## Delphi-based implementation and guidance development

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<td>Dissemination level</td>
<td>PP</td>
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<td>Delivery date, month</td>
<td>June 29th, 2016, 57 months</td>
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<tr>
<td>Project start date and duration</td>
<td>October 1st, 2011, 60 months</td>
</tr>
<tr>
<td>WP start date and duration</td>
<td>January 1st, 2014, 30 months</td>
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Reference:
The research leading to these results has received funding from the European Union Seventh Framework Programme (FP7/2007-2013) under the grant agreement n° 281532. This document reflects only the authors’ views and neither the European Commission nor any person on its behalf is liable for any use that may be made of the information contained herein.

EXECUTIVE SUMMARY

This is the final report from Work Package (WP) 4 in the REsearch into POlicy to enhance Physical Activity (REPOPA) project of research funded by the European Commission FP7 program. WP4 is built on research results, models and knowledge from the previous work packages, directly from WP1-WP2-WP3.

The aim of WP4 was to draw together the results, developed methods, frameworks, indicators and best practices in the knowledge translation from research to policy making in physical activity promotion developed in WPs 1-3; to test, validate and negotiate these results and products among the stakeholders from the participating countries and among representatives from other EU countries and to formulate into guidance resources and evidence briefs.

Methods and frameworks: In order to achieve the objectives, WP4 focused on the Delphi technique, a qualitative analysis methodology that aims to extract the collective knowledge of a group of experts in the study of a complex system. WP4 designed and implemented a Delphi study structured in two stages: two internet-based Delphi rounds at international level and a third face-to-face Delphi stage at national level. These Delphi rounds were preceded by preparatory work, conducted by means of an internal consultation among the REPOPA researchers and literature analysis, for summarizing previous WPs’ results and identifying draft indicators related to evidence-informed policy making (EIPM), organized in thematic sets, as the core of the Delphi study and defining other features of the Delphi implementation.

The two internet-based Delphi rounds involved 76 experts chosen among researchers and policy makers in the field of health, physical activity and across sectors, coming from the six European REPOPA countries and international organizations, to evaluate and improve the thematic sets proposed by REPOPA researchers. In the first round they were asked to answer an online questionnaire to rate relevance and feasibility of the draft indicators for EIPM, to comment their ratings and propose further indicators to be included. In the second round they were asked to answer an online questionnaire to rate relevance and feasibility of the draft indicators already evaluated in the first round that had not reached consensus on high relevance and feasibility, this time looking at a summary of the results gathered in the first round in terms of ratings and comments. In this round they were also asked to evaluate new draft indicators developed on the basis of their own suggestions.

The third face-to-face Delphi round consisted of six national conferences which took place in the six European REPOPA countries between January and March 2016 with the aim of contextualizing at national and local level the draft indicators for EIPM that had been evaluated as highly relevant and feasible by the international panel of the two internet-based Delphi rounds. National conferences were organized in a synchronized way following a common methodology, involving researchers and policy makers in the field of health, physical activity and across sectors, partly selected from the panel of the previous Delphi rounds. Each country-team asked participants to assign the draft indicators to policy phases by means of an online questionnaire in a pre-conference phase; to perform a SWOT analysis on them (finding their Strengths, Weaknesses, Opportunities and Threats) and identify their barriers and facilitators; to suggest recommendations to overcome the possible obstacles.

The used referral frameworks were models describing the evolving science and science-policy relationships and theories of knowledge production and exchange, especially the Knowledge-to-action cycle.

Results: WP4 main products are:

-five sets of draft indicators for EIPM (“REPOPA indicators”), developed on the basis of previous REPOPA WPs and literature analysis;
-five sets of draft indicators for EIPM further validated at international level by 76 panellists chosen among researchers and policy makers, including additional draft indicators proposed by panellists and excluding those of the initial sets evaluated as low relevant or feasible;

-contextualizing and further validating the REPOPA draft indicators at national level by assigning them to policy phases, identifying their weaknesses and strengths and producing recommendations for overcoming possible obstacles in using the indicators;

-evidence brief templates to summarize national conferences’ results and country-specific draft evidence briefs developed on the basis of the national conference results and tested for feasibility and usability among some of the participants to the conference;

-the main issues to be included in the guidance resources to be developed on the basis of national conferences’ results for supporting the use of REPOPA indicators for EIPM in health and physical activity policies at European level.

A further product reached within WP4 was developing networks between REPOPA researchers, policy makers and researchers involved in the Delphi process.

**European added value, next steps after the WP4 conclusion:** The production of knowledge from the interaction among researchers and policy makers in the field of health and physical activity and across sectors, mediated by REPOPA researchers, within WP4, lead to the development of tools that can foster EIPM in Europe, both at national and local level and across countries. The developed evidence briefs will be disseminated at national and local level among relevant stakeholders in the field of health and physical activity, in order to foster the implementation of REPOPA knowledge and, as a consequence, EIPM. The work of networking conducted within WP4 in order to implement the Delphi study will make the dissemination easier. The development of the guidance resources for policy makers at European level will be completed, including the final list of indicators for EIPM organized per thematic sets; this tool will be shown at the final REPOPA conference in Brussels and circulated among the networks of researchers and policy makers built within REPOPA project.

**Key words:** health-enhancing physical activity, evidence-informed policy making, measurable indicators, complex indicators, Delphi study

**List of abbreviations:**

WP Work Package  
EIPM Evidence-Informed Policy Making  
HEPA Health Enhancing Physical Activity  
REPOPA REsearch into POlicy to enhance Physical Activity  
ITA Italy  
DK Denmark  
UK United Kingdom  
FIN Finland  
RO Romania  
NL The Netherlands  
EU European Union  
CNR The National Research Council (Italy)  
THL The National Institute for Health and Welfare (Finland)  
SDU University of Southern Denmark  
RCPH Research Centre for Prevention and Health (Denmark)  
UBB Babeș-Bolyai University (Romania)  
CBO Dutch Institute for Healthcare Improvement (The Netherlands)
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G. International panellists
1. Introduction

This is the final report from Work Package (WP) 4 in the REsearch into POlicy to enhance Physical Activity (REPOPA) project of research funded by the European Commission (EC) Framework Programme 7 (FP7). The report is a public document and serves as documentation to EC. The report is written by the participating country teams from Italy, Denmark, United Kingdom, Finland, Romania and The Netherlands. The report starts out by introducing the background and the state-of-the-art of the research literature on the topic; then the aim of the study, frameworks, research methods used and results plus conclusions are presented.

WP4 had the complex task of summarizing REPOPA knowledge gathered by previous WPs and of formulating and testing among stakeholders tools for integrating evidence into policy making in physical activity. To this aim, WP4 elaborated the gathered knowledge together with all partners for the core part of WP4, a Delphi study articulated in three stages: two internet-based Delphi rounds conducted at international level and six national conferences which took place in all the involved European countries. Due to this combination of interrelated international and national perspectives, the report includes both sections common for all countries and country-specific sections. A strong synchronization of the work of all the involved European country teams characterized all stages of WP4 development.

1.1 REPOPA background

Integration of research evidence in policy making is important and public health interventions should be based on the best available evidence (REPOPA WP3 final report). As noticed in REPOPA WP3 final report, the use of evidence can potentially improve prioritisation, planning and implementation of public health interventions (Brownson, Fielding et al. 2009). The use of evidence is also expected to facilitate the implementation of the most appropriate and effective interventions in relation to cost-effectiveness and the interests of populations and each individual’s health status. However, integration of evidence in policy making is not straightforward and methods for this are needed (Kohatsu, Robinson et al. 2004, Rychetnik and Wise 2004, Nutley 2007, Brownson, Fielding et al. 2009, Oliver, Innvar, Lorenc, Woodman, & Thomas, 2014).

The REPOPA Project aims to integrate scientific research evidence and expert know-how with policy making processes to increase synergy and sustainability in promoting health and preventing disease among Europeans. The REPOPA Consortium brings together scientific researchers, experts, policy makers and stakeholders from different disciplines and countries. It also consists of scientific excellence in health research, including physical activity, and links to real life experience in policy making and expertise in knowledge translation in six countries in Europe and in Canada.

1.2 WP4 Background

The relationships between scientific research and policy making were deeply investigated in the last decades by a number of specialists from many disciplines.

Previous studies produced important results on explanatory factors of knowledge utilization, particularly considering the extent and determinants of the use of scientific research in governmental agencies and the kind of research use (Amara, 2004; Belkhodja, Amara, Landry, & Ouimet, 2007; Réjean Landry, Lamari, & Amara, 2003). Both models elaborated to describe the evolving science and science-policy relationships and theories of knowledge production and exchange are our referral framework. The work of Polanyi, who firstly exposed the role of the ‘tacit knowledge’ in the processes of knowledge production (Polanyi, 1967), has been taken up and continued, among others, by Lundvall and Johnson, and Nonaka and Takeuchi (Lundvall & Johnson, 1994; Nonaka, 1991), who elaborated models to describe how knowledge is shared and transformed. This approach has been integrated including the network dimension (Valente & Luzi, 2000) and applied to public health (Kothari et al., 2012).

More recently, specific attention was focused to the knowledge production and translation in policy making environments. In the context of health care, Graham and colleagues proposed a conceptual framework called ‘Knowledge to action cycle’, in which many dimensions of the knowledge use in policy making processes are considered dynamically, as the identification of relevant knowledge needed for a specific action, the selection and
tailoring of the tools, the assessment of the results and their sustainability (Graham et al., 2006; Straus, Graham, Taylor, & Lockyer, 2008). In this framework, further proposals have been made to make this model even more dynamic, for instance emphasizing interdisciplinary components (Huzair, Borda-Rodriguez, Upton, & Mugwagwa, 2013) or discussing the role of knowledge inter-mediators (Schlierf & Meyer, 2013), or expanding it to inclusive and ethical knowledge-to-action process (Government of Canada 2014).

Pülzl and Ramester distinguished the ‘transfer’ and ‘transaction’ models (Pülzl & Rametsteiner, 2009): in the first one science and policy are seen as separate domains of knowledge construction, while in the second a ‘joint knowledge production’ among them is envisaged. It has been suggested that the two models are not necessarily contradictory (Wehrens, Bekker, & Bal, 2011). A further concept entering in this debate is the ‘policy learning’, defined as the collective learning in a policy making context (Sabatier, 1993), that may also be connected to the innovation capacity (Borrás, 2011).

Other studies dealt with the definition of ‘using’ science in policy making (Weiss, 1979). In order to classify the use of research results in policy making, it has been proposed to distinguish three main uses of research: the instrumental use, the conceptual use and the symbolic use (Lavis et al., 2002; Nutley, Walter, & Davies, 2007; Pelz, 1978; Weiss, 1979) de Goede, van Bon-Martens, Putters, & van Oers, 2012). These concepts have been further elaborated and also connected with the possible determinants of the type of research use (Amara, 2004). Landry and colleagues, modifying the proposal of (Knott & Wildavsky, 1980), described six stages of knowledge use seen as a process, which include reception, cognition, discussion, reference, effort, influence (Réjean Landry et al., 2003). In analyzing the explanatory factors of knowledge utilization, Belkhodja and colleagues synthetized four models: the ‘science push’ model, the ‘demand pull’ model, the dissemination model and the interaction model (Belkhodja et al., 2007). This theoretical framework includes a multiplicity of experiences and results from the literature, and has implications both in the field of knowledge utilization and in the field of organizational sciences.

1.3 WP4 aims

REPOPA Work Package 4 (WP4) is devoted to “Implementation and Guidance Development”. It builds on the research results, models and knowledge from the previous WPs, directly from WP1-WP2-WP3 and includes experiences from WP5 and WP6.

Box 1. WP4 objectives (from REPOPA Description of Work)

1) Building on WPs 1-3 this WP will draw together the results, developed methods, frameworks, indicators and best practices in the knowledge translation from research to policy making in physical activity promotion.
2) Further, it will test, validate and negotiate the results and products listed above among the stakeholders from the participating countries and among representatives from other EU countries.
3) These will be formulated into guidance resources and evidence briefs, which will also be tested for feasibility and usability among the stakeholders.

In order to achieve these objectives, WP4 developed the following activities:

- gathering knowledge from REPOPA literature and research results (WP1-WP2-WP3);
- proposing a first list of draft indicators for EIPM and mapping inputs from the REPOPA WP1-WP2-WP3;
- organizing and performing an internal consultation process within REPOPA Consortium;
- designing and implementing a Delphi study structured in two stages:
  - two internet-based rounds at international level;
-a face-to-face stage at national level, consisting of national conferences taking place in each Partners’ Country, preceded by an online activity, to contextualize, implement and test with stakeholders guidance resources and recommendations.

2. WP4 Methodology for producing and validating indicators

The trajectory of the WP4 activities may be seen as a cycle from local to global and back again: starting point was situated at national and local level (gathering knowledge from national case studies of REPOPA previous WPs; points A-B in Figure 1), focus continued at REPOPA level (internal consultation; point C in Fig.1), then growing at European/international level (two internet-based Delphi rounds; points E-F-G in Fig.1), to finally address national and local level again by means of the national conferences final stage (Points H-I in Fig.1). A schematic summary of all WP4 activities is presented in Figure 1.

Fig.1 Representation of WP4 activities on the basis of Knowledge-To-Action cycle. Elaboration by CNR_IRPPS modifying the original figure by Straus et al. 2008 (EBM August 2008 vol 13 n.4)

WP4 methodology is focused on the Delphi technique (points D-H), a qualitative analysis methodology that aims to extract the collective knowledge of a group of experts in the study of a complex system. It has been used in many different fields, like agriculture, justice, economics, management, banking, education, health, including epidemic control and transport (Gupta & Clarke, 1996; Syed, Hjarno, Krumkamp, Reintjes, & Aro, 2010).

A Delphi study is typically structured as iterated open-ended questionnaires, in which participants (panellists) can review their answers in successive steps after receiving a feedback from the answers of the other components of the
group. In the traditional format, the iteration aims to reach a consensus among the participants, while in the so-called ‘policy Delphi’ the aim is the elaboration of scenarios. Our Delphi aims at combining the two approaches.

Different participative methodologies have specificities, strengths and weaknesses with respect to particular contexts. In literature, many attempts have been done to assess both the theoretical aspects of the different methodologies and the effectiveness of a single participative process (Gupta & Clarke, 1996; Hung et al., 2008; Rowe et al., 1991; Valente & Castellani, 2015).

The motivation of choosing to perform a Delphi study involving different stakeholders as core of WP4 is that, in order to foster an evidence-based policy making, ‘structural collaborations, interactions and partnership arrangements between researchers, policy makers and other community stakeholders are increasingly seen as potential solutions’ (Wehrens et al., 2011), as many examples demonstrate (Cunningham & Wyckoff, 2013; Wehrens et al., 2011). Ten main strengths of using Delphi for eliciting expert knowledge were discussed and presented in (Castellani & Valente, 2012). Among these, Delphi is not time consuming for the participants, emerging data are more easily processed with respect to an unstructured discussion, anonymity encourages the panellists ‘to take up a more personal viewpoint rather than a cautious institutional position’ (Gupta & Clarke, 1996; Hung, Altschuld, & Lee, 2008; Masser & Foley, 1987; Rowe, Wright, & Bolger, 1991).

In the next sections 2.1-2.4, the methodology adopted for all WP4 activities is described in detail.

**Research ethics**

Before the study started, each country sought for ethical clearance (or provided documents showing it was not necessary for this kind of research) in their respective countries (Edwards et al., 2013). In line with the EC contract, the ethics documents were submitted to EC before the intervention start. In each intervention setting, informed consent forms were filled in, and the data have been analysed anonymously. The research in general followed the ethics guidelines specially developed and accepted by the REPOPA Consortium.

**2.1 Collection of previous WPs’ “developed methods, frameworks, indicators and best practices”**

WP4 activities started in January 2014 with the collection, analysis and integration of the results, developed methods, frameworks, indicators and best practices in the knowledge translation from research to policy making in physical activity promotion that have been produced and used in REPOPA previous WPs: WP1, WP2, WP3. WP1-WP3 products and knowledge indicated which areas were important to choose for validating in the WP4 Delphi study.

From the WP1, WP2 and WP3 a programmatic research process emerges in the study of policies, where health enhancing physical activity policies were taken as case studies, as described in “Programmatic research process in the study of policies – a case study on physical exercise policies and the use of research evidence” (Hämäläinen R-M. & Aro A.R. 2015), and in the development and implementation of methodologies for research-policy interaction (Valente et al. 2015, Spitters et al. 2015, Lau et al. 2015).

In the programmatic research process, various stages of research involving various research questions and methods provided results to be used and applied in the subsequent phases of research.

The analysis of literature, policy and interviews conducted for WP1 constituted the basis on which the further work was built; it was centered on how research evidence was used in policy making and identified eight issues relevant for EIPM to be included in REPOPA indicators: use of research evidence, contextual needs, stakeholder involvement, multiple sectors inclusion, equity, evaluation, system approach and supporting structures. Moreover a preliminary list of indicators for EIPM (“REPOPA indicators”), as tool for evaluating the process of developing and implementing policies, was drafted (REPOPA WP1 final report).

Thereafter, the interventions conducted in various countries (Denmark, The Netherlands and Romania) within WP2, to find out the ways in which policy games can increase the use of research evidence and other evidence in policy making, provided further drafted indicators for evidence-informed policy making, allowing new relevant issues to emerge: leadership, communication and collaboration within organizational network, including stakeholders, importance of cross-sector collaboration for HEPA policy, where to find useful knowledge, increasing use of knowledge and expertise of stakeholders. These issues provided further inputs for the sets of REPOPA draft indicators for EIPM.

Finally, the WP3 case studies analyzed in various countries (Denmark, The Netherlands and Italy), to investigate if the
Stewardship approach increases the level of EIPM, further supported issues emerged from WP1 and WP2 and provided new inputs for the formulation of indicators in especially two areas: Human resources – Skills and competences to promote EIPM and networking, highlighting the relevance of involving stakeholders, vulnerable groups and target groups as active partners in the policy design and implementation; and Communication and participation, proposing indicators related to if and how to gather knowledge from stakeholders and target groups and highlighting, in this way, the relevance of regularly informing researchers and stakeholders about the policy development and implementation process.

Within WP4, a great effort was devoted to the production of a core of draft indicators for EIPM that could generate new knowledge after synthesizing these complex and heterogeneous materials. Within WP4, further analysis of literature on indicators, on their typology and development criteria, on their formulation and validation by means of a Delphi study was performed (Bertram et al., 2015). REPOPA objectives - to assess needs, role and use of research evidence in policy making (WP1); to study ways research evidence is combined and negotiated with ‘other kind of evidence’ in cross-sector policy making process with the focus on physical activity policies (WP1, WP2, WP3) – have been the starting point. Then, while building REPOPA draft indicators, both a bottom-up and a top-down approach were followed, taking into account the literature analysis together with previous REPOPA results.

While building the indicators we intended to consider, as far as possible, utilization as a process and not only as a single action, as most literature suggest (Knott & Wildavsky, 1980; Rejean Landry, Amara, & Lamari, 2001; Lester & Wilds, 1990; Webber, 1991). In fact, firstly developed indicators can be used in various stages of a policy or of a complex policy trajectory. Moreover, we considered the different activities of networking, document retrieval, reporting, training, communication, etc., that influence the “process” of evidence utilization.

Landry and colleagues (Réjean Landry et al., 2003) indicate main predictors of the “uptake of research by government officials”, namely, ‘users’ adaptation of research’, “users’ acquisition efforts”, “links between researchers and users”, and “users’ organizational contexts”. This latter predictor confirmed us in the need of building sets of indicators specifically devoted to analyze the structure of a given organization, besides those linked with the policy. All these predictors are represented in our draft indicators.

On the basis of literature analysis on indicators, their possible typologies and development criteria conducted within WP4, it has been taken the decision to build REPOPA indicators for EIPM as SMART indicators (Specific, Measurable, Attainable, Relevant, Time-bound). The five characteristics related to being “SMART” rely on a sixth characteristics, that of objectivity. This means that indicators must allow to infer the presence and the extent of EIPM by analysing specific and measurable phenomena and that indicators have also to be based on data that are as far as possible objective and not relied on individual memories and on subjective perception of facts and contexts. Moreover, while developing the draft indicators for EIPM, the structure in Table 1 was taken into account.

Table 1. Main indicators’ features

| Target of the indicator | Target institution: |
| - Policy making institutions on local, regional and national level |
| - Research institutions |
| Use of indicator | - Structural (refers to the institution) |
| - Policy process (refers to the specific policy process) |
| Measure of indicator | - Binary (yes/no) |
| - Cardinal number |
| - Percentage |
| Level of data collection | - Policy (policy documents and data) |
| - Institution (institution documents and data) |
| - External (all levels that go beyond policy and institution, e.g. meta-institutions such as ministries, repositories, search engines, population data...) |
| Type of data collection | - Existing data (the existing data can be further split into raw documents, databases, and so on) |
| - Surveys (may be further split into interviews/observations, etc.) |
| Time reference | Time range to which the indicator refers. |
| For policy indicators, the time reference must be defined by the institution using the |
Below the points listed in Table 1 are described:

- **Target of the indicator**: institution to be considered for the evaluation by means of indicators.
- **Use of indicator**:
  - The *structural* indicators can be used to assess if the institution structure is fitted to perform an evidence informed policy making. These indicators may be used by policy makers for self-evaluation purposes of their structure.
  - The *policy* indicators can be used to assess if the evidence informed policy making is (is going to be, or has been) performed inside a specific policy. For policy indicators, we suggest that these indicators can be used at different stages of the policy making process. Therefore, they may also be used to perform a check of the use of evidence during the initial construction of the policy.
- **Measure of indicator**: it relates to the way of measuring of the indicator. Indicators can be measured as absolute numbers, percentages, boolean (yes/no) values. In the Delphi study there is no reference to the specific way of measuring each indicator because this aspect has to be dealt when using indicators, depending on specific policy characteristics and context.
- **Level of data collection**: it refers to a very practical point, namely acquiring data required in using the indicators, which means who owns these data, the policy administration or the referral institutional structure. This point refers to M and A of the SMART acronym.
- **Type of data collection**: information needed is available in policy documents and archives or by asking to people involved in the policy process.
- **Time reference**: this also is a very practical point useful for measurement. When using the indicator for an analysis, it must be defined (by who uses the indicators, that may be the institution, the project team, etc.) which period of time the data considered to use the indicator refer to. This period may correspond to a policy phase, but not necessarily.

Preliminary indicators, arising from previous REPOPA results and literature analysis, were firstly organised in six thematic sets (Litman, 2007): 1. human resources (with subsets: 1.1 competences, 1.2 mobility, 1.3 training, 1.4 networking); 2. communication & participation; 3. mission and statements of intentions; 4. documentation (with subsets: 4.1 retrieval/dissemination and 4.2 production); 5. citation in policy documents; 6. monitoring/assessment/evaluation. For the Delphi study, the number of the sets was reduced to five, as explained in 2.3.1.

### 2.2 REPOPA internal consultation

In the months of September and October 2014, an internal consultation with the partners was carried out in order to gather inputs according to partners’ contexts and competences. By means of the Consortium Internal Consultation, final choices were taken by REPOPA Partners about contents and structure of the Delphi study, as described in 2.2.1, 2.2.2 and 2.2.3. The internal consultation was structured as follows:

- 1st session at distance (via mail and Skype);
- 2nd session face to face (in occasion of the REPOPA Annual Consortium Meeting, Rome, October 2014);
The main issue addressed within the internal consultation was defining structure and content of the indicator sets. A wide list of draft indicators based on REPOPA knowledge was built by CNR on the basis of WP1, WP2, WP3 and literature analysis, as previously described, meant to evaluate how well policy processes fill in the central criteria for evidence-informed policy making (see Appendix 1), and discussed before and during the 2014 Consortium meeting. Partners sent to CNR their contribution to the draft indicators selection, validating the draft indicators proposed or, if desired, adding/modifying indicators. Each WP was sent a pattern to insert its own indicators; after the first formulation, these draft indicators were integrated in the final list.

The discussion among partners also concerned the possibility of developing a further set of wider, multi-faceted indicators that influence EIPM, but are not objective, mostly developed on the basis of WP1 analysis of literature, policy and interviews. These indicators were finally included in the Delphi study under the name of “Towards complex indicators”.

Another issue addressed within the internal consultation was the selection of scales to be adopted in the two internet-based Delphi questionnaires. Panellists were asked to rate the level of relevance and feasibility of the draft indicators developed by REPOPA researchers. By relevance we mean how much the indicator fits to infer the use of EIPM; by feasibility, how much the indicator is usable and measurable. The absolute scales (from 4 to 1) were used, which means expressing a general judgement on the relevance and feasibility of the indicator without comparing to the others.

Finally, within the internal consultation, the number of panellists to be involved in the two internet-based Delphi rounds was decided. 12 panellists per REPOPA country were planned. This number was considered enough to ensure a wide presence of researchers and policy makers as well as to manage possible drops out.

Each Country edited own language version in strict relationship with WP4 coordinating team; the revision of the final English version of questionnaires was done by SDU-UK partner. Pilot test of the questionnaires was performed involving two professional colleagues external to REPOPA team per country; the following issues were checked: comprehensibility of the text of the questionnaire, possible problems in interpreting the questions, time to complete the questionnaire, possible problems with the online tool, further comments.

### 2.3 Two internet-based international Delphi rounds

This section goes more into detail in describing the main features of the two internet-based Delphi rounds, aimed at validating draft indicators for EIPM as the core of WP4 recommendations.

#### Description of indicator sets

During the 3rd session of internal consultation, the sets of indicators for EIPM listed at the end of paragraph 2.1 were further synthetized in order to better fit the two internet-based Delphi questionnaires, in the following thematic areas:

- **Human resources - Competences & Networking**, focused on the possible kinds of human resources involved in a policy – beyond policy makers, researchers, stakeholders and generic staff - and the skills they are required to have in order to improve EIPM;

- **Documentation – Retrieval/Production**, concentrated on possible ways of considering evidence during a policy, like citation of peer-reviewed research articles in policy documents, published scientific articles based on policy results or budget for producing and acquiring scientific publications;

- **Communication & Participation**, concerning initiatives to inform specific groups during a policy and engagement and consultation methodologies to gather knowledge from them;

- **Monitoring & Evaluation**, focused on the possible kinds of groups involved in monitoring and evaluating the use of knowledge activities in a policy and procedures to be adopted to this aim.
Moreover, the wider, multi-faceted issues debated during the internal consultation, relevant for EIPM but too wide to be included in one thematic set, were included in a further set called “Towards complex indicators”, as previously written at the end of paragraph 2.2.

Two internet Delphi rounds’ features and data analysis

Delphi panellists were called to validate and improve with suggestions the draft indicators for EIPM developed by REPOPA researchers by means of two rounds of online questionnaires where they were asked to evaluate the relevance and feasibility of the draft indicators, divided into thematic sets, and the relevance of the wider issues included in the set “Towards complex indicators”, according to the scales described in paragraph 2.2. Moreover, they had also the opportunity of justifying their answers by comments and suggesting new indicators.

The questionnaires were administered via Limesurvey software. The main issues related to questionnaire administration and data collection were the following:

- The tool interface was edited by CNR.
- All partners received at least one account for managing the panellists from their own country.
- Training Skype meetings were organized to get the partners familiar with Limesurvey software, coordinated by CNR.
- Automatic invitations/reminders to panellists were managed by each partner.
- All inputs and comments from the first and the second questionnaires were translated by partners from national languages into English.
- Data gathered from the first and second questionnaires were processed and edited by CNR.

The results of the two questionnaires were elaborated in terms of medians and first quartiles of relevance and feasibility. The criteria for including indicators for EIPM in the final validated sets are described by the algorithm showed in Figure 2.

**Figure 2. Algorithm for indicators selection**

According to the algorithm in Figure 1, the draft indicators for which there was a consensus on high relevance and feasibility (medians of both >=3, first quartile of relevance >=3 and first quartile of feasibility >=2) in the first round were directly included in the core of validated sets; the indicators for which, in the first round, there was a consensus on low relevance and feasibility (both medians <=2) were discarded; remaining indicators, for which a consensus of
relevance and feasibility judgement was not reached, were re-evaluated in the second round questionnaire, in which the quantitative results of the first round were presented to panellists, with summaries of their comments.

In the second round, participants were asked to evaluate again relevance and feasibility of the draft indicators which were neither accepted nor discarded, together with a new set of indicators developed by researchers from first round panellists’ comments. In this case the draft indicators which did not reach consensus on both relevance and feasibility were definitely discarded.

Panel description

82 panellists were invited to participate to the two internet-based Delphi rounds, 12 per country and 10 from international organization.

a. National panellists

Each partner involved in WP4 (CNR, THL, SDU together with RCPH, UBB, Tilburg University together with CBO, UK partner) prepared a list of national panellists.

The inclusion criteria for each national list, consisting of 12 panellists working in national contexts (as agreed during the internal consultation), were the following:

- 6 from the research area (with reference to their prevalent activity):
  o 4 from public health sector, including HEPA and health equity;
  o 2 from cross-sector areas.
  At least 1 out of the 6 researchers with specific experience in science policy (which means having been director of a department or involved in politics).

- 6 from the policy making area (with reference to their prevalent activity):
  o possibly at least one of them should be strictly a politician;
  o the 5 others from: officials of ministries, health services, and various professionals or managers with an active role in policy making processes, at different stages.

The main criteria for selecting panellists were the high level of competence and the multiplicity of fulfilled roles, answering to one of the criticalities stressed in (Mandell & Sauter, 1984).

The following additional priority rules were given to partners for panellist’ selection:

a. Easy to contact, involve and follow;
b. Previous knowledge of their professional competence;
c. Gender balance: 6 males and 6 females, if possible. Need of both genders to be represented within the two categories;
d. In each national list, both local and national entities need to be represented

In order to classify panellists as policy makers, we considered the following policy making definition:

*taking decisions about the proposal and/or implementation of a program, project or activity aimed to an institutional goal, and having the responsibility on it* (Anderson, 2014; Haines, 1980; Lippi, 2007).

Panellists who shared both research and policy roles were included in the “research” or “policy making” category considering their prevalent activity.

Moreover, one researcher or policy maker could be replaced by another kind of stakeholder if she/he had particular knowledge relevant for the Delphi (e.g. methodological experts, vulnerable group associations’ representatives).

b. Panellists working at international level
Besides selecting national panellists, partners provided suggestions for a further group of panellists working at international level, including people from international organizations, such as WHO, EU, UNESCO, etc. These panellists were selected with the consensus of partners, considering a maximum of 10 panellists.

The 82 invited panellists were equally divided in researchers and policy makers and gender balance was respected (see Fig. 3). Numerous competences were present in the whole panel, e.g. Physical Activity, Public Health, Epidemiology, Health Promotion, Policy Analysis, Sociology, Sports, cross-sector (a detailed description of the panellists selected is reported in Appendix 1).

**Figure 3.** Demographic profile of the 82 panellists invited to participate to the two internet-based Delphi rounds, including country distribution among males and females.

Finally 76 panellists out of the 82 invited answered at least one of the two Delphi questionnaires, from different sectors relevant for policy making for physical activity and health promotion:

a. 68 panellists working (with reference to their prevalent activity) in national contexts. Each partner selected and followed up to 12 panellists for its country.

b. 8 extra panellists from the international area.

**Confidentiality**

Panellists remained anonymous throughout the two Internet Delphi rounds; names circulated only between REPOPA researchers. After completing the second round, panellists were given the opportunity to provide explicit consent for their names to be included in the list of participants, to be made public only in scientific reports and articles, conferences and other presentations related to the conducted research.
The following information was collected for each panellist proposed by the country research teams: name, gender, main role (research or policy making), research sector (public health sector or cross-sector area) for researchers and area of activity for policy makers, main organization, main role inside the organization, competences, if there was direct knowledge of the panellist (e.g.: previous work with the REPOPA partner), notes.

**Timeframe of the two internet-based rounds of the Delphi study**

The main steps of the preparatory work were the following:

**January-April 2014**

- CNR developed a first list of draft indicators, gaining feedback from WPs representatives.

**June 2014**

- All Partners sent to CNR their comments on the first list of draft indicators and their additional indicators following the template.

**October 2014**

- CNR sent the final draft of sets to the partners, getting in the core of internal consultation process that ended with the Rome meeting.

**October 2014**

- All partners identified key individuals to be included in the Delphi panel and prepared a list.

**November 2014**

- CNR prepared the first questionnaire and other documentation (letters for invitation and consent) and discussed them with partners (via email and Skype)

**January-2015**

- All partners contacted national panellists.
- Pilot tests have been performed in 4 countries: The Netherlands, UK and Italy, DK.
- All partners translated questionnaires in National languages.
- UK edited the final English version (official version of the questionnaire).
- The international panellists could choose to answer in English or their own language.

The detailed time frame of the two internet-based Delphi rounds is represented in Figure 4.

**Figure 4.** Detailed timeframe of the two internet-based Delphi rounds
2.4 Third face-to-face Delphi round, including an online mapping exercise

Results of the two internet-based Delphi rounds were contextualized and further validated by the national conferences that took place in each REPOPA European country one day in the period between the end of January and the beginning of March 2016, involving researchers and policy makers at local and national level. Differently from the case of the previous online Delphi steps, this time participants interacted not anonymously and at distance, but face to face.

The work related to the national conferences required less strictly synchronization among partners than the previous two internet-based Delphi rounds. All country-teams were more autonomous in managing their own invitation activities, producing materials to be used, establishing the most proper dates, times and location for their conference and the conference’s agenda.

However, the main activities included in the conferences were common among all countries and many documents and templates were shared in order to collect comparable results and reach the main aim of the conferences, conceived as working days of knowledge building.

The main aim of the national conferences was contextualising the draft indicators for EIPM validated by the two internet-based Delphi rounds, collecting data as the basis for building evidence briefs and guidance resources. In order to reach this aim, experts from national and local contexts were asked to:

- map the draft indicators to one or more policy phases, by means of an online questionnaire submitted before the conference;
- identify positive and negative factors of the thematic sets by means of SWOT analysis during the conference;
- identify barriers to and facilitators for the wider, multi-faceted issues included in the section “Towards complex indicators” during the conference.

In Figure 5 the timeframe of the whole Delphi study, including both the two internet-based rounds and the national conferences, is reported.
Aims and common features of national conferences – introduction

In the following paragraphs (2.4.2-2.4.6) the main common elements shared by the national conferences are described: selection criteria of participants, pre-conference online phase and the two core activities during the conferences: that is applying SWOT analysis methodology to REPOPA draft indicators for EIPM validated by the two internet-based Delphi rounds and identifying barriers to and facilitators for the wider, multi-faceted issues included in “Towards complex indicators”.

Finally, a feedback on the collected results was asked to participants.

Country-specific elements like the national lists of participants and the description of the national conferences development are reported in 2.4.2 and 2.4.7.

Selection criteria of participants

Invited participants in the national conferences were chosen among national researchers and policy makers with competences in physical activity, health promotion and cross-sector areas. As in the previous Delphi rounds, participants who shared both research and policy roles were included in the “research” or “policy making” category considering their prevalent activity and the main criteria for selecting participants were the high level of competence and the multiplicity of fulfilled roles. Including relevant stakeholders was also possible, maximum two per country. Moreover, REPOPA partners agreed in deciding that about 50% of participants should come from the national panellists of the two internet-based Delphi rounds or from those who contributed to previous REPOPA WPs. Gender balance and a balance between policy makers and researchers were also considered.

Differently from the online Delphi rounds’ panel, this time no precise limits in number of participants were established.

Participants were invited to the national conferences as “National Advisory Boards for WP4 indicators’ contextualization of REPOPA project”, using a shared template for the invitation letter developed by SDU team including information about REPOPA and the two internet-based Delphi rounds. The sets of indicators were sent to the participants before the conference by email as well.

A general picture of the Advisory Board of the two Delphi rounds is shown in Fig.6. As in the first two internet-based Delphi rounds, numerous competences were present, e.g. Public Health, Physical Activity, Epidemiology, Health
Economy, Knowledge transfer, Sports, Health Policy, Sociology of Science, Education, cross-sector. Invited people who answered the pre-conference online questionnaire but at the last moment could not take part to the national conference meeting have been included in the National Advisory Boards as well.

Fig.6. Demographic profile of the 103 participants of the National Advisory Boards for WP4 indicators’ contextualization of REPOPA project, including country distribution among males and females, researchers, policy makers and stakeholders.

Pre-conference: online exercise for mapping REPOPA draft indicators for EIPM to policy phases

Components of the national Advisory Board were asked to contextualize REPOPA draft indicators for EIPM by attributing to one or more policy phases - to be chosen among “agenda”, “formulation”, “implementation” and “evaluation” – indicators they considered the most useful for that phase, referring to their context and everyday life experience.

To this aim, in a pre-conference stage participants were sent an online questionnaire where they were free to assign the draft indicators to one or more policy phases and to comment their choice.

The results of the questionnaire were processed according to the algorithm shown in Figure 7, describing the criteria to attribute a draft indicator to one or more policy phases.

Fig 7. Algorithm for mapping draft indicators to policy phases
The draft indicators selected for a specific phase by at least 2/3 of participants were directly attributed to that phase or phases. If this condition was not verified, the attribution was collectively debated during the national conference.

The obtained results were briefly presented during the conference by REPOPA researchers. The final decision on indicators was collectively taken by participants at the beginning of the conference.

**SWOT analysis**

SWOT analysis was chosen as the most appropriate methodology in order to contextualize REPOPA thematic sets of draft indicators, identifying their positive and negative factors in view of their next finalization as measurable indicators and their implementation by policy makers and researchers at national and local level. Applying SWOT analysis to REPOPA draft indicators for EIPM validated by the two internet-based Delphi rounds during the national conference was a common task for all country-teams.

SWOT is an acronym that stands for Strengths, Weaknesses, Opportunities, & Threats («FormSwift: SWOT Guide» 2015). SWOT analysis is a methodological tool for strategic planning designed by a decade of research at the Stanford Research Institute between 1960-1970 to help workers and companies optimize performance, maximize potential, manage competition and minimize risks (by the late-1950s, many American Corporations had grown frustrated that their significant financial investments in strategic business planning had failed to produce acceptable results). Although originally developed for business and industry, SWOT analysis can be equally useful in the work of community health and development, education, and even personal growth.

SWOT analysis aims to identify the key internal and external factors important to achieve an objective. It consists of four components organized into two categories: internal controllable factors (Strengths and Weaknesses) and external uncontrollable factors (Opportunities and Threats).

A SWOT analysis can offer helpful perspectives at any stage of an effort. It can be used to explore possibilities for new efforts or solutions to problems, make decisions about the best path for an initiative, identifying opportunities for
success in context of threats, clarify directions and choices, determine where change is possible, reveal priorities as well as possibilities, adjust and refine plans mid-course.

When SWOT factors are identified, strengths can be capitalized on, weaknesses minimized, and threats turned into opportunities. An interesting aspect of this analysis is that, depending on perspective, what is presented as a strength could also be presented as a weakness and vice versa (Miller 2007).

Internal factors include resources and experiences. According to the Community Tool Box of the Work Group for Community Health and Development at the University of Kansas, general areas to consider to identify Strengths and Weaknesses are:

- Human resources - staff, volunteers, board members, target population
- Physical resources - location, building, equipment
- Financial - grants, funding agencies, other sources of income
- Activities and processes - programs, systems
- Past experiences - building blocks for learning and success, reputation in the community

According to the same tool, to identify Opportunities and Threats it is suggested to consider external forces and facts like:

- Future trends in the considered field or the culture
- The economy - local, national, or international
- Funding sources - foundations, donors, legislatures
- Demographics - changes in the age, race, gender, culture of people involved or in the considered area
- The physical environment
- Legislation
- Local, national or international current events
- Society’s cultural, political, and economic ideology

SWOT analysis makes strict reference to the objective of the issue to be analysed. The issue may be a procedure, organisation, person, etc. In our case the issue are REPOPA draft indicators for EIPM, aimed at measuring to what extent evidence-informed policy making is performed within a policy making process or an organization.

**Applying SWOT analysis on thematic sets**

In order to understand which was the most proper way to apply SWOT analysis to indicators for EIPM, a first simulation of SWOT on REPOPA thematic sets validated by the two internet-based Delphi rounds was performed by CNR and shared with partners. A template was developed specifying the definition of the SWOT factors related to the use of indicators for EIPM:

- Strengths are related to the effects of the use of the indicators for EIPM in the organization (and factors of the organization facilitating the use of indicators);
- Weaknesses are related to difficulties in using indicators for EIPM in the organization;
- Opportunities are related to the effects of the use of indicators for EIPM in the external context and the effects of the external context in the use of indicators;

- Threats are related to the effects of external factors on the use of indicators for EIPM.

Internal (Strengths and Weaknesses) and external factors (Opportunities and Threats) refer, respectively, to the organization that is using the indicators (which could be, for example, a local health organization) and the relationships between the use of indicators and the external context.

Applying SWOT to the thematic sets means to find specific strengths, weaknesses, opportunities and threads for that set, making reference to specific indicators, when possible, and the policy phases draft indicators were mapped to.

Several possibilities were also considered on how to foster the debate related to SWOT analysis during the conference. CNR prepared a set of keywords and suggested to use PEST framework (Gupta 2013); SDU proposed to use McKinsey 7S framework (Dwyer 2003). Partners were free to choose how to manage the debate, using these suggestions or developing their own frameworks.

In order to perform the SWOT, during the conference participants were split in working tables, having a balance between researchers and policy makers. For feasibility reasons, each table was given only one thematic set of draft indicators. Facilitators asked also participants to provide suggestions on how to turn negative factors into positive factors, in order to develop recommendations.

SWOT was performed by group debates also with the help of facilitators (members of REPOPA Consortium) for managing the discussion, collecting inputs and controlling that scheduled time was respected. Some country-teams (Italian and Dutch teams) decided to start the process leaving to participants ten minutes for drafting their own SWOT before the group debate, in order to elicit tacit knowledge.

Country teams were free to use their own materials for performing the SWOT, like SWOT templates, frameworks to stimulate the discussion; instructions related to activities and timing sheets of paper; flip charts or computers. Also SWOT’s duration was different depending on the country (about 90 minutes).

After the group work, participants were reunited to share the obtained SWOT results.

Two further options on how to perform the SWOT had been taken into account by partners but not realized for time reasons: using the World Cafè methodology, implying each participant to be invited to join another table, adding new inputs to the previous SWOT analysis, before the collective debate; rating SWOT factors.

“Towards complex indicators” barriers and facilitators

“Towards complex indicators”, introduced in paragraph 2.2, were presented during the conference with the aim of gathering inputs on barriers and facilitators, in the awareness that the SWOT analysis was not a good instrument to evaluate these wide topics that may refer to several issues and procedures.

Each country team was free to let participants debate about this set or collectively or split in groups and to decide how much time to dedicate to this part of the conference (about 30 minutes).

Feedback from participants

Unless the feedback was gathered in the end of the conference day, each country-team sent participants the raw obtained results for feedback after few days from the national conference.
Description of the national conferences

The following sections include a description of the national conferences provided by all partners. The whole timeframe of all national conferences is reported in Fig.8.

Figure 8. Detailed frame of the third face-to-face Delphi round (dates refer to 2016)

A. Italian National Conference description

The Italian National Conference was hosted by the National Research Council of Italy, in Rome, on February the 5th 2016. The Italian unit of “National Advisory Boards for WP4 indicators’ contextualization of REPOPA project” was invited to the conference, consisting of thirty-three Italian experts, carefully selected among researchers and policy makers from all over Italy with competences in various fields related to physical activity and health, including cross-sectors such as epidemiology, promotion and evaluation, knowledge transfer and science policy. They had all experience in policy making and gender balance was respected.

27 out of 33 of the Advisory Board members also answered to the online questionnaire for mapping draft indicators to policy phases, sent them by the REPOPA team before the conference; 23 out of 33 participated to the conference; 17 out of 33 participated to both the online activity and the conference.

The conference started at 10:30 a.m. and ended at 4:00 p.m. The conference opened with institutional greetings and an introduction to REPOPA project. Then the participative session immediately started: after the presentation of the online questionnaire results for mapping the draft indicators for EIPM to policy phases, participants debated to assign those that had not reached consensus, presented to participants with the scores obtained by each policy phase and comments from the online questionnaire answers. Then participants were divided into 4 working-tables to perform SWOT analysis and suggesting proposals on how to overcome the possible obstacles. Each table had a flipboard showing the set to be discussed and participants were provided with SWOT templates where they could write their ideas during the first ten minutes, given to them in order to let tacit knowledge emerge. Then the table discussion started, with five REPOPA researchers facilitating the debate. The results obtained by each group were presented by a representative in plenary session. In the afternoon, participants collectively reasoned in order to find barriers and facilitators on the “Towards complex indicators”.

B. Danish National Conference description

The Danish meeting was hosted by the Institute of Sports and Biomechanics, University of Southern Denmark, in Odense, Denmark on February the 5th 2016. The Danish unit of “National Advisory Boards for WP4 indicators’ contextualization of REPOPA project” was invited to the conference, consisting of Danish experts carefully selected among researchers and policy makers from all over the country with competences in various fields related to physical activity and health, including cross-sector such as transport, environment, social and culture sector, health economics, health care, documentation and dissemination. Experience in policy making was more widely represented as in research; gender balance was respected.

17 out of 20 persons contacted also answered the online questionnaire for mapping the draft indicators to policy phases; 11 out of 20 participated to the meeting; 9 out of 20 participated to both the online activity and the meeting.

The conference started at 09:30 a.m. and ended at 4:00 p.m. The conference opened with institutional greetings and an introduction to REPOPA project. Then the online questionnaire results for mapping the draft indicators to policy phases were presented and those which had not been mapped to policy phases in the online exercise before the conference were discussed and mapped. Next, the participants were divided into 4 working-tables to perform SWOT analysis using a template on the sets of REPOPA indicators and suggesting proposals on how to overcome the possible obstacles. Each
table made notes of the set of indicators. The REPOPA researchers present facilitated the discussion. In the afternoon the results obtained by each group were presented and discussed in a plenary session. Participants also collectively reasoned in order to find barriers and facilitators on the “Towards complex indicators”. Finally, a general short feedback discussion of the day was done.

C. UK National Conference description

The UK National Conference was held on the 25th January 2016. The UK “National Advisory Boards for WP4 indicators’ contextualization of REPOPA project” was invited to the conference, consisting of 12 carefully selected policy makers and academics with experience at both local and national levels in physical activity and health promotion in general. The membership also included representation from the devolved administrations of Northern Ireland and Scotland. All of the 12 experts invited completed the online mapping exercise and 8 attended the face to face meeting. The full day meeting started with discussions on draft indicators for EIPM and their role in the various stages of policy making in the UK. The focus of the full day meeting was a group exercise wherein the panel members identified the key barriers and facilitators of the sets. The morning session was dedicated to present and agree the mapping exercise results. The afternoon session aimed at undertaking the SWOT analysis of the thematic sets. Advisory board members were divided into 2 groups for the afternoon session.

In addition to the above, the advisory board members also made suggestions presenting the information gathered during the meeting which, in their opinion, policy makers would find useful and promote EIPM.

D. Finnish National Conference description

The Finnish conference was hosted by the National Institute for Health and Welfare in Helsinki, at THL on 8 March 2016. The invitations were sent to individuals representing national policy-making and research representing health and physical activity fields, public policy, management and law. Many of the members have participated in the process where the Government of Finland aims to increase the utilization of well-research information. Panellists were affiliated to universities, ministries/government bodies, research institutes and NGO.

In Finland, 15 of the 21 invited persons filled in the online mapping exercise. In Finland, the online mapping exercise was done between 23 February and 8 March, 2016 using webropol online survey instrument. Eight high-level policymakers and scientists participated in the meeting.

The conference started at 9:30 and finished at 15:45. The conference started with introduction to the REPOPA project and Delphi method. First session began with introducing the results of the on-line mapping exercise followed by discussion aiming at getting consensus of the draft indicators where was not agreement based on the online-mapping exercise. The session took about 45 minutes. The second session, SWOT started right after the first one by dividing the group into to small groups. Both groups nominated a note taker who also presented the results of the discussion. Both groups had two sets to discuss. The groups had about an hour to work after which the lunch break was hold from 12:30 to 13:15. After lunch the groups continued with the SWOT for about half an hour after which the general discussion of the SWOT was held. Discussion about the “Towards complex indicators” was held as plenary and took about one hour. The conference was finished at 15:45.

E. Romanian National Conference description

The Romanian National Conference was organized by the University Babes-Bolyai (UBB), the REPOPA Romanian partner, on February 25, 2016, in Bucharest, Romania, at a private Conference Venue. The Romanian National Advisory Board for contextualization of the REPOPA indicators invited to the conference comprised of experts with competences and expertise in various fields: sport for all, health promotion/public health, political sciences, education, at national or local levels. In the recruitment process, 38 persons and institutions were invited to participate; 8 participated; the rest either did not reply to the invitation or declined due to other arrangements on the date of the conference employment.

All eight participants to the Romanian National Conference answered the online questionnaire for mapping the draft indicators to policy phases. Therefore, we had total match between respondents to the questionnaire and participants to the National Conference, aspect that facilitated the discussion and decision-making process for mapping the draft indicators that were not mapped in the online exercise.

The conference started at 12.00 PM and ended at 5.00 PM. The conference was opened with the presentation of each participant, and an introduction to the REPOPA project held by the conference facilitator, member of the UBB research team. Then, after the presentation of the WP4 and of the results of the online exercise for mapping the draft indicator to policy phases, the experts were invited to discuss and decide in what phases to map the draft indicators that were not agree upon (by the majority – 66% of the respondents) in the online phase. The mapping of (remaining – not mapped in the online phase) draft indicators within the conference was made unanimously, the discussion having the role of reaching an agreement between (as many as possible of the) participating experts. After that, the experts were divided
into two small-working groups, each comprised by four members. The groups division was proposed by the conference facilitator, considering the socio-demographic (and especially professional) characteristics of the participants, for ensuring diversity in each of the two groups. At this point, each of the two groups was asked to perform a SWOT analysis on two out of the four sets and then also think about facilitators and barriers for the “Towards complex indicators”. Then each of the 4-persons groups presented both the results of the SWOT and the facilitators and barriers. This approach was decided by the conference facilitator in order to save up time, as the discussion for mapping exceeded the planned timeframe. Thus, the results of the small-working groups work was presented by each of the two groups and validated and completed with comments by the other group.

The conference was concluded with the message of the facilitator in regards to the future communication between the expert group for further validation of the results and contribution to the dissemination and use in practice of the tool that will be developed by the end of the project.

F. Dutch National Conference description

The Dutch National Advisory Board meeting was hosted by Tranzo, Tilburg University and was held in the center of the country, in Utrecht, on February the 17th 2016. Thirty-eight Dutch experts were carefully selected among researchers and national and local policy makers from all over the Netherlands with competences in various fields related to physical activity, health and physical activity, including cross-sectors areas to become components of the Dutch National Advisory Boards for WP4 indicators’ contextualization of the REPOPA project. They had all expertise in the policy making process. Of the selected group, 15 of them were able to attend the chosen date; the other 23 were not able to attend that specific day, refused to participate or did not respond. Gender balance, local/national representation and previous participation in the Delphi rounds were respected.

14 out of 15 answered the online questionnaire for mapping the draft indicators to policy phases; 9 out of 15 participated to the meeting, 4 withdraw before the meeting, because of various reasons and there were two no shows on the day itself. Altogether, 8 out of 15 participated to both the online activity and (parts of) the National Advisory Board. The conference started at 12:30 a.m. and ended at 6:00 p.m. Four facilitators were present, with two main facilitators guiding the discussion parts of the meetings. The other two facilitators were especially involved in the small group discussions.

The meeting opened with a lunch followed by a welcome and an introduction of the REPOPA project. Next the results of the online tool were presented followed by a discussion to find consensus for those draft indicators which had not reached the cut-off point of 2/3 in the online tool. Participants were discussing much and the facilitator had to remind them to focus on the aim frequently.

After the consensus part and a coffee break, participants were divided into two small working groups to perform SWOT analysis on the thematic sets and suggesting proposals on how to overcome the possible obstacles. Each table had two sets to discuss. First, the participants were asked to fill in a blank SWOT template to let tacit knowledge emerge. Second, the participants discussed the different aspects of the SWOT for this set. Last, the discussion was summarized and filled in on a flipboard. Then the procedure started over for the second set. Each small group discussion was facilitated by two facilitators. After a second break, the group of participants came together for a plenary session and discussed the results. One of the facilitators of the small groups introduced the results. After that, a short plenary discussion was held to identify barriers and facilitators of the “Towards complex indicators”. Even though this was the aim of this part of the meeting, participants were mainly trying to define the complex indicators, instead of identifying facilitators and barriers. The Advisory Board Meeting was closed by final remarks.

3. Results

In the next sections WP4 results are reported, divided into two parts corresponding to the two main methodological steps (see Fig.9): the two internet-based Delphi rounds and the national conferences. In section 3.1 a description of the sets of draft indicators for EIPM, proposed on the basis of previous WPs, and the results related to its improvement and validation by means of the two internet-based Delphi rounds are reported. In section 3.2 all the results from the national conferences are reported, relative to: pre-conference online questionnaire for mapping the draft indicators to policy phases; SWOT analysis on the thematic sets; barriers to and facilitators for the “Towards complex indicators”. These results are the basis for the next chapter devoted to the development of evidence briefs and guidance resources.

Figure 9: Synthetic scheme of WP4 methodology and results
3.1 Sets of REPOPA draft indicators for EIPM

In this section the results of the two internet-based Delphi rounds are briefly presented, where each set is labeled with a code.

Description of HUMRES: Human resources – Competences and Networking

This set of draft indicators for EIPM is focused on the possible kinds of human resources involved in a policy, besides policy makers, and the skills they are required to have in order to improve EIPM. The 6 draft indicators of this set submitted to the evaluation of experts in the internet-based Delphi rounds include: involving of staff with research experience, of stakeholders, of research institutions (in terms of partnerships or fellowships), provision of training courses on research issues, budget for scientific advise. Among these draft indicators, “Partnerships with research institutions during the policy” and “Stakeholders working on the policy”.

Description of DOCREP: Documentation – Retrieval/Production

This set of draft indicators for EIPM is focused on possible ways of considering evidence during a policy. The 5 draft indicators of this set submitted to the evaluation of experts in the internet-based Delphi rounds include: procedures for ensuring review of scientific literature, quoting documents containing evidence (for example peer-reviewed scientific articles or reports) in policy documents, producing scientific articles based on policy results, budget for producing/acquiring scientific publications. Among these draft indicators, “Citation of peer-reviewed research articles in policy documents” and “Published scientific articles based on policy results”.

Description of COMPAR: Communication & Participation
This set of draft indicators for EIPM concerns communication and participation of specific groups during a policy. The 7 draft indicators of this set submitted to the evaluation of experts in the internet-based Delphi rounds include: initiatives to inform and gather knowledge from stakeholders and researchers by means of engagement and consultation methodologies, communication methods for vulnerable groups likely to be impacted by the policy. Among these draft indicators, “Initiatives to inform stakeholders during the policy” and “Budget for engagement and consultation methodologies”.

Description of MONEVA: Monitoring and Evaluation

This set of draft indicators for EIPM is focused on monitoring and evaluating the use of knowledge by means of activities and procedures. The 5 draft indicators of this set submitted to the evaluation of experts in the internet-based Delphi rounds include: including EIPM in the evaluation criteria of the policy, procedures for monitoring and evaluating the use of evidence in the policy (including knowledge from stakeholders and target groups), involving researchers and stakeholders in the policy evaluation. Among these draft indicators, “Procedure for monitoring/evaluating the use of research evidence in the policy” and “Researchers working on the policy evaluation”.

Description of TOWCOM: Towards complex indicators

This set includes 8 wider, multi-facetted draft indicators that cannot be confined to one of the previous thematic sets, including: cross-sectoral involvement, leadership role for the use of evidence, organisational culture, timely involvement, clear accountability, enhancing citizens’ participation, producing new evidence on the basis of evaluation, engagement of referral politicians to use evidence. Among these draft indicators, “Person/group taking a leadership role for the use of research evidence in policy-making” and “Timely involvement of researchers in the policy process”.

The first round questionnaire allowed to directly validate 14 draft indicators for EIPM for which consensus on both high relevance and feasibility was immediately reached, according to the algorithm described in section 2.3.2; these indicators were not submitted to further evaluation in the second round. However a summary of the comments provided by panellists about them was available for panellists answering to the second round.

The remaining 9 draft indicators were resubmitted to panellists in the second round, accompanied with a summary of panellists’ ratings and comments. In the second round panellists were also called to rate relevance and feasibility of 8 new draft indicators emerged as suggestions in the first round.

Considering also the suggestions from panellists, at the end of the process, 25 draft indicators were validated and six draft indicators were discarded because considered low in relevance or feasibility. The validated final sets include draft indicators from both the original sets and new ones proposed by panellists. The main results obtained are described below on the basis of panellists’ ratings and comments.

All the draft indicators proposed for the set HUMRES were validated except those concerning internships at research institutions and allocation a budget for scientific advise. Involvement of stakeholders in the policy required further evaluation in the second round. The draft indicator concerning the budget was also the only one discarded of the second set DOCREP, where a second evaluation was required for the production and quotation of scientific articles within the policy. All the draft indicators included in the set COMPAR were validated, gaining high consensus on their relevance and feasibility. The draft indicators included in MONEVA were all validated directly in the first round, except the involvement of stakeholders in policy evaluation, which was discarded in the second round. All the multi-facetted issues which influence EIPM included in TOWCOM reached high results in terms of relevance; according to the algorithm, they were evaluated only in the first round and kept as validated result for fostering EIPM. The new draft indicators proposed by panellists in the first round and evaluated in the second round concern involving researchers with policy making experience for set HUMRES, use of evidence briefs and reports on policy results from other organization for the set DOCREP, communication competences among the staff who interacts with stakeholders and fostering knowledge sharing between different stakeholders for the set COMPAR. Two more of the new draft indicators suggested, concerning budget for external evaluation of the policy and administrative procedures allowing timely employment of research staff and scientific advisors, were discarded when submitted to evaluation in the second round.

The most interesting insights emerged from panellists’ comments and ratings are the following (Tudisca et al., in preparation).
The involvement of stakeholders in policy was one of the most commented and faceted topics. The highest consensus on both high relevance and feasibility was achieved by the issue of knowledge exchange with stakeholders, including both informing them and gathering knowledge from them. On the one hand it emerges that communication to stakeholders would be essential to update on progress and dissemination of any results; on the other hand, also gaining knowledge from stakeholders by engagement and consultation methodologies was considered very relevant in order to create a social environment ready to support policies. However the awareness of criticalities emerged: it has been noticed that communication with stakeholders can only be effective if the different parties – policy makers, researchers and stakeholders – are willing and capable to “put themselves in the others’ shoes”; moreover, gaining knowledge from stakeholders can be hard and there are no defined rules or methodologies to get it, because everything depends on the specific context. The two new indicators proposed by panellists imply the awareness of these criticalities. Panellists demonstrated more prudence in evaluating the issues concerning a more active role of stakeholders. Indeed the issue concerning stakeholders working on the policy evaluation was finally discarded. From the comments we can argue that the resistance to accept a more active involvement of stakeholders in policy is mostly related to the risk of conflict of interests. The fear is that stakeholders may make pressure in order to defend their own interests.

The issue of involving researchers in the policy process was less controversial for panellists: in most cases, both the communication with and an active role of researchers in policy were easily accepted already in the first round, including the evaluation process.

As for the set DOCREP, the obtained results show that the issue of acquiring evidence from documents was easily accepted already in the first round. However, the two indicators concerning, respectively, citing scientific results from peer reviewed journals and producing evidence on the basis of the policy, were submitted to further evaluation in the second internet round and were finally accepted. Looking at panellists’ comments, it can be argued that the reason why these issues raised more perplexities could be linked to the lack of time of policy makers and their lack of familiarity with scientific literature; and even possible lack of access to it. However both citing scientific results from peer reviewed journals and producing evidence on the basis of the policy were considered useful to save time in future policies. A few solutions have been suggested by panellists to overcome the possible obstacles in using these indicators. For example, policy makers could be helped by specific offices, like the press office, to produce documents on policy results; and policy makers could be provided by evidence briefs (which should be recognizable by a definite format and focus on a specific topic) to acquire scientific literature.

All the issues related to budget were discarded from the indicator list except the one concerning communication. This confirms communication as one of the most important and agreed point. However this result does not mean that budget problems do not exist, because from panellists’ comments it emerges that fostering EIPM can be impeded by budget problems. Consequently the main reason could be related not to the content of indicators per se, but to their feasibility: the lack of dedicated budgets for the considered aspects of EIPM could impede their inclusion while building measurable indicators.

3.2 Panellists’ drop out

It has to be specified that one of the main challenges of a Delphi study is keeping panellists on board, in order to complete the iterative evaluation process. In the table below the number of responses gathered in the first and second round by the 82 selected panellists are reported for each country. Six out of the 82 experts did not answer any of the two questionnaires. The resulting dropout rate between the first and second round, excluding the six experts who did not participate at all, is satisfying: only the 5.2%.

<table>
<thead>
<tr>
<th>Country</th>
<th>No. of 1st round responses</th>
<th>No. of 2nd round responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Finland</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Italy</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Netherlands</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Romania</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Proposing team</td>
<td>Contacting team</td>
<td>No. of panellists contacted</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Italy</td>
<td>Italy</td>
<td>5</td>
</tr>
<tr>
<td>Denmark</td>
<td>Denmark</td>
<td>3</td>
</tr>
<tr>
<td>Netherlands</td>
<td>Italy</td>
<td>2</td>
</tr>
<tr>
<td>Romania</td>
<td>Romania</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>11</td>
</tr>
</tbody>
</table>

Table 3. Details of the international panellists

3.3 Third Delphi round: preliminary results across countries

National conferences produced a large amount of knowledge about REPOPA draft indicators for EIPM validated by the two internet-based Delphi rounds, in terms of assigning them to preferential policy phases, identifying their strengths, opportunities, weaknesses and threats and proposing possible solutions to the negative factors emerged from the interaction between policy makers and researchers. The collected data are very rich and heterogeneous and in the next chapters each country made the effort of summarizing them in form of preliminary evidence briefs, which will be useful for fostering EIPM at national level.

However, it is possible to make a first comparison among the results of the national conferences, finding common issues which emerged from all or most of the countries and highlighting some country-specific insights.

**Mapping results**

Considering all results of the mapping activity in all countries, some issues emerge as common for all or most of them (at least 5 out of 6 countries). They are listed below, organized per policy phase.

- **While formulating the policy**: relevant stakeholders and researchers with policy making experience should be involved, using engagement and consultation methodologies in order to gather knowledge from them; criteria to assess whether the policy is evidence-informed when evaluating it and defined procedures to monitor and evaluate the use of research evidence and knowledge from stakeholders and target groups should be already established; peer-reviewed research articles, reports and other documents containing evidence should be cited in the produced policy documents.

- **While implementing the policy**: communication methods tailored for target groups and vulnerable groups likely to be impacted by the policy should be used and initiatives to foster knowledge sharing between different stakeholders should be promoted.

- **While evaluating the policy**: defined procedures to monitor and evaluate the use of research evidence and of knowledge from stakeholders and target groups should be used; partnerships with research institutions and involvement of researchers should be promoted; scientific articles related to the policy development should be published.

Further common results across countries, considering agreement among three or four countries, show that all the draft indicators of the first set – concerning involvement of stakeholders, staff with research experience, researchers with policy making experience and research institutions – have been attributed to the first two policy phases, agenda setting and formulation; the same holds for the draft indicators of the second set that concern acquisition and quote of
documentation. As for the third set – concerning communication and participation, initiatives to inform researchers and stakeholders and the use of methodologies to gather knowledge from them are distributed among agenda and formulation, while communication competences among the staff who interacts with stakeholders, the use of methodologies to gather knowledge, in particular, from target groups, and initiatives to foster knowledge sharing between different stakeholders have been considered useful also while implementing the policy.

Some results seem country-specific, that means that only one country attributed the indicator to a policy phase. Some examples are listed below.

-Documentation: citation of reports and other documents containing evidence in policy documents would be useful already while setting the agenda for The Netherlands and in the evaluation phase for Italy; publication of scientific articles related to the policy developed should happen already in the formulation only for Romania; for Italy and Romania availability of reports on policy results from policy making organization of different municipalities/regions/countries would be useful more in the evaluation phase than in the previous phases, as suggested by the other countries.

-Communication & participation: initiatives to foster knowledge sharing between different stakeholders would be useful already while setting the agenda for The Netherlands and Italy; allocation of budget for engagement and consultation methodologies would be useful already while setting the agenda for The Netherlands, while for most of the other countries it was considered useful in the formulation or implementation phases; involving researchers in the policy evaluation already while formulating the policy was suggested only by the Netherlands; use of methodologies to gather knowledge from stakeholders would be useful also during implementation and evaluation phases only for United Kingdom and Finland; initiatives to consult target groups would be useful also in the evaluation phase only for Finland.

It is interesting to notice that Denmark is the only country for which all mapping results are common with at least another Country.

**SWOT analysis results**

Looking at the data of the SWOT analysis across countries, it is possible to list a few common results which emerged in all national conferences; below highlights of some country-specific points.

As for the first thematic set HUMRES, concerning Human resources:

- having the right competences in the team emerged as strength across all countries; reinforcing the link between policy and research, promoting innovation and increasing the collaborative structure, was considered as an opportunity in both Italy and Denmark; fostering consensus building on the policy by involving stakeholders and promoting mutual learning by involving researchers was considered a strength in Italy; the ownership given by involving partners was seen as strength in Denmark, United Kingdom and Finland;

- on the other hand, lack of time, resources and common language were identified as a weakness in almost all countries, competing agendas across sectors was considered a weakness in Denmark, The Netherlands and United Kingdom, while resistance to changes in organizational culture was seen as a weakness in Italy and insufficient training for the policymaking staff in Romania.

As for the second thematic set DOCREP, concerning Documentation:

- saving from the risk of repeating useless efforts was considered a strength by almost all countries, increasing likelihood to create impact by Denmark and Finland; in Italy it was argued that citing documents containing evidence gives visibility and accountability to the policy and the organization that produced it, while in The Netherlands the importance of available evidence briefs that allow to “separate the wheat from the chaff” was highlighted; finally in Romania the foundation of a research centre within the Ministry of Youth and Sport was suggested;

- on the other hand, in almost all countries participants realized that what is found in documentation including evidence can be distant from practice/reality; in Denmark the problem of time required by finding and studying documentation was raised, in Romania specifically, the problem of access to documentation for policy makers emerged, and finally,
some issues related to the documentation in itself also emerged: in Finland the problem of understanding what is relevant, supported by what emerged in Italy and the Netherlands concerning the existence of different scientific views and discordant results or also, in Italy and Romania, possible lack of studies in certain field.

As for the third thematic set COMPAR, concerning Communication & Participation:

- the improvement of the policy implementation emerged as main strength from all countries: allowing to identify real needs and gathering inputs in Italy, Denmark and Finland; providing opportunities to monitor and adjust the policy for Finland and The Netherlands; having defined strategies in United Kingdom; increasing interest, trust and engagement and creating ownership in Finland, Italy, Romania and Denmark;

- on the other hand, language differences were highlighted as weakness in all countries, in Denmark and the Netherlands the problem of how to manage too many different opinions emerged, in Italy and Finland the risk of pressure by lobbies. Some issues about how to involve stakeholders emerged: in Italy the problem of selecting stakeholders to be involved, in Finland the problem of how to reach vulnerable groups; in Italy it was noticed that consulting processes require time, skills and resources, while a specificity of Romania seems the lack of continuity of strategies and transfer of expertise/practices within policy making organizations.

As for the fourth thematic set MONEVA, concerning Monitoring & Evaluation:

- enabling ongoing adjustments was identified as a strength in the Netherlands, Finland and Denmark; supporting self-reflection and internal learning in Denmark and Finland; providing good practices for further policies in Italy and Romania; moreover, in Italy it was noticed that evaluation can provide stimulus for further research;

- on the other hand, in Denmark and United Kingdom lack of time and resources for monitoring and evaluation was highlighted as weakness, and the necessity of high competences to evaluate EIPM was seen as weakness in Italy; the lack of immediate short term results was considered a problem while evaluating policy in the Netherlands, while the lack of political understanding was underlined in Denmark, The Netherlands and Finland; in Romania, again, the lack of continuity and the absence of institutional memories within policy making organizations were seen as causing possible instability in evaluation procedures.

**Results concerning “Towards complex indicators”**

In this paragraph a few insights from the national conferences concerning the set “Towards complex indicators” are reported.

Concerning cross-sectoral involvement in policy making, the barriers which emerged show the complexity of this issue, e.g.: problems in reciprocal understanding across sectors, different interests and perspectives, the fact that evidence is not equally important to all sectors. Moreover, it was noticed that cross-sectoral policymaking is not an indicator of EIPM in itself. However, among the proposed suggestions, it was said to consider roles to help different sectors to communicate and of a coordinator who promotes all contributions, and to specify responsibilities; to consider the proper space and times for this aim.

As for the issue of person/group taking a leadership role for the use of research evidence in policy-making, it was considered relevant if there are the right competences and skills, however barriers emerged: the risk of following interest more than evidence, of partial use of evidence and subjectivity (knowledge can be perceived and understood differently by different stakeholders); of not accepting conflicts. In Finland it was argued that one person was not considered enough to take the leadership, while in the Netherlands, on the contrary, it was said that only a person should be appointed for this role.

As example of barriers to organisational culture, changes in political and technical roles within the organization, also within the same policy, were considered, while as an example of facilitators, training courses were proposed. However, the expression “organisational culture” was considered not being clear by all participants.
As for timely involvement of researchers in the policy process, problems related to involvement of researchers emerged: they are often not interested in policy, also because activities related to policy making are not considered relevant in the curriculum vitae of a researcher; the distance between practice and research world; the need of knowing whom to contact for what. Suggestions were proposed: having a close relationship with research institutes in advance would make easier to involve researchers; moreover, they should see benefits from their participation (networks, publications, budget); finally, promoting research projects on policies could help.

The suggestions emerged for the accountability for all phases of the policy process are: to include among the policy objectives the attribution of responsibility to specific people/clear division of responsibilities, to make clear who is responsible for what evidence within the team; documenting meetings, recording processes. Moreover, there should be agreement on the general vision.

Among the barriers identified for commitment of policy makers to enhance citizens' participation, the following was found: bureaucracy, risk of involving only the most interested and organized citizens and neglecting the others who need to be motivated; lack of tradition and culture in the organization to involve citizens systematically; the risk that citizens’ needs and wishes deviate from what research evidence suggests. Some emerged suggestions: building procedures to consult citizens, finding proper instruments, considering several consultation sources, contextualizing, using facilitators as mediators independent on the policy.

For the issue of evaluating policy results in order to produce new evidence, it was suggested not just rely on academic journals, to have a repository of open access, producing reports/manuals and templates, giving visibility to the results.

Concerning explicit request by referral politicians/managers to use research evidence, here are some of the identified barriers: gaps in language and perspectives; possibility of using only partially evidence; lack of awareness of relevant research by policymakers. Among the suggestions emerged: involving researchers from the beginning of the policy; allow researchers to know what policymakers to contact for communicating their research findings.

4. Evidence briefs and guidance resources

As mentioned in the DoW, WP4 and WP6 (Dissemination) have included among their objectives the need for resources to enhance evidence-informed physical activity policymaking. Extensive templates for advocacy plans and policy briefs have been designed as part of the dissemination work, and reported in D.6.1. Midterm Report. For the purpose of WP4, these templates and other resources will be used to formulate evidence briefs and guidance resources.

Evidence briefs are research syntheses in a user-friendly format, which offer evidence-informed policy options. The purpose of an evidence brief is to convince the target audience that there is a current and urgent problem that requires immediate action and highlight the need to adopt alternative solutions in response, to stimulate and inform policy debates on specific issues, provide alternative policy options along with the main advantages and disadvantages and suggest a specific course of action (D.6.1. Midterm Report).

In this chapter some proposals for the possible structures for these tools are presented. Country-specific evidence briefs based on national conference data were drafted on the basis of the national conference results and tested for feasibility and usability among some of the participants to the conference. WP4 final evidence briefs will be developed by each country-team at national level by the end of the project.

Guidance resources will include most of knowledge and results produced in REPOPA WP4 and, differently from WP4 evidence briefs, will be targeted for dissemination at European level. They represent a kind of manual for policy makers and stakeholders on REPOPA EIPM indicators and their use. The core of this document will be the sets of indicators validated at international level by the two internet-based Delphi rounds, further finalized in terms of measurable indicators for EIPM, and a checklist helping policy makers while using the indicators, developed on the basis of national conference results. Detailed indicators are included in the scientific manuscripts under preparation and/or that the final indicator development will continue until the end of the project.

Guidance Resources are structured as follows:

1. short introduction (on EIPM and why the indicators were developed);
2. indicators development and contextualization process and final list of REPOPA indicators for EIPM;
3. short introduction on how to use indicators followed by the checklist to guide in using the indicators;
4. glossary, final notes.

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In this report we describe the main issues to be included in the checklist for supporting the use of REPOPA indicators for EIPM (part 3 of Guidance Resources).

**4.1 Evidence briefs: structure and examples**

Examples of templates as the basis for developing evidence briefs have been proposed by CNR and SDU teams; here we provide a short description.

**EXAMPLE n.1**

The first proposal of evidence brief is a one-page document including the main insights from the national conference, organized for thematic sets. It is targeted to decision makers.

*Figure 10.* Template for a 1-page evidence brief to be developed from WP4 Delphi study results.
EXAMPLE n.2

The second proposal of evidence brief is a longer, more detailed document including the main insights from the national conference from SWOT analysis and the pre-conference questionnaire for mapping the draft indicators of the thematic sets to policy phases. The column “Options” is a summary of the sets’ content and their attribution to policy phases,
while in the column “Strengths & Weaknesses” the main SWOT results for each thematic set are reported in correspondence with the “Options”. Finally, the section “Recommendations” includes the recommendations and the suggestions to overcome possible obstacles, organized per thematic sets, collected during the national conferences.

This example is targeted to decision makers, researchers or other stakeholders.

Figure 11. Template for a more detailed evidence brief to be developed from WP4 Delphi study results.

Using evidence in real world policy making for physical activity and health promotion
– an evidence brief

<table>
<thead>
<tr>
<th>Options</th>
<th>Strengths &amp; Weaknesses (+/-)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human Resources</strong></td>
<td>To be completed by each country-team with positive factors emerged from the SWOT analysis concerning the HUMRES set</td>
</tr>
<tr>
<td></td>
<td>To be completed by each country-team with negative factors emerged from the SWOT analysis concerning the HUMRES set</td>
</tr>
<tr>
<td><strong>Use &amp; production of evidence</strong></td>
<td>To be completed by each country-team with positive factors emerged from the SWOT analysis concerning the DOCREP set</td>
</tr>
<tr>
<td></td>
<td>To be completed by each country-team with negative factors emerged from the SWOT analysis concerning the DOCREP set</td>
</tr>
<tr>
<td><strong>Communication &amp; participation</strong></td>
<td>To be completed by each country-team with positive factors emerged from the SWOT analysis concerning the COMPAR set</td>
</tr>
<tr>
<td></td>
<td>To be completed by each country-team with negative factors emerged from the SWOT analysis concerning the COMPAR set</td>
</tr>
<tr>
<td><strong>Monitoring &amp; evaluation</strong></td>
<td>To be completed by each country-team with positive factors emerged from the SWOT analysis concerning the MONEVA set</td>
</tr>
<tr>
<td></td>
<td>To be completed by each country-team with negative factors emerged from the SWOT analysis concerning the MONEVA set</td>
</tr>
</tbody>
</table>

Who is the evidence brief for?
To be completed by each country-team.
4.2 Guidance resources checklist draft: main issues to be included

The results of the six national conferences were put together in order to collect the main issues to be included in the checklist of part 3 of guidance resources. Each country-team contributed to build the checklist with a set of questions developed on the basis of own national conference’ results. The aim of the checklist is to provide help to decision makers for physical activity and health promotion policies in Europe in using REPOPA indicators for evidence-informed policy making, which will be formulated from the issues already included in the thematic sets. The checklist should be considered while using the four sets of REPOPA indicators to verify if one is working evidence-informed. The main issues to be included in the checklist, on the basis of national conference results, are presented below organized in thematic sets.

Main issues for set HUMRES concern strategies for managing both external and internal human resources: having explicit criteria to identify relevant partners to be involved and a strategy to involve them in terms of times and methodologies, involving leadership, explicating benefits for all parts; having the right competences for EIPM and for negotiating and collaborating with stakeholders with different interests, considering the potential language gaps while interacting with partners.

Main issues for set DOCREP concern use and production of evidence: awareness of the policy needs of scientific knowledge and of the advantages of working evidence-informed, considering different evidence sources (research, other policies, society), verifying updating of sources, having access to evidence briefs and other documents containing evidence, giving attention to the interpretation of scientific knowledge within the local context, having collaborations with research institutes to disseminate policy results.

Main issues for set COMPAR concern communication and participation strategies, including: informing researchers on the policy need of evidence, taking into account language gaps between research and policy, using targeted methodologies to interact with different parts, fostering partners’ mutual learning from being involved in the policy process.

Main issues for set MONEVA concern strategies for monitoring and evaluating EIPM, including: having clear what evidence the policy is based on, distinguishing between evaluation in short and long terms, encouraging self-reflection and internal learning based on monitoring and evaluation, considering examples of good practices.
5. Discussion

5.1 Meeting the objectives of WP4

The work of WP4 started by collecting the products and reports from previous WPs, with the first objective of “drawing together the results, developed methods, frameworks, indicators and best practices in the knowledge translation from research to policy making in physical activity promotion”. Previous WPs results allowed to identify the most relevant issues for fostering EIPM and provided related drafted indicators, helping CNR, together with literature analysis, to propose an initial list of indicators for EIPM. In order to let this knowledge converge, in September and October 2014, an Internal Consultation with partners was carried out, both at distance and face to face during the REPOPA Annual Consortium meeting in Rome (October 2014). The consultation led to the finalization of the Delphi study, whose core was a first list of REPOPA draft indicators for EIPM summarizing results of the previous REPOPA WPs.

The implementation of the Delphi study, consisting of two internet-based Delphi rounds and a third face to face round, led to reach the objective of “testing, validating and negotiating the results and products listed above among the stakeholders from the participating countries and among representatives from other EU countries”. The two internet-based Delphi rounds allowed to test for relevance and feasibility and to improve the originally proposed draft indicators for EIPM with 76 policy maker and researchers from different sectors relevant for policy making for physical activity promotion, including national and EU politicians. The answers to the two questionnaires of Delphi panellists led to discard some of the draft indicators proposed, because they were considered of low relevance or feasibility, and to validate at international level a final list of 25 draft indicators for EIPM: 19 of them from the original list, 6 of them proposed by panellists in the first round and validated in the second round. The final sets were further tested during national conferences that took place in the six European countries involved between January and March 2016, aimed at contextualizing at national level the output of the two internet-based Delphi rounds by involving researchers and policy makers at national and local level. The contextualization was performed in each REPOPA European country by means of SWOT analysis of thematic sets, their attribution to policy phases, and identifying barriers and facilitators for “Towards complex indicators”. At the end of the process, each country sent the obtained results to national conference participants and gathered a feedback.

The last objective of WP4 was to “formulate the results and products listed above into guidance resources and evidence briefs, which will also be tested for feasibility and usability among the stakeholders”. To reach this objective, the validated resources – in terms of draft indicators, SWOT analysis, attribution of indicators to policy phases, barriers and facilitators – were summarized by each country-team in the form of evidence briefs for policy makers at national level, which were also tested in each country by representatives of the national conferences’ participants. More detailed factsheets, including recommendations for best practice in cross-sectoral evidence into policy making in the field of physical activity and description of competence required, will be prepared by each country-team by the end of the project. Moreover each country-team contributed to the development of another tool for fostering EIPM as a result of WP4, namely guidance resources to support the use of REPOPA indicators for EIPM at European level. Both national evidence briefs and European guidance resources will be disseminated at the project final meeting in Brussels, and made available on REPOPA website after being included in scientific papers.

5.2 Summary of the main results

The main results obtained within WP4 are:

- five sets of REPOPA draft indicators for EIPM, 23 of them organized in four thematic sets and 8 wider, multi-faceted issues that influence EIPM included in a further set, developed on the basis of previous REPOPA WPs and literature analysis;

- five sets of REPOPA draft indicators for EIPM validated at international level by 76 panellists chosen among researchers and policy makers, including 25 draft indicators organized in four thematic sets (19 from the original list and 6 proposed by panellists) and 8 wider, multi-faceted issues that influence EIPM (from the initial list);
-contextualizing and further validating REPOPA draft indicators sets at national level by assigning them to policy phases, identifying their weaknesses and strengths by means of SWOT analysis and producing recommendations for overcoming the possible obstacles;

-evidence brief templates to summarize national conferences’ results and country-specific draft evidence briefs developed on the basis of the national conference results and tested for feasibility and usability among some of the participants to the conference;

-the main issues, produced on the basis of national conferences’ results, to be included in the checklist of guidance resources for supporting the use of validated REPOPA indicators in health and physical activity policies at European level.

Further result reached within WP4 was to develop networks between REPOPA researchers, policy makers and researchers involved in the Delphi process.

• Comparability of the results across countries

The first phase of the Delphi study, consisting of two internet-based rounds, was conducted together by all the six REPOPA European countries involved in WP4 activities, under the coordination and supervision of CNR. The two internet-rounds results can be seen as a whole, although panellists were organized in six country-panels plus an international panel with experts from international organizations. Indeed they interacted all together as a whole panel by means of the Delphi study, having the possibility, in the second round, of considering a summary of each other’s responses given in the first round. Elements of comparability across countries can be found looking at differences within the national panels especially in the first round, when panellists had not interacted yet and national panels could be still considered as separate.

The third face to face Delphi round was contextual, even if the basis to work on, namely the draft indicators validated in the first two internet-based Delphi rounds, was the same. Much effort was devoted to coordinate the work among countries for maintaining some common issues and methodologies adopted in all national conferences, in order to obtain comparable results:

-the kind of participants: policy makers and researchers in the field of health, physical activity and across sectors;

-the activity of assigning REPOPA draft indicators to policy phases performed by participants by means of online questionnaire in a pre-conference phase;

-the activity of making SWOT analysis on REPOPA draft indicators performed by participants working in small groups during the conference;

-the activity of identifying barriers and facilitators for “Towards complex indicators” performed by participants during the conference.

These common points make the national conferences data comparable, as shown in section 3.3. As a consequence, by comparing country-specific national conference results it is possible to identify both common issues, emerged as agreed issues from all countries, and distinguish them from other issues that are more country-specific.

• Generalizability

The two internet-based Delphi rounds, conducted at international level making 76 researchers and policy makers from six European countries interact, provided results that can be considered validated at European level. The 25 draft indicators and 8 multi-faceted issues influencing EIPM produced on the basis of previous REPOPA WPs and literature analysis have been improved by the experts – discarding indicators not considered highly relevant or feasible and adding new indicators – and will be circulated among stakeholders in the field of health and physical activity.

The organization of the national conferences followed a qualitative approach, involving selected participants chosen for their role and specific competences. The obtained results are rich enough to develop some tools to foster EIPM, in terms of evidence briefs, at national level (as shown in Chapter 4). Moreover, analysing the data of the national conferences, involving a total of 103 researchers and policy makers from six European countries, as a whole, it is possible to find
common issues across countries and use them for developing guidance resources at European level for supporting the use of REPOPA indicators for EIPM.

- **European added value**

  The production of knowledge from the interaction among researchers and policy makers in the field of health and physical activity and across sectors, mediated by REPOPA researchers within WP4, provides the basis for the development of tools that foster EIPM in Europe, both at national and local level and across countries. The two internet-based Delphi rounds allowed to validate and integrate five sets of draft indicators for EIPM, built on the basis of previous REPOPA WP, at international level, by means of the interaction of policy makers and researchers from the six EU countries involved and international organizations; the third Delphi round allowed to contextualize the obtained results in different EU regions at national and local level. The whole process built the basis for the development of tools useful widely in Europe.

6. **Conclusions and Perspectives**

The work described in this report addressed the objectives defined in REPOPA DoW and reached successfully its main goals:

1. Building on WPs 1-3 to draw together the results, developed methods, frameworks, indicators and best practices in the knowledge translation from research to policy making in physical activity promotion;

2. To test, validate and negotiate the results and products listed above among the stakeholders from the participating countries and among representatives from other EU countries;

3. These will be formulated into guidance resources and evidence briefs, which will also be tested for feasibility and usability among the stakeholders.

Firstly, draft indicators for EIPM were developed on the basis of previous REPOPA WP’s results and literature analysis. Then they were improved and validated at international level by means of two internet-based Delphi rounds involving 76 experts, chosen among researchers and policy makers from the six European REPOPA countries and international organizations.

The following step was to bring back the obtained results to the national contexts by means of a third face-to-face Delphi round, namely six national conferences organized in the REPOPA European countries which had took part to the previous internet-based Delphi rounds. The conferences involved key-networks of researchers and policy makers in order to contextualize, further validate and implement the sets of REPOPA indicators for EIPM.

Finally the obtained results were formulated in form of evidence briefs and tested for feasibility and usability among national conference’ participants. Moreover, the development of guidance resources to support the use of REPOPA indicators for EIPM at European level has started identifying the main issues to be included in the checklist for supporting the use of REPOPA indicators for EIPM.

Reaching these objectives was possible thanks to an intense team-work: WP4 was performed by all European partners in a synchronized way. This is true especially for the two internet-based Delphi rounds, which required a strong coordination in defining the content of the questionnaires, choosing and following panellists, translating from English to national languages and vice versa all the used materials; but also for preparing and implementing the national conferences, which required intense debate to define common issues and templates to be used in order to obtain comparable results.

The next step will be to finalize the list of REPOPA indicators for EIPM and the guidance resources, which will be shown during the final project meeting in Brussels; to finalize and disseminate the country-specific evidence briefs at national and local level among relevant stakeholders in the field of health and physical activity, in order to foster the implementation of REPOPA knowledge and, as a consequence, evidence-informed policy making. The work of networking conducted within WP4 in order to implement the Delphi study will make the dissemination easier.
References


1. Appendix 1: Description of the panellists selected for the two internet-based Delphi rounds

In this section the whole list of the 82 panellists that accepted to take part to the internet-based Delphi rounds is reported and described, consisting of 12 panellists per country and ten panellists from international organizations. Six of the 82 invited experts did not answer no one of the two questionnaire, but they have been included to be thorough, distinguished by the sentence “did not participate” in the column “Notes” of the tables. Having not contributed to the results of the study at all, they were not counted while calculating the dropout rate between the two internet-based Delphi rounds, as described in 3.2.

A. Italian panellists

According to previously mentioned rules for selection of panellists, Italian panellists were chosen among researchers and policy makers coming mainly from health field, but even from cross-sector areas that integrate physical activity with epidemiology, social policy and education. Italian team preferred to involve people who usually perform both the roles - researcher and policy maker - or that, at least, had experience of both (in the first case, "type" in the table refers to the prevalent activity). Panellists are affiliated to universities or research centres, hospitals or health companies (both at local and national level).

Table 4. Description of the Italian panellists

<table>
<thead>
<tr>
<th>Italy</th>
<th>Gender</th>
<th>Type*</th>
<th>Role</th>
<th>Competences</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panellist 1</td>
<td>Male</td>
<td>Researcher</td>
<td>Research Director at a national health institution</td>
<td>Public Health, Environmental epidemiology and prevention</td>
<td></td>
</tr>
<tr>
<td>Panellist 2</td>
<td>Female</td>
<td>Researcher</td>
<td>Director of a health department at regional level</td>
<td>Public Health, Epidemiology and prevention</td>
<td></td>
</tr>
<tr>
<td>Panellist 3</td>
<td>Male</td>
<td>Researcher</td>
<td>Researcher of a national/regional health agency</td>
<td>Epidemiology, health economy</td>
<td></td>
</tr>
<tr>
<td>Panellist 4</td>
<td>Male</td>
<td>Researcher</td>
<td>Research director at a national research institution</td>
<td>Public Health and technology</td>
<td></td>
</tr>
<tr>
<td>Panellist 5</td>
<td>Male</td>
<td>Researcher</td>
<td>Health researcher and manager of a national Health Foundation</td>
<td>Public health</td>
<td></td>
</tr>
<tr>
<td>Panellist 6</td>
<td>Female</td>
<td>Policy maker</td>
<td>Officer in Regional Department for Public Health</td>
<td>Public health, prevention and evaluation</td>
<td></td>
</tr>
<tr>
<td>Panellist 7</td>
<td>Male</td>
<td>Policy maker</td>
<td>Director of a consortium between local Municipalities and local Health Agencies</td>
<td>Public health</td>
<td></td>
</tr>
<tr>
<td>Panellist 8</td>
<td>Female</td>
<td>Policy maker</td>
<td>Director of a Department in the Ministry of Health</td>
<td>Public health and Innovation</td>
<td></td>
</tr>
</tbody>
</table>
B. Danish panellists

Following the inclusion/exclusion criteria, the Danish partners collected a list with suggestions for more than 25 potential Delphi panellists who were contacted and invited. 12 participants accepted to participate in the first two steps of the Delphi study. Several panellists are experienced with both research and policy making. DK team focused on involving both experienced researchers and policy makers from the fields of public health, but also cross-sector areas such (social or environmental) epidemiology, political science or public policy. Having experience often goes in line with being in a leading position which at times posed a challenge on motivating the panellists to participate in both rounds of the Delphi.

Table 5. Description of the Danish panellists

<table>
<thead>
<tr>
<th>Denmark</th>
<th>Gender</th>
<th>Type*</th>
<th>Role</th>
<th>Competences</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panellist 1</td>
<td>Female</td>
<td>Researcher</td>
<td>Senior researcher at a national research institute</td>
<td>Public Health, Epidemiology, clinical research, prevention</td>
<td></td>
</tr>
<tr>
<td>Panellist 2</td>
<td>Female</td>
<td>Researcher</td>
<td>Lector at a national Public Health research institute</td>
<td>Public Health, Health promotion, Medical &amp; social epidemiology</td>
<td></td>
</tr>
<tr>
<td>Panellist 3</td>
<td>Male</td>
<td>Researcher</td>
<td>Researcher at a national research center for working environment</td>
<td>Public Health, Epidemiology, Occupational Health</td>
<td></td>
</tr>
<tr>
<td>Panellist 4</td>
<td>Male</td>
<td>Researcher</td>
<td>Director of a national research institute</td>
<td>Public Health, political science, Epidemiology, Public policy</td>
<td>Only 1st round</td>
</tr>
<tr>
<td>Panellist 5</td>
<td>Male</td>
<td>Researcher</td>
<td>Leader of a research institute</td>
<td>Public Health</td>
<td></td>
</tr>
</tbody>
</table>
### C. UK panellists

In the United Kingdom (UK) forty-four invitations were sent to individuals who met the criteria set out in the Delphi panel selection guidance provided by the WP leader. Of the forty-four, twelve accepted. Majority of them had both an extensive academic background and experience of health enhancing policy development. They have been involved in developing UK guidance and policies together with the UK department of health and are therefore individuals recognized for their expertise and leadership in the field.

Table 6. Description of the United Kingdom panellists

<table>
<thead>
<tr>
<th>United Kingdom</th>
<th>Gender</th>
<th>Type*</th>
<th>Role</th>
<th>Competences</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panellist 1</td>
<td>Male</td>
<td>Researcher</td>
<td>Lecturer in Exercise Programming</td>
<td>Physical Activity, Health and Exercise Science</td>
<td></td>
</tr>
<tr>
<td>Panellist 2</td>
<td>Male</td>
<td>Policy Maker</td>
<td>Director, Physical Activity Consultant -</td>
<td>Health Promotion/Physical Education Teaching and Coaching</td>
<td></td>
</tr>
<tr>
<td>Panellist 3</td>
<td>Female</td>
<td>Researcher</td>
<td>Professor in Ageing and Health</td>
<td>Community Health and Preventive Medicine/Health Services Research Public Health Education and Promotion/Physical Therapy/ Knowledge Translation/Geriatrics</td>
<td></td>
</tr>
<tr>
<td>Panellist 4</td>
<td>Male</td>
<td>Researcher</td>
<td>Professor of Exercise and Health Sciences</td>
<td>Physical activity/exercise/psychology/obesity/public health/mental health/ageing</td>
<td></td>
</tr>
<tr>
<td>Panellist 5</td>
<td>Male</td>
<td>Researcher</td>
<td>Programme Leader – centre for diet and activity research</td>
<td>Population-level interventions/evidence synthesis/relationships between transport, the environment, physical activity and health</td>
<td></td>
</tr>
<tr>
<td>Panellist</td>
<td>Gender</td>
<td>Type</td>
<td>Role</td>
<td>Competences</td>
<td></td>
</tr>
<tr>
<td>----------</td>
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<td>----------------------------------------------------------------------</td>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Male</td>
<td>Policy Maker</td>
<td>Medical Specialist in Sport &amp; Exercise Medicine</td>
<td>Family Medicine, Sport &amp; Exercise Medicine</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Male</td>
<td>Policy Maker</td>
<td>Policy analyst-National Institute for Health and Clinical Excellence</td>
<td>Policy analysis, Sustainable development, Public health, Physical activity</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Male</td>
<td>Policy Maker</td>
<td>Field Chair – Health and Exercise Science</td>
<td>Health, Sport and Science</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Female</td>
<td>Policy Maker</td>
<td>Assistant Director – Heart Foundation</td>
<td>Health policy</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Male</td>
<td>Researcher</td>
<td>Director of the Research Institute for Clinical Exercise and Health Science</td>
<td>Health &amp; Exercise Science</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Female</td>
<td>Policy Maker</td>
<td>Senior Physical Activity Policy Specialist – Department of Health</td>
<td>Health policy</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Male</td>
<td>Researcher</td>
<td>Senior Lecturer-Department of Health &amp; Physical Education</td>
<td>Health &amp; Physical Education</td>
<td></td>
</tr>
</tbody>
</table>

* Only the prevalent role between researcher and policy maker is indicated in the Type column

D. Finnish panellists

In Finland 12 invitations were sent to individuals representing national policy-making and research representing not only health and physical activity fields but also fields like public policy, management and law. Three of the invited panellists were politicians i.e. members of the Parliament (two accepted the invitation). In the selection Finnish team focused more on the experience on policymaking and relevant research instead of gender balance. Totally nine person accepted the invitation, seven women and two men. Many of the panellists have participated in the process where the Government of Finland aims to increase the utilization of well-research information. Panellists were affiliated to universities, ministries/government bodies, research institutes and NGO.

Table 7. Description of the Finnish panellists

<table>
<thead>
<tr>
<th>Finland</th>
<th>Gender</th>
<th>Type</th>
<th>Role</th>
<th>Competences</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

49
In accordance with the inclusion criteria described in REPOPA WP4 research protocol, the Romanian panellists were selected from researchers and policymakers in the health and other related fields. However, given the particularities of the Romanian HEPA policy development system, the majority of the stakeholders were chosen from the sport field, from the public, private and civil society representatives. The central role of the sport sector in Romanian national and local HEPA policy development was documented in previous REPOPA WPs (e.g. WP1 and WP2), in which Romania was involved. The final list of panellists comprised stakeholders from several Ministries' staff, public Universities teaching staff, other governmental national and local institutions representatives, and research staff from NGOs involved in health policy analysis.

Table 8. Description of the Romanian panellists

* Only the prevalent role between researcher and policy maker is indicated in the Type column.
<table>
<thead>
<tr>
<th>Romania</th>
<th>Gender</th>
<th>Type*</th>
<th>Role</th>
<th>Competences</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panellist 1</td>
<td>Male</td>
<td>Researcher</td>
<td>Teaching staff and researcher in a public university</td>
<td>HEPA</td>
<td>Sports Club Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Vice-President of Romanian Sport for all Federation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panellist 2</td>
<td>Female</td>
<td>Researcher</td>
<td>Director - Center of interdisciplinary research, affiliated to a national public university</td>
<td>HEPA</td>
<td>Physical activity pedagogy</td>
</tr>
<tr>
<td>Panellist 3</td>
<td>Male</td>
<td>Researcher</td>
<td>Director of a Non-Profit organization conducting policy analysis</td>
<td>(Health) Policy analysis</td>
<td></td>
</tr>
<tr>
<td>Panellist 4</td>
<td>Female</td>
<td>Researcher</td>
<td>Doctoral School Director in a national public university</td>
<td>HEPA</td>
<td>Sport Psychology</td>
</tr>
<tr>
<td>Panellist 5</td>
<td>Female</td>
<td>Researcher</td>
<td>Teaching staff and researcher in a public university</td>
<td>HEPA</td>
<td>Public health - Professional diseases prophylaxis in pharmacy students</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Vice-President of Romanian Sport for all Federation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panellist 6</td>
<td>Male</td>
<td>Researcher</td>
<td>Deputy Director of a national sport research institute</td>
<td>Sport for all</td>
<td>(Performance) Sport research</td>
</tr>
<tr>
<td>Panellist 7</td>
<td>Female</td>
<td>Policy maker</td>
<td>Director of a regional public health institute – public sector</td>
<td>Public health</td>
<td>Clinical Research</td>
</tr>
<tr>
<td>Panellist 8</td>
<td>Female</td>
<td>Policy maker</td>
<td>General Secretary of Romanian Sport for all Federation</td>
<td>HEPA development</td>
<td>HEPA programs management</td>
</tr>
<tr>
<td>Panellist 9</td>
<td>Female</td>
<td>Policy maker</td>
<td>Director of a regional public health institute – public sector</td>
<td>Public health</td>
<td>(Internationally funded) HEPA programs management and implementation</td>
</tr>
<tr>
<td>Panellist 10</td>
<td>Female</td>
<td>Policy maker</td>
<td>Secretary General of a national federation</td>
<td>HEPA School and University Sports</td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>--------</td>
<td>--------------</td>
<td>--------------------------------------------</td>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td>Panellist 11</td>
<td>Female</td>
<td>Policy maker</td>
<td>Superior Adviser Ministry of Youth and Sports</td>
<td>Sport recruitment programs HEPA</td>
<td></td>
</tr>
<tr>
<td>Panellist 12</td>
<td>Male</td>
<td>Policy maker</td>
<td>Former Minister Teaching staff in public university</td>
<td>Education Policy Health Policy</td>
<td></td>
</tr>
</tbody>
</table>

* Only the prevalent role between researcher and policy maker is indicated in the Type column

**F. Dutch panellists**

According to previously mentioned rules for selection of panellists, Dutch panellists have been chosen among researchers and policy makers coming mainly from the public health field, with knowledge and expertise of the policy process. All Dutch panellists have a wide experience in this field, some with more experience on evidence-informed policymaking, and others more on working cross-sectoral. Panellists are affiliated to universities, national and local research institutes, ministries (national) and municipalities (local).

**Table 9.** Description of the Dutch panellists

<table>
<thead>
<tr>
<th>Netherlands</th>
<th>Gender</th>
<th>Type*</th>
<th>Role</th>
<th>Competences</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panellist 1</td>
<td>Male</td>
<td>Researcher</td>
<td>University professor</td>
<td>Health sector, Physical activity</td>
<td></td>
</tr>
<tr>
<td>Panellist 2</td>
<td>Female</td>
<td>Researcher</td>
<td>Professor at a university and manager PH at national health institute</td>
<td>Health sector; Health Impact Assessment; Physical activity</td>
<td></td>
</tr>
<tr>
<td>Panellist 3</td>
<td>Male</td>
<td>Researcher</td>
<td>Professor at a university and chief science officer at national health institute</td>
<td>Health sector and evidence informed policy making Public Health policy, monitoring and reporting</td>
<td></td>
</tr>
<tr>
<td>Panellist 4</td>
<td>Male</td>
<td>Researcher</td>
<td>Researcher and knowledge broker</td>
<td>Health sector and evidence informed policy making interface at national level</td>
<td></td>
</tr>
<tr>
<td>Panellist 5</td>
<td>Female</td>
<td>Researcher</td>
<td>Researcher at national health institute</td>
<td>Public and mental health at professional and academic level; national and local evidence informed policy making</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>--------</td>
<td>------------</td>
<td>----------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Panellist 6</td>
<td>Female</td>
<td>Researcher</td>
<td>Professor at a University</td>
<td>Cross-sector and social epidemiologist</td>
<td></td>
</tr>
<tr>
<td>Panellist 7</td>
<td>Male</td>
<td>Researcher</td>
<td>Researcher at a university, local and regional professional and academic</td>
<td>Cross-sector and healthy lifestyle</td>
<td></td>
</tr>
<tr>
<td>Panellist 8</td>
<td>Female</td>
<td>Policy maker</td>
<td>Policy maker at the national ministry</td>
<td>Health promotion, sports policy national level</td>
<td></td>
</tr>
<tr>
<td>Panellist 9</td>
<td>Male</td>
<td>Policy maker</td>
<td>Policy maker at the national ministry</td>
<td>Public health and Sport</td>
<td></td>
</tr>
<tr>
<td>Panellist 10</td>
<td>Female</td>
<td>Policy advisor</td>
<td>Policy advisor and researcher at local level (Community Health Services)</td>
<td>Public health and evidence-informed policy making at local level</td>
<td></td>
</tr>
<tr>
<td>Panellist 11</td>
<td>Male</td>
<td>Politician</td>
<td>Alderman medium size municipality (local)</td>
<td>Public health, Cross-sector</td>
<td></td>
</tr>
<tr>
<td>Panellist 12</td>
<td>Male</td>
<td>Politician</td>
<td>Alderman at small sized municipality (local)</td>
<td>Public health, Cross-sector</td>
<td></td>
</tr>
</tbody>
</table>

* Only the prevalent role between researcher and policy maker is indicated in the Type column

### G. International panellists

**Table 10. Description of the international panellists**

<table>
<thead>
<tr>
<th>International</th>
<th>Gender</th>
<th>Type*</th>
<th>Role</th>
<th>Competences</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panellist 1</td>
<td>Female</td>
<td>Researcher</td>
<td>Member of the executive committee of a European society for research, President of a laurea degree course</td>
<td>Health and physical activity</td>
<td></td>
</tr>
<tr>
<td>Panellist 2</td>
<td>Male</td>
<td>Policy maker</td>
<td>Vice president of a European association of hospitals, Health director of an institution for health care and research</td>
<td>Public health</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>-------</td>
<td>--------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Panellist 3</td>
<td>Male</td>
<td>Researcher</td>
<td>Scientific officer of a European research centre</td>
<td>Policy innovation indicators</td>
<td></td>
</tr>
<tr>
<td>Panellist 4</td>
<td>Male</td>
<td>Policy maker</td>
<td>Coordinator of a Department of an international health organization</td>
<td>Public health and health promotion</td>
<td></td>
</tr>
<tr>
<td>Panellist 5</td>
<td>Male</td>
<td>Researcher</td>
<td>Chair of an international society of research</td>
<td>Health</td>
<td>Did not participate</td>
</tr>
<tr>
<td>Panellist 6</td>
<td>Male</td>
<td>Policy maker</td>
<td>Officer of the secretariat of a European network of health organizations</td>
<td>Health</td>
<td>Did not answer to the second round questionnaire</td>
</tr>
<tr>
<td>Panellist 7</td>
<td>Female</td>
<td>Policy maker</td>
<td>Director of an European research organization in the public health field</td>
<td>Public Health, Health promotion</td>
<td></td>
</tr>
<tr>
<td>Panellist 8</td>
<td>Male</td>
<td>Policy maker</td>
<td>Ministerial advisor for a European social and health ministry. Collaborations with EC and WHO</td>
<td>Public Health, health promotion, (global health) policy development</td>
<td></td>
</tr>
<tr>
<td>Panellist 9</td>
<td>Male</td>
<td>Researcher</td>
<td>Professor and Expert adviser to the EC’s Health and Research Directorate</td>
<td>Public Health, Health promotion and prevention</td>
<td>Did not participate</td>
</tr>
<tr>
<td>Panellist 10</td>
<td>Female</td>
<td>Policy maker</td>
<td>National Institute of Public Health National physical activity focal point for implementation of Council Recommendation on promoting health - enhancing physical activity across sectors</td>
<td>Public Health and Health Services Management Health services promotion Children Hygiene Specialist</td>
<td></td>
</tr>
</tbody>
</table>

* Only the prevalent role between researcher and policy maker is indicated in the Type column