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#291 - Identifying barriers to adoption to theoretically inform scale-up

Presenting Author(s)*

1. Courtney Barnes (presenting)
2. Rachel Sutherland
3. Nicole Nathan
4. Lisa Janssen
5. Katie Robertson
6. Jannah Jones
7. Molly Parkinson
8. Demi Herdegen
9. Alison Brown
10. Aimee Mitchell
11. Luke Wolfenden

Affiliation

1. Hunter New England Population Health, Hunter New England Local Health District, Wallsend, NSW, Australia
2. School of Medicine and Public Health, University of Newcastle, Callaghan, NSW, Australia
3. Population Health Research Program, Hunter Medical Research Institute, New Lambton Heights, NSW, Australia
4. National Centre of Implementation Science, University of Newcastle, Callaghan, NSW, Australia

Country of residence

Australia

Objectives/aims

Although scaling-up effective school-based nutrition interventions is recommended to result in population level improvements in child health outcomes, little is known about how to best maximise adoption of these interventions at scale. As such, the aim of this study was to identify the barriers and enablers to school adoption of an effective lunchbox program to theoretically inform the state-wide (and broader) scale up of the program.

Methods

A cross-sectional study was conducted with primary school principals across three Local Health Districts in New South Wales. Principals were invited to participate in an online or telephone survey to identify perceived barriers and enablers to adopting the evidence-based healthy lunchbox program. Descriptive statistics were used to analyse survey responses. Findings from the cross-sectional study were used to map the barriers and enablers reported by principals to the relevant constructs of adoption described by Wisdom and colleagues. Scale-up strategies to address each relevant adoption construct were then developed and refined to embed behavioural change techniques.

Main findings

Seventy two principals participated in the cross-sectional study. The most frequently reported barriers to adopting the healthy lunchbox program included: expected workload of staff (n=26, 36%; mapped to absorptive capacity, complexity and relative advantage constructs); perception that parents don't think it is the school's place to provide nutrition information (n=13, %; mapped to social climate, innovation fit with norms and values); food insecurity as a greater priority (n=5, 7%; mapped to relevance); and concern regarding delivery mode (n=4, 5.6%; mapped to technical capability, trialability and ease). The most frequently reported enablers to adopting the program included: keeping the program free (n=23, 32%; mapped to cost-efficacy and feasibility); alignment with school plan and curriculum (n=7, 9.7%; mapped to innovation fit with norms and values); support for the program from teachers (n=6, 8%; mapped to individual characteristics, readiness for change and capacity to adopt) and parents (n=5, 7%; mapped to social climate and network); providing evidence of the effectiveness of the program (n=5, 7%; mapped to evidence and compatibility); and alignment with school health and wellbeing priorities (n=5, 7%; mapped to norms, values and cultures). Multiple scale-up strategies have the potential to overcome such barrier and address key adoption constructs, including: program integration, sector support and endorsement, educational materials, use of local opinion leaders, local facilitation, and audit and feedback. This study describes a novel approach to selecting strategies to maximise adoption of an effective school-based intervention to achieve scale through firstly conducting formative evaluations with end-users (i.e. school staff) to identify barriers and enablers to adoption. A similar approach should be considered within future studies in order to maximise adoption of effective school-based programs, and thus population-level improvements in child health outcomes, at scale.