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Attempting to Close the Evidence-Practice Gap in Physical Activity Intervention Research: Strategies and Outcomes of a Co-Creative Qualitative Study

Andrew Powell

Bournemouth University, powella@bournemouth.ac.uk

Charlotte Coward

Active Dorset

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Abstract

It is argued that a gap exists between research evidence and “real-world” physical activity (PA) intervention practice. One potential way to aid the translatability of evidence in this field is for researchers to work actively with the public health practitioners and organisations that run PA interventions to engage in co-creative research. This paper reports the process and strategies used to underpin research co-creation during a recent qualitative PA intervention study, and the outcomes of the co-creative approach from the perspective of the public health organisation involved in the research in terms of providing them with translatable evidence. A range of strategies were reported to facilitate co-creation in the study, such as engaging the public health organisation in the identification of the research question and development of the research protocol and involving them in participant recruitment. The co-creative research approach resulted in timely, relevant, and understandable research evidence for the organisation, which was translatable to their real-world PA intervention practice. The evidence provided them with clear actions and information to plan their future work and objectives. This paper demonstrates how a co-creative research approach can potentially help to close the evidence-practice gap in the PA intervention field.

Keywords

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Attempting to Close the Evidence-Practice Gap in Physical Activity Intervention Research: Strategies and Outcomes of a Co-Creative Qualitative Study

Andrew Powell¹ and Charlotte Coward²

¹Bournemouth University, United Kingdom

²Active Dorset, United Kingdom

It is argued that a gap exists between research evidence and “real-world” physical activity (PA) intervention practice. One potential way to aid the translatability of evidence in this field is for researchers to work actively with the public health practitioners and organisations that run PA interventions to engage in co-creative research. This paper reports the process and strategies used to underpin research co-creation during a recent qualitative PA intervention study, and the outcomes of the co-creative approach from the perspective of the public health organisation involved in the research in terms of providing them with translatable evidence. A range of strategies were reported to facilitate co-creation in the study, such as engaging the public health organisation in the identification of the research question and development of the research protocol and involving them in participant recruitment. The co-creative research approach resulted in timely, relevant, and understandable research evidence for the organisation, which was translatable to their real-world PA intervention practice. The evidence provided them with clear actions and information to plan their future work and objectives. This paper demonstrates how a co-creative research approach can potentially help to close the evidence-practice gap in the PA intervention field.

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Introduction

Physical inactivity has been established as one of the primary causes of age-related and long-term ill health, and a wealth of evidence suggests that regular participation in physical activity (PA) provides health benefits such as improved cardiorespiratory fitness, muscle strength, mobility and balance, and is associated with a reduced risk of a host of diseases and conditions, including cardiovascular disease, cancer, diabetes, hypertension, stroke, obesity, osteoporosis, heart disease, dementia and depression (Booth et al., 2012; Warburton & Bredin, 2017, 2019). Consequently, World Health Organisation guidelines recommend that adults aged 18-64 years should perform at least 150-300 minutes of moderate-intensity PA or 75-150 minutes of vigorous-intensity PA per week, or a combination of the two, to obtain the preventative health benefits of PA (World Health Organisation, 2020). However, in the UK currently, only around 61% of adults are performing an average of 150 minutes or more of PA per week and are thus considered physically active (Sport England, 2021). Therefore, increasing population-level PA levels has become a priority for public health interventions in the UK, to reduce the risk of preventable health conditions developing and promote healthy ageing (Public Health England, 2014).

An umbrella review conducted by Rhodes et al. (2017), which synthesised evidence from 27 meta-analyses, reported that adult PA interventions consistently deliver PA changes in the small effect size range across a broad range of ages and focused participant groups ($d = 0.27$; $SD = 0.13$). However, despite this existence of evidence-based interventions, “real-world” public health practice often sees a failure to translate scientific knowledge, and the implementation of “common-sense” PA interventions that adopt “off-the-shelf” behaviour change strategies, rather than those based on empirical evidence (Hansen et al., 2017). While often pragmatic and locally contextualised, common-sense interventions generally have underdeveloped rationales for achieving outcomes and thus offer a smaller likelihood of achieving effectiveness (Hansen et al., 2017; Michie et al., 2011; Watkins et al., 2016). Enhancing the translation of scientific evidence in the PA intervention field is therefore an important priority. There are numerous reasons thought to be behind the empirical evidence-PA intervention practice translation gap. For instance, it has been asserted that public health practitioners may sometimes lack the requisite skills in seeking and interpreting research evidence to feel competent and confident in applying it to their practice. The information that appears in academic journals, while compact, is arguably abstract and difficult to readily apply without specialised training in the use of different models and theories of behaviour change and intervention development (Glasgow & Emmons, 2007; Hansen et al., 2017). It is also thought that practitioners can be reluctant to apply the findings from studies that pertain to different populations or contexts, or that observe slightly different outcome measures to those of interest. This is likely because they do not see the relevance or translatability of the information to their own specific settings, objectives and local concerns (Glasgow & Emmons, 2007; Mercer et al., 2007). Perhaps compounding these problems, there is an estimated average time lapse of nine years between the original research being conducted and its findings being incorporated into more practitioner-friendly guidelines and textbooks (Green, 2008). This could conceivably lead to research being perceived as out of date even when it is eventually presented in a more digestible format. It has also been asserted that much PA research adopts a researcher-centric perspective, and that the research methodologies and designs used in studies do not always yield information and findings that are valuable or usable by public health practitioners (Glasgow & Emmons, 2007). For instance, many intervention studies tend to be concerned with internal validity and evaluating whether the intervention works in the conditions under study, rather than considering external validity, and whether it will work in other contexts and settings (Glasgow & Emmons, 2007; Mercer et al., 2007).

Researchers therefore have a key role to play in aiding the translatability of research evidence to real-world PA intervention practice, through conducting research that attempts to address or overcome these problems. One way this can potentially be achieved is through working actively with the real-world public health practitioners and organisations that run PA interventions and share a common interest in the relevant health or behavioural outcomes and processes, to engage in co-creative research that takes place in their actual circumstances of practice (Glasgow & Emmons, 2007; Green, 2008; Mercer et al., 2007). In co-creative research, the non-academic stakeholders are involved as full and equal partners in all phases of the research process, with the intention that they will be the eventual beneficiaries and end-users of the research (van Dijk-de Vries et al., 2020). Therefore, rather than the research solely being driven by the interests or priorities of the researcher, the stakeholders’ needs also guide it, and they are consulted and placed at the centre of tasks such as the identification and development of research questions, the selection of the most appropriate research methodologies, and decisions pertaining to how to analyse data and present findings in the most helpful ways (Green, 2008; Mercer et al., 2007).

Co-creative research is said to result in evidence that reflects as closely as possible the actual circumstances of practice for the practitioners and organisations involved, and

consequently, feedback and findings that are more relevant, understandable, and actionable to them and available to use immediately for solving real world problems (Camden et al., 2015; Green, 2008). Furthermore, a recent umbrella review that examined the outcomes and impacts reported in reviews of health-related research partnership literature (a categorisation that includes co-creative research) reported that partnership-based research can directly lead to systems change or action through influencing policymaking and improving community services and the health-related outcomes attached to them. The review also identified six categories of strategic focus that commonly overarch successful research partnership work: relationship between researchers and stakeholders, capacity building, support and resources, communication between researchers and stakeholders, stakeholder engagement in the planning of the research, stakeholder engagement in conducting the research, and stakeholder engagement in dissemination and application of the research. However, it was suggested that more studies are needed reporting the partnership-based processes and strategies that lead to positive outcomes in different contexts and circumstances, and exploring how and why partnership-based approaches, such as co-creative research, are perceived as beneficial or not by the stakeholders involved in them (Hoekstra et al., 2020). Further studies of this nature relating specifically to co-creative PA intervention research would help to build knowledge on the usefulness of the approach in this particular field.

This paper will report the process and strategies used to underpin research co-creation during a recent co-creative qualitative study conducted by the lead author that explored how a PA intervention influenced older adults' PA behaviour (Powell & Thomas, 2021). The paper will highlight the outcomes of the co-creative approach from the perspective of the public health organisation involved in the research, in terms of whether it provided them with evidence more relevant, understandable, and immediately translatable to their real-world PA intervention practice.

Co-Creative Research Strategies

Background to the Study

Active Dorset, a public health agency based in Dorset, southwest England, worked co-creatively with the lead author (AJP) on the study. Active Dorset is an organisation tasked with creating the conditions for local people to choose an active lifestyle through participation in sport and PA. In 2018, as part of a Sport England-funded project that aimed to gain an understanding of how to effectively support inactive older adults aged 55 and over to become more active, Active Dorset adopted a "systems change" approach to bring together the various PA services that older adults already have access to in the Dorset area into one streamlined system (Active Dorset, 2020). As part of the project's evaluation, Active Dorset wished to focus on an integral part of the Dorset PA system, the LiveWell Dorset (LWD) integrated lifestyle service. LWD is an intervention that offers a variety of levels of behaviour change support online and via telephone to adults across the whole of the Dorset area, with the aim of helping them to meet the government's recommended guidelines for PA, to reach and maintain a healthy weight, to stop smoking, and to keep within the recommended limits for alcohol consumption (Crowe et al., 2018). Active Dorset and AJP were initially introduced through a mutual networking contact, and thereafter began to discuss conducting a co-creative study together looking at the LWD service.

Research Question

Early discussions between AJP and Active Dorset revolved around ascertaining Active Dorset's general goal from conducting the study. In line with the original aims of their Sport England-funded project, this was established as to gain an understanding of the role the LWD service plays, as part of the Dorset PA system, in supporting older adults to become more active. This naturally led to the first formal step of the co-creative research process, formulating the research question. The research question serves to state the purpose of a study in the form of a question (Lipowski, 2008), and it is generally viewed as crucial in providing an initial point of orientation for an investigation. In this co-creative context, it was of importance as a means of setting the stage for the study to proceed in adherence with Active Dorset's objective and mitigating against any later drift from it (Bryman, 2007). Expanding further on their originally stated goal, Active Dorset articulated that they wished to find out about the elements of the LWD service that influence and support individuals to change their PA behaviour, in terms of behaviour change strategies, interpersonal approaches, and service pathway design. To encapsulate this breadth of enquiry and yet remain open-ended, the research question thus formulated was: "How does the LWD service influence older adults' PA behaviour?"

Research Methodology

Another key function of the research question is to guide subsequent decisions on the research methods that will be used to answer it. However, it is said that this connection between the research question and subsequent strategy to address it can sometimes be overlooked by researchers in favour of things such as their methodological preferences and capabilities and beliefs about what passes as acceptable knowledge, and thus, what is most likely to be published in academic journals (Bryman, 2007). In this study, the open-ended and exploratory yet specific nature of the research question formulated, as well as Active Dorset's stated desire to gain rich, detailed information pertaining to people's experiences of the LWD service as opposed to establishing any form of statistical causality, led to the shared decision to adopt a qualitative research strategy (Harper, 2011). The basic belief underpinning qualitative research is that there are many different views of reality, and that the world is subjective rather than objective (Dodgson, 2017). Qualitative research thus seeks to capture people's attitudes, opinions, and beliefs about an issue or experience (Percy et al., 2015).

Qualitative Approach

The next decision pertained to which qualitative research methodology to use. There are many that can be deployed, each with a specific focus for enquiry and subsequent interpretation. The choice of which one to use is again usually influenced by the nature of the research question being answered, as each type of qualitative research method answers a different type of question (Dodgson, 2007). For instance, grounded theory focuses on how individuals make sense of their social interactions and construct their realities, and thus aims to generate new theory regarding social processes. Phenomenology on the other hand seeks to understand the meaning that a particular topic has for an individual, or their "lived experience," and the aim is to therefore to understand people's subjective reality (Dodgson, 2007). In this study, considerations centred on the formulated research question and Active Dorset's original goal from the research led to AJP making the decision that a qualitative method focused on investigating people's subjective opinions and reflections on their experience of something external (the LWD service) would best serve their needs. Active Dorset had stated that there was no requirement to develop new theory regarding people's experiences or to discover any

deeper “internal” meaning behind them. Therefore, a generic qualitative approach was selected. Generic qualitative research “simply seeks to understand a phenomenon, a process, or the perspectives and worldviews of the people involved” (Merriam, 1998), and “focuses on descriptions of what people experience” (Patton, 1990). It emphasises people’s feelings and perceptions as opposed to the “meanings” that may underlie them (Bellamy et al., 2016).

Procedures

Data collection in generic qualitative research generally seeks to draw out people’s reports of something external to themselves in the real-world, as opposed to internal. It also aims to gain a broad range of opinions, reflections, and ideas. Therefore, it typically utilises methods such as interviews, questionnaires, and surveys (Bellamy et al., 2016). In this study, the shared decision was made to conduct one-to-one telephone interviews with individuals who had used LWD’s support to increase their PA levels, so researchers could gather their views and experiences of the service. One-to-one interviews were chosen as opposed to focus groups or small group interviews because it was believed that they would result in more detailed and vivid individual accounts from participants (Milena et al., 2008), and thus provide Active Dorset with the level and depth of evidence that they desired. Furthermore, due to the increased flexibility, it was felt that conducting interviews via the telephone would provide the opportunity to interview participants across the whole Dorset area and thus potentially gain a wider geographical representation across the sample group, another of Active Dorset’s wishes.

As generic qualitative research focuses on real external events and issues, it rarely uses unstructured data collection methods (Percy et al., 2015). Therefore, it was decided by AJP that the telephone interviews should be semi-structured, with the questions asked largely based on the prior knowledge of the topic being investigated (Bellamy et al., 2016). Thus, an interview topic guide was developed by AJP, the purpose of which was to ensure that the interview contained questions covering the areas of key interest to Active Dorset, while still allowing for flexibility and the possibility for unprompted content to emerge. The process of developing the topic guide involved a series of face-to-face discussions between Active Dorset and AJP about the LWD service and its operations, as well as the examination of LWD’s “standard operating procedures.” Once developed, the topic guide was subsequently vetted and approved by Active Dorset. It contained questions about the support that participants had accessed through LWD, how LWD had facilitated their initial engagement with the service, the outcomes of their LWD experiences, and their previous PA backgrounds.

Sampling

Generic qualitative research normally uses larger samples than other qualitative approaches in order to gain a wider representation of the population being studied, and thus a broader range of opinions and reflections (Bellamy et al., 2016; Percy et al., 2015). However, it is thought that a small, non-representative and well-informed sample can still provide rich information on a topic in this approach (Percy et al., 2015). In this study, resource availability largely dictated the shared decision to conduct twelve one-to-one telephone interviews with individuals who had accessed the LWD service. It was felt that with the likely heterogenous nature of people’s LWD experiences and the use of an interview topic guide to ensure that the pre-determined issues of interest were covered, this sample would provide an information-rich, transparent, and fair representation of the target population for Active Dorset (Percy et al., 2015). Largely for these reasons, it was also determined that it would not be detrimental if content saturation was not reached during data collection, which is the point at which no new information is being generated through interviews (Saunders et al., 2018).

Recruitment

Following a discussion on the different options for participant recruitment, it was decided that Active Dorset would act as the recruitment gatekeeper for the study and be responsible for identifying interview participants. Active Dorset stated the importance of the study adhering to their own internal legal and data protection procedures, which the gatekeeper role would allow them to ensure. To recruit participants, Active Dorset arranged for an advertisement to be posted on the LWD Facebook page seeking individuals aged 55 and over who had accessed the support of the service to increase their PA levels and were willing to participate in a telephone interview. Those interested in participating were asked to complete a web form to provide their contact details and permission for Active Dorset to share these details with AJP to contact them. Active Dorset passed on the details of individuals who completed the form to AJP. AJP subsequently arranged the interviews and coordinated all further study activities, including conducting the interviews.

Data Analysis

The final decision centred on how to analyse the interviews in order to transform the data into the most usable form of evidence for Active Dorset. In generic qualitative research, thematic analysis is often the preferred data analysis technique (Bellamy et al., 2016). The objective of thematic analysis is to search for and identify common threads and patterns that extend across a set of interviews in order to provide a detailed and nuanced account of the data, something that Active Dorset desired (Braun & Clarke, 2006; Vaismoradi et al., 2013). Therefore, in this study, the decision was made by AJP to conduct a thematic analysis, using a hybrid approach that incorporated both inductive (bottom-up) and deductive (top-down) processes (Swain, 2018). The decision to conduct a hybrid approach allowed AJP to carry Active Dorset's pre-determined areas of interest into the analysis, whilst being able to seek "new" information and ideas from the data (Mihás & Odum, 2019). Before initial familiarisation with the interview transcripts took place, a priori codes were first deductively added to a codebook (Mihás & Odum, 2019), largely derived from the original interview topic guide. Then, after familiarisation, important patterns and threads were searched for in the interview data inductively, at which point emerging posteriori codes were added to the codebook. With all codes added to the codebook, the list of a priori and posteriori codes was reduced and merged into themes. Illustrative quotations relating to each theme were then collated, to enable summarising, interpretation, and reporting to Active Dorset.

Dissemination

The dissemination of research findings beyond scientific publication, to the key audience and in the appropriate format, is a fundamental aspect of partnership-based research. It is suggested that dissemination efforts should take into consideration the cultural reporting norms of the partnership organisation (Chen et al., 2010). In this study, a report of findings was written for Active Dorset by AJP, a dissemination format agreed to be suitable and desirable for them. Within the report, simple and non-academic language was used as much as possible, with aspects of the study such as the methodologies explained in sufficient technical depth to provide clarity but not confusion. Furthermore, the results were discussed with sufficient reference to related theory in order to add to (but not threaten) understanding. It was intended that these measures would enhance the likelihood of successful evidence transfer taking place (Chen et al., 2010).

Outcomes of the Co-Creative Research Approach

Active Dorset provided the following reflections on their participation in the co-creative qualitative research study, and on its outcomes in terms of providing them with evidence that was valuable and translatable to their real-world PA intervention practice:

Active Dorset were awarded funding from Sport England to support 20,000 55- to 65-year-olds to become more physically active. Our approach was to use a whole system approach to support people to be active, engaging primary and secondary care services, as well as local authorities to target the right audience. We were required by Sport England to appoint an academic partner to help us to understand what works, and what does not work, to support behaviour change for our target groups. The research carried out on the client experience of the LWD PA pathway has been most useful. The research was conducted in detail, with a helpful report submitted.

Some aspects of the co-creative research process that were particularly helpful to us were working together to decide on the focus of the study, working together to agree on the use of interviews and the number of people that would be interviewed, and being able to provide input on the interview topic guides so that we knew what topics would be covered.

The report we received provided tangible real-world feedback that we could use to improve our work and make a difference to the lives of people living in Dorset, and their experience of using services like LWD. The report used specific context relating to the uniqueness of the LWD service, thus providing us with clear actions and opportunities to improve the service. We have an officer in our team who works very closely as part of the LWD team. This officer is responsible for supporting the improvement of the LWD PA pathway. We have a shared work plan for this officer with LWD which we review annually. The feedback and evidence gained from the research will help us to plan our work objectives with LWD and highlight specific actions we need to take or pieces of work we can do to improve the service.

Discussion

This paper has outlined the process and strategies used to underpin co-creation during a recent co-creative qualitative PA intervention study. It has also highlighted the outcomes of the co-creative research approach in terms of whether it resulted in relevant and translatable evidence for the public health organisation involved.

A range of strategies were reported as being used to underpin co-creation in the study. These included engaging the partnering public health organisation in the identification of the research question and the development of the research protocol, involving them in participant recruitment, and perhaps most importantly, considering and communicating with them constantly throughout the research process to ensure their needs were being met. These mainly relate to the following strategy subcategories put forward by Hoekstra et al. (2020) as commonly being used in successful partnership-based research: communication between researchers and stakeholders, stakeholder engagement in the planning of the research, and stakeholder engagement in conducting the research.

From the perspective of the partnering public health organisation, the co-creative research approach was well-received and helpful, and produced timely research evidence that was understandable and translatable to their real-world PA intervention practice. The evidence provided them with clear actions and opportunities to improve their service, and information that will allow them to plan their future work and objectives. These outcomes support the previous umbrella review findings of Hoekstra et al. (2020) on the overarching outcomes and impacts of partnership-based research approaches such as co-creative research. They reported that partnership-based research frequently provides the involved practitioners and organisations with better access to information that is relevant to their actual circumstances of practice, which can subsequently be used to improve community services and health-related outcomes.

Despite the existence of evidence-based interventions, real-world public health practice often sees the implementation of common-sense PA interventions that adopt “off-the-shelf” behaviour change strategies, rather than empirically-based ones. Common-sense interventions generally have under-developed rationales for achieving outcomes and thus offer a smaller likelihood of achieving effectiveness (Hansen et al., 2017). Numerous reasons are thought to be behind the evidence-practice gap in the PA field. These include public health practitioners lacking the requisite training in seeking and interpreting research evidence to feel competent and confident in applying it to their practice (Glasgow & Emmons, 2007; Hansen et al., 2017), their reluctance to apply findings from studies of different populations and settings to their own (Glasgow & Emmons, 2007; Mercer et al., 2007), and due to PA research often adopting a researcher-centric perspective and using methodologies that do not always yield valuable or usable information for them (Glasgow & Emmons, 2007). That the co-creative strategies reported in this paper produced evidence seemingly relevant, understandable, and actionable to the public health organisation involved, which they could apply quickly and directly to influence and improve the community PA intervention they operate, suggests that the strategies helped in some way to address or sidestep the issues that commonly impede the translation of scientific evidence in the PA intervention field. This paper therefore demonstrates the potential usefulness of co-creative research as a strategy to help close the evidence-practice gap here.

In response to this, it could be argued that as this paper focuses on the retrospectively self-reported processes, strategies, and outcomes of the co-creative research approach, its findings are therefore limited. However, studies reporting and evaluating partnership-based research approaches in general are scarce, and methodologies, tools, and classification systems that provide guidance and support for doing so in a more prospective and systematic manner still need to be developed (Hoekstra et al., 2020). Therefore, it is felt that this paper contributes valuable descriptive information on a topic that still appears to be in its infancy, along with its potential relevance to the PA intervention field in terms of offering a means to aid the translatability of research evidence to real-world PA intervention practice. Further, more in-depth studies should explore how, when, and why co-creative research approaches are beneficial to this cause and should also seek to develop objective classification systems for reporting and measuring their application and outcomes.

References

- Active Dorset. (2020). *Dorset Active Ageing Project*. <https://www.activedorset.org/dorset-active-ageing-project>.
- Bellamy, K., Ostini, R., Martini, N., & Kairuz, T. (2016). Seeking to understand: Using generic qualitative research to explore access to medicines and pharmacy services among resettled refugees. *International Journal of Clinical Pharmacy*, 38(3), 671-675. <https://doi.org/10.1007/s11096-016-0261-1>

- Booth, F. W., Roberts, C. K., & Laye, M. J. (2012). Lack of exercise is a major cause of chronic diseases. *Comprehensive Physiology*, 2(2), 1143-1211. <https://doi.org/10.1002/cphy.c110025>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Bryman, A. (2007). The research question in social research: What is its role? *International Journal of Social Research Methodology*, 10(1), 5-20. <https://doi.org/10.1080/13645570600655282>
- Camden, C., Shikako-Thomas, K., Nguyen, T., Graham, E., Thomas, A., Sprung, J., Morris, C., & Russell, D. J. (2015). Engaging stakeholders in rehabilitation research: a scoping review of strategies used in partnerships and evaluation of impacts. *Disability and Rehabilitation*, 37(15), 1390-1400. <https://doi.org/10.3109/09638288.2014.963705>
- Chen, P. G., Diaz, N., Lucas, G., & Rosenthal, M. S. (2010). Dissemination of results in community-based participatory research. *American Journal of Preventive Medicine*, 39(4), 372-378. <https://doi.org/10.1016/j.amepre.2010.05.021>
- Crowe, S., Burley, S., & Long, S. (2018). The LiveWell Dorset behaviour change system. *Perspectives in Public Health*, 138(2), 83-84. <https://doi.org/10.1177%2F1757913917751795>
- Dodgson, J. E. (2017). About research: Qualitative methodologies. *Journal of Human Lactation*, 33(2), 355-358. <https://doi.org/10.1177%2F0890334417698693>
- Glasgow, R. E., & Emmons, K. M. (2007). How can we increase translation of research into practice? Types of evidence needed. *Annual Review of Public Health*, 28, 413-433. <https://doi.org/10.1146/annurev.publhealth.28.021406.144145>
- Green, L. W. (2008). Making research relevant: if it is an evidence-based practice, where's the practice-based evidence? *Family Practice*, 25 Supplement 1, i20-i24. <https://doi.org/10.1093/fampra/cmn055>
- Hansen, S., Kanning, M., Lauer, R., Steinacker, J. M., & Schlicht, W. (2017). MAP-IT: A practical tool for planning complex behavior modification interventions. *Health Promotion Practice*, 18(5), 696-705. <https://doi.org/10.1177%2F1524839917710454>
- Harper, D. (2011). Choosing a qualitative research method. In D. Harper and A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy* (pp. 83-98). Wiley-Blackwell.
- Hoekstra, F., Mrklas, K. J., Khan, M., McKay, R. C., Vis-Dunbar, M., Sibley, K. M., Nguyen, T., Graham, I. D., SCI Guiding Principles Consensus Panel, & Gainforth, H. L. (2020). A review of reviews on principles, strategies, outcomes and impacts of research partnerships approaches: A first step in synthesising the research partnership literature. *Health Research Policy and Systems*, 18, 1-23. <https://doi.org/10.1186/s12961-020-0544-9>
- Lipowski, E. E. (2008). Developing great research questions. *American Journal of Health-System Pharmacy*, 65(17), 1667-1670. <https://doi.org/10.2146/ajhp070276>
- Mercer, S. L., DeVinney, B. J., Fine, L. J., Green, L. W., & Dougherty, D. (2007). Study designs for effectiveness and translation research: identifying trade-offs. *American Journal of Preventive Medicine*, 33(2), 139-154. <https://doi.org/10.1016/j.amepre.2007.04.005>
- Merriam, S. B. (1998). *Qualitative research and case study applications in education. Revised and expanded from "Case study research in education."* Jossey-Bass Publishers.
- Michie, S., Van Stralen, M. M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6(1), 1-12. <https://doi.org/10.1186/1748-5908-6-42>
- Mihás, P., & Odum Institute. (2019). *Learn to build a codebook for a generic qualitative study*.

- SAGE. <https://doi.org/10.4135/9781526496058>
- Milena, Z. R., Dainora, G., & Alin, S. (2008). Qualitative research methods: A comparison between focus-group and in-depth interview. *Annals of the University of Oradea, Economic Science Series*, 17(4), 1279-1283.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). SAGE.
- Percy, W. H., Kostere, K., & Kostere, S. (2015). Generic qualitative research in psychology. *The Qualitative Report*, 20(2), 76-85. <https://doi.org/10.46743/2160-3715/2015.2097>
- Powell, A. J., & Thomas, S. (2021). How the LiveWell Dorset service influences older adult's physical activity behaviour: A generic qualitative study. *Public Health in Practice*, 2, 100164. <https://doi.org/10.1016/j.puhip.2021.100164>
- Public Health England. (2014). *Everybody active, every day*. <https://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life>.
- Rhodes, R. E., Janssen, I., Bredin, S. S., Warburton, D. E., & Bauman, A. (2017). Physical activity: Health impact, prevalence, correlates and interventions. *Psychology & Health*, 32(8), 942-975. <https://doi.org/10.1080/08870446.2017.1325486>
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality & Quantity*, 52(4), 1893-1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Sport England. (2021). *Active Lives adult survey November 2019/20 report*. <https://www.sportengland.org/know-your-audience/data/active-lives>.
- Swain, J. (2018). *A hybrid approach to thematic analysis in qualitative research: Using a practical example*. SAGE. <https://doi.org/10.4135/9781526435477>
- van Dijk-de Vries, A., Stevens, A., van der Weijden, T., & Beurskens, A. J. (2020). How to support a co-creative research approach in order to foster impact. The development of a co-creation impact compass for healthcare researchers. *PloS One*, 15(10), e0240543. <https://doi.org/10.1371/journal.pone.0240543>
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences*, 15(3), 398-405. <https://doi.org/10.1111/nhs.12048>
- Warburton, D. E., & Bredin, S. S. (2017). Health benefits of physical activity: A systematic review of current systematic reviews. *Current Opinion in Cardiology*, 32(5), 541-556. <https://doi.org/10.1097/HCO.0000000000000437>
- Warburton, D. E., & Bredin, S. S. (2019). Health benefits of physical activity: A strengths-based approach. *Journal of Clinical Medicine*, 8(12), 2044. <https://doi.org/10.3390/jcm8122044> 2019
- Watkins, K., Seubert, L., Schneider, C. R., & Clifford, R. (2016). Post hoc evaluation of a common-sense intervention for asthma management in community pharmacy. *BMJ Open*, 6(11). <http://doi.org/10.1136/bmjopen-2016-012897>
- World Health Organization. (2020). *WHO guidelines on physical activity and sedentary behaviour*. <https://www.who.int/publications/i/item/9789240015128>

Author Note

Andrew Powell, MSc., is Clinical Research Co-ordinator in the Faculty of Health and Social Sciences at Bournemouth University. The main purpose of his role is to create a seamless link between academics at Bournemouth University and local healthcare professionals, to enable high quality, pragmatic, inter-professional and inter-disciplinary health research to take place. His background lies in both Psychology and Sports Science, and his interest in scholarly

research is focused on the factors that influence older adults' physical activity behaviour. Please direct correspondence to powella@bournemouth.ac.uk.

Charlotte Coward, BSc., is Deputy Chief Executive of Active Dorset, one of 43 'Active Partnership' organisations across England that work collaboratively to create the conditions for an active nation and use the power of sport and physical activity to transform lives. Her role is to build relationships with key stakeholders to embed a whole system approach to address physical inactivity in Dorset and develop a county-wide physical activity strategy.

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