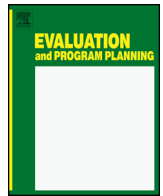




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# Concept mapping as a method to enhance evidence-based public health

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### ABSTRACT

In this paper we explore the suitability of concept mapping as a method for integrating knowledge from science, practice, and policy. In earlier research we described and analysed five cases of concept mapping procedures in the Netherlands, serving different purposes and fields in public health. In the current paper, seven new concept mapping studies of co-produced work are added to extend this analysis.

For each of these twelve studies we analysed: (1) how the method was able to integrate knowledge from practice with scientific knowledge by facilitating dialogue and collaboration between different stakeholders in the field of public health, such as academic researchers, practitioners, policy-makers and the public; (2) how the method was able to bring theory development a step further (scientific relevance); and (3) how the method was able to act as a sound basis for practical decision-making (practical relevance).

Based on the answers to these research questions, all but one study was considered useful for building more evidence-based public health, even though the extent to which they underpinned actual decision-making varied. The chance of actually being implemented in practice seems strongly related to the extent to which the responsible decision-makers are involved in the way the concept map is prepared and executed.

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## 1. Introduction

Evidence-based public health is necessary for doing the right things right (Muir Gray, 2009). Consistent with the definition of evidence-based medicine, evidence-based public health can be defined as "... the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of communities and populations in the domain of health protection, health maintenance and improvement (health promotion)" (Jenicek, 1997).

Public health researchers therefore face the challenge of how to underpin public health decisions with the best available evidence. One might argue that evidence-based public health is a utopian dream, for the scientific evidence is either not (always) available, or

poor in quality or not applicable in a specific context. However, evidence-based public health is not guided by scientific evidence alone. Sackett's concept of evidence-based medicine values the individual clinicians' expertise and the patients' state and preferences as equally important to making the right clinical decisions (Sackett, Rosenberg, Muir Gray, Brian Haynes, & Scott Richardson, 1996). Accordingly, in public health the scientific evidence should be integrated with evidence from public health professionals, as well as with contextual knowledge of the community.

Unfortunately, practice-based evidence is often considered of low value in science. The tacit knowledge of practitioners, patients, citizens, policy-makers and managers is thought to be only locally applicable, rarely published, and possibly harmful by replicating errors. However, when tacit knowledge is used to learn from adverse events to improve measures and practices, new knowledge can be created (Muir Gray, 2009). Moreover, for evidence-based public health, the tacit knowledge of professionals is crucial, especially when conclusive scientific evidence is not available. For instance, Muir Gray (2009) states: "absence of excellent evidence

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**Table 1**An overview of the twelve concept mapping studies (first 5 studies based on earlier research<sup>a</sup>).

Study	Aim	Background
1) The development of a theoretical framework for the quality of regional public health reporting <sup>b</sup>	Construction of a theoretical framework	In the Netherlands, municipal health assessments are carried out by 28 Regional Health Services (RHS), serving 418 municipalities. Differences in these assessments between RHSs, for example in the selection of topics reported, methodological issues, and reporting format, made it difficult to compare the public health status of a particular municipality with the national public health status or that of other municipalities. Moreover, the RHSs faced the problem of making their epidemiological knowledge more useful for both regional and local public health policy. From this perspective, two main issues arise. First, little is known about the extent to which epidemiological information is used in local and regional health policymaking, and which factors, such as the characteristics of public health reports, may influence the actual use of such information. Second, there is a lack of a systematic overview of the different RHSs' public health reports and the way in which they are produced, so that a comparison on relevant characteristics cannot be made. Therefore, a concept map was set up to develop a theoretical framework for the quality of regional public health reporting in the Netherlands.
2) Defining a strategy for implementation of the Dutch national Guideline for municipal health policy <sup>c</sup>	Design of implementation strategy	In the Netherlands, the National Institute for Public Health and the Environment (RIVM) revised and integrated four national guidelines (including recommended interventions for health promotion) to address obesity, alcohol abuse, smoking and depression on the local level into one 'Healthy Community Guideline'. This Guideline is primarily targeted at Local Authorities and secondly at the Regional Health Services (RHS), which have an important role in the preparation and formulation of local health policy by order of the Local Authorities. In the absence of thorough understanding of specific conditions for effective use of this Guideline by RHSs, implementation strategies were developed and tested in two pilot RHSs. To target these strategies, the implementation goals were made explicit in both RHSs separately through the construction of concept map, conceptualizing the characteristics of successful implementation of the Guideline.
3) Concept mapping as a tool to guide (conduction and) evaluation of complex interventions: overweight prevention in Dutch youth	Evaluation planning	The Dutch "Young people on a healthy weight" approach (JOGG) can be regarded as a complex intervention, especially since multiple stakeholders from public and private parties are involved. Evaluation of such an intervention is also complex and should be guided by a proper plan. The first step is the formulation of program objectives. In this study, concept mapping was used to conceptualize these objectives.
4) Mapping the concept of the quality of psychosocial care after incidents to guide the construction of a questionnaire to measure the quality of post-disaster psychosocial care in the Netherlands <sup>d</sup>	Construction of a questionnaire	In the aftermath of a disaster, one of the aspects of care giving to victims is psychosocial support. As with the other aspects (like rescue work, medical care, practical assistance etc.), this type of support should be of high quality. However, so far there are no explicit quality criteria or any instruments to evaluate and monitor the quality. The research project 'Quality of Psychosocial Care' strives to overcome these problems by seeking consensus on quality of psychosocial support during the first six weeks after an incident, and by designing a questionnaire that can be completed by victims in order to evaluate the quality of the care that was delivered to them. Yet, the Dutch field of psychosocial care consists of a broad network of various players with different interests and approaches. In order to reach consensus, and to enhance acceptance of the resulting questionnaire as an evaluation instrument, the method of concept mapping was chosen. To a certain extent, quality indicators can also be derived from literature, but in this case, it was very important to generate indicators that perfectly fit the Dutch organisation of support, endorsed both by professionals from different organisations and by victims.
5) Defining the added value of a new approach of Youth Health Care	Formulation of ambitions and targets	In the Regional Health Service (RHS) Hart voor Brabant, a transition is taking place from a supply-oriented organisation into a more demand-oriented organisation in which care is given to citizens in their own environment as much as possible. The RHS wants to be more close to those citizens who are the most in need of the RHS's (preventive) care, making use of all available expertise in the RHS (integrated care). Therefore the organisation model changed from a product-oriented division (Youth Health Care, Infectious Disease Control, and Health Promotion) into a geographic-oriented division (three regions). For Youth Health Care, this means that it will be organized as a program, crosswise arranged through the geographic divisions. Both the new orientation of youth health care (more close to youth in their own environment, integrated care) as the new organisation induced the RHS to develop a vision on the RHS's care for youth health, to serve as a framework for program strategy and action planning.

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