



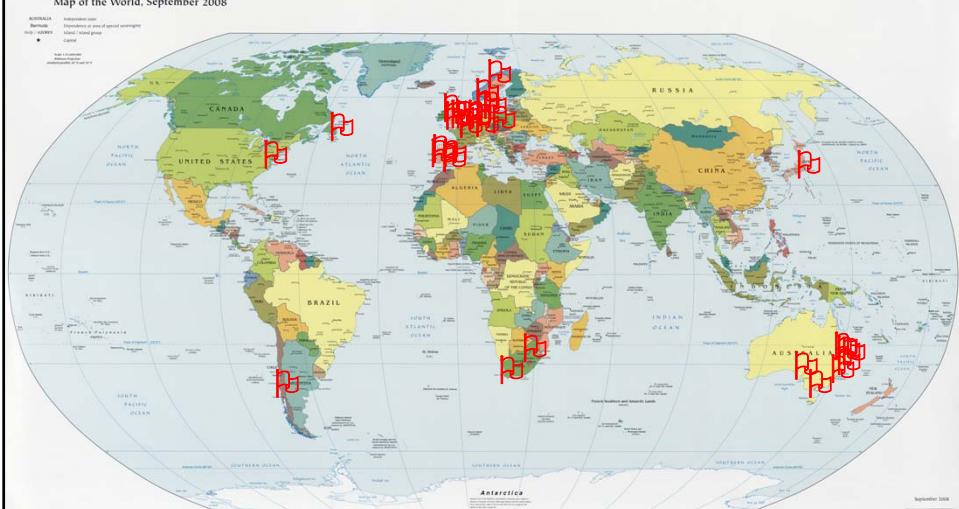
## Using existing data for a better future. *Opportunities and challenges of harmonising activity data*

**Esther van Sluijs, on behalf of the organising committee**

#ispahDataCam18

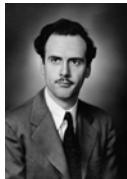
MRC Epidemiology Unit

Map of the World, September 2008



MRC Epidemiology Unit

## Welcome to Trinity Hall College



MRC | Medical Research Council

## Data harmonisation

Oxford Dictionary of English

Data:

Facts and statistics collected together for reference or analysis

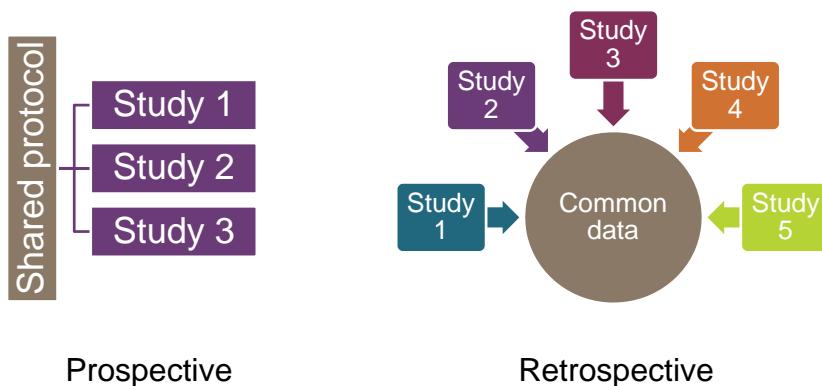
To harmonise:

1. To add notes to (a melody) to produce harmony.
2. Produce a pleasing visual combination.
3. Make consistent or compatible.

MRC Epidemiology Unit

#ispahDataCam18

## Prospective vs. retrospective data harmonisation



MRC Epidemiology Unit

#ispahDataCam18

## Advantages of retrospective data harmonisation

- Enables co-analysis of data that was acquired
  - Using diverse methods
  - In diverse settings or populations.
- Combining data in this way can provide:
  - Greater heterogeneity
  - Fair comparison between countries
  - Increased statistical power to investigate weak or complex associations, or in subgroups
  - Extended scientific impact relative to individual study analyses
  - Opportunity to study influence of context or national policy

MRC Epidemiology Unit

#ispahDataCam18

## Key challenge of data harmonisation

### Satisfactory harmonisation

Inferential equivalence

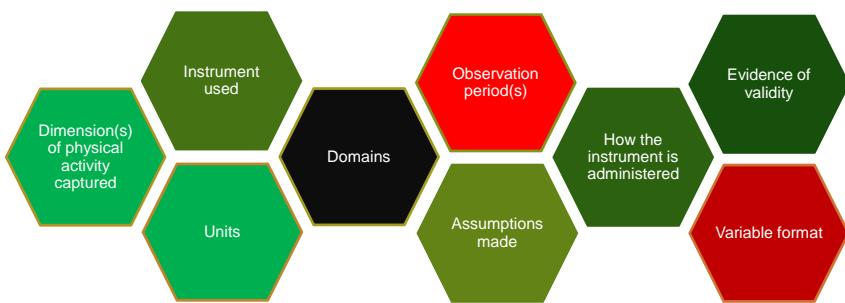
### Include multiple sources



MRC Epidemiology Unit

#ispahDataCam18

## Assessing harmonisation potential: meta-data



Important to not only record meta-data, but also to consider which aspects of the method affect **inferential equivalence**

MRC Epidemiology Unit

#ispahDataCam18

**It is possible and impactful...**



**Moderate to Vigorous Physical Activity and Sedentary Time and Cardiometabolic Risk Factors in Children and Adolescents**

**RESEARCH** **Open Access**

**Daylight saving time as a potential public health intervention: an observational study of evening daylight and objectively-measured physical activity among 23,000 children from 9 countries**

**Physical activity intensity, bout-duration, and cardiometabolic risk markers in children and adolescents**

**Including for surveillance...**

**Women**

**Men**

**Guthold et al, Lancet 2018** **#ispahDataCam18**

...but it is also challenging

The image displays two academic article abstracts side-by-side, enclosed in a light gray border.

**BMJ Open** Identifying and sharing data for secondary data analysis of physical activity, sedentary behaviour and their determinants across the life course in Europe: general principles and an example from DEDIPAC

Jeroen Lakerveld,<sup>1</sup> Anne Loijen,<sup>1</sup> Fiona Chun Man Ling,<sup>2,3,4</sup> Marieke De Craemer,<sup>5</sup> Hidde P van der Ploeg,<sup>6</sup> Donal J O'Gorman,<sup>7</sup> Angela Carlin,<sup>2</sup> Laura Caprinica,<sup>8</sup> Joeri Kalter,<sup>1</sup> Jean-Michel Oppert,<sup>9</sup> Sebastian Chastin,<sup>10</sup> Greet Cardon,<sup>5</sup> Johannes Brug,<sup>1,11</sup> Ciaran MacDonagh<sup>1\*</sup>

Rumbold and Piercione BMJ Medical Ethics (2017) 18:27  
DOI 10.1136/bmjjournals.12910-017-0184-y

**BMC Medical Ethics**

**DEBATE**

A critique of the regulation of data science in healthcare research in the European Union

John M. M. Rumbold<sup>1</sup> and Barbara K. Piercione<sup>2\*</sup>

MRC Epidemiology Unit      *Lakerveld et al, BMJ Open 2017; Rumbold & Piercione, BMC Med Eth 2017*      #ispahDataCam18

## ISPAH Data harmonisation satellite

### Objective:

- To create a platform for discussions around retrospective harmonisation of activity data globally.

### Aims:

- To introduce the research community to the value of, and need for, activity data harmonisation.
- To create an understanding of the opportunities and challenges through sharing best practice.
- To enable networking between those interested in activity data harmonisation.
- To discuss future opportunities.

## Programme for today

9.00	<i>Refreshments and registration</i>
9.30	Welcome
9.45	Introduction (context and rationale) (WHO) (Fiona Bull)
10.15	Objectively-measured PA data (Ulf Ekelund)
11.00	<i>Break with refreshments</i>
11.15	Reported PA data (Andy Atkin)
12.00	Area-level PA data (Rahul Goel)
12.30	<i>Lunch followed by guided walking tour Cambridge City Centre (tours leave 13.00)</i>
14.15	Methodological challenges and potential solutions (Soren Brage)
15.00	Legal, ethical, and governance challenges and potential solutions (Esther van Sluijs)
15.30	<i>Break with refreshments</i>
16.00	New ways to collaborate - federated analysis (Tom Bishop)
16.45	Plenary discussion & summary
17.30	Close
19.00	<i>Optional dinner in Cambridge</i>

MRC Epidemiology Unit

#ispahDataCam18