

Scaling population health interventions: experiences and perspectives of policy makers, practitioners and researchers

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Health

1. Background

- The transfer of new knowledge from research into policy and practice continues to be sub-optimal (Productivity Commission, 2010)
- On average, it takes over 6 years for research evidence to reach reviews, papers, and textbooks, and a further 9 years for this evidence to be implemented into practice (Balas & Boren, 2000)
- The lag between evidence generation and implementation is a considerable impediment to population health improvement as it denies or delays community access to effective services (Sanson-Fisher et al 2008; McKeon, 2013; Milat et al 2011)

1. Background (ctd)

- Scaling up is the process by which health interventions shown to be efficacious on a small scale and/or under controlled conditions are expanded under real world conditions into broader policy or practice (Milat et al 2012; Milat et al 2014)
- The concept of scaling up is different from routine adoption as it involves an explicit intent to expand the reach of an intervention to new settings or target groups.
- The issue of how best to scale up health interventions has been receiving some recent attention, particularly in the global health literature (WHO, 2010; Milat et al 2011; Norton & Mittman, 2010)
- Little is known about how policy makers and practitioners actually make decisions about whether to scale up interventions and the role of evidence in these decisions.

Research objectives

Objectives of the current study were to examine:

1. how decisions to scale up population health interventions are made in practice;
2. the role that research evidence plays in informing decisions to scale up promising interventions; and
3. the roles policy makers, practitioners, and researchers play in the process of scaling up population health action.

2. Methods

Steps in the research process

Delphi process

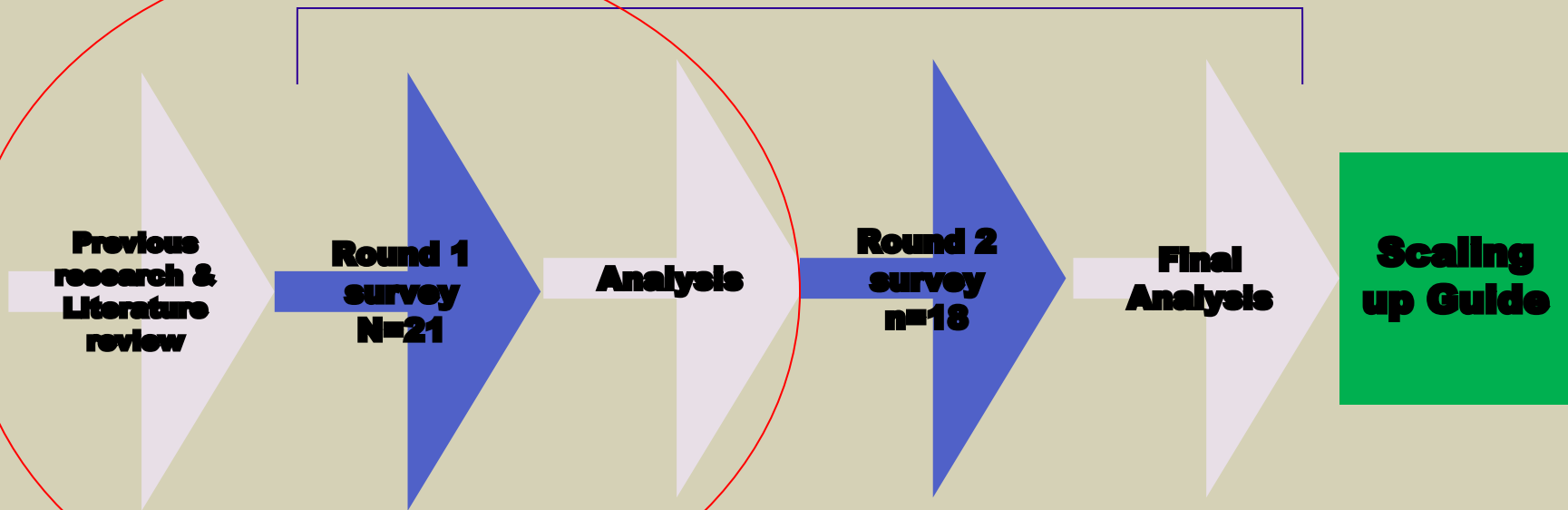


Figure 1: Key Steps in the Study

Semi-structure interviews/surveys

- Semi-structured telephone interviews for Australian respondents and self-administered survey for international respondents.
- Covered topics including:
 - Experience with scaling up
 - Scaling up decision processes
 - Influences on scaling up decision processes
 - Key success factors and barriers to scale up
 - Role that evidence plays in scale up
 - Roles policy makers, practitioners and researchers play in scale up processes
- A two-stage qualitative ‘thematic analysis’ method

Respondent characteristics

- 25 experts invited, 21 participated (84% response rate):
 - n=7 senior policy makers with experience at the regional, state, national and international level (mean exp=18 yrs).
 - n=7 senior practitioners / service managers (mean exp=17.4 yrs).
 - n=7 senior researchers from a range of Australian and international universities were experts in a broad range of public health fields (mean exp=22.1 yrs).
- Respondents mainly from Australia, but also from Asia, United Kingdom and the United States.

3. Results

Table 1 The type of interventions that were scaled up into broader policy and practice

Health issue	Intervention type	Setting	Target population	Size of intervention	Country
1. Healthy eating	Policy & practice change in Canteens	Schools	Children	State-wide	Australia
2. Physical activity	Brief intervention	Primary care	Adults	Local	Australia
3. Physical activity	Exercise classes	Community	Adults	National	Brazil
4. Healthy eating & physical activity	Policy & practice change and provider training	Childcare	Children	Local	Australia
5. Healthy eating & physical activity	Lifestyle modification program	Community	Adults	State-wide	Australia
6. Healthy eating & physical activity	Policy & practice change and curriculum support	Schools	Children	State-wide	Australia
7. Healthy eating & physical activity	Policy & practice change and provider training	Childcare	Children	Local	Australia
8. Diabetes	Lifestyle modification program	Primary Health Care	Adults	Local	Australia
9. Healthy eating and physical activity	Whole of school policy & practice change	Schools	Children	National	Fiji
10. Healthy weight	Lifestyle modification program	Community	Children	State-wide	Australia
11. Chronic disease management	Lifestyle modification program	Community	Adults	State-wide	Australia
12. Chronic disease risk factors	Brief interventions and referral	Community health services	Adults	Local	Australia
13. Chronic disease risk factors	Brief interventions	General practice	Adults	National	Australia
14. Chronic disease risk factors	Brief intervention and referral	Community health services	Adults	Local	Australia
15. Chronic disease risk factors	Policy, practice change, workforce development	Local government/ community	Adults and children	State-wide	Australia
16. Diabetes prevention	Lifestyle modification program	Health services	Adults	National	USA
17. Diabetes prevention	Lifestyle modification program	Primary health services	Adults	Local	Australia
18. Tobacco cessation	Mass media campaign	Community	Adults & young people	State-wide	Australia
19. Binge drinking	Government sponsorship of sport and social marketing campaign	Community	Young people	National	Australia
20. Falls prevention	Website & group based exercise/education program	Community	Adults	State-wide	Australia

Involvement in the decision-making and implementing of scaling up

- Number of times involved in scaling up decision processes:
 - Policy makers: most frequently reported 10 or more cases
 - Practitioners: most frequently reported 6 or more cases
 - Researchers: range 1- 6 cases

- Responsible for implementing scaled-up interventions:
 - Policy makers 7/7
 - Practitioners 7/7
 - Researchers 2/7

Scaling up decision processes

***Decision processes:** processes by which decision makers identify information, evaluate alternatives, and make decisions on courses of action.*

- Policy makers described the process of constructing a case for action for the consideration and endorsement of political leaders and senior executives i.e. parliamentary, ministerial, and executive briefings.

Scaling up decision processes (ctd)

- Scale up decisions were almost always subject to processes of either internal and/or external consultation through organisations and/or stakeholder networks.

'We formed a clinical advisory group with clinicians to formulate the model of care. Then we rolled it out. We then formed partnerships with ...community health services. We formed partnerships with their executives where they gave us local advice' (Practitioner/Service Manager).

The role of evidence in scaling up processes

- Most scaling up decision-making processes involved consideration of a variety of information sources, not just research evidence.
- Decision makers noted that in most cases there were large gaps in the available evidence
- There remains a paucity of policy and practice relevant forms of evidence, particularly intervention research that details intervention effectiveness, costs and implementation issues.

The role of evidence in scaling up processes (ctd)

- Policy maker often described the need to search the grey literature and parallel evidence from other settings, and often relied on practitioner knowledge and expert advice to fill in these gaps.

‘Plenty of critics were happy to say “well it’s never been done before, how do you know it will work?” That’s the reality of any large scale population-based intervention. Someone has to do it first. Someone had to legislate to make us wear seatbelts first’ (Policy maker).

The role of evidence in scaling up processes (ctd)

- Where research evidence was available, decisions were generally based on a body of evidence rather than a single study.

'The government doesn't just make decisions on the basis of one research project... but about the overall body of evidence... And so I think in terms of research evidence in general, I think it had quite a strong influence but it's not just the only factor, so it's a kind of necessary but insufficient condition' (Researcher).

- Locally generated intervention research evidence was highly valued by policy makers and practitioners as it was perceived to be contextually relevant and more likely to translate into practice.

Role of researchers

- Researchers played an important role in bringing evidence to the attention of opinion leaders and decision makers, by providing independent expert opinion and by advocating for particular interventions or issues.

*'I think they have been particularly critical in my experience because they can be that expert independent voice that is needed sometimes that you can roll out. Basically, a face behind the paper or someone that can actually put a voice to a paper in front of a power broker or someone that holds power'
(Practitioner/Service Manager).*

Role of researchers

- It was clear that some researchers were more influential than others.

'There's the researchers that keep their hand in...the people I can pick up the phone to. "I've got this issue with this, have you got any evidence around this, what's your feeling... I knew their strengths and capacities. Those were the go-to people' (Policy maker).

- A number of policy makers and practitioners noted that there was little evaluation conducted by researchers on scaled up interventions

Role of policy makers

- Policy makers play important roles in shaping priorities, securing resources, and solidifying leadership and stakeholder support for action.

‘There are the political factors that they [policy makers] have to be aware of, in terms of what the political consequences may be of a program being rolled out more broadly...There are probably internal political factors that have also got to pay attention to...they are very dependent on partnerships and therefore they have got to think about what the consequences are for the important partnerships of scaling up’ (Researcher).

Role of practitioners/service managers

- Practitioners/service managers in this study described a similar role to policy makers, but on a local level

‘So I guess I lead the process as the service director. I initiated some of the earlier discussions, seeking feedback from key stakeholders and gaining that leadership support and developing those relationships to actually support the process...’(Practitioner/Service manager).

Drivers and incentives for different groups

- Effective and timely implementation of interventions in a fashion that is sensitive to key stakeholders' interests; political and community recognition were primary drivers for policy makers and practitioners
- Many researchers felt that academic systems didn't reward for participation in scale up processes.

Limitations and further research

- Study engaged only a small number of expert participants, mainly from Australia, however, most were considered international experts in their respective fields of expertise.
- A larger sample or different set of respondents may have generated differing views, however the considered approach taken in respondent selection, high response rate, and strong contributions from respondents add weight to the validity of the findings.

Limitations and further research

- There is merit in determining if the findings identified amongst this select sample of experts can be replicated with a larger and more representative sample of policy makers, practitioners, and researchers.

5. Conclusion

- In order to achieve population-wide health improvements, population health interventions that have been found to be efficacious in research must be scaled up.
- Scaling up is a frequent real world occurrence, often relying on imperfect evidence.
- At least part of the reason for the uneven dissemination of research findings into population health practice appears to be lack of information relevant to the needs of decision makers when they are managing scaling up processes.

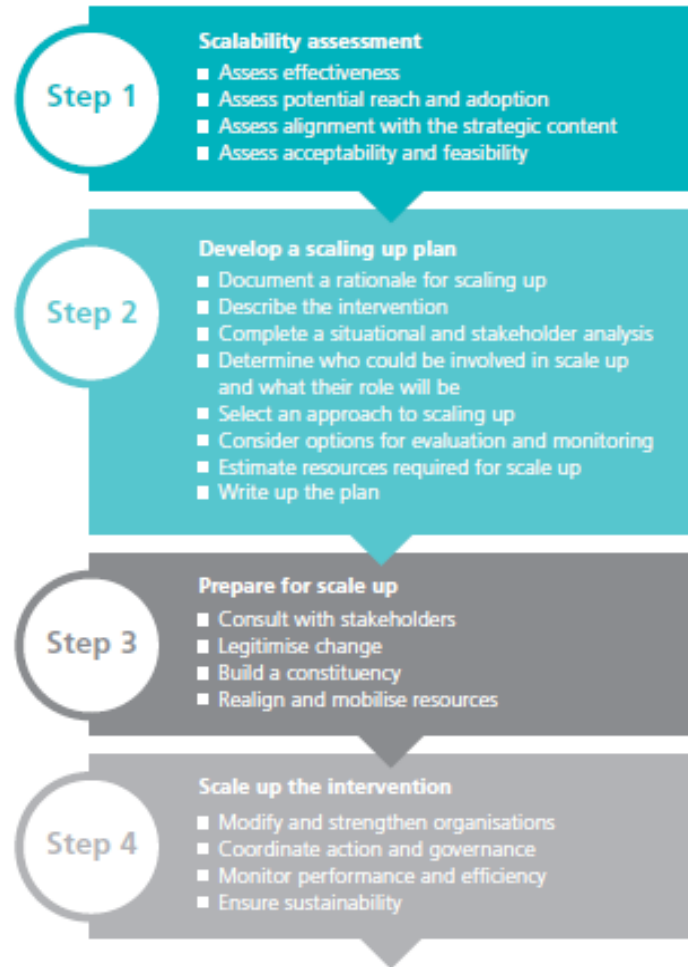
5. Conclusion

- A key evidence gap in scaling up processes is a lack rigorous intervention research that provides data on:
 - effectiveness
 - reach
 - costs of operating at scale, and
 - acceptability and fit of interventions with local contexts
- Academic performance system and associated metrics for individual researchers and research groups (number of publications, grants etc) do not always reward engagement with scaling up processes.

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FIGURE 1. Steps in the scaling up process



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