Building and sharing information for preventive health in communities

Dr Penny Love
Knowledge Broker

THE CO-OPS Collaboration
Community-based Obesity Prevention Sites

www.co-ops.net.au
OUTLINE

• The Why and Who of CO-OPS

• The CO-OPS knowledge translation and exchange platform

• Best practice for obesity prevention

• Obesity prevention across the health continuum

• Reflection and questions
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Why CO-OPS?

• Fostering a community of practice amongst obesity prevention practitioners, researchers and policy-makers

• Promoting best practice for community-based OP initiatives to enhance sustainability of health outcomes

• Assisting in knowledge translation and exchange to harness the use of evidence quality and evaluation systems
“enabling best practice to create healthier communities”

- create a robust national Knowledge Translation and Exchange (KTE) platform
- which links academic, policy and practice professionals
- to ensure best practice in the promotion of healthy eating, regular physical activity and healthy weight as key factors to help prevent chronic disease
Who is CO-OPS?

CO-OPS is supported by funding from

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CO-OPS KT&E Platform

**KT&E STRATEGIES**

**PUSH**
To increase awareness and access to quality resources and evidence

**PULL**
To enhance knowledge, skills and confidence of practitioners in application of quality information

**EXCHANGE**
To enhance relationships and understanding of different contexts and needs to support collaboration and linkages

**KT&E ACTIVITIES**

**TAILORED COMMUNICATIONS**
- appraised research findings
- evidence summaries
- online resource library
- e-newsletter
- social media

**PROFESSIONAL DEVELOPMENT**
- workshops
- short courses
- tools and templates
- case studies of practice

**COMMUNITY OF PRACTICE**
- support requests
- annual conferences
- needs assessments
- networking events
- discussion forums & social media

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**To increase awareness and access to quality resources and evidence**

* growth in online resources
  - tools/frameworks
  - reports
  - publications
  - evidence summaries

* focus of resources based on BPPs
  - community engagement
  - planning & prioritisation
  - program design
  - implementation & sustainability
  - evaluation
  - governance & capacity building
  - advocacy

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To enhance knowledge, skills and confidence of practitioners in application of quality information

* PD topics identified through national needs assessment

* Increases in self-rated confidence, understanding & attitudes

* Development and piloting of case study appraisal tool
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**To enhance relationships and understanding of different contexts and needs to support collaboration and linkages**

* growth in membership

* growth in website users & visits

* support requests
  - advice (49%), tools/resources (34%), evidence summaries (24%), referrals (10%)
  - planning and program design (37%), evaluation (32%) and governance & capacity building (20%)

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Best practice = sustainability

- Community engagement
- Program design & planning
- Evaluation
- Implementation & sustainability
- Governance & transparency

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What’s best practice?

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Multi-level – a systemic response
Multi sectors, multi settings, multi strategies

Systemic response:
- policy, system, environment

Programmatic response:
- personal responsibility


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Multi-level changes have greater health impact and are more cost effective.

### Health impact (DALYs):
- **small** (0-10,000)
- **medium** (10,000–100,000)
- **large** (>100,000)

### Intervention cost (annual):
- **small** ($<10 million)
- **medium** ($10-100 million)
- **large** ($>100 million)

Delivering services to remote areas & ACCHS – greater cost BUT higher attendance & better adherence to treatment.

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[www.co-ops.net.au](http://www.co-ops.net.au)
Best buys for obesity prevention
Best buys @ policy level

- Government regulatory policies supporting a healthier composition of staple foods
- Nutrition label standards and regulations on the use of claims on foods (e.g. FSANZ high-level health claims)
- Front of pack interpretive food labelling
- Fast food menu and KJ labelling
- Institutional changes in maternity care practices and training of relevant staff to support breastfeeding
- Targeted subsidies and health-related food taxes (e.g. UK Healthy Start Programme)
- Restrict advertising to children that promotes unhealthy food and drinks in media, promotions and sponsorship
- Planning restrictions on fast food outlet density in the vicinity of schools, parks or services for young people
Best buys @ community level

- Playground and green open space
- Land use zoning near schools and public playgrounds (e.g. through local government planning)
- Walkable active urban design
- Point-of-decision prompts to encourage stair usage
- Pricing strategies, prompts and promotions at point-of-purchase, and store layout redesign in grocery stores, vending machines, cafeterias and restaurants to support healthier choices
- Parenting (breastfeeding) facilities in public venues
- Specific food access and availability interventions in disadvantaged communities (e.g. community kitchens)
- Incentives for stores in disadvantaged areas to create a healthy food retail environment (e.g. encouraging farmer markets in “food deserts areas”)
- Mass media campaigns promoting physical activity, with community-based supportive activities, and associated policies to address barriers to participation
Best buys @ organisational level

- Support for breastfeeding at the workplace and child-care centres
- Strategies to reduce energy-dense, nutrient-poor foods/drinks in lunchboxes in child-care and schools
- Professional development and capacity building of teachers, caterers, food service providers and other staff
- Nutrition, cooking and food preparation skills in education curriculum
- Offer healthy choices and set standards in public organisations particularly school food services, canteens and vending machines
- Subsidised fruit and vegetable programs in primary schools
- Multi-component physical activity programs in schools
- Active travel (eg: walking school bus)
- Workplace nutrition and physical activity programs (large, blue-collar industries)
- Workplace awards/incentives for environmental/infrastructure changes to the workplace (eg: healthy catering/vending machine guidelines, end of trip facilities)
Best buys @ interpersonal level

- Community-based mother’s groups promoting breastfeeding and infant healthy eating practices
- Group-based physical activity programs/classes
- Community-based lifestyle behaviour change programs
- Culturally appropriate, family-focused weight management programs
Best buys @ individual level

- Access to information and professional support to promote breastfeeding
- Communication to parents about healthy lunchboxes, reducing screen time, promoting (walking, strength-based and other) physical activity and active transport, reducing intakes of energy-dense nutrient-poor foods/drinks at and away from home
- Promoting family meal times (without TV on)
- Telephone and web-based lifestyle behaviour change programs
- Brief advice/guidelines for nutrition, physical activity and weight management
- Health checks for individuals at high risk for chronic disease
Building and sharing information for preventive health in communities

• reduces professional ‘silos’ and connects different entities that otherwise would not have a relationship – such as researchers, policy makers and practitioners

• uses Knowledge Translation & Exchange strategies to support the sharing, generation and use of research evidence, information, experiences and ideas among obesity prevention researchers, policy makers and practitioners across Australia

• focuses on generating practice-based evidence as well as supporting evidence-informed decision making and practice
Reflection and questions
Thank You