

Policies to Promote Evidence-Based PA Interventions

James F. Sallis, Ph.D.

San Diego State University

Presented at

Cooper Institute Conference,
Influencing Physical Activity in
Populations: Understanding
Diffusion and Dissemination
Dallas, TX, October 22, 2004

The Situation

- PA intervention research is progressing
- CDC's Community Preventive Services Task Force has identified recommended PA interventions based on evidence
- Physical inactivity remains at epidemic levels, and we are not using the knowledge we have created about how to promote PA

The Problem

- Evidence-based PA interventions are inadequately diffused, so ineffective or untested interventions continue to be used in practice
- Multiple intervention modes & settings create complexity for identifying policies that can
 - create demand for programs
 - provide incentives for PA
 - create activity-friendly environments
- Need a conceptual model to guide research and policy initiatives

Initial Questions

- What is the supply chain of evidence-based PA programs?
- How can supply be increased?
- How can delivery systems be developed & improved?
- What are quality control mechanisms?
- How can demand be increased?
- Which are public goods (parks, sidewalks) & which are marketable products (training & materials)?

Framework for Intervention Components

- For each major intervention **SETTING**
 - Schools, worksites, health care, community organizations, recreation facilities, community design
- There are multiple possible intervention **COMPONENTS**
 - Behavior change programs, mass media, environmental change, incentives
- **POLICIES** can affect the supply & demand of each intervention type in each setting
- Thus, policy research & change is complex

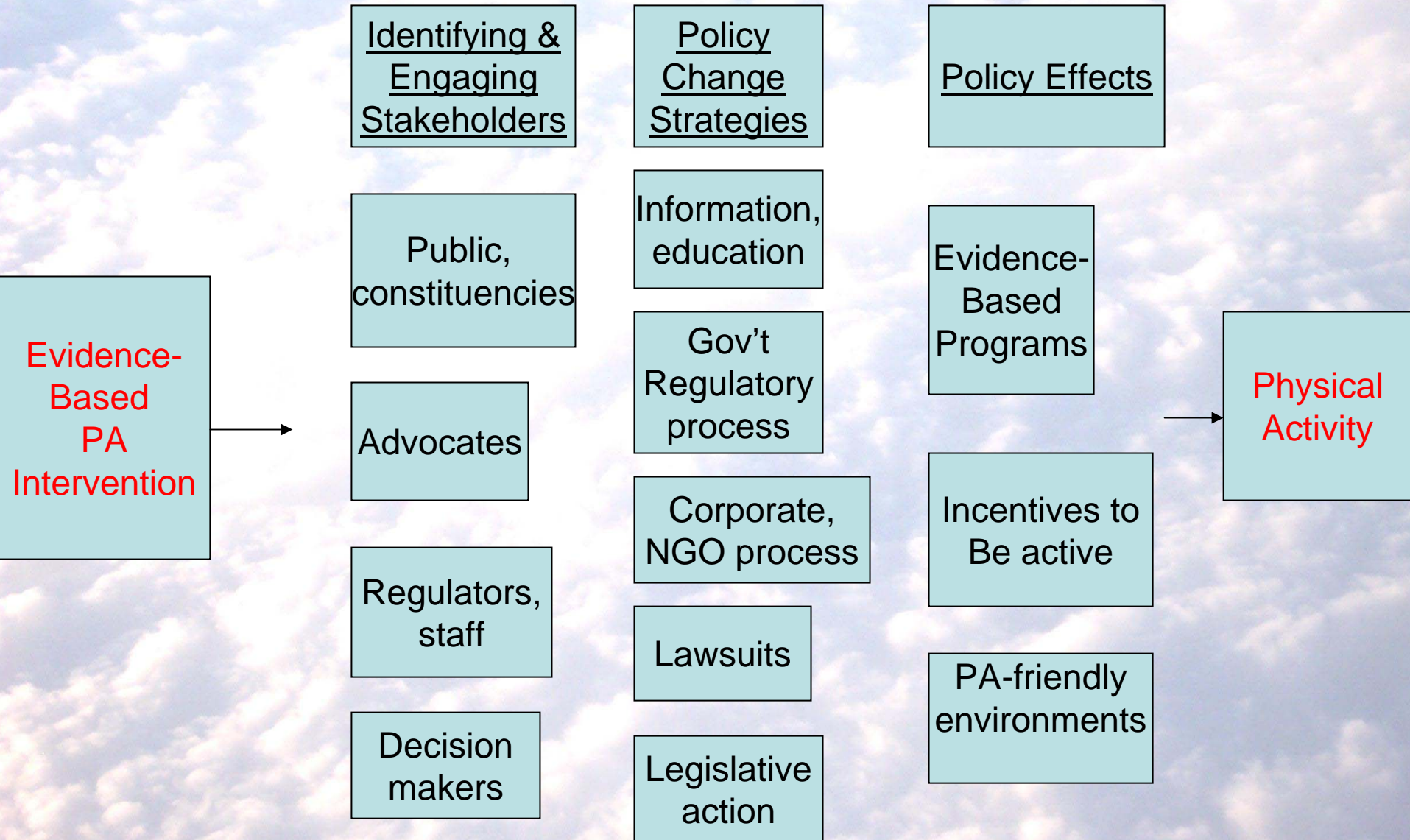
What is the E-B Intervention Supply Chain?

- Develop E-B interventions (prototypes found to be effective)
 - Assess cost-effectiveness
- Prepare for mass production
 - Marketing, materials, staffing, training
- Develop & evaluate diffusion strategies
 - Includes market research
- Obtain resources for diffusion
- Ensure quality of program delivery

What are Options for Increasing Demand for E-B Interventions?

- Market E-B programs to target audiences
- Require adoption & maintenance of E-B programs
- Provide payment for E-B programs
- Provide incentives for adoption, maintenance, & quality of E-B programs
- Surveillance & accountability for use of E-B programs

PA Intervention-Related Policy Framework



Examples of Policies to Support Diffusion of E-B School PA Programs

- Universities or NIH provide business consultation to assist researchers in developing business plans
- CDC/NIH develop criteria to evaluate & identify E-B school PA programs
- Federal PEP bills require funded PE/PA programs to be evidence-based or be evaluated

Examples of Policies to Support Diffusion of E-B School PA Programs

- States require or provide incentives for adoption of E-B school PA programs
 - Add criteria for quality of PE/PA programs to school evaluation procedures
- Professional organizations (e.g., NASPE) prioritize & support use of evidence-based programs
- University accrediting organizations for Exercise Science depts adopt criteria that support teacher training in E-B programs

Examples of Policies to Support Diffusion of E-B PA Programs in Weight Loss

- Federal or state governments regulate weight loss programs & require standards of practice that include (a) use of E-B PA (& dietary) programs or (b) ongoing independent evaluations of programs
- Insurance companies reimburse for participation in E-B PA programs for overweight patients
- VA Medical Centers adopt & deliver E-B PA programs for overweight patients

Examples of Policies to Support Diffusion of E-B PA Programs in Weight Loss

- Medicare reimburses for participation in E-B PA programs for overweight patients
- Armed Services health insurance adopts & provides E-B PA programs for overweight patients

Examples of Policies to Support Diffusion of E-B Stair Use Promotion Interventions

- Are these marketable interventions?
Maybe not, so other distribution methods are needed
- Health organization is needed to take lead in advocacy
- Am Inst of Architects (AIA) develops standards for stair design & promotional strategies
- AIA includes stair use & other PA-friendly interventions in accreditation criteria

Examples of Policies to Support Diffusion of E-B Stair Use Promotion Interventions

- Building management orgs adopt goal of using E-B approaches to promote stair use
- Insurance companies give discounts to employers implementing E-B stair use promotion in worksites
- Governments require E-B stair use promotion in their buildings

Unanswered Questions About Diffusion of E-B PA Programs

- What are criteria for E-B programs?
 - Is one study enough?
- What are public health costs of waiting years for additional evidence?
- What kinds of evidence about the effectiveness of the diffused program are needed?
 - Is a diffusion trial needed before large-scale diffusion?

Unanswered Questions About Diffusion of E-B PA Programs

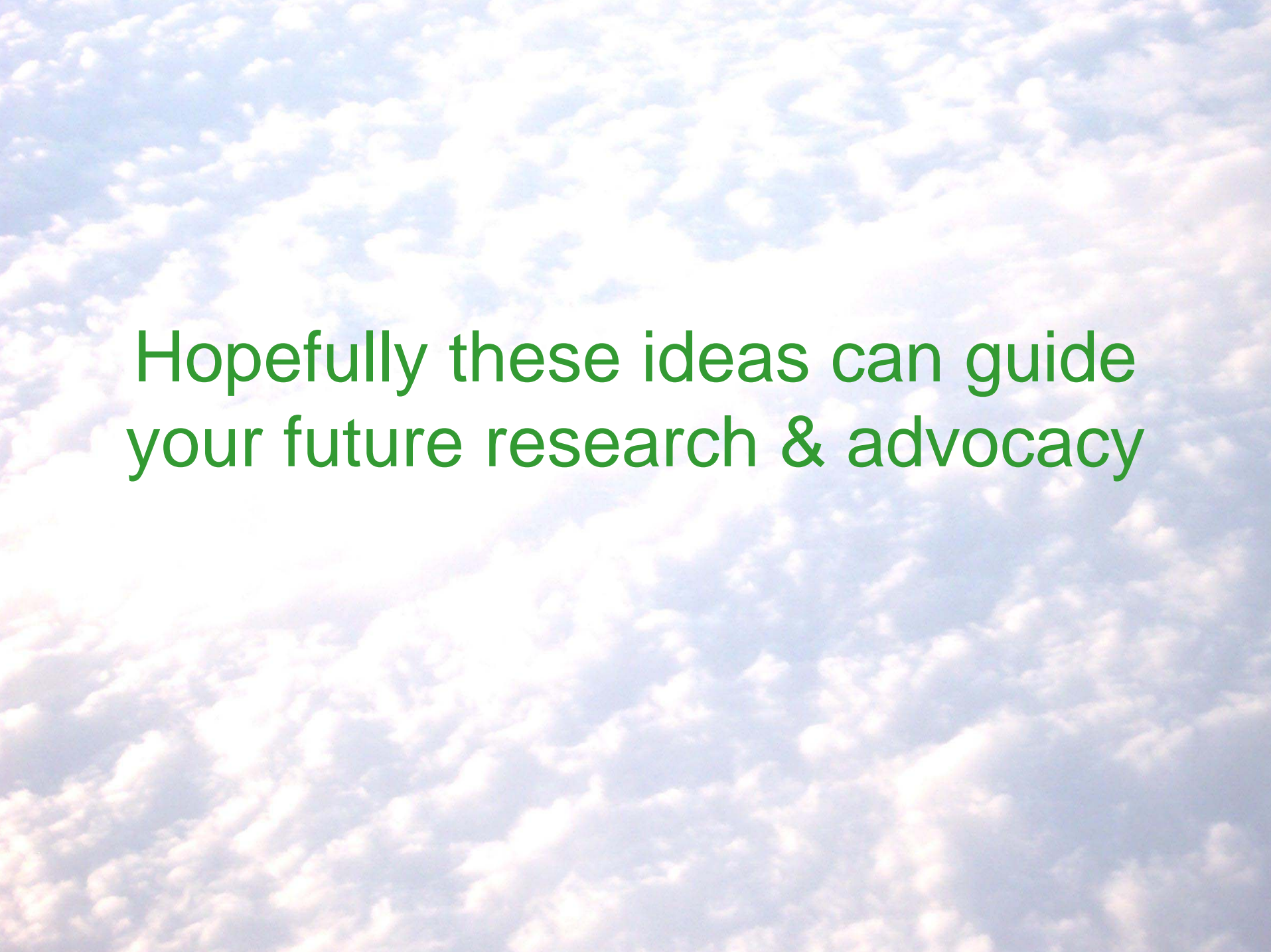
- How to keep up with advances in evidence?
- Who will advocate for policies to support diffusion of E-B PA programs for different settings?
- What will it take for governments to pay for E-B PA interventions that are not marketable?

Recommendations

- Define the epidemic of physical inactivity as a health crisis demanding a proportional response & funding
- Increase the priority of research on the diffusion of E-B PA programs
 - Collaborate with business, policy, & political scientists
- Advocate for governments, NGO's, and business to take responsibility for supporting diffusion of E-B PA programs

Recommendations

- Support PA intervention investigators to develop the skills & partnerships needed to diffuse their E-B programs
- CDC/NIH develop a surveillance program to track & report use of E-B PA programs & adoption of policies to support such programs in multiple settings



Hopefully these ideas can guide
your future research & advocacy