Australian Implementation Conference

Theme 3:
Fidelity, Adaptation and Scale up

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

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Background: Decisions to scale up population health interventions from small projects to wider state or national implementation is fundamental to maximising population-wide health improvements. **Aims:** Objectives of this study were to examine: i) how decisions to scale up interventions are currently made in practice; ii) the role that evidence plays in informing decisions to scale up interventions; and iii) the role policy makers, practitioners and researchers play in this process. **Methods:** Interviews with an expert panel of senior Australian and international public health policy-makers (n=7), practitioners (n=7) and researchers (n=7) were conducted in May 2013 with a participation rate of 84%. **Results:** Scaling up decisions were generally made through iterative processes, and led by policy makers and or practitioners, but ultimately approved by political leaders and/or senior executives of funding agencies. Research evidence formed a component of the overall set of information used in decision-making, but its contribution was limited by the paucity of relevant intervention effectiveness research, and data on costs and cost effectiveness. Policy makers, practitioners/service managers and researchers had different, but complementary roles to play in the process of scaling up interventions. **Conclusions:** This analysis articulates the processes of how decisions to scale up interventions are made, the roles of evidence, and contribution of different professional groups. More intervention research that includes data on the effectiveness, reach and costs of operating at scale and key service delivery issues (including acceptability and fit of interventions and delivery models) should be sought, as this has the potential to substantially advance the relevance and ultimately usability of research evidence for scaling up population health action.