

TOP TEN LIST

TEN BEST WAYS TO DO BAD PUBLIC HEALTH PROGRAM EVALUATION

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“Only wisdom teeth can be impacted”

Ancient mythical proverb rediscovered by
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January 13, 2002

Number 10

New is Better

Never report negative program evaluation results. No one is interested in failure, it makes the program look bad, and it could jeopardize your future employment prospects.

Instead, rename the program. A name change and new or different funding means the program has been successfully and fully implemented.

Number 9

Out of Sight, Out of Mind

Forget about program evaluation methodology and its requirements until after the program has been designed and implemented.

To improve on this, don't use a logic model in the design of the program itself. That way, no one will ever be able to figure out what the program does or what outcomes were anticipated. Then, follow Number 10.

Number 8

A Penny Saved . . .

Use only data from administrative health data sources (hospital discharge, Medicaid, WIC, etc.) to evaluate the health outcomes of the program.

Focus on cost and diagnostic data from these data sources – after all, cost savings are the only outcomes that matter, and the only way to measure them is from claims records . . . And you'll save on administrative costs too!

Number 7

Blind Man's Bluff

Ignore all stakeholders and proceed as if you know all about the program and the population served.

When it comes time to design the evaluation, assign the task to the state evaluation office. Include no one actually involved with the program, the services it provides, or who actually knows what outcomes might reasonably be anticipated.

Number 6

Catch-22

As a grants manager, require a comprehensive, sophisticated program evaluation that incorporates process, outcome, and impact components. Make it a mandatory component of the competitive renewal process while denying grantees all requests to use grant funds to pay for the program evaluation.

Deny as extravagant any suggestion that program evaluation should cost 5 or 10% of the total budget.

Number 5

Go Fish

Never evaluate the program implementation. All public health programs are deployed exactly as designed, even when they weren't designed.

Focus instead on the outcomes, or better yet, jump straight to the impact.

Number 4

Use Round Pegs in Square Holes

All evaluation instruments, once tested and found to be psychometrically valid and reliable, in one population, must be valid and reliable for all populations, so go ahead and use them for your program evaluation.

Since the tool is so good, why not just translate to another language, and add or change a few questions?

Number 3

If the Shoe Fits, Wear It

Hire some “data people” (i.e. consultants) to review data for a set of outcomes to see if any can be attributed to the program. Then, select one of those as the program goal.

Object lesson: When a ballyhooed program comes under the magnifying glass, hire data miners to look for any change, real or coincidence, reasonable or ridiculous, and select what rises to the top as the goal. Evaluate on that outcome - you're sure to find success.

Number 2

Use Half Empty, Half Full Glasses

Constantly remind program staff and clients that they are being evaluated, utilizing the performance monitoring' and 'quality assurance' frameworks rather than 'total continuous quality improvement'. That way, staff will be demoralized and unwilling to identify opportunities for program improvement.

On the other hand, always accept client complaints as the mark of a troubled program.

Number 1

What, Me Worry?

The best way to do bad public health program evaluation is to do no program evaluation at all.