Evaluation and Public Health

It may be a misnomer to call this issue of the Journal an evaluation issue, since the works contained in every issue of the Journal are in some way evaluations. This is neither the first nor, clearly, the last issue that will provide as a focus elements of evaluation. The word “evaluation” takes on a variety of meanings and goes by several aliases across disciplines. But whatever the definition of evaluation, “public health” is itself in the business of improving the public’s health. How better to do so than by seeking to understand what programs, policies, and therapies are effective? Even the exploration of the antecedents or correlates of a phenomenon are undertaken so that we can know better where and how to intervene.

Evaluation is an essential part of public health; without evaluation’s close ties to program implementation, we are left with the unsatisfactory circumstance of either wasting resources on ineffective programs or, perhaps worse, continuing public health practices that do more harm than good. The public health literature is replete with examples of well-intentioned but unevaluated programs (e.g., the injection of gold salts to treat tuberculosis, efforts that were continued, some intended but unevaluated programs (e.g., the form of general and generalized linear mixed models) have been developed, it was the continued stellar work of Allan Donner and colleagues and David Murray and colleagues that kept the issue at the forefront of public health and that offered accessible solutions to this public health design and analysis staple. This issue of the Journal continues this important conversation with the valued input of Donner and Murray. The benefits of the group-randomized trial, and the trial’s widespread use in public health, mean that we need to do a better job of understanding the design and analytic implications of this experimental design. Take a look.

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