Evaluation in Health: Reflections Inscribed in the Paradigm of Contemporary Health

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Objectives: To analyze the methods of health evaluation from the point of view of users' needs and the care perspective.

Methodology: Descriptive analytical.

Results: For the authors, the concept of evaluation in health care integrates the dimensions of participation, negotiation and valuation of the subject, aimed at overcoming the positivist hegemony, assistance and healing of previous approaches. Thus, they succinctly present the conceptual frameworks, methods, designs and forms of assessment in health.

The conceptual frameworks are twofold: 1) the positivist, which evaluates the objective aspects by rigid numerical procedures with a strategy that seeks to first identify and quantify factors to achieve validity, and 2) the participatory, which knows and judges the context to stimulate learning processes and the development of people with a strategy that seeks empowerment and transformation. For authors, this delimits the existence of two assessment methods in health: quantitative and qualitative.

As for the designs and forms of assessment, the authors report five sets of attributes and indicators of health practices: a) coverage, accessibility and equity, b) effectiveness and impact; c) efficiency; d) technical and scientific quality, and e) user satisfaction and acceptability. Of these, the authors note that the accessibility, quality of care, and the distinction between effectiveness and efficiency are the main characteristics to consider in assessing health. Also, the authors describe three forms of evaluation: a) regulation, b) the qualitative method, and c) the participatory and evaluative research methods triangulation.

Moreover, the authors mention that user satisfaction is the most used criteria in the field of health evaluation, which is to study the services and their suppliers as well as aspects of the users. They also emphasize that the challenge of conducting satisfaction studies is a combination of quantitative and qualitative techniques that avoid the reductionism of each method.

Finally, the authors describe the evaluation process that has already incorporated the Family Health Program in Brazil, which includes participation and community satisfaction in the evaluation process. First, it ensures the use of a qualitative approach that emphasizes care and humanization, as well as inter-subjectivity linked to the historical context, reality and the experiences of users, professionals and managers. The quantitative approach additionally serves as an adjunct in the evaluation process as a tool for structuring the reality studied.

Conclusions: The authors propose a health evaluation that favors the participation and inclusion of the user that incorporates an interactive, promotional and emancipatory/liberating process. They conclude that the innovative design of the Family Health Program has the principles of humanization and integrity, promoting the insertion of the user as the principal agent in building their own health.