

Cochrane Health Promotion and Public Health Field

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2007

FIELD NEWSLETTER

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Editorial

Welcome to the March 2007 edition of the HPPH Field Newsletter.

This edition sees the return of Jodie Doyle from maternity leave and we welcome Naomi Priest to the team on a casual basis.

We are extremely proud to announce that our 5 year funding proposal to the Victorian Health Promotion Foundation (VicHealth) was accepted, and our new contractual period begins in May 2007. As mentioned in the previous newsletter, our proposal included plans for a staged transition from a Cochrane Field to a Collaborative Review Group. We are extremely grateful to VicHealth for sharing our vision and providing the leverage we need to get the proverbial ball rolling.

The first stage involves a mentoring period whereby recruited editors will be working closely with experienced editors within the Effective

Practice and Organisation of Care (EPOC) Review group, and protocols and reviews will be published by the EPOC group. Upon eventual registration as a fully-fledged collaborative review group we will take on reviews from title registration stage through to publication on The Cochrane Library. One of our first official steps towards registration with the Cochrane Monitoring and Registration Group will be the convening of an exploratory meeting, which we are planning to run during this year's Colloquium in Sao Paulo. I encourage you to attend this meeting and help shape the future of this exciting new entity.

We are also keen to hear from people who may be interested in exploring the option of regional review group locations, with an emphasis on reviews of interest to their region and with a mandate to recruit and support local reviewers. Please feel free to contact myself (ewaters@deakin.edu.au) or Jodie Doyle (jdoyle@vichealth.vic.gov.au) should you wish to discuss further.

*Liz Waters
Co-Director*

Update from the EPPI Centre

The Field was registered in 1996, during the first year of funding for the EPPI-Centre. Coming toward the end of 12 years' work we've been reviewing our progress.

We now have publicly available citations to health promotion research (12,500 in BiblioMap), and subsets of these in the Database of Promoting Health Effectiveness Reviews (DoPHER, over 1700) and Trials Register of Promoting Health Interventions (TRoPHI, over 2,600). All these can be accessed on the EPPI-Centre web site at (<http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=>

185). These are regularly updated by systematic electronic searches and handsearching.

The value of these registers is largely due to careful management over the years, most recently by Trials Search Coordinator Chloe Powell. Chloe has been at the EPPI-Centre since 2004, and has been an excellent colleague, and regular contributor of trials to CENTRAL and handsearching coordinator (see below). Chloe is now moving to Sydney, and handed over her role to Liz Babidge, our new information scientist from Australia.

During the past 12 years we've been at the forefront of developing review methods; each review sees another advance. Our latest work addresses health inequalities (see below).

The context of our work has changed dramatically over this time. In the mid-1990's we were trying to create an awareness of evidence of effectiveness in health promotion; now we're trying to meet an increasing demand for this evidence, and the skills to generate it and use it.

*Sandy Oliver
HPPH Field Co-Director
EPPI Centre*

Handsearching update

Chloe Powell and Josephine Kavanagh presented the workshop "Developments in handsearching - an international and health promotion and public health perspective" at the 2006 Cochrane Colloquium in Dublin. Current hand searching activity being conducted by the Field, was presented, along with preliminary findings of a systematic mapping of the international research literature on handsearching and the results of two pilot exercises in handsearching indexed and non-indexed resources for the Field register, TRoPHI (Trials Register of Public Health Interventions <http://eppi.ioe.ac.uk/webdatabases/Intro.aspx?ID=5>). Both exercises highlighted the value of handsearching to the field with the first pilot exercise which searched Medline indexed journals resulting in the identification of 11 unique trials from 6 journals over 2 years (Armstrong et al 2005), and the second of searching non-indexed sources resulting in the identification of 17 unique trials from 6 journals and 1 conference abstracts over 12 months. Handsearching activities have been conducted by Field colleagues at the EPPI-

Centre in the UK since 2005 and continue to build on the work by colleagues at VicHealth who developed the original hand searching systems. Volunteer handsearchers are supported with training materials, and access to hard copies of relevant journals. We would like to thank Kannika Vitsupakorn, Sabrina Gupta, Karen Robinson, Beth Simpson, and Lisa Wallis for their contributions to current handsearching activity. For more information on handsearching activity and to declare an interest in volunteering please contact Liz Babidge *Trials Search Co-ordinator* l.babidge@ioe.ac.uk.

Ref:

Armstrong R, Jackson N, Doyle J, Waters E, Howes F (2005) It's in your hands: the value of handsearching in conducting systematic reviews of public health interventions. *Journal of Public Health* 27: 388-391.

*Josephine Kavanagh
EPPI Centre*

A decade of getting research into practice across the world

In 1996 the EPPI-Centre pioneered workshops in London, England, for health promotion specialists wishing to inform their work with rigorous evidence. At that time, people making decisions about health promotion services referred to their personal experience, their immediate colleagues and internal reports rather than published sources for information about effectiveness of health promotion. The workshops introduced them to the *Cochrane Database of Systematic Reviews*, even before the days of *The Cochrane Library* and provided an opportunity to collate their views for authors of systematic reviews. At that time, although some participants were keen to address the issue of effectiveness of health promotion, others were "bowed down trying to demonstrate the effectiveness of what they're doing" and claimed "research is actually the last thing used to make a decision in the current political climate".

Recommendations arising from this work were: expanding the evidence base of health promotion; encouraging reference to sources of evidence of effectiveness; fostering evidence-based health promotion; and developing further workshops.

More recently, on the opposite side of the world in Queensland, Australia, Dr Philip Baker has been developing such workshops further, leading training and providing practitioners with summary tables of evidence of the effects of health promotion. Last October Dr Baker was the guest speaker at an EPPI-Centre seminar to discuss ways of getting research into practice (<http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=1912>). Participants were from a diverse range of practice and education settings, including Primary Care Trusts, universities, research centres and patient advocacy groups.

At the seminar, Rebecca Rees briefly reviewed methods for bringing research into practice, focusing particularly on educational approaches. Philip Baker then described a series of workshops to teach health staff the key skills they need to exercise evidence-informed practice. In his presentation, Philip highlighted the value of partnering with the workforce in the training and development of EBP leaders. Although there was a robust uptake of the training by the Queensland workforce, the challenges of a consistent application of research into practice remains.

Participants discussed what helped and hindered them in the use of research evidence. They raised issues such as how:

- The influence of evidence of effects, compared with concerns about cost, values, resources and skills available, may differ with circumstances
- Training in evidence-informed practice needs to pay careful attention to the language used, as this is often new to practitioners and takes time to grasp
- Evidence needs to be directly relevant to their work and structured into a hierarchy of evidence to help people decide how to use it
- Evidence must also clearly distinguish between need, effectiveness and appropriateness

Seminar participants identified specific skills that could help facilitate the use of research, including familiarity with reading and using systematic reviews, critical appraisal skills, and the ability to be reflective. As with any new skill, learning requires dedicated time and support. It was suggested that linking these skills into performance management responsibilities such as Personal Development

Plans or Knowledge and Skills Frameworks might be helpful to encourage their uptake.

Several other factors that might help or hinder research use were discussed. Some related to individual needs, such as time constraints and maintaining skills. Many wider institutional factors were also discussed, such as targeting the whole organisation and key individuals or groups within it, and the need to have on-going access to specialist skills (e.g. statistician support). Participants acknowledged the importance of considering the community context of policy implementation and the influence of political priorities. They also suspected a culture of 'a quick win' within evidence-informed practice; a tendency for services to implement those practices which were most likely to be easily implemented or would show short-term success in meeting targets but wouldn't address more important long-term needs.

Although many of these barriers were originally mentioned in 1996, there has been considerable progress. For more than a decade the Cochrane Health Promotion and Public Health Field has been following the recommendations arising from those early workshops. The evidence base now includes Cochrane reviews that are far more accessible than in the mid-1990s. Further sources of evidence are freely available (<http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=185>) through the Database of Promoting Health Effectiveness Reviews (DoPHER), a specialised register of (currently 1,800) health promotion reviews; and the Trials Register of Promoting Health Interventions (TRoPHI), currently over 2,900 trials.

Moreover, Philip Baker's summary tables are only one example of tailoring the presentation of evidence to meet the needs of practitioners and helping to develop a culture of evidence-informed health promotion.

*Ginny Brunton
EPPI-Centre*

Health inequalities

Health inequalities are a concern nationally and internationally. Where people live, their ethnicity, occupation, gender, region, socio-economic status and social capital all influence their health. There is a growing research literature that addresses these problems in three ways: through targeting disadvantaged groups; assessing the gap between disadvantaged groups and other groups, or national averages (a gaps analysis); or by measuring inequalities across the whole population thereby showing concern for more than only the most disadvantaged (a gradients analysis). The research and policy literature emphasise the importance of drawing on people's own views if efforts to reduce inequalities are to be successful.

We have recently undertaken a descriptive map of the available research evidence on health promotion research, inequalities, and the health of children and young people to ask:

- How much research activity in HP & PH has explicitly addressed health inequalities among children and young people, and how has it done this?
- How much of the research specifically relates to socially disadvantaged and vulnerable children and young people (those considered at risk in various ways; those with social or complex needs; those living in marginalised communities; looked after children; teenage parents; school non-attendees)?

We sought two sets of studies, one from sources labelled as inequalities research, and the other from a register of intervention studies. We coded these to describe the types of studies (e.g. observational, intervention), settings, populations, analyses and outcomes.

We were disappointed to find that little health promotion research addresses gaps or gradients in health status. Very few intervention studies compare the health of people who differ in terms of socio-economic status. Similarly few process interventions or studies of young people's views take into account socially determined health inequalities.

Nevertheless, the exercise has allowed us to collate some relevant studies, develop methods for

addressing health inequalities in systematic reviews, and through this work support the newly registered Campbell and Cochrane Health Equity Field.

Jenny Gray
EPPI-Centre

Update from Training and Education *Training and Support*

We are building on our systematic review training course to begin delivering evidence-informed public health short courses. Our first course will be held in Melbourne at the end of March 2007. We will endeavour to hold at least 2 of these in Melbourne each year. Further courses will be delivered on an as-needed basis. If you are interested in hosting an evidence-informed public health short course please contact **Rebecca Armstrong** rarmstrong@vichealth.vic.gov.au

I am now working with the Cochrane HPPH Field 2.5 days a week whilst I embark on a PhD. If you have any reviewer support queries please contact Jodie (jdoyle@vichealth.vic.gov.au) who will be able to assess your request.

Knowledge Translation and Exchange

The HPPH Field are building expertise in knowledge translation and exchange. We have just completed a project for Queensland Health, a government department here in Australia. The project involved the development of evidence-based recommendations for policy and practice. We would be happy to share our learnings from this challenging project with any of you who may be interested rarmstrong@vichealth.vic.gov.au. We will be presenting the results at the IUHPE Conference in Vancouver in June and hopefully the Cochrane Colloquium in October. We also hope to write a journal article with our collaborators in the coming months.

We are also in the process of building a repository of knowledge translation materials. Once this project is completed they will be uploaded onto our website. If you would like further information on KT&E resources in the meantime please let me know.

Rebecca Armstrong
Field Training and Support Officer

Report from Chanpen Choprapawon, recipient of a Consumer stipend to attend the Colloquium

Background

I was attending the XIV CC in Dublin with supported from the Consumer Stipend. My background experience as a medical doctor and health professional, working independent from the government and any private health providers, and a President of Thailand Enneagram Association, I intend to empower Thai people (and other countries as well) for better awareness, knowledge and skill to promote their physical, mental and spiritual health. I expected to get some update idea, information, methods to write documents and articles for several magazines and books in health issue, family health and child health and development.

Benefit from the Cochrane Colloquium

1. Majority sessions were focused on methodologies of the review, this year more consideration on non-randomized studies, how to make used and the issue of validity.
2. Concern was increased regarding too many reviews with '*not enough good studies*' to show benefit of treatments, which I think this is the important message that the Consumer network should distribute to the consumers worldwide. So they will aware that many treatment prescribed by the medical providers may not help as expected.
3. I didn't get much about the update knowledge about results of the reviews, even we can get them from the website, but the large conference should be the best time to select important issues to update and discuss with the consumers, e.g. benefit of vitamin & mineral for several health problem (including health promotion, prevention and diseases), some pro-con issue about benefit and risk to eat egg as a main protein instead of other meat, etc.
4. Good sessions to meet and talk with other consumer representatives, however, the C network should try to enroll more

varieties. The group still work closely among few people in the same network, so the impact is not expanded enough to see some change.

Translating Cochrane evidence in to practice in Ministry of Health, Sri Lanka

(Summary of 2006 Colloquium presentation from HPPH Field member and Cochrane author, Janaki Vidanapathirana)

Background

The ministry of Health of Sri Lanka provides health care facilities for more than 80% the general population. Although evidence based medicine is included in to the Medical curriculum, accessibility to the Cochrane library is limited and there are very few Cochrane reviewers are in Sri Lanka.

Objectives

To find out an appropriate way of translating Cochrane evidence into practice in the Ministry of Health Sri Lanka

Methodology

Policy makers, clinicians, Public health specialists, researchers, Para medical professionals were interviewed by in depth telephone interviews. Interviews covered awareness, availability, accessibility, acceptability and affordability of resources of The Cochrane Collaboration and applicability of Cochrane evidence to practice.

Results

Of all the categories of professionals in the Ministry of Health, few people were aware of the Cochrane resources. None of the Para medical professionals were aware and out of the few that were aware, none of them have access to the Cochrane library through the Ministry of Health.

Conclusions

Awareness and usage of Cochrane resources are very limited among professionals in the Ministry of Health of Sri Lanka, as the Ministry does not provide facilities for usage of Cochrane resources and very few officials use the Cochrane resources through personal CD roms. The ability to apply Cochrane evidence to the

practice is therefore limited due to lack of awareness in settings of Ministry of Health, Sri Lanka.

Recommendations

More Cochrane awareness-raising needs to occur in Sri Lanka and there is a need for a national license to provide all professionals access to the Cochrane Library. Assistance thereafter to develop the skills needed to translate Cochrane evidence into practice would be valuable to enhance evidence-based practice to enhance health in Sri Lanka.

Congratulations to the recipients of the 2006 HPPH Field Bursary Scheme....

John Ehri Interventions for preventing unwanted pregnancies among adolescents

Juliana Uzoma Ojukwo Iron supplementation in healthy children: the effect on malaria

Margaret Astin Interventions to improve transportation and communication systems for referral for birth and emergency care in developing countries

Ruth Mathis and Pisake Lumbiganon

Antenatal breastfeeding education for increasing breastfeeding duration

Update on the Field's contact database

The Field's database now contains 398 potential contributors to the Field. Since our last newsletter, the Field has welcomed our first representative from East Timor.

The Field always welcomes newcomers so if you think your country is under-represented, why not recruit some local colleagues to join the Field! See back page for the form.

Also, please email cochrane@vichealth.vic.gov.au if your own details have changed. We have had to remove some people from the Field's database due to undeliverable email addresses.

Countries where those on the Field's contact database are from (accumulative totals)

Country	April 01	Aug 2006	March 2007
Australia	20	163	159
Belgium		1	1
Canada	18	52	53
Denmark	1	3	3
Finland	1	1	1
Germany		3	3
Hungary		1	1
Israel		1	1
Japan	1	2	2
Lebanon		1	1
The Netherlands	1	3	3
New Zealand	1	10	10
Nigeria	1	2	2
Philippines	1	2	2
Portugal	1	1	1
Sweden	1	3	3
Switzerland	1	5	5
UK and Ireland	20	65	65
USA	1	32	32
Turkey		1	1
Pakistan		2	2
South Africa		8	8
Russia		1	1
China		2	2
Fiji Islands		1	1
Thailand		4	4
Bahrain		1	1
Norway		3	3
India		3	4
Indonesia		1	1
Afghanistan		1	1
Argentina		3	3
Saudi Arabia		1	1
Senegal		1	1
Sri Lanka		2	2
Uruguay		1	1
Colombia		2	2
France		1	1
Iran		1	1
Spain		3	3
Malaysia		1	1
Vietnam		1	1
Brazil		1	1
Northern Ireland		3	3
East Timor			1
TOTAL	72	400	398

Thank you to our recent contributors....

The Field would like to acknowledge the contribution of several of our members (and those recruited to the roles) in the production of Cochrane reviews of health promotion and public health topics or in the presentation of Field activities in the last few months:

Peer Reviewers for HPPH topics

Naomi Priest, Rebecca Armstrong and Nazan Bilgel

Handsearchers

Kannika Vitsupakorn, Sabrina Gupta, Karen Robinson, Beth Simpson, and Lisa Wallis

Funding opportunity for HPPH reviewers

The HTA programme has identified a number of priority areas for which it anticipates commissioning primary and evidence synthesis. The NCCHTA, on behalf of the NHS Director of Research, will be co-coordinating the commissioning process.

Within this programme there is the opportunity for funding a systematic review on *Health-related lifestyle advisers* (Ref. 07/26) and the possibility for turning it into a Cochrane review.

The deadline for full proposals is Wednesday 25 April, 2007.

For details please go to the website:

www.ukcrn.org.uk/index/clinical/funding.html

Free Cochrane Library access for India

India has become the first low income country to join the growing list of countries that have purchased a National Subscription for the Cochrane Library to provide free point of access to the Library for its population. The Indian Council for Medical Research signed a three year contract with the Library's publishers on the eve of Indian Republic Day in January of this year.

Establishment of the Cochrane Developing Countries Network

The Cochrane Developing Countries Network (CDCN) has been registered as a new entity of the Collaboration. Its aim is to raise awareness of the

relatively minor participation of people living in developing countries in the overall activities of the Collaboration, and to increase participation of those from developing countries.

This initiative is in recognition of the many activities in the Collaboration addressed to, or conducted by, people from developing countries, and the CDCN will take advantage of existing experiences and resources and aim for better co-ordination of relevant activities. The CDCN is looking forward to working collaboratively with everyone interested so that they can move this important initiative forward. For further information, you can contact: cochrane.dcn@gmail.com
<http://dcn.cochrane.org/>

African researcher applicants sought for reviewer training

The Reviews for Africa Programme (RAP) is designed to train African health researchers and providers in the science of research synthesis and assist them to initiate and prepare a Cochrane review, ultimately for publication on The Cochrane Library. The Programme consists of three phases, and successful completion of each phase will lead to progression to the next phase. Phase 1: four week protocol development course to equip participants with the knowledge and research synthesis skills necessary for initiating, completing, and maintaining a Cochrane review. Phase 2: publication of the protocol and initial preparation of the Cochrane review. Phase 3: assists participants to complete the Cochrane review to the standard that it can go for peer review.

Potential applicants must already have a title registered with a Cochrane Review Group in a topic relevant to Africa, particularly HIV/AIDS, tuberculosis, and malaria.

The application deadline for the 2007 is **11 May 2007**. Details and the application form are available on the RAP website at www.mrc.ac.za/cochrane/rap.htm

Impact factor for Cochrane Database of Systematic Reviews (CDSR)

The Cochrane Library gained listing by the Institute for Scientific Information (ISI), now called Thomson Scientific, in 2005. The first impact factor for CDSR will be for 2007 (released in June 2008). It will be a measure of citations in 2007 to articles published in 2005 and 2006. To date authors have not been able to measure citations to their reviews and have not been able to cite (CDSR) as having an impact factor when listing their publications, when applying for grants, or being evaluated as part of research assessment exercises. This increases the risk that authors will publish their reviews elsewhere. All authors should cite Cochrane reviews as published in the Cochrane Database of Systematic Reviews, with the issue of publication (not the current issue of the Library). External link to more information: http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/ISI_FAQs.pdf.

Deborah Pentesco-Gilbert
Publisher, The Cochrane Library
John Wiley & Sons, Ltd

Snippets from the Cochrane Collaboration

- Wiley InterScience has just released a web based demonstration of the features and functionality of The Cochrane Library in French: <http://brainshark.com/wiley/formationcochrane>
- 2007 Cochrane Fellowships available for at least four people on the island of Ireland to work on Cochrane reviews deadline for receipt of applications is Friday 11 May 2007. Information available at www.hrb.ie/display_content.php?page_id=144
- New 'Suggest a Topic' feature on Cochrane website at www.cochrane.org/reviews/en/subtopics/48.html
- Steering Group running pilot project to explore option of centralizing updating function of prioritized reviews. An updating officer will assist CRGs and

authors with as many phases of the review as possible and feasible

- New revised, upgraded and updated User Guide is now available in the Help section of *The Cochrane Library* (www.thecochranelibrary.com) and on the Cochrane Library User Group website (www.CLUG.iwh.on.ca)

SCIE's new systematic review guidelines are now on line and available to download from:

www.scie.org.uk/publications/details.asp?pubID=111

Upcoming Events

** Indicates Field representative attending and presenting*

UK and Ireland Cochrane Contributors Meeting
19 March 2007
Oxford, UK
19 March, 2007
<https://asp.artegis.com/lp/Archie/Cochrane?1=1>. (to register)

*119th World Conference on Health Promotion and Education
June 1-3, 2007
Vancouver, Canada
<http://www.iuhpeconference.org/>

*7th Annual International Campbell Collaboration Colloquium
14 – 16 May 2007
London, UK
www.campbellcollaboration.org/

*XV Cochrane Colloquium
23-27 October 2007
Sao Paulo, Brazil
www.colloquiumbrasil.info/php/index.php

New Cochrane reviews and protocols of interest to health promotion and public health from Issues 4, 2006 and Issue 1, 2007 of *The Cochrane Library*:

REVIEWS

- Family-based programmes for preventing smoking by children and adolescents
- Home safety education and provision of safety equipment for injury prevention
- School feeding for improving the physical and psychosocial health of disadvantaged elementary school children
- Vitamin C for preventing and treating pneumonia
- Zinc supplementation for the prevention of type 2 diabetes mellitus
- Cognitive-behavioural training interventions for assisting foster carers in the management of difficult behaviour

PROTOCOLS

- Educational Games for Health Professionals
- Financial benefits for child health and well-being in low income or socially disadvantaged families in developed world countries
- Interventions for preventing injuries in the agricultural industry
- The impact of tuberculosis preventive therapy on tuberculosis and mortality in HIV-infected children
- Indigenous Healthcare Worker involvement for Indigenous adults and children with asthma
- Interventions for preventing voice disorders in adults

PROTOCOLS cont.

- Interventions to prevent occupational noise induced hearing loss
- Measles/MMR vaccine for infants born to HIV-positive mothers
- Prevention of venous insufficiency in a standing workers population
- School-based interventions to postpone sexual intercourse and promote condom use among adolescents
- Smart home technologies for health and social care support
- Supervision outreach visits to improve the quality of primary health care in low- and middle-income countries
- Vaccines for preventing anthrax

Summaries from *The Cochrane Library*

Issue 1 2007 of the Cochrane Library was released on the 24th of January. There are now 2997 complete reviews and 1658 protocols, of which 104 are new reviews, 46 updated reviews, 115 new protocols and 7 updated protocols on the Cochrane Database of Systematic Reviews. Below are two abstracts of new reviews from *The Cochrane Library* that are relevant to health promotion and public health.

The plain language summaries below are taken from The Cochrane Collaboration's website at <http://www.cochrane.org/reviews/index.htm> (Abstracts of Cochrane Reviews are compiled and produced by Update Software Ltd on behalf of the publisher, John Wiley & Sons Ltd.) An up-to-date list of all Cochrane reviews and protocols of health promotion and public health interventions is kept on the Field's website at <http://www.vichealth.vic.gov.au/cochrane/activities/reviews.htm>.

TITLE: School feeding for improving the physical and psychosocial health of disadvantaged elementary school children.

AUTHORS: Kristjansson EA, Robinson V, Petticrew M, MacDonald B, Krasevec J, Janzen L, Greenhalgh T, Wells G, MacGowan J, Farmer A, Shea BJ, Mayhew A, Tugwell P.

REVIEW GROUP: Cochrane Developmental, Psychosocial and Learning Problems Group

Plain language summary

Early malnutrition and/or micronutrient deficiencies can negatively affect many aspects of child health and development. School feeding programs are designed to provide food to hungry children and to improve their physical, mental and psychosocial health. This is the first systematic review on the topic of school feeding. Eighteen studies were included in this review; nine had been done in higher income countries and nine in lower income countries. In the highest quality studies (randomized controlled trials [RCTs]) from low income countries, children who were fed at school gained an average of 0.39 kg more than controls over 19 months; in lower quality studies (controlled

before and after trials (CBAs)), the difference in gain was 0.71 kg over 11.3 months.

Results from higher income countries were mixed, but generally positive. For height, results from lower income countries were mixed; in RCTs, differences in gains were important only for younger children, but results from the CBAs were large and significant overall. Results for height from High Income countries were mixed, but generally positive. In low income countries, children who were fed at school attended school more frequently than those in control groups; this finding translated to an average increase of 4 to 6 days a year per child. For educational and cognitive outcomes, children who were fed at school gained more than controls on math achievement, and on some short-term cognitive tasks. School meals may have small physical and psychosocial benefits for disadvantaged children.

We recommend that further well-designed studies on the effectiveness of school meals be undertaken, that results should be reported according to the socio-economic status of the children who take part in them, and that researchers gather robust data on outcomes that directly reflect effects on physical, social, and psychological health.

- **Citation:** This record should be cited as: Kristjansson EA, Robinson V, Petticrew M, MacDonald B, Krasevec J, Janzen L, Greenhalgh T, Wells G, MacGowan J, Farmer A, Shea BJ, Mayhew A, Tugwell P. School feeding for improving the physical and psychosocial health of disadvantaged elementary school children. *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD004676. DOI: 10.1002/14651858.CD004676.pub2.

TITLE: Family-based programmes for preventing smoking by children and adolescents

AUTHORS: Thomas RE, Baker P, Lorenzetti D.

REVIEW GROUP: Tobacco Addiction Group

Plain Language Summary

Preventing children from starting to smoke is one way to reduce the number of people damaging their health by smoking. Children and adolescents' likelihood of starting to smoke may be influenced by the behaviour of their families, and it may be possible to help family members strengthen non-smoking attitudes and promote non-smoking in children and other family members. Some high quality studies show that family interventions may help to prevent adolescent smoking, but less well-conducted trials had mostly neutral or negative findings. How well the programme staff are trained and how well they deliver the programme may be related to effectiveness, but the number of sessions in the programme does not seem to make a difference.

Citation: This record should be cited as: Thomas RE, Baker P, Lorenzetti D. Family-based programmes for preventing smoking by children and adolescents. *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD004493. DOI: 10.1002/14651858.CD004493.pub2.

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Become a Field member

If you have not already filled out the attached form and would like to be on the Field's contact database, please fill it out now and send via email, fax or post to the Coordinator.

Being on our database allows us to keep you informed of Field activities, funding and training opportunities and allows us to tailor requests to members' areas of expertise and interest.

Cochrane Health Promotion and Public Health Field – Contact database form

First Name:	Family Name:
Place of Work:	Your role:
Mailing address:	
Email address:	
Telephone (work):	Fax (work):
Languages read (other than English):	
Have you contributed to the Field, or to the Cochrane Collaboration, in some way in the past?	
No Yes How? <input type="checkbox"/> I have prepared a systematic review <input type="checkbox"/> I have peer-reviewed a systematic review <input type="checkbox"/> I have done some handsearching of health promotion/public health journals <input type="checkbox"/> I have been involved in lobbying for funding to support the production of systematic reviews <input type="checkbox"/> I have presented at a conference/workshop/seminar on systematic reviews in health <input type="checkbox"/> I have presented information related to the Cochrane Collaboration at a conference/workshop/seminar <input type="checkbox"/> I have provided comment back to the Field on various matters <input type="checkbox"/> Other (please provide detail)	
Would you like to contribute to the Field in some way in the future?	
No Yes How? <input type="checkbox"/> I am interested in doing or assisting in a systematic review of a health promotion/public health topic <input type="checkbox"/> I would be available to peer-review a systematic review or protocol <input type="checkbox"/> I would be available to do some handsearching of health promotion/public health journals <input type="checkbox"/> I would be prepared to do a presentation of the Field's aims and objectives at an appropriate meeting, or relevant conference <input type="checkbox"/> I would be prepared to present at a conference/workshop/seminar on why and how to prepare systematic reviews in health promotion and public health <input type="checkbox"/> I would be prepared to be involved in lobbying for funding to support the production of systematic reviews in health promotion/public health <input type="checkbox"/> I would be prepared to provide comment back to the Field on areas of interest to myself or my organisation. <input type="checkbox"/> Other (please describe)	
What is your area of expertise or special interest? (eg. obesity, mental health, injury, environmental health, etc)	
Would you like to maintain contact with the Field?	
No <input type="checkbox"/> Yes <input type="checkbox"/> Send me Field newsletters electronically <input type="checkbox"/> Send me Field newsletters via the post <input type="checkbox"/> Send request for help as indicated in my response above <input type="checkbox"/> Other (please provide detail)	
How did you find out about the Cochrane HPPH Field?	

Thank you. Please send completed form to:

The Coordinator, Cochrane Health Promotion and Public Health Field,
C/o Victorian Health Promotion Foundation, PO Box 154, Carlton Sth, VIC 3053, AUSTRALIA
 Or via email: cohrane@vichealth.vic.gov.au or Fax: +61 3 9667 1375