

# Transforming Evidence for Prevention

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LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



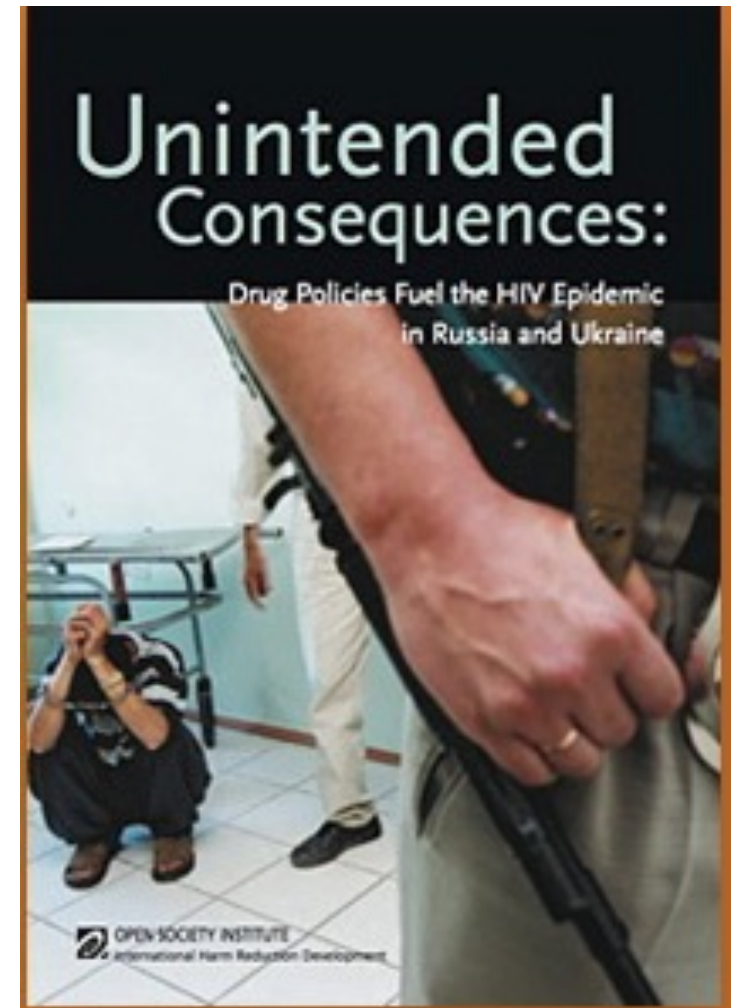
# Unintended effects & harms

Unintended effects of public health interventions and policies (where identified/sought) are not uncommon

e.g. Bonell (2015) found increased teen pregnancy in intervention arm of prevention RCT

e.g. Smoking ban intended to reduce passive smoking, but led to huge decrease in heart attacks and strokes immediately

Thinking about how we evidence and respond to harms helps us think through some of key challenges about evidence production & use



# Example: Alcohol policy in NT, Australia



Eric Lobbecke, for The Australian 2012

Indigenous communities in NT, Australia, suffer disproportionality from effects of alcohol misuse

Community, state and Commonwealth prohibition policies have been implemented since early 2000s

<http://www.cis.org.au/app/uploads/2015/07/pm116.pdf>

Intended effect: Tighter control of alcohol access would reduce violence, problem drinking and alcohol abuse

# Example: Alcohol policy in NT, Australia

Actual effect: Increased illegal alcohol production, criminalisation of alcohol users and sellers, appearance of 'drinking camps', further negative stereotypes of indigenous peoples

In addition:

- In Palmerston, wholesale alcohol consumption increased by 4% between 2008 and 2009, while violent crime in the 12 months to July 2010 increased by 25%.
- In Alice Springs, between 2008 and 2009, wholesale alcohol consumption increased by 9%, while violent crime in the 12 months to July 2010 increased by 25%.

<http://www.cis.org.au/app/uploads/2015/07/pm116.pdf>

Poor theory? Poor implementation?



# Example: Troubled families

- Commentators described policy as failure

“despite persistent claims by politicians that it had “turned around” the lives of tens of thousands of families and saved over a billion pounds.”

- Selection of outcomes / measures / indicators.... inevitably proxies
- Process of involvement changed local practice and integration of services, and increase in staff capacity
- Identification of best practice
- Unintended effect because poor evaluation? Poor question?

## More than £1bn for troubled families 'has had little impact'

Study of flagship social policy suggests small number of positive or negative results in tackling addiction and truancy



📷 The initiative was designed to turn around the lives of 120,000 of the most 'troubled' families in England. Photograph: Alamy

The government's flagship social policy, announced after the 2011 riots and intended to correct the anti-social behaviour of “troubled families”, has failed to achieve any significant impact, an official evaluation has found.

# The prevention agenda

Addressing upstream social problems “before they occur” (Cairney and St Denny, 2016)

Policy priority in order to

- Reduce socioeconomic inequalities
- Cost-effective approach to social problems
- Move focus to determinants of health and away from health services
- Badged as an effective way of managing austerity (Cairney 2016)



# Assumptions about prevention policies

Policies and interventions have a linear effect and are unaffected by changing populations and complexities

Policies and programmes have single and simple aims...

....Which are clear to all, and 'success' is easy to define and measure



<https://www.cdc.gov/policy/hiap/index.html>

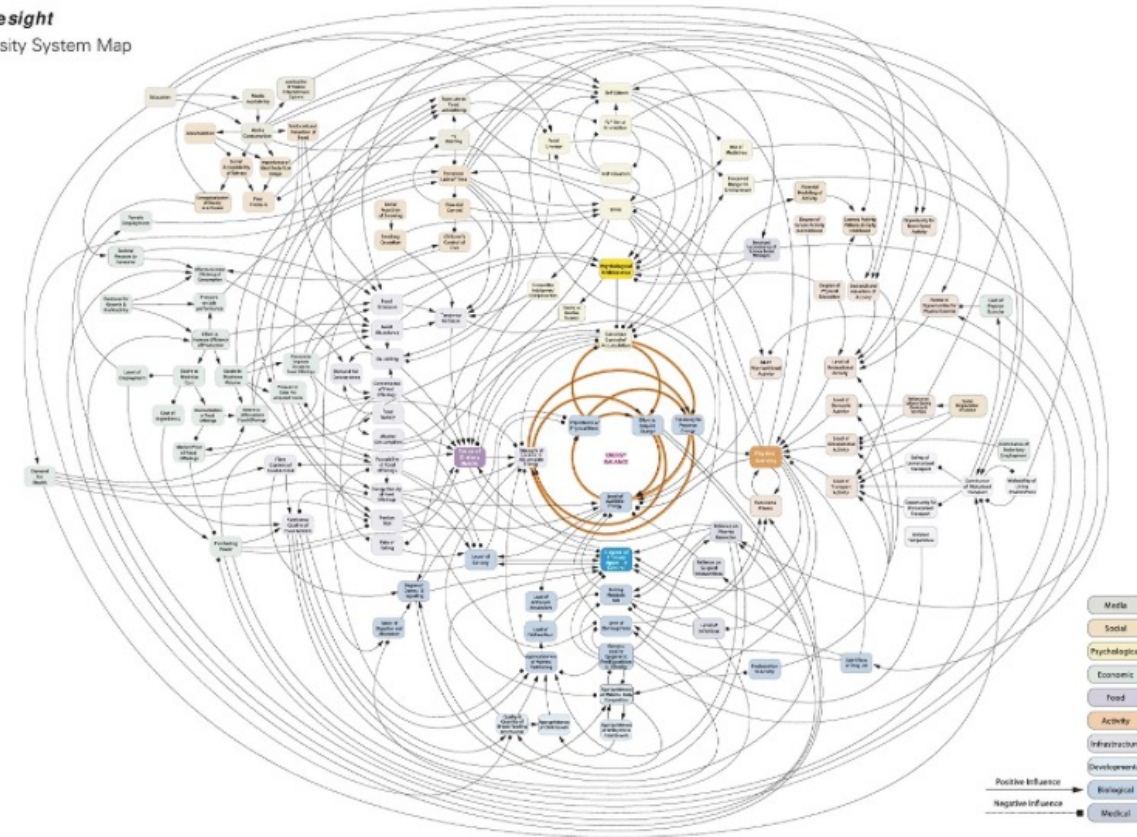
**Policy problems and solutions are complex, policymakers often need to take action, and decisions are politically risky and value-leaden**



# Demonstrating prevention – even harder?

- Unknowable effect – prevention effects harder to attribute than positive social change?
- Solutions may have unclear effects on complex social systems
- Need for 'models' unifying theories of risk, resilience, behaviour change, technological change, systems (Smith et al 2004)
  - i.e. extremely complex and challenging proposition

Foresight  
Obesity System Map





# Key Challenges: Creating an evidence base about harms

Not always clear what harms are

No testing and reporting for public health

Claiming and attributing harms is an act of political power

Measuring and evaluating harms challenging

Theories / mechanisms of harm?

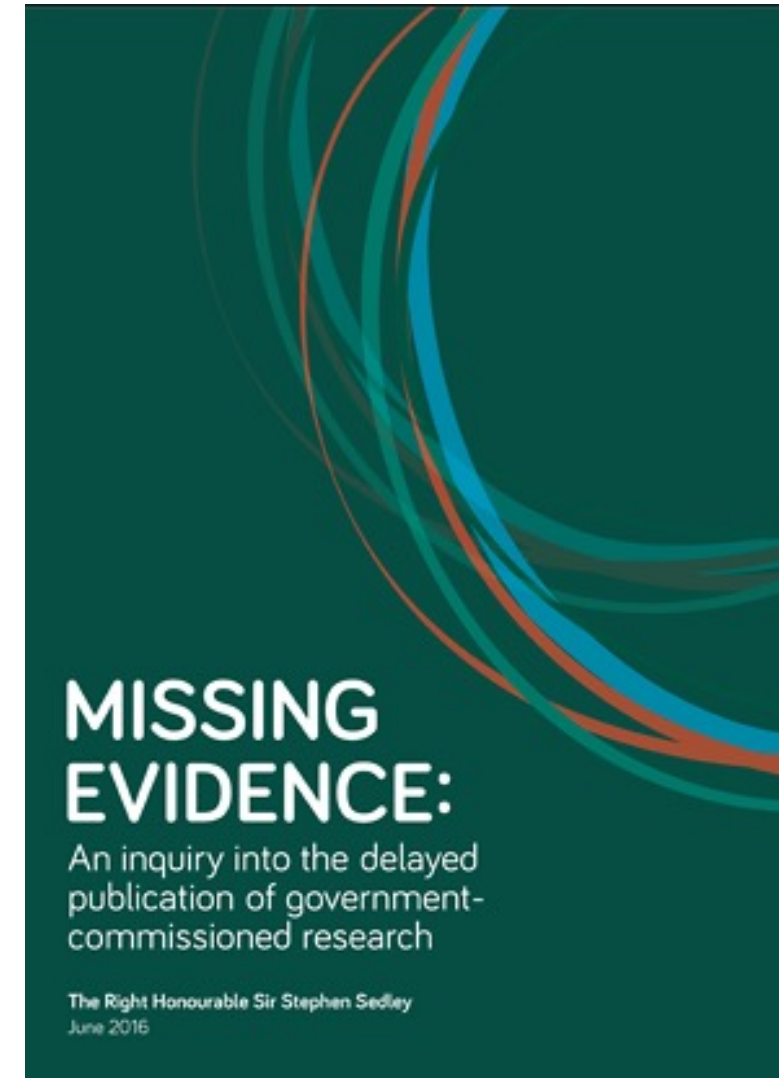
| Multiple causes of unintended consequences            | Example   |
|---|---|
| Poor design, or unclear policy goals                  | Drug-driving campaigns, Scared Straight             |
| Poor implementation                                   | Parental leave, universal benefits                  |
| Wrong, or no theory                                   | Ideologically driven policy e.g. Scared Straight    |
| Not understanding context of population               | Child benefit to mother                             |
| Lack of evidence                                      | Brexit? Same arguments made on both sides           |
| Accepted tradeoffs                                    | Cycling to School programmes (increased A&E visits) |
| Caused by evaluation technique, selection of outcomes | Sure Start, Troubled Families                       |

## Mobilising evidence about harms

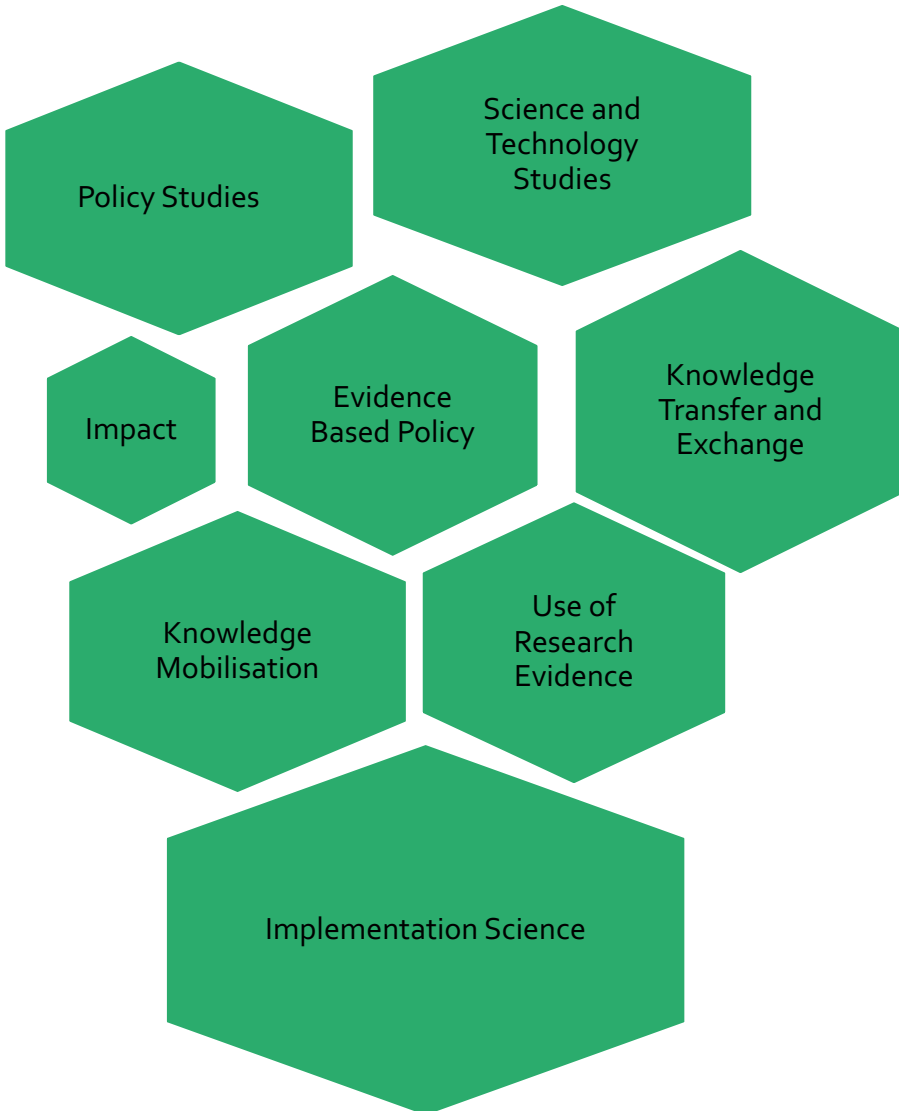
- Straddling the advocacy – brokerage role
- How far should you go to convince (particularly in absence of data about consequences?)

## Supporting better decision-making

- experimentation?
- Engagement?
- Transparency?



# Transforming Evidence



Need to engage with the political economy of knowledge:

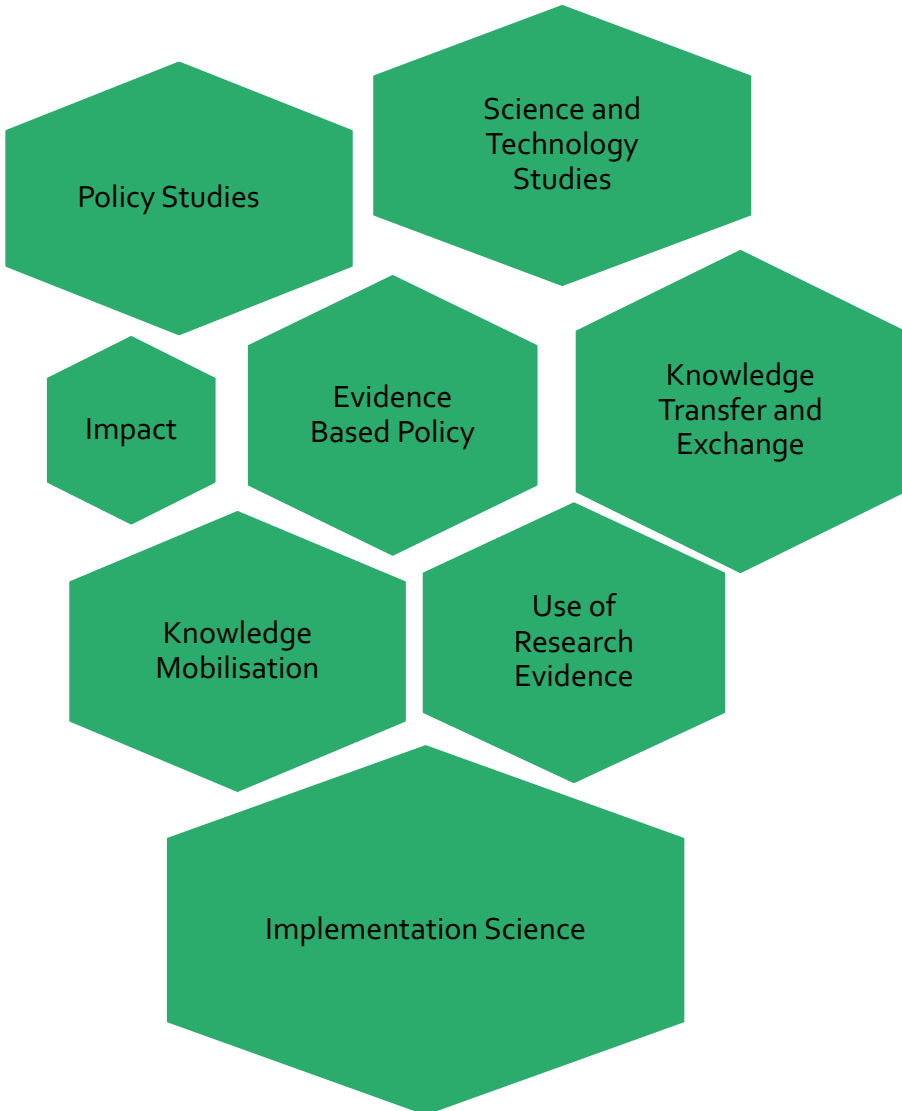
How knowledge created, mobilised and used in decision-making:

“its forms of extraction points of commodification how it is refined as intellectual property.” (Tilley 2017)

- Who gets to ask and answer questions, how funding priorities and research system respond to public and policy priorities, how evidence is published accessed, part of discussions etc



# Transforming Evidence



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Health Sciences  
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Innovation & Science Policy  
Education  
Criminal Justice  
Environment  
Government  
STS  
Organisational studies  
Political science

