

EVIDENCE BASED PUBLIC HEALTH

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THE AGENDA

- I. The ethical dimension
- II. Definition of evidence
- III. The Health Evidence Network (HEN)
- IV. Potential user groups
- V. Barriers and solutions
- VI. The example of non-smoking

THE FOUR PUBLIC HEALTH DEFICITS

- 1) The information deficit (*Health Monitoring*)
- 2) The prevention deficit (*Health Promotion*)
- 3) The social deficit (*Integrating Vulnerable Groups*)
- 4) The regulation deficit (*Horizontal Health Management*)

EVIDENCE AS AN ETHICAL DEMAND IN PUBLIC HEALTH

The most efficient or cost-effective allocation of limited resources is an ethical demand.

(Economic analyses)

THE UNDERLAYING ETHICS OF THE NEW PUBLIC HEALTH

Equity
Solidarity
Subsidiarity
Sustainability
Participation
Efficiency
Justice
Peace

(Amended from Laaser, U., D. Donev, V. Bjegovic, Y. Sarolli (2002) Public Health and Peace (editorial). Croatian Medical Journal 43/2: 107-113)

THE DEFINITION OF EVIDENCE

Evidence derives from:

“Findings from research and any other knowledge that could be useful in decision-making on public health and health care”

www.who.dk/eprise/main/who/progs/HEN

THE HEALTH EVIDENCE NETWORK (HEN – WHO-EURO)

The rationale:

“There is a growing need to get timely information for decision-making. The huge quantity of information and evidence available in the field of public health is dispersed among numerous databases and other sources.”

THE HEALTH EVIDENCE NETWORK (HEN – WHO-EURO)

The perspective:

HEN is concerned about the development of methodology for combining evidence from different types of studies, such as qualitative and quantitative, and for combining findings from research with other important information that is not based on formal studies.

THE HEALTH EVIDENCE NETWORK (HEN – WHO-EURO)

Sources of evidence, e.g.:

- Cochrane Collaboration on the effects of health care interventions
- Campbell Collaboration on effects of social interventions

THE HEALTH EVIDENCE NETWORK (HEN – WHO-EURO)

Answers to questions, e.g.:

- Which are the most effective and the most efficient interventions for tobacco control ?
- What part does voluntary health insurance play in European Union health care?

USER GROUPS FOR EVIDENCE IN PUBLIC HEALTH

- I. **Public Health Practitioners**
- II. **Policy Makers**
(macrolevel decisions e.g. tobacco tax)
- III. **Key Stakeholders**
(interest groups and citizen initiatives)
- IV. **Researchers on Population Health**

EVIDENCE FOR PUBLIC HEALTH PRACTITIONERS

- I. What are **priorities** in population health?
- II. What qualified **information** is available?
- III. What are the people's **attitudes** & beliefs?
- IV. What is the individual & conjoint **efficiency** of interventions?

KEY CHARACTERISTICS OF EVIDENCE-BASED DECISION MAKING

- I. Based on the best possible science
- II. Problem solving is multidisciplinary
- III. Systematic programme planning approach
- IV. Principles of sound evaluation adhered to
- V. Results disseminated to others

WHY DO PUBLIC HEALTH PROGRAMMES FAIL?

- I. Choosing **wrong interventions** of unproven effectiveness
- II. Non-sustainable or **weak implementation**
- III. Unreliable clues on effectiveness because of **inadequate evaluation**

R. C. Brownson et al., 2003

POTENTIAL BARRIERS AND SOLUTIONS

- I. Lack of leadership (Horizontal Management)
- II. Lack of long-term horizon (National Strategy)
- III. External (political) pressures (Publicity)
- IV. Inadequate training (Centre SPH)
- V. Time and information (Guidelines)

Amended from R. C. Brownson et al., 2003

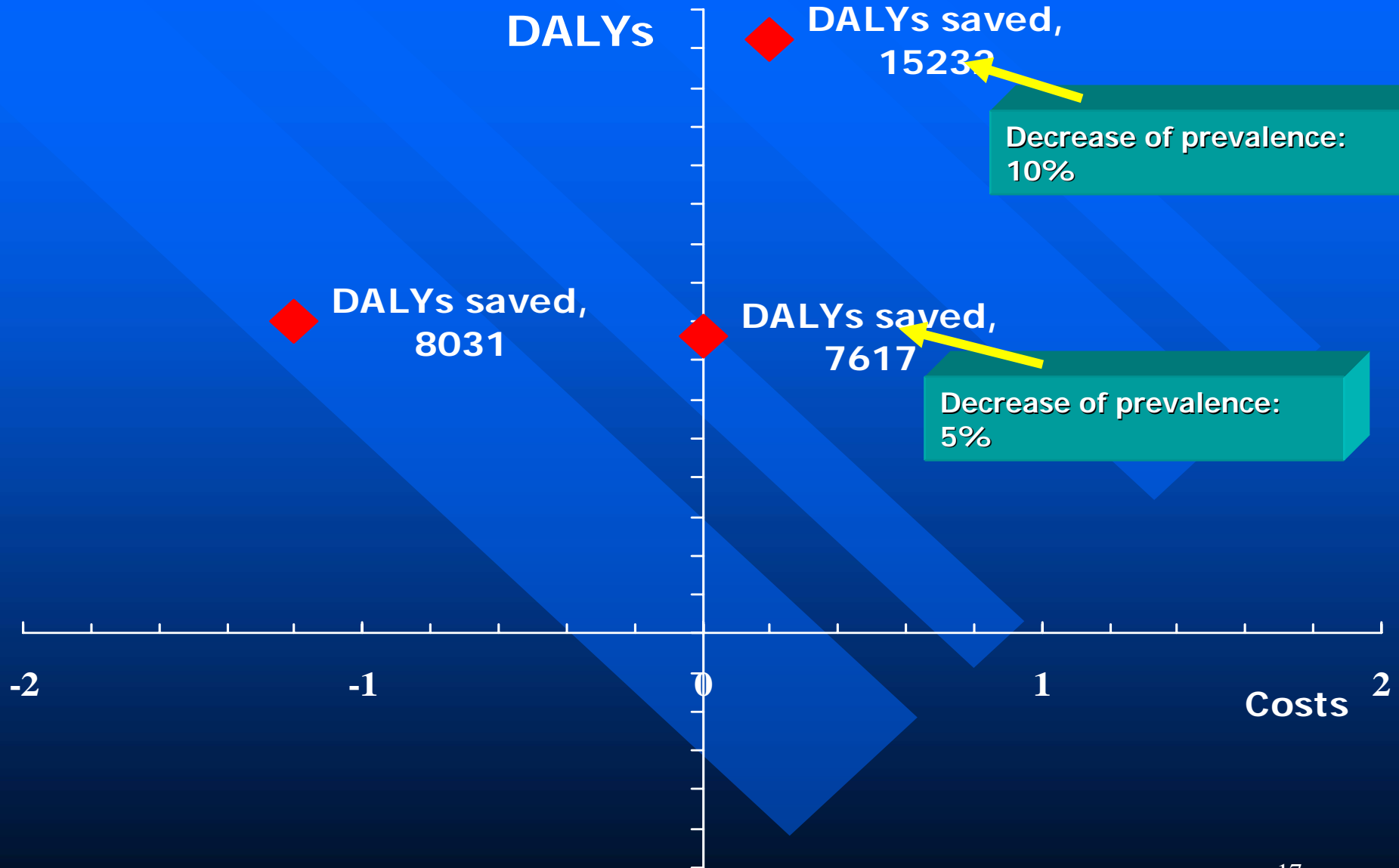
The Population Perspective:

The Preventive Paradoxon

High Risk and Population Strategies

Geoffrey Rose 1985

Clinical and preventive intervention



**Scientific
Evidence**

**Population
needs & values**

Resources

Individual freedom

Active Smoking
Passive Smoking
Children's Exposure

Enforced

SMOKE FREE INSTITUTIONS

- *Healthy hospitals*
- *Healthy schools*
- *Healthy public spaces*

Tobacco tax

**Make the healthier
choice the easier
one - and the
unhealthy more
difficult!**

