

National Collaborating Centre for  
Healthy Public Policy

education housing income  
community employment  
public transportation

## PILOT PROJECT CONTEXT

### Public Policy Review



National Collaborating Centres  
for Public Health

Centres nationaux de collaboration  
en santé publique

*Institut national  
de santé publique*

Québec

## Public policy review methodology project

### How to conduct a knowledge review of public policies: the case of obesity

The Public Policy and Obesity Project is a pilot project intended to complement the extensive research efforts devoted to this topic. In this knowledge review, the NCCCHPP addresses obesity, a public health issue that is receiving increased attention both in Canada and abroad. Despite this attention, a consensus does not exist as to the best policy measures for grappling with this problem.

### Our objectives

- Our first general objective was to develop a public policy review methodology that combines evidence, public policy knowledge, and contextual information.
- Our second general objective was to apply this methodology to the case of obesity policies. Our aim was to identify policy measures that would be best suited to effectively fight obesity in the Canadian context.

### Our process

We designed an innovative knowledge review methodology that can help public health agents better understand the political implications of various policy measures, and therefore, better understand the policy process.

Our work was influenced by the evidence-based policy approach, which ensures that solid data underpin decision-making and practices. Because of the limits and the paucity of systematic reviews when applied to the context of public policy, we widened the concept of evidence to encompass observational, experimental, extrapolated, and experiential evidence.

Our methodology can be divided into two phases. The first phase consisted of reviewing published studies and grey literature, as well as the information published by national and international organizations interested in obesity prevention.

Since policy decisions are influenced by considerations that are not always addressed by the available effectiveness studies, we have designed a structured workshop using deliberative dialogues to discuss these issues. This second phase of our methodology will enable us to gather contextual information that can affect the adoption, implementation and real effects of specific policy measures.



## Phase 1: Literature reviews

### What did we do?

- A. Identified and described a sample of policy measures proposed in Canada and abroad to fight obesity. These policies have been categorized on the basis of their political nature.
- B. Systematically reviewed the effectiveness studies of these policy measures (Appendix 1).
- C. Conducted a literature review to shed light on the implications of the adoption and implementation of these measures. These implications were classified according to the criteria of equity, cost/benefits, administrative feasibility, social acceptability and potential downfalls.

## Phase 2: The deliberative process

“Research evidence suggests that interactions among public policymakers and researchers can increase the prospects for research use and that public policymakers and stakeholders require support to 'talk through' what research evidence will mean locally (i.e., to contextualize research evidence) in order for them to be able to act on it”<sup>1</sup>. The NCCHPP convened deliberative dialogues to support such interactions and local contextualization.

Deliberative dialogues are specifically used to inform and heighten awareness, foster critical examination of an issue, identify an instrument's implications in the Canadian context, and integrate and interpret all relevant scientific and contextual data<sup>2</sup>.

To implement our deliberative dialogues, the NCCHPP has developed a partnership with McMaster University's John N. Lavis, MD, PhD, who is working on specific research activities supporting the use of research evidence in public policymaking. Dr. Lavis has given us information, guidance and support to help us develop our deliberative dialogues and will conduct an independent evaluation of these dialogues in order to support both his own future work and the work of the NCCHPP.

<sup>1</sup> Lavis J. (2007). *deliberative-dialogue\_ethics\_5\_project-summary\_2008-01-29* [unpublished document].

<sup>2</sup> Lomas, J., Cuyler, T., McCutcheon, C., McAulay, L., Law, S. (2005). *Conceptualiser et regrouper les données probantes pour guider le système de santé. Rapport final*. Fondation canadienne de la recherche sur les services de santé.



## Participants involvement

Three deliberative dialogues were held in March 2008, one in Vancouver and two in Toronto.

These dialogues brought together various actors interested in the fight against obesity. Through our dialogues, we discussed the evidence gathered and contextual considerations that influence the choice, the design, and the implementation of measures related to child-oriented advertising and marketing, nutritional information labels, and vending machine and food sales in schools, three selected measures identified in our literature review.

Our deliberative sessions allowed us to bring together the knowledge stemming from the scientific literature and the experience of people in the field, nuance the information we discovered in the literature, and establish the context-bound effectiveness of specific measures.

This process aims was a neutral forum for knowledge exchange, following the Chatham House Rules which ensure anonymity to speakers. Accordingly, participants were free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.

This exercise will, on the one hand, allow us to complete our knowledge synthesis and, on the other, give participants the opportunity to both discuss the optimal design of each of these obesity prevention measures and gauge the effectiveness and efficiency with which they can be adopted and implemented.

We believe that the information gathered through these dialogues will help shed some light on specific factors that can hinder or favour the implementation of various policy measures in these two provinces.

## Some information about Methodologies for Knowledge Synthesis and Exchange

There are two guiding questions related to this field. First, to what extent does the effectiveness of policies depend on the context in which they are implemented? Second, how can actors, researchers and others interested in public health share and use knowledge most effectively?

Over the years, the Canadian public health research community has placed increased emphasis on knowledge review methods and the use of research knowledge by practitioners and policy makers. Ongoing cumulative reflection on this experience is producing an important body of knowledge that will be integrated into and informed by the work of the NCCHPP.

We know that important attributes of knowledge synthesis and transfer, in addition to better, more user-friendly, presentation of information, are an emphasis on context, relevance, and use, along with interactive methods of exchange. The NCCHPP will complement efforts by the knowledge review community to incorporate methods that optimize both the relevance and trustworthiness of information used when examining public policies.



## Background information about the National Collaborating Centre for Healthy Public Policy (NCCHPP)

The NCCHPP is one of six centres financed by the Public Health Agency of Canada. The six centres form a network across Canada, each hosted by a different institution and focused on a different topic in public health. They provide national focal points for knowledge exchange in key areas of public health.

The goal of the NCCHPP is to support the efforts of the Canadian public health community to promote healthy public policy through the development of more informed strategies.

The focus of the NCCHPP is public policy with a potential impact on social, economic and environmental determinants of health.

The NCCHPP focuses on three main content areas: Healthy Public Policy, Public Policy Processes, and Methodologies for Knowledge Synthesis and Exchange. The project on which we are requesting your collaboration falls under the *Methodologies for Knowledge Synthesis and Exchange* heading.



## APPENDIX 1 - Framework for the Assessment of Evidence

To scientifically assess policy effectiveness, the NCCHPP has, as recommended by the International Obesity Task Force Prevention Group, included a variety of relevant information sources, including:

### Level Study Design

- I. Observational evidence
  - a. Observational epidemiology
  - b. Control and monitoring
- II. Experimental evidence
  - a. Experimental studies
  - b. Program/policy assessments
- III. Extrapolated evidence
  - a. Effectiveness modelling
  - b. Economical analyses
  - c. Indirect evidence
- IV. Experiential evidence
  - a. Parallel evidence (e.g. the policies against tobacco and alcohol)
  - b. Underlying theories or rationales of each instrument
  - c. Informed opinion (experts and members of the public)

Finally, the NCCHPP team established a global score for the strength of the evidence supporting each policy instrument, using the classification system developed by Haby et al. (Table 1)

**Table 1. Classification of the strength of evidence**<sup>3</sup>

Level I-III studies	Level IV studies, indirect or parallel evidence, or modelling studies using a range of methodologies
<p><b>1. Sufficient evidence</b></p> <ul style="list-style-type: none"> <li>• The effect is probably not due to chance or bias.</li> <li>• Evidence from Level I studies, several Level II studies, or several Level III studies in which bias and confounding factors were controlled.</li> </ul>	<p><b>3. Limited evidence</b></p> <ul style="list-style-type: none"> <li>• Program has a sound theoretical or logical basis; <b>and</b></li> <li>• Level IV studies, indirect or parallel evidence; <b>or</b></li> <li>• Statistical modelling of indices (e.g. BMI), based on various methodologies</li> <li>• The effect is probably not due to chance or bias</li> <li>• Implementation of such an intervention should be accompanied by an assessment program</li> </ul>
<p><b>2. Limited evidence</b></p> <ul style="list-style-type: none"> <li>• The effect is probably not due to chance.</li> <li>• The effect can be explained by certain biases.</li> <li>• Evidence from a Level II study of uncertain quality, or from several Level III studies reporting consistent results.</li> </ul>	<p><b>4. Weak evidence</b></p> <ul style="list-style-type: none"> <li>• Program has a sound theoretical or logical basis; <b>or</b></li> <li>• Level IV studies, indirect or parallel evidence; <b>or</b></li> <li>• Statistical modelling of indices (e.g. BMI), based on various methodologies</li> <li>• The effect is probably not due to chance</li> <li>• The effect can be explained by certain biases</li> <li>• It would be useful to conduct research or pilot projects prior to implementing such interventions</li> </ul>
<p><b>5. Inconclusive evidence</b></p> <ul style="list-style-type: none"> <li>• No conclusion can be drawn with regard to the presence or absence of an effect; only Level III studies are available, and these are few in number and of poor quality.</li> </ul>	<p><b>6. No evidence</b></p> <ul style="list-style-type: none"> <li>• No conclusion can be drawn with regard to the effectiveness of the intervention</li> <li>• Further research is necessary</li> </ul>

<sup>3</sup> Haby, M.M., Vos, T., Carter, R., Moodie, M., Markwick, A., Magnus, A., Tay-Teo, K-S., & Swinburn, B. (2006) 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*. 30. 1463-1475. (adapted by the NCCHPP).

