PREVENTION RESEARCH CENTER in St. Louis
Promoting Healthy Communities

Local-Level Implementation of Evidence-Based Policies to Address Obesity Disparities

PRC-StL Core Research Project

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Presentation overview

- Background
- Project team and advisors
- Theoretical underpinnings
- Study aims and methods
- Implications

Background

- Policies are important for obesity prevention
- Disparities in obesity-related environments persist
- Policy translation gap exists, despite existence of evidence
- Policy dissemination research
  - *the study of the targeted distribution of scientific evidence to policymakers to understand how to promote the adoption and sustainment of evidence-based policies* (Purtle et al. 2018)
  - a.k.a. knowledge transfer and knowledge exchange (Canada, U.K., Australia)
- Building on previous PRC-StL policy dissemination research:
  - Audience studies, policy communication intervention studies

Examples of Policy Translation Challenges

- **For the policy maker**:
  1. Poor timing
  2. Ambiguous findings & lack of relevant data
- **For the researcher**:
  1. Mismatch of randomized thinking with nonrandom problems
  2. Lack of control over the independent variable

Brownson et. al. Researchers and policy makers: travelers in parallel universes. Am J Prev Med 2006

Three Fundamental Questions

1. Is there a problem (what fuels it)?
2. Do we know how to fix it (intervention)?
3. How much will it cost (financially, politically)?

- What do all of these questions mean in the context of where we live and work [and the EVIDENCE]?

PRC-STL TEAM

PRC Core Administrative Team

Ross Brownson
Director

Amy Eyler
Deputy Director

Cheryl Valko
Associate Director

Mary Adams
Financial Manager

Alex Morshed
Core Research Project Manager

Linda Dix
Administrative Coordinator

Valerie Madas
Graduate Research Assistant

Community Advisory Board

Level/sector	Expertise
Stakeholders from study communities	Local implementation, disparities
Local/planning & transportation	Local policy change, public health decision making, disparities
Local/regional development	City planning, public-private partnerships, disparities
Local/government	Local policy change, active living
Local /public health practice	Public Health practice and advocacy
State/public health	State programs in chronic disease prevention and control
State/policy	State policy change, public health decision making
State/non-profit	Local policy maker engagement/advocacy
National/public health	Dissemination, implementation, capacity building
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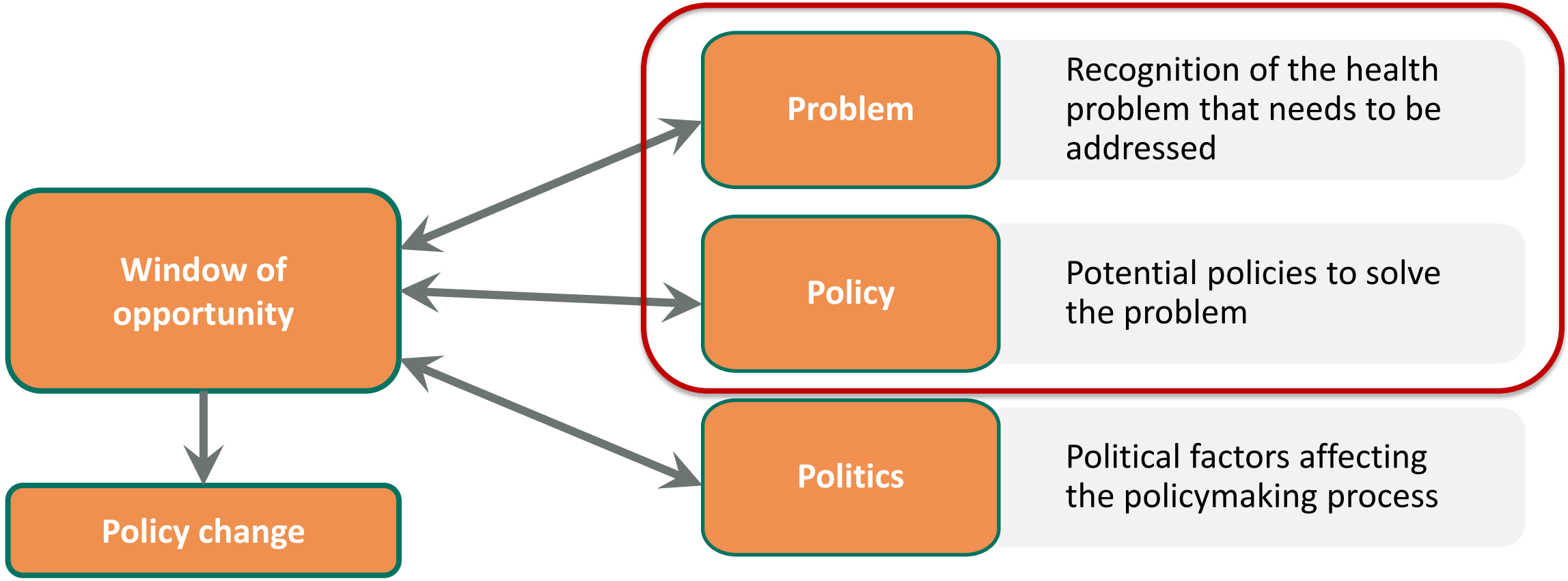
THEORETICAL BACKGROUND



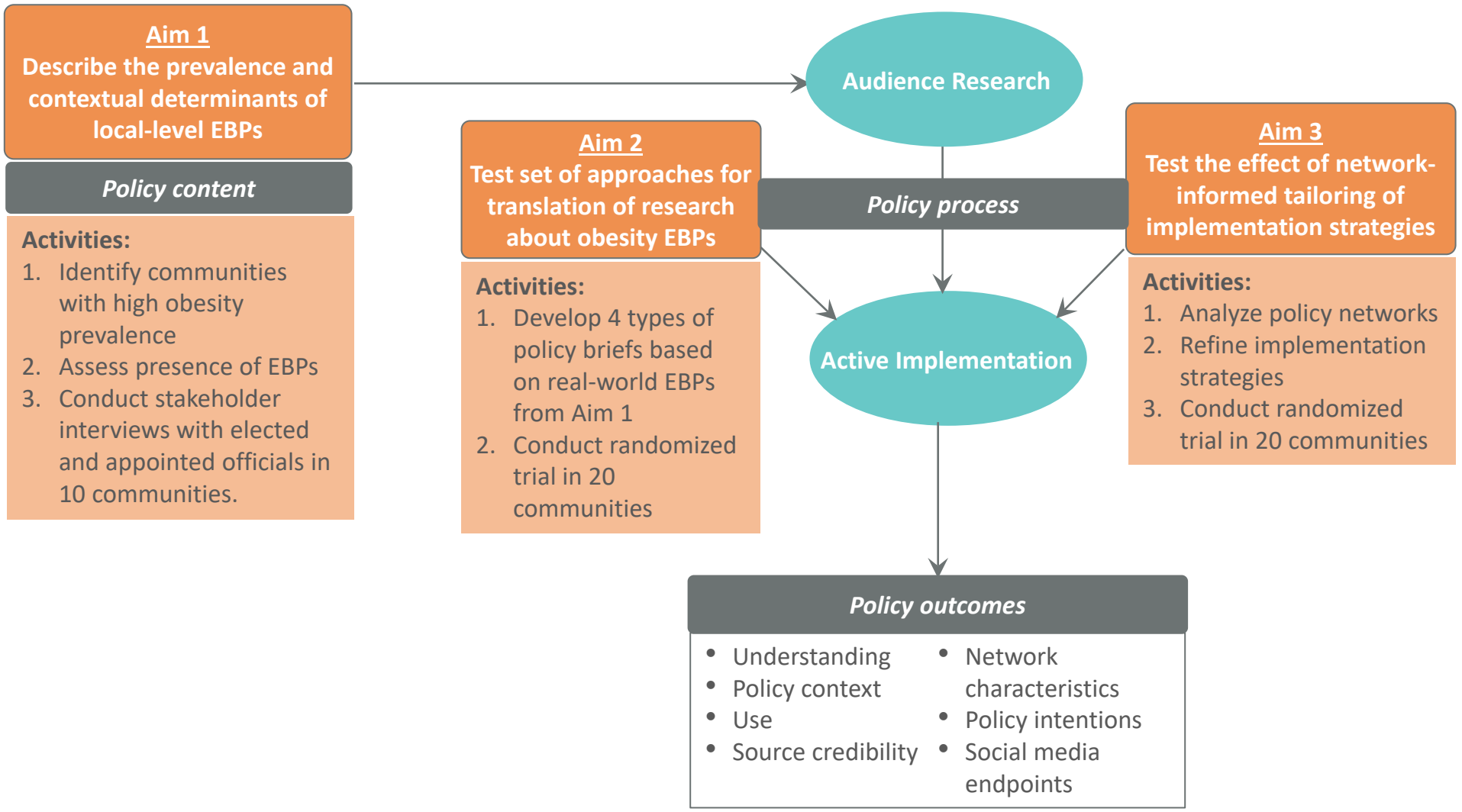
Three Streams of the Policy Process, adapted from Kingdon

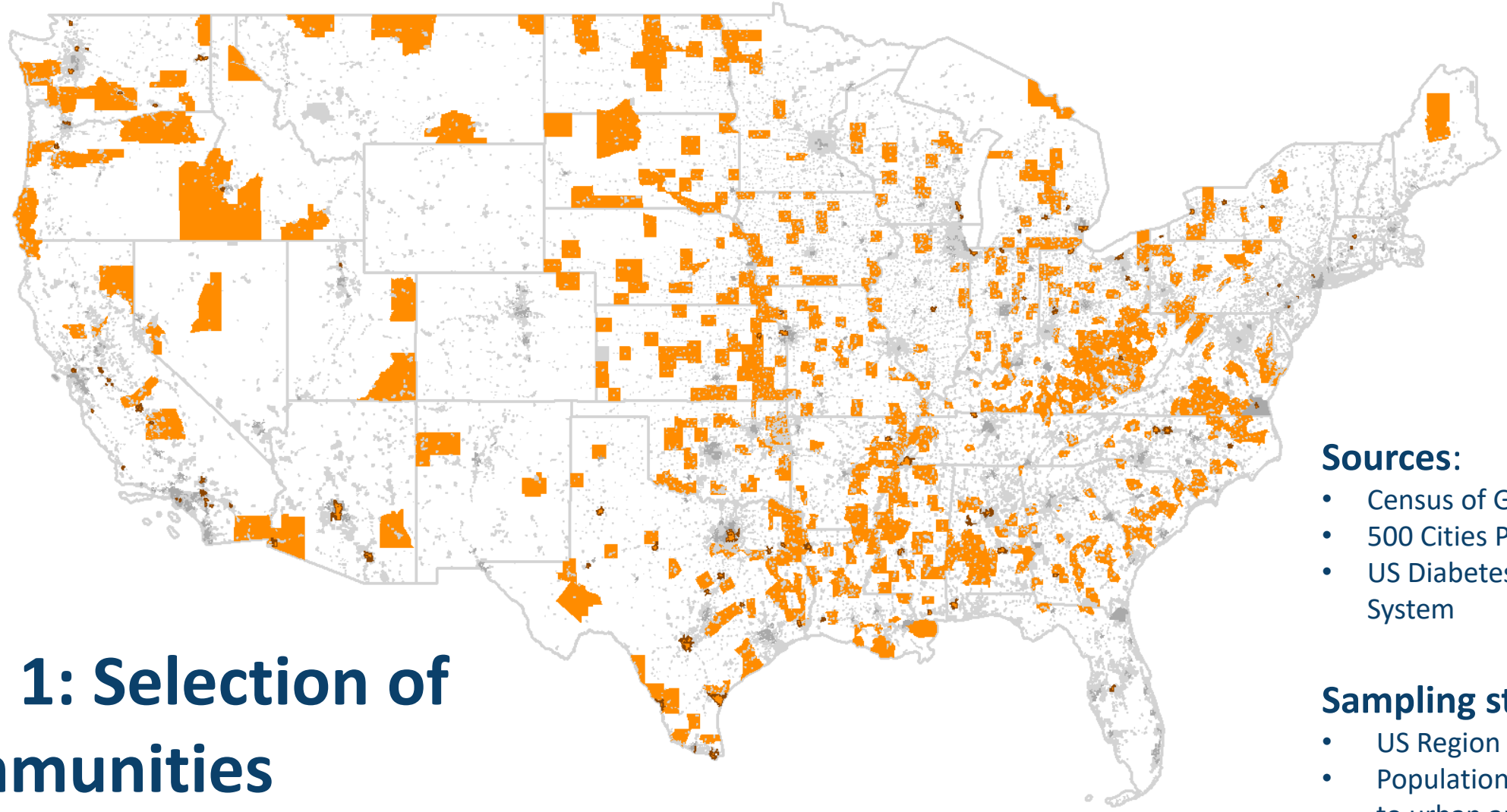
Domains of Evidence-Based Public Health Policy

Domain	*Objective*	*Data Sources*
Process	To understand approaches to enhance the likelihood of policy adoption	• Key informant interviews • Case studies
Content	To identify specific policy elements that are likely to be effective	• Systematic reviews • Content analyses
Outcome	To document the potential impact of policy	• Surveillance systems • Natural experiments tracking policy-related endpoints

Source: Brownson, Chriqui, & Stamatakis (2009)

Research project framework





Aim 1: Selection of communities

Sources:

- Census of Governments
- 500 Cities Project
- US Diabetes Surveillance System

Sampling strata:

- US Region (USDA ARS)
- Population size, distance to urban area

Aim 1: Local policy presence and context

Identification and assessment of presence

- Compilations of evidence, systematic reviews
- Health equity policies
- Data extraction—tools adapted from previous studies (e.g., Haire-Joshu et al.)
- Presence, evidence-based components, addressing disparities

Stakeholder interviews

- Key informant interviews, subset of communities
- Elected and appointed local officials
- Purposive sampling, goal is saturation
- Main domains:
  - Sources of information
  - Information framing preferences
  - Policy determinants
  - Ability to focus on disparities

Aims 2 and 3: Translation strategies

Area	Construct/rationale
Local data	- Brings statistics to a level that affects daily lives - Makes information more relevant for local policy makers - Supports local action
Narrative communication	- Introduces story elements (plot hook, emotional intensity, realism, universal appeal, and relevance) - Makes a risk factor or health condition personal
Risk framing	- Uses both verbal and visual displays of data - Uses evidence-based risk/benefit communication - Provides source and date of data and evidence
Social context	- Identifies how key players communicate and collaborate - Provides leverage points based on local circumstances

Aim 2

Aim 2: RCT of translation approaches via policy briefs

- 20 communities: elected and appointed officials
- Design: 2x2 factorial, random allocation
- Use of 2 types of communication in policy briefs:
  1. Narrative
  2. Risk framing
- Outcomes:
  - Decisionistic variables: understanding, context, use, source credibility
  - Policy implementation (secondary)

		Risk-framing communication: No	Risk-framing communication: Yes
Narrative communication: No		**1. Usual care** Traditional for health experts	**3. Risk framing** Use decision sciences to frame data in meaningful and accessible ways
Narrative communication: Yes		**2. Narrative** Crafts story connecting characters to events	**4. Combination** Both narrative and risk framing communication

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Aim 3

Use of social network analysis in implementation design and evaluation

RESEARCH ARTICLE

Social Network Analysis for Program Implementation

Thomas W. Valente[1]*, Lawrence A. Palinkas[2], Sara Czaja[3], Kar-Hai Chu[1], C. Hendricks Brown[4]

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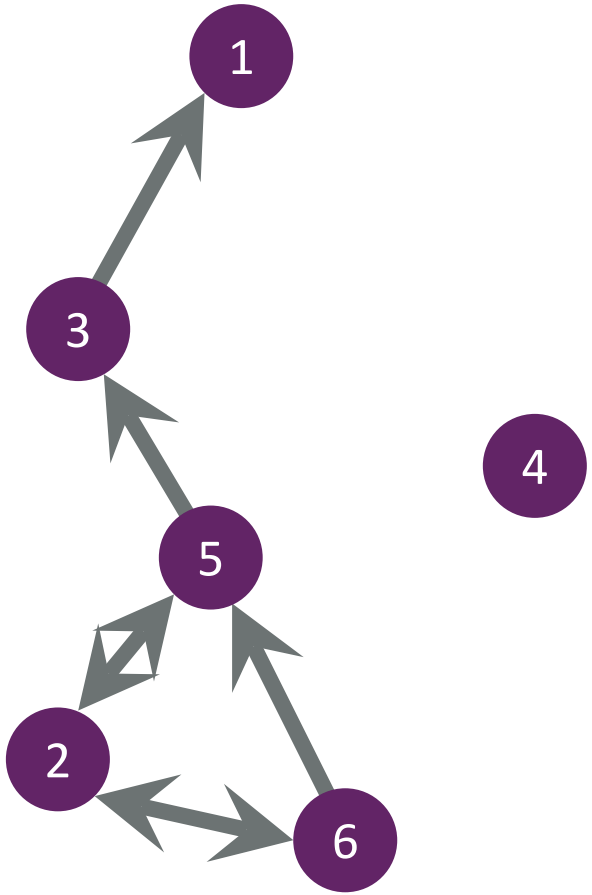
	Implementation stage			
	Exploration	**Adoption**	**Implementation**	**Sustainment**
Questions	Who is recruited to design the intervention? Who defined the needs?	Who delivers the intervention and what is the social network of its receipt?	What is the network position of early adopters/users?	Does the network exhibit changes conducive to continued program success?
Outcomes	Document network position and structure of those providing input into problem definition.	Select network properties of intervention design.	Use network data to inform and modify intervention delivery.	Ensure continued program use by important network nodes.

Aim 3: RCT of translation approaches informed by network characteristics

- Sample: 20 communities
- Social network analysis
  - obesity policy networks assessed at years 2, 3, and 4
- Design: 2 condition RCT
- Intervention: Menu of implementation strategies
  - Aims 1+2, network data, CAB input, IS literature
- Outcomes:
  - Network variables
  - Policy intentions and actions
  - Social media endpoints



Implications

- Sparse scientific knowledge about effective policy translation, esp. at local level
- Dissemination and translation plans—ensuring results are accessible to:
  - Practitioners
  - Policymakers
  - Community leaders
- Better use of sparse resources
- Higher potential for impact on health and equity

Questions / Discussion:

1. Obesity policies focused on health equity?
2. Use of social network analysis for interventions?
3. Other?

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