



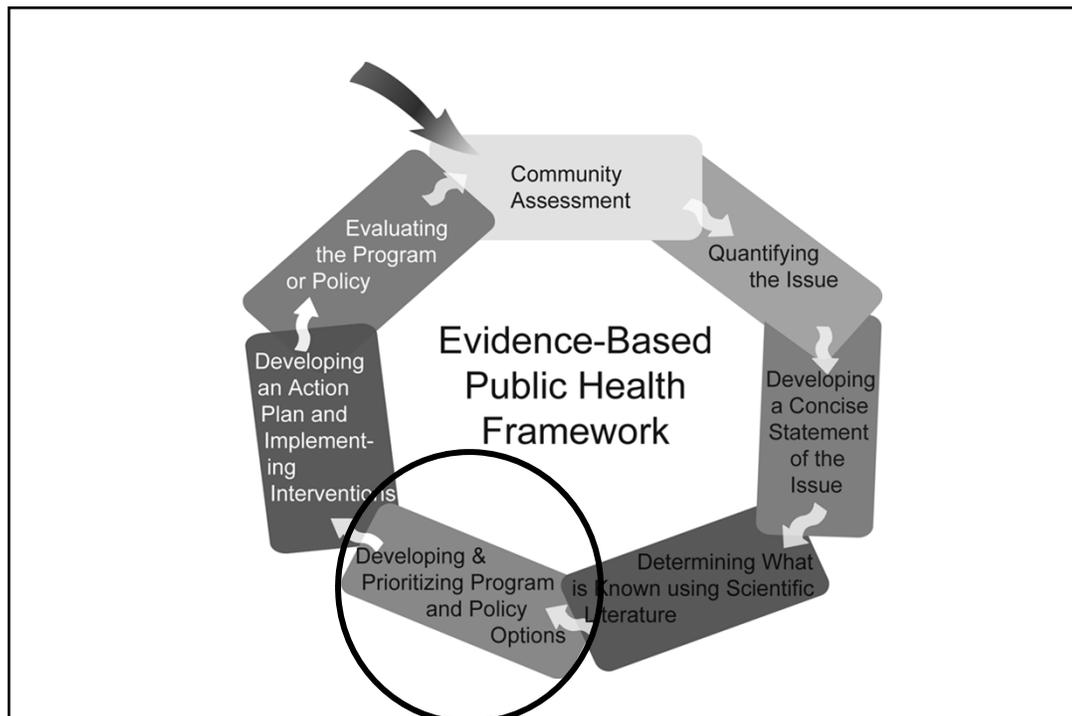
Department of Health

Evidence-Based Public Health: Supporting the New York State Prevention Agenda

MODULE 6: DEVELOPING AND PRIORITIZING PROGRAM/POLICY OPTIONS

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Christopher Maylahn, MPH



Learning Objectives:

1. Identify methods for prioritizing program and policy options (Types 1, 2, and 3).
2. Explore the role of creativity and group processes in developing intervention options.
3. Understand when and how to adapt interventions for different communities, cultures, and settings.

Prioritizing

- Once options are identified and type 1 issue is set, how should one set type 2 and 3 priorities?

Prioritizing

There is no “one best way” to set public health priorities.

What is essential, however, is that a process or method be adopted that is *systematic, objective*, and allows for *standardized comparison* of problems or alternatives that *incorporate the scrutiny of science and the realities of the environment*.

Vilnius & Dandoy, 1990

Prioritization: It's not easy, but it's worth it.

For every complex problem, there is a solution that is simple, neat, and wrong.

H.L. Mencken

In the Context of Uncertainty

Key elements for effective decision making include:

- Acquiring sufficient evidence on all alternatives
- Approaching the problem in a rational and systematic fashion
- Relying on experience, intuition, and judgment

Decision-making usually involves some element of risk.

Policy and Program Planning Options*

	More Important	Less Important
More Changeable	Highest priority for program focus	Low priority except to demonstrate change for political purpose
Less Changeable	Priority for innovative programs with evaluation essential	No intervention program

*From: Green and Kreuter. *Am J Prev Med* 2000;18(1S):7-9

A variation for type 2 evidence

	More Effective	Less Effective
More Feasible	Highest priority focus	Generally low priority
Less Feasible	Priority for enhancing resources	No intervention program

Prioritization table: Diabetes prevention in Rio Grande Pueblo communities

	More important	Less important
More feasible	<ul style="list-style-type: none"> ■ Sustaining community support for healthy living with diabetes ■ Availability of resources for healthy eating and exercise ■ Image of diabetes from one of hopelessness to one that engenders hope ■ Some stories of diabetes reveal poor outcomes, rather than success ■ Food choices at celebrations or feasts 	<ul style="list-style-type: none"> ■ Ideal body weight
Less feasible	<ul style="list-style-type: none"> ■ History that led to social, environmental, and physiological changes ■ Social, work, and family obligations 	

Common Elements of Criteria: Prioritizing Public Health Issues at the Community Level

- Measure of burden
 - *mortality, morbidity, years of life lost*
- Quantifying preventability
 - *potential effects of the intervention*
- Resources
 - *cost of intervention, resources needed to carry out a program or policy*

Prioritization Methods: National Association of County and City Health Officials Handout

- Multi-voting Technique
- Strategy Grids
- Nominal Group Technique
- Hanlon Method

Regardless of the Method Used

- Decide upon the criteria
- Could use existing framework or a composite of various approaches
- Form a team/advisory group
- Assemble necessary data
- Establish a process for stakeholder input/review
- Determine process for revisiting priorities regularly

No determination of public health priorities should be reduced solely to numbers; values, social justice, and the political climate all play roles.

Brownson et al., 2011

Group Process

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Decision Making with Groups/ Enhancing Creativity

- Why make decisions via groups?
- Concepts of creativity
- Basic processes

Decision Making via Groups

- Classic decision theory defined rationality from an economic perspective
 - *i.e.*, make decisions in the best economic interest of your organization
- Herbert Simon developed concept of behavioral decision theory--bounded rationality
 - decisions limited by values, unconscious reflexes, skills, habits--beyond only economic criteria

Decision Making via Groups

In public health, remember concept of social justice.

“Public health is ultimately and essentially an ethical enterprise committed to the notion that all persons are entitled to protection from hazards and to minimization of risks of death and disability.”

Beauchamp (1976)

Decision Making via Groups

A sound priority-setting process can help generate widespread support for public health issues when it is well documented and endorsed by communities.

Healthy People 2010 Toolkit

Decision Making In Broader Context

Why use groups for developing options and decision making?

- Advantages
- Disadvantages

Group Option Selection/ Decision Making

Advantages

More information and knowledge
More alternatives generated
Better acceptance of final decision
Enhanced communication
More accurate decisions generally emerge

Disadvantages

Process takes longer
Indecisiveness/compromises
May not get equal input from all
"Groupthink" may occur in making final decision

Creativity in Option Selection

- Process of developing original, imaginative, innovative options (something new and unusual)
- Creativity is generally good
 - Trade off between evidence-based approaches and innovation
 - Creativity in adaptation may be key
- We know relatively little about creativity
 - Little overlap with intelligence
 - Few gender differences
 - Most creative in 30-40 year age group
 - Creative people less susceptible to social influences

Creativity in Option Selection

- Group/staff processes can enhance creativity
- Creative ideas should be rewarded
- Employees must have some freedom and autonomy to be creative
- Creativity from community members can be essential

Group Decision Making

- On balance, better alternative in most situations

Techniques for Group Option Selection/Decision Making

- Delphi technique
- Nominal group technique

Techniques for Group Option Selection/Decision Making

Delphi technique

- developed by Rand to solicit expert input
 - systematic refinement/iterative
- opinions are combined and averaged
- usually more appropriate for broad, long-range issues
- judgments provided independently, confidentially
- good for spread out advisory committees

Techniques for Group Option Selection/Decision Making

- Nominal group technique
 - develops creative, innovative alternatives
 - quicker, more appropriate for routine issues
 - write down ideas, take turns stating
 - record ideas, discussion limited to clarification
 - open discussion after all alternatives
- Having a good facilitator is key
- Example: two most critical obesity-related interventions for improving energy balance in your community
 - look for multiple information sources

Options Applied Across Framework

- Starting point for group process can be a literature-based summary
- Ecological framework is one useful way to organize information
- Group process can then be applied to initial framework

Adapting Interventions

Local/population adaptation

- Scientific evidence is a starting point
- Realize that ALL programs need some level of adaptation (reinvention)
- Limits of scientific evidence should be noted
 - Context (culture, local norms, history) is largely lacking in the scientific literature and systematic reviews
 - Concepts of applicability and transferability
 - Can it be implemented locally?
 - Will the intervention be as effective as in the original study?
 - Work on lifestyle changes that are consistent with history and culture

Adaptation

- Often a tension between fidelity and reinvention
 - *Fidelity*: altering a program from its original design and components may reduce its effectiveness upon replication
 - *Adaptation/reinvention*: changes in programs are needed for replication in new settings
- Starting with a community needs assessment (Module 2) is often useful

Fidelity vs. Adaptation: Some evidence...

- Review of over 500 studies showed a relationship between the level of implementation (fidelity) and program outcomes
- However, fidelity was below 100%; some adaptation always occurs and there is some evidence that it improves outcomes

Durlak, J. A. & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *Am J Comm Psych*, 41, 327-350

Considerations for Adaptation



Green, Yellow & Red Light Adaptations

Provides guidance on whether a particular adaptation is ...

...safe (green)

...should be made cautiously (yellow)

...should be avoided (red)

Things That Can *Probably* Be Modified

- Names of health care centers or systems
- Pictures of people and places and quotes
- Hard-to-read words that affect reading level
- Wording to be appropriate to audience
- Ways to recruit your audience
- Incentives for participation
- Timeline (based on adaptation guides)
- Cultural preferences based on population



NOTE: Some of these adaptations may require formative work.

Things That Can Probably Be Modified: Proceed with Caution

- Substituting activities
- Adding activities to address other risk factors or behaviors
- Changing the order of the curriculum or steps (sequence)

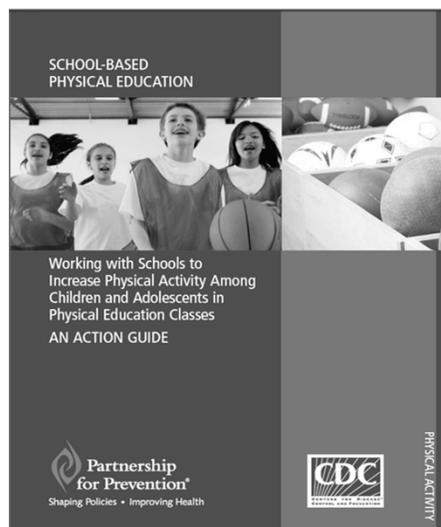


Things That Cannot Be Modified

- The health communication model or theory
- The health topic/behavior
- Deleting core elements or whole sections of the program
- Reduction of program
 - Timeline
 - Dosage (e.g., activities, time/session)
- Putting in strategies that detract from the core elements



Implementation Guides Can be Useful



Summary

- Priority setting is an art and a science
 - There is no one “correct” answer
- Classic decision theory suggests complete information = rational behavior
 - Dictated in part by the time available for a decision
- Priorities should not be set on quantitative data alone
 - Try out a prioritization process on small scale
- Be creative in adaptation/reinvention (group processes can be useful)

Acknowledgement

Parts were adapted from:

CDC Division of Reproductive Health, Lezin N, Rolleri L A, Wilson MM, Fuller TR, Firpo-Triplett R, Barth RP. 2010. *Reducing the Risk* Adaptation Kit. Santa Cruz, CA: ETR Associates.

