Workshop Report

August 1996

PHASE: Promoting Health After Sifting the Evidence

Evidence for Policy and Practice

Information and Co-ordinating Centre

The EPPI-Centre is part of the Social Science Research Unit, Institute of Education, University of London

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Preface

The aims of the EPI-Centre's PHASE (Promoting Health After Sifting the Evidence) project are a) to raise awareness of the need to base health promotion interventions on evidence about their effectiveness, b) to disseminate sources of effectiveness data, and c) to improve skills in critical appraisal amongst those associated with health promotion services.

This document describes the background to the project, how PHASE workshops were adapted from the Critical Appraisal Skills Programme (CASP) developed by the Oxford Institute of Health, how commissioners and providers of health promotion services were involved in the planning and evaluation of this project and how issues were raised in discussion or through questionnaires. Finally it discusses the implications of some of these issues and identifies opportunities for advancing evidence-based health promotion.

The report is in three main sections. This preface is followed by an **Executive Summary.** The **Highlights** section explains the purpose of the project; how it was planned, delivered and evaluated; and then sets out the main recommendations. The **Project in detail** section gives a full report on the progress of the project and the rationale for the recommendations. These are intended for those providing or purchasing health promotion services within the NHS, other statutory authorities and the voluntary sector, and for those (like the EPI-Centre) who are involved in their training; and for the Department of Health and North Thames Regional Health Authority who fund the EPI-Centre.

Executive Summary

This was an innovative project to help people purchasing and providing health promotion services develop the skills they need to make sense of evidence about effectiveness. In the course of this work, Critical Appraisal Skills Programme (CASP) workshops, originally developed for purchasers of health care and subsequently delivered more broadly, were adapted for health promotion with the help of prospective participants and their peers.

A pilot series of workshops was run during the spring of 1996. Each workshop focused on a different stage of working towards evidence-based health promotion: investigating processes and outcomes, and appraising such reports; appraising the evidence of randomised controlled trials and systematic reviews of the literature; and determining what information research proposals are likely to yield about processes and outcomes.

Six workshops were held in London. 41 providers took a total of 49 workshop places; 21 purchasers took a total of 29 places; 21 people with responsibilities for purchasing and providing services took a total of 30 places; 2 people from the voluntary sector took 4 places; and 4 academics took 5 places. Most of the participants enjoyed the workshops and found them good use of their time. They provided a forum for discussion as well as learning. Pre-workshop questionnaires revealed that purchasers and providers refer to their personal experience, their immediate colleagues and internal reports rather than published sources for information about effectiveness of health promotion.

Opportunities were taken to promote the use of the *Cochrane Database of systematic Reviews* , now published as part of The Cochrane Library and the product of an international collaborative effort to systematically review evidence of effectiveness of health services. The workshops provided an opportunity to collate views of purchasers and providers for authors of Cochrane reviews and to inform future developments of The Cochrane Library.

The PHASE workshop programme demonstrated a number of obstacles in the path to evidence-based health promotion. Although some participants were keen to address the issue of effectiveness of health promotion, others were “bowed down trying to demonstrate the effectiveness of what they’re doing” and claimed “research is actually the last thing used to make a decision in the current political climate”.

Highlights

The need for this project

With a growing commitment to evidence-based health services, there is an urgent need for information about the effectiveness of health promotion to be readily available and understood by people providing and purchasing services. The aim of this project was to help people purchasing and providing health promotion services develop the skills they need to make sense of evidence about effectiveness. In the course of this work, Critical Appraisal Skills Programme (CASP) workshops, originally developed for purchasers of health care and subsequently delivered more broadly, were adapted for health promotion with the help of prospective participants and their peers.

Outline of the project

In adapting CASP workshops to suit the interests of health promotion specialists, considerable effort focused on adapting CASP materials: adopting non-medical language and addressing different stages in working towards evidence-based services (process evaluations, outcome evaluations, RCTs, systematic reviews and research proposals). Papers were chosen to reflect the interests of potential participants in peer-led programmes and community development. In one workshop the appraisal exercise was based on a proposal for evaluating an outreach programme which had been prepared by a workshop participant.

Invitations were addressed to Directors of Public Health for their staff or, within North Thames, sent to organisations with responsibilities for purchasing or providing sexual health promotion services. This approach raised a number of problems: the paucity of sound studies of effectiveness in the area of sexual health; the antipathy of many towards RCTs, backdating to the early RCTs of HIV treatment; and the tensions within the NHS internal market felt between providers and their purchasers and between competing provider units. Most participants, whether from within North Thames or beyond, arranged to attend workshops having not seen all the background material, much of which was distributed only as far as colleagues responsible for research.

Participants varied widely in their experience and knowledge of both health promotion and research, and in their attitudes towards controlled trials. Some were very disappointed and highly critical of the workshops, whilst others were very appreciative and requested further support or commissioned advice on new

evaluations of services.

With the help of health promotion specialists we developed a new programme and generated an interest in integrating critical appraisal skills workshops into health promotion training programmes. Our next step is to offer self-financing workshop programmes tailored to individual organisations.

Main recommendations

Our recommendations are intended to meet the needs of those working in health promotion: for providers of services; for those who commission them and for those involved in their training; and for the Department of Health and North Thames Regional Health Authority, who funded this programme. We recommend:

a) Expanding the **evidence base of health promotion**

b) Encouraging **reference to sources of evidence** of effectiveness

c) Fostering **evidence-based health promotion**

d) Developing **PHASE workshops**

a) Expanding the evidence base of health promotion

Purchasers, providers and researchers are all frustrated by the dearth of literature about the effectiveness of health promotion. We recommend that:

- the literature be searched systematically for outcome evaluations of **"healthy alliances", including peer-led interventions**, and reviewed both for the **degree and quality of community participation and for evidence of effectiveness**.
- the literature be searched systematically for **evaluations of outreach programmes** and **appropriate methodologies,** and that the interventions be reviewed for their effectiveness and the methodology be reviewed for its applicability in local settings.

- purchasers consider **commissioning secondary research** in the form of **systematic reviews of health promotion,** which could be disseminated widely by the NHS Centre for Reviews and Dissemination and The Cochrane Library.

b) Encouraging reference to sources of evidence of effectiveness

Those sources of information noted for reliable evidence of effectiveness are used least and/or considered irrelevant either because they offer poor coverage of health promotion or because of their high reliance on controlled trials and, in some cases, narrow outcome measures. We recommend that:

- **access to** sources of information which **specialise in reliable evidence of effectiveness**, such as Effective Health Care Bulletins and the Cochrane Library **is funded and included in service contracts.**
- keywording and **search strategies of the Cochrane Library include broad terms which reflect the disciplines** which may be interested in each review.
- Health Lines and Health Services Abstracts regularly include **structured abstracts and information and discussion of effectiveness** in health promotion, and **signposts** for other suitable sources such as Effective Health Bulletins and The Cochrane Library.
- health promotion reviews and their constituent trials in **Effective Health Bulletins** and the **Cochrane Library** be identified and included in EPI-Centre publications and used as a **menu of suitable papers for appraisal** in PHASE workshops.
- all critical appraisal skills **workshops be convened as two-way avenues of communication** and that the response of the health promotion specialists be collated and fed back to the authors of effectiveness reports.

c) Fostering evidence-based health promotion

We found that even enthusiasts for evidence-based health promotion experience difficulties integrating this approach into their daily work. We recommend that

- follow-up workshops should focus on the **application of new skills and knowledge in practice**, with the option of tailoring the critical appraisal tools to suit particular tasks such as planning or reporting local interventions, or reviewing the evaluation strategies of proposals for interventions.
- critical appraisal tools be incorporated into **training programmes for report writing to encourage clarity about the research questions and conclusions of internal reports**.
- the EPI-Centre should offer in future "**Finding the Evidence Workshops"** and a follow-up consultancy service to support people who have attended PHASE workshops in their **search for evaluated interventions** in their area of interest.
- purchasers and providers take care to **analyse their decision-making** and determine how often decisions are made on the basis of targeting the highest risk, making use of the skills available, containing costs, politics and evidence of effectiveness.
- purchasers and providers take steps to create a **working environment which encourages evaluation** by ensuring that contracts allow time for literature searches to inform new projects and for the planning of interventions to include appropriate evaluation.
- purchasers and providers together urgently **address the barriers imposed by the NHS internal market to sharing each others' resources and expertise**.
- bibliographies of studies with different methodologies (complemented by discussion of the research questions each methodology can appropriately address) be prepared and made available alongside other EPI-Centre publications.

d) Developing PHASE workshops

We found adapting CASP workshops for specialists in health promotion exceptionally challenging, but undoubtedly worthwhile in terms of bridging the gap between research and practice. Having been supported, guided and encouraged by some participants to develop PHASE workshops further, and in light of requests for more workshops we recommend that

- the content and organisation of any future **PHASE workshops be planned** jointly with "local enthusiasts" **over a six month period**, to allow time for thought and discussion amongst their colleagues and with the EPI-Centre.
- the **skill building element of PHASE workshops be emphasised** in planning meetings and spread by word of mouth as well as in written materials.
- time be set aside to write **background material about evidence based health promotion** to be included in introductory programme material.
- greater attention be paid to workshop preparation through **personal contact and monitoring the dissemination of supporting materials** before potential participants book and arrive at workshops.
- the choice of papers for critical appraisal reflects not only the type of study and the topic area, but also the quality of the intervention, the quality of the study, the **political background or ethos espoused by workshop participants**, and the suitability of papers as teaching material.
- an **introductory guide to PHASE workshops** be prepared and that this guide should describe PHASE workshops, how they can be tailored to meet individual needs, the opportunities for participants to share responsibility for planning and leading workshops, and the costs.
- funding be provided to support someone with experience of purchasing or providing HIV prevention services to work with the EPI-Centre in developing **PHASE workshops specifically for this particular health need**.
- in discussion with CASP, the EPI-Centre considers how to develop a **"training the trainer"** programme to enable participants to share a greater responsibility in leading workshops and enthusing their peers.
- time be allowed for **regular meetings with others teaching critical appraisal skills**, involved in other training programmes for health promotion or other approaches to encouraging evidence-based health promotion.

- opportunities for **two way communication of ideas** be sought in all workshops; the EPI-Centre should provide feedback to authors of Cochrane reviews as part of its responsibility for co-ordinating the Field of Health Promotion.
- the **EPI-Centre link with the network of CASP co-ordinators** to reach out further with PHASE workshops.
- attention be paid to developing **appropriate methods of evaluation** in discussion with potential participants and CASP co-ordinators.
- the EPI-Centre, its funders and potential participants discuss how best to **fund the PHASE programme** in future.

The project in detail

Section 1 Background

a) Evidence-based health promotion services

To justify the effort and resources required to deliver health promotion interventions, commissioners and providers need to ask fundamental questions about the value of this work.

- What do we know about effective interventions in the field of health promotion?
- How do we know what works?
- What are the most efficient ways of finding the most reliable evidence?

Currently much health promotion work is supported without these questions being addressed. Advancing evidence-based health promotion requires discerning use of the research literature whilst planning programmes.

Looking for effective health promotion interventions begins with a search for studies investigating the effects of interventions. These studies form only a small proportion of research literature; many of them are flawed and few of them are conducted in the UK[1] [2].

Decisions about which programmes to fund or provide can only be influenced by evidence of effectiveness if purchasers and providers have ready access to evaluation reports and the skills to judge quickly whether they are reliable and relevant to current, local needs.

a) The EPI-Centre

The EPI-Centre has been funded by the Department of Health and the North Thames Regional Health Authority to support people wishing to base their decisions about health promotion on the soundest possible basis. The work of the EPI-Centre is dedicated to advancing evidence-based social interventions, particularly in the area of health promotion, and it provides an information, resource and training centre. The EPIC database, which contains bibliographic details of 3,000 references in health promotion and details of the methodological quality and

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[1] Bruvold, WH, and Rundall TG. 1988. A meta-analysis and theorietical review of school based tobacco and alcohol intervention programs. *Psychology and Health.* **2** 53-78.

[2] Stout, JW, and Rivara, FP. 1989. Schools and sex education: does it work? *Pediatrics.* **83** (3) 375-379.

findings of 200 outcome evaluations, underpins the EPI-Centre's enquiry service, allowing purchasers and providers access to the research literature in health promotion.

A series of workshops to develop appraisal and evaluation skills were planned in discussion with the funders to help purchasers and providers select sound research reports to inform their decision-making.

In addition to providing an information, training and resource centre, the EPI-Centre is currently responsible for coordinating the Cochrane Field of Health Promotion which larely entails identifying controlled trials of health promotion interventions and helping to ensure that the priorites and perspectives of health promotion are reflected in the work of Cochrane Collaborative Review Groups as they systematically review evidence of effectiveness.

b) PHASE workshops

Workshops to encourage "Promoting Health After Sifting the Evidence" (PHASE) were developed by drawing on the extensive experience of the Oxford Institute of Health Sciences with developing and delivering the Critical Appraisal Skills Programme (CASP) to multidisciplinary groups. Experience of leading CASP workshops[3], full access to CASP materials and encouragement and guidance from the CASP team were invaluable in developing PHASE workshops.

[3] Oliver,S. Milne,R. 1995. CASP workshops for Consumer Health Information Services. A report to the King's Fund Development Centre. Oxford Institute of Health Sciences.

Section 2 Aims and objectives

The EPI-Centre provides support and training for health promotion practitioners and researchers in methods of evaluation. Informal approaches to these tasks have included advising on individual evaluation proposals and supporting graduate students with their research. The PHASE workshop programme is the EPI-Centre's first formal approach to providing training.

a) Aims of the PHASE workshop programme

- To promote awareness of the need to base health promotion on evidence of effectiveness
- To help commissioners and providers of health promotion services develop the skills they need to make sense of evidence about effectiveness
- To strengthen the link between practice and research in health promotion

b) Objectives for the PHASE workshop programme

- To support purchasers and providers of health promotion services in setting their own objectives for each workshop
- To run workshops for and with purchasers and providers of health promotion services
- To support these groups in taking this work forward
- To evaluate the delivery of the workshops and their short-term impact on the knowledge and practice of purchasers and providers of health promotion services
- To produce a report of the workshop programme for the Department of Health and North Thames Regional Health Authority
- To make recommendations for future work in this area.

Section 3 Introducing the PHASE programme to purchasers and providers

a) Consultation with stakeholders

Developing the PHASE programme began with discussions between the EPI-Centre and its two steering groups from the Department of Health and North Thames Regional Health Authority. Potential enthusiasts were invited to join planning teams for workshops. Their expertise was required to identify sources of information currently used by services and to ensure that the design of each workshop took into account the resources of target groups, their usual working practices and networks. Planning also included administrative issues, such as who should attend, when and where workshops should be held etc., and content issues, such as the precise objectives for each workshop, the choice of articles for critical appraisal and attracting volunteers to take leading roles in the workshops. On-going consultation was an integral part of the programme evaluation.

Within the boundaries of North Thames, the EPI-Centre was introduced to two providers, a commissioner and a researcher to discuss further the development of the workshop format and materials. Beyond North Thames the EPI-Centre was introduced to a Family Health Services Authority which was leading newly funded projects for young people. Later two Health Promotion Units (in Buckinghamshire and Lambeth, Lewisham and Southwark) who had reserved two places at each PHASE workshop were visited. Staff were invited to comment on materials and encouraged to accept roles facilitating small groups during the workshops and to participate in the evaluation of the programme.

Through the consultation process a wide range of potential participants were identified; specific interests of the funders and options for prioritising the invitations were discussed; attitudes were revealed about outcomes research in health promotion which challenged the applicability of conventional CASP workshops; and new working relationships between the EPI-Centre and health promotion practitioners were established for the planning, delivery and evaluation of the workshop programme.

Figure 1: Groups with a vested interest in evidence-based health promotion

Providers: Health promotion units Local Education Authority Advisors/ Inspectors for Personal Health & Social Education National Liaison Group London Health Promotion Officers /Health Education Commissioning Group HIV Prevention managers GP s School Nurse Service Family Planning Service BMA GUM Health Advisors Family Planning Association Brook Advisory Service Local Authority Youth Service Society for Health Education and Promotion Specialists	**Purchasers:** HIV Prevention Commissioners N London Standing Committee and S London Standing Committee Health Education Authority Sex Education Forum Local Authorities, who may have an HIV co-ordinator or a children's committee Local Education Authorities Local Authority Commissioners Public Health Departments
Academic Organisations: Mortimer Market South Bank University North London University Institute of Education (Policy Studies etc) Kings College Croydon College Thames Valley University Southampton University (IHIPS) Course directors of postgraduate courses in health promotion	**Voluntary Organisations:** TIE Uniformed/ non uniformed organisations - Scouts/ Woodcraft Folk etc Positive Youth etc Terrence Higgins Trust Lighthouse (research unit) HIV project GMFA (Gay Men Fighting AIDS) Rubberstuffers
Researchers: North Thames R&D Research Fellows In house (a number of health authorities have researchers working on local needs assessment/ effectiveness)	**Others:** Community Health Councils, who may have a committee for women and children's health Pesonal Social & Health Education co-ordinators in schools Trade Unions, Political Parties Department of Health/ DFET Church Leaders Community liaison managers of large corporations eg Glaxo, Hasbro

b) EPI-Centre's response to the views of stakeholders

Two workshops in this series were funded by North Thames Regional Health Authority and three workshops were funded by the Department of Health. Objectives for individual workshop (appendix IV) were developed in discussion with funders and planning teams.

To meet the interests of North Thames RHA, two workshops focused on sexual health. One of them focused on an outcome evaluation of a peer lead sex education programme in British schools. The other focused on a randomised controlled trial of interventions to reduce risk behaviour by gay men. The potential for critically appraising other documents, in addition to research reports, for instance self-evaluation reports, circulars and letters, was raised by a purchaser of sexual health promotion services in North Thames, and aired during discussion sessions at workshops.

The Department of Health expected workshop participants to consider how they might develop their own evaluation methodologies, as well as commission or provide effective health promotion services. To accommodate these objectives, time was allowed in workshops to discuss how lessons learnt from critically appraising process and outcome evaluations can guide the implementation, monitoring and evaluation of health promotion programmes.

Planning meetings revealed that major objections to focusing on randomised controlled trials should be expected from people with an interest in outreach and community development, particularly in the field of HIV prevention. Differentiating between control and intervention groups, attributing outcomes to the intervention in a complex environment, the fluidity of some interventions, applying appropriate clinical and behavioural outcome measures, the mobility of some populations, the necessity of process evaluations and problems with generalisabilty are seen by some as insurmountable barriers to randomised controlled trials. With these concerns in mind, the usual study designs of randomised controlled trials and systematic reviews (which often emphasise randomised controlled trials) appraised in CASP workshops were broadened to include process evaluations and controlled trials without randomisation. The intention was to contextualise RCTs by considering a range of approaches to evaluation design. In response to objections to medical perspectives of health, workshop materials were adapted to reflect better the non-medical aspects of health promotion. Peer-led interventions and health education programmes were chosen in preference to screening studies which have been appraised previously during CASP workshops.

The benefits and problems which might arise from bringing together purchasers

and providers to discuss evidence-based health promotion were discussed in advance with potential workshop participants. The strategy adopted to encourage participants to share their experience was to involve both purchasers and providers in workshops, and small groups within those workshops, but to take care to ensure that individual small groups did not include colleagues from the same organisations, or purchasers and providers who are bound by a purchasing contract.

The EPI-Centre declined an invitation to tailor workshops for the Family Health Service Authority. Their programme of twelve new initiatives for young people's health had required considerable effort so far, but had not been planned on the basis of evidence of effectiveness, nor were projects established in such a way that information about effectiveness could be gathered alongside the provision of service. In this situation the EPI-Centre was concerned that rather than strengthening the link between practice and research, workshop would either demoralise staff or encourage them to disregard all evidence based approaches in future. Instead the local contact was invited to attend workshops in London with a view to discussing how evidence-based health promotion might best be advanced in future.

However, an invitation to lead a PHASE workshop for two provider units in Berkshire, arising from a recommendation from a PHASE workshop participant, was accepted. Materials were adapted to suit their interest in community action, and the time-table and venue were chosen to fit their regular meetings.

As consultation continued throughout the programme, additional changes were made to the workshops and materials: particularly, the choice of papers for appraisal; reproducing the information from the PHASE workshop flyer in the workshop pack; and the method for soliciting feedback at the final workshop. In addition, the EPI- Centre welcomed an offer from one of the participants to host and lead an evaluation meeting following the pilot series of workshops.

c) Inviting purchasers and providers to consider critical appraisal

Discussion with the funders took into account the planned maximum of 30 participants at each workshop and identified priorities for invitations. The Department of Health, not wishing to preclude any specific groups, wrote to Directors of Public Health, inviting them to encourage appropriate members of their staff attend workshops. Invitations from North Thames Regional Health Authority were to attract participants who have a particular interest in sexual health for young people and gay men, and were sent direct to commissioners and providers in the North Thames region: health promotion units, HIV Prevention Managers, HIV Prevention Commissioners, the North London and South London Standing Committees. Public Health personnel with a responsibility for HIV/AIDS and voluntary sector groups with an interest in HIV/AIDS.

Invitations to the workshops were sent from the funders of this programme. A covering letter (appendix I) was accompanied by a flyer advertising PHASE workshops (appendix II). Invitations emphasised the value of attending more than one workshop. A fee of £25 was made for each workshop, and a reduced fee of £20 per workshop for participants who attended more than one.

Section 5 Preparation of learning materials

a) Topics for appraisal in workshops

Discussion with planning teams within North Thames identified the following topics and questions of interest to potential workshop participants:

- Reducing unprotected sex (men and women), not only amongst young people
- HIV/AIDS and other sexually transmitted diseases
- Cervical cancer - "it is frightening and unpleasant and people don't talk about it"
- Middle aged women needing sexual health services
- Best ways of conveying information to different people eg the young, over 25, gay young men below the age of consent - particularly when sex is illegal but information still needed.
- Best method of delivery eg school nurses/ life education/ peer education - should we buy one service or buy all? What harm might they do?
- Models of interdisciplinary working - do we only purchase from multidisciplinary teams - healthy alliances eg train teachers and school nurses together so that they can learn from each other and reinforce each other's skills, or drug education/ youth service/ Brook Clinics. Can school nurses, genito-urinary medicine clinics and youth counselling services share experiences and cross refer clients?
- Pregnancy planning services eg Brook Clinic, Pregnancy Advisory Service, generic family planning services or general practitioners. The Brook Clinic is a less threatening environment for those under 25 but generic clinics are better integrated into the infrastructure eg absent doctors can be replaced and there is an integral hospital laboratory service. Should generic clinics be made more user friendly?

The Department of Health funded FHSA initiative for health promotion with young people identified a variety of topics of interest to providers of services for this age group including: integrated information and leisure services, sexual health training for professionals, outreach programmes, counselling services and school nutrition programmes.

This is a broad range of topics, some of which were addressed in general workshop discussions or critical appraisal exercises. To make use of literature readily available priority for the first PHASE workshops was given to sexual health,

smoking prevention and cessation, and social support.

b) Sources of evaluations for appraisal

Most papers for critical appraisal in workshops were selected from the EPIC database, a methodological database at the EPI-Centre which holds details of studies identified as evaluations of health promotion interventions; these include both process evaluations and outcome evaluations. Sources of reviews include the NHS Centre for Reviews and Dissemination Database of Abstracts of Reviews (DARE) and the Cochrane Database for Systematic Reviews (CDSR).

c) Preparation of Workshop Materials

Workshops were supported by a set of booklets to introduce concepts, provide material for workshop activities and subsequently for reference by workshop participants.

During the consultation stage of this programme the CASP "Orientation Guide" was used unchanged to introduce funders and potential participants involved in planning to critical appraisal skills workshops . Other CASP materials to inform this project included:

- a pack for each workshop, sent to participants one week beforehand,
- overheads for use in workshops,
- leaflets providing a step-by-step guide to critical appraisal of a report, to be used in the workshop and afterwards, and
- a follow-up pack, which includes reference material and encourages workshop participants to use and develop their new knowledge and skills.

In response to the early consultation exercise, these materials were all adapted to reflect the language and interests of people working in health promotion. References to "patients" and "ill health" were replaced with more positive wording. To address a broader range of study designs major changes were required: questions were developed to appraise process evaluations, controlled trials without randomisation and research proposals. These questions addressed the relationship between the different methodologies as well as guiding the critical appraisal of individual reports.

The post workshop pack required considerable adaptation because the reprints of papers discussing evidence based health care in the CASP version are not readily

applicable to health promotion. Most of the CASP overheads and the post workshop pack were replaced with new material which drew largely on the EPI-Centre's experience of systematically reviewing health promotion literature. The post workshop pack was prepared from overheads used throughout the series of workshops and from the principles outlined in a guide for evaluating health promotion[4]

[4] Hawe, Degeling and Hall.1990. "Evaluating Health Promotion, A Health Workers' Guide". Published by MacLennan and Petty. London ISBN 0 86433 067 7

Section 6 Workshop programme

a) Overall programme

The time-table for this pilot series of workshops was set in discussion with the funders and was determined by a request that workshops be delivered before March, when activities relating to the purchasing cycle were expected to preclude attendance at workshops. The first workshop was held on 15 January and the last planned for 1 March. To meet the demand for the last workshop, a repeat was held on 22 March and the workshop for Berkshire health promotion units was held at their request on 3 April.

Figure 2: Workshop programme

Month	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April
Determining objectives & outline of programme										
Working with planning teams										
Identifying invitees										
Circulating invitations										
Administration										
Preparing learning materials										
Workshops							X X	X X	X X	X
Prepare post workshop packs										
evaluation meeting										X

b) Workshop venues

Workshops were held at the Institute of Education, Bedford Way, London. The exception was the workshop for Berkshire health promotion units which was held in response to their invitation to lead a workshop at their regular bi-monthly meeting, in Windsor.

c) Series of workshops

Workshops were offered as a series with participants encouraged to attend more than one. The workshops lasted 4 hours each and spanned lunch, for the convenience of participants travelling long distance, and to allow time for networking over lunch. Their format included:

1. Briefing of small group facilitators
2. A large group session introducing key concepts
3. Critical appraisal in small groups
4. Feedback from groups in a plenary session
5. Evaluation

In the light of discussions with funders and planning teams the following programme of study was developed:

PHASE 1

Topic:	Looking at the delivery of an anti-smoking programme
Population:	Young people
Study design:	Process evaluation

PHASE 2

Topic:	How can we tell whether sex education in schools works?
Population:	Young people
Study design:	Outcome evaluation

PHASE 3

Topic:	Testing methods for getting across a message and changing behaviour
Population:	Gay men
Study design:	Randomised controlled trial

PHASE 4

Topic:	Does stopping smoking in pregnancy improve health?
Population:	Pregnant women
Study design:	Systematic review

PHASE 5

Topic:	Outreach HIV prevention
Population:	Gay men using public open spaces for sex
Study design:	Implementation research proposal

PHASE 5a (repeat of 5)

Topic: Prevention of childhood injury through social support
Population: Disadvantaged mothers
Study design: Research proposal for RCT

Berkshire PHASE

Topic: Preventing alcohol problems
Population: Urban communities
Study design Controlled trial

c) Participants' contributions to PHASE workshops

PHASE workshops offered a forum for commissioners, providers, voluntary sector workers and researchers to discuss the role and use of evaluation in health promotion. Time was allowed for discussion in workshops and planning meetings to:

a) give some insight into the decision-making processes during the planning and delivery of health promotion programmes

b) identify sources of research reports which currently inform health promotion services

c) identify outcomes and processes of health promotion programmes of greatest interest to purchasers and providers

d) reveal commissioners' and providers' views of what is feasible and what is acceptable in health promotion programmes and their evaluation

e) consider commissioners' and providers' needs for new research and their role in its management

f) highlight some of the challenges to be faced in the development of evidence-based health promotion

g) inform plans for future training programmes

At PHASE 1 participants put effectiveness into the context of making decisions about purchasing and providing health promotion services table 2):

Table 1: Evidence of effectiveness in the context of decision-making

Questions to ask before purchasing or providing a health promotion intervention	
• is it a local priority? • is it repeatable? • is there a need? • is it cost effective? • is it ethically and principally sound? • is it acceptable, appropriate for the target group • does it fit local strategy? • does it need co-operation from other agencies? • does it work? does it address a major health burden?	• how much does it cost? • what resources does it need? • can it be maintained? • why has it arisen? • has it worthwhile aim? • how many people will it reach? • can it be evaluated? • will our purchasers like it? • any alternatives? • has there been a pilot study/process evaluation? • has it been evaluated? • how can it be evaluated?

These ideas were prepared as an overhead and used at later workshops and reproduced in the post-workshop pack.

At PHASE 2 participants discussed research methodology in the context of assessing the quality of a report:

Table 2: Methodology in the context of quality of reports

A good report	
• Has clear aims • Is readable • Addresses a clear target group • Is timely and available • Lists key points • Has a brief abstract • Is well structured, with clear sections for background, methods, and results	• Has sound methodology • Has accurate reporting • Addresses problems and limitations • Describe processes and outcomes • Distinguishes between information content and discussion

At PHASE 3 participants identified familiar health promotion interventions and described them in terms of their aims and objectives and possible outcome measures.

Table 3: Participants' descriptions of familiar health promotion programmes in terms for discussing evidence of effectiveness

Who? (Population)	What? (Intervention)	Why? (Aims and objectives)	Does it work? (Outcomes)
Teachers in Greater London	Anti-homophobia training	Implementing policies Provide training for pupils	Teachers' knowledge Delivery in class Pupils knowledge
"Cottagers" and "cruisers"	1 to 1 information Written information Safer sex packs	Increase awareness Safer sex practices	Knowledge Accessing services Using condoms
Gay men in London	Therapeutic groups and workshops	Enhance emotional well being Safer sex	Well being measures Unprotected sex
Gay men using public sex environments in London	Distributing condoms, lubricants & safer sex materials 1 to 1 information	Increase in carrying condoms Reduce HIV transmission Increase access to services	Carrying condoms Accessed site

At PHASE 4 participants suggested methods for identifying populations of disadvantaged families, possible interventions to provide support and outcome measures to evaluate that support.

Table 4: Participants' framework for investigating the effects of support for disadvantaged families

Defined populations	Defined interventions	Outcome measures
Regions of deprivation Family credit recipients identified by health professionals Felt need - self identified housing Ward classification	Home safety equipment Educational intervention Psychosocial support, eg counselling Money Transport Increased social contact Changing environment Childcare	Improved negotiating skills Self reported improved mental health Changing risk factor (for ill health) behaviour Immunisation rates Dental caries Uptake of services Fewer prescriptions of antibiotics, antidepressants

When critically appraising a Cochrane systematic review of smoking cessation programmes for pregnant women, the participants identified outcome measures which were not addressed by the review: impact on other family members, benefits to women's health, sustained non-smoking, impact of failing to stop smoking, stress levels, emotional impact of having a low birth weight baby, and self esteem. The remainder of the discussion time in this workshop was used to compose a letter to the author of the review who subsequently replied saying she would take these issues into account when updating the review.

In PHASE 5 the focus of the critical appraisal exercise was a proposal written by one of the programme participants. By applying critical appraisal questions addressing needs assessment, process evaluation and outcome evaluation, other participants were able to suggest improvements to a proposed evaluation of a current project in north London. Suggestions included embracing a broader range of health promotion needs; developing detailed methods of sampling and recruitment; investigating in greater depth acceptability of the intervention (considering privacy, safety and use of public open spaces); considering alternative interventions drawing on a literature search, learning from similar interventions with different target groups, developing project management structures, involving the target group more in the evaluation, seeking ethics committee approval, including a process evaluation to investigate training and support for providers; piloting the outcome evaluation; validating the measures, ensuring the research team have the

necessary skills, considering the feasibility of a comparison group, collecting pre-intervention data about knowledge of risk factors and health services; and considering seasonal factors, limitations imposed by short time scale and the impact of withdrawing an intervention at the end of the evaluation period.

In PHASE 5a (repeat) participants' knowledge of the problems faced by South Asian Communities in Britain in terms of high rates of diabetes were incorporated into an outline of a controlled trial where identifiable communities were randomised to receiving community workers who aimed to improve the management of diabetes and thereby see people suffering fewer diabetic symptoms and fewer hospital admissions.

In the PHASE workshop for Berkshire, participants' interest and knowledge of community pharmacists was harnessed to design an outline of a controlled trial where the unit of randomisation was the pharmacist.

In all the workshops it was possible to discuss methods for generating evidence of effectiveness in terms of the experience of participants, although some participants felt this approach to evaluation was inappropriate for health promotion.

Section 7 PHASE programme evaluation

Individual workshops were evaluated in four ways: (i) with the completion of before and after questionnaires addressing participants' attitudes to, and knowledge about, evidence-based health promotion; (ii) by asking participants to complete a 'workshop improvement' form at the end of each workshop, that assessed all aspects of the workshop including participants' enjoyment and the value of the workshop in terms of the use of their time; (iii) by encouraging participants to express their views in a short discussion at the end of each workshop (iv) and by inviting those participants who took a leading role in the workshop to comment on their experience immediately following the workshop.

The value of the series of workshops as a whole, and possible steps forward were discussed at a follow-up meeting which was attended by a sub-group of purchasers and providers who participated in the workshops.

Discussion with participants and responses to open questions on the feedback forms revealed some themes directly related to PHASE workshops, such as format of workshops, choice of papers for study and language (which are discussed below); and other themes related to evidence-based health promotion more broadly, such as the service-research divide, the purchaser-provider divide and the NHS internal market (which are discussed in the next section).

a) Response to PHASE workshop invitations

The pilot series of PHASE workshops was multidisciplinary. Nearly half of the participants came from within the boundaries of North Thames (table 5).

Table 5: Where participants were based

Participants' organisation	Within North Thames	Beyond North Thames
Provider	28	21
Purchaser	13	16
Purchaser/provider	9	21
Voluntary	4	0
Academic	1	4
Other	1	7
Total	56	69

Either participants had received a letter from the Department of Health or North Thames RHA or, more likely, they had heard of the workshops from a colleague (table 6). Most providers who attended had received an invitation indirectly. After

the first workshop it became apparent that some participants had not received all the preliminary material before booking workshops. When this was investigated further at the second workshop, only 6 of 23 people had seen the complete letter of invitation, flyer and booking form. Often only the researcher within an organisation was given all the information. Some others were told to attend, without having seen the background information.

Table 6: How participants heard of PHASE workshops

	Heard of PHASE workshops from			
Participants' organisation	Letter from oh	Letter from North Thames	a colleague	another source
Provider	2	6	26	4
Purchaser	6	3	8	0
Purchaser/provider	7	6	8	2
Voluntary	0	2	2	0
Academic	3	2	0	0
Other	1	2	2	0
Total	19	21	46	6

(33 missing observations)

More providers attended PHASE workshops than any other group: 41 providers took a total of 49 workshop places; 21 purchasers took a total of 29 workshop places; 21 participants with purchasing and providing backgrounds took a total of 30 places; 2 participants from voluntary organisations took a total of 4 workshop places; and 4 academics took a total of 5 places. (There may have been other participants from the voluntary sector who identified themselves as providers of services). Some potential participants were disappointed because their requests for workshop places arrived after the series had begun.

Table 7: How many workshops participants attended

	How many workshops attended					
Participants' organisation	1	2	3	4	5	Any
Provider	35	4	2	0	0	49
Purchaser	17	4	0	1	0	29
Purchaser/ provider	17	0	3	1	0	30
Voluntary	0	2	0	0	0	4
Academic	3	1	0	0	0	5
Other	1	2	1	0	0	8
Total	73	13	6	2	0	125

Before arriving at PHASE workshops approximately half (60) of the participants had read their workshop pack carefully, nearly half (49) had just skimmed it, and a few (4) had not read it at all (12 observations missing).

Lessons learnt

- Providers respond positively to news of PHASE workshops from colleagues.
- Sending invitations via Directors of Public Health is a slow process.
- The letter of invitation, flyer and booking form need to be inseparable to survive intact the process of indirect invitations.

b) Participants' satisfaction

Most participants enjoyed the workshops and found them a good or fair use of their time. Eight participants enjoyed the workshops "very much", 66 enjoyed them "quite a lot", 15 "not much" and 2 "not at all" (34 missing observations). Four participants found the workshops "excellent" use of their time, 46 found them "good use" of their time, 39 found them "fair" use of their time, 11 "poor" use of their time, and 2 "a complete waste of time" (23 missing observations)

This range of scores produced from post-workshop questionnaires was reflected in the extremes of views expressed verbally. One health promotion unit which originally booked a place at each of the series of five, cancelled their booking for the last two because they were so disappointed. This was in complete contrast to another unit which committed considerable staff time to attending workshops and

discussing them between themselves afterwards.

> "I'd like to thank the organisers for letting us all come as a team...[10 places]... not many organisations would have done that" (PHASE 5)

Some participants found the pace just right, others found it slow and others found it rushed. Some participants felt aspects of the presentations were patronising and ignored background knowledge which could be assumed, whilst others struggled to get to grips with basic terminology.

Our efforts to adapt our plans in the light of each PHASE workshop were appreciated.

> "Today is much better than the last workshop - the process and the seating - it feels better and it feels good that notice has been taken of what we said" (PHASE 3)

> "Thank you for an excellent day and for acting on comments from previous days. Much more informal atmosphere aided discussion" (PHASE 3)

Lessons learnt

- Whilst involving participants with a broad range of skills in CASP workshops has encouraged peer supported learning, this did not happen with workshops attended by health promotion specialist from different organisations.

c) Skills or information

A recurrent theme throughout the series was the balance between building research skills and acquiring research-based information. Three quarters of participants at the PHASE 2 workshop had not seen all the background information about the workshops in a letter of invitation (appendix I) and a flyer (appendix II). Many participants expected a topic based workshop rather than a skills based workshop and claimed that the letters of invitation were misleading. Some participants found the lack of recommended effective interventions disappointing:

> "I expected issues related to smoking - what does and doesn't work" (PHASE 1)

Others were pleasantly surprised:

> "I only registered for two topics. I would have registered for more if I'd realised the format." (PHASE 1)

> "I thought I would learn about good practice, not the process of how to find good practice - nevertheless this is beneficial and I think I learned this. I would have liked to come to all five - it was an ambiguous flyer for this event" (PHASE 4)

Some participants found it difficult to focus on the skills rather than their experience:

> "When asked to go through the questions provided..[critical appraisal tool] questions focused on whether processes were described in the paper but participants seemed to make quality judgements about the processes used - obviously this is important, but not necessarily the aim of this session" (PHASE 1)

There was some appreciation of the approach taken with PHASE workshops and the importance of linking information with understanding.

> "I was pleased to be sent the information. I got what I signed up for and I'm going away with what I came for" (PHASE 2)

> "I've gained skills that I can apply to my work. I didn't expect a magic pill". (PHASE 5)

> "I would be interested in attending a similar facilitated workshop exploring what does work in gay men's work and understanding the research better" (PHASE 3)

Many participants were sufficiently satisfied to express an interest in helping to run PHASE workshops in future; 17 volunteered from provider organisations; 9 from purchasing organisations; 13 from organisations with both purchaser and provider responsibilities; 3 from academic organisations; and 2 others.

Lessons learnt

- PHASE workshops offer an unconventional approach which many potential participants misinterpret when reading background material.
- This unconventional approach is valued by purchasers and providers wishing to base their work on evidence of effectiveness.

d) Choice of papers for study

Workshop participants were dissatisfied with every paper studied during the series.

> "I don't know what a good process evaluation is. I'd have liked to look at a

good paper too". (PHASE 1)

"This has obviously been written by a man... it's victim blaming" (PHASE 5a)

Following a concern expressed by one participant that the workshops did not reflect the reality of health promotion, a subsequent workshop was based on the critical appraisal of a proposed evaluation of a current project in North London. Some participants objected to discussing a real research proposal on the grounds that the authors would freely benefit from the workshop discussion.

Lessons learnt

- Workshop participants were more eager to discuss the relevance of interventions being studied, or the political background/ ethos of the intervention rather than the quality of evaluation.
- There is a dearth of material which stands up well to critical appraisal let alone matches principles encapsulated in the Ottowa Charter for health promotion[5].
- Workshop participants would find it helpful to be able to directly compare studies of different qualities.

e) Workshop materials

The workshop pack and the sets of critical appraisal questions attracted more positive comments than any other aspect of the programme. Some participants experienced difficulties in applying the sets of questions to critically appraise papers and changes were made to the questions in the light of this during the series.

"The ten questions [were] very useful prompts" (Berkshire PHASE)

"Very useful tool - made us think - made us focus" (PHASE 5)

"[The] practical tool sheets .... can be used following the workshop ... within the context of a busy job" (PHASE 5)

Following many requests throughout the series for copies of the overheads, a selection of these were adapted to prepare a post workshop pack. This was available in time for the workshop in Berkshire where it was particularly

[5] Ottowa Charter for Health Promotion. International conference on Health Promotion 17-21 November 1986. Ottowas: World Health Organisation.

appreciated. A complete set of critical appraisal questions was also included in the post workshop pack.

Lessons learnt

- Participants value particularly highly well-designed materials for use in workshops and afterwards.
- There is a need for background papers discussing evidence-based health promotion

f) Demonstration of Cochrane databases

The PHASE 4 workshop was based on a systematic review from the *Cochrane Pregnancy and Childbirth Database* and included a demonstration of the *Cochrane Database of Systematic Reviews* .

Participants were critical of outcome measures in a health promotion review being restricted to measures of physical health; in their view the lack of social and emotional outcome measures of health devalued the work. However they recognised that this resource was being embraced with more enthusiasm by those interested in treatment of disease, and that they may be called upon to justify their own work by similar criteria:

> "It's useful to understand *[CDSR]* even if it's not relevant to our work. We can understand its limitations" (PHASE 4)
>
> "[It's] useful to have the knowledge, but feel that we identified major limitations to the use of the database review system, therefore would not rely on this method independently... It felt very bio-medically orientated, but the opportunity to write to the reviewer felt like a positive step to changing this" (PHASE 4).

Lessons learnt

- Participants considered the *CDSR* demonstration interesting but irrelevant to their work.
- Participants responded very positively to the opportunity to write to the review author with constructive criticism.

g) Series format

There was little consensus about the timing of individual workshops or the format of the series. Half day workshops would have been preferred by those local to London, but would have excluded those with further to travel. One participant would have preferred an intensive course over two and a half days. For some, even a single day was seen as enough and others valued the opportunity to discuss ideas with their close colleagues between workshops:

> "A lot of information, a lot of work, no easy answers - all in one tightly packed day" (PHASE 2)

Some participants found individual workshops useful, others wished they had attended more and several participants mentioned the benefits of attending more than one.

Lessons learnt

- The pick-and-mix approach to attending workshops was unsatisfactory.

h) Learning

Workshop participants were asked to complete questionnaires before and after each workshop developed by CASP to assess participants' perceived understanding of terms. With hindsight, the questionnaires are less relevant to workshops which have addressed study designs other than systematic reviews. For this reason, the responses of participants before and after PHASE 4 (the workshop most similar to CASP workshops) are presented below.

Table 8: Percentage of participants who could use or define terms related to evidence of effectiveness

	% participants who say they are able to use or define terms	
	Before PHASE 4	After PHASE 4
CDSR	30	44
CHC	90	82
Cochrane Collaboration	24	50
corporate contract	88	78
cost-benefit	70	75
critical appraisal	62	76
early adopter	24	24
effectiveness	85	88
indicative prescribing budget	38	35
"Local Voices"	76	65
MEDLINE	67	65
meta-analysis	48	70
NNT	15	31
odds ratio	24	64
options appraisal	63	67
publication bias	62	77
QALY	57	47
randomised controlled trial	77	77
systematic review	57	82

(terms in shaded rows were not addressed during the workshop).

Responses to the questionnaires before and after the workshops showed that most participants believed that their understanding of terms relevant to evaluating effectiveness had improved (Table 8). Participants perceived that they were better able to use or define some of the terms after the workshop than before, particularly *CDSR*, Cochrane Collaboration, critical appraisal, meta-analysis, NNT, odds ratio, publication bias and systematic review. The workshop did not appear to increase their ability to use or define the terms effectiveness, MEDLINE or randomised

controlled trial. These findings were confirmed in discussions at the end of workshops:

> "I'd like to see how far I've moved in the questionnaires - I have moved, I have learned" (PHASE 2)
>
> "A good learning opportunity" (PHASE 1)
>
> "I have learnt critical appraisal skills which I do think I'll use" (PHASE 1)

However, not everyone was satisfied:

> "I don't feel I've learnt anything" (PHASE 5)

Some participants recognised and appreciated a cumulative effect on knowledge gained from attending successive workshop.

> "I spoke to people who have been to two or three workshops and they are now much clearer about what to look for." (PHASE 3).
>
> "[This is] my second workshop. I'm getting the hang of critical appraisal - things are beginning to click" (PHASE 3)

The figures below show how the percentage of participants able to use or define terms was higher amongst those who attended two or more workshops. Whether their increased understanding is due to the workshops needs further investigation.

Table 9: Percentage of participants able to use and define terms following successive workshops

	% participants who say they are able to use or define terms by number of workshops attended		
	1 [n=71]	2 [n=17]	3 [n=6]
CDSR	14	29	33
CHC	56	58	38
Cochrane Collaboration	37	57	87
corporate contract	59	73	75
cost-benefit analysis	72	89	75
critical appraisal	83	95	100
early adopter	30	21	37
effectiveness	92	100	100
indicative prescribing budget	26	50	36
“Local Voices”	54	58	75
MEDLINE	57	53	63
meta-analysis	38	58	65
NNT	15	22	38
odds ratio	32	53	63
options appraisal	33	63	88
publication bias	50	79	88
QALY	34	44	50
randomised controlled trial	80	94	100
systematic review	65	90	88

(terms in shaded rows were not addressed during the workshop).

Lessons learnt

- An individual workshop appeared to increase participants’ perceived understanding of terms related to evidence-based health.
- Although most participants attended only one workshop, some participants attending two or more workshops perceived a cumulative effect.

i) Participation

Workshop participants responded positively to the invitation to put evidence of effectiveness into the much broader context of decision making, and the process of critical appraisal into the broader context of assessing the quality of a report.

In the large group discussion, workshop participants were able to describe their topic areas of interest (homophobia amongst suburban teachers, community pharmacists advising the public, gay men in social settings or using public spaces for sex, diabetes in Asian communities) in terms of target population, intervention, aims and objectives, and outcome measures, although some participants objected to this approach to evaluation.

In two subsequent workshops, participants' specialist knowledge was harnessed to illustrate how community based interventions can be evaluated by randomised controlled trials by using the provider or the setting as the unit of randomisation.

In small groups discussion sometimes went off at a tangent. Whilst this may still be interesting, it diverted attention from the task in hand and the opportunity for participants to develop skills for making better use of research reports:

> "It is proof of how unskilled we are at reading research that we just go off on tangents." (PHASE 3)

> "We signed up for a workshop, we should stay focused on the workshop and leave our baggage at the door" (PHASE 3)

However, even acknowledging the limited importance of controlled trials, and methods for appraising them, in decision-making, the EPI-Centre's support for the use of controlled trials to determine effectiveness was seen as prescriptive, inappropriate for much of health promotion, HIV prevention in particular, and dismissive of the uniqueness of individuals and circumstances:

> "Humans are non-reproducible and sites are unmatchable" (PHASE 5)

Lessons learnt

- Some participants respond positively to the concepts of evidence based health promotion when asked to explore them in terms of their own experience.
- The difficulties encountered in conducting controlled trials in some settings are interpreted by some as impossibilities.
- The purpose of randomisation in producing similar groups of diverse people or settings, and thereby accounting for their individuality rather than dismissing it, is poorly understood by some workshop participants and should be addressed in a separate workshop or literature pack.

j) Following workshops

Some workshop participants collated complete sets of PHASE materials for reference and to discuss with their colleagues. One health promotion unit did this with the intention of initiating discussion about evidence based health promotion at the autumn meeting of the Society for Health Education and Promotion Specialists (SHEPS). They have already discussed the potential of the EPI-Centre and PHASE workshops at a local SHEPS meeting and with their regional office of the NHS Executive.

The PHASE workshops created new links between the EPI-Centre and purchasers and providers of health promotion services. As noted earlier, news of the PHASE workshops from participants encouraged Berkshire health promotion units to commission a half day workshop to coincide with their two-monthly meetings between providers. Similarly, South Thames Region health promotion managers invited the EPI-Centre to present its work and initiate discussion of effectiveness at one of its two-monthly meetings.

Two inner London HIV commissioners have consulted the EPI-Centre about evaluating a community development project and the feasibility of increasing the evidence base of HIV prevention activities.

Presenting the PHASE programme at CASPfest, a forum for CASP co-ordinators in July, led to invitations to work in Bedfordshire with people with a particular interest in community development, and in Sussex with people responsible for health promotion within primary care.

Lessons learnt

- There is considerable enthusiasm amongst some purchasers and providers for working in partnership with researchers to advance evidence-based health promotion

Section 8 Evidence based health promotion

This section presents and discusses information about workshop participants' experience and perceptions of evidence-based health promotion. It draws on information gathered in questionnaires before and after workshops, and on group discussions during workshops, discussions with individual participants following workshops and at events to which EPI-Centre staff were invited as a consequence of PHASE workshops.

Attitudes towards evidence-based health promotion

The pre-workshop questionnaire asked questions about participants attitudes towards evidence-based health promotion and the active participation of purchasers and providers in understanding and applying the evidence.

Table 10 shows that participants expressed strong support for evidence-based health promotion before attending workshops (questions 1 and 6) and similar strong support for purchasers and providers to understand this evidence (questions 2, 4, 9 and 10).

Table 10: Participants' attitudes towards evidence based health promotion before attending PHASE workshops

	I strongly disagree	I disagree	I don't agree or disagree	I agree	I strongly agree
1. Evidence about effectiveness should help determine policies and practice in health promotion.	0	0	2	47	51
2. Purchasers, providers and voluntary groups should be able to understand evidence about effectiveness.	0	0	4	52	44
3. The shift of health resources from care in hospitals to care in the community is generally not supported by evidence about effectiveness.	2	11	43	39	6
4. Purchasers, providers and voluntary groups should not be expected to assess evidence about effectiveness.	25	61	7	6	1
5. Evidence about effectiveness generally supports health promotion policies and practices.	5	33	32	27	3
6. Health promotion policies and practices should not be influenced by evidence about effectiveness.	43	50	3	2	2
7. Health promotion services in your area are strongly committed to delivering effective services.	0	3	18	50	28
8. Health professionals in your area are committed to delivering effective preventative care.	0	6	34	52	8
9. Purchasers, providers and voluntary groups should have the skills to assess evidence about effectiveness.	1	3	6	64	26
10. The job of understanding evidence about effectiveness should only be performed by researchers.	37	53	8	2	1

(Numbers do not always add up to 100% because of rounding).

Following the workshops the support for evidence-based health promotion appears slightly weaker (questions 1 and 6) and the support for the active participation of purchasers and providers in understanding the evidence (questions 2,4,9 and 10) also appears slightly weaker.

This suggests that the workshops changed and focused participants' understanding of effectiveness and thus there were fewer supporting it afterwards than before.

Table 11: Percentage of participants agreeing/ disagreeing with statements about the evidence base of health promotion <u>after</u> attending a PHASE workshop

	I strongly disagree	I disagree	I don't agree or disagree	I agree	I strongly agree
1. Evidence about effectiveness should help determine policies and practice in health promotion.	0	0	3	60	37
2. Purchasers, providers and voluntary groups should be able to understand evidence about effectiveness.	0	0	2	66	32
3. The shift of health resources from care in hospitals to care in the community is generally not supported by evidence about effectiveness.	1	6	50	39	4
4. Purchasers, providers and voluntary groups should not be expected to assess evidence about effectiveness.	26	64	7	3	0
5. Evidence about effectiveness generally supports health promotion policies and practices.	4	43	32	20	2
6. Health promotion policies and practices should not be influenced by evidence about effectiveness.	30	62	4	3	2
7. Health promotion services in your area are strongly committed to delivering effective services.	0	3	17	56	24
8. Health professionals in your area are committed to delivering effective preventative care.	0	4	25	59	12
9. Purchasers, providers and voluntary groups should have the skills to assess evidence about effectiveness.	1	2	7	70	21
10. The job of understanding evidence about effectiveness should only be performed by researchers.	37	46	8	9	0

These results should be interpreted with caution. Discussion in workshops revealed that participants did not all share the same definition of effectiveness and changes in their answers to these questions may reflect either changes in the interpretation of the terms or changes in their attitudes towards evidence-based health promotion, or both. This is confirmed by interviews with purchasers, providers and researchers of HIV prevention in North Thames Regional Health

Authority, which revealed that "a great deal of confusion currently exists about the definition of terms such as outcome, output, process and effectiveness".[6]

Lessons learnt

- Differences in interpretation of terms related to evidence of effectiveness suggest that additional methods for evaluating the effect of workshops on participants' attitudes should be considered.
- Apparent support for evidence-based health promotion may be weakened by discussing evidence of effectiveness in focused terms. This may be related to poor understanding of the purpose of randomisation in producing similar groups of diverse people or settings.

Asking questions about the evidence base of health promotion

The pre-workshop questionnaire investigated whether participants asked questions about the evidence base of health promotion, where they sought answers and their access and use of sources of information which might provide answers. They were asked whether, during the previous 12 months, they had asked questions about the availability, acceptability and effectiveness of health promotion materials, programmes and training for leading health promotion programmes and where, if at all, they were able to find answers to their questions (table 12).

Approximately three quarters of the workshop participants said they had asked questions about leaflets (availability, acceptability and effectiveness) for the public. Nearly all of these found where leaflets were available, three quarters of them asking about acceptability were satisfied by finding an answer, but only half of those asking questions about the effectiveness of leaflets were satisfied by finding an answer.

Approximately two thirds of workshop participants said they asked questions about health promotion programmes (full descriptions, feasibility, acceptability and effectiveness). About three quarters of those looking for a full description of a programme were satisfied by finding an answer, but only about half of those asking questions about feasibility, acceptability or effectiveness said they found an answer.

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[6] Bonell,C. 1996. Outcomes in HIV Prevention, report of a research project. The HIV Project. London

Table 15: Percentage of participants who had asked questions about evidence based health promotion and whether they had found answers.

Have you asked these questions in <u>the last 12 months?</u>	This is not relevant to my work	I have not asked this question	I have asked this question	I could not find an answer	I did find an answer
1. Where can I find some health promotion materials (eg leaflets) prepared for the public?	9	15	76	1	72
2. Are these materials acceptable to the public?	6	17	77	10	55
3. Do these materials change knowledge, attitudes, behaviour, health?	5	20	75	24	35
4. Where can I find a health promotion programme (eg sex education curriculum) described well enough to set it up locally?	11	26	63	9	47
5. Is this programme practical to set up and acceptable to the public?	12	24	65	19	38
6. Does it change knowledge, attitudes, behaviour, health?	9	25	65	22	35
7. Where can I find a training programme for leading a health promotion programme?	9	40	51	7	39
8. Do the trainees find this training acceptable/ useful?	9	34	58	4	50
9. Does the training programme change the knowledge, attitudes and behaviour of the trainees?	7	32	61	7	48
10. Does the training programme change the knowledge, attitudes, behaviour and health of the public?	9	40	52	21	23

(Numbers do not always add up to 100% because of rounding)

A little over half the workshop participants had asked questions about training programmes for leading health promotion programmes. Of these, three quarters said they found out about availability, more than four out of five said they found out whether these were acceptable to trainees, three quarters said they found whether or not these were effective in changing the knowledge, behaviour or attitudes of the trainees and nearly half said they found out whether they subsequently had an effect on the public.

Where answers to questions about effectiveness were found

Most participants said that they found answers to their questions from their immediate colleagues, internal reports or personal experience:

> "I have not had to ask these questions specifically but I would have used previous knowledge to find answers if I had". (PHASE 2)

One participant explained the difficulties of trying to base work on evidence:

> "I often find myself in the position of asking questions like these... and either not really having the time/ resources/ skills to look for answers or assuming that there are no answers and trying to work out how we can find them from scratch eg focus groups on new resources, pre-post course questionnaires for training programmes. Sometimes the latter response is well founded. Working in a relatively well funded, large, inner London Health Promotion Service we are often in the forefront of work. When I look elsewhere for relevant information for training, condom distribution etc I've found little that is inspiring... But, clearly there are times when I'm not aware of what is available, relevant or of how to access this material. It is the latter point that really worries me!" (PHASE 3)

Participants were also asked to state which sources of information they had access to or had used, in the past 12 months, to find out about the impact of health promotion programmes on knowledge, attitudes, behaviour and health.

Table 13: Participants' access to sources of evidence of effectiveness

	% Participants from these organisations with access to sources					
	Provider [n=49]	Purchaser [n=29]	Prov/purch [n=30]	Voluntary [n=4]	Academic [n=5]	Other [n=8]
Health Services abstracts	65	72	60	25	80	63
Health Lines	100	93	83	100	60	75
Health promotion journals	98	93	87	50	80	88
Effective Health Care Bulletins	41	55	56	0	80	38
CDSR	16	35	40	0	20	25
CCPC	16	35	43	0	40	13
Health Promotion text books	96	90	83	25	60	75
MEDLINE	41	62	57	0	80	63
EMBASE	12	17	20	0	20	0
Other bibliographic databases	20	10	33	0	40	38
Other	27	38	20	25	40	38

Health Lines (HEA), health promotion journals, text books and Health Services Abstracts (DoH) were most accessible. Least accessible were sources of information which specialise in high quality information about the effects of care, namely Effective Health Care Bulletins and Cochrane systematic reviews.

Participants were also asked whether they used these sources for information about the impact of health promotion programmes.

Table 14: Participants' use of sources of information about evidence of effectiveness

	% Participants from these organisations who used sources in previous year					
	Provider [n=49]	Purchaser [n=29]	Prov/purch [n=30]	Voluntary [n=4]	Academic [n=5]	Other [n=8]
Health Services Abstracts	18	38	17	0	20	75
Health Lines	78	59	47	25	60	75
Health promotion journals	65	52	66	0	40	75
Effective Health Care Bulletins	12	28	40	0	0	25
CDSR	0	7	7	0	20	13
CCPC	2	7	7	0	0	0
Health Promotion text books	76	66	66	25	40	63
MEDLINE	16	21	30	0	60	75
EMBASE	0	3	0	0	0	0
Other bibliographic databases	14	7	27	0	20	38
Other	25	35	20	25	40	38

Not all workshop participants used within the last 12 months those sources of information to which they had access. Health Lines and text books were used by three quarters of the providers and two thirds of the purchasers attending workshops. Effective Health Care Bulletins were used by 28% of purchasers and 12% of providers whilst use of Cochrane systematic reviews was minimal, which reflects their current low coverage of health promotion.

> "Research is actually the last thing used to make a decision in the current political climate" (PHASE 3)

Lessons learnt

- Those sources of information noted for reliable evidence of effectiveness are used least and are considered irrelevant because of poor coverage of health promotion, or inappropriate because of their high reliance on controlled trials and, in some cases, narrow outcome measures.
- Those sources of information which are noted for their relevance of health promotion, are poor in coverage of effectiveness information.

Discussion and application of evidence based health promotion

The NHS internal market proved to be a barrier to open discussion in workshops:

> "There was a provider commissioner divide - some health promotion managers were defensive. [Despite this] the debate and evaluation was useful and the most interesting part of the day" (PHASE 1).

> "Agencies are set up in competition so it's difficult" (PHASE 2)

However, the atmosphere was more relaxed at the PHASE workshop for Berkshire, where participants knew each other and were used to meeting regularly. They particularly valued:

> "an opportunity to explore and discuss evaluation with colleagues in a focused setting"

> "discussions, sharing with colleagues, [the] process of being together"

> "the time it permitted us as a group to discuss evaluation issues"

> "the opportunity to share concerns, issues and fears with colleagues".

There was also a language barrier between researchers and purchasers and providers of services. The message encouraging providers to use sound studies of effectiveness to guide their work, seemed to be misunderstood by some people as an assertion that providers should undertake their own outcome evaluations:

> "I feel there is a great need for research papers to reflect the needs of the audience they reach. Take away much of the jargon. Be specific" (Berkshire PHASE)

> "Too much emphasis placed on time consuming expert research in a room with a sizeable proportion of 'field workers' " (PHASE 5)

The misconception that skills for conducting outcome evaluations are necessary for practitioners to establish effective health promotion programmes may have

discouraged workshop participants from considering the relevance of the workshops to their work and created an unnecessary barrier between researchers and practitioners:

> "I have a very positive attitude to evaluating health promotion and debating RCTs etc., but I feel there has been a push that RCTs are essential and a lack of acknowledgement that health promotion specialists cannot do this... I am all for critical appraisal but the reality is that RCTs aren't out there and we are not resourced to undertake them. This has to be acknowledged and discussed further". (PHASE 5)

In addition to the barriers to discussion in a workshop, are the pressures imposed by contracting cycles. Participants discussed these barriers and the need for providing an environment that is conducive to integrating research and practice:

> "[There is a] time pressure on reading, reflecting, and processing evaluation reports" (Berkshire PHASE)
>
> "[We need] an environment where evaluation is supported. At the moment all good intentions are hopelessly unrealistic" (Berkshire PHASE)
>
> "[We need] the time to do it within a contract" (Berkshire PHASE)
>
> "People need to know it's OK to spend a day in the library doing searching properly" (Planning meeting).
>
> "I can't understand why there wasn't a more positive uplifting response. Perhaps people are bowed down trying to demonstrate the effectiveness of what they're doing now" (PHASE 2)

It was clear that a concerted effort was needed involving all those working towards effective health promotion.

> "We need to clarify a legitimate role for commissioners in stimulating and funding research. We need to clarify a legitimate role for providers. And to analyse the relationship between research and practice and the potential for incorporating research into practice (PHASE 2).
>
> "This initiative is very much welcome. I would like to see more national support of effectiveness. The EPI-Centre could play a key role in that. However, I would like the workshops to be based on issues such as Health of the Nation key areas, community interventions rather than one or two specific papers" (PHASE 1)

Lessons learnt

- The competitive environment of the NHS internal market discourages both discussion of evidence based health promotion and attempts to develop it within contracting cycles.
- Misconceptions about the skills required to establish effective health promotion programmes may discourage practitioners from learning how to integrate research findings into their work.

Research training needs

Some participants were very clear about their needs for support and information when working towards effective health promotion. Some wanted information:

> "[I need] information about what studies/ papers are available, who else is working in my topic areas. [And] advice about what I am proposing to do - is it effective/ how can I make it more effective?" (Berkshire PHASE)

> "People want critical appraisal done for them, not to do it themselves - some people struggle with the conceptual understanding and the statistics" (PHASE 3)

Some want discussion:

> "I think most health promotion staff have skills to appraise an article. What is needed is an overview of evidence in specific areas eg smoking... a consensus on what can be taken from it and therefore identified programmes" (PHASE 1)

And others want support in developing and evaluating their own work:

> "[We need] discussion and 'refereeing' of project evaluation planning before rather than after the event [and] techniques for presenting the case for valid and effective evaluation in the context of multi-agency projects where consensus issues must be addressed" (Berkshire PHASE).

> "I need a follow up workshop to help me design an intervention. I need help in developing my own skills - either a workshop or other support" (PHASE 3)

Some participants wanted complete sets of the overheads used in PHASE workshops for themselves and to pass on their newly acquired skills to their colleagues.

Lessons learnt

- There is a demand for “in house” training in the use and application of research.

Possibilities for action identified by purchasers and providers

Following the workshops a half day meeting was convened to reflect upon the workshops and consider steps for encouraging evidence-based health promotion. This meeting was held at the HIV Project in London, facilitated by two purchasers of HIV prevention services and attended by purchasers and providers from inner and outer London, Buckinghamshire and the East Riding of Yorkshire and two members of the EPI-Centre. A brief overview of the workshop programme was followed by discussion about the workshops and about the responsibilities of purchasers, providers and researchers in relation to health promotion. In the light of this discussion the two facilitators prepared the following recommendations.

Recommendations regarding the PHASE workshops

The EPI-Centre should undertake fewer workshops which are targeted towards priority groups based on shared work areas (eg work with African communities). Time should be set aside to tailor the workshops to the participants, and participants should receive the whole package rather than one element.

The workshop structures could change to reflect this increased targeting; a more applied approach was felt to be helpful, and an element of advance preparation/ distance learning was suggested as one method of maximising the effect of EPI-Centre staff time. Evaluation structures should be similarly be tailored to individual workshops.

Information beforehand should encourage participants to understand the limitations of PHASE workshops (not a degree course!). It was agreed that the price of attendance could be increased.

Recommendations regarding the work of the EPI-Centre

The EPI-Centre urgently needs to address the lack of understanding of their work and position in the field. A number of strategies were suggested to help with this including:

- a "menu" of their work including offer of consultancy around integrating research
- stressing the importance of qualitative as well as quantitative research
- involvement in 2 or 3 demonstration projects of "good" evaluative research
- development of a learning tool for commissioners and providers
- having explicit links and boundaries with the work of HEA's National Health Promotion Information Service, Centre for Reviews and Dissemination etc
- developing their understanding of the differences between the HIV prevention field and the mainstream health promotion field including the urgency of need for many field workers, the political importance of sex - particularly for gay men, sensitivity in the use of language.

Recommendations regarding steering and advisory structures

The EPI-Centre needs support from its steering and advisory structures in

- getting a balance in workshops between developing skills ("this is how you spot good research") and providing answers ("this works and that doesn't")

- evaluating their own work in a way which goes beyond number-crunching
- setting a balance between improving skills of field workers and moving the research agenda forward by supporting the prioritising and development of relevant high quality evaluative research

Recommendations for linkage with the wider field

Both commissioners and providers need further support in integrating research into specifications, bids and contracts for health promotion and HIV prevention work.

However, the paucity of existing evaluative research needs also to be addressed. Commissioners need support in identifying priorities for commissioning new research and in assessing bids independently.

At the same time, the current dialogue between commissioners and HIV-specialist researchers about the type of evidence which is achievable and the balance between evaluative and "risk identification" research, requires facilitation and illustration. This includes broad agreement on the desired outcome of a particular intervention.

The recommendations above and draft versions of sections 6, 7 and 8 of this report were circulated to all those who attended the evaluation meeting. The only additional comments were from those who brought a perspective of health promotion practice from outside of London.

> "It wasn't explicit in the meeting, but very evident, that there is a different agenda for people working in the rest of the country in terms of HIV prevention"

An understanding is required of any specialist field such as drugs or nutrition:

> "Work in other fields has sensitive issues too".

Section 9 Recommendations

The following recommendations were prepared by the EPI-Centre from observations in workshops, discussions with workshop participants before, during and after workshops, and from responses to the questionnaires.

a) Recommendations and their rationale

a) Expanding the evidence base of health promotion

- We found that identifying research papers which would satisfy workshop participants was hampered not only by the **dearth of sound evaluations** of effectiveness in health promotion, but also by the importance paid by health promotion providers to other criteria in judging the quality of interventions, such as the degree of community participation. To explore the relationship between interventions built on healthy alliances and interventions tested for their effectiveness, we recommend the literature be searched systematically for outcome evaluations of "**healthy alliances", including peer-led interventions**, and reviewed both for the **degree and quality of community participation and for evidence of effectiveness**.
- We found that purchasers who wish to focus their efforts on **high risk groups** are hampered by the difficulties of applying outcome evaluation methods to interventions targeting hard-to-reach groups. To develop appropriate methods for evaluating interventions with hard-to-reach groups, we recommend the literature be searched systematically for **evaluations of outreach programmes** and **appropriate methodologies,** and that the interventions be reviewed for their effectiveness and the methodology be reviewed for its applicability in local settings.
- We found that the low use of sources of reliable evidence of effectiveness, such as Effectiveness Health Bulletins and the *Cochrane Database of Systematic Reviews* , was matched by relatively low numbers of health promotion reviews in these publications. We therefore recommend that purchasers consider **commissioning** secondary research, in the form of **systematic reviews of health promotion,** which could be disseminated widely by the NHS Centre for Reviews and Dissemination and The Cochrane Library.

b) Encouraging reference to sources of evidence of effectiveness

- We found that many health promotion providers do not have access to sources of information which **specialise in reliable evidence of effectiveness**, such as Effective Health Care Bulletins and the *Cochrane Database of Systematic Reviews*. We recommend that **access to these resources is funded and included in service contracts.**
- We found that although a few health promotion reviews appear in *CDSR* and 41 in DARE (in addition to reviews of screening programmes), these are not readily identifiable as a rich source of health promotion reviews without applying specific search terms to identify narrow topics. To portray these publications as valuable sources for particular disciplines, including health promotion, we recommend that keywording and **search strategies for The Cochrane Library include broad terms which reflect the disciplines** which may be interested in each review.
- Even when sources of information which specialise in evidence of effectiveness are accessible, they are often not used. Most use is made of **Health Lines (HEA)** and **Health Services Abstracts (DoH)**. We recommend that Health Lines and Health Services Abstracts regularly include **structured abstracts and information and discussion of effectiveness** in health promotion, and **signposts** for other suitable sources such as Effective Health Bulletins and the Cochrane Library.
- Because using sources of sound evidence of effectiveness in workshops can act as an example for accessing evidence of effectiveness when providing or purchasing health promotion, Effective Health Bulletins and the Cochrane Library should be primary sources of reports for critical appraisal in workshops. We therefore recommend that health promotion reviews and their constituent trials in **Effective Health Bulletins** and the **Cochrane Library** be identified and included in EPI-Centre publications and used as a **menu of suitable papers for appraisal** in PHASE workshops.
- We found that some workshop participants were sceptical of **Effective Health Bulletins** as an appropriate and useful source of information for health promotion, and some were highly critical of a systematic review of smoking cessation programmes for pregnant women published in the ***Cochrane Pregnancy and Childbirth Database***. We recommend that all critical appraisal skills **workshops be convened as two-way avenues of communication** and that the response of the health promotion specialists be

collated and fed back to the authors of effectiveness reports.

c) Fostering evidence-based health promotion

- We found the **link between research and practice** needed strengthening both through increased understanding and new working practices. To build on achievements of standard PHASE workshops we recommend follow-up workshops to focus on the **application of new skills and knowledge in practice**, with the option of tailoring the critical appraisal tools to suit particular tasks such as planning or reporting local interventions, or reviewing proposals for interventions of their evaluation.
- The critical appraisal tools attracted more praise than any other feature of the workshops and participants were more enthusiastic about applying these to their own report writing than optimistic about applying them to research reports. We recommend that these tools be incorporated into **training programmes for report writing to encourage clarity about the research questions and conclusions of internal reports**.
- Some workshop participants found the workshop focus on developing the skills to recognise the quality and relevance of research reports frustrating in the absence of readily available lists of evaluated interventions. To meet this need we recommend that the EPI-Centre should offer in future "**Finding the Evidence Workshops"** and a follow-up consultancy service to support people who have attended PHASE workshops in their **search for evaluated interventions** in their area of interest.
- Responses to our pre-workshop questionnaire suggest that participants strongly support evidence based health promotion, and believe they practice it by searching for evidence and finding answers, despite not having access to the best sources. The greatest barrier to evidence-based health promotion may be a false assumption that it is well-established and that current practice for informing health promotion is sufficient for implementing effective health promotion. To make a **realistic assessment of the status of evidence-based health promotion**, we recommend that purchasers and providers take care to **analyse their decision-making** and determine how often decisions are made on the basis of targeting the highest risk, making use of the skills available, containing costs, politics and evidence of effectiveness.
- We found that even enthusiasts of evidence-based health promotion are demotivated by the lack of support and resources for evaluation and the

restrictions imposed by the commissioning cycle. We recommend that purchasers and providers take steps to create a **working environment which encourages evaluation** by ensuring that contracts allow time for literature searches to inform new projects and for the planning of interventions to include appropriate evaluation.

- We heard that health promotion has a wealth of **"grey literature"** evaluation reports which are not widely or systematically disseminated. In addition we found that some providers were reluctant to share their ideas with competing provider units. We recommend that purchasers and providers together urgently **address these barriers to sharing each others' resources and expertise**.
- We found that focusing attention on studies of effectiveness was interpreted by some workshop participants as a disregard for other methodologies. We recommend that bibliographies of studies with different methodologies (complemented by discussion of the research questions each methodology can appropriately address) be prepared and made available alongside other EPI-Centre publications.

d) Developing PHASE workshops

- We found that the timescale for the pilot programme allowed minimal consultation with potential workshop participants and minimal involvement in leading individual sessions. To ensure that future workshops meet the needs of potential participants we recommend that **the content and organisation be planned jointly** with them over a six month period, to allow time for thought and discussion amongst colleagues and with the EPI-Centre.
- We found that the unconventional approach of PHASE workshops was misinterpreted by many potential participants when reading the background material. We recommend that the **skill building element be emphasised** in planning meetings and spread by word of mouth as well as in written materials.
- We found that most **background papers in evidence-based health** were not readily applicable to health promotion. We recommend that time be set aside to write background material to include in introductory programme material.
- We found that many workshop participants arrived ill-prepared or with mistaken expectations of PHASE workshops. We recommend that greater attention be paid to workshop preparation through **personal contact and monitoring the dissemination of supporting materials** before potential participants book and

arrive at workshops.

- We found that workshop participants were more ready to discuss the perceived quality of interventions being studied, or the political background or ethos of the intervention that the quality of the study. We recommend that the choice of papers for critical appraisal reflects not only the type of study and the topic area, but also the quality of the intervention, the quality of the study, the **political background or ethos espoused by workshop participants**, and the suitability of papers as teaching material
- Most of the pilot PHASE workshops were held at the Institute of Education but the most workshop with the most relaxed atmosphere was hosted by health promotion units in Berkshire. To support health promotion units which wish to host PHASE workshops we recommend that an **introductory guide to PHASE workshops** be prepared and that this guide should describe PHASE workshops, how they can be adapted to meet individual needs, the opportunities for participants to share responsibility for planning and leading workshops, and the costs.
- We found that discussion during workshops tended to be dominated by those with a **special interest in HIV prevention**, as was discussion and recommendations of the evaluation meeting, also led by people with a special interest in HIV prevention. To ensure that other areas of health promotion receive the attention they deserve, and to respond to the requests of those working to prevent transmission of HIV, we recommend that funding be provided to support someone with experience of purchasing or providing HIV prevention services to work with the EPI-Centre in developing **PHASE workshops specifically for this particular health need**.
- We found that extending the range of study designs precluded participants from quickly attaining the technical skills in one workshop and applying them in a leading role in a subsequent workshop. We recommend that, in discussion with CASP, the EPI-Centre considers how to develop a **"training the trainer"** programme to enable participants to share a greater responsibility in leading workshops and enthusing their peers.
- We learnt how the use of language, types of interventions, range of study designs and choice of papers are important for developing critical appraisal skills workshops which are acceptable to a broad range of health promotion specialists. To **share these lessons** and to **draw on others' experience**, we recommend that time be allowed for regular meetings with others teaching critical appraisal skills, involved in other training programmes for health

promotion or other approaches to encouraging evidence-based health promotion.

- We found that discussion in workshops raised important issues about evaluating the effectiveness of health promotion. We recommend that opportunities for two way communication of ideas be sought in all workshops; the EPI-Centre should provide feedback to authors of Cochrane reviews as part of its responsibility for coordinating the Field of Health Promotion.
- The pilot series of PHASE workshops catered for very few potential participants (seepage 14). We recommend the **EPI-Centre link with the network of CASP co-ordinators** to reach out further with PHASE workshops.
- We found that the questionnaires for evaluating the impact of the workshops on learning and attitudes need further development. We recommend that attention be paid to developing **appropriate methods of evaluation** in discussion with potential participants and CASP co-ordinators.

Fees for the pilot series of PHASE workshops did not fully cover the costs. Participants of this experimental programme were charged for the cost of materials alone. We recommend that the EPI-Centre, its funders and potential participants discuss **how best to fund the PHASE programme in future.**

Section 10 Cost of the PHASE workshop programme

The figures below calculate the income generated from the six pilot PHASE workshops and the costs incurred by the Social Science Research Unit and the Institute of Education.

	£	£	£
INCOME			
126 @ £20.00	2520		
46@ £25.00	1150		
Total income			3670
EXPENDITURE			
Admin staff: 60 days	4656		
Project worker: 48 days Development and	5232		
evaluation, 30 days planning and delivery	3270		
Additional workshop leader 12 days	1308		
Total pay		14466	
Travel for planning and evaluation meetings	300		
Photocopying, printing and stationery	850		
Copyright fees	300		
Catering and refreshments	1050		
Venues	1500		
Postage	250		
Telephone	150		
Miscellaneous	250		
Total non-pay		4650	
Total expenditure			19116
UNRECOVERED COSTS			15446

Assuming that future workshops are hosted by EPI-Centre clients, options for further development and evaluation, and workshop programmes are listed below with their estimated costs.

Research and Development:

1. Further development of materials: Introductory pack Follow-up research into practice pack Annotated bibliography of health promotion studies Bibliography of Health Promotion Reviews and finding reviews on the Cochrane Library	35 days
2. Establishing "Finding the Evidence Workshops"	10 days
3. Developing methods for evaluating workshop programme	13 days
4. Systematic review of "Healthy Alliances"	1 year
5. Systematic review of outreach programmes	1 year

Delivery of workshop programme

	One workshop + follow-up		Two workshops	
	days	£	days	£
1. project worker	10	1090	10	1090
workshop co-leader	2	218	4	436
administration	10	776	12	921
travel		50		100
photocopying		140		280
copyright		50		100
post		85		100
telephone		25		40
miscellaneous		85		85
Total cost:		**2519**		**3152**
If research staff costs covered by EPI-Centre funding, cost to client:		1211		1626

At current staffing levels, the EPI-Centre could offer 5 packages a year.

Appendices

Appendix I

Letters of invitation

Dear

PHASE workshops for Promoting Health After Sifting the Evidence

Directors of Public Health are being invited to nominate one or two members of their staff who would be interested in a series of workshops looking at the links between research and practice in health promotion. Workshop participants will have the opportunity to look critically at research reports to learn how to decide whether the authors' conclusions can be trusted and whether the research findings are relevant to their own work. Discussion will be relevant to people commissioning or providing a health promotion service or an evaluation of a health promotion programme.

Each workshop will focus on a practical issue within health promotion, such as sex education in schools or stopping smoking, but the skills learnt in each workshop can be applied to all topic areas. Each workshop addresses different topics and different methods of evaluation. You may attend individual workshops although much can be gained from two or more when skills learnt in one workshop can be developed further in another.

Staff may benefit from developing their own skills in sifting research evidence and, with support, consider how they may wish to spread these skills amongst their colleagues.

Workshops will be held at the Institute of Education, University of London from 11am until 4.30pm and a sandwich lunch will be provided. A single workshop costs £25, but this is reduced to £20 per workshop for those people wishing to attend two or more. Places for workshops can be reserved by returning the attached booking form to the EPI-Centre together with your workshop fee.

Yours sincerely

Dear:

PHASE workshops for Promoting Health After Sifting the Evidence

You are invited to a join a series of workshops looking at the links between research and practice in health promotion. Workshop participants will have the opportunity to look critically at research reports to learn how to decide whether the authors' conclusions can be trusted and whether the research findings are relevant to their own work. Discussion will be relevant to people commissioning or providing a health promotion service or an evaluation of a health promotion programme.

Each workshop will focus on a practical issue within health promotion, such as sex education in schools or stopping smoking, but the skills learnt in each workshop can be applied to all topic areas. Each workshop addresses different topics and different methods of evaluation. You may attend individual workshops although much can be gained from two or more when skills learnt in one workshop can be developed further in another.

Workshops will be held at the Institute of Education, University of London from 11am until 4.30pm and a sandwich lunch will be provided. A single workshop costs £25, but this is reduced to £20 per workshop for those people wishing to attend two or more.

If you wish to reserve a place please return the attached booking form to the EPI-Centre together with your workshop fee. These workshops are open to anyone working in health promotion so you may wish to pass this invitation to a colleague.

Yours sincerely

Appendix II

Flyer for PHASE workshops

Promoting Health After Sifting the Evidence

Sifting the evidence

is the first PHASE of promoting health effectively. It is selecting and weighing up research findings before making decisions about commissioning or providing health promotion services.

Why is sifting the evidence important?

Some health promotion programmes lead to improved health, some don't and some are even harmful. Many people work hard trying to promote good health, but how do they know whether their efforts are worthwhile?

Commissioners and providers of health promotion services want to know that their resources are spent wisely. They ask how effective are particular programmes. How well do they work? What problems are associated with them? To find out commissioners and providers of health promotion services could look in the research literature for individual studies or for reviews which summarise the results of many studies. But it can be difficult to know whether or not a report is trustworthy as evidence.

How can I learn to sift the evidence?

PHASE workshops are being run by the EPI Centre in partnership with the NHS and voluntary sector organisations.

They teach people with an interest in health promotion how to sift the evidence. People from many different backgrounds can use what they learn from the workshops to plan health promotion services.

What do PHASE workshops offer?

4-5 hours of problem centred learning in multidisciplinary groups is supported by workshops packs which can be kept for reference. Central London workshops cost £25, or £20 per workshop for 2 or more in a series of 5.

How can I find out more about PHASE workshops?

The people to contact for details of the workshops are:

Sandy Oliver

Amanda Nicholas

(0171 612 6393

Fax 0171 612 6400

Appendix III

Topics for discussion at planning meetings

1. Ask providers/commissioners to describe their work:

- What services do they provide/commission?
- Who is involved in this work?
- What background do these people have?
- What resources do they have?
- What sort of decisions do they have to make?
- How do they answer questions about whether or how well interventions work?

2. Give planning teams orientation guide

- Flyer
- Why we need to make sense of research reports
- What is CASP?
- Is there a database in the house?
- Users Guides to the Medical Literature - this is how to find the right articles to read
- Assessing the scientific quality of review articles - the workshops will take you through this process step by step in small groups to make the learning easy and fun

3. Show them the workshop packs for social interventions and a post workshop pack
4. Summarise the structure of the programme and the opportunities for input from providers and commissioners:

- choosing topics for study
- creating scenario for problem solving
- finding the papers to study
- training to lead workshops

1. What might people get out of these workshops?
2. Who might help with leading individual workshops?
3. Dates for workshops
4. Dates for further planning meetings
5. Contact details for everyone involved

Appendix IV

Objectives for PHASE workshops

Objectives for all PHASE workshops

The workshops will:

1. help you understand and explain the importance of evidence based health promotion
2. help you explain why critical appraisal is important for health promotion
3. show how providers and commissioners can share their interests, skills and resources to deliver effective health promotion interventions
4. tell you who to contact to discuss critical appraisal within health promotion

Objectives for PHASE 1

By the end of this workshop, you will:

1. know how to check whether a health promotion intervention is feasible and acceptable
2. have critically appraised a published process evaluation
3. know what process and outcome evaluations can tell us about health promotion

Objectives for PHASE 2

By the end of this workshop, you will:

1. understand how to assess whether a health promotion intervention works
2. have critically appraised a published sound outcome evaluation
3. understand the hierarchy of evidence about effectiveness

Objectives for PHASE 3

By the end of this workshop, you will:

1. understand how randomised controlled trials can vary in quality
2. have critically appraised a published randomised controlled trial
3. understand how qualitative and quantitative research both inform decisions about health promotion

Objectives for PHASE 4

By the end of this workshop, you will:

1. understand the meaning, potential usefulness and pitfalls of published reviews, overviews and meta analysis
2. have critically appraised a published review article
3. know more about the *Cochrane Database of Systematic Reviews (CDSR)* and be able to use it

Objectives for PHASE 5 and 5a

By the end of this workshop, you will:

1. have considered how to implement a new service
2. have critically appraised a research proposal
3. have discussed how to move towards an evidence based health promotion service

Objectives for introductory Berkshire PHASE

After this workshop you will:

1. Understand the meaning of evidence based health promotion
2. Have identified some ways of improving the evidence base of health promotion
3. Have the materials to critically appraise an outcome evaluation
4. Know where to get further training

Appendix V

Papers for critical appraisal

1	**Topic**	**Anti-smoking**
	Population	Young people
	Reference	Brink SG, Levenson-Gingiss P, Gottlieb NH (1991) An evaluation of the effectiveness of a planned diffusion process: the Smoke-Free Class of 2000 project in Texas. *Health Education Research* 6: (3) 353-362
	Study design	Process evaluation
	Advantages	• This is published in a mainstream health education journal which will be familiar to many people working in health promotion
	Disadvantages	• Participants found it difficult to discuss the diffusion of materials to teachers rather than the processes in the classroom.

2	**Topic:**	**Sex education**
	Population	Young people
	Reference:	Phelps FA, Mellanby AR, Crighton NJ, Tripp JH. (1994) Sex education: the effect of a peer programme on pupils (aged 13-14 years) and their peer leaders. *Health Education Journal* 53, 127-139
	Advantages	• This has been reviewed by the EPI-Centre (EPIC 2046) • This is published in a mainstream health education journal which will be familiar to many people working in health promotion • This is one of the few sound studies of sex education conducted in the UK • This combines a process and outcome evaluation
	Disadvantages	• None

3	**Topic**	**HIV/AIDS prevention**
	Population	Gay men
	Reference	Robert B, Rosser BR (1990) Evaluation of the efficacy of AIDS education interventions for homosexually active men. *Health Education Research*. 5: 299-308
	Study design	Randomised controlled trial
	Advantages	• This has been reviewed by the EPI-Centre (EPIC 2046) • This is published in a mainstream health education journal which will be familiar to many working in health promotion • This illustrates how an RCT can test the comparative effectiveness of several interventions
	Disadvantages	• This is a poor example of an RCT where the attempt to compare 4 interventions led to low numbers in each group

4	**Topic**	**Health in Pregnancy**
	Population	Pregnant women
	Reference	Lumley J. Strategies for reducing smoking in pregnancy. In: Enkin MW, Keirse MJNC, Renfrew MJ, Neilson JP (eds.) Pregnancy and Childbirth Module of The Cochrane Database of Systematic Reviews, 1995 [updated 24 February 1995]. Available from BMJ Publishing Group: London.
	Study design	Systematic review
	Advantages	• This is a pre-Cochrane review and was used to introduce the *Cochrane Database of Pregnancy and Childbirth*
	Disadvantages	• This review is not yet in the latest format for Cochrane reviews, nor available on *CDSR* • This review has a narrow range of outcomes

Appendix VI

Briefing sheets for leading workshop participants

PROMOTING HEALTH AFTER SIFTING THE EVIDENCE

Briefing notes for small group facilitators

Your job: to help the group complete the task of critically appraising the article which has been chosen for that workshop.
Who can be a facilitator? Anyone who feels comfortable working with groups and who has been introduced to the ideas of evaluation research in health promotion. (You do not need to be a black belt in critical appraisal or the methodology of systematic reviews).
Your job is to facilitate, not teach.
As a facilitator, you need to :

1 Attend the pre-workshop meeting.
2 Introduce yourself - (who you are, what your role is), then get the others to introduce themselves.
3 What do you do if people have not read the article? One solution would be to give them time to read the Summary and Methods (where nearly all the answers will be found).
4 Help the group to choose (a) someone to report back to the large group for the feedback session, (b) someone to read out the scenario and ensure that everyone has understood the context for the appraisal task (c) someone to act as time keeper, noting when the group should be moving onto the detailed questions (after ten minutes) and when the group should be moving on to the final set of questions (ten minutes before the end of the small group session).
5 Get the group to work through the questions relating to this paper.
6 Make sure everyone is happy (enough!) with the answers being recorded as expressing their views. Ensure that people answering "yes" to a question can point to the line(s) where the question is dealt with.
7 Make sure the group stays on the right track and does not get bogged down in details of the paper (eg confidence intervals or technical issues), but addresses the **quality of the study design**. Reassure people that they do not need to understand the detail of the statistics.
8 If there is a difficult 'technical' question (eg about research reports or critical appraisal), you can:

- Look to see if the glossary at the front of the package helps (this includes definitions of "review", "systematic review" and "meta-analysis").
- See if anyone in the group can help explain the problem
- Note it as an issue to raise in the feedback session.
- Look for the roving feedback person.

9 For the question about results, make sure (discretely!) the group addresses odds ratios and confidence limits.
10 Make sure you allow 10 minutes for the questions in section C. If there is time, get the group to discuss the questions posed in the Scenario.
11 Don't forget: debrief at end of workshop for whole workshop team.
12 Enjoy yourself. Thanks!

Appendix IX

Scenarios for foci of workshops

PHASE ONE: Looking at a process evaluation

Smoking has a serious impact on health and the number of young people starting to smoke is a serious concern. Now imagine this scenario.

You work within a health promotion unit and you have negotiated a twenty minute session in a school teachers' in-service training day and you would like to take this opportunity to encourage teachers to take part in an anti-smoking programme. At your health authority library you look for reports of campaigns that have been shown to be acceptable to teachers and for ideas about how to track the progress of a campaign in schools. In the journal *Health Education Research* you find a report of work in Texas. Read this report now and answer the two questions about the wisdom of basing your local campaign on the materials and methods of the work in Texas.

1. Was the "Smoke Free Class of 2000" project acceptable to teachers in Texas and did it reach their pupils?
2. Would you want to implement the "Smoke Free Class of 2000" project locally and track its progress in the same way as was done in Texas?

PHASE TWO: Looking at an outcome evaluation

Advisors have been appointed within each local education authority to support teachers delivering sex education curricula.

Imagine this scenario. You work in a health promotion unit and have been approached by a teacher and the local education authority advisor for help in developing their sex education policy. You have heard from a colleague that peer education programmes look promising so to prepare for your meeting you ask your health education librarian to find you a report of how well peer education works.

Now read the enclosed paper which describes peer education in the south west of England, and answer the two questions below:

1. Does peer led sex education work?
2. Is this a strategy you would choose to implement locally?

PHASE THREE: Looking at a randomised controlled trial

Support and information about safer sex for gay men has been offered largely by the voluntary sector, but there has been very little formal evaluation of programmes which aim to reduce risk through sexual behaviour.

Imagine this scenario. You are a commissioner for HIV prevention services. A local self help group established its own community centre to provide information and recreational facilities for gay men. The centre director has approached you for funds to develop their work in the area of preventing the spread of HIV. You have discussed various options together and are keen to adopt methods that really work. You approach the librarian at the NHSE regional office who, through a bibliographic database search, finds a research report testing methods for encouraging gay men to practice safer sex. You and the centre director want to decide which programme to adopt from this paper. Read the paper now.

1. Which methods reduce the risk of HIV infection according to this report?

2. Which method would you wish to establish locally?

PHASE FOUR: Looking at a systematic review

There are increasing efforts, through posters, leaflets and counselling, to discourage pregnant women from smoking.

Imagine this scenario. You are a member of staff in a health promotion unit, and are approached by a midwife in a local hospital Trust. The midwife has been appointed part-time to lead efforts to help women give up smoking in pregnancies and would like to know how best to go about this. Together you approach the librarian in the Trust Postgraduate centre who searches the *Cochrane Pregnancy and Childbirth Database* and finds a review of methods for helping women to give up smoking. Read the paper now and answer the two questions below.

1. What appears to be the best methods for helping pregnant women give up smoking?

2. Is this the method you would advise the midwife to adopt?

PHASE FIVE: Looking at a research proposal

Gay and bisexual men continue to be the group most at risk of HIV infection. Data from the Regional HIV Information Project suggests that male to male sex transmission route accounts for 69% of all cases. Effective prevention strategies need to focus on the many different groups of gay and bisexual men. Work targeted only at the local gay pub will not reach all or indeed most, gay and bisexual men. According to a recent HEA report on prevention work with gay men, work at public sex environments and with "hard to reach men" now forms part of both national and district prevention priorities.

Imagine this scenario. You have the opportunity to help develop an outreach project where gay and bisexual men informally meet other men for sexual and social contact, specifically at public toilets (cottages) and parks, woodlands and lay-bys (cruising sites). During this project you would like to discover the health promotion needs of men cottaging and cruising, develop an appropriate intervention and test its effectiveness when, or if, it reaches the men involved. You have asked someone with research experience to plan how to answer as many of these questions as possible. Now read the "Cottaging or Cruising (COC) Project" research proposal and list hear the questions you think this work should be able to answer.

PHASE FIVE a: Looking at a research proposal

Imagine this scenario: You attend a one day "Health of the Nation" conference. You are interested in a presentation about home visitation programmes to prevent childhood injury. The authors of a systematic literature review conclude that a) we do not know whether standard health visiting practices in the UK prevent childhood injury, and b) home visiting programmes which look promising may be more intensive and targeted at groups considered to be at increased risk for adverse health outcomes. They recommend testing whether childhood injury can be prevented by an intensive health visiting programme for lone mothers with young children.

You wonder whether you should support the researchers in their plans to test the effectiveness of intensive health visiting, or whether to implement a similar programme without delay. Read their research proposal (attached) and answer the questions below:

1. Does the usual health visiting practice in the UK prevent childhood injury?
2. Do fortnightly visits by a health visitor in the UK prevent childhood injury?
3. What do you need to know to decide whether to implement fortnightly health visiting?

Berkshire PHASE: Looking at a controlled trial

There is increasing interest in community development projects for promoting health but opinions differ about the effectiveness of these approaches. Now image this scenario. Working in a health promotion unit you have the opportunity to work with local voluntary groups to prevent alcohol problems. You need to justify staff resources on this to your funders.

Wishing to make use of the past experience of others working in this way, and with the help of your librarian you find an evaluation of a community action project in New Zealand (attached). This PHASE workshop will help you apply our own judgement to the study to answer these two questions.

1. Can a community action project prevent alcohol problems and/or enhance social norms in favour of safer drinking?
2. Would you wish to implement this community action project locally?

Appendix XI

Typical workshop programme

Time (approximate)	
11:00	Coffee and registration
	Introduction:
11:30	The need for evidence based health promotion
	Hierarchy of evidence of effectiveness
	Randomised controlled trials in health promotion
	How to critically appraise a randomised controlled trial
12:30	Lunch
1:30	Small group work:
	appraising a randomised controlled trial
2.30	Feedback from small groups
3:30	When would commissioners and providers need to critically appraise the literature?
4:00	Tea
	Evaluation of the workshop
4:30	Finish