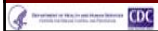


Developing evidence-based community prevention guides:

David V. McQueen

Associate Director for Global Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, CDC, DHHS, Atlanta
IUHPE, VP for Science and Technical Development

Obesity prevention:
Translating evidence into action
An IUHPE associated workshop
Monday 26 April 2004, Deakin University
Melbourne



Today's brief presentation

- Recently completed Community Guide work on Obesity
- How has the process worked
- Impact that Guide has had on government decision-making



Recent Guide work on Obesity Prevention and Control in the Healthcare Systems Setting

David L. Katz, MD, MPH, FACPM, FACP

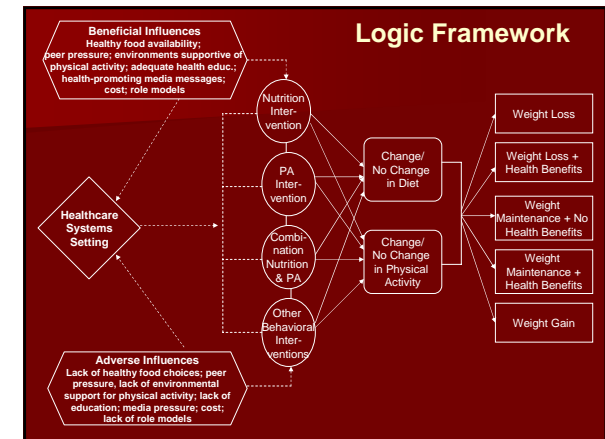
Yale Prevention Research Center
Yale University School of Medicine

Inclusion Criteria

- Individuals recruited from clinical setting-patient lists, referrals
- Reported weight status (BMI, weight, anthropometric measures)
- Control measurement (within or between groups; any design)
- Followed for at least six months
- No limits based on location (worldwide)
- Studies published 1966–Feb. 2001

Exclusion Criteria

- Published in a language other than English
- Focused only on inpatients
- Used pharmacotherapy, surgery, or very low caloric diets only
- Intervened with individual patients only
- Studies testing commercial weight loss diets



Review Research Questions

- Increasing PA effective at producing weight loss among children?
- Improving dietary intake effective at producing weight loss among adolescents?
- Improving dietary intake effective at producing weight loss among adults?

Research Questions

- Improving dietary intake effective at producing weight loss among families?
- “Other” interventions effective at producing weight loss among adults?
- Improving dietary intake and increasing PA effective at producing weight loss among children?
- Improving dietary intake and increasing PA effective at producing weight loss among adults?

Draft Recommendation

The Task Force found strong evidence to recommend diet-related, multi-component, group-based interventions to produce weight loss among adults in healthcare system settings.

Draft Recommendation

The Task Force found strong evidence to recommend combination nutrition and PA-related, multi-component, group-based behavioral interventions to produce weight loss among adults in healthcare system settings.

Conclusions

Available data indicate strong evidence of effectiveness of group-based, multi-component strategies to:

- Produce weight loss among adults by promoting improved dietary intake
- Produce weight loss among adults by promoting increased PA and improved dietary intake

Conclusions (cont'd)

- Nutrition interventions for adults included an average of 2 components
- The majority included the following: behavioral counseling and didactic nutrition education
- All combinations of components used resulted in weight loss, however the majority of studies employing 1 or more of the above 2 components resulted in ≥ 4 lb loss
- Specific dietary prescription was also commonly associated with ≥ 4 lb loss

Conclusions (cont'd)

- Combination nutrition and PA interventions for adults included an average of 3 components
- The majority included the following: behavioral counseling, didactic nutrition education, exercise prescription (only)
- All combinations of components used (with the exception of 1 study) resulted in weight loss, however the majority of studies that employed one or more of the above 3 components resulted in ≥ 4 lb loss
- Specific dietary prescription & exercise were also commonly associated with ≥ 4 lb loss

Conclusions (cont'd)

There is **insufficient evidence to determine the effectiveness of:**

- PA interventions to promote weight loss among children
- Nutrition interventions to promote weight loss among adolescents
- Nutrition interventions to promote weight loss among families
- Non-nutrition and PA interventions to promote weight loss among adults
- Combination nutrition and PA interventions to control weight among children

Conclusions (cont'd)

- Heterogeneity of methods make pinpointing effective interventions challenging
- The distinction between healthcare systems and healthcare system settings is not always clear-cut
- Lack of primary prevention studies continues to be problem
- BMI is the preferred outcome, yet the majority of studies provide weight data

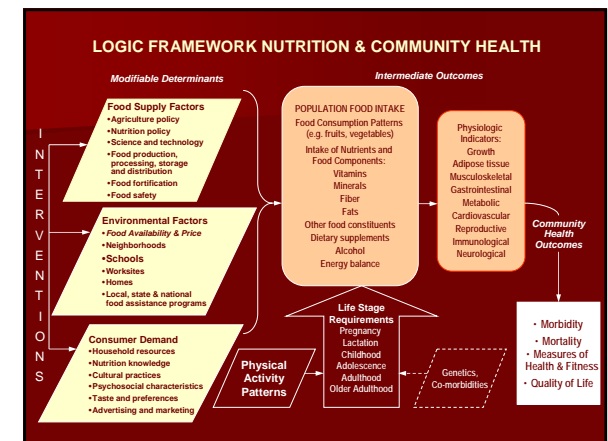
Conclusions (cont'd)

- No one intervention component stands out as superior/inferior to others
- A combination of strategies appears to be beneficial



Multi-Component School Nutrition Programs to Improve Nutritional Behavior & Nutritional Status of Children & Adolescents

More recent work by Laurie Anderson and others, still ongoing



Body of Evidence

Execution	Suitability of Study Design		
	Greatest	Moderate	Least
Good (0-1 limitations)	2	0	0
Fair (2-4 limitations)	40	4	5
Limited (5+ limitations)	10	0	4

Best Evidence Subset: 46 studies (51 reports)

Conclusions

Available data indicate strong evidence of effectiveness of group-based, multi-component strategies to:

- Produce weight loss among adults by promoting improved dietary intake
- Produce weight loss among adults by promoting increased PA and improved dietary intake



Methods and Process Used to Develop the Community Guide

What Distinguishes Community Guide from Clinical Guide Reviews?

- The Community Guide may potentially address interventions that
 - Occur outside of clinical settings *-or-*
 - Are delivered to groups rather than individuals *-or-*
 - Are delivered by persons other than healthcare providers

Rigorous Systematic Reviews and Inclusive Process

TF initially sets priorities for topics that are reviewed*

Assemble team	Year 1
Develop conceptual approach*	
Find information	Years 2-3
Evaluate information quality	
Summarize information*	
Evidence to recommendations*	
Communicate results to users	Years 3+
Selective dissemination/evaluation	

*These are the points at which the TF is primarily involved

Teams

- Task Force
 - Directs the overall process
- Coordination team
 - 6–12 person “writing group”
 - Meets every 1–2 weeks and conducts reviews
- Consultant team
 - 20–40 consultants
 - Provide episodic advice
- Abstraction team
 - Read, assess, and summarize the included papers

Priority Setting

- Teams develop a list of interventions that might be reviewed
- Suggest priorities based on criteria
- Task Force confirms or modifies selections

Suggested Priority Setting Criteria

- Potential for
 - Reducing burden of disease and injury
 - Increasing healthy or decreasing unhealthy behaviors
 - Increasing use of effective but underutilized interventions
 - Decreasing use of ineffective interventions
- Current level of interest

There Are Only Two Outcomes of a Community Guide Review...

- Identify a science base on which to make practice recommendations
- Identify evidence gaps that will improve the science base

Do Systematic Reviews Affect Decision Making or Practice?

- Several recent prominent anecdotes
- Knowledge alone is not enough
- Still room to increase awareness and impact of evidence-based approaches

If You Build It (and disseminate it, and work with partners to promote adoption), They Will Come

- Policy
 - .08 laws
 - Coverage decisions on clinical preventive services
 - Standing orders
- Practice
 - NIP grant guidance
- Research
 - DCCP/NCI grants

Is there Enough Evidence?

Issues arising from the community guide