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**Integrating exercise in health settings: Using implementation & dissemination knowledge to facilitate research impact and change practice**

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**Objectives/aims**

Exercise plays a pivotal role in the treatment of many, established non-communicable diseases(NCDs). However, people with NCDs are less likely to exercise than healthy populations despite the greatest potential for health gains. Reasons for sub-optimal exercise levels are complex. Barriers to implementing and disseminating effective exercise interventions are a probable cause. The aim of this paper is to understand how dissemination and implementation(D&I) research is applied to integrating exercise interventions into NCD treatment in healthcare settings.

**Methods**

We conducted a scoping literature review in December 2017 of multiple data sources. The database search was complemented with a hand-search of the Implementation Science journal and references of relevant text. The search terms were based upon a glossary of D&I terms. Deductive, thematic analysis guided by the Consolidated Framework of Implementation Research (CFIR) was completed to map the data. Text was coded to the 5 domains of the CFIR (i.e. intervention, individual, inner setting, outer setting and process).

**Main findings**

Using D&I constructs to explain integration of exercise interventions is rare. Many studies explore patient-focused factors (i.e. stage of change) but not the contribution from other domains (i.e. inner/outer setting). Grand opportunity exists to conduct exercise-specific D&I research that directly benefits patient outcomes. For example, exercise in cancer care is recognised within international guidelines because of its contribution to reducing relative risk of cancer re-occurrence and mortality. Despite this, limited studies explore *how* to implement exercise interventions. Without a shift in research efforts, people with cancer will fail to realise these survival benefits.