STUDY PROTOCOL

Policy Evaluation Network (PEN): Protocol for systematic literature review examining the evidence for impact of school policies on physical activity [version 1; peer review: awaiting peer review]

Kevin Volf¹, Liam Kelly¹, Enrique García Bengoechea¹, Blathin Casey¹, Anna Gobis², Jeroen Lakerveld³, Joanna Zukowska², Peter Gelius⁴, Sven Messing⁴, Sarah Forberger⁵, Catherine Woods¹

¹Physical Activity for Health, Health Research Institute, Department of Physical Education and Sport Sciences, University of Limerick, Limerick, Ireland
²Faculty of Civil and Environmental Engineering, Gdansk University of Technology, Gdansk, Poland
³Amsterdam University Medical Center, Amsterdam, The Netherlands
⁴Friedrich-Alexander-Universität Erlangen-Nürnberg, Erlangen, Germany
⁵Leibniz Institute for Prevention Research and Epidemiology - BIPS, Bremen, Germany

Abstract

Introduction: Over 40 million deaths annually are due to noncommunicable diseases, 15 million of these are premature deaths and physical inactivity attributes an estimated 9% to this figure. Global responses have included the sustainable development goals and the global action plan on physical activity. Both point to policy action in physical activity (PA) to address change, yet the impact of policy is unknown. The protocol described outlines a systematic literature review that will be undertaken by the Policy Evaluation Network to address this knowledge gap.

Protocol: This review of school PA policies is the first of seven planned reviews. The seven best investments for promotion of population PA identified in the Toronto Charter (whole-of-school programmes, transport policy, urban design policy, primary health care policy, public education policy, community programmes and sport programmes) will form the basis of these reviews. Seven individual scientific literature searches across six electronic databases, using key concepts of policy, PA, evaluation and a distinct concept for each area will be conducted. This will be supplemented with a search of the reference list of included articles. Methodological quality will be assessed and overall effectiveness for each included study will be described according to pre-determined categories.

Conclusions: The review will provide policy makers with a list of policy statements and corresponding actions which the evidence has
determined impact on PA directly or indirectly. By collating the evidence, and demonstrating the depth of the science base which informs these policy recommendations, this review will provide guidance to policymakers to use evidence-based or evidence-informed policies to achieve the 15% relative reduction in physical inactivity as defined by the ‘Global Action Plan on Physical Activity’.

Registration: PROSPERO CRD42020156630 (10/07/2020).

Keywords
physical activity, policy, protocol, systematic review, evaluation
**Introduction**

Physical activity (PA) is defined as “any bodily movement produced by skeletal muscles that requires energy expenditure” (Caspersen et al., 1985). The relationship between PA levels and health outcomes is well established (Rutten et al., 2016). Insufficient PA has been identified by the World Health Organisation (WHO) as the fourth leading risk factor for mortality worldwide (WHO, 2009) and in 2012 it was estimated that 9% (range 5.1 – 12.5%) of global premature mortality can be attributed to physical inactivity (Lee et al., 2012). The European region has been strongly affected by the costs of inactivity, absorbing 16.9% of the substantial disability that inactivity causes through its contribution to morbidity from coronary heart disease (CHD), cancer, stroke and diabetes and 21.8% of the healthcare cost (Ding et al., 2016; Lee et al., 2012).

This epidemiological evidence reveals inactivity to be a substantial public health issue and advocacy by public health specialists and the academic community has demanded policy responses to this issue. For the purposes of this document, policy should be understood as “decisions, plans, and actions that are implemented by national or regional governments to achieve specific health promotion goals within a society” (Lakerveld et al., 2020). As indicated by the WHO (WHO Regional Office for Europe, 2010), policy can give support, coherence and visibility at the political level, while making it possible for the organisations involved at national, regional, and local levels – e.g., national government sectors, regional or local authorities, stakeholders, and the private sector – to be logical and consistent in their actions to achieve a shared goal. This definition refers to food and PA environments, systems and behaviours (WHO Regional Office for Europe, 2010). In order to reflect the complexity of the policies that may affect the PA policy environment, a distinction is made between “direct” policies, which refers to policies where improving the PA environment and increasing participation is the primary aim, and “indirect” policies, where the primary aim of the policy is not to increase PA but this may occur as a co-benefit of successful implementation. The International Society for Physical Activity and Health (ISPAH) was established in 2009 (Kohl et al., 2012) and numerous articles and editorials in leading academic and medical journals have pointed out the need to address physical inactivity (Bull & Bauman, 2011; Das & Horton, 2012; Kohl et al., 2012; Woods & Mutrie, 2012).

At its third biennial congress ISPAH promulgated the Toronto Charter calling for political commitment to achieving greater opportunities for PA (Bull et al., 2010). To guide action on this issue the Charter was subsequently accompanied by a document titled Non Communicable Disease Prevention: Investments that Work for Physical Activity (2012). This document declared seven domains which evidence suggested could be effectively targeted to increase PA opportunities. These seven domains provide a structure for systematic literature review search.

Over recent years there has been an acceleration in the production of policy responses to the epidemics of PA and sedentary behaviour (Klepac Pogrmilovic et al., 2018). The Global Observatory for Physical Activity (GoPA) reports that by 2013, 139 countries were members of its PA advocacy alliance and 26.6% of these countries had already published a stand-alone PA plan (Ramirez Varela et al., 2016). Furthermore, in 2013, the WHO published a document which recognised PA as a part of the global effort to combat non-communicable diseases (NCDs) (WHO, 2013).

A significant development occurred in 2017 when, in response to demands for direction on the problem of physical inactivity, the WHO committed to publishing a stand-alone action plan on this issue. This commitment was realised in 2019 when the WHO published the Global Action Plan on Physical Activity (GAPPA), which targeted an even more ambitious PA target than the previous NCD plan (WHO, 2019).

The recent rise in the number of national PA policies allows research into the question of which of these policies are effective in increasing PA. A scoping review published in 2016 provided evidence that research into policy effectiveness lagged behind research that links PA to health and research that links PA interventions to behaviour (Rutten et al., 2016). However, with the increase in the number of PA policies there may have been a concomitant rise in research examining the effectiveness of these policies. Furthermore, to the best available knowledge, no project has linked existing policy statements with research that corroborates or discredits the effectiveness of these statements.

As part of the Joint Programming Initiative on a Healthy Diet for a Healthy Life, researchers from 28 institutes in seven European countries (France, Germany, Ireland, Italy, Norway, Poland, and the Netherlands) and New Zealand combine their expertise to form a Policy Evaluation Network (PEN) (Lakerveld et al., 2020). PEN’s vision is to provide Europe with tools to identify, evaluate and benchmark policies designed to directly or indirectly address unhealthy lifestyle behaviours which contribute to overweight and obesity, while accounting for existing health inequities. Using structured evaluation principles and methods, PEN will examine the content, implementation and impact of lifestyle policies across Europe and will build on existing knowledge. PEN will provide an overview of the ‘best’ public policies most likely to sustainably support more favourable health behaviours. This protocol paper outlines the methodology for the first of several complementary systematic literature reviews designed to determine the impact of policy on physical activity outcomes based on the different policy domains identified in the “seven best investments” document (ISPAH, 2012). This review will provide evidence supporting the development of a tool named the Physical Activity Policy Environment Index (PA EPI), based on similar principles to the food environment policy index (Food EPI) (Swinburn et al., 2013). The PA EPI will provide policy makers with a list of policy statements and corresponding actions which the evidence has determined improve physical activity outcomes across these settings.

**Protocol**

Original material examining the evidence of what works in terms of direct and indirect policies on PA will be identified in the following ways:
(1) A search, with no date restrictions, of the following electronic databases: four specialized sport science or biomedical databases, MEDLINE (Ebso), SportDiscus, Cinhahl, and Cochrane library, and two general social science databases, Web of Science and Scopus. Search results will be limited to articles that are identified through searching the titles and abstracts.

(2) Manual reference checks of identified original studies.

(3) Publicly available English-language resources and documents of major national and international stakeholders will be searched to identify existing reviews and position papers discussing the evidence of what works in terms of direct and indirect policies on PA, e.g. the WHO’s European database on Nutrition, Obesity and Physical Activity (NOPA), Global Action Plan on Physical Activity (GAPPA), the European Physical Activity Strategy (EPAS) (WHO Regional Office for Europe, 2015) and the European Physical Activity Guidelines (EPAG) (European Commission, 2008).

A content analysis was performed on the Toronto Charter supplementary document (ISPAH, 2012). The document declares that the policy interventions should prioritise the following key areas for intervention: whole-of-school programmes, transport policy, urban design policy, primary health care policy, public education policy, community programmes and sport programmes. This document was searched for key words to be included in the search syntax. Researchers consulted with librarians and other research staff for suggestions on search terms.

The search of electronic databases will comprise seven individual searches (corresponding to the seven best investments), each one to be run on each of the databases. The seven searches will be formed by combining the same basic search strategy with seven distinct search concepts. The basic search strategy will consist of three search concepts (Table 1): search concept one (C1), which will combine synonyms for the keyword “policy” with the Boolean Operator “OR”; search concept two (C2), which will do the same with the keyword of “physical activity”; and search concept three (C3), which will do the same for the keyword of “impact”. The three search terms will be combined with the Boolean operator “AND” (Table 1).

Each of the seven searches will further be combined with a search term constructed to replicate one of the seven best investments declared in the document Non Communicable Disease Prevention: Investments that Work for Physical Activity (ISPAH, 2012) (Table 2). It is proposed that individual systematic literature reviews will be performed on each of the seven best investments, with this initial review focusing on the ‘whole-of-school approach’ category, and ‘transport policy’ and ‘public education’ categories to follow. The keywords were selected based on an iterative process which combined preliminary searches, solicitation of professional opinion and content analysis of the seven best investments document.

The following criteria will be applied for searches in databases: language will be limited to English language only.

Eligibility criteria
In order to answer our research question some eligibility criteria were developed to screen out irrelevant articles. Studies will be included based on the following criteria for; 1) type of study, 2) participants/population, 3) exposure/intervention, and 4) outcomes.

General “mandatory” eligibility criteria were formulated as well as specific “preferred” eligibility criteria for each of the seven searches. Publications that do not meet the “mandatory” eligibility criteria will be excluded from review. Publications that do not meet the “preferred” eligibility criteria will be set aside and possibly reassigned to a different search category if they are not duplicates of any publication already included in that search category.

Types of study to be included/excluded. No limitations regarding study type will be placed as long as the study design allows the research questions to be addressed. In addition, reviews using a comprehensive search strategy (including systematic, scoping and realist reviews) and analysing original research on the evidence of what works, and how, in terms of direct and

---

**Table 1. Search terms.**

<table>
<thead>
<tr>
<th>Keyword</th>
<th>Synonyms</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Policy”</td>
<td>(MH “Policy”) OR (MH “Public Policy”) OR (MH “Policy Making”) OR (“policy”) OR (“policies”) OR (“national policy”) OR (“national framework”) OR (“policy framework”) OR (“policy action”) OR (“legislation”) OR (“strategy”) OR (“policy making”)</td>
</tr>
<tr>
<td>“Physical Activity”</td>
<td>(MH “Exercise”) OR (MH “Sedentary Behavior”) OR (“physical activity”) OR (“physical inactivity”) OR (“play”) OR (“physical education”) OR (“sedentary”) OR (“sitting”) OR (“healthy lifestyle”) OR (“health initiative”)</td>
</tr>
<tr>
<td>“Impact”</td>
<td>(“evaluat**”) OR (“impact”) OR (“appraisal”) OR (“effect**”) OR (“assessment”)</td>
</tr>
<tr>
<td>“Whole of School Approach”</td>
<td>“Whole-of-school” OR “Whole School” OR “Whole of School” OR “WSCC” OR “school intervention” OR “school based intervention” OR “school initiative” OR “school based initiative” OR “school program**” OR “School health” OR “Wellness” OR “well-being”</td>
</tr>
</tbody>
</table>

Abbreviations: ‘MH’ = MeSH Heading.
indirect policies on PA; and reviews and policy analysis documents issued by major national and international stakeholder organisations addressing recommendations referring to the same evidence will be eligible for inclusion. Studies will be excluded based on the following criteria; a direct or indirect form of policy intervention is not identifiable, no information is provided regarding the effects of the policy under consideration on the desired outcomes, and published in a language other than English.

**Condition or domain being studied.** Review examining the evidence of what works in terms of direct and indirect policies on PA, and how.

**Participants/population.** Eligibility criteria relating to population characteristics are described in Table 3.

**Exposure(s), intervention(s).** Policies that aim to have a direct or indirect effect on PA behaviour of target groups and populations and on the PA environment that support the behaviour under consideration. “Direct” policy refers to policies where the primary aim is improving the PA environment and increasing PA participation. “Indirect” policy refers to policies where the primary aim is not to increase PA levels but this may occur as a co-benefit of successful implementation.

Grey literature/Other: Similar to the empirical studies, included are systematic reviews, policy evaluations, grey literature, and other documents designed to directly or indirectly address physical inactivity. The initial review targets children and adolescents in the school setting. The study must include; a change in PA (or proxy), assessed by means of self-report or wearable devices (e.g., accelerometer) and/or; a change in features of the physical and social environment (e.g., facilities, equipment, action plans, programmes) hypothesised to lead to changes in PA outcomes as a result of a policy intervention.

**Main outcome(s).** All study designs (reviews, empirical evidence and grey literature/other) must include the following outcome(s); a changes in PA (or proxy, e.g. fitness), assessed by means of self-report or wearable devices (e.g., accelerometer); a change in features of the physical and social environment (e.g., facilities, equipment, action plans, programmes) hypothesised to lead to changes in PA outcomes as a result of a policy intervention.

**Study selection and data extraction**

*Download of title and abstract records.* Titles and abstracts identified by the search will be downloaded as “Endnote import” files. They will be uploaded to Endnote X9, a citation management software, and Rayyan (Ouzzani et al., 2016), online software dedicated to managing reviews. A freely available alternative is Mendeley reference manager. Once records have been uploaded to Rayyan, the software will identify duplicate articles and one of the two identical articles will be removed. The remaining articles will undergo the first round of screening by two researchers (KV and LK) in a shared Rayyan account.

**Title and abstract review.** Title and abstract review will be performed by at least one reviewer (KV) and checked by another.
**Table 3. Population related inclusion criteria.**

<table>
<thead>
<tr>
<th>General criteria</th>
<th>School</th>
<th>Transport</th>
<th>Urban design</th>
<th>Primary health care</th>
<th>Public education</th>
<th>Community programmes</th>
<th>Sport programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The study targets the general population or parts of it that are relevant for the respective review</td>
<td>The study targets children and adolescents in the school setting. Preferred: Whole-of-school and environmental approaches</td>
<td>The study targets the general population or parts of it and their way of transport. Preferred: The study targets the general population.</td>
<td>The study targets the general population or parts of it and is related to urban design. Preferred: The study targets the general population.</td>
<td>The study targets the general population or parts of it and is related to the primary health care setting. Preferred: The study targets the general population.</td>
<td>The study targets the general population or parts of it and is related to public education. Preferred: The study targets the general population.</td>
<td>The study targets the general population or parts of it and is related to the community setting. Preferred: The study targets the general population.</td>
<td>The study targets the general population or parts of it and is related to the sport setting. Preferred: The study targets the general population and mentions sport participation rates or sport club membership.</td>
</tr>
</tbody>
</table>

The study targets the general population or parts of it that are relevant for the respective review.

Download of full articles. Full text articles for all title and abstract recorded deemed eligible for full text review will downloaded using the resources provided by their Institution. If a full text record cannot be acquired using these resources, researchers will investigate whether they can be located through use of other libraries to which the research team has access. If a full text article cannot be located through any of these library resources, the authors will be contacted through whichever channels can be identified from the information in the title and abstract.

Full text review. Full text review will be performed by at least one reviewer (KV) and checked by another reviewer (LK) using a template. Discrepancies will be resolved by discussion to reach consensus, in consultation with a third researcher (EG) when necessary. The following information will be extracted: first author, year of publication, country, study design, data collection method, sample, recruitment/setting, sample size, and response rate.

Risk of bias (quality) assessment
Risk of bias will be assessed by at least one reviewer (EG) and checked by another reviewer (BC). Discrepancies will be resolved by discussion to reach consensus, in consultation with a third researcher when necessary. The results of the quality assessment will be narratively incorporated into the synthesis process. A descriptive summary using the criteria described below will be presented at study level and discussed in the review. Furthermore, the methodological quality will be narratively summarized at review level.

The quality of the included quantitative studies, inclusive of randomised, non-randomised and observational studies (encompassing both longitudinal and cross-sectional studies) will be assessed by means of an adapted ‘Downs and Black’ checklist tool (Downs & Black, 1998). This tool is apt to assess common biases in a range of study types as noted. The checklist will be modified to meet the aims of this review with some items deemed non applicable and subsequently removed.

The AMSTAR measurement tool will be used for the assessment of systematic reviews and comprehensive reviews with a rigorous search strategy, including reviews of reviews. This tool consists of 11 items and has good face and content validity for measuring the methodological quality of systematic reviews (Shea et al., 2007). Not all items are applicable to every type of review being assessed and quality ratings will take account of this circumstance. Similar to Messing et al. (2019), to assess the quality of included studies, we will calculate percentage values for each study. These values will represent the percentages of criteria met per study, based on the criteria specific to each of the assessment tools we use that are applicable in light of the type of study design considered.

Strategy for data synthesis
A narrative synthesis will be used to interpret and analyse the data. Outcome data extracted will be tabulated to determine the impact on policy areas and policy actions (policy indicators). Evidence on the effectiveness of policy actions will be described using a method described by Panter and colleagues (2019); policy actions will be coded as “significantly positive” (+), “significantly negative” (-), “no significance test” (?) or “inconclusive” (0). Lastly, for the included mixed methods studies,
reviews and policy analysis documents, the main findings stated in the discussion and conclusions section will be extracted. Main findings of the articles will be copied into a single table along with a reference to the article itself, and details of the overall risk of bias of the study from which the information is extracted. The synthesised data will be presented in a six-column table with the different columns presenting information on the reference, study description, study type, main findings or outcomes, risk of bias and category of evidence, respectively.

Dissemination
Study findings will be presented at professional networking events such as the World Congress on Public Health. The PEN consortium intends to hold a five-day symposium at the biennial conference of the International Society of Physical Activity and Health inviting experts and policymakers to discuss and providing them with the evidence of from the systematic literature reviews.

Study status
The submission of the first of seven intended reviews is being finalised. A further three reviews are being formulated.

Conclusion
The aim of this project is to assist policymakers to achieve the GAPPA target of a 15% relative reduction in the prevalence of insufficient PA (WHO, 2019). The proposed review will attempt to determine what is the impact of policy interventions on PA outcomes in the domain of whole-of-school programmes. By providing this evidence, this review will support the development of the PA EPI. The PA EPI in turn will support policy makers by facilitating the development and benchmarking of policies which will work towards achieving this target. Achieving this target will provide health benefits such as reduced premature mortality as well as substantial co-benefits such as contributing to a sustainable environment and quality education (WHO, 2019).

Data availability
Underlying data
No underlying data are associated with this article.

Reporting guidelines

Data are available under the terms of the Creative Commons Zero “No rights reserved” data waiver (CC0 1.0 Public domain dedication).

Acknowledgements
The authors thank Dr Sarah Taylor and Michael Lawlor for their assistance in developing the search terms used in the study.

References


Panter J, Guell C, Humphreys D, et al.: Can changing the physical


Volf K: Checklist for protocol for systematic literature review examining the evidence for impact of school policies on physical activity. 2020.

http://www.doi.org/10.17605/OSF.IO/26QYF


