LEEDS BECKETT UNIVERSITY

National Institute for Health Care Excellence
Protocol for Review 4: Community Engagement – Approaches to Improve Health: Map of the Literature on Current and Emerging Community Engagement Policy and Practice in the UK

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Prepared by
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1. Review Team

Anne-Marie Bagnall	Centre for Health Promotion Research, Institute of Health & Wellbeing, Faculty of Health & Social Sciences, Leeds Beckett University: 15 days; Principal Investigator, lead and project manager for component 1, stream 2.
Jane South	Centre for Health Promotion Research, Institute of Health & Wellbeing, Faculty of Health & Social Sciences, Leeds Beckett University: 5 days; advice on design & analysis.
Judy White	Centre for Health Promotion Research, Institute of Health & Wellbeing, Faculty of Health & Social Sciences, Leeds Beckett University: 5 days; advice on design and analysis.
Jo Trigwell	Centre for Health Promotion Research, Institute of Health & Wellbeing, Faculty of Health & Social Sciences, Leeds Beckett University: 20 days; co-investigator; data collection and analysis
Karina Kinsella	Centre for Health Promotion Research, Institute of Health & Wellbeing, Faculty of Health & Social Sciences, Leeds Beckett University: 20 days; co-investigator; data collection and analysis.
Claire Stansfield	EPPI-Centre, Social Science Research Unit, Department of Childhood, Families and Health, Institute of Education, University of London: 5 days across both components; Information specialist; design and development of search strategy, testing of search strategy, performing search strategy.

2. Summary of the Scope

The scope of the evidence covered by this project is outlined in the final Guidance scope document (http://www.nice.org.uk/nicemedia/live/14266/67533/67533.pdf).

'Community engagement' is used as an umbrella term covering community engagement and community development. It is about people improving their health and wellbeing by helping to develop, deliver and use local services. It is also about being involved in the local political process. Community engagement can involve varying degrees of participation and control: for example, giving views on a local health issue, jointly delivering services with public service providers (co-production) and completely controlling services.

The eligible population is defined as communities defined by at least 1 of the following, especially where there is an identified need to address health inequalities (section 4.1 of guidance scope): geographical area or setting, interest, health need, disadvantage and/or shared identity.

The eligible interventions/ activities are defined as (section 4.2): activities to ensure that community representative are involved in developing, delivering or managing services to promote, maintain or protect the community's health and wellbeing. An example of a community engagement activity is community-based participatory research. Examples of where this might take place include: care or private homes, community or faith centres, public spaces, cyberspace, health clinics or hospitals, leisure centres, schools and colleges and Sure Start centres. Examples of community engagement roles include: community (health) champions; community or neighbourhood committees or forums; community lay or peer leaders.

Eligible activities also include local activities to improve health by supporting community engagement. Examples include (can be delivered separately or in combination): raising awareness of, and encouraging participation in, community activities, evaluation and feedback mechanisms, funding schemes and incentives, programme management, resource provision, training for community members and professionals involved in community engagement.

The guideline will not cover community engagement activities that: do not aim to reduce the risk of disease or health condition, do not aim to promote or maintain good health, do not report on primary or intermediate health outcomes, focus on the planning, design, delivery or governance of treatment in healthcare settings, target individual people (rather than community).

The eligible outcome is defined as (see section 4.3) improvement in individual and population level health and wellbeing. Other expected intermediate outcomes may include: positive changes in health related knowledge, attitudes and behaviour, improvement in process outcomes, increase in the number of people involved in community activities to improve health, increase in the community's control of health promotion activities, improvement in personal outcomes, improvement in community's ability and capacity to make changes and improvements to foster a sense of belonging, views on the experience of community engagement (including what supports and encourages people to get involved and how to overcome barriers to engagement).
Our inclusion criteria are developed to reflect the eligibility criteria.

3. Overview of the project

The Centre for Public Health (CPH) at the National Institute for Health and Care Excellence (NICE) is developing a guideline on 'Community engagement – approaches to improve health'. The guideline will be developed by a Public Health Advisory Committee (PHAC) in 2014-15 in line with the final scope for this work. The guideline is expected to be published in January 2016 and will contain recommendations based on the evidence considered by the PHAC. There are three streams of work associated with the guideline's development that the CPH has commissioned:
Stream 1: Community engagement: a report on the current effectiveness and process evidence, including additional analysis.

Stream 2: Community engagement: UK qualitative evidence, including one mapping report and one review of barriers and facilitators

Stream 3: An economic analysis (cost effectiveness review and economic model)

Component 1 of Stream 2 comprises a mapping report to identify, describe and provide insight into current and emerging community engagement policy and practices in the UK.
The mapping review will consist of the following 2 parts:

(a) **Component 1a**: Map of the literature. This will provide a synopsis of the key findings from documentary analysis (including grey literature and practice surveys) of the current evidence base for UK local and national policy and practice for community engagement, as well as an assessment of the extent to which relevant scope questions are answered by the evidence base.

(b) Component 1b: Map of current practice based on a case study approach. This will consist of a series of six case studies of current or recent community engagement projects to improve health and reduce health inequalities. The focus will be practitioner and community's views; support systems; structures and delivery processes; local culture, resources, needs and priorities; approaches and practices; outcomes (successes and failures); sustainability; unanticipated effects; measures of success identified by communities and professionals; wider connections and costs. Case studies will be identified and selected to identify different approaches of current community engagement within the UK, in particular those approaches targeted at disadvantaged groups or communities, and other evidence gaps identified in component 1a, and Stream 1.

This protocol relates to component 1a of Stream 2 only. There are separate protocols for component 1a, component 2, and for the other Streams. All components have a similar scope, and review teams for all three streams are working together so that (for example) evidence arising from the analysis of Stream 2 may inform Streams 1 and 3, and literature searches being done for stream 1 may be used by components 1a and 2 of Stream 2. Also, the analysis of component 1 of stream 2 will inform component 2 (the barriers and facilitators review), which in turn may inform stream 1. The choice of case studies for component 1b of Stream 2 will be informed by emerging insights from component 1a and component 2 of Stream 2, and from Stream 1.

The map of the literature (component 1a) is the first component of a mapping report which will identify, describe and provide insight into current and emerging community engagement policy and practices in the UK; in addition to including the UK research literature, it will incorporate documentary analysis (including grey literature and practice surveys) of local and national policy and practice. Previous experience in this field (O'Mara-Eves et al. 2013, South et al. 2010) suggests that there is a publication bias in that professionally-led (sometimes referred to as "top-down") initiatives are more likely to be evaluated and then published in peer reviewed journals than community-led ("bottom-up" or "Grass-roots") initiatives, such as those that result in community empowerment. We will seek to overcome this publication bias by using our networks of community contacts to obtain as much grey literature as possible.

We propose to use the conceptual framework of community engagement developed in the recent NIHR funded review (O'Mara-Eves et al, 2013) as a potential structure for the analysis of the mapping review. This model identifies a range of dimensions by which community engagement interventions may differ from one another, and provides a framework within which to understand how different interventions may function. Data related to barriers and facilitators and the wider context could potentially be interrogated and mapped against the various dimensions of the model:

understanding motivations for seeking and participating in community engagement; conditions such as appropriateness, acceptability; and actions, such as relationship-building and other methods to engage communities; and the impacts for those who engage as well as the receiving community.

4. Review Questions

The mapping review will address any or all of the following research questions, from the final Guidance scope.

Question 3: What processes and methods help communities and individuals realise their potential and make use of all the resources (people and material) available to them?

This question could include sub-questions to explore the impact on the effectiveness and acceptability of different interventions conferred by: those delivering the intervention; community representatives or groups; health topic; setting; timing; or theoretical framework.

Question 4: Are there unintended consequences from adopting community engagement approaches?

Question 5: What barriers and facilitators affect the delivery of effective community engagement activities – particularly to people from disadvantaged groups?

Question 5 will encompass the following overarching questions:

Q5.1 To what extent do these barriers and facilitators vary according to key differences in community engagement approaches and practices, the health outcomes and populations to which they are targeted, and the context in which they are delivered?

Q5.2 How can the barriers and challenges be overcome?

We will also seek to explore a range of more specific issues and questions including:

- The factors that help or hinder communities to get involved in community engagement activities and how to build capacity and motivation;
- How local context and the associated political, health and community structures or systems support or hamper community engagement;

- How professionals can learn to better engage with, and act on, the suggestions from communities.

5. Methods: Component 1a – Mapping review of the literature on current and emerging UK policy and practice

We will work closely with the Centre for Public Health and in line with NICE methods and processes for development of evidence-based guidelines (current public health guideline development process and methods guides (third edition, 2012)).

5.1 Search protocol

Our search strategy has been designed in collaboration with our consortium partner, the EPPI-Centre. Given the difficulties of identifying studies via traditional electronic database searches (terms for community engagement are not well indexed or applied in uniform) (O'Mara-Eves et al., 2013; O'Mara-Eves et al 2014) we will focus our search efforts on specialised research registers and websites.

Our searches will involve the following:

1. Using the pool of studies (both included ***and*** excluded studies) that were identified within the recent NIHR funded review on community engagement (O'Mara-Eves et al., 2013). The searching for this review identified many potentially relevant UK studies. The search syntax originally used for these searches (including date of searches) is presented in Appendix A.
2. Updating the original searches that were carried out for the O'Mara-Eves et al. (2013) review. This part of the search strategy will have the following two elements. The search syntax that will be used in updating the search process is presented in Appendix B.

    a) A systematic search for existing systematic reviews which include studies of community engagement through specialist websites and databases dedicated to systematic reviews: We propose to search: Doper (the *Database of Promoting Health Effectiveness Reviews* developed and maintained by the EPPI-Centre; the *Cochrane Database of Systematic Reviews (CDSR); Database of abstracts of reviews of effects (DARE)*; the *Campbell Library; the* NIHR Health Technology Assessment (HTA) programme website; and Health Technology Assessment (HTA) database hosted by CRD.
    b) A systematic search of the EPPI-Centre database of studies in health promotion and public health that the EPPI-Centre has built up over many years as a result of carrying

out systematic reviews (known as TRoPHI). The studies in this database are the product of systematic searches in core NICE databases and have already been systematically classified. The latest update of TRoPHI will be made available to the Stream 2 review team by the Stream 1 review team.

Both of these elements will be run from January 2011 onwards.

3. To further ensure wide coverage of the evidence base, we will conduct backward and forward citation searches of included studies, using Google Scholar or Web of Science.

4. We also propose to contact lead authors of included studies to ask if they know of any other studies related to current or emerging community engagement approaches and practices (preferably including an analysis which examines inequalities in some way). As part of this process, we will also ask whether they would be willing to supply additional information about the study which we have included.

5. Internet sites to be searched (for published and unpublished evidence) as a minimum are as follows:

- UK government (gov.uk) portal
- NICE Evidence (including NICE website and former Health Development Agency documents)
- Public health observatories
- Open Grey
- healthevidence.org
- locality.org.uk
- The King's Fund
- Joseph Rowntree Foundation
- Altogether Better
- Well London
- Health Together www.leedsbeckett.ac.uk/healthtogether
- Public Health England
- UCL Institute of Health Equity
- UK Faculty of Public Health
- BIG Lottery wellbeing evaluation
- NESTA

- Community development exchange www.cdx.org.uk
- Community development foundation www.cdf.org.uk
- NIHR School for Public Health Research www.sphr.nihr.ac.uk
- People's Health Trust

6. Contact will be made with community practitioners and groups, and other academics, via established networks (to include People in Public Health database; Health Together database; Putting the Public back into Public Health database; Volunteering Fund database of projects; CHAIN; Healthwatch Leeds; CommUNIty; locality) and local authority, academic and practice mailing lists, to request published literature, grey literature, practice surveys and details of emerging practice. An online Register of Interest will be placed on the Health Together website to invite and facilitate interested parties to submit evidence. Records from these sources will be screened to identify relevant studies.

7. There will be a call for evidence to the project stakeholders made by NICE (17 June - 15 July 2014); additional relevant studies may enter the process through this route.

   Any published relevant qualitative or process evaluations found through the above search processes 5-7 will be marked accordingly and passed to the review team for component 2 of Stream 2 (evidence review of barriers and facilitators). In the same way, any relevant information on costs or resource use will be marked and passed on to the review team for Stream 3 (cost-effectiveness), and any relevant information on effectiveness will be passed on to the review team for Stream 1.

5.2 Data management

We will use EPPI-Reviewer 4 (ER4) (Thomas et al., 2010) to support the management and analyses of the references and the data extraction for all components. ER4 is a web-based systematic review program that supports the review process: downloading of bibliographic citations, application of inclusion and exclusion criteria, recording and storing free text and categorical and numerical data, and conducting statistical and qualitative synthesis. This specialist program also incorporates functions for comparing the independent assessments of reports from two or more reviewers. Therefore, ER4 will help assure quality in our review and facilitate transparency.

5.3 Inclusion and exclusion criteria

Records identified from all searches will be assessed by hierarchical inclusion screening. Inclusion criteria will cover populations, interventions, outcomes, study design, country, date and language. Records will first be screened on title and abstract. The inclusion criteria will be tested and refined after piloting them on a random sample of 10% of the titles and abstracts. All reviewers will independently screen these records and any differences will be resolved by discussion and where necessary, informed by the advice of the NICE team. Further pilot screening will be conducted until a good level of reliability is reached. (A good level of reliability is defined as 80% agreement between reviewers assigning exclusion/inclusion codes. The percent agreement is calculated as the number of agreement scores divided by the total number of scores). Once this level of reliability is reached one reviewer will screen all the remaining titles and abstracts, with a second reviewer screening a random selection of 5%. Any disagreements will be discussed or if necessary resolved by the lead researcher. Full text studies for those records that meet the inclusion criteria will be retrieved. We will have access to full text studies via subscriptions at University of East London, Leeds Beckett University and the Institute of Education libraries. All full text studies will be screened by one reviewers using the agreed inclusion criteria, with a random sample of 30% being double screened. Any disagreements will be resolved by discussion and recourse to a third reviewer. Those documents that pass the inclusion criteria on the basis of full text screening will be included in the review. We will liaise across the proposed consortium (i.e. with the University of East London and the Institute of Education, who are conducting Stream 2 component 2, and Stream 1 respectively, and with Matrix, the review team for Stream 3) in order to share inclusion/exclusion criteria so that we can identify and share any evidence relevant to other streams in our respective reviews.

The following criteria are proposed, but may be refined after trialling on records. Definitions reflect the eligibility criteria of populations, activities, outcomes as outlined in section 2 of the protocol (summary of scope) and available in the final guidance scope (http://www.nice.org.uk/nicemedia/live/14266/67533/67533.pdf).

Inclusion:

Population: UK only. Communities involved in interventions to improve their health; health or social care practitioners or other individuals involved in developing, delivering or managing relevant interventions.

Intervention: Focus on community engagement of any kind (for example, activities that ensure community representatives are involved in developing, delivering or managing services; or local activities that support community engagement). Local or national policy or practice.

Outcomes: : improvement/ change in individual and population-level health and wellbeing; positive changes in health-related knowledge, attitudes and behaviour; improvement/ change in process outcomes (e.g. service acceptability, uptake, efficiency, productivity, partnership working); increase/ change in the number of people involved in community activities to improve health; increase in the community's control of health promotion activities; improvement in personal outcomes such as self-esteem and independence; improvement in the community's capacity to make changes and improvements to foster a sense of belonging; adverse or unintended outcomes; economic outcomes.

Study designs: Empirical research: either quantitative, qualitative or mixed methods outcome or process evaluations. To include grey literature and practice surveys. Relevant policy documents and theoretical/ conceptual models or frameworks may also be included. Published from 2000 onwards* in English.

*Search date of 2000 onwards would capture relevant and appropriate records related to community engagement as conceived in the scoping document. The date range is informed by various legislation (e.g. The Health & Social Care Act, Section 11: Public Involvement & Consultation; Local Government Act) published at this time which generated research activity.

Exclusion

- Discussion articles or commentaries not presenting empirical or theoretical research or policy will be excluded.

As defined in the final scope (4.2.2), the following will be excluded:

- Studies which target individuals rather than a specific community.
- Studies which do not aim to reduce the risk of a disease or health condition
- Studies which do not aim to promote or maintain good health (by tackling, for example, the wider determinants of health)
- Studies which focus on the planning, design, delivery or governance of treatment in healthcare settings

Markers will also be added to the criteria to flag studies relevant to all other streams and components contracted under this guidance. The wording and criteria of these 'markers' will be decided with contracted partners.

If the number of studies included is too large to conduct a manageable qualitative synthesis, then we may need to draw up further criteria to narrow the scope of the review. This will be developed in consultation with the NICE team and our consortium partners.

The final stage of study selection will involve liaison across the proposed consortium to ensure there is no duplication of work between stream 1 and stream 2, for example with respect to what data to synthesise for process evaluations.

5.4 Data extraction

Included studies will be coded by one reviewer and a random selection of 20% checked by a second reviewer, using piloted pre-agreed forms on EPPI-Reviewer 4. Coding will differ depending on the type of document being coded e.g. for those that specify a particular approach we can code according to conceptual framework. Categories to be coded (as a minimum) are:

- bibliographic details;
- coder;
- year of publication;
- type of document (evaluation/ research/ practice survey/ policy document/ organisation report);
- study design (if evaluation or research);
- theoretical model or conceptual framework? (Yes/ No);
- Approach**: Strengthening communities? (Yes/ No);
- Approach**: Volunteer and peer roles? (Yes/ No);
- Approach**: Collaborations? (Yes/ No);
- Approach**: Connecting to community resources? (Yes/ No);
- focus of intervention;
- target group(s) (Drop down list of PROGRESS-Plus categories)***;
- target group (brief descriptive text);
- setting;
- effectiveness outcomes reported (health or wellbeing)? (Yes/ No);
- harmful/ unintended effects outcomes reported? (Yes/ No);

- process or service delivery outcomes reported? (Yes/ No);
- economic outcomes reported? (Yes/ No);
- uptake outcomes reported (Yes/ No)?
- overall effectiveness outcome (if relevant);
- key paper? (Yes/ No);
- markers for relevance to other streams

Any disagreements will be resolved by discussion with reference to the full paper and, where necessary, a third reviewer.

Quality assessment will not be undertaken, as this is a mapping review.

** Approaches are derived from Professor Jane South's typology of community-centred approaches.

*** The PROGRESS-plus framework highlights several social and personal dimensions that may affect health inequalities i.e.: Place of residence; Race/ ethnicity; Occupation; Gender; Religion; Education; Socio-economic position; Social capital; Other (e.g. age, disability, sexual orientation, being "looked after", etc.). Recommended by the Cochrane/Campbell Health Equity Group (Kavanagh J et al. 2008).

5.5 Synthesis

The findings of the review will be summarised narratively in the first instance, although frequencies and proportions of documents in certain categories will also be presented. The literature will be mapped, grouping papers using categories in the coding process. Areas where there are multiple papers, or alternatively, limited research will be noted. Further data analysis will be undertaken of policy, theoretical and practice survey documents, as these will not be represented in traditional systematic reviews (or in Stream 1).

While our exact approach to evidence synthesis will be determined by the nature of studies that are included in our review and with consultation with the NICE team, we see potential in using the new conceptual model of community engagement developed in the CERHI review (O'Mara-Eves et al. 2013) as a framework for our synthesis. This model identifies a range of dimensions by which community engagement interventions may differ from one another, and provides a framework within which to understand how different interventions may function.

However, as this is a mapping review, with limited data extraction, this (detailed framework synthesis) may not be possible. Instead, we may use South's typology of community-centred approaches as an initial framework to begin to explore the spread of intervention approaches used in the UK and how this has changed over time, together with summaries of which disadvantaged groups have been targeted, in which settings, whether these are related to intervention approaches, what types of outcomes have been reported, and whether this has changed over time. The summary of policy, theoretical and practice survey documents can feed in to this analysis by identifying significant periods of change, and by highlighting the current context, within which we can identify "where we are" now.

Evidence statements will also be produced which summarise findings and the overall strength of the evidence with regard to the number and type**** (but not quality) of studies as per NICE guidance on systematic reviews.

**** Articles may be classified as: Studies (S) – papers that include original data. These may be trials, surveys, meta- analyses, service audits or qualitative studies. S papers may be cited for their data, but also for issues flagged up in the discussion of the findings or implementation.

Discussions (D) – papers which do not present any new data but consist of descriptions of current practice, discussions of issues, or reviews of or commentaries on other papers.

6. Timetable

Tasks for Stream 2, Component 1a	Date to be completed
Submission of draft protocol, search protocol and search strategy	9th June 2014
NICE provides comments on the draft protocol, search protocol and search strategy	13th June 2014
Submission of revised protocol, search protocol and search strategy to NICE	24th June 2014
Final protocol, search protocol and search strategy agreed by NICE and Contractor	2nd July 2014
Run searches and document	31st July 2014 (tbc)
Send to Contractor Stream 1 & 3 any screening results that may be relevant for the effectiveness and cost-effectiveness review and economic modelling report	August 2014
Submission of draft report to NICE team	15/12/2014
NICE provide comments on draft report	19/12/2014
Submission of revised draft report to NICE	19/01/2015
Draft report mailed to PHAC members	22/01/2015
Submission of final slides for presentation(s) of evidence report to PHAC	27/01/2015
Presentation of draft evidence report at PHAC meetings	PHAC 3 03/02/2015
Final amendments to be made to evidence report post PHAC meetings	17/02/2015
Submission of the final reports following public consultation	23rd September 2015

6.1 Deliverables

- Draft and final review protocol and search strategy for the work;
- Reference Manager or compatible files containing search results;
- Draft evidence review reports. The final style and format of the presentation of the document is to be agreed with the NICE project team;
- Final project report(s)
- PowerPoint slides for presentation at relevant PHAC meetings;
- Presentation at PHAC meeting
- Draft responses to any stakeholder queries on the evidence reviews submitted as part of the guideline consultation

7. References

Dixon-Woods, M. Using framework-based synthesis for conducting reviews of qualitative studies. *BMC Medicine*, 9: 39.

National Institute of Health and Care Excellence (2012) Methods for the development of NICE public health guidance. London: NICE. URL: http://publications.nice.org.uk/methods-for-the-development-of-nice-public-health-guidance-third-edition-pmg4/appendix-b-electronic-resources Accessed: 23 March 2014.

Kavanagh J, Oliver S, Lorenc T. Reflections on developing and using PROGRESS-Plus. Equity update. 2008; 10:1-3.

O'Mara-Eves A, Brunton G, McDaid D, Oliver S, Kavanagh J, Jamal F, Matosevic T, Harden A, Thomas J (2013) Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. *Public Health Research*, 1(4): 1 – 548.

O'Mara-Eves A, Brunton G, McDaid D, Kavanagh J, Oliver S, Thomas J (2014), Techniques for identifying cross-disciplinary and 'hard-to-detect' evidence for systematic review. *Research Synthesis Methods*. 5(1): 50-59.

Thomas J, Brunton J, Graziosi S (2010) *EPPI-Reviewer 4.0: software for research synthesis*. EPPI-Centre Software. London: Social Science Research Unit, Institute of Education, University of London.

APPENDIX A: Search Strategy: Using the pool of studies that were identified within the recent NIHR funded review on community engagement (O'Mara-Eves et al., 2013)

Search strategy: Database of Promoting Health Effectiveness Reviews (searched 26 July 2011)
Keyword search: Health promotion OR inequalities AND (Aims stated AND search stated AND inclusion criteria stated)

Search strategy: Trials Register of Promoting Health Interventions (searched 16 August 2011)
"disadvantage" OR "disparities" OR "disparity" OR "equality" OR "equity" OR "gap" OR "gaps" OR "gradient" OR "gradients" OR "health determinants" OR "health education" OR "health inequalities" OR "health promotion" OR "healthy people programs" OR "inequalities" OR "inequality" OR "inequities" OR "inequity" OR "preventive health service" OR "preventive medicine" OR "primary prevention" OR "public health" OR "social medicine" OR "unequal" OR "variation"
AND
"change agent" OR "citizen" OR "community" OR "champion" OR "collaborator" OR "disadvantaged" OR "lay community" OR "lay people" OR "lay person" OR "member" OR "minority" OR "participant" OR "patient" OR "peer" OR "public" OR "representative" OR "resident" OR "service user" OR "stakeholder" OR "user" OR "volunteer" OR "vulnerable"
AND
"capacity building" OR "coalition" OR "collaboration" OR "committee" OR "compact" OR "control" OR "co-production" OR "councils" OR "delegated power" OR "democratic renewal" OR "development" OR "empowerment" OR "engagement" OR "forum" OR "governance" OR "health promotion" OR "initiative" OR "integrated local development programme" OR "intervention guidance" OR "involvement" OR "juries" OR "local area agreement" OR "local governance" OR "local involvement networks" OR "local strategic partnership" OR "mobilisation" OR "mobilization " OR "neighbourhood committee" OR "neighbourhood managers" OR "neighbourhood renewal" OR "neighbourhood wardens" OR "networks" OR "organisation" OR "panels" OR "participation" OR "participation compact" OR "participatory action" OR "partnerships" OR "pathways " OR "priority setting" OR "public engagement" OR "public health" OR "rapid participatory assessment" OR "regeneration" OR "relations" OR "support"

Search strategy: Cochrane databases (searched 17 August 2011)

CDSR (Cochrane reviews)
DARE (other reviews)
HTA database (technology assessments)
NHS EED (economic evaluations)

"disadvantage" OR "disparities" OR "disparity" OR "equality" OR "equity" OR "gap" OR "gaps" OR "gradient" OR "gradients" OR "health determinants" OR "health education" OR "health inequalities" OR "health promotion" OR "healthy people programs" OR "inequalities" OR "inequality" OR "inequities" OR

“inequity” OR “preventive health service” OR “preventive medicine” OR “primary prevention” OR “public health” OR “social medicine” OR “unequal” OR “variation”
AND
“change agent” OR “citizen” OR “community” OR “champion” OR “collaborator” OR “disadvantaged” OR “lay community” OR “lay people” OR “lay person” OR “member” OR “minority” OR “participant” OR “patient” OR “peer” OR “public” OR “representative” OR “resident” OR “service user” OR “stakeholder” OR “user” OR “volunteer” OR “vulnerable”
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Search strategy: The Campbell Library (searched 17 August 2011)
“disadvantage” OR “disparities” OR “disparity” OR “equality” OR “equity” OR “gap” OR “gaps” OR “gradient” OR “gradients” OR “health determinants” OR “health education” OR “health inequalities” OR “health promotion” OR “healthy people programs” OR “inequalities” OR “inequality” OR “inequities” OR “inequity” OR “preventive health service” OR “preventive medicine” OR “primary prevention” OR “public health” OR “social medicine” OR “unequal” OR “variation”
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APPENDIX B: Search Strategy: Updating the searches

Search strategy: Database of Promoting Health Effectiveness Reviews
Scan the title and abstracts of all items published since January 2011.

Search strategy: Trials Register of Promoting Health Interventions
The search is based on broad terms for Population AND Intervention

1) Free text search of titles and abstracts, 2011 onwards:

“change agent*” OR “citizen*” OR “communit*” OR “champion*” OR “collaborator*” OR “disadvantaged” OR “lay worker” or lay health” OR “lay people” OR “lay person” OR “member*” OR “minority” OR “participant*” OR “patient*” OR “peer*” OR “public” OR “representative*” OR “resident*” OR “stakeholder*” OR “user*” OR “volunteer*” OR “vulnerable” OR "lay worker" OR "lay health"
AND
“capacity building” OR “coalition*” OR “collaboration*” OR “committee*” OR “compact” OR “control” OR “co-production” OR “council*” OR “delegated power*” OR “democratic renewal” OR “development” OR “empowerment” OR “engagement” OR “forum*” OR “governance” OR “health promotion” OR “initiative*” OR “intervention guidance” OR “involvement” OR “juries” OR "jury" OR “local area agreement*” OR “local governance” OR “mobilisation” OR “mobilization “ OR “neighbourhood committee*” OR “neighbourhood manager*” OR “neighbourhood renewal” OR “neighbourhood warden*” OR “neighborhood committee*” OR “neighborhood manager*” OR “neighborhood renewal” OR “neighborhood warden*” OR “network” OR “networks” OR “organisation*” OR “organization*” OR “panel*” OR “participation” OR “participatory action” OR “partnership*” OR “pathway* “ OR “priority setting*” OR “public engagement” OR “public health” OR “rapid participatory assessment*” OR “regeneration” OR “relations” OR “support”

Search strategy: Cochrane/CRD databases

Cochrane Database of Systematic Reviews (Cochrane Library)
DARE (CRD)
HTA database (CRD)
NHS EED (CRD)

The search is based on broad terms for Topic AND Population AND Intervention. Search 2011 onwards. Search all fields:

“disadvantage*” OR “disparities” OR “disparity” OR “equalit*” OR “equit*” OR “gap” OR “gaps” OR
“gradient” OR “gradients” OR “health determinant” OR “health determinants” OR “health education” OR “health inequalities” OR “health promotion” OR “healthy people program*” OR “inequalities” OR “inequality” OR “inequit*” OR “preventive health service*” OR “preventive medicine” OR “primary prevention” OR “public health” OR “social medicine” OR “unequal” OR “variation*”
AND
“change agent*” OR “citizen*” OR “communit*” OR “champion*” OR “collaborator*” OR “disadvantaged” OR “lay communit*” OR “lay people” OR “lay person” OR “member*” OR “minorit*” OR “participant*" OR “patient*” OR “peer*” OR “public” OR “representative*” OR

“resident*” OR “service user*” OR “stakeholder*” OR “user*” OR “volunteer*” OR “vulnerable” OR "lay worker" OR "lay health"
AND
“capacity building” OR “coalition*” OR “collaboration*” OR “committee*” OR “compact” OR “control” OR “co-production” OR “council*” OR “delegated power*” OR “democratic renewal” OR “development” OR “empowerment” OR “engagement” OR “forum*” OR “governance” OR “health promotion” OR “initiative*” OR “intervention guidance” OR “involvement” OR “juries” OR "jury" OR “local area agreement*” OR “mobilisation” OR “mobilization“ OR “neighborhood committee*” OR “neighborhood manager*” OR “neighborhood renewal” OR “neighborhood warden*” OR “neighbourhood committee*” OR “neighbourhood manager*” OR “neighbourhood renewal” OR “neighbourhood warden*” OR “networks” OR “network” OR “organisation*” OR “organization*” OR “panel*” OR “participation” OR “participatory action” OR “partnership*” OR “pathway*“ OR “priority setting*” OR “public engagement” OR “public health” OR “rapid participatory assessment” OR “regeneration” OR “relations” OR “support”

Search strategy: Campbell Collaboration Library
All reviews published since January 2011 to be scanned by title, and then by title and abstract.

Search strategy: NIHR Health Technology Assessment (HTA) programme website / journals library
All reviews published since January 2011 to be scanned by title, and then title and abstract.