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T5:OS2.5
Knowledge translation to support local action for obesity prevention
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There is an increased emphasis in public health research on effective models and strategies to support knowledge translation (KT), the exchange, synthesis and ethically sound application of research findings within a complex set of interactions among researchers and knowledge users. This area is particularly challenging in obesity prevention where evidence for upstream action is often less rigorous and less available than evidence for individually-focused interventions. This paper outlines the initial work undertaken for the implementation of a cluster randomised controlled trial being conducted with local governments in Victoria, Australia (2007-2009). Local governments are ideally placed to undertake obesity prevention action. They act as a broker between local communities and state governments, have a strong focus on local planning and are familiar with the determinants of health. Preliminary work involved an audit of all 72 Municipal Public Health Plans to map obesity prevention action. This revealed that priorities relevant to obesity prevention included community building (64%), recreation and leisure (51%), natural environment (49%), and built environment (47%). Of these, only 42% indicated use of any form of data to support priority setting. Strategies relevant to obesity prevention primarily focused on both physical activity and healthy eating strategies (70%). Less than 10% of the plans specified evidence of effectiveness as a justification for their strategy selections. These findings will be supplemented by a baseline survey of local government staff to explore evidence use. The trial aims to explore the effectiveness of a knowledge translation strategy to promote evidence-informed obesity prevention action.

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T5:OS3.1
Overweight prevention in adolescents by increasing physical activity. 4-year randomised controlled intervention
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Objective: To assess whether an intervention integrating environmental changes that has the potential to induce sustained changes in physical activity, prevents overweight in adolescents.
Methodology: ICAPS (‘Intervention Centered on Adolescents’ Physical activity and Sedentary behavior’) is a 4-year randomized trial. 954 12-year old six-graders of eight randomised middle-schools of Eastern France were included. The intervention, randomized at school level, was designed to promote physical activity by changing attitudes through debates and attractive activities, and by providing social support and environmental changes encouraging physical activity. Body-mass index (BMI), body composition, physical activity by questionnaire, plasma lipids, insulin resistance were measured annually from 2002 to 2006.

Results: Intervention students had a lower increase (95% Confidence Interval) in BMI than controls (-0.24 [-0.46;-0.02] kg/m² at 4 years). An interaction with baseline BMI and weight status was noted. The intervention had a significant effect throughout the study in initially normal-weight adolescents (0.35 [-0.55;0.14] kg/m² at 4 years), corresponding to a lower increase in fat-mass index (P<0.001) but not in initially overweight adolescents. At 4 years, 4.3% of the initially normal-weight adolescents were overweight in the intervention schools, 9.6% in the controls (odds ratio =0.43 [0.23;0.79], P<0.01). Independent of initial weight status, compared to controls, intervention adolescents had an increase in supervised physical activity (P<0.001), a decrease of TV/video viewing (P<0.01), an increase of high-density cholesterol concentrations (P<0.001).

Conclusion: Enhancing physical activity with a multilevel program prevents excessive weight gain in normal-weight adolescents. Our study provides evidence that prevention of obesity in youth is feasible.

1. Conflict of Interest: None Disclosed
2. Research relating to this abstract was funded by grants from The Regional Health Insurance of Alsace-Moselle; National Program of Research in Human Nutrition (INSERM and INRA); French Public Authorities within the National Nutritional Health Program and through the Youth and Sports Department, Conseil General du Bas-Rhin; Municipalities of Drusenheim, Illkirch-Grandstaden, Obernai and Schluchgheim and The International Longevity Centre.

T5:OS3.2
Systematic Review of Long-Term Lifestyle Interventions to Prevent Obesity in Adults
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Introduction: This is phase 1of the National Prevention Research Initiative economic evaluation of obesity prevention for UK adults.

Objectives: To systematically review lifestyle interventions to prevent weight gain and long-term morbidity.

Methods: Systematic review of controlled trials in adults (18-65 years), mean BMI < 35kg/m², lifestyle interventions, ≥ 2 years follow-up, reporting weight outcome. Primary studies were identified from systematic reviews including the HTA review of obesity treatments and the NICE obesity guidance. Searching directly for primary studies (2005 to 2007) in electronic databases (MEDLINE, EMBASE, CAB Abstracts, CCTR, PsycINFO and CINAHL).

Results: Thirty-nine studies assessed long-term change in weight, risk factors and clinical outcomes. Reducing calorie intake as well as fat intake is important – studies that intended to reduce calorie intake as well as fat intake had a lower increase (95% Confidence Interval) in BMI than controls (-0.24 [-0.46;-0.02] kg/m² at 4 years).

Discussion: Reducing calorie intake as well as fat intake is important – studies that intended to reduce calorie intake as well as fat intake had a lower increase (95% Confidence Interval) in BMI than controls (-0.24 [-0.46;-0.02] kg/m² at 4 years). An interaction with baseline BMI and weight status was noted. The intervention had a significant effect throughout the study in initially normal-weight adolescents (0.35 [-0.55;0.14] kg/m² at 4 years), corresponding to a lower increase in fat-mass index (P<0.001) but not in initially overweight adolescents. At 4 years, 4.3% of the initially normal-weight adolescents were overweight in the intervention schools, 9.6% in the controls (odds ratio =0.43 [0.23;0.79], P<0.01). Independent of initial weight status, compared to controls, intervention adolescents had an increase in supervised physical activity (P<0.001), a decrease of TV/video viewing (P<0.01), an increase of high-density cholesterol concentrations (P<0.001).

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T5:OS3.3
Canada’s first knowledge brokering trial: Evaluating efforts to move the best available evidence into practice for obesity prevention
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Public health decision makers (DM) require a coordinated knowledge translation (KT) strategy to support evidence-informed decision making (EIDM). A randomized controlled trial (RCT) evaluated an innovative KT strategy in promoting EIDM related to obesity prevention programming and policy.

This study recruited 108/141 (76%) Canadian health units, then stratified and randomized units to one of three progressively more active interventions: 1) access to an online registry of systematic reviews at health-evidence.ca, 2) registry access and targeted messages (TM), and 3) registry access, targeted messages, and knowledge brokering (KB) services, provided mainly through regular telephone and e-mail contact with one in-person site visit and regional workshop per participant. A previously-evaluated template synthesized review evidence and generated survey outcomes. Reflective journalism produced an in-depth description of the KB role.

Good follow up (81.5%) was achieved. Post-intervention data indicate TM provided significantly more research-supported programming than the web site only (group 1) and the broker (group 3), P = 0.009. Participants experienced a large treatment effect (25% improvement) in number of group sessions (group 1 vs. 2, P<0.001) and brokering content (group 1 vs. 3, P<0.001). Group 1 nurses rated brokering as more useful (P<0.001), easier to implement (P<0.001) and more engaging (P<0.001) than group 2.

Conclusion: This KT strategy is effective at engaging public health decision makers in evidence-informed practice.

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Abstracts