Evidence from systematic reviews of research relevant to implementing the “wider public health” agenda

Prepared by:
Contributors to the Cochrane Collaboration and the Campbell Collaboration and the NHS Centre for Reviews and Dissemination,
with support from the NHS Research and Development Programme

August 2000

Electronic version available from the NHS Centre for Reviews and Dissemination
http://www.york.ac.uk/inst/crd/wph.htm

This report should be cited as: Contributors to the Cochrane Collaboration and the Campbell Collaboration. Evidence from systematic reviews of research relevant to implementing the “wider public health” agenda. NHS Centre for Reviews and Dissemination http://www.york.ac.uk/inst/crd/wph.htm August 2000.

This report was funded by the NHS Executive, but the choice and format of the contents is the sole responsibility of the editors and contributors.

Foreword

Background to this report

In February 1998, Tessa Jowell, then Minister for Public Health, asked for a report summarising the findings of systematic reviews of research evidence relevant to proposals in the then recently published Green Paper on Public Health, and to the forthcoming White Paper on Public Health. A paper entitled *'Evidence from systematic reviews of research relevant to the forthcoming White Paper on Public Health'* was subsequently prepared by the NHS Centre for Reviews and Dissemination and the UK Cochrane Centre, with input from other UK-based contributors to the Cochrane Collaboration. The paper was delivered to the Minister on 1 May 1998 and was well received by her and by others within the Department of Health. The Department's Research and Development Division subsequently distributed about 100 copies of the paper within the National Health Service and beyond. During the winter of 1998/1999 the paper was reportedly helpful to those responsible for preparing the White Paper.

As the Green Paper had done, the White Paper (published last year) – *Saving Lives: Our Healthier Nation* – focuses on what it refers to as "the main killers: cancer, coronary heart disease and stroke, accidents and mental illness." The White Paper ranges over a broader canvas than the Green Paper, however, highlighting determinants and dimensions of health which are less specific than many of those that are directly relevant to preventing and treating the four "main killers". After noting that people can improve their own health (through physical activity, better diet and quitting smoking), the White Paper stresses the importance of material factors such as poverty, low wages, unemployment, poor education, sub-standard housing, crime and disorder, and a polluted environment. The impact of these factors is reflected in health inequalities, the most disadvantaged suffering most from poor health. The White Paper thus reflects the government's efforts to address the determinants of poor health with a range of initiatives, many of which are mentioned in the document.*****

During the summer of 1999, Professor Richard Lilford, director of Research and Development, NHS Executive West Midlands, convened a group to discuss the formulation of Health Improvement Plans, and thus trying to implement locally (some in designated Health Action Zones) policies outlined in the White Paper, and related policy documents. During these discussions, it became clear that an update of the 1998 paper prepared for Tessa Jowell would be helpful, because the White Paper had not referred explicitly to the relevant research evidence. Accordingly, in November 1999, Professor Lilford commissioned the current paper.

Content and organisation of this report

To reflect the broad scope of the White Paper, this report has been entitled *Evidence from systematic reviews of research relevant to implementing the 'wider public health' agenda*. The organisation of the material in the report follows the classification and listing of policies within each of the four main areas – cancer, coronary heart disease and stroke, accidents, and mental health - as laid out in Appendix 1 of the White Paper. Contributors to the Cochrane Collaboration (www.cochrane.org) based in the UK have prepared these sections.

As a starting point for informing the development of relevant strategies in areas of 'the wider public health' not specifically included as part of the White Paper, three further sections - on education, social care and social welfare, and crime, drugs and alcohol – are presented as additional resources. These have been prepared by contributors to the recently inaugurated international Campbell Collaboration, which has been established to prepare and maintain systematic reviews of research on the effects of social and educational interventions (http://campbell.gse.upenn.edu/).

As in the 1998 report, reference has also been made to new systematic reviews currently being prepared within the editorial structure of the Cochrane Collaboration. These have been singled out among systematic reviews in preparation because the information is public, because Cochrane reviews should be maintained (as new evidence emerges), and because both the published protocols and the complete reviews are now widely accessible within the NHS through *The Cochrane Library*.

In the four sections of this report dealing with cancer, coronary heart disease and stroke, accidents, and mental health, the evidence from systematic reviews is shown in relation to the specific policies listed in Appendix 1 of the White Paper. Accordingly, the first column restates each policy. In the second column, the relevant systematic reviews are summarized (or the absence of systematic reviews is noted). The third column contains references to the cited reviews. At least 400 of the total of 929 reviews relevant to these sections have been prepared with support from the NHS R&D Programme, and the references to these are shown in bold type.

The topic areas addressed in the three further sections - on education, social care and social welfare, and crime, drugs and alcohol – are shown in the Contents pages. The first column presents the full citation; the second column summarises the materials and methods of the review; and the final column summarises the findings. Because these have been contributed by different teams, and were originally collated for other purposes, these last three sections, of necessity, have different styles and levels of detail.

The search strategies used to identify these reviews, and references to all the reviews cited in this report, are contained in two appendices.

Ways in which we hope this document will be helpful

The report is principally a source document containing brief summaries of and references to the results of reviews of research relevant to the wider public health agenda. It does not tell you what should be done. Rather, we hope it will be helpful in addressing each of the following three questions:

Which policies might be prioritised because research evidence suggests that they are likely to succeed in achieving specific public health goals?
First, the report allows you to identify areas where there is substantial research indicating that specific strategies have been effective. You may therefore wish to focus your public health investment in these areas.

Having prioritised policy areas for public health investment, how might your goals be best achieved?
Second, the report allows readers to identify detailed research evidence relevant to the policy areas in which public health agencies have decided to invest. This may allow you to identify specific, effective interventions, and ways of delivering them, in order to achieve these goals. We encourage

readers who wish to know more about these interventions and the context in which they were applied, to consult the source reviews and, where relevant, the full reports of the research covered by the reviews.

What additional research might help to identify further strategies for improving the public health?
Finally, the report allows you to identify areas where the findings from existing research need to be synthesised in systematic reviews, and also where reviews indicate that the existing research is inadequate to inform policy, and that therefore new studies are required.

Arrangements for updating and amending the material in this report

There will continue to be a flow of new and updated systematic reviews of research evidence relevant to supporting the further development and implementation of the wider public health agenda, and to other government initiatives relevant to promoting the public's health, such as the National Service Frameworks. The people and organisations tasked with implementing policies relevant to promoting the wider public health need to have ready access to this updated information. Accordingly, the NHS Research and Development Programme has been approached to make arrangements for this report to be updated regularly under the aegis of the NHS Centre for Reviews and Dissemination (http://www.york.ac.uk/inst/crd). We encourage readers to contribute their comments on this document to the website, and draw attention to the errors that will inevitably have been made in a project with this scope.

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Trevor Sheldon, Department of Health Studies, University of York
Catherine Rounding, UK Cochrane Centre

July 2000

***** Government initiatives mentioned in the White paper include (in alphabetical order):

A Better Quality of Life - a Strategy for Sustainable Development in the UK; Active Schools Programme; Anti-drugs Co-ordinator Action Plan; Better Government for Older People; Cooking for Kids Programme; Developing Emergency Services in the Community; Excellence in Schools; Health Action Zones; Health Improvement Programme Performance Scheme; Healthy Living Centres; Healthy Schools Programme; Healthy Workplace Initiative; Independent Inquiry into Inequalities in Health; Information for Health; Keep Warm, Keep Well Campaign; Modernising Mental Health Services; Modernising Social Services; National Air Quality Strategy; New Deal for Communities Initiative; New Deal for Transport; New Insurance Contract for Pensions; National Service Framework for Coronary Heart Disease; National Service Framework for Mental Health; National Service Framework for Older People; Paediatric Intensive Care: a Framework for the Future; Road Safety Strategy; Rough Sleepers Initiative; Safer Travel to School Initiative; Smoking Kills; Social Exclusion Unit Report on Teenage Pregnancy; Sports Strategy; Strategy for Tackling Communicable Disease; Strategy to Tackle Alcohol Misuse; Supporting Families; Sure Start; Sustainable Development: Towards better practice; Tackling Drugs to Build a Better Britain; Tackling Racial Harassment in the New NHS; Task Force on Genetics and Disease Prevention; The New NHS; and Welfare to Work.

Acknowledgements

UK Cochrane Centre
Mike Clarke, UK Cochrane Centre
Inneke Loke, UK Cochrane Centre
Anne Lusher, UK Cochrane Centre
John Senior, UK Cochrane Centre
Sarah White, UK Cochrane Centre

NHS Centre for Reviews and Dissemination
Julie Glanville, NHS Centre for Reviews and Dissemination, York
Jos Kleijnen, NHS Centre for Reviews and Dissemination, York
Kate Misso, NHS Centre for Reviews and Dissemination, York
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Stroke
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Charles Wolfe, King's College, London

Accidents
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Helen Handoll, Cochrane Musculoskeletal Injuries Group
Rheinhard Wentz, Cochrane Injuries Group

Mental Health
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Nicola Howson, Cochrane Schizophrenia Group
Robert Hunter, Greater Glasgow Primary Care Trust
Mark Petticrew, MRC Social & Public Health Sciences Unit, Glasgow
Peter Smith, Cochrane Dementia & Cognitive Impairment Group

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Ann Oakley, Social Science Research Unit, London

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Kate Walker, National Programme on Forensic Mental Health, London
Alison Weightman, University of Wales College of Medicine, Cardiff

Public Health
David Chinn, Centre for Health and Medical Research, Middlesbrough
Muir Gray, Institute of Health Sciences, Oxford
Jenny Griffin, Department of Health, London
Siân Griffiths, Oxfordshire Health Authority, Oxford
Nicholas Hicks, Department of Health, London
Chris Hyde, Aggressive Research Intelligence Facility, Birmingham
Angus Nicoll, Public Health Laboratory Service, London
Sophie Petersen, Oxfordshire Health Authority, Oxford
Jon Shepherd, University of Wales College of Medicine, Cardiff
Kent Woods, NHS Research and Development Programme

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A National Contract on Cancer

Cochrane Cancer Network [Allison Hirst, Sally Hunt, Mark Lodge and Chris Williams]

Social and economic interventions

Government and national players:

C1 Increase tax on cigarettes by 5 per cent in real terms each year 1

C2 End advertising and promotion of cigarettes. 2

C3 Prohibit sale of cigarettes to youngsters and ensure enforcement 2

C4 Seek to ensure cheaper supplies of fruit and vegetables 2

C5 Tackle joblessness, social exclusion, low educational standards and other factors which will make it harder to live a healthy life. 3

Local players and communities:

C6 Tackle social exclusion in the community to make it easier for people to make healthy decisions. 3

C7 Work with deprived communities and with businesses to ensure a more varied and affordable choice of food (including fruit and vegetables). 3

People:

C8 Participate in social networks and provide social support to others to reduce stress, and to give them help to give up smoking. 4

C9 Take opportunities to better their lives and their families' lives through education, training and employment. 4

Environmental interventions

Government and national players:

C10 Encourage employers and others to provide a smoke-free environment for non-smokers 5

C11 Encourage local action to tackle radon in the home and to eliminate risk factors in the workplace (eg enforcing regulations on asbestos and encouraging provision of non-smoking areas) and the environment (eg air pollutants) 5

C12 Continue to press for international action to restore the ozone layer 6

Local players and communities:

C13 Through local employers, make a smoke free environment the norm, with adequate separate provision for smokers and availability of smoke extractors where possible. 6

C14 Tackle radon in the home (eg through direct advice from local authorities to affected householders) 6

People:

C15 Protect others from second hand smoke and children from sunburn 7

Personal behaviour

Government and national players:

C16 Develop Healthy Living Centres....8

C17 Fund health education campaigns to provide reliable and objective information on the health risks of smoking, poor diet and too much sun. 8

C18 Encourage research into ways to modify high-risk behaviours (eg low consumption of fruit and vegetables). 11

Local players and communities:

C19 Target health information on groups and areas where people are most at risk. 11

C20 Encourage the development of healthy workplaces and healthy schools. 11

People:

C21 Stop smoking, increase consumption of fruit, vegetables, and dietary fibre each day, avoid high consumption of red and processed meat, keep physically active, maintain a healthy body weight that does not increase during adult life. 13

C22 Cover up in the sun. 15

C23 Practice safer sex. 15

C24 Follow sensible drinking advice. 16

Services interventions

Government and national players:

C25 Encourage doctors, dentists, nurses and other health professionals to give advice on prevention. 17

C26 Ensure that healthy schools work with pupils and parents to improve health. 18

C27 Ensure smokers have access to high-quality smoking cessation services, particularly in health action zones. 19

C28 Maintain effective, appropriate and high quality existing cancer screening programmes and consider possible extensions of these. 20

C29 Ensure all patients with suspected cancer are seen by a specialist within 2 weeks of urgent referral by a GP. 23

C30 Ensure equal access to high-quality treatment and care, through implementation of the expert report on the organisation and management of NHS cancer services. 23

Local players and communities:

C31 Provide effective help in stopping smoking to people who want to stop especially for disadvantaged groups. 24

C32 Ensure that vulnerable groups have equitable access to screening services 26

C33 Work with voluntary organisations to provide clear and consistent messages about early detection and uptake of screening. 26

C34 Ensure rapid specialist treatment for cancers when they are diagnosed. 26

C35 Attend cancer screenings when invited (ie for breast and cervical screening in women). 40

C36 Participate in managing their own illness and treatment. 40

C37 Seek medical advice promptly if they notice danger signs 41

A National Contract on Coronary Heart Disease and Stroke

Cochrane Heart Group [Karen Rees, Debbie A Lawlor and Shah Ebrahim]
Cochrane Stroke Group [Jonathan Mant]

Social and economic interventions

Government and national players:
H1 Continue to make smoking cost more through taxation....1
H2 Tackle joblessness, social exclusion, low educational standards and other factors which make it harder to live a healthier life....1
Local players and communities:
H3 Tackle social exclusion in the community which makes it harder to have a healthy lifestyle....2
H4 Provide incentives to employees to cycle or walk to work, or leave their cars at home....2
People:
H5 Cycle or walk to work....2
H6 Take opportunities to better their lives and their families' lives, through education, training and employment....2

Environmental interventions

Government and national players:
H7 Encourage employers and others to provide a smoke-free environment for non-smokers....3
Local players and communities:
H8 Through local employers and others, provide a smoke-free environment for non-smokers....3
H9 Through employers and staff, work in partnership to reduce stress at work....4
H10 Implement the Integrated Transport Policy – *A New Deal for Transport: Better for Everyone* – including a national cycling strategy and measures to make walking more attractive....4
H11 Provide safe cycling and walking routes....4
People:
H12 Protect others from second-hand smoke....4

Personal behaviour

Government and national players:

H13 Control advertising and promotion of cigarettes....5

H14 Develop healthy living centres....5

H15 Ensure access to and availability of, a wide range of foods for a healthy diet....6

H16 Provide sound information on the health risks of smoking, poor diet and lack of physical activity....7

Local players and communities:

H17 Encourage the development of healthy schools and healthy workplaces....7

H18 Enforce the ban on illegal sale of cigarettes to underage smokers....8

H19 Target information about a healthy life on groups and areas where people are most at risk....9

People:

H20 Manage their blood pressure if they are at risk of or suffering from circulatory disease....9

H21 Stop smoking or cut down, watch what they eat and take regular physical activity....11

Services interventions

Government and national players:

H22 Encourage doctors and nurses and other health professionals to give advice on healthier living, and deliver effective and efficient services....12

H23 Develop National Service Frameworks and work towards their implementation....15

Local players and communities:

H24 Provide help to people who want to stop smoking....17

H25 Improve access to a variety of affordable food in deprived areas....18

H26 Provide facilities for physical activity and relaxation and decent transport to help people get to them....19

H27 Reduce waiting times for coronary artery surgery and angioplasty....19

H28 Aim to reduce the incidence of second strokes....19

H29 Support those suffering from coronary heart disease and stroke, and their carers....20

H30 Implement the National Service Frameworks....20

H31 Identify those at risk of heart disease and stroke and provide high quality services....21

H32 Learn how to recognise a heart attack and what to do, including resuscitation skills....42

H33 Have their blood pressure checked regularly....42

H34 Take medicine as it is prescribed....43

A National Contract on Accidents

Cochrane Injuries Group [Frances Bunn, Ian Roberts and Carolyn DiGuiseppi]

Social and economic interventions

Government and national players:

A1 Develop *New Deal for Communities.* 1

A2 Remove obstacles to partnership. 1

A3 Promote parental education (*Sure Start)*. 1

A4 Improve provision of consistent monitoring data. 1

A5 Co-ordinate Government strategy on accident prevention. 1

Local Players and Communities can ....

A6 Monitor care homes for older people. 2

A7 Promote safety practices at work. 2

A8 Tackle social exclusion (*New Deal,* urban regeneration) 2

A9 Work within health improvement programmes on local partnership to improve local accident prevention initiatives, eg better identification of highest risks/priorities/targets. 2

A10 Promote safety measures to community groups. 3

A11 Raise public awareness of risks 3

People:

A12 Take opportunities to improve their education, training and employment. 3

Environmental interventions

Government and national players:

A13 Develop road safety strategy. 4

A14 Ensure safety standards in new buildings. 4

A15 Continue work on improving product standards. 4

A16 Monitor standards for sports facilities and equipment. 5

A17 Monitor water safety co-ordination at national level. 5

A18 Promote Design for Safety 5

A19 Monitor vehicle safety standards 6

A20 Support for pilot schemes and voluntary bodies (eg Child Safety Week) 6

A21 Implement EC regulations on accident prevention. 6

Local players and communities:
A22 Give greater priority to walking and cycling in local transport plans. 6
A23 Adopt school travel and green transport plans. 6
A24 Develop traffic calming and other measures for local safety schemes as part of local transport plans. 6
A25 Develop safe play areas. 7
A26 Install smoke alarms in local and health authority properties. 7
A27 Encourage private sector safety checks on appliances. 6
A28 Promote/maintain home safety checks for older people. 7
A29 Maintain highways, pavements and playgrounds. 7
A30 Identify/safeguard potentially hazardous sites (rivers, railways, dumps etc). 7
A31 Undertake community safety audits/risk assessment. 7
A32 Ensure well-developed emergency planning. 8
People:
A33 Maintain household appliances to reduce accidents in the home 8
A34 Install and maintain smoke alarms. 8
A35 Drive safely and within speed limits. 9
A36 Wear seatbelts on car journeys. 9
A37 Ensure that they play an effective role in workplace safety procedures. 9

Personal behaviour

Government and national players:
A38 Provide education/publicity on drink-drive 10
A39 Provide education/publicity on speed management. 10
A40 Promote accident prevention through schools programmes (Healthy Schools Award) 10
A41 Promote *Safer Routes to School*. 11
A42 Set up Youth Networks, playgroup associations 11
A43 Target health action zones/education action zones/Single Regeneration Budget (SRB)/*New Deal for Communities* 11
Local players and communities:
A44 Ensure effective provision/loans of safety equipment to target groups. 11
A45 Conduct local campaigns (Local Education Authorities) on accidental injury prevention. 11
A46 Ensure more effective enforcement – fire, police, trading standards. 12
A47 Put measures in place on prevention (eg stairgates, car seats) and rehabilitation (eg aids for older people). 12
A48 Develop private sector promoting safety culture for occupational road use 12
A49 Promote swimming training 13

People:
A50 Ensure that cyclists, especially children and young people, wear cycle helmets....13
A51 Avoid drinking and driving....13
A52 Undertake effective training to improve road safety skills....14
A53 Ensure that children and young people take up cycle/pedestrian training....14
A54 Take up physically active lifestyles (to improve bone density and prevent osteoporotic fractures)....14
A55 Ensure a healthy diet (with sufficient calcium and vitamin D intake for bone health)....17

Services interventions

Government and national players:
A56 Develop and implement *National Service Framework for Older People*....18
Local players and communities:
A57 Continue reviews of medication, eyesight in older people (over 75 check)....18
A58 Promote safety awareness, with risk assessment of fallers, on discharge from hospital....18
A59 Promote local initiatives on physical activity in older people....19
A60 Promote family support – accident awareness, parenting skills....19
A61 Take part in *Healthy Schools* programmes....20
A62 Provide local alcohol services....20
A63 Ensure integrated service provision....20
A64 Provide pedestrian training for children....20
A65 Promote cycle proficiency schemes....20
People:
A66 Have regular eye-tests....20
A67 Learn basic resuscitation/emergency skills....21

A National Contract on Mental Health

Cochrane Schizophrenia Group [Clive Adams and Simon Gilbody]
Cochrane Depression, Anxiety & Neurosis Group [Simon Wessely]
[with input from Philip Davies, Geraldine Macdonald and Anthony Petrosino]

Social and economic interventions

Government and national players:

M1 Tackle joblessness and social exclusion.....1

M2 Consider the mental health impact when developing policy on employment, education, social welfare, child abuse, children in care and leaving care, refugees and substance misuse.....1

M3 Develop *New Deal for Communities*.....2

M4 Ensure responsible media reporting of suicides and homicides.....2

M5 Improve provision of mental health systems and collection of information.....2

M6 Tackle alcohol and drug misuse.....2

Local players and communities:

M7 Work with health improvement programmes to develop local mental health initiatives on prevention, better identification and treatment, including help for at-risk groups such as recently bereaved, lone parents, unemployed people, refugees.....4

M8 Tackle inequity and social exclusion.....6

M9 Encourage positive local media reporting to reduce stigma surrounding mental illness.....6

M10 Develop job and volunteering opportunities for people with mental illness.....6

M11 Develop local strategies to support the needs of mentally ill people from black and minority ethnic groups.....7

People:

M12 Develop parenting skills.....7

M13 Support friends at times of stress – be a good listener.....7

M14 Work to understand the needs of people with mental illness.....8

M15 Participate in support networks and self-help groups.....8

M16 Take opportunities to improve their education, training and employment.....8

Environmental interventions

Government and national players:

M17 Continue to invest in housing, supported housing, to reduce discrimination and stigmatisation and reduce homelessness. 9

M18 Encourage employers to develop workplace health policies which address mental health. 9

M19 Reduce isolation through equitable transport policy. 9

M20 Promote healthy schools and include mental as well as physical health education. 9

M21 Promote healthy prisons and address mental illness in prisons. 10

Local players and communities:

M22 Develop effective housing strategies which meet the needs of local communities 11

M23 Reduce stress in workplace 11

M24 Develop school programmes for mental health promotion including coping strategies, social supports and anti-bullying strategies, substance misuse, detection and treatment. 11

M25 Encourage use of open spaces for leisure and social events 12

M26 Develop local programmes to tackle dyslexia in schools. 12

M27 Develop local initiatives to reduce crime and violence and improve community safety. 12

People:

M28 Improve workload management. 13

M29 Support colleagues. 13

M30 Visit elderly friends and family who are isolated. 13

M31 Encourage children to read. 13

M32 Encourage children to adopt a healthy diet and take physical activity. 13

M33 Be alert to bullying at school. 14

M34 Be alert to glue sniffing and substance misuse in schools. 14

M35 Engage in regular parent-teacher dialogue. 15

M36 Ensure children have safe access to public open space. 15

Personal behaviour

Government and national players:

M37 Increase public awareness and understanding of mental health and mental illness. 16

M38 Reduce access to means of suicide. 16

M39 Develop healthy living centres. 16

Local players and communities:

M40 Support people with severe mental illness and ensure their access to other mainstream services for physical health as well as the mental health care they need. 16

People:
M41 Use opportunities for relaxation and physical exercise and try to avoid using alcohol/ smoking to reduce stress. 16
M42 Increase understanding of what good mental health is. 17
M43 Contribute to the creation of happy and healthy work and school environments. 17

Services interventions

Government and national players:
M44 Develop the *National Service Framework for Mental Health.* 18
M45 Provide incentives to emphasise good mental health care 18
M46 Audit all suicides and learn the lessons for prevention (the Confidential Inquiry into Suicide and Homicide). 18
Local players and communities:
M47 Provide advice and practical help on financial, housing, day care, and work problems. 19
M48 Implement the *National Service Framework for Mental Health* 19
M49 Develop range of comprehensive and culturally sensitive mental health services in accordance with Modernising Mental Health Services. 30
People:
M50 Contribute information to service planners and get involved 30
M51 Contact services quickly when difficulties start. 30
M52 Increase knowledge about self-help 30

Education

Campbell Education Group [Philip Davies and Elizabeth Holmes]

Health Education/Promotion – general effectiveness of health education/health promotion.....1

Sexual Health

- Preventing teenage pregnancy.....3
- Providing better understanding about sex and relationships.....5
- Sex education – improving public understanding about sexually transmitted diseases (STDs) and how to prevent them. 6
- Improving public understanding about HIV/AIDS and how to prevent them. 8
- Sex education – helping teenage parents complete education and learn parenting skills.....11

Tackling drugs

- Alcohol.....13
- Smoking/tobacco.....15
- Other substances.....21

Diet and nutrition.....24

Work based health promotion.....25

Food safety.....28

Social Care and Social Welfare

Cochrane Psychosocial, Developmental and Learning Problems Group [Geraldine Macdonald, Jane Dennis and Margaret Burke]

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Public policies relating to:

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- education and day care 6
- crime and substance abuse 8

Psychiatric social work 15
Delinquency 18
Child and family support 22

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- prevention 26
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Crime, drugs and alcohol

Campbell Crime and Justice Group [Anthony Petrosino]

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Appendix 1
Search strategies devised and run by the NHS Centre for Reviews and Dissemination

Julie Glanville, Kate Misso

Appendix 2
References to all systematic reviews cited in this report, ordered alphabetically

Materials and Methods

Project organisation

Staff at the UK Cochrane Centre commissioned the component elements of the project, which was co-supervised by Iain Chalmers and Trevor Sheldon, and co-ordinated by Catherine Rounding and Elizabeth Holmes.

UK contributors to the Cochrane Collaboration prepared the sections of the report relating to the four 'main killers' identified in the White Paper. The Cochrane Cancer Network and Cochrane Injuries Group prepared the sections on Cancer and Accidents, respectively. The Cochrane Heart Group and Cochrane Stroke Group collaborated in preparing the section on Heart Disease and Stroke. The Cochrane Schizophrenia Group and the Cochrane Depression Anxiety and Neurosis Group had overall responsibility for preparing the section on Mental Health, with inputs from the Cochrane Developmental, Psychosocial and Learning Problems Group, and the Education and Crime and Justice Groups of the Campbell Collaboration.

The sections on Education, Social Care and Social Welfare, and Crime, Drugs and Alcohol were prepared by the Campbell Education Group, the Campbell Social Welfare and Social Work Group, and the Campbell Crime and Justice Group, respectively.

Identification of potentially eligible reviews

The authors of the various sections of the current report were responsible for identifying and assessing the quality of the reviews relevant to their respective areas of responsibility, drawing on the variety of sources which, as topic specialists, they deemed likely to be worth searching. In addition, section authors were supplied with references to reviews which were identified by staff at the NHS Centre for Reviews and Dissemination and the UK Cochrane Centre. The NHS Centre for Reviews and Dissemination also helped by obtaining and passing on to section authors hard copies of some relevant reports. The wide ranging search strategies used to identify systematic reviews of potential relevance were coordinated by Julie Glanville and Kate Misso at the NHS Centre for Reviews and Dissemination. These are presented in detail in Appendix 1.

The best single source of information about systematic reviews is *The Cochrane Library*. Within it, *The Cochrane Database of Systematic Reviews* contains complete reviews and protocols of reviews in preparation, prepared to the standard required by the Cochrane Collaboration. *The Database of Abstracts of Reviews of Effectiveness* contains references to systematic reviews identified by staff at the NHS Centre for Reviews and Dissemination, using regular searches of Current Contents - Clinical Medicine (weekly); MEDLINE (monthly); CINAHL (monthly); ERIC (annually); BIOSIS (annually); Allied and Alternative Medicine (annually); and PsycINFO (annually).

Some of the systematic reviews which have not met the criteria for inclusion in *The Database of Abstracts of Reviews of Effectiveness* have been rejected, not because they were methodologically inadequate, but because they were of insufficient relevance to the NHS (for example, because no health outcomes were recorded). Accordingly, the titles about 20,000 records were scanned by staff at the UK Cochrane Centre to identify any systematic reviews which may have been rejected on those grounds, but which were nevertheless potentially relevant to the wider aspects of public health, such as reviews of educational interventions.

Although *The Cochrane Database of Systematic Reviews* and *The Database of Abstracts of Reviews of Effectiveness* were important starting points for identifying systematic reviews relevant to the wider public health, searches of additional sources were necessary. These presented a number of challenges. First, few of the additional databases searched (see below) support subject indexing that captures the concept of systematic review, and the abstracts of reviews tend to have very little description of the methodology used. Second, there are relatively few systematic reviews outside of the fields of medicine, psychology, education and criminology. Third, a large number of disparate interventions seem likely to be relevant to the wider public health.

By combining text words taken from the White Paper and the sensitive strategies for identifying systematic reviews which had been developed by the NHS Centre for Reviews and Dissemination, staff there identified and searched other databases likely to contain systematic reviews of potential relevance to public health (see Appendix 1 for details of search strategies).

- Applied Social Sciences Index and Abstracts (ASSIA)
- Canadian Preventive Taskforce Guidelines
- Econlit
- Health Management Information Consortium (UK health management databases)
- Health Technology Assessment Database (CRD)
- Health Services Technology Assessment Text (HSTAT) (US web site providing access to Agency of Health Care Policy and Research (AHCPR) publications and other US review and guideline material)
- National Co-ordinating Centre for Health Technology Assessment (NCCHTA) web site
- National Research Register
- Turning Research Into Practice (TRIP) index (index to reviews, guidelines and evidence summaries)
- US Preventive Taskforce Guidelines
- Sociological Abstracts

Staff at the UK Cochrane Centre also searched the Social, Psychological, Educational and Criminological Trials Register (SPECTR) for additional, potentially relevant material.

A National Contract on Cancer

Cochrane Cancer Network
Allison Hirst, Sally Hunt, Mark Lodge and Chris Williams

A National Contract on Coronary Heart Disease and Stroke

Cochrane Heart Group
Karen Rees, Debbie A Lawlor and Shah Ebrahim
and
Cochrane Stroke Group
Jonathan Mant

A National Contract on Accidents

Cochrane Injuries Group
Frances Bunn, Ian Roberts and Carolyn DiGuiseppi

A National Contract on Mental Health

Cochrane Schizophrenia Group
Clive Adams and Simon Gilbody
and
Cochrane Depression, Anxiety and Neurosis Group
Simon Wessely

(with input from Philip Davies, Geraldine Macdonald
and Anthony Petrosino)

Education

Campbell Education Group
Philip Davies and Elizabeth Holmes

Social Care and Social Welfare

Cochrane Psychosocial, Developmental and Learning Problems Group
Geraldine Macdonald, Jane Dennis
and Margaret Burke

Crime, drugs and alcohol

Campbell Crime and Justice Group
Anthony Petrosino

Appendix 1:

Search strategies devised and run by the NHS Centre for Reviews and Dissemination

Julie Glanville and Kate Misso

Appendix 2:

References to all systematic reviews cited in this report