

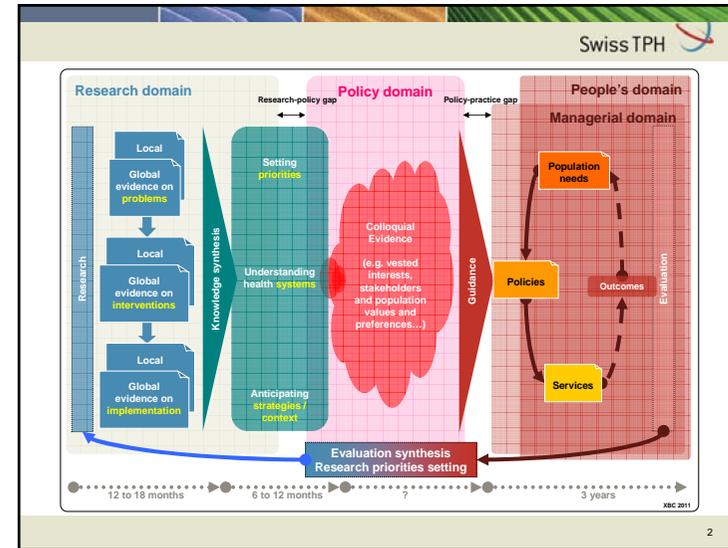
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 Swiss Tropical and Public Health Institute
 Schweizerisches Tropen- und Public Health-Institut
 Institut Tropical et de Santé Publique Suisse

Swiss Public Health Conference

IS PUBLIC HEALTH POLICY INFORMED BY SCIENTIFIC EVIDENCE? THE EXAMPLE OF OBESITY PREVENTION IN CHILDREN & ADOLESCENTS

(3) Translating evidence into policy

Lausanne 30th August 2012
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Swiss TPH

I. What do policy makers need?

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Swiss TPH

Gesundheitsförderung Schweiz
 Promotion Santé Suisse
 Promozione Salute Svizzera

Application des mesures cantonales de policy dans le domaine «Poids corporel sain»

Check-list et catalogue de mesures

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2 Check-list

La check-list suivante devrait aider les cantons à choisir et appliquer les mesures de policy adaptées à leur situation. Ce sont les considérations suivantes qui sont fondamentalement au cœur de cette liste:

- Quel est le *besoin d'action* dans le canton?
- Que sait-on de l'*efficacité* des mesures de policy prises en considération?
- Quelles chances les mesures de policy choisies ont-elles d'*être réalisées*?

Nous avons déduit de ces trois questions générales des critères et des questions qui doivent en faciliter la réponse.

(1) Besoin d'action (problem)

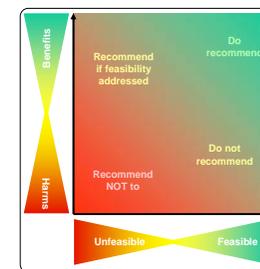
- a) Problem analysis
- b) Implementation stage

(2) Efficacy

- a) Efficacy evaluation

(3) Feasibility

- a) National capacity
- b) Departmental capacity
- c) Decision board capacity
- d) Political acceptance
- e) Lobby (canton)
- f) Opportunity window
- g) Timeframe



II. What do policy makers get?

The problem (from the background)



greater social inequality associated with a higher risk of obesity in most developed countries but in most developing countries the reverse relationship is observed

In developed countries there is a significant trend observed between obesity and lower socio-economic status, while in some developing countries the contrary is found

This review involves assessing educational, behavioural and health promotion interventions.

What is intended? (from the Methods)

In addition, [...] we have attempted to include:

- information related to not only the impact of interventions on preventing obesity, but also
- information related to how outcomes were achieved,
- how interventions were implemented,
- the context in which they were implemented and
- the extent to which they work equitably



(cont.)

We included data from controlled trials (with or without randomisation)

We collected data on indicators of intervention process and evaluation, health promotion theory underpinning intervention design, modes of strategies and attrition rates from these trials.

We also sought factors related to intervention development, implementation process, equity and sustainability



Results

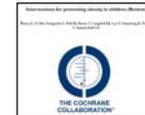
The lack of analysis by a measure of equity or SES limits our ability to assess the effectiveness of the interventions in reducing health inequities.

In this sub-set of studies, participants are from Thailand, USA (African American, Native American, Latino), France and Scotland, allowing us to assess the utility of approaches in a variety of contexts.



Is global evidence global?

55 studies



50 HIC: USA (26), UK (6), Australia / New Zealand (4), France (4), Canada (2), Germany (2), Netherlands (2), one each in: Belgium, Italy, Spain, Sweden

4 UMIC: Brazil (2), Chile (1), Mexico (1)

1 LMIC: Thailand (1)

0: LIC

Is the problem framed? (from Intervention design and theoretical basis)

theoretical basis was only explicitly reported in one [...]. Despite this, we can surmise that behaviour change theory informed the design of five of the studies [...], while environmental change models seemed to inform the design of two of the studies [...]. The predominant theories were behavioural, although a variety of other theories

described the development of their intervention in significant detail which involved an initial pilot to explore feasibility and acceptability

A range of behaviour change theories informed the design of five of the studies [...], while a socio-ecological framework was used [...] and possibly also [...]



Is equity addressed?



A total of six studies included analysis of outcome data by PROGRESS items other than gender

When analysing outcome data, only four of the eight studies analysed results by any of the PROGRESS items.

The lack of analysis by a measure of equity or socio-economic status limits our ability to assess the effectiveness of the interventions in reducing health inequities,

Is the 'why' understood? (from Process evaluation)

All four of these studies recorded either hours of attendance of participants or number of sessions completed.

Many studies recorded programme attendance or number of sessions completed in order to estimate exposure [...] A related concept measured is adherence to the intervention programme.

These studies recorded programme attendance and/or adherence to instructions by participants

Four studies planned a more detailed process evaluation into their measures for their intervention.



Are resources described? (from Resources needed)

five studies provided more specific information about resources required for implementation [...] **no studies included a formal economic evaluation**

Twenty-eight of the 39 studies included information about the resources required to deliver the intervention, however the level of detail varied considerably [...] **no studies included a formal economic evaluation**



Implementation issues (from Strategies to address disadvantage/diversity)

three incorporated strategies to address disadvantage or diversity.

Of the 39 studies, 15 incorporated strategies to address disadvantage or diversity.

Of the eight studies only one incorporated strategies to address disadvantage or diversity.



Discussion and conclusions

We believe this information is required to move beyond simply the question of what works in obesity prevention, to the other important questions of how it worked, will it work in another context or under different conditions, and is it feasible or appropriate for others to implement. [...] often the detail required to answer these questions is not available in the published papers. This leaves practitioners and policy-makers without the critical information needed to achieve successful implementation of the effective interventions [...]

we lack the knowledge of which specific intervention components are most effective and what is affordable and cost-effective.



Implications

Process data should also be measured and reported, including data on **appropriateness, implementation, feasibility, acceptability, sustainability** and **context**. **Economic data** are urgently needed and costs relating to conducting the intervention should be measured and reported, with formal economic evaluations undertaken where possible.



III. Synthesis

John N. Lavis^{1,2,3,4*}

Table 1. Examples of the types of systematic reviews needed in different steps in the policymaking process.

Steps in a Policy-making Process	Sub-Steps that Involve Acquiring Data and/or Research Evidence	Examples of the Types of Systematic Reviews That Can Be Acquired
Defining the problem	Identifying indicators to establish the magnitude of the problem (or the factors that contribute to it)	Reviews of observational studies (e.g., administrative database studies, community surveys)
	Making comparisons (over time, across settings or against plans) to establish the magnitude of the problem (or the factors that contribute to it)	Reviews of observational studies (e.g., administrative database studies, community surveys)
	Highlighting alternative framings of the problem to assist with mobilizing support among different groups to address the problem	Reviews of qualitative studies that examine stakeholders' views about and experiences with the problem (e.g., studies in which narrative data are collected from individual or groups of "informants" through interviews, focus groups, participant observation, or from documents)
Assessing potential policy and program options	Identifying policy and program options that could affect the problem (or the factors that contribute to it)	(Frameworks embedded in) Reviews or overviews of systematic reviews of any type if frameworks were used to organise the search for, and presentation of, research evidence (e.g., as theories and frameworks that are the focus of articles/reports in their own right)
	Characterizing the positive effects (benefits) of each policy option	Reviews of effectiveness studies (e.g., randomized controlled trials, interrupted time series)
Identifying implementation considerations	Identifying potential barriers to implementation at the level of patients/consumers, health workers, organizations, and systems	Reviews of observational studies and/or reviews of qualitative studies
	Characterizing the effects of appropriately targeted implementation strategies	Reviews of effectiveness studies

Research question

Participants
Intervention
Comparison
Outcomes
Time

Health systems guidance

Timely
Organisation
Problem driven
Implementation
Context

