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Health and human service organizations are under enormous pressure to implement and sustain evidence-based service practices. The question “What works?” rises in stridency in the face of sudden fiscal austerity, discussions of the gap between research and service practice, and growing consumer discontent with America’s health and human service systems. Attempts to answer this question have focused primarily upon outcome research (the measurable effects of a particular intervention) and impact research (the effects of an intervention on intermediate variables linked to those outcomes). In their new text, *Process Evaluation for Public Health Interventions and Research*, Allan Steckler and Laura Linnan and twenty-three distinguished collaborators argue that process evaluation (the degree to which a studied intervention was implemented as designed) is a critical missing ingredient in the evaluation of public health interventions. The authors then detail the methods and findings of some of the largest and most rigorous process evaluations studies ever conducted.

Steckler and Linnan begin their book with an introductory chapter on the history of process evaluation that is followed by four sections describing twelve process evaluation studies. The first section includes chapters on process evaluations of local community projects, i.e., Oklahoma City’s the HEART of OKC teen pregnancy prevention program; the Sun Cool skin cancer prevention program implemented at public swimming pools in local communities throughout the United States; New Mexico’s school-based Adolescent Social Action Program (ASAP), an alcohol-risk reduction program; and North Carolina’s church-based Partnership to Reach African Americans to Increase Smart Eating (PRAISE), a cancer risk reduction program. The second section includes two chapters on process evaluations conducted in the workplace. The first summarizes the process evaluation findings of the Working Well Trial conducted at 114 worksites in 16 states.

The second chapter details the evaluation process used within the Health Works for Women project in nine North Carolina work sites. Section three contains

chapters on process evaluations conducted of school-based intervention programs: Safer Choices (a sexual risk reduction program in California and Texas), Bringing it Home (a dietary improvement program utilizing school children as “health messengers” to low-income African American parents), and Pathways (a nutrition and exercise program for Native American children in Arizona, New Mexico, and South Dakota). The third section of the book has three chapters that describe large national or state process evaluations efforts. Included in this last section are descriptions of the process evaluations of Minnesota’s Statewide Tobacco Endowment Process Evaluation Study control program, the Indian Health Service’s National Injury Prevention Program, and the National Folic Acid Campaign. Each of these chapters is similarly organized (summary, details of the process evaluation implementation and major findings, and lessons learned). The chapters are written with a particular eye toward their potential helpfulness to the reader. Editorial discipline (not always evident in such collections) has resulted in a tightly organized and highly readable text.

In their introduction, Steckler and Linnan emphasize the dangers of drawing conclusions from outcome evaluations of programs that have been improperly implemented. Poor implementation can lead to such problems as “drift” from the prescribed intervention, inadequate or amplified doses of the intervention, hidden aspects of an intervention that influence outcomes, and ambiguity over the active ingredients within an intervention. Steckler and Linnan argue that adding process evaluation features to traditional outcome evaluation projects can help avoid such errors, and that process data is essential to the accurate interpretation and limitation of traditionally defined “hard” data. For those unaware or skeptical of the value of process evaluation, Steckler and Linnan provide cogent arguments for the role of process evaluation in understanding how and why public health interventions work or fail to work. Given the considerable resources required to conduct complex public health

outcome studies, using process evaluation to validate implementation integrity (e.g., specification of intervention ingredients, manualization of intervention protocol, competency-based training of interveners, and fidelity monitoring) will likely become an early (before enrollment and randomization) and essential step in the conduct of such outcome studies.

The editors define and discuss seven components of process evaluation: 1) context (environmental influences on intervention implementation), 2) reach (proportion of targeted participant participation), 3) dose delivered (intervention units provided by service providers), 4) dose received (intervention units received by service participants) 5) fidelity (adherence to intervention delivery protocol), 6) implementation (composite rating of the execution and receipt of the intervention), and 7) recruitment (participant identification and engagement). The editors also describe a ten-step process for planning and conducting process evaluations that many readers will find helpful.

There are several potential audiences for *Process Evaluation*. It will very likely become a methods text for graduate students who will appreciate the book’s clarity and practicality. It will be read and revisited by those management consultants and research scientists who make their living conducting program evaluations. They will appreciate the wealth of details on process evaluation methods as well as the many sample instruments included within the text. Others who will find this book helpful include the policy analysts, planners and administrators who fund and monitor evaluation projects as well as those who manage and supervise the agencies within which these research projects are implemented. While the book focuses specifically on public health interventions, the methodological issues and strategy discussions are clearly relevant to the broader spectrum of process evaluation activities within the health care, human service, educational and correctional institutions.

There are many things that will distinguish this text. Selecting and arranging the chapters by different organizational contexts reflects the understanding that such contexts profoundly influence how process evaluations should be planned and implemented. This will allow readers to focus on process evaluation strategies within their own contexts while gaining what has been learned from process evaluations conducted in other settings. The quality of the projects selected to appear in this text is also noteworthy. The editors did an excellent job in selecting process evaluation projects that, while reflecting a high degree of quality, also reflect considerable diversity of theoretical models and implementation strategies. One leaves this book with the expanse of process evaluation approaches, rather than variations on one approach. It is this aspect that will make *Process Evaluation* an ideal primary text or reader within a graduate course in public health planning and evaluation. If there is anything missing in *Process Evaluation* it is information on the special constraints of doing process evaluations of small projects that are not linked to larger federal- or state-funded interventions.

The most distinguishing feature of *Process Evaluation* is the last section of each chapter. By asking each of the collaboration teams to conclude their contribution with a reflection on “lessons learned,” Steckler and Linnan have elicited some of the most important (and painful) discoveries made by those who have conducted process evaluations. The “lessons learned” sections contain many

shared themes, including the value of: involving stakeholders in planning the process evaluation; accurately assessing organizational and individual capabilities at each study site; assuring adequate time, financial and technical resources for automated data reporting; creating flexibility within the study design (to accommodate programmatic changes over time); using or modifying existing instruments/procedures when possible; pilot testing all instruments and procedures; using particular evaluation techniques (e.g., site visits and structured observations); deciding how each piece of data will be used before it is collected; reducing the burden of data collection and reporting requirements (“Get more out of less data”); investing significant energy to train and retrain the field staff responsible for data collection; eliciting early commitment to use generated data; and providing brief, field-friendly feedback (reports and debriefings) early and often. The “learned lessons” discussions would by themselves be worth the price of the book. They might also be beneficially used as required reading for everyone involved in a newly funded evaluation study.

The literature on the design and conduct of process evaluations of public health interventions has increased considerably since the mid-1980s. Allan Steckler and Laura Linnan have added an important new contribution to this literature.