
Synthesising Knowledge on Healthy Public Policy

Challenges and Methodological Perspectives

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Introduction

- The evidence-based approach seeks to ensure that solid data underpin decision-making and practices.
 - This approach is limited in public policy because of the methodologies that it favours and what usually serves as evidence.
- The NCCHPP is developing a methodology to synthesise knowledge on policy instruments, aimed at combining public health and political science.
 - Pilot project on policy instruments to fight obesity



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Presentation of the pilot project

Question and objectives

- Question
 - What policy instruments have the best chance of successfully fighting obesity in Canada?
- Objectives
 - Pinpoint and classify the policy instruments proposed to combat obesity.
 - Identify the scientific foundations for these instruments.
 - Ascertain the implications of adopting and implementing the most promising instruments, bearing in mind their nature and the Canadian context.

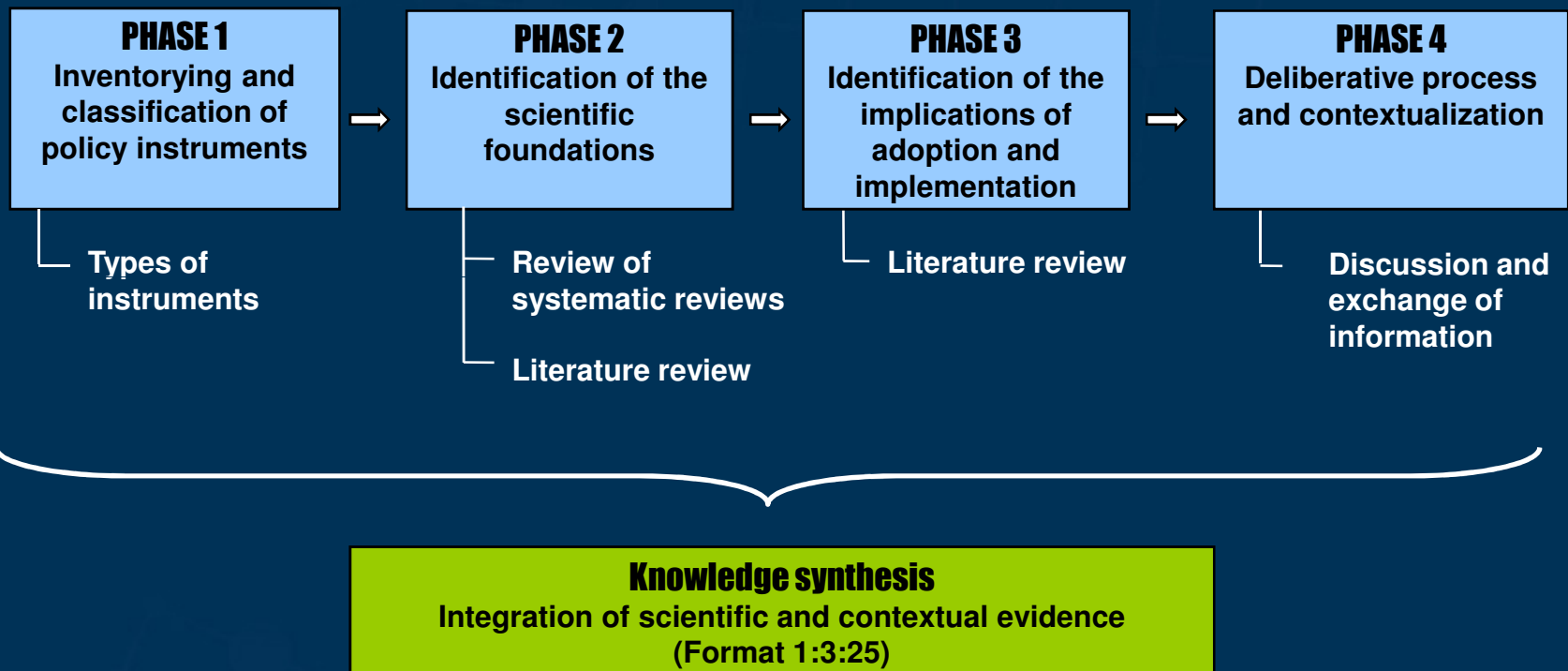


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Methodology of the pilot project



PHASE 1

Inventorying of policy instruments



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Phase 1

Inventorizing of policy instruments

- The first phase consists in inventorizing the policy instruments proposed to fight obesity.
 - We have selected a sample of instruments that we will examine in greater detail (criteria-based targeted sampling).
- The instruments were identified in two stages through:
 - a survey of instruments proposed by organizations to fight obesity in Québec, Canada and abroad;
 - a survey of instruments in scientific journals and in the grey literature.
- Once we had selected the instruments, we classified them and described them according to a taxonomy.



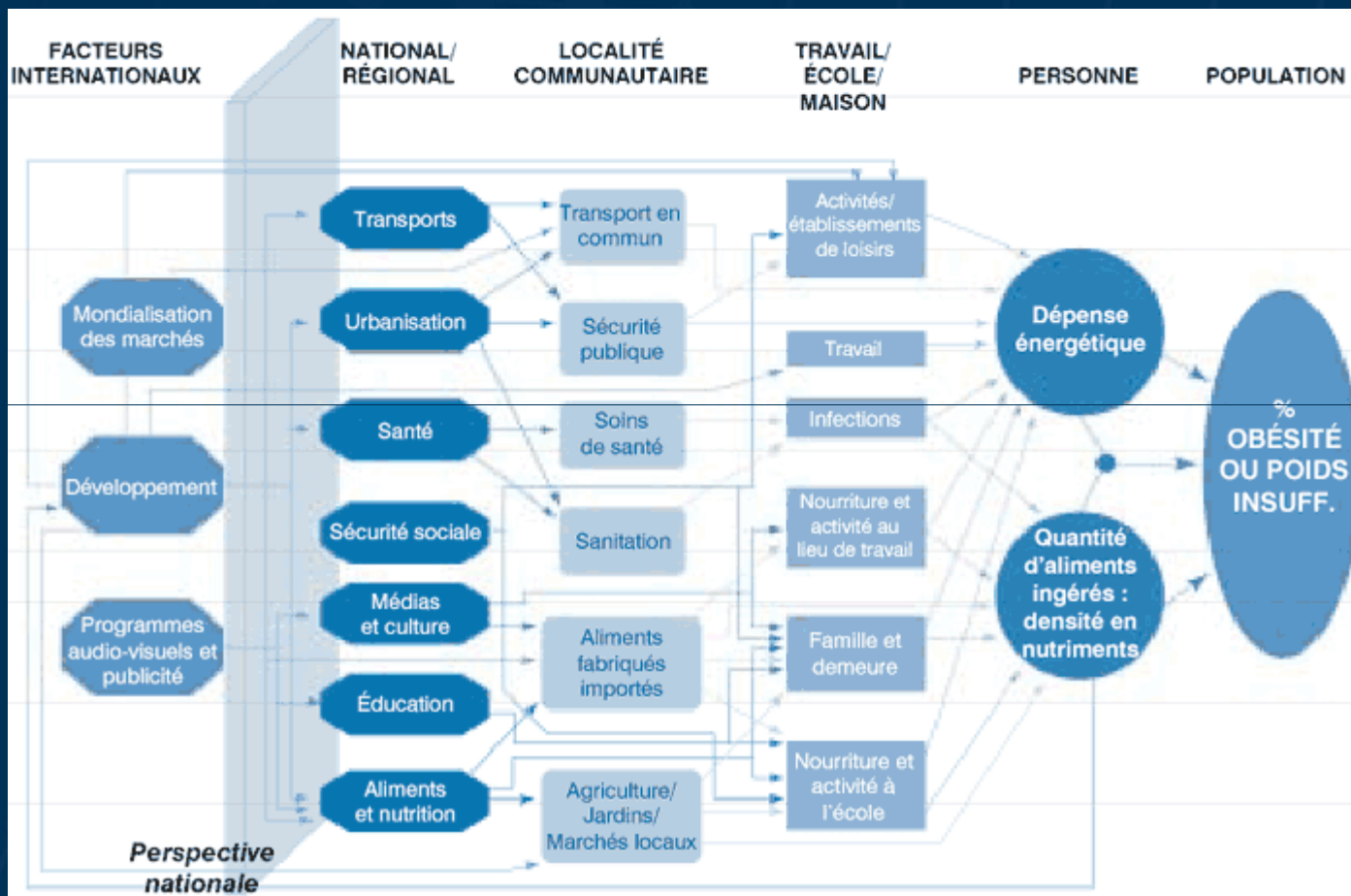
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Phase 1 (continued)

Inventorizing of policy instruments



Phase 1 (continued)

Inventorizing of policy instruments

- Examples of policy instruments
 - Regulate TV advertising aimed at children
 - Regulate the food products available in schools
 - Regulate junk food packaging
 - Establish obesity impact clauses in government policies
 - Tax junk food
 - Tax deduction for physical activity programs
 - Plan spaces that facilitate physical activity and healthy diet
 - Introduce social marketing campaigns
 - Fund research programs
 - Etc.



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Phase 1 (continued)

Inventorizing of policy instruments

- A number of taxonomies have been developed since the 1960s.
- According to Salamon (2002), these taxonomies usually emphasize four facets of policy instruments:
 - degree of coerciveness;
 - degree of directness;
 - degree of automaticity;
 - degree of visibility.



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PHASE 2

Identification of the scientific foundations



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Phase 2

Identification of the scientific foundations


- We seek to pinpoint the scientific foundations of the instruments and to ascertain their anticipated efficacy.
 - There are few empirical studies on the efficacy of the instruments.
 - How can we guide decision-making in the absence of evidence?
- There is a need to broaden the concept of evidence to include other data and information sources.

“Findings from research and other knowledge that may serve as a useful basis for decision-making in public health and health care” (OMS-Europe, 2006).



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Phase 2 (continued)

What works?

- We adopted a cascading approach.
 - A review of systematic reviews focusing on the efficacy of policy instruments in fighting obesity
 - A review of other data and information sources
- Several kinds of scientific data and information are relevant to combat obesity (Swinburn et al., 2005)
 - Observational studies
 - Experimental studies
 - Modeling (e.g. efficiency and economic analyses)
 - Parallel evidence (e.g. smoking and alcohol)
 - Theory and underlying logic
 - Informed opinions



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Phase 2 (continued)

Evaluate the quality of proof

- How can we evaluate the quality of scientific proof?
 - Empirical studies
 - Other sources of evidence and information
- Haby et al. (2006) have developed a new hierarchy to evaluate the soundness of scientific proof

Haby et al. A new approach to assessing the health benefit from obesity interventions in children and adolescents: The assessing cost-effectiveness in obesity project. *International Journal of Obesity*. 2006, 30: 1463-1475.



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Phase 2 (continued)

Evaluate the quality of proof (Haby et al., 2006)

Études de niveaux I-III	Études de niveaux IV, preuves indirectes ou parallèles, ou études de modélisations utilisant diverses méthodologies
<p>1. Preuves suffisantes</p> <ul style="list-style-type: none"> • L'effet n'est probablement pas dû à la chance ou aux biais • Preuves provenant d'études de niveau I ; plusieurs études de niveau II ; ou plusieurs études de niveau III desquels les biais et les variables confusionnelles ont pu être contrôlés. 	<p>3. Preuves limitées</p> <ul style="list-style-type: none"> • Théorie sous-jacente ou logique du programme est solide ; et • Études de niveau IV, preuves indirectes ou parallèles, ou • Études de modélisation statistique des indicateurs de résultats (ex. : IMC) en utilisant diverses méthodologies • L'effet n'est probablement pas dû à la chance ou aux biais • L'implantation d'une telle intervention devrait être accompagnée d'un programme d'évaluation
<p>2. Preuves limitées</p> <ul style="list-style-type: none"> • L'effet n'est probablement pas dû à la chance • Certains biais peuvent expliquer l'effet • Preuves provenant d'une étude de niveau II de qualité incertaine ; études de niveau III de qualité qui ont des résultats consistants. 	<p>4. Preuves faibles</p> <ul style="list-style-type: none"> • Théorie sous-jacente ou logique du programme est solide ; ou • Études de niveau IV, preuves indirectes ou parallèles, ou • Études de modélisation statistique des indicateurs de résultats (ex. : IMC) en utilisant diverses méthodologies • L'effet n'est probablement pas dû à la chance • Certains biais peuvent expliquer l'effet • Il serait utile d'entreprendre davantage de recherches et/ou un projet-pilote avant d'implanter cette intervention.
<p>5. Preuves non-concluantes</p> <ul style="list-style-type: none"> • Aucune conclusion ne peut être tirée quant à la présence ou l'absence d'effet ; seulement des études de niveau III disponibles, mais peu nombreuses et de mauvaises qualités. 	<p>6. Aucune preuve</p> <ul style="list-style-type: none"> • Aucune conclusion ne peut être tirée quant à l'efficacité de l'intervention. • Plus de recherches sont nécessaires.



PHASE 3

Identification of the implications of the adoption and implementation of these instruments



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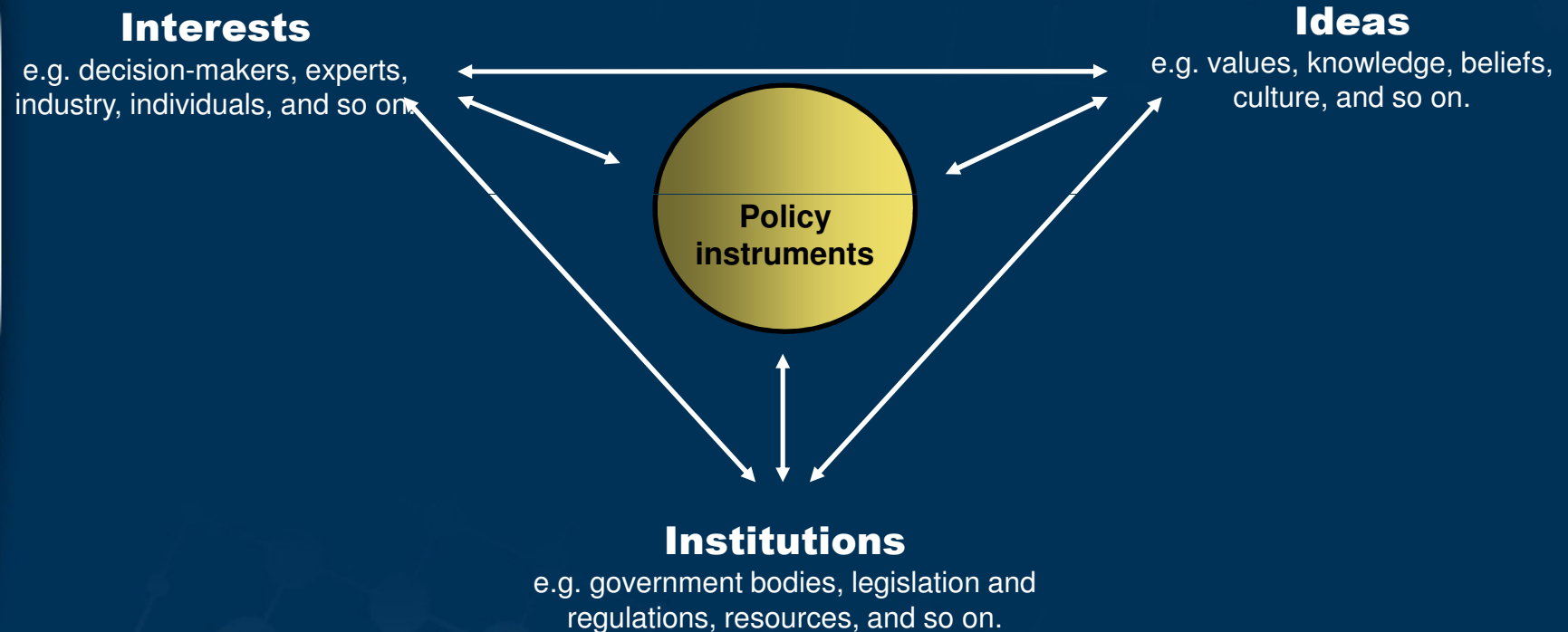
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Phase 3

In what context?

- Policy-makers and decision-makers are influenced by considerations that are not exclusively scientific.



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Phase 3 (continued)


In what context?

- Implications related to the realization of objectives
 - Efficacy
 - Fairness (resources and redistribution of the problem)
- Implications related to the means of attaining objectives
 - Costs and cost-effectiveness ratio
 - Administrative feasibility
 - Political feasibility and legitimacy
- Implications related to side effects
 - Public infrastructure
 - Social networks and organizations, i.e. citizenship and democracy



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PHASE 4

Deliberative process



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Phase 4

Deliberative process

- What roles can deliberative processes play?
 - Inform and heighten awareness
 - Foster critical examination of an issue
 - Identify the instruments' implications in the Canadian context
 - Integrate and interpret all scientific and contextual data (Lomas et al., 2005)
 - e.g. the Citizens Council of NICE, the Danish Board of Technology consensus conferences, and so on
- The different actors involved in the fight against obesity will discuss the most promising instruments in the Canadian context through a deliberative process.



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Conclusion

Challenges and opportunities

- What types of evidence can shed light on the fight against obesity?
 - We need to broaden the notion of evidence to guide and enlighten political decision-making.
- How can we evaluate and integrate different forms of evidence?
 - We need a new evidence hierarchy and new critical analysis tools.
- How can we analyse and compare different policy instruments?
 - We need to combine knowledge from the areas of public health and political science.
 - Decision-makers are influenced by considerations that are not exclusively scientific, i.e. ideas, interests and institutions.
- How can we integrate the necessary expertise?
 - Deliberative processes that allow for dialogue and critical examination of the issues can facilitate the integration of knowledge that guides decision-making.



Information

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