increased training of health professionals
- Collaboration across sectors to minimise any negative impact of other policies on health outcomes and to ensure that policy design includes an assessment of the impact on health
- To create a culture of using evidence to inform planning, resource allocation and clinical practice
- Quality of planning can be improved through evidence-based evaluation, planning and implementation
- Meaningful public-private partnerships including civil society organisations.

These points will be incorporated into the discussion to compare how well the NDP compares to recommendations resulting from evaluation of the current health promotion system using the Quality Indicators Model.

7 DISCUSSION

This discussion will make use of the Quality Indicators Model to evaluate health promotion activities within the Ekurhuleni district. Opportunities for improvement will be identified. These opportunities will then be discussed in the context of other health promotion initiatives as well as the document prepared by the National Planning Commission.

7.1 Critical Evaluation Of Health Promotion In Ekurhuleni

The Quality Indicators Model bases the evaluation on three categories: structure, process and outcome. Structure focuses on how the health promotion programme or initiative is designed and planned, process focuses on actual implementation of the programme and outcome focuses on the impact that the programme has on community health. This model is based on the premise that by improving the quality of the structure and process of a programme that the quality of the outcome should increase as well.

7.1.1 Structure

Although health promotion does appear as a separate structure within community clinics, planning and organisation from a more central level is lacking. Health promoters are largely left to continue activities within their own geographical areas as they determine. This results in a lack of a formalised process that uses a sound theoretical and planned approach for activities. There is also a tendency for health promoters to be drawn into everyday clinic activities at the expense of health promotion.



There is a requirement for the design of a health promotion system at a municipal and possibly even provincial level in the longer term. This should include the key areas of setting of goals, identification of target groups, allocation of resources and clearly defined organisational and reporting structures.

7.1.2 Process

Due to the fact that there is a lack of structure, there is also a lack of process in health promotion initiatives. Process is a critical aspect of the reach and sustainability of health promotion within communities particularly when human resource skills are lacking. Leveraging community participation and engagement will be critical to ensuring that health promotion programmes are able to reach communities and influence community behaviour and conditions. There are existing networks within communities that could play a much larger role in disseminating information and driving change.

7.1.3 Outcome

This is a significant challenge within the context of health promotion in Primary Health Care in South Africa. Means will need to be found to measure and track as many changes as possible. Due to the long-term nature of many of the health promotion initiatives, there may be a significant lag between interventions and results. In addition, the context within which health promotion initiatives are operating means that there are an abundance of other factors that are likely to impact on changes. This highlights the importance of improving the quality and methods of evaluating the structure and process of the programmes as a first step.

7.2 Networking And Participation

It was identified in the previous analysis that there is a significant opportunity to increase collaboration with networks already existing within communities. In addition to these networks, there is an additional opportunity to collaborate more closely with NGOs involved in health promotion. It appears that there are NGOs who have well developed health promotion programmes that align closely with many of the guidelines provided by the frameworks for evaluating health promotion programmes. Local municipality programmes should engage with, learn from and make use of these programmes to enhance their own initiatives.

7.3 Alignment With National Government Plans

The plans of the NDP describe a future in healthcare that aligns closely with many of the opportunities identified as a result of this analysis. This provides an encouraging platform that suggests that the government is committed to Primary Health Care and health promotion and that the time is right to start the design, implementation and evaluation of health promotion programmes.

8 CONCLUSIONS

- From the analysis that was conducted it is clear that health promotion activities within the Ekurhuleni municipality district require an improvement in structure and process.
- There is a definite need for a structured and coordinated approach to health promotion within South Africa, which is emphasised in the National Development Plan.
- There is a need for evaluation frameworks to be used in the design of health promotion initiatives and once implemented, ongoing quality assurance.
- The Quality Indicators Model is a useful and comprehensive guide for evaluating health promotion initiatives but more importantly, it is a useful tool to be used when developing health promotion initiatives.



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