



Ways to scale interventions in the community

The project: The effectiveness of strategies to scale the implementation of community chronic disease interventions

Project lead: Associate Professor Luke Wolfenden, University of Newcastle

Project start: April 2016 **Project end:** December 2017

Key messages

- Implementing interventions at population level ('at scale') is recommended internationally to maximise their benefits.
- Community settings such as childcare services, schools, workplaces or sporting clubs – the places with access to large numbers of children or adults – provide valuable opportunities for scaling up interventions.
- However, prevention strategies are not being implemented systematically in these settings.
- This study provides the first comprehensive evidence synthesis in Australia aiming to guide policy makers in strategies to use when scaling up interventions in the community.
- We found implementation strategies can work, but there is considerable heterogeneity in their impact.
- Overall, the effects of implementation strategies are modest.
- Researchers are often not using implementation theory or frameworks.
- The evidence base is still developing: there is no 'recipe' for how to scale up interventions in community settings in Australia.
- Best practice for now is to understand the barriers to implementation and select implementation strategies that specifically address those barriers.
- Co-production is a good way of ensuring implementation is feasible in community settings.



Why is this issue important?

For health promotion activities to be effective, they need to be implemented at population level ('at scale').^{1,2} However, there is still little evidence in Australia on strategies for scaling up initiatives successfully.³

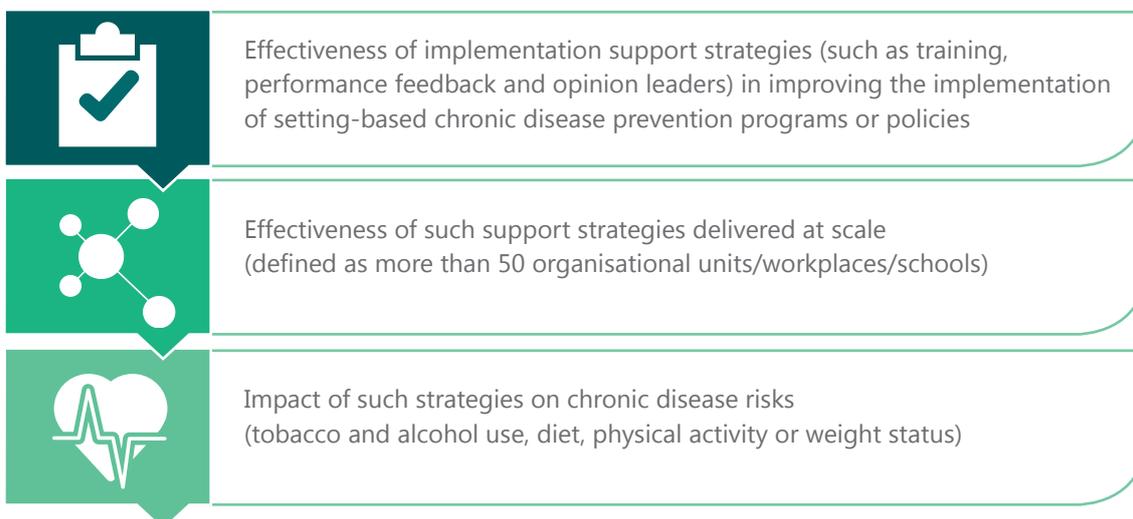
Key community settings such as childcare services, schools, workplaces or sporting clubs offer attractive opportunities to scale up prevention strategies because they reach a lot of people. But although research has identified numerous policies and programs that may potentially improve population health, these are not being implemented in these settings.⁴

Previously there was little information for policy makers on how to implement interventions at scale in community settings. This seminal study consolidated the evidence base for the first time.

What did we do?

We conducted a series of systematic reviews of trials assessing the impact of strategies to implement policies, practices or programs targeting smoking, nutrition, alcohol, physical activity or obesity, implemented in childcare services, schools, workplaces and sporting clubs.

We studied the:



This inclusive review included studies that did not primarily seek to test impact of an implementation strategy.

What did we find?

There were relatively few trials into scaling up in community settings, and those that existed were of limited quality and underpowered.

We found evidence that implementation strategies can work, but there is considerable heterogeneity in their impact. Overall, the effects of implementation strategies are modest.

In many cases, researchers had not considered how to feasibly implement their intervention, or they had not used implementation theory or frameworks.

What did we produce?

Three reviews published by the Cochrane Collaboration:

Wolfenden L, Nathan NK, Sutherland R, Yoong SL, Hodder RK, Wyse RJ, Delaney T, Grady A, Fielding A, Tzelepis F, Clinton-McHarg T, Parmenter B, Butler P, Wiggers J, Bauman A, Milat A, Booth D, Williams CM. Strategies for enhancing the implementation of school-based policies or practices targeting risk factors for chronic disease. *Cochrane Database of Systematic Reviews* 2017, Issue 11. Art. No.: CD011677. doi: 10.1002/14651858.CD011677.pub2

Wolfenden L, Jones J, Williams CM, Finch M, Wyse RJ, Kingsland M, Tzelepis F, Wiggers J, Williams AJ, Seward K, Small T, Welch V, Booth D, Yoong SL. Strategies to improve the implementation of healthy eating, physical activity and obesity prevention policies, practices or programmes within childcare services. *Cochrane Database of Systematic Reviews* 2016, Issue 10. Art. No.: CD011779. doi: 10.1002/14651858.CD011779.pub2

Wolfenden L, Regan T, Williams CM, Wiggers J, Kingsland M, Milat A, Rissel C, Bauman A, Booth D, Farrell MM, Légaré F, Zomahoun HTV, Parmenter B, Ben Charif A, Yoong SL. Strategies to improve the implementation of workplace-based policies or practices targeting tobacco, alcohol, diet, physical activity and obesity. *Cochrane Database of Systematic Reviews* 2016, Issue 12. Art. No.: CD012439. doi: 10.1002/14651858.CD012439

Why does it matter?

This project has highlighted the need to use comprehensive evaluation frameworks in existing and future prevention programs in community settings.

For now, policy makers should follow best practice when scaling up policies and programs:



Studying the effectiveness of ‘implementation strategies’, and why these strategies succeed or fail, provides important information for future implementation research.

Next steps

This project has highlighted serious evidence gaps in our understanding of the use of implementation strategies to scale up prevention interventions. There is a need for coordinated research investment to fill these gaps. There is also a need for greater standardisation of implementation methods and processes.

References

1. Rychetnik L, Bauman A, Laws R, et al. Translating research for evidence-based public health: key concepts and future directions. *J Epidemiol Community Health*. 2012;jech-2011.
2. Glasgow RE, Klesges LM, Dzewaltowski DA, Bull SS, Estabrooks P. The future of health behavior change research: what is needed to improve translation of research into health promotion practice? *Annals of Behavioral Medicine*. 2004;27(1):3.
3. Milat AJ, King L, Newson R, et al. Increasing the scale and adoption of population health interventions: experiences and perspectives of policy makers, practitioners, and researchers. *Health Res Policy Syst*. 2014; 12:18.
4. Milat AJ, King L, Bauman AE, Redman S. The concept of scalability: increasing the scale and potential adoption of health promotion interventions into policy and practice. *Health Promot Internation*. 2013;28(3):285–98.
5. Nilsen P. Making sense of implementation theories, models and frameworks. *Implement Sci*. 2015;10:53.
6. Wolfenden L, Yoong SL, Williams CM, et al. Embedding researchers in health service organizations improves research translation and health service performance: the Australian Hunter New England Population Health example. *J Clin Epidemiol*. 2017;85:3–11.



www.preventioncentre.org.au

The Australian Prevention Partnership Centre

Findings brief: Ways to scale interventions in the community

© Sax Institute 2018

Contact us:

Tel: (02) 9188 9520

Email: preventioncentre@saxinstitute.org.au

Website: preventioncentre.org.au

Our funding partners



Hosted by

saxinstitute