

UNTIDieR project summary

Inadequate descriptions of interventions in reports of evaluation studies are a major source of waste in health research (Glasziou, Altman et al. 2014). The UNTIDieR project aims to adapt the Template for Intervention Description and Replication (TIDieR) (Hoffmann, Glasziou et al. 2014) to develop a checklist for reporting public health, health systems and social and environmental policy interventions with potential to affect population health. Many have characteristics which do not fit well within the existing TIDieR framework, but which are important factors in influencing the implementation and success of such interventions.

TIDieR is designed to capture details of interventions to enable clarity of reporting, and thus improved replication for the purposes of further evaluation and/or implementation of those interventions. TIDieR is well suited to interventions delivered by therapists or other healthcare providers directly to patients, either individually or in small groups, where future replication can be achieved with a high degree of fidelity if adequate description of the components of the intervention and its delivery are provided.

UNTIDieR intends to cover interventions such as tobacco or alcohol regulation, food and beverage taxes, health service reorganisation, changes in welfare systems, and housing and neighbourhood improvement schemes. The details of the design and implementation of many such interventions have been shown to have a substantial impact on population health outcomes. For many of these interventions, as with one-to-one interventions, context is important but may need to be addressed in a different way. Such interventions may involve a mixture of material benefits (in cash or in kind), sanctions or other enforcement measures that are not well-captured by the concept of 'dose'. In the case of natural experiments, control of the intervention is not held by the investigator, and there may be very extensive variation in implementation. Furthermore, social and public health interventions, such as large-scale infrastructure projects or national legislation are unlikely to be directly replicated in other settings or jurisdictions. Instead, a precise description of the intervention is required to enable other investigators and policymakers to interpret the evidence about the effectiveness of the intervention to fit the specifics of their particular situation. For systematic reviews, these details enable identification and consistent classification of comparable intervention studies.

These issues emphasise the importance of the checklist capturing the 'active ingredients' of social and public health interventions, and the key sources of variability in implementation and impact. As with clinical interventions, improved reporting of intervention characteristics should allow an improved understanding of the mechanisms by which an intervention works, how and why its impacts vary, and greater insight into what works for whom, in what circumstances and why.

A working group has been established. The group will examine case studies of social or public health intervention studies, selected to identify TIDieR items that require adaptation, plus any new items needed to facilitate clear reporting of public health interventions. The results will be used in a modified Delphi exercise to consult on content to be included in the checklist, followed by a consensus meeting to establish agreement. The UNTIDieR template will be piloted, and then published in conjunction with an explanation and elaboration paper.

Glasziou, P., D. G. Altman, P. Bossuyt, I. Boutron, M. Clarke, S. Julious, S. Michie, D. Moher and E. Wager (2014). "Reducing waste from incomplete or unusable reports of biomedical research." The Lancet **383**(9913): 267-276.

Hoffmann, T. C., P. P. Glasziou, I. Boutron, R. Milne, R. Perera, D. Moher, D. G. Altman, V. Barbour, H. Macdonald, M. Johnston, S. E. Lamb, M. Dixon-Woods, P. McCulloch, J. C. Wyatt, A.-W. Chan and S. Michie (2014). "Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide." BMJ **348**.