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This is the Published version of the following publication


Klepac Pogrmilovic, Bojana, Branch, Sara, McVey, Laura, Mowle, Amy, Riley, Therese and Craike, Melinda (2023) Scoping review of practice-focused resources to support the implementation of place-based approaches. Health Promotion Journal of Australia. ISSN 1036-1073

The publisher's official version can be found at
<https://onlinelibrary.wiley.com/doi/10.1002/hpja.809>
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REVIEW

Scoping review of practice-focused resources to support the implementation of place-based approaches

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Funding information

Paul Ramsay Foundation, Grant/Award Number: 681

Handling editor: Krysten Blackford

Abstract

Issue Addressed: There is increasing interest across public health research, policy, and practice in place-based approaches to improve health outcomes. Practice-focused resources, such as grey literature, courses and websites, are utilised by practitioners to support the implementation of place-based approaches.

Methods: A detailed search of two search engines: Google and DuckDuckGo to identify free practice-focused resources was conducted.

Results: Forty-one resources met inclusion criteria, including 26 publications, 13 web-based resources and two courses. They were mainly focused on collaboration, developed by not-for-profit organisations, focused on a broad target audience, and supported people living with disadvantage. The publications we reviewed generally: clearly stated important information, such as the author of the publication; used their own evaluations, professional experience and other grey literature as supporting evidence; included specific, practical implementation strategies; and were easy to read.

Conclusions: Based on findings, we recommend that: (1) the development of resources to support evidence-informed practice and governance be prioritised; (2) resources clearly state their target audience and tailor communication to this audience; (3) resources draw on evidence from a range of sources; (4) resources continue to include practical implementation strategies supported by examples and (5) resource content be adaptable to different contexts (e.g., different settings and/or target populations).

So What? This is the first review of practice-focused resources to support the implementation of place-based approaches and the findings can be used to reduce duplication of efforts and inform future research, policy, and practice, particularly the refinement of existing resources and the development of future resources.

KEYWORDS

community development, evidence based practice, systematic review

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1 | INTRODUCTION

The places where people live have a range of features representing 'opportunity structures'. Opportunity structures are socially constructed and socially patterned features of the physical and social environment that may directly or indirectly support or harm development through the possibilities they provide for people to flourish.¹⁻³ Differences in characteristics of a 'place' can aid in understanding the persistent inequalities and inequities in health between places⁴ and there are well-established associations between places where people live and their health, education, and employment opportunities and outcomes.^{2,5,6} Children and young people living in areas with higher rates of socio-economic disadvantage are more likely to experience various health issues, developmental delay, behavioural problems, lower educational attainment, and higher unemployment.^{6,7} The consequences of this place-based disadvantage persist into adulthood.⁸

Attempts to tackle place-based disadvantage must grapple with complexity, address a range of factors simultaneously, and focus on underlying systemic conditions to create lasting changes in the places where people live.⁹ A *place-based approach* is often used synonymously with terms such as 'local area-based initiatives', 'collective impact', 'comprehensive community initiatives', or 'community change efforts' that attempt to improve population health outcomes in a defined geographic location. In these approaches, diverse stakeholders engage 'in a collaborative process to address issues as they are experienced within a geographic space, be it a neighbourhood, a region, or an ecosystem'.^{10(p6)} Place-based approaches acknowledge the complex interplay between the social and physical environment, and how this interplay affects the health outcomes of residents. Place-based approaches focus on community-led action; cross-sector collaboration; and localised, coordinated, strength-based interventions to improve population health outcomes.^{11,12}

There is increasing interest in public health research, policy, and practice in place-based approaches⁴ in the expectation that they have the potential to improve health outcomes, particularly among disadvantaged groups, and reduce inequities. Although some findings from evaluations of place-based approaches are promising, the evidence-base about whether and how place-based initiatives can reduce disadvantage and inequities is still being developed.^{10,13,14} Further, a range of challenges of implementing place-based approaches has been reported.¹² Given the popularity of place-based approaches and the challenges of implementing them, the best available evidence-informed guidance and practical resources must be developed to support the implementation of place-based approaches to maximise their effectiveness. Indeed, over the past decade, a range of practical resources has been developed by a range of stakeholders to specifically support place-based efforts. These resources include reports that outline frameworks or models, guidebooks on 'how to...' engage in elements of place-based work, as well as the development of tools and toolkits that support place-based work. More recently, with advancements in technology, there has been the development of 'electronic information resources'¹⁵ such as websites, online courses and interactive web platforms to share and disseminate place-based resources.

Resources to support the implementation of place-based approaches are used by practitioners to guide practice. The extent to which these resources guide evidence-informed practice varies depending on their attributes.^{16,17} Therefore, it is worthwhile to identify these resources and examine their attributes to assist practitioners in selecting relevant resources that support evidence-informed practices and to guide the development of future resources. There is a long history of developing and using tools to appraise various types of resources.^{18,19} For example, numerous tools are available to guide the appraisal of academic resources and specific study designs such as systematic reviews and randomised control trials.²⁰ However, only a few tools are available to appraise non-academic resources.²¹⁻²⁴ Despite the potential of practical, non-academic resources to influence practice and decision-making, we were not able to identify a systemic method or tool to investigate the attributes of existing resources to successfully guide evidence-informed practice and determine their utility to practitioners or decision makers at the frontline of implementation.

Despite several available literature reviews on place-based approaches,^{4,13,25} to our knowledge, no review has been conducted to identify and review publicly available practice-focused resources (i.e., non-academic resources such as grey literature, guides, websites and courses) utilised by practitioners and decision-makers that support the implementation of place-based approaches. Such a review would be of interest to those who use and develop resources to facilitate capacity development, knowledge exchange and assist in decision-making²⁶ as the review seeks to understand the contribution practice-focused resources make to the development of a more comprehensive knowledge base for the field of place-based approaches. Examining available resources, their characteristics and attributes can assist practitioners in making informed decisions on which resources are most suitable to support their work and can help practitioners, researchers and decision-makers to identify the areas where resource development is needed to build 'on the resources and initiatives that exist',²⁷ and avoid wasting resources and duplication, that is 'reinventing the wheel'.

The aims of the review are to: (1) identify and review publicly available resources that support the implementation of place-based approaches; (2) review the attributes of selected resources to guide evidence-informed practice using an originally developed tool; and (3) identify priority areas for future development of resources aimed at supporting the implementation of place-based approaches. This review has the potential to: (1) provide an overview of resources that exist to support place-based approaches to inform practice; (2) inform the development of future resources to support the implementation of place-based approaches; and (3) assist practitioners and decision-makers engaged in place-based approaches to make informed decisions about resources to support evidence-informed practice.

2 | METHODS

This review was conducted as part of the program Pathways in Place program (www.pathwaysinplace.com.au). The program is a collaboration

between two Australian universities – Victoria University, Victoria and Griffith University, Queensland. The program is focused on advancing research, practice and policy relating to place-based systems change approaches to improve population health outcomes by addressing the social determinants of health.

This review followed the PRISMA flow diagram.²⁸ This study did not require ethics approval.

2.1 | Search strategy

Prior to commencing the search, two authors (BK and MC) drafted a joint search strategy protocol. The development of the search strategy protocol was an iterative process that included:

1. reviewing the literature to find synonyms for *place-based approaches*.
2. reviewing available guidance on how to get the most meaningful search results from Google and DuckDuckGo (e.g., use of Boolean operators, limitations in number of words, customisation of search, etc.).²⁹
3. extensively pilot testing various search terms in Google and DuckDuckGo.
4. engaging in open discussions about the search strategy and key search terms with a broader group of authors. The final version of the search strategy protocol with keywords is available in File S1.

The primary search was conducted through two search engines: Google and DuckDuckGo. Google was chosen because is the most popular search engine that covers over 90% of the global search engine market share³⁰ and DuckDuckGo is a privacy-orientated search engine^{29,31} that was strategically chosen to complement Google search because of Google's privacy-related concerns.³² To further address the imitations of search engines like Google and DuckDuckGo (e.g., privacy, word limits, etc.), we conducted a secondary search through (1) individual authors' own archives and (2) the joint Zotero³³ library for the research team conducting this study. Around 15 researchers regularly contribute to the library, which contains approximately 2500 resources, some of which are related to place-based approaches.

The search strategy used in search engines such as Google and DuckDuckGo significantly differs from search strategies for peer-reviewed publications in academic databases (e.g., Scopus, Web of Science). Therefore, we extensively piloted the search strategy and search terms and reviewed various resources in order to understand the search engines' algorithms to receive the most meaningful results for our purpose.²⁹ However, certain search terms had to be omitted due to several reasons: (1) the constraints of search engines (e.g., Google imposes a maximum limit of 32 words per search query); (2) the feasibility of conducting the review, that is, some search terms generated an overwhelming number of results that would made the review impractical; and (3) the direct relevance of some broad terms (e.g., partnership and cooperation) to results related to place-based

approaches (i.e., some terms generated results that were mostly not related to place-based approaches). Therefore, after extensively pilot testing more than 50 search terms related to place-based approaches some terms such as *collaboration* or *community development* were purposefully excluded. To reduce individual bias, the decision about the exclusion of the terms was reached after a rigorous process that included: (1) extensive pilot testing to ascertain the implications of the exclusion; and (2) open discussion involving four authors and two research assistants responsible for data extraction.

We conducted a three-stage screening process: (1) manual screening of titles and brief description of resources; (2) assessment of eligibility based on the full review of the resource; and (3) manual exclusion of duplicates. The selection of resources was completed from April to June 2022. Discrepancies in the selection of resources were resolved through discussion between the authorship team. Figure 1 illustrates the process of searching and selecting the resources.

2.2 | Inclusion and exclusion criteria

For resources to be included in the review, the resource needed to:

1. be published in English.
2. be available online publicly for free (i.e., at no cost).
3. be community-focused (i.e., relate to people not animals and/or environment) and have a focus/aim based around place-based approaches (as defined in Table 1).

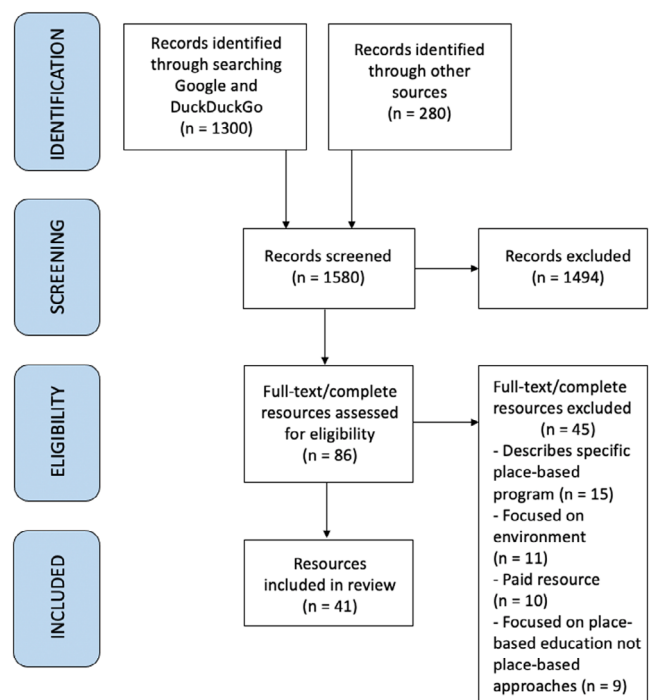


FIGURE 1 Flow diagram of the search and resource selection process.

TABLE 1 Glossary of key terms.

| Term | Description |
|--|---|
| Course | is a set of classes related to a specific subject or area. ^a Due to the nature of this review, we focused only on online courses and classified training or workshop packages also under this category. |
| Evidence-informed practice | is a process of using and/or integrating multiple sources of information such as the best available research evidence, local data, practice expertise, and the preferences and values of the community (particularly those with lived experience, engaging the community). This is conducted at each stage of the decision-making process. The decision-making process includes three phases: 1. Planning—assessment of the problem, including systematically using data and information systems, identification of factors associated with the problem (including program-planning frameworks, where applicable). 2. Implementation—application of programs and strategies to address factors associated with the problem, and 3. Evaluation and dissemination—evaluating the impact of interventions on the desired outcome(s) and disseminating findings (based on ^b). |
| Place-based approaches | are programs or initiatives in which stakeholders engage 'in a collaborative process to address issues as they are experienced within a geographic space, be it a neighbourhood, a region, or an ecosystem'. ^c ^(p6) They acknowledge the complex interplay between the social and physical environment, and how this interplay affects the residents and generally focus on community-led action; cross-sector collaboration; and localised, coordinated, strength-based interventions to improve population health outcomes. ^{d,e} |
| Publication | is 'an official paper, book or electronic file that gives information about something, or that can be used as evidence or proof of something', ^f for example a guide, toolkit, report, framework, or strategy. |
| Resource to support the implementation of place-based approaches | is a publication (e.g., report, tool, guide), a web-based resource, or a course whose direct and/or one of the main aims is to support the implementation of a place-based approach (or one of its synonyms and/or types such as <i>collective impact</i> or <i>comprehensive community initiatives</i>) that is community and practice-focused, applied and/or practical in nature and generally not peer-reviewed. |
| Target audience of the resource | are those who the resource was developed to be <i>used by</i> (i.e., the intended group of individuals who will use/apply the resource). |
| Target population of the resource | are those who the resource was the developed to be <i>used for</i> (i.e., the intended group of individuals for whom the resource is designed to ultimately benefit). |
| Web-based resource | is an 'online place' that consists of one or more World Wide Web pages about a specific topic ^g such as a web platform ^h or a web site. ⁱ |

References.

^aCambridge Dictionary. Course [Internet]. 2022 [cited 2022 Jul 19]. Available from: <https://dictionary.cambridge.org/dictionary/english/course>.

^bBrownson RC, Fielding JE, Maylahn CM. Evidence-based public health: A fundamental concept for public health practice. *Annu Rev Public Health*. 2009 Apr;30(1):175–201.

^cBellefontaine T, Wisener R. The evaluation of place-based approaches: questions for future research. Government of Canada, Policy Horizons Canada; 2011 Jun.

^dBond L, Law D, Calder R. Place Based Approaches to Population Health and Wellbeing: Why do it? What is it? Does it work? How do you do it well? 2018.

^eMoore T, Fry R. Place-based approaches to child and family services: A literature review. Parkville, Victoria: Murdoch Childrens Research Institute and the Royal Children's Hospital Centre for Community Child Health; 2011.

^fOxford University Press. document_1 noun – Definition, pictures, pronunciation and usage notes [Internet]. Oxford Advanced Learner's Dictionary. 2022 [cited 2022 Jul 4]. Available from: https://www.oxfordlearnersdictionaries.com/definition/english/document_1?q=document.

^gCambridge Dictionary. web page [Internet]. 2022 [cited 2022 Jul 19]. Available from: <https://dictionary.cambridge.org/dictionary/english/web-page>.

^hKenney M, Bearson D, Zysman J. The platform economy matures: measuring pervasiveness and exploring power. *Socio-Economic Review*. 2021 Oct 1;19(4):1451–83.

ⁱMerriam-Webster. Website Definition & Meaning [Internet]. 2022 [cited 2022 Jul 4]. Available from: <https://www.merriam-webster.com/dictionary/website>.

4. be aimed at practitioners and/or decision-makers and/or community leaders and/or community residents.
5. be applied/practical in nature and generally applicable across different contexts.
6. meet the definition of a *resource to support the implementation of place-based approaches* (Table 1).

We divided these resources into three main categories: *publications*, *web-based resources* and *courses* (see Table 1). We excluded the resources that did not fit our definition of *resource to support the implementation of place-based approaches* (Table 1) such as: peer-reviewed academic publications; resources that had environmental outcomes as a primary focus; resources on place-based education; PowerPoint slides; and short web

articles and blog posts focused on defining *place-based* or *co-creation*. We applied no timeframe or date for the inclusion/exclusion of the resource.

2.3 | Data extraction and analysis

We extracted the data from all resources into an Excel spreadsheet. The data were divided into: search information (i.e., date, search syntax, search engine, search link, metadata) and resource characteristics, which comprised:

1. Resource information: that is author and/or publisher; year; title; central topic (e.g., evaluation, governance); additional topics; type (i.e., publication, web-based resource, course); and country of origin.
2. Description and aim/purpose (as self-stated/self-described in the resource).
3. Target audience and target population (as self-stated/self-described in the resource).
4. Recommendations for use and considerations for use (as self-stated/self-described in the resource).

Data extraction was completed by four authors of this manuscript (BK, SB, LM, AM) and two research assistants. The resources that were classified as *publications* ($n = 26$) were additionally reviewed using a novel tool named *Resources' Attributes for evidence-informed Practice Tool (RAPT)* (see File S2). Six experts in total reviewed each of the publications using the tool, including three authors of this manuscript (MC, SB, LM) and three community practitioners identified by the authors.

2.4 | Data analysis

To summarise the characteristics and attributes of the resources, counts, percentages and means were calculated using MS Excel. Qualitative data were analysed using NVivo,³⁴ with the data coded thematically through an iterative process of moving between inductive and deductive reasoning, as per the tenets of social phenomenology.^{35,36} The research team sought to code data that was both typical and exceptional in some way,³⁷ moving through first and second cycle coding, comparing data, codes and emergent categorising in a cyclical, rather than linear pattern.³⁸ Findings were validated by sharing emergent results between members of the author team (BK, SB, LM).

3 | RESULTS

3.1 | Search information

Through the primary search, we screened 1300 records, of which, 33 resources were deemed eligible. Twenty-three were identified through Google and 10 through DuckDuckGo. Forty-eight percent of those resources ($n = 16$) were available on the first page of the search. In the secondary search, we screened 280 records, eight of

which met the inclusion criteria, providing a total of 41 resources for inclusion^{26,39-77} (see File S3).

3.2 | Resource information

The resources were divided into three major categories: publications ($n = 26$, 63%); web-based resources ($n = 13$, 32%); and courses ($n = 2$, 5%). Not-for profit organisations were the lead authors of 19 resources (46%), educational institutions (e.g., Universities and research institutes) were the lead authors of eight resources (20%), government departments or institutions were the lead authors of seven resources (17%), and private companies (i.e., for profit businesses) were the lead authors of seven resources (17%). Classification of resources according to their country of origin¹ is presented in Figure 2. Classification of resources according to their central (i.e., dominant) topic, is shown in Figure 3. The dominant topics were co-design/co-creation (26%), collaboration and systems change (both 17%), followed by community development and evaluation (both 14%). Although resources had one topic that was more dominant than others, most resources covered more than one topic. Besides the topics listed in Figure 3, other topics that emerged from the data extraction covered by the resources were leadership, advocacy, and project development.

3.2.1 | Description and aim/purpose

Thirty-eight resources (93%) included a description of the resource. Two broad themes emerged from the analysis of the resources' self-descriptions. For some resources, *functionality* was central to their description, whereas for others, there was a more *holistic* approach focusing on the importance of the work covered in the resource. For example, when functionality was central to the description, the authors mentioned that the resource is 'simple and easy to use' or that it presents 'key questions on...'. On the other hand, the resources that took a more holistic approach to their self-descriptions often used a language relating to a 'vision', 'mission' or a 'call to action'.

Thirty-eight resources (93%) outlined their aim/purpose. 'Equity' was an important part of the self-described aim/purpose in several resources. Yet, in contrast to the more holistic approach common to many resource descriptions, the detail relating to the aim/purpose was largely more practical. For many resources, this included a practical understanding of the *intended application* of the resource. Additionally, while some resources offered their vision or values as a preamble, a central focus for many resources related to aims around learning and/or action. This was often explicit, with a language around 'learning together', 'a curated central library' and even a purpose of 'being open source' and 'generous with learning and giving back'.

3.2.2 | Target audience and target population

Twenty-nine resources (71%) defined their target audience (i.e., those who the resource was developed to be *used by*). Analysis of the target

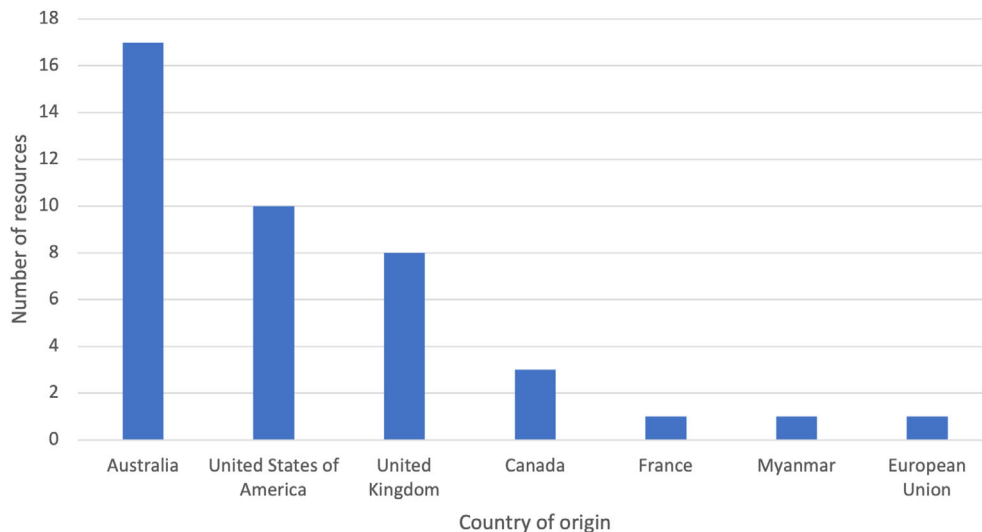


FIGURE 2 Classification of resources according to country of origin.

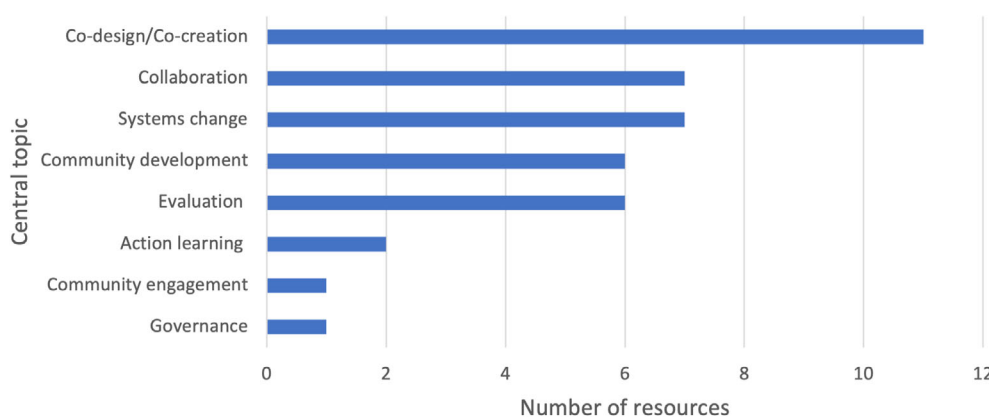


FIGURE 3 Classification of resources according to the central topic.

audience revealed a distinction between resources that provided narrow or specific target audiences and those that intended the resource to be widely used. Most resources stipulated a very broad target audience (i.e., anyone working in place-based approaches or anyone delivering local projects). Similar to these findings, the resources' target population (i.e., those who the resource was developed to be used for), broadly fell into two categories: a group of resources either explicitly named their target population (e.g., young people aged 16–24) or provided a broader reference to a large population or community, such as 'frontline communities' or 'people living with disadvantage'. Whether narrowly defined or broadly implied, one commonality across the resources' target population was an attention to people who were vulnerable from multiple, often intersecting, forms of inequality.

3.2.3 | Recommendations and considerations for use

Thirty-six resources (88%) included recommendations for the use of the resource (i.e., suggestions or advice provided to guide the target audience about the appropriate application/use of the resource) and 23 resources (56%) included considerations or related to the use of the resource (i.e., suggestions or advice provided to guide the target

audience about the limitations related to the application/use of the resource). Even though we analysed the data related to recommendations and considerations for use separately, themes relating to *customisability*, *complexity*, and *context* emerged as common to both the resources' recommendations and considerations for use. The customisable and complex nature of the resources, and their development from context, emerged not only as a recommendation but also as a potential challenge to the application of a resource. In some resources, it was acknowledged that they were 'not a recipe or a blueprint' or 'intended as a "cookie-cutter" approach'. Thus, the customisable nature of many resources (as a positive attribute) was also a potential limitation to their application.

3.3 | Attributes of resources to guide evidence-informed practice

Publications ($n = 26$) were additionally reviewed using the newly developed tool *Resources' Attributes for evidence-informed Practice Tool*. Twenty-four publications (92%) had a clear description and 23 had a clear aim/purpose (88%). Twenty-two publications (85%) had a clearly identifiable date. Nineteen publications (73%) had a clearly identifiable author of the content, 20 (77%) had a clear

FIGURE 4 Different type of evidence used in reviewed publications.



funding/commissioning body and 22 (85%) had a clear publisher. The target audience was clearly stated in 18 publications (69%). Regarding the use of different types of evidence in the reviewed publications grey literature (73%), own evaluations (73%), and professional experience (69%) were the most commonly used forms of evidence. Academic/peer reviewed evidence and data (both 38%) were used in fewer publications (see Figure 4).

Twenty-one publications (81%) contained practical examples of how a specific approach has been applied/trialed in practice (e.g., approach to evaluation, planning, implementation...). Additionally, the vast majority of publications ($n = 24$, 92%) contained specific and practical implementation strategies (i.e., *how to* guidelines to support the implementation of a specific approach/activity). The implementation strategies of publications received an average score (mean) of 2.2, from a possible range of 1–3. Twenty-one publications (81%) indicated the actors responsible for the implementation strategies, 22 (85%) indicated when/in which situations the implementation strategies should be used, and 19 (73%) took into account the feasibility of the implementation strategies (e.g., budget, skills, and capacity necessary for implementation). The overall discussion on feasibility of implementation strategies received an average (mean) score of 2 from of a possible range of 1–3.

The user-friendliness of publications received an average score (mean) of 3.5 from a possible range of 1–5. The expert reviewers stated they would themselves use 23 (88%) of the publications. Some of the main reasons the reviewers would use a publication were its practicality and user-friendliness (i.e., easy to use and accessible) and because the publication had detailed processes and clear, practical examples. Elsewhere, for several publications, only elements of the publications were considered useful. The reviewers also mentioned the publication's adaptability and/or flexibility to be applied to other contexts as a reason to use the publication. Alternatively, some publications were considered useful but only for a specific target audience or specific target populations.

The reviewers reported that they would recommend the vast majority of publications to others ($n = 24$, 92%). User-friendliness and providing 'practical guidance' were also mentioned as reasons why the reviewers' would recommend the publication to others. Similarly, the publications that were considered less user-friendly (e.g., having broken hyperlinks or being too wordy) were less likely to be recommended. The publications that explained a process from beginning to end and guided the reader through the process were more likely to be recommended. In contrast, publications that provided very broad, vague and/or general information were considered too generic to be recommended. Publications that were focused on a very specific context were also less likely to be recommended, because of their limited adaptability for use in a different context (e.g., different settings and/or target populations). Further, the reviewers suggested they would recommend some publications only for a specific use, such as for planning a workshop or conducting a needs analysis with a particular target population (e.g., youth, children, older adults etc.), or for certain professionals (e.g., novice facilitators, experienced facilitators or government personnel).

4 | DISCUSSION

In this study, we: (1) identified and reviewed the characteristics of 41 resources that support the implementation of place-based approaches, comprising 26 publications, 13 web-based resources and two freely available courses; (2) additionally reviewed the attributes of 26 publications; and (3) identified priority areas for future resource development. While we attempted to compare our findings with other literature on place-based approaches, there was scarcity of literature regarding some topics such as knowledge translation specific to place-based approaches. We therefore draw on broader literature (e.g., public health in general, knowledge translation, implementation science) to guide our insights and discussion on some topics in this section.

4.1 | Resource characteristics

Most resources were publications, with fewer web-based resources and only two courses. Publications can provide helpful templated guides and are downloadable, printable, and therefore adaptable and portable. However, they are usually static documents and can go out of date quickly, while web-based resources are more easily updated, interactive, and engaging in nature. Web-based resources can also be more readily tailored and targeted to the audience's needs than static publications.

Not-for-profit organisations were the dominant authors of resources, with fewer authored by education institutions, governments or private sector. Despite calls in the broader public health literature for higher engagement of academic researchers in knowledge translation strategies, such as developing resources like those we identified, to reduce the 'research-to-practice gap' and increase research impact,^{78–81} we found that educational institutions led the development of only eight resources. Academic researchers are often not incentivised by their institutions or public policy to engage in knowledge translation (despite the increasing interest in knowledge translation).^{82,83} Peer-reviewed publications are still the dominant mode of academic research dissemination and the most accepted measure of scientific excellence.⁸⁴ More importantly, many academic researchers are not trained in knowledge translation and therefore lack the skills to develop and disseminate practical resources.⁸³ If academic researchers are to engage in more knowledge translation strategies, a range of policy and institutional changes are required, such as the full funding of knowledge translation plans, recognition of dissemination activities in funding timelines,⁸⁵ and training of academic researchers in knowledge translation.

The dominant topic of the resources was collaboration, conceptualised as an umbrella term that incorporates other 'collaborative modes' such as co-design and co-creation,⁸⁶ which are defining features of place-based approaches. The focus on these collaborative modes is perhaps not surprising because collaboration is one of the defining features of place-based work.¹⁰ However, while collaboration might be necessary, it is not a sufficient condition to improve community outcomes. It has been proposed that those engaged in place-based approaches need to focus on high leverage opportunities and not be driven by the belief that collaboration is the approach always needed.⁸⁷ Potential partners 'must commit to a systemic reading of the complex systems they are trying to change, and to making a realistic assessment of where local actors have the knowledge, networks, and resources to make a difference'.^{87(p8)} Other practices, such as evidence-informed practice, are likely essential to the success of place-based approaches.⁸⁸ Several resources focused on evaluation, which is part of evidence-informed practice; however, we did not find resources with a central topic that focused on other aspects of evidence-informed practice, such as planning, (i.e., problem identification), the implementation of interventions, and disseminating findings. The scarcity of attention on the design and implementation of interventions arising from collaborative efforts has been previously noted.⁸⁹ Further, one evaluation of a place-based approach found that

adopting evidence-informed practice explained the positive effects on population, that is, youth outcomes, whereas community collaboration did not explain the positive outcomes.⁸⁸ Finally, appropriate governance is often considered as a critical component in the success of place-based initiatives. As argued by George and Reed, the traditional governance strategies of large institutions (e.g., governments) can work to undermine the successful implementation of place-based approaches through 'reinforcing traditional power structures, restricting participation, producing consultation fatigue, and hindering timely decisions, definitive actions and influential outcomes'.^{90(p1106)} While many of the resources reviewed acknowledged the significance of appropriate governance mechanisms, governance was a dominant topic in only one resource. These findings indicate that resources to guide other important facets of place-based approaches, such as evidence-informed practice and governance, are a priority.

Less than one-third of the resources did not define their target audience. Of those resources that did define a target audience, most stipulated a broad target audience rather than a specific one. Defining a clear target audience is vital for several reasons. First, it helps practitioners to identify resources that are relevant to them. Second, it helps resource authors to tailor (i.e., focus messages on the scope of the audience's role) and target resources (i.e., develop messages that are directly applicable and relevant for the audience).⁹¹ Given the importance of identifying target audiences, we suggest future resources clearly state their target audience and develop messages specifically for this audience.⁹² The potential audience resources might target include community practitioners, facilitators, partnership brokers and policy makers. Additionally, community members, such as leaders of community organisations, volunteer groups, or faith organisations, as well as school community members or concerned citizens' groups are also potential audiences of these resources.

The resources' target population fell into two main groups: one group of resources clearly specified their target population and the other group provided only a broad reference to a large community or population group. However, one commonality across target population of the resources was a specific attention to vulnerable population groups. Improving health outcomes of disadvantaged populations is 'the cornerstone of public health'⁹³ so is not surprising the resources are strongly focused on them since place-based approaches are seen as a way to reduce health inequities (despite limited evidence of their effectiveness).^{4,14}

4.2 | Attributes of resources to guide evidence-informed practice

The resource authors' evaluations, professional experience, and grey literature were the most commonly used forms of evidence in the publications. Academic research and data were used in fewer publications. Our findings are consistent with previous observations that internally-generated research and evaluations tend to have more influence on practice than academic research.⁹⁴ Although internally-generated research can produce novel evidence that is credible and

useable,⁹⁵ the downsides include a lack of mechanisms for processes such as peer review and methodological quality can be variable.⁹⁴ Consistent with evidence-informed practice, we recommend that resource authors draw on evidence from a range of sources to develop resources.

There are several explanations for the somewhat limited use of academic research in the reviewed publications. Indeed, this is not an issue related to place-based efforts alone. The evidence produced through academic research might not be relevant for practice, timely, actionable or accessible.⁹⁶ Academic researchers, who are usually discipline-based, often do not produce evidence that addresses the complex problems faced by practitioners and decision-makers who are engaged in place-based work.^{79,83,97-100} Regarding timeliness, academic research processes, such as ethics and peer review, are lengthy resulting in academic research findings that might not be timely.¹⁰⁰ In terms of actionability, research findings are often not easily accessible, tailored, or effectively disseminated to practitioners.^{79,83,98,99} Engaging in collaborative research across disciplinary and sector boundaries is expected to overcome some of these barriers and improve the relevance and applicability of research findings in place-based approaches and public health more generally.^{79,97,101} Wood and Zuber-Skerritt¹⁰² suggest that academics must become facilitators of a 'collaborative learning process' rather than viewing themselves as experts who are fixing an issue. Additionally, many practitioners and decision-makers do not have the capacity to assess and use academic research,^{94,103-105} lacking the resources, infrastructure, and leadership to support the utilisation of research evidence.^{106,107} Capacity building to support research evidence utilisation needs to address individual practitioner and decision-maker skills, knowledge, and organisational-level and system-level factors.¹⁰⁸ Finally, the accessibility of academic research has been a 'hot topic' both within and outside academia for decades.¹⁰⁹ Even though academic researchers 'donate' a great amount of time and effort to the scholarly publication system,¹¹⁰ the cost of accessing academic databases prevents many academic and non-academic organisations from accessing academic literature.^{111,112}

Specific and detailed implementation strategies are essential in public health to enable practitioners to apply the methods, approaches, or activities outlined in resources.^{113,114} In place-based approaches in particular, well-designed and practical implementation strategies may be crucial to ensure the applicability of resource materials to their respective context, as well as their usability in other contexts.¹¹⁵ Pleasingly, most reviewed publications included specific, practical implementation strategies; they articulated who was responsible for the implementation strategies, indicated when/in which situations the implementation strategies should be used and considered the feasibility of the implementation strategies. Previous research found that health promotion resources are more likely to be used by practitioners and/or decision-makers if they contain case studies that illustrate implementation strategies and have plain language statements.¹¹⁶ This is consistent with our findings as features such as ease of use, detailed implementation processes and clear, practical examples and guidance were some of the features that were seen as

beneficial by the reviewers. Alternatively, 'not user-friendly' (e.g., having broken hyperlinks or being too wordy), vague guidance that was not specific or detailed enough, and publications designed for a very specific context were some of the features that were viewed undesirably. These features reinforce the importance of practical implementation strategies, 'how to' and 'know how' being embedded into resources,^{113,114} and the importance of adaptability of resources across contexts, which was also outlined as desirable by previous studies of place-based approaches.¹¹⁵ To assist practitioners in determining which principles/practices can be adapted to their context, while providing examples of application, we suggest that future resource developers include information about (1) the principles/practices that can be transferred across different contexts, while also (2) providing specific examples of how the principles/practices have been, or could be applied in a particular context.

5 | CONCLUSION

To our knowledge, this is the first review to systematically identify and review publicly available practice-focused resources that support the implementation of place-based approaches. Most of the 41 resources were publications, with fewer web-based resources and only two courses. The resources were mainly focused on collaboration, developed by not-for-profit organisations, focused on a broad target audience and supported 'people living with disadvantage'. The publications we reviewed: clearly stated important information, such as the author of the publication; used their own evaluations, professional experience and other grey literature as evidence; included strategies to support implementation; and were easy to read. The low number of authorship of resources by educational institutions and relatively low use of academic research in publications might indicate that academic research is not keeping up with the practice of place-based approaches. Based on our review, we recommend that: (1) the development of resources to support evidence-informed practice (particularly planning, implementation and dissemination of findings) and governance be prioritised; (2) resources should clearly state their target audience, and tailor and target communication to this audience; (3) resources draw on evidence from a range of sources, including academic literature; (4) resources include specific and practical implementation strategies supported by examples; and (5) resource content should be adaptable to different contexts. We further recommend that (1) the newly developed *Resources' Attributes for evidence-informed Practice Tool* be further refined and tested and (2) researchers be supported to translate their research into practical resources. This review has assisted in increasing our understanding of resources that support the implementation of place-based approaches, which will inform future research, policy, and practice, particularly the refinement of existing resources and the development of future resources.

AUTHOR CONTRIBUTIONS

Bojana Klepac and Melinda Craike conceived the idea for the review. Bojana Klepac took the lead in conceptualisation and writing the

study protocol. Bojana Klepac, Melinda Craike, Therese Riley and Amy Mowle contributed to the development of the Resources' Attributes for evidence-informed Practice Tool. Laura McVey, Sara Branch and Melinda Craike used the tool to review attributes of publications to guide evidence-informed practice. Bojana Klepac, Sara Branch, Laura McVey and Amy Mowle contributed to data extraction and data analysis. Bojana Klepac, Melinda Craike and Sara Branch drafted the initial manuscript. Amy Mowle, Laura McVey and Therese Riley contributed to writing the manuscript. All authors read and approved the final manuscript.

ACKNOWLEDGEMENTS

We acknowledge the Traditional Owners and Custodians of the lands where we work and live. We pay our respects to their Elders, past and present. We are grateful to Sherena Zanus for her ideas and support in the initial stages of this review and research assistants Lee Klamert and Jerath Head who helped with the search and data extraction process. We would also like to thank Dr Annette Graham for her feedback on the first draft of the review. Last but not least, we are very grateful to practitioners and expert reviewers Deirdre Hardy, Jaya Manchikanti and Louisa Whettam whose contribution was invaluable in reviewing the attributes of resources to guide evidence-informed practice. Open access publishing facilitated by Victoria University, as part of the Wiley - Victoria University agreement via the Council of Australian University Librarians.

FUNDING INFORMATION

The research was funded by the Paul Ramsay Foundation (grant number 681). Any opinions, findings or conclusions expressed in this article are those of the authors and do not necessarily reflect the views of the Foundation.

CONFLICT OF INTEREST STATEMENT

The authors declare that they have no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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ENDNOTE

¹ Although the European Union is not a 'country' but a union of 27 countries, for simplicity purposes we classified one publication as coming from the European Union as several European Union member states participated in its development and it was funded by the European Commission.

REFERENCES

- Macintyre S, Ellaway A, Cummins S. Place effects on health: how can we conceptualise, operationalise and measure them? *Soc Sci Med*. 2002;55(1):125–39.
- Pickett KE, Pearl M. Multilevel analyses of neighbourhood socioeconomic context and health outcomes: a critical review. *J Epidemiol Community Health*. 2001;55(2):111–22.
- Miller P, Podvysotska T, Betancur L, Votruba-Drzal E. Wealth and child development: differences in associations by family income and developmental stage. *RSF: Russell Sage Found J Soc Sci*. 2021; 7(3):154–74.
- McGowan VJ, Buckner S, Mead R, McGill E, Ronzi S, Beyer F, et al. Examining the effectiveness of place-based interventions to improve public health and reduce health inequalities: an umbrella review. *BMC Public Health*. 2021;21(1):1888.
- Rushton C. Whose place is it anyway? Representational politics in a place-based health initiative. *Health Place*. 2014;26:100–9.
- Tanton R, Dare L, Miranti R, Vidyattama Y, McCabe M. Dropping off the edge report: persistent and multilayered disadvantage in Australia. Melbourne: Jesuit Social Services; 2021.
- Sellström E, Bremberg S. The significance of neighbourhood context to child and adolescent health and well-being: a systematic review of multilevel studies. *Scand J Public Health*. 2006;34(5):544–54.
- Dundas R, Leyland AH, Macintyre S. Early-life school, neighborhood, and family influences on adult health: a multilevel cross-classified analysis of the Aberdeen children of the 1950s study. *Am J Epidemiol*. 2014;180(2):197–207.
- Weitzman BC, Mijanovich T, Silver D, Brecher C. Finding the impact in a messy intervention: using an integrated design to evaluate a comprehensive citywide health initiative. *Am J Eval*. 2009;30(4): 495–514.
- Bellefontaine T, Wisener R. The evaluation of place-based approaches: questions for future research. Ottawa: Government of Canada, Policy Horizons Canada; 2011, June.
- Bond L, Law D, Calder R. Place based approaches to population health and wellbeing: why do it? What is it? Does it work? How do you do it well? Melbourne Australia: Mitchell Institute for Education and Health Policy, Victoria University; 2018.
- Moore T, Fry R. Place-based approaches to child and family services: a literature review. Parkville, Victoria: Murdoch Childrens Research Institute and the Royal Children's Hospital Centre for Community Child Health; 2011.
- Foell A, Pitzer KA. Geographically targeted place-based community development interventions: a systematic review and examination of studies' methodological rigor. *Hous Policy Debate*. 2020;30(5):741–65.
- Lin ES, Flanagan SK, Varga SM, Zaff JF, Margolius M. The impact of comprehensive community initiatives on population-level child, youth, and family outcomes: a systematic review. *Am J Community Psychol*. 2020;65(3–4):479–503.
- Niqresh M. Mechanisms for the appraisal of electronic information resources. *IES*. 2019;12(2):67.
- LaRocca R, Yost J, Dobbins M, Ciliska D, Butt M. The effectiveness of knowledge translation strategies used in public health: a systematic review. *BMC Public Health*. 2012;12(1):751.
- Yamada J, Shorkey A, Barwick M, Widger K, Stevens BJ. The effectiveness of toolkits as knowledge translation strategies for integrating evidence into clinical care: a systematic review. *BMJ Open*. 2015;5(4):e006808.
- Karlsson LE, Takahashi R. Annex 4. Selection of tools for appraising evidence [Internet]. A resource for developing an evidence synthesis report for policy-making [Internet]. WHO Regional Office for Europe; 2017 [cited 2022 Mar 16]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK453537/>
- Katrak P, Bialocerkowski AE, Massy-Westropp N, Kumar VS, Grimmer KA. A systematic review of the content of critical appraisal tools. *BMC Med Res Methodol*. 2004;4(1):22.
- Temple University Libraries. Tools for critical appraisal: critical appraisal checklists by specific study design type [Internet]. 2022.

- Available from: <https://guides.temple.edu/systematicreviews/criticalappraisal>
21. Kurpiel S. Evaluating sources: the CRAAP test [Internet]. Benedictine University Library. 2021 [cited 2022 Jul 4]. Available from: <https://researchguides.ben.edu/source-evaluation>
 22. Mandalios J. RADAR: an approach for helping students evaluate internet sources. *J Inf Sci.* 2013;39:470–8.
 23. Public Health Ontario. Public Health Ontario guide to appraising grey literature. Toronto: Ontario Agency for Health Protection and Promotion; 2015.
 24. Tyndall J. AACODS checklist. Adelaide, Australia: Flinders University; 2010.
 25. Crimeen A, Bernstein M, Zapart S, Haigh F. Place-based interventions: a realist informed literature review. Sydney, Australia: Centre for Health Equity Training, Research and Evaluation (CHETRE); 2018, May.
 26. Laidlaw B, Fry R, Keyes M, West S. Big thinking on place: getting place-based approaches moving [Internet]. Parkville, Victoria: Murdoch Childrens Research Institute and The Royal Children's Hospital Centre for Community Child Health; 2014 [cited 2021 Jun 23]. Available from: https://www.rch.org.au/uploadedFiles/Main/Content/ccch/CCCH_Collaborate_for_Children_Report_Big_Thinkin_g_Nov2014.pdf Archived at: <https://archive.ph/rKkM6>
 27. Centre for Community Child Health. Place-based initiatives transforming communities: proceedings from the place-based approaches roundtable [Internet]. Murdoch Children's Research Institute; 2012 [cited 2020 Dec 31]. Available from: https://www.rch.org.au/uploadedFiles/Main/Content/ccch/CCCH_Place-based_initiatives_report.pdf
 28. Moher D, Liberati A, Tetzlaff J, Altman D. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA Statement. *PLoS Med.* 2009;6(7):e1000097.
 29. Klepac B, Mowle A, Klamert L, Riley T, Craike M. How can I get the best result from my internet search? Methods snapshot [Internet]. Pathways in place, Victoria University; 2022. <https://doi.org/10.26196/zx9g-vt30>
 30. Oberlo. Search engine market share in 2022 [Internet]. 2022. Available from: <https://archive.ph/mwZe3>
 31. Price C. 20 great search engines you can use instead of Google [Internet]. 2021 [cited 2022 Jun 30]. Available from: <https://archive.ph/BSai5>
 32. COTW. The dark side of google: a closer look at privacy concerns [Internet]. 2023 [cited 2023 Aug 23]. Available from: <https://campaignsoftheworld.com/news/the-dark-side-of-google/>
 33. Corporation for Digital Scholarship. Zotero [Internet]. 2023. Available from: www.zotero.org/download
 34. Lumivero. NVivo [Internet]. QSR International Inc.; 2020. Available from: <https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home>
 35. Fereday J, Muir-Cochrane E. Demonstrating rigor using thematic analysis: a hybrid approach of inductive and deductive coding and theme development. *Int J Qual Methods.* 2006;5(1):80–92.
 36. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006;3(2):77–101.
 37. Jackson K, Bazeley P. Qualitative data analysis with NVivo. Washington DC: SAGE; 2019. p. 377.
 38. Saldana J. The coding manual for qualitative researchers. Thousand Oaks, CA: SAGE Publications Limited; 2021. p. 1–440.
 39. Action Aid. Village Book: community led planning and development process, a training manual [Internet]. ActionAid; 2014 [cited 2022 Jul 21]. Available from: <https://actionaid.org/publications/2014/village-book-training-manual-community-led-and-planning-process> Archived at: <https://archive.ph/Y9gCo>
 40. Active Neighbourhoods Canada. Tool box – co-design exercises [Internet]. Co-designing the active city. n.d. Available from: <https://participatoryplanning.ca/tools> Archived at: <https://archive.ph/ETuxe>
 41. Appel K, Buckingham E, Jodoin K, Roth D. Participatory learning and action toolkit: for application in BSR's Global Programs [Internet]. BSR; 2012. Available from: <https://herproject.org/files/toolkits/HERproject-Participatory-Learning.pdf> Archived at: <https://archive.ph/pyirb>
 42. Aspire Learning Resources. Work with groups to achieve community development outcomes [Internet]. 2016 [cited 2022 Aug 9]. Available from: https://tafe-media.cqu.edu.au/tafe/aspire_version2/batch-2/chccde003v1.1/topic-3/topic-3.html Archived at: <https://archive.ph/aOytQ>
 43. Benetua L, Simon N, Garcia SM. Community issue exhibition toolkit: how to make an exhibition with your community so people take action on an issue that matters [Internet]. Santa Cruz Museum of Art & History; 2018. Available from: <https://www.culturehive.co.uk/wp-content/uploads/2019/06/Community-Issue-Exhibition-Toolkit-FINAL.pdf> Archived at: <https://archive.ph/Sr5Gf>
 44. Clear Horizon. Planning tool for place-based evaluation framework. Scoping out a MEL plan for a place-based delivery approach [Internet]. Clear Horizon Academy; 2018. Available from: <https://d2y5h3osumboay.cloudfront.net/syr06ibhfe5nq0n4hg0fbhuih1zl> Archived at: <https://archive.ph/b9Wyt>
 45. Clear Impact. The collective impact toolkit: a collection of tools designed to help launch and sustain your collective impact initiative [Internet]. Clear Impact; 2016 [cited 2022 Jul 21]. Available from: <https://clearimpact.com/resources/publications/collective-impact-toolkit/> Archived at: <https://archive.ph/ymyRO>
 46. Collaboration for Impact. Platform C [Internet]. 2022 [cited 2022 Aug 9]. Available from: <https://platformc.org/> Archived at: <https://archive.ph/4fRIk>
 47. Community First Development. A first nations approach to community development [Internet]. Community First Development; 2020 [cited 2022 Jul 21]. Available from: <https://ncq.org.au/resources/a-first-nations-approach-to-community-development/> Archived at: <https://archive.ph/vOgvl>
 48. Community Places. Community planning toolkit – community engagement [Internet]. 2014. Available from: <https://www.communityplanningtoolkit.org/sites/default/files/Engagement.pdf> Archived at: <https://archive.ph/2ydfj>
 49. Community Toolbox. Community toolbox – tools to change our world [Internet]. 2022 [cited 2022 Jul 21]. Available from: <https://ctb.ku.edu/en> Archived at: <https://archive.ph/NhueA>
 50. Corcoran M, Hanleybrown F, Steinberg A, Tallant K. Collective impact for opportunity youth. Boston, MA: FSG; 2012.
 51. County Health Rankings and Roadmaps. Action learning guides [Internet]. 2022 [cited 2022 Aug 9]. Available from: <https://www.countyhealthrankings.org/take-action-to-improve-health/learning-guides> Archived at: <https://archive.ph/aEjc7>
 52. Dart J. Place-based evaluation framework: a guide for evaluation of place-based approaches in Australia [Internet]. Clear Horizon; 2018. Available from: https://www.dss.gov.au/sites/default/files/documents/06_2019/place-based-evaluation-framework-final-accessible-version.pdf Archived at: <https://archive.ph/RJVc0>
 53. Dart J. Toolkit for evaluating place-based delivery approaches [Internet]. Clear Horizon; 2018. Available from: https://www.dss.gov.au/sites/default/files/documents/06_2019/place-based-evaluation-framework-toolkit-final-accessible-ve.pdf Archived at: <https://archive.ph/ubUO2>
 54. Department of Premier and Cabinet. A framework for place-based approaches [Internet]. State Government of Victoria; 2020. Available from: <https://www.vic.gov.au/framework-place-based-approaches> Archived at: <https://archive.ph/hc0ID>
 55. Duncan D. The components of effective collective impact [Internet]. Clear Impact; 2016. Available from: <https://dokumen.tips/documents/the-components-of-effective-collective-impact-abcd-in->

- components-effective.html?page=1 Archived at: <https://archive.ph/IVzAV>
56. Eclipse. User-centred community engagement [Internet]. n.d. Available from: <https://static1.squarespace.com/static/5818a9ed2994ca08210fdb36/t/5da5cdbdf5bd7b006c77a118/1571147208381/UCCE+Children+Co-creation+Session+guide+%28Ethiopia%29.pdf> Archived at: <https://archive.ph/3bqRx>
 57. Georgetown Climate Center. Equitable adaptation toolkit [Internet]. 2020 [cited 2022 Jul 21]. Available from: <https://www.georgetownclimate.org/adaptation/toolkits/equitable-adaptation-toolkits/introduction.html?full> Archived at: <https://archive.ph/VUzfM>
 58. Leahy D, Taylor W, Jeanes R, Welch R, Duhn I, Cumbo B, et al. Kids helping co-design healthy places: the co-design model in action [Internet]. 2021. Available from: <https://kidscodesigninghealthyplaces.com.au/local-council-staff/co-design-in-action> Archived at: <https://archive.ph/35B4B>
 59. New South Wales Government – Agency for Clinical Innovation. Co-design toolkit: working as equals in leadership, design and decision making [Internet]. n.d. [cited 2022 Aug 9]. Available from: <https://aci.health.nsw.gov.au/projects/co-design> Archived at: <https://archive.ph/e7Gkf>
 60. New South Wales Government – Fair Trading. The Talkin' Together Toolkit [Internet]. 2019. Available from: <https://www.fairtrading.nsw.gov.au/resource-library/publications/talkin-together-toolkit> Archived at: <https://archive.ph/xh8n1>
 61. New South Wales Government – Movement and Place. Evaluator's guide: a guide to evaluating built environment projects and plans that balance movement and place in NSW [Internet]. 2022. Available from: <https://www.movementandplace.nsw.gov.au/place-and-network/guides/evaluators-guide>
 62. New South Wales Government – Movement and Place. Practitioner's guide to movement and place implementing movement and place in NSW [Internet]. 2022. Available from: <https://www.movementandplace.nsw.gov.au/place-and-network/guides/practitioners-guide>
 63. Northern Territory Government. Remote engagement and coordination online toolkit [Internet]. <https://bushready.nt.gov.au>; 2020 [cited 2022 Jul 21]. Available from: <https://bushready.nt.gov.au/good-engagement/values-and-principles> Archived at: <https://archive.ph/TNTLi>
 64. Our Place. Place standard tool [Internet]. 2022 [cited 2022 Jul 21]. Available from: <https://www.ourplace.scot/toolbox/about-place-standard> Archived at: <https://archive.ph/eZcwC>
 65. Place Agency. Modules [Internet]. Place agency-modules. n.d. [cited 2022 Jul 3]. Available from: <https://teaching.placeagency.org.au/modules/> Archived at: <https://archive.ph/rDCsz>
 66. Proximity of Care, Arup & the Bernard van Leer Foundation. Co-creation workshop with children and caregivers [Internet]. Arup & the Bernard van Leer Foundation; 2021 [cited 2022 Jul 21]. Available from: <https://www.proximityofcare.com/post/poc-tool-co-creation-workshop> Archived at: <https://archive.ph/Dx6sb>
 67. Public Health England, University of Manchester. Place-based approaches to reducing health inequalities: evaluation toolkit for local areas [Internet]. 2021. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1007778/Toolkit_for_local_areas.pdf Archived at: <https://archive.ph/IVEMn>
 68. QCOSS. Place-based approaches for community change: QCOSS guide and toolkit [Internet]. Queensland Council of Social Service; 2019. Available from: <https://www.qcoss.org.au/contents-page-for-place-based-approach-and-toolkit/> Archived at: <https://archive.ph/t8nSQ>
 69. SPARCC. Igniting systems change [Internet]. SPARCC; 2018. Available from: <http://www.sparcchub.org/wp-content/uploads/2018/10/Systems-Change-Guide-FINAL.pdf> Archived at: <https://archive.ph/Ms5dl>
 70. Sridharan S. The top 10 questions: a guide to evaluating place-based initiatives [Internet]. Policy Horizons Canada, Government of Canada; 2011. Available from: https://ccednet-rcdec.ca/sites/ccednet-rcdec.ca/files/2011-phc-sridharan-evaluating_place-based-e.pdf Archived at: <https://archive.ph/GQkKZ>
 71. The Harwood Institute. Do-it-yourself resources [Internet]. The Harwood Institute for Public Innovation. n.d. [cited 2022 Jul 21]. Available from: <https://theharwoodinstitute.org/resources-2021> Archived at: <https://archive.ph/2pJr6>
 72. Business in the Community, The Prince's Responsible Business Network. A step-by-step guide to delivering a place-based approach: report and toolkit [Internet]. Business in the Community; 2019. Available from: <https://www.bitc.org.uk/taking-a-place-based-approach-guide-and-toolkit/> Archived at: <https://archive.ph/nzGKk>
 73. The Tamarack Institute. Resource library [Internet]. Tamarack Community. 2022 [cited 2022 Aug 9]. Available from: <https://www.tamarackcommunity.ca/library> Archived at: <https://archive.ph/csFDF>
 74. Thomson A, Rabsch K, Barnard S, Dainty A, Hassan T, Bonder G, et al. Community of practice co-creation toolkit v.2. [Internet]. ACT Consortium; 2020. Available from: <https://www.act-on-gender.eu/nes/act-community-practice-co-creation-toolkit-support-communities-practice-promoting-gender> Archived at: <https://archive.ph/oD7d7>
 75. Victorian Council of Social Service, Mukherjee D, Sayers M. Communities taking power: using place-based approaches to deliver local solutions to poverty and disadvantage [Internet]. VCOSS; 2016. Available from: https://vcoss.org.au/wp-content/uploads/2018/06/Communities_Taking_Power_FINAL_WebUpload.pdf Archived at: <https://archive.ph/g0ZBO>
 76. Volunteering Tasmania. Safeguarding volunteering project – co-design resources [Internet]. Volunteering Tasmania. 2021. Available from: <https://www.volunteeringtas.org.au/future-of-volunteering/safeguarding-volunteering-project/#/> Archived at: <https://archive.ph/BSdPG>
 77. Western Australian Council of Social Service (WACOSS). WACOSS co-design toolkit [Internet]. WACOSS; 2017. Available from: <https://www.wacoss.org.au/library/co-design-toolkit/> Archived at: <https://archive.ph/WufVo>
 78. Banks G. Evidence-based policy-making: what is it? How do we get it? [Internet]. 2009. Available from: <https://www.pc.gov.au/news-media/speeches/cs20090204/20090204-evidence-based-policy.pdf>
 79. Graham ID, Kothari A, McCutcheon C. Moving knowledge into action for more effective practice, programmes and policy: protocol for a research programme on integrated knowledge translation. *Implement Sci.* 2018;13(1):22.
 80. Meagher L, Lyall C. The invisible made visible: using impact evaluations to illuminate and inform the role of knowledge intermediaries. *Evid Policy J Res Debate Pract.* 2013;9:409–18.
 81. Pineo H, Turnbull ER, Davies M, Rowson M, Hayward AC, Hart G, et al. A new transdisciplinary research model to investigate and improve the health of the public. *Health Promot Int.* 2021;36(2):481–92.
 82. Contandriopoulos D, Lemire M, Denis JL, Tremblay É. Knowledge exchange processes in organizations and policy arenas: a narrative systematic review of the literature. *Milbank Q.* 2010;88(4):444–83.
 83. Smith K. Beyond evidence-based policy in public health [Internet]. London: Palgrave Macmillan UK; 2013 [cited 2021 Jan 19]. <https://doi.org/10.1057/9781137026583>
 84. Albert M, Laberge S, McGuire W. Criteria for assessing quality in academic research: the views of biomedical scientists, clinical scientists and social scientists. *High Educ.* 2012;64(5):661–76.
 85. Klepac B, Krahe M, Spaaij R, Craike M. Six public policy recommendations to increase the translation and utilization of research

- evidence in public health practice. *Public Health Reports* [Internet]. 2022 Oct 14 [cited 2022 Oct 16]. Available from: <https://journals.sagepub.com/eprint/NR4SPXWRGYQZRN3GMJKQ/full>
86. Hakkarainen V, Mäkinen-Rostedt K, Horcea-Milcu A, D'Amato D, Jämsä J, Soini K. Transdisciplinary research in natural resources management: towards an integrative and transformative use of co-concepts. *Sustain Dev*. 2022;30(2):309–25.
 87. Cabaj M, Weaver L. *Collective impact 3.0: an evolving framework for community change* [Internet]. Toronto: Tamarack Institute; 2016. p. 14 (Community Change Series). Available from: https://cdn2.hubspot.net/hubfs/316071/Events/CCI/2016_CCI_Toronto/CCI_Publications/Collective_Impact_3.0_FINAL_PDF.pdf
 88. Brown EC, Hawkins JD, Rhew IC, Shapiro VB, Abbott RD, Oesterle S, et al. Prevention system mediation of communities that care effects on youth outcomes. *Prev Sci*. 2014;15(5):623–32.
 89. Zaff JF, Donlan AE, Pufall Jones E, Lin ES. Supportive developmental systems for children and youth: a theoretical framework for comprehensive community initiatives. *J Appl Dev Psychol*. 2015;40:1–7.
 90. George C, Reed MG. Operationalising just sustainability: towards a model for place-based governance. *Local Environ*. 2017;22(9):1105–23.
 91. Dobbins M, Hanna SE, Ciliska D, Manske S, Cameron R, Mercer SL, et al. A randomized controlled trial evaluating the impact of knowledge translation and exchange strategies. *Implement Sci*. 2009;4(1):61.
 92. Hateley-Browne J, Hodge L, Polimeni M, Mildon M. *Implementation in action: a guide to implementing evidence-informed programs and practices*. Southbank, VIC, Australia: Australian Institute of Family Studies – Commonwealth of Australia; 2019.
 93. Dupre ME, Moody J, Nelson A, Willis JM, Fuller L, Smart AJ, et al. Place-based initiatives to improve health in disadvantaged communities: cross-sector characteristics and networks of local actors in North Carolina. *Am J Public Health*. 2016;106(9):1548–55.
 94. Hardwick R, Anderson R, Cooper C. How do third sector organisations use research and other knowledge? A systematic scoping review. *Implement Sci*. 2015;10(1):84.
 95. Finnigan KS, Daly AJ, Che J. Systemwide reform in districts under pressure: the role of social networks in defining, acquiring, using, and diffusing research evidence. *J Educ Adm*. 2013;51(4):476–97.
 96. Klepac B, Krahe M, Spaaij R, Calder R, Craike M. *Increasing research evidence translation and utilisation to improve population health outcomes. Policy evidence brief* [Internet]. Melbourne, Australia: Mitchell Institute, Victoria University; 2022. <https://doi.org/10.26196/0bck-q209>
 97. Kneale D, Rojas-García A, Thomas J. Obstacles and opportunities to using research evidence in local public health decision-making in England. *Health Res Policy Syst*. 2019;17(1):61.
 98. Green LW. Making research relevant: if it is an evidence-based practice, where's the practice-based evidence? *Fam Pract*. 2008;25 (Suppl 1):i20–4.
 99. Green LW, Glasgow RE, Atkins D, Stange K. Making evidence from research more relevant, useful, and actionable in policy, program planning, and practice: slips “twixt cup and lip”. *Am J Prev Med*. 2009;37(6):S187–91.
 100. Ammerman A, Smith TW, Calancie L. Practice-based evidence in public health: improving reach, relevance, and results. *Annu Rev Public Health*. 2014;35(1):47–63.
 101. Halliday E, Tompson A, McGill E, Egan M, Popay J. Strategies for knowledge exchange for action to address place-based determinants of health inequalities: an umbrella review. *J Public Health*. 2022;45: e467–77.
 102. Wood L, Zuber-Skerritt O. Community-based research in higher education: research partnerships for the common good. In: Wood L, editor. *Community-based research with vulnerable populations: ethical, inclusive and sustainable frameworks for knowledge generation* [Internet]. Cham: Springer International Publishing; 2022. p. 3–30. https://doi.org/10.1007/978-3-030-86402-6_1
 103. Thomas R, Zimmer-Gembeck MJ, Chaffin M. Practitioners' views and use of evidence-based treatment: positive attitudes but missed opportunities in children's services. *Adm Policy Ment Health*. 2014;41(3):368–78.
 104. Despard MR. Challenges in implementing evidence-based practices and programs in nonprofit human service organizations. *J Evid-Inf Soc Work*. 2016;13(6):505–22.
 105. Bach-Mortensen AM, Montgomery P. What are the barriers and facilitators for third sector organisations (non-profits) to evaluate their services? A systematic review. *Syst Rev*. 2018;7(1):13.
 106. Armstrong R, Waters E, Moore L, Dobbins M, Pettman T, Burns C, et al. Understanding evidence: a statewide survey to explore evidence-informed public health decision-making in a local government setting. *Implement Sci*. 2014;9(1):188. <https://doi.org/10.1186/s13012-014-0188-7>
 107. Brownson RC, Fielding JE, Green LW. Building capacity for evidence-based public health: reconciling the pulls of practice and the push of research. *Annu Rev Public Health*. 2018;39:27–53.
 108. Mallidou AA, Atherton P, Chan L, Frisch N, Glegg S, Scarrow G. Core knowledge translation competencies: a scoping review. *BMC Health Serv Res*. 2018;18(1):502.
 109. Grossmann A, Brems B. Current market rates for scholarly publishing services [Internet]. F1000Research; 2021 [cited 2023 Aug 31]. Available from: <https://f1000research.com/articles/10-20>
 110. Aczel B, Szasz B, Holcombe AO. A billion-dollar donation: estimating the cost of researchers' time spent on peer review. *Res Integr Peer Rev*. 2021;6(1):14.
 111. Pettman TL, Armstrong R, Pollard B, Evans R, Stirrat A, Scott I, et al. Using evidence in health promotion in local government: contextual realities and opportunities. *Health Promot J Austr*. 2013;24(1):72–5.
 112. LaPelle NR, Dahlen K, Gabella BA, Juhl AL, Martin E. Overcoming inertia: increasing public health departments' access to evidence-based information and promoting usage to inform practice. *Am J Public Health*. 2014;104(1):77–80.
 113. Proctor EK, Powell BJ, McMillen JC. Implementation strategies: recommendations for specifying and reporting. *Implement Sci*. 2013;8(1):139.
 114. Bungler AC, Powell BJ, Robertson HA, MacDowell H, Birken SA, Shea C. Tracking implementation strategies: a description of a practical approach and early findings. *Health Res Policy Syst*. 2017;15:15.
 115. Hussaini A, Pulido CL, Basu S, Ranjit N. Designing place-based interventions for sustainability and replicability: the case of GO! Austin/VAMOS! Austin. *Front Public Health*. 2018;6:88.
 116. Armstrong R, Waters E, Crockett B, Keleher H. The nature of evidence resources and knowledge translation for health promotion practitioners. *Health Promot Int*. 2007;22(3):254–60.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Klepac B, Branch S, McVey L, Mowle A, Riley T, Craike M. Scoping review of practice-focused resources to support the implementation of place-based approaches. *Health Promot J Austral*. 2023. <https://doi.org/10.1002/hpja.809>