

Supporting evidence-based health systems and responding to patient and public health needs



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At the core of public health research is its ambition to provide evidence for health systems policy, with the capacity to respond to the wide range of patient and public health needs. Through research, we support knowledge translation into clinical practice and beyond. Implementation research specifically takes into account the context and real-life conditions and engages concerned population groups, leading to more successful translation and scale-up of public health interventions. More information on projects can be found at

<http://cordis.europa.eu>

Implementation research in mental health

ImpleMentAll is developing a toolkit for integrating mental eHealth apps with cognitive behavioural therapy into routine practice. Central to the ImpleMentAll project is the idea of normalisation. People work together and individually to embed new ways of working in existing practices. Embedding an innovation in routine practice is the product of action (the things people do). Normalization Process Theory (NPT) attempts to explain the work of implementation, embedding and integration with a focus on the contribution of individuals and groups.

<http://www.implementall.eu/>

STRENGTHS is developing a framework for scaling-up the delivery and uptake of effective community based mental health strategies for Syrian refugees. The STRENGTHS project will train Syrian refugees to provide a mental health intervention called Problem Management+ (PM+) to fellow Syrian refugees. It targets symptoms of common mental disorders. The STRENGTHS project will translate, adapt, test and implement the PM+ programmes *Individual, Group, Early Adolescent Skills for Emotions (EASE)* and an internet delivered version.

<https://strengths-project.eu/>

COFI assesses mental health care policies, including patient outcomes and costs, to find out whether having the same lead clinician in hospital and in out-patient treatment can prevent re-hospitalisations, reduce costs of care, and increase the safety and quality of mental health care.

www.cofi.qmul.ac.uk

SmokeFreeBrain SmokeFreeBrain aims to address the effectiveness of a multi-level variety of interventions aiming at smoking cessation in high risk target groups within High Middle Income Countries (HMIC) such as unemployed young adults, COPD and asthma patients, as well as within the general population in Low Middle Income Countries (LMIC).

<http://smokefreebrain.eu/>

In-MINDD created an online profiler to assess a person's risk of future dementia based on their lifestyle factors, and provide tips on how to reduce this risk.

<http://in-mindd.eu/home>

Implementation research in non-communicable diseases

HOMECARE: carried out a comprehensive evidence-based assessment of integrated homecare focused on patients with stroke, heart failure and chronic obstructive pulmonary disease. IHC for elderly frail somatic patients provided improved effectiveness and patient satisfaction along with societal net savings. A moderate 'bundle fee' to hospitals was shown to accelerate dissemination. The project offers practical problem-based guides to support local implementation of IHC-pathways for moderately disabled patients with stroke, heart failure and COPD. The HTA, based on practical guides for each of the selected chronic conditions, was developed.

http://cordis.europa.eu/result/rcn/92902_en.html

PROJECT INTEGRATE analysed best practices of integrated care for chronic conditions that result in positive patient care experiences, healthcare outcomes, and cost-effectiveness for better management of chronic and age-related conditions in Europe. The policy recommendations include well-designed care processes, skilled health professionals, patient-centred care, suitable financing schemes and IT tools. The 'IC management framework' tool allows a healthcare organisation to reflect and benchmark its IC initiatives, leading to better development and implementation of IC.

http://cordis.europa.eu/project/rcn/105315_en.html

SELFIE aims to improve patient-centred care for patients with multi-morbidity by proposing evidence-based, economically sustainable integrated chronic care models that stimulate cooperation across health and social care sectors, and are supported by appropriate financing/payment schemes. The project focuses on multi-morbidity, on generating empirical evidence of the impact of integrated chronic care model, and on financing/payment schemes by applying multi-criteria decision analysis.

<http://www.selfie2020.eu/>

SMART2D: Self-Management Approach and Reciprocal Learning for Type 2 Diabetes. The project will develop cross-lessons between LMIC to formulate and implement facility and community strategies to improve access and adherence to prevention and management interventions for T2DM.

<http://ki.se/en/phs/smart2d>

Feel4Diabetes: Families across Europe following a Healthy Lifestyle 4 Diabetes prevention. This project will implement and evaluate a low-cost and applicable in low resource settings school and community-based intervention, aiming to create a more supportive social and physical environment and promote healthy lifestyle changes for children and their families.

<http://feel4diabetes-study.eu/>

Projects that investigate the context for implementing new interventions in health systems: methodology for better implementation

BRIDGE studied the approaches to brokering knowledge and research information between researchers and health policy makers to support the development and governance of health systems in Europe. The project developed policy briefs on knowledge brokering at national and European level, and 3 policy summaries on information packaging, interactive knowledge sharing and organisational models for knowledge brokering.

<http://www.bridgeproject.eu/>

FIRE study used the PARIHS framework that considers that the nature of the evidence, the context in which it is used, and the extent of facilitation all affect whether the evidence is used in practice. Contextual issues were shown to be particularly dominant, and could not always be overcome by facilitation activities.

http://cordis.europa.eu/result/rcn/149765_en.htm

EIS project observed, using vascular disease as an example, that user involvement (through patient associations) was an important micro and meso-level contextual element driving implementation of research evidence into healthcare practice, suggesting that increasing research literacy may ensure an equitable opportunity for involvement.

http://cordis.europa.eu/result/rcn/141571_en.html

TICD developed tailoring methods for implementation in chronic diseases in 3 steps: identify the determinants of healthcare practice, design appropriate implementation intervention, and assess the intervention. The delivery of the resulting tailored interventions must be, however, improved to have a higher impact.

http://cordis.europa.eu/project/rcn/97694_en.html

DECIDE: Developing and evaluating communication strategies to support informed decisions and practice based on evidence.

http://cordis.europa.eu/project/rcn/97693_en.html

Implementation research in health and environment

INHERIT Identifies ways of living, moving and consuming that protect the environment and promote health and health equity. INHERIT will study 12 promising practices including qualitative elements how implementation was done, successful elements that could be replicated. Some of these promising practices will include quantitative evaluation and cost-benefit analysis. Example: an urban bicycling initiative including an app to find the best way in town.

<https://www.inherit.eu/>

Implementation research in health promotion and physical activity

PASTA: Physical activity through sustainable transport approaches shows how promoting active mobility (i.e. walking and cycling) can lead to a healthier, more physically active population - saving money and improving people's lives – a longitudinal study plus the WHO Health Impact Assessment Tool

<http://www.pastaproject.eu/>

EUROFIT: Social innovation to improve physical activity and sedentary behaviour through elite European football clubs: European Fans in Training/ Created new social partnerships between football clubs, football fans and researchers to address physical inactivity, sedentary behaviour and poor diet for low socio-economic status groups.

www.eurofitfp7.eu

SITLESS targets lack of exercise, Physical activity (PA) and sedentary behaviour (SB) as combined risk factors, and aims at identifying whether exercise referral schemes (ERS) enhanced by self-management strategies (SMS) may promote behavioural change and thus sustain long-term life-style changes.

www.sitless.eu

Implementation research and screening programs

EUSCREEN is implementing cost-optimized childhood vision and hearing screening programmes in middle-income countries in Europe.

<https://www.euscreen.org/>

EUthyroid goal is to provide evidence for a cost effective harmonised approach to iodine prevention in Europe and development of appropriate measures towards an improved and unified iodine intake. A particular focus will be placed on three mother-child studies from regions with different iodine intake.

<http://euthyroid.eu/>

MOCHA seeks to evaluate and compare existing national models of primary care for children, as well as to bring multi-disciplinary and multi-stakeholder views and approaches, to develop new (or improve on existing) approaches to prevention, primary care and treatment, and their integration into health services.

<http://www.childhealthservicemodels.eu/>

EU-TOPIA: towards improved cancer screening: The project aims to improve health outcomes and equity of breast, cervical and colorectal cancer screening programmes in ways that take full account of the different demographical, medical, political, economic and cultural contexts across Europe. It will do so by providing national, regional, and local policymakers with tools to evaluate and quantify their cancer screening programmes.

www.eu-topia.org/

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