Supplementary file for 'Building readiness in community-based organisations to enable the implementation of public health interventions for adults and older adults: a scoping review'

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Appendix 1: Search strategies

Medline (Ovid) search strategy 1946 to May 30, 2024

IMPLEMENTATION STRATEGY: strategies to build organisational readiness for implementation

1	((implement* or inner context or inner setting or innovat* or institution* or organi#at* or personal or state or team) adj3 (belief* or capab* or capacity or change* or climate or commit* or culture or dynamic* or leader* or motivat* or prepare* or readiness or resource* or willing*)).ti,ab,kf.	114,578
2	(change adj3 process).ti,ab,kf.	5,902
3	((willing* or ready or readiness or capacity) adj3 change).ti,ab,kf.	5,973
4	(motivation* adj3 readiness).ti,ab,kf.	405
5	(pre-implement* or preimplement* or pre implement*).ti,ab,kf.	2,591
6	exp Organizational Innovation/	27,924
7	Implementation Science/	1,448
8	implementation science.ti,ab,kf.	6,491
9	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8	157,258

INTERVENTION: public health interventions in community-based settings

10	physical activit*.ti,ab,kf.	164,509
11	exp Exercise/	257,305
12	nutrition*.ti,ab,kf.	392,593
13	diet*.ti,ab,kf.	724,320
14	Healthy Aging/ or healthy ag?ing.ti,ab,kf.	11,621
15	exp Healthy Lifestyle/	12,767
16	smok*.ti,ab,kf.	348,597
17	(chronic disease adj3 prevent*).ti,ab,kf.	2,350
18	Chronic Disease/ and prevent*.ti,ab,kf.	17,046
19	navigat*.ti,ab,kf.	67,446
20	exp Public Health/ or (public adj3 health).ti,ab,kf.	9,714,031
21	(health adj3 promotion).ti,ab,kf.	48,833
22	Public Health Administration/	15,803

23	exp Health Promotion/	86,921
24	exp Preventive Health Services/	697,122
25	10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24	10,833,233
26	communit*.ti,ab,kf.	800,986
27	neighbo?r*.ti,ab,kf.	148,366
28	exp Community Health Services/	336,698
29	primary health*.ti,ab,kf.	49,341
30	(nonprofit or non profit).ti,ab,kf.	7,836
31	third sector.ti,ab,kf.	512
32	(community adj3 cent*).ti,ab,kf.	17,792
33	outreach.ti,ab,kf.	19,613
34	peer led.ti,ab,kf.	1,661
35	26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34	1,248,644
36	25 and 35	696,707

PARTICIPANTS: adults or older adults

37	(adult* or senior* or elder* or post menopausal or postmenopausal or old or older or aged or ag$ing).ti,ab,kf.	4,049,160
38	exp Adult/	8,082,765
39	37 or 38	10,083,748

COMBINE IMPLEMENTATION STRATEGY, INTERVENTION, AND PARTICIPANTS

40	9 and 36 and 39	4,854

REMOVE ANIMAL STUDIES

41	exp animals/ not humans.sh.	5,226,717
42	40 not 41	4,852

Embase (Ovid) search strategy 1947 to 2024 May 31

IMPLEMENTATION STRATEGY: strategies to build organisational readiness for implementation

1	((implement* or inner context or inner setting or innovat* or institution* or organi#at* or personal or state or team) adj3 (belief* or capab* or capacity or change* or climate or commit* or culture or dynamic* or leader* or motivat* or prepare* or readiness or resource* or willing*)).ti,ab,kf.	148,257
2	(change adj3 process).ti,ab,kf.	7,620
3	((willing* or ready or readiness or capacity) adj3 change).ti,ab,kf.	7,713
4	(motivation* adj3 readiness).ti,ab,kf.	490
5	(pre-implement* or preimplement* or pre implement*).ti,ab,kf.	4,285
6	exp Organizational Innovation/	921,492
7	Implementation Science/	6,012
8	implementation science.ti,ab,kf.	6,555
9	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8	1,068,919

INTERVENTION: public health interventions in community-based settings

10	exp physical activity/ or physical activit*.ti,ab,kf.	653,783
11	exp Exercise/	483,142
12	nutrition*.ti,ab,kf.	527,621
13	diet*.ti,ab,kf.	972,759
14	Healthy Aging/ or healthy ag?ing.ti,ab,kf.	14,472
15	Healthy Lifestyle/	10,303
16	smok*.ti,ab,kf.	534,855
17	(chronic disease adj3 prevent*).ti,ab,kf.	2,813
18	Chronic Disease/ and prevent*.ti,ab,kf.	21,341
19	navigat*.ti,ab,kf.	87,539
20	Public Health/ or (public adj3 health).ti,ab,kf.	586,336
21	(health adj3 promotion).ti,ab,kf.	58,044
22	exp Public Health Administration/	83,661
23	exp Health Promotion/	120,367

24	exp Preventive Health Services/	33,314
25	10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24	3,452,912
26	communit*.ti,ab,kf.	995,572
27	neighbo?r*.ti,ab,kf.	170,495
28	exp Community Health Services/	145,049
29	primary health*.ti,ab,kf.	56,916
30	(nonprofit or non profit).ti,ab,kf.	11,084
31	third sector.ti,ab,kf.	722
32	(community adj3 cent*).ti,ab,kf.	25,784
33	outreach.ti,ab,kf.	28,370
34	peer led.ti,ab,kf.	2,177
35	26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34	1,298,585
36	25 and 35	288,245

PARTICIPANTS: adults or older adults

37	(adult* or senior* or elder* or post menopausal or postmenopausal or old or older or aged or ag$ing).ti,ab,kf.	5,831,725
38	exp Adult/	11,766,735
39	37 or 38	14,094,153

COMBINE IMPLEMENTATION STRATEGY, INTERVENTION, AND PARTICIPANTS

40	9 and 36 and 39	15,582

REMOVE ANIMAL STUDIES

41	exp Animals/ not exp Human/	6,053,647
42	40 not 41	15,536

REMOVE MEDLINE RECORDS

43	limit 42 to "remove medline records"	5,735

PsycINFO (Ovid) search strategy 1806 to May Week 4 2024

IMPLEMENTATION STRATEGY: strategies to build organisational readiness for implementation

#	Search	Results
1	((implement* or inner context or inner setting or innovat* or institution* or organi#at* or personal or state or team) adj3 (belief* or capab* or capacity or change* or climate or commit* or culture or dynamic* or leader* or motivat* or prepare* or readiness or resource* or willing*)).ti,ab.	98,316
2	(change adj3 process).ti,ab.	7,500
3	((willing* or ready or readiness or capacity) adj3 change).ti,ab.	3,937
4	(motivation* adj3 readiness).ti,ab.	477
5	(pre-implement* or preimplement* or pre implement*).ti,ab.	471
6	Innovation/	19,097
7	implementation science.ti,ab.	1,193
8	1 or 2 or 3 or 4 or 5 or 6 or 7	123,934

INTERVENTION: public health interventions in community-based settings

#	Search	Results
9	exp Physical Activity/ or physical activit*.ti,ab.	73,023
10	exp Exercise/	33,739
11	nutrition*.ti,ab.	30,535
12	diet*.ti,ab.	50,774
13	exp Healthy Aging/ or healthy ag?ing.ti,ab.	4,088
14	exp Health Behavior/	45,159
15	smok*.ti,ab.	64,547
16	(chronic disease adj3 prevent*).ti,ab.	477
17	exp Chronic Illness/ and prevent*.ti,ab.	2,303
18	navigat*.ti,ab.	33,369
19	exp Public Health/ or (public adj3 health).ti,ab.	84,618
20	(health adj3 promotion).ti,ab.	17,754
21	exp Health Promotion/	29,756
22	exp Preventive Health Services/	7,406
23	9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22	357,775

24	communit*.ti,ab.	360,376
25	neighbo?r*.ti,ab.	40,200
26	exp Community Health/ or exp Community Services/	62,110
27	primary health*.ti,ab.	6,866
28	(nonprofit or non profit).ti,ab.	7,882
29	third sector.ti,ab.	390
30	(community adj3 cent*).ti,ab.	9,807
31	outreach.ti,ab.	9,279
32	peer led.ti,ab.	1,112
33	24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32	433,808
34	23 and 33	62,896

PARTICIPANTS: adults or older adults

35	(adult* or senior* or elder* or post menopausal or postmenopausal or old or older or aged or ag$ing).ti,ab.	1,103,902
36	adulthood 18 yrs older.ag.	2,347,558
37	35 or 36	2,770,305

COMBINE IMPLEMENTATION STRATEGY, INTERVENTION, AND PARTICIPANTS

38	8 and 34 and 37	1,586
39	(exp Animals/ or animal.po.) not human.po.	397,280

REMOVE ANIMAL STUDIES

40	38 not 39	1,583

Cochrane (cochranelibrary.com) search strategy Issue 6 of 12, June 2024

IMPLEMENTATION STRATEGY: strategies to build organisational readiness for implementation

#1	((implement* OR inner context OR inner setting OR innovat* OR institution* OR organi?at* OR personal OR state OR team) NEAR/3 (belief* OR capab* OR capacity OR change* OR climate OR commit* OR culture OR dynamic* OR	137

	leader* OR motivat* OR prepare* OR readiness OR resource* OR willing*)) in Title Abstract Keyword	
#2	(change NEAR/3 process) in Title Abstract Keyword	6
#3	((willing* OR ready OR readiness OR capacity) NEAR/3 change) in Title Abstract Keyword	12
#4	(motivation* NEAR/3 readiness) in Title Abstract Keyword	1
#5	(pre-implement* OR preimplement* OR “pre implementation”) in Title Abstract Keyword	7
#6	(organi?at* NEAR/3 innovat*) in Title Abstract Keyword	4
#7	MeSH descriptor: [Implementation Science] this term only	97
#8	“implementation science” in Title Abstract Keyword	5
#9	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8	245

INTERVENTION: public health interventions in community-based settings

#10	(“physical activity” OR “physical activities”) in Title Abstract Keyword	106
#11	MeSH descriptor: [Exercise] explode all trees	38,857
#12	nutrition* in Title Abstract Keyword	203
#13	diet* in Title Abstract Keyword	216
#14	“healthy aging” OR “healthy ageing” in Title Abstract Keyword	1,225
#15	MeSH descriptor: [Healthy Lifestyle] explode all trees	1,549
#16	smok* in Title Abstract Keyword	152
#17	(“chronic disease” NEAR/3 prevent*) in Title Abstract Keyword	5
#18	MeSH descriptor: [Chronic Disease] explode all trees	43,379
#19	#18 AND prevent* in Title Abstract Keyword	34
#20	navigat* in Title Abstract Keyword	793
#21	MeSH descriptor: [Public Health] explode all trees	636,863
#22	(public NEAR/3 health) in Title Abstract Keyword	284
#23	(health NEAR/3 promotion) in Title Abstract Keyword	73
#24	MeSH descriptor: [Public Health Administration] this term only	34
#25	MeSH descriptor: [Health Promotion] explode all trees	8,951
#26	MeSH descriptor: [Preventive Health Services] explode all trees	44,644
#27	#10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26	659,504
#28	communit* in Title Abstract Keyword	383

#29	(neighbor* OR neighbour*) in Title Abstract Keyword	30
#30	MeSH descriptor: [Community Health Services] explode all trees	19,555
#31	“primary health” in Title Abstract Keyword	36
#32	(nonprofit OR “non profit” OR non-profit) in Title Abstract Keyword	23
#33	“third sector” in Title Abstract Keyword	2
#34	(community NEAR/3 cent*) in Title Abstract Keyword	37
#35	outreach in Title Abstract Keyword	37
#36	"peer led" in Title Abstract Keyword	6
#37	#28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36	19,930
#38	#27 AND #37	16,337

PARTICIPANTS: adults or older adults

#39	(adult* OR senior* OR elder* OR “post menopausal” OR postmenopausal OR post-menopausal OR old OR older OR aged OR aging OR ageing) in Title Abstract Keyword	946
#40	MeSH descriptor: [Adult] explode all trees	616,195
#41	#39 OR #40	616,816

COMBINE IMPLEMENTATION STRATEGY, INTERVENTION, AND PARTICIPANTS

#42	#9 AND #38 AND #41	102

CINAHL (Ebsco) search strategy 1982 to 4 June 2024

IMPLEMENTATION STRATEGY: strategies to build organisational readiness for implementation

S1	(TI (implement* OR inner context OR inner setting OR innovat* OR institution* OR organi?at* OR personal OR state OR team) N3 (belief* OR capab* OR capacity OR change* OR climate OR commit* OR culture OR dynamic* OR leader* OR motivat* OR prepare* OR readiness OR resource* OR willing*)) OR (AB (implement* OR inner context OR inner setting OR innovat* OR institution* OR organi?at* OR personal OR state OR team) N3 (belief* OR capab* OR capacity OR change* OR climate OR commit* OR culture OR dynamic* OR leader* OR motivat* OR prepare* OR readiness OR resource* OR willing*))	60,832
S2	(TI change N3 process) OR (AB change N3 process)	7,452
S3	(TI (willing* OR ready OR readiness OR capacity) N3 change) OR (AB (willing* OR ready OR readiness OR capacity) N3 change)	3,955

S4	(TI motivation* N3 readiness) OR (AB motivation* N3 readiness)	283
S5	(TI pre-implement* OR preimplement*) OR (AB pre-implement* OR preimplement*)	1,497
S6	(MH "Diffusion of Innovation+")	21,195
S7	(TI “implementation science”) OR (AB “implementation science”)	1,967
S8	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7	92,299

INTERVENTION: public health interventions in community-based settings

S9	(MH "Physical Activity") OR (TI “physical activit*”) OR (AB “physical activit*”)	100,071
S10	(MH "Exercise+")	132,785
S11	(TI nutrition*) OR (AB nutrition*)	128,919
S12	(TI diet*) OR (AB diet*)	158,430
S13	(MH "Healthy Aging") OR (TI “healthy ag#ing”) OR (AB “healthy ag#ing”)	5,526
S14	(TI smok*) OR (AB smok*)	112,028
S15	(TI “chronic disease” N3 prevent*) OR (AB “chronic disease” N3 prevent*)	1,410
S16	(MH "Chronic Disease+") AND ((TI prevent*) OR (AB prevent*))	6,429
S17	(TI navigat*) OR (AB navigat*)	23,548
S18	(MH "Public Health+") OR (TI public N3 health) OR (AB public N3 health)	1,525,012
S19	(TI health N3 promotion) OR (AB health N3 promotion)	28,176
S20	(MH "Health Services Administration+")	2,359,647
S21	(MH "Health Promotion")	81,315
S22	S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21	3,647,159
S23	(TI communit*) OR (AB communit*)	310,871
S24	(TI neighbo#r*) OR (AB neighbo#r*)	24,827
S25	(MH "Community Health Services+")	581,528
S26	(TI “primary health*”) OR (AB “primary health*”)	21,126
S27	(TI nonprofit OR non-profit OR “non profit”) OR (AB nonprofit OR non-profit OR “non profit”)	4,544
S28	(TI “third sector”) OR (AB “third sector”)	478
S29	(TI community N3 cent*) OR (AB community N3 cent*)	11,569
S30	(TI outreach) OR (AB outreach)	10,876
S31	(TI “peer led”) OR (AB “peer led”)	1,072
S32	S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31	852,246

S33	S22 AND S32	615,522

PARTICIPANTS: adults or older adults

S34	(TI adult* OR senior* OR elder* OR post-menopausal OR postmenopausal OR old OR older OR aged OR ag#ing) OR (AB adult* OR senior* OR elder* OR post-menopausal OR postmenopausal OR old OR older OR aged OR ag#ing)	1,638,327
S35	(MH "Adult+")	2,098,914
S36	S34 OR S35	2,515,581

COMBINE IMPLEMENTATION STRATEGY, INTERVENTION, AND PARTICIPANTS

S37	S8 AND S33 AND S36	5,810

REMOVE ANIMAL STUDIES

S38	((MH "Animals+") OR (MH "Animal Studies") OR (TI "animal model*")) NOT (MH "human")	215,026
S39	S37 NOT S38	5,809

Appendix 2: Document that contains definitions and examples for screening

Eligibility criteria

Implementation strategy

To be included, studies need to both assess organisational readiness for implementation and describe one or more strategies to build organisational readiness for implementation. Organisational readiness for implementation is defined as "organizational members' beliefs, attitudes, and intentions regarding the extent to which changes are needed and the organization's capacity to successfully make those changes".[1] While organisational readiness is described as "tangible and immediate indicators of organizational commitment to its decision to implement an intervention" in the CFIR.[2] A useful heuristic is $R=MC^2$, where readiness (R) has three components - the organisation's motivation (M) to adopt an innovation, general organisational capacities (C), and innovation-specific capacities (C).[3] Assessment can involve using a readiness-specific instrument listed in reviews of readiness instruments[4-5,7-10] (see list in Appendix A), a general implementation instrument that includes a readiness component, or qualitative data (e.g., interview, focus group) that is coded to a readiness framework (e.g., $R=MC^2$).[3] Strategies to build organisational readiness for implementation could be the 55 strategies (see list in Appendix B) from the taxonomy of discrete implementation strategies developed by Powell and colleagues[11] that address organisational readiness for implementation at different timepoints along the implementation process.[6]

Intervention

Our review will focus on public health interventions in community settings. The public health interventions need to provide programs at a person level and do not focus on pharmacology, screening, changing the environment, policy, or mass media education. These encompass health promotion or chronic disease management programs. Public health is defined as "the science and art of preventing disease, prolonging life and promoting human health through organized efforts and informed choices of society, organizations, public and private, communities and individuals".[12] Health promotion is defined as "the process of enabling people to increase control over and to improve their health" and is a core function of public health.[13] Chronic disease prevention programs are "specific efforts aimed at reducing the development and severity of chronic diseases and other morbidities".[14] Public health interventions that involve pharmacology (e.g., vaccination), screening (e.g., screening for breast or bowel cancer), changing the environment (e.g., fluoridation of the water supply to prevent tooth decay, insecticides for mosquitoes for malaria control, motor vehicle occupant restraints to prevent injury), policy (e.g., taxes to reduce consumption of tobacco products or sugary drinks, legislation to restrict the import of e-cigarettes for tobacco control), or mass media education (e.g., advertising campaigns to increase physical activity) will be excluded. Health services that deliver health care to individual people will also be excluded.

Community settings includes at home and in public or private community centres. Programs delivered in the workplace, hospital (inpatient), residential aged care (nursing home), or ambulatory (outpatient) settings will be excluded.

Some examples of relevant public health programs delivered in community settings in Australia are: Get Healthy Service (https://www.gethealthynsw.com.au/); iCanQuit (https://www.icanquit.com.au/); and, Stepping On (https://www.steppingon.com/). Some Canadian examples include: Choose to Move (https://choosetomove.ca/); Small Steps for Big Change (https://ok-smallsteps.sites.olt.ubc.ca/); and, HealtheSteps (https://healthesteps.ca/).

Participants

This scoping review will include studies involving adults and/or older adults. Adult is defined as 18 years of age or older. Older adult is defined as 65 years of age or older, which is the MeSH definition for 'aged' (https://www.ncbi.nlm.nih.gov/mesh/68000368). Populations that are predominantly children or adolescents (e.g., physical activity interventions in schools) will be excluded.

Evidence sources

We will review any full articles published in peer-reviewed journals. We will include studies adopting any research design (i.e., randomised and non-randomised controlled trials, one-group pre- versus post-test studies, single case studies, cross-sectional surveys, conceptual studies, and qualitative studies). There will be no language or year of publication restrictions. We will exclude systematic reviews and scoping reviews.

Inclusion criteria

1. Assesses organisational readiness for implementation.
2. Describes one or more strategies to build organisational readiness for implementation.
3. Public health intervention that provides programs at a person level and encompass health promotion or chronic disease management programs.
4. Intervention is delivered in a community-based setting, including at home and public or private community centres.
5. Participants that are adult (18 years and older) and/or older adult (65 years and older).
6. Any research design (i.e., randomised and non-randomised controlled trials, one-group pre- versus post-test studies, single case studies, cross-sectional surveys, conceptual studies, qualitative studies).
7. Published as a full article in a peer-reviewed journal.
8. Any language.
9. Any date of publication.

Exclusion criteria

1. Public health interventions that involve pharmacology, screening, changing the environment, policy, or mass media education.
2. Health services that deliver health care to individual people in hospital (inpatient), residential aged care (nursing home), or ambulatory (outpatient) settings.
3. Programs delivered in the workplace (note, universities are workplaces if the intervention is for students or staff).
4. Participants that are predominantly children or adolescents (i.e., < 18 years).
5. Systematic reviews and scoping reviews.
6. Conference abstracts, theses and trial registrations.

Step 1: title and abstract screening

Searches have been run in five databases (Medline, Embase, PsycINFO, Cochrane, and CINAHL) covering the period from database inception to 4 June 2024. The search results have been imported into Covidence and duplicates detected by Covidence (and some by manual identification) have been removed. There are 15,782 citations to screen. Don't be daunted by this as many can be excluded by reading the title alone.

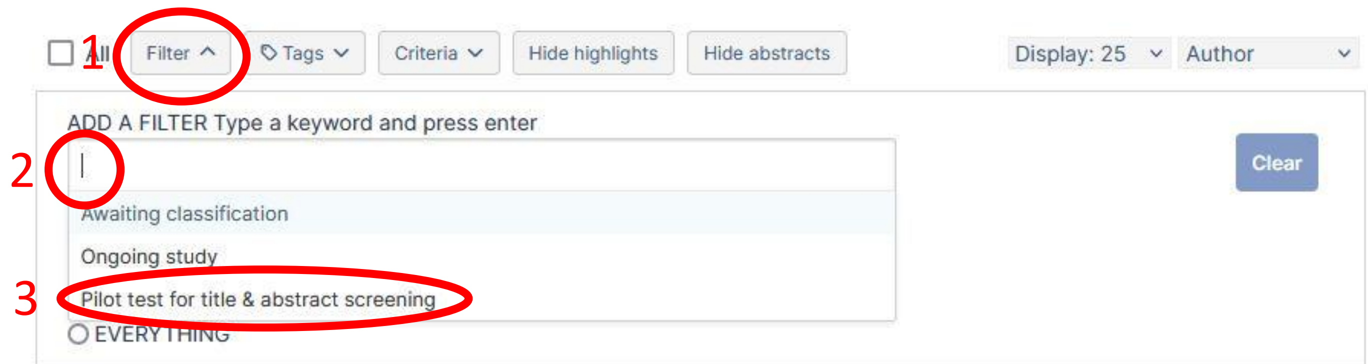
The citations are in the 'Title and abstract screening' section in Covidence. Click the 'Continue' button to start screening.

Title and abstract screening
0 irrelevant
15872 studies to screen
TEAM PROGRESS
0 DONE
0 CONFLICTS
0 ONE VOTE
15872 NO VOTES
Team settings
ANNE,
YOU CAN STILL
SCREEN
15872
Continue
You've screened 0 studies so far

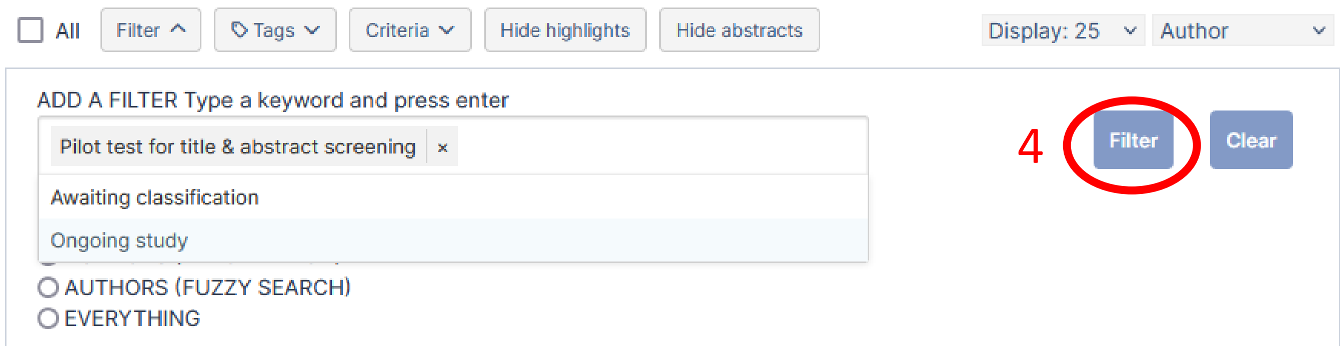
Pilot of title and abstract screening

We are going to trial the screening process on 50 citations. These records have been tagged with 'Pilot test for title & abstract screening'. To show these citations:

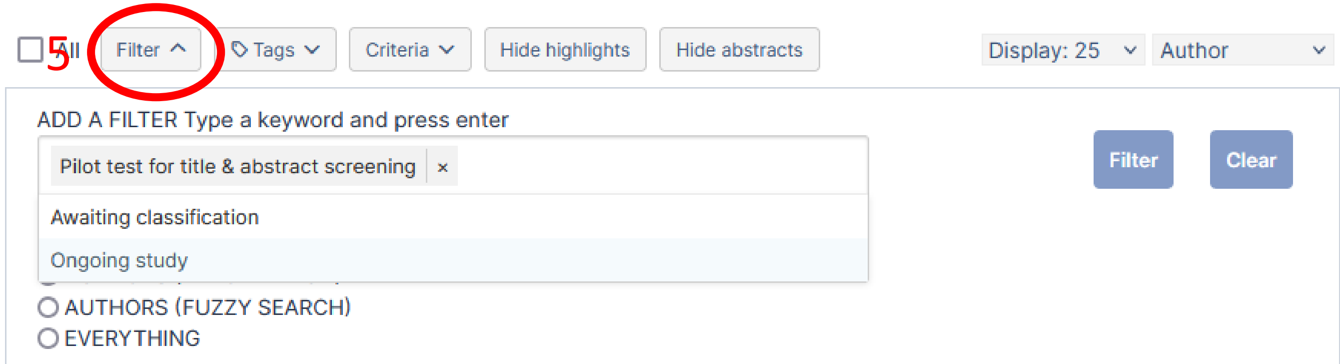
1. Click on the 'Filter' button
2. Click in the box under 'Add a filter Type a keyword and press enter'
3. Select 'Pilot test for title & abstract screening' from the dropdown list.



4. Click on the blue 'Filter' button



5. You can hide the filtering by clicking the ^ in the grey 'Filter' button

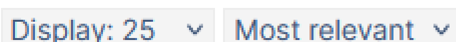


6. Now go on and title and abstract screen ~10 citations (see '*How to screen the title and abstract'* section on page 4)

Completing all the title and abstract screening

When we go on to complete all the title and abstract screening, it is best to break your screening into several sessions. For example, some people leave the Covidence window open on their desktop and screen a few citations every now and then throughout the day. You can also use Covidence on a smartphone.

Sort the citations by 'Most relevant' in the top, right dropdown menu and work sequentially in the order presented.



How to screen the title and abstract

In the screening window:

- vote 'yes' (to include) or 'no' (to exclude)
- please do *not* select 'maybe' (if you think a citation is possibly eligible code it as 'yes')

#4616 - A/Rahman 1996

Gender aspects and women's participation in the control and management of malaria in central Sudan.

A/Rahman, S H; Mohamedani, A A; Mirgani, E M; Ibrahim, A M
Social science & medicine (1982) / 1996;42(10):1433-46
England 1996 /
DOI: 10.1016/0277-9536(95)00292-8 • Ref ID: 8735900

No
Maybe
Yes

In title and abstract screening, include citations meeting the inclusion criteria (see page 5).

Show highlights

There is a button in Covidence called '*Show highlights'* – this flags up potentially eligible keywords in green in the title and abstract (including adult, exercise, physical activity, community, readiness, and implementation) and potentially ineligible keywords in red (including child, adolescent, juvenile and screen). this may help you screening the citations (if it isn't useful, click 'Hide highlights' to turn it off). If you have any suggestions for additional keywords let Anne Moseley know.

All | Filter | Tags | Criteria | Show highlights | Hide abstracts | Display: 25 | Author

#4616 - A/Rahman 1996

Gender aspects and women's participation in the control and management of malaria in central Sudan.

A/Rahman, S H; Mohamedani, A A; Mirgani, E M; Ibrahim, A M
Social science & medicine (1982) / 1996;42(10):1433-46
England 1996 /
DOI: 10.1016/0277-9536(95)00292-8 • Ref ID: 8735900

No
Maybe
Yes

All | Filter | Tags | Criteria | Hide highlights | Hide abstracts | Display: 25 | Author

#4616 - A/Rahman 1996

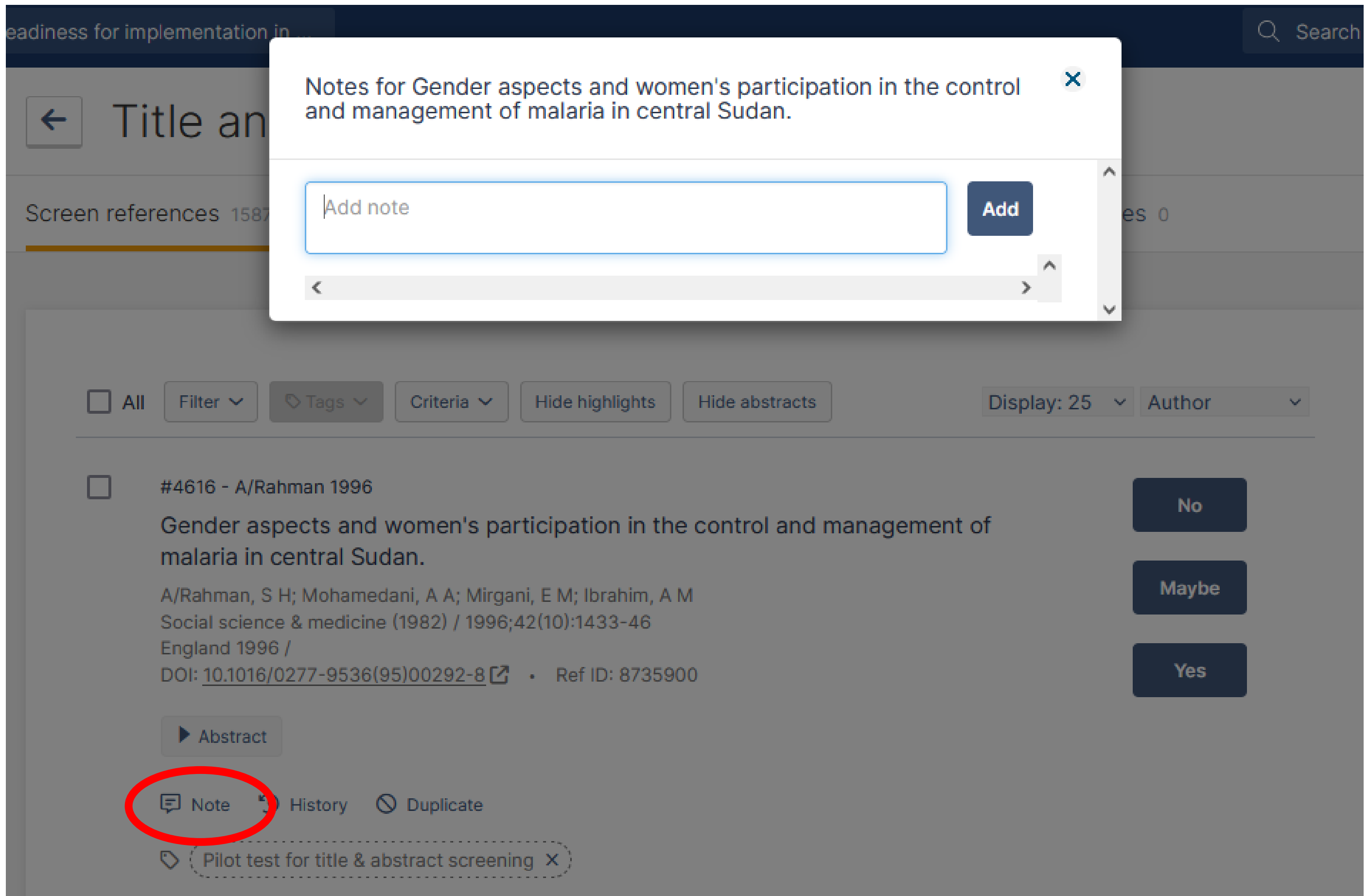
Gender aspects and women's participation in the control and management of malaria in central Sudan.

A/Rahman, S H; Mohamedani, A A; Mirgani, E M; Ibrahim, A M
Social science & medicine (1982) / 1996;42(10):1433-46
England 1996 /
DOI: 10.1016/0277-9536(95)00292-8 • Ref ID: 8735900

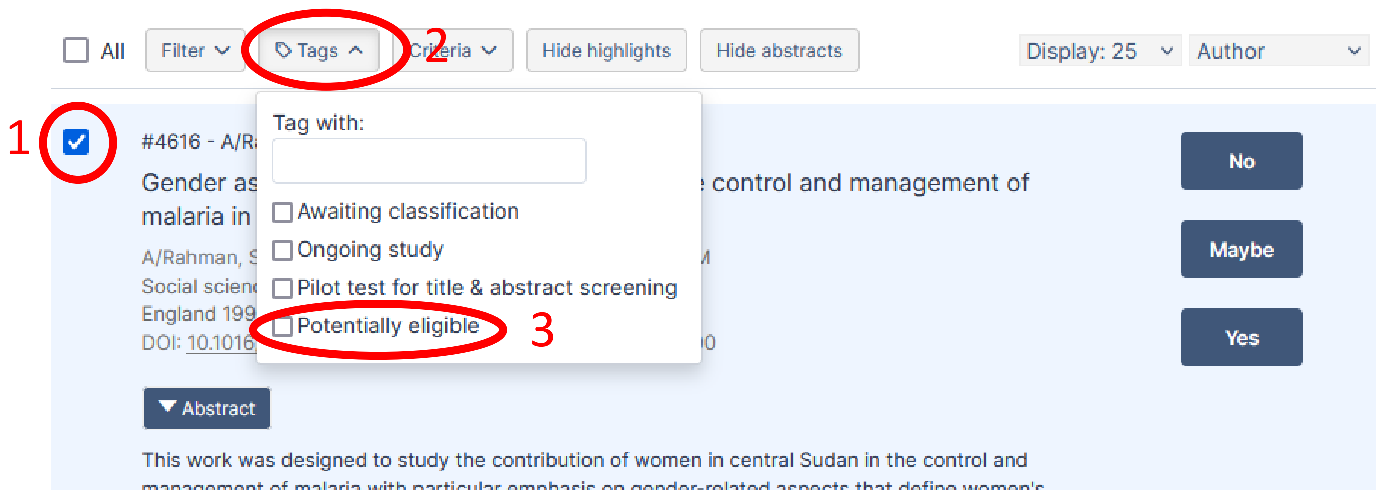
No
Maybe
Yes

PUBLICATION
Full article published in peer-reviewed journal
No
Exclude
Exclude conference abstracts, theses and trial registrations
Yes Maybe
DESIGN
Any research design (i.e., randomised and non-randomised controlled trials, one-group pre- versus post-test studies, single case studies, cross-sectional surveys, conceptual studies, qualitative studies)
No
Exclude
Exclude systematic reviews and scoping reviews
Yes Maybe
POPULATION
Adults (≥18 years)
No
Exclude
Exclude if participants are predominantly children or adolescents (i.e, < 18 years)
Yes Maybe
INTERVENTION
Public health intervention that provides programs at a person level and encompass health promotion or chronic disease management programs
No
Exclude
Exclude interventions that involve pharmacology, screening, changing the environment, policy, or mass media education
Yes Maybe
Intervention is delivered in a community-based setting
No
Exclude
Exclude programs delivered in the workplace (note, universities are workplaces if the intervention is for students or staff)
Exclude services that deliver health care to individual people in hospital (inpatient), residential aged care (nursing home), or ambulatory (outpatient) settings
Yes Maybe
IMPLEMENTATION STRATEGY
Assesses organisational readiness for implementation
No
Exclude
Yes Maybe
Describes one or more strategies to build organisational readiness for implementation
No
Exclude
Yes Maybe
INCLUDE

Incomplete information
Sometimes a citation may not have an abstract or other information other than the title. If so, you may be able to find more information (particularly the abstract or a web link) if you copy the title and search for it in a web browser. If you find the abstract online, please paste this into pop up box that appears when you click on the '*Note*' button at the bottom of the citation. This will enable others to see the content.



Conference proceedings
Vote 'No' (for exclude) for citations to entire volumes of conference proceedings. Individual conference abstracts could help us to track down eligible studies. If an individual conference abstract is for a study that appears eligible, tag the citation as 'Potentially eligible' by selecting the record (see #1, below), clicking the 'Tags' button (see #2, below) and checking the box next to 'Potentially eligible' (see #3, below) AND vote 'No' (for exclude). If an individual conference abstract is for a study that is ineligible, vote 'No' (for exclude). We will search for the full publication of results for citations tagged as 'Potentially eligible'.

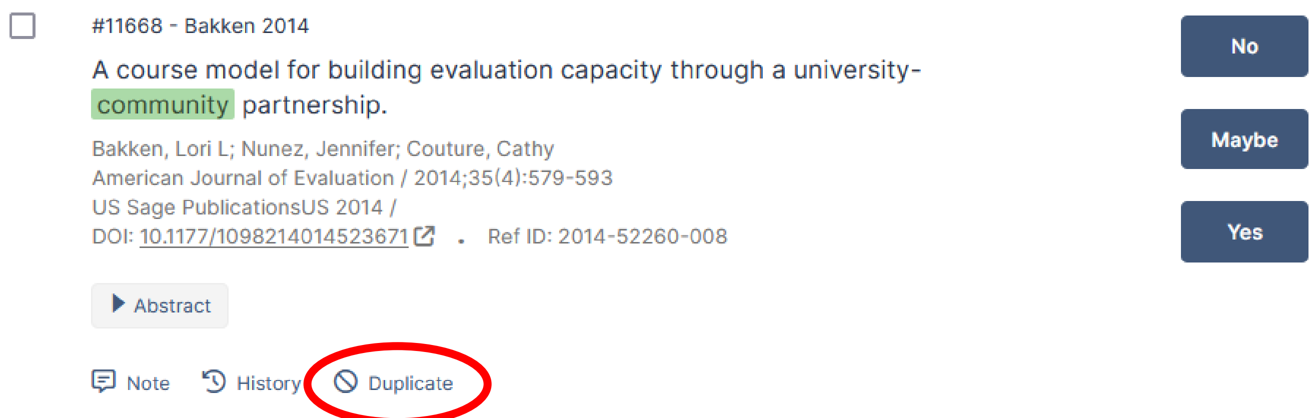


PhD and other theses
Like individual conference abstracts, these could also help us to track down eligible studies. If the thesis appears eligible, tag the citation as ‘Potentially eligible’ (as per instructions for ‘Conference proceedings’) AND vote ‘No’ (for exclude). If the thesis is ineligible, vote ‘No’ (for exclude). We will search for the full publication of results for citations tagged as ‘Potentially eligible’.

Trial registry and protocol citations
Like individual conference abstracts and theses. These could help us track down eligible studies. If the trial registry or protocol citation appears eligible tag the citation as ‘Potentially eligible’ (as per instructions for ‘Conference proceedings’) AND vote ‘No’ (for exclude). If the trial registry or protocol citation is ineligible vote ‘No’ (for exclude). We will search for the full publication of results for citations tagged as ‘Potentially eligible’.

Multiple publications
You may notice multiple citations connected to the same study. If so, please indicate this pop up box that appears when you click on the ‘*Note’* button at the bottom of the citation. As a rule, if one citation for a study is provisionally included then also include any other citations connected to it that you spot during screening.

Duplicate citations
Covidence has automatically removed many duplicates, but some may have sneaked though. If you spot a duplicate during your screening, click on the ‘Duplicate’ button at the bottom of the citation.



Mistakes
If you realise you've just clicked 'Yes' or 'No' incorrectly don't worry it is not a problem as you can reverse your voting by clicking on the 'Undo' button.

All | Filter | Tags | Criteria | Hide highlights | Hide abstracts | Display: 25 | Most relevant

Evaluation of an intervention designed to enhance involvement of older patients in their own care. Undo

#7217 - Abbaszaeh 2019
Relationship between anthropometric indices with physical activity, depression and blood pressure in the university students living in the dormitories
Abbaszaeh M.S.; Hosseini M.; Rahnamania M.; Aghaj S.A.G.; Soleimani M.
Koomesh / 2019;21(4):759-767
Iran, Islamic Republic of Semnan University of Medical Sciences 2019 /

No
Maybe
Yes

Adding notes
Make liberal use of the '*Note*' function to add additional comments/text/links. However, when doing so please take great care not to use text which reveals your inclusion/exclusion decision, which would bias the inclusion/exclusion process.

Step 2: full text screening
Use Covidence on a computer
Do not the smartphone interface.

Filter the studies by 'Most relevant' and work sequentially in the order presented
Display: 25 | Most relevant

Consider all available information for each study, including the attachments and notes
There may sometimes be more than one attached pdf, for example a methodology appendix from the supplementary materials, or a separate methodology paper. Sometimes important methodological information may be included in different parts of a paper, not just in the methodology section. Trial registries may also contain information missing from a full paper.

Add missing study information/documents if required
Please locate and attach any pdfs if these are still missing. If the citation is for a trial register or a protocol paper, do some searching to try to ascertain whether the study has a published results paper, is still ongoing or has been discontinued. If you identify an ongoing study that meets the inclusion criteria, please tag the citation 'Ongoing study' (see section) and vote 'yes' (for include).

Add notes as required
Use the button labelled 'Add a note' to add notes. Add as much additional information as you can without overtly disclosing how you have voted. Highlighting missing information in the notes is also helpful. For example:

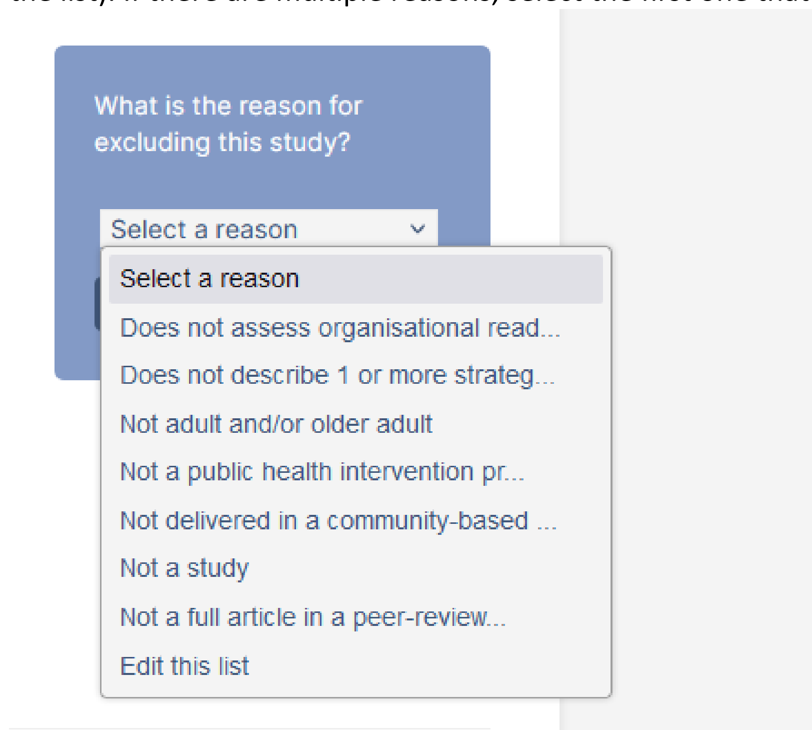
- there may be potentially relevant studies where there is insufficient information to either 'include' or 'exclude'. If this occurs, add a note to explain what is lacking, tag the study 'awaiting assessment' and vote 'yes' (for include).

- there may be more than one citation for a study. Where this is the case, it is important that you apply the same include/exclude vote to all connected studies. If you discover connected studies describe what you think in the notes.

Conference abstracts
Studies for which there is only a conference abstract are ineligible.

Apply the eligibility criteria
The process for full text screening is basically the same as we have already used for title and abstract screening, see diagram on page 5.

Vote 'Include' or 'Exclude'
If excluding, add a reason for exclusion from the 'Select a reason' dropdown list (please do not edit the list). If there are multiple reasons, select the first one that applies.



Appendix A: Readiness-specific instruments listed in reviews of readiness instruments

Instrument name(s)	N items
1. Acceptance of change scale (Di Fabio and Gori, 2016)	20
2. Acceptance of Organizational Change (Gagne et. al., 2000)	
3. Adapted Readiness for Organizational Change scale [based on Holt et. al., 2007] (Saleh et. al., 2016)	41
4. Assessing Capacity of Ministries of Health to Use Research Evidence to Improve Decision Making (Rodríguez et. al., 2017)	
5. Assessing Management Capacity Among Non-governmental Organizations (CARE International)	
6. Assessment of National Maternal and Child Health Policy Makers' Knowledge and Capacity for Evidence Informed Policy Making in Nigeria (Uneke et. al., 2017a)	
7. Assessment of Policy Makers' Individual and Organisational Capacity to Acquire, Assess, Adapt and Apply Research Evidence (Uneke et. al., 2017b)	
8. Attitudes Toward Change (Neiva et. al., 2005)	

Instrument name(s)	N items
9. Capacity Assessment Framework (United Nations Development Programme (UNDP))	
10. Capacity Building in Training-Dimensions and Indicators (PRIME/INTRAH)	
11. Capacity Development Results Framework (CDRF) (World Bank Institute (WBI))	
12. Capitation Readiness (Bloom et. al., 2000)	
13. Change Attitudes (Cole et. al., 2006)	
14. Change Commitment (Fedor et. al., 2006)	
15. Change Readiness (Hostgaard and Nohr, 2004)	
16. Change Readiness (West, 1998)	
17. Change readiness assessment (Jenney, 2010)	31
18. Change-Related Commitment (Jansen, 2004)	
19. Commitment to Change (Herscovitch and Meyer, 2002; Meyer et. al., 2006; Cunningham, 2006)	
20. Computerized Physician Order Entry Readiness (CPOE) (Stablein et. al., 2003, Stablein et. al., 2001)	
21. Data Mining Readiness Index (Dahlan et. al., 2002)	
22. Discussion-Oriented Organizational Self-Assessment (DOSA) (USAID Center for Development Information and Evaluation)	
23. Dynamic Participatory Institutional Diagnosis (DPID) (Senegal PVO/NGO, New TransCentury Foundation, Yirawah International)	
24. e-Health Readiness Measure (Poissant et. al., 2007, Toure et. al., 2012)	57
25. Employee Attitudes Toward Change (Abdinnour-Helm et. al., 2003)	
26. Evidence Utilisation in Policymaking Measurement Tool (EUPMT) (Imani-Nasab, 2017)	
27. Evidence-Based Practice (EBP) Beliefs scale (Melnyk et. al., 2008; Breckenridge-Sproat et. al., 2015; Warren et. al., 2016)	16
28. Evidence-Based Practice (EBP) Implementation scale (Melnyk et. al., 2008; Breckenridge-Sproat et. al., 2015; Warren et. al., 2016)	16
29. Evidence-Based Practice Attitude Scale (EBPAS) (Aarons et. al., 2004)	15
30. Extended Organizational Readiness for Change Scale [based on ORC] (Lehman et. al., 2002)	
31. Flourishing scale (Diener et. al., 2010)	8
32. Functional Readiness for Change Evaluation (FORCE) [based on ORCA] (Devereaux et. al., 2006)	
33. Geriatric Institutional Assessment Profile (GIAP) (Boltz et. al., 2002)	
34. Health Policy and Systems Research and Analysis (HPSR+A) (Mirzoev, 2014)	
35. How to Assess NGO Capacity? (Norwegian Missionary Council Office for Development Cooperation)	
36. Individual and Organisational Capacity for Evidence Use in Policy Making in Nigeria (Uneke, 2011)	
37. Innovation Readiness Scale (Snyder-Halpern, 1998)	
38. Institutional Development Framework (IDF) (Management Systems International (MSI))	
39. Institutional Health Services Research Capacity Assessment Tool (Jessani, 2014)	
40. Institutional Self Reliance (ISR) (Research Triangle Institute for UNDP)	
41. Intrapreneurial self-capital scale (Di Fabio, 2014)	28
42. Is Research Working for You? (IRWFY) (Canadian Foundation for Healthcare Improvement, 2017)	
43. Knowledge Exchange in the Pacific (Kremer, 2017)	
44. Long-Term Care (LTC) Readiness Assessment Tool (Cherry, 2011)	21
45. Management and Organizational Stability Tool (MOST) (Management Sciences for Health)	

Instrument name(s)	N items
46. McKinsey Capacity Assessment Grid/Effective Capacity Assessment for Non-Profit Organizations (McKinsey, Venture Philanthropy Partners)	
47. Measuring Practice Capacity for Change (MPCC) (Bobiak et. al., 2009)	25
48. Medical Organizational Readiness For Change (MORC) survey [based on ORC] (Bohman et. al., 2002)	45
49. Modified Organizational Readiness for Change Scale [based on ORC] (Barwick et. al., 2005)	
50. Modified Texas Christian University Organizational Readiness for Change Scale – Director version (TCU-ORC-D) or Organizational Readiness for Change Treatment Director Version (ORC-D) [based on ORC] (Chabot et. al., 2008, Lehman et. al., 2002)	116
51. Modified version of Organizational Readiness for Change Treatment Director Version (ORC-D) [based on ORC] (Guerrero et. al., 2016)	84
52. NGO Capacity Analysis (International HIV/AIDS Alliance)	
53. NGO Sustainability Index (USAID Office of Democracy and Governance; USAID Bureau for Europe and Eurasia)	
54. Nonprofit Organizational Assessment Tool-Strategic Planning Assessment Tool (Andrew Lewis, University of Wisconsin Extension)	
55. Not specified (Hamilton et. al., 2010)	
56. Not specified (Kristensen and Nohr, 2000)	
57. Not specified (Gibb et. al., 2013)	20
58. Not specified (Gray et. al., 2015)	55
59. Not specified (Rubenstein et. al., 2014)	90
60. Not specified (Shaw et. al., 2013)	22
61. Not specified (Shea et. al., 2014a)	30
62. Not specified (Zullig et. al., 2013)	17
63. Not specified [based on ORC] (Claiborne et. al., 2013)	9
64. Openness Toward Change (Wanberg and Banas, 2000)	
65. Organisational Capacity and Its Relationship to Research Use in Six Australian Health Policy Agencies (Makkar, 2018)	
66. Organisational Research Access, Culture, and Leadership (ORACLe) (Makkar, 2016a)	
67. Organizational Capacity Assessment (OCA) Tool (PACT)	
68. Organizational Capacity Assessment Tool (Marguerite Casey Foundation)	
69. Organizational Capacity Audit Tool (GeSCI (Global e-Schools and Communities Initiative))	
70. Organizational Capacity Indicator (OCI) (Christian Reformed World Relief Committee (CRWRC))	
71. Organizational Capacity Self-Assessment Tool (Academy of Educational Development (AED), Croatia's Non-governmental Sector (CroNGO))	
72. Organizational Change Questionnaire (Bouckenooghe et. al., 2009)	
73. Organizational Change Recipients' Beliefs Scale (Armenakis et. al., 2007)	24
74. Organizational E-Readiness (Molla and Licker, 2005a, 2005b)	
75. Organizational Information Technology Innovation Readiness Scale (OITIRS) (Snyder-Halpern, 1996)	
76. Organizational Innovation Technology Innovation Model (Snyder and Fields, 2006; Snyder-Halpern, 2001, 2002)	
77. Organizational Readiness (Sen et. al., 2006)	
78. Organizational Readiness for Change (Ingersoll et. al., 2000)	
79. Organizational Readiness for Change (Weeks et. al., 2004)	
80. Organizational Readiness for Change Scale (ORC) (Lehman et. al., 2002)	

Instrument name(s)	N items
81. Organizational Readiness for Change Treatment Staff Version (ORC-S) [based on ORC] (Saldana et. al., 2007)	134
82. Organizational Readiness for Implementing Change (ORIC) (Shea et. al., 2014b)	12
83. Organizational Readiness for System-wide Integration of Evidence-Based Practice (ORSIEP)* (Breckenridge-Sproat et. al., 2015)	25
84. Organizational Readiness to Change Assessment (ORCA) (Helfrich et. al., 2009)	74
85. Organizational Telehealth Readiness Assessment Tool (Jennett et. al., 2004)	
86. Participatory Organizational Evaluation Tool (POET) (PACT, United Nations Development Programme (UNDP))	
87. Partner Assessment Form (The Partnering Initiative/International Business Leaders Forum (IBLF))	
88. Partner Organizational Capacity Assessment: A Tool for Assessing and Building Capacity for Twinning Partnerships for High-Quality Response to HIV/AIDS (Twinning Center)	
89. Partnership Self-Assessment Tool (Center for the Advancement of Collaborative Strategies in Health)	
90. Perceived Organizational E-Readiness (Tan et. al., 2007)	
91. Perceived Organizational Readiness for Change (PORC) (Armenakis et. al., 1993)	
92. Personal change readiness assessment (Charter oaks consulting group Inc, 2007)	20
93. Personal Readiness for Electronic Health Records (Zender, 2005)	
94. Practice Style Questionnaire (Toure et. al., 2012)	17
95. Proactive Change Orientation (Campbell, 2006)	
96. Proactive Organizational Change (Nelson et. al., 1998)	56
97. Psychological capital scale (Luthans et. al., 2007)	24
98. Rapid Organizational Assessment (Universalia)	
99. Readiness (Miller et. al., 2004)	
100. Readiness (Chwelos et. al., 2001)	
101. Readiness and Receptiveness or not specified (Demiris et. al., 2007)	22
102. Readiness for Change (Rafferty and Simons, 2006)	
103. Readiness for Change (Jones et. al., 2005)	
104. Readiness for Change (Eby et. al., 2000)	
105. Readiness for Change (Hanpachern et. al., 1998)	
106. Readiness for Managed Care (Medley and Nickel, 1999)	
107. Readiness for Organizational Change (Madsen et. al., 2005)	
108. Readiness for Organizational Change (Cunningham et. al., 2002)	
109. Readiness for Organizational Change scale (Holt et. al., 2007)	41
110. Readiness for Telemedicine (Oliver and Demiris, 2004)	
111. Readiness to Adopt (Brink et. al., 1995)	
112. Readiness to Innovate (Bamberg et. al., 1992)	
113. Receptivity to Organizational Change (Cochran et. al., 2002)	
114. Resistance to change scale (Oreg, 2003)	17
115. Safer Patients Initiatives (SPI) (Burnett et. al., 2010)	
116. School Readiness for Reforms (Chatterji, 2002)	
117. Seeking, Engaging With and Evaluating Research (SEER) (Brennan, 2017)	
118. Self-Assessment for Organisational Capacity Instrument (Catallo and Sidani, 2014)	
119. Self-esteem scale (Rosenberg, 1965)	10
120. Simple Capacity Assessment Tool (SCAT) (Education Development Center, PACT)	
121. Sociotechnical System Assessment Surveys (STSAS) (Pasmore, 1988)	100

Instrument name(s)	N items
122. Staff Assessment of Engagement with Evidence (SAGE) (Makkar, 2016b)	
123. Stages of Change_v01 (Levesque et. al., 1999; Levesque et. al., 2001)	
124. Stages of Change_v02 (Prochaska et. al., 2006)	
125. SUPPORT Tools for Evidence-Informed Health Policy Making (STP) (Oxman, 2009)	
126. Team Climate Inventory (TCI) (Anderson and West, 1994)	61
127. Texas Christian University Organizational Readiness for Change Scale (TCU-ORC) or Organizational Readiness for Change Treatment Staff Version (ORC-S) [based on ORCA] (Greener et. al., 2007; Fuller et. al., 2007; Lehman et. al., 2002; Saldana et. al., 2007; Simpson et. al., 2007; Rampazzo et. al., 2006)	116
128. Tool for Measuring Theory of Planned Behaviour Constructs for Use in Evaluating Research Use in Policy Making (Boyko, 2011)	
129. Tool name Developed by Tool to Assess Site Readiness for Initiating Antiretroviral Therapy (ART) or Capacities for Existing ART Sites (John Snow Inc (JSI))	
130. Training and Technical Assistance Plan (TTAP) (Counterpart International)	
131. UNDP CAPBUILD User's Guide (United Nations Development Programme (UNDP))	
132. Unity Foundation Capacity Quotient: A Diagnostic Tool for Benchmarking Capacity (Unity Foundation)	
133. USAID/Madagascar Institutional Capacity Questionnaire (USAID)	

Appendix B: Strategies to enhance organisational readiness

From: Supplement 2 of Vax S, Farkas M, Russinova Z, Mueser KT, Drainoni M-L. Enhancing organizational readiness for implementation: constructing a typology of readiness-development strategies using a modified Delphi process. *Implement Sci.* 2021;16:61. PubMed ID: 34112191 doi:10.1186/s13012-021-01132-0

Strategy	Description
Access new funding	Access new or existing money to facilitate the implementation
Alter incentive/allowance structures	Work to incentivize the adoption and implementation of the clinical innovation
Alter patient/consumer fees	Create fee structures where patients/consumers pay less for preferred treatments (the clinical innovation) and more for less-preferred treatments
Assess for readiness and identify barriers and facilitators	Assess various aspects of an organization to determine its degree of readiness to implement, barriers that may impede implementation, and strengths that can be used in the implementation effort
Build a coalition	Recruit and cultivate relationships with partners in the implementation effort
Centralize technical assistance	Develop and use a centralized system to deliver technical assistance focused on implementation issues
Change accreditation or membership requirements	Strive to alter accreditation standards so that they require or encourage use of the clinical innovation. Work to alter membership organization requirements so that those who want to affiliate with the organization are encouraged or required to use the clinical innovation
Change liability laws	Participate in liability reform efforts that make clinicians more willing to deliver the clinical innovation

Strategy	Description
Change physical structure and equipment	Evaluate current configurations and adapt, as needed, the physical structure and/or equipment (e.g., changing the layout of a room, adding equipment) to best accommodate the targeted innovation
Change record system	Change records systems to allow better assessment of implementation or clinical outcomes
Conduct educational meetings	Hold meetings targeted toward different stakeholder groups (e.g., providers, administrators, other organizational stakeholders, and community, patient/consumer, and family stakeholders) to teach them about the clinical innovation
Conduct educational outreach visits	Have a trained person meet with providers in their practice settings to educate providers about the clinical innovation with the intent of changing the provider's practice
Conduct local consensus discussions	Include local providers and other stakeholders in discussions that address whether the chosen problem is important and whether the clinical innovation to address it is appropriate
Conduct local needs assessment	Collect and analyze data related to the need for the innovation
Create new clinical teams	Change who serves on the clinical team, adding different disciplines and different skills to make it more likely that the clinical innovation is delivered (or is more successfully delivered)
Create or change credentialing and/or licensure standards	Create an organization that certifies clinicians in the innovation or encourage an existing organization to do so. Change governmental professional certification or licensure requirements to include delivering the innovation. Work to alter continuing education requirements to shape professional practice toward the innovation
Develop a formal implementation blueprint	Develop a formal implementation blueprint that includes all goals and strategies. The blueprint should include the following: High) aim/purpose of the implementation; Medium) scope of the change (e.g., what organizational units are affected); Low) timeframe and milestones; and 4) appropriate performance/progress measures. Use and update this plan to guide the implementation effort over time
Develop academic partnerships	Partner with a university or academic unit for the purposes of shared training and bringing research skills to an implementation project
Develop an implementation glossary	Develop and distribute a list of terms describing the innovation, implementation, and stakeholders in the organizational change
Develop and implement tools for quality monitoring	Develop, test, and introduce into quality-monitoring systems the right input—the appropriate language, protocols, algorithms, standards, and measures (of processes, patient/consumer outcomes, and implementation outcomes) that are often specific to the innovation being implemented
Develop and organize quality monitoring systems	Develop and organize systems and procedures that monitor clinical processes and/or outcomes for the purpose of quality assurance and improvement
Develop disincentives	Provide financial disincentives for failure to implement or use the clinical innovations

Strategy	Description
Develop educational materials	Develop and format manuals, toolkits, and other supporting materials in ways that make it easier for stakeholders to learn about the innovation and for clinicians to learn how to deliver the clinical innovation
Develop resource sharing agreements	Develop partnerships with organizations that have resources needed to implement the innovation
Distribute educational materials	Distribute educational materials (including guidelines, manuals, and toolkits) in person, by mail, and/or electronically
Fund and contract for clinical innovation	Governments and other payers of services issue requests for proposals to deliver the innovation, use contracting processes to motivate providers to deliver the clinical innovation, and develop new funding formulas that make it more likely that providers will deliver the innovation
Identify and prepare champions	Identify and prepare individuals who dedicate themselves to supporting, marketing, and driving through an implementation, overcoming indifference or resistance that the intervention may provoke in an organization
Identify early adopters	Identify early adopters at the local site to learn from their experiences with the practice innovation
Increase demand	Attempt to influence the market for the clinical innovation to increase competition intensity and to increase the maturity of the market for the clinical innovation
Inform local opinion leaders	Inform providers identified by colleagues as opinion leaders or "educationally influential" about the clinical innovation in the hopes that they will influence colleagues to adopt it
Involve executive boards	Involve existing governing structures (e.g., boards of directors, medical staff boards of governance) in the implementation effort, including the review of data on implementation processes
Involve patients/consumers and family members	Engage or include patients/consumers and families in the implementation effort
Make billing easier	Make it easier to bill for the clinical innovation
Make training dynamic	Vary the information delivery methods to cater to different learning styles and work contexts, and shape the training in the innovation to be interactive
Mandate change	Have leadership declare the priority of the innovation and their determination to have it implemented
Model and simulate change	Model or simulate the change that will be implemented prior to implementation
Obtain formal commitments	Obtain written commitments from key partners that state what they will do to implement the innovation
Place innovation on fee for service lists/formularies	Work to place the clinical innovation on lists of actions for which providers can be reimbursed (e.g., a drug is placed on a formulary, a procedure is now reimbursable)
Prepare patients/consumers to be active participants	Prepare patients/consumers to be active in their care, to ask questions, and specifically to inquire about care guidelines, the evidence behind clinical decisions, or about available evidence-supported treatments

Strategy	Description
Promote adaptability	Identify the ways a clinical innovation can be tailored to meet local needs and clarify which elements of the innovation must be maintained to preserve fidelity
Promote network weaving	Identify and build on existing high-quality working relationships and networks within and outside the organization, organizational units, teams, etc. to promote information sharing, collaborative problem-solving, and a shared vision/goal related to implementing the innovation
Recruit, designate, and train for leadership	Recruit, designate, and train leaders for the change effort
Revise professional roles	Shift and revise roles among professionals who provide care, and redesign job characteristics
Shadow other experts	Provide ways for key individuals to directly observe experienced people engage with or use the targeted practice change/innovation
Stage implementation scale up	Phase implementation efforts by starting with small pilots or demonstration projects and gradually move to a system wide rollout
Start a dissemination organization	Identify or start a separate organization that is responsible for disseminating the clinical innovation. It could be a for-profit or non-profit organization
Tailor strategies	Tailor the implementation strategies to address barriers and leverage facilitators that were identified through earlier data collection
Use advisory boards and workgroups	Create and engage a formal group of multiple kinds of stakeholders to provide input and advice on implementation efforts and to elicit recommendations for improvements
Use an implementation adviser	Seek guidance from experts in implementation
Use data experts	Involve, hire, and/or consult experts to inform management on the use of data generated by implementation efforts
Use data warehousing techniques	Integrate clinical records across facilities and organizations to facilitate implementation across systems
Use mass media	Use media to reach large numbers of people to spread the word about the clinical innovation
Use train the trainer strategies	Train designated clinicians or organizations to train others in the clinical innovation
Visit other sites	Visit sites where a similar implementation effort has been considered successful
Work with educational institutions	Encourage educational institutions to train clinicians in the innovation

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Appendix 3: Qualitative methods used to assess organisational readiness

Damschroder et. al., 2017

Semi-structured interviews guided by the Consolidated Framework for Implementation Research (CFIR), including the 'inner setting' domain.

Ford et. al., 2017

Semi-structured telephone interviews with coaches, county change leaders, Statewide Coordinator for Evidence-Based Prevention Programs from the Wisconsin Department of Health Services and the Deputy Director of the Wisconsin Institute for Healthy Aging supplemented by annual county reports then identified themes and generated categories from the data sources using conventional content analyses without imposing a preconceived framework.

Martinez et. al., 2017

Deductive analysis utilising five Consolidated Framework for Implementation Research (CFIR) domains and used the Damschroder et. al., 2013 criteria to assign both a valence (= or -) and magnitude (1 or 2) to indicate direction and strength of influence on implementation

Tomioka et. al., 2013

Eight questions created from the 4-section "Self-Assessing Readiness for Implementing Evidence-Based Health Promotion and Self-Management Programs" tool (Center for Healthy Aging, 2007; http://www.mentalhealthpromotion.net/resources/cha_tools_checklists.pdf)

This tool provides a framework for discussions within a community aging service provider organization, or more appropriately among partnering organizations, interested in offering evidence-based health promotion and self-management programming. The tool focuses specifically on how to assess "readiness" to proceed with implementation. There are four key questions that should be addressed when determining whether your agency/partnership is "ready" to begin implementing evidence-based health programs. The answers to these questions will help you estimate potential for success with these types of projects. Ideally, your organization and partners will have a positive response to each question before moving forward with implementation. If not, you can work on enhancing readiness by addressing those areas that still need attention.

1. Is the agency/partnership willing to do evidence-based health programs and stay true to the model(s) being implemented?
   - Can distinguish between evidence-based health programs and other programs
   - Can build off existing health programming experience
   - Can gain and keep the support of health care organizations
   - Can preserve fidelity to key interventions and provide quality control while making necessary modifications

2. Is there funding for the program? New funding and/or willingness to reallocate current resources to support evidence-based health programming.
   - Can secure sustainable funding for evidence-based health promotion and self-management programs
   - Can engage a variety of funders in the importance of evidence-based health programs
   - Can reallocate current funds to support new evidence-based health programs
   - Can meet the demands of continuously increasing numbers of program participants

3. Is there access both to personnel with the expertise to do these programs, and to the population that needs these programs?
   - Can recruit and retain staff or contractors who have knowledge of specific health promotion and self-management topic(s) and/or behavior change methods
   - Can recruit and retain lay leaders, peer supporters and other "volunteers"
   - Can draw upon appropriate experts to offer introductory and follow-up training and guidance
   - Can attract the target population and continue to recruit on an on-going basis
   - Can offer programming at times and places that are convenient for the target population

4. Is there buy-in from senior leadership and key partners as reflected in both programmatic and financial support?
   - Can ensure that programs receive necessary time and attention by knowledgeable staff and agency leaders
   - Board is aware of move to evidence-based health programming and is supportive
   - Partners can commit existing funds or have identified new funding to build and sustain the program

Note: this tool was converted to 8 interview questions, but these questions are not available in the articles for the included study

Vilen et. al., 2022

Interview questions were mapped to Planning for Sustainability Framework constructs.

Factor	Construct	Interview questions
Program-level	Project negotiation process and project effectiveness	What factors influenced your decision to apply for a WWE grant?
		Why did you choose WWE versus choosing to implement or expand another program?
		Now that you are in the process of implementing the WWE program, how have your beliefs about the program compared with your experiences in implementing it?
	Project duration	Knowing what you know now, what do you see as the major issues to address when you have only a 1-year grant?
	Project financing	How have the costs of implementing the WWE program been different from those you expected in your grant proposal?
	Project type*	
	Training	How did your experience recruiting and retaining WWE leaders compare with your expectations when you received your grant?
		Knowing what you know now, what changes, if any, would you have made to your process of recruiting and retaining leaders?
Organisation-level	Institutional strength	What was the general receptivity to the WWE program by staff and leaders within your organization when you applied for the grant?
		Given your experiences with implementing WWE under this grant, how has the receptivity by staff and leaders changed since the grant began?
	Integration with existing programs/services	How well have WWE activities fit with existing work processes and activities in your setting?
		What changes, if any, have you made within your organization during this grant period to integrate the WWE program with existing functions?
		What changes or alterations, if any, have you made to the WWE program format so that it would work well in your organization's setting?
	Program champion/leadership	In your application, you described which individuals in your organization would be completing various parts of the project. Did it turn out that way?
		Have any informal champions, people not employed at your organization, played a role in promoting the WWE program?
Community-level	Socioeconomic and political considerations	What kinds of resources, if any, are available in your community that may help organizations like yours sustain the program long term? Have you accessed these resources already or do you plan to do so?
	Community participation	To what extent do you network with other organizations that may be interested in the WWE program outside your setting?

* no question related to this as all organisations implemented the same program

Wilson et. al., 2024

Interview guides were adapted from Damschroder et. al., 2015 and informed by all five Consolidated Framework for Implementation Research (CFIR) domains and included open-ended and scaled (1-5) questions. Used the Damschroder et. al., 2013 criteria to assign both a valence (= or -) and magnitude (1 or 2) to indicate direction and strength of influence on implementation.

Appendix 4: Reasons for exclusion for references excluded at full text review phase

Not a study

1. Belza B, et al. From research to practice: EnhanceFitness, an innovative community-based senior exercise program. *Top Geriatr Rehabil* 2010;26:299-309
2. Collins C, et al. The diffusion of effective behavioral interventions project: development, implementation, and lessons learned. *AIDS Educ Prev* 2006;18:5-20
3. Kasprzak CM, et al. Using implementation mapping to refine strategies to improve implementation of an evidence-based mobile market intervention: a study protocol. *Front Health Serv* 2024;4:1288160
4. McElwaine KM, et al. The effectiveness of an intervention in increasing community health clinician provision of preventive care: a study protocol of a non-randomised, multiple-baseline trial. *BMC Health Serv Res* 2011;11:354
5. Rowley E, et al. Research into practice: Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Nottinghamshire, Derbyshire, Lincolnshire (NDL). *Implement Sci* 2012;7:40

Not adults (18 years and older) and/or older adults (65 years and older)

1. Aarons GA, et al. The roles of system and organizational leadership in system-wide evidence-based intervention sustainment: a mixed-method study. *Adm Policy Ment Health* 2016;43:991-1008
2. Cariou C, et al. Adapting and implementing an evidence-based sun-safety education program in rural Idaho, 2012. *Prev Chronic Dis* 2014;11:130268
3. Chilenski SM, et al. A multi-level examination of how the organizational context relates to readiness to implement prevention and evidence-based programming in community settings. *Eval Program Plann* 2015;48:63-74
4. Coombs CR, et al. Factors affecting the level of success of community information systems. *J Manag Med* 1999;13:142-53
5. Despard MR. Strengthening evaluation in nonprofit human service organizations: results of a capacity-building experiment. *Hum Serv Organ Manag Leadersh Gov* 2016;40:352-68
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8. Larson E, et al. Did a quality improvement intervention improve quality of maternal health care? Implementation evaluation from a cluster-randomized controlled study. *Int J Qual Health Care* 2020;32:54-63
9. Naylor P-J, et al. An intervention to enhance the food environment in public recreation and sport settings: a natural experiment in British Columbia, Canada. *Child Obes* 2015;11:364-74

Intervention not delivered in a community-based setting

1. Browne AJ, et al. EQUIP healthcare: an overview of a multi-component intervention to enhance equity-oriented care in primary health care settings. *Int J Equity Health* 2015;14:152
2. Elinder LS, et al. Effect and process evaluation of a structural health intervention in community residences for adults with intellectual disabilities. *J Policy Pract Intellect Disabil* 2018;15:319-28
3. Grembowski D, et al. State-level evaluation of Washington's State Innovation Models (SIM) initiative. *J Health Care Poor Underserved* 2021;32:862-91
4. Hafner JM, et al. From bad to better: a qualitative assessment of low-performing hospitals that improved their smoking cessation counseling performance. *J Clin Outcomes Manag* 2008;15:329-37
5. Riley BL, et al. Determinants of implementing heart health promotion activities in Ontario public health units: a social ecological perspective. *Health Educ Res* 2001;16:425-41
6. Sundblom E, et al. Understanding the implementation process of a multi-component health promotion intervention for adults with intellectual disabilities in Sweden. *J Appl Res Intellect Disabil* 2015;28:296-306

Not published as a full article in a peer-reviewed journal

1. Brow K, et al. Build it and they will come, but will they stay? Making "Mind Over Matter: Healthy Bowels, Healthy Bladder" more accessible for community agencies. *Int Urogynecol J* 2019;30:S142
2. Giraldo Arcila GP. Evaluation of the implementation of a technical package for cardiovascular disease reduction with emphasis on hypertension control in Colombia using the Consolidated Framework for Implementation Research (thesis - Doctor in Public Health). 2020

3. Hughes SL, et al. Fit and strong!: dissemination of an evidence-based intervention for older adults with osteoarthritis. *Arthritis Rheumatol* 2009;60:1864
4. Kasprzak CM. Evaluation of pre-implementation capacity and implementation effectiveness of an evidence-based-intervention for mobile produce markets (thesis - Doctor of Philosophy). 2021
5. Lamontagne ME, et al. From get in motion to passez a l'action: challenges associated with the implementation of a theoretically-based program to increase physical activity in adults with spinal cord injury. *J Spinal Cord Med* 2014;37:634-5
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11. Stanmore E, et al. Implementing a digital falls prevention program (KOKU) for community dwelling older adults with support from care providers: application of the nonadoption, abandonment, scale-up, spread and sustainability (NASSS) framework. *Eur Geriatr Med* 2022;13:S260
12. Tay MA, et al. A community approach to Otago exercise: the Singapore experience. *Age Ageing* 2019;48:iv18-iv27
13. Zamorano P, et al. HSD11 evaluation of the implementation progress of a new complex intervention in a multimorbidity patient-centered care model in Chile. *Value Health* 2022;25:S275

Does not assess organisational readiness for implementation

1. Aaron E, et al. A collaborative HIV prevention and education initiative in a faith-based setting. *J Assoc Nurses AIDS Care* 2011;22:150-7
2. Abdul-Rahman SH, et al. Gender aspects and women's participation in the control and management of malaria in central Sudan. *Soc Sci Med* 1996;42:1433-46
3. Bartlem KM, et al. Effectiveness of an intervention in increasing the provision of preventive care by community mental health services: a non-randomized, multiple baseline implementation trial. *Implement Sci* 2016;11:46
4. Bracher M, et al. Implementing professional behaviour change in teams under pressure: results from phase one of a prospective process evaluation (the Implementing Nutrition Screening in Community Care for Older People (INSCCOPe) project). *BMJ Open* 2019;9:e025966
5. Brunacini K. Implementation of a virtual patient-centered weight loss maintenance behavior competency assessment in adults with obesity. *J Am Assoc Nurse Pract* 2019;31:752-9
6. Campbell-Voytal K. Phases of "pre-engagement" capacity building: discovery, exploration, and trial alliance. *Prog Community Health Partnersh* 2010;4:155-62
7. Conte KP, et al. "During early implementation you just muddle through": factors that impacted a statewide arthritis program's implementation. *Transl Behav Med* 2017;7:804-15
8. Cornell CE, et al. A Community Health Advisor Program to reduce cardiovascular risk among rural African-American women. *Health Educ Res* 2009;24:622-33
9. Döpp CME, et al. Determinants for the effectiveness of implementing an occupational therapy intervention in routine dementia care. *Implement Sci* 2013;8:131
10. Downey LH, et al. Capacity building for health through community-based participatory nutrition intervention research in rural communities. *Fam Community Health* 2010;33:175-85
11. Escoffery C, et al. MEW network self-management program characteristics and lessons learned through the RE-AIM framework. *Epilepsy Behav* 2023;140:109111
12. Fuller SM, et al. Key elements and mechanisms of a peer-support intervention to reduce loneliness and isolation among low-income older adults: a qualitative implementation science study. *J Appl Gerontol* 2022;41:2574-82
13. Fuller TR, et al. The SISTA pilot project: understanding the training and technical assistance needs of community-based organizations implementing HIV prevention interventions for African American women - implications for a capacity building strategy. *Women Health* 2007;46:167-86

14. Griffin SF, et al. Results from the Active for Life process evaluation: program delivery fidelity and adaptations. *Health Educ Res* 2010;25:325-42
15. Goodwin MA, et al. A clinical trial of tailored office systems for preventive service delivery. The Study to Enhance Prevention by Understanding Practice (STEP-UP). *Am J Prev Med* 2001;21:20-8
16. Harris JR, et al. A framework for disseminating evidence-based health promotion practices. *Prev Chronic Dis* 2012;9:110081
17. Hippolyte JM, et al. Recruitment and retention techniques for developing faith-based research partnerships, New York city, 2009-2012. *Prev Chronic Dis* 2013;10
18. Ivery JM, et al. NORC supportive services model implementation and community capacity. *J Gerontol Soc Work* 2010;53:21-42
19. Kapucu N, et al. Survival of the fittest: capacity building for small nonprofit organizations. *Eval Program Plann* 2011;34:236-45
20. King R, et al. Involving mosques in health promotion programmes: a qualitative exploration of the MCLASS intervention on smoking in the home. *Health Educ Res* 2017;32:293-305
21. Kozica SL, et al. Evaluation of a large healthy lifestyle program: informing program implementation and scale-up in the prevention of obesity. *Implement Sci* 2016;11:151
22. Kozica SL, et al. Optimizing implementation of obesity prevention programs: a qualitative investigation within a large-scale randomized controlled trial. *J Rural Health* 2016;32:72-81
23. Liddy C, et al. Implementation and evolution of a regional chronic disease self-management program. *Can J Public Health* 2016;107:e194-e201
24. Loss J, et al. Capacity building in community stakeholder groups for increasing physical activity: results of a qualitative study in two German communities. *Int J Environ Res Public Health* 2020;17:2306
25. Miller RL, et al. Assessing organizational capacity to deliver HIV prevention services collaboratively: tales from the field. *Health Educ Behav* 2003;30:582-600
26. Paone D. Factors supporting implementation among CDSMP organizations. *Front Public Health* 2014;2:237
27. Perry CK, et al. An evidence-based walking program in Oregon communities: Step It Up! Survivors. *Prev Chronic Dis* 2020;17:200231
28. Petrescu-Prahova M, et al. Implementation and maintenance of a community-based older adult physical activity program. *Gerontologist* 2016;56:677-86

29. Ploeg J, et al. Spreading and sustaining best practices for home care of older adults: a grounded theory study. *Implement Sci* 2014;9:162
30. Reszel J, et al. How community-based teams use the stroke recovery in motion implementation planner: longitudinal qualitative field test study. *JMIR Form Res* 2022;6:e37243
31. Richardson J, et al. Monitoring physical functioning as the sixth vital sign: evaluating patient and practice engagement in chronic illness care in a primary care setting - a quasi-experimental design. *BMC Fam Pract* 2012;13:29
32. Roche SD, et al. Implementation strategies for integrating pre-exposure prophylaxis for HIV prevention and family planning services for adolescent girls and young women in Kenya: a qualitative study. *BMC Health Serv Res* 2022;22:422
33. Rogers LQ, et al. Beyond efficacy: a qualitative organizational perspective on key implementation science constructs important to physical activity intervention translation to rural community cancer care sites. *J Cancer Surviv* 2019;13:537-46
34. Saunders RP, et al. Influence of implementation strategies on implementation outcomes in a statewide dissemination of Faith, Activity, and Nutrition (FAN). *Health Educ Res* 2022;37:420-33
35. Sharpe PA, et al. Community health advisors' participation in a dissemination and implementation study of an evidence-based physical activity and healthy eating program in a faith-based setting. *J Community Health* 2018;43:694-704
36. Sims-Gould J, et al. How central support built capacity to deliver a health-promoting intervention for older adults in Canada. *Health Soc Care Community* 2022;30:e3063-e74
37. Stillman F. Tobacco control and smoking cessation efforts in an inner-city African American community. *J Soc Distress Homeless* 1996;5:55-66
38. Thomas MM, et al. Building capacity in local government for integrated planning to increase physical activity: evaluation of the VicHealth MetroACTIVE program. *Health Promot Int* 2009;24:353-62
39. Tomioka M, et al. Examining sustainability factors for organizations that adopted Stanford's Chronic Disease Self-Management Program. *Front Public Health* 2014;2:140
40. Toto PE, et al. Implementing CAPABLE with care partners through an area agency on aging: identifying barriers and facilitators using the Consolidated Framework for Implementation Research. *Gerontologist* 2023;63:428-38

41. van Doorn-Klomberg AL, et al. Organizational determinants of high-quality routine diabetes care. *Scand J Prim Health Care* 2014;32:124-31
42. Warner G, et al. How do inner and outer settings affect implementation of a community-based innovation for older adults with a serious illness: a qualitative study. *BMC Health Serv Res* 2021;21:42
43. Whelan J, et al. A rural community moves closer to sustainable obesity prevention - an exploration of community readiness pre and post a community-based participatory intervention. *BMC Public Health* 2019;19:1420
44. Wiggers J, et al. Increasing the provision of preventive care by community healthcare services: a stepped wedge implementation trial. *Implement Sci* 2017;12:105
45. Wilkes AE, et al. Combating Obesity at Community Health Centers (COACH): a quality improvement collaborative for weight management programs. *J Health Care Poor Underserved* 2013;24:47-60
46. Yancey AK, et al. Organizational characteristics facilitating initiation and institutionalization of physical activity programs in a multiethnic urban community. *J Health Educ* 1999;30:S44-S51

Not a public health intervention that provides programs at a person level that encompasses health promotion or chronic disease management programs

1. Baer JS, et al. Agency context and tailored training in technology transfer: a pilot evaluation of motivational interviewing training for community counselors. *J Subst Abuse Treat* 2009;37:191-202
2. Boucher NA, et al. Replicating an effective VA program to train and support family caregivers: a hybrid type III effectiveness-implementation design. *BMC Health Serv Res* 2021;21:430
3. Carlfjord S, et al. The importance of organizational climate and implementation strategy at the introduction of a new working tool in primary health care. *J Eval Clin Pract* 2010;16:1326-32
4. Groot L, et al. Optimising personal continuity for older patients in general practice: a cluster randomised stepped wedge pragmatic trial. *BMJ Open* 2024;14:e078169
5. Guerrero EG, et al. Identifying and ranking implicit leadership strategies to promote evidence-based practice implementation in addiction health services. *Implement Sci* 2016;11:69
6. Keogh B, et al. Sexual health promotion programme: participants' perspectives on capacity building. *Health Educ J* 2016;75:47-60

7. Knott CL, et al. Cluster-randomized trial comparing organizationally tailored versus standard approach for integrating an evidence-based cancer control intervention into African American churches. *Transl Behav Med* 2022;12:673-82
8. Lamontagne M-E, et al. Implementation evaluation of an online peer-mentor training program for individuals with spinal cord injury. *Top Spinal Cord Inj Rehabil* 2019;25:303-15
9. McCarter K, et al. Effectiveness of clinical practice change strategies in improving dietitian care for head and neck cancer patients according to evidence-based clinical guidelines: a stepped-wedge, randomized controlled trial. *Transl Behav Med* 2018;8:166-74
10. Owczarzak J. Evidence-based HIV prevention in community settings: provider perspectives on evidence and effectiveness. *Crit Public Health* 2012;22:73-84
11. Pettman TL, et al. Using evidence in health promotion in local government: contextual realities and opportunities. *Health Promot J Austr* 2013;24:72-5
12. Reszel J, et al. The stroke recovery in motion implementation planner: mixed methods user evaluation. *JMIR Form Res* 2022;6:e37189
13. Si D, et al. Delivery of preventive health services to Indigenous adults: response to a systems-oriented primary care quality improvement intervention. *Med J Aust* 2007;187:453-7
14. Stanhope V, et al. A mixed methods study of organizational readiness for change and leadership during a training initiative within community mental health clinics. *Adm Policy Ment Health* 2019;46:678-87
15. Valaitis R, et al. Examining interprofessional teams structures and processes in the implementation of a primary care intervention (Health TAPESTRY) for older adults using normalization process theory. *BMC Fam Pract* 2020;21:63
16. Varela T, et al. Evaluation of the implementation progress through key performance indicators in a new multimorbidity patient-centered care model in Chile. *BMC Health Serv Res* 2023;23:439

Does not describe one or more strategies to build organisational readiness for implementation

1. Anderson D, et al. Baseline assessment of organizational capacity for health promotion within regional health authorities in Alberta, Canada. *Promot Educ* 2008;15:6-14
2. Chen C-M, et al. Administrator self-ratings of organization capacity and performance of healthy community development projects in Taiwan. *Public Health Nurs* 2007;24:343-54
3. Gansefort D, et al. Wie bereit ist die Kommune? Das Community Readiness-Modell und die beispielhafte Anwendung in der kommunalen Gesundheitsförderung (Is my community ready?

The community readiness model and its exemplary application in community-based health promotion). *Gesundheitswesen* 2020;82:868-76

4. Gore R, et al. Influence of organizational and social contexts on the implementation of culturally adapted hypertension control programs in Asian American-serving grocery stores, restaurants, and faith-based community sites: a qualitative study. *Transl Behav Med* 2020;10:1525-37
5. Haughton J, et al. Identifying barriers, facilitators, and implementation strategies for a faith-based physical activity program. *Implement Sci Commun* 2020;1:51
6. Kasprzak CM, et al. Operational challenges that may affect implementation of evidence-based mobile market interventions. *BMC Public Health* 2022;22:776
7. Kegler MC, et al. Factors that contribute to effective community health promotion coalitions: a study of 10 Project ASSIST coalitions in North Carolina. *Health Educ Behav* 1998;25:338-53
8. Kelly CM, et al. Organizational capacity's effects on the delivery and outcomes of health education programs. *J Public Health Manag Pract* 2004;10:164-70
9. Lebina L, et al. Organisational culture and the integrated chronic diseases management model implementation fidelity in South Africa: a cross-sectional study. *BMJ Open* 2020;10:e036683
10. Maxwell AE, et al. Organizational readiness for wellness promotion - a survey of 100 African American church leaders in South Los Angeles. *BMC Public Health* 2019;19:593
11. Schmuhl NB, et al. After the randomized trial: implementation of community-based continence promotion in the real world. *J Am Geriatr Soc* 2020;68:2668-74
12. Smith ML, et al. Examination of sustainability indicators for fall prevention strategies in three states. *Eval Program Plann* 2018;68:194-201
13. van Herwerden LA, et al. The role of communication, building relationships, and adaptability in non-profit organisational capacity for health promotion. *Health Promot Int* 2022;37:daac074
14. Van Hoye A, et al. Implementation of the GAA 'Healthy Clubs Project' in Ireland: a qualitative study using the Consolidated Framework for Implementation Research. *Health Promot Int* 2024;39:daad191

Appendix 5: All publications for each included study

Note: the primary reference for each study is listed first.

Damschroder et. al., 2017

1. Damschroder LJ, et al. Implementation findings from a hybrid III implementation-effectiveness trial of the Diabetes Prevention Program (DPP) in the Veterans Health Administration (VHA). *Implement Sci* 2017;12:94
2. Damschroder LJ, et al. Implementation and evaluation of the VA DPP clinical demonstration: protocol for a multi-site non-randomized hybrid effectiveness-implementation type III trial. *Implement Sci* 2015;10:68
3. Moin T, et al. Diabetes Prevention Program translation in the Veterans Health Administration. *Am J Prev Med* 2017;53:70-7

Damschroder et. al., 2017

1. Damschroder LJ, et al. Implementation evaluation of the Telephone Lifestyle Coaching (TLC) program: organizational factors associated with successful implementation. *Transl Behav Med* 2017;7:233-41

Ford et. al., 2017

1. Ford JH, II, et al. Bringing healthy aging to scale: a randomized trial of a quality improvement intervention to increase adoption of evidence-based health promotion programs by community partners. *J Public Health Manag Pract* 2017;23:e17-e24
2. Dattalo M, et al. Essential resources for implementation and sustainability of evidence-based health promotion programs: a mixed methods multi-site case study. *J Community Health* 2017;42:358-68

LaBreche et. al., 2016

1. LaBreche M, et al. Let's Move for Pacific Islander communities: an evidence-based intervention to increase physical activity. *J Cancer Educ* 2016;31:261-7

Martinez et. al., 2017

1. Martinez C, et al. The implementation of health promotion in primary and community care: a qualitative analysis of the 'Prescribe Vida Saludable' strategy. *BMC Fam Pract* 2017;18:23

2. Sanchez A, et al. Modelling innovative interventions for optimising healthy lifestyle promotion in primary health care: "Prescribe Vida Saludable" phase I research protocol. *BMC Health Serv Res* 2009;9:103
3. Sanchez A, et al. Feasibility of an implementation strategy for the integration of health promotion in routine primary care: a quantitative process evaluation. *BMC Fam Pract* 2017;18:24

O'Brien et. al., 2012

1. O'Brien J, et al. An evaluation of a pilot capacity building initiative for smoking cessation in social and community services: the Smoking Care project. *Drug Alcohol Rev* 2012;31:685-92

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Appendix 6: Additional tables for Q2. What strategies are used to build readiness?

Table 2a: Number of strategies classified into ERIC taxonomy strategies that fall within the *develop interest-holder interrelationships* category[‡]

Study	Develop academic partnerships	Identify and prepare champions	Build a coalition	Use advisory boards and workgroups	Obtain formal commitments	Use an implementation adviser	Promote network weaving	Recruit, designate, and train for leadership	ERIC strategies used in study (n)
Ford et. al., 2017	2*	1	1	1		1	1	1	**7**
Damschroder et. al., 2017	1	1	1	1	1	1			**6**
Spoelstra et. al., 2022	1	1	1		1	1			**5**
Damschroder et. al., 2015	1	1	1		1				**4**
Martinez et. al., 2017	1	1	1	1					**4**
Wyatt et. al., 2020		1	1	1			2*		**4**
LaBreche et. al., 2016	1	1			1				**3**
Schnoll et. al., 2023	1	1							**2**
Tomioka et. al., 2013	1			1					**2**
O'Brien et. al., 2012	1								**1**
Vilen et. al., 2022				1					**1**
Wilson et. al., 2024	1								**1**
Number of studies	**10**	**8**	**6**	**6**	**4**	**3**	**2**	**1**	

[‡]Waltz TJ, Powell BJ, Matthieu MM, et. al. Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: results from the Expert Recommendations for Implementing Change (ERIC) study. *Implement Sci.* 2015;10:109. PubMed ID: 26249843 doi:10.1186/s13012-015-0295-0

*More than one individual strategy was coded for this strategy from the ERIC taxonomy

Note: *conduct local consensus discussions*, *develop an implementation glossary*, *identify early adopters*, *inform local opinion leaders*, *involve executive boards*, *model and simulate change*, and *visit other sites* not shown as no studies used these ERIC taxonomy strategies

Table 2b: Number of strategies classified into ERIC taxonomy strategies that fall within the *use evaluative and iterative strategies* category‡

Study	Assess for readiness and identify barriers and facilitators	Develop a formal implementation blueprint	Develop and organise quality monitoring systems	Conduct local needs assessment	ERIC strategies used in study (n)
Spoelstra et. al., 2022	1	1	1	1	**4**
Schnoll et. al., 2023	1	1	1		**3**
Tomioka et. al., 2013	1	1	2*		**3**
Damschroder et. al., 2017	1		1		**2**
Ford et. al., 2017	1	1			**2**
Damschroder et. al., 2015	1				**1**
LaBreche et. al., 2016	1				**1**
Martinez et. al., 2017	1				**1**
O'Brien et. al., 2012	1				**1**
Vilen et. al., 2022	1				**1**
Wilson et. al., 2024	1				**1**
Wyatt et. al., 2020	1				**1**
Number of studies	**12**	**4**	**4**	**1**	

‡Waltz TJ, Powell BJ, Matthieu MM, et. al. Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: results from the Expert Recommendations for Implementing Change (ERIC) study. *Implement Sci.* 2015;10:109. PubMed ID: 26249843 doi:10.1186/s13012-015-0295-0
*More than one individual strategy was coded for this strategy from the ERIC taxonomy
Note: *develop and implement tools for quality monitoring* and *stage implementation scale up* not shown as no studies used these strategies from the ERIC taxonomy

Table 2c: Number of strategies classified into ERIC taxonomy strategies that fall within the *train and educate interest-holders* category‡

Study	Conduct educational meetings	Distribute educational materials	Use train the trainer strategies	Conduct educational outreach visits	Develop educational materials	ERIC strategies used in study (n)
Ford et. al., 2017	1		1	1		**3**
Schnoll et. al., 2023	1			1	1	**3**
Spoelstra et. al., 2022	1	1	1			**3**
Tomioka et. al., 2013	1		1		1	**3**
Damschroder et. al., 2015	1	1				**2**
Damschroder et. al., 2017	1	1				**2**
Vilen et. al., 2022	1	1				**2**
Wyatt et. al., 2020	1	1				**2**
O'Brien et. al., 2012	2*					**1**
Wilson et. al., 2024	1					**1**
LaBreche et. al., 2016						**0**
Martinez et. al., 2017						**0**
Number of studies	**10**	**5**	**3**	**2**	**2**	

‡Waltz TJ, Powell BJ, Matthieu MM, et. al. Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: results from the Expert Recommendations for Implementing Change (ERIC) study. *Implement Sci.* 2015;10:109. PubMed ID: 26249843 doi:10.1186/s13012-015-0295-0
*More than one individual strategy was coded for this strategy from the ERIC taxonomy
Note: *make training dynamic*, *shadow other experts*, and *work with educational institutions* not shown as no studies used these strategies from the ERIC taxonomy