

ANZJPH: What Makes a Strong Manuscript?

How to use this checklist:

For each criterion, consider whether the manuscript/abstract is strong, needs work or weak on each criteria. More importantly, note in the comments section **what specifically makes it strong or weak**.

	Question	✓ Strong	⚠ Needs work	✗ Weak	Comments
Importance	Is the public health problem important and clearly communicated?	☐	☐	☐	
Context	Does the background clearly justify why the research is needed?	☐	☐	☐	
Research question	Is the research question/aim clear, specific and answerable?	☐	☐	☐	
Design	Is the study design appropriate for answering the research question?	☐	☐	☐	
Methods	Are the population, setting, measures and methods sufficiently described?	☐	☐	☐	
Analysis	Does the analytical approach seem appropriate and sufficiently justified?	☐	☐	☐	
Results	Are the key findings clearly presented and directly related to the research question?	☐	☐	☐	
Interpretation	Are the findings interpreted appropriately and in the context of existing evidence?	☐	☐	☐	
Limitations	Are important limitations acknowledged and their implications considered?	☐	☐	☐	
Conclusions	Are the conclusions supported by the findings without overclaiming?	☐	☐	☐	
Public health implications	Is it clear why the findings matter for public health, policy, practice or future research?	☐	☐	☐	

Compare the two abstracts

Which abstract is stronger overall?

☐ Abstract A ☐ Abstract B ☐ Neither

What are the three strongest features of the stronger abstract?

1. _____
2. _____
3. _____

What are the three biggest weaknesses of the weaker abstract?

1. _____
2. _____
3. _____

Abstract A

Objective: To determine whether exposure to the Australian children's television program *Bluey* increases physical activity among primary school-aged children.

Methods: A parallel-group cluster randomised controlled trial was conducted in 24 Australian primary schools. Schools were randomly allocated 1:1 to a 12-week *Bluey* intervention or usual television-viewing practices. Children in intervention schools watched two episodes of *Bluey* per weekday and were encouraged to undertake physical activities featured in selected episodes. The primary outcome was change in daily moderate-to-vigorous physical activity (MVPA), measured using accelerometers at baseline and 12 weeks. Analyses accounted for clustering by school and followed the intention-to-treat principle.

Results: Twenty-four schools and 1,146 children were included. At 12 weeks, children allocated to the *Bluey* intervention accumulated 30.4 additional minutes of MVPA per day compared with controls (95% CI 25.1 to 35.7). Daily sedentary time was also 22.6 minutes lower in the intervention group (95% CI 17.3 to 27.9). Effects were greater among children who reported regularly attempting activities demonstrated in the program, although this analysis was exploratory. Seventy-one percent of children reported watching at least 80% of prescribed episodes.

Conclusions: A school-based intervention incorporating *Bluey* substantially increased objectively measured MVPA among primary school-aged children. The findings suggest that popular children's media could provide a novel vehicle for promoting physical activity. Further research is needed to determine whether effects are sustained and replicated in other populations.

Implications for public health: Children's media could complement established approaches to increasing physical activity. If sustained and replicated, incorporating physical activity into popular children's media may provide a scalable strategy for promoting activity among children.

Abstract B

Objective: To determine whether *Bluey* makes children more active.

Methods: Children from Australian schools were randomly divided into a *Bluey* group and a control group. The *Bluey* group watched *Bluey* regularly for 12 weeks. Physical activity was measured before and after the study using activity monitors and questionnaires. The results were compared between the groups using statistical analyses.

Results: More than 1000 children participated. At 12 weeks, children in the *Bluey* group accumulated 30.4 additional minutes of moderate-to-vigorous physical activity per day compared with the control group. There was also a reduction in sedentary time, although this difference was small. Children in the intervention group reported greater enjoyment of physical activity. Children who watched *Bluey* more frequently appeared to have larger increases in physical activity.

Conclusions: Children who participated in the *Bluey* intervention had higher levels of physical activity after 12 weeks. These findings suggest that children's television programs could be used to encourage physical activity and may be a useful addition to existing approaches.

Implications for public health: Using popular children's television programs to encourage physical activity may provide a practical approach for schools and families. Further research could explore how television programs might be incorporated into broader physical activity promotion strategies.