



Evidence Beyond the Health Sector

Karen Lock

NIHR School for Public Health Research

at London School of Hygiene and Tropical Medicine (SPHR@L)

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Background

Public Health in local government

- Opportunities for intersectoral working on social determinants of health
- Evidence use may be different across different local government sectors
- Policymakers use and value evidence differently to academics
- Our research- explored the context of evidence-policy/practice relations in non-health sectors
 - Especially environment-related, e.g. housing, planning, transport, licensing

Systematic Literature Review

Methods:

- Searched a broad range of sources- not just scientific published studies
- Include: studies of local decision-makers in built-environment sectors; data about perceptions or use of research evidence

Findings:

- Research evidence often not used in day to day practice
- When it is used, it is for many reasons:
 - to justify decisions after the fact
 - to inform decision-making
 - to meet targets etc.
- Much evidence isn't readily usable:
 - doesn't add to what people already know
 - not politically feasible, or contravenes legislation
- Concerns re applicability of evidence from other contexts

Findings: Focus groups with Planners and Built Environment Professionals

McGill E, Egan M, Petticrew M, Mountford L, Milton S, Whitehead M, Lock K. Trading quality for relevance: non-health decision-makers' use of evidence on the social determinants of health *BMJ Open*. 2015;5:e007053 doi:10.1136/bmjopen-2014-007053

- Participants described a range of data and information that constitutes evidence, of which academic research is only one part.
- Built environment decision makers value empirical evidence but also emphasise the legitimacy and relevance of less empirical ways of thinking
- Participants prioritised evidence on the acceptability, deliverability and sustainability of interventions over evidence of longer-term outcomes (including many health outcomes).
- Participants generally privileged local information, including personal experiences and local data, but were less willing to accept evidence from contexts perceived to be different from their own.

What do local practitioners value?

Local information

- GIS
- Local routine data
- Self-generated qualitative and quantitative data
- Personal knowledge and experience
- Findings from similar LA context



Creativity

- Uniqueness
- Leading innovation
- Locally tailored
- Fits a 'philosophy'

Reassurance that an intervention is 'viable' in their area for their practice

- Acceptability
- Deliverability
- Cost
- Legislative framework

What about Robust Evidence of Outcomes?

Often scepticism about:

- Local relevance
 - Context over generalisability
- Can be lack of clear findings in scientific studies with 'robust designs'

Tensions for health in planning

- Officers need to build a local evidence base that balances headline evidence of the relationship between planning decisions and health with local evidence that ***illuminates local needs and local success in promoting health***
- health outcomes of spatial design interventions does not translate easily into a calculation of the specific benefits and cost savings in an area where a development is proposed.
- Conflicts arise not just between health outcomes and commercial outcomes but also between different health outcomes

'A case study... offers planners and public health specialists a means of expanding their local evidence base with real data about the impact of development decisions on the health and wellbeing of the local population'

planning for public health – building the local evidence base

Will Anderson, Matt Egan, André Pinto and Lesley Mountford consider how best to gain local evidence of the impact of spatial planning decisions on health and wellbeing



Left

Effective means of evidence-gathering are required for spatial planning interventions that seek to improve health and wellbeing

In recent years a good deal of work has been undertaken to reconnect the planning and public health professions. The return of the public health workforce to local government in England and the higher profile given to health and wellbeing in the National Planning Policy Framework have both brought new momentum to this work. In March 2014, the Government published its National Planning Practice Guidance, which reiterated that 'Local planning authorities should ensure that health and wellbeing, and health infrastructure are considered in local and neighbourhood plans and in planning decision making'.¹

The TCPA's Reuniting Health with Planning project has generated both detailed guidance for planners and public health specialists² and an analysis of the challenges and opportunities facing the two professions at a time when the opportunity for closer working is greater, at least in unitary authorities, but budgets are under pressure.³ A recurrent theme in the TCPA's work has been the challenge of finding, generating and using appropriate evidence to make the case for spatial planning interventions that seek to improve health and wellbeing. The 2012 guidance, *Reuniting Health with Planning*,² recommended that planners and public health specialists develop a

Some

Academics can facilitate evidence informed local practice by

- helping to improve local level informatics.
- providing training and support in local data collection and evaluation
- Help developing alternative methods for evaluating local case studies more rigorously- including systems evaluation

2 major challenges to overcome

- Local practitioners are confused and/or sceptical by academic evidence of intervention outcomes (including health outcomes)
- They often discount academic studies as insufficiently relevant to their local area and practice.

One way of improving local evidence base through engagement/co-production: Routes in

- **Networking:** our contacts with local practitioners gives us opportunities to find out about potential research projects and data
(‘Reducing the strength’)
- **PPI:** Studies with community settings are designed and delivered in consultation with people from the community.
(‘Communities in control’)
- **PHPES scheme:** NIHR SPHR funding programme that requires local practitioners to apply for grants jointly with academic partners.
(‘Cumulative impact zones’)