



SYSTEMATIC REVIEW WITH FOCUS ON
OBSERVATIONAL STUDIES, QUALITATIVE
STUDIES AND HEALTH PROMOTION AND HEALTH
ECONOMIC EVALUATION - 2023

Lecture 9 – 08/05 Public Health and Health Promotion



MPR5766- 2023



(Stage filter not available for Subtopic view)

By subtopic:

- [Prevention \(3\)](#)
- [Early detection \(9\)](#)
- [Diagnosis \(2\)](#)
- [Familial breast cancer \(2\)](#)
- [Communication of information \(3\)](#)
- [DCIS \(2\)](#)
- [Chemotherapy \(21\)](#)
- [Radiotherapy \(6\)](#)
- [Endocrine therapy \(9\)](#)
- [Targeted therapy \(6\)](#)
- [Breast surgery \(22\)](#)
- [Management of the axilla \(3\)](#)
- [Bisphosphonates \(2\)](#)
- [Treatment-related adverse events and side effects \(6\)](#)
- [Psychosocial care \(5\)](#)
- [Lymphoedema \(5\)](#)
- [Allied health care \(5\)](#)

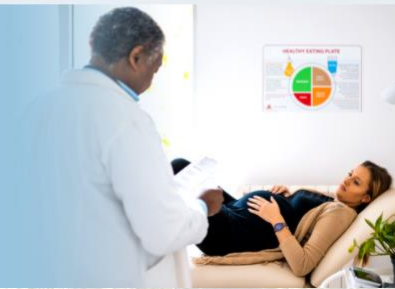


NEW RECOMMENDATION

Aspirin Use for the Prevention of Preeclampsia →

ABOUT THE USPSTF

The U.S. Preventive Services Task Force is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services.



<https://www.uspreventiveservicestaskforce.org/uspstf/>

Celebrating 25 years of evidence-based findings for population health

[About the Guide](#) ▸

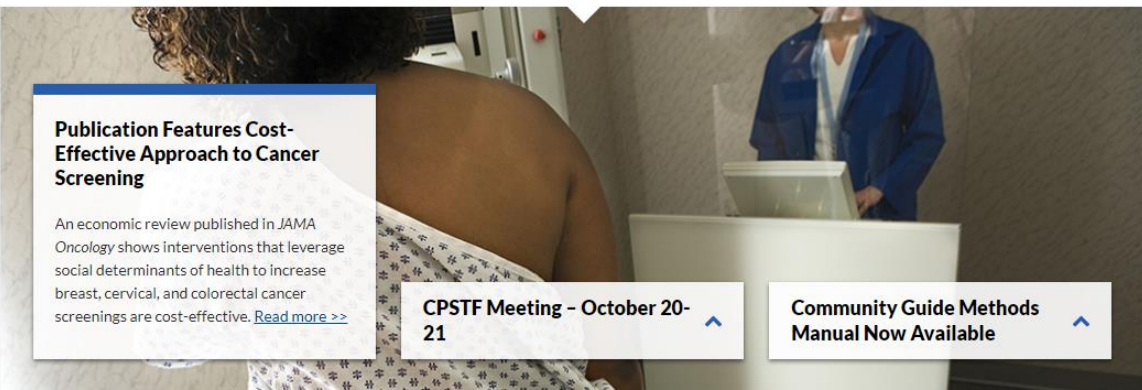
Publication Features Cost-Effective Approach to Cancer Screening

An economic review published in *JAMA Oncology* shows interventions that leverage social determinants of health to increase breast, cervical, and colorectal cancer screenings are cost-effective. [Read more >>](#)

CPSTF Meeting - October 20-21 

Community Guide Methods Manual Now Available 

<https://www.thecommunityguide.org/>



<https://canadiantaskforce.ca/>



**Canadian Task Force
on Preventive Health Care**

English Français

Search

[About Us](#)

[Guidelines](#)

[Tools & Resources](#)

[News](#)

[Get Involved](#)

[Contact Us](#)

[Public](#)



CTFPHC Guidelines

The Canadian Task Force on Preventive Health Care (CTFPHC) designs and implements knowledge translation (KT) and dissemination strategies to support the uptake of CTFPHC guidelines into practice.

[See Guidelines](#)



For information and updates on how to protect yourself, your family, friends and community against COVID-19 please visit the [Public Health Agency of Canada website](#).

MPR5766- 2023

Prevenção e promoção

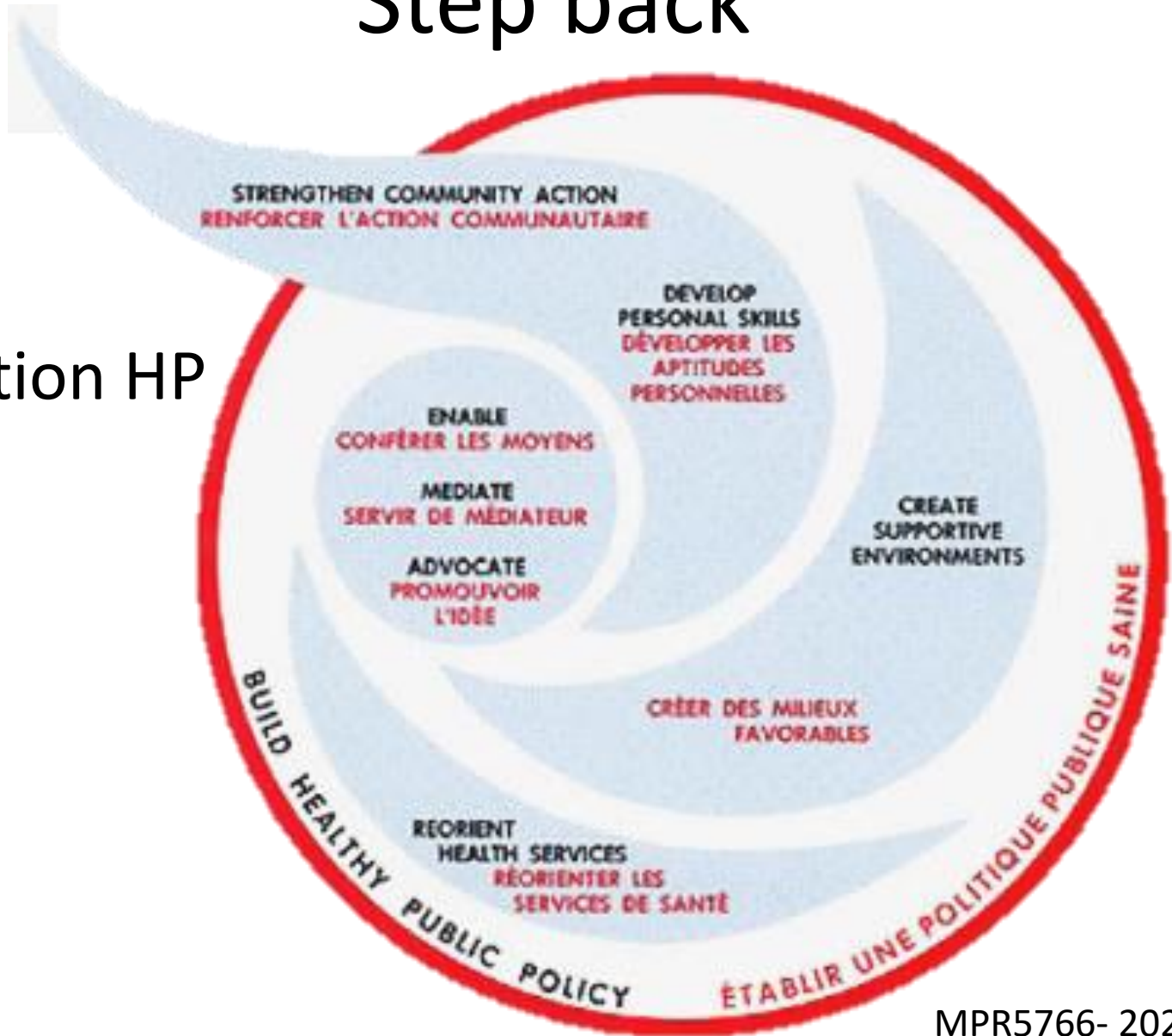


O que é promoção?



00

Step back



- Definition HP
- Fields

Public Health (PH) and health promotion (HP)

Cochrane Key Points -2017

- PH and HP **interventions** are **broadly-defined activities** that are evaluated using a **wide variety of approaches and study designs**, including cluster-randomized trials. For some questions, the best available evidence may be from non-randomized studies.
- Systematic reviews of PH and HP interventions have the potential to investigate **differential outcomes** for groups with varying levels of disadvantage. However, addressing inequalities is complicated not only by limited collection of information about differences between groups, but also by the fact that there is limited participation of disadvantaged groups in research.
- **Searching** for PH and HP literature can be a very complex task, and requires authors to use methods other than database searching to retrieve studies.

Public Health (PH) and health promotion (HP)

Cochrane Key Points

- A further problem in reviewing PH and HP interventions is how to disentangle intervention effects from the influence of **the context** in which the intervention is implemented.
- **Information** should be sought on **contextual factors and on intervention characteristics** that may explain the extent to which the intervention or outcomes are sustained.



The Campbell and Cochrane Equity Methods Group is registered with Cochrane and the Campbell Collaboration.

Cochrane's purpose is to ensure that relevant, accurate, and current research about health interventions is available worldwide. To meet this objective, Cochrane contributors conduct and distribute systematic reviews. Similarly, the Campbell Collaboration produces reviews with an aim to "help people make well-informed decisions about social and behavioural interventions". The Equity Methods Group is registered with both Campbell and Cochrane. Both Collaborations are international, not-for-profit, and independent organizations.

Our aim is to encourage authors of Campbell and Cochrane reviews to include explicit descriptions of the effect of the interventions not only on the whole population but to describe their effect upon the disadvantaged and/or their ability to reduce socioeconomic inequalities in health and to promote their use to the wider community. Ultimately, this will help build the evidence base on such interventions and increase our capacity to act on the health gap between rich and poor.

Attention review authors!

Are you interested in incorporating equity in your review? Read our chapter in the Cochrane Handbook: [Chapter 16: Equity and specific populations](#) or try our Cochrane Interactive Learning module on [health equity in systematic reviews](#).

Writing up your equity-focused review? Use the [PRISMA-E 2012 Reporting Guidelines](#)

Download a printable version of the PRISMA-E checklist, reporting guidelines for equity-focused systematic reviews: [here](#)

Interested in including sex and gender analysis in your review? We have resources to help - read the topic-specific briefing notes that provide information and guidance on sex and gender analysis:

**The Campbell and Cochrane Equity
Methods Group is registered with
Cochrane and the Campbell
Collaboration.**



Latest tweets from @CochraneEquity

Tweets from @CochraneEquity

↻ Cochrane Equity Retweeted



The Campbell Colla...
@CampbellR... · Apr 11



Coming to Ottawa for #WWGS2023?
Remember to check visa requirements
for international travel to Canada 🗳️
More information from the event
website 'Ottawa & Travel' page:
site.phedloop.com/event/wwgs2023

PRISMA-E 2012 Checklist

Checklist of Items for Reporting Equity-Focused Systematic Reviews				
Section	Item	Standard PRISMA Item	Extension for Equity-Focused Reviews	Pg #
Title				
Title	1	Identify the report as a systematic review, meta-analysis, or both.	Identify equity as a focus of the review, if relevant, using the term equity	
Abstract				
Structured summary	2	2. Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	State research question(s) related to health equity.	
	2A		Present results of health equity analyses (e.g. subgroup analyses or meta-regression).	
	2B		Describe extent and limits of applicability to disadvantaged populations of interest.	
Introduction				
Rationale	3	Describe the rationale for the review in the context of what is already known.	Describe assumptions about mechanism(s) by which the intervention is assumed to have an impact on health equity.	
	3A		Provide the logic model/analytical framework, if done, to show the pathways through which the intervention is assumed to affect health equity and how it was developed.	
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	Describe how disadvantage was defined if used as criterion in the review (e.g. for selecting studies, conducting analyses or judging applicability).	
	4A		State the research questions being addressed with reference to health equity	
Methods				
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.		
Eligibility criteria	6	5. Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	Describe the rationale for including particular study designs related to equity research questions.	
	6A		Describe the rationale for including the outcomes - e.g. how these are relevant to reducing inequity.	
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	Describe information sources (e.g. health, non-health, and grey literature sources) that were searched that are of specific relevance to address the equity questions of the review.	
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Describe the broad search strategy and terms used to address equity questions of the review.	
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).		
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.		
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	List and define data items related to equity, where such data were sought (e.g. using PROGRESS-Plus or other criteria, context).	
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.		
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).		
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	Describe methods of synthesizing findings on health inequities (e.g. presenting both relative and absolute differences between groups).	
Risk of bias	15	15. Specify any assessment of risk of bias that may affect the cumulative evidence		

PRISMA-E 2012 Checklist

across studies		(e.g., publication bias, selective reporting within studies).		
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	Describe methods of additional synthesis approaches related to equity questions, if done, indicating which were pre-specified	
Results				
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.		
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Present the population characteristics that relate to the equity questions across the relevant PROGRESS-Plus or other factors of interest.	
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see Item 12).		
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.		
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	Present the results of synthesizing findings on inequities (see 14).	
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).		
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	Give the results of additional synthesis approaches related to equity objectives, if done, (see 16).	
Discussion				
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).		
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).		
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	Present extent and limits of applicability to disadvantaged populations of interest and describe the evidence and logic underlying those judgments.	
	26A		Provide implications for research, practice or policy related to equity where relevant (e.g. types of research needed to address unanswered questions).	
Funding				
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.		

From: Source: Welch V, Petticrew M, Tugwell P, Moher D, O'Neill J, Waters E, White H, and the PRISMA-Equity Bellagio Group. (2012) [PRISMA-Equity 2012 Extension: Reporting Guidelines for Systematic Reviews with a Focus on Health Equity](https://doi.org/10.1371/journal.pmed.1001333). PLoS Med 9(10): e1001333. doi:10.1371/journal.pmed.1001333

For more information: <http://equity.cochrane.org/equity-extension-prisma>

MPR5766- 2023





Cochrane Equity

- Podem não abordar todos os fatores do PROGRESS-Plus.
- No estágio de formulação da pergunta, os autores da revisão devem considerar explicitamente quais fatores são mais importantes e como eles serão abordados nos métodos da revisão.
- Considerações sobre diferenças na relevância ou adequação de uma intervenção:
 - LMIC;
 - RS incluam crianças e jovens e
 - RS envolvendo idosos
 - ...



Protocol

Health Promoting School Interventions in Latin America: A Systematic Review Protocol on the Dimensions of the RE-AIM Framework

Patrícia de Oliveira Bastos ¹, Ana Suelen Pedroza Cavalcante ¹,
Wallingson Michael Gonçalves Pereira ¹, Victor Hugo Santos de Castro ¹,
Antonio Rodrigues Ferreira Júnior ¹ , Paulo Henrique Guerra ² , Kelly Samara da Silva ³ ,
Maria Rocineide Ferreira da Silva ¹ and Valter Cordeiro Barbosa Filho ^{1,4,*} 

¹ Post-graduate Program in Collective Health, Ceara State University, Fortaleza 60714-903, Brazil; paty.bastos@aluno.uece.br (P.d.O.B.); anasuelen15@hotmail.com (A.S.P.C.); wallingsonmichaelgp@hotmail.com (W.M.G.P.); vsantosdecastro@gmail.com (V.H.S.d.C.); arodrigues.junior@uece.br (A.R.F.J.); rocineide.ferreira@uece.br (M.R.F.d.S.)

² Federal University of Fronteira Sul, Chapeco 89815-899, Brazil; paulo.guerra@uffs.edu.br

³ Research Center for Physical Activity and Health, Federal University of Santa Catarina, Florianopolis 88040-900, Brazil; kelly.samara@ufsc.br

⁴ Federal Institute of Education, Science and Technology of Ceara, Aracati 62800-000, Brazil

* Correspondence: valtercbf@gmail.com



Steps



1. Planning the review

- Forming an Advisory Group
- Key review decisions

An example of the benefits of using an Advisory Group in the planning process

A review of HIV prevention for men who have sex with men (MSM) (Rees 2004b) employed explicit consensus methods to shape the review.

An Advisory Group was convened consisting of:

- research/academic organisations;
- policy representatives;
- service organisations; and
- representatives from charities and organisations that have emerged from and speak on behalf of people living with, or affected by, HIV/AIDS.

The group met three times over the course of the review. The group was presented with background information about the proposed review; its scope, conceptual basis, aims, research questions, stages, methods. Discussion focused on the policy relevance and political background/context to the review. The group made decisions on the inclusion criteria, dissemination strategies and timescales. Two rounds of voting identified and prioritised outcomes for analysis. Open discussion identified sub-groups of vulnerable MSM. A framework for characterising interventions of interest was also refined through Advisory Group discussions. The review followed all guidance provided by the Advisory Group.

The final review included synthesised evidence directly relating to health inequalities.

2. Study designs to include

- Preliminary scoping search - help you to be familiar with the types of study designs that may have been used to study the intervention.
- The criteria should primarily reflect the question/s being answered in the review, rather than any predetermined hierarchy.
- The decisions about which type(s) of study design to include will influence subsequent phases of the review, particularly searching, quality assessment, and analysis (especially for meta analyses).

2. Study designs to include

- RCT

Cluster

randomized trial

Non- RCT




Controlled before and
after studies (CBA)

Interrupted time series
(ITS)

- **QUALITATIVE RESEARCH**
“provide an in-depth
understanding of people’s
experiences, perspectives and
histories in the context of their
personal circumstances and
settings

Review Article

School-based interventions for the treatment of childhood obesity: a systematic review, meta-analysis and meta-regression of cluster randomised controlled trials

Tarcisus Jian Hui Ho^{1,*} , Ling Jie Cheng²  and Ying Lau³ 

¹School Health Service, Health Promotion Board, 3 Second Hospital Ave, Singapore 168937, Singapore: ²Health Systems and Behavioural Sciences Domain, Saw Swee Hock School of Public Health, National University of Singapore, Singapore, Singapore: ³Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine, National University of Singapore, Singapore, Singapore

Submitted 10 September 2020: Final revision received 27 February 2021: Accepted 10 March 2021: First published online 22 March 2021

Participation in environmental enhancement and conservation activities for health and well-being in adults: a review of quantitative and qualitative evidence (Review)

Husk K, Lovell R, Cooper C, Stahl-Timmins W, Garside R

- [Review and Supplementary material: Participation in environmental enhancement and conservation activities for health and well-being in adults | Beyond Greenspace](#)



3. (pre) Searching

Health Evidence™

Register Login ENFR

Search

Search

Search Products Tools Consultation About Us

Helping public health use best evidence in practice since 2005



Health Evidence™ on Twitter

Health Evidence™
@HealthEvidence

Join us for a #HEwebinar to learn about the impact of support on #Breastfeeding mothers

Find Evidence: [Search healthevidence.org](http://Search.healthevidence.org) for access to 4,800 quality-rated systematic reviews evaluating the effectiveness of public health interventions. We search the published literature and compile public health relevant reviews -- eliminating your need to search and screen individual databases. Join the 8,175 visitors that accessed our database this past month!

3. (pre) Searching

NICE National Institute for Health and Care Excellence

Search NICE's interactive flowcharts ...

NICE Pathways

NICE guidance

Life sciences

Standards and indicators

Evidence search

Browse

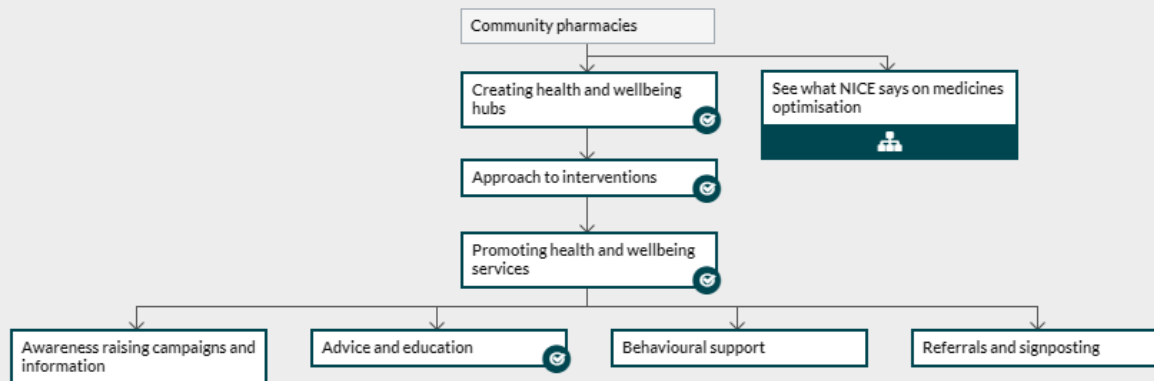
Recently viewed

Help

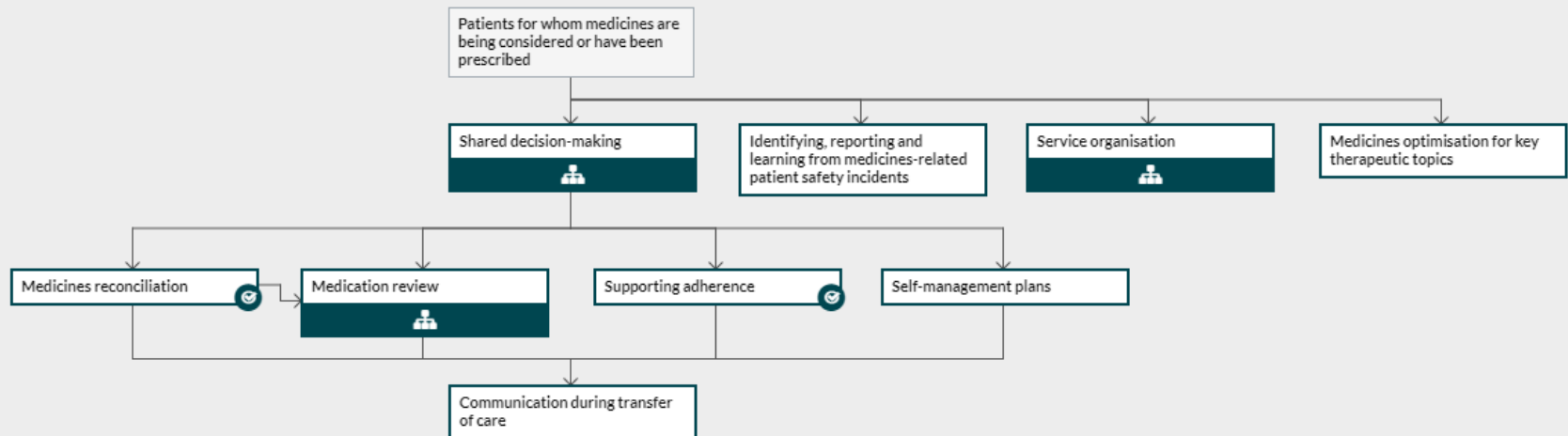
Leave feedback

Read about [our approach to COVID-19](#)

Community pharmacies: promoting health and wellbeing overview



Medicines optimisation overview



3. Searching

Table 21.3.a: Electronic databases relevant to public health and health promotion

Web sites listed for databases available freely via the internet

Field	Resources
Psychology	PsycINFO/PscyLIT
Biomedical	CINAHL, LILACS (Latin American Caribbean Health Sciences Literature - www.bireme.br/bvs/lilacs.htm) Web of Science, Medline, EMBASE, CENTRAL, SCOPUS
Sociology	Sociofile, Sociological Abstracts, Social Science Citation Index, Social Policy and Practice.
Education	ERIC (Educational Resources Information Center), C2-SPECTR (Campbell Collaboration Social, Psychological, Educational and Criminological Trials Register, www.campbellcollaboration.org), REEL (Research Evidence in Education Library, EPPI-Centre, eppi.ioe.ac.uk)
Transport	NTIS (National Technical Information Service), TRIS (Transport Research Information Service, ntl.bts.gov/tris), IRRD (International Road Research Documentation), TRANSDOC (from ECMT, European Conference of Ministers of Transport)
Physical activity	SportsDiscus
HP/PH	BiblioMap, TRoPHI (Trials Register of Promoting Health Interventions) and DoPHER (Database of Promoting Health Effectiveness Reviews) (EPPI-Centre, eppi.ioe.ac.uk), Public Health Electronic Library (National Institute for Health and Clinical Excellence, www.nice.org.uk/guidance) Database of abstracts of reviews of effectiveness (DARE)
Other	Popline (population health, family planning) db.jhuccp.org/popinform/basic.html , Enviroline (environmental health) – available on Dialog, Toxfile (toxicology) – available on Dialog, Econlit (economics), NGC (National Guideline Clearinghouse, www.guideline.gov)
Qualitative	ESRC Qualitative Data Archival Resource Centre (QUALIDATA, www.qualidata.essex.ac.uk), Database of Interviews on Patient Experience (DIPEX, www.dipex.org)

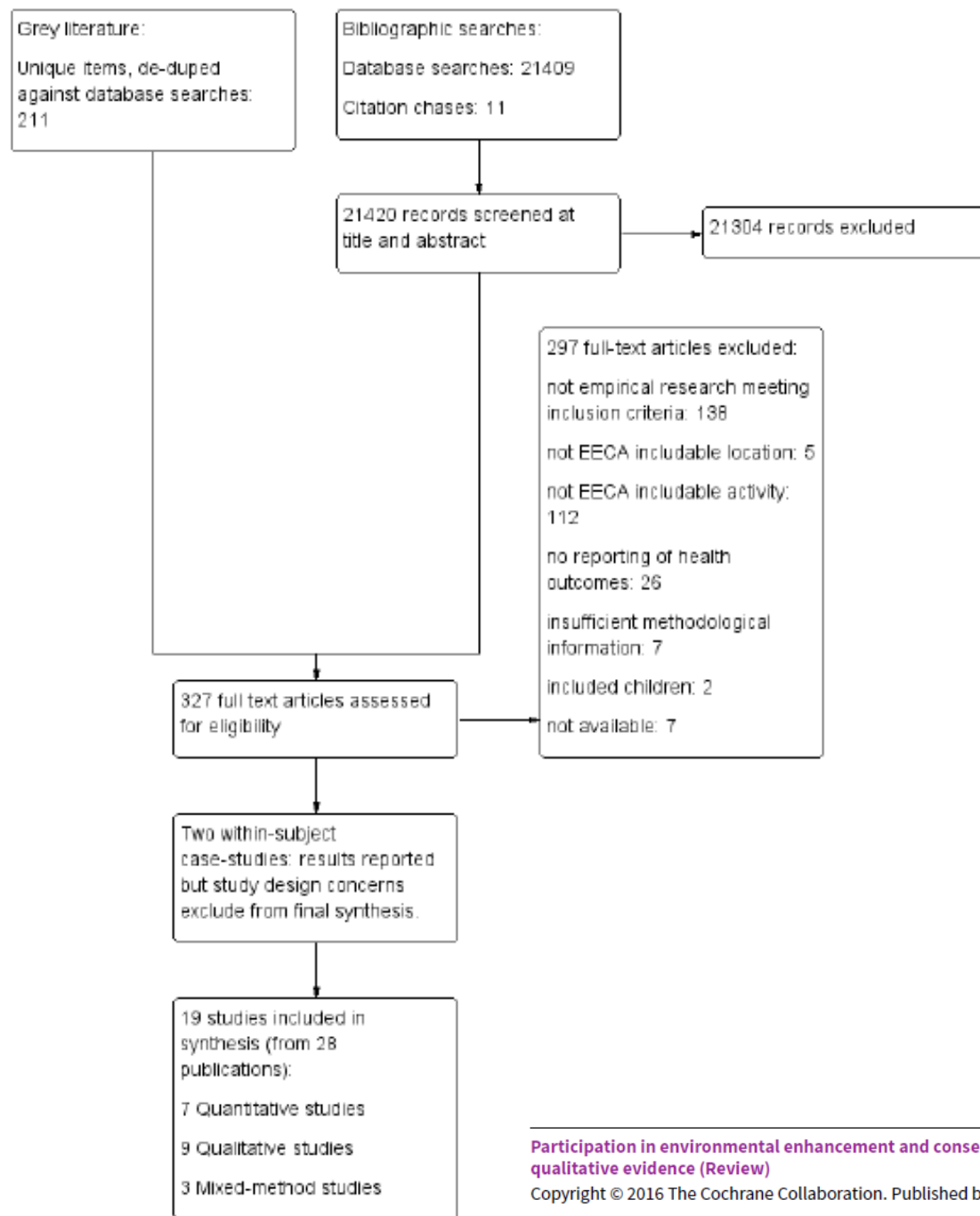
Citation: Husk K, Lovell R, Cooper C, Stahl-Timmins W, & Garside R. (2016). Participation in environmental enhancement and conservation activities for health and well-being in adults: a review of quantitative and qualitative evidence. *Cochrane Database of Systematic Reviews*, CD010351.

Abstract

Background: There is growing research and policy interest in the potential for using the natural environment to enhance human health and well-being. This resource may be underused as a health promotion tool to address the increasing burden of common health problems such as increased chronic diseases and mental health concerns. Outdoor environmental enhancement and conservation activities (EECA) (for instance unpaid litter picking, tree planting or path maintenance) offer opportunities for physical activity alongside greater connectedness with local environments, enhanced social connections within communities and improved self-esteem through activities that improve the locality which may, in turn, further improve well-being. Objectives: To assess the health and well-being impacts on adults following participation in environmental enhancement and conservation activities.

Search methods: We contacted or searched the websites of more than 250 EECA organisations to identify grey literature. Resource limitations meant the majority of the websites were from UK, USA, Canada and Australia. We searched the following databases (initially in October 2012, updated October 2014, except CAB Direct, OpenGrey, SPORTDiscus, and TRIP Database), using a search strategy developed with our project advisory groups (predominantly leaders of EECA-type activities and methodological experts): ASSIA; BIOSIS; British Education Index; British Nursing Index; CAB Abstracts; Campbell Collaboration; Cochrane Public Health Specialized Register; DOPHER; EMBASE; ERIC; Global Health; GreenFILE; HMIC; MEDLINE-in-Process; MEDLINE; OpenGrey; PsychINFO; Social Policy and Practice; SPORTDiscus; TRoPHI; Social Services Abstracts; Sociological Abstracts; The Cochrane Library; TRIP database; and Web of Science. Citation and related article chasing was used. Searches were limited to studies in English published after 1990.

Figure 1. Study Flow diagram.



4. Selecting/Extracting

- PROGRESS-PLUS

- Place of residence, Race/ethnicity/culture/language,
- Occupation,
- Gender/sex,
- Religion,
- Education,
- Socio-economic status,
- Social capital
- 'Plus' such as sexual orientation, age and disability).

5. Quality Assessment



www.ehpp.ca/aboutus.html

Apps Google Oxford Dictionaries Wordle - Beautiful Words IBGE - PAÍSES@ Interprofessional Edu Estante Virtual - Qu Panela de Barros - Se 12 Noites Santas | 6ª

EPHPP

Effective Public Health Practice Project



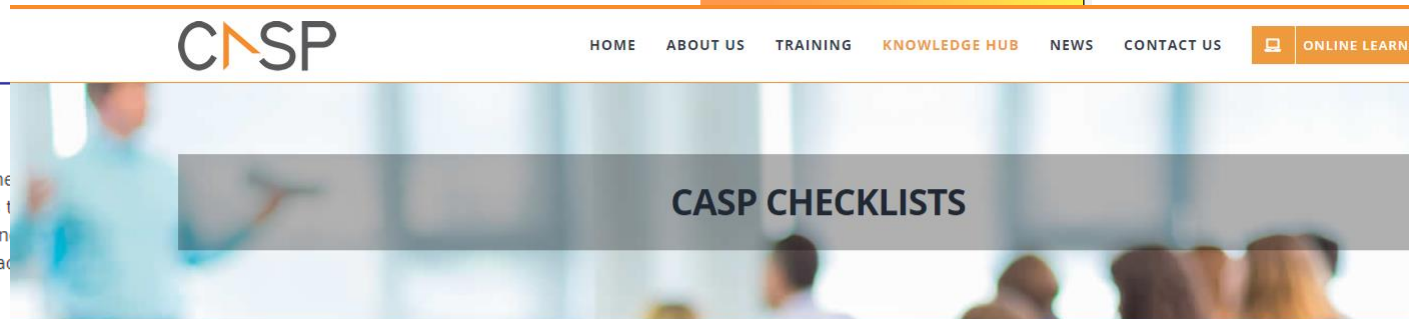
[Skip to main content](#) [Skip to section navigation](#)

Home About Us MERSC Our Work Contact Us Links

ABOUT US

Who we are

The Effective Public Health Practice Project and the expertise in the conducting of systematic reviews at the Centre (MERSC). The two researched groups joined from CIHR to help create guidelines for the Canadian 2015.



CASP

HOME ABOUT US TRAINING KNOWLEDGE HUB NEWS CONTACT US ONLINE LEARNING

CASP CHECKLISTS

This set of eight [critical appraisal](#) tools are designed to be used when reading research. CASP has appraisal checklists designed for use with Systematic Reviews, Randomised Controlled Trials, Cohort Studies, [Case Control](#) Studies, Economic Evaluations, Diagnostic Studies, Qualitative studies and Clinical Prediction Rule.

This work is licensed under a [Creative Commons Attribution-ShareAlike 4.0 International License](#). Please see referencing details [here](#).

CASP Randomised Controlled Trials Checklist ***NEWLY UPDATED***

PDF Form
[Print & Fill](#)

CASP [Systematic Review](#) Checklist

PDF Form
[Print & Fill](#)

> [KNOWLEDGE HUB](#)

> [CASP CHECKLISTS](#)

> [GLOSSARY](#)

> [PODCAST](#)

> [USEFUL LINKS](#)

> [BIBLIOGRAPHY](#)

> [CHECKLIST ARCHIVE](#)

Figure 12. Presence of qualitative themes in studies

	Bird: 2005 UK	BTCA: 2010 UK	Burfi: 2007 UK	Carter: 2008 UK	Christie: 2004 Australia	Gooch: 2005 Australia	Halpenny and Caisse: 2003 Canada	O'Brien et al.: 2010 UK	O'Brien et al.: 2008: UK	Townsend and Marsh: 2004 Australia	Townsend: 2006 Australia	Wilson: 2009 UK	Theme description
Personal achievement	X	X	X	X	X	X	X	X	X	X	X	X	The types of achievements experienced varied between two main groups: first, there were those (typically those dealing with mental health issues) for whom achievement represented sustaining ongoing engagement with the programme and maintaining membership of a conservation group with some semblance of a 'normal regime'. For the second group achievement was represented by physical improvement to the environment, acquiring new skills, or contributing to the local community.
Personal/ social identify			X	X	X	X		X				X	Relating to the sense of self-worth, of community, belonging, environmentalism, and a reinforcement of a sense of self as connected to nature.
Developing knowledge		X	X	X	X	X		X	X	X	X	X	Relating to participants' perceived increases in knowledge relating, first, to the environment and of specific associated conservation skills, and second to social and personal abilities.
Benefits of place	X	X	X	X	X	X	X	X	X		X	X	There were three specific aspects to the benefits of the spaces and places in which the activities took place: 1) opportunity to be in nature, 2) the development of a sense and pride of place, and 3) being away from usual environments (e.g. the home, care facility etc.). Simply being outdoors was a positive element for most.
Social contact	X	X	X	X	X	X	X	X	X	X	X	X	Activities were not completed in isolation but as part of a small team which may have been part of a wider group of projects or programmes, this social aspect was often an important part of the project design. Opportunities for social contact were key for many participants, particularly those who had experienced social isolation.
Physical activity	X		X	X				X	X	X	X		The perceived benefits of the opportunities to be a physically activity related to regular activity, strength building and increased motivations to be active on a regular basis.
Spirituality		X	X		X		X	X					Notions of spirituality related to the importance of place and were primarily understood as a 'connectedness' to nature, and of peace and solitude in relation to being in the natural environment.
Psychological benefits	X	X	X	X	X	X	X	X	X	X	X	X	Perceived psychological benefits of EECA included maintenance of a positive outlook, a sense of satisfaction from participation, improved quality of life (for the participant and the local community) and, for some, participation contributed to recovery from depression and other forms of mental ill-health.
Risks/ negatives		X	X		X	X						X	Typically participants thought the activities were low risk. Perceived risks or negative impacts associated with participation in EECA related to risk of injury, mental distress from damaged environments and futility of their tasks.
Quality of studies	Poor	Poor	Poor	Poor	Poor	Poor	Good	Good	Good	Poor	Poor	Poor	

We used the Wallace criteria (Wallace 2004) to assess qualitative studies, which we then summarised into a metric using a similar approach to the EPHPP scores for quantitative studies (see [Assessment of risk of bias in included studies](#)). Of the 12 qualitative



5. Certainty of the evidence

Unique ID	Randomization process	Deviations from intended interventions	Missing outcome data	Measurement of the outcome	Selection of the reported result	Overall Bias
Amini (2016)	+	?	+	+	?	!
Bagherniya (2017)	?	-	-	+	?	-
Freira (2018)	?	-	-	+	?	-
Graf (2006)	-	-	+	+	?	-
Grey (2009)	?	+	+	+	+	!
Grey (2004)	?	+	+	+	?	!
Mayurachat (2013)	?	+	+	+	?	!
Nayak (2016)	?	-	-	+	?	-
Pbert (2013)	?	+	+	+	+	!
Pbert (2016)	?	-	-	+	+	-
Toruner (2010)	?	+	+	?	?	!
Trost (2014)	?	+	+	+	-	-

Fig. 2 (colour online) Risk of bias summary. +, Low risk; ?, some concerns; -, high risk

the treatment for childhood obesity with effectiveness comparable to other meta-analytic reviews involving behavioural interventions⁽⁶⁴⁾ and lifestyle interventions⁽⁶⁵⁾. Subgroup analyses showed greater effectiveness of brief school-based interventions and interventions conducted in lower-middle to upper-middle economies. Meta-analyses of the secondary outcomes found school-based interventions resulted in positive behavioural changes of lower

5. Theoretical framework

- individual behaviour (Stages of Change model, Health Belief Model, Theory of Reasoned Action;
- interpersonal influences (Social Learning Theory; and
- activities throughout communities (community organisation theories, Organisational Change Theory, Diffusion of Innovations Theory).

6. Integrity (fidelity) of intervention

(degree to which the intervention is implemented as planned)

Five aspects:

1. **Adherence:** the extent to which specified components of the intervention were delivered as prescribed.
2. **Exposure:** an index that may include any of the following: (a) the number of sessions implemented; (b) the length of each session; or (c) the frequency with which intervention components were implemented.
3. **Quality of delivery:** a measure of qualitative aspects of delivery that are not directly related to the implementation of the content of the intervention. This includes implementer enthusiasm, leader preparedness and training, global estimates of session effectiveness, and leader attitude towards the program.
4. **Participant responsiveness:** a measure of participant response to components of the intervention, which may include indicators such as levels of participation and enthusiasm.
5. **Program differentiation:** a manipulation check that is performed to ensure that the participants in each experimental group received only the planned interventions. Contamination may be a problem within many PH and HP studies where intervention and control groups often come into contact with each other.

Intervention integrity

There is little information (beyond the broad notion that all included interventions involved outdoor, physical activities and were intended to enhance the environment) which allows us to assess intervention consistency. We assumed that the actual nature, frequency and intensity of the activities were likely to vary between deliverers, sessions and locations. This would have been the case both for badged activities like the 'Green Gym' and other volunteering activities. There is no indication that, for example 'Green Gym' activities would have been the same for all sessions running under this name. Indeed this may not be desirable, as part of the appeal of the Green Gym may be that varied activities were offered and that they were responsive to individual ability and local need. Individual participants attending the same session may have been more or less involved in different aspects which may have led to varying experiences between participants, including different levels of physical activity or skills gained.



Participation in environmental enhancement and conservation activities for health and well-being in adults: a review of quantitative and qualitative evidence (Review)

Copyright © 2016 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

MPR5766- 2023

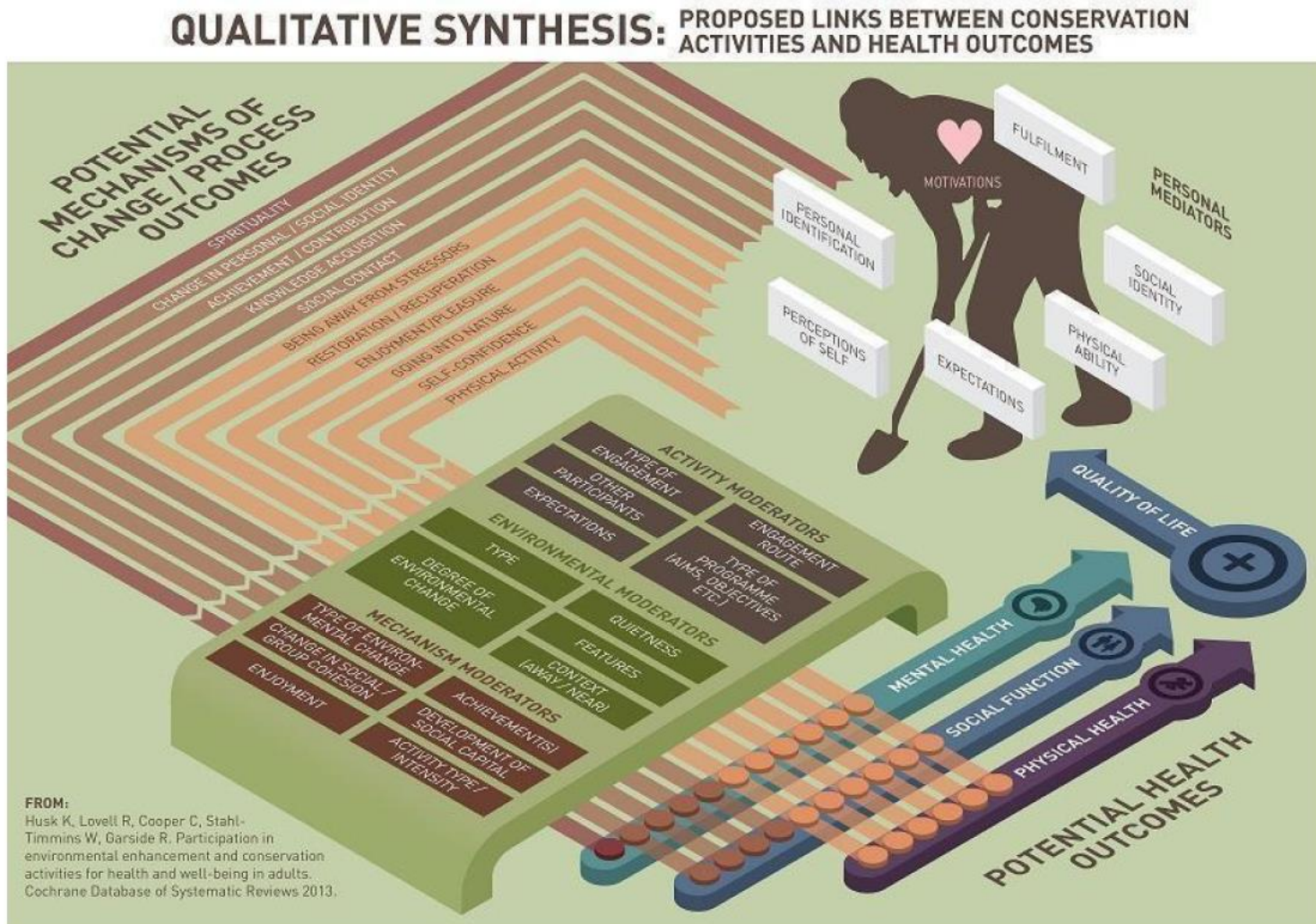
7. Heterogeneity in PH and HP reviews

- Variability in study populations, interventions and settings
- Variability in outcomes
- Variability in study designs

- *Subgroup analyses*

8. Integrating qualitative and quantitative studies

Figure 13. Final conceptual framework (Qualitative Synthesis: Proposed Links Between Conservation Activities and Health Outcomes), representing *potential* health and wellbeing impacts from participation in EECA.



8. Integrating qualitative and quantitative studies

Procedural, conceptual and theoretical issues

Range of methods is available :

- Narrative summary,
- thematic analysis,
- grounded theory,
- meta-ethnography,
- content analysis
- ...
- Methods vary in their strengths and weaknesses, ability to deal with qualitative and quantitative forms of evidence, and type of question for which they are most suitable

**Synthesising qualitative and quantitative evidence:
a review of possible methods**

9. Ethics, equity and inequalities

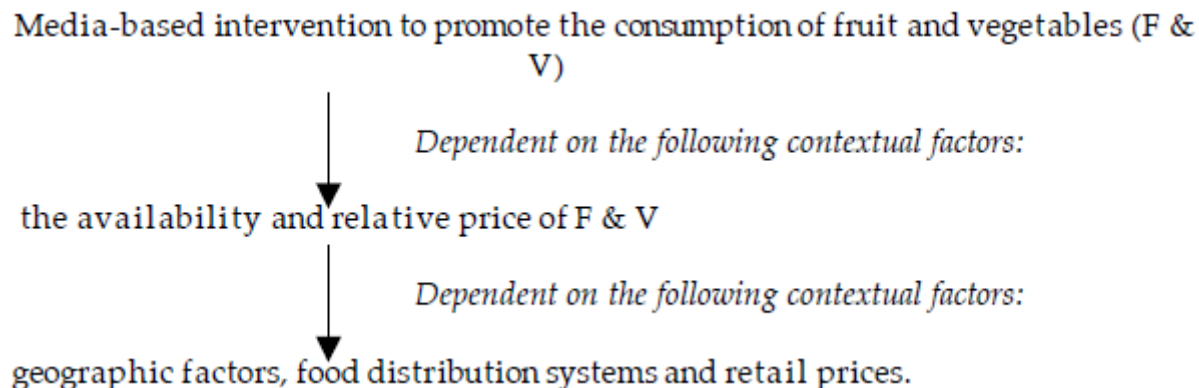
- HEALTH INEQUALITIES are “differences, variations, and disparities in the health achievements of individuals and groups”
- EQUITY: “the absence of potentially remediable, systematic differences in one or more aspects of health status across socially, economically, demographically, or geographically defined populations or subgroups”.

10. Sustainability

- the long-term viability of health interventions is likely to increase as policy makers, practitioners and funders
 - 1) maintenance of health benefits from the program;
 - 2) institutionalisation of a program within an organisation;
 - 3) capacity building in the community

11. Context

- *program x context interactions*
- Take caution when making generalisations from one context to another



12. Applicability

Table 1. Characteristics for individual studies to be included in reviews

<i>Applicability</i>	What is the spectrum of circumstances -- population, intervention, and setting -- to which the evidence is pertinent, and what important variations in effect exist across different circumstances?
<i>Relevance</i>	Are the outcomes noted in the review relevant to the user of the study results? In some cases the outcomes may be too proximal (e.g., intermediate outcomes such as changes in self-reported dietary intake) and the linkages to distal health and quality of life outcomes (e.g., morbidity and mortality) unclear. If the study involves a comparison group, how does the nature of the comparison condition apply to the current circumstance?
<i>Appropriateness</i>	This encompasses value judgments. An intervention might be potentially applicable, relevant, and feasible, but the values of the community may not support the intervention.
<i>Feasibility</i>	Can the intervention can be replicated in a given setting. This includes cost as well as such non-monetary resources as expertise, training required for intervention staff, interest, and cultural considerations.
<i>Adverse effects</i>	Attention must be given to the balance of positive and negative (adverse) effects, and consider opportunity costs in choosing one course of action rather than another.
<i>Equitability</i>	Does the intervention distribute resources fairly and does it reduce health inequalities?
<i>Sustainability</i>	Is infrastructure in place, along with ongoing resources and incentives, to maintain an intervention? This highlights the importance of considering the short-term versus long-term benefits of an intervention.

Trabalho dos residentes de
Medicina de Família e
Comunidade da FMUSP.
Thiago Landim, Marina
Siqueira, Erica Kunsch,
Daniela Tucci e Diana Rocha

REALIZAÇÕES E SONHOS

ALIMENTAÇÃO SAUDÁVEL

NÃO SER A ÚNICA
RESPONSÁVEL PELO
CUIDADO DOS
FILHOS E CASA

SEXO COM PRAZER E
QUANDO QUISER

RESPEITO

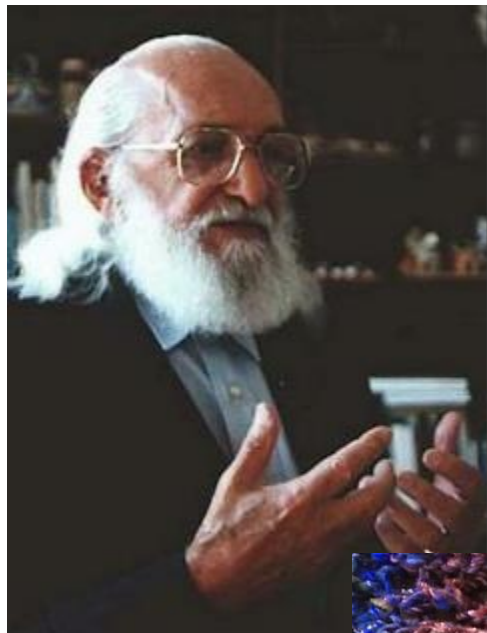
SEM TAPAS, SOCOS
OU EMPURRÕES

EMPREGO E RENDA
PRÓPRIOS

OUTUBRO ROSA

MÊS DA SAÚDE DA MULHER

Não é só sobre Mamografia e Papanicolaou...
Para uma vida saudável, somos a favor de uma vida
sem violência.



Ninguém ignora tudo.
Ninguém sabe tudo.
Todos nós sabemos
alguma coisa. Todos nós
ignoramos alguma coisa.
Por isso aprendemos
sempre.

Paulo Freire



Thanks

CREDITS: This presentation template was created by **Slidesgo**, including icons by **Flaticon**, and infographics & images by **Freepik**
Please keep this slide for attribution

