

Symposium 1 – #EIE2021

*Presenters: Karen Lee (University of Sydney), Dr Kathelijne Bessems (Maastricht University), Dr Femke van Nassau (Amsterdam UMC) – **Australia / Netherlands***

*Chair & discussant: Prof. Stef Kremers (Maastricht University Medical Centre) – **Netherlands***

Scaling up interventions: The when & how of doing this effectively and guidelines for reporting findings

Rationale

In order to achieve population wide benefits and foster sustainable policy and program development, health interventions found promising through research should be scaled up. The process of 'scale up' is referred to as "*deliberate efforts to increase the impact of successfully tested health interventions so as to benefit more people and to foster policy and program development on a lasting basis*". Yet, few interventions are being scaled up in practice. Furthermore, when being scaled up, this does not always result in expected outcomes as many contextual factors influence this process. Scale up processes and factors are only scarcely reported in the literature, hindering in-depth understanding of these processes and thereby impeding learning positive as well as negative lessons for other initiatives seeking to amplify their impact.

Focus

During this symposium, we will interactively discuss guidelines and lessons learned about the scaling of (health promotion) interventions, including the momentum for scale up, practice-based experience with scale up and guidelines for reporting scale up processes. Three presentations will be included in this symposium, each of which is outlined further in the following.

Presentation 1: The intervention scalability assessment tool: A guide to assessing scalability of interventions

Presenter: Karen Lee (University of Sydney) – Australia

Co-authors: Andrew Milat (New South Wales Ministry of Health), Adrian Bauman, Anne Grunseit, Kathleen Conte & Neil Orr (University of Sydney), Luke Wolfenden (University of Newcastle), Femke van Nassau (Amsterdam UMC), Paddy Seeram (McMaster University) – Australia / Netherlands / Canada

Research Aim

To address the ever-increasing burden of chronic disease that is largely preventable in an effective manner, interventions targeting the risk factors for chronic disease that have been shown to be efficacious in controlled research settings need to be scaled up and implemented in wider community and/or population-based settings. Multiple factors should be taken into account when considering whether an intervention merits scaling up. Unfortunately, some of the barriers to making these scaling up decisions include the lack of decision-making/planning tools, along with insufficient research outputs on the implementation of interventions within population settings. The aim of this project was to develop an assessment tool to provide guidance for policy makers and practitioners who are considering an intervention for scale up in public/population health.

Methods

The Intervention Scalability Assessment Tool (ISAT) was developed, primarily based on the existing literature on scalability and scale up and using key personnel from Australia who are all experienced in the area of scale up and implementation of health interventions. Stakeholders involved included policy makers, practitioners and academics to ensure relevance to policy settings which will facilitate its uptake.

An initial draft of the ISAT was developed and tested in real world service settings in Australia over two rounds of interviews with experts/ policy makers/academics in the area of public health, all with experience in scale up. Following each round of interviews, the ISAT was revised in line with feedback.

Key Findings

The tool highlights the need for a structured decision-making process when considering interventions for scale up. It provides decision makers with a mechanism for identifying the strengths and weaknesses of interventions being considered for scale up. It also emphasises the need for evidence and adequate planning to support scale up. The ISAT is now available for use and designed primarily for the population health context but has the potential to be used in a variety of other human services settings.

Discussion

How can a tool like the ISAT be used beyond the Australian context and what are some of the potential dissemination strategies for the ISAT in the European context? How would the tool be most useful in contexts outside of Australia and what types of support or guidance will be required for encouraging the use of the ISAT?

Presentation 2: Lessons learned from regional and national scaling up of health promotion interventions

Presenter: Dr Kathelijne Bessems (Maastricht University) - **Netherlands**

Co-authors: Patricia van Assema, Sanne Gerards, Jessica Gubbels, Lisa Harms, Stef Kremers, Dennis de Ruijter & Marion Willems (Maastricht University), Evelyne Linssen (Regional Public Health Service South Limburg) – **Netherlands**

Research Aim

The Centre for Health Promotion at Maastricht University is involved in research into the development, implementation, evaluation and scaling up of interventions to promote health among those who may benefit most. Interventions focus on different stages of life, but especially on childhood. Currently, the SuperFIT pre-school overweight prevention intervention in the childcare and home setting, is being scaled up at regional level. The nutrition education programme *Krachtvoer* (Power Food) for prevocational students is scaled up nationally, as is the healthy diet promotion community intervention *Goedkoop Gezonde Voeding* (Cheap Healthy Food) for people with a limited budget. Some interventions are about to reach the scaling up phase, while for others this process was initiated 20 years ago and is still ongoing. Our aim is to share experience with the ongoing process of scaling up effective interventions in different settings.

Methods

This work is based on action-oriented research aimed at understanding of the context and underlying factors of scale up successes and failures related to the above interventions. Mixed methods have been used, including the collection of quantitative reach/penetration data, as well as qualitative data (based on interviews) among users and other stakeholders, and observations of implementation and scaling up processes.

Key Findings

There is no one-size-fits-all approach to scaling. Scale up strategies (such as training, education, providing funding) that work in one setting and for one intervention at a specific time, may totally misfit another. Scaling requires constant coordination efforts, lobbying and the flexibility to adapt dissemination strategies and interventions to changing national and local contexts and stakeholders needs. Flexibility and compatibility of an intervention with key stakeholders needs and the fit with multiple policy sectors are supportive of the scaling up process.

Discussion

How should scaling up be monitored and what should we study? What can we learn from this? How can we take the context into account scaling up interventions at large scale?

Presentation 3: Practical Scale up Case Study Reporting Guidelines – Development process and application examples

Presenter: Dr Femke van Nassau (Amsterdam UMC, location VUmc Amsterdam Public Health Research Institute) – **Netherlands**

Co-authors: Karen Lee, Adrian Bauman & Anne Grunseit (University of Sydney), Luke Wolfenden (University of Newcastle), Andrew Milat (New South Wales Ministry of Health) – **Netherlands / Australia**

Research Aim

The aim of this work was to develop practical Scale up Case Study Reporting Guidelines for systematically documenting the scale up process, including key steps, facilitators and barriers as well as scale up context, of scaled up interventions (successful and non-successful) using examples of public health interventions in Australia and the Netherlands.

Methods

In order to develop the reporting guidelines, we conducted a literature search to shape the headings of the guidelines, including specific focus on determining the key elements/steps of scale up that need to be documented to form the guidelines. Following the guidelines, we identified and distilled existing documentation and conducted additional interviews with key stakeholders of interventions under study to document their scaling up process in Australia and the Netherlands.

Key Findings

The guidelines provide guidance on how to assess the scaling up process of a public health intervention. It consists of supporting tools, such as an interview topic guide, and a matrix for reporting. Scaling up follows several pathways and comes in different shapes. Key factors are continued funding, stakeholder commitment, intervention ownership and fit with market. A broad spectrum of scale up strategies were applied, including ongoing training, quality monitoring, sharing success stories and ongoing research.

Discussion

Are the guidelines sufficient, is anything missing? What support is needed for others to apply the new guidelines? How can we disseminate the guidelines?