

# Public health intervention research – the evidence

*L. M. Millward, M. P. Kelly and D. Nutbeam*

Copies of this publication are available to download from the HDA website ([www.hda.nhs.uk](http://www.hda.nhs.uk)).

Health Development Agency  
Holborn Gate  
330 High Holborn  
London  
WC1V 7BA

Email: [communications@hda-online.org.uk](mailto:communications@hda-online.org.uk)

© Health Development Agency 2003

ISBN 1-84279-225-3

## **About the Health Development Agency**

The Health Development Agency is a special health authority established in April 2000. Its role is to identify the evidence of what works to improve people's health and reduce health inequalities, and to work with professionals and practitioners across sectors to get that evidence into practice.

# Contents

Summary	1
1. Focus	4
2. Outputs relating to public health	5
3. Bibliographic sources	6
MEDLINE database	6
Sociofile database	8
Datastar (DHSS database)	10
4. Review organisations	15
EPPI-Centre – Social Science Research Unit, Institute of Education	15
Centre for Reviews and Dissemination, University of York	16
Cochrane Collaboration	17
5. Research organisations	19
Economic and Social Research Council	19
Joseph Rowntree Foundation	22
Medical Research Council	23
National Research Register	24
NHS Health Technology Assessment Programme	27
6. Conclusion	31
Appendix 1: Coding information	33
References	34

# Summary

## The evaluation

This report summarises how academic and research output focuses on public health intervention research. It considers the following public health areas, outlined in the White Paper *Saving Lives: Our Healthier Nation* (DH, 1999, Cm. 4386) and *The NHS Plan* (DH, 2000, Cm. 4818-I):

- Accidents
- Cancer
- Coronary heart disease (CHD)/stroke
- Diabetes
- Diet and lifestyle (including exercise/obesity)
- Drugs and alcohol misuse (including HIV/AIDS)
- Inequalities (including population health)
- Pre- and neonatal health (including HIV/AIDS)
- Post-50 year old health
- Smoking
- Sexually transmitted diseases (including HIV/AIDS)
- Suicide
- Young people's health (including children and teenage pregnancy).

Titles and abstracts of several bibliographic, review and research sources and organisations were scrutinised, assessed and coded in March–April 2001.

## Bibliographic sources

- MEDLINE
- Sociofile
- Datatar (DHSS)

## Review organisations

- EPPI-Centre (Social Science Research Unit, Institute of Education)
- Centre for Reviews and Dissemination (CRD), University of York
- Cochrane Collaboration

## Research organisations and registers

- Economic and Social Research Council (ESRC)
- Joseph Rowntree Foundation (JRF)
- Medical Research Council (MRC)
- National Research Register (NRR)
- NHS Health Technology Assessment (HTA) Programme

Bibliographic and research sources were coded by category:

- *Intervention-focused* – reporting on (directly) or discussing (indirectly) an intervention
- *Reviews* – covering work in the area of interest including, eg reviews of research output and literature, and reviews with a practical or theoretical focus
- *Exploratory/informative* – providing information relevant to *Our Healthier Nation* (OHN) topics and policy, eg prevalence and trends; attitudes of personnel and patients towards screening/public health; process factors).

Outputs from these sources and organisations were coded according to their relevance to the OHN public health promotion role.

Articles excluded from the coding process included those not relevant to OHN, eg tertiary care, prescribing techniques, drug treatments, treatment management, medical procedures, dental and oral health.

Two search strategies were employed: (A) a wide public health focus including terms such as health promotion, public health, health education, health intervention; and (B) searches combining terms relating to intervention within each of the individual health topic areas – hence strategy B consisted of several individual searches. Searches focused on UK output within the past three to six years.

To avoid duplication within the counting procedure, where the same article appeared in two separate search B strategies (eg CHD in the elderly was revealed by the two separate topic searches 'CHD' and 'care of the elderly'), the item was cross-referenced and assigned to one category only.

## Key findings

### *Bibliographic sources*

#### *MEDLINE*

UK articles held on MEDLINE from January 1995 to March 2001 totalled 33,519. Using comparable country and date filters, a wide search strategy (A) revealed a total of 272 (0.8%) articles. Of these, 93 (0.3%) were relevant to OHN: 41 (0.1%) focused on intervention research; 7 (>0.1%) were review articles; and 45 (0.1%) were exploratory/informative articles.

Using comparable country and date filters, the more focused, key topic area searches (B) revealed a total of 906 (2.7%) articles. Of these, 490 (1.5%) were relevant to OHN: 103 (0.3%) focused on intervention research; 49 (0.2%) were review articles; and 338 (1.0%) were exploratory/informative articles.

#### *Sociofile*

UK articles held on Sociofile from January 1995 to December 2000 totalled 5,992 (2001 articles were not accessible at the search date). Using comparable country and date filters, a wide search strategy (A) revealed a total of 37 (0.6%) articles. Of these, 16 (0.3%) were relevant to OHN: three (0.1%) focused on intervention research; five (0.1%) were review articles; and eight (0.1%) were exploratory/informative articles.

Using comparable country and date filters, the more focused, key topic area searches (B) revealed a total of 131 (2.2%) articles. Of these, 53 (0.9%) were relevant to OHN: 13 (0.2%) focused on intervention research; six (0.1%) were review articles; and 34 (0.6%) were exploratory/informative articles.

#### *Datastar (DHSS)*

Datastar articles from January 1995 to March 2001 totalled 42,004 (Datastar search facilities do not permit filtering by country). Using comparable date filters, a wide search strategy (A) revealed a total of 94 (0.2%) articles. Of these, 82 (0.4%) were relevant to OHN: 12 (>0.1%) focused on intervention research; 15 (>0.1%) were review articles; and 55 (0.1%) were exploratory/informative.

Using comparable date filters, the more focused, key topic area searches (B) revealed a total of 1,218 (2.9%) articles. Of these, 877 (2.1%) were relevant to OHN: 137 (0.4%) focused on intervention research; 52 (0.1%) were review articles; and 658 (1.6%) were exploratory/informative.

### *Review organisations*

#### *EPPI-Centre (Social Science Research Unit, Institute of Education)*

Nine reports had been published since EPPI-Centre's inception in 1993. All reports (100%) were relevant to the OHN public health promotion role, and focused on intervention research.

*Centre for Reviews and Dissemination, University of York*  
CRD was established in 1994. Ongoing reviews totalled 16: of these, three (18.8%) were relevant to the OHN public health promotion role. Completed reviews totalled 80: of these, 21 (26.3%) were relevant to the OHN public health promotion role.

#### *Cochrane Collaboration*

The Cochrane Library was established in 1996. Of 49 review groups, 14 (28.6%) covered areas relevant to the OHN public health promotion role.

Of the total reviews completed by all review groups (992), 37 (3.7%) were relevant to the OHN public health promotion role. Of the total reviews in preparation by all review groups (832), 25 (3.0%) were relevant to the OHN public health promotion role.

### *Research organisations and registers*

#### *Economic and Social Research Council (ESRC)*

Of 27 ESRC Centres and Groups, two (7.4%) appeared relevant to the OHN public health promotion role.

ESRC Research Programmes from 1997 to 2000 totalled 91. Of these, 17 (18.7%) were relevant to OHN: four (4.4%)

focused on intervention research; none was a review; and 13 (14.3%) were exploratory/informative.

ESRC Individual Programme Projects from 1997 to 2000 totalled 264. Of these, 42 (15.9%) were relevant to OHN: 16 (6.1%) focused on intervention research; none was a review; and 26 (9.9%) were exploratory/informative.

ESRC Research Grant Projects (as put forward by social scientists) from 1997 to 2000 totalled 552. Of these, 15 (2.7%) were relevant to OHN: all were informative/exploratory; none focused on intervention research or reviews.

#### *Joseph Rowntree Foundation (JRF)*

Published findings from August 1994 to March 2001 totalled 567. Of these, 19 (3.4%) were relevant to OHN: one (0.2%) focused on intervention research; and 18 (3.2%) were exploratory/informative.

Current works in progress totalled 95. Of these, one (1.1%) was relevant to OHN and this work was exploratory/informative.

Projects pending publication totalled 41. None was relevant to OHN.

#### *Medical Research Council (MRC)*

MRC awards from October 1997 to March 2001 totalled 946. Of these, 35 (3.7%) were relevant to OHN: seven (0.7%) focused on intervention research; one (0.1%) was a review; and 27 (2.9%) were exploratory/informative.

#### *National Research Register (NRR)*

NRR projects from January 1995 to December 2000 totalled 63,559 (NRR search facilities do not permit filter by country). Using comparable date filters, two wider search strategies were conducted (NRR does not permit extended search strings, so the search strategy previously used was split into two parts). The first (Ai) revealed a total of 81 (0.1%) projects. Of these, 47 (0.1%) were relevant to OHN: 32 (>0.1%) focused on intervention research; six (>0.1%) were reviews; and nine (>0.1%) were exploratory/informative. The second (Aii) revealed a total of 65 (0.1%) projects. Of these, 26 (>0.1%) were relevant to OHN: 23 (>0.1%) focused on intervention research; three (>0.1%) were reviews; and none was exploratory/informative.

Using comparable date filters, more focused key topic area searches (B) revealed a total of 861 projects. Of these, 260

(0.4%) were relevant to OHN: 135 (0.2%) focused on intervention research; 19 (>0.1%) were reviews; and 106 (0.2%) were exploratory/informative.

#### *NHS Health Technology Assessment Programme (HTA)*

HTA projects from 1993 (inception date) to March 2001 totalled 292. Of these, 31 (10.6%) were relevant to OHN: 12 (4.1%) focused on intervention research; 19 (6.5%) were reviews.

#### *Further information*

Overall, bibliographic sources suggest that not more than 0.4% of academic and research output is relevant to public health intervention research. Output from the review organisations suggests that while smaller organisations (EPPI-Centre) produce more work relevant to the OHN public health promotion role, larger organisations (Cochrane) do not. Output from research organisations suggests that between >0.1 and 6.1% of research conducted over the past five years is relevant to OHN public health intervention research.

The capacity to conduct intervention-oriented research appears to be underdeveloped. Several factors may discourage the capacity for this type of research:

- Complexities arise concerning macro- and micro-scale interventions and the difficulties of establishing cause-and-effect relationships across a multitude of varying, discrete initiatives
- Interest in short term, politically high profile effects may discourage a focus on longer-term health gains
- There is no infrastructure to coordinate intervention-oriented research; information is not centrally collated and universities do not operate within a system that encourages this type of research
- There is wide debate about what constitutes acceptable evidence, whose definition should be employed, and whether the nature of outcomes should concern medical issues, physical health issues, or wider issues.

Solutions to enhance the capacity for intervention-oriented research include a research framework to lead development; a National Public Health Database to permit measurement of the impact of policy in the short, medium and long term; an infrastructure to embrace and coordinate the work of relevant parties, agencies and disciplines; incentives for universities to engage in this type of research; and a commitment to translating conclusions into quality standards that can be monitored and assessed for long-term effects.

# 1. Focus

This report describes the extent to which academic and research output focuses on public health intervention research. It is based on scrutiny of titles and, where available, abstracts of outputs. This report does not constitute a systematic review, but assesses the potential for such a review in this area.

It considers the public health areas outlined in the White Paper *Saving Lives: Our Healthier Nation* (DH, 1999, Cm. 4386); *The NHS Plan* (DH, 2000, Cm. 4818-I); and the DH Research and Development Strategy (DH, 2001):

- Accidents
- Cancer
- Coronary heart disease (CHD)/stroke
- Diabetes
- Diet and lifestyle (including exercise/obesity)
- Drugs and alcohol misuse (including HIV/AIDS)
- Inequalities (including population health)
- Pre- and neonatal health (including HIV/AIDS)
- Post-50 year old health
- Smoking
- Sexually transmitted diseases (including HIV/AIDS)
- Suicide
- Young people's health (including children and teenage pregnancy).

Academic and research outputs relevant to these public health areas were coded according to the following categories:

- *Intervention-focused* – reporting on (directly) or discussing (indirectly) an intervention
- *Reviews* – covering work in the area of interest, eg reviews of research output and literature, and reviews with a practical or theoretical focus

- *Exploratory/informative* – providing information relevant to *Our Healthier Nation* (OHN) topics and policy, eg prevalence and trends; attitudes of personnel and patients towards screening/public health; process factors).

Articles excluded from the coding process included those not relevant to OHN, eg tertiary care, prescribing techniques, drug treatments, treatment management, medical procedures, and dental and oral health. Additional information about the coding process is provided in Appendix 1.

Searches focused on UK output within the past three to six years. Where large volumes of output were examined, two search strategies were followed: (A) an overall health promotion/intervention search; and (B) searches combining terms relating to intervention within each of the public health areas – hence search strategy B included several individual searches. In other cases, searches were conducted by hand (see Table 1).

In summary, results were classified by public health topic (eg CHD, post-50 year old health) and type of output (intervention-focused, review or informative/exploratory). The public health topics listed above are not necessarily mutually exclusive – bibliographic databases cross-reference such outputs (eg CHD in the elderly could be revealed within either 'CHD' or 'care of the elderly'). Adopting this format in the current exercise would have led to articles being duplicated across public health topics, so such outputs were assigned to one public health topic. This should be borne in mind when reading the tables.

Academic and research outputs were examined through the scrutiny of several databases and publications. These are detailed in the following section.

## 2. Outputs relating to public health

The specific databases and publications examined and the search strategies adopted are provided in Table 1.

All outputs were scrutinised, assessed and coded according to the categories outlined in Section 1. Organisation of output within each source or organisation was contingent on the relevant institutional criteria (eg Cochrane categorises outputs as completed reviews and reviews in preparation, whereas JRF categorises outputs as published findings and work in progress).

**Table 1 Databases and publications examined and search strategies adopted**

Source or organisation	Search strategy
<i>Bibliographic sources</i>	
MEDLINE	Search strategies A and B
Sociofile (incorporating Sociological Abstracts)	Search strategies A and B
Datastar (DHSS Database)	Search strategies A and B
<i>Review organisations</i>	
EPPI-Centre (Social Science Research Unit, Institute of Education)	Hand search of listings on website
Centre for Reviews and Dissemination, University of York	Hand search of listings on website
Cochrane Collaboration	Hand search of listings on website
<i>Research organisations and registers</i>	
Economic and Social Research Council (ESRC)	Hand search of Directories of Research
Joseph Rowntree Foundation (JRF)	Hand search of listings on website
Medical Research Council (MRC)	Hand search of listings on website
National Research Register (NRR)	Search strategies A and B
NHS Health Technology Assessment Programme (HTA)	Hand search of listings on website

Search strategies: (A) an overall health promotion/intervention search; (B) searches combining terms relating to intervention within each of the public health topic areas.

# 3. Bibliographic sources

## MEDLINE database

### *Overview of MEDLINE*

- MEDLINE is compiled by the US National Library of Medicine
- It claims to be the world's most comprehensive source of life sciences and biomedical bibliographic information
- It contains nearly 11 million records from over 7,300 different publications, dating from 1965 to the present.

### *MEDLINE procedure*

Two search strategies of the MEDLINE database were conducted. Both selected British articles from January 1995 to March 2001.

#### *Search strategy A*

A wide public health focus using the following terms: (((\*health promotion/ or \*public health/ or health education/) and (interventions\$1.mp. or \*program evaluation/ or \*intervention studies/)) OR (\*patient education/ or \*health behavior/ or \*cooperative behavior/ or \*primary prevention)) AND (exp great Britain/).

Due to the diverse nature of articles held on MEDLINE, the public health categories of strategy A emerged from the search strategy output.

#### *Search strategy B*

To ensure pertinent articles were not overlooked by the broader search conducted in strategy A, strategy B focused on key topic areas individually, as follows:

##### Accidents:

(exp accidents/) AND (intervention\$1.mp. or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/) AND (exp great Britain/)

##### Cancer:

(exp \*neoplasms by site/pc [Prevention & Control] or exp \*precancerous conditions/pc) AND (intervention\$1.mp. or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/) AND (exp great Britain/)

##### CHD/stroke:

(exp myocardial ischemia/pc, px, et [prevention & control, psychology, etiology] or exp cerebrovascular disorders/pc, px, et) AND (intervention\$1.mp. or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/) AND (exp great Britain/)

##### Diabetes:

(exp diabetes mellitus/) AND (intervention\$1.mp. or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/) AND (exp great Britain/)

##### Diet/nutrition/obesity/physical activity:

(exp diet/ or exp obesity/pc, px, et [Prevention & Control, Psychology, Etiology] or exp nutrition/ or exp exercise/) AND (intervention\$1.mp. or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/) AND (exp great Britain/)

##### Drugs/alcohol (including HIV/AIDS):

(exp alcohol drinking/pc, px [Prevention & Control, Psychology] or exp alcohol-related disorders/pc, px, et [Prevention & Control, Psychology, Etiology] or substance-related disorders/pc, px, et or exp amphetamine-related disorders/pc, px, et or exp cocaine-related disorders/pc, px, et or exp marijuana abuse/pc, px, et or exp opioid-related disorders/pc, px, et or exp substance abuse, intravenous/pc, px, et) AND (intervention\$1.mp. or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/) AND (exp great Britain/)

Inequalities (including population health):  
(socioeconomic factors/ or exp poverty/ or exp social class/)  
AND (intervention\$1.mp. or exp program evaluation/ or exp  
intervention studies/ or exp primary prevention/ or exp mass  
screening/) AND (exp great Britain/)

Pre- and neonatal health (including HIV/AIDS):  
(exp postnatal care/ or exp preconception care/ or exp  
prenatal care/ or exp neonatal screening/ or exp prenatal  
diagnosis/ or (pregnancy/ and exp mass screening/)) AND  
(intervention\$1.mp. or exp program evaluation/ or exp  
intervention studies/ or exp primary prevention/ or exp mass  
screening/) AND (exp great Britain/)

Post-50 year old health:  
(exp \*aged/ or exp \*middle age/ or exp health services for  
the aged/) AND (intervention\$1.mp. or exp program  
evaluation/ or exp intervention studies/ or exp primary  
prevention/ or exp mass screening/) AND (exp great Britain/)

Smoking:  
(exp smoking/) AND (intervention\$1.mp. or exp program  
evaluation/ or exp intervention studies/ or exp primary  
prevention/ or exp mass screening/) AND (exp great Britain/)

STDs (including HIV/AIDS):  
(exp HIV infections/pc, px, et [Prevention & Control,  
Psychology, Etiology] or exp Acquired Immunodeficiency  
Syndrome/pc, px, et or exp sexually transmitted diseases,  
bacterial/pc, px, et or exp sexually transmitted diseases, viral/  
pc, px, et) AND (intervention\$1.mp. or exp program  
evaluation/ or exp intervention studies/ or exp primary  
prevention/ or exp mass screening/) AND (exp great Britain/)

Suicide:  
(exp suicide/) AND (intervention\$1.mp. or exp program  
evaluation/ or exp intervention studies/ or exp primary  
prevention/ or exp mass screening/) AND (exp great Britain/)

Young people's health:  
(exp pregnancy in adolescence/ or exp adolescent health  
services/ or \*adolescence/ or \*child/ or \*child, preschool/ or  
young people.mp.) AND (intervention\$1.mp. or exp program  
evaluation/ or exp intervention studies/ or exp primary  
prevention/ or exp mass screening/) AND (exp great Britain/)

Note: MEDLINE categorises a child as aged 6–12 years and an  
adolescent as aged 13–18 years.

## *MEDLINE results*

British articles held on MEDLINE from January 1995 to date  
(March 2001) totalled 33,519.

### *Search strategy A*

Revealed a total of 272 (0.8% of 33,519) articles. Of these,  
93 (0.3% of 33,519) were relevant to OHN (Table 2) as  
follows:

- 41 (0.1% of 33,519) reported intervention-focused articles
- 7 (>0.1% of 33,519) were review articles
- 45 (0.1% of 33,519) were exploratory/informative articles.

### *Search strategy B*

Revealed a total of 906 (2.7% of 33,519) articles (prior to  
cross referencing). After cross referencing, 490 (1.5% of  
33,519) were relevant to OHN (Table 3) as follows:

- 103 (0.3% of 33,519) were intervention-focused articles
- 49 (0.2% of 33,519) were review articles
- 338 (1% of 33,519) were exploratory/informative articles.

## *MEDLINE summary*

- A wide search strategy (A) focusing on British articles relating to the past five years revealed that just 41 (0.1%) were relevant to intervention research in respect of OHN public health issues
- More focused, key topic area searches (B) focusing on British articles relating to the past five years revealed that just 103 (0.3%) reported intervention research in respect of OHN public health issues.

**Table 2 Results of MEDLINE Search using search strategy A  
(January 1995 to March 2001)**

Public health categories emerging from search output	Number relevant to OHN		
	Intervention focus	Reviews	Exploratory/informative
Accidents	1	1	2
Cancer	1	–	5
Coronary heart disease (CHD)	7	1	5
Contraception	2	–	–
Delivering health promotion	–	–	3
Diabetes	2	–	1
Diet/lifestyle, including exercise	8	2	10
Drug and alcohol misuse (including HIV/AIDS)	–	–	3
Evidence-based methods	–	–	1
Health promotion/outcomes programmes	1	2	–
Health promotion training	1	–	2
Immunisation	–	–	2
Inequalities/disadvantaged groups	1	–	–
Locality/socio-economic factors as predictors	–	–	2
Mortality factors	–	–	1
Policy	–	–	1
Post-50 health	1	–	–
Pre- and neonatal health	1	–	2
Prevention	–	–	–
Screening (including cancer, STIs, CHD, prenatal)	6	–	1
Smoking	3	–	3
STDs (including HIV/AIDS)	5	–	–
Suicide	–	–	–
Young people's health	1	1	1
<b>Total</b>	<b>41</b>	<b>7</b>	<b>45</b>
<b>Percentage of total number revealed by search strategy A (n = 272)</b>	<b>15.1%</b>	<b>2.6%</b>	<b>16.5%</b>
<b>Percentage of total number on database January 1995 to March 2001 (n = 33,519)</b>	<b>0.1%</b>	<b>&gt;0.01%</b>	<b>0.1%</b>

## Sociofile database

### Overview of Sociofile

- Sociofile contains citations and abstracts from over 2,000 journals plus dissertation listings, abstracts of conference papers and selected books, and citations of book reviews and other media
- Sociofile also contains citations and abstracts from Social Planning/Policy & Development Abstracts (SOPODA).

### Sociofile procedure

Two search strategies of the Sociofile database were conducted. Both selected British articles from January 1995 to December 2000 (the database did not include 2001 articles at the search date).

#### Search strategy A

A wide public health focus using the following terms: (exp health education/ or health promotion.mp. or exp public health/ or exp patients/ or patient education.mp. or exp

**Table 3 Results of MEDLINE search using search strategy B  
(January 1995 to March 2001)**

Search focus (total number revealed by search)	Number relevant to OHN		
	Intervention focus	Reviews	Exploratory/informative
Accidents (25)	5	2	7
Cancer (201)	21	13	132
CHD/stroke (59)	18	1	24
Diabetes (65)	2	–	2
Diet and lifestyle (including exercise/obesity) (57)	5	5	16
Drugs/alcohol (including HIV/AIDS) (23)	3	4	14
Inequalities (including population health) (101)	1	–	10
Pre- and neonatal health (including HIV screening) (188)	19	8	75
Post-50 year old health (26)	4	1	5
Smoking (46)	10	1	4
STDs (including HIV/AIDS) (61)	6	6	31
Suicide (13)	1	1	6
Young people's health (41)	8	7	12
<b>Total</b>	<b>103</b>	<b>49</b>	<b>338</b>
<b>Percentage of total number on database January 1995 to March 2001 (n = 33,519)</b>	<b>0.3%</b>	<b>0.2%</b>	<b>1.0%</b>

health behavior/ or exp social behavior/ or primary prevention.mp.) AND (exp intervention/ or exp program evaluation/ or exp programs/ or exp program implementation/ or exp prevention/) AND (exp united kingdom/)

The public health coding categories that emerged from outputs of MEDLINE search strategy A were used to categorise the results of Sociofile search strategy A.

#### *Search strategy B*

To ensure pertinent articles were not overlooked by the broader search conducted in strategy A, search strategy B focused on key topic areas individually, as follows:

#### Accidents:

(exp accidents/) AND (exp intervention/ or exp program evaluation/ or exp programs/ or exp program implementation/ or exp prevention/ or screening.mp.) AND (exp united kingdom/)

#### Cancer:

(exp cancer/) AND (exp intervention/ or exp program evaluation/ or exp programs/ or exp program implementation/ or exp prevention/ or screening.mp.) AND (exp united kingdom/)

#### CHD/stroke:

(exp heart diseases/ or stroke.mp. or coronary heart disease.mp.) AND (exp intervention/ or exp program evaluation/ or exp programs/ or exp program implementation/ or exp prevention/ or screening.mp.) AND (exp united kingdom/)

#### Diabetes:

(exp diabetes/) AND (exp intervention/ or exp program evaluation/ or exp programs/ or exp program implementation/ or exp prevention/ or screening.mp.) AND (exp united kingdom/)

#### Diet/nutrition/obesity/physical activity:

(exp nutrition/ or exp diet/ or exp obesity/ or exp physical fitness/ or physical activity.mp.) AND (exp intervention/ or exp program evaluation/ or exp programs/ or exp program implementation/ or exp prevention/ or screening.mp.) AND (exp united kingdom/)

#### Drugs/alcohol:

(exp alcohol abuse/ or alcohol.mp. or exp alcoholism/ or exp drug addiction/ or exp drunkenness/ or exp drugs/ or exp narcotic drugs/ or exp psychedelic drugs/ or exp tranquilizing drugs/ or exp drug abuse/ or exp substance abuse/) AND (exp

intervention/ or exp program evaluation/ or exp programs/ or exp program implementation/ or exp prevention/ or screening.mp.) AND (exp united kingdom/)

Inequalities (including population health):  
(exp inequality) AND (exp intervention/ or exp program evaluation/ or exp programs/ or exp program implementation/ or exp prevention/ or screening.mp.) AND (exp united kingdom/)

Pre- and neonatal health (including HIV/AIDS):  
(exp pregnancy/ or exp fetus/ or exp birth/ or antenatal.mp. or neonat\$.mp. or prenatal.mp.) AND (exp intervention/ or exp program evaluation/ or exp programs/ or exp program implementation/ or exp prevention/ or screening.mp.) AND (exp united kingdom/)

Post-50 year old health:  
(exp elderly/ or exp middle aged adults/) AND (exp intervention/ or exp program evaluation/ or exp programs/ or exp program implementation/ or exp prevention/ or screening.mp.) AND (exp united kingdom/)

Smoking:  
(exp smoking/) AND (exp intervention/ or exp program evaluation/ or exp programs/ or exp program implementation/ or exp prevention/ or screening.mp.) AND (exp united kingdom/)

STDs (including HIV/AIDS):  
(exp Acquired Immune Deficiency Syndrome/ or exp venereal diseases/ or hiv.mp. or sexually transmitted.mp.) AND (exp intervention/ or exp program evaluation/ or exp programs/ or exp program implementation/ or exp prevention/ or screening.mp.) AND (exp united kingdom/)

Suicide:  
(exp suicide/) AND (exp intervention/ or exp program evaluation/ or exp programs/ or exp program implementation/ or exp prevention/ or screening.mp.) AND (exp united kingdom/)

Young people's health:  
(exp adolescent parents/ or exp adolescents/ or young people.mp. or exp high school students/ or exp youth/ or exp children/) AND (exp intervention/ or exp program evaluation/ or exp programs/ or exp program implementation/ or exp prevention/ or screening.mp.) AND (exp united kingdom/)

Note: Sociofile categorises children as aged 24 months to 12 years; adolescents as 13–17 years; and young adults as 18–30 years old.

## *Sociofile results*

British articles held on Sociofile from January 1995 to the end of 2000 totalled 5,992.

### *Search strategy A*

Revealed a total of 37 (0.6% of 5,992) articles. 16 (0.3% of 5,992) were relevant to OHN (Table 4) as follows:

- 3 (0.1% of 5,992) reported intervention studies
- 5 (0.1% of 5,992) were review articles
- 8 (0.1% of 5,992) were exploratory/informative articles.

### *Search strategy B*

Revealed a total of 131 (2.2% of 5,992) articles (prior to cross referencing). After cross referencing, 53 (0.9% of 5,992) were relevant to OHN (Table 5) as follows:

- 13 (0.2% of 5,992) reported intervention-focused articles
- 6 (0.1% of 5,992) were review articles
- 34 (0.6% of 5,992) were exploratory/informative articles.

## *Sociofile summary*

- A wide search strategy focusing on British articles relating to the past five years revealed that just three (0.1%) were relevant to intervention research in respect of OHN public health issues
- More focused, key topic area searches focusing on British articles relating to the past five years revealed that just 13 (0.2%) reported intervention research in respect of OHN public health issues.

## **Datatar (DHSS database)**

### *Overview of Datatar*

- Datatar is jointly produced by two services at the DH (UK): the DH Library and Information Service and the Protection of Health Information Unit
- Core subjects covered by the DH Library are health service and hospital administration, with an emphasis on the British National Health Service, including planning, design, construction and maintenance of health service buildings;

**Table 4 Results of Sociofile search using search strategy A  
(January 1995 to December 2000)**

Public health coding categories (as emerged from MEDLINE search strategy A output)	Number relevant to OHN		
	Intervention focus	Reviews	Exploratory/informative
Accidents	-	-	-
Cancer	-	-	-
CHD	-	-	-
Contraception	-	-	-
Delivering health promotion	-	-	-
Diabetes	-	-	-
Diet/lifestyle, including exercise	-	-	-
Drug and alcohol misuse (including HIV/AIDS)	-	2	4
Evidence-based methods	-	-	-
Health promotion/outcomes programmes	-	-	-
Health promotion training	-	-	-
Immunisation	-	-	-
Inequalities/disadvantaged groups	-	-	-
Locality/socio/economic factors as predictors	-	1	-
Mortality factors	-	-	-
Policy	-	-	-
Post-50 health	1	-	-
Pre- and neonatal health	-	-	-
Prevention	-	-	-
Screening (including cancer, STIs, CHD, prenatal)	-	-	-
Smoking	-	-	1
STDs (including HIV/AIDS)	2	1	2
Suicide	-	1	-
Young people's health	-	-	1
<b>Total</b>	<b>3</b>	<b>5</b>	<b>8</b>
<b>Percentage of total number revealed by search strategy A (n = 37)</b>	<b>8.1%</b>	<b>13.5%</b>	<b>21.6%</b>
<b>Percentage of total number on database January 1995 to December 2000 (n = 5,992)</b>	<b>0.1%</b>	<b>0.1%</b>	<b>0.1%</b>

medical equipment and supplies; public health, nursing and primary care; occupational diseases; social policy; and social services for children, families, people with disabilities and elderly people

- The Protection of Health Information Unit specialises in medical toxicology and environmental health, including chemicals in food and other consumer products and in the environment; pesticides; industrial chemicals; health consequences of smoking, radiation and noise; air and water pollution; and radiation biology.

- The database includes articles from about 2,000 mainly English-language journals, together with documents of books, reports, pamphlets, administrative circulars and other official publications.

### *Datastar procedure*

Two search strategies of the Datastar database were conducted. Both selected articles from January 1995 to March 2001. The Datastar search facility does not provide a filter for country of origin, and output therefore includes UK and international articles.

**Table 5 Results of Sociofile search using search strategy B  
(January 1995 to December 2000)**

Search focus (total number revealed by search)	Number relevant to OHN		
	Intervention focus	Reviews	Exploratory/informative
Accidents (0)	–	–	–
Cancer (5)	1	–	4
CHD/stroke (0)	–	–	–
Diabetes (0)	–	–	–
Diet and lifestyle (including exercise/obesity) (0)	–	–	–
Drugs/alcohol (including HIV/AIDS) (30)	8	3	14
Inequalities (including population health) (8)	–	1	1
Pre- and neonatal health (including HIV screening) (4)	–	–	1
Post-50 year old health (8)	1	–	–
Smoking (5)	1	–	4
STDs (including HIV/AIDS) (17)	1	–	7
Suicide (8)	–	2	2
Young people's health (46)	1	–	1
<b>Total</b>	<b>13</b>	<b>6</b>	<b>34</b>
<b>Percentage of total number on database January 1995 to December 2000 (n = 5,992)</b>	<b>(0.2%)</b>	<b>(0.1%)</b>	<b>(0.6%)</b>

\*Using search strategy B produced no articles for the following four categories: Accidents, CHD/stroke, Diabetes and Diet and lifestyle.

#### Search strategy A

A wide public health focus using the following terms: (public health.DE. or health promotion.DE. or health education.DE. or health behaviour or patient education.DE. or public participation.DE. or patient participation.DE.) AND (intervention\$.DE. or implementation.DE. or systematic reviews.DE. or evidence based practice.DE. or prevention.DE. or preventive action.DE. or program\$.DE.)

#### Search strategy B

To ensure pertinent articles were not overlooked by the broader search conducted in strategy A, search strategy B focused on key topic areas individually, as follows:

##### Accidents:

(accidents\$1.DE.) AND (intervention\$ or screening.DE. or prevent\$.DE. or program\$.DE.)

##### Pre- and neonatal screening and care:

(antenatal care.DE. or prenatal diagnosis.DE. or neonat\$.DE. or preconcep\$.DE. or post natal care.DE. or pregnancy.DE.)

AND (intervention\$ or screening.DE. or prevent\$.DE. or program\$.DE.)

##### Cancer:

(breast cancer.DE. or cervical cancer.DE. or colorectal cancer.DE.) AND (intervention\$ or screening.DE. or prevent\$.DE. or program\$.DE.)

##### CHD/stroke:

(coronary diseases.DE. or heart diseases.DE. or stroke.DE.) AND (intervention\$ or screening.DE. or prevent\$.DE. or program\$.DE.)

##### Diabetes:

(diabetes.DE.) AND (intervention\$ or screening.DE. or prevent\$.DE. or program\$.DE.)

##### Diet/nutrition/obesity/physical activity:

(obesity.DE. or nutrition.DE. or diet.DE. or exercise.DE.) AND (intervention\$ or screening.DE. or prevent\$.DE. or program\$.DE.)

#### Drugs/alcohol:

(alcohol.DE. or substance abuse.DE. or drug abuse.DE. or drug addiction.DE.)  
AND (intervention\$ or screening.DE. or prevent\$.DE. or program\$.DE.)

#### HIV/AIDS/STDs:

(HIV.DE. or human immunodeficiency virus.DE. or acquired immune deficiency syndrome.DE. or sexually transmitted diseases.DE. or venereal diseases.DE.) AND (intervention\$ or screening.DE. or prevent\$.DE. or program\$.DE.)

#### Inequality:

(inequalities in health.DE. or health inequalities.DE. or social inequality.DE. or poverty.DE. or deprivation.DE. or low income.DE.) AND (intervention\$ or screening.DE. or prevent\$.DE. or program\$.DE.)

#### Older people's health:

(elderly people.DE. or old people.DE. or middle age\$.DE.)  
AND (intervention\$ or screening.DE. or prevent\$.DE. or program\$.DE.)

#### Smoking:

(smoking.DE.) AND (intervention\$ or screening.DE. or prevent\$.DE. or program\$.DE.)

#### Suicide:

(suicide.DE.) AND (intervention\$ or screening.DE. or prevent\$.DE. or program\$.DE.)

#### Young people's health:

(young people.DE. or teenagers.DE.) AND (intervention\$ or screening.DE. or prevent\$.DE. or program\$.DE.)

Note: 'Children.DE.' was not included as a search term in the above strategy. The database does not specify the age ranges covered by the various population group subject headings.

### *Datatar results*

Articles held on Datatar from January 1995 to March 2001 totalled 42,004.

#### *Search strategy A*

Revealed a total of 94 (0.2%) articles. 82 (0.4% of 42,004) were relevant to OHN (Table 6) as follows:

- 12 (>0.1% of 42,004) reported intervention studies
- 15 (>0.1% of 42,004) were review articles
- 55 (0.1% of 42,004) were exploratory/informative.

#### *Search strategy B*

Revealed a total of 1,218 (2.9% of 42,004) articles (prior to cross referencing). After cross referencing, 877 (2.1%) were relevant to OHN (Table 7) as follows:

- 167 (0.4% of 42,004) were intervention-focused articles
- 52 (0.1% of 42,004) were review articles
- 658 (1.6% of 42,004) were exploratory/informative articles.

**Table 6 Results of Datastar search using search strategy A  
(January 1995 to March 2001)**

Topic area	Number relevant to OHN		
	Intervention focus	Reviews	Exploratory/informative
Accidents	–	–	1
Cancer	–	1	1
CHD/stroke	1	–	1
Diabetes	–	–	1
Diet and lifestyle (including exercise/obesity)	1	2	2
Drugs/alcohol (including HIV/AIDS)	2	1	2
Inequalities (including population health)	2	3	36
Pre- and neonatal health (including HIV screening)	1	2	–
Post-50 year old health	–	2	1
Smoking	1	1	5
STDs (including HIV/AIDS)	2	–	–
Suicide	–	–	2
Young people's health	2	3	3
<b>Total</b>	<b>12</b>	<b>15</b>	<b>55</b>
<b>Percentage of total number revealed by search strategy A (n = 94)</b>	<b>(12.8%)</b>	<b>(16.0%)</b>	<b>(58.5%)</b>
<b>Percentage of total number on database (January 1995 to March 2001) (n = 42,004)</b>	<b>(&gt;0.1%)</b>	<b>(&gt;0.1%)</b>	<b>(0.1%)</b>

**Table 7 Results of Datastar search using search strategy B  
(January 1995 to March 2001)**

Search focus (total number revealed by search)	Number relevant to OHN		
	Intervention focus	Reviews	Exploratory/informative
Accidents (32)	6	3	13
Cancer (180)	14	5	132
CHD/stroke (122)	16	4	59
Diabetes (16)	2	2	8
Diet and lifestyle (including exercise/obesity) (72)	8	8	38
Drugs/alcohol (including HIV/AIDS) (92)	15	2	71
Inequalities (including population health) (104)	4	2	70
Pre- and neonatal health (including HIV screening) (110)	11	5	57
Post-50 year old health (98)	18	5	41
Smoking (118)	41	7	50
STDs (including HIV/AIDS) (108)	14	2	48
Suicide (41)	7	1	32
Young people's health (125)	11	6	39
<b>Total</b>	<b>167</b>	<b>52</b>	<b>658</b>
<b>Percentage of total number on database January 1995 to March 2001) (n = 42,004)</b>	<b>(0.4%)</b>	<b>(0.1%)</b>	<b>(1.6%)</b>

## 4. Review organisations

### EPPI-Centre (Social Science Research Unit, Institute of Education)

#### *Overview of EPPI-Centre*

- The Evidence for Policy and Practice Information Co-ordinating Centre (EPPI-Centre) has been involved in a methodological programme of evidence-based work on social interventions since 1993.
- EPPI-Centre has three interlinked streams of work:
  - health promotion – research and dissemination of information relating to the evaluation of health promotion interventions
  - user involvement – to investigate the generation and use of evidence of effectiveness, as seen by people using health and education services
  - education – this more recently established programme will focus on evidence for informed policy and practice in education.
- In respect of health promotion, EPPI-Centre's work includes:
  - providing an information, resource and training centre on evidence-based health promotion
  - helping purchasers, providers and researchers appreciate the importance of rigorous evaluation
  - contributing to the International Cochrane Collaboration through the coordination of a Cochrane Field in Health Promotion.
- EPPI-Centre is currently funded by the DH for a specific programme of work on evidence-based health promotion.
- EPPI-Centre offers guidance in developing search strategies, critical appraisal, systematic reviewing and evaluation design.

#### *EPPI-Centre procedure*

- A web-based search was conducted in April 2001 ([www.ioe.ac.uk/ssru/ra\\_epi.htm](http://www.ioe.ac.uk/ssru/ra_epi.htm))
- Titles of all EPPI-Centre published reviews were scrutinised
- Reviews considered relevant included those that may inform the OHN public health promotion role.

#### *EPPI-Centre results*

All EPPI-Centre work (100%) is applicable to OHN public health promotion (Table 8).

**Table 8 EPPI-Centre programme of work (1993 to March 2001)**

Programme	Year
<i>Reports</i>	
Review of effectiveness of health promotion interventions for men who have sex with men	1996
Review of effectiveness of sexual health promotion interventions for young people	1996
Descriptive mapping of health promotion studies in young people	1996
Effectiveness reviews in health promotion	1999
Appropriateness and effectiveness of peer-led health promotion interventions for young people	(Forthcoming)
<i>Other relevant reports from the Social Science Research Unit</i>	
Review of effectiveness of workplace health promotion interventions	1994
Review of effectiveness of health promotion interventions to prevent accidents in older people	1995
Young people and smoking	1995
<i>EPPI-Centre evaluation methods</i>	
Guidelines for systematically reviewing evaluations of health promotion and social interventions	1997

All EPPI-Centre work listed above relevant to OHN

## Centre for Reviews and Dissemination, University of York

### Overview of CRD

- CRD was established in January 1994 to provide the NHS with information on the effectiveness of treatment and the delivery and organisation of healthcare
- It is a sibling organisation of the UK Cochrane Centre
- It undertakes and commissions rigorous reviews of research findings on the effectiveness of healthcare relevant to the NHS, and collaborates in conducting research into methods of reviewing literature
- CRD maintains databases of abstracts of quality reviews of health research, abstracts of economic evaluations of health, and health technology assessments
- CRD conducts research into providing health service users with research-based information on the effectiveness of healthcare.

### CRD procedure

- A web-based search was conducted in March 2001 (<http://york.ac.uk/inst/crd/>)
- Titles of reviews in preparation and reviews completed were scrutinised
- Reviews considered relevant included those that may inform the OHN public health promotion role.

### CRD results

- Of all ongoing reviews (16), three (19%) informed the OHN public health promotion role (Table 9)
- Of all completed reviews (80), 21 (26.3%) informed the OHN public health promotion role (Table 9)

**Table 9 CRD reviews relevant to health promotion role of the HDA (January 1994 to March 2001)**

	Number of reviews	Number relevant to OHN
Ongoing reviews	16	3
<b>Total</b>	<b>16</b>	<b>3</b>
<b>Percentage</b>	<b>(100)</b>	<b>(18.8)</b>
Completed reviews		
2001	4	1
2000	16	4
1999	16	3
1998	13	4
1997	17	5
1996	8	3
1995	6	1
<b>Total</b>	<b>80</b>	<b>21</b>
<b>Percentage</b>	<b>(100)</b>	<b>(26.3)</b>

## Cochrane Collaboration

### *Overview of the Cochrane Collaboration*

- The Cochrane Collaboration's aim is to 'prepare, maintain and promote the accessibility of systematic reviews of the effects of health care'
- The Cochrane Library was established in the spring of 1996
- All Cochrane reviews date from that time, with the exception of a minority of reviews that arose from the earlier established pregnancy and childbirth group.

### *Cochrane Collaboration procedure*

- A web-based search was conducted in March 2001 ([www.cochrane.org](http://www.cochrane.org))
- Titles of reviews and, where relevant, abstracts, for both completed reviews (C) and reviews in preparation (P) were scrutinised
- Reviews considered relevant included those that may inform the OHN public health promotion role
- Where interventions formed the focus of a review, such interventions may have included advice, information, prevention, screening, strategies and support.

## *Cochrane Collaboration results*

- There were 49 Cochrane review groups. These groups cover most of the important areas of healthcare (Table 10)
- Of these 49 review groups, 14 (28.6%) covered areas that were relevant to the OHN public health promotion role (bold text in Table 10)
- Of all 992 completed reviews (C), 37 (3.7%) informed the OHN public health promotion role (Table 10)
- Of all 832 reviews in preparation (P), 25 (3.0%) informed the OHN public health promotion role (Table 10).

**Table 10 Cochrane Reviews relevant to health promotion role of the HDA  
(Spring 1996 to 2001)**

Review Group	Number of reviews		Number relevant to OHN	
	C	P	C	P
Cochrane Acute Respiratory Infections Group	26	23	–	–
Cochrane Airways Group	67	74	–	–
Cochrane Anaesthesia Group	2	5	–	–
Cochrane Back Group	15	8	–	–
<b>Cochrane Breast Cancer Group</b>	<b>4</b>	<b>9</b>	<b>1</b>	<b>1</b>
<b>Cochrane Colorectal Cancer Group</b>	<b>5</b>	<b>16</b>	<b>0</b>	<b>0</b>
Cochrane Consumers and Communication Group	3	6	–	–
Cochrane Cystic Fibrosis and Genetic Disorders Group	24	11	–	–
Cochrane Dementia and Cognitive Improvement	19	9	–	–
Cochrane Depression, Anxiety and Neurosis Group	15	39	–	–
Cochrane Developmental, Psychosocial and Learning Problems Group	6	6	–	–
<b>Cochrane Drugs and Alcohol Group</b>	<b>7</b>	<b>7</b>	<b>0</b>	<b>0</b>
Cochrane Ear, Nose and Throat Disorders Group	5	10	–	–
<b>Cochrane Effective Practice and Organisation of Care Group</b>	<b>23</b>	<b>16</b>	<b>6</b>	<b>0</b>
Cochrane Epilepsy Group	10	20	–	–
Cochrane Eyes and Vision Group	11	11	–	–
Cochrane Fertility Regulation Group	6	9	–	–
<b>Cochrane Gynaecological Cancer Group</b>	<b>15</b>	<b>7</b>	<b>1</b>	<b>1</b>
Cochrane Haematological Malignancies Group	1	2	–	–
<b>Cochrane Heart Group</b>	<b>8</b>	<b>25</b>	<b>4</b>	<b>4</b>
Cochrane Hepato-Biliary Group	7	32	–	–
<b>Cochrane HIV/AIDS Group</b>	<b>5</b>	<b>17</b>	<b>1</b>	<b>9</b>
Cochrane Hypertension Group	3	7	–	–
Cochrane Incontinence Group	16	14	–	–
Cochrane Infectious Diseases Group	40	8	–	–
Cochrane Inflammatory Bowel Disease Group	8	10	–	–
Cochrane Injuries Group	22	17	–	–
<b>Cochrane Lung Cancer Group</b>	<b>4</b>	<b>7</b>	<b>0</b>	<b>1</b>
Cochrane Menstrual Disorders and Subfertility Group	47	37	–	–
Cochrane Metabolic and Endocrine Disorders Group	3	9	–	–
Cochrane Movement Disorders Group	15	9	–	–
Cochrane Multiple Sclerosis Group	2	7	–	–
Cochrane Musculoskeletal Group	36	34	–	–
Cochrane Musculoskeletal Injuries Group	30	24	–	–
<b>Cochrane Neonatal Group</b>	<b>100</b>	<b>33</b>	<b>1</b>	<b>0</b>
Cochrane Neuromuscular Disease Group	4	18	–	–
Cochrane Oral Health Group	3	20	–	–
Cochrane Pain, Palliative Care and Supportive Care Group	13	16	–	–
Cochrane Peripheral Vascular Diseases Group	18	26	–	–
<b>Cochrane Pregnancy and Childbirth Group</b>	<b>173</b>	<b>51</b>	<b>11</b>	<b>4</b>
<b>Cochrane Prostatic Diseases and Urologic Cancers Group</b>	<b>9</b>	<b>9</b>	<b>0</b>	<b>1</b>
Cochrane Renal Group	6	14	–	–
Cochrane Schizophrenic Group	54	21	–	–
<b>Cochrane Sexually Transmitted Diseases Group</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>
Cochrane Skin Group	8	11	–	–
<b>Cochrane Stroke Group</b>	<b>50</b>	<b>29</b>	<b>0</b>	<b>0</b>
<b>Cochrane Tobacco Addiction Group</b>	<b>21</b>	<b>7</b>	<b>12</b>	<b>4</b>
Cochrane Upper Gastrointestinal and Pancreatic Diseases Group	8	11	–	–
Cochrane Wounds Group	14	19	–	–
<b>Total</b>	<b>992</b>	<b>832</b>	<b>37</b>	<b>25</b>
<b>Percentage</b>	<b>(100)</b>	<b>(100)</b>	<b>(3.7)</b>	<b>(3.0)</b>

C, completed reviews; P, reviews in preparation. Bold text denotes groups relevant to the OHN public health role.

# 5. Research organisations

## Economic and Social Research Council (ESRC)

### Overview of the ESRC

- The ESRC is an independent organisation with an annual budget of around £65 million from the British government
- Its mission is to:
  - promote and support high quality basic, strategic and applied research and related postgraduate training in the social sciences
  - advance knowledge and provide trained social scientists who meet the needs of users and beneficiaries, thereby contributing to the economic competitiveness of the United Kingdom, the effectiveness of public services and policy, and the quality of life
  - provide advice on, and disseminate knowledge and promote public understanding of, the social sciences
- Subject areas supported by the ESRC include economics, education, environment and planning, industry, information technology, management, politics, psychology and sociology
- All ESRC-supported research is contracted to higher education institutions and independent research centres
- ESRC Research Centres are major investments in one or more of the ESRC's priority themes. These are funded for an initial period of 10 years, subject to mid-term review
- ESRC Research Groups are funded for an initial five years
- ESRC Research Programmes are networks of related projects, together addressing one or more of the ESRC's priority themes, typically of five years' duration
- ESRC Research Grant Projects are awards put forward by social scientists to do work on topics entirely of their own choosing.

### ESRC procedure

- Copies of the *Directory of ESRC Research* relating to 1997–98, 1998–99 and 1999–2000 were scrutinised. ESRC directories are organised into the following sections:
  - Research Groups and Centres Research Programmes and related individual programme projects
  - Research Grant Projects (put forward by social scientists)
  - Realising Our Potential Awards (ROPA) which reward researchers who have attracted significant research income from the UK private sector
  - Research Resources, eg ESRC data archive; international bibliography of the social sciences (IBSS)
- All except the Research Resources section were assessed for their relevance to OHN public health topics.

### ESRC results

#### ESRC Groups and Centres 1997–2000

Of 27 Groups/Centres that existed in the period 1997–2000, two (7.4%) appeared relevant to OHN public health topics (Table 11).

#### Research Programmes

- 1997–98: Research Programmes totalled 30, of which nine (30.0%) were relevant to OHN public health topics. None of these focused on intervention research. All were exploratory/informative in character (Table 12).
- 1998–99: Research Programmes totalled 31, of which four (12.9%) were relevant to OHN public health topics. One of these (3.2%) focused on intervention research (Table 12).

**Table 11 ESRC Centres and Groups (1997 to 2000)**

Centre/Group	Number relevant to OHN
Centre for the Study of African Economies (CSAE)	–
Centre for Analysis of Social Exclusion (CASE)	–
Centre for Business Research (CBR)	–
Complex Product Systems Innovation Research Centre (CoPS)	–
Developing a Framework for Future Social Policy (Commissioned 1998–99)	–
Centre for Research in Development, Instruction and Training (CREDIT)	–
Centre for Economic Learning and Social Exclusion (ELSE)	–
Centre for Economic Performance (CEP)	–
Centre for Research into Elections and Social Trends (CREST)	–
Centre for Research into Ethnic Relations (CRER) (1997–98 and 1998–99 only)	–
Financial Markets Centre (FMC)	–
Centre for Fiscal Policy (CFP)	–
Centre for the Study of Globalisation and Regionalisation (CSGR)	–
Cambridge Group for the History of Population and Social Structure (CAMPOP)	–
Centre for Housing Research and Urban Studies (CHRUS) (1997–98 and 1998–99 only)	–
Human Communication Research Centre (HCRC)	–
Centre for Research on Innovation and Competition (CRIC)	–
Centre for International Employment Relations Research (CINTER)	–
Research Centre on Micro–Social Change (RCM–SC)	–
Centre for Organisation and Innovation (COI)	–
Centre for Risk and Regulation (Commissioned 1999–2000)	–
Centre for Science, Technology, Energy and Environmental Policy (CSTEPP) (1997–98 only)	–
<b>Formulating Social Policy Within an Ageing Society (SAGE) (commissioned 1998–99)</b>	<b>1</b>
Centre on Skills, Knowledge and Organisational Performance (SKOPE) (commissioned 1997–98)	–
Centre for Social and Economic Research on the Global Environment (CSERGE)	–
<b>Research Group for the Study of Care, Values and the Future of Welfare (CAVA)</b>	<b>1</b>
ESRC Transport Studies Unit (TSU)	–
<b>Total</b>	<b>2</b>
<b>Percentage of 27 ESRC Centres and Groups relevant to OHN public health topics</b>	<b>(7.4%)</b>

- 1999–2000: Research Programmes totalled 30, of which four (13.3%) were relevant to OHN public health topics. Of these, three (10%) focused on intervention research (Table 12).

*Individual programme projects*

- 1997–98: Individual programme projects totalled 81, of which nine (11.1%) were relevant to OHN public health topics. None of these focused on intervention research. All were exploratory/informative in character (Table 13).
- 1998–99: Individual programme projects totalled 91, of which 21 (23.1%) were relevant to OHN public health topics. Of these, four (4.4%) focused on intervention research (Table 13).

- 1999–2000: Individual programme projects totalled 92, of which 12 (13.0%) were relevant to OHN public health topics. None of these focused on intervention research. All were exploratory/informative in character (Table 13).

*Research Grant Projects (put forward by social scientists)*

- 1997–98: Research Grant Projects totalled 209, of which six (2.9%) were relevant to OHN public health topics. None of these focused on intervention research. All were exploratory/informative in character (Table 14).
- 1998–99: Research Grant Projects totalled 200, of which five (2.5%) were relevant to OHN public health topics. None of these focused on intervention research. All were exploratory/informative in character (Table 14).

**Table 12 ESRC Research Programmes (1997–2000)**

Year	Topic area	Number relevant to OHN	
		Intervention focus	Exploratory/informative
1997–98	(Total programmes = 30)		
	Diet and lifestyle (including exercise/obesity)	–	1
	Inequalities (including population health)	–	3
	Young people's health (including children and teenage pregnancy)	–	5
<b>Total Percentage</b>		<b>0</b>	<b>9 (30.0%)</b>
1998–99	(Total programmes = 31)		
	Inequalities (including population health)	1	1
	Young people's health (including children and teenage pregnancy)	–	2
<b>Total Percentage</b>		<b>1 (3.2%)</b>	<b>3 (9.7%)</b>
1999–2000	(Total programmes = 30)		
	Diet and lifestyle (including exercise/obesity)	–	1
	Inequalities (including population health)	1	–
	Post-50 year old health	–	1
	Young people's health (including children and teenage pregnancy)	–	–
<b>Total Percentage</b>		<b>3 (10%)</b>	<b>1 (3.3%)</b>

**Table 13 ESRC Individual Programme Projects (1997–2000)**

Year	Topic area	Intervention focus	Exploratory/informative
1997–98	(Total projects = 81)		
	Inequalities (including population health)	–	4
	Young people's health (including children and teenage pregnancy)	–	5
<b>Total Percentage</b>		<b>None</b>	<b>9 (11.1%)</b>
1998–99	(Total projects = 91)		
	Diet and lifestyle (including exercise/obesity)	–	1
	Drugs and alcohol misuse (including HIV/AIDS)	–	1
	Inequalities (including population health)	2	10
	Post-50 year old health	1	3
	Young people's health (including children and teenage pregnancy)	1	2
<b>Total Percentage</b>		<b>4 (4.4%)</b>	<b>17 (18.7%)</b>
1999–2000	(Total projects = 92)		
	Inequalities (including population health)	–	10
	Post-50 year old health	–	1
	Young people's health (including children and teenage pregnancy)	–	1
<b>Total Percentage</b>		<b>None</b>	<b>12 (13.0%)</b>

**Table 14 ESRC Research Grant Projects (1997–2000)**

Year	Topic area	Intervention focus	Exploratory/informative
1997–98	(Total projects = 209)		
	Drugs and alcohol misuse	–	2
	Inequalities (including population health)	–	1
	Post-50 year old health	–	2
	Young people’s health (including children and teenage pregnancy)	–	1
<b>Total</b>		<b>None</b>	<b>6</b>
<b>Percentage</b>			<b>(2.9%)</b>
1998–99	(Total projects = 200)		
	Inequalities (including population health)	–	3
	Smoking	–	1
	Young people’s health (including children and teenage pregnancy)	–	1
<b>Total</b>		<b>None</b>	<b>5</b>
<b>Percentage</b>			<b>(2.5%)</b>
1999–2000	(Total projects = 143)		
	Drugs and alcohol misuse	–	2
	Inequalities (including population health)	–	2
<b>Total</b>		<b>None</b>	<b>4</b>
<b>Percentage</b>			<b>(2.8%)</b>

- 1999–2000: Research Grant Projects totalled 143, of which four (2.8%) were relevant to OHN public health topics. None of these focused on intervention research. All were exploratory/informative in character (Table 14).

*Realising Our Potential Awards (ROPA)*

Awards to researchers who have attracted significant research income from the UK private sector.

The total number of ROPA awards for 1997–98, 1998–99 and 1999–2000 totalled 16, 12 and 12, respectively. None of these research projects was relevant to OHN public health topics.

**Joseph Rowntree Foundation (JRF)**

*Overview of JRF*

- The JRF was initially established as the Joseph Rowntree Village Trust (1904). In 1959 it widened its objectives by a private Act of Parliament and became the Joseph Rowntree Memorial Trust. In 1990 the organisation changed its name to the Joseph Rowntree Foundation (JRF).

- It is the UK’s largest independent social policy research and development charity. It supports a wide programme of research and development projects in housing, social care and social policy.
- The JRF spends about £10 million a year, mostly on a research and development programme that seeks to improve understanding of the causes of social difficulties and explore ways of better overcoming them.
- It does not carry out research in-house, but works in partnership with a large variety of academic and other institutions to achieve its aims.

*JRF procedure*

- The JRF website (<http://jrf.org.uk>) includes a database of the foundation’s research profile. This is organised in the categories ‘published findings’ and ‘current work in progress’. The latter is divided into projects currently in progress, and projects pending publication.
- Research within these categories was assessed for its relevance to OHN public health topics.

## JRF results

### Published findings

- At the search date (21/03/01), this database revealed details of research from August 1994 to March 2001. (Details of published findings since 1989 can be obtained direct from JRF.)
- Published findings totalled 567, of which 19 (3.4%) were relevant to OHN public health topics. One (0.2%) focused on intervention research (Table 15).

### Current work in progress

- Projects currently in progress at the search date totalled 95, of which one (1.1%) was relevant to OHN public health topics. None focused on intervention research. All others were exploratory/informative in character (Table 15).
- Projects pending publication at the search date totalled 41, of which none was relevant to OHN public health topics (Table 15).

## Medical Research Council (MRC)

### Overview of MRC

- The UK Medical Research Council was established in 1913.
- The Council is funded mainly by the UK Government and receives an annual Grant-in-aid from Parliament via the Office of Science and Technology, which is now part of the Department of Trade and Industry. It also receives funds from, or works with, a number of government departments, industry and charities.
- The MRC has close links with the Health Departments and other Research Councils. Working through its scientific boards and committees, it is independent in its choice of which research to support.
- MRC's purpose is to:
  - encourage and support high quality research with the aim of maintaining and improving human health

**Table 15 JRF Research – Published Findings and Current Work in Progress (August 1994 to March 2001)**

Topic area	Number relevant to OHN	
	Intervention focus	Exploratory/informative
<i>Published findings (total = 567)</i>		
Diet and lifestyle (including exercise/obesity)	1	1
Drugs and alcohol misuse	–	3
Inequalities (including population health)	–	9
Post-50 year old health	–	1
Young people's health (including children and teenage pregnancy)	–	4
<b>Total</b>	<b>1</b>	<b>18</b>
<b>Percentage</b>	<b>(0.2%)</b>	<b>(3.2%)</b>
<i>Current work in progress</i>		
<i>Projects currently in progress (total = 95)</i>		
Inequalities (including population health)	–	1
<b>Total</b>	<b>0</b>	<b>1</b>
<b>Percentage</b>		<b>(1.1%)</b>
<i>Projects pending publication (total = 41)</i>		
<b>Total</b>	<b>0</b>	<b>0</b>
<b>Percentage</b>		

**Table 16 MRC Research Projects (October 1997 to March 2001)**

Topic area (total number revealed by search)	Number relevant to OHN		
	Intervention focus	Reviews	Exploratory/informative
<i>March 2001 (total = 38)</i>	–	–	
CHD/stroke	–	–	1
Diabetes	–	–	1
<i>December 2000 (total = 60)</i>			
Diabetes	1	–	–
Pre- and neonatal health	–	–	2
Post-50 year old health	–	–	1
<i>October 2000 (total = 14)*</i>			
<i>July 2000 (total = 236)</i>			
Cancer	–	1	–
Diet and lifestyle (including exercise/obesity)	–	–	3
Inequalities (including population health)	–	–	2
Pre- and neonatal health (including HIV screening)	–	–	1
Smoking	1	–	1
STDs (including HIV/AIDS)	–	–	3
Young people's health	–	–	1
<i>March 2000 (total = 85)*</i>			
<i>December 1999 (total = 74)</i>			
Accidents	2	–	–
Cancer	1	–	–
Inequalities (including population health)	1	–	1
Young people's health	–	–	1
<i>July 1999 (total = 144)</i>			
Inequalities (including population health)	–	–	1
Post-50 year old health	1	–	–
STDs (including HIV/AIDS)	–	–	1
<i>March 1999 (total = 57)</i>			
Cancer	–	–	1
<i>December 1998 (total = 39)</i>			
Inequalities (including population health)	–	–	1
STDs (including HIV/AIDS)	–	–	1
<i>July 1998 (total = 47)</i>			
Post-50 year old health	–	–	1
<i>July 1998 Cross Board Group (total = 70)*</i>			
<i>July 1998 Transitional Panel (total = 25)*</i>			
<i>March 1998 (total = 27)</i>			
Inequalities (including population health)	–	–	2
<i>1997 (total = 30)</i>			
Cancer	–	–	1
<b>Total</b>	<b>7</b>	<b>1</b>	<b>27</b>
<b>Percentage of total projects for period (n = 946)</b>	<b>(0.7%)</b>	<b>(0.1%)</b>	<b>(2.9%)</b>

- train skilled people, and advance and disseminate knowledge and technology with the aim of meeting national needs in terms of health, quality of life and economic competitiveness
- promote public engagement with medical research
- Eight core areas of the MRC's aims and responsibilities are:
  - science – to stimulate and strengthen research relevant to human health
  - people – to promote training and career development
  - environments – to create and nurture productive research environments
  - exploitation and application
  - public communication
  - professionalism
  - users – to take account of the needs of research users
  - partnership – to work cooperatively with other bodies supporting research
- In 1998 the MRC set up a Monitoring and Evaluation Steering Group to assess how all its research funding schemes are performing against the MRC's corporate objectives.

### *MRC procedure*

- The MRC website ([www.mrc.ac.uk](http://www.mrc.ac.uk)) includes a database of the Council's current research profile. Within the 'Recent Awards' option, titles and holders of projects funded from October 1997 to March 2001 are detailed (except for 1997 and 1998, a quarterly format is used).
- All 'Recent Awards' (as at 17/04/01) were assessed for their relevance to OHN public health topics.

### *MRC results*

- At the search date (17/04/01), the MRC database revealed that for the period October 1997 to March 2001 MRC projects totalled 946.
- Of these, 35 (3.7%) were relevant to OHN public health topics.
- 7 (0.7%) focused on intervention research; one (0.1%) was a review, and 27 (2.9%) were exploratory/informative in character (Table 16).
- During March 2000 and October 2000, no projects were relevant to OHN public health topics. Rather than public health, the nature of projects during these periods tended to be more relevant to such areas as biomedical sciences, pathology, virology, pharmacology and genetics.

## National Research Register (NRR)

### *Overview of NRR*

- NRR is a register of ongoing and recently completed research projects funded by, or of interest to, the UK's National Health Service.
- Issue 1 (as at 18/04/01) contained information on just over 72,000 research projects collected on or before 8 December 2000.
- The Register includes entries from:
  - MRC's Clinical Trials Register
  - a register of research registers
  - the Register of Reviews in Progress from the NHS Centre for Reviews and Dissemination
  - the Health Research at York Database from the NHS Centre for Reviews and Dissemination and the Centre for Health Economics (both at York University, UK)

### *NRR procedure*

- The NRR website ([www.doh.gov.uk/research/nrr.htm](http://www.doh.gov.uk/research/nrr.htm)) includes a database of ongoing and completed research.
- At the search date (18/04/01), projects with an end date later than 28 February 2001 were classified as ongoing; all others were classified as completed.
- Two search strategies of the NRR database were conducted. However, as the NRR search strategy facility is unable to accept extended search strings, search strategy A was divided into two sections.
- All searches selected British articles from January 1995 to December 2000.

#### *Search strategy A(i)*

A wider public health focus using the following terms: (health promotion/ or health education/ or public health/) AND (program evaluation/ or intervention or interventions or intervention studies/)

#### *Search strategy A(ii)*

A wider public health focus using the following terms: (patient education/ or health behavior/ or cooperative behavior/ or primary prevention/) AND (program evaluation/ or intervention or interventions or intervention studies/)

#### *Search strategy B*

To ensure that pertinent articles were not overlooked by the broader search conducted in strategies A(i) and A(ii), search strategy B focused on key topic areas individually, as follows:

Accidents:

(exp accidents/) AND (intervention or interventions or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/)

Pre- and neonatal health screening and care:

(exp postnatal care/ or exp preconception care/ or exp prenatal care/ or exp neonatal screening/ or exp prenatal diagnosis/ or (pregnancy/ and exp mass screening/)) AND (intervention or interventions or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/)

Cancer:

(exp breast neoplasms/pc [Prevention & Control] or exp cervix neoplasms/pc or exp colorectal neoplasms/pc) AND (intervention or interventions or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/)

CHD/stroke:

(exp myocardial ischemia/pc, px, et [prevention & control, psychology, etiology] or exp cerebrovascular disorders/pc, px, et) AND (intervention or interventions or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/)

Diabetes:

(diabetes mellitus/) AND (intervention or interventions or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/)

Diet/nutrition/obesity/physical activity:

(exp diet/ or exp obesity/ or exp nutrition/ or exp exercise/) AND (intervention or interventions or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/)

Drugs/alcohol:

(exp alcohol drinking/ or exp alcohol-related disorders/ or exp substance-related disorders/) AND (intervention or interventions or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/)

HIV/AIDS/STDs:

(exp HIV infections/pc, px, et [Prevention & Control, Psychology, Etiology] or exp Acquired Immunodeficiency Syndrome/pc, px, et or exp sexually transmitted diseases, bacterial/pc, px, et or exp sexually transmitted diseases, viral/

pc, px, et) AND (intervention or interventions or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/)

Inequality:

(socioeconomic factors/ or exp poverty/ or exp social class/) AND (intervention or interventions or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/)

Older people's health:

(aged/ or middle age/ or exp health services for the aged/) AND (intervention or interventions or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/)

Smoking:

(exp smoking/) AND (intervention or interventions or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/)

Suicide:

(exp suicide/) AND (intervention or interventions or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/)

Young people's health:

(exp pregnancy in adolescence/ or exp adolescent health services/ or adolescence/) AND (intervention or interventions or exp program evaluation/ or exp intervention studies/ or exp primary prevention/ or exp mass screening/)

Note: 'Children' was not included as a search term in the above strategy. NRR categorises an adolescent as aged 13–18 years.

### *NRR results*

As at 18/04/01, the NRR database revealed that for the period January 1995 to December 2000 NRR ongoing and completed projects totalled 63,559.

#### *Search strategy A(i)*

Revealed a total of 81 (0.1%) projects. 47 (>0.1%) were relevant to OHN public health topics (Table 17) as follows:

- 32 (>0.1%) focused on intervention research
- 6 (>0.1%) were reviews
- 9 (>0.1%) were exploratory/informative

**Table 17 Results of NRR search using search strategy A(i)  
(January 1995 to December 2000)**

Topic area	Numbers relevant to OHN		
	Intervention focus	Reviews	Exploratory/informative
Accidents	4	–	–
Cancer	1	–	–
CHD/stroke	3	–	–
Diabetes	–	–	–
Diet and lifestyle (including exercise/obesity)	3	–	1
Drugs/alcohol (including HIV/AIDS)	–	–	1
Inequalities (including population health)	2	5	3
Pre- and neonatal health (including HIV screening)	4	–	–
Post-50 year old health	1	–	–
Smoking	3	–	–
STDs (including HIV/AIDS)	1	–	1
Suicide	–	–	1
Young people's health	10	1	2
<b>Total</b>	<b>32</b>	<b>6</b>	<b>9</b>
<b>Percentage of total revealed by search strategy A(i) (n = 81)</b>	<b>(39.5%)</b>	<b>(7.4%)</b>	<b>(11.1%)</b>
<b>Percentage of total number on database (January 1995 to December 2000) (n = 63,559)</b>	<b>(0.1%)</b>	<b>(&gt;0.1%)</b>	<b>(&gt;0.1%)</b>

#### Search strategy A(ii)

Revealed 65 (0.1%) research projects. 26 (>0.1%) were relevant to OHN public health topics (Table 18), as follows:

- 23 (>0.1%) focused on intervention research
- 3 (>0.1%) were reviews
- 0 were exploratory/informative

#### Search strategy B

Revealed 861 (1.4%) research projects (prior to cross referencing). After cross referencing 260 (0.4%) were relevant to OHN public health topics (Table 19), as follows:

- 135 (0.2%) focused on intervention research
- 19 (>0.1%) were reviews
- 106 (0.2%) were exploratory/informative

## NHS Health Technology Assessment (HTA) Programme

### Overview of HTA Programme

- The HTA Programme began in 1993.
- The aim of the Programme is 'to ensure that high quality research information on the costs, effectiveness and broader impact of health technologies is produced in the most efficient way for those who use, manage and provide care in the NHS'.
- It is a national programme dedicated to evaluation, which responds to the information needs of those people who use, manage and provide care in the NHS.
- The Programme is funded from the NHS Research and Development Directorate, and works alongside the Service Delivery and Organisation Programme as well as the New Emerging Applications of Technology Programme.
- The HTA Programme uses a broad definition for health technologies to include all interventions used by those working in the NHS to promote health, prevent and treat disease, and improve rehabilitation and long-term care –

**Table 18 Results of NRR search using search strategy A(ii)  
(January 1995 to December 2000)**

Topic area	Number relevant to OHN		
	Intervention focus	Reviews	Exploratory/informative
Accidents	2	–	–
Cancer	3	–	–
CHD/stroke	4	–	–
Diabetes	2	1	–
Diet and lifestyle (including exercise/obesity)	1	–	–
Drugs/alcohol (including HIV/AIDS)	1	–	–
Inequalities (including population health)	–	1	–
Pre- and neonatal health (including HIV screening)	2	–	–
Post-50 year old health	–	–	–
Smoking	3	–	–
STDs (including HIV/AIDS)	–	1	–
Suicide	–	–	–
Young people's health	5	–	–
<b>Total</b>	<b>23</b>	<b>3</b>	<b>None</b>
<b>Percentage of total revealed by search strategy A(ii) (n = 65)</b>	<b>(35.4%)</b>	<b>(4.6%)</b>	<b>(N/A)</b>
<b>Percentage of total number on database January 1995 to December 2000 (n = 63,559)</b>	<b>(&gt;0.1%)</b>	<b>(&gt;0.1%)</b>	<b>(N/A)</b>

**Table 19 Results of NRR search using search strategy B (January 1995 to December 2000)**

Search focus (total number revealed by search)	Number relevant to OHN		
	Intervention focus	Reviews	Exploratory/informative
Accidents (52)	19	1	4
Cancer (68)	5	–	26
CHD/stroke (47)	4	1	2
Diabetes (25)	8	1	5
Diet and lifestyle (including exercise/obesity) (67)	7	2	4
Drugs/alcohol (including HIV/AIDS) (65)	12	–	10
Inequalities (including population health) (29)	4	2	6
Pre- and neonatal health (including HIV screening) (95)	24	7	21
Post-50 year old health (229)	10	2	9
Smoking (35)	11	1	3
STDs (including HIV/AIDS) (18)	5	–	7
Suicide (11)	5	1	–
Young people's health (120)	21	1	9
<b>Total</b>	<b>135</b>	<b>19</b>	<b>106</b>
<b>Percentage of total number on database January 1995 to December 2000 (n = 63,559)</b>	<b>(0.2%)</b>	<b>(&gt;0.1%)</b>	<b>(0.2%)</b>

- they cover the activities of all healthcare professionals and include the use of healthcare and health promotion procedures, diagnostics and care settings
- Health Technology Assessment considers the effectiveness, appropriateness and cost of technologies by asking four fundamental questions:
    - does the intervention work?
    - for whom?
    - at what cost?
    - how does it compare with the alternative?
  - The HTA Programme has four major components:
    - carefully identifying and evaluating the gaps in the evidence
    - focusing and prioritising research questions
    - commissioning research and taking meticulous steps to guarantee that the research answers the original questions
    - facilitating high quality peer-reviewed publications which are available to decision makers at the point of need  
(*HTA Programme Annual Report, 2000*).
  - Projects within the HTA Programme are intervention- or review-focused, not exploratory/descriptive in character.
- Pharmaceutical Panels: projects totalled 43, of which one (2.3%) was relevant to OHN public health topics – this project was a review (Table 20)
  - Therapeutic Procedures Panel: projects totalled 85, of which 10 (11.7%) were relevant to OHN public health topics. Seven (8.2%) focused on intervention research and three (3.5%) were reviews (Table 20)
  - Diagnostic Technologies and Screening Panel: projects totalled 74, of which 16 (21.7%) were relevant to OHN public health topics. Five (6.8%) focused on intervention research and 11 (14.9%) were reviews (Table 20)
  - Methodology Group: projects totalled 60. Within the Methodology Group, projects considered relevant were those with a specific reference to intervention research. Of the 60 projects, four (6.7%) were relevant to OHN public health topics – all these were reviews (Table 20)
  - NICE Universities and NHS Executive: projects totalled 30, none of which were relevant to OHN public health topics (Table 20).
- Of the 292 projects on the database (within the groups above), 31 (10.6%) were relevant to OHN public health topics. Of these, 12 (4.1%) focused on intervention research and 19 (6.5%) were reviews.

### *HTA Programme procedure*

- The HTA Programme website ([www.hta.nhsweb.nhs.uk](http://www.hta.nhsweb.nhs.uk)) includes a database of the foundation's research profile. Projects are organised under the headings:
  - Pharmaceutical Panel
  - Therapeutic Procedures Panel
  - Diagnostic Technologies and Screening Panel
  - Methodology Group
  - Projects commissioned on behalf of the National Institute for Clinical Excellence and HTA Reviews commissioned via the Call-Off Contracts between the Universities of Birmingham, Sheffield, Southampton and York and the NHS Executive
- All projects were assessed for their relevance to OHN public health topics.

### *HTA Programme results*

- At the search date (11/04/01), this database revealed details of research from inception of the programme (1993) to March 2001.
- The total number of projects on the HTA database was 292. Total numbers within each group were:

**Table 20 HTA Programme Projects (1993 to March 2001)**

Topic area	Number relevant to OHN	
	Intervention focus	Review
<i>Pharmaceutical Panel (total = 43)</i>		
Diet and lifestyle (including exercise/obesity)	–	1
<b>Total</b>	<b>0</b>	<b>1</b>
<b>Percentage</b>		<b>(2.3%)</b>
<i>Therapeutic Procedures Panel (total = 85)</i>		
Cancer	1	–
Diabetes	1	–
Diet and lifestyle (including exercise/obesity)	2	–
Inequalities (including population health)	1	–
Pre- and neonatal health	2	2
Young people's health (including children and teenage pregnancy)	–	1
<b>Total</b>	<b>7</b>	<b>3</b>
<b>Percentage</b>	<b>(8.2%)</b>	<b>(3.5%)</b>
<i>Diagnostic Technologies and Screening Panel (total = 74)</i>		
Cancer	1	3
CHD/stroke	1	2
Inequalities (including population health)	–	2
Pre- and neonatal health	1	3
STDs (including HIV/AIDS)	1	–
Young people's health (including children and teenage pregnancy)	1	1
<b>Total</b>	<b>5</b>	<b>11</b>
<b>Percentage</b>	<b>(6.8%)</b>	<b>(14.9%)</b>
<i>Methodology Group* (total = 60)</i>		
Inequalities (including population health)	–	4
<b>Total</b>	<b>0</b>	<b>4</b>
<b>Percentage</b>		<b>(6.7%)</b>
<i>NICE Universities and NHS Executive (total = 30)</i>		
<b>Total</b>	<b>0</b>	<b>0</b>
<b>Percentage</b>		
<b>Overall total</b>	<b>12</b>	<b>19</b>
<b>Overall percentage of total number on database 1993 to March 2001 (n = 292)</b>	<b>(4.1%)</b>	<b>(6.5%)</b>

\*Methodology Group Projects considered relevant were those with a specific reference to intervention research.

# 6. Conclusion

This report has revealed that research assessing the impact of specific interventions that might tackle inequalities is limited. Specifically, this report has revealed that:

- Not more than 0.4% of academic and research output from the bibliographic sources examined was relevant to public health intervention research
- While smaller review organisations (EPPI-Centre) produced more work relevant to the OHN public health promotion role, larger organisations (Cochrane) did not
- Of the output from research organisations examined, between >0.1 and 6.1% was relevant to OHN public health intervention research.

The capacity to conduct intervention-oriented research appears to be underdeveloped. There are several possible reasons – these relate to five areas: complexity, methodology, timescale and return, structure and theory.

## Complexity

Complexity arises from several factors. The range of potential interventions embrace macro-economic as well as locally based small-scale community interventions. These also include alterations to service provision as well as activities to change behaviour. While the nature of potential causes and effects is associated with specific types of intervention, the task of understanding the nature of variables and cause-and-effect relationships across a multitude of varying, discrete initiatives becomes complex.

## Methodology

That the public health community has been a little reluctant to settle for methodological pluralism also confounds the situation. There is a lack of consensus as to which techniques are best suited for intervention research, which has tended to

result in two polarised positions, one of which supports the use of experimental and controlled type studies, the other advocating qualitative techniques. The idea of hierarchies of evidence in different traditions has not been embraced.

## Timescale and return

Policy-makers may prioritise short-term, politically high profile effects rather than long-term health gains. This may contribute to ‘initiative overkill’. Long-term health improvement trends and goals are neglected.

## Structure

There is no overall infrastructure to coordinate such research. Information is not centrally coordinated and assessed, and there are relatively few syntheses drawing together original research that indicates success in reducing inequalities. Also, there are few incentives for universities to engage in intervention-oriented research. The Higher Education Funding Council for England, the Committee of Vice-chancellors and Principals of UK Universities and the Research Councils have evolved a system that unintentionally works against universities prioritising this type of research, and the complexity and cost of intervention research does not lend itself to the quick-return ethos promoted by the Research Assessment Exercise. Career structures tend to favour traditional epidemiology or medical sociology, rather than rewarding the kinds of endeavour required to conduct intervention research.

## Theory

Finally, there is debate about what constitutes acceptable evidence, whose definition of acceptable evidence should be employed, and whether the nature of outcomes should concern medical issues, physical disease issues or wider issues.

The following factors could serve as potential solutions and increase the capacity and profile for conducting intervention-oriented research:

- Matching methods to purpose
- Conducting external comparative evaluations to assess effectiveness in the wider environment
- Further consideration of tiered-intensity community interventions
- A research framework to lead development
- A National Public Health Database to highlight areas of duplication and measure the impact of policy in the short, medium and long term
- An infrastructure to embrace and coordinate the work of relevant parties, agencies and disciplines and to track multi-level interventions (this would also reduce respondent fatigue and allay potential contamination factors)
- Introducing incentives for universities to engage in intervention-oriented research
- Translating conclusions into quality standards that can be monitored and assessed for long-term effects.

# Appendix 1 Coding information

This Appendix provides additional information about the coding process.

- National screening itself could be interpreted as an intervention. Where national screening programmes were the focus of outputs, these were not included in the intervention category. Rather, they were considered as strategic evaluations and coded as informative.
- Results reflect the nature of the sources and organisations examined. For example, outputs relating to public health research and the relevant public health topics were more likely to be located in the Datastar (DHSS) database than the MEDLINE database.
- Search strategy B (which combined terms relating to intervention within each of the health topic areas and therefore consisted of several individual searches) was cross-referenced. For example, where an article on CHD in the elderly appeared in both CHD output, and post-50 year old health output of search strategy B, it was included only within the topic that was predominant and most relevant to the publication.
- Staff training output was included only if a key aim of the training related to improvement of patient, community or public health.
- Where outputs on hypercholesterol (eg screening) cited CHD as a factor, these were included in the CHD category.
- Where outputs on deliberate self-harm included suicide as a factor, these were included in the suicide category.

# References

Department of Health (1998) *The Annual Report of the NHS Health Technology Assessment Programme 1998*.

Department of Health (1999) *Saving Lives: Our Healthier Nation* (Cm. 4386).

Department of Health (1999) *The Annual Report of the NHS Health Technology Assessment Programme 1999*.

Department of Health (2000) *Health Technology Assessment Programme Annual Report 2000*.

Department of Health (2000) *The NHS Plan* (Cm. 4818-I).

Department of Health (2001) *A Research and Development Strategy for Public Health*.

*Economic and Social Research Council Directory of ESRC Research 1997–1998*.

*Economic and Social Research Council Directory of ESRC Research 1998–1999*.

*Economic and Social Research Council Directory of ESRC Research 1999–2000*.

Research-based evidence is only one of several factors to be taken into account in these decisions. Public health interventions tend to be complex, programmatic, and context dependent.Â Deficient a priori criteria for the adequacy of evidence on public health interventions have led to disagreements about interpretation of results, particularly negative findings. 37, 38 Some current appraisals of evidence do not assist in making a distinction between failure to demonstrate underlying effectiveness and good evidence of ineffectiveness .