Project Application: GRADE Public Health Group

Drafted by: S Vittal Katikireddi	16 January 2017

Reviewed by (insert more rows if you need to, keep track changes on, don't edit yellow highlighted sections)	When
Hilary Thomson	6/2/2017
Beth Shaw	3/2/2017
Elie Akl	12/4/2017
Vittal Katikireddi	April 26, 2017
Elie Akl	Oct 30, 2017

General description

The goal of the project group is to advance GRADE methodology in the development

of Population Health and Policy (PHP) guidelines. This work will build on

previously developed and under development GRADE guidance on equity,

complex interventions and risk of bias for non-randomised studies. To minimize

potential overlap with these other project groups, we will particularly focus on

interventions that impact on whole populations (i.e. are not delivered at the

individual level). Examples of such interventions include regulation of unhealthy

commodities (e.g. restrictions on trans-fats in processed foods), the provision of

new infrastructure (e.g. clean water and sanitation) and health system reforms

(e.g. the integration of health and social care services).

PHP interventions have the potential to result in sustainable health improvements

and reduce health inequalities by influencing the determinants of health for a

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large number of people simultaneously. Applying GRADE to the development of PHP recommendations may be challenging due to:

- Lack of clarity about which stakeholders and end-users (i.e., target audience) are most relevant for specific PHP guidelines and hence the perspectives to be considered

- Difficulty in identifying outcomes (including financial and non-financial costs) to be considered and challenges in prioritizing them. Relatedly, challenges may arise when benefits are realized to a greater extent by communities, than individuals who receive treatment (e.g. treatment as prevention within HIV and immunizations which lead to herd immunity).

- Uncertainty about what a minimal 'clinically' important outcome might be and its relevance to different stakeholders

- Perceived concerns that evidence for PHP interventions will generally be assessed as being of low certainty within the GRADE process e.g. due to the reliance on a highly heterogenous evidence base

This group will build on prior work. A previous qualitative study investigated guideline developers' experiences and views of GRADE for public health, finding that GRADE was positively perceived but noting some of the above challenges [1]. Lessons from applying GRADE to the development of a WHO guideline on public health interventions for men who have sex with men (MSM) and transgender people include using indirect evidence, integrating values and preferences and appropriate wording of ('weak') recommendations [2]. Similarly, reflections on how GRADE can

be adapted to meet the needs of public health guideline developers were published by experienced users of GRADE [3].

Name of the project group: Population Health and Policy

Group Lead(s): S Vittal Katikireddi & Hilary Thomson

Group G3 Liaison: Elie Akl

Group members (at least five for consideration for approval): refer to Google doc

[link](#)

S Vittal Katikireddi, Hilary Thomson, Michele Hilton Boon, Beth Shaw plus others, to be invited from the Google doc link.

Specific objectives

- Conduct a rapid and informal consultation exercise with guideline developers to update the previous work, with a particular view to exploring whether any additional challenges exist in applying GRADE to developing PHP recommendations and identify circumstances when additional GRADE guidance would be valuable

- Conduct a scoping review of GRADE use in PHP guidelines in order to better understand the range of approaches adopted when applying GRADE. Through a network of GRADE collaborators, and drawing on appropriate contacts with relevant organisations, PHP guidelines that use GRADE will be identified. Common approaches to addressing challenges will be identified and examples of best practice identified.

- Develop GRADE guidance for public health guideline developers, with a particular focus on:

  - Identifying the relevant decision-making perspective(s) for a public health guideline

  - Prioritising and valuing diverse outcomes, including outcomes relevant to non-health sector decision-makers

  - Synthesising diverse and heterogenous outcomes measured in different ways

- Disseminate the work on GRADE guidance for public health through peer-reviewed publications, contributing a chapter to the GRADE handbook and exploring the potential for targeted dissemination through conferences and workshops.

Deliverables

- Conferences and workshops:

  - GIN/Cochrane/Campbell/GRADE conference September 2017: Initial workshop to discuss potential challenges experienced in the development of public health guidelines

  - European Public Health Association conference

  - NICE annual conference

- Peer-reviewed journal articles:

  - Paper 1: Challenges in developing public health guidelines

- o Papers 2-6 (exact number to be refined, based on findings from paper 1): Series of GRADE guidance papers within the Journal of Clinical Epidemiology. In addition, a summary paper will be targeted at the BMJ or Lancet Public Health.
- GRADE handbook

Timeline

- Year 1 (2017)
  - o May-Jul 2017: Establish project group and hold 1-2 initial on-line meetings for introductions and feedback on Terms of Reference.
  - o Jul-Sep 2017: Seek initial project group views on challenges in developing public health guidelines and examples of existing public health guideline development processes and exemplars. Second project group meeting will include two presentations: a) a summary of the challenges identified and b) existing guideline development processes and exemplars. Feedback on the two presentations will be sought.
  - o Sep 2017: Hold consultation workshop at GIN/GRADE/Cochrane/Campbell meeting. Present summary of initial identified challenges and seek feedback from participants. Examples of how this are being addressed will also be presented, with further guidelines and examples asked for from participants.

- o Oct-Dec 2017: Draft paper 1 and circulate to project group for comments.
- Year 2 (2018)
  - o Jan-Feb 2018: Project group meeting on-line to discuss and agree areas where additional guidance is needed.
  - o Mar-Jul 2018: Development of initial guidance, informed by the above stakeholder exercises.
  - o Jul 2018: Project group meeting to discuss developing guidelines and provide feedback on early drafts.
  - o Aug-Dec 2018: Identification of developing guidelines which can be used to pilot the initial guidance.
  - o Sep 2018: Presentation at GRADE working group meeting.
  - o Nov 2018: Pre-conference workshop at the European Public Health Association.
- Year 3 (2019)
  - o Jan-Apr 2019: Revision of papers, based on feedback from the GRADE meeting and experience with application of the guidelines.
  - o Apr 2019: Presentation at GRADE working group meeting, and potentially seek sign-off.
  - o May-Nov 2019: Finalising papers 2-6 and submission to journal. Production of additional dissemination material.

References

1. Rehfuess E, Akl E: **Current experience with applying the GRADE approach to public health interventions: an empirical study**. *BMC public health* 2013, **13**(1):9.
2. Akl EA, Kennedy C, Konda K, Caceres CF, Horvath T, Ayala G, Doupe A, Gerbase A, Wiysonge CS, Segura ER *et al*: **Using GRADE methodology for the development of public health guidelines for the prevention and treatment of HIV and other STIs among men who have sex with men and transgender people**. *BMC Public Health* 2012, **12**(1):386.
3. Burford BJ, Rehfuess E, Schünemann HJ, Akl EA, Waters E, Armstrong R, Thomson H, Doyle J, Pettman T: **Assessing evidence in public health: the added value of GRADE**. *J Public Health (Oxf)* 2012, **34**(4):631-635.