

3rd NORDIC HEALTH RESEARCH CONFERENCE
6 – 9 September 2000, Tampere – Finland

Abstract

Evaluation versus Evalopathy
Support for Practical Improvement vs. Irrational Nuisance

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The presentation will give examples for practical evaluation and pseudo-evaluation to illustrate some central methodological and practical issues. The prime issues to be dealt with are “ambiguity of terminology”, “basic methodological limitations / prospects” and “the practical role of evaluation today”. A short selection of relevant aspects is presented in this abstract.

The term “evaluation of prevention” is associated with a broad variety of extremely different meanings. The narrowest interpretation is “scientific proof that a certain approach is effective”, the widest interpretation is “collection of any logical or empirical evidence related to a prevention approach”.

Currently we are undoubtedly confronted with a global evaluation boom. The situation is characterised by strong pressure to evaluate, by unrealistic expectations concerning the feasibility of evaluation and by low standards concerning methodology and adequacy of the conclusions. Many people are expected constantly to evaluate everything they do, regardless of whether this is sensible and feasible in a specific situation. The implicit idea seems to be “Evaluate in any case and don’t worry how! You can easily get away with a few superficial ad-hoc questions in a self-administered questionnaire and the like.”

The desirable notion of developing promising prevention approaches and improving practical prevention work through well planned and methodologically adequate research - regardless whether this research is labelled evaluation or not - often deteriorates to a ridiculous ritual of pseudo-evaluation. One could speak of “evalopathy” as a new form of mental disease spreading through the scientific community. A development producing output not good enough to learn anything from, but nevertheless drawing on scarce resources from practical work – is a way indirectly to diminish the quality of evaluation.

It is my conviction that researchers, preventionists and evaluators have the means to improve the state of prevention and evaluation if they are supplied with sufficient funds to do so and if the public does not expect miracles. Real progress is possible if we decide to be more precise in our terminology and conceptions, if we are ready to accept basic methodological limitations rather than ignore them, if we are ready to admit inevitable uncertainties and if we accept that some things just cannot be accomplished at the present stage. We should stand up against public pressure to accomplish impossible tasks and we should consequently criticise colleagues who nourish unrealistic expectations because of calculated insincerity or ignorance.