

Reporting contextual factors/external validity



PublicHealth Insight
Inclusive research for healthier decisions



Guidelines for conduct and reporting of trials to assure greater attention to external validity

Settings and Populations

Program or policy implementation and adaptation

Outcomes for decision-making

Time: maintenance and institutionalisation

Green and Glasgow 2006; pg 317 of your books

Key questions we ask to help with context and external validity

What happened when others did this?

How will I explain what happened here and why? (Before, during and after)

What would others need to know to replicate my intervention?

WHAT works, for WHOM, WHY, WHEN, at what COST

Trials Change Lives



Listen to the
podcast

By finding time to chat with trial staff, Valerie discovered the power of tea.....

"Embrace this ancient Chinese tradition, find time, hang around, chat and drink tea...you might be surprised of its effect on recruitment to your trial"

**Valerie Smith, Research Midwife,
Ireland for the ISAT trial**

And you might be surprised to find out what REALLY happens in this organisation AND what happened during implementation

The Power of Tea

Stories from the trenches

Patient (practitioner) populations

- Experience (years in job/professional background)
- Level of skill

Practice/organisations

- Management support/culture, influence of councillors
- Budget, size
- History, priorities



Stories from the trenches cont...

System

- Existing partners/stakeholders who might also need to participate

Relationship of project leaders

- Variation of contacts and ways to work together
- Personality of knowledge broker

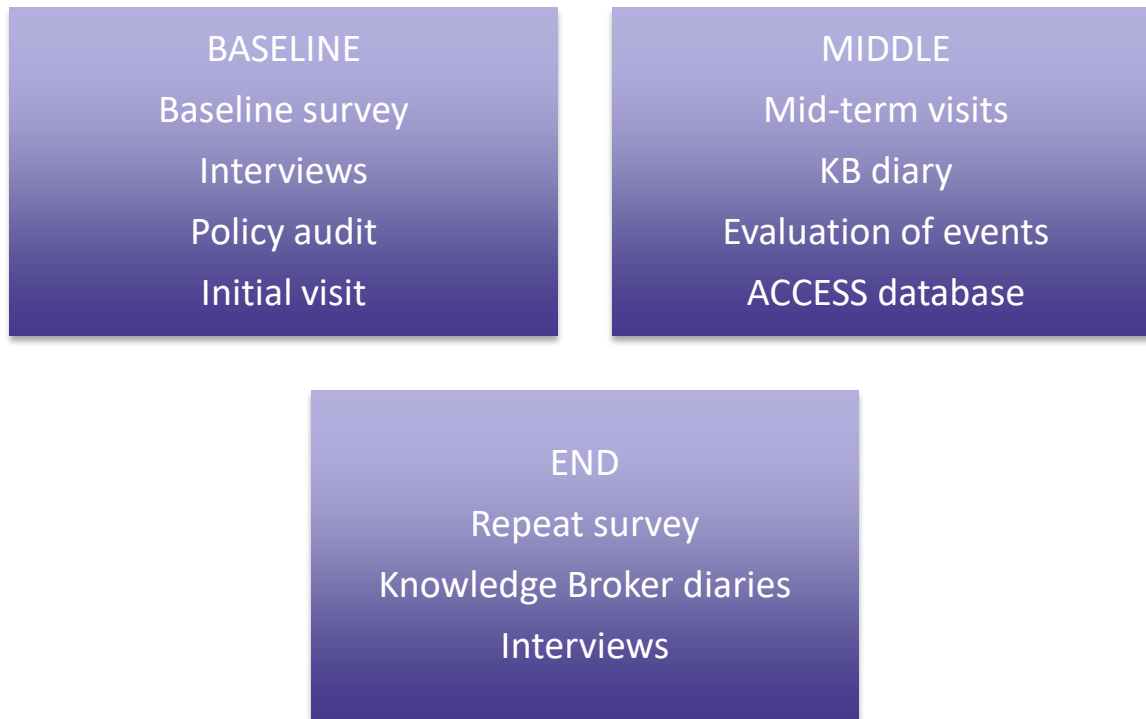
Communities

- Topics of priority/interest

Relevant geopolitical/policy context

- Political perspective around prevention

How we compiled “context”: process evaluation



Why it mattered...

- Turn-over of approx. 50%
- Some organisations had 3-4 people attached to the project, others had <1
- Some organisations had high-level of support, others had none
- The intervention was resource intensive
- Obesity prevention was not always a priority for communities
- Knowledge Broker personality traits were crucial
- Some contacts had PH expertise, others had NONE!

An alternative perspective: TIDieR (Template for Intervention Description and Replication)

WHAT – materials, procedures

WHO – provided

HOW – modes of delivery

WHERE – geographical scope, historical, cultural or political background, organisational settings

WHEN - # of occasions, how long remained in place

PLANNED or UNPLANNED VARIATION – possible differences between sites

HOW WELL – monitoring

FIDELITY – was the intervention delivered as planned?

CPH: Systematic reviews of implementation

Strategies for enhancing the implementation of school-based policies or practices targeting risk factors for chronic disease (read the [protocol](#))

Strategies to improve the implementation of healthy eating, physical activity and obesity prevention policies or programmes within childcare services (read the [protocol](#))

Strategies to improve the implementation of workplace-based policies or practices targeting tobacco, alcohol, diet, physical activity and obesity

<http://ph.cochrane.org/systems-health-reviews>

Grant success

A cross-country comparison of evidence-based prevention of chronic disease (USA, AUS, China, Brazil)- R21

Goal. Our primary goal is to understand contextual similarities and differences in EBCP in the United States, Australia, Brazil and China.

INDIVIDUAL

AGENCY

COMMUNITY

SOCIOCULTURAL

POLITICAL/ECONOMIC

INTERVIEWS

QUANT SURVEY

Other resources



Chapter 15 in Dissemination and Implementation Research in Health

Check out TIDieR and look out for TIDier-PHP: Amended version of the Template for

Research Methods & Reporting

Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide

BMJ 2014 ; 348 doi: <http://dx.doi.org/10.1136/bmj.g1687> (Published 07 March 2014)

Cite this as: *BMJ* 2014;348:g1687