



**Partager les connaissances sur les interventions
scientifiquement éprouvées et prometteuses pouvant
être mises en œuvre dans le système de santé:
*Quelles sont les pratiques cliniques énoncées dans le Community
Guide et le Guide du NICE?***

Atelier

14 septembre, 2016

Tracie A Barnett, PhD
INRS Institut Armand-Frappier

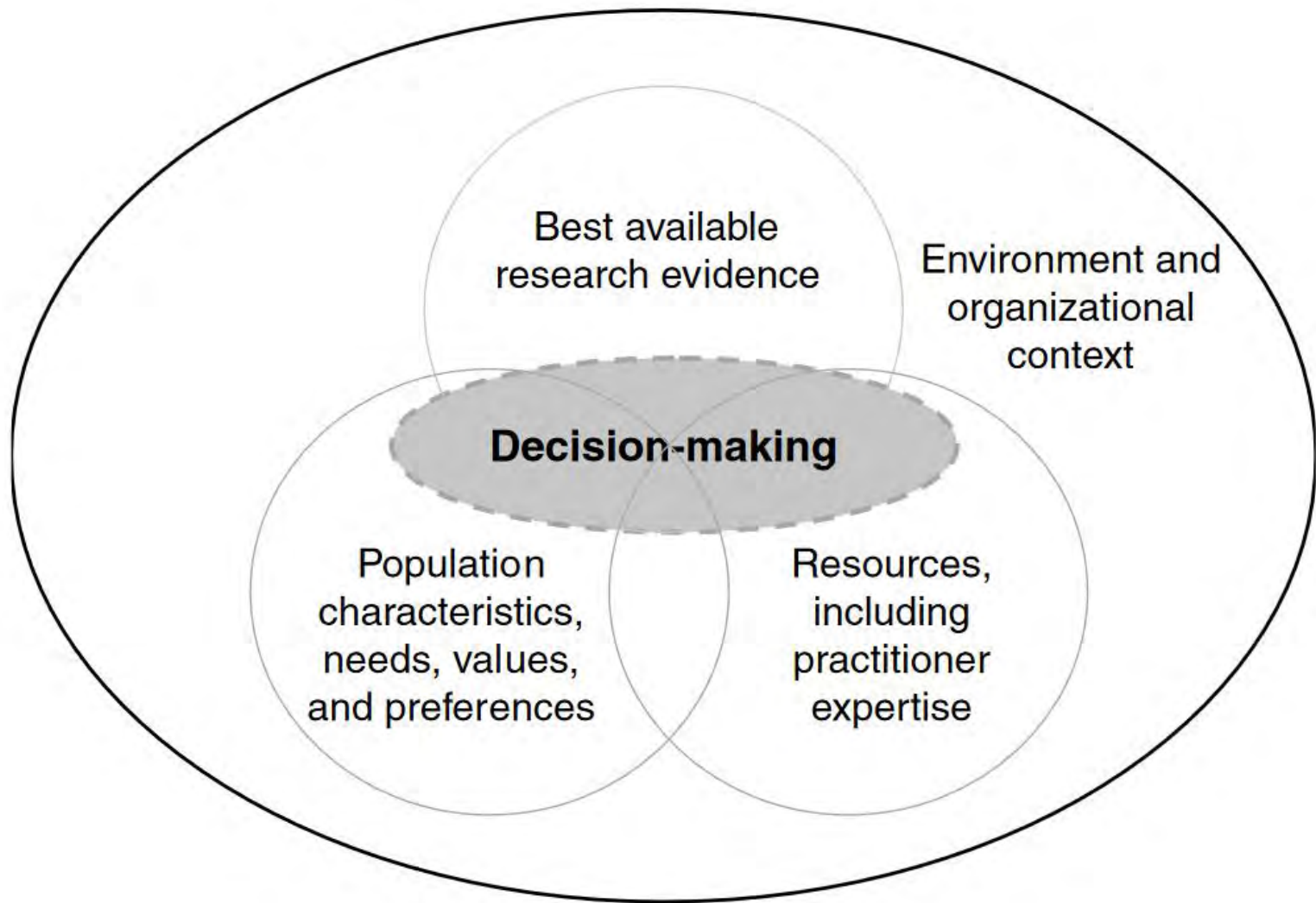


Figure 1²

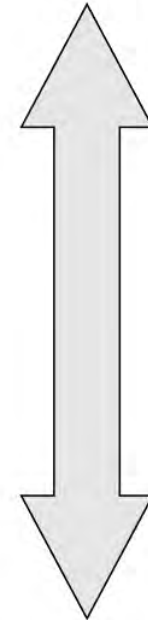
Domains that influence evidence-based decision making [from Spring et al. (151, 152)].

Figure 1

Domains that influence evidence-based decision making [from Spring et al. (151, 152)].

- Scientific literature in systematic reviews
- Scientific literature in one or more journal articles
- Public health surveillance data
- Program evaluations
- Qualitative data
 - Community members
 - Other stakeholders
- Media/marketing data
- Word of mouth
- Personal experience

Objective



Subjective

Figure 2

Different forms of evidence. Adapted from Chambers & Kerner (37).

RESEARCH

Effectiveness of intervention on physical activity of children: systematic review and meta-analysis of controlled trials with objectively measured outcomes (EarlyBird 54)

OPEN ACCESS

Clinical Review & Education

Review
Impact of Dietary and Exercise Interventions on Weight Change and Metabolic Outcomes in Obese Children and Adolescents
A Systematic Review and Meta-analysis of Randomized Trials

Mandy Ho, MSc, BHS, APD, RN, Sarah P. Carnett, PhD, M NutriDiet, BSc, RNutr, APD; Louise A. Baur, MBBS, BSc, PhD, FRACP; Tracy Burrows, PhD, BHS, AdvAPD; Laura Stewart, PhD, B; Clare Collins, PhD, BSc

Systematic review and meta-analysis of school-based interventions to reduce body mass index

H. V. Lavelle, D. F. Mackay, J. P. Pell

Centre for Population Health Sciences, University of Glasgow, Glasgow G3 8YU, UK
Address correspondence to Professor Jill P. Pell, E-mail: jill.pell@glasgow.ac.uk

Face-to-face interventions for promoting physical activity
Richards, Melvyn Hillsdon, Margaret Thorogood and Charles Foster
Publication Date: September 2013

Health Environment: Designing Communities to Promote Physical Activity in Children

Environment: Designing Communities to Promote Physical Activity in Children

Review

Effect of school-based interventions on physical activity and fitness in children and adolescents: a review of reviews and systematic update

S Kriemler, U Meyer, E Martin, E M F van Sluijs, L B Andersen, B W Martin

BMJ 2012;345:e5888 doi: 10.1136/bmj.e5888

BMC Public Health

RESEARCH ARTICLE

Open Access

Health Theory

Intervention and control of

Cardwell, Taryn

Intervention

Interventions for

The impact of long-term school-based physical activity interventions on body mass index of primary school children – a meta-analysis of randomized controlled trials

Guo and Jianlan Zhang

Evidence

Interventions for promoting physical activity

Hillsdon, Margaret Thorogood, Asha Kaur and Charles Foster

Date: January 2005

Interventions for Health Research, Geisinger Health Systems, Danville, PA



Incentive-based interventions for increasing physical activity and fitness
Grace C O'Malley, Philip RA Baker, Daniel P Francis, Ivan Perry and Charles Foster
Online Publication Date: January 2012

Organizational Principles to Guide and Define the Child Health Care System and for Improve the Health of All Children

Physical Activity Among Youth: A Review

Guide du NICE



National Institute for Health
and Clinical Excellence
(*NICE*)

<https://www.nice.org.uk/>

Community Guide



The Guide to Community
Preventive Services

<http://www.thecommunityguide.org/>

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Improving health and social care through evidence-based guidance

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- > Lifestyle and wellbeing
- > Population groups
- > Service delivery, organisation and staffing
- > Settings

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- > Market access support
- > Get involved

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Dementia: supporting people with dementia and their carers in health and

Latest guidance in consultation

Spondyloarthritis: Draft guidance consultation

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The history, structure and key responsibilities of NICE. Contains governance information, up-to-date policies, procedures and publications.

Corporate information »

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Our guidance, advice, quality standards and information services for health, public health and social care. Also contains resources to help maximise use of evidence and guidance.

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Essential information for key groups including GPs, local government, public health professionals and members of the public.

View communities »

What Works: Evidence-Based Interventions for Your Community



What Works fact sheets -- each on a different public health topic -- are colorful, easy-to-read summaries of Community Preventive Services Task Force findings and the systematic reviews on which they are based. Print "What Works" fact sheets as handouts for presentations or exhibits, attach them to webinar materials, or link to them from slides.

Each fact sheet has two separate pieces: a bi-fold brochure about the topic, and an insert that lists the Task Force findings on that topic. [Designed to print front-and-back, head-to-head in color, on white 8.5" x 11" paper.] You can download these individually or as a combined file.

We welcome you to click on [Contact Us](#) to comment on the fact sheets and tell us how you use them.

Preventing Excess Alcohol Consumption

- [What Works: Preventing Excess Alcohol Consumption – bi-fold brochure](#)  [PDF - Size 820 kB]
- [What Works: Preventing Excess Alcohol Consumption - Insert](#)  [PDF - Size 288 kB]
- [What Works: Preventing Excess Alcohol Consumption – brochure and insert combined](#)  [PDF - Size 992 kB]

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In General, a Task Force Conclusion About Effectiveness Requires....

A **Body** of Evidence

Number and quality of studies;

Design suitability:

- More than 1 study
- Fewer studies if high quality and suitable design
- More studies if lower quality/unsuitable design

+

A Demonstration of Effectiveness

Consistency of Effect

“Most” studies demonstrate an effect in the direction of the intervention

+

Sufficient Magnitude of Effect

The effect demonstrated across the body of evidence is “meaningful”



The Community Guide - What works to promote health

46



Search NICE...



Find guidance

Choose a category to find guidance in your area:

Conditions and diseases >

Health protection >

Lifestyle and wellbeing >

Population groups >

Service delivery, organisation and staffing >

Settings >

NICE guidance

By month

In development

Consultations

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Lists of NICE guidance, including published guidance, in development and consultations

- > All NICE guidelines
 - > Clinical guidelines
 - > Public health guidelines
 - > Social care guidelines
 - > Safe staffing guidelines
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- > Quality standards
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- > Interventional procedures guidance
- > Medical technologies guidance
- > Diagnostics guidance

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Choose a category to view guidance:

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Health protection >

Lifestyle and wellbeing >

Population groups >

Service delivery,
organisation and staffing >

Settings >

Population groups

Behaviour change

Black and minority ethnic groups

Carers

Children and young people

Infants and neonates

Older people

People with learning disabilities

People with physical disabilities

Socio-economic status

Vulnerable groups

Choose a category to view guidance:

- Conditions and diseases >
 - Health protection >
 - Lifestyle and wellbeing >
 - Population groups >
 - Service delivery, organisation and staffing >
 - Settings >**
- Settings**
 - Accident and injury prevention
 - Care homes
 - Communities
 - Community engagement
 - Drug misuse
 - Environment
 - Home
 - Hospitals
 - Prisons and other secure settings
 - Schools and other educational settings
 - Transport
 - Workplaces

Browse guidance by topic

Choose a category to view guidance:

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Lifestyle and wellbeing >

Population groups >

Service delivery,
organisation and staffing >

Settings >

Lifestyle and wellbeing

Addiction

Alcohol

Behaviour change

Diet, nutrition and obesity

Drug misuse

Mental health and wellbeing

Oral and dental health

Physical activity

Sexual health >

Smoking and tobacco

Sunlight exposure

Physical activity: brief advice for adults in primary care

NICE guidelines [PH44] Published date: May 2013 [Uptake of this guidance](#)

Guidance

[Tools and resources](#)

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Overview

Introduction: scope and purpose of this guidance

1 Recommendations

2 Public health need and practice

3 Considerations

4 Recommendations for research

5 Related NICE guidance

Guidance

1 Recommendations

Background

[Recommendation 1 Identifying adults who are inactive](#)

[Recommendation 2 Delivering and following up on brief advice](#)

[Recommendation 3 Incorporating brief advice in commissioning](#)

[Recommendation 4 Systems to support brief advice](#)

[Recommendation 5 Providing information and training](#)

The Public Health Interventions Advisory Committee (PHIAC) considers that the recommended approaches are cost effective.

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The
University
Of
Sheffield.

The University of Sheffield

ScHARR SCHOOL OF HEALTH AND
RELATED RESEARCH

Physical activity:

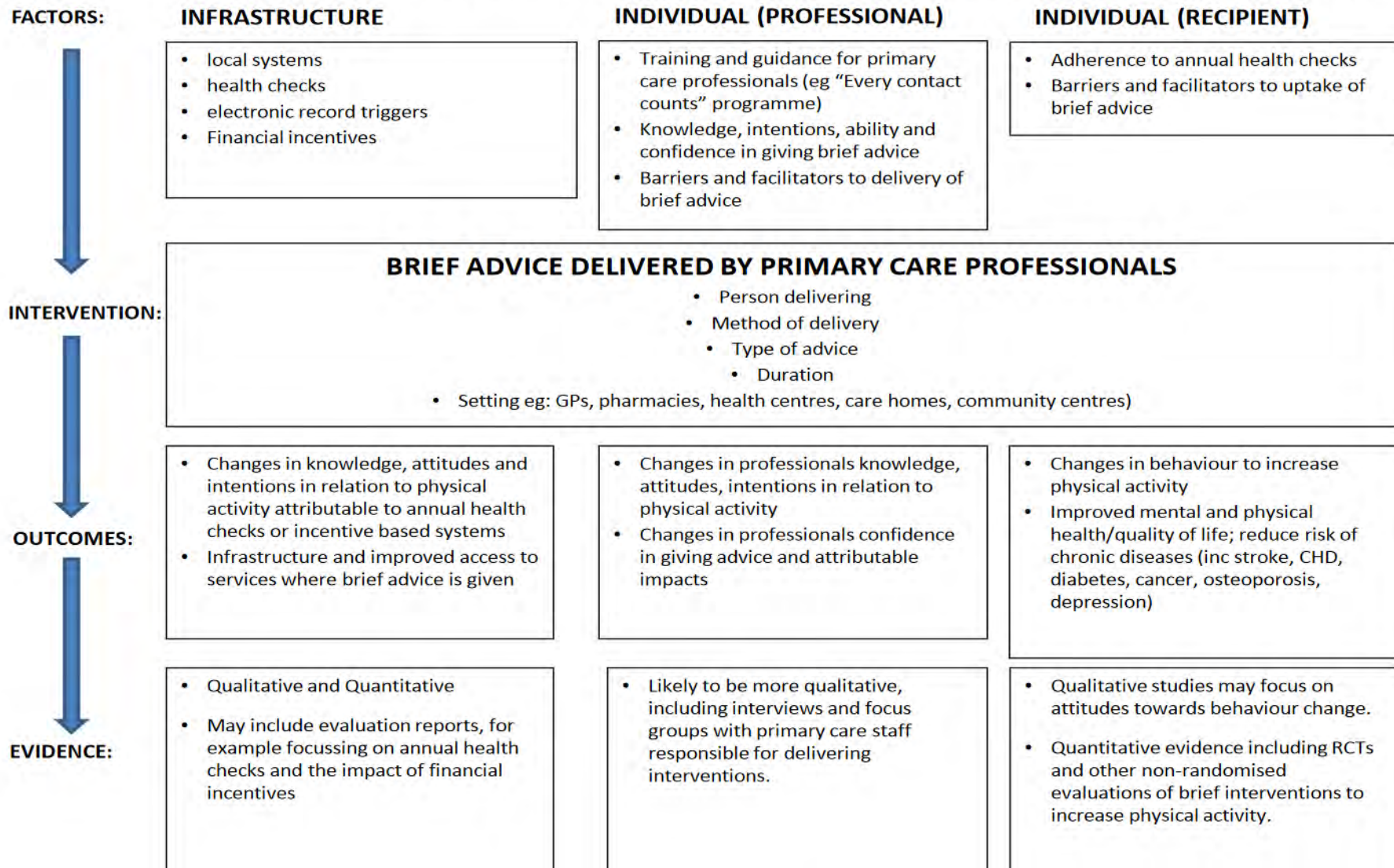
Brief advice for adults in primary care

(National Institute for Health and Clinical Excellence

Public Health Intervention Guidance)

14th November, 2012

Figure 9. A priori logic model for mixed methods evidence review (based on draft guidance scope)



STRUCTURAL/INFRASTRUCTURE

PRACTITIONER

PATIENT

EFFECTIVENESS RESULTS



ES1: Brief advice (compared with usual care) increases self-reported physical activity.
ES2: No significant benefit was found for additional or longer interventions over and above brief advice.
ES5: Insufficient evidence whether interventions of 5-20 minutes more effective than those < 5 minutes.

ES10/ES227: Print materials, incentives and other support resources may influence intervention success – better quality materials may be needed.
ES12/ES29: Lack of time and conflicting priorities key barriers. Time is a proxy for other barriers.
ES23/28: Individual protocols for brief advice interventions can overcome barriers.
ES26: Practitioner training may be most effective where patient knowledge is low.
ES25: Incentives may overcome barriers to delivery/uptake.
ES30: the 'system' the intervention is delivered in can affect both its effectiveness and acceptability.

Brief advice in respect of physical activity in primary care is effective, but most or all of the benefit arises from interventions of moderate duration (5 -20 min). Providing more than brief advice will have cost implications but may have little additional benefit. Giving GPs training in using proven brief advice protocols can overcome barriers such as time and conflicting priorities, especially where patient knowledge of PA benefits is lacking. It is unclear whether providing incentives and support materials increase the acceptability of interventions and better resources may be required. All the structural factors outlined here need to be considered together rather than in isolation to facilitate positive changes in intervention delivery and physical activity uptake.

BARRIERS & FACILITATORS AND BEHAVIOUR CHANGE RESULTS



META SYNTHESIS

ES6/11: Inconclusive evidence for additional benefit in combining brief advice with written materials – better resources may be needed.

The likelihood that brief physical activity advice will be delivered is affected by:
ES8: How the practitioner perceives patient characteristics.
ES9: Perceived likely uptake of advice by the patient.
ES10: Perceived effectiveness of physical activity advice and or/prescribing.
ES13: Practitioner confidence and knowledge about PA.
ES14: Practitioners' activity level.
ES15: Seen as within their remit/role.
ES13: Whether the advice is linked to the presenting condition.
ES22: Physicians' characteristics.

The credibility of the provider, as perceived by the patient and the provider themselves impacts on the effectiveness of brief advice and should be considered in terms of whether an intervention is likely to be successful. Practitioners' self-confidence and knowledge can impact on intervention delivery and therefore uptake of advice.

ES3: No difference in cardio-respiratory fitness as a result of receiving brief advice.
ES4: evidence too limited to draw conclusions with respect to mental health / wellbeing outcomes.
ES24: A limited range of behaviour change models were tested in the interventions. Most common uses Trans-theoretical model/Stage of Change' approaches.
ES7: Brief advice may be less effective amongst economically disadvantaged populations. There is a lack of evidence about what works for sedentary versus the general population.

The likelihood that brief physical activity advice will be acted on is affected by:
ES17: The patient's current activity level.
ES18: Recall and understanding of advice.
ES19: Whether the advice is preventative advice, or linked to a specific condition.
ES20: Awareness of physical activity recommendations.
ES21: If the patient feels listened to.

Further evidence on wellbeing outcomes is needed as well as understanding of what works for sedentary patients versus the general population and for disadvantaged populations. Further understanding of the role of behaviour change models in designing effective interventions should be sought.

Physical activity: brief advice for adults in primary care

NICE guidelines [PH44] Published date: May 2013 [Uptake of this guidance](#)

Overview

Guidance

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7 Summary of the methods used to develop this guidance

8 The evidence

9 Gaps in the evidence

10 Membership of the Public Health Interventions Advisory Committee (PHIAC) and the NICE project team

4 Recommendations for research

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The Public Health Interventions Advisory Committee (PHIAC) recommends that the following research questions should be addressed. It notes that 'effectiveness' in this context relates not only to the size of the effect, but also to cost effectiveness and duration of effect. It also takes into account any harmful/negative side effects.

Where questions relate to the impact on physical activity, ideally this should be measured objectively as well as using self-reporting.

Where relevant, studies to answer the questions below should report the differential effectiveness according to, for example: gender, socioeconomic status, age and disability.

- 4.1 How does the duration and frequency of brief advice influence its effectiveness and cost effectiveness? For example, do 'micro interventions' of less than 1–2 minutes have an impact on physical activity?
- 4.2 What impact does brief advice to promote physical activity have on mental wellbeing?
- 4.3 What impact does the delivery of brief advice by different primary care practitioners – for example, GPs and practice nurses – have on physical activity? For example, is the perceived value of the information greater when provided by a particular primary care practitioner?
- 4.4 How do different types of training help primary care professionals identify people who are inactive and deliver brief advice? What type of training is most effective?

Type 2 diabetes prevention: population and community-level interventions

NICE guidelines [PH35] Published date: May 2011

- Guidance
- Tools and resources
- Evidence
- History

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1 Recommendations

Definitions

Types of intervention

Guiding principles

Whose health will benefit?

Recommendation 1 Integrating national strategy on non-communicable diseases

Recommendation 2 Local joint strategic needs assessments

Recommendation 3 Developing a local strategy

Recommendation 4 Interventions for communities at high risk of type 2 diabetes

Recommendation 5 Conveying messages to the whole population

Recommendation 6 Conveying messages to the local population

Recommendation 7 Promoting a healthy diet: national action

Recommendation 8 Promoting a healthy diet: local action

Recommendation 9 Promoting physical activity: national action

Recommendation 10 Promoting physical activity: local action

Recommendation 11 Training those involved in promoting healthy lifestyles



Weight management: lifestyle services for overweight or obese children and young people

NICE guidelines [PH47] Published date: October 2013

Guidance Tools and resources Evidence History

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Guidance

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Introduction: scope and purpose of this guidance

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What is this guidance about?
Who is this guidance for?

What is this guidance about?

This guidance aims to provide recommendations on **lifestyle weight management services** for overweight and obese children and young people. The recommendations cover:

- planning services
- commissioning programmes

1 Recommendations

Background

Principles of weight management for children and young people

Lifestyle weight management programmes

Whose health will benefit?

Recommendation 1 Planning lifestyle weight management services for children and young people

Recommendation 2 Commissioning lifestyle weight management programmes for children and young people

Recommendation 3 Lifestyle weight management programmes: core components

Recommendation 4 Developing a tailored plan to meet individual needs

Recommendation 5 Encouraging adherence to lifestyle weight management programmes

Recommendation 6 Raising awareness of lifestyle weight management programmes: commissioners and programme providers

Recommendation 7 Raising awareness of lifestyle weight management programmes: health professionals, other professionals and voluntary organisations

Recommendation 8 Formal referrals to lifestyle weight management programmes

Recommendation 9 Providing ongoing support: health professionals

Recommendation 10 Providing ongoing support: lifestyle weight management programmes

Recommendation 11 Lifestyle weight management programme staff: training

Recommendation 12 Lifestyle weight management programme staff: knowledge and skills

Recommendation 13 Training in how to make referrals to a lifestyle weight management programme

Recommendation 14 Supporting lifestyle weight management programme staff and those making programme referrals

Recommendation 15 Monitoring and evaluating programmes

- Ensure all [lifestyle weight management programmes](#) for overweight and obese children and young people are multi-component. They should focus on:
 - diet and healthy eating habits
 - [physical activity](#)
 - reducing the amount of time spent being [sedentary](#)
 - strategies for changing the behaviour of the child or young person and all close family members.
- Ensure the following core components, developed with the input of a multidisciplinary team (see [recommendation 2](#)) are included:
 - [Behaviour-change techniques](#) to increase motivation and confidence in the ability to change. This includes strategies to help the family identify how changes can be implemented and sustained at home.
 - [Positive parenting skills training](#), including problem-solving skills, to support changes in behaviour.
 - ~~An emphasis on the importance of encouraging all family members to eat healthily and to be physically active, regardless of their weight.~~
 - A tailored plan to meet individual needs, appropriate to the child or young person's age, gender, ethnicity, cultural background, economic and family circumstances, any special needs and how obese or overweight they are. This should include helping them and their family to set goals, monitor progress against them and provide feedback (see [recommendation 4](#)).
 - Information and help to master skills in, for example, how to interpret nutritional labelling and how to modify culturally appropriate recipes on a budget.
 - Help to identify opportunities to become less sedentary and to build physical activity into their daily life (for example, by walking to school and through active play).
 - A range of physical activities (such as games, dancing and aerobics) that the children or young people enjoy and that can help them gradually become more active.
 - Information for family members who may not attend the programme itself to explain the programme's aims and objectives and how they can provide support.
 - Ongoing support and follow-up for participants who have completed the programme.

Type 2 diabetes prevention: population and community-level interventions

NICE guidelines [PH35] Published date: May 2011

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Appendix A: Membership of the Programme Development Group (PDG), the NICE project team and external contractors

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Appendix B: Summary of the

Guidance

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5 Recommendations for research



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The Programme Development Group (PDG) recommends that the following research questions should be addressed. It notes that 'effectiveness' in this context relates not only to the size of the effect, but also to cost effectiveness and duration of effect. It also takes into account any harmful/negative side effects.

1. How effective and cost effective are interventions which use either a 'total population' or 'high-risk population' approach to preventing type 2 diabetes among people from black and minority ethnic or lower socioeconomic groups?
2. What are the most effective and cost effective ways of developing, implementing and assessing tailored and culturally appropriate community-level interventions to prevent type 2 diabetes among people at high risk? This includes people from a range of black and minority ethnic groups and those from lower socioeconomic communities.
3. Which participatory approaches are most effective and cost effective among populations at higher risk of type 2 diabetes? This should consider the awareness, knowledge, understanding and skills of the providers of interventions for people at high risk of developing type 2 diabetes?
4. How do socioeconomic, environmental, biological and psychosocial factors determine diet and physical activity behaviours and how do they contribute to differences in the risk of developing type 2 diabetes?
5. How do financial factors (including incentives, pricing and taxation of food and incentives, and pricing for physical activity opportunities) affect food and physical activity choices?

More detail on the gaps in the evidence identified during development of this guidance is provided in [appendix D](#).

Promoting physical activity in the workplace

Implementing NICE guidance

2008

NICE public health guidance 13



1

Recommendations

- Policy and planning
- Physical activity programme
- Supporting employers



2

The physical activity programme (1)

The programme could include:

- flexible working policies
 - policies to encourage walking, cycling or the use of other transport involving physical activity
 - dissemination of information, for example, on local opportunities to be physically active
 - ongoing advice and support
- 23 confidential, independent health checks

The physical activity programme (2)

The programme should:

- encourage employees to walk, cycle or use other forms of transport involving physical activity to travel to and from work
- help employees to be physically active during their working day
- Encourage employees to set physical activity goals
- take account of the nature of the work and any health and safety issues

Physical Activity

+ [Behavioral and Social Approaches](#)

+ [Campaigns and Informational Approaches](#)

+ [Environmental and Policy Approaches](#)


[Publications](#)

Increasing Physical Activity



Studies show that regular physical activity reduces the risk for depression, diabetes, heart disease, high blood pressure, obesity, stroke, and certain kinds of cancer. Yet, the [2008 Physical Activity Guidelines Advisory Committee](#) ^{PDF} notes that data from various national surveillance programs consistently show most adults and youth in the U.S. do not meet current physical activity recommendations, e.g., 45% to 50% of adults and 35.8% of high school students say they get the recommended amounts of moderate to vigorous physical activity.

How much physical activity is enough to impact health? The [2008 Physical Activity Guidelines for Americans](#) ^{PDF} provides science-based [recommendations for population subgroups](#), ^{PDF} including:

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Partners

Informational Approaches to Increasing Physical Activity

RECOMMENDED INTERVENTIONS

Community-Wide Campaigns 83

Point-of-Decision Prompts 86

INSUFFICIENT EVIDENCE TO DETERMINE EFFECTIVENESS OF THE INTERVENTION*

Mass Media Campaigns 88

Classroom-Based Health Education Focused on Providing Information 89

Behavioral and Social Approaches to Increasing Physical Activity

RECOMMENDED INTERVENTIONS

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College-Based Health Education and Physical Education 96

Classroom-Based Health Education Focused on Reducing Television Viewing and Video Game Playing 97

Family-Based Social Support 98

Environmental and Policy Approaches to Increasing Physical Activity

RECOMMENDED INTERVENTIONS

Creation of or Enhanced Access to Places for Physical Activity Combined with Informational Outreach Activities 100

Point-of-Decision Prompts 102

Conclusion du Community Guide

What works: increasing physical activity

Legend for Task Force Findings:



Recommended



Insufficient Evidence



Recommended Against

(See reverse for detailed descriptions.)

INTERVENTION	TASK FORCE FINDING
Campaigns and informational approaches	
Community-wide campaigns	
Stand-alone mass media campaigns	
Classroom-based health education focused on providing information	
Behavioral and social approaches	
Individually adapted health behavior change programs	
Social support interventions in community settings	
Family-based social support	
Enhanced school-based physical education	
College-based physical education and health education	
Classroom-based health education to reduce TV viewing and video game playing	
Environmental and policy approaches	
Community-scale urban design and land use policies	
Creation of or enhanced access to places for physical activity combined with informational outreach activities	
Street-scale urban design and land use policies	
Transportation and travel policies and practices	






WHAT WORKS




Obesity Prevention and Control

Evidence-Based Interventions for Your Community

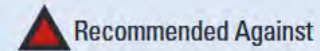
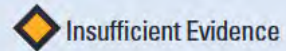
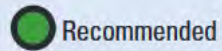
TASK FORCE FINDINGS ON OBESITY

The Community Preventive Services Task Force (Task Force) has released the following findings on what works in public health to control overweight and obesity. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify intervention strategies you could use for your community.

Legend for Task Force Findings:  Recommended  Insufficient Evidence  Recommended Against (See reverse for detailed descriptions.)

INTERVENTION	TASK FORCE FINDING
Provider-Oriented Interventions	
Provider education	
Provider feedback	
Provider reminders	

Legend for Task Force Findings:



(See reverse for detailed description)

INTERVENTION	TASK FORCE FINDING
Provider-Oriented Interventions	
Provider education	Insufficient Evidence
Provider feedback	Insufficient Evidence
Provider reminders	Insufficient Evidence
Provider education with a client intervention	Insufficient Evidence
Multicomponent provider interventions	Insufficient Evidence
Multicomponent provider interventions with client interventions	Insufficient Evidence
Interventions in Community Settings	
Interventions to reduce screen time	
Behavioral interventions to reduce screen time	Recommended
Mass media interventions to reduce screen time	Insufficient Evidence
Technology-supported interventions	
Multicomponent coaching or counseling interventions to reduce weight	Recommended
Multicomponent coaching or counseling interventions to maintain weight loss	Recommended
Interventions in specific settings	
Worksite programs	Recommended
School-based programs	Insufficient Evidence



Groupe d'étude canadien sur
les soins de santé préventifs

RECHERCHE



À propos du GECSSP Lignes directrices du GECSSP Lignes directrices évaluées Méthodologie Ressources Actualités

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SOLLICITE VOTRE AIDE POUR DÉSIGNER LES CANDIDATS POTENTIELS AUX POSTES DE PRÉSIDENT ET DE VICE-PRÉSIDENT DU GROUPE D'ÉTUDE CANADIEN SUR LES SOINS DE SANTÉ PRÉVENTIFS (GECSSP)

29 MARS, 2016

Madame, Monsieur,

Par la présente, je sollicite votre aide pour désigner les candidats potentiels aux postes de président et de vice-président du Groupe d'étude canadien sur les soins de santé préventifs (GECSSP) [www.canadiantaskforce.ca]

(@ <http://canadiantaskforce.ca/?lang=fr-CA>).

[Poursuivre la lecture](#)

Lignes directrices

Examen pelvien	Retard du développement	Cancer du poumon
Cancer colorectal	Déficiences Cognitives	Obésité juvénile
Obésité adulte	Cancer de la prostate	Dépression
Cancer du col de l'utérus	Hypertension artérielle	Diabète de type 2
Cancer du sein		

LIGNES DIRECTRICES EN COURS D'ÉLABORATION

Hépatite C	Tabagisme chez les enfants et les adolescents	Anévrisme aortique abdominal
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LIGNES DIRECTRICES ÉVALUÉES

Recommendations for prevention of weight gain and use of behavioural and pharmacologic interventions to manage overweight and obesity in adults in primary care

Canadian Task Force on Preventive Health Care*

See also *CMAJ Open* research articles, www.cmajopen.ca/content/2/4/E268 and www.cmajopen.ca/content/2/4/E306

Competing interests: See end of article.

This article has been peer reviewed.

*The complete list of authors appears at the end of the article. The complete list of current members of the Canadian Task Force on Preventive Health Care is

The prevalence of obesity in adults has increased worldwide and has almost doubled in Canada, from 14% in 1978/79¹ to 26% in 2009–2011,² with 2% of men and 5% of women having a body mass index (BMI) score greater than 40 (Appendix 1, available at www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.140887/-/DC1).³ Over two-thirds of Canadian men (67%) and more than half of Canadian women (54%) are

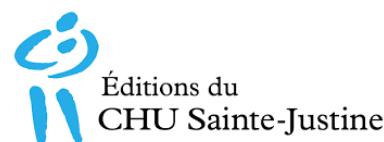
problems develop in middle age. However, this overall mean increase masks substantial variation in the population, and some people remain weight stable over long periods, whereas others experience substantial gains and losses. Currently, we cannot predict future health effects of weight gain over the life course.

The causes of obesity are complex. Although excess adiposity is ultimately the result of an imbal-

Ces ressources sont inestimables-

- Exemple de l'expertise à l'*Institut national de santé publique du Québec* : <http://www.inspq.qc.ca/expertises>
- Exemple de l'*Institut national d'excellence en santé et services sociaux* <http://www.inesss.qc.ca/>
- Exemple du *portail canadien des pratiques exemplaires au Canada* <http://cbpp-pcpe.phac-aspc.gc.ca/fr/>
- Exemple du *National Institute for Health and Care Excellence* au Royaume-Uni : <https://www.nice.org.uk/>
- Exemple du *Guide to Community Preventive Services – What works to promote health* aux États-Unis : <http://www.thecommunityguide.org/>

La mise en oeuvre des stratégies prometteuses en promotion des saines habitudes de vie doit être contextualisées afin de tenir compte des besoins et préférences de populations spécifiques et des caractéristiques des milieux d'intervention..... Mettons a profit les guides et standards existants dans le NICE et le Guide



Messages

- Innovation et créativité est valorisée mais inutile de ré-inventer la roue: consultez les ressources sur les interventions démontrées efficaces
- La validité interne y est, mais il faut plus d'études sur la validité *externe* (comment adapter les interventions a différents contextes ou milieux et pour différentes populations?)

www.cmdo.ca/devenir-membre



Carrière



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DEVENIR MEMBRE

Le Réseau CMDO du FRQS serait heureux de vous compter parmi ses membres.

Notre Réseau vise à développer la recherche en santé cardiométabolique, le diabète et l'obésité, d'en transmettre le savoir et d'en valoriser les connaissances pour promouvoir la santé et la qualité de vie des Québécoises et des Québécois.

Dans le cas où vous voudriez vous joindre à nous, voici les documents demandés afin de compléter l'inscription au Réseau (Voir plus bas pour communiquer vos documents) :

1. Une lettre d'intention (format PDF), adressée au directeur du Réseau, indiquant: