National Centre of Implementation Science Annual Report 2020
Message from the director

I am pleased to present our annual report for 2020.

This year brought significant challenges to our community and the community settings we work with. I would like to give special acknowledgement to the incredible efforts of our partners working in childcare services, schools, sporting clubs and workplaces who faced unprecedented disruptions and were continually adapting the services they provide in response to the COVID-19 pandemic.

While COVID-19 restrictions meant we needed to delay some of our studies in these settings, I am proud to share the many activities and outputs our Centre has achieved this year.

We have begun to understand new evidence to practice gaps, we have begun to unearth some of the barriers to implementing chronic disease prevention programs in community settings, and we are on our way to understanding more. Planning is also underway so that we are in a position to refine and test implementation strategies in schools when things return a little more to normal.

It is exciting that we have shared our findings in numerous papers and presentations, and I am thrilled our centre is contributing to developing the next generation of chronic disease prevention implementation scientists through hosting PhD students, mentoring and the launch of our training program TIDIRH Australia.

Perhaps never before has it been so apparent what can be achieved when researchers, policy makers and practitioners come together to improve the health of our community. We are excited by the opportunities before us and look forward to working with our partners to implement better chronic disease prevention.

Professor Luke Wolfenden
NCOIS Director
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About us

The National Centre of Implementation Science (NCOIS) is an NHMRC funded Centre for Research Excellence.

Our aim is to reduce the burden of chronic disease in our community. To do this, we work to ensure evidence-based programs, policies and practices that reduce modifiable chronic disease risks are implemented in community settings including schools, childcare services, sporting groups and workplaces. We focus on prevention strategies targeting diet, physical activity, weight status, tobacco and alcohol.

Why do we do this?

1. Chronic diseases are the leading cause of morbidity and mortality globally and in Australia.

2. We know how to alleviate the burden of chronic disease. For example, more than half of cancer occurring today could be prevented if interventions already known to be effective in addressing cancer risks were implemented.

3. Diet, physical activity, weight status, tobacco and alcohol use are among the primary modifiable risks for a range of chronic diseases.

4. Implementing interventions in community organisations such as schools, childcare, sporting clubs and workplaces is recommended given their existing infrastructure and capacity to access a large proportion of the population.

5. To achieve a positive health impact, interventions need to implemented effectively.

Where we are

NCOIS consists of researchers from across the globe. The University of Newcastle is the primary administrator of NCOIS, which is located in Newcastle, NSW, Australia.
# Snapshot data

## Our 2020 achievements

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<tbody>
<tr>
<td>2 systematic reviews complete</td>
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<tr>
<td>11 in progress</td>
</tr>
<tr>
<td>3 in planning</td>
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<tr>
<td>6 scheduled to commence</td>
</tr>
<tr>
<td>3 prioritisation processes underway</td>
</tr>
<tr>
<td>2 economic analyses in progress</td>
</tr>
<tr>
<td>1 in planning</td>
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<tr>
<td>5 papers published</td>
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<tr>
<td>3 papers submitted</td>
</tr>
<tr>
<td>3 PhD students hosted</td>
</tr>
<tr>
<td>2 Chief Investigator meetings held</td>
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<tr>
<td>2 newsletters published</td>
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<tr>
<td>2 randomised controlled trials in planning</td>
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<tr>
<td>3 national surveys in progress</td>
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<tr>
<td>2 scheduled to commence</td>
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<tr>
<td>1 mediation analysis in progress</td>
</tr>
<tr>
<td>7 research presentations given</td>
</tr>
<tr>
<td>1 launch of implementation science training with 12 expert facilitators and 26 attendees</td>
</tr>
<tr>
<td>4 early-mid career researchers mentored</td>
</tr>
<tr>
<td>Many collaborations with our partners who:</td>
</tr>
<tr>
<td>• joined advisory groups</td>
</tr>
<tr>
<td>• provided input into study and program design</td>
</tr>
<tr>
<td>• attended presentations on our findings</td>
</tr>
<tr>
<td>• provided resources and staff to support our projects</td>
</tr>
<tr>
<td>• co-presented training</td>
</tr>
<tr>
<td>• co-authored papers and funding reports</td>
</tr>
<tr>
<td>• integrated our research into policies, service delivery and program design</td>
</tr>
</tbody>
</table>
Who we are

Chief Investigators

Professor Luke Wolfenden  
University of Newcastle

Professor John Wiggers  
University of Newcastle

Professor Adrian Bauman  
University of Sydney/University of Newcastle

Professor Chris Rissel  
Flinders University NT

Professor Andrew Wilson  
University of Sydney

Professor Jeremy Grimshaw  
University of Ottawa

Dr Serene Yoong  
University of Newcastle

Associate Professor Julian Elliot  
Monash University

Professor Chris Doran  
Central Queensland University

Dr Hopin Lee  
University of Newcastle

Associate Investigators

Professor John Attia  
Hunter Medical Research Institute

Dr Andrew Milat  
NSW Ministry of Health/University of Sydney

Dr Andrew Bailey  
Mid North Coast Local Health District

Ms Nicole Evans  
Central Coast Local Health District

Professor James Thomas  
Department of Childhood, Families and Health, Institute of Education/ Department of Health (England)

Associate Professor Andrew Searles  
Hunter Medical Research Institute

Professor Sarah Lamb  
University of Oxford

Dr Cara Lewis  
Kaiser Permaente Washington Health Research Institute

Dr Nicole Nathan  
NHMRC Translating Research into Practice Fellow/Hunter New England Clinical Research Fellow/ Winston Churchill Fellow

Dr David Chambers  
National Cancer Institute (US)

Research stream leads

Dr Rebecca Hodder  

Dr Serene Yoong  

Dr Nicole Nathan  

Dr Penny Reeves  

Dr Hopin Lee  

Dr Rachel Sutherland
Centre manager
Dr Meghan Finch

Research and support staff
Ms Susan Abrahams
Ms Megan Alston
Mr Mathew McLaughlin
Ms Mary Shefi D’Silva
Dr Alice Grady
Dr Alix Hall
Dr Jacklyn Jackson
Dr Jannah Jones

Associate Professor Kenny Lawson
Dr Alicia Leonard
Ms Sasha Lorien
Mr Mathew McLaughlin (Tepi)
Ms Rebecca Muddle
Ms Beatrice Murawski
Dr Kate O’Brien
Dr Heidi Turon

Students
Ms Melanie Lum
Ms Cassandra Lane

Mr Adam Shoesmith
Ms Alison Brown
Our partners

Collaboration and partnership with groups in the field is an integral part of achieving our objectives. We are committed to building on existing relationships and forging new partnerships with key organisations to facilitate research, capacity building and knowledge translation. We work with our partner organisations, stakeholders and end users to make real world change.

In 2020, our collaborators included:

- Heart Foundation
- Cancer Council
- Alcohol and Drug Foundation
- Australian Council for Health, Physical Education and Recreation Inc (ACPER)
- Early Learning and Care Council of Australia (ELACCA)
- The Australian Prevention Partnership Centre
- NSW Ministry of Health
- VicHealth
- SA Wellbeing
- NSW Department of Education
- Catholic Schools Offices
- Association of Independent Schools in NSW
- Hunter New England Local Health District
- Central Coast Local Health District
- Mid North Coast Local Health District NSW
- University of Newcastle
- University of Sydney
- Deakin University
- Queensland University of Technology
- University of Ottawa
- Monash University
- Central Queensland University
- University of Oxford Clinical Trials Unit
- University of Exeter

In 2020, our collaborators joined us across many stages of the research process: as members of advisory groups, by providing feedback and input into how we conduct our research, by attending presentations on our findings, by providing resources and staff to assist with research projects, by providing methodological support, by co-presenting training, by co-authoring papers and funding reports. We value the contribution of our collaborators and greater impact our joint efforts produce for the health of our community.

The Collaboration for Enhanced Research Impact (CERI)

CERI is an exciting new collaboration which began in June 2020. A joint initiative of The Australian Prevention Partnership Centre and four NHMRC Centres of Research Excellence, including our centre, CERI aims to enhance the profile and impact of chronic disease prevention research in Australia. It brings together some of Australia’s leading prevention researchers to develop shared narratives, work together to translate new knowledge, and support early- to mid-career researchers across all member institutions.
Our research

Our foundation research projects are organised into four streams. The projects within these streams are outlined below.

**NCOIS Research Streams**

**‘Finding the Gaps and Identifying the Barriers’**
- Q1. What are the evidence-practice gaps in community setting CDP?
- Q2. What are the barriers to implementation of CDP interventions in community settings?
- Systematic Reviews of International CDP gaps
- National surveys to identify implementation Practice Gaps
- Study of Australian implementation barriers

**‘Testing Implementation strategies’**
- Q3. What is the effectiveness of strategies to implement community CDP interventions?
- Living systematic reviews of CDP Implementation strategies
- Within these: Identify effective Behaviour Change Techniques to facilitate implementation

**‘Optimising Interventions’**
- Q4. How can strategies to implement CDP interventions in community settings be optimised?
- RCT’s to optimise implementation of childcare Guidelines
- RCT’s to optimise implementation of School Physical Activity policies
- Cost Effective Analysis
- Mediation Analysis
**Stream 1: Finding the gaps**

This work is identifying evidence-practice gaps in chronic disease prevention in our community settings.

**Systematic reviews to identify practice gaps internationally**

<table>
<thead>
<tr>
<th>Project</th>
<th>Setting</th>
<th>Focus</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood obesity prevention interventions in primary schools</td>
<td>Schools</td>
<td>Weight status</td>
<td>Complete</td>
</tr>
<tr>
<td>School-based obesity prevention interventions</td>
<td>Schools</td>
<td>Weight status</td>
<td>In progress</td>
</tr>
<tr>
<td>School-based nutrition interventions</td>
<td>Schools</td>
<td>Diet</td>
<td>In progress</td>
</tr>
<tr>
<td>School-based tobacco and alcohol interventions</td>
<td>Schools</td>
<td>Tobacco Alcohol</td>
<td>In progress</td>
</tr>
<tr>
<td>Prevalence of school-based obesity interventions</td>
<td>Schools</td>
<td>Weight status</td>
<td>In planning</td>
</tr>
<tr>
<td>Prevalence of school-based tobacco and alcohol interventions</td>
<td>Schools</td>
<td>Alcohol Tobacco</td>
<td>In planning</td>
</tr>
<tr>
<td>School-based obesity prevention guidelines and policies</td>
<td>Schools</td>
<td>Weight status</td>
<td>In progress</td>
</tr>
<tr>
<td>School-based tobacco and alcohol prevention guidelines and policies</td>
<td>Schools</td>
<td>Alcohol Tobacco</td>
<td>In progress</td>
</tr>
<tr>
<td>Chronic disease prevention interventions in sporting clubs</td>
<td>Sporting clubs</td>
<td>Alcohol Diet Physical activity Tobacco</td>
<td>Complete</td>
</tr>
<tr>
<td>Healthy eating interventions for improving child diet in early childhood education and care settings</td>
<td>Childcare</td>
<td>Diet</td>
<td>In progress</td>
</tr>
<tr>
<td>Physical activity interventions in early childhood education and care settings</td>
<td>Childcare</td>
<td>Physical activity</td>
<td>In progress</td>
</tr>
<tr>
<td>Obesity prevention policies and practices in early childhood education and care settings</td>
<td>Childcare</td>
<td>Weight status Diet Physical activity</td>
<td>In progress</td>
</tr>
<tr>
<td>International prevalence of childcare-based chronic disease prevention interventions</td>
<td>Childcare</td>
<td>Alcohol Diet Physical activity Tobacco</td>
<td>Under consideration</td>
</tr>
<tr>
<td>Workplace interventions targeting chronic disease health risk factors</td>
<td>Workplaces</td>
<td>Alcohol Diet Physical activity Tobacco</td>
<td>In progress</td>
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</tbody>
</table>
Stream 1: Finding the gaps continued...

### National surveys to identify practice gaps

<table>
<thead>
<tr>
<th>Project</th>
<th>Setting</th>
<th>Focus</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic disease prevention policy and practice implementation in primary schools</td>
<td>Schools</td>
<td>Alcohol&lt;br&gt;Diet&lt;br&gt;Physical activity&lt;br&gt;Tobacco</td>
<td>In progress</td>
</tr>
<tr>
<td>Chronic disease prevention policy and practice implementation in early childhood education and care</td>
<td>Childcare</td>
<td>Diet&lt;br&gt;Physical activity</td>
<td>In progress</td>
</tr>
</tbody>
</table>

### Prioritisation processes to identify evidence gaps

<table>
<thead>
<tr>
<th>Project</th>
<th>Setting</th>
<th>Focus</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Prioritisation process of interventions with greatest impact and where improved implementation could yield greatest health gains</td>
<td>Schools</td>
<td>Alcohol&lt;br&gt;Diet&lt;br&gt;Physical activity&lt;br&gt;Tobacco</td>
<td>In planning</td>
</tr>
<tr>
<td>Prioritisation process to assess scalability of evidence based practices within early childhood education and care</td>
<td>Childcare</td>
<td>Diet&lt;br&gt;Physical activity</td>
<td>In planning</td>
</tr>
<tr>
<td>Prioritisation of physical activity interventions in centre-based childcare</td>
<td>Childcare</td>
<td>Physical activity</td>
<td>In progress</td>
</tr>
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</table>
Stream 2: Identifying the barriers to implementation

This work will examine barriers and facilitators to the implementation of chronic disease prevention policies, programs and practices in community settings.

**Systematic reviews to identify the barriers to implementing chronic disease prevention strategies**

<table>
<thead>
<tr>
<th>Project</th>
<th>Setting</th>
<th>Focus</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barriers to implementation in childcare</td>
<td>Childcare</td>
<td>Diet, physical activity</td>
<td>In progress</td>
</tr>
<tr>
<td>Barriers to dissemination in childcare</td>
<td>Childcare</td>
<td>Physical activity</td>
<td>In planning</td>
</tr>
<tr>
<td>Barriers to implementation in schools</td>
<td>Schools</td>
<td>Alcohol Diet Physical activity Tobacco</td>
<td>Scheduled to commence</td>
</tr>
<tr>
<td>Barriers to implementation in sporting club programs</td>
<td>Sporting clubs</td>
<td>Alcohol Diet Physical activity Tobacco</td>
<td>Scheduled to commence</td>
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</tbody>
</table>

**National surveys to identify the barriers to implementing chronic disease prevention strategies**

<table>
<thead>
<tr>
<th>Project</th>
<th>Setting</th>
<th>Focus</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barriers to implementation in childcare</td>
<td>Childcare</td>
<td>Diet</td>
<td>In progress</td>
</tr>
<tr>
<td>Barriers to implementation in schools</td>
<td>Schools</td>
<td>Alcohol Diet Physical activity Tobacco Weight status</td>
<td>Scheduled to commence</td>
</tr>
<tr>
<td>Barriers to implementation in sporting club programs</td>
<td>Sporting clubs</td>
<td>Alcohol Diet Physical activity Tobacco Weight status</td>
<td>Scheduled to commence</td>
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</table>
Stream 3: Testing implementation strategies

This work seeks to identify effective community setting chronic disease prevention implementation strategies.

**Living systematic reviews to test the effectiveness of implementation strategies and to identify effective behaviour change techniques to facilitate implementation**

<table>
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<tr>
<th>Project</th>
<th>Setting</th>
<th>Focus</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interventions to increase fruit and vegetable consumption in preschool aged children</td>
<td>Childcare</td>
<td>Diet Implementation</td>
<td>In progress</td>
</tr>
<tr>
<td>Implementation strategies in schools</td>
<td>Schools</td>
<td>Diet</td>
<td>Scheduled to commence</td>
</tr>
<tr>
<td>Implementation strategies in childcare</td>
<td>Childcare</td>
<td>Diet Physical activity Weight status</td>
<td>Scheduled to commence</td>
</tr>
<tr>
<td>Behaviour change techniques to improve implementation of school-based interventions</td>
<td>Schools</td>
<td>Diet Physical activity Weight status</td>
<td>Scheduled to commence</td>
</tr>
<tr>
<td>Behaviour change techniques to improve implementation of childcare-based interventions</td>
<td>Childcare</td>
<td>Diet Physical activity Weight status</td>
<td>Scheduled to commence</td>
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</tbody>
</table>
Stream 4: Optimising the implementation of interventions

This work seeks to identify how strategies to implement chronic disease prevention programs can be optimised.

**Randomised controlled trials to optimise implementation (our implementation laboratory)**

<table>
<thead>
<tr>
<th>Project</th>
<th>Setting</th>
<th>Focus</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissemination of the SWAPIT program (a lunchbox focused school-based M-Health intervention)</td>
<td>Schools</td>
<td>Diet</td>
<td>In planning</td>
</tr>
<tr>
<td>Implement a school physical activity policy (PACE pilot study)</td>
<td>Schools</td>
<td>Physical activity</td>
<td>Complete (prior to 2020)</td>
</tr>
<tr>
<td>Increase schools’ implementation and maintenance of a mandatory school physical activity policy (PACE effectiveness study)</td>
<td>Schools</td>
<td>Physical activity Implementation</td>
<td>Complete (prior to 2020)</td>
</tr>
<tr>
<td>Increase schools’ implementation and maintenance of a school physical activity policy across three NSW jurisdictions (PACE scale study)</td>
<td>Schools</td>
<td>Physical activity Implementation</td>
<td>Complete (prior to 2020)</td>
</tr>
<tr>
<td>Phase-I Optimisation (Comparative effectiveness) Optimise the multi-strategy implementation support designed to improve teachers’ implementation of a school physical activity policy and assess the comparative effectiveness of a lower dose version of the support compared to the original high dose support.</td>
<td>Schools</td>
<td>Physical activity Implementation</td>
<td>Complete (prior to 2020)</td>
</tr>
<tr>
<td>Phase-II Optimisation (Comparative effectiveness) Further optimise the multi-strategy implementation support designed to improve teachers’ implementation of a school physical activity policy. The multi-strategy support will be informed by previous learnings to design and test a support strategy that is less resource intensive, low in cost and feasible to deliver at scale.</td>
<td>Schools</td>
<td>Physical activity Implementation</td>
<td>In planning</td>
</tr>
</tbody>
</table>

**Economic and mediation analyses**

<table>
<thead>
<tr>
<th>Project</th>
<th>Setting</th>
<th>Focus</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Cost effectiveness of PACE pilot study</td>
<td>Schools</td>
<td>Physical activity</td>
<td>In progress</td>
</tr>
<tr>
<td>Cost effectiveness of PACE effectiveness study</td>
<td>Schools</td>
<td>Physical activity</td>
<td>In progress</td>
</tr>
<tr>
<td>Cost effectiveness of PACE scale studies</td>
<td>Schools</td>
<td>Physical activity</td>
<td>In planning</td>
</tr>
<tr>
<td>Mediation analysis for PACE trial</td>
<td>Schools</td>
<td>Physical activity</td>
<td>In progress</td>
</tr>
</tbody>
</table>
Our Implementation Laboratory

An integral part of our research is our implementation laboratory. Here we rapidly test, refine and develop the best ways to implement chronic disease prevention strategies in natural settings. The laboratory is an ongoing collaboration between our researchers, the NSW Ministry of Health, Hunter New England Local Health District and other partnering policy and practice organisations. Together, we co-design research questions which address significant knowledge gaps and policy or practice needs. Knowledge is exchanged between researchers and practitioners at every stage of the process meaning our work directly informs the decisions of our partner organisations. When we determine the best strategies for implementation, our partner organisations are committed to implementing these strategies at scale.

Our implementation laboratory is acknowledged as an international exemplar of best practice in translational public health research and practice. We have generated more trials of community chronic disease prevention implementation strategies than any other group in the world.

Our current trials are testing how best to implement healthy lunchbox programs and activity policy in schools.

These trials were selected because:

- systematic review evidence supports their efficacy
- effective strategies to implement these programs and policies do not exist
- the trials align with NSW government policy and local health district priorities
- there is evidence these strategies are currently poorly implemented.
Building Future Leaders: Our training

**TIDIRH Australia**

In 2020, we launched the Training Institute for Dissemination and Implementation Research in Health (TIDIRH Australia) in partnership with The Australian Prevention Partnership Centre. TIDIRH Australia is a training course in implementation science based on the TIDIRH US and TIDIRH Ireland programs. The program was facilitated by world-leading implementation science academics and focused on training and mentoring health practitioners and academics to use implementation science methods for prevention.

TIDIRH Australia ran from January-May 2020. Our first cohort involved 26 participants from universities, health departments, non-government organisations, research institutes, industry and other government agencies. With the support of 12 expert facilitators, participants learned to evaluate and integrate interventions into real-world settings to improve health. While the program was planned to mirror the roll-out and content of the US and Ireland programs, due to COVID-19, the in-person component had to be abandoned. A two week online closing forum was delivered instead.

The program was a success, with the majority of participants and facilitators rating their overall perception of the program as “very positive”. We plan to run the training again towards the end of 2021.

**PhD students**

The centre hosted three PhD students in 2020.

**Mentoring**

We provided mentoring and coaching to four early and mid-career researchers. This included coaching in economic analysis methods, measurement, and involving the early and mid-career researchers in study implementation.

We will be rolling out a capacity building program in 2021 for PhD students, early and mid-career researchers, with training to build on our existing networks, along with focused training on social media use, optimisation and knowledge translation.
Communications

With COVID restrictions limiting our ability to deliver face to face conferences and communications, in 2020 we focused on delivering a 2 week online closing forum for participants of the TIDIRH Australia training program. We also published two newsletters to keep our stakeholders updated on our work and our researchers conducted radio interviews and participated in webinars to share our research findings.

Awards

NCOIS Director Luke Wolfenden was awarded one of two Sax Institute Research Action Awards for 2020. The Sax Institute’s Research Action Awards honour individuals whose research has made a significant impact on health policy, programs or service delivery. The winners were chosen by a committee of national and international experts chaired by distinguished public health physician Dr Heather Buchan.

NCOIS researcher, Dr Alice Grady was awarded one of four 2020 Bupa Health Foundation Emerging Health Researcher Awards.

The awards recognise researchers for work which has a tangible impact on the health of the Australian community. Dr Grady’s work focuses on developing scalable programs delivered in childcare settings to prevent childhood obesity.

Dr Alice Grady works with childcare services to co-design healthy eating and physical activity initiatives to reduce the potential for childhood obesity. Her research uses digital technologies and existing infrastructure to ensure the programs are scalable and can reach as many children as possible.
Publications

In 2020, we published the following papers:

**Published papers**


https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-020-01440-4


Presentations

In 2020, we provided the following presentations:


Hodder RK, O’Brien KM, Stacey FG, Wyse RJ, Clinton-Mcharg T, Tzelepis F, James EL, Bartlem KB, Nathan NK, Sutherland S, Robson E, Yoong S, Wolfenden L. Interventions for increasing fruit and vegetable consumption in children aged 5 years and under: systematic review. Nutrition Society of Australia 43rd Annual Scientific Meeting; December 2019; Newcastle, Australia.

Nicole Nathan, April Oh, Paul Estabrooks, Rachel Sutherland. Moving evidence based nutrition and physical activity interventions into the real world: application of dissemination and implementation science ISBNPA Auckland 2020

Cassandra Lane, Sam McCrabb, Luke Wolfenden, Nicole Nathan, Rachel Sutherland. How effective are physical activity interventions when they are scaled-up: A systematic review ISBNPA Auckland 2020

Cassandra Lane, Nicole Nathan, Rachel Sutherland, Adrian Bauman, Luke Wolfenden, Optimising a school-based physical activity intervention for scale up. ISBNPA Auckland 2020


Hannah Brown, Nicole Nathan, Sam McCrabb, Adam Shoesmith, Rachel Sutherland, Luke Wolfenden. Systematic review of the factors which support or impede the maintenance and sustainability fidelity of nutrition, physical activity, obesity, alcohol and/or tobacco prevention policies, practices or programmes in schools and childcares ISBNPA Auckland 2020

Our researchers were also accepted to present the following in 2021:

Effectiveness of interventions to increase pre-schooler fruit and vegetable intake: a living systematic review. Accepted for the Evidence and Implementation Summit in March 2021

Identifying effective school-based practices to prevent obesity in children. Accepted for the Evidence and Implementation Summit in March 2021
Contact:

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Twitter: @ncoisaustralia

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Wallsend NSW 2287 Australia

Physical Address: Booth Building, Longworth Avenue,
Wallsend NSW 2287 Australia

Our Partners