

Meeting Report

Evaluation of concordance/compliance with cancer-prevention dietary and lifestyle goals. Examining ways to assess the compliance/concordance in populations: Summary of Working Group 2

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Summary of Group 2

Working Group 2 consisted of 11 people from Australia, Scotland, Malaysia, Venezuela, Spain, USA, Finland, Scotland, Guatemala, Brazil and Mexico. They came from various professional backgrounds, with experience on community-based dietary pattern evaluations.

The Group discussed the need to evaluate every program's impact before making or suggesting any changes. In order to establish if any guidelines, goals or recommendations aimed at improving dietary habits and lifestyle behaviour patterns are being understood and utilized by the population to which they are directed, they should have some kind of evaluation. The evaluation should take into account the cultural context of the target population and in specific cases be able to divide populations based on their risks.

The need to identify the appropriate way to evaluate the effect of food-based recommendations is evident in the number of indexes that have been developed around the world, such as the Healthy Eating Index in the United States, others in Europe as well as publications from various research groups. When we look at the various attempts from researchers to evaluate adherence to, concordance with or compliance with, the various guidelines for prevention of diverse diseases, it can be concluded that evaluation is a must.

The evaluation process should be set at three stages. The first one or baseline should be Concordance, defined as the degree with which a population reflects the guidelines in a natural form, with the objective of determining which guidelines need reinforcement or change. The second stage would imply evaluation of Knowledge, that is to determine the presence of the guidelines in the population, with the objective to identify what is influencing their choices and if this area can be improved. And the third stage would be to evaluate Compliance, where the actions of the population are actually reflecting their knowledge and the objective would be to determine if the population is actually following the guidelines.

These three stages of the evaluation process could be thought of as short and mid-term, while the fourth and ultimate stage could be the long-term effect as evaluated

by morbidity and mortality outcomes. Some mid-term evaluations could also be made in order to identify possible modifications to the guidelines.

Knowledge of the guidelines needs an instrument that should take into account the cultural background and the educational level of the target population. Compliance and concordance could be evaluated by the same instrument in a before-after design that would include the development of a weighed score with prioritization of the guidelines, this score could, and probably should, be developed regionally.

Instrument for the evaluation of concordance/compliance

Dietary study:

semiquantitative based on portion sizes FFQ (face-to-face, mail)

- one past year
- various one month (twice a year)

Portion sizes:

- photographs of food portions
- portion sizes: small, medium, large

Water as part of the frequency

- different fluids
- water

Physical activity:

- quantitative
- dependent of age
- specific questions on:
 - transportation
 - work
 - recreation

Weight:

- weigh and measure
- Self-Report
- specific questions on weight changes

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Alcohol:

yes/no
included in the frequency
specific occasions
may get unreal data depending on the populations

Tobacco:

yes on specific time lapses/no

Pesticides:

questions about washing/type (organic or not) of fruits and
vegetables
not measurable on an individual level
policy issue
use of pesticides in home grown

Salt:

only from sodium included in the food tables
use of salt at the table and cooking very difficult

Storage and conservation:

refrigeration and its use
specific questions

Cooking:

specific questions on temperature
preparation forms

Dietary supplements:

yes/no
reason for use of supplements.