

# Evidence Synthesis Ireland Fellowship Scheme 2019

# Review Identification Form

In order to help us advertise your review and select an appropriate fellow, please complete the following:

**Review Centre/Group Mentor (RCM) and email address** *– please identify who will act as lead contact and mentor for the fellow and provide email contact address*

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| Cochrane Public Health/ Associate Professor Luke Wolfenden |

**Review title** *– please provide the review title*

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| Strategies for enhancing the implementation of school‐based policies or practices targeting risk factors for chronic disease |

**Review type** *– please identify the type of review in question e.g. qualitative synthesis, Cochrane review of effectiveness, rapid review*

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| Cochrane Review of effectiveness- an update |

**Review details***– please identify the topic of the review and a very brief background, objectives and PICO (or other question format details) of the review. Please also include current status of review (e.g. protocol on PROSPERO, searches started etc.)*

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| A number of school‐based policies or practices have been found to be effective in improving child diet and physical activity, and preventing excessive weight gain, tobacco or harmful alcohol use. Schools, however, frequently fail to implement such evidence‐based interventions. A previous review, led by the listed mentor, concluded that there is limited, low quality evidence, resulting in uncertainty as to whether strategies tested improve implementation of the targeted school‐based policies or practices, student health behaviours, or the knowledge or attitudes of school staff. Too, it was unclear if strategies to improve implementation are cost‐effective or if they result in unintended adverse consequences. The review concluded that further research was required to guide efforts to facilitate the translation of evidence into practice in this setting. The proposed review in this application would be an update to this previously published Cochrane systematic review.Aims: The review will seek to update the evidence on how effective strategies will be in supporting the implementation of school‐based policies and practices to address student diet, physical activity, excessive weight gain, tobacco or alcohol use. Additionally, we will seek to update if identified strategies will lead to improvements in student health behaviours or weight status, enhanced school staff attitudes or knowledge regarding implementation, had any adverse effects, and were cost‐effective.Participants: Study participants could be any stakeholders who may influence the uptake, implementation or sustainability of the target health‐promoting policy, practice or program in schools, including teachers, managers, cooks or other staff of schools and education departments. Study participants may also include administrators, officials or representatives of school services, or other health, education, government or non‐government personnel responsible for encouraging or enforcing the implementation of health promoting programs, policies or practices in schools. Studies or arms of trials assessing implementation performed by research staff will be excluded.Intervention: Studies will be included if they compared school‐based strategies with the intention of improving the implementation of health‐promoting policies, programs or practices for physical activity, healthy eating, obesity prevention, tobacco use prevention or alcohol use prevention to either 1) other implementation strategies, 2) no implementation strategy or 3) 'usual' practice.To be eligible for inclusion, studies will need to include strategies to improve implementation by those involved in the delivery, uptake or use of policies, programs or practices in schools. Strategies could include quality improvement initiatives, education and training, performance feedback, prompts and reminders, implementation resources (e.g. manuals), financial incentives, penalties, communication and social marketing strategies, professional networking, the use of opinion leaders, implementation consensus processes or other strategies. Strategies could be singular or multi‐component and could be directed at individuals, classes or whole schools.Control: Any study which includes a parallel control group in their trial design will be included (e.g. randomise controlled trial (RCTs), cluster RCTs, quasi-RCTs and cluster quasi-RCTs, controlled before and after studies (CBAs) and cluster (CBAs). Therefore intervention groups will be compared to 1) another implementation strategies, 2) no implementation strategy or 3) 'usual' practice.Outcome: The primary outcome will be any objectively or subjectively (self‐reported) measure of school policy, program or practice implementation. Measures relating to successful implementation including uptake, partial/complete uptake (e.g. consistent with protocol/design), or routine use will be included. Such data may be obtained from audits of school records, questionnaires or surveys of staff, direct observation or recordings, examination of routinely collected information from government departments (such as compliance with food standards or breaches of department regulations) or other sources.Secondary outcome measures will only be extracted for measures corresponding to implementation outcomes. For example, in a trial of an intervention targeting physical activity and healthy eating, but where an implementation strategy and implementation outcome data were only reported for healthy eating policies or practices, only data on secondary trial outcomes only related to diet (foods or beverages consumed by students or student BMI) were extracted. Secondary outcomes could be measured objectively or subjectively (self‐reported).Current status: This review is an update to a currently published review (<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011677.pub2/full>). The update is currently underway, with the search terms finalised and the search has been completed. |

**Review current status** *– please indicate current status of review (e.g. protocol on PROSPERO, searches started etc.)*

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| This review will be an update to an already published Cochrane review. We have undertaken a quick scoping to identify if there are any new potentially eligible studies are identified. Following this, we have now formally executed the updated search. Screening and data extraction is yet to commence. |

**Any specific/desirable requirements for fellow (e.g. clinical expertise, methodological expertise)**

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| The work being undertaken is best suited to fellows with an interest in public health and research translation. We are assuming the fellow has a basic knowledge of research design and methods however no specific systematic review experience is necessary. As part of the placement the fellow will receive training in systematic review methods. |

**Estimated start and completion dates\*** *– please provide an estimated time for start and completion of the review*

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| Start- August 2019 End- August 2020 (we estimated completion of the review within 12 months). |

\*Please note that reviews must not have completed screening stages to be eligible