

EVALUATING OBESITY PREVENTION EFFORTS: A PLAN FOR MEASURING PROGRESS

American Academy of Health Behavior Charleston, SC, March 10, 2014

Lawrence W. Green, Chair; Jamie Chriqui, James Fawcett, Deanna Hoelscher, and James Krieger, Members; Leslie Sim, Staff

The IOM Committee on Evaluating Progress of Obesity Prevention Efforts

Committee on Evaluating Progress of Obesity Prevention Efforts

Lawrence W. Green, Dr.P.H., (Chair) University of California, San Francisco

Christina Bethell, Ph.D., M.P.H., M.B.A. Oregon Health and Sciences University

Ronette R. Briefel, Dr.P.H., R.D. Mathematica Policy Research

Ross C. Brownson, Ph.D. Washington University in St. Louis

Jamie F. Chriqui, Ph.D., M.H.S. University of Illinois at Chicago

Stephen Fawcett, Ph.D. University of Kansas

Brian R. Flay, D.Phil. Oregon State University **Deanna M. Hoelscher, Ph.D., R.D., L.D., C.N.S.**The University of Texas School of Public Health,
Austin

James W. Krieger, M.D., M.P.H. Public Health-Seattle & King County

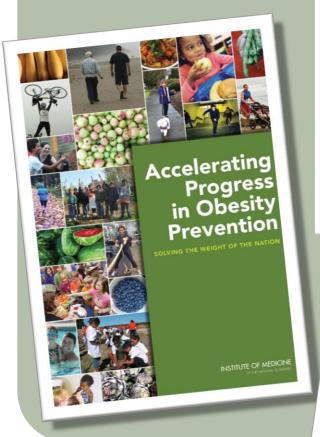
Laura C. Leviton, Ph.D.
The Robert Wood Johnson Foundation

K.M. Venkat Narayan, M.D., M.Sc., M.B.A. Emory University

Nico P. Pronk, Ph.D. HealthPartners. Inc.

Lorrene Ritchie, Ph.D., R.D. University of California, Berkeley

Elsie Taveras, M.D., M.P.H. Massachusetts General Hospital Harvard Medical School





EVALUATING OBESITY PREVENTION EFFORTS

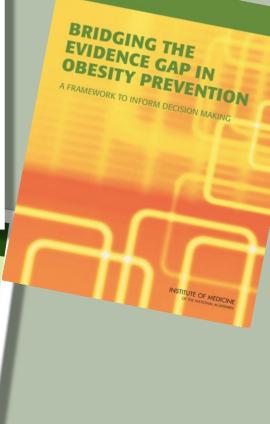
A Plan for Measuring Progress





Workshop Report





AN URGENT (and Continuous) NEED FOR EVALUATION

Monitoring the Implementation of Interventions
Adaptations of "Evidence-Based Interventions"
Especially of Environmental and Policy Reforms
Most of these will not be RCT "evidence-based"

Where are we now?

Much is known, much remains to be known about...

- Determinants of obesity
- "Efficacy" of interventions to reduce incidence, prevalence, and consequences of obesity

What we need to know...

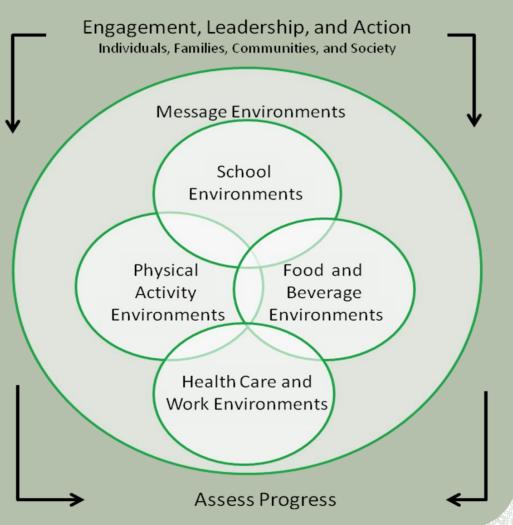
- Where are we in making progress? (current status) → "Assessment" capacity
- How are we doing in making progress? (trend over time) → "Monitoring" & "Surveillance" capacity
- What works? What works in which populations?
- What are unintended consequences?

A Call to Action

Engagement, Leadership, and Responsibility

Environmental and Policy Changes

Assessment, Monitoring, and Summative Evaluation





Obesity Evaluation Plans

Reviewed Current Evaluation Efforts

- Users' needs and interests
- Current monitoring & surveillance system strengths & limitations
- Investments in evaluation
- Systems science approach to evaluation
- National, state and local monitoring and surveillance systems
- Community evaluation

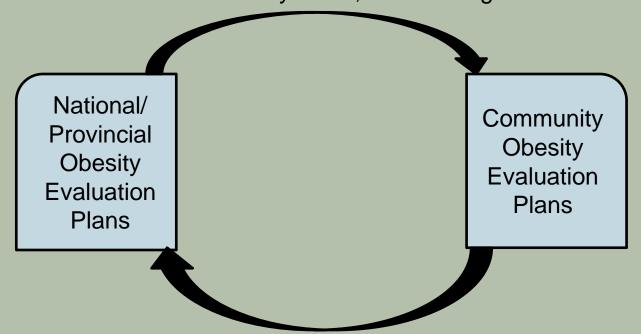
National Obesity Evaluation Plan

National Obesity Evaluation Plan Activities

- 1. Establish national leadership, infrastructure, priorities
- 2. Identify current federal evaluation efforts & gaps
- 3. Harmonize and expand data collection, address gaps
- 4. Increase capacity
- 5. Provide feedback
- 6. Use core indicators and common measures
- 7. Encourage new methodologies

Interdependence of National, State and Community Obesity Evaluation Plans

Core indicators, Data sources & resources, Surveillance systems, Methodologies



Contextual data, Feasibility, Local innovation, especially in environmental and policy initiatives

Community Obesity Evaluation Plans

OF THE NATIONAL ACADEMIES

Community Obesity Assessment and Surveillance Plan Components

- 1. Define community boundaries.
- 2. Engage community members and other key stakeholders in as many of these steps as feasible.
- 3. Plan assessment and surveillance.
- 4. Collect data.
- 5. Analyze and make sense of the data.
- 6. Disseminate and develop policy and program plans from findings

Community-level Obesity Intervention Monitoring and Summative Evaluation Plan Components

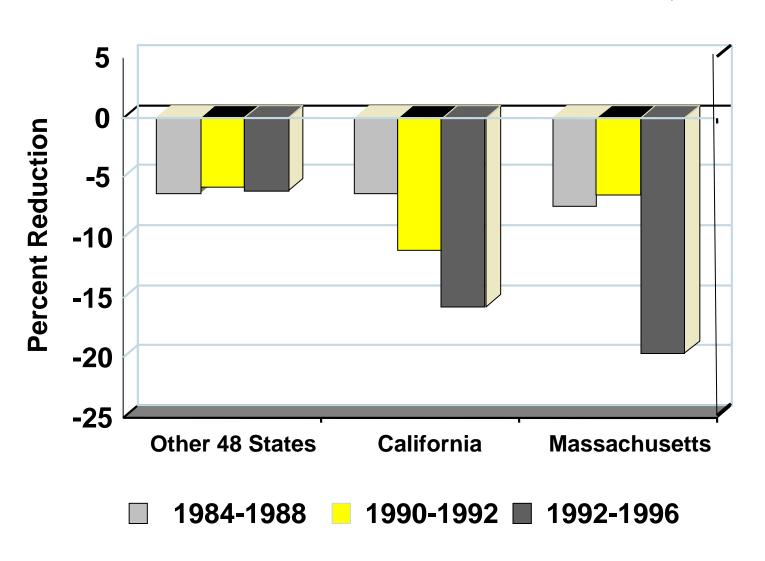
- 1. Design stakeholder involvement.
- 2. Identify resources for the monitoring and summative evaluation.
- 3. Describe the intervention's framework, logic model, or theory of change.
- 4. Focus the monitoring and summative evaluation plan.
- 5. Plan for credible methods.
- 6. Synthesize and generalize.

Indicators for Measuring Progress*

*See 6-page handout in your registration packet.

Change in Per Capita Cigarette Consumption

California & Massachusetts vs Other 48 States, 1984-1996



Recommendations

Rec #1: Improve Leadership and Coordination

What We Have	What We Want
Decentralized national leadership, infrastructure, resources, priorities	Centralized national leadership, infrastructure, resources, priorities,
	and timeline for implementing the National Obesity Evaluation Plan.

Key Roles for Leadership and Coordination

Identify and obtain the infrastructure necessary for implementing the plan and coordinate with appropriate partners.

Ensure adequate benchmarks/goals, including a schedule for updates.

Establish a process for prioritization, accountability, and adaptation of plan activities including an annual report to the agency responsible for leading the effort.

Identify priorities and create an ongoing timeline for implementing the plan, with short-term, intermediate-term, and long-term objectives.

Rec #2: Improve Data Collection

What We Have

Data (monitoring) systems do not adequately track progress of environmental and policy-related obesity prevention actions or systems changes recommended in the APOP report.

What We Want

Coordinate existing efforts for collecting data on indicators of progress and address existing evaluation gaps for measuring APOP recommended goals and strategies.

Rec #2: Improve Data Collection

Examples of Potential Actions to Coordinate Efforts and Address Gaps

Use the indicator list in the this report (i.e., the 6-page list organized around APOP recommendations), to harmonize and prioritize current data systems and measures

Expand existing surveys or develop new monitoring and surveillance systems to address gaps at the national level

Build, connect, and strengthen existing data systems and form partnerships to improve the availability and dissemination of existing data to local jurisdictions

Encourage state and local governments to develop the necessary infrastructure for creating data systems that will capture obesity prevention-related data at more local (e.g., county, city, neighborhood) levels

Rec #2: Improve Data Collection

How to Do It

Using the recommended indicators and gaps identified in this report as a guide (i.e., related to APOP strategies), all entities responsible for collecting data relevant to obesity prevention efforts should identify, coordinate, and prioritize current efforts for ongoing collection of recommended indicators for environmental and policy efforts.

How to Do It

Relevant federal agencies (e.g., in the departments of Agriculture, Commerce, Health and Human Services, Labor, Transportation) and state and local health departments, in collaboration with nonfederal partners, should standardize the collection and analysis of data, by providing common indicators, measures, methods, and outcomes used for assessment, monitoring, surveillance, and summative evaluation to assure aggregation among localities and back to the National Obesity Evaluation Plan.

Questions?

OF THE NATIONAL ACADEMIES

How to Do It

Evaluators, government, and private funders should evaluate obesity prevention efforts...through leadership, funding, and training support in systems approaches.

A systems approach recognizes the multiple influences and interactions among structural and behavioral dynamics in a system. This includes the recognition of reciprocal determinism between behavior and environment, and between the levels of structural environments.

What We Have

There are few (and some 'inadequate') standard indicators, measures, methods, and outcome for tracking progress of environmental and policyrelated obesity prevention actions or systems changes recommended in the APOP report.

What We Want

Standardize the collection and analysis of indicators, measures, methods, and outcomes used for evaluating APOP goals and strategies.

Examples of Potential Actions to Use Common Indicators and Measures

Promote the use of sets of core indicators for assessment at the national, state, large community and small community levels

Identify, develop, and disseminate a common measure for capturing each recommended indicator

Ensure that all federally funded grants and programs include appropriate core indicators and common measures. Encourage similar metrics for research and summative evaluation funded by nongovernmental organization grants.

Organizations that conduct mandated community health assessments and surveillances should include the appropriate indicators

Examples of Potential Actions to Use Common Methods and Outcomes

In collaboration with the National Collaborative on Child Obesity Research (NCCOR), federal agencies (e.g., Centers for Disease Control and Prevention, U.S. Department of Agriculture) should promote use of common tools and methods for measuring immediate and longer-term outcomes.

Create a standard obesity community health assessment and surveillance template that specifies obesity-related indicators, recommended analysis (e.g., subgroup, small areas, time trends), benchmarks and peer comparisons, and presentation format.

Promote the use of best practice templates for community-level monitoring and summative evaluations of obesity prevention efforts, including the use of practical participatory engagement and use of a strong methodological study design and analyses.

Rec #4: Improve Access to and Dissemination of Information

What We Have

Information for tracking progress of environmental and policy-related obesity prevention actions or systems changes recommended in the APOP report is not always analyzed and disseminated to meet the users needs.

What We Want

National evaluation systems to contain a feedback mechanism to the users of evaluation information. Local evaluations should be synthesized and shared.

Rec #4: Improve Access to and Dissemination of Information

How to Do It

Relevant federal agencies (e.g., in the departments of Agriculture, Commerce, Health and Human Services [HHS], Labor, Transportation) in collaboration with academics, nongovernmental organizations, and state and local health departments, should coordinate existing efforts to ensure federal, state, and local assessment, monitoring, surveillance, and summative evaluation systems include a mechanism for feedback to users of evaluation data. In addition, local evaluations should continue to build the evidence base for the APOP recommended strategies, be stored, curated, synthesized, and shared to improve generalizable knowledge about implementation barriers and opportunities, and to clarify "what works" in different contexts.

Rec #4: Improve Access to and Dissemination of Information

Examples of Potential Actions to Improve Access and Dissemination of Information

Further develop or expand use of existing data warehouses and resource centers (e.g., HHS's Health Information Warehouse, Data Resource Center for Child and Adolescent Health).

Expand access to and increase functionality of data visualization tools (e.g., Community Commons, Data Resource Center for Child and Adolescent Health), so that users can add local data and produce charts and maps.

Provide tools to use and access data for local data analysis, including support for generating synthetic estimates.

Develop registries for gathering and disseminating the results of community-level evaluations of obesity prevention efforts.

Rec #5: Improve Workforce Capacity

What We Have	What We Want
An unknown level of capacity for conducting evaluation activities.	

Rec #5: Improve Workforce Capacity

How to Do It

The Centers for Disease Control and Prevention (CDC), National Institutes of Health, and the U.S. Department of Agriculture through the National Collaborative on Child Obesity Research and other nongovernmental and professional organizations should build on their existing evaluation resources to assure support for the diverse and inter-disciplinary workforce engaged in conducting assessments, surveillance, monitoring, and summative evaluation activities.

Rec #5: Improve Workforce Capacity

Examples of Potential Actions to Improve Workforce Capacity

Provide standardized training on planning and designing evaluations for policy and environmental interventions, including the use of common indicators; measurement protocols; data collection methods; and the use of qualitative methods.

Develop mechanisms for providing technical assistance for data access, statistical analysis, and reporting from state health departments, federal government (e.g., CDC), and nongovernmental organizations for states, territories, and local entities.

Create a database of local evaluation expertise for use by stakeholders engaged in obesity prevention interventions.

Facilitate the development of resources provided to state and local health departments so they have necessary capacity to evaluate obesity prevention efforts.

Rec #6: Address Disparities and Health Equity

What We Have What We Want A paucity of common tools Increase the capacity to and evaluation methods address health equity and surveillance capacity through evaluation efforts that are culturally appropriate and characterize social advantage and disadvantage

Rec #6: Address Disparities and Health Equity

How to Do It

The Department of Health and Human Services in collaboration with nonfederal partners should increase its capacity to address health equity by practicing participatory and culturally competent evaluation, and standardize the collection, analysis, and reporting of data targeting disparities and health equity and improve the accessibility of tools and methods for measuring social determinants that put populations at elevated risk for obesity.

Examples of Potential Actions to Improve Evaluations to Address Disparities and Health Equity

The Centers for Disease Control and Prevention (CDC) as well as state and local health departments should strengthen assessment, monitoring, surveillance, and summative evaluation efforts.

The CDC, as well as state and local health departments, should strengthen assessment and monitoring of *environmental conditions* and systems relationships among them that produce disparities

The National Collaborative on Child Obesity Research (NCCOR), a public/private partnership, should identify best practices for both participatory and culturally competent evaluation; and expand the capability of the Measures Registry to house and provide regular updates on core tools and methodologies to measure disparities and equity...

What We Have Majority of current obesity evaluation efforts do not recognize the interactions and inter-relationships among the many factors that comprise obesity What We Want Incorporate and support a systems approach in evaluation efforts evaluation efforts

How to Do It

Evaluators, government, and private funders should evaluate obesity prevention efforts...through leadership, funding, and training support in systems approaches.

A systems approach recognizes the multiple influences and interactions among structural and behavioral dynamics in a system. This includes the recognition of reciprocal determinism between behavior and environment, and between the levels of structural environments.

Examples of Potential Actions to Support a Systems Approach in Evaluation

Evaluators should embrace a systems approach

Government agencies should examine what combination(s) of indicators is most appropriate for evaluating progress in obesity prevention

Government agencies and private organizations funding obesity prevention research and evaluation should integrate and stimulate research the use and value of systems science in to their proposals

Relevant federal agencies funding obesity prevention work should encourage and promote partnerships between federal/public and private organizations to train the evaluation workforce in the use of systems science for the purpose of obesity prevention evaluations by convening workshops, bringing stakeholders together, and providing pilot funding for developmental projects.

Staff

Leslie Sim, Study Director

Lynn Parker, Scholar

Heather Breiner, Associate Program Officer

Sarah Siegel, Senior Project Assistant (from Oct '12)

Elena Ovaitt, Senior Project Assistant (until Aug '12)

Sarah Sliwa, Mirzayan Policy Fellow (Sept to Nov '12)

Linda Meyers, Director, Food and Nutrition Board (until May '13)

Clyde Behney, Acting Director, Food and Nutrition Board

Questions?

OF THE NATIONAL ACADEMIES