From best practices to Ipest: a new tool for effective prevention activity

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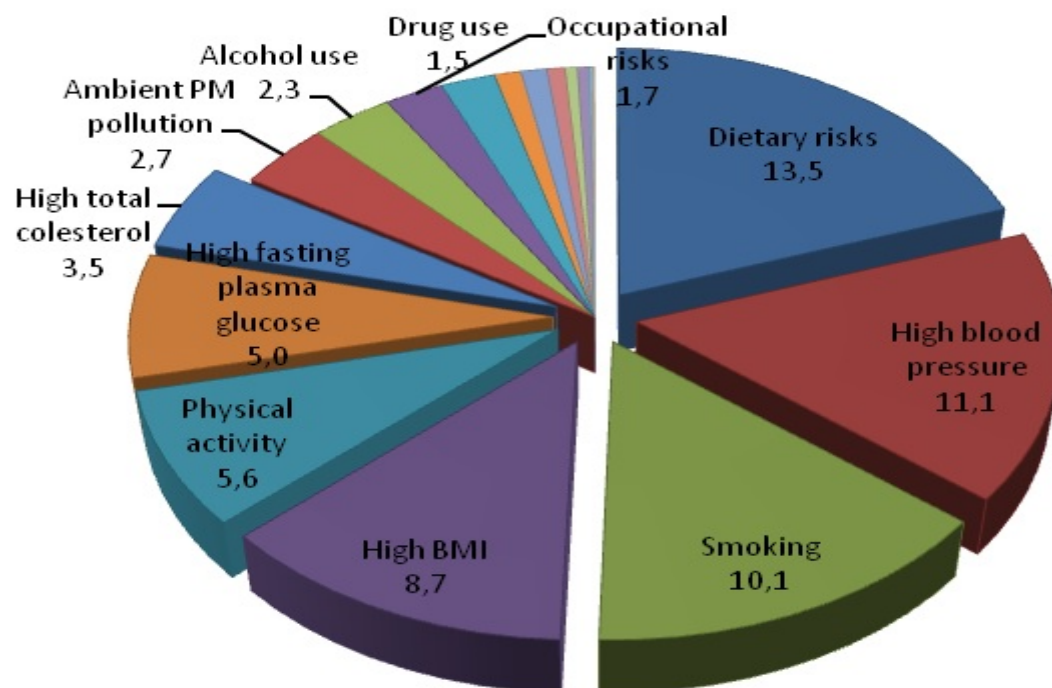
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Background

In Italy, behavioral risk factors prevention is a public health priority: 7 direct and indirect behavioral risk factors explain 56,7% of DALYs (GBD 2010)

Background

Many prevention interventions are put in force from different agencies and professionals

Implemented interventions are not evaluated or supported by evidence (only 1% of the interventions that are implemented in Italy were analyzed with an appropriate study design – DORS 2009)

THEREFORE the majority of the interventions available in Italy could be not effective (or even iatrogenic) and expensive

There is not a REGULATION AND MONITORING SYSTEM as happens with drug experimentation: only sporadic attempts to collect and supervise implemented interventions

Objective

To design a model of identification and of selection of

«best practices» for prevention activities

Method

Review different definitions and meanings of the concept of best practice in the scientific literature through **Google** and **PubMed**

5 italian experts in prevention and health promotion (Dors, Niebp) were interviewed about the different definitions

Results: two major perspectives

BP AS AN EVIDENCE-BASED PRACTICE:

BEST EVIDENCE

HTA AND GUIDE LINES

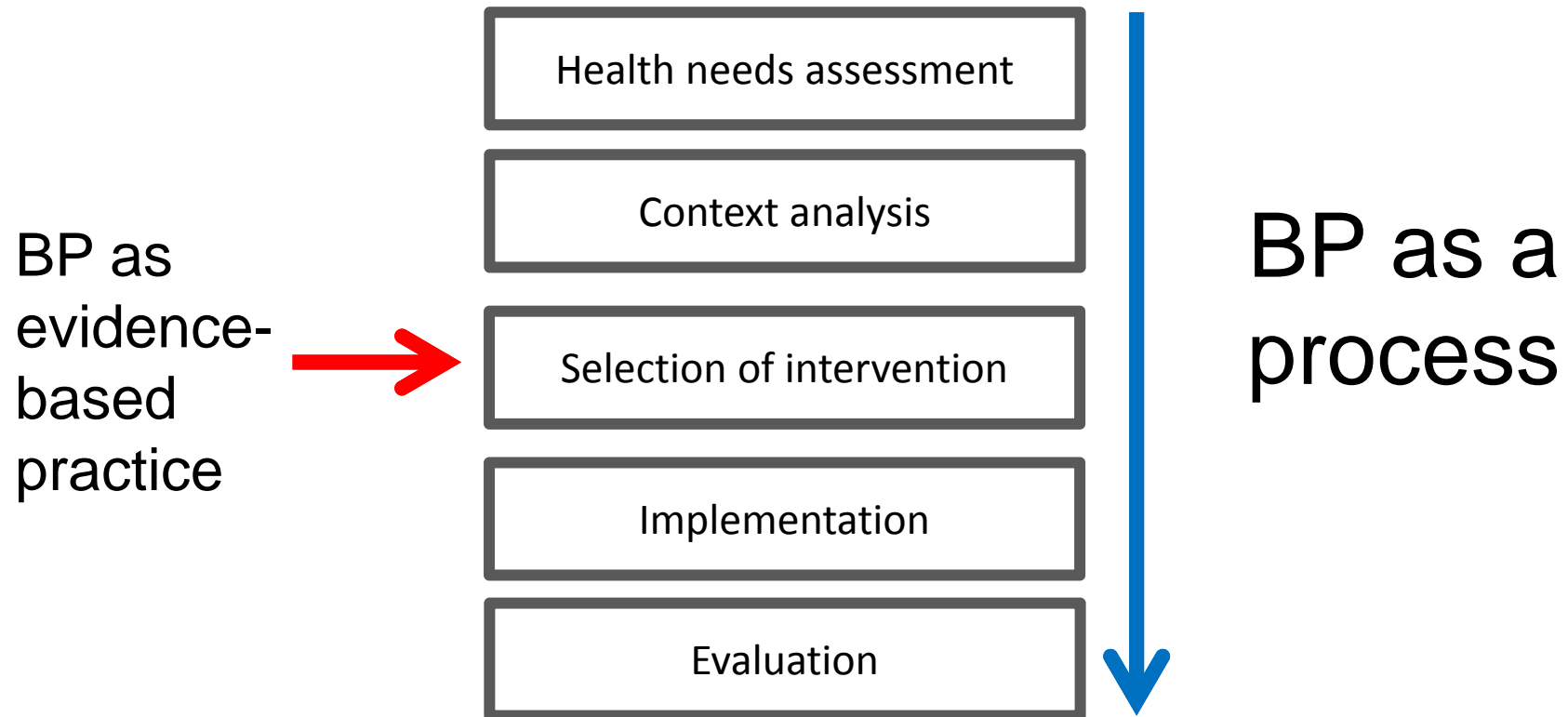PRACTICE AND IMPACT

BP AS A PROCESS:

CRITICAL REFLECTION

"POLIFONY OF VOICES"

CONTEXT

Results: two complementary perspectives

BP as evidence-based practice →

Health needs assessment

Context analysis

Selection of intervention

Implementation

Evaluation

BP as a process

Results: halfway perspective

Chrodis - Adressing Chronic Diseases and Healthy Agency across the Life Cycle, Joint Action Chrodis, 2015

Who, Global action plan for the prevention and control of NCDs, Geneva, 2013

Results: the limit of the term Best Practice

BP term is a concept sometimes abused and misunderstood

BP term is a powerful concept

But it is not always used as synonimous of «effective»

So… the risk is disseminating interventions defined as BP with unpredictable or even iatrogenic effects

Discussion: what we can do

To solve the eterogeneity of definitions we suggest a new term: IPEST, an italian acronym indicating an intervention that is evidence-based, sustainable and trasferable in different contexts

Discussion: criteria of selection 1

Efficacy or effectiveness: the intervention must have been evaluated on the basis of EBP

Economy system

Population

Health conditions
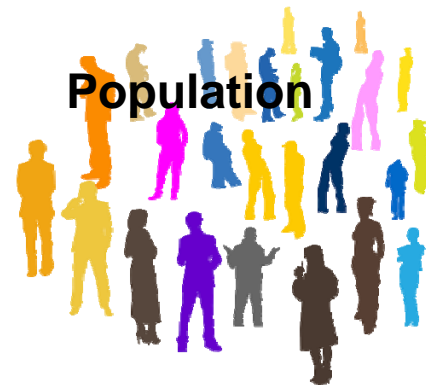
Political conditions

Cultural and social conditions

Discussion: criteria of selection 2

Sustainability of intervention from cost-efficacy and cost-benefit analysis and from contextual data

Efficient

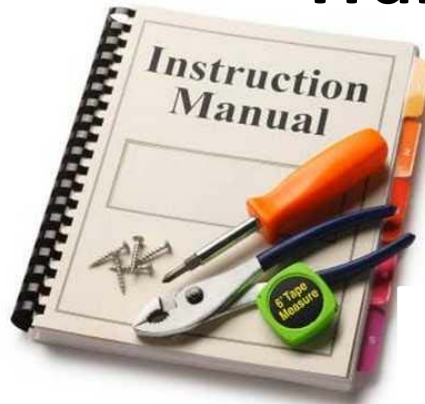**Social equity and welfare**

Generational equity

Long-term effect

Discussion: criteria of selection 3

Transferability in different local contexts

Resources and barriers

Public dissemination through a user's guide

EDUCATIONAL MODELS

INFRASTRUCTURES

ECONOMICAL CAPITAL

ACTIVITIES

STAKEHOLDERS

MATERIAL RESOURCES

HUMAN RESOURCES

COMMUNICATION MODELS

TRAINING MODELS

INFORMATION ABOUT COURSES

Benefits for policy makers and professionals

A repository collecting effective prevention interventions available for policy makers and professionals (health professionals, teachers...)

Testing Ipest definition with some promising interventions

The sugar sweetened beverage tax

The tobacco tax and restrictions of packaging

The recall/remind system for increase immunization

A community intervention to reduce inequity of access to immunization services (for Rom and Sinti communities in Verona)

The Piedibus, a walking school bus for the active mobility and the fight of sedentary

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