

teer as a peer reviewer, and I'll still encourage colleagues and students to read important articles (including news). But I'm keeping a wary eye out for what happens next.

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Minimal important difference is important

Johnston and colleagues¹ recently reported that participants poorly understood minimal important difference (MID) compared with other formats for treatment effect estimates. I believe understanding would have been improved if the mathematical definition were accompanied with a concrete example, such as “2 MID units means the effect is twice the size of what an average person would consider important.”

Also, a “correct” answer meant participants agreed with the authors’ value judgments about whether the effect magnitude (e.g., 0.6 MID, 0.2 standardized mean difference) is trivial and probably not important, or small and probably important. Only the MID provides information about importance (≥ 1 is important, < 1 is unimportant); interpreting all other estimates requires information and assumptions not provided. Even for MID, the probability that the true effect is ≥ 1 MID when the estimate from the population average equals 0.6 MID requires Bayesian credible intervals. The probability that some participants might benefit requires knowledge of the standard deviation

(SD) of the treatment responses (assuming normality). If the SD equals 0.1 MID, no patients had a response of ≥ 1 MID. If the SD equals 0.2, 2.5% of patients had a response of 1 MID. Even then, considering 2.5% as probably not v. probably important, and whether small is 1 MID or 1.5 MID, is a value judgment rather than correct or incorrect. Similar arguments are applicable for the other measures.

To help move the field forward, the authors might consider definitions that require less numerical literacy and give a better differentiation between “value judgments” and “correct responses.”

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Legacy of international sporting events

Great article on the health legacy of hosting international sporting events; well done.¹ In 2010, we argued that there was very little evidence that international sporting events leave a legacy of increasing participation.² We suggested that nations bidding for international events should be encouraged to promote physical activity and sports participation before the event and that various public health indicators should become part of the standard criteria for awarding these events.

In other words, perhaps the cities and countries bidding for a major event should be judged on what they have already done with respect to physical activity and public health at the time of the bid. It is ridiculously easy for a bid team to cut and paste a template of “promising a legacy of improved physical activity if we win blah blah blah.” Future governments don’t get bound by this promise, and

the organizer of the event doesn’t ever assess this promise on whether it gets delivered — once you have “won” the bid, your only delivery is the infrastructure and the event itself, not the legacy promise. However, if one had to act in advance in order to win a bid, then governments would be much more likely to actually take action — for example: “We will need to build many new cycle paths in our city because we could be bidding for this event against Amsterdam, a city that will no doubt try to highlight its great record in this area.” “We will need to fund a sports and exercise medicine centre of research because we could be bidding for this event against Doha, which will no doubt highlight its great track record here.”

The other argument for judging on achievements rather than promises is that it is far more objective. Because future promises are subjective, it becomes more likely that corruption can influence the outcome of an event bid. An objective scoring system based on outcomes achieved would be a great defence against corruption. One simply couldn’t bribe an assessment team to record the presence of more cycle paths than Amsterdam if it wasn’t true.

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