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# National Institute for Health and Clinical Excellence: 'Community engagement: approaches to improve health and reduce health inequalities'

## Protocol for Review 5: Evidence review of barriers to, and facilitators of, community engagement approaches and practices in the UK



## 1. Review team

Professor Angela Harden	Institute for Health & Human Development, UEL	Lead/ project manager
Farah Jamal	Institute for Health & Human Development, UEL	Reviewer/researcher
Kevin Sheridan	Institute for Health & Human Development, UEL	Reviewer/ researcher
Ifeoma Dan-Ogosi	Institute for Health & Human Development, UEL	Reviewer/ researcher
Claire Stansfield	EPPI Centre, Institute of Education	Information Specialist

## 2. Summary of the scope

This evidence review will address the barriers to, and facilitators of, community engagement approaches and practices.

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 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 well-being. 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 State 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 and will identify primarily qualitative evidence with a focus on community perspectives and the views of service providers.

### 3. Evidence review

#### 3.1 Overview

Community engagement is thought to improve health via its impact on the development and delivery of more appropriate and accessible interventions, as well as a direct positive impact on social cohesion and individual self-esteem and self-efficacy for those who are engaged. Recent work has indicated that community engagement interventions are effective in improving health behaviours, health consequences, participant self-efficacy and perceived social support for disadvantaged groups [O'Mara-Eves et al. 2013]. While the synthesised evidence base lends strong support for the impact of community engagement, research on the views and experiences of participants, staff and others on the barriers and facilitators of community engagement practices and approaches has not yet been brought together and synthesised in a systematic way. This is important because if strategies to involve communities are to be successful in practice in promoting health and reducing inequalities, there needs to be evidence based strategies identified to overcome potential barriers and to strengthen facilitators.

The upcoming update of the NICE guidance on community engagement requires current synthesized evidence on barriers to, and facilitators of community engagement approaches and practices, particularly in the UK setting, and for disadvantaged groups, which this project addresses. The review will be conducted in accordance with the methods for the development of NICE public health guidance (NICE, 2012).

There are a range of conceptual models developed to understand the mechanisms of community engagement for health improvement. After identifying and evaluating the evidence base, we will explore these as potential frameworks to revise and further develop for our review. A new evidence based conceptual model developed in a recently published NIHR review (mentioned above) on the effectiveness of community engagement for reducing health inequalities will be particularly valuable to guide the synthesis of our review (O'Mara-Eves et al., 2013). 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. The data from this review, providing bespoke analysis of barriers and facilitators relevant to the UK setting, 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.

The barriers and facilitators review is one of three streams of work which have been commissioned by NICE to inform the update of the community engagement guideline. We will work closely with the other contracted streams throughout the project, particularly in the areas of searching, study selection and synthesis. Details, including collaborative working in these areas are provided in the corresponding sections of this protocol; section 4.1, section, 4.3 and section 4.6 respectively.

Stream 1 will be a review of effectiveness and process evidence which will update and extend a recently published NIHR review on the effectiveness of community engagement for reducing health inequalities (O'Mara-Eves et al., 2013) and will be led by the EPPI-Centre Institute of Education, University of London.

Stream 2, component 1 will particularly inform our review of barriers and facilitators in the UK setting and includes a) a map of the literature of local and national policy and practice; and b) map of the current practice based on case studies of community engagement projects in the UK. This is led by Leeds Metropolitan University. This protocol pertains to stream 2, component 2, an evidence review of barriers to, and facilitators of community engagement approaches and practices in the UK which we at the Institute of Health & Human Development, University of East London are leading.

Stream 3 is an economic analysis (cost effectiveness review and economic model) and is led by Matrix.

## 3.2. Review questions

### Primary research question

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

### Secondary research questions

- 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?
- How can the barriers and challenges be overcome?

Within the above we will 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 and systems support or hamper community engagement;
- How professionals can learn to better engage, and act on the suggestions from, communities.

## 4. Methods

### 4.1 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 UK qualitative studies and process evaluations that potentially address barriers and facilitators. 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: DoPHER (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.

To note, this search will retrieve systematic reviews whereby some or all of the included studies are relevant to community engagement approaches and practices. The reviews are used to identify included primary studies that are relevant to the scope of this project; the systematic review themselves are not included in the synthesis.

- 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.

Both of these elements will be run from Jan 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 barriers and facilitators of community engagement approaches and practices (preferably including an analysis which examines inequalities in some way). As part of this process, we will also ask, where appropriate, whether they can supply a fuller report of the methods and findings of their study. ..
5. The searches to be conducted for stream 2, component 1a (mapping report) may also identify

studies relevant to our review and we will work closely with Leeds Metropolitan University leading these searches to identify these. The searching includes a search of websites relevant to community engagement approaches and practices in the UK, as well as a Register of Interest inviting individuals and organisations to share published and unpublished literature. Stream 1 and 3 will also share with us any studies identified that may be relevant to our review.

a) We will search the following websites:

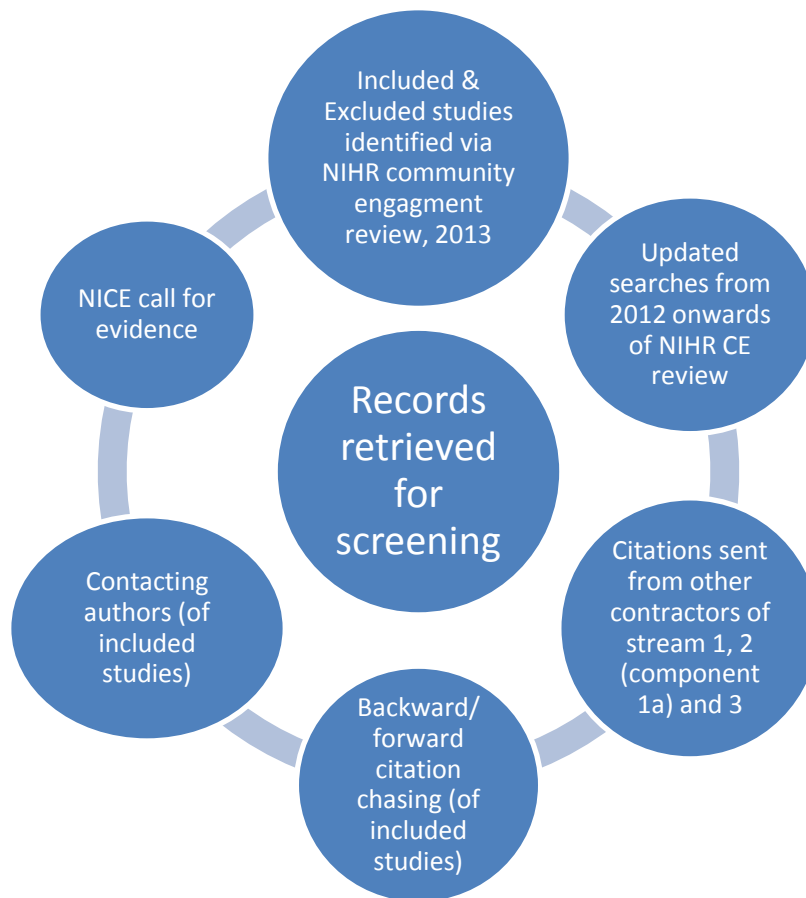
- UK government (gov.uk) portal
- NICE Evidence (including NICE website and former Health Development Agency documents)
- Public health observatories
- Open Grey
- [healthevidence.org](http://healthevidence.org)
- [locality.org.uk](http://locality.org.uk)
- The King's Fund
- Joseph Rowntree Foundation
- Altogether Better
- Well London
- Health Together [www.leedsmet.ac.uk/healthtogether](http://www.leedsmet.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](http://www.cdx.org.uk)
- Community development foundation [www.cdf.org.uk](http://www.cdf.org.uk)
- NIHR School for Public Health Research [www.sphr.nihr.ac.uk](http://www.sphr.nihr.ac.uk)

b) Register of Interest/contact networks:

Community practitioners and groups, and other academics will be contacted, via established networks (to include People in Public Health database; Health Together database; Putting the Public back into Public Health database; CHAIN; CommUNITY; locality) and academic and practice mailing lists, to request published and unpublished literature (as well as practice surveys and details of emerging practice relevant for stream 2, component 1a). 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

6. 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.

## Figure 1. Searching



### 4.2 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.

### 4.3 Inclusion and exclusion criteria

Records identified from all searches will be assessed by hierarchical inclusion criteria. The criteria will be tested and refined after piloting it on a random sample of studies. Records will first be screened on title and abstract. Two reviewers will conduct 'double screening' on a random sample of 10% of the records and any differences will be resolved by discussion in the presence of another reviewer and where necessary, informed by the advice of the NICE team. Once a good level of reliability is reached, reviewers will independently screen the remaining studies. 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. 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 Metropolitan University and the Institute of Education libraries. All full text studies will be double-screened by two reviewers using the inclusion criteria with any disagreements 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 Leeds Metropolitan University and the Institute of Education, who are conducting Stream 2 component 1, and Stream 1 respectively) 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:*

1. 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)
2. Empirical research; either qualitative research studies (for example: using data collection methods such as interviews focus groups, ethnographic case studies and data analysis methods such as thematic analysis, grounded theory, discourse analysis) or mixed methods process evaluations
3. Presents barriers and/or facilitators to community engagement approaches or practices
4. Addresses disadvantaged groups as defined by Progress-plus framework\*
5. Conducted in the UK
6. Published in 2000 onwards\*\*
7. In English

\*Captures different dimensions of potential disadvantage. Recommended by the Cochrane/Campbell Health Equity Group (Kavanagh J et al. 2008)

\*\*We have set a publication date of 2000 onwards as this will capture relevant and appropriate records related to community engagement over significant periods of change 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:*

- Studies of effectiveness or cost-effectiveness reviews, think pieces and other articles not presenting empirical research will be excluded
- Studies which target individuals rather than a specific community as defined in the final scope (4.1.1) will be excluded

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.

#### **4.4 Data extraction**

Data will be extracted from included studies using the tool for qualitative studies in Appendix K of the Methods for the development of NICE public health guidance (NICE, 2012). Two reviewers will double extract a random sample of 10% of the included studies. When good consistency is reached, reviewers will independently data extract remaining studies and a third reviewer will check all data extraction tables to ensure thoroughness of reporting. Data for each included study will be presented in evidence tables in the report appendix, as per NICE guidelines.

#### **4.5 Quality assessment**

All included studies will be quality-assessed using the tool in Appendix H of the Methods for the development of NICE public health guidance (NICE, 2012). This tool contains 12 questions which can be answered 'yes', 'no', or 'can't tell / not reported'. On the basis of the answers to these questions, each study will be assigned an overall quality rating: [++], high quality; [+], medium quality; or [-], low quality. To ensure consistent application of the tool, two reviewers will double assess a random sample of 10% of the included studies. When good consistency (80% inter-rater agreement on overall scoring) is reached, reviewers will independently assess the remaining studies. A third reviewer will oversee the process and check all quality assessment tools.

#### **4.6 Synthesis**

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 CHERI review 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. Data related to barriers and facilitators 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. We will also explore how these barriers and facilitators may have changed over time highlighting where we are now within the current context. A key feature of the analysis will also be a focus on disadvantaged groups and inequalities such that the data allows. Using this approach, often termed 'framework synthesis' (Dixon-Woods, 2011) offers a highly structured approach to organising and analysing data. While framework synthesis has deductive elements, new topics in addition to those in the framework may also be developed and incorporated as they emerge from the data. Reviewers (AH, FJ, KS) will work together to develop the framework (i.e. interrogate themes and map data onto themes) in a series of group meetings, led by AH.

The results of the synthesis will feed back into the logic model described in the NICE scoping document whereby we can suggest how and where key barriers and facilitators of community engagement might lead or deter pathways to health outcomes.

In addition, evidence statements will also be produced which summarizes findings and the overall strength of the evidence as per NICE guidance on systematic reviews.

## 5. Timetable

Tasks for Stream 2, Component 2	Date to be completed (by 5pm)
Submission of draft protocol, search protocol and search strategy or sampling frame (as appropriate)	9 <sup>th</sup> June 2014
NICE provides comments on the draft protocol, search protocol and search strategy or sampling frame (as appropriate)	13 <sup>th</sup> June 2014
Submission of revised protocol, search protocol and search strategy or sampling frame (as appropriate) to NICE	24 <sup>th</sup> June 2014
Final protocol, search protocol and search strategy or sampling frame (as appropriate) agreed by NICE and Contractor	2 <sup>nd</sup> July 2014
Run searches and document	31 <sup>st</sup> 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 (tbc)
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	2 weeks after each PHAC meeting
Submission of the final reports following public consultation	23 <sup>th</sup> September 2015

## 5.1 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

## References

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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”

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: 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.