

Results The overall level of obesity among Egyptian women rises from 30% in 1995 (urban=33%; rural=27%) to 40% in 2008 (urban=43%; rural=34%). Among urban women, in 1995, the prevalence of obesity is lower in the group without education (24%; 95% CI 19 to 29) in comparison to the group with secondary education (33%; 95% CI 29 to 37). In 2008, the prevalence of obesity has risen in a statistically significant manner in both groups compared with 1995. In addition, the prevalence in the group without education (45%; 95% CI 41 to 50) appears to have exceeded the prevalence in those with secondary education (41%; 95% CI 38 to 44). Although there is overlap in the CI at the 95% level, the overall trend suggests that the social gradient in obesity may be reversing, as predicted elsewhere.

Conclusion Egypt provides a dynamic model of the reversal of the social gradient of obesity. Further analysis of Demographic and Health Surveys using other indicators of socio-economic status and risk factors for obesity such as consumption of fruit and vegetables may shed light on the processes behind the probable gradient reversal, and the factors putting the poor at increased risk of obesity. This is important in informing urgent prevention efforts at a population level.

Policy

050 NEWS MEDIA COVERAGE OF NICE'S DECISIONS ON NEW HEALTH TECHNOLOGIES

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Objective This project aims to: (1) describe the frequency of news coverage in mass media related to the National Institute for Health and Clinical Excellence (NICE) draft or final guidance; (2) analyse the types of evidence and sources of information that was quoted in the news; (3) compare whether the patterns of coverage differ between media.

Design A survey of news articles related to decisions made by NICE's Health Technology Appraisal committees was conducted. Relevant news articles were retrieved from websites of major UK news media. Inclusion criteria were: (1) news articles related to specific NICE decision(s); (2) articles were written by a reporter/writer/editor of the news media. Articles that mentioned NICE for other reasons, columns and readers' letters were excluded.

Setting Major UK news media, including national newspapers and news channels.

Samples News articles published during 2007–2008 in 13 different sources of media including tabloids (Daily Express, Daily Mail, News of the World, The Mirror, The Sun), broadsheets (Independent, Guardian, The Telegraph, The Times) and news channels (BBC, ITN, Sky News and Reuters).

Main outcome measure The following data were collected by one author and checked by another: nature of guidance (disease area; positive or negative recommendation), use of generic or brand name and source/type of evidence that was quoted. Descriptive statistics were compiled and comparisons between types/sources of news media were made using χ^2 test.

Results 329 articles were included. BBC, Daily Mail and The Telegraph published more than 50 articles related to health technology appraisal whereas ITN and News of the World published less than 10 articles during the 2-year period assessed. Two-thirds (220/329) of the articles were related to negative recommendations. There was significant difference in the proportion of articles relating to negative recommendations between individual sources of media

($p=0.001$) but not between types of media ($p=0.286$). Cancer (33%), neurology—mainly Alzheimer's disease (22%), ophthalmology (13%) and rheumatology (10%) were most frequently covered areas. 58% (192/329) of the articles quoted only brand names without mentioning generic names of the drugs. Approximately 50% of articles included statements of effectiveness without referring to the source of evidence and another 40% did not describe clinical effectiveness. 24% of articles did not mention drug costs or cost-effectiveness.

Conclusion NICE decisions on new drugs, particularly negative recommendations, attracted significant media attention but the coverage and contents varied substantially between individual sources.

051 A POLICY EFFECTIVENESS-FEASIBILITY LOOP? PROMOTING THE USE OF EVIDENCE TO SUPPORT THE DEVELOPMENT OF HEALTHY PUBLIC POLICY

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Background Historically, policy initiatives have made variable contributions to improvements in public health. Today there is a growing interest in translating evidence from health research into healthy public policy. Although research evidence may be a component of policy development, it is rarely enough, because policy makers are subject to a wide range of influences. Furthermore, researchers and policy makers usually work within different time frames and rules of evidence. There is a growing, albeit limited, literature on how researchers can most effectively engage with policy makers. Evidence suggests that more active and effective dialogue between researchers and policy makers is needed, in the formulation of research questions, presentation of evidence, and drafting and choice of policy options.

Aim To develop, implement, and evaluate an interactive approach to informing policy for the prevention and management of cardiovascular disease (CVD) and diabetes.

Setting This work is being undertaken in four eastern Mediterranean territories, known to have high burdens of CVD and diabetes: Palestine, Tunisia, Turkey and Syria.

Methods and results Available epidemiological data are being identified, appraised and used to populate the IMPACT CHD Policy Model in order to examine CHD trends. Two corresponding epidemiological models have been developed to examine trends in type 2 diabetes and ischaemic stroke. An intensive review of the literature and consultation assists in the identification of efficacious policy interventions. A situation analysis is being undertaken within each country using mixed methods, which include: key informant and in depth interviews, document reviews, and participant observation. Its aim is to review current policy (stated and implemented), perceived facilitators and barriers to policy change, including health beliefs, and aspects of the health system. Policy makers are explicitly involved as key informants, participants, advisors and "lobbyists". The epidemiological modelling, evidence based reviews, and situation analyses are together being used to generate diverse policy