Results The overall level of obesity among Egyptian women rises from 30% in 1995 (urban=53%; 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 reader’s letters were excluded.

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


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 $\chi^2$ 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=0.236). Cancer (53%), 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.
options. The cost-effectiveness of each chosen option will then be assessed.

Conclusions We have developed a provisional framework for developing policy options, initially for the prevention of CVD and diabetes. This is based on local epidemiological data, an assessment of the socio-political-cultural context and cost effectiveness. Policy makers are involved throughout, and will be presented with costed policy options along with their potential consequences. Implemented options will then be evaluated. The framework represents a “policy effectiveness-feasibility loop”, analogous to Tugwell’s clinical effectiveness loop. The impact of this approach, and its potential generalisability, will be rigorously evaluated.

052 SYSTEMATIC REVIEW: THE USE OF RESEARCH EVIDENCE BY PUBLIC HEALTH POLICY-MAKERS

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Objective To review: the process of public health policy-making; and the range of types of research evidence used in policy-making; in country and policy-making settings. Methodological factors; and barriers to and facilitators of the use of research evidence.

Design Systematic review of empirical studies reporting data on policy-making in public health.

Data Sources Databases searched: MEDLINE, SCOPUS, PsycInfo, CINAHL, The Social Science Citation Index, The Science Citation Index, The Arts and Humanities Citation Index, Applied Social Sciences Index and Abstracts, Database of Reviews of Effects, Cochrane Database of Systematic Reviews, DoPHER, the Campbell Library, and the Cochrane Register of Controlled trials. Other sources: screening of organisational websites, contacting key informants and scrutinising the bibliographies of included studies.

Review methods Two reviewers independently assessed studies for inclusion; extracted data and assessed methodological quality using predesigned forms. Disagreements were resolved by consensus or by recourse to a third reviewer. Data were synthesised as a narrative review.

Results 1216 articles were retrieved. Following screening 18 studies were included: 13 qualitative studies, four surveys and one literature review. Participants included 1200 policy-makers, 72 researchers, and 174 people involved in both activities. Studies were set in a range of country and policy-making settings. Methodological quality was mixed. The process of policy-making varies widely between settings, and is viewed differently by key players. An extensive range of types of research evidence are used in policy-making. However, it has only an indirect impact and competes with many other influences. Barriers to the use of research evidence are well-described and include: policy-makers’ perceptions of research evidence; the gulf between researchers and policy-makers; the culture in which policy-makers work; competing influences on policy-making; and practical constraints. Ways of overcoming these barriers are less well known, and include: research targeted at the needs of policy-makers; research clearly highlighting key messages; and capacity building. There is almost no evidence on the role of research evidence in addressing health inequalities, a key aim of public health policy.

Conclusions Action is required by both policy-makers and researchers to address the barriers identified in this systematic review. There is an urgent need for evidence on the best approaches to incorporating research evidence in public health policy, particularly that considering the complex effects on health inequalities.