Public health interventions

The evidence debate

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Evaluating evidence for public health interventions

This issue presents an excellent article from Australia addressing the criteria for evaluating evidence for public health interventions. This article should be read within the context of the evidence debate that occupied the last two centuries and continues into the present. The origins of this debate are found in a clinical medicine that sought to establish a dialogue on evidence-based medicine. Gradually this debate has been extended to public health, health promotion and community-based public health interventions. The assumption of many in public health is that this is an important, vital debate, that is necessary to demonstrate what constitutes evidence and therefore proof that public health interventions are effective. The application of evidence criteria has taken much public health discussion down a path implying scientific rigor. Evidence as a topic may be debatable, but arguable most public health practitioners feel a strong need to either justify their actions or demonstrate to others that their field of application is one with tangible benefits to the public. Still, there are many, particularly in health promotion who believe that "evidence", the very word, is inappropriate in evaluating much of public health practice.

What is most useful about the evidence debate is how it has served to broaden the discussion on evaluation of community-based public health interventions. Today, perhaps more than ever, public health practitioners are aware of the social and cultural context in which they carry out their work. This awareness applies at all levels of society. At the local level we are sensitised to local needs and public understandings of health. At the global level we recognise the incredible diversity of nations in terms of economic development and cultural beliefs. Despite this accepted awareness of the great diversity in populations, some may still hold the belief that the evidence discussion is not affected by the contextual diversity. However, those who have been engaged in the evidence debate now recognise that the cultural bias of the evidence discussion must be taken into consideration. Notions such as "evidence," "effectiveness," "investment," "stakeholder," are rightly viewed as Western derived, European-American, and in many ways Western concepts. These concepts developed largely out of Western philosophical writings of the past two centuries and the epistemological underpinnings fostered by the development of logical positivism. The idea of evidence emerging from experimental design is a historical product of this approach. What characterises these efforts at a collective interpretation is their scale and complexity. They are the results of relatively large numbers of people working assiduously at their task, over considerable periods of time, often producing volumes of manuscripts and detailed analyses of extant literature. It is important to emphasise that these approaches are labour intensive; they require time, dedication and considerable funding.

The size and scope of Western efforts to carry out and continue the evidence debate raises a serious question for the economically developing world. Are there debates about the nature of evidence in the non-Western world to parallel those being pursued in the industrialised West? A few global meetings have been held to address this question. In Mexico City, at the 5th Global Conference on Health Promotion, efforts were made to bring all countries and perspectives into the debate. Members of an ad hoc working group on evidence called for a global workgroup responsible for creating a plan for the development of evaluation globally. More recently, international organisations such as WHO, PAHO and the IUPHE have taken up this charge to develop global standards for the evaluation of evidence in public health and health promotion interventions. It is early days; the challenges are great. It remains to be seen how the evidence debate will be carried out at the global level.
REFERENCES


