

Guideline for evidence summaries for health promotion and disease prevention interventions

This guideline is for evidence summary authors from the Public Health Branch, Department of Health (DH). However, with revisions to membership of governance structures could easily be used by authors from other government departments. It should be used alongside “Making decisions about health promotion and disease prevention interventions for policy and practice” and the “How to search for evidence of intervention effectiveness and cost-effectiveness” tool. This guideline documents both content and process for the evidence summaries.

Definition

An evidence summary is defined as a short summary of the best available evidence on a defined question, with consideration of implications for policy, practice and research. It aims to help policy makers and practitioners use the best available evidence in their decision-making about interventions. These evidence summaries are written within government with the input of content experts as well as those with expertise in research, policy and practice.

Audience

The audience for these evidence summaries is anyone that needs to make decisions about health promotion or disease prevention interventions. This could include Government departments (e.g. DH, DEECD, DPCD) or other organisations (e.g. VicHealth, Regions, Primary Care Partnerships, local government).

Availability

These evidence summaries will be available on the Health Promotion website - http://www.health.vic.gov.au/healthpromotion/evidence_evaluation/cdp_effectiveness.htm.

Governance

The process for development of evidence summaries is guided by the following governance and accountability mechanisms. These include:

Local Project Management Group

Purpose: To determine who is doing which reviews and to create a system for updates and maintenance.

Frequency of meetings: Every month (may be included as part of the Unit Management Team Meeting)

Membership:

Assistant Director, Health Development Unit (Chair),
Manager Evidence, Evaluation & Policy, HDU
Policy & Program Managers, HDU

Project Advisory Group

Purpose: To advise on the process of development and dissemination of specific evidence summaries;
To advise on policy implications of the interventions reviewed.

Frequency of meetings: 4-6 weekly

Membership:

Assistant Director, Health Development Unit (HDU) - Chair,
Manager Evidence, Evaluation & Policy, HDU
Relevant Policy & Program area representatives, HDU
Senior Public Health Advisor or delegate, Office of Director, Public Health Branch
Other DH Program area representatives where relevant
Content area expert (e.g. State Public Health Nutritionist for nutrition-related summaries) – this is a temporary position, depending on topics being discussed
Representative of Regional Public Health Managers

“Sign-off” of individual evidence summaries before dissemination

- Director Public Health on recommendation of Project Advisory Group
- Sign-off may need to be higher (Executive Director, Minister) depending on content and policy implications – to be decided by Assistant Director HDU on advice of Project Advisory Group and/or Director Public Health
- Memo for sign-off needs to include details of process and consultations undertaken

Content Advisors, e.g. Nutrition & Physical Activity

Purpose: To advise on the evidence used to develop the content of the summaries.

Frequency of meetings: As needed, most work could be done via email and review of drafts

Membership:

Policy Officers, HDU
Senior Public Health Advisor or delegate
State Public Health Nutritionist
Health Intelligence Unit delegate
External experts as required
Regional Health Promotion Officer(s)

Content & Process

1. Define the question

Define the question as:

Is intervention A effective in the promotion/prevention of risk factor/disease B? or
Is intervention A cost-effective in the promotion/prevention of risk factor/disease B? or
What approaches A work to promote/prevent risk factor/disease B?

2. Specify your inclusion criteria

This will help guide your search for evidence and also help in formulating and revising your question. For each question try to specify the following:

- Population
- Interventions
- Comparisons, e.g. no intervention, other programs, treatment programs
- Outcomes
- Study types, e.g. systematic reviews, economic evaluations

See: "How to search for evidence of intervention effectiveness and cost-effectiveness" for more help with this. You should also specify any exclusion criteria used, if any, e.g. studies published before 1995.

3. Search strategy and sources of studies

Start first with good quality, high level evidence syntheses or summaries of systematic reviews conducted by respected bodies, e.g. "Getting Australia Active (1 and II)", Health-evidence Canada (www.health-evidence.ca), NHS Centre for Reviews and Dissemination (www.crd.york.ac.uk). Your program team may be aware of these and you can also ask the library to help. If you're unsure if a pre-existing synthesis is 'good quality' seek the advice of the Evidence, Evaluation and Policy team and your program area team. If recent, sound, relevant material of this type is identified the search stops. You may also use one of the Health Development Unit's own rapid reviews as a source for an evidence summary. If not or it needs supplementing, search for systematic reviews or meta-analyses. Systematic reviews are characterised by explicit inclusion criteria, search strategy and methods. They may or may not include a quantitative synthesis of the results of the primary studies – a technique known as meta-analysis. Websites to find systematic reviews are listed in "How to search for evidence of intervention effectiveness and cost-effectiveness". If nothing is found, the search strategy is broadened to go progressively down the levels of evidence.

The evidence of effectiveness should be supplemented with economic evaluations (cost-utility, cost-effectiveness or cost-benefit) where available. Websites to find these are listed in "How to search for evidence of intervention effectiveness and cost-effectiveness". Results coming out of the Assessing Cost-Effectiveness in Prevention (ACE-Prevention) project may also be helpful and are applicable to the Australian context – see the Evidence, Evaluation & Policy team for more information.

When summarising the resources searched, specify the date and/or issue last searched and search terms used where relevant. This will allow quality assurance checks. It will also inform future updates of the evidence summary.

Assess the literature you've found against your inclusion criteria. Seek a second opinion if in doubt. Enter all included references in your Endnote database.

4. Review the studies

Read the studies/reports. It may be useful to prepare summaries of the results of the included studies but this is time consuming. Regardless, any systematic reviews included should also be summarised in a table to aid future evidence summaries (see Evidence, Evaluation & Policy team for more information). Include the reference and a description of the study against the inclusion criteria (participants, intervention/s, comparisons, outcomes, study types). When reporting results make sure that you also include detail of what didn't work.

Sometimes research can be more likely to be biased if it is sponsored by vested interests. If this is obvious please include a statement as to the funding source.

Seek the help of the Content Advisors to review the results and list of included studies (see 'Governance' section).

5. Assess the intervention/s against the following criteria

- Strength of evidence
- Impact on health inequalities
- Feasibility
- Acceptability to stakeholders
- Sustainability
- Potential for side-effects
- Reach

Use "Making decisions about health promotion and disease prevention interventions for policy and practice" to help you with this. You may like to present this in a table. This information will help guide the policy and practice implications sections (points 6 and 7 below) and future implementation.

For strength of evidence seek the help of a researcher if needed. Assessment against the other criteria is usually subjective and it is best if these assessments are done with the input of the Project Advisory Group (see 'Governance' section).

6. Consider the policy implications of the research

Again this is subjective and best done with the input of policy makers in the particular area – a small group discussion allows brainstorming and bouncing off of ideas. Seek the help of the Project Advisory Group.

Consider:

- Which level of government and which department or service will be required to make changes if this intervention is to be implemented?
- What kind of change will they need to make?
- Which other stakeholders will they need support from?
- Are there implications for the workforce?
- Will other programs/interventions be affected?

Keep it simple and use dot points to present.

7. Consider the practice implications of the research

As above but the input of practitioners as well would be helpful. Seek the help of the Regional Public Health and Health Promotion Officers. This step may also include some targeted consultation with outside stakeholders.

Consider:

- Which agencies/sectors will need to be involved?
- What is the nature of their involvement?
- Which practitioners will need to be involved?
- Is it a different way of working?
- Will training be required?
- Will other work need to be dropped? (Consider only in the context of ineffective interventions that are within the scope of this summary).
- What other factors need to be in place for this intervention to work? For example, if this is a mass media campaign it needs to be part of a multi-intervention strategy/package.
- What is known about the cost of delivery?
- What is the current scope of implementation now? Is it just a matter of improving the scale or quality?

Keep it simple and use dot points to present.

8. What are the research gaps

Consider what the included studies identify as a research need.

Consider study types, population groups etc that were missing from your search.

Is there research on impact on health inequalities?

Are all of the health promotion action areas covered by the research?

Consultation

Who is consulted and how should be determined by the Project Advisory Group.

Dissemination

A full dissemination strategy should be prepared by the Local Program Management Group in consultation with the Project Advisory Group.

Review

Specify a date for formal review and update of the evidence summary – not less than 2 years in the future. This could be recorded on the summary itself or for internal use.

File: Guidelines for evidence summaries for health promotion & disease prevention interventions
V2.doc

Date this guideline was last updated: 6 November 2009

Suggested citation for this guideline:

Haby MM. Guideline for evidence summaries for health promotion and disease prevention interventions. Health Development Unit, Victorian Government Department of Health: Melbourne, 2009.

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Template for Evidence Summaries

Background and Question / The case for action

Include one brief statement that gives the question context. At the end of this section include the statement: "This evidence summary gives an overview of the evidence to date on (state the question), together with implications for policy, practice and research."

The evidence to date

This is the answer to the question. Summarise the evidence of effectiveness and cost-effectiveness in dot points. Include the best available reference/s for each point – in terms of strength of evidence. Also state clearly what didn't work. Use a separate heading for this if relevant – "What does not work?" It may also be relevant to add a heading for "Shows promise" or "Has potential". This is only recommended for areas where high-quality research evidence is lacking but a decision needs to be made.

Implications for policy and practice

Summarise using dot points

Research gaps

Summarise using dot points

Description of the intervention/s (optional)

If possible summarise what's involved in the intervention in terms of frequency, duration, who/how delivered, participants (including age) etc

Methods

Specify the inclusion criteria, main study type/s included, resources searched, date and/or issue last searched and search strategy where relevant (this will allow updating of the summary).

Results

Give an indication of the number of potentially relevant studies found and how many met the inclusion criteria.

References

Only include references that meet the inclusion criteria and/or that are cited in the text. Use the Harvard system of referencing. Indicate with a * which references are systematic reviews.

Authors of this summary: List the main authors. Other contributors can be added as an acknowledgement.

Date this summary was last updated:

Suggested citation for this evidence summary:

Victorian Government Department of Health. Title (e.g. Increasing fruit and vegetable intake for children aged 5 to 12 years – what works?) An Evidence Summary. Health Development Unit, Victorian Government Department of Health: Melbourne, 2009.

For further information on this summary contact:

Health Development Unit, Public Health Branch, Department of Health

This summary along with others in the series are available electronically at:

http://www.health.vic.gov.au/healthpromotion/evidence_evaluation/cdp_effectiveness.htm