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PREVENTIVE HEALTH CONFERENCE 2023

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1A - Strengthening community voices

Long Oral Presentations

The Big Connect – communities, culture and mental wellbeing

Ms Liss Gabb¹

¹*VicHealth, Fitzroy, Australia*

Supporting the mental health and wellbeing of children and young people has never been more important. The impact of the pandemic on young people is becoming more and more evident with the mental health system being stretched like never before, with a shortage of practitioners and services across the country.

Research has demonstrated that amongst young people, cohorts from diverse ethnic and linguistic communities face added barriers in addressing mental health challenges. Social Determinants for poor mental health amongst young culturally diverse communities include a lack of relevant and accessible mental health literacy, awareness and education, stigma and shame associated with mental illness, and experiences of racism and discrimination.

Mental health literacy is an essential precursor to mental wellbeing. However mental health doesn't mean the same thing to every community. Achieving effective levels of mental health literacy requires a cultural lens to be applied, to develop approaches that are nuanced and centre cultural norms, symbolism and structures. To this end VicHealth has piloted a mental health literacy project that is grounded in self-determination with three diaspora communities.

VicHealth partnered with three consultants, who are community leaders and advocates, from the South Sudanese, Tamil Sri Lankan, and Pasifika communities in Melbourne, to lead specific mental health literacy programs for their communities, with young people at the centre of the process. These programs explore approaches to building mental health literacy that is grounded in cultural traditions, stories and lived experience.

This presentation will unpack the processes used, the learnings obtained from partnerships with three under-represented communities, and the way this project has required VicHealth to reconsider and reimagine its role in the education of mental health literacy as a protective factor.

Cost-effectiveness of bowel cancer screening campaigns in Arabic and Mandarin speaking groups

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Background

Effective bowel cancer screening that reduces mortality is freely available to people aged 50-74. However, for those who speak a language other than English at home, there are inequities in the utilisation of screening programs. This study aims to estimate the health impacts and cost-effectiveness of programs targeted at Arabic and Mandarin speaking populations in Victoria to increase bowel screening participation.

Methods

A Markov microsimulation model simulated the development of bowel cancer, considering participation rates in the National Bowel Cancer Screening Program (NBSCP). In-language programs lasting 1 year aimed at 50–74-year-old adults were compared to usual practice. In the absence of robust effectiveness data, we tested a range of plausible effectiveness levels, using a cost-utility analysis to estimate the cost per quality adjusted life year (QALY). Costs of the programs, healthcare services and health impacts were modelled over a 50-year period and discounted at 5%. Uncertainty analyses tested the robustness of the results to changes in the input parameters.

Results

Intervention costs were \$6.90 per person for the Arabic speaking population and \$3.10 for Mandarin. When bowel cancer screening rates were increased by 0.02% and 1.3% in the Arabic speaking group, the estimated cost per QALY was \$2,781 (95% uncertainty interval [UI]:\$2144–\$3277) and \$749 (95%UI:\$569–\$902) with an extra 5 to 6 cases of adenoma and cancer detected compared to usual practice. In the Mandarin speaking group, increases in bowel screening of 0.09% to 2.4% resulted in \$1,024 per QALY (95%UI:\$749–\$1272) and \$884 (95%UI:\$714–\$1115), with a potential 18 to 23 extra cases of adenoma and cancer detected.

Conclusions

In-language programs to increase bowel cancer screening are inexpensive and potentially value for money. Improvements in data capture of language spoken at home by the NBCSP would allow more precise estimates of the effectiveness and cost-effectiveness of these programs.

Barriers and facilitators to Bowel Cancer Screening Program participation among Aboriginal Australians

Mr Justin Noel², Mr Matthew Ross¹, Ms Kerryann Lotfi-Jam¹, Ms Kate Broun¹, Dr Mandy Henningham³, Ms Melody Chew³, Ms Marissa Coury³, Dr Eleonora Feletto⁴, Ms Laura Ryan⁵, Mr Dale Bertram⁵, Associate Professor Sarah Durkin¹

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Background: Bowel cancer is the third most commonly diagnosed cancer for Aboriginal and Torres Strait Islander peoples, with two-yearly participation in the National Bowel Cancer Screening Program (NBCSP) estimated at 27.3% for this population during 2018-19.1 Although there are recognised challenges to health system access and the NBCSP reaching this population, there is limited research investigating individual-level screening knowledge, attitudes and behaviours. This research aimed to investigate awareness, knowledge, barriers, facilitators and messaging needs regarding NBCSP participation for Aboriginal people. **Methods:** Aboriginal researchers conducted 14 group discussions with community members aged 50-74 years across Australia, segmented by gender and location (n=68 participants). Fourteen in-depth interviews were conducted with community Elders, Aboriginal Health Workers, and family members. Qualitative data was analysed to identify participant awareness and knowledge of the NBCSP, barriers and facilitators to participation, and strategies to increase participation.

Results: The term 'cancer' was associated with fear and anxiety for participants. Respondent-reported screening barriers included feelings of shame, fear of receiving a positive test result and concerns the test may be unhygienic, as well as low awareness of the NBCSP and low self-efficacy to complete the test. Facilitators included messages about how participating in the NBCSP would help them stay healthy and strong for their family and community, as well as how early detection provides a better prognosis for treatment and cure. The most efficacious and motivating communication approaches were story-based narratives from community that highlight the importance of regular screening and provide hope through effective treatment.

Conclusions: Aboriginal people experience culturally specific barriers and facilitators to NBCSP participation. This research drove the implementation of community-led interventions including a mixture of media communications and grassroots activities utilising consistent, strength-based messaging across trusted community channels and networks in partnership with an Aboriginal and Torres Strait Islander communications agency.

Privileging Aboriginal Women's Voices: Learning from a focus group study

Ms Belinda Tully^{1,5}, **Ms Telisha Bayly²**, **Ms Catherine Leane³**, Ms Tania Day³, Ms Yvonne Muyambi⁴, Dr Emma Doherty^{1,5}, Dr Melanie Kingsland^{1,5}, Dr Sophie Dilworth^{1,5}

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This session presents the reflections of the project team following the development and conduct of a collaborative research project that explored Aboriginal women's experiences of the antenatal care they received in relation to alcohol consumption, smoking and gestational weight gain in pregnancy. This collaborative project was developed working in partnership with the University of Newcastle, Women's and Children's Aboriginal Family Birthing Program, Aboriginal Health Unit and Aboriginal Health Promotion Unit at Wellbeing SA.

Formed as a sub-study of a larger program of research, this project was born out of the need to privilege Aboriginal Women's voices as an integral step in the process of intervention development. This was done by providing Aboriginal women the opportunity to engage in culturally safe research. Qualitative focus groups with Aboriginal Women who had attended antenatal care at a participating maternity service were invited to talk about their experiences related to smoking, alcohol consumption, healthy eating and physical activity in pregnancy.

We will outline how the project team was formed, the importance of Aboriginal leadership, cultural governance and ongoing review of the conduct of the study by Aboriginal members of the research team. The findings of the study have reinforced the need for ongoing engagement to develop holistic, flexible, culturally responsive care in order to support women who reported experiencing discrimination in their care, of being judged, racist stereotypes. The discussions reinforced the integral role of the Aboriginal clinical workforce to provide care that acknowledged the impact of social health issues, is flexible and understanding of family and community obligations with a focus on social/emotional wellbeing. This research has generated important knowledge about women's experiences of preventive care, built research capability, and informed practice change in a culturally appropriate way.

Strengthening community voices through the development of eye health promotion

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Health promotion approaches that build from community engagement and support local community control provide opportunity to strengthen community voices. Accommodating local needs within national programs or frameworks allows collective innovation and can genuinely advance Aboriginal and Strait Islander health.

The Roadmap to Close the Gap for Vision (2012) is a national policy framework that provides a sector endorsed plan to eliminate inequities in eye health outcomes for Aboriginal and Torres Strait Islander people. This evidence-based approach, whilst outlining common methodology and elements, allows communities to find a 'voice' to self-determine their eye care needs, priorities and actions to close the gap for vision.

In 2022, as part of the Roadmap recommendations, the Indigenous Eye Health Unit (IEHU) at the University of Melbourne responded to the community need for culturally appropriate health promotion resources to promote regular eye checks, particularly through the annual 715 health check pathway, and awareness of cataract and refractive error.

Health promotion resources, branded 'Eyecare Now, Eyecare Always' were developed with a community-led approach centred around self-determination, voice, and connections. Community participation was integral to understanding the motivation, ability and triggers for behavioural change from Aboriginal and Torres Strait Islander peoples. All aspects of the resources were codesigned, including objectives, key messages, and the look and feel, and execution.

In addition, a selection of well-known community members or 'eye health heroes' from a diverse range of disciplines and communities feature in the resources. The resources showcase the way in which each of these community members use their eyesight, highlight the importance of keeping up with regular eye checks, and amplify their amazing leadership and voices to a wider audience.

The new 'Eyecare Now, Eyecare Always' resources will build on IEHU's existing health promotion resources and tools to support the improvements in eye health system reform activities in regional collaborations across Australia. The flexible, adaptable design of the resources supports community adaptations, local control and ownership. The codesign process has important implications for strengthening and sustaining community voice to close the gap for vision.

Addressing bias in healthcare: anti-racist measures required for First Nations equity

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Background: Cancer is now the leading cause of mortality for First Nations Australians, yet cancer care providers are not managing to deliver equitable outcomes. Systemic and interpersonal racism experienced by Aboriginal patients are thought to contribute to these inequities. We examine implicit racial bias in employees at a Victorian metropolitan hospital using an Australian Race (Aboriginal-White) Implicit Association Test (IAT), to better understand inequitable cancer outcomes.

Methods: All hospital employees were invited to participate in a web-based, cross-sectional study using an Australian Race IAT. Data were analysed using R (version 3.5.0) to calculate mean IAT scores for the whole group and sub-groups of gender, age and occupation. A bootstrap resampling process was applied to understand patterns of the lowest and highest threshold scores.

Results: 538/2871 participants (19%) completed the IAT between Jan - June 2020. The mean IAT score was 0.147 (SD 0.43, $P < 0.001$, 95%CI 0.11-0.18). 60% of participants had a preference for white Australians over Aboriginal peoples. There were no significant differences in IAT scores between sub-groups of gender, age or clinical/non-clinical employees. 21% of employees, (95%CI 17.65-24.53) had moderate to strong preference for white Australians over Aboriginal peoples, compared to 7.1% with moderate to strong preference for Aboriginal peoples over white Australians (95 %CI 5.01-9.09).

Conclusions: Inequitable cancer survival for First Nations Australian patients is well established. This presentation documents the presence of racial bias in healthcare employees, which reflects that of the wider Australian society, and contributes to this inequity. Addressing racism requires understanding of the history of colonialism and its effects. We suggest that anti-racist measures for individuals, as well as national anti-racist policies must be created, implemented, and researched in healthcare to address existing inequity.

Tobacco cessation interventions with culturally and linguistically diverse people: Rapid review

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Introduction: Tobacco use is typically highly prevalent among culturally and linguistically diverse (CALD) peoples. Cultural norms, attitudes, beliefs, and language barriers that may impact smoking cessation rates can be addressed via interventions. This study reviewed the effectiveness of smoking cessation interventions with CALD communities.

Method: Peer-reviewed and grey literature published 01/2013 to 03/2022, undertaken in Australia or similar, and included Chinese, Vietnamese or Arabic-speaking participants were identified (top languages spoken in Australia, after English). NHMRC Levels of Evidence and JBI Critical Appraisal Tools were used to critically appraise studies. Intervention components were considered to have promising evidence if ≥ 2 studies supported its use with results reported for the individual CALD group.

Results: From 571 documents, 19 met the inclusion criteria (low level evidence $n=13$). Interventions captured ranged from two to six components (maximum=15). Written information ($n=14$) and education sessions ($n=10$) were the most common intervention component included. Promising evidence was found for eight (written information, education sessions, visual information, counselling, involving others, nicotine replacement therapy, branded merchandise and mobile messaging), one (counselling) and no intervention components to target tobacco cessation among Chinese, Arabic, and Vietnamese-speaking participants, respectively.

Discussion: Findings have implications for developing effective smoking cessation interventions for select vulnerable groups in Australia. While there is sound evidence for using a range of intervention components to address tobacco cessation among Chinese-speaking populations, evidence was lacking for interventions with Vietnamese and Arabic-speaking participants. Research is required to determine whether components considered effective for use in one CALD group are applicable to other CALD groups. Interventions were more effective if adopting co-design, community partnership or community-based participatory action research approaches, as this ensured a culturally appropriate intervention delivered in the target audience's native language.

Acknowledgements: This work, brokered through the Sax Institute, was commissioned and funded by Cancer Council NSW.

1B - prevention for healthier Australians

Long Oral Presentations

Living Well After Stroke: A theory- and evidence-based program for secondary prevention

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Survivors of stroke have an elevated risk of recurrent stroke. Prompt intervention to support healthy lifestyle modification following an initial stroke is crucial for effective secondary prevention. However, many patients do not receive adequate post-discharge support for secondary prevention, particularly if not referred to inpatient rehabilitation. Living Well After Stroke is a health promotion program based on the health action process approach (HAPA) which is designed to support this underserved group to improve and self-manage secondary prevention behavioural performance (e.g., diet, exercise, medication-adherence) by equipping individuals with a toolkit of theory- and evidence-based behaviour change strategies and techniques that are transferable to different behavioural contexts.

Living Well After Stroke is currently being piloted in Queensland among adults with stroke or transient ischemic attack not referred to inpatient rehabilitation. Adopting an open label prospective single-arm trial design, the intervention comprises 5 behaviour-change sessions over an 8-week period. Participants receive a mix of individual- and group-based assessments and interventions delivered via telehealth or in-person. The primary outcomes of the trial will be behavioural performance and transferability of behaviour-change skills. The findings are expected to inform the continued development and refinement of the program for testing in a future fully powered trial.

The development of Living Well After Stroke is led by National Stroke Foundation in collaboration with experts from CSIRO and Griffith University. For this presentation, the authors will share on their observations, insights and experiences developing Living Well After Stroke, from its conceptualisation through to the design, development, and implementation of the intervention—and the potential implications of Living Well After Stroke for secondary prevention of stroke in Australia.

Review of Australian primordial prevention of cardiovascular disease reveals lack of coordination

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Cardiovascular disease (CVD) remains the leading cause of death in Australia. Evidence now shows that CVD risk factors in childhood are associated with CVD events in adulthood. Importantly, these risk factors are increasing in prevalence in Australia. Primordial prevention (i.e. the prevention of risk factor onset) is increasingly recognized as a complimentary strategy for the prevention of CVD. As such, the American Heart Association advocates for promoting the maintenance of cardiovascular health (CVH) as a whole by considering diet, smoking, physical activity, body mass index, blood pressure, blood glucose, and cholesterol levels. However, information about primordial prevention programs being conducted in Australia is sparse.

We undertook a scoping review of grey literature for ongoing or recent prevention programs in Australia targeting one or more CVH metrics in childhood, up to the 30th of September 2022.

We identified 79 programs nationally. The majority of programs were in Victoria (35%) or New South Wales (11%) with the least number of programs identified in the Northern Territory or Western Australia. Most programs targeted poor diet (46%), physical activity levels (32%) or both (15%). Most interventions were public health education interventions (72%), followed by settings-based changes such as school breakfast clubs (48%). The target settings were predominantly primary schools (54%) or early childhood services (14%). Most programs were run by government departments alone (68%) or with other organisations (such as the Heart Foundation). Only 47% of programs have been evaluated, 18% had no evaluation and it was unclear whether the remainder had been evaluated or not. Most evaluations revealed the programs were acceptable yet a lack of resourcing limited their sustainability.

There is a significant number of interventions being conducted across Australia that promote the maintenance of CVH in early life; however, these appear uncoordinated. A coordinated approach may be more sustainable and effective in addressing risk factors for CVD and reducing the associated burden of CVD in future.

SMARTscreen to SMARTERscreen: making a colorectal cancer screening SMS intervention smarter.

A/prof Jennifer McIntosh¹, Prof Jon Emery², Ms Anna Wood², A/Prof Patty Chondros², Dr Belinda Goodwin³, Dr Larry Myers³, Prof Carlene Wilson¹, Dr Driss Ait Ouakrim¹, Dr Louisa Flander¹, Ms Jennifer Huang¹, Prof Finlay Macrae⁴, Dr Tina Campbell⁵, Prof Mark Jenkins¹

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Introduction:

Bowel cancer screening is one of Australia's leading public health priorities with only 44% of people participating in the free National Bowel Cancer Screening Program (NBCSP) [1]. SMARTscreen was an RCT that aimed to test the efficacy on screening participation of a multicomponent SMS sent from the GP to patients aged between 50 and 60 in 21 practices. The SMS was co-designed and sent to people just prior to receiving their kit resulting in an absolute increase in participation of 16.5% (95%CI:2.02-30.9) over the control group [2]. It was acceptable and feasible to implement but the results were limited by general practice electronic medical record data and restricted sample. SMARTERscreen will build on SMARTscreen, trialling a revised intervention in a larger population and utilising the National Cancer Screening Register data.

Methods:

SMARTscreen tested an SMS with a weblink to four evidence-based interventions: encouragement from general practice, a video of a relatable person's positive screening experience, an instructional video, and a link to more screening information. Based on the qualitative results in SMARTscreen we modified the SMS and components and tested them with >200 people. The SMARTERscreen trial is designed as a three-arm trial to determine the difference between the control group (no SMS), sending an SMS only (redesigned to include encouragement from the patient's general practice), and sending an SMS with a revised component based on the SMARTscreen process evaluation (videos with different people, shorter videos) on NBCSP uptake. Starting in January 2023, 60 practices will be recruited in Queensland and Victoria and date of kit return will be captured directly from the National Cancer Screening Register.

Conclusion:

This paper describes the iterative process in developing the methods and intervention based on a pilot study, to a larger trial. This also demonstrates an example of developing a potentially scalable intervention ('SMARTERscreen?').

References:

[1] Australian Institute of Health and Welfare. National Bowel Cancer Screening Program monitoring report 2022. Australian Government. 2022.

[2] J McIntosh, et al. 'SMARTscreen: using a novel SMS with narrative communication to increase uptake of the National Bowel Cancer Screening Program.' COSA Annual Meeting 2022, Brisbane, Queensland

Queensland GP Pilot to support self-collection for cervical screening: lessons in practice.

Ms Jennie Haarsager¹

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Background: In 2022, Queensland Health's Cancer Screening Unit partnered with PHNs to assess GP education and practice needs to implement self-collection for cervical screening.

Pilot: Through partnerships with Brisbane North and Gold Coast PHNs, 11 GP practices were recruited to participate in the pilot through an open EOI. These practices employ over 50 GPs, with a mix of small and large clinics.

Initial in-person meetings between Cancer Screening and GP pilot practices focused on perceptions of self-collection for cervical screening, experience with offering self-collection, pathology provision, and impact of self-collection on clinic flow. One-on-one education was offered for GPs and practice nurses on cervical self-collection for screening and follow up of abnormal results. Advice was given regarding navigating pathology providers and technology.

Evaluation: Evaluation of the GP Pilot for expanded self-collection access is grouped into four themes: acceptability, resources and education, pathology, and clinic impacts. Pre-interview GPs were largely unfamiliar with self-collection for cervical screening. Though many knew it was an option, it was seen as a last-option effort to offer screening to a reluctant woman. GPs also questioned the technique needed to capture cervical cells and the accuracy of that sample. They were worried about false negatives.

After education was provided (both in-person and at available webinars), GP attitudes toward self-collection were much more positive. Male GPs were especially enthusiastic about self-collection as they reported having little to do with women's screening otherwise. Some female GPs discussed the missed opportunity to visually examine the vaginal canal and cervix. They also reported having some female patients with complex histories and symptoms. These GPs were assured that clinical judgement would continue to play a role in offering self-collection.

Conclusions: GPs need practice support to implement self-collection. PHNs are excellent partners, and on-site visits were essential to ensure quality procedures. Variation in laboratory processes will continue to make national messaging about self-collection difficult. GPs and patients are enthusiastic about self-collection but need education. The pilot practice model is (with resourcing) scalable and replicable across Queensland

Randomised trials to assess National Bowel Cancer Screening Program modifications for participation

Professor Mark Jenkins¹, Professor Carlene Wilson¹, Dr Belinda Goodwin², Dr Driss Ait Ouakrim¹, Dr Louisa Flander¹, Professor Jon Emery³, Dr Joyce Jiang⁴, Professor Shanton Chang⁵, Professor Finlay Macrae⁶, Professor Nancy Baxter¹, Dr Eleonora Feletto⁷, Dr Robert Mahar¹, Professor Sandra Eades¹, Associate Professor Natalie Taylor⁸, Professor John McNeil⁹, Ms Jennifer Huang¹, Associate Professor Jennifer McIntosh¹
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Introduction: Participation in the National Bowel Cancer Screening Program (NBCSP)—home test-kit—has remained around 40% for years.¹ In attempts to improve the situation, previous modification to Program content (letters, reminders, instructions, kit design etc) has been implemented, but without direct comparison against the existing content (control). Therefore, effectiveness of these changes on participation is unknown. This lack of a scientific approach contrasts with the high-participation screening programs of northern Europe which have embedded research.² Randomised trials within the NBCSP can test modifications in a real-world setting with ample statistical power (250,000 kits mailed to participants each month) within short time frames (kit return known within 3 months). The challenge is integrating the research within the processes of the NBCSP, given the focus of the program is to implement the program as it is, without necessarily having the resources to support co-design for trials.

Methods: Funded by an NHMRC Synergy grant, we are co-designing Program modifications with key stakeholders. Consumers are a major stakeholder, but in this presentation we are focusing co-design issues with the NBCSP stakeholder. Our research aims to test modification effectiveness by comparing kit return for those randomised to new modifications (~5,000 people) with those receiving the current process (~245,000 people). Co-design challenges include: how to engage the NBCSP and the National Cancer Screening Register (NCSR) in process and evaluation; identifying which modifications to test; how to randomise and track participation; and what changes to the NCSR are required to enable randomised trials.

Conclusion: Co-design with the NBCSP for embedded randomised trials offers promise for assessing modifications on participants overall for age, sex and residence sub-categories, and for underscreened populations. However, conduct of trials presents challenges requiring co-design with NBCSP and NCSR. Establishing methods for conducting randomized trials within the Program opens opportunities for continual, research-based participation improvements for bowel cancer and potentially other cancers, particularly those in the NCSR purview, bringing Australia in line with international best practice.

References:

1. Australian Institute of Health and Welfare. National Bowel Cancer Screening Program monitoring report 2022.
2. Flander L, ..., Jenkins M. Cancer Control. 2022. PMID: 35969473

The Long Haul: Ongoing COVID-19 symptoms and the needs of Australians

Letisha Hatte¹

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Introduction: As we transition to the endemic phase of COVID-19, we must gain a deeper understanding of long COVID in Australia as we face an emerging chronic health condition. To fill the current evidence gap, Lung Foundation Australia surveyed Australians on their experience to understand the prevalence and impact of on-going COVID-19 symptoms.

Method: An online mixed-methods survey was developed to capture the retrospective and current COVID-19 and long-COVID experiences of Australians. Questions focussed on the health system, COVID-19 symptoms, long term symptoms, immunisation intent, trust in government and more. The survey was open for 3 weeks in July 2022, with recruitment through EDMs to existing networks, and paid promotion on social media.

Results: The survey received 2196 responses. 50% of people reported experiencing ongoing COVID-19 symptoms, with breathing problems, fatigue, cough, brain fog and being less able to do physical activity most commonly reported. Medical advice or treatment was sought by 3 in 5 people, primarily from a general practitioner. Concern remains with 44% of people being extremely or very anxious about future COVID infections and long COVID. Over 4 in 5 said they are more likely to keep up to date with vaccinations and are more aware/concerned about their lung health and the importance of breathing well. Ten key recommendations were made, including a national definition of long COVID, improving access Australia's long COVID clinics, and the introduction of tailored information.

Conclusion: This survey provides a unique insight into experiences of Australians living with long COVID and opportunities (immunisation) and challenges (unclear information) remaining. The healthcare system is under severe strain with continuing pressures such as new COVID waves and long COVID conditions, exacerbating the issue. The findings will be used to advocate for funding and policy action, whilst guiding the development of resources and support for people with long COVID.

A path towards prevention and lifelong lung health– transforming the COPD agenda

Ms Paige Preston¹

¹*Lung Foundation Australia, Milton, Australia*

Background:

Chronic Obstructive Pulmonary Disease (COPD) is a common chronic lung disease affecting approximately 1 in 13 Australians over the age of 40. COPD is the leading cause of potentially preventable hospital admissions, is responsible for a significant burden of death and disease and costs the health system nearly \$1billion annually. COPD burden is also inequitably distributed, and COVID-19 has drastically reduced diagnostics meaning people are going undiagnosed causing further deterioration of lung health which is irreversible.

Despite the significant burden of COPD, it is a largely under-recognized chronic condition. Those who do know what COPD is often only associate it with tobacco smoking, but evidence shows there are numerous personal and environmental risk factors associated with the development and progression of COPD from pre-conception to end-of-life.

To help policy makers and the community better understand COPD and to take action to establish pathways for the lifelong prevention of COPD, Lung Foundation Australia (LFA) developed a strategic blueprint for COPD. This presentation will discuss the development of the blueprint, outline the opportunities for prevention of this common chronic disease across the lifespan, and the accompanying advocacy strategy to achieve policy change that supports the prevention of COPD across the lifespan.

Method:

Recognising the unique focus on respiratory health that resulted from COVID-19, LFA brought together a range of clinical experts, researchers and consumers to support the development of a strategic blueprint for COPD. All stakeholders identified the critical importance of preventing COPD at various stages across the lifespan. Research indicates that preconception, fetal life/infancy, childhood, adolescence, adulthood and older-adulthood all present opportunities for both the prevention of COPD and key intervention opportunities. This includes the impact of air quality, tobacco smoking, pre-term birth, low birthweight, frequent respiratory infections, asthma mismanagement and more in the development and progression of COPD.

Conclusion:

COPD is responsible for a considerable burden, but falls victim to the perception that smoking is the only risk factor. LFA's COPD Blueprint showcases the opportunities for prevention across the lifespan, and presents these in a clear and concise strategic document to help change the future of COPD in Australia.

Temporal trends in cardiovascular health in Australian men and women

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Background: Examining trends in the prevalence of cardiovascular (CV) risk factors in men and women may help to explain sex differences in cardiovascular diseases (CVDs) overtime and target prevention strategies. **Methods:** Data were from the Australian National Health Surveys (NHS) in 2011-12, 2014-15, and 2017-18. Sociodemographic, health-related and biomedical factors were collected from men and women in younger (21-44 years), middle (45-64), and older (≥ 65 years) ages. CV health score based on key risk factors including smoking, blood pressure (BP), physical activity, diet, and Body Mass Index (BMI) was calculated with items scored 0 (poor), 1 (intermediate) or 2 (ideal). The CV health score summed items and was categorized (low [0-4], middle [5-6] and high [7-10]). Sex-specific trends in CV health over time were examined with multinomial logistic regression ($RRR \pm 95\% CI$) adjusted for sociodemographic factors comparing 2014-15 and 2017-18 to 2011-12. We used sex-specific log-binomial regression ($RR \pm 95\% CI$) to examine the trends for the prevalence of each ideal risk factor in 2014-15 and 2017-18 compared to 2011-12.

Results: Men had worse overall and individual CV risk factors compared to women in each survey. There were no changes in CV health over time for most age and sex groups, except for a lower prevalence of ideal CV health in middle-aged ($RRR 0.75$ 95% CI 0.60, 0.94) and older ($RRR 0.71$ 95% CI 0.51, 0.99) men and intermediate CV health in middle-aged ($RR 0.85$ 95% CI 0.72, 0.99) women in 2017-18 compared to 2011-12. Young men and women more often had ideal diet and smoking status, yet lower RR for ideal BMI in 2017 as compared to 2011. Middle and older men less often had ideal BP in 2017 as compared to 2011.

Conclusion: There were few positive changes in overall CV health and individual risk factors, except for smoking and diet. Urgent action on the identification and management of CV risk factors is needed in Australia.

1C - Prevention and Policies

Long Oral Presentations

The new WHO Global Alcohol Action Plan: Prevention across the life-course

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In May 2022, the 75th World Health Assembly (WHA) adopted the Draft Action Plan (2022–2030) to Effectively Implement the Global Strategy to Reduce the Harmful Use of Alcohol as a Public Health Priority (Action Plan). The goal of the Action Plan is to boost the effective implementation of the Global Strategy to Reduce the Harmful Use of Alcohol (Global Alcohol Strategy) to significantly reduce morbidity and mortality due to the consumption of alcohol – a noncommunicable disease (NCD) risk factor. The Action Plan aims to increase population coverage, implementation and enforcement of high-impact interventions to reduce the harmful use of alcohol globally for better health through a life-course approach.

The Action Plan recognises the importance and interrelationship of alcohol control measures and prevention and treatment strategies and interventions to prevent and reduce alcohol-related harm at all stages of a person's life. This includes the implementation of regulatory measures which aim to eliminate the marketing, advertising and sale of alcohol products to minors, prevent and manage alcohol-related harms in older people, and protect unborn children from prenatal alcohol exposure.

The adoption of the Action Plan strengthens the implementation of the Global Alcohol Strategy. However, bold measures are needed to ensure that actions outlined in the Action Plan are effectively implemented to prevent the harmful use of alcohol and protect public health across the life-course by preventing NCDs. This presentation will highlight recent developments in alcohol control which align with the Action Plan, such as price and tax measures, sale and supply regulations, marketing restrictions, and labelling laws. It will also highlight some of the key recommendations and implications for countries and how Australian policymakers and preventive health practitioners and researchers can look to the Action Plan to effectively protect people and communities from alcohol harm by accelerating policy action on alcohol.

Case assessment of existing heat-related policies to promote workers' health and safety

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Workers in many industries are at high risk of heat-related injuries and illness due to exposure to weather conditions for extended periods of time. To protect the safety of workers from the impacts of heat and establish effective control measures at workplaces, it is important to evaluate the existing policies practiced in Australian workplaces. In this article, we have explored the existing policies and relevant documents of a large construction company and five of its subcontractors in Australia against the heat management framework provided by Safe Work Australia (SWA). The retrieved documents were analysed thematically using the framework analysis approach. The main guidance themes and categories were developed deductively based on guidelines provided by SWA for working in the heat. The retrieved documents were read thoroughly and the relevant data was populated into the matrix of our predefined framework of analysis. The data was interpreted and summarized. This review of existing policies suggests that the company and its sub-contractors have developed their hot weather policies. The policies advised on some administrative control measures, safe work practices for workers, use of personal protective equipment, and emergency response plan. The focus of the majority of policies is on administrative control measures for heat risk management, which may not be practicable at all times and are not a high level of health and safety control if implemented alone. The policies do not comprehensively cover some of the most important aspects of heat stress management such as consultation with workers and other stakeholders, risk assessment of heat hazards, promoting training and awareness programs among workers, and reviewing and evaluating control measures and heat stress incidents. It is important that we develop and implement comprehensive heat management policies at workplaces as we are transitioning to hotter and more intense climates.

Profile of Australian adult smokers and vapers using a 2022 national survey

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Background: Mass media campaign impact can be enhanced by targeting and tailoring messages to audience subgroups who have different messaging needs. There is considerable variation in motivation and confidence to quit smoking among Australian smokers, necessitating an understanding of the characteristics of subgroups that differ on these key drivers of behaviour change. There is also a need to understand messaging needs relevant to vaping. This study aimed to segment and profile subgroups of Australian smokers and vapers.

Methods: A cross-sectional national survey of n=3,365 Australian adult smokers and vapers was conducted in April-May 2022, funded by the Australian Government Department of Health and Aged Care. Data were weighted using population benchmarks. Respondents were characterised according to their smoking and vaping behaviours, and those who Exclusively Smoked were further grouped into one of four categories according to their intention to quit smoking within the next month (urgency) and their confidence (low versus moderate-high) to quit. Measures of product use, smoking cessation experience and knowledge, knowledge of the health harms of smoking and vaping, and related social norms were used to characterise the smokers in each subgroup.

Results: The largest subgroup of smokers and vapers was Regular Smokers who Vape (28.2%), followed by Exclusive Smokers classed as Disengaged (no urgency, low confidence, 22.9%), Exclusive Smokers classed as Delayers (no urgency, moderate-high confidence, 21.4%), Exclusive Vapers (10.7%), Vapers who Occasionally Smoke (9.2%), Exclusive Smokers classed as Primed to quit (urgency and moderate-high confidence, 7.0%), and Exclusive Smokers classed as Hopeful about quitting (urgency, low confidence, 0.7%). Most people who vaped had no urgency but moderate-high confidence to quit smoking and to quit vaping.

Conclusions: The presentation will describe smoker and vaper subgroups according to key characteristics. Insights may be used to inform the development of integrated multi-media targeted tobacco control and vaping-related campaigns.

Tracking support for alcohol policy in NSW between 2013 and 2022

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Evidence-based alcohol policy interventions are necessary to reduce alcohol-related harms. Understanding public support for policies helps achieve advocacy successes. This research aimed to investigate support for alcohol policy options and compare levels of support over a 10-year period. An online survey of NSW adults was conducted at 4 timepoints (2013, 2016, 2019, 2022). Participants answered questions on demographics, alcohol use and support for 18 policy options, under the broad topics of alcohol availability, labelling, marketing and economic options. Eight of these options have been tracked over the 4 surveys and an additional 7 have been tracked since 2019. The proportions of participants supporting each option at each timepoint were calculated. Results for 2022 survey are preliminary, final statistics will be presented at the conference. In each wave there were between 1500 and 2500 participants. In 2019 and 2022, labelling interventions were the most highly supported interventions (e.g. 77% of participants supported warning labels on alcohol and cancer risk and 74% supported nutrition information on labels in 2022). There were similar levels of support for restrictions on alcohol advertising on council (74%) and government-owned property (73%). There were lower levels of support for restricting availability of alcohol (35% support), and economic measures such as volumetric tax (41% support) or increasing price (29% support). Support has been gradually increasing for 7 of the 8 measures tracked since 2013 and all 7 measures tracked from 2019. There have been no reductions in support for any of the repeated options. Women were more supportive of policy measures than men. The NSW public are broadly supportive of alcohol policy measures, particularly if they relate to protecting children and young people from advertising or providing more information on labels. Communicating this support is important in encouraging governments to implement alcohol policy measures.

Community support for policies addressing over-consumption of sugary and non-sugar sweetened drinks

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Background: Policy makers benefit from insight into levels of consumer support for potential policy interventions. This study assessed community support for policy initiatives encouraging reduced consumption of sugary drinks, non-sugar sweetened (NSS) drinks and 100% fruit juice.

Method: A nationally representative Australian sample (N = 2,876) of adults aged 18+ years were asked to rate their level of agreement for three policy types (taxing, banning marketing to children, and advisory labels) for three beverage categories (sugary drinks, NSS drinks, and 100% fruit juice).

Results: Across the three beverage categories, participants were most in favour of advisory labels (75%-87%) and least in favour of taxing (16%-62%). Support was generally higher for policies affecting sugary drinks (63%-87%), followed by those affecting NSS drinks (44%-86%), and least in favour of policies affecting 100% fruit juice (16%-75%). Females tended to show greater support for policies than males ($p < .05$), with the exception of taxing sugary drinks ($p = .373$) and juice ($p = .536$) which were similar across genders. Support for most policies increased as socio-economic disadvantage decreased ($p < .05$), with the exception of banning marketing of juice to children ($p = .124$). Young adults (18-24 years) were least supportive of all policies, with support for taxing and labelling increasing with age, and support for banning marketing to children being highest among 35-44-year-olds. Overall, moderate-high consumers of a beverage, were less likely to support each policy targeting that specific beverage, compared to low consumers, particularly for taxing and marketing policies ($p < .001$).

Conclusion: Results indicate the Australian community is largely receptive to policy interventions targeting sugary drinks and NSS beverages, particularly advisory labels, but are less supportive of policies targeting 100% fruit juice. These findings have the potential to inform policies for encouraging healthier beverage consumption.

Food and alcohol regulation: Why trade law matters for public health practitioners

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In June 2020, the Appellate Body of the World Trade Organization (WTO) upheld a 2018 WTO panel ruling that tobacco plain packaging is consistent with international trade and intellectual property laws. Since the WTO's ruling, no more trade law challenges to tobacco control measures have been brought in the WTO. However, various Specific Trade Concerns (STCs) continue to be raised within the WTO's Technical Barriers to Trade (TBT) Committee with respect to measures which aim to prevent non-communicable diseases (NCDs), such as cancer, diabetes, and cardiovascular disease, by regulating food and alcoholic beverages.

Between October 2020 to March 2022, WTO Member States raised STCs concerning various measures including maximum sodium levels, front-of-pack nutrition labelling, and bans on online sales of alcoholic beverages. Member States have advanced numerous arguments challenging these proposed measures including by challenging the evidence base, and raising issues regarding trade-restrictiveness, discrimination, and consistency with international standards such as the Codex Alimentarius.

This presentation will look at arguments raised in TBT Committee meetings since the WTO panel and Appellate Body plain packaging decisions, and Member States' responses. It will also look at how the WTO's findings in the tobacco plain packaging cases provide guidance for public health practitioners and policy researchers on the adoption of preventive NCD measures which regulate unhealthy foods and alcoholic beverages and the implications for public health regulation. The presentation will discuss the need for public health practitioners to collaborate across sectors to ensure that effective food and alcohol regulations can be implemented, including the type of multisectoral mechanisms that may be established. The presentation will ultimately highlight how food and alcohol can be regulated to protect public health while managing the risk of industry opposition through trade agreements to ensure that food and alcohol laws are robust to legal challenge at the WTO.

1D - Commercial determinants of health

Long Oral Presentations

Leading the way - a gambling harm prevention program framework

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Harm from gambling is a significant global public health issue, with negative impacts on the health and wellbeing of individuals, families and communities.

The complexity of individual, social and ecological factors that contribute to gambling and gambling related harm, require a comprehensive conceptualisation and framework. Causal pathways alone, often used in behaviour change, do not adequately describe the complex interplay of influences that prevent and reduce gambling harm.

The Victorian Responsible Gambling Foundation commissioned La Trobe University to develop an overarching, evidence based, cohesive Gambling Harm Prevention Programming Framework to guide its prevention activity. This is one of the first and most comprehensive prevention frameworks to address gambling harm that has been developed. It provides practical steps for action and stresses the need for a complex, multi-pronged approach that targets a range of variables and addresses the interaction between five key Action Areas to more effectively prevent and reduce gambling harm.

A major shift in the conceptualisation of gambling harm is a move away from the individual responsibility of gambling behaviour to a broader public health approach. The Framework reflects this updated approach with a revised discourse, that presents gambling harm as a public health issue rather than solely within the 'control' or responsibility of the individual. The Framework is informed by current best practice in public health prevention practices and principles that can be utilised in relation to gambling harm, and outlines opportunities to pilot new initiatives that can contribute to the limited evidence base around gambling harm prevention.

This presentation will step through the Framework, and its underpinning Theory of Change, which provides a rationale for current and future decision making based on the theoretical conceptualisations of gambling related harm and a public health approach to guide implementation across the prevention continuum.

Advocating for state-based food marketing restrictions in a challenging political environment

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Governments have a responsibility to address the obesogenic food environment, and one priority area is protecting children from the marketing of unhealthy food. Transport for London has successfully led outdoor advertising regulation by restricting unhealthy food and drink marketing on their property. Cancer Council NSW's 'Our Kids, Our Call' campaign asked the state government to remove unhealthy food advertising from property owned by, or contracted to, the NSW Government, in particular public transport. The party in government in NSW since 2011, has a key belief in "a lean government that minimises interference in our daily lives". The new NSW Healthy Eating and Active Living Strategy 2022-32 no longer includes an action to protect children from food marketing despite being included in the previous version. This presentation will discuss the Cancer Council NSW advocacy campaign in the fifteen months leading up to the state election, given the unreceptive political context, and reflect on learnings.

Cancer Council NSW developed a multifaceted advocacy strategy with four pillars of campaigning – strategic research, media advocacy, grassroots recruitment and mobilisation, and political lobbying. To strengthen our case, building our supporter base was a priority. We developed a joint statement bringing together key public health organisations and demonstrated community support using an online petition and a community survey. Underpinning the strategy is a communications campaign including a website, social media assets and email newsletters.

One of the challenges of running the campaign is that over half the community do not associate obesity with cancer risk. This campaign has had multiple outcomes; to increase understanding of the link between excess weight and cancer, to raise public and political awareness of how food policy can be used to address population-wide obesity rates, and to increase public ownership of the issue and set an agenda for future campaigning.

Historic Tobacco Imperialism and Countering the Commercial Determinants of Health

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How are contemporary tobacco control efforts affected by colonial legacies? Globally, tobacco is the leading cause of non-communicable disease and the single largest contributor to disease burden, and it is preventable. The vector for tobacco-induced diseases is the corporations that promote harmful products and resist health-protecting restrictions. These “commercial determinants” of health have received significant attention from scholars and policymakers: the 2003 World Health Organization Framework Convention on Tobacco Control (WHO FCTC) squarely identifies the tobacco industry as a cause of globalized tobacco consumption and exposure to tobacco smoke, and is one of very few treaties explicitly addressing the need to reduce the influence of commercial private sector actors. Today, 182 nations have signed the WHO FCTC and tobacco controls have been greatly increased. Yet implementing tobacco control has proven more difficult for some countries due to the financial power and influence of the major transnational “Big Tobacco” corporations.

An under-explored obstacle to tobacco control in post-colonial states is the enduring legacy of imperial power, which historically supported expansion and exploitation of colonies by transnational tobacco corporations. This history affects high-, low- and middle-income post-colonial countries. This presentation illuminates how present-day corporations sustain and benefit from the historic links between imperial power and transnational tobacco through monopolistic or oligopolistic control over markets from growth to point-of-sale, and ability to influence local community and political leaders. This presentation will argue that 1) understanding this history is critical to realising structural challenges encountered by post-colonial nations pursuing tobacco control. 2) Advocates and policymakers should know this history to tailor nuanced policy responses. 3) The lessons from challenging imperial tobacco power are applicable to other transnational corporations promoting harmful products (e.g. unhealthy foods and e-cigarettes), many of which are supervening on structures established historically by tobacco.

A global review of tobacco retail regulations

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Background:

Tobacco retailer density and proximity of tobacco outlets to youth spaces such as schools, is greater in more disadvantaged areas and neighbourhoods. Exposure to tobacco outlets helps normalise smoking, thus increasing smoking uptake, undermining quit attempts, and causing relapse. This global scan reviews combustible tobacco retail regulatory schemes.

Methods:

All types of English language records concerning the regulation of the commercial sale of tobacco, were considered including peer reviewed journal articles, key reports or policy documents. The key features of any regulatory scheme discovered was documented. In addition, key informants in different countries and regions were contacted for direction towards additional sources as well as some targeted searching in regions where little data was initially collected.

Results/findings :

While many countries have well established and comprehensive tobacco control programs, aside from age restrictions and point of sale advertising and marketing restrictions, the tobacco retail space is often neglected. Tobacco retailing regulation included licensing systems with licence fees, caps on licences and restrictions on store location, type and retailer density/proximity. A small number of jurisdictions have ended tobacco retailing altogether.

Discussion:

Licensing systems for retailers, systems and their implementation vary, even within countries. Some have resulted in a reduction in the number of retailers; however, these decreases are not always equitable and can result in greater benefits for more advantaged areas that already have low smoking prevalence. Some initial studies evaluating policies with a specific focus on equitable outcomes show promising results; however, few studies have evaluated these policies or the impact of retailer reductions on smoking initiation, smoking prevalence, and health outcomes, as many have only recently been implemented.

Implications:

Regulation of the tobacco retail space is an important tobacco control policy that can address inequitable tobacco supply distribution. Retail regulation to decrease tobacco availability is a major gap in Australian tobacco control policy.

2A - Alcohol and other Drugs

Rapid Fire Presentations

Barriers to and facilitators of smoking cessation among Australian adults: Research insights

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Background/Aim: Australia has made significant progress in tobacco control, however over 2 million Australians still smoke. We aimed to identify contemporary barriers and facilitators of smoking cessation among Australian adults who smoke from recent research.

Method: Funded by the Department of Health and Aged Care, recent (2018-2022) Australian published and grey quantitative and qualitative literature (n=73) was gathered via outreach to key tobacco control experts and searches of relevant online resources. Barriers and facilitators were thematically coded into: i) awareness and belief in the health harms of smoking; ii) capacity to quit smoking; iii) prioritisation of smoking cessation; and iv) structural and social factors.

Results: Particularly among younger people, barriers included surprisingly high levels of naivety about the full range of health harms, perceptions that health effects are far off and exaggerated, and misperceptions about relative harms of low-rate smoking and specific products. Among older people, common barriers included reliance on smoking to cope with life challenges, internalised judgement from multiple failed quit attempts, and poor understanding of the most effective cessation strategies. Attitudes among health professionals that inhibit provision of evidence-based practice were evident. Among those living in high prevalence communities, barriers included social acceptance and tolerance of smoking. Younger people may particularly benefit from education about how the harm is caused, difficulty of avoiding harms, and short-term implications for health and quality of life. Older people may particularly benefit from non-judgemental messages that boost self-efficacy to quit, promotion of quitting services and events, and messaging that highlights how family are affected by loved ones' smoking.

Conclusions: Lack of consistent national communication over the past decade may have left younger people without ongoing reminders of the harms of smoking. Many older people need supportive and capacity-building messaging, while messaging directed to health professionals and high prevalence communities is warranted.

Climate, pollution and social justice anti-tobacco messages as motivators to quit

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Background: The numerous adverse effects of tobacco on human health have been extensively documented. However, tobacco production and use also exert an enormous toll on the environment, sustainable development and human rights. Yet awareness of these non-health harms is limited.

Methods: In this online cross-sectional study, we examined the extent to which messages highlighting the climate, pollution and social justice harms of tobacco are motivating for people who smoke to quit (N=412 Victorian adults 18-59 years) on a 5-point scale ranging from 1 'Not at all' to 5 'Very much so'. Response options 4 and 5 were categorised as 'Motivating'. Differences by age, gender, socioeconomic status and geographic region were assessed.

Results: Findings suggest that at least half of all participants found all 10 messages about the climate, pollution and social justice harms of tobacco to be motivating to quit. Younger adults (18-34 years) were more likely to be motivated by these statements compared to older adults (35-59 years). Additionally, climate messages that included climate jargon such as '5.1 tonnes of CO₂', which were among the least effective at motivating people who smoke overall, were effective for younger cohorts, likely due to their more advanced climate literacy. The extent to which these messages were motivating did not differ by gender, socio-economic status or geographic region.

Conclusions: Mass media campaigns would benefit from integrating environmental and social justice messaging within the suite of anti-tobacco communications. Messages that bring public attention to the harms of tobacco beyond health may be especially persuasive for younger cohorts, who tend to be more alert to and engaged with environmental and social justice issues. Messages exposing industry practices and their role in exacerbating the climate crisis and human rights violations are also needed to counteract industry environmental public relations and "Corporate Social Responsibility" activities.

Leveraging sober curious movements for alcohol-related breast cancer prevention: A Salutogenic Model

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Women who drink alcohol are at risk of various harms. One significant harm is breast cancer, with alcohol causing 10% of breast cancers in Australia. Typically, preventing alcohol harms like breast cancer focuses on removing risk through reducing alcohol; requiring that women lose access to a substance that evidence shows can be a valued means of coping and socialising. This approach to prevention has not worked to reduce women's alcohol consumption, since midlife women (aged 45-64 years) are drinking more alcohol than any other age group and any previous generation of women. Our qualitative interview studies with 117 midlife women living in Adelaide, Sydney and Melbourne from different social classes (working/middle/affluent) explored women's reasons for consuming alcohol and their preparedness to reduce drinking. Our studies found women identify aspects of alcohol consumption they did not want to lose. Women also identify instances of post-drinking regret and report wanting to cut down on drinking; they feel shame at finding alcohol reductions difficult while immersed in Australia's heavy-drinking culture, and need to be supported by a social environment that supports reduced drinking. Based on our findings, we looked to find a 'new' solution to the 'problem' of women's alcohol consumption in order to reduce breast cancer incidence that reframes prevention as an 'asset' rather than 'loss'. This is consistent with a Salutogenic Model, which focusses on factors that support health rather than a pathogenic focus on factors that cause disease. The sober curious wellness movement - characterised by an expanding range of no/low alcohol products and programs that promote non-drinking activities as beneficial and desirable - reframes the 'problem' of drinking by promoting not drinking as a gain (taking up something 'new' for wellness) rather than a loss (giving up drinking). Our data show women are motivated to 'be sober curious' encouraged by non-drinking becoming normalised and an opportunity to reclaim agency over their wellness. This presentation will demonstrate, with evidence, ways prevention messages can be innovated through leveraging the sober curious movement in order to reduce women's drinking and prevent breast cancer, including programs and online forums tailored for midlife women.

Australia's compliance with WHO FCTC: Public policy analysis with key stakeholders' insights

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Objectives: Despite Australia's success in reducing smoking prevalence by 75% over the past 40 years, tobacco smoking contributes to 8.6% of the total Australian disease burden and remains the leading cause of preventable death and disability. (1,2) This study aims to conduct an analysis of the Australian national tobacco control policy and its compliance with the WHO Framework Convention on Tobacco Control (FCTC).

Methods: This retrospective policy analysis was a mixed-methods study involving three streams. The first stream included conducting secondary data analysis to understand national legislation and policies implemented for tobacco control in Australia. The second stream involved conducting semi-structured interviews of key stakeholders working in tobacco control in Australia, to evaluate the level of compliance with the WHO FCTC. The third stream included a thorough policy analysis using Kingdon's Multiple Streams Framework. (3) Finally, the results obtained from the policy analysis were juxtaposed with the qualitative interview themes, and the results were narratively synthesised.

Results: The most effective policy interventions in Australian tobacco control have been — i) increased taxation on tobacco products and, ii) public education through mass media campaigns and social marketing. The policy analysis and evaluation of compliance with FCTC resulted in the following themes: 'Interference of the tobacco industry in policymaking', 'Tobacco taxation below the best-practice level', 'Reduced tobacco cessation service support', 'Declining national mass-media campaigns', 'Lack of regulations for tobacco content disclosures', 'Digital promotion and advertisements of tobacco products', 'Regulation of ENDS/ ENNDS.'

Conclusion: There appears to be a serious threat to tobacco control in Australia with the emergence of digital media, increased use of e-cigarettes, and diminished efforts for mass-media campaigns. It is essential to continue implementing previously successful strategies supported by more comprehensive legislation. This analysis presents a major scope for improvement in tobacco control interventions to achieve the ambitious targets set by the National Tobacco Strategy.

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Factors associated with child and adolescent e-cigarette use: A scoping review

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Background

Despite the detrimental health effects of e-cigarette use being established, the prevalence of use in adolescents is rapidly increasing. In response to this emerging public health issue, (inter)national agencies have called for health promotion programmes to supplement policy and legislative approaches. However, the factors associated with child and adolescent e-cigarette use must first be identified in order to inform the development and implementation of such programmes.

This scoping review aimed to identify and broadly synthesise potential factors associated with child and adolescent e-cigarette ever-use and/or current use.

Methods

A scoping review was conducted in accordance with best practice guidance developed by the JBI. A search of four electronic databases was conducted in May 2022. Non-experimental studies of any design that provided qualitative or quantitative descriptions of factors associated with child and/or adolescent e-cigarette ever or current use were eligible for inclusion. Two review authors screened title/abstracts, full text articles and extracted data from eligible studies. Factors were categorised according to the three domains of the Theory of Triadic Influence (biology and personality; social context; and broader environment), and then further categorised into sub-domains developed by the research team.

Results

A total of 5400 articles were screened, with 285 studies deemed eligible for inclusion. Studies were predominately conducted in the United States (n=191). All included studies examined adolescents (10-19 years), with only five studies examining factors associated with use in children (less than 10 years). Studies reported examining a range of factors associated with child or adolescent e-cigarette use, with the majority of factors reported categorised within the biology and personality domain (n=209), followed by the social context (n=143) and broader environment (n=92). Data on the factors reported by sub-factor will also be presented.

Conclusion

Findings of this scoping review indicate that there is a broad range of factors associated with child and adolescent e-cigarette use. In order for health promotion programmes to be effective in combating the increasing prevalence of use in this population, modifiable factors such as those identified above must be deliberately targeted in health promotion efforts.

Perceptions of vaping harms awareness campaigns among young Australians: A qualitative analysis

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Introduction: Nicotine inhalation can harm young adults, produce nicotine dependence, and increase tobacco smoking likelihood. There is a growing need to understand how young Australians view the popular use of nicotine vaping product (NVPs) in terms of perceived health risk and response to NVP-focused health risk messaging campaigns. Media campaigns are a key tool for successfully increasing risk salience and reducing intentions to use NVPs. This study examines awareness and perceptions of Australian and international anti-vaping campaigns among South Australians aged 16-26 years who do and who not use NVPs.

Method: Review of published evidence identified 22 sources of anti-vaping campaign materials from Australia, New Zealand, Canada, and the United Kingdom from 2018-2022. Campaigns rated as effective and applicable within the Australian context were included as reference materials in 6 focus groups and 2 interviews held in November 2022 with South Australians aged 16-26 years. After a brief survey about smoking and vaping behaviour, focus groups discussed vaping risks, perceived campaign message effectiveness, personal relevance, and effects on intended vaping. Group transcripts were coded and thematically analysed.

Results: Findings will discuss key Australian and international vaping campaigns from the perspective of young Australians. It is anticipated that the major Australian anti-vaping campaigns will be perceived differently dependent on youth vaping and smoking behaviour. As different media formats will be explored, it is expected that there will be different preferences for these. Data collection is currently underway.

Discussion: Outcomes have implications for the delivery of a South Australian anti-vaping media campaign for young adults. As South Australia is delivering campaigns for those aged <18 years, there is a need to extend this focus to those who can legally purchase nicotine vaping products.

From plant to product to puff: knowledge about chemicals in cigarette smoke

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Background: Some of the toxic chemicals in cigarette smoke are made in the tobacco plant as it grows, others come from fertilisers used on tobacco farms, others are formed during the curing process, and some are the result of the flavours and additives used by tobacco companies when the tobacco is processed. However, many of the toxic chemicals in the smoke are created when the cigarette is lit. This study examined current knowledge about the sources of toxic chemicals in cigarette smoke and how these chemicals cause harm among Australian adults who smoke and/or vape.

Methods: A cross-sectional national online survey, funded by the Australian Government Department of Health and Aged Care, was conducted in April-May 2022. Respondents were n=3,365 Australian adults who currently smoked cigarettes and/or used e-cigarettes. Data were weighted to account for probability of selection and to meet population benchmarks.

Results: Overall, fewer than one in six (15.4%) respondents were aware of all five stages at which the toxic chemicals in cigarette smoke are formed. Only one in five (20.1%) correctly believed that substances produced when the tobacco burns are responsible for most of the diseases caused by smoking, while more than one-quarter attributed harm to the nicotine in tobacco (27.0%) and more than four in ten attributed harm to substances added to the tobacco during manufacturing (43.6%). Almost three in ten (28.6%) incorrectly believed that chemicals in the smoke only reach the mouth, throat and lungs, or reach only some organs of the body.

Conclusions: Australian adults who smoke and/or vape have substantial knowledge deficits about how the toxic chemicals in cigarette smoke are created and cause harm, which may contribute to misperceptions that some tobacco products are less harmful than others. These findings can inform future communication interventions aimed at improving knowledge and correcting misperceptions.

Exploring breast cancer candidacy among midlife women to inform equitable primary prevention

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Exploring breast cancer candidacy among midlife women to inform equitable primary prevention

Introduction:

Alcohol (a group 1 carcinogen) increases women's breast cancer risk in a dose-dependent manner. Midlife women (aged 45-64 years) are particularly at risk given their age and high alcohol consumption. While multifarious reasons for consumption are documented, less is understood regarding midlife women's perceptions of breast cancer risks, particularly alcohol.

Candidacy (first understood within coronary heart disease) is an explanatory framework that employs 'lay epidemiology' to uncover how people understand and assess disease risk – being retrospective (why disease occurred), predictive (who becomes ill) or an individual's personal risk assessment. We utilised this concept to explore midlife women's perceptions of breast cancer risk relative to alcohol and to understand if/why/how breast cancer candidacy differs by social class.

Methods:

A conceptual review of candidacy elucidated its key constructs and informed an inductive and deductive analysis of fifty interviews with midlife women in different social-classes. Interviews explored the role and function of alcohol in women's lives, their understanding of breast cancer risks and how these are attributed to themselves or others.

Results:

Our analysis finds that women's lay epidemiology and how candidacy is ascribed and enacted differs by social-class. Working-class women mostly considered themselves as breast cancer 'candidates' but had limited agency to enact prevention behaviours – a 'fixed' candidacy. Affluent women were less likely to consider themselves as breast cancer candidates but undertook compensatory health behaviours - a 'fluid' and changeable candidacy. Middle-class women were conflicted, understanding the harms of alcohol but requiring alcohol for other reasons – resisting candidacy.

Discussion:

Breast cancer candidacy is socially patterned, ranging from a more 'fixed' candidacy for working-class women through to a greater fluidity of candidacy for more affluent women. This suggests nuanced alcohol harm messaging relative to women's social class and agency is necessary to decrease the likelihood of inequities in breast cancer primary prevention.

Teachers on Vaping – “The single most disruptive thing in our school”

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Background

School plays a critical role in a teenager’s identity development and is a key setting for encouraging healthy behaviours among young people. In the last three years, vaping has become a significant issue in schools with an influx of media and community stories highlighting the need for urgent public action. Generation Vape is the first study at a national level to examine awareness, perceptions, attitudes, related knowledge, and behaviours of e-cigarette use among secondary school teachers.

Methods

An online cross-sectional survey was conducted with 931 secondary school teachers, principals and administrators across Australia in March and September 2022. 12 focus groups were also held with 68 NSW participants to gather qualitative insights.

Results

Overall, 12% of teachers were ever-vapers and 29% were ever-smokers. In Wave 2, 65.8% of teachers said preventing students vaping in schools was a ‘very high’ or ‘high’ priority, and in Wave 3 this increased to 70.7% ($p < 0.014$). According to teachers, students most commonly obtain their vapes through friends at school (55.4%), friends outside of school (63.5%), or through friends of friends, or siblings of friends (45.2%). Most teachers believe that vapes are easily accessible for young people, and that access laws are being ignored and not enforced. There was a significant increase in school communication about the harms of vaping ‘once’ and ‘more than five times’ (73.2% in W2 and 84.5% in W3, $p < 0.001$).

Discussion

There have been significant efforts across Australia to increase teacher’s awareness and understanding of vaping among young people such as the launch of NSW Health’s ‘Vaping Toolkit’ and updated PDHPE curriculum for years 7-9 in NSW. Despite this strong focus on resources development and education, access to and use of vapes by teenagers remains a large public health concern. Without stronger regulation and enforcement, vaping will continue to be a disruptive issue in Australian schools.

Zero-alcohol beverages: a survey of Australian parents' supply practices

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Background

Zero-alcohol beverages appear and taste similar to alcoholic beverages but contain less than 0.5% alcohol by volume. While zero-alcohol beverages may reduce harms if they replace alcohol consumption, there is concern that their increasing availability may increase exposure to alcohol branding and encourage earlier interest in alcohol among adolescents. Parents are the most common source of alcohol supply to adolescents, and are pivotal in shaping adolescents' beliefs about drinking. We investigated parents' practices of zero-alcohol beverage provision to adolescents.

Methods

We conducted an online cross-sectional survey of N=1197 Australian parents of adolescents aged 12-17 years in April-May 2022. Questions about provision of zero-alcohol beverages to adolescents were included as part of broader exploration of parents' beliefs about adolescent alcohol use. We performed multivariate logistic regression analysis to examine predictors of current zero-alcohol beverage provision.

Results

In the sample, 12% had provided zero-alcohol beverages to their adolescents. Parents were more likely to have provided zero-alcohol beverages if they agreed (OR=7.03, 95% CI=3.14-15.75, p<0.001) or neither agreed nor disagreed (OR=3.35, 95% CI=1.43-7.85, p=0.006) that "these products are a good way for an adolescent to celebrate a special occasion," compared to those who disagreed. Parents were also more likely to have provided zero-alcohol beverages if they had previously provided any alcohol (OR=2.45, 95% CI=1.57-3.81, p<0.001), and did not know the Australian alcohol guideline for under 18s (OR=2.34, 95% CI=1.51-3.64, p<0.001). Parents with permissive, compared to authoritarian, parenting styles (OR=2.72, 95% CI=1.22-6.05, p=0.014) and parents with incomes above \$60,000 (OR=2.66, 95% CI=1.38-5.14, p=0.004) were more likely to have provided zero-alcohol beverages.

Conclusions

Parents' zero-alcohol beverage provision to their adolescents was associated with alcohol provision, which is a risk factor for adolescent harms. Longitudinal research, including adolescent-report data, is needed to understand if zero-alcohol beverage provision encourages or substitutes for alcohol consumption among adolescents.

2B - Obesity/nutrition

Rapid Fire Presentations

Healthy tucker for community- the Journey developing a healthy eating/tucker framework, Aboriginal Partners and Nepean Blue Mountains Local Health District (NBMLHD), NSW, Australia.

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Purpose: Empower three local Aboriginal organisations to develop culturally appropriate healthy eating/tucker frameworks to promote healthy eating and drinking in their communities.

The beginning...

The NBMLHD Health Promotion service has a long-standing partnership with three local Aboriginal organisations, including Merana Aboriginal Organisation Hawkesbury, Koolyangarra Aboriginal Child and Family Service Penrith and Aboriginal Culture and Resource Centre, Blue Mountains.

Background: Nepean Blue Mountains has an Aboriginal population of 4.2%, The NSW Healthy Eating and Active Living Strategy 2022-2032, identify first nations people as a priority population and recognise the importance of healthy eating and active behaviours, to address the burden of disease.

Methods:

- Professional development full-day workshops to identify
 - Eating/drinking behaviours that are important to promote wellbeing
 - The purpose of healthy eating guidelines as integral to wellbeing
 - Key cultural components to be included to localise guidelines unique to their organisation
- A survey was administered to understand their experiences, acceptance, benefits and ongoing support for sustainability
- Ongoing Health Promotion support for sustainability

Findings: All three local Aboriginal organisations developed Guidelines for their organisation which were adopted as part of a broader organisational policy.

Reported:

- can be embedded across multiple areas of programming within their organisation for Elders, youth and children, and families
- improved acceptance of healthy food and drink choices to keep community strong and well show their community that they are looking out for their health
- assist new staff to understand the vision and reason for healthy eating within their organisation to support the day-to-day purchasing and preparation of community catering
- helps the organisation with budgeting healthy food options, utilising community garden

Conclusions:

The Healthy Food and Drinks Framework project is an ideal strategy to empower Aboriginal staff to strengthen positive eating habits and practices. It has enabled meaningful change at an organisation level to facilitate system change.

Reversing unhealthy dietary behaviour: Controlled cohort evaluation of a LiveLighter® campaign

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LiveLighter® is a long-running public health social marketing campaign, launched in Western Australia (WA) in 2012. From September to November 2022 LiveLighter® aired 'Reverse', a TV-led campaign comprising two complimentary approaches designed to decrease negative, and increase positive, dietary behaviours. The first encouraged adults to reduce their intake of unhealthy energy-dense, nutrient poor 'discretionary' food and drinks, linking their consumption to excess body fat and increased risk of 13 types of cancer. The second encouraged adults to choose healthier options.

Methods: A controlled cohort design was utilised with baseline population surveys (approx. N=1500 per state) of 25 to 49 year-olds in the campaign state of WA and comparison state of South Australia (SA) using a mobile sampling frame with participants followed-up post-campaign. Data collection is currently underway. Generalised linear models will be used to test interactions by state (WA cf. SA) and time (baseline cf. follow-up) on key outcome measures, controlling for potential confounders.

Results: Results will show whether changes in knowledge, beliefs, intentions, and behaviour occurred from before to after the LiveLighter® 'Reverse' campaign. The extent of change will be examined for the overall sample and within target audience subgroups – those with a higher body weight (BMI 25+) and regular fast-food consumers.

Conclusions: Findings will indicate the extent to which the LiveLighter® 'Reverse' campaign drove positive changes in key outcomes such as decreasing consumption of unhealthy food and drink and choosing healthier options, particularly among target groups. Findings will provide evidence of whether mass media campaigns promoting specific dietary actions can help avert concerning trends in discretionary food consumption.

Reversing the sequence; developing a new LiveLighter® campaign

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¹Cancer Council WA, Perth, Australia, ²MMResearch, ,

To improve cut-through and resonance of public health campaigns it is important to regularly test and update the messaging, imagery and mechanisms for delivery. The latest LiveLighter® campaign reversed the usual sequence by starting with the health issue and ending with the undesirable behaviour that could contribute to this health issue.

The Reverse TV ad begins by showing internal organs with toxic fat and cancer growth, then travels up through the oesophagus and out of the mouth to reveal people consuming junk food and sugary drinks. 'Solution' versions of the ads begin in the oesophagus, then show the camera leaving the mouth to show the individual consuming a healthy option instead.

In July 2020, four new concepts for LiveLighter® were tested (including previous campaign execution, Menu App) with six focus groups consisting of adults aged 25-49, all with BMI's within 26-30. Groups were segmented by age, gender, and location (regional or metropolitan).

The Reverse concept received positive feedback during concept testing and was chosen to move forward into development alongside Menu App. In particular, the concept was effective at increasing awareness of the link between eating junk food and health consequences, mainly due to the focus on the food rather than the person eating it. Testing showed that the Reverse campaign had:

- Cut-through with the new way of depicting the behaviour-disease relationship
- Broad personal relevance due to initial focus on the internals of the body
- Less risk of fat shaming because of the focus on behaviour rather than on people who are overweight

Toxic fat has consistently been an effective device for the LiveLighter® campaign, updating the mechanism showing its link with certain behaviours allows it to continue to attract attention.

Planning decisions and public health: the case to consider fast-food outlets.

Ms Ainslie Sartori¹, Miss Emma Groves¹, Mrs Melissa Ledger¹

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Using the planning system to regulate the density and location of fast-food outlets is an important component in the development of healthy, equitable and sustainable food systems that promote and enable healthy eating. Major chain fast-food outlets use their market power to pervasively market their brand and establish outlets in high exposure sites, resulting in such outlets being the most frequented type of food outlet for ready to eat food and drinks.

Cancer Council WA (in partnership with the Telethon Kids Institute) is funded by Healthway to undertake advocacy to advance obesity prevention policies in Western Australia. Strategies utilised include undertaking time sensitive, policy driven research, forming consensus, and building community and political support. These strategies have been applied to advocate for public health as an explicit objective of planning regulations, meaning it is a mandatory and appropriately weighted consideration for land use decisions, such as proposals for fast-food outlets opening next to schools.

To date, funding has been used to commission research into (i) the current location and density of fast-food outlets in the Perth metropolitan area, (ii) the effect of newly established fast-food outlets next to schools on student and broader community, and (iii) a review of the legal regulatory framework governing local planning in consideration of public health. In addition, analysis of four years of fast-food outlet application reports and ongoing monitoring of new applications provides insight into the perceived role of fast-food outlets in communities and provides insight to future objections to reform.

The presentation will provide an overview of the findings and progress on advocacy strategies to date and will discuss future direction and challenges. It will demonstrate how rapid policy-informed research can be used to build evidence, cross-sectoral engagement, communication and public relations strategies for campaigning to restrict future growth in fast-food outlets.

Communities4Walkability: empowering rural communities through citizen science to improve walkability

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Background: People living in ‘walkable’ areas are more physically active, but current approaches to assessing and improving walkability are oriented to urban environments. This project, delivered in partnership with local and state governments, used spatial assessments and citizen science to engage rural Tasmanian communities in auditing their towns’ walkability and identifying priorities for action.

Methods: To inform the selection of 10 towns we conducted spatial analysis of walkability in 92 small rural towns across Tasmania (population < 6,000). Towns were ranked on their walkability and grouped into deciles (1=least walkable; 10=most walkable). One town from each decile was selected, with selection also informed by regional location, local community and local government interest and logistical considerations. Once selected a citizen science approach was adopted with citizen scientists conducting walkability audits and taking photos of town features that support or impede walking. Audit and photo data were collated, before researchers facilitated workshops with community members to identify priorities for action.

Findings: The four towns with complete data thus far reported a range of recreational facilities, walking/biking trails, natural assets (e.g., beach/river) and community infrastructure (e.g., playground/park). Natural assets were not captured by spatial walkability assessments. Pedestrian safety was a concern in towns bisected by a major road. The condition of and/or lack of footpaths, inadequate signage and lack of pedestrian crossings and road shoulders were barriers to walkability. All towns had areas where access for those with limited mobility was restricted. Improving connectivity between existing town features and infrastructure to enhance pedestrian safety were identified as the highest priorities for action.

Conclusion: Combining different data sources provided a comprehensive overview of walkability in these rural towns. The citizen science approach has exhibited the potential to empower citizens to use the data to support local advocacy efforts to improve walkability in their towns.

Learnings from two implementation waves of a state-wide physical activity campaign

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Background: To support increased physical activity levels across South Australia, Wellbeing SA has developed a multi-year state-wide social marketing campaign, with the objective of getting insufficiently active South Australians walking. In 2022, the campaign had two separate waves that allows an examination of how different dissemination strategies relate to awareness and short-term impacts on reported walking beliefs and behaviours.

Project details: Key target audiences for the campaign included new mums, older males (55+ years), millennial females, and inactive individuals. The campaign was live through two waves in 2022: wave 1 from 17 January to 3 April (W1), and wave 2 from 1 to 30 June (W2). Both waves saw the campaign disseminated through social media, outdoor furniture (e.g., bus shelters and billboards), and digital radio, with the second wave also including a large television presence and mainstream radio.

Outcomes: From W1 to W2, prompted awareness of the campaign increased from 16% to 40% among a representative sample of South Australians (n = 800 each wave), especially among the key target audiences. In W2, most people (82%) recalled seeing the campaign on television. Of those who recalled seeing the campaign, 76% (W1) to 83% (W2) indicated it made them more aware of their walking and physical activity levels, and 42% (W1) to 44% (W2) reported that the campaign prompted them to walk more often. The campaign also evoked more positive, and few negative, emotional responses across both waves.

Implications for policy: Wave 2, which included a large free-to-air television and mainstream radio presence, had greater prompted campaign awareness. As short-term outcomes were similar across waves, findings suggest television presence is beneficial, and contributed to greater campaign awareness. Though more costly to disseminate, television presence is beneficial to disseminating campaign messages and may provide a greater potential for population-wide impact.

Priority intervention components to improve physical activity and nutrition in secondary schools.

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Background: Insufficient activity and poor nutrition in adolescence can persist into adulthood and increases the lifetime risk of developing a range of chronic diseases. Secondary school settings are ideally placed to address physical activity and nutrition-related behaviours among students. However, many school-based interventions are complex and multi-component. The aim of this research was to identify the discrete and effective components of evidence-based interventions targeting nutrition and physical activity that could be implemented in secondary school settings.

Methods: Randomised-controlled trials included in three high quality systematic reviews (Cochrane review of school-based physical activity interventions, Umbrella review of school-based nutrition interventions, and Cochrane review of obesity prevention interventions) were assessed to identify interventions conducted in secondary schools. The discrete components of interventions were coded and exploratory analyses conducted to assess the potential effectiveness on physical activity and nutrition outcomes.

Results: Of the randomised controlled trials included in the three reviews, only a small proportion had been tested and found to be effective in secondary school settings. The individual nutrition and physical activity components of these interventions included both curriculum and environmental strategies and most frequently involved: a) targeted learning experiences and lessons; and b) increased frequency or intensity of PE, sport and break time activities.

Conclusion: This analysis provides a useful guide for researchers and policymakers regarding which intervention components could be implemented in secondary schools to generate the greatest impact on adolescent physical activity and nutrition.

Commercial determinants of children's diets: Targeting parents through front-of-pack marketing

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Introduction: Commercial practices such as food marketing negatively influence children's dietary behaviours, increasing their preference for and consumption of unhealthy food and drinks. Marketing is pervasive on children's food and drink product packaging, using colourful images and logos, popular children's characters, and health and nutrition claims, to influence purchase and consumption decisions. Research to date has focused on child-directed marketing, yet evidence suggests that parents are also aggressively targeted by front-of-pack marketing on children's food and drinks. Understanding this is important to ensure design and implementation of policies that adequately protect children's diets from the harmful influence of front-of-pack marketing. This study therefore aims to describe the nature and impact of front-of-pack marketing that targets parents.

Methods: A systematic scoping review following PRISMA-ScR guidelines, of academic literature reporting on the impact of front-of-pack marketing on parents' purchase intentions and behaviours relating to children's food and drink products (excluding breastmilk substitutes).

Results: A search of four academic databases identified 8722 articles that were screened for relevance with 14 studies meeting eligibility criteria for inclusion. Included studies found front-of-pack marketing features such as fruit and vegetable images, realistic food images, and health claims positively influenced parents' perceptions and choices. On the other hand, cartoon characters were associated with the perception of a less healthy choice for children. Parents reported the perception that front-of-pack marketing including nutrition claims and product visuals are confusing, deceptive, and misleading.

Conclusions: Parents of young children are being deliberately targeted by food industry marketing. Parents are sceptical about the intent of front-of-pack marketing features, but at the same time are vulnerable to the impacts of persuasive marketing. This novel review generates new evidence that will enable monitoring of front-of-pack marketing practices that target parents and inform advocacy and policy reform to protect children's diets from commercial interests.

The health benefits of participating in a community exercise maintenance class.

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Introduction/Aim:

Lungs in Action (LIA) is a signature program of Lung Foundation Australia and is a community exercise program for people with chronic lung and/or heart disease, to maintain the benefits achieved during pulmonary or cardiac rehabilitation. The aim was to determine the holistic health benefits of participation in LIA through a national participant evaluation, concurrently with functional outcome measures over a three-month period.

Methods:

A convenience sample of LIA participants completed an online health questionnaire (Qualtrics) that incorporated the EQ-5D-5L Health Questionnaire, demographics and structured health and wellbeing questions at baseline. A follow-up health questionnaire was undertaken three months post baseline. Concurrently, LIA Instructors conducted functional assessments of muscular strength (30sec Sit to Stand (30STS)), mobility, and balance (Timed Up and Go (TUG)) at baseline and three months post, to assess physiological adaptations in a participant's ability to function independently.

Results:

108 LIA participants (60±8 years; F=72) attending LIA consented to complete the baseline questionnaire with n=61 (60±7 years; F=41) completing three-month post questionnaires. There were significant improvements in EQ-5D-5L anxiety domain (MD±SD; 0.18±0.22; p=0.04) and overall health rating (EQ-VAS) (MD±SD; 5.62±2.72; p=0.02).

74 participants (60±7 years; F=52) who attended an average of 11±6 classes over the three-month interval, completed functional testing at both timepoints. There was a significant decrease in time to complete the TUG (MD±SD; -0.81±1.41 sec; p<0.0001) and increase in repetitions for the 30sSTS (MD±SD; 1.68±2.76 reps; p<0.0001).

Conclusion:

Results indicate an increase in functional capacity, overall health, and a decrease in anxiety over the three-month period. These benefits may relate to improved independence and activities of daily living.

Key learnings:

Community exercise maintenance classes, like LIA provide continuity of care for patients following pulmonary and cardiac rehabilitation. The physical and mental health benefits demonstrated in this study, positively impact quality of life.

Grant Support:

This research was funded by an Australian Government grant - Driving Social Inclusion through Sport and Physical Activity Grant Program.

Putting the best foot forward: case study on secondary prevention in diabetes

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Diabetic foot disease (DFD) is known to be the strongest predictor of future lower extremity amputation and mortality and major burden for healthcare services. Metro South Health (MSH) is the largest health service in Queensland delivering care to 23% of the State's population across four Local Government areas (LGA). Of these Logan LGA is the fastest growing region with the highest diabetes prevalence (6.5%) and potentially preventable hospitalisations (8.8%) in the region. We aimed to determine the burden of and equity of access to secondary healthcare for DFD patients in Logan LGA.

Our analysis clearly demonstrated differences in burden of DFD and access to services across the Metro South region. Patients in Logan LGA had approximately twice the risk, compared with the rest of MSH area, for all DFD presentations, length of hospital stay for DFD-related admissions and number of lower extremity amputations. Despite this, Logan LGA patients only had 42.6% of bed days and 27.3% of amputations at their local hospital.

Using a prevention lens whilst planning for secondary healthcare services is paramount as superficial crunching of numbers may not highlight the inequities in the system. Appropriate framing of the epidemiology of care in a complex care service within a large Metropolitan service, brought to light the existing strain and reduced capacity of the local health service for the Logan LGA to cope with the current demand. In our case study, a descriptive report on the burden of DFD and its consequences led to the designing of a multi-disciplinary integrated model of care namely, the Logan Inpatient and Outpatient Foot Services.

In conclusion, our case study highlights how persuasive framing and presentation of our epidemiological report led to a concerted and collaborative approach to planning DFD care. There is a strong case for investing more in understanding the epidemiology of disease and care to help address the inequity paradigm and identify gaps in service delivery. As we emerge from a state of pandemic-induced disruption, we have a unique opportunity to leverage for evidence-based action in the secondary prevention space.

Practice-relevant evidence for community-based childhood obesity prevention: have systematic reviews stepped up?

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Background: Community-based interventions (CBIs) can be effective and feasible for the primary prevention of childhood obesity, and promotion of healthy behaviours. High quality evidence about key implementation factors, and necessary elements that drive effectiveness in CBIs is important. Such information can enable policy, practice and research decision-makers to select interventions with the best chance of success in their communities and understand how interventions could be adapted to their context and resources. Many published systematic reviews summarise anthropometric or behavioural outcomes, however few focus on specific elements of CBIs that may contribute to their effectiveness, including what works for whom, in what context, and making the best use of available resources. It is unclear if sufficient practice-relevant detail is currently reported in published systematic reviews.

The objective of this umbrella review was to investigate the extent to which published systematic reviews include adequate information to inform the implementation and further development of childhood obesity prevention CBIs.

Methods: Six databases were searched for systematic reviews including obesity prevention CBI studies involving children (0-18years) with weight-related outcomes. Two researchers screened papers for inclusion. In addition to standard 'general' data, 'practice-relevant' data were extracted and analysed, based on published evidence-to-decision making frameworks.

Results: From the initial 3,795 search results, 174 studies were screened at full-text stage, with 63 studies meeting inclusion criteria. Regarding 'practice-relevant' data reporting, most reviews included information on behaviours targeted, intervention duration and settings involved. Few reviews included other key implementation factors such as specific actions implemented, intervention intensity, resources required, and stakeholders involved. Factors such as equity, adverse events and sustainability of interventions were rarely reported.

Conclusions: To inform implementation and the future direction of CBIs, current systematic reviews should improve reporting of development and implementation factors, which can contribute to establishing generalisable best-practice approaches to CBIs.

Developing Online Heart-Healthy Recipes and Digital Recipe Books to Meet Consumer Preferences

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Background: The Heart Foundation has been developing recipes for many years to support people to adopt a heart-healthy eating pattern. Recipe formats have evolved over time to keep pace with consumer preferences and digital marketing trends. A recent Heart Foundation national survey, *What Australia Eats*, explored consumer interests in different formats of online recipes and meal ideas. People were interested in printable online recipes, short instructional recipe videos and downloadable recipe books (eBooks).

Methods: The Heart Foundation currently has more than 350 online recipes, including both meals and snacks. Created by a dietitian-led recipe development team, the recipes are designed to meet the Heart Foundation Recipe Guidelines and align with the five components of a heart-healthy eating pattern, which is naturally low in saturated and trans fats, salt and added sugar, and rich in unsaturated fats, wholegrains, fibre and antioxidants. In parallel with global digital megatrends, the Heart Foundation has invested in its recipe resources, working collaboratively with food photographers and stylists to produce high-quality recipes with images and stop motion videos to engage and inspire action. Since 2017, free eBooks, containing 10-12 recipes based on popular themes, have been published on the Heart Foundation website. Free printable recipes and eBooks are promoted via various digital channels including Heart Foundation newsletters and social media (e.g. Pinterest, Facebook, Instagram).

Results: Between May 2020 - September 2022, there were over 1.6 million visitors to the Heart Foundation recipe webpages. The total number of downloads for the eBooks by title and popularity were: 5 Ingredient Recipes (8,600), Lunch Recipes (3,948), Breakfast Recipes (2,856), Bowl Food Recipes (1,748) and Meat-free Recipes (1,625).

Conclusions: Digital recipe books, aligning with consumer preferences from the *What Australia Eats* survey, highlight that short format eBooks using high-quality images are useful to promote heart-healthy eating patterns.

Impact of an activity enabling uniform on student's fitness and physical activity

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An emerging barrier to student physical activity at school, particularly among girls are traditional uniforms that may be impractical for participating in physical activity (e.g. dresses, skirts and black leather shoes). Modifying the school uniform to be sports uniform everyday may be a simple intervention to improve student's physical activity (PA). The aim of this study was to assess the impact of an activity enabling uniform on primary schools students' cardiovascular fitness and PA across the school day.

A cluster randomised controlled trial was undertaken in 13 primary schools in New South Wales, Australia with students in grade 4,5 or 6. Schools were randomised to either an activity friendly uniform intervention, whereby students wore their sports uniform every day of the school week, or to a usual practice control. Physical fitness was measured using the shuttle run test and PA was measured in steps and counts per minute using wrist worn accelerometers for 5 school days. Linear mixed models will be used to compare student fitness and PA (across the segmented school day) between the intervention and control groups at follow-up, controlling for baseline. All analyses will follow intention to treat principles, with missing data addressed using multiple imputation. To reduce bias and ensure adequate power no preliminary data will be analysed prior to final data collection, which is due for completion in December 2022.

Results of the study will report overall difference in physical fitness levels and step count between intervention and control schools at follow-up. 13 schools have completed baseline data, there were 684 consenting students of which 602 had valid shuttle run data and 620 had valid accelerometer data.

Given the many challenges faced when implementing, at scale, school PA interventions this study is aiming to support a school uniform policy change as a simple means of improving student PA; one that does not require significant resource to build the capacity of schools and their staff to support implementation. It also has the ability to support other school PA programs by having students ready to engage in PA at any time of the week, especially for girls.

2C - Climate, Environments and Settings

Rapid Fire Presentations

Prevalence of depression and its treatment in Primary Care Practices.

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Introduction

Depression is an important and prevalent mental health condition that general practitioners can reliably diagnose and treat in Australia. However, there is no clear picture of how the condition is diagnosed and treated in the primary care setting, especially in rural areas like the Darling Downs and West Moreton (Queensland, Australia). Therefore, this study aims to improve our understanding of the prevalence of depression and how depression patients are treated and managed in primary healthcare practices, thereby providing some suggestions to enhance primary care-related service delivery.

Methods and analysis

We used a dataset of 545518 patients who had at least one general practitioner visit in the past two years to examine differences in the prevalence of depression diagnosis by demographics, geography, and the presence of other chronic conditions (hypertension, diabetes, chronic obstructive pulmonary disease, dementia, and osteoarthritis). Logistic regression models with instrument variables were conducted to examine associations with depression, comorbidities, and demographic characteristics.

Results

We found in our sample that 13.3% had a depression diagnosis. More women (15.8%) who had seen a GP were diagnosed with depression compared to men (10.4%). Women who were alcohol drinkers, smokers (ex and current), had a high body mass index, and living in regional and rural areas had significantly high rates of depression. More than 1 in 3 patients (35.4%) diagnosed with depression also had another chronic condition. Almost 4 in 5 (77.0%) patients diagnosed with depression received medication.

Conclusion

The prevalence of depression diagnosis generally appears higher in women than men in the DDWMPHN region. The higher rates of depression highlight the ongoing need for primary care practitioners to remain vigilant and improve screening and clear treatment pathways to enhance the quality of care and improve the quality of life in at-risk primary care patients.

Fuelling champions - A collaborative approach to creating healthy sports environments

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Background: Healthway developed a Healthy Sports program in 2019, assisting district associations and local sporting clubs with funding and resources to increase the availability and access to healthy food and drinks at junior sporting activities.

Method: The Healthy Sports program provides district associations and local sporting clubs funding of up to \$4,000 to implement structural, environmental and education strategies to increase healthy food and drink options for their players and patrons.

Healthway has partnered with the WA School Canteen Association (Fuel to Go & Play team®) who provide personalised support to funding recipients including: strategy development to increase the promotion and where possible the sale of healthy food and drinks, to increase the knowledge of healthy food and drinks through training for food service staff and club officials, and resources for players and members.

The program was evaluated in 2021 and updated to allow greater reach and impact within the target group. Previously, only clubs that had a food service were eligible for funding however this was updated to include any club with a junior member contingent, recognising the opportunity they had to deliver nutrition education to their members. Furthermore, the length of the grant period was extended from one sporting season to two, providing greater opportunity to develop and implement sustainable change.

Conclusion: To date 235 clubs have received funding of over \$777,000, with results showing clubs are changing their menus to include more healthy options. The program has also improved the knowledge and awareness of healthy food consumption among members and club officials, leading to increasing sales of healthy foods at clubs.

Sexually Transmitted Infections in the North Eastern Public Health Unit Catchment

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Background

Sexually transmitted infections (STIs) continue to exert a significant impact on communities across the globe. While large datasets exist to capture the gross trends of STIs, patterns in local communities are less researched. This research aims to describe the burden of STIs within the North Eastern Public Health Unit (NEPHU) catchment in Victoria and to identify relationships with community factors.

Methods

Notification data for chlamydia, gonorrhoea, infectious syphilis and late syphilis were obtained from the Victorian Department of Health and aggregated by local government area (LGA), year, 5-year age bracket and sex. Age standardised rates (ASR) per 100,000 population were calculated for each LGA and STI. Population factors were correlated to the burden of STI in each LGA using Pearson's correlation.

Results

The ASR of STIs in the NEPHU community were consistently lower than state ASRs. In line with the COVID-19 pandemic, there was a decrease in the ASR of chlamydia, gonorrhoea and infectious syphilis in 2020. While the ASR of gonorrhoea and infectious syphilis increased again in 2021, the ASR of chlamydia continued to decline across the NEPHU population. Yarra was found to have the largest burden of all four STIs, with the vast majority of cases found in males.

The proportion of young people in an LGA was found to be positively correlated with its burden of STI. The relationships between the burden of STI and healthcare and social assistance services, proportion born overseas, English proficiency, level of education and relative disadvantage were found to be minimal.

Conclusion

The results demonstrate marked differences of STI burden between the LGAs within the NEPHU community. The difference in STI burden between NEPHU and Victoria represents either a true deficit in burden or a gap in testing. The continued down-trending of chlamydia in 2021 in NEPHU LGAs may be as a result of pandemic-driven changes to social behaviour or a gap in asymptomatic STI testing. The high burden of STIs in Yarra is likely being influenced by its large young population, community of gay, bisexual and other men who have sex with men and availability of specialised sexual health services.

Preference for utilizing NCD services from primary healthcare facilities in Bangladesh

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Background: In Bangladesh, non-communicable diseases (NCDs) are increasing rapidly and account for approximately 68% of mortality and 64% of disease burden. Recognizing the current burden and future predictions, several strategies have been taken to address NCDs. The underlying purpose of these strategies is to increase quality NCD care with a specific focus on preventive services at primary healthcare facilities. However, little is known about community members' preference and willingness to utilize healthcare services from primary healthcare facilities; therefore, this particular subject is the focus of this study. **Methods:** Data were collected via 16 focus group discussions with community members, and 14 key informant interviews with healthcare professionals, facility managers, and public health practitioners. Based on a social-ecological model, data were analyzed thematically. The triangulation of methods and participants was conducted to validate the information provided.

Results: Preference and willingness to use NCD services from PHC facilities were influenced by a range of individual, interpersonal, societal, and organizational factors that were interconnected and influenced each other. Knowledge and perceived need for NCD care, misperception, self-management, interpersonal, and family-level factors played important roles in using preventive NCD services from PHC facilities. Community and societal factors (i.e., the availability of alternative and complementary services, traditional practices, social norms) and organizational and health system factors (i.e., a shortage of medicines, diagnostic capacity, untrained human resources, and poor quality of care) also emerged as key aspects that influenced preference and willingness to use NCD services from PHC facilities.

Conclusion: Despite their substantial potential, PHC facilities may not take full advantage of managing NCDs due to suboptimal use of preventive services. All four factors need to be considered when developing NCD service interventions in the primary healthcare level to better address the rising burden of NCDs.

Keywords: Non-communicable diseases, preference and willingness, primary healthcare facilities, social-ecological model

Can interventions to improve social wellbeing reduce health care utilisation?

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Background: Poor social wellbeing is associated with health risks and excessive health care use. Identifying individuals at risk for poor social wellbeing and providing them with social care may improve their wellbeing, and reduce costs from unnecessary health care utilization. Psychosocial interventions have been suggested to contribute to decreased health care use, however, such evidence has not been systematically quantified or synthesized.

Objective: To systematically examine and meta-analyze all available evidence on the effect of psychosocial interventions on health care utilization.

Methods: The databases Medline, Embase, PsycInfo, CINAHL, Cochrane and Scopus were searched in May 2021. Studies were included if they were randomised controlled trials that reported on health care utilisation and social wellbeing outcomes. A multi-level meta-analysis was used to derive pooled effects of interventions. Sub-group analyses examined participant- and intervention-level characteristics associated with intervention effects.

Findings: Twenty-nine studies were included from 14,622 citations; 25 were eligible for meta-analysis. Data were analysed across 6357 participants, including older adults, post-natal women, people with chronic illnesses and caregivers. The overall effect was in favor of the intervention group, with 28% reduction in health care utilization [OR = 0.68; 95%CI = 0.48, 0.94]. Decreases in the use of emergency care, primary care and inpatient care were found. An improvement was observed in social support [SMD = 0.32; 95%CI = 0.04, 0.61]. Short (< 6 months), one-on-one interventions delivered by health professionals and interventions targeting caregivers had more favourable health care utilisation outcomes. A sustained reduction in inpatient care was observed for 6-12 months post-intervention.

Conclusions: There is evidence that psychosocial interventions have the potential to reduce the burden on the health care system. Participant and intervention delivery characteristics, as well as intervention duration, could potentially affect health care outcomes and should be considered when designing and implementing future interventions.

Shade provision for sun protection: Strategies to improve built environment professional practice

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Australia has the highest rate of skin cancer in the world, with 2 in 3 Australians being diagnosed by the age of 70. Solar UV radiation (UVR) is a grade 1 carcinogen, in the same category as asbestos and tobacco. Quality shade, which is a well-designed and correctly positioned combination of natural and built shade, can reduce solar UVR exposure by up to 75%. Shade must be readily available across the range of outdoor spaces where people live, work and play and provide co-benefits across both human and global health priorities.

The NSW Skin Cancer Prevention Strategy leads a comprehensive approach to improving sun protection through policy adoption, behaviour change and shade provision strategies. Within this context, the NSW Shade Working Group leads the delivery of multicomponent strategies to promote improved shade implementation.

'ShadeSmart' is a partnership between Cancer Council NSW, the Australian Institute of Landscape Architects (AILA), and Cancer Institute NSW. The first of its kind, it aims to produce a strategic skin cancer prevention program of work relevant to NSW AILA membership. ShadeSmart consists of:

- continuing professional development training;
- influencing relevant planning and design policy and standards;
- promotion of best-practice shade design through the AILA ShadeSmart awards; and
- exploration of research priorities into shade design and technology.

This presentation will outline: how this partnership came about; key achievements to date, including program reach and impact indicators; and the future priorities for ShadeSmart. Sustaining the program with AILA NSW members and expanding it to a national program is a key goal. Exploring opportunities to expand the ShadeSmart program across other built environment professional peak bodies is another key area of interest, to enable and equip the broader community of design professionals to implement more effective and sustainable shade solutions. Other strategic goals include influencing how shade metrics can be incorporated into planning and design policy and standards and identifying the areas of prioritised research required to support practice improvements.

The people, power, and politics behind food investment policy in Australia

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Increased availability, affordability, and palatability of heavily marketed ultra-processed food products (UPF) are contributing to rising rates of noncommunicable diseases in Australia, Asia Pacific, and globally. This trend has been driven, in part, by the opening of domestic markets to foreign direct investment and the entry of transnational food companies, shifting greater control over the food system to large agrifood businesses and transnational manufacturing, retail and food service companies. Public policies play an important role in attracting and directing investment across different sectors of the economy. This project investigated who and what shapes agrifood-related investment policy in Australia and opportunities to advance population nutrition through this policy domain. We conducted 22 semi-structured key informant interviews from government agencies, arms-length bodies, market actors, and civil society organisations. Bourdieu's field theory and forms of capital are employed to investigate key public and private stakeholders, their roles, interests, and power relations in this policy landscape. The Australian federal government has historically played a minimal role in directing or incentivising investment specifically into food systems. COVID-19 has catalysed greater attention in this space, though primarily from a national security perspective. Although influence over food-related investment policy is diffused across numerous government agencies (with varying levels of coordination), the influence of financial actors was found to be highly concentrated and grounded in forms of social and cultural capital (e.g., insider knowledge, personal relationships). Dominant problem framings in the policy domain, such as a lack of capital given the small market size and industry scale, combined with national policy priorities around Industry 4.0 and value-added processing, alongside the absence of a national food and nutrition policy, present obstacles to governing food investment to decrease UPF supply and consumption. Consideration of nutrition and health does not currently influence public policy decisions regarding investment incentives. However, this research points to potential opportunities arising from emerging 'ethically-oriented' financial actors. Further research and advocacy focused on the role of finance in food systems can create new leverage points for action on population nutrition.

The Achievement Program's 'Climate and Health pathway': a settings-based framework

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Background

Settings such as workplaces, early childhood services and schools have long implemented health and wellbeing programs. More recently, climate focused initiatives have been gaining traction, including applying a 'climate lens' to health-related activities. For example, many schools are implementing 'nude food days' to promote the benefits of both healthy eating and reducing waste. However, there is a gap in terms of a framework that comprehensively links climate and health for settings-based action.

The 'Climate and Health pathway' – a framework for settings-based action

Cancer Council Victoria's Achievement Program is supported by the Victorian Government. It is a whole-of-organisation framework that sets benchmarks for workplaces, schools and early childhood services in relation to health areas such as mental health and wellbeing, healthy eating, physical activity, sun protection, tobacco control and more. Following a comprehensive review and consultation process, a 'Climate and Health pathway' within the existing Achievement Program framework was developed. The pathway is based on key actions that link to the Achievement Program's multiple health areas. The pathway's six key actions are: 1) Increase active travel 2) Eat more plants 3) Reduce waste 4) Use less energy 5) Connect with nature and 6) Get climate-ready. In order to promote sustainability through a whole-of-setting approach, the pathway's practical activities are embedded across the dimensions of the Achievement Program, including leadership and commitment, culture, physical environment, teaching and learning, supporting staff and community partnerships.

Key learnings

Actions addressing climate change in the places where we work and learn can have significant health co-benefits. Organisations can take a whole-of-setting approach and integrate climate actions and health and wellbeing activities, promoting environments that benefit the health of employees, students, children, and the planet.

Housing for Health – An innovative housing-first and health response for rough sleepers

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The prevalence and impact of rough sleeping experienced by many in the community is often profound. This is invariably compounded by a myriad of social, cultural, and structural drivers that exacerbate the prevalence and severity of outcomes for these vulnerable populations.

The causes of health outcomes for homeless populations are often poorly understood by mainstream services, with many insufficiently inclusive of their experiences and needs. Consequently, they tend to remain excluded from preventative health services and programs and endure poor health outcomes for prolonged periods before seeking help in a critical or crisis state. The accumulated negative physical and mental health effects for these individuals often results in a cyclic engagement with the acute care sector or crisis services.

In response to this issue, an innovative housing and health Program has been developed aimed at bridging the gap between homelessness and health for rough sleepers with complex health and social needs. The Program is grounded in the view that with stable housing, long-term homeless populations can be better supported to achieve health stabilisation and positive health outcomes. The Program is a unique integrated health and social housing program that draws on the collaboration between both government (SA Housing Authority and SA Health) and the NGO sector (Uniting Communities). It is designed to provide a 3-month wraparound approach to support each tenant into long term housing, improved health outcomes and a reduced reliance on emergency support services.

Since its inception in July 2021, the Program has successfully provided supported accommodation to 70 complex homeless individuals with most successfully gaining long term accommodation and positive health outcomes. This collaborative housing-first approach has demonstrated that a lack of suitable service responses to this issue can be effectively addressed by adapting current mainstream strategies to ensure high risk population groups can be engaged and empowered to mitigate the adverse outcomes of homelessness.

Understanding why patients do not attend colposcopy appointments

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Although HPV vaccination and cervical screening provide the best opportunity to prevent cervical cancer, a proportion of those screened require follow up-testing through colposcopy. In Australia it is estimated that 12% of people referred for colposcopy after receiving an abnormal cervical screening test result, do not attend their appointment. Non-adherence to screening guidelines may lead to delayed diagnosis and poor treatment outcomes. This research aimed to understand why some patients do not attend colposcopy appointments and suggests solutions to stop patients missing out of vital diagnostics and treatment. 15 interviews were conducted with clinicians practicing across the cervical screening pathway and with patients who delayed attending or were hesitant about attending colposcopy appointments. Barriers and enablers to colposcopy attendance were explored.

GPs and nurse cervical screening providers felt that patients faced a multitude of barriers to colposcopy attendance. Rigid appointment times, lack of childcare, mental health challenges and poor communication between GPs and colposcopy clinics were among the most cited. Colposcopy providers, while sharing these perceptions, also felt that patients were not receiving an adequate level of education about colposcopy and cancer risk before their appointment. Patients reported a lack of information leading to anxiety about the procedure and a misunderstanding of their cancer risk as main reasons for delaying colposcopy appointments.

Clinicians and patients suggested that better information provision should occur before colposcopy to help alleviate patient anxiety. Patients should be provided with education and emotional support when they receive their cervical screening result and from the colposcopy clinic prior to the appointment. It was suggested that patients should also be able to easily phone a clinic to talk to someone about their appointment in advance if needed.

Despite advances in cervical screening, if we don't ensure people are properly supported through the clinical pathway, elimination of cervical cancer cannot be achieved. The systemic barriers identified in this research is a critical yet complex emerging area of concern in need of addressing. At the same time, focusing on better patient education and communication poses a cost-effective solution in improving colposcopy attendance rates.

Environmental scan of food/drink advertising on buses and shelters around Adelaide schools

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Dietary behaviours impact multiple health outcomes, with poor diet contributing 5.4% to Australia's total disease burden(1). Marketing and advertising play significant roles in influencing individuals' food/drink choices. In 2018, the Council of Australian Governments Health Council (CHC) released a national guide to reduce children's exposure to unhealthy food/drink promotion, for voluntary use by Australian governments(2). Further, 'National Obesity Strategy 2022-2032' highlights the necessity to reduce children's exposure to unhealthy marketing across government-owned settings like public transport(3). Research identifies high frequencies of 'junk food' advertising on buses and shelters around schools in NSW and WA(4-5). This has not yet been explored in South Australia. To fill this gap, we are conducting an environmental scan of food/drink advertising on buses and bus stops within 500m of Adelaide schools. Sixty-five schools were randomly selected from a database of Adelaide public schools, across seventeen metropolitan local government areas (LGAs). Schools were selected to represent total eligible schools for LGA, socioeconomic status, school size, and type (primary/secondary/k-12). Google Maps was used to identify bus shelters within 500m of main entrances of included schools. Researchers photographed 'dynamic' advertising on buses passing a bus stop within proximity over 40-60 minutes, and 'static' advertising on all bus shelters within range. Data collection occurred on school days between 7-9am and 2:30-5pm, during the school term between October-December 2022. Outcomes will be shared following data analysis. The CHC food rating system will be used to report proportion of food/drink advertisements that are considered (un)healthy and (un)suitable for advertising based on CHC criteria. This research will begin to identify the ways in which Government-owned public transport in South Australia supports or undermines public health nutrition messages.

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2D - Maternal, Children and Young People Rapid Fire Presentations

Development of a new Skin Cancer Prevention campaign to promote sun protection

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Background: Mass media skin cancer prevention campaigns are a cost-effective way of increasing the adoption of sun protection behaviours¹. Identifying the need for a new campaign targeting young people, research was conducted with the target audience to develop a new digital video advertisement. This presentation will focus on latter qualitative concept testing and quantitative pre-testing stages.

Methods: The last round of concept testing involved 63 online interviews with 13-24 year olds with Fitzpatrick skin types 1-3 living across NSW. Three depictions of the 'Arrows' creative concept were tested. Two versions of the most effective approach, identical except for imagery showing melanoma spreading, were then produced. These two executions were tested with the primary target audience, 18-24 year olds, via an online survey to check for any unintended negative consequences and assess effectiveness.

Findings: The last round of qualitative concept testing found a more metaphorical version of the concept, 'Light Arrows' was most effective at engaging the target audience and motivating the adoption of sun protection behaviours. Quantitative pre-testing revealed that a minority of young adults perceived both executions as too confronting. This view did not positively or negatively impact self-reported intention to adopt sun protection behaviours. The creative execution showing more realistic images of melanoma spreading was generally more effective amongst the target audience. Participants identified a need for the campaign to provide additional information and resources, particularly insights from people who have experienced skin cancer.

Conclusions: Qualitative and quantitative research provided valuable insights to inform the development of a new skin cancer prevention digital video advertisement 'Arrows'.

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Collaboratively navigating the complexities of co-design to deliver prevention in maternity care

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Background

Preventive health interventions can improve health outcomes for mothers, babies and their families. Incorporating evidence-based initiatives addressing lifestyle factors including smoking, diet, exercise and alcohol in maternity care is a priority for NSW Health. As such, privileging Aboriginal women's voices to inform culturally safe and responsive maternity care is prioritised. Additionally, enabling culturally safe maternity care for culturally and linguistically diverse (CALD) communities is a necessity.

Methods

An adaptive and outcomes focused co-design approach was used to understand the needs of women and clinicians for the delivery of guideline recommended care in antenatal care. The NSW Ministry of Health engaged an external co-design partner to facilitate, including privileging Aboriginal and CALD communities' voices. The co-design involved 18 virtual contextual interviews, seven face-to-face workshops addressing service design and implementation, and seven virtual model testing interviews with mothers, expectant mothers and clinicians.

Results

Creating a culturally safe co-design environment for all participants presented complexities that were amplified by short project timelines. Challenges included co-ordinating a consistent and equitable approach to reimbursement through multiple recruitment channels; sourcing culturally appropriate venues; identifying the need for and arranging translated resources and interpreters; and connecting with relevant local stakeholders for advice and support. These complexities were overcome through a collaborative team working environment, building positive relationships with local health staff and co-facilitators who provided guidance. Responsive leadership was essential to adapt to evolving consumer preferences and enabled an inclusive participant approach.

Conclusion

Co-design provides an opportunity to involve consumers directly and meaningfully in health service redesign to improve health outcomes. Creating culturally safe spaces for co-design presents complexities that can be overcome through close working relationships with cultural groups, a willingness of the co-design team to listen and respond and a pragmatic and flexible approach to project timelines to ensure a quality process.

Should apps be used to support preventative health behaviours post gestational diabetes?

Dr Anna Roesler¹, Dr Marlien Varnfield¹, Dr Pennie Taylor¹, Dr Kaley Butten¹

¹Csiro, ,

Purpose:

Gestational diabetes (GDM) is one of the most common complications of pregnancy in Australia, affecting 1 in 6 pregnant women. GDM is associated with multiple pregnancy and neonatal complications and can lead to an increased lifetime risk of Type 2 diabetes and CVD for both mother and child. Post GDM is an opportune time to implement preventative actions to mitigate risks. The primary treatment for GDM and associated adverse health outcomes is lifestyle modification, delivered in-person or via telemedicine. Currently, mobile health applications (Apps) are utilised during GDM to virtually support women with behaviour change, but following birth App support ceases. This study aims to explore healthcare providers' views on extending an established GDM App, MoTher, to support maternal preventative health behaviour change following GDM.

Methods:

Semi structured interviews were conducted with healthcare providers with experience in diagnosis and care of women diagnosed with GDM. Healthcare providers recruited for interview were engaged with the MoTher App used in four hospitals in Brisbane, Australia. Interviews were transcribed and thematically analysed.

Findings:

Fourteen interviews were conducted with healthcare providers, including dietitians (3), diabetes educators (3), endocrinologists/obstetricians (3), nurses (2), midwives (2), and general practitioners (1). The preliminary findings indicate that healthcare providers believe women are left 'abandoned' following GDM. Currently no structured services exist supporting health behaviour change post birth. App support in the post pregnancy period could partly fill this gap, but consideration of how funding structures can be applied to incorporate digital health tools is required. Apps for women post GDM need to be simple; positively framed; provide links and quality health information; and include reminders, specifically for diabetes monitoring. Women also need to have ownership of their health information. Therefore, important health information should be retained to optimise personalised care via Apps, however, risks and data safety needs further consideration.

Conclusions:

Healthcare providers agree that extending digital health supports post GDM is valuable. This is an opportune time to create health behaviour change and prevent risk of diabetes. These findings, in combination with currently underway research, will guide future digital health support surrounding GDM.

Schools as settings for protecting health and the environment.

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The Ottawa Charter recognises that the work of health promotion should support “personal and social development through providing information, education for health and enhancing life skills”.

The World Health Organisation's Health Promoting Schools policy recognises school health programs as a strategic preventative health measure, leveraging the education sector to effect change and reduce risk by influencing health related behaviours.

Evaluation of the Stephanie Alexander Kitchen Garden Program has shown the program improves food literacy, increases fruit and vegetable consumption and engages children and families in healthy food behaviour.

Through the program, students of all ages in schools and early childhood services are introduced to the “pleasurable food education” philosophy which harnesses the power of positive messaging to emphasise the joy of fresh, seasonal, delicious food.

Practical curriculum-integrated learning, and active involvement in growing, harvesting, preparing and sharing gives participants opportunities to develop self-confidence, life skills and a healthy relationship with food, while embedding the passion, knowledge and curiosity to be part of local, sustainable and regenerative food production and consumption practices.

Children and young people are connected to the natural world, giving insight into food systems and sustainability, and practical skills for the future.

Evaluation of the Program shows strong evidence of positive social outcomes for children, schools and communities, building social cohesion and community resilience, and affecting change within and beyond the school gates.

In the Australian policy environment, the Program is fully supportive of the National Preventive Health Strategy, National Obesity Prevention Strategy and the Good Practice Guide Supporting Healthy Eating and Drinking at School, while also contributing to the United Nation’s Sustainable Development Goals.

The recent Food Policy Index (Food-EPI) Australia Report 2022 called on the Australian Government to “integrate practical skills in growing and cooking foods, as well as nutrition education, into the curriculum for early childhood education and care (ECEC) and all school years in a way that supports existing teaching priorities”.

20 years delivering the national Kitchen Garden Program has proven the program to be a powerful health promotion strategy, supporting children and young people to thrive, and schools and communities to flourish.

Designing a scalable m-health service to support children's (0-5 years) health

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Background: The National Preventive Health Strategy and the NSW Health First 2000 Days Framework outline that protective factors in childhood significantly impact on health and development throughout the life course. In NSW, Child and Family Health Nursing Services (CFHNS) support children's development from birth to 5 years. Despite this, ongoing engagement with CFHNS declines significantly over time, limiting the opportunity to provide universal health care to families. Digital interventions represent opportunities to supplement usual face-to-face care that can be delivered with high fidelity and at scale. Currently there are no preventative m-health services incorporated into routine CFHNS in Australia targeting child health (0-5 years).

Aims: To outline the co-design and development of a CFHNS m-health service from birth to 2 years.

Method: A literature review was undertaken to identify key barriers and enablers to obesity prevention behaviours including infant feeding and physical activity practices. Using the COM-B model for behaviour change, the Theory and Techniques tool and involvement of a practice expert group including CFHN clinicians, Aboriginal and Multicultural Health staff, dietitians and behavioural researchers, a suite of text messages including web links and actionable support, were developed targeting obesity prevention behaviours in addition to age and stage appropriate information and primary health checks reminders.

Results: The service commenced in 2021 in five CFHNS (including two Aboriginal-specific services) and has been delivered to ~2000 families, capturing 96% of parents/carers of eligible newborns. Seventy-one messages were developed from birth-12 months and fifty-six messages from 12 months to 2 years empowering parent/carers to autonomously make decisions related to preventative health practices for families (listed above).

Implications: This provides a comprehensive overview of the design of an m-health service that can be used as a guide for other researchers and health care practitioners interested in digital service delivery models.

Demystifying quality youth engagement: harnessing a mechanism to improve public health

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In 2021, the Victorian Health Promotion Foundation (VicHealth) launched a three-year strategy, Future Healthy, investing in health promotion and community development that supports the agency of young people to improve their health and wellbeing. Youth engagement is an essential component of the strategy. To support this, VicHealth funded research to build a framework for evaluating youth engagement.

In this presentation, a VicHealth staff member and young people who contributed to the development of the Youth Engagement Evaluation Framework (YEEF) will unpack the process used to develop the framework. The young person presenting will share youth engagement experiences in public health. Presenters will then provide an example of how the framework can be applied in the real-world and facilitate a question-and-answer session, if required.

The YEEF was developed in 2021-22 from a review of engagement frameworks and principles from youth-focused programs, and literature on youth engagement indicators, principles, and practices. Following the reviews, the YEEF was refined with the support of eight young people with diverse lived experiences, who have participated in youth engagement opportunities. The young people, VicHealth, and research partners collaborated to build the YEEF that details:

- Principles and practices of quality youth engagement
- Indicators for monitoring and criteria for evaluating youth engagement

The YEEF is aligned with the conference theme of 'equipp[ing] [attendees with tools] to make meaningful changes that will lead to action in preventive health. We believe YEEF contributes to the evidence base by defining quality youth engagement as principle-based, and providing comprehensive indicators for evaluating programs, organisational structures, and system-level youth engagement endeavors.

All authors were involved in the development of the YEEF, each with complimentary areas of expertise. VicHealth staff (Mehak Sheikh, Kevin Kapeke, and Anyuop Dao) bring skills in program design, facilitation, engagement, and advocacy. Research partners (Jesse Tse and Ruth Aston) bring evaluation and indicator development expertise, and young people bring lived experience, skills in engagement, and policy advocacy.

Pushing the boundaries of youth-centred co-design in digital cultures: opportunities and challenges

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As social media forums and chat platforms have become everyday sites for social and romantic interaction, concerns have been expressed regarding the corresponding increase in technology-facilitated harms, including text and image-based abuse.

Australian research indicates that such abuse is normalised by many young heterosexual men, who have a tendency to victim-blame - particularly where victims are perceived to have 'rejected' a sexual or emotional relationship or interaction. These actions – and the attitudes that underpin them – create a hostile and exclusionary environment for young women online.

The Alannah & Madeline Foundation (AMF) and researchers from Swinburne University of Technology collaborated on a co-design project to produce 'Crushed But Okay,' a digital resource for young men that models ethical responses to experiences of online rejection, which been viewed over 1.5 million times on Facebook, Instagram and TikTok as of November 2022. This presentation will focus on the co-design process and the challenges of designing an intervention in digital cultural spaces.

Research by Petty and Cacioppo (1986) suggests there are two main routes to persuasion. The central route consists of deliberative processing and results in longer-term behaviour change than the peripheral route, which involves a more rapid assessment of message traits like endorsement by peers and role models. However, a review of the literature on masculinities and men's behaviour change conducted for this project suggests men can be persuaded via both routes — indeed, it may be important for messaging to demonstrate peer endorsement. This poses a challenge when the end product is a digital resource rather than a group workshop. How can peer experiences, norms, values, etc, be incorporated into narrative artefacts that are intended to be shared in everyday digital cultures?

We describe how a co-design process was implemented using tools for digital collaboration to incorporate the lived experience and critical perspectives of young people in the development of the 'Crushed But Okay' resource. The presentation explores the organisational challenges this posed, and argues for the crucial importance of researchers and practitioners understanding the digital cultures into which they are seeking to intervene with behaviour change initiatives.

Improving sun protection behaviours of young people through a social marketing campaign

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Background: Over 95% of melanomas in Australia are caused by UV radiation from the sun. Young people are particularly at risk. Those aged 18-24 years old tend to spend more time in the sun, less frequently adopt sun protection behaviours and be sunburnt more often than the overall New South Wales population. Comprehensive research was undertaken to develop a new skin cancer prevention campaign.

Aim: The new skin cancer prevention campaign was delivered to 18-24 year olds across NSW November 2022 - March 2023. The campaign aims to increase their perceived personal risk of developing skin cancer and motivate them to adopt the five sun protection behaviours (slip, slop, slap, seek and slide).

Method: Using a social marketing approach and guided by the key research insights, the campaign included new creative assets that depicted UV radiation as 'Arrows' descending from the sky, transforming it into a visible and tangible threat to the health of young people. Testimonial videos sharing the stories of young people affected by skin cancer, along with a range of assets role modelling sun-safe behaviours, were also delivered.

Results: The creative was delivered across numerous high-reach channels for this audience, including cinema, outdoor advertising, online videos, digital display, audio apps and social media. Evaluation findings and key learnings will be presented, including prompted campaign recognition, key message take-out, and differences in sun protection behaviours based on exposure or non-exposure to the campaign.

Conclusion: A social marketing approach can provide an effective framework to plan, develop and implement campaigns that have a measurable impact on the adoption of sun protection behaviours.

Do we need school provided meals in Australia?

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Schools are a key setting to create supportive environments as they foster learning, and influence children's health and wellbeing. Most Australian children consume one-third of their day's food intake at school, with over 80% of lunches considered nutritionally poor. Is it time for transformative thinking to improve the Australian school food system? We sought to summarise the evidence, surrounding two key questions: 1) 'Does Australia need school provided meals?' and 2) 'What could school meals in an Australian context look like?'. We examined the role and potential for school meals, drawing on national and international literature and experiences. Provision of school meals has potential to address barriers experienced by families and schools, while delivering educational, health, wellbeing, and economic benefits. There are numerous international examples for how school meal programs have been implemented, however for a successful school meals system in Australia, the unique policy, social, political and geographical context needs to be considered. We developed a set of principles and considerations to guide exploration to establish a school meal system in Australia: feasibility, acceptability, sustainability, and governance. Feasibility of school meals will include considering who school meals would reach and the who, what, when, where, and how of providing school meals. A co-designed approach across government portfolios with families, schools, and the wider community will enable communities to create a locally appropriate and autonomous school meal program to enhance acceptability. A school meals system would need to consider economic, social and environmental sustainability and equity. Embracing school meals in Australia requires transformative change to the existing school food system. Multi-sectorial collaborative action between government departments, food relief sector, primary industries and private business is needed to achieve such a transformation.

Vaping addiction among young people: future risk or current reality?

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In 2022, ACT Health initiated formative research with young people from diverse backgrounds to explore their knowledge, perceptions and attitudes about vaping (n=43; ages 14-24). Using a thematic analysis, a key finding was that most young people who vape are actively seeking e-cigarettes with nicotine and can be experiencing vaping dependence. Nicotine is a highly addictive psychoactive substance that is particularly problematic when used by young people, primarily because their developing brain is more susceptible to forming synapses for addiction than adults. Dependence can occur more rapidly and at lower doses in youth—for example, a young person can experience symptoms of vaping dependence within weeks of initiating use. Peer-reviewed studies also reveal troubling links between vaping, nicotine dependence and worsening mental health symptoms of anxiety and depression. Novel factors of e-cigarettes such as device type, battery size and nicotine concentration levels can also influence dependence. Experiences of vaping quit attempts or supporting peers to quit were common among study participants. Most agreed it was challenging to stop vaping and spoke of not knowing where to go for help— this was particularly the case with under-age participants who did not want to disclose their e-cigarette use to parents or authorities in the process of seeking help. When asked about accessing phone-based services such as Quitline, participants expressed reluctance to use these services as they were more comfortable with texting or using online platforms anonymously. These findings are similar to a recent qualitative study of teen vaping in Western Australia (n=92 high school students). Participants expressed a desire for credible information about signs of vaping dependence and cessation options, especially those with a digital focus. While smoking cessation providers are adapting services to include vaping cessation, research shows public health information on vaping dependence and cessation options specific to young people is lacking. Given vaping dependence among young people is likely a current reality rather than a future risk, there is a pressing need for further investment in evidence-based tools and cessation pathways, including digital options, that are tailored to the needs of young people who want to quit.

2E – Health

Conversation Starter Presentations

Economic evaluations of oral health preventive interventions: A systematic review.

Mr Tan Nguyen^{1,2}, Dr Utsana Tonmukayakul², Dr Long Le¹, Prof Hanny Calache², Prof Cathy Mihalopolous¹
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Objective: To identify existing evidence of full economic evaluations (EE) of preventive interventions for dental caries and periodontitis and to analyse their methodologies. **Methods:** Published literature was searched in May 2020, and updated in April 2021, using the following electronic databases: The Centre for Reviews and Dissemination databases (DARE, NHS EED and HTA), EBSCO databases (MEDLINE, CINAHL, ERIC, Global Health), EMBASE and Web of Science. Non peer-reviewed and 'grey' literature were searched via Proquest Dissertations and Theses Global, OpenDissertations, OpenGrey, and ETHOS databases. Key study eligibility criteria included: 1) studies published after 2000, 2) full economic evaluation studies, and 3) one comparator must be a preventive intervention. **Results:** 3,007 studies were screened for relevance. 322 studies were subjected to full-text review, of which 73 studies met the eligibility criteria. The Drummond 10-point checklist was used for quality appraisal. Most studies used cost-effectiveness analysis (CEA) and cost-benefit analysis (CBA), 47% and 25%, respectively. The majority of papers (88%) were focused on dental caries, eight papers (11%) investigated periodontitis and one paper (1%) economically evaluated both oral diseases. The most frequently preventive interventions investigated were water fluoridation (12%), practice-based fissure sealants (11%), and practice-based application of topical fluorides (11%). The health outcome measures reported included decayed, missing and filled tooth surface or teeth (dmfs/DMFS, dmft/DMFT) indices, proportion caries free, tooth-years retained, Disability-Adjusted Life Years (DALY), and quality-adjusted life years (QALY). The valuation of the health outcome measures was applied inconsistently between studies. There is an absence of willingness-to-pay thresholds using dental health outcome measures. **Conclusions:** This study identified that EE of preventive interventions for dental caries and periodontitis were undertaken primarily on clinical practice-based preventive interventions. Future research require an agreed method to quantify health outcome measures from an oral health perspective to enable comparability between health interventions for decision-making.

Bricks and stones may...actually hurt me? Awareness of silica dust health harms

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BACKGROUND

Crystalline silica is a common naturally occurring mineral found in stone, rock, sand, gravel, and clay, as well as in building materials such as artificial and natural stone benchtops, bricks, concrete, and tiles. When these materials are worked on, silica is released as a fine dust, known as respirable crystalline silica or silica dust. Breathing in silica dust can cause irreversible lung damage, including lung cancer. Each year, around 230 Australians develop lung cancer due to past exposure to silica dust at work. To date, relatively little is known about the extent of public awareness of the health risks of silica dust. The aim of this research was to measure public awareness among Western Australian (WA) adults about the health effects and sources of exposure to silica dust.

METHODS

In an online survey, 1006 WA adults reported their beliefs about the carcinogenicity of silica dust, and which types of cancer silica dust causes. Respondents identified materials containing silica dust and described which work activities they thought would expose people to silica dust. Where relevant, differences by demographic factors were measured.

RESULTS

Half (51%) of respondents thought silica dust probably or definitely caused cancer; of these, 88% recognised that exposure causes lung cancer. Awareness of the carcinogenicity of silica dust was higher among males, people working in certain industries, and older adults. One third of respondents (33%) knew that artificial/engineered stone contains silica dust. Respondents identified various work activities that might expose people to silica dust, including grinding and cutting stone, tiles, or concrete.

IMPLICATIONS FOR PUBLIC HEALTH

The results demonstrate that there is a need to develop and deliver health promotion activities targeting workers in relevant industries and consumers to improve their awareness of the sources of silica dust exposure, particularly artificial stone, and the associated health effects.

Predictors of Sunscreen use – Findings from the Sun Observation Study

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Introduction:

Skin cancer is the most prevalent and costly cancer to treat in Australia, and one of the most preventable. Prevention messages communicate the importance of sun protection when the ultraviolet (UV) radiation index is three and above to reduce skin cancer risk. This study aimed to assess predictors of sunscreen use (including UV index and weather) during outdoor activity in Victorian adults.

Methods:

This study utilised a sub-sample of Victorian adults included in a cross-sectional direct observational study of sun protection behaviours. Data was collected in public outdoor venues around Melbourne over summer weekends. Sunscreen use (SPF 30+ applied that day) was self-reported. Cloud cover, wind strength and age, sex and activity were observed by researchers. Temperature (degrees Celsius) was collected from the Bureau of Meteorology, and UV index from the Australian Radiation Protection and Nuclear Safety Agency. Logistic regression was performed to determine predictors of sunscreen use overall and across location types.

Results:

A total of 467 adults (n=177 at parks/gardens; n=152 at pools/beaches; n=138 at outdoor streets/cafés) were included in analyses. Sunscreen use was highest at pools/beaches (49%), followed by parks/gardens (39%), and outdoor streets/cafés (33%). Being male (OR=0.37, 95% CI=0.25-0.55, p<0.001), moderate/strong wind speed (OR=0.56, 95% CI=0.36-0.87, p=0.010), and a higher UV index (OR=0.91, 95% CI=0.84-0.98, p=0.012) were associated with reduced sunscreen use, with higher temperature associated with increased sunscreen use (OR=1.09, 95% CI=1.03-1.15, p=0.005). Across location types, being male was associated with reduced sunscreen use at all settings (all p<0.05), with moderate/strong wind speed associated with reduced sunscreen use at parks/gardens (p=0.002), and walking/exercising with increased sunscreen use at outdoor streets/cafes (p=0.015).

Conclusion:

Findings suggest temperature and weather characteristics remain a driving factor in sunscreen use. Public education on the importance of protecting from UV (not temperature) and interventions targeting men remain a high priority.

COVID-19 Prevention in Primary care during Australia's COVID-19 Vaccine Rollout

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Background: The COVID-19 pandemic has presented unprecedented challenges for the Australian health system, and emphasised a range of known public health issues related to preventive health in Australia including fractured primary care funding and the influence of varied information sources in community health decision-making. This study aims to describe the primary care health professionals accessed for care during 2021 – the year of the COVID-19 vaccine rollout – and the role they played in providing COVID-19 prevention and treatment, including sharing information about COVID-19 vaccines. **Methods:** A nationally-representative online cross-sectional retrospective survey was conducted via Qualtrics in February 2022. Participants provide information about their health service use in the previous 12-months for a range of acute and chronic health conditions including COVID-19. Data were analysed for descriptive frequencies and percentages. **Results:** The survey was completed by 2569 participants, of whom 194 (7.6%) reported being diagnosed with COVID-19 in the previous 12 months. Participants most commonly reported visiting a general practitioner (87.6%) or pharmacist (74.3%) in that time although community nurses and nurse practitioners (14.2%), naturopaths (6.6%), Traditional Chinese medicine practitioners (6.1%), and Western herbalists (5.8%) were also consulted. 15.9% of individuals who consulted a community nurse/nurse practitioner and 15.4% of individuals who consulted a GP did so for assistance in prevention of COVID-19. COVID vaccination information was discussed with their health professional by 25.5% of individuals visiting a GP, 19.3% of those visiting a community nurse/nurse practitioner and 17.6% of those visiting a naturopath. **Discussion:** The COVID-19 pandemic required a whole-of-health system response and in doing so has highlighted the role of a range of primary care practitioners in delivering preventive health and health promotion in the community. The effectiveness, quality and coordination of Australia's primary care preventive health system remains unclear.

Accessibility of preventive health information:migrants' experience with official information about COVID-19 vaccines

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Background: For health equity, preventive health information needs to be accessible to all members of society to allow for informed decision-making. All Australians aged 50 years and older have been recommended to take a second booster dose of vaccine to mitigate the burden of COVID-19. We sought to investigate barriers that migrants living in Australia faced in accessing official information about COVID-19 vaccines and identify potential solutions.

Methods: Using a descriptive qualitative study design, we interviewed by telephone 17 adults living in Australia and born in the World Health Organization's Eastern Mediterranean Region between December 2021 and February 2022. Participants were recruited using advertising through social media platforms. The interviews were audio-recorded and transcribed verbatim. Inductive thematic analysis was used in analysing data.

Results: Identified barriers to gaining access to official information about COVID-19 vaccines could be classified into three categories of unmet language needs, methods of dissemination, and mistrust in official information sources. Improving the quality and timeliness of language support, using diverse modes of dissemination, working with members of migrant communities, providing opportunities for two-way communication, communicating uncertainty, and building a broader foundation of trust were identified as solutions to make information more accessible for all.

Conclusion: This study identified clear barriers to information access in an underserved migrant population. Information about COVID-19 vaccines and other preventive health should be provided in migrants' languages at the same time that it is available in English using a variety of methods for dissemination. The acceptability of official information can be improved by communicating uncertainty and providing opportunities for two-way communication. People's trust in official sources of health information can be improved by working with migrant communities and recognising migrants' contributions to society.

Keywords: Migrants, Preventive health, COVID-19, Health information

Communicating research to Public Health policy makers and practitioners

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Background: Improving how research is communicated may enhance its use in public health policy and practice decision making.

Purpose: This study aimed was to quantify and describe public health policy makers and practitioners' preferences for the source, message content and format for receiving public health research findings.

Methods: A total of 186 participants completed a value weighting exercise, to quantify their views regarding attributes of the source, message content and format for receiving public health research evidence.

Participants were asked to allocate a proportion of 100 points across attributes of each outcome. A higher allocation of points represented a greater level of importance participants perceived for an attribute.

Results: The source of research evidence viewed as most influential were researchers followed by government departments, knowledge brokers, and peers. Message content perceived as most useful included a summary of key findings and implications, evidence-based policy or practice recommendations, and the inclusion of data and statistical summaries. The outcomes most valued when selecting interventions or strategies to implement them were those reporting effectiveness, equity, feasibility and sustainability. Finally, the format most valued by participants were peer reviewed publications followed by reports, policy briefs and plain language summaries.

Conclusion: The findings provide a basis for the future development, and optimisation of dissemination strategies to this important stakeholder group

More Than a Budget: Why Integrating Wellbeing Economy Approaches Across Government Matters

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The Australian Treasurer's Measuring What Matters roadmap lays out an opportunity to build a budget framework that moves to a wellbeing economy approach and lays the foundation for a broader integration of wellbeing approaches into Government. The last few years have illustrated that Australians live in an inequitable, unhealthy society and these inequities can leave the whole society vulnerable to emerging threats. Further, as Australia is amid a third consecutive La Nina and both rural areas and inner-city suburbs are being flooded, the risk presented by climate change has never been clearer. A wellbeing economy approach provides a clear answer on how to address these issues.

While the Federal Government is moving closer to a wellbeing budget, it must be ensured that this process is the start of Government wide system change and isn't confined to the budget or a budget statement alone. Government can promote, or not, societal and environmental wellbeing through many different levers including legislation, regulations and more. A wellbeing approach must be incorporated across Government and embedded into all its levers to promote a society that delivers holistic, long-term decision making focusing on building societal and environmental wellbeing for Australians today while also ensuring the societal and environmental wellbeing of future generations.

VicHealth has been working with the Victorian Council of Social Services to establish a seven-step plan that would operationalize and future-proof a wellbeing economy approach across government. VicHealth has also been working with key partners to bring together the community, health, environment and other sectors to mobilise both themselves and community members to ensure Governments properly adopt a wellbeing economy approach. It is crucial a collective voice is using the same definitions, principles and mechanisms in advocacy to Government in order to ensure a wellbeing economy is realised.

From proving to improving: transforming performance measurement across six prevention programs

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In 2021, Queensland's public health agency, Health and Wellbeing Queensland (HWQld), introduced a new 'strategic management approach' to its \$68m investment in six state-wide preventive health programs. This was, in part, a response to multiple opportunities that had been identified to enhance the ways in which program performance was managed and evaluated, including: ensuring that Service Agreements and evaluation requirements stipulate the need for clearer alignment between performance measures and program objectives; facilitating reporting approaches that are less onerous to produce and review; supporting the development of program logics to inform more comprehensive and specific evaluation plans; creating opportunities for program partners to work more collaboratively through the establishment of communities of practice and regular reflection workshops.

The Institute for Social Science Research (ISSR) at the University of Queensland was subsequently engaged to lead monitoring, evaluation and learning activities across the six programs through the Strategic Evaluation of Prevention Programs (SEPP) project. This represented an opportunity for a substantial improvement process, both for HWQld and for the program partners.

New systems of work have subsequently been designed and embedded, requiring genuine collaboration and negotiation with the program partners, each of whom have different priorities. Balancing these priorities with the contractual requirements of HWQld has required strong leadership and the establishment of trusting relationships. Through co-design and collaboration, a consistent focus on program improvement and academic rigour, and the achievement of early wins, the new approach has now been embraced.

In this presentation, an overview of the SEPP monitoring, evaluation and learning activities will be shared, drawing on project outputs to emphasise how they are enhancing the assessment of programs, both individually and collectively.

Preventing bowel cancer through combining optimal interventions to mobilise screening

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Introduction: Australian public health efforts to improve bowel cancer outcomes highlight the importance of leveraging the existing National Bowel Cancer Screening Program (NBCSP). Current NBCSP participation is 43.8% for Australia, with modelling estimating that reaching and sustaining participation at 60% would save an estimated 84,000 lives between 2015-40 (1,2). Evidenced-based interventions exist at the individual, health service and population levels which could improve NBCSP participation to achieve higher participation. The aim of the MAIL, GP and SCALE project is to (a) determine the optimal combination of interventions, and (b) ways in which they can be implemented to benefit the Australian population by reducing the burden of bowel cancer.

Methods: The project is ongoing and will provide an up-to-date profile of NBCSP and non-NBCSP bowel cancer screening (Aim 1) and conduct an evidence review to determine the effectiveness of existing interventions (Aim 2). Findings from the evidence review will be used to inform, co-design and pilot an intervention to increase general practice engagement in promoting the NBCSP, which is known to improve participation (Aim 3) (3). The effectiveness and cost-effectiveness of the pilot will be estimated together with other interventions, including those at an individual (e.g. reminder messages) and a population level (e.g. national campaigns) using a well calibrated and validated microsimulation model (Policy1-Bowel). These results will illustrate the potential impact of the different interventions to determine their additive or multiplicative effects to ascertain the optimal combination (Aim 4). Finally, the findings and further stakeholder consultation will be used to develop a sustainable and viable scale up plan to support the business case for future investment in the NBCSP (Aim 5).

Conclusion: Continual investment in discrete interventions has been shown to be cost-effective and bringing these together with a plan for their scalable implementation will provide further guidance for decision makers to improve bowel cancer outcomes in Australia.

References:

1. AIHW. NBCSP monitoring report 2022; 2. Lew JB et al. Lancet Public Health. 2017 Jul 1;2(7); 3. Goodwin BC et al. Syst Rev. 2019 Nov 4;8(1):257.

Conceptualising power and privilege in public policy: a critical review

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The World Health Organization Commission on Social Determinants of Health, in their 2008 report, *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health* called for the need to “tackle the inequitable distribution of power, money, and resources – termed ‘structural drivers’ – to improve health equity. Yet, 14 years on, not only do health and social inequities remain apparent, they are being exacerbated by global disasters, such as climate change, the COVID-19 pandemic, and recurrent financial crises. Government policy shapes the social and health landscape, and has the potential to attenuate or exaggerate inequity. ‘Good’ policy should strive to reduce inequity and act in the public interest; however, this pursuit is often compromised by those who hold considerable power and privilege.

In order to monitor and evaluate the production and reproduction of power and privilege through the public policy process, it is necessary to first operationalise the concepts of power and privilege. To do this, we conducted a critical review to aggregate literature from different disciplines, including health, political science, policy studies, philosophy, and sociology. Critical reviews seek to identify and synthesise works that have made a significant contribution to the field, providing the opportunity to identify what is of value from the previous body of work, competing schools of thought, and launch a new phase of conceptual development. Our search covered academic publications and grey literature sources, beginning with seminal works known to the research team and subsequently using a snowball method to include additional sources from reference lists. Nearly 100 academic publications and 40 grey literature sources (including reports from the media, think tanks, and other bodies) were reviewed and assessed for their relevance to the topic. The review unpacks core concepts of power and privilege and the unique components hypothesised to constitute the various types, sources, forms, levels, spaces, and practices of power and privilege. The review findings provide the foundation for a Delphi process to develop indicators of power and privilege as they relate to the making of public policy and social and health inequity.

Exploring the gap between food attitudes and eating behaviours of South Australians

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Unhealthy eating is endemic in South Australia. Only 8.3% of South Australian adults eat the recommended serves of vegetables and 42.1% consume enough fruit. There is an abundance of literature describing the types and amounts of food people should and do eat, and this literature has informed the development of numerous policies, strategies and campaigns. Yet the rates of fruit and vegetable intake within South Australian adults has stagnated.

Although a lot of nutrition research is translated into practice, a critical gap has appeared - the lack of information available regarding why people make the food choices they do. As a result, few interventions focus on the 'why' of food choice.

Wellbeing SA recently commissioned market research as the first phase of a knowledge translation project. Rather than focusing on what South Australians are eating, the objectives of this research centred on the "whys" of food choice, specifically identifying the common beliefs, attitudes, motivations and concerns which drive dietary behaviours in South Australian adults. This research also identified key target populations, based on how persuadable they are in relation to healthy eating.

This market research is the first step in the development of a 'real world' communications strategy for Wellbeing SA which aims to translate multiple South Australian specific data sources into positive and impactful messaging. The communications strategy will support the roll out of messaging across Wellbeing SA's Healthy Food Systems portfolio of work.

Development of a culturally appropriate, national website about crystal methamphetamine.

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Methamphetamine is a stimulant drug of concern to many communities across Australia. Access to culturally appropriate and community informed resources is limited. This presentation will describe the development and testing of a community-led, culturally appropriate, evidence-based eHealth resource for Aboriginal and Torres Strait Islander peoples about crystal methamphetamine.

A participatory research design with an Expert Advisory group of Aboriginal elders, researchers, and health workers collaboratively guided the development of the website. This ensured the project navigated the complexities of developing an evidence based resource. To understand the communities needs initial community consultations were conducted nationally to identify specific resource requirements. 166 people participated, identifying a need for evidence-based resources regarding what methamphetamine is, its impacts on mental health and families/communities. Integrating ongoing community feedback through the development process and prior to the launch of the website was imperative to ensure resources were responsive to community needs.

The Cracks in the Ice website for Aboriginal and Torres Strait Islander peoples launched on 21 July 2021, attracting >15K website visitors and >37K views. Over 31K hardcopy brochures have been distributed. The website is the first of its kind, providing community led and informed resources that support people and their families affected by crystal methamphetamine.

Based on knowledge shared by community, and from research literature, the website provides a variety of resources to support and empower people affected by crystal methamphetamine. This presentation will provide an overview of the development of the website and a brief introduction to the resources.

The project was approved by Aboriginal research ethics committees in the relevant states/territories (NSW, SA, WA, NT) and research finding reports have been shared with the participating communities. Resources developed through the community consultations are accessible online, anywhere and anytime in Australia.

Reducing the Effects of Smoking and Vaping on Pregnancy and Newborn Outcomes

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Background:

In New South Wales (NSW) 8.6% of pregnant women smoke, with disproportionately high rates in rural and remote areas and in Aboriginal women. NSW Health recently released a policy directive which establishes minimum standards for clinicians to provide evidence-based and high-quality smoking and vaping cessation support to women and their families before, during and after pregnancy. Given the diverse population in NSW and range of maternity settings, targeted clinical engagement was critical to inform effective policy implementation and improve pregnancy outcomes.

Methods:

A comprehensive, mixed methods approach to understand the implementation needs of Local Health Districts (LHDs), Specialty Health Networks (SHNs) and Aboriginal Maternal and Infant Health Services (AMIHSs) in NSW. Stakeholder interviews and surveys of maternity managers, and quantitative analysis of maternal smoking and vaping behaviours informed the staged roll out. The health needs and interests of Aboriginal people were represented through participation in Implementation Working Groups and an overarching multidisciplinary Advisory Committee.

Results: Targeted clinical engagement was prioritised to LHDs with highest smoking rates and to AMIHS'. Educational materials were developed in response to issues raised in stakeholder interviews with a focus on yarning sessions for Aboriginal maternal health workers. Evaluation measures have been informed by stakeholder interviews and collaborative workshops.

Conclusion:

Implementation of a state-wide, preventative health policy directive requires multidisciplinary collaboration and extensive engagement to ensure clinical and cultural appropriateness, and feasibility. Such a comprehensive implementation approach can serve as a model for future policies in maternity care, and demonstrates NSW Health's focus on preventative health across the life course.

Promoting breast screening using culturally appropriate strategies

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BreastScreen Victoria is a population screening program, which means we offer our service to the eligible group in the community proven to benefit most from breast screening. Breast screening is known to be most effective by reducing breast cancer deaths and the impact of treatment among women in the 50-74 age group. BreastScreen Victoria is committed to ensuring our services are inclusive, culturally safe and accessible to all eligible Victorians. This means understanding and addressing the barriers that can stop certain communities from accessing breast screening.

Mandarin speaking clients are one of the largest population groups in Victoria and have some of the highest numbers of lapsed clients (clients who have not screened within 27 months since their last appointment) in the BreastScreen Victoria program. Over the 2020-2021 period, there were 1,378 lapsed Mandarin speaking clients who had last screened in the period between 2018-2019. Barriers and challenges to screening for Mandarin speaking clients can include language barriers (i.e. anxiety around communicating in English with clinic staff), low understanding of the importance of preventative health checks and dependence on family members to attend health appointments.

With the support of a Mandarin speaking Bi-lingual Contact Officer, several culturally appropriate strategies have been implemented to improve the screening experience and improve participation rates of Mandarin speaking clients. Strategies have included publishing WeChat articles about breast screening, providing in-language information sessions, attending community events, providing interpreting support at group screening sessions, interviewing a Chinese radiologist and developing an in-language video about the BreastScreen Victoria program.

The support of a bilingual contact officer can help clients overcome barriers that limit their ability to access breast screening, and can help bring communities together to learn about breast screening. BSV will continue to provide positive breast screening experiences to clients through culturally appropriate strategies.

Heat awareness and health protection behaviors in older Queenslanders

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Extreme heat events are projected to increase in the coming decades, with rising temperatures presenting a serious threat to the health and wellbeing of the people in Queensland. Older persons will be among the most impacted due to their increased vulnerability to extreme heat. However, little is known about older persons' awareness of heat and health protection behaviours in the sunshine state. We conducted a statewide survey of over 500 Queenslanders aged 65 and over. The survey aimed to explore awareness of heat-health risk and identify their heat adaptation or protection strategies.

Encouragingly, the majority (89%) of respondents were aware that heat can affect their health before warning signs appear, however most indicated that they had a little knowledge about how heatwaves affected their health (55%). Fans were the most common cooling intervention used (95%) followed by air conditioning (83%). Only a little over half regularly used other adaptive measures such as adjusting clothing (55%) and increasing fluid intake (54%). While more than half of respondents (58%) indicated they would present to their primary health professional if they felt unwell due to hot weather, many (75%) had also never been told by a health professional that their age makes them more sensitive to heat impacts. These findings indicate a need for awareness raising around how heat affects health in older people, and education to promote the range of adaptive measures. Additionally, it highlights the need for increased heat risk awareness amongst health professionals.

The lazy language of lifestyles: a call to action

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The influence of one's 'lifestyle' in the prevention of chronic disease in Australia continues to permeate national and jurisdictional public health policies, and the professional and public discourse. This is the case even in the context of reports and organisations that explicitly recognise that it is social, economic, cultural, and commercial forces that have the strongest influence on a population's health. However, by definition, lifestyle is about individual choice and decision making; the autonomous, intentional ways in which a person or group exerts free choice to live their lives. Its usage as a term is ubiquitous in society (e.g., celebrity lifestyle, middle-class lifestyle), including in the world of health promotion (e.g., active lifestyle, sedentary lifestyle, risky lifestyle).

An unquestioning use of the language of lifestyles therefore perpetuates the myth that improving the public's health is a personal responsibility. In some cases, this is done inadvertently or implicitly. In others, this is explicit - a deliberate 'pollution of health discourse', driven by commercial industries with vested interests, or by those with particular ideological standpoints. Regardless, the outcome can be a diversion of attention away from those upstream primary preventive actions that are likely to be most effective at bringing about equitable, sustained improvements in health, towards action focused downstream on individualistic treatment and improving health attitudes and behaviours.

Language matters. How we communicate public health concepts influences how they are received, understood, and acted upon. This is at the core of recent research on public health framing, which consistently advises the avoidance of reinforcing the 'zombie hypothesis' that one's health is simply down to one's choices. We need to consciously reframe this narrative. In this conversation starter, I will argue that avoiding the lazy language of lifestyles would be a good start.

Ultrasound Safety Module: Interventional Study on Knowledge and Awareness among Pregnant Women

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Pregnant women now have a very high demand for ultrasound technology for non-medical purposes, particularly in the multidimension mode. The lack of public knowledge, perception, and awareness of the biological effects of prenatal ultrasonography is thought to be the cause of this predicament. Therefore, educational module is developed to deliver appropriate knowledge to the public regarding the safe use of prenatal ultrasound. This study aims to evaluate the effectiveness of educational modules (video and brochure) in improving knowledge, awareness and perception (KAP) among pregnant women. This is a quasi-experimental study with a pre- and post-test design. This study recruited 51 pregnant women as respondents from the Obstetrics and Gynaecology clinic (O&G) of Hospital Canselor Tuanku Muhriz (HCTM). The first phase of the study was conducted by distributing a set of closed-ended questionnaires with multiple choice and Likert scale answers to assess the KAP of pregnant women regarding the safe use of prenatal ultrasound, followed by educational modules where the respondents were allocated into three groups (17 watched a video, 17 received brochure and 17 received combined media). After the intervention, the respondents' KAP were assessed by using the same questionnaire. The Wilcoxon signed rank test showed that educational modules like video, brochure and combined media had a statistically significant increase in post-test scores over the pre-test scores (video: mean rank=9.00, $p<0.05$), (brochure: mean rank=9.79, $p<0.05$) and (combined media: mean rank= 10.17, $p>0.05$). The Kruskal Wallis test indicated that educational video was more effective in improving the KAP of pregnant women than the brochure and combined media (mean rank=34.62, $p<0.05$). Among the parameters, the occupation has the strongest positive correlation with the post-test knowledge score in improving the KAP of pregnant women regarding the safe use of prenatal ultrasound. The educational module on the safety of prenatal ultrasound is thought to be able to dispel myths by providing accurate information to audiences with diverse backgrounds.

Food classification guidelines across Australia – concordance and implications of differences

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Background: Each Australian jurisdiction produces separate food and drink classification guidelines for different institutional settings (e.g., schools) to guide food service providers on what constitutes a nutritious offering. Australian food manufacturers, suppliers and retailers frequently report that it is challenging to align their product range with a multitude of different classification systems. This study aimed to investigate the concordance between guidelines from all Australian jurisdictions across various settings, based on their application to a range of packaged food and drink products.

Methods: Products from top selling brands in Australian food service settings across 10 product categories (e.g., sweet snacks) were classified according to each of the 20 state and territory food classification guidelines applying to schools, workplaces, and healthcare settings (primarily 'traffic light' classification systems). Product nutrition information was retrieved from manufacturer, supplier, or retailer websites. The level of concordance between each combination of two guidelines using a 'traffic light' based classification system was determined by the proportion of products rated as 'amber' across both guidelines.

Results: 747 food and drink products were assessed. 77% products were classified at the same level of healthiness across all 'traffic light'-based systems. Concordance in 'amber' food classifications ranged between 63% and 96% across guidelines. Highest agreement (96%) was between Victorian and South Australian guidelines for schools; lowest concordance (63%) was between Victorian and Western Australian guidelines for schools. Discrepancies mainly arose from differences in food categories included in guidelines, e.g., the 'ready-to-eat meals' category was absent from some guidelines.

Conclusion: There are differences in the food classification guidelines across Australian jurisdictions. There is a need for national coordination and greater consistency in guidelines to support food manufacturers, suppliers, and retailers to implement healthy changes. Consistent guidelines will allow retailers and suppliers to better communicate their needs to manufacturers for product development and reformulation.

How has intersectionality between social determinants shaped COVID-19 experiences?

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Background: Social determinants have driven inequities in COVID-19 infections and deaths globally. Limited attention has been paid to how interactions between social determinants of health shape country experiences of COVID-19. Thus an intersectional approach is helpful especially in terms of considering power and the impact of historic inequities.

Methods: We used a comparative qualitative case study design to examine how intersectionality between social determinants have shaped country experiences of COVID-19 in 17 low- middle- and high-income country case studies. Researchers in each country completed a template to collect data on inequities, population groups with higher deaths/infection rates, system weaknesses revealed during the pandemic, impact of public health interventions, and contextual factors including politics, geography, and conflict.

Results: The pandemic exacerbated pre-existing social inequalities in many countries and social determinants coalesced to shape health inequities. For example, female migrants, who are overrepresented in frontline and essential jobs in all case study countries, were exposed to higher risk of COVID-19. Examining social positions illustrates how gender and migrant status interacted with social determinants resulting in some groups more likely to experience overcrowded accommodation, lower incomes and no sick leave and these factors contributed to increase the risk of COVID-19 infections/deaths. For example, there was higher maternal mortality due to COVID-19 for Black women in Brazil, and higher mortality by ethnicity in Peru, New Zealand, the UK, and US.

Conclusion: Privileged groups, in terms of income, gender and ethnicity, are at lower risk of COVID-19 infection and death. We demonstrate how health inequities are created by interaction between social factors. Analysis which takes account of intersectionality is vital for a full understanding of health inequities.

Learning outcomes:

An intersectional social determinants approach is needed because it points to the underlying historical and social structures that have contributed to the unequal impacts of COVID-19.

Factors associated with Planning and Implementing Workplace Oral Health Promotion: Key-Informants' Views

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Introduction: Understanding the factors associated with planning and implementing health promotion actions are crucial for success. This study aimed to determine the views of members of key organisations associated with the aged care workforce on the factors associated with planning and implementing workplace oral health promotion (WOHP) activities in the aged care setting.

Material and Methods: Semi-structured interviews were held with 14 members of key organisations associated with, or who have expert knowledge of, the aged care workforce. Participants included oral health and health professionals, those from government and non-governmental organisations, aged care provider organisations, unions and other worker support organisations. Interviews were audio-recorded (with consent) and transcribed verbatim. Data were analysed thematically.

Results: All participants agreed that many factors need to be considered when planning and implementing WOHP. A key factor for active participation is identifying the organisation and national practices and policies that best suit the intended health promotion initiative. It is also important to understand the organisations' and managements' interests and priorities, the organisations' structures, the nature of work, and their resources. Another factor most participants raised was understanding the target audience's interests, health needs and personal capacity (workload, personal commitment and financial constraints). A few participants added that advertising and promoting the activities to raise awareness of them, along with acknowledging people's participation through a form of compensation, could raise staff participation in the activities. Key stakeholder collaborations and ensuring that the initiative is sustainable were other factors raised.

Conclusions: Consideration should be given to identifying and addressing the factors that influence in organising and implementing WOHP. Inappropriate planning and failure to anticipate forthcoming difficulties and other factors that impact on the programme's success would likely result in a less effective initiative and use of resources.

Reducing gender inequalities in cancer prevention: a human rights approach

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Gender inequities and harmful gender norms can negatively impact not only the health of individuals, but the health, well-being, growth and productivity of society in general; and as such, gender is acknowledged as a structural determinant of health. Gender plays a role in exposure to cancer risk factors, such as smoking tobacco, drinking alcohol, and occupational exposure to harmful environments; preventive health behaviours; whether and how people seek health care services; and the quality and effectiveness of the health care that they receive.

International and domestic human rights frameworks are an important way to understand and address the social, economic, commercial, legal and other structural factors that influence cancer and health inequalities. Equality and the principle of non-discrimination, including on the basis of gender and sex, are fundamental protections in international human rights law, including the right to health, and every State has ratified at least one human rights treaty recognising non-discrimination and equality in health care. In Australia discrimination on the basis of sex and gender, including in areas of access to health care, is prohibited. Yet gender inequality continues to be a major barrier to effective preventive health care. This session will look at the role of gender in cancer prevention and discuss opportunities to utilise human rights frameworks to reduce gender inequality in preventive health. Using examples from tobacco control and the elimination of cervical cancer, this session will examine the potential for human rights to be better utilised for health equity in Australia and globally.

Getting research and implementation science into practice: A researcher in residence model.

Professor Helen Skouteris¹

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In his 16 October '22 address, Tedros Adhanom Ghebreyesus, Director General of the WHO called for initiatives across sectors that enable healthy and secure populations stating that health does not start in hospitals but in the community, such as in homes, schools, workplaces. I established the Health and Social Care Unit in 2020, the first of its kind in one of the largest Faculties of Medicine in Australia, to do just that – to support and foster actions across sectors to improve health and health equity. This is especially important if we are to meet the ambitious vision of the 2030 Agenda for Sustainable Development - the goal that all children have the best start in life. Despite commitment across sectors to giving every child the best start in life, the “business” of early child development remains fragmented with each part of the system, for the most part, unaware what the other is doing. Multisectoral action refers to action between two or more sectors within the public sector. In this presentation, I will outline how, over the last 6 years, I have pushed my research beyond: i) describing the nature of the problem of child disadvantage alone; ii) the boundaries of health and social care to a shared multisectoral vision; and iii) a sole focus on getting research findings into practice. Whilst there are 100’s of published theories, models and frameworks that can be used to guide implementation, this work has been academically driven and “locked up” in scientific journals; pragmatic insights from practitioners and service/end-users are lacking. This perpetuates the research to practice knowledge gap that implementation science was created to overcome. To address this problem, I have developed a strategic researcher in residence program to enhance knowledge translation exchange. This program has led to long-term partnerships with industry and has informed an implementation science theorising model my team and I developed to enable the generation of new knowledge on how we get implementation science into practice to prevent poor developmental outcomes. Here I will outline this program, the theorising model and provide examples of successful knowledge translation.

Preconception risk factors and interventions to prevent adverse maternal and perinatal outcomes

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Background

Preconception period - time prior to pregnancy - allows to explore and intervene how women's health conditions and certain risk factors could affect the mother and newborn's health, once she becomes pregnant. Very few studies have been conducted on the adolescents and young women, and relatively little is known about the factors underlying the continued increase in the adverse outcomes. This period offers an excellent opportunity to identify several health-risks and prevent adverse outcomes through designing preventive health interventions and strategies that promote maternal and child health.

Objective

The aim of this study was to identify, map, and describe the existing empirical evidence on preconception risk factors and interventions implemented to improve the health and wellbeing of adolescents and young women (10-24 years of age) and their children.

Method

We conducted an evidence gap map (EGM) activity, including reviewing relevant literature and landscape analysis of maternal, and perinatal outcomes. The EGM was populated by systematically searching online databases such as Medline, Embase, Emcare, Cochrane Library, and CINAHL. Grey literature was also searched using Google and Google Scholar based on the inclusion/exclusion criteria. This was followed by title/abstract screening, full-text screening, and data extraction of all the relevant completed and published systematic reviews and empirical studies on interventions with no systematic reviews. All included studies were coded based on study design, age, context, geography, setting, risk factor, intervention, delivery platforms, and outcomes using EPPI Mapper software. A graphical EGM was developed based on preconception risk factors, interventions, and maternal and perinatal outcomes.

Results

The EGM identified the research gaps in preconception risk factors such as overweight/obesity, tobacco/alcohol use, domestic violence, infections, poor oral health, and chronic diseases, and preconception interventions such as psychological and genetic counselling, nutrition supplementation, lifestyle modification and behavioral interventions.

Conclusion

The findings of this study helped us identify and highlight research gaps on preconception risk factors and interventions in different contexts and geographic settings. It suggests policy implications to promote preventive health interventions and summarises findings that helps prioritise future areas of research.

Adapting learnings from bowel and cervical screening to reduce liver cancer burden

Ms Charissa Feng¹

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Liver cancer (predominantly Hepatocellular carcinoma – HCC) is the fastest increasing cause of cancer death in Australians. Liver cancer is often detected late where survival rates are very low. A major cause of HCC is long-term infection with Hepatitis B virus, which disproportionately affects migrant communities from Hepatitis B endemic countries.

Early detection of Hepatitis B, linkage into care and optimal adherence to HCC surveillance are key to reducing Hepatitis B induced HCC mortality. However, participation in testing and surveillance is low. Unlike organised cancer screening programs for breast, bowel and cervical cancer, it is not supported by external registries or mass media campaigns. Many migrant communities also face multiple barriers to participation in any testing or screening programs - reduced healthcare access, lower health literacy, stigma and differing cultural attitudes.

Cancer Council Victoria has had success in engaging with migrant communities to participate in bowel and cervical screening programs, and many strategies may also be appropriate for reducing HCC burden including:

- Linking primary care with community engagement – educating primary care services to opportunistically screen patients whilst priming the same community through community education and media campaigns
- Familiarisation visits – bringing community to visit a screening service to reduce fear and anxiety prior to making an appointment
- Grassroots led community models - providing grants to community organisations to lead, design and evaluate highly tailored programs to increase screening within their communities
- Use of bicultural workers to integrate cancer screening messages into their work with community
- Working with trusted in-language GPs to endorse cancer screening, via GP endorsement letters and social media activity

This presentation is an opportunity to discuss key successes and learnings from these organised cancer screening programs and see if they could be applied to increasing participation in Hepatitis B testing and HCC surveillance.

Reference:

1. Victorian Hepatitis B Strategy 2022 – 2030
2. Cancer in Victoria 2020 Report
3. Viral Hepatitis Mapping Project: National Report 2020
4. The challenge of liver cancer surveillance in general practice: Do recall and reminder systems hold the answer? Australian Family Physician November 2017

3A - Parents/Carers and their perceptions

Long Oral Presentations

Sustained investment in young Victorian cervical screening knowledge and participation.

Ms Ayesha Ghosh¹, Ms Tove Andersson, Ms Kerryann Wyatt, Ms Kate Broun, Ms Lauren Temminghoff, Ms Michelle Kiteley, Ms Nikki McGrath, Ms Claire Rusell

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Background: Victorian young women and people with a cervix participate less than other age groups in the National Cervical Screening Program (NCSP), putting them at higher risk of cervical cancer. Cancer Council Victoria delivered a repeated digital campaign in 2021 and 2022 aiming to increase participation of people aged 25-34 in the NCSP. This presentation focuses on the sustained impact and outcomes generated by the targeted and evidence-based campaign. This project was funded by the Victorian Department of Health. Methods: An online survey measured campaign recall and cervical screening knowledge, completed in 2021 by 81 campaign consumers (recalled campaign) and 106 control group respondents (did not recall campaign) and in 2022 by 121 campaign consumers and 187 control group respondents. Impact was measured by comparing the number of cervical screens completed after the campaign by those aged 25-34 compared to other age groups. Results: Campaign recall was similar in 2021 (43%) and 2022 (39%). In 2021, campaign consumers displayed increased knowledge compared to the control group about testing commencement (47% c.f. 25%), testing for same sex attracted people (79% c.f. 70%) and the testing interval (88% c.f. 76%). The 2022 campaign consumers had higher knowledge about commencement age (50% c.f. 37%) and practitioner choice (70% c.f. 58%). Consumers and control had similar high scores for both years in other topic areas. Data showed a small but notable increase in the number of cervical screens completed by young people in the month following the 2021 campaign compared to most other age groups. The impact of the 2022 campaign will be compared when data becomes available. Discussion: Comparison between years showed an overall increase in young peoples' knowledge about cervical screening and an increase in screening participation. These results demonstrate the effectiveness of investment into a sustained, targeted, and evidence-based campaign.

Caring for caregivers: Navigating the Early Years System in South Australia

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The early years are a critical time for children, setting the foundation for lifelong learning, behaviour and health. To optimise the health, development, and social outcomes of children, their caregivers and families, there needs to be an Early Years System that is accessible and equitable. In South Australia, the Early Years System encompasses all universal and targeted supports for children and their families. To ensure this System adequately meets the needs of caregivers, families, and their children, we sought to explore how the Early Years System in South Australia is experienced by a diverse range of caregivers, by 1) understanding access and engagement with the System, 2) caregivers met and unmet needs, and 3) identify challenges with engaging, and opportunities to engage with the System. Interviews were conducted (n=37) with a range of caregivers (n=14), service providers (n=14), and representatives from organisations (n=9). Journey maps were co-created with caregivers. Data were analysed using case study and descriptive analysis methods. We identified that caregivers in South Australia have varied access to, and engagement with, the System. The existing System meets the needs of some caregivers but misses those who need it most, such as families who are culturally and linguistically diverse, Aboriginal and/or Torres Strait Islander, in low socio-economic circumstances, residing in rural and remote areas, or with child or caregiver disability. There are various challenges related to the System being overwhelming and difficult, but key opportunities for increasing engagement such as assisting caregivers in navigating the current system. To ensure there is an Early Years System that is accessible and equitable, we need to better promote the existing services that are available, we need to normalise help-seeking behaviour, and we need to develop more diverse and inclusive services to better meet the needs of those at greatest risk.

Acceptability of modified child feeding intervention for Culturally and Linguistically Diverse communities

Miss Rachel Gerathy¹

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The Parents In Child Nutrition Informing Community (PICNIC) project is a co-designed infant/child feeding practices intervention on the Mid North Coast NSW. Despite consideration to ensure equity and program access PICNIC has had limited success engaging culturally and linguistically diverse (CALD) groups. This project aims to assess the feasibility of PICNIC with CALD stakeholders and communities, identifying barriers, enablers and modifications to the existing program.

Supported Playgroup (SPG) staff, other stakeholders working with vulnerable groups and parents of children aged 2-6 years were engaged in preprogram consultation. Two PICNIC programs were piloted in Red Cross and Uniting Care Supported Playgroups in Coffs Harbour. Attendees represented a diverse range of ethnicities including Ethiopian, Arabic, Iraqi, Australian, Aboriginal, Malaysian and Burmese families. Parents and stakeholders completed post-program surveys and interviews were conducted to assess acceptability and identify common themes.

Parents (n = 42) of children aged 0-6 years attended the pilot sessions. Program enablers identified were SPG staff providing engagement support; modification of program content, communication styles and experiential learning to demonstrate infant spoon-feeding techniques and division of responsibility topics, and using technology (Google Translate) to assist with language barriers to explain fussy eating and child feeding practices. Program delivery over multiple weeks impacted the sequential intervention dose for some attendees. The outdoor playgroup environment provided challenges with competing noise levels. Participants indicated increased knowledge of child feeding practices, acceptability of the refined delivery models, and demonstrated intention to use learnings. Participants reported improvements in their child's eating behaviours post-intervention. SPG stakeholders reported positive unintended outcomes additional to the content presented.

This PICNIC intervention provided acceptable support for CALD communities to address the knowledge gap in child feeding practices in infants and children.. Further work is required to refine the model and identify acceptable communication pathways to share preventive health information between these CALD groups who experience a disproportionate burden of chronic disease due to social inequality and disadvantages.

Effects of marketing claims on toddler foods on parent's perceptions and preferences

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Background: Children need good nutrition for healthy growth and development and to reduce chronic disease risk later in life. While toddlers (aged 12 to <36 months) are recommended to eat family foods, there is an increasing retail market for toddler-specific packaged foods (especially snack foods), many of which are ultra-processed and high in fat, sugar and/or salt. Marketing claims on these products often imply superiority to whole foods. There is little Australian research examining parent's perceptions of the nutritional value of toddler food products, or the influence of on-pack marketing claims on these products.

Aims: To assess parent's responses to marketing claims on unhealthy, ultra-processed toddler food products and test whether removing such claims promotes more accurate product perceptions and healthier product preferences.

Methods: Australian parents of toddlers (N=800) will be recruited for a between-subjects, web-based experiment and randomly assigned to one of four marketing claim conditions: (A) control (no claim, simulating ban); (B) contains 'good' ingredient (e.g., made with wholegrains); (C) free from 'bad' ingredient (e.g., no additives); (D) child-related claim (e.g., perfect for little hands). Claims will be presented on mock toddler food packages digitally altered to exemplify each condition. Participants will be asked to choose between product pairs from the same food category. E.g., one unhealthy fruit/cereal bar reflecting their assigned claim condition and one healthier fruit/cereal bar with no claim. Perceptions of the health and nutritional value of the unhealthy products will be assessed.

Results: Data collection will be completed in 2022 and results available for presentation at the conference.

Conclusions: Findings will add to the evidence base on impacts of marketing claims on toddler foods and expand our understanding of the efficacy of potential changes to labelling requirements on these foods in promoting more informed and healthier food choices by parents for their young children.

How parents impact their teenager's vaping and smoking behaviours

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Background:

Vaping by young people in Australia is a rapidly emerging public health issue. Evidence shows that parental behaviours and attitudes can play a key role in influencing adolescent behaviours. Considering the health harms of vaping and evidence that it can be a gateway to tobacco smoking for never-smokers, it is important to understand whether parents' smoking and vaping behaviours influences their teenage children's smoking and vaping behaviours.

Methods:

Online cross-sectional surveys as part of the Generation Vape study, conducted in Australia in 2021/2022, were used to assess parents influence on, and awareness of, their 14-17-year-old children's vaping and smoking behaviours. Participants were 3242 parents and 3242 14-17-year-old teenage children.

Results:

The risk of vaping and smoking uptake among 14-17-year-old teenagers was 52% ($p < 0.001$) and 79% ($p < 0.001$) higher, respectively, if their parent was an ever-vaper. The risk of vaping and smoking uptake among teenagers was 45% ($p < 0.001$) and 64% ($p < 0.001$) higher, respectively, if their parent was an ever-smoker. Parents of never-vaper teenagers were considerably better at correctly predicting the vaping-status of their child (97% correct) than the parents of ever-vaper children (70% correct). Compared to parents, teenagers tended to have less agreement with statements suggesting vaping is unsafe or harmful, and more agreement with statements suggesting vaping is relatively safe.

Discussion:

Parental smoking and vaping behaviours impact those of their children. It is important that both tobacco control and vaping policies and interventions do not focus solely on young people, but take a whole of population approach in creating an environment that reinforces positive behaviours.

Acceptability of adolescent drinking and parental supply by parenting style and stage

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Background

Australian guidelines recommend that people under 18 years of age should not drink alcohol, as adolescents are particularly vulnerable to harms. Parents are the most common source of supply of alcohol to Australian adolescent drinkers. To understand how best to discourage parents from supply, we examined parents' beliefs about the acceptability of adolescent drinking, and how these are influenced by parenting style and stage.

Methods

A survey of N=1,197 Australian parents of adolescents aged 12-17 years was undertaken in April-May 2022 via an online panel provider. Items included measures of parenting style (authoritative, authoritarian, permissive), parenting stage (age of eldest child), acceptable age of first drink of alcohol, parental supply of alcohol, knowledge of alcohol guidelines, own alcohol consumption, and demographics. We performed multinomial analysis to examine differences in parents' views of acceptable age to first drink one standard drink and logistic regression analysis to examine differences in parental supply of alcohol.

Results

Overall, the median acceptable age to first drink one standard drink of alcohol was 18 years old (IQR=16-18). Adjusting for covariates, acceptable age did not vary by parenting style or stage, but did vary significantly by awareness of the alcohol guideline for under 18s, geographic location, and income. The proportion of parents who had ever supplied alcohol to adolescents, including a sip, was 36.0%. Odds were significantly higher among parents of children aged 16-17 compared to 12-15 and parents with permissive parenting styles. Odds of supply also varied significantly by acceptable age of first drink, parents' own alcohol consumption, and awareness of the alcohol guideline for under 18s.

Conclusions

Efforts to prevent parental alcohol supply might well focus on parents with permissive parenting styles and those with younger adolescents (before they begin supplying), and on increasing parents' awareness of the Australian alcohol guidelines.

Parents' views on messaging that targets parental alcohol provision to adolescents

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Background

Alcohol consumption during adolescence can cause lasting harms, including neurodevelopmental impacts. Parental alcohol provision is associated with increased risk of subsequent adolescent alcohol use and harms. Despite this, many parents believe that by providing alcohol to their adolescent, they can teach 'responsible' drinking. Parental provision to current adolescent drinkers is increasing over time and a new approach is needed to change this trend. To inform future message development, we aimed to generate in-depth insights on parent-targeted messaging approaches.

Methods

Six 90-minute online focus groups were conducted with N=35 parents of adolescents from two Australian states in November 2022. Groups were segmented by parent gender, current parental alcohol provision and adolescent age (younger: 12-15 years, older: 16-17 years). Using established message testing protocols, we investigated parents' responses to four existing Australian/international advertisements focused on parental alcohol provision. Discussion was focussed on cognitive reactions (e.g., believability, personal relevance) and associated behavioural intention (e.g., alcohol provision/potential provision). Thematic framework analysis was undertaken.

Results

Whilst graphic advertisements elicited strong emotional responses including shock and discomfort, parents did not relate scenarios of binge drinking (depicted in two advertisements) with their own provision/intention to provide alcohol. As parents believed they already provided/intended to provide quantities they perceived to be low risk, the advertisements did not always alter provision intentions or perceptions. Parents endorsed advertisements with strong emotive tone that highlighted parental responsibility to implement boundaries, and emphasised that provision is not normative. Additionally, parents supported advertisements that provided compelling new factual information (i.e., statistics specific to adolescent age) highlighting the harms of providing alcohol to adolescents.

Conclusions

Findings will inform future public health interventions to reduce parental provision of alcohol. Messaging is needed to challenge parents' pre-existing belief that providing alcohol to adolescents helps establish responsible drinking, while also highlighting that provision is not normative.

3B - Smoking cessation

Long Oral Presentations

Misperceptions about the health benefits of cutting down and low-rate smoking

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Background: Recent evidence has established that cutting down the number of cigarettes smoked only slightly reduces the risk of heart attacks and strokes and does not reduce the risk of all cancers combined nor the overall risk of early death due to smoking. Similarly, even very light levels of daily smoking and occasionally smoking greatly increase the risk of premature death, especially due to heart attacks and stroke. However, it is possible that many smokers and vapers incorrectly believe they will reduce their risk by reducing the number of cigarettes smoked. This study examined current misperceptions about cutting down and low-rate smoking among Australian adults who smoke and/or vape.

Methods: A cross-sectional national online survey, funded by the Australian Government Department of Health and Aged Care, was conducted in April-May 2022 with n=3,365 Australian adults who currently smoked cigarettes and/or used e-cigarettes. Data were weighted to account for probability of selection and to meet population benchmarks.

Results: Almost three-quarters (71.3%) of all respondents incorrectly believed that reducing the number of cigarettes smoked per day is an effective way to reduce the risk of experiencing health harms. Fewer than one in ten (6.9%) accurately denied this. Almost half (45.0%) of all respondents incorrectly believed that smoking one cigarette per day is 1/20th as dangerous as smoking a pack of 20. Compared to Exclusive Smokers (42.8%) and Exclusive Vapers (37.8%), this belief was more commonly held by Dual Users (50.3%), who may be vaping as a way to reduce the number of cigarettes smoked.

Conclusions: Misperceptions about benefits of cutting down were prevalent among Australian adults who smoke and/or vape who also vastly overestimated the benefits of low-rate smoking. Findings indicate an urgent need to improve understanding that a lower level of cigarette consumption offers far less risk reduction than quitting completely.

“Right thing to do”: smoking cessation within lung cancer screening-stakeholder views

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Introduction

Lung cancer is the leading cause of cancer death in Australia. Lung cancer screening (LCS) trials, using low-dose computed tomography and risk-based invitation of people with smoking history, have demonstrated earlier detection and reduced mortality. Prevention efforts can be maximised by connecting LCS participants with evidence-based smoking cessation support. How to optimally embed smoking cessation, including in the Australian setting, needs to be understood. Stakeholders’ perspectives in this context can identify potential barriers and strategies to inform effective implementation.

Method

Key stakeholders’ (clinicians, researchers, current cancer screening program managers/policymakers; N=84) views about barriers and enablers for LCS implementation were elicited in 26 online focus groups. This qualitative analysis focused exclusively on perceptions of offering smoking cessation in LCS and was guided by the Consolidated Framework for Implementation Research.

Results

Stakeholders described a responsibility to deliver smoking cessation as a core LCS component (the “right thing to do”). There was strong support for capitalising on a “perfect teachable moment” for cessation at all contact points during the screening and assessment pathway, including offering interventions during risk assessment (e.g., for lower-risk/ineligible participants). Stakeholders perceived dedicated cessation resources embedded within a LCS program to be essential, and that referral to established programs (e.g., Quitline) would be particularly helpful for follow-up support. To reinforce cessation messaging, broader preventive health policies (including anti-smoking media, on-pack warnings) were also suggested. Individualised interventions (e.g., patient resources, primary care referral), tailored based on cultural factors and perceived readiness to quit, were preferred; some considered that persistent or overt offers about cessation could otherwise discourage high-risk participants’ initial or repeat engagement in screening.

Implications

In this stakeholder sample, smoking cessation was considered essential in a potential national LCS program. To maximise LCS effectiveness, careful planning of implementation strategies is needed, including community engagement to determine acceptability of strategies.

Do Australian adults who smoke know the most effective way to quit?

Ms Tegan Nuss¹, Dr Emily Brennan^{1,2}, Dr Ashleigh Haynes^{1,2}, Prof Sarah Durkin^{1,2}, Dr Michelle Scollo¹, Prof Melanie Wakefield^{1,2}

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Background:

Several smoking cessation services and medications are available in Australia which significantly increase the chance of successful quitting when used as intended. However, previous studies suggest many people who smoke are unaware of, unwilling to access, or are uninformed about the benefits of these resources. This study examined current knowledge about the effectiveness of available cessation resources among Australian adults who smoke.

Methods:

A cross-sectional national online survey, funded by the Australian Government Department of Health and Aged Care, was conducted in April-May 2022. Respondents were n=3,365 Australian adults who currently smoked cigarettes and/or used e-cigarettes. For these analyses, the sample was restricted to respondents for whom smoking cessation resources are currently relevant, including respondents who exclusively smoked (n=1,748) and who used both cigarettes and e-cigarettes (n=1,259). Data were weighted to account for probability of selection and to meet population benchmarks.

Results:

Only a quarter of Exclusive Smokers (25.3%) and Dual Users (24.9%) correctly indicated that a smoker's chance of quitting is most increased by using (i) combination nicotine replacement therapy (NRT) plus behavioural support (e.g., calling the Quitline) (16.0%; 16.1%) or (ii) prescription stop smoking tablets plus behavioural support (9.3%; 8.8%). Almost one-fifth of Exclusive Smokers incorrectly believed quitting cold turkey most increased cessation success (16.6%), while Dual Users commonly believed vaping products most increased cessation success (22.5%). One in five (20.2%) Exclusive Smokers and nearly one in ten (9.1%) Dual Users reported not knowing which approach was most effective.

Conclusions:

Findings highlight considerable opportunities for communication interventions to increase awareness that cessation medications and behavioural interventions are independently effective in increasing smoking cessation and most effective when combined. Improving this knowledge would likely increase smokers' confidence to quit and may increase uptake of these resources.

Perceptions and use of health professionals for smoking cessation support among Victorians

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¹*Cancer Council Victoria, Melbourne, Australia*

Background/Aims: Brief interventions delivered by GPs can increase the likelihood of a person who smokes to successfully quit. The Ask, Advise, Help (AAH) model is an approach for health professionals to deliver best practice cessation care. The study aim was to examine the perceptions and use of health professionals reported by Victorians who smoke and recently quit.

Methods: In 2022, a representative sample of Victorians who smoke and recently quit (n=1,672) participated in a cross-sectional telephone survey. Respondents reported on their perceptions of health professionals to help them to quit. Respondents also reported on whether they had discussed smoking with a health professional, and the nature and level of comfort in these discussions. Logistic regression analyses examined associations between perceptions and discussions by socio-demographic sub-groups (healthcare card status; receiving treatment for a mental health condition; and Public Health Network Area).

Results: Over three-quarters of adults who smoke agreed their doctor would be a good person to help them quit. Healthcare card holders and those receiving treatment for a mental health condition were more likely to believe their doctor could help them quit than those without healthcare cards and not receiving treatment. Twenty-four percent had discussed smoking or quitting with a health professional in the past year, and 16% of those who had discussions were given best practice advice. Respondents reported high levels of comfort in having quitting discussions with their GP.

Conclusions: Given the relatively low levels of best practice quitting discussions with health professionals and the high levels of comfort in discussing smoking or quitting with their doctor, this study indicates that there is more scope to promote wider uptake of best practice smoking cessation care through the application of the AAH model.

Motivational and capacity-building messages: perceptions among people who smoke and vape

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Background:

Given motivation and self-efficacy are key drivers of behaviour change, it is important to understand how messages that enhance these can be integrated within a communications strategy to help people who smoke to quit. Messaging about vaping also requires consideration given many people who smoke also vape. This study assessed reactions to communications message domains aimed at smoking cessation and reducing vaping uptake.

Methods:

Twelve online focus groups, funded by the Department of Health and Aged Care, were conducted in June 2022 with n=59 Australian adults who smoked, including n=44 who currently or previously vaped. Participants were segmented by age, location, socio-economic status, and confidence to quit. Groups were presented three advertisement sets and asked about their reactions, with each set exemplifying a message domain (motivational; capacity-building; vaping).

Results:

Capacity-building messages were valued for being encouraging without judgment, and made quitting seem more achievable, with education about the quitting process deemed especially useful; however, alone, they did not convey sufficient urgency to make quitting a priority. Motivational messages increased intention, and urgency to quit, though impact was dependent on perceived personal relevance. Motivational messages had greater impact when presented after capacity-building messages. Vaping messages were welcomed for providing new information about e-cigarettes' contents and potential harms and discouraged e-cigarette uptake among those not already vaping. However, these messages prompted some people who use both products to consider returning to exclusive smoking.

Conclusions:

Findings confirm both motivational and capacity-building approaches are required for a smoking cessation communications strategy, with capacity-building messages ideally delivered first, as smokers appear more receptive to messages about why they should quit when they feel they can quit. While smokers are eager for information about e-cigarettes, public health organisations should be aware of the impact of this messaging for smoking behaviours among current dual users.

Healthcare costs attributable to vaping from subsequent uptake of cigarette smoking

Prof Louisa Gordon¹, Ms Paige Preston

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Introduction: E-cigarette use among youth is rising fast in Australia, but little is known about the downstream health effects and the accompanying health system costs. E-cigarette users, who have never smoked tobacco, are over three times more likely to start tobacco cigarette smoking than never-e-cigarette users. A history of depression, higher childhood adversity, and binge drinking are factors that have been associated with e-cigarette smoking uptake. We estimated the future healthcare costs for chronic diseases from e-cigarette use through e-cigarette-related tobacco smoking, as per the gateway effect.

Methods: A population-attributable fraction approach was used to estimate health expenditure attributable to e-cigarette use. Data inputs were derived from published reports on e-cigarette use prevalence, risk of smoking-related disease and addiction, and disease-related health system expenditure. Sensitivity analyses were undertaken to address data input uncertainty.

Results: The healthcare cost attributed to new e-cigarette-initiated smokers was conservatively estimated to be \$158.0 million annually. Collectively, the estimated costs for malignant cancers accounted for \$44.0 million (28% of total costs), heart disease costs were \$24.4 million (15%), and respiratory diseases were \$90.0 million (57%). For every one percentage point increase in the prevalence of e-cigarette use, \$38.8 million in extra healthcare costs were estimated. The prevalence of vaping was a more important factor in costs than the proportion initiating cigarette smoking among e-cigarette users. These costs exclude healthcare for e-cigarette-related poisonings, lung injuries, and respiratory problems.

Conclusion: High avoidable health system costs are predicted for the treatment of chronic conditions created by e-cigarette-initiated smoking. Strong regulations are urgently required to curb e-cigarette use in Australia.

Cost-effectiveness of brief advice to quit smoking in patients undergoing cancer surgery

Associate Professor Nikki McCaffrey^{1,2}, Ms Emma Dean⁶, Professor Paul Myles^{3,4}, Mr John E. Cunningham⁵, Dr Elizabeth Greenhalgh⁶, Sally Doncovio⁷, Professor Nicholas Graves⁸, Dr Lisa Briggs^{9,10}, Dr Anita Lal¹
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Introduction: People living with cancer who smoke have increased risk of postsurgical complications. Quitting significantly improves surgical outcomes, shortens hospital stays and reduces cancer recurrences and deaths. This analysis evaluated, for the first time, the cost-effectiveness of providing brief advice to quit smoking to Australians living with cancer to reduce postsurgical complications.

Methods: A decision tree model was developed to estimate the cost-effectiveness of brief advice to quit smoking compared with standard care from a hospital provider's perspective. Brief advice was defined as verbal instructions from a clinician using the 'ask, advise and help' model. The model included the cost (2019 AUD) and effectiveness of providing brief advice (literature review, expert opinion), the costs of gastrectomy (literature review) and the incidence of postsurgical complications over 90 days in people living with cancer (systematic review). The impact of uncertainty around the model input values was estimated using probabilistic sensitivity analysis (Monte Carlo simulation).

Results: Providing brief cessation advice dominated standard care, i.e. cost less and reduced complications. Brief advice dominated standard care in 99.9% of the 1,000 Monte Carlo iterations suggesting a high degree of certainty in the results. The expected proportion of patients undergoing cancer surgery who smoke experiencing postsurgical complications was 30.9% (95% Uncertainty Intervals (UI) 29.5%, 32.2%) for those receiving brief advice versus 31.3% (95% UI 29.9%, 32.6%) for standard care. Overall expected healthcare costs were slightly lower for brief advice (\$36,199; 95% UI \$30,535, \$40,905) compared with standard care (\$36,764; 95% UI \$30,554, \$40,971).

Conclusion & Recommendation: The findings suggest implementing brief advice to quit smoking in patients undergoing cancer surgery reduces postsurgical complications and saves healthcare costs. Communicating these benefits provides an effective approach for framing public health messages for health administrators, funders and policy makers.

3C - Environments and settings

Long Oral Presentations

Co-Designing a Local Government Health Prevention Program: the VicHealth Local Government Partnership

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Local government is the closest tier of government to the community and have incredible potential to harness strategy, policy, facility and service levers to improve community wellbeing. Victoria's legislative 4-year Municipal Public Health and Wellbeing Plan requirements are one such lever. However, this potential is under-resourced, underutilised and lacks the sustained investment in health promotion implementation required to see real change to health outcomes.

In 2019, the Victorian Health Promotion Foundation (VicHealth) identified an opportunity to design a partnership with Victorian local governments to a support place-based, systems approach that centred the health and wellbeing needs of local children and young people. VicHealth had a long history of working with local government across myriad health promotion issues via short-term funding approaches but recognised that local government voices were needed to co-design a better approach.

VicHealth consulted with local government health planners to understand the barriers and opportunities for health promotion within council mechanisms to tackle the ill-health of children and young people. VicHealth also worked with peak bodies from health promotion and local government sectors and the state department to design a radical new partnership model. This resulted in the 'VicHealth Local Government Partnership - Young people leading healthier communities' (VLGP).

The VLGP aims to create community environments where 0-25 years could become physically active, socially connected, and mentally healthy and continues to grow. The VLGP is grounded in the principles of equity, peer learning, secure funding and connecting community practitioners to evidence-informed health promotion.

The VLGP now has 36 partners on board - nearly half of all Victorian local governments. With Victorian communities facing bushfires, pandemic, floods and cost-of-living crises in the VLGP lifetime, co-design and adaptation has remained a crucial focus. VicHealth continues to draw on sector and practice experts to also iterate and enhance the partnership.

Early detection of skin cancer through the Dermoscopy Project

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Background: The Cancer Council SA Dermoscopy Grant for GPs was developed to equip General Practitioners in South Australia with additional knowledge and Dermatoscopes to facilitate the prevention, early detection and diagnosis of skin cancer. The grants awards process was designed to consider several key needs indicators. Priority was given, for example, to those with no current access to a Dermatoscope and those based in rural and regional practices where there is higher prevalence of skin cancer and greater barriers to accessing skin cancer care.

Applications were open to GPs who had completed Dermoscopy training with the Australian College of Dermatology, funded by Wellbeing SA, as well as an additional RACGP module. The inaugural round of the grant saw the number of applications match the number of Dermatoscopes available, resulting in all applications being successful, regardless of need.

Successes: Response to the program was overwhelmingly positive, with participating GPs indicating improvements in confidence in identifying different skin cancers, improvements in confidence in using a Dermatoscope and more appropriate referrals to Dermatologists. At three-month follow-up nearly three-quarters of grant recipients reported daily use of the Dermatoscope, with another 20% reporting daily use of the Dermatoscope by additional GPs at their practice.

Challenges: Only one-third of Grants were awarded to those in rural and regional practices and regional and remote GPs were over-represented in incomplete applications. This indicates we need to find a way to better promote the awards among regional and remote GPs and reduce barriers for the intended target audience.

Delays in training module completion and, the timing of the training coinciding with other training and exam periods for the GPs created barriers to Cancer Council SA providing timely access to the Dermatoscopes, in turn impacting accurate follow-up evaluation of the program.

Future Implications: Future grant rounds will consider how to target Practitioners in areas of most need as well as the timing of training provision.

Addressing tobacco smoke-drift in multi-unit housing in NSW

Hannah Rillstone¹, **Michelle Daley**¹, Emily Jenkinson¹, Dr Laura Twyman¹, Alecia Brooks¹

¹*Cancer Council NSW, Sydney, Australia*

Background:

Smoke-free housing is a policy priority for Cancer Council New South Wales (NSW). More than 1.2 million people in NSW live in buildings with strata schemes and this will increase with trends towards higher-density living(1). Concerningly, people living in multi-unit housing are at greater risk of harmful second-hand smoke exposure from residents in nearby dwellings. In NSW, strata schemes can voluntarily adopt model by-laws relating to cigarette smoke-drift however a 100% smoke-free model by-law is not included, creating an additional implementation barrier. Understanding the extent and impact of smoke-drift in this setting and how it can be systematically addressed is vital to developing clear policy responses.

Methods:

In February 2022, 1,506 NSW residents over 18 years were surveyed about their housing type, exposure to second-hand smoke and their support for tobacco control policy options as part of Cancer Council NSW's Cancer Prevention Survey 2022(2). Case studies were also sourced to illustrate the barriers and enablers to addressing smoke-drift and implementing smoke-free by-laws in NSW strata schemes.

Results:

Among multi-unit housing residents, 36% reported smelling their neighbour's tobacco smoke within their home and half of these reported this occurred more than weekly. Additionally, 62% supported banning smoking in multi-unit housing, and 17% opposed. Case studies indicated that without smoke-free by-laws in place, smoke-drift could often only be addressed through the legal system under the Strata Schemes Management Act 2015. Affected residents described this process as costly, time consuming and difficult without legal representation.

Conclusion:

Smoke-drift is a common issue for NSW multi-unit housing residents and they need more support to implement 100% smoke-free by-laws and address smoke-drift without needing to take legal action. Community support for smoke-free multi-unit housing is strong and the inclusion of a 100% smoke-free model by-law in strata legislation could enable healthier higher-density living in NSW.

References:

1. Easthope H, Randolph B, Judd S. Governing the compact city: the role and effectiveness of strata management : final report. Kensington, N.S.W.: City Futures Research Centre, University of New South Wales; 2012.
2. Cancer Council NSW. Cancer Prevention Survey 2022. Internal Cancer Council NSW report: unpublished. 2022.

Creating a WA Country Football Community of Practice

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Background: Since 2019 Healthway has worked with the WA County Football League (WACFL) to develop a Community Development Program targeting mental health. The Program continues to provide mental education and support to 25 Senior Leagues, 150 Country Clubs, 12,500 players, and 5,000 volunteers across the state-wide network.

Methods: The Country Football Community Advisory Panel (CFCAP) was established in August 2021 as a community of practice, to provide evidence informed advice regarding implementation and evaluation of the Community Development Program. The CFCAP includes 21 members from 14 organisations, with representatives across the football and sporting sector, mental health, public health, regional service providers and Aboriginal mental health specialists. Strategic appointment of executive and management representatives from member organisations to the CFCAP ensures the commitment of implementing Program actions.

The CFCAP is integral to ensuring the Program is guided by evidence, and appropriate to meet the needs of country footballers and the broader football network and community. In 2021 and 2022 evaluation of the impact and effectiveness of the Program was conducted through a quantitative online survey for players and spectators, and qualitative in-depth interviews facilitated by the University of Western Australia Young Lives Matter Foundation. Evaluation data from 2022 (n=407 respondents) suggests there is a need for the Program to invest into further developing local support networks and facilitate greater connections between services and clubs.

Conclusion: Through regular consultation, the CFCAP will ensure evaluation recommendations are integrated into future planning of Program initiatives. The CFCAP will work with community partners and relevant local networks to identify and increase the promotion of local support options to WACFL players and the extended community. The CFCAP highlights the benefits of collaboration when creating environments that support positive mental health in regional WA.

Optimising a school-based policy implementation strategy via sequential randomised and controlled trials

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¹*University Of Newcastle, Newcastle, Australia*

Introduction: The implementation of school-based physical activity policies mandated by many jurisdictions internationally is poor, thus limiting the potential benefits for children's health. The multi-strategy Physically Active Children in Education (PACE) intervention effectively increases schools' implementation of a government physical activity policy*; however it may be improved to ensure successful translation from the research setting to real-world contexts. Here, we describe the novel approach used to successfully optimise PACE for delivery at-scale.

Methods: Optimisation is an emerging field within implementation science involving a cyclical and data-driven process to improve health interventions to achieve pre-specified objectives. The intent of optimisation is to identify an intervention that is as effective as possible within the resource constraints of end-users (delivery providers and/or target setting).

We employed a two-stage optimisation process to improve PACE, inclusive of three sequential randomised and controlled trials (RCTs) conducted in primary schools in NSW, Australia. Within each stage, quantitative and qualitative data from assessments of intervention effectiveness, costs and processes (e.g., acceptability, implementation and mechanisms of action) are used to identify opportunities to incrementally improve PACE for delivery at scale.

Results: Optimisation stage I comprised a 2017 pilot RCT in 12 schools and a 2018 implementation-effectiveness RCT in 61 schools. This stage established the feasibility and effectiveness of PACE for improving schools' policy compliance and students participation in physical activity. An economic evaluation showed an acceptable incremental cost-effectiveness ratio to achieve policy implementation, and highlighted more costly PACE strategies. Data were collectively used to inform adaptations made to reduce in-person contact from external support personnel. Optimisation stage II comprised a 2019 noninferiority RCT in 48 schools to empirically evaluate the adapted PACE intervention. Findings showed that adapted PACE minimised the relative cost of delivery without losing its meaningful effect on policy implementation.

Conclusion: The resultant 'optimised' PACE intervention is an effective, cost-effective and scalable model for service delivery. This approach was well-suited to our research setting and it may set precedence for optimisation research undertaken in similar contexts. This case study provides important information for researchers and policy makers seeking to improve the impact of health interventions.

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Hospital food services and inpatient experiences in NSW public hospitals

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Background

The quality of food services plays a significant role in care experiences and patients' recovery during a hospital stay. However, empirical data on these associations are scarce. Here, we assessed patients' experiences with hospital food services and self-reported outcomes in New South Wales (NSW) public hospitals.

Methods

The analysis used data from the NSW Adult Admitted Patient Survey, including 21,164 patients admitted to acute or rehabilitation care across 75 public hospitals in 2019. Patients were administered questionnaires, including questions about hospital food services and their hospital experiences (ratings of hospital care), complications developed during a hospital stay, and experience with discharge. Among these patients, 3,415 participated in an additional online questionnaire about specific food service items. Multivariable logistic regression models accounting for survey weights were applied to estimate the odds ratios (ORs) and 95% confidence intervals (CIs) for the associations of patients' experiences with hospital food services and hospital ratings, complications, and discharge outcomes.

Results

Among the 16,919 eligible patients [mean age: 60.6 (SE: 0.5), 52.6% female, 81.1% from English-speaking backgrounds], compared to a neutral rating, patients with poor/very poor ratings to hospital food service were significantly less likely to rate their overall hospital experience "good/very good" [adjusted OR (95% CI): 0.31 (0.20, 0.48)], more likely to report complications [1.30 (0.99, 1.70)] and a delayed discharge [1.52 (1.01, 2.29)]. These results were more pronounced in patients from non-English speaking backgrounds. Other factors associated with a positive hospital experience included food delivered within patients' easy reach, enjoying the taste of meals, and no meal interruption due to tests, procedures, or doctors' rounds.

Conclusion

Patients' ratings toward hospital food services were significantly associated with their overall hospital stay experiences and self-reported outcomes. Findings indicate the importance of improving hospital food services to patients, particularly those from non-English speaking backgrounds.

3D – Nutrition

Long Oral Presentations

Can traffic-light labelling and choice architecture in school e-canteens promote healthier purchases?

Dr Helen Dixon^{1,2,3}, Ms Maree Scully¹, Dr Rebecca Wyse⁴, Ms Claire Hardi¹, Ms Tessa Delaney^{4,5}, Professor Melanie Wakefield^{1,2}, Kristy Mills¹

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BACKGROUND: Schools are an advantageous setting to encourage and support healthy childhood nutrition. Online school canteens (e-canteens) offer a promising route for disseminating nutrition information to parents and children and promoting healthier choices for student's school time meals.

AIMS: Test whether displaying Traffic Light Menu Labels alone or in combination with Choice Architecture in primary school e-canteens: promotes healthier food purchases for children's school-time lunches; prompts increased provision of healthier items on school canteen menus; affects canteen profits.

METHODS: Cluster-randomised controlled trial with ten schools randomised to one of three conditions: Control (standard e-canteen); B. Traffic light menu labelling (green, amber or red traffic light emojis displayed alongside menu items to indicate their level of healthiness.); C. Traffic light menu labelling + Choice architecture (e-canteen design altered to 'nudge' consumers towards healthier choices, by maximising visibility and ease of access to healthier items). Student purchasing data for the baseline (Term 2, 2022) and follow-up (Term 3, 2022) periods was collected by MySchoolConnect and provided in de-identified form to the researchers for analysis.

RESULTS: Data analysis will commence shortly, with results available for the conference. Separate linear mixed models will be conducted to test for differences between conditions in the nutritional content of students' e-canteen orders (i.e., mean energy, total fat, sugar and sodium contents) at follow-up, after controlling for baseline values. Changes in the nutritional profile of products offered on canteen menus over the study period will be examined. Mean weekly e-canteen revenue for each school will be compared across conditions to examine potential impacts of the interventions on canteen profits.

CONCLUSIONS: Should one, or both, e-canteen interventions prove to be effective in prompting healthier meal choices in children, schools could adopt these low cost, high reach strategies as a means to foster healthier eating among their student populations.

School-based nutrition interventions in children aged 6-18 years: an umbrella review

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Background/aims: Children and adolescents globally do not meet dietary intake recommendations. Schools are identified as a key setting to influence children and adolescent's healthy eating. To identify which school-based nutrition interventions should be prioritised for investment, policymakers and practitioners require high quality synthesis of all available research evidence from the most robust trials. This umbrella review synthesised evidence from systematic reviews of school-based nutrition interventions designed to improve dietary intake of children aged 6-18 years.

Methods: Adopting Cochrane methodology, systematic reviews that included randomised controlled trials (RCTs) of school-based nutrition interventions aimed to improve children's dietary intake in children and adolescents aged 6-18 years were included. We undertook a narrative synthesis of reviews by diet outcome and intervention type: categorised according to the World Health Organisation Health Promoting Schools (HPS) framework domains: nutrition education; food environment; all three HPS framework domains (i.e. education, environment and partnerships); and other (to capture results outside of the HPS domains).

Results: Thirteen systematic reviews were included. Overall, the findings suggest that school-based nutrition interventions, including nutrition education, food environment, those based on all three domains of the HPS framework, and eHealth interventions, can have a positive effect on some dietary outcomes, including fruit, fruit and vegetables combined, and fat intake.

Conclusions: School-based healthy eating strategies can lead to children and adolescents eating more fruit and vegetables and less fat. However, the limitations of this umbrella review also highlight the need for a comprehensive and high quality systematic review of primary studies.

Food for thought: Aligning nutrition messages with mental health and environmental sustainability

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Fresh Tastes is an ACT Government program improving the food and drink culture of ACT primary schools. A key focus of Fresh Tastes is to provide ACT educators with high quality professional development opportunities and curriculum resources that focus on nutrition.

Fresh Tastes' most utilised professional learning resource, Food&ME, is series of evidence-based nutrition education units (Preschool - Year 6); mapped to the Australian Curriculum and aligned with the Australian Dietary Guidelines. This resource has been highly regarded and actively supported by ACT educators, with a reported increase in teacher confidence to deliver nutrition education lessons.

In 2020, anecdotal information collected from participating schools suggested they were looking to incorporate messages aligned with environmental sustainability and positive mental health through nutrition education lessons.

To test this assumption, a literature review and survey of ACT educators were undertaken, identifying a lack of existing professional learning and curriculum resources linking nutrition, mental health, and environmental sustainability. The survey found ACT educators had expressed desire and need for such resources.

Recognising the importance of maintaining relevant and up-to-date professional learning opportunities, Fresh Tastes has engaged a learning development organisation to facilitate a co-design process to develop content for a teacher professional learning course and accompanying curriculum resources that focus on the links between nutrition, mental health and environmental sustainability.

The co-design process found that content needs to consider student agency and their circle of influence. Educators highlighted the mental health impacts of social media use including food decisions being impacted through diet culture. Teachers expressed the need for positive nutrition education aligning with real world issues such as climate anxiety and social connectedness.

This resource is currently under development and an update of the progress will be presented at the conference.

What Australia Eats: Attitudes, Beliefs and Behaviours Toward Meal Preparation and Consumption

Miss Elaine Ho¹, Miss Nikita Muller¹, Dr Jasmine Just¹, Miss Jemma O’Hanlon¹, Miss Maria Packard¹, Dr Amanda Buttery¹

¹National Heart Foundation of Australia, Melbourne, Australia

Background: To support Australians to make healthy food choices, it’s important to understand what drives decision-making when it comes to meal preparation and consumption. This study explores consumer attitudes, beliefs, and behaviours related to meal planning, preparation, and consumption.

Methods: An online survey was developed on key drivers of meal choice, healthy eating practices, confidence in meal preparation and cooking, and sources of information about meals and recipes. A nationally representative sample of Australian adults aged 18 years or older (quota-controlled by age and gender within each state and territory) were invited to participate between 17 - 31 January 2022.

Results: 2,016 people (32% aged <40 years, 31% aged 40-59 years and 37% aged ≥60 years; 51% female) completed the survey (average time taken 13 minutes). Taste was the most important factor when deciding on meals to prepare or consume at home. People also rated home cooked (60%), fresh (unprocessed) ingredients (59%) and cost (52%) as important drivers of meal choice. When following healthy eating advice, some felt it was not easy to include legumes (e.g. lentils, chickpeas) (30%), replace salt (25%) and reduce meat intake to 1-3 serves per week (24%). Among those involved with meal cooking and preparation (n=1,889), most were confident cooking with a variety of vegetables (88%) and healthy oils (81%). Only 56% were confident cooking with legumes. Among those involved with meal cooking and preparation, with Internet access (n=1,856), 83% were interested in printable online recipes and meal ideas, 69% in short instructional recipe videos, 69% in downloadable recipe booklets and 63% in printable online weekly dinner plans.

Conclusions: Australians need practical support to include more legumes in meals, reduce meat and salt intake, and improve confidence in cooking with legumes. Digital recipes and videos may be useful.

What happens when sugar-sweetened beverage policies are extended to non-sugar sweetened drinks?

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Background: Evidence indicates taxing and advisory labels can discourage sugar-sweetened beverage (SSB) consumption, but there is risk of substitution to other beverages, such as non-sugar sweetened beverages (NSSB) for which health risks of consumption are unclear. This study assessed responses to two hypothetical policy scenarios (tax and warning labels) applied to SSBs only, and then broadened to include NSSBs.

Method: A nationally representative sample of Australian adults (18+ years) were randomly assigned to one of two hypothetical policy scenarios: a beverage tax (20% price increase; n = 1,434) or warning labels (n = 1,442). Each policy was applied in two rounds: 1) SSBs only; and 2) SSBs and NSSBs. In both rounds, participants were asked whether interventions would discourage consumption, and alternative drink(s) they would consider.

Results: In round 1, the majority of participants in both conditions (tax and labelling) believed the intervention would discourage their consumption of SSBs; significantly more so in the labelling condition (61% versus 53%; $p < .001$). Agreement decreased slightly once NSSBs were incorporated into the intervention, and was similar between conditions (48% and 44%). Moderate-high consumers of affected beverages were less likely to believe the interventions would discourage consumption across conditions and rounds, compared to low consumers. In both rounds, participants in both conditions were most likely to consider water as an alternative, although moderate-high NSSB consumers were most likely to consider switching to NSSBs in the first round. Moderate-high NSSB consumers were also the most likely to not consider switching to any other drink type in the second round (NSSBs were included in the intervention).

Conclusion:

Findings indicate that both taxing and labelling interventions could be effective for encouraging healthier drink choices, although regular NSSB consumers were less willing to consider switching to a different drink when NSSBs were affected by the intervention.

Optimising effectiveness and cost-effectiveness of a school nutrition intervention for national scale-up

Dr Rachel Sutherland¹, Mrs Nayerra Hudson², Alison Brown², Dr Courtney Barnes^{1,2,3,4}, Mrs Lisa Janssen¹, Dr Nicole Nathan^{1,2,3,4}, Professor Luke Wolfenden^{1,2,3,4}, Mr Daniel Groombidge^{2,3,4}
¹1,2,3,4, Newcastle, Australia, ²1,2,3,4, Wallsend, Australia, ³1,2,3,4, Newcastle, Australia, ⁴Hunter Medical Research Institute- Population Health Research program, Newcastle, Australia

Background: Everyday in Australia, almost 2 million primary school aged children pack a school lunchbox, containing on average, three serves of discretionary foods. Despite the size of the problem, limited interventions targeting the nutritional quality of school lunchboxes exist. We aim to outline the optimisation process to design and scale-up a school nutrition intervention that is effective at improving the nutritional quality of school lunchboxes that can be implemented with high fidelity, low cost and achieve high reach.

Methods: A series of sequential studies were undertaken which aimed to optimise the effectiveness, cost effectiveness, reach and adoption of a school nutrition intervention. An mHealth intervention was developed targeting parents lunchbox packing behaviours. The process to optimise the mHealth intervention included: 1) Formative research to identify parental barriers to packing healthier lunchboxes; 2) a pilot cluster RCT to assess the feasibility, acceptability, effectiveness and cost effectiveness of the mHealth intervention (n= 12 schools, 3022 students); 3) an optimisation study designed to increase parental engagement with the intervention (n=511 parents); 4) a hybrid implementation-effectiveness trial conducted across a broad range of schools to determine effectiveness of the intervention on discretionary lunchbox energy, cost effectiveness and potential for scale-up (n= 32 schools); 5). Comparative effectiveness research to identify core intervention components and 6) dissemination strategies were piloted to inform scale-up to increase program adoption.

Results: The mHealth intervention aimed to address four key parental barriers to packing healthier lunchboxes including child preference, convenience, time, and cost. The pilot RCT was effective at increasing lunchbox energy from healthier foods aligned to dietary guidelines (79.2kJ, p=0.04), was acceptable to 95% of parents at a cost of \$31/student. Using optimised parental messages, the implementation-effective trial was effective at decreasing discretionary foods packed in school lunchboxes (-117.26kJ, p<0.01), at a cost of \$6.02, which was further reduced to \$0.07/student following comparative effectiveness research.

Conclusions: The use of sequential studies resulted in the development of an effective, cost effective and highly scalable school nutrition intervention. Dissemination strategies have been identified to inform a national scale-up.

Fast food and sugary drinks marketing on Instagram: impacts on Australian teenagers.

Dr Helen Dixon^{1,2,3}, **Ms Maree Scully¹**, Ms Yan Jun Michelle Chen¹, Professor Melanie Wakefield^{1,2}

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BACKGROUND: Healthy eating during adolescence is essential for lifelong health. Teenagers are frequently targeted with unhealthy food and drink marketing via social media. This study assessed teenager's responses to unhealthy food and drink marketing on Instagram.

METHOD: N=913 Australian teenagers (aged 13 to 17) were recruited via national online research panels for a between-subjects web-based experiment with 3 marketing conditions: (A) control (non-food brand); (B) sugary drink brand; (C) fast food brand. Participants were shown fake Instagram feeds with 9 embedded marketing posts representing their condition: 2 with a male/female celebrity/influencer endorsing the product; 2 with a male/female peer consuming the product; 2 with branded product images; 2 with branded merchandise; 1 video ad. As participants viewed their assigned social media feed, engagement with each post was measured by viewing time and reported "likes", "shares" or "comments". Participants completed a distraction task, then brand attitudes, preferences and purchase intentions were assessed. Regression analyses examined whether exposure and engagement with marketing posts affected responses, controlling for baseline consumption of marketed brands and usual engagement with commercial social media posts.

RESULTS: Teenagers exposed to fast food or sugary drinks marketing posts who engaged with these posts (liked, commented or shared ≥ 3 posts) showed more positive attitudes towards the featured brands, while teenagers who didn't engage with these posts (< 3 likes, comments or shares) showed less positive attitudes cf. the control condition. Teenagers exposed to sugary drinks marketing posts who engaged with the posts also showed more favourable perceptions of teenagers who consume the featured brand and stronger preference for that brand, while teenagers who didn't engage with these marketing posts showed lower intentions to purchase the featured brand, cf. the control condition.

CONCLUSIONS: When teenagers engage with unhealthy food and drink marketing posts they see on social media, it can promote more positive brand attitudes and perceptions of peers who consume marketed brands, and stronger preferences for marketed brands. Whereas social media marketing exposure without engagement can produce opposite effects. Findings add to the evidence base on impacts of youth-targeted unhealthy food marketing via social media.

3E - Australians Wellbeing & Social Determinants Long Oral Presentations

Towards a methodology for mapping failure demand

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What is the extent of expenditure that could have been avoidable if societies were more just, healthy, and sustainable? This presentation will share, and seek feedback on, a proposed methodology to scope the magnitude of avoidable costs associated with the social determinants of health. Such attributable costs represent the possible fiscal benefits of a move towards a “wellbeing economy”, one deliberately designed to deliver human and ecological wellbeing. The magnitude of these costs and the associated business case for prevention of ill-health, will constitute a persuasive argument amongst key audiences and build momentum to conversations and policy action to be more preventative.

A large proportion of the health burden, both in terms of public health outcomes and the economic costs of the health system, is due to socioeconomic inequalities and environmental breakdown. These can be considered avoidable costs resulting from failures in policies relating to upstream root causes such as welfare, education, housing, and the environment. The lack of directness in the link between such decisions and their health burden is a barrier for policy which improves health and equity at its source. Finding causal pathways between upstream causes and health outcomes and their costs can therefore help strengthen the business case for reform which promotes equality and in turn delivers fiscal benefits.

This ongoing work is being done through multidisciplinary collaboration incorporating macroeconomic, epidemiological and health economic evidence. This presentation will thus outline emerging research methodology that seeks to quantify the extent of avoidable costs that public health systems bear as a result of socio-economic inequalities and environmental breakdown.

OurFutures: Evidence-based prevention of substance use and mental ill-health among adolescents

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Substance use, depression, and anxiety commonly co-occur and are the leading causes of disability among youth in high-income countries. OurFutures offers a suite of universal, evidence-based eHealth modules designed to prevent alcohol and other drug use and mental ill-health among secondary school students. Co-designed with >160 young people and >380 teachers, parents and health/education experts, each module consists of 4-6 cartoon lessons, complemented by summary sheets, quizzes and optional teacher-facilitated activities.

To date, five OurFutures modules have been developed, rigorously evaluated through 7 cluster randomised trials (>14,600 students and 169 schools across Australia), and made publicly available: 1) Alcohol; 2) Alcohol & Cannabis; 3) Cannabis & Psychostimulants; 4) MDMA & Emerging Drugs; and 5) Mental Health.

Compared to health education as usual, the OurFutures modules have been shown to be effective at increasing knowledge about alcohol and other drugs and mental health, decreasing substance use and related harms, reducing psychological distress, and slowing the progression of anxiety symptoms for up to 3 years following the intervention, and most recently, reducing harmful use of alcohol and other drugs up to age 20 (7 years after initial intervention delivery). Moreover, students found the cartoon stories to be an enjoyable and interesting way to learn, and teachers rated the programs more favourably than other substance use and mental health programs, highlighting the high educational quality.

Outside of the research trials, the programs have been accessed by >1,245 schools (>34,000 students, >3,000 teachers), with >700 registrations during the COVID-19 pandemic. Next steps are to further drive knowledge translation and take the effective program to scale across Australia, while continuing to be responsive to community needs and developing and evaluating new evidence-based modules (e.g., the OurFutures Vaping Module).

A national collaboration of CREs for networking, collaboration and communication in prevention

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The uptake of high-quality evidence for effective prevention is critical for minimising impacts of chronic disease. But evidence-based policy advice in Australia comes from multiple research organisations, can be siloed, difficult to interpret, or even contradictory. The Australian Prevention Partnership Centre (Prevention Centre) policy partners reinforced the need for improved alignment in policy advice and unified messaging from the prevention research community.

In 2020–21, the Prevention Centre and four NHMRC Centres of Research Excellence (CREs) launched the Collaboration for Enhanced Research Impact (CERI) to enhance the impact, profile, communication and value-add of prevention research in Australia through multi-centre collaboration and networking. In 2022 CERI, draws together 11 CREs, comprising over 220 prevention research leaders and a multitude of early to mid-career researchers (EMCRs), across a spectrum of prevention areas including women’s health, obesity prevention in early childhood, food retail environments, implementation science, tobacco elimination, falls prevention, healthy housing, and healthy food for wider society.

CERI priorities include driving EMCR capacity building and aligned communications, networking and collaboration, joint advocacy, and knowledge syntheses through policy dialogues addressing themes of common interest. CERI is an innovative approach aimed at unifying how we address the evidence needs of policy makers and practitioners working in prevention.

This presentation outlines the collaborative methods and vast outputs that CERI has delivered to date, including:

- Strategic and operational aspects of CERI
- The value of a collaboration like CERI for harnessing, directing, and sharing collective expertise and knowledge across prevention areas and research methodologies
- CERI’s achievements and outputs resulting from the collaboration to date
- How CERI builds capacity, including personal reflections EMCRs and policy makers involved in CERI

Making the impossible, possible: Building prevention momentum across the Queensland Health system

Dr Vicki Gedge¹, Ms Simone Braithwaite, Mr Mark West, Adjunct Associate Professor Jo Mitchell, Dr Ray Maher, Ms Jane Sanders, Dr Melanie Pescud, Dr Elly Howse, Dr Anna Chevalier, Professor Lucie Rychetnik, Emeritus Professor Penny Hawe, Professor Andrew Wilson

¹*Queensland Health, Brisbane, Australia*

Introduction:

Queensland Health (QH) is working towards shifting the balance of focus from treating illness to maximising wellness through an increased emphasis on chronic disease prevention integrated into quality patient centred care.

In partnership with The Australian Prevention Partnership Centre, QH applied a system lens to explore how to sustainably strengthen chronic disease prevention within the QH system.

Methods:

Systems science theory and methods were implemented to 1) understand the complexity, inter-dependencies and current functioning of the QH system for prevention, and 2) identify leverage points and practical opportunities to drive change.

Two case studies were examined as entry points to explore the QH system. Methods include document reviews, workshops, in-depth interviews, focus groups, group model building, and crowdsourcing. From the data synthesis, qualitative causal loop diagrams were generated to support the development of a conceptual system map. A prioritisation workshop then considered the leverage points and potential 'implementable actions'.

Results:

The analysis identified five systemic areas that either drive or hinder prevention in the QH system – patient-centred care, innovation and agility, funding and finance, champions and connectors, and sustainability of prevention programs.

Twenty actions across the following five intersecting domains were developed to help build the supportive systems, practices and culture within QH to better embed prevention:

- strengthening the mandate for prevention,
- rewarding prevention,
- supporting consumers to drive preventive care,
- building internal capability and capacity for prevention, and
- enabling shared responsibility for prevention and strengthening networks.

Conclusion/implications:

This project fostered new partnerships and started conversations about prevention. This has helped to build momentum for a continuous change process to raise the profile and impact of prevention in the QH system. Implementation planning has progressed, with work focused on integrating the actions within QH reform processes and how to monitor the impact of actions and system change over time.

What happens to public health programs when implementation support stops?

Dr Nicole Nathan^{1,2,3}, Dr Alix Hall^{1,2,3}, Mr Adam Shoesmith^{1,2,3}, Professor Luke Wolfenden^{1,2,3}

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Background: Governments have invested billions in the implementation, at scale, of chronic disease prevention (CDP) interventions in schools. However <20% of CDP interventions are sustained once implementation support is removed. Of those that do sustain it is unknown if this is related to the characteristics of the CDP itself, the strategies used to support their initial implementation or both. Consistent with the conference theme of learning from success stories (and from things that didn't work) we will present a series of case studies from >15yrs of school-based research to explore the contexts and circumstances where CDP interventions have continued or ceased in schools once implementation support has stopped. Example of these case studies include:

Example 1: Crunch&Sip' is a school-based program where teachers provide time in class for children to eat a piece of fruit and/or vegetables that they have brought from home. The program was first introduced in 2006 and achieved a high level of implementation across a large population of schools in Australia (approx. 80%) following an initial 11-15 month implementation period. During initial implementation schools received training, program resources, incentives, follow-up support, and implementation feedback from external health promotion unit. 10yr longitudinal data from a population wide monitoring survey found the program continued to be implemented in >90% of schools that had initially implemented it.

Example 2: A 12-month multi-strategy intervention was undertaken to support NSW schools' implementation of a mandatory physical activity policy. Implementation support included: identifying and training school champions, on-going support, provision of resources, principals mandated change and action planning. Overall 400 teachers provided primary outcome data. Immediately following the intervention, intervention teachers recorded a greater increase in weekly minutes of physical activity than control teachers by approximately 44.2 min (95% CI 32.8 to 55.7; p<0.001). However at longer term follow-up the effect size had significantly dropped 27.1 min (95% CI 15.5 to 38.6; p≤0.001).

Conclusion: Policy makers, practitioners and researchers will, through case study analysis, identify characteristics of interventions, contexts and initial implementation support strategies that influence CDP to sustain or are at risk of failing.

Making the case for preventive mental health.

Dr Stephen Carbone¹

¹*Prevention United, North Melbourne, Australia*

Preventive mental health has long been the 'poor second cousin' within the fields of health promotion and public health. But as we've seen over the course of the COVID-19 pandemic, we ignore it at our peril. A greater emphasis and more concrete efforts focused on promoting mental wellbeing and preventing mental health conditions during this period may well have helped to avert some of the dramatic increase in psychological distress, depression, anxiety and other mental health issues we've witnessed during the pandemic, and over the last decade.

This presentation will discuss our experience of establishing Prevention United, a mental health promotion charity which focuses on promoting mental wellbeing across the Australian population and preventing the onset of common mental health conditions like depression and anxiety disorders. The presentation will outline our three pronged approach which includes providing information resources and preventive mental health programs to the public, building capacity in mental health promotion practice through training and consulting services, and government advocacy. The presentation will focus particular attention on our advocacy activities and outline the approach we've taken to building and promoting the 'business case' for greater government action and investment in preventive mental health, and our approach to coalition building to achieve change.

Improving our understanding of gender and health inequalities in Australia

Dr Joanne Flavel¹, Alexandra Procter¹, Professor Fran Baum¹, Dr Connie Musolino¹, Dr Toby Freeman¹, Professor Jennie Popay²

¹University Of Adelaide, Adelaide, Australia, ²Lancaster University, Lancaster, United Kingdom

Background: Gender differences in health have been documented in Canada, Europe, and England but there has been limited Australian literature examining the interactions between gender, health, and other social determinants of health. Gender interacts with factors including migration status and socio-economic status so that an intersectionality lens will provide a more fine-grained analysis.

Methods: We analysed individual data (N=109,999) on self-assessed health and social determinants of health from the Australian Bureau of Statistics National Health Survey. Data from 5 releases of the National Health Survey (1995, 2001, 2007/08, 2014/15, and 2017/18) were pooled and analysed. For each individual, main outcome of interest was self-assessed health which was dichotomised into Good (excellent, very good, or good) and poor (fair or poor). To provide a detailed mapping of health inequalities in Australia, we examined self-assessed health by gender, income, education, employment status, and migration status (migrant versus Australian born).

Results: Across all 5 releases of the Australian Bureau of Statistics National Health Survey we found the majority of individuals self-assessed their health as good (83.3%, n=91,584) compared to poor (16.7%, n=18,415). The proportion that reported their health as poor did not vary by gender (male: 16.8%, n=51,947; female: 16.7%, n=58,052). However, when considering intersections between gender, socio-economic status, and migration status, preliminary analysis found higher levels of poor self-assessed health were reported for low-income males (36.8%), males not in the labour force (31.4%), female migrants (18.4%), low educated males (22.1%) and low educated males born in Australia (37.7%).

Conclusion: While overall differences in self-assessed health between genders appear minimal, an intersectionality lens highlights gender inequalities existing in combination with other key social determinants of health.

Learning outcomes:

Improved understanding of intersectionality between gender, migration status, measures of socioeconomic status and health to inform policy.

3F - Mixed - Online Only

Long Oral Presentations

Empathy and emotion: Striking the balance in an anti-smoking campaign

Ms Sarah Beasley¹, Natalia Lizama^{1,2}

¹Cancer Council WA, Subiaco, Australia, ²Curtin University, Bentley, Australia

Background

Mass media campaigns to reduce tobacco use are a critical strategy in reducing the health and financial costs of smoking. Make Smoking History's latest anti-smoking mass media campaign, "Worried About You", was developed using a comprehensive formative research process that included multiple stages of focus group and online testing. The campaign sought to motivate quitting behaviours using an empathetic and emotional creative execution. The aim of this research was to evaluate the campaign in order to inform the creative direction of future campaigns.

Methods

From June to December 2022, current smokers and recent ex-smokers in WA completed an online tracking survey, which commenced two weeks prior to campaign activity and continued throughout the campaign period. Survey respondents reported their smoking behaviours, attitudes and beliefs, as well as their awareness of the campaign. Respondents who recognised the campaign described their perceptions of the advertisements and reported the actions and behavioural changes elicited by the campaign.

Results

Preliminary results from the first burst of media activity indicate that smokers found the campaign to be relatable, persuasive and empathetic, and that it evoked an emotional response. Findings from the full tracking survey will be presented and will include both quantitative and qualitative results relating to campaign recognition, perceptions of the campaign, and behavioural and attitudinal responses. Where relevant, differences by demographic factors will be described. Results will identify which campaign elements elicited quitting behaviours or intentions. Recommendations for future public education campaigns will be made.

So what?

The insights from this campaign evaluation will be useful for health practitioners who develop or deliver public education campaigns.

Development of a health promotion framework: a prevention approach to incontinence

Ms Sharon Porteous¹, Dr Sue Rosenhain

¹*Continenence Foundation Of Australia, Surrey Hills, Australia*

As a national peak body for incontinence, the Continenence Foundation of Australia is well positioned to lead health promotion action to reduce the prevalence and avoidable negative impacts of incontinence.

The financial cost of incontinence in Australia in 2010 was estimated at \$42.9 billion and the burden of disease 140,108 years of life lived with disability. An estimated 1 in 5 people over 15 years were experiencing incontinence. Incontinence has a significant impact on the Australian economy, but more importantly on the health and wellbeing of people living with incontinence¹. While much can be done to treat and manage incontinence, in 2021 the Foundation identified it could enhance its impact by increasing the focus on prevention.

To fulfil this intent, a health promotion framework specific to the prevention of incontinence was developed. The Framework guides: a consistent approach to primary and secondary prevention; decision making about strategic directions; identification of appropriate opportunities, priorities and strategies for prevention, including collaboration and partnership; and resource allocation. The Framework also facilitates common understanding and shared language about health promotion within the organisation. Evidence informed, it reflects the Ottawa Charter² for health promotion and Victorian Integrated Health Promotion Resource Kit³.

Development of the Framework took over 12 months. A series of activities were undertaken with the organisation's staff to achieve a common understanding of health promotion and application in the context of the Foundation's work. Support of Senior management and the Board were integral to this process.

The strategic decision to shift to a primary prevention approach for incontinence is ground-breaking; a review of the literature did not reveal other primary prevention frameworks specific to incontinence. This Framework looks to the underlying causes of incontinence and supports the Foundation to reimagine how it can do health promotion for longer term and greater impact.

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Climate change mitigation as preventative public health policy for planetary health equity

Megan Arthur¹, Dr. Nicholas Frank, Professor Sharon Friel

¹*Planetary Health Equity Hothouse, School of Regulation and Global Governance, ANU, , Australia*

Preventative action to reduce global warming through climate change mitigation is a crucial public health measure needed to avert deleterious and inequitable impacts on human health. Climate change, social inequities, and inequitable health outcomes are inextricably linked as the impacts of a warming climate alter earth systems in ways that undermine people's health directly and indirectly, mediated by the social determinants of health. Existing global economic and social inequities are compounded as the impacts of climate change disproportionately affect the health of vulnerable populations within and between countries. Planetary health equity (PHE), defined as the equitable enjoyment of good health in a sustainable ecosystem, is contingent on upstream, preventative action to urgently cut emissions that contribute to a warming planet.

National governments document their climate actions through Nationally Determined Contribution (NDC) reports to the UN Framework Convention on Climate Change (UNFCCC). Governments' climate change mitigation actions can be understood as preventative public health measures in relation to the political, environmental, and social determinants of health equity. This project involves analysis of the NDCs to both a) assess the implications of countries' climate change mitigation actions for PHE outcomes and b) determine the extent to which national governments conceptualise mitigation actions in terms of their implications for health and social equity. Through this presentation, participants will learn about how mitigation actions impact human health through the intersection of climate change, social inequity, and health inequities; the current state of countries' preventative mitigation actions globally and their implications for PHE; and how health is conceptualised within national governments' agendas on climate change, as captured in the NDCs. This research provides critical insights to inform inter-governmental negotiations, mobilisation of national political will for regulating climate-warming emissions as a public health intervention, and advocacy to support these processes.

Infant and toddler food regulation: Australian regulations, international recommendations and parents' perceptions

Ms Andrea Schmidtke¹, Ms Claudia Gascoyne², Ms Rebecca Goodwin², Ms Michelle Chen², Mr Monsurul Hoq³, Ms Jane Martin¹, Ms Mary-Anne Measey⁴, Ms Belinda Morley², Ms Anthea Rhodes⁴
¹Obesity Policy Coalition, , Australia, ²Centre for Behavioural Research in Cancer, Cancer Council Victoria, , Australia, ³Clinical Epidemiology & Biostatistics Unit, Murdoch Children's Research Institute, , Australia, ⁴RCH National Child Health Poll, The Royal Children's Hospital, , Australia

Introduction: Research shows that the first three years of life are a critical opportunity to support healthy dietary habits and to prevent overweight and obesity. As the popularity of commercial foods for young children continues to increase

there is growing concern that some of these foods are undermining optimal complementary feeding. This presentation will explore the current, limited regulations in Australia for commercial infant and toddler foods, parents' perceptions of what is regulated and what they think should be. It will discuss the growing international recognition of the importance of ending the inappropriate promotion of commercially available foods for children under 36 months of age with a focus on recommendations from the European Office of the World Health Organization and how this could be used as the Australian government considers strengthening regulations in Australia.

Materials and methods: As part of the quarterly cross-sectional Royal Children's Hospital, National Child Health Poll, a representative sample of Australian households with children under 5 years of age was surveyed (N= 1023). Parents were surveyed about their perceptions of these foods and how they are regulated, and what they think should be regulated.

Results: Sixty percent of parents agreed with the statement 'there are laws about what is allowed to be put in foods for

babies and toddlers' and 53% agreed 'there are laws to ensure ready-made foods for babies provide good nutrition'. Nine in ten parents agree that there should be laws about the amount of salt, saturated fat, and harmful sugars in foods for both infants and toddlers.

Conclusion: The laws in place in Australia to regulate foods for infants and toddlers do not align with parents' expectations or international recommendations. Australia should better protect the health of infants and toddlers by regulating foods for toddlers and setting higher standards for what can be in foods for infants.

Association between sugar sweetened beverages and disability free survival in older adults

Holly Wild¹, Ms Devanshi Prajapati¹, Associate Professor Danijela Gasevic¹, Associate Professor Robyn L Woods¹, Professor John McNeil¹, Dr Alice Owen¹

¹Monash School Of Public Health And Preventive Medicine, Monash University, Melbourne, Australia

Purpose

The aim of this study is to explore the association between the consumption of Sugar Sweetened Beverages (SSB) and disability-free survival (DFS) among adults aged 70 years and above in Australia.

Methods

This is a prospective cohort study of 11,487 community dwelling adults aged ≥ 70 years, participants in the ASPirin in Reducing Events in the Elderly (ASPREE) study and the ASPREE Longitudinal Study of Older Persons (ALSOP). The outcome DFS was a composite of all-cause mortality, dementia, or persistent physical disability. Self-reported SSB intake was measured via two combined variable that assessed hot SSB (malt drinks and hot chocolate) and cold SSB consumption (fruit juice, cordial & soft drinks), with a consumption frequency of rarely/never, 1-2/monthly, 1-2/weekly, 3-6/weekly and several times daily. Cox proportional hazards regression models, adjusted for socio-demographic factors, health related and clinical covariates were conducted to examine the association between SSB intake and DFS.

Results

After a median follow up time of 6.4 years, 1,111 DFS events were recorded. After covariate adjustment, when compared to men who rarely/never consumed SSB, those who drank SSB 'several times a week' had a higher risk of developing the composite DFS endpoint (HR 1.28 [95%CI 1.02- 1.60]). For women, there was a significant association between SSB hot drinks consumption 'several times a week' and DFS (HR 1.59 [95%CI 1.14-2.20]). Age stratified models demonstrated that compared to rare/never SSB consumption, risk of reaching the DFS endpoint was higher in those between 80-84.9 years who consumed SSB cold drinks 'several times a week' (HR 1.67 [95%CI 1.21-2.29]); in those aged 75-79.9 years who consumed SSB hot drinks 'one or more times a day' (HR 1.48 [95%CI 1.01-2.18]); and older adults aged 80-84.99 years who drank SSB hot 'several times a week' (HR 2.25 [95%CI 1.50-3.38]).

Conclusion

For adults 70 years and over, consumption of SSB drinks several times a week or more may increase the risk of dementia, physical decline and all-cause mortality. These findings suggest that limiting the consumption of these beverages maybe associated with positive ageing

Risk Behaviours and Readiness to Change amongst Community Mental Health Service Client

Miss Tegan Stettaford^{1,2}, Dr Caitlin Fehily^{1,2}, Dr Elizabeth Campbell^{1,2,3}, Miss Sophie Love¹, Mrs Emma McKeon^{1,2}, Professor Jenny Bowman^{1,2}

¹University Of Newcastle, Callaghan, Australia, ²Hunter Medical Research Institute, New Lambton Heights, Australia,

³HNELHD Population Health, Newcastle, Australia

Background

People with mental health conditions have high rates of chronic diseases^{1,2}, often attributed to risky engagement in lifestyle factors (smoking, nutrition, alcohol, & physical activity)³.

Purpose

To determine the prevalence of lifestyle risk factors (smoking, poor nutrition, alcohol overconsumption, physical inactivity) among clients of community mental health services, and their readiness to change these behaviours.

Method

A cross-sectional telephone survey was undertaken with clients from 12 community mental health services across 3 Local Health Districts in New South Wales, Australia.

1,800 clients were randomly selected from electronic medical records and invited to participate. Clients were asked to report their engagement in risk factors according to Australian national guidelines. Clients at risk were asked about their readiness to change each risk factor (5 categories from never having thought of changing to have changed).

Results

486 clients completed the survey. Preliminary findings show the proportion not meeting guidelines were: 44.9% for smoking, 69.5% for fruit consumption, 93.8% for vegetable consumption, 26.1% for alcohol use, and 67.9% for physical activity. The proportion of at risk clients who were either ready to change or already in active change were: 68% for smoking, 50.7% for nutrition, 47.9% for alcohol, 63.2% for physical activity.

Conclusions

A considerable proportion of clients of community mental health services are not meeting Australian national guidelines for health risk behaviours and many report being ready to change their risks. These findings reinforce the need for mental health services to provide care that supports clients make lifestyle changes.

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Local ambition: the creation of five smoke-free town centres

Ms Caroline Dewey, Ms Justine Rolfe, Ms Assunta Di Francesco³

¹City of Vincent, Vincent, Australia, ²North Metropolitan Health Service, Wembley, Australia, ³North Metropolitan Health Service, Wembley, Australia

Tobacco use is the leading cause of preventable disease and premature death in Western Australia (Department of Health Western Australia, 2020) and usage rates are unacceptably high amongst vulnerable populations (e.g. Aboriginal people, LGBTIQ community). Vaping is growing at an alarming rate with over 9% of people over 18 years currently using e-cigarettes or vaping device (Australian Bureau of Statistics (2020-21)).

Creating smoke-free public places is an effective strategy to de-normalise smoking, assist smokers to quit and reduce exposure to second-hand smoke. Uniquely, a local government in inner city Perth made a commitment to introducing five Smoke Free Town Centres, creating healthier environments for people to enjoy. The City of Vincent's (City) Smoke Free Town Centre's Project, which was the lighthouse project in the City's Public Health Plan 2020 – 2025, was launched in November 2022 and restricts smoking and vaping in five Town Centres frequented by a wide range of people – families, tourists and locals. Local laws have also been approved to enable enforcement. The project was funded by Healthway and was a collaborative venture between the City, North Metropolitan Health Service, Australian Council on Smoking and Health, Cancer Council WA and Curtin University.

The presentation will describe the comprehensive planning, and key strategies, behind this ambitious project. This includes the extensive and ongoing community and business engagement, collaboration with internal stakeholders (e.g. Governance, Waste, Place Planners), the creation and placement of campaign materials and the development of a robust evaluation framework designed to measure changes in smoking and vaping behaviours. Ethics approval for outcome evaluation was granted by Curtin University. Preliminary results, and future initiatives to support smoke-free public places in the City of Vincent, will also be shared.

Reducing burden due to living with overweight (including obesity) and physical inactivity

Mr Vergil Dolar

¹*Australian Institute of Health and Welfare, Canberra, Australia*

Overweight (including obesity) and physical inactivity are key risk factors impacting disease burden in Australia. In 2018, 8.4% and 2.5% of Australia's total disease burden was attributable to these risk factors, respectively. Projections of population exposure to these risk factors shows little change in exposure and therefore a maintained risk of disease in the future. The aim of this project was to investigate the burden saved in the year 2030 under hypothetical scenarios of improving population exposure to these risk factors. This project uses comparative risk assessment methodology applied to the Australian Burden of Disease Study to estimate population attributable fractions that indicate the proportion of disease burden attributable to a risk factor. Exposure in the population to overweight (including obesity) and to physical inactivity was adjusted to reflect different levels of improved disease risk from these factors, including scenarios of reductions in body mass index (BMI) and of additional exercise. Compared to current trends, a reduction by one unit of BMI (i.e. 1 kg/m²) in people living with overweight (including obesity) would result in 117,000 fewer disability-adjusted life years (DALY) attributable to this risk factor in the year 2030. Results for physical inactivity will also be presented. These results suggest that, if population-wide changes to overweight (including obesity) and physical inactivity occur and are maintained to the year 2030, there would be large improvements in population health, including gains in population-level quality of life and cost reductions for the health system.

Your right to choose: spreading the message about self-collection for cervical screening

Ms Leanne Spano¹, Melissa Treby¹, Louise Crawford¹

¹*Cancer Council WA, Perth, Australia*

All women and people with a cervix under the National Cervical Screening Program (NCSP) are now able to collect their own sample for cervical screening. This change gives participants a choice in screening method, either clinician-collected or self-collected. Self-collection has the potential to mitigate some of the cultural and personal barriers that may have discouraged people from screening. Cancer Council WA (CCWA), supported by the WA Cervical Cancer Prevention Program, developed a two-phase campaign aiming to inform and drive awareness amongst both health professionals and the wider community, of upcoming changes to the NCSP self-collection policy, with the goal of influencing cervical screening participation thus improving the health of our communities and reducing the impact of cervical cancer.

The At your cervix: self-collection campaign ran across Western Australia in two phases. Phase one targeted health professionals via a digital campaign including social media, CCWA communication channels and Medical Forum's (WA GP targeted publication) electronic newsletters. Phase two targeted consumers via CCWA communications, multiple digital platforms, and metro radio station Mix94.5. This phase was divided into separate target groups to target specific Culturally and Linguistically Diverse (CaLD) populations who were identified to have lowest screening participation and English proficiency.

Final campaign results are not yet finalised however some key results so far show:

Phase 1

- 41,616 impressions through LinkedIn
- Average time spent on landing page for health professionals was 4:43mins, with 25% return sessions

Phase 2

- Broad audience
231,909 video completions through social media
1089 engagements through social media
19,778 video completions on YouTube
- CaLD audience
53,918 video completions through social media
13 engagements through social media
110,944 video completions on YouTube
57,893 video completion through online video

Final evaluation is pending, however some top-level conclusions can be drawn. The health professionals phase performed quite well when considering lower spend and the additions from unpaid media (CCWA communications). Phase 2 showed strong engagement with the broader audience however the CaLD audiences proved difficult to reach, this could be attributable to sensitivity of topic, generalised creative and time in market.

Reducing tobacco retail availability – evidence-based options to progress this

Dr Natalia Lizama, Caitlin Kameron, Professor Lisa Wood¹, Dr Matthew Tuson, Ms Angela Gazez

¹*University of Notre Dame, Perth, Australia*

It is incongruous that the widespread retail availability of a tobacco in Australia has continued largely unfettered for decades, perpetuating the ‘normalisation’ of tobacco products, and undermining cessation success. This retail ‘supply side’ of tobacco has to be tackled, and there is growing international momentum around this, but the ‘how to’ has to be applicable to the local context.

In 2022, Make Smoking History (Cancer Council WA) instigated a collaboration with researchers from Notre Dame University (Perth) to map the location and density of tobacco retailers in Western Australia (WA) and use this to model scenarios for reducing the retail availability of tobacco. This modelling reflected that WA already has a comprehensive licensing scheme that could be harnessed to limit the availability of tobacco products.

Three types of restrictions were considered:

- (1) restrictions on the types of retailers that can sell tobacco (such as not allowing sales from some retailer categories or limiting it to certain types of retailers. Categories included supermarkets, retail outlets that sell or serve alcohol, petrol stations)
- (2) restrictions on the number of licences granted (for example within a geographic area)
- (3) restrictions relating to sales of tobacco in proximity to certain settings (for example, not granting or renewing tobacco licenses within certain distance of schools)

To model the impact of these various restrictions, the number and retailer type of every tobacco retailer in the State was first geocoded. Each possible restriction was then modelled to ascertain the associated reduction in the number of outlets selling tobacco. For example, prohibiting tobacco licences within 500 m of a school centroid would hypothetically reduce by 41% the number of retail outlets selling tobacco across WA. Differences by metropolitan and regional areas were also considered.

Key findings and implications will be presented. Clearly there are practical, regulatory and implementation issues to be considered in putting any of these restrictions into effect in WA, but international precedence shows that these are not insurmountable, and the time has come to curb the pervasive retail availability of a product that kills two thirds of its consumers.

Murradambirra-Dhangaang: Using group model building to identify local solutions to food insecurity

Jacqueline Davison¹, Simone Sherriff^{1,2}, Assoc Prof Sumithra Muthayya^{1,2,3}, Ms Natalie Smith⁵, Mr Daryl Wright⁴, Ms Janice Nixon¹, Mr Andrew Brown⁶

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Food security amongst Aboriginal populations living in urban and regional environments is considered a dynamic and complex challenge that crosses disciplinary boundaries. Programs that might be appropriate for remote communities may not always be applicable to those living in non-remote settings. We aimed to build on qualitative work investigating drivers of food insecurity in non-remote communities using a Group Model Building (GMB) process that allowed Aboriginal community members and other local stakeholders to engage collectively to understand how these factors interact and arrive at systemic solutions to this complex problem.

Two GMB sessions were held in NSW, one in an inner regional community and the other in an outer metropolitan urban community, both with a dominant representation of Aboriginal participants. During these sessions we used community-based system dynamics, a participatory systems thinking approach, as a tool to co-produce two causal loop diagrams (CLDs) describing the relationships between factors associated with food insecurity with each local group. These CLDs were then later refined referencing existing evidence. These CLDs, sometimes referred to as systems maps, highlighted key sub-systems of financial disadvantage, family and cultural obligations, access to and affordability of healthy food (transport, limited fresh food availability) among others. While food relief was identified as one major element of this system in both system mapping sessions, the underlying structural or systemic causes clearly dominated. The systems maps generated an opportunity for participants to understand the unique perspectives of others, while privileging Aboriginal voices and acknowledging the links between food environment, household finances, cultural practice, and colonial impacts. This participatory systems science method was recognised by participants as being an approach that aligned with Indigenous ways of knowing and doing. The processes themselves led to new perceptions of the issue and the development of a community informed food system planning tool.

All of our work is co-created with our partner Aboriginal communities and they are co-authors on all research papers. The individual ACCHSs are involved in each step of the research process, from data collection through to write up, and ACCHS CEOs review, provide feedback and approval for research to be disseminated.

4A - Advocacy, Policy and Co-design Rapid Fire Presentations

Message framing in health communication: promoting a novel omega-3 test-and-treat program

Ms Celine Northcott^{1,2}, Dr Lucy Simmonds^{1,3}, Professor Philippa Middleton^{1,2}, Professor Maria Makrides^{1,2}
¹SAHMRI, Adelaide, Australia, ²The University of Adelaide, Adelaide, Australia, ³Flinders University, Bedford Park, Australia

Background: An omega-3 test (and treat if needed) program is being translated and implemented into state-wide routine antenatal care for women with a single pregnancy in South Australia. The program is designed to identify women with low total omega-3 blood status so they can be advised of appropriate omega-3 supplementation to reduce their risk of early preterm birth. Widescale adoption and uptake of this program requires a large and population-appropriate strategy, and a public health promotion campaign may be a promising solution. Message pre-testing, however, is an important first step in developing an evidence-based public health campaign to ensure high message fidelity amongst audiences.

Methods: A 2x2 full-factorial, randomised experimental survey was conducted, aiming to evaluate two message frames (gain-frame: highlighting the benefits of undertaking screening; loss-frame: depicting the consequences of failing to screen) and two visual cues (emotional cue: illustrating a mother and newborn baby, appealing to consumers' emotional, experiential side; informational cue: illustrating a pathology request form detailing the omega-3 screening available) on consumers' behavioural intentions, attitudes, and awareness regarding omega-3 screening.

Results: Analyses of women of childbearing age revealed a statistically significant main effect of message frame on message comprehension scores, $F(1, 80)=4.93$, $p=.029$, partial $\eta^2 =.58$, with gain-frame messages ($M=1.38 \pm 0.07$) achieving greater message comprehension scores than loss-frame messages ($M=1.61 \pm 0.07$), a mean difference of $-.23$ (95% CI, $-.44$ to $.24$), $p=.029$. No further meaningful differences were observed between health messaging factors and outcomes.

Conclusions: Women exposed to gain-framed messages were more likely to correctly identify the key health promotion message, that is, the importance of testing (and subsequent treatment if needed) for low omega-3 status. This is an important and pragmatic finding for developing an omega-3 test and treat campaign, and for future health promotion strategies alike.

Sharing is caring: The dynamic (re)negotiation of boundaries in codesign

Dr Therese Riley, Dr Téa O'Driscoll, Dr Amy Mowle, Dr Melinda Craike, Dr Bojana Klepac

¹*Victoria University, , Australia*

Codesign, coproduction and cocreation have become the 'mode de jour' of principled research in the last few years. Much has been written about the importance of drawing in diverse forms of knowledge, expertise and experience when designing, implementing and presenting research. Moreover, the tendency to exclude these perspectives may go some way towards explaining the poor uptake of research findings across community and practice contexts. This is particularly important when grappling with complex problems that by their very nature involve multiple stakeholders, across sectors and systems. While there is a degree of consensus as to the importance of codesigned research, less attention has been paid to what this means for research practice. In this presentation, we throw open the 'black box' of codesign from the perspective of a \$5.5 million initiative to improve the lives of young people in a disadvantaged community in Melbourne's West (Victoria, Australia), from designing processes of co-inquiry and problem identification to collaborative agreements and new methods of resource distribution. We examine the ways in which the boundaries of 'usual' research roles and practices are (re)negotiated as we move from expert to learner, from data technician to hosting conversations. Here we tackle head on, the thorny issues of shared decision making, and explore what it means to reconcile differences in a fast moving initiative where accountability to the community and the academy coalesce as equal partners.

Baseline analysis of the SA Collaborative Partnership for Workplace Health and Wellbeing

Katherine Pontifex¹, Dr Yonatal Tefera¹, Kylie Cocks¹

¹*Wellbeing SA, Adelaide, Australia*

Background

Wellbeing SA established a Collaborative Partnership for Workplace Health and Wellbeing in 2020, with a vision to make South Australia the state of healthy, safe, and thriving workplaces. Representatives from South Australian Government Agencies, Private Sector and Academia committed towards improving workplace health, safety, and wellbeing by co-designing and signing the South Australian Workplace Health and Wellbeing Charter. A baseline assessment was undertaken to understand the progress of the Collaborative Partnership towards addressing the seven key elements identified in the Charter.

Methods

Key informant interviews and document review were conducted in May 2022 involving representatives from the Collaborative Partnership member organisations. The scope of the document review included websites, governance meeting documents, advisory service reports, partner agency policies and programs. A rubric addressing the seven key elements of the Charter was developed to analyse interview and document review data. The rubric analysis results have 4 rating scales (i.e., extensive evidence, sufficient evidence, limited evidence, and no evidence) reflecting the progress of each organisation towards the commitments outlined in the Charter.

Results

More than half of the Collaborative Partnership members demonstrated a strong commitment towards leveraging resources to better support South Australian workplaces. There was sufficient evidence regarding the commitment of most agencies towards advocacy, system building, and research translation. However, there was minimal evidence for their commitment towards using shared language and messaging and creating supportive legislative and political environment to promote health and wellbeing in the workplace.

Conclusions and Implications

The Collaborative Partnership can be further strengthened through promoting the use of shared language and messaging across agencies and creating a supportive legislative and political environment. This baseline analysis provided an insight into the challenges of planning and implementing public health initiatives in partnership with non-public health actors and the benefits of a co-designed charter against which to measure shared progress.

Do people know about alcohol and cancer? Tracking awareness over 10 years

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Although the short-term harms are well known, alcohol is also linked to many chronic diseases including 7 different cancers. The NSW Community Survey on Cancer Prevention is an online survey of NSW adults, conducted in 4 waves (2013, 2016, 2019 and 2022) with 1500-2500 participants in each wave. Participants were asked whether a range of health conditions could result from drinking too much alcohol. In 2019 and 2022, participants were asked about government alcohol guidelines. In 2022, participants were asked questions reflecting both the old (for comparison's sake) and new guidelines. This analysis is preliminary and full results will be presented at the conference. Knowledge of the link between alcohol and cancer has been steadily improving, from 47% (2013) to 59% (2022). This increase appears alongside a decrease in people answering 'I don't know' to whether cancer was a consequence of drinking alcohol. The proportion of people answering 'no' has remained steady. Younger people and people with higher incomes were more likely to know that alcohol use is a cause of cancer. In 2019, 35% identified that 2 standard drinks per day reduced risk. The change in guidelines appeared to add confusion, with only 9% of participants in 2022 able to correctly state 10 standard drinks per week, and 41% stating they did not know. Further research is required to determine the demographic factors associated with lower knowledge levels of the link between alcohol and cancer and the drinking guidelines. There was no comprehensive public education to communicate the new guidelines when they were updated in 2020. Given the poor awareness of the guidelines specifically, and the long-term harms and chronic diseases associated with alcohol use generally, the public would benefit from well-funded education campaigns targeted at the groups with the lowest awareness.

Empowered community advocates lead the way in FGM/C prevention

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Background: Female Genital Mutilation/Cutting (FGM/C) is the deliberate cutting or altering of the external female genital organs for non-medical reasons. FGM/C has serious short- and long-term impacts and has no health benefits to women or girls.

In Australia, there are no consistent guidelines related to culturally responsive, and trauma informed care for FGM/C, and research has shown that those impacted by FGM/C can experience further stigma and shame when engaging with the healthcare system.

Any initiative that seeks to address this issue, needs to consider the significant role of power, privilege, and politics in shaping social determinates of health. To address this gap, the Multicultural Centre for Women's Health (MCWH) delivered the inaugural NETFA (National Education Toolkit for FGM/C Awareness) Leadership Program.

Methods: NETFA Leadership program was a 7-month capacity building program that equipped women from communities affected by FGM/C to lead prevention and education. This program employed an intersectional framework and provided women community leaders with the tools to navigate power, privilege, and politics, on the issue of FGM/C. Participants learned strategic storytelling and advocacy skills to produce accessible resources in podcast and video formats.

Results: This paper will describe the key outcomes of the NETFA Leadership Program, and its implications for FGM/C related prevention and education. More specifically this paper explains how this program provided a pathway to build health professionals' capacity and improve Australian healthcare system and service delivery.

Conclusion: The NETFA Leadership Program demonstrated the importance of recognising the significant influence of power in creating health inequities and its consequent impact on FGM/C prevention. This program provided strategies that are community-led, culturally responsive and trauma-informed that aim to empower communities to lead the work in prevention of FGM/C.

Promoting Bowel Cancer Screening in Metropolitan and Rural Queensland General Practice?

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Objective

General practitioner (GP) endorsement has consistently been linked to increased participation in population bowel cancer screening programs. This has prompted recent efforts to embed promotion of our National Bowel Cancer Screening Program (NBCSP) in general practice in Australia. Through co-design involving prevention practitioners, primary care professionals and behavioural researchers, we aim to build systems that facilitate routine endorsement of the NBCSP in general practice across Queensland. As part of this metropolitan and general practice staff were consulted regarding their needs and preferences in terms of endorsing the NBCSP.

Method

Combining data from two separate needs assessment surveys with general practice staff (n = 88 metropolitan; n = 29 rural), we examined awareness and acceptance of the NBCSP, current promotion strategies and opinions on the feasibility and effectiveness of potential GP endorsement strategies. Quantitative and qualitative comparisons were made between responses from metropolitan and rural GPs using chi square and content analyses respectively.

Results

Participants were highly supportive of promoting the NBCSP, with approximately 25% currently employing some form of passive promotion strategy in their practices (e.g., posters/pamphlets). Rural participants placed significantly more importance on the need for culturally appropriate resources ($\chi^2 = 72.16$, $p < .001$) and were less likely to report Primary Health Network programs ($\chi^2 = 26.18$, $p < .001$), and professional education ($\chi^2 = 26.18$, $p < .001$) as facilitators of promoting the Program. Lack of monetary incentives and time constraints were cited as major barriers to endorsing the NBCSP, with time constraints emphasised in the rural sample. Concerns about digital reminder systems (i.e., SMS) were also expressed given limitations with patient data and mobile phone access.

Conclusion

While GP staff tend to be positive about promoting the NBSCP, incentives and system-related challenges will need to be addressed to ensure genuine engagement in co-design and sustainability of interventions.

STOPstroke - A community-based research priority setting project for stroke prevention

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Background: Synergies TO Prevent stroke (STOPstroke) is a NHMRC Synergy Grant developed to reduce stroke occurrence by improving the evidence-base for primary and secondary prevention. Investigators identified the need for consumer-led research priorities to guide future program activities.

Methods: The priority setting included four parts guided by the James Lind Alliance methods: (i) an online survey asking 'What questions about preventing stroke would you like to see answered by researchers' with up to three responses; (ii) checking responses against existing evidence (systematic reviews, meta-analysis, clinical guidelines/scientific statements); (iii) a second online survey for interim prioritisation of questions (1 [not important] to 5 [very important]); (iv) online facilitated workshops to determine the top 10 priorities. The process was overseen by a steering committee comprising community members, health professionals and researchers.

Results: There were 375 people across Australia and New Zealand that submitted ~750 questions in the first online survey (September-November 2021). From this, n=134 individual questions were checked against evidence with 47 questions being identified as research gaps. There were 97 responses to the second online prioritisation survey (May-June 2022) resulting in 24 highly-rated questions. The final online workshop (August 2022) was attended by 14 participants (four with lived experience of stroke, four general community members, four health professionals, two researchers). Consensus was reached on the top question, namely 'In people that have not had a stroke, how we can improve the early detection and measurement of stroke risk?'. Diverse priorities on the remaining 'top 9' questions were recorded across breakout groups. A pathway forward was co-developed with participants who suggested a thematic grouping of all questions. The result was 22 questions grouped under behavioural, pharmacological/clinical, structural, policy, individual or population themes with recognition of the role of age, gender, geography, and ethnicity across all priorities.

Discussion: A community-led priority-setting project for stroke prevention revealed many novel areas for research. The topics will be publicly available so that researchers can address questions that the community have identified as being a high priority to address the burden of stroke.

This little piggy went viral: Media porkies and cancer prevention misinformation

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In May 2022, Cancer Council NSW made front page news when a Daily Telegraph ‘expose’ told how Cancer Council’s Healthy Lunch Box campaign was spreading anti-processed meat propaganda to children, encouraging families to stop putting ham sandwiches in school lunch boxes.

Since 2008, Cancer Council NSW has disseminated ‘nutrition snippets’ to subscribed schools to place in their printed or electronic newsletters. The snippets promote healthy eating tips, recipes and other information on our Healthy Lunch Box website. The original Daily Telegraph article focused on two snippets ‘Ditch the ham’ and ‘Meat-free Monday’ that were sent to schools in 2021, and quoted a disgruntled pork producer.

Over a 36-hour period, the story went viral on national TV, social media and radio, fuelling misinformation, clickbait, sensationalised media reporting, questions from within the public health community and even drawing out political commentary. An additional three Daily Telegraph articles were published in the following days disparaging Cancer Council’s healthy eating information and our evidence-based position on red and processed meats. In total, the issue generated 186 unique pieces of coverage nationally with a reach of 16.7 million.

Cancer Council NSW needed to act quickly to manage the brand risk associated with coverage, consider our response to clarify our position on processed meats, monitor direct feedback we received, and keep our internal and external stakeholders updated on our response.

This presentation will explore:

- how the media coverage unfolded and our response to manage the PR fall out
- the role of health organisations in communicating sometimes unpopular health advice, swimming against the tide of commercial interests, and responding to misinformation
- how media can shape the public discourse on prevention issues and act as the mouthpiece for industry interests
- the unexpected silver lining of this coverage
- what we learned from this experience that will inform future practice.

Refreshing the National Cancer Prevention Policy – optimising an evidence-based advocacy resource.

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The National Cancer Prevention Policy (NCP) is a valuable online resource for the Cancer Council federation and public health allies covering evidence and information on cancer primary prevention, screening and immunisation, and has been critical to policy and advocacy success. The NCP forms the basis of Cancer Council's public health policy and advocacy work, making specific recommendations for national action by governments and non-government organisations, including programs and strategies to reduce the incidence of specific preventable cancer types.

Understanding the core audiences and their use of the NCP resources is key to providing information, advice, and guidance to decision makers that will prompt action and enhance prevention policy and activity into the future.

In 2022 Cancer Council began a quality improvement project to understand current NCP user expectations and to inform a refresh of the NCP into a resource that continues to be accessible, actionable, relevant and understandable by its users.

This presentation will provide an overview of project activities and outcomes including user journey mapping to understand core audiences and how the NCP was being used; and a consultation process including focus groups and online surveys with identified key audiences to understand user expectations. This presentation will share key insights about how evidence-based information is accessed and utilised and how this might apply to others working to strengthen public health policy activities.

Outcomes of this project will lead to the NCP being able to better meet the needs of its users and enhance their experience with the Policy, while also contributing to Cancer Council being a credible and trusted source of cancer control policy and information. This in turn will make it more likely the recommendations of the NCP are taken up and actioned by key policy makers, impacting on positive policy change working towards a cancer free future.

Updating and advocating: Policy priorities in occupational and environmental cancer prevention

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Occupational exposures to carcinogens are estimated to cause over 5,000 new cases of cancer each year¹, making occupational cancers the biggest cause of workplace deaths in Australia. Occupational exposures to carcinogens such as silica dust, diesel engine exhaust, and asbestos can occur more frequently, at higher concentrations and for longer periods of time than in the general population, and the resulting cancers are mostly preventable if appropriate action is taken.

The National Cancer Prevention Policy (NCP) is Cancer Council's primary prevention policy document which makes recommendations for national action by governments and non-government organisations. The occupational and environmental cancers chapter documents the public policy context and evidence-based policy priorities to eliminate or reduce exposure to known carcinogens in occupational and environmental settings.

In 2022, we updated this chapter as new and significant issues have emerged as priority areas within Cancer Council's workplace cancer program since the chapter was first published. This includes the International Agency for Research on Cancer classifying all welding fumes as carcinogenic to humans (Group 1), and the re-emergence of silicosis as an issue in Australia, which is indicative of unacceptable levels of exposure to silica dust, a known lung carcinogen. These issues require immediate action by governments, regulators, and industry to prevent related cancers and other diseases. Therefore, it is imperative that evidence-based policy priorities to address these issues are incorporated into the NCP.

This presentation will outline the purpose for updating the chapter, the process and review steps that were undertaken, and provide an overview of the updated policy priorities. The updated policy priorities will be leveraged by Cancer Council and our allies as we advocate for improved workplace health and safety regulations, stronger monitoring and enforcement of compliance with these regulations, and enhanced public awareness of occupational and environmental carcinogens and related cancers.

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Co-designing a navigation intervention in general practice setting of Sydney, Australia

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Background

Over the last two decades, patients and their caregivers are increasingly being considered partners who can contribute not only to their care but also to the design of health services. In this research, we aimed to codesign a bilingual community navigator (BCN)-led intervention to help facilitate health service navigation for culturally and linguistically diverse (CALD) patients in the general practice setting of Sydney, Australia.

Methods

Building on our prior qualitative interviews with selected general practice staff, we developed a codesign model following the double diamond method of the design process. A total of 13 codesign participants including patients, their caregivers, health service providers, and researchers participated in two co-design workshops. The workshops were conducted on Zoom platform and participants discussed the priority navigation problems faced by the patients, potential solutions offered by BCNs, skills required by BCNs, as well as considerations to implement them in clinical practice.

Results

Many navigation problems were identified such as inadequate health literacy, cultural and language barriers, problems in navigating specialist services and local resources, and lack of trust and comfort with health service providers. The majority of the participants believed that BCNs could help address some of these problems through providing health education, helping in making appointments, and navigating health services. However, they also mentioned that to have an effective implementation, BCNs should be properly trained and supervised, have clear role definitions, and maintain the highest level of privacy, confidentiality, and professionalism while doing their work.

Conclusion

Several lessons are being learned through the codesign process which would be useful to effectively develop and implement a BCN-led intervention in the general practice setting to address the navigation problems faced by patients from CALD backgrounds.

4B - Lessons Learnt Rapid Fire Presentations

Learning health systems: a pathway for rapid improvements in public health

Professor Luke Wolfenden¹, Dr Rachel Sutherland^{1,2,3}, Dr Courtney Barnes^{1,2,3}, Dr Nicole Nathan^{1,2,3}, Dr Alix Hall^{1,3}, Dr Cassandra Lane^{1,2,3}, Ms Karen Gillham^{2,3}, Professor John Wiggers^{1,2,3}

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Background: Learning health systems use data driven approaches to achieve continuous improvement and innovation, where “...best practices seamlessly embedded in the delivery process and new knowledge captured as an integral by-product of the delivery experience”. While they have been lauded as a transformative approach to healthcare, few examples of the application of learning health systems for the improvement of preventative health services exist.

Purpose: To describe the application of learning health system principles to optimise the impact of prevention services by a health promotion unit in Australia.

Methods: Embedded within an improvement framework and as part of learning service improvement processes of a local health promotion unit, we conducted a series of sequential randomised trials of strategies to improve the implementation of evidence-based prevention services in schools in Australia. At each phase between trials, modifications were made to implementation strategies to improve their effects or efficiency.

Results: The processes yielded significant improvements in the impact of prevention services. For example, in each case meaningful improvements at implementation were achieved at less than 50% of original service implementation model. The approach also led to jurisdiction, wide adoption of the implementation model within 6 years – halving the average time to large scale adoption suggested for prevention initiatives in the literature.

Conclusion: Application of learning health system principles has the potential to transform the impact of health promotion services, and rapidly generate evidence to support better implementation of such interventions.

Impact of advocacy communications in driving action from multiple audiences

Rob Tolan¹, Melody Chew¹, Amie Johnson¹, Leah Eastment¹, Linda Le¹, Tanya Blazevic¹, Tanya Buchanan¹, Megan Varlow¹

¹*Cancer Council Australia, Sydney, Australia*

Background: Cancer Council Australia (CCA) advocates for improved cancer outcomes in Australia, with a specific focus on influencing policy at a federal level. In the lead up to the 2022 Federal Election, CCA publicly released and advocated for five key priorities for the future government to address. Our advocacy campaign included an integrated communications strategy aimed at driving action from individuals to pledge their support for cancer control policy changes and ultimately, influence Federal Government action.

Methods: CCA delivered a staggered integrated campaign calling on the incoming Federal Government to implement five key priorities addressing cervical cancer screening and prevention, skin cancer prevention, lung cancer screening, improved access to optimal cancer care and reducing tobacco use in Australia. The campaign featured highly targeted integrated communications speaking to the ask of the incoming government, coupled with a request to the public to pledge their support for greater government action. In addition to direct political engagement, our strategy included earned media pitching, a bespoke webpage to capture public pledges and paid and organic social media content.

Results: Earned media activity secured over 600 pieces of media coverage throughout the campaign, reaching more than 26 million people, and coupled with owned and paid media strategies drove over 1300 pledges for public support. Since the campaign, there has been progress towards all five priorities, including funding for skin cancer prevention, and confirmed funding for the Tackling Indigenous Smoking program.

Conclusions: Multi-faceted integrated communications are effective as part of an advocacy campaign, delivering broader support for and action both from the general population and policy makers.

Importance of two-way engagement in public health communications

Leah Eastment¹, Melody Chew¹, Rob Tolan¹, Amie Johnson¹, Charlotte Andersen¹

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Background: Mass media communications tactics have continued to evolve as consumers shift to taking a more proactive role in the consumption of media and messages (Stroom, 2022). Brands and organisations are no longer approaching the delivery of public health messaging with one-way communications and have evolved to encompass two-way communications channels in their marketing mix, in particular social media. Cancer Council Australia (CCA) has responded to growing demand for information from consumers by integrating two-way communications in all campaigns.

Methods: CCA has developed a robust social moderation and consumer enquiry framework that facilitates two-way communication with the public both throughout mass-media campaigns and within everyday communication. This process, which is executed by a designated team, allows for bespoke and timely responses to queries, provides further information and connects people with support where needed, well as allowing for the optimisation of content and messaging in real-time, based on audience engagement and feedback. Further to this, the process provides the opportunity to counter health misinformation and disinformation, which is incredibly important when communicating crucial prevention messaging, and ensures a consistent supply of trusted health information is maintained for the public to access.

Results: Throughout the execution of a recent mass media campaign, CCA received 5566 consumer queries, responding to over 2600 in order to answer queries, debunk misinformation and further educate members of the public on a particular health topic. This contributes to a greater understanding of public health messaging and ultimately, has the potential to impact behaviours – and in this case, save lives through the early detection of cancers.

Conclusions: Facilitation of two-way communications is an increasingly integral component of social marketing campaigns. It allows for a greater understanding of public health messaging, tackles misinformation and provides an opportunity to further educate the public in a compassionate and engaging way.

References

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Insights from a campaign to increase bowel cancer screening participation

Jayne Uthmeyer¹, Melody Chew¹, Laura Ryan², John Lee³, Al Parmeter³, Akari Suzuki¹, Tanya Blazevic¹, Meg Arias¹, Dale Bertram², Kelly Dienaar⁴, Maddy Leigh⁴, Poppy Ranicar⁴

¹Cancer Council Australia, , ²Australian Government, Department of Health and Aged Care, , ³Telstra Health, , ⁴Cancer Council Victoria, ,

Background: The Australian Department of Health and Aged Care and Cancer Council Australia (CCA) were tasked with developing a national communications strategy to increase participation in the National Bowel Cancer Screening Program (NBCSP) among the eligible cohort of 50-74-year-olds. The campaign was delivered June-August 2022. Research conducted prior to the campaign identified several barriers to participating in the NBCSP that could be improved through digital optimisation. Research showed that people were forgetting to complete their bowel cancer screening kit, despite having received it in the mail. There were also indications that users needed clearer instructions on how to complete and return their test kits.

Methods:

In partnership with the National Cancer Screening Register a human-centred-design approach to overcome digital barriers and leverage digital facilitators was developed and executed. This included the development of a digital reminder tool to do the test, as well as clear instructions and a simplified user journey to assist audiences with reordering lost or expired kits. These digital functions were supported by a digital marketing strategy that ensured sufficient awareness and traffic from the target audience, as well as continuous improvement to product development and conversion paths.

Results:

The digital strategy achieved the following results:

- 37,000 reminders to do the bowel screening test kit were signed up for and sent via text or email throughout the campaign.
- 70,000 campaign microsite users clicked through to the bowel cancer screening kit reorder page on third party site
- 22,000 kits were re-ordered during the campaign.

Conclusions: The introduction of a digital reminder tool, and optimising the user journeys resulted in higher conversions. The use of a continuous improvement cycle during the live campaign further improved the conversion rates and assisted in reducing barriers to participating in the screening program. The strong uptake of the reminder functionality demonstrated user appetite for streamlined digital services.

Small budget, big bang! Find Cancer Early's Facebook campaign addresses COVID-19 barriers.

Mr Hussam Al-Hakimi¹, Ms Cassandra Clayforth¹, Ms Jessica Cant¹, Ms Louise Crawford¹, Ms Melissa Ledger¹
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Title: Small budget, big bang! Find Cancer Early's Facebook campaign addresses COVID-19 barriers.

Introduction

Data worldwide has demonstrated delays in doctor visits, as well as missed, delayed, or decreased cancer registrations due to COVID-19.

The Find Cancer Early (FCE) campaign's Wave 6 evaluation conducted across regional Western Australia (WA) in June 2022 showed that out of the 953 people who took part in the CATI telephone survey, a staggering 47 per cent of respondents said they felt COVID-19 added barriers to seeking help and treatment options.

This is a dramatic increase from Wave 4 (July 2020) and Wave 5 (June 2021) where only a third of the 2100 participants reported these additional barriers. This is concerning as it could result in cancers being diagnosed at a later, more advanced stage, making them more difficult to treat or cure, and resulting in lower cancer survival.

Methods

FCE delivered a mini-campaign via Facebook addressing various barriers caused by COVID-19 and highlighting the importance of visiting a doctor, clinic nurse, or Aboriginal health worker if they notice any symptoms. With a total cost of only \$6,500, four posts were promoted from May to September 2022, targeting people over 40 who live in regional WA.

Results

Collectively nearly one million (997,582) impressions were recorded, with over 176,267 people reached and 4,748 link clicks to the campaign landing page. The paid posts achieved an overall engagement of 88,413. This figure indicates the proportion of users that saw the paid posts and subsequently clicked on, reacted to, commented on, played the video, and/or shared a post.

Conclusion & Recommendation

This strategy demonstrated that mini-digital campaigns can be a cost-effective way of engaging with populations over 40 in regional WA. For a relatively small cost, FCE was able to address some of the COVID-19 barriers to early diagnosis and hopefully encourage people to visit their health professionals early.

Driving engagement with bowel cancer screening through a robust integrated marketing approach

Ms Melody Chew¹, Laura Ryan², Rob Tolan¹, Kelly Dienaar³, Dale Bertram², Sarah Durkin³, Amie Johnson¹, Linda Le¹, Maddy Leigh³, Tanya Blazevic¹, Leah Eastment¹, Poppy Ranicar³, Alexandra Kovacs¹, Olivia Hart¹, Charlotte Andersen¹, Kate Broun³

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Background: Participation in the National Bowel Cancer Screening Program (NBCSP) sits at 43.5% for the 2018-2019 period (Australian Institute of Health and Welfare, 2021), however if it reaches 60%, 84,000 lives could be saved over the period 2015-2040 (Lew, et al., 2017). The Australian Department of Health and Aged Care and Cancer Council Australia (CCA) was tasked with developing a national communications strategy to increase participation in the NBCSP among the eligible cohort of 50-74-year-olds.

Methods: Developed a robust and integrated social marketing campaign to reach our primary audience, featuring: messaging across television, OOH, digital, radio, social media and convenience advertising; NRL partnerships and partnerships with leading Australian media networks; public relations activities accompanied by personal storytelling and community events; and development of bespoke CCA owned channels including a campaign microsite and social media.

Results: Delivered consistent cross channel communication via an integrated social marketing campaign targeting the eligible cohort to drive impact and behaviour change. Execution comprised of ten weeks of paid, owned and earned activity, with each component laddering up to an overarching campaign platform encouraging audiences to 'Get2it' and do the test. Momentum started building from week one of campaign activity, with paid impressions peaking at over 16M per week during the campaign. All channels saw strong results at the launch of media network integration activity, with the introduction of two bespoke television ads featuring sports personalities, driving a peak in website traffic at over 57,000 sessions per week and a rise in enquiries about the NBCSP. Additional talent-led social activity drove a groundswell of conversation via social media about bowel screening among our target audience. PR activities reached a cumulative 14.5M people, with 91% of media coverage including 3+ key messages and 77% including a spokesperson.

Conclusions: Findings indicate the successful implementation of this integrated campaign, with strong reach and engagement across multiple channels throughout the campaign period.

Evaluating system change: Process evaluation of Cancer Institute NSW's Direct Access Colonoscopy

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Background: Diagnosing bowel cancer early is associated with an increased survival rate of more than 90%. Given the importance of timely access to colonoscopy, the Direct Access Colonoscopy (DAC) initiative aims to improve management of waitlists and triage. DAC streamlines referrals via a nurse-led telephone assessment which reduces wait time and removes unnecessary face to face consultations. A process evaluation aimed to understand the extent to which implementation of DAC has progressed as planned, and to identify potential achievements against expected short-term outcomes.

Methods: A NSW-wide evaluation of DAC was undertaken from April to July 2022. The evaluation included an administrative document review, in-depth semi-structured interviews with NSW Ministry of Health (n=1) and Cancer Institute NSW (n=4) stakeholders, local health district (LHD) stakeholders (n=37) and general practitioners (n=4). A descriptive analysis of DAC administrative data was also undertaken.

Findings: As of July 2022, 15 DAC services were operating across 11 LHDs and a further six were on hold or in progress. A relatively high level of model fidelity was reported. Key enablers to implementation included executive buy-in and the 'right people' in roles at the right time, and support and guidance from the Cancer Institute NSW. Key barriers to implementation included existence of alternative services, lack of funding/resourcing, and impacts of the COVID-19 pandemic. Most services reported high levels of engagement with primary care although there are opportunities for increased engagement in view of COVID-19 impacts easing.

Conclusions: DAC has resulted in a significant number of services established and is progressing well. Findings suggest DAC is likely to achieve outcomes for patients, services, and for the health system, in line with value-based healthcare. Opportunities exist to refine the model of care elements to further benefit patients, and increase collaboration with primary care as COVID-19 related burden on the health system eases.

Lessons learnt from bicultural worker-led cancer screening awareness activities targeting underserved communities.

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Background: The Victorian Cancer Registry indicates a 7% decline in the number of new cancer diagnoses in 2020, largely due to a decrease in people seeking cancer screening and assessments during the COVID-19 pandemic. In addition, comparing data between April 2019 to April 2020 revealed a 32% decrease in Hepatitis B serology tests and a 17% decrease in monitoring tests. Culturally and linguistically diverse population groups were overrepresented in COVID-19 notifications, with over 50% of cases occurring in people born overseas. Further, the North-West Melbourne region was most impacted by the pandemic in Victoria. This presentation focuses on the role of bicultural workers in increasing cancer screening awareness among CALD communities. **Aim:** In response to a decline in cancer screening participation during the pandemic and cancer incidence within the North-West Melbourne region, the Victorian Department of Health funded Cancer Council Victoria (CCV) to deliver activities to increase awareness of bowel and cervical screening and Hepatitis testing in vulnerable populations in North-West Melbourne. **Method:** From February to August 2021, CCV sought high-impact innovative approaches to access soft entry pathways to reach culturally diverse communities by funding five local multicultural organisations and building capacity of 20 bicultural workers who spoke 11 different languages. The bicultural workers utilised culturally responsive approaches to reach community members with cancer screening messages. **Results:** Bicultural workers implemented awareness-raising activities through social media outreach and education sessions to share information in-person with 154 community members and remotely with 1898 community members. **Conclusion:** Bicultural workers were flexible and developed several strategies enabling the delivery of cancer screening messages and increased access in the context of numerous lockdowns. The level of engagement from culturally diverse communities demonstrates the importance of investing in tailored and agile approaches delivered through bicultural workers to maximise equitable awareness about cancer screening.

Expanding translation of the Preventure program: Is teacher delivery the answer?

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Introduction and aims: Adolescence is a vital period for the prevention of substance use and mental disorders, yet existing school-based prevention programs are limited. The Preventure program targets established personality risk factors for substance use, internalising and externalising problems. Preventure has a strong evidence base when delivered by research psychologists; this trial tests implementation by school staff.

Design and Methods: A cluster-randomised controlled trial was run in Sydney, with Year 8/9 students (aged 13-14 years at baseline). Nine schools were randomly allocated to Preventure or control (usual health education). Preventure consists of two 90-minute group sessions of cognitive-behavioural therapy and motivational interviewing to teach personality-targeted coping skills. Student alcohol use, internalising and externalising symptoms were measured through self-report survey. School staff reported implementation fidelity, feasibility, and acceptability.

Results: 564 students completed the baseline survey (47%F, mean age 13.8 years). Past 6-month alcohol use was reported by 10% of students, tobacco cigarettes by 2% and e-cigarettes by 9%. Mental health symptoms were high; in the past 6-months, 32% reported feeling depressed most days, 38% felt anxious most days, and 32% had a panic attack. Students gave positive feedback on Preventure, particularly regarding the supportive group feel, helpful and understanding facilitators, learning about themselves, and learning skills. School staff rated the program highly, and fidelity was sound. Staff identified barriers to program implementation including delays through parent consent methods, workload, and timetabling issues. Staff made suggestions to improve delivery, such as considering student literacy levels, engaging students, and workplace demands.

Discussion: Upskilling existing school staff has the potential to increase the uptake and sustainability of the evidence-based Preventure program in Australian secondary schools, but workplace demands are a major barrier for teachers. Dedicated wellbeing staff in schools offers a promising solution for Preventure delivery specifically, and student wellbeing programs generally.

4C - Industry govt and more Rapid Fire Presentations

Gender affirming healthcare in a community health setting: What worked, what didn't?

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Equitable access to gender affirming hormone therapy for trans and non-binary people has been identified as a key factor in addressing rates of poor health outcomes in the trans and non-binary community. In Australia, gender affirming treatment is largely delivered via a medical model, and within acute care facilities. Medicalisation and pathologisation of gender affirming care acts as a significant barrier to access for many trans and non-binary individuals. Recent models highlight a potential role for community-based GPs, but navigation of the health system remains a challenge for most people. A state government funded community sponsored, co-designed program to optimise access to gender affirming hormone therapy recently sought to address this by implementing a Peer Navigator model of care in a community health centre setting. This program was based on an Informed Consent, Peer Navigator model of care in recognition of the agency of the individual and their right to equitable access to healthcare of their choosing. The first of its type in Australia, service activity in Year 1 and Year 2 demonstrated acceptability of the model, with over 1,000 client contacts recorded. This was supported by client feedback survey data collected at their initial (n=110) and then six months post visit (n=78) with the Peer Navigator, and 31 interviews with clients, staff and stakeholders. Peer navigation has been shown to positively affect client access and outcomes in areas like HIV and mental health services; however, this project is the first to include peer navigation in gender affirming hormone treatment in Australia. Findings highlight the integral nature of the Peer Navigator to the sustainability of the program with some key insights into potential barriers.

Building The Foundation Of A Healthy Community: Embedding Health In Planning Laws

Ms Stephanie Kilpatrick¹

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Governments, planners and urban designers have the power to create healthy communities and environments. However planning legislation often actively hampers health and wellbeing decision-making. Research shows the association between lived environments and behaviours such as food consumption, physical activity, including active transport, and alcohol use. There is also growing evidence of the importance of green space in promoting mental wellbeing, physical activity and in combating the health effects of climate change. There are, unfortunately, a myriad of examples across Australia which illustrate the way planning legislation is designed to promote business profits at the expense of community health. With the growing rate of chronic disease and burden being left to our healthcare system, there is a clear impetus for change.

Across Australia, planning schemes are developed under state-enacted planning laws which sets out objectives which are in turn implemented and overseen by local governments. Local Governments consequently develop their local planning schemes and set policy priorities often attempting to tailor them to the needs of the local area while maintaining consistency with overarching state policy objectives. Typically, health is not a consideration capture in state legislation. For example, the Victorian Planning and Environment Act sets out objectives which include economic, social and environmental impacts but do not include health. Community voice rarely provides sufficient grounds to ensure health is considered when planning new developments or when attempting to prevent unhealthy industries adding new franchises.

VicHealth has undertaken research to find examples of where land use planning mechanisms have been leveraged to promote health and wellbeing instead of industry profits. These mechanisms must be seriously considered and community must be brought together to embed them in planning legislation if Australia is going to bend the curve of chronic disease and raise the baseline health of Australia to prevent against future threats.

Changing the discourse and countering the normalisation of betting

Ms Niamh Eikenhout, CB Nyko, Alex Donaldson

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In Victoria, 32 per cent of young men (18–24 years) who gamble bet on sports. Participation by women in this age group is rising. They are the largest group of sports bettors in the state and the first generation to grow up surrounded by gambling advertising. Typically, this group are difficult to reach in health and social campaigns.

Nielsen data shows that an average of 948 gambling ads were broadcast daily on Victorian free-to-air TV in 2021. An average of 148 of those ads were broadcast during the peak weekday family viewing time between 6 and 8.30pm.

The Love the Game Sporting Club Program is Australia's largest and longest running initiative to combat the normalisation of sports gambling. The program has over 700 partners across all levels of sport, and aims to counter the narrative that betting makes sport more exciting.

This presentation will include research from a survey of more than 16,000 Victorian sport fans (which, to the best of our knowledge, is the largest sample of sports fans that has addressed sport betting attitudes and was academically published). A key finding was the impact of social norms within friendship circles. The findings highlight that people who bet on sport are more likely to have friends who bet on sport, talk about odds when they discuss sport, and are less likely to believe sport betting is potentially problematic.

The presentation will provide initial insights into effective intervention to reach and engage young men through Love the Game, providing promising practice for countering the current discourse around betting and sport to inform future public health initiatives and harm reduction campaigns.

Damage by association: managing risk of partner organisation relationship with harmful industries

Ms Emma Saleeba¹

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VicHealth is committed to ensuring our initiatives and investments align with our objectives and statutory obligations to improve community health and wellbeing. Unfortunately, harmful industries are prevalent across many of the sectors we work with.

In 2021, VicHealth implemented a harmful industry funding and procurement policy to prevent or risk-manage situations where relationships with funding recipients, suppliers and other partners inadvertently result in a relationship with a harmful industry by association and subsequently undermine health promotion initiatives.

The policy requires harmful industry declarations from potential funding recipients, suppliers and other partners. For most cases, tobacco industry relationships render applicants ineligible. For alcohol, gambling and food relationships, an assessment is undertaken across four guiding principles: Brand profile, Product, Marketing practices and Context and taken into account during decision-making. Consultation was undertaken with the Victorian sports sector and across VicHealth business units that informed the policy design. The policy has been integrated across VicHealth systems, processes, related policies and funding agreements and included staff resource development and training.

Findings and Conclusions:

- Policy declarations show that harmful industry relationships are common across sectors including sports, creative, local government and academia.
- Potential partners and funding-recipients have understood and accepted the requirement with no backlash.
- This demonstrated approach across multiple harmful industries can and should be adopted (or adapted) by other agencies, governments and organisations who share a remit for community wellbeing.

Leveraging a state-wide campaign on local government assets: changing the environmental wallpaper.

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Introduction

Funded by the WA Department of Health, LiveLighter® is a state-wide campaign run by Cancer Council WA that aims to address the burden of chronic disease caused by overweight and obesity, poor diet, and physical inactivity. LiveLighter®'s partnerships reflect shared priorities and align with local government public health plans. A focused effort was made to leverage the Eat Brighter LiveLighter® message aimed specifically towards increasing fruit and vegetable consumption at a local level.

Method

Partnerships were established between Cancer Council WA and local governments to increase awareness of the LiveLighter® campaign messages within their communities. As part of the partnership arrangement, Cancer Council WA provided creative content via graphic design and managed the approval process with the WA Department of Health, while the local governments provided support via free promotion of LiveLighter® advertising material on council-owned assets. Local government collaborations are promoted in LiveLighter® stakeholder communications to encourage other local governments to adopt similar strategies.

Results

Using campaign imagery on outdoor billboards in high traffic areas has enabled a break from the junk food and drink advertising that typically dominates the local advertising environment. Additional support was provided through printed publications, merchandise and social media assets for council events and promotions. Some councils also provided dedicated web pages highlighting the partnership, with links to the LiveLighter® website. Key highlights from these partnerships will be presented, including a review of assets, timings, suitability of campaign imagery and costs.

Conclusion

Local governments play a crucial role in supporting campaign messages at a community level. Adapting assets to be relevant at local levels helps promote shared messaging and can build internal support for implementing broader policy change in line with council public health plans.

Is it time to increase the cost of tobacco licences again?

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Background: Reducing the number of tobacco retailers in the community has the potential to improve tobacco control outcomes by minimising tobacco access and initiation. Our previous study showed an increase in tobacco retailer licence fees in 2007 from \$A12.90 to \$A200 per annum saw a 23.7% decline in the number of licences by 2009. No major licence fee increases have occurred since 2007, though annual indexation has gradually raised the fee to \$A303 in 2020. This study provides an update to the number and characteristics of licences in 2020 compared to 2009.

Methods: The SA Government Tobacco Licencing System database records for 2009 and 2020 were audited. Changes in the distribution of tobacco licences and vending machines based on outlet type, disadvantage, and remoteness were examined using chi-square tests.

Results: From 2009 to 2020, the number of tobacco licences declined by 36.5% and the number of vending machines declined by 64.5%. The largest reductions in tobacco licences were in food service venues (-65.7%) and hotel/motels (-46.5%), which were overtaken as the most common outlet type by service stations, which increased in number (12.9%). Despite reductions in the number of retail and vending machine licences occurring across all disadvantage quintiles, licences were still concentrated among the most disadvantaged quintiles.

Conclusions: Since a 15-fold licence fee increase in 2007 reduced tobacco points of sale, the decline in licences from 2009-2020 has been less marked, reflecting gradual increases in the annual fee. High-volume-low-price outlets like service stations and supermarkets appear resilient to fee increases, though other outlet types are likely to remain sensitive to such measures. Although another sharp increase in the tobacco licence fee is a relatively straightforward measure which will likely further reduce the number of retailers, other tobacco control measures must be considered to address the stability of high-volume-low-price retailers.

Evaluating 'Activate Your Space' – understanding enablers and barriers for place-based approaches.

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Introduction

'Place-based approaches' target the specific circumstances of a place and engage local people as active participants and decision makers in the development and implementation of relevant and appropriate strategies to improve health.

While our Health Promotion Service (HPS) predominantly utilises settings-based approaches for health promotion action, 'Activate Your Space' (AYS), implemented within a disadvantaged Central Coast community, utilised place-based approaches for promoting and supporting physical activity and healthy eating. Here we present AYS, our evaluation findings regarding the barriers and enablers for the success of this approach and highlight sustainability considerations.

Methods

Using a strengths-based approach over a 5-year period, the HPS worked with the local community and stakeholders to identify and prioritise needs and issues regarding physical activity and healthy eating. Through the linking of community organisations with each other and with government organisations such as the Local Council, schools and health services, partnerships were developed through which various initiatives were identified and implemented within the community. To understand the enabling factors for the implementation of AYS a document review was completed, a partnership and engagement survey was administered, and qualitative interviews were completed with project staff and key stakeholders.

Results

Preliminary findings from the partnership and engagement survey (n=15) and qualitative interviews (n=8) suggest the following components are required for a successful place-based approach: time and persistence to build trust both with the local community and with and between partners, identifying common ground for action building on each organisation's strengths; bringing differing strengths and resources together produced greater outcomes that one organisation could have achieved alone.

Discussion

This place-based approach successfully activated this local community in physical activity and healthy eating. The partnerships and common ground established through AYS will no doubt see these organisations' work together to ensure sustainability to address community needs as they arise.

Co-designing the changing role of general practitioners: a bowel cancer screening example?

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Introduction: General practitioner (GP) endorsement is an effective way to encourage participation in bowel screening (1). To date, GPs have had minimal direct involvement in the National Bowel Cancer Screening Program (NBCSP) in Australia, but their role is being more active in terms of screening promotion. To address this, our aim is to co-design a general practice-led intervention to advocate for the NBCSP.

Methods: Guided by implementation science frameworks, 10 focus groups will be conducted. We will seek to understand what intervention components help to bring about change in the behaviour of GPs and practice staff, as well as what implementation strategies work to increase uptake of the intervention. A variety of technological mediums will be used, including interactive online survey and rating exercises informed by APEASE criteria (2), to maximise the breadth and depth of information gathered.

Complexities and Challenges: Ethics approval has been obtained. Development of the study protocol was undertaken over 12-weeks and presented complexities due to the iterative process of co-design. The protocol was informed by an evidence review and consultation with stakeholders in implementation and general practice. The interactive nature of the process resulted in subsequent ethics amendments and may require further modifications in the future. Recruitment has begun and we are seeking to overcome these challenges through stakeholder engagement and leveraging connections with primary health networks. GP-involved research is increasingly common and may limit recruitment success.

Conclusion: Changing GP behaviour is difficult, but more likely to be achieved when underpinned by end-user involvement in intervention and implementation design. Integration of end-user views requires an iterative rather than a static co-design process and a non-traditional understanding and flexibility from ethics protocol reviewers and participants. This can result in additional burden for all parties – from administrative time to GP capacity and willingness to support research. Underpinning co-design with published evidence and stakeholder consultation are essential to supporting the iterative process but work is still needed to reduce the additional burden on researchers, participants and administrators.

References: 1. Goodwin B.C. et al. *Syst Rev.* 2019;8(1):257. 2. Kirk MA et al. *Imp Sci.* 2016 May;11(1):72

Benchmarking local government policies for creating healthy, equitable and sustainable food systems

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A transformation to healthy, equitable and environmentally sustainable food systems is required as part of efforts to improve human and planetary health (1). Local governments have a key policy role to play in transforming food systems (2). However, local governments in Australia vary widely in the extent to which they are addressing this issue, with a lack of comprehensive and cohesive action. This study aimed to develop and apply a tool for local governments to benchmark their policies for creating healthy, environmentally sustainable and equitable food systems against global and local best practice.

The Local Food Environment Policy Index (Local Food-EPI) tool and application processes were developed in collaboration with local government policy makers. We used existing accountability tools developed by the international INFORMA network as a starting point, refined through an extensive review of the literature and detailed input from an international and local expert advisory panel (n=35). In 2022, the tool was piloted in one Victorian local government to test its feasibility, usability, reliability, and the perceived value of the tool from a local government perspective. In 2023, the tool will be applied in 10 Victorian local governments, with a view to refining the tool for broader uptake.

The tool consists of 61 indicator statements across 25 policy areas spread across 10 food policy domains. Pilot implementation of the tool identified the assessment process as reliable, feasible and helpful in guiding policy development at the local government level. Local government stakeholders perceived the tool and its process of application as beneficial in: building knowledge and staff capacity in this area; developing networks; assessing local strengths and weaknesses; and as a helpful mechanism to advocate for change.

The Local Food-EPI tool is a comprehensive method to assist local governments in benchmarking their actions to improve food systems, and prioritising areas for action. Further assessment of local governments using the tool will identify and share knowledge of best practice, monitor policy progress, build capacity and collaborations, and strengthen efforts to increase accountability for change.

1.<https://eatforum.org/eat-lancet-commission/eat-lancet-commission-summary-report/>

2.<https://foodsystmsjournal.org/index.php/fsj/article/view/638>

Reframing and counteracting tobacco industry: narratives in the public policy process.

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Increasingly, tobacco control scholars and advocates are focusing on commercial or retail restrictions of smoking product sales to end the supply side of the tobacco epidemic.[1] Although a wide range of strategies to reduce retail availability have been proposed or implemented internationally, the success of such strategies are highly dependent on the regulatory and policy framework where they are implemented, including the opportunity for commercial actors to influence the policy and regulatory framework to undermine, delay or reduce the effectiveness of implementation. While the overt influence of the tobacco industry is well-understood, this research identifies the networks of hidden influences from third party commercial actors in Australia. An analysis of public submissions and involvement in the policy process, the research will show how commercial actors use tobacco industry key messages in multiple forums, what those messages are, and whether public health advocates are effectively countering them. Using Kickbusch's commercial determinants of health (CDoH) framework, it demonstrates how the tobacco industry moves their corporate political activity between each channel and explores the different narratives and key commercial actor networks they use to promote those arguments in Australia. This research demonstrates how CDoH frameworks can be used to reframe and counteract the tobacco industry narratives in an unregulated policy space to support a preventative public health agenda.

1. Malone, R.E., 'Growth of a movement': 30 years on. 2022, BMJ Publishing Group Ltd. p. 1-2.

Local governments as gatekeepers to community gardens: What does 'support' mean?

Dr Amy Carrad¹

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Multiple and compounding crises, including the COVID-19 pandemic, war in Ukraine, and catastrophic flooding in Australia's east, have made explicit the dysfunction of modern industrialised, globalised food systems. Calls to localise food systems have increased, including through growing food in community settings. Local governments (LGs) are the gatekeepers to public land for community gardens (CGs), and their related policies thus determine how land is allocated and what CG activities can occur. This study explored how CG policies "support" the formation and continuation of CGs.

CG policies were sourced through the websites of all LGs in NSW and Victoria. The purpose/objectives of policies were analysed thematically; LG departments responsible for or involved in the implementation of the policy were identified; and the nature of 'support' provided by LGs to CG groups was analysed thematically.

Thirty-seven CG policies were retrieved (NSW: n = 27/128; Victoria: n = 10/79; total 18%). Two primary themes were identified among the purpose/objective statements: 1) provide a standardised framework for how LG will facilitate community groups to establish and manage CGs; and 2) define the roles and responsibilities of garden stakeholders. Departmental responsibility sat with Environment, Community, Open Space, Corporate Strategy, Sustainability, and/or Health and Wellbeing. Overall, LG policies tended to describe a 'hands-off' approach to CGs; however, the policies indicated that LGs would be involved in providing various supports for community groups to apply for (e.g., forming a committee), establish (e.g., site selection) and maintain (e.g., providing mulch) CGs.

As gatekeepers to public land for CGs, it is important that LGs have clear CG policies and procedures. Policies can be modelled on those that already exist, but should contain sufficient, specific detail on the departments responsible for policy implementation, steps involved in application and approval, and types of supports provided by LG.

4D – Equity

Rapid Fire Presentations

Lung Health in First Nations Children: Improving Outcomes Through Culturally Secure Care

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Background:

Cough is the single most common symptom that children present with to primary healthcare settings. Persistent wet cough is a predisposing marker of chronic disease and if left untreated, can result in permanent lung damage resulting in loss of quality of life and premature death. Chronic respiratory disease is highly prevalent amongst Aboriginal and Torres Strait children. Often times, disease progression can be halted or even reversed when diagnosed and treated early and appropriately.¹

Method:

The provision of health practitioner training in providing culturally secure care to assess and treat chronic wet cough in children is an identified key enabler for families to seek care. Hence, Lung Foundation Australia in collaboration with Telethon Kids Institute developed online learning modules for health professionals which focus on First Nations paediatric lung health and the skills required to provide culturally secure care to address the respiratory health of children. It is the intention that these modules will act as a supportive tool for health professionals to contribute to creating better respiratory outcomes for Aboriginal and Torres Strait Islander children and subsequently adults.

Impact/outcomes:

This presentation will focus on leveraging the health system as an enabler to improve respiratory health outcomes for Aboriginal and Torres Strait Islander children, reinforce the responsibility of health practitioners and highlight key learning evaluations from participants. The presentation will report on the demographics of health professionals engaging with the learning, key findings from learning evaluation surveys and how the learnings from these modules translate into clinical practice. The learnings garnered from these modules will showcase how health practitioners can redesign, redeliver and rethink they ways in which they meet patients at both the health and cultural interface.

References

1. D'Sylva P, Walker R, Lane M, Chang AB, Schultz A. Chronic wet cough in Aboriginal children: It's not just a cough. *Journal of Paediatrics and Child Health*. 2018;55(7):833-43.

How do you frame messages to build public support for health equity?

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Improving health equity and reducing inequities in health requires systemic change, but there are many definitions of health equity and most are not well understood by the public. We also know that many people see health as an individual responsibility, rather than seeing the systemic causes such as living conditions and social systems that people are part of, making it hard for them to see the need for governments to take action with and for those with poorer health.

To help address the current challenges in communicating health equity this research project aims to identify frames and key messages that will increase public support for health equity using a values based approach. This approach is based on decades of research from social psychology, cognitive linguistics and behavioural economics and explores both the values and cognitive frames people use to think and talk about issues.

In the first stage of the research, advocate interviews and a discourse analysis identified three key advocate frames: luck, determinants and design. These results informed the development of key messages which were tested through a representative survey and ground truthing workshops with people with lived experience. This presentation will present the results of the research, including practical tips and framing to use when trying to build public support for health equity.

Increasing cervical screening participation in Arabic speakers: Translation of qualitative findings

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¹Cancer Council Victoria, Melbourne, Australia, ²Centre for Behavioural Research in Cancer, Cancer Council Victoria, Melbourne, Australia, ³Cultural Partners, Sydney, Australia

Background: Migrant and linguistically diverse women and people with a cervix living in Australia experience unique and complex barriers to cervical screening which may impact participation in cervical screening.¹ This project aimed to investigate awareness, knowledge, barriers, facilitators and messaging needs regarding the National Cervical Screening Program (NCSP) for under-screened Arabic speakers and to translate these findings into communication and engagement activities that increase cervical screening participation for this cohort.

Methods: Researchers conducted three in-language focus group discussions in May 2022 with Arabic-speaking women and people with a cervix, stratified by age. All participants were under-screened, born overseas and current Victorian residents. Qualitative data was analysed to identify participant awareness and knowledge of the NCSP, barriers and facilitators to screening, and potential strategies to increase screening participation. Research findings will be utilised in 2023 to co-design communication messaging, dissemination strategies and community engagement activities with Arabic-speaking communities in Victoria with the aim of increasing NCSP participation.

Results: There was a total of n=21 focus group discussion participants. NCSP participation barriers included low awareness and knowledge of the cervix, cervical cancer, the NCSP and self-collection, cancer stigma, fatalism, embarrassment, and a pervasive belief that no symptoms meant nothing was wrong. Common barriers to self-collected Cervical Screening Tests (CSTs) included concerns about test accuracy and low self-efficacy to do the test. Facilitators to cervical screening included reminders to screen, a relationship with a trusted, female bilingual General Practitioner, and the perception that self-collection is more private and less embarrassing than a clinician-collected CST.

Conclusions: Qualitative findings highlight the presence of nuanced and culturally-specific barriers and facilitators to NCSP participation. Future interventions in 2023 will build upon these findings by co-designing tailored communications and community engagement activities to ensure messaging is relevant, culturally appropriate, and delivered through trusted voices and mediums.

Reference:

1. Alam Z, Hanjani LS, Dean J, Janda M. Cervical cancer screening among immigrant women residing in Australia: A systematic review. *Asia Pacific Journal of Public Health* 2021; 33(8): 816-827.

Driving equity in local government health policies and programs

Mrs Sally Schultz, Associate Professor Kathryn Backholer, Doctor Christina Zorbas, Associate Professor Serene Yoong, Professor Anna Peeters

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Introduction

Inequities in health are unfair and avoidable, however they are also amenable to change through effective policy action. With their close connection to community, local governments are well placed to introduce policies and programs to address health inequities, yet there is a lack of evidence of equitable policy action in this sector. This study aimed to understand how local government representatives approach equity in the development and implementation of health and wellbeing policies and programs, and to identify potential enablers for strengthening an equity focus.

Methods

We conducted a qualitative study using semi-structured interviews (May-August 2022) with 26 health directorate representatives from 20 local governments in Victoria, Australia. Representatives were recruited from urban, regional and rural local government areas, with varying levels of socioeconomic position. Data was analysed inductively using Braun and Clarke's reflexive thematic analysis, informed by Howlett and Ramesh's (2003) public policy decision making framework.

Results

Local governments approach equity in health policy action in different ways. Some focus on targeting specific priority populations or geographic areas, while others focus on upstream determinants of health including housing and employment. Internal factors that could strengthen the way equity is considered in policy action included having: (i) a clear and consistent conceptualisation of equity across local government (ii) strong equity-oriented organisational culture and individual values, (iii) supportive organisational structures and processes, and (iv) equity-focused tools and evaluation frameworks. External enablers included: (v) building on the momentum of local partners, (vi) community support and advocacy for equity, (vii) State government leadership and legislation, and (viii) significant socioeconomic events such as COVID-19 restrictions.

Conclusions

Our study is the first to describe enablers that could be targeted to enhance equity in local government health policy action. This study will also inform further research to develop equity-focused tools and resources for local governments.

Supplementing anti-smoking campaigns with capacity-building messages for lower SES people who smoke

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Background: People who smoke from lower socio-economic areas (SES) attempt to quit at the same rate as those from more advantaged areas but have greater difficulty staying quit. Supplementing anti-smoking state-wide campaigns with messages that aim to build capacity to quit and messages and supporting activities directed to the community surrounding people who smoke, may increase their capacity to stay quit.

Method: To evaluate the supplementary capacity-building campaign, people who smoke (n=803) and family/friends of people who smoke (n=273) living in lower SES areas completed a post-campaign survey. People who smoke additionally completed a follow-up survey (n=542). Members of the local community health-health promotion (CH-HP) sector participated in qualitative interviews (n=7).

Results: Preliminary findings from the post-campaign survey indicated 28% of people who smoke were aware of the capacity-building campaign in addition to the state-wide campaign, with 56% of these respondents reporting the capacity-building campaign taught them something new and around two-thirds indicating it made them feel supported (63%) and that quitting is achievable (70%). Compared to people who smoke without any campaign exposure and also those exposed only to the state-wide campaign, those exposed to both the capacity-building and state-wide campaigns were more likely to report being confident to resist urges to smoke in the first month after quitting and confident to stick with quitting in the face of stress, boredom or during social situations. They were also more likely to report their community leaders would support them if they tried to quit and to have engaged in recommended quitting-preparation behaviours. Analyses of the family/friends and follow-up surveys and CH-HP sector interviews are underway.

Conclusions: These findings are promising and suggest that supplementary exposure to messages that increase capacity to quit and community readiness to assist people to quit may improve quitting outcomes among those from low SES areas.

Feasibility and acceptability of involving Bilingual Community Navigator in general practice setting

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Background

Patients from culturally and linguistically diverse (CALD) backgrounds often face difficulties in accessing health and social care services. This is the first research conducted in Australian general practice setting exploring the feasibility and acceptability of involving bilingual community navigators (BCNs) in helping patients from culturally and linguistically diverse (CALD) backgrounds access health and social care services.

Methods

Informed by the research conducted in overseas and previous phases of the current research, a total of 12 community health Workers (CHWs) were recruited and trained as BCNs. Three of them were placed for 8-10 weeks in two general practices in Sydney where most patients are from specific CALD backgrounds (Chinese in one and Samoan in other). A mixed method design including quantitative analysis of a record of services provided by BCNs and post-intervention qualitative interviews with 16 participants including patients, practice staff and BCNs explored the feasibility and acceptability of BCNs' role.

Results

BCNs served 95 patients, providing help with referral (52.6%), information about appointments (46.3%), local resources (12.6%) or available social benefits (23.2%) with a critical role overcoming their language barrier. Overall, BCNs fitted in well within the practice and patients accepted them well. Felt need of the service, recruitment of BCNs from the patient community, motivation, and training of BCNs acted as facilitators for their roles. Major barriers included lack of awareness of BCNs' roles among some patients and practice staff, unavailability of information about local culture specific services, and inadequate consultation time of BCNs. Limited funding support and short project timeframe were major limitations.

Conclusion

In conclusion, while the intervention was found feasible and acceptable, sustainable funding is required to continue the intervention. Future research is needed to scale up this intervention to other culture groups and assess its cost-effectiveness.

Cross-sector partnership ensuring equitable access to breast screening for newly arrived refugees

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BreastScreen Victoria (BSV) provides free breast screening to eligible Victorians. BSV invites people via a letter to book an appointment upon turning 50 if they are registered on the Australian Electoral Roll. This process, however, does not capture other eligible clients, including newly arrived refugees. Newly emerging migrants often also experience other barriers to screening such as language barriers. To ensure that BSV provides an equitable service to all eligible Victorians, BSV and AMES have developed a referral pathway through a cross-sector partnership to overcome both the individual-level and system-level barriers to provide a culturally safe and accessible screening service to newly arrived refugees.

Intake workers at AMES screen all pre-arrival cases for women against a screening eligibility criterion and notify AMES case managers (CM) of suitable clients for referral. CM subsequently deliver BSV's key messages and obtain verbal consent to make the referral to BSV. Following the referral, BSV contacts referred clients post six weeks their arrival date in Australia conducting a triage call with an interpreter confirming clients eligibility for screening. Information sessions are offered to clients prior to being booked into an appointment. To support with transport, taxi vouchers are provided to attend their appointment. An in person interpreter is also organised to be present during their appointment.

During 2021 to 2022, 117 AMES clients have been referred to BSV: 18 clients were born in Syria, 25 in Afghanistan, 1 in Iran and 43 in Iraq, 13 in Ukraine, 8 in Myanmar, 2 in India, 2 in Tibet, 1 in Ethiopia and 4 unknown.

19 clients have attended appointments and group screening sessions are being organised for the other clients.

BSV and AMES will continue working together to ensure that eligible newly arriving refugees have a culturally appropriate and safe pathway to accessing a breast screen.

"Go Along Philis" Syphilis Flip Chart

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Rates of syphilis continue to rise amongst Aboriginal and Torres Strait Islander people in Western Australia (WA). The idea of a flip chart came from a Senior Aboriginal Health Practitioner working at Derby Aboriginal Health Service requesting a better way to educate clients in the clinic, at community events as well as home visits on the importance of Syphilis prevention, testing, treatment and contact tracing. The Aboriginal Health Council of Western Australia (AHCWA) Sexual Health team and Communications and Design team came together to develop a flip chart that was culturally and visually appealing particularly to young Aboriginal and Torres Strait Islander people along with providing vital information about syphilis.

The concept, design and development were focus-tested at each phase by Aboriginal Community Control Health Service (ACCHS) staff and young Aboriginal people who decided on the title "Go along Philis". The creation of characters that tell a story with personality and humour was highly agreed upon to assist talking about a topic that is "Shame" to many. It was important not to "water down" information and images but to provide facts that enabled the reader to want to keep reading.

The Flip chart was launched in October 2022, copies are available in hard and digital version and have been widely distributed to ACCHS and other Health Services that work with Aboriginal and Torres Strait Islander people with positive feedback received so far.

This is a resource that anyone can pick up and read and does not require a Health Professional to impart the information; it is aimed at a younger audience and appeals because of its comedic storyline and graphic novel style imagery.

Engaging culturally and linguistically diverse communities in delivery of chronic disease prevention

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Background

Refugees and migrants have a variety of different needs, shaped by experiences in their country of origin, migration journey, and living and working conditions. These experiences can increase their vulnerability to chronic and infectious diseases. (World Health Organisation, 2022). Ethnic Communities Council of Queensland (ECCQ) has been implementing a culturally tailored adaptation of My Health for Life, a lifestyle modification program. Funded by the Queensland Government and delivered by the Healthier Queensland Alliance, it targets Queenslanders at high risk of diabetes, cardiovascular disease and stroke.

Results

From 2017 to October 2022, ECCQ delivered 127 programs reaching a total of 2713 participants, with 1935 participants completing the program.

Griffith University My Health for Life Program Evaluation reported from April 2017 to December 2019, in total, the Mandarin program reached the greatest number of adults (n=422, 29.1%) followed by the generic simple English program (n=383, 26.4%), simple English for Pacific Islander people (n=234, 16.1%), Vietnamese (n=203, 14.0%), Arabic (n=129, 8.9%) and Cantonese (n=78, 5.4%).

Participants' average BMI decreased from 28.2 kg/m² to 27.8kg/m². Participants lost an average of 1.6% of their body weight and an average of 2.0% of their waist circumference. Vegetable serves consumed per day increased from 2.4 to 3.3; fruit serves consumed per day increased from 2.0 to 2.2; physical activity increased from 130 to 200 minutes per week; alcohol consumption decreased from 3.5 to 3.0 standard drinks per week and current smokers decreased from 11.5% to 8.2%. Overall, fifty percent of the programs participants achieved their identified health goals.

Conclusions

My health for Life program has proven highly effective in reducing risk factors for chronic disease within ethnic communities. Key contributing factors to our successes include adapting health messages with community values in mind, strong networking within the CALD communities and the crucial role of Multicultural Health Workers.

References:

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Providing Equitable Access to breast screening for CALD Communities

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BreastScreen Victoria (BSV) provides free breast screening to eligible Victorians. Participation in the BSV program is defined as screening every two-years between the ages of 50-74. BSV aims to ensure equitable access to our service for all eligible Victorians.

CALD populations often experience several barriers to screening including language barriers, which reduce their likelihood of returning for a routine re-screen. To increase equitable access to breast screening, BSV received funding from the Department of Health to reengage overdue CALD clients through a culturally safe in-language multi-communication strategy to clients who live in the Northern and North Western Melbourne regions.

In-language reminder SMS were sent to 3,294 overdue clients who spoke one of twelve languages. In-language outbound calls were subsequently made to 1,952 clients who spoke one of the top five overdue languages and did not book an appointment within 28 days of receiving the SMS. Calls were made by Bi-lingual Contact Officers, who assisted clients with booking an appointment, which included appointments during a group screening session supported by a Bi-Lingual Contact Officer providing interpreting support.

The final analysis identified an overall booking response rate of 12.1% (397 clients) to the in-language SMS, with 10.6% (350) clients screening, and a 73.3% booking response rate (908 clients) to the in-language outbound calls, with 48.5% (601) clients screening. A total of 84 clients booked into one of the 11 group screening sessions.

With the success of the project activities in reengaging CALD clients back for a screen, BSV are currently using project learnings to expand activities statewide (excluding South East Melbourne). 5,034 in-language reminder SMS have been sent in 15 languages and in-language outbound calls via a Bi-lingual Contact Officer (top 6 lapsed languages) and group booking sessions (4 language groups) will be provided.

Final evaluation will occur in 2023.

Insights from multicultural communities on the national bowel cancer screening campaign

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Background: The Australian Department of Health and Aged Care and Cancer Council Australia developed a communications campaign, delivered June-August 2022, to increase participation in the National Bowel Cancer Screening Program (NBCSP) in the target cohort of 50-74-year-olds. This included tailored in-language communications in Italian, Greek, Arabic, Mandarin (Simplified Chinese) and Cantonese (Traditional Chinese), given these communities had lower participation rates and high population numbers. **Methods:** Researchers conducted 10 in-language focus group discussions with under-screened community members from target cohorts, stratified by language and gender (N=72). Fifteen in-depth interviews were conducted with General Practitioners (GPs) and other healthcare professionals who provide in-language healthcare to the target communities. Qualitative data was analysed, investigating barriers and facilitators to NBCSP participation, campaign awareness and efficacy, and the role of GPs and other healthcare professionals in facilitating screening.

Results: NBCSP participation barriers included low awareness and knowledge of the NBCSP, belief that an absence of symptoms or family history of bowel cancer meant no susceptibility, perceptions the test is unhygienic and difficult, and that screening was not a priority. Facilitators included recommendation to screen from a trusted bilingual GP, awareness and understanding of bowel cancer and screening, and staying healthy to be around longer for loved ones. In-language campaign materials were found to have good capacity to raise awareness of the availability and need for screening and the intention to screen. There was a preference for increased audio-visual message delivery utilising story-based narratives to build connection and a need to refine channel mix based on idiosyncratic media consumption of target cohorts. **Conclusions:** Findings reiterate nuanced and culturally-specific barriers and facilitators to NBCSP participation, as well as the need for tailored communications that meet unique messaging needs and media consumption of communities. Future campaigns should further leverage the trusted relationship between target cohorts and bilingual GPs and explore options to expand reach via identified in-language channels and mediums.

Murradambirra Dhangaang: qualitative perspectives of food insecurity in Aboriginal communities in NSW

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Aboriginal peoples have experienced food insecurity for many years, all stemming back to the colonisation of 'Australia'. The European invasion and colonial systems, policies, and structures that came with it have led to the dispossession of Aboriginal peoples from their lands, forced changes to diet and inability to practise traditional food practices – all of which have had enormous impacts on food security. Currently, food insecurity affects 20–25% of Aboriginal people in Australia and is associated with short and long-term impacts on health, particularly diet-sensitive chronic diseases. We aimed to describe the perspectives and beliefs of Aboriginal community members, and stakeholders from the Local Health District, council, food relief agencies and education in two communities in an urban and regional location in NSW. Through semi-structured interviews we identified five core themes: trapped in financial disadvantage; gaps in the local food system; limitations of non-Aboriginal food relief services; on-going impacts of colonisation; and maintaining family, cultural and community commitments and responsibilities. Aboriginal families described a range of socio-economic, environmental, systemic and cultural factors impacting on their food security. They felt that inter-generational poverty and the rations received during the 'mission era' have strongly influenced food preferences and choices today amongst their communities. This, combined with current food environments that the communities described as lacking in affordable healthy foods, an abundance of fast-food outlets and limited transport to get to larger and more affordable supermarkets impacted on food security. The findings highlight the need to address system level changes in the food environment and understand Aboriginal history, culture and food preferences when considering the development of programs to alleviate food insecurity among Aboriginal people. This work was co-created with the partner Aboriginal communities, and local Aboriginal Community Controlled Health Service (ACCHS) staff are co-authors on the research outputs. The ACCHSs are involved in each step of the research process, from data collection through to the write up of the findings. Then each ACCHS CEO reviews the work and provides feedback and approval for it to be disseminated, and it then goes to the AH&MRC ethics committee for their review and approval.

4E - Settings, locations & advertising Conversation Starters Presentations

Evaluation of “The Con That Kills” mass media campaign: Preliminary findings

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Background / Overview: “The Con That Kills” was developed by Quit Victoria to expose manipulations, such as additives, that the tobacco industry uses to make smoke “feel” less harmful. These modifications have contributed to misperceptions among people who smoke that some tobacco products are less damaging, despite claiming knowledge that “all cigarettes are harmful”.

Quit aired the campaign over six weeks in October-November 2022 across paid, earned, and owned media. Campaign assets included 30 and 15 second advertisements, social media messages, and a dedicated microsite (theconthatkills.org.au). The objectives were to increase knowledge among people who smoke about how the feeling of inhaling smoke is manipulated, and to reduce their enjoyment and increase feelings of concern about smoking. The campaign targeted all Victorians who smoke aged 18 to 64 years. Translated versions of the campaign were developed and delivered via multicultural media channels in Arabic, Mandarin, and Vietnamese.

The campaign is being evaluated to examine whether it delivers on campaign objectives, including its impact on campaign-relevant knowledge, attitudes, and behaviours.

Methods: A theory of change was developed to guide the evaluation, including selection of key evaluation questions (reach, recall, impact) and questionnaire design for a post-campaign cross-sectional survey to assess campaign recall and impact. The survey was conducted over five-weeks from week four of the campaign to two weeks after the end of the campaign, with participants recruited through an online non-probability panel as follows: (1) Victorians who smoke who were potentially exposed to the campaign and (2) People who smoke from Queensland, South Australia or Western Australia not exposed to the campaign.

Findings / Conclusions: “The Con That Kills” is an innovative campaign that is intended to expose tobacco product manipulations and address misperceptions associated with these manipulations. Preliminary findings on campaign reach, recall and impact will be presented.

Power and privilege in public policy: advancing monitoring and evaluation efforts

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Renewed attention to the inequities in peoples' experience of crises, such as global pandemics like COVID-19, creates opportunities for governments to 'build forward fairer' using public policies that tackle the systemic drivers of health inequities – the rules, norms, power dynamics, and resource flows that stratify society. Despite growing acknowledgement of the need to redistribute power and privilege – little guidance exists on how to operationalise this for the purposes of monitoring and evaluation. We recently commenced a three-year programme of research which aims to develop and test a methodological toolkit for monitoring and evaluating the production and reproduction of power and privilege through the policy process and policy subsystems with the objective of contributing to action that reduces social stratification and health inequities. To do this we are: (1) using knowledge synthesis and consensus-building methods to operationalise the constructs of power and privilege; (2) employing systems-thinking to conceptualise the role of public policy processes and outputs in producing and reproducing power and privilege; (3) aggregating and distilling indicators of the social stratification of material and non-material resources; (4) mapping existing and ideal datasets against those indicators; and (5) testing this toolkit through the evaluation of selected infrastructure, investment, and labour policies in Australia. This presentation will introduce the project and present early results regarding the operationalisation of power and privilege and systems-thinking conceptualising the pathways by which the 'making of' and 'doing of' public policy produces and reproduces power and privilege. The objective of this presentation is to start a conversation regarding monitoring and evaluation of power and privilege in the policy process with key public health academics, practitioners, policymakers and other stakeholders.

Reframing an outdoor worker public health challenge into a WH&S solution

Mrs Ally Hamer¹, Ms Elizabeth King¹

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Australia has the highest rate of skin cancer in the world, with 2 in 3 Australians being diagnosed by the age of 70. Outdoor workers are at particular risk as they receive between 5-10 times more exposure to solar ultraviolet radiation (UVR) compared to indoor workers. UVR is a grade 1 carcinogen, in the same category as asbestos and tobacco. All businesses need to address the sun's UVR and implement control measures every day to reduce exposure and prevent illness. However, evidence shows that employers can do more to protect their workers.

Cancer Council and regulatory bodies such as Safe Work and the Australian Radiation Protection and Nuclear Safety Authority provide information and advice to support businesses in their implementation of sun protection in the workplace. However, it can be challenging to engage businesses in a comprehensive approach that extends beyond one-off sun safety education sessions aimed at employees.

Research has shown that workplace sun safety interventions that adopt a multicomponent and sustained approach led by champions and supported by leadership achieve the strongest results. While programs that consist of short, single education sessions show some improvements in intentions, procedures and behaviours the results are not consistent.

This presentation will outline the core issues relating to skin cancer for outdoor workers in Australia, and how an approach from Cancer Council NSW builds on best practice sun protection programs and organisational change theories to influence key business decision makers to improve their sun safety culture by framing a public health issue as an important Work Health and Safety priority that must be managed and controlled effectively. It will draw on case studies of organisational engagement undertaken to date and the lessons learned regarding enablers and barriers to sustainable change.

Strengthening our Culture: A Community of practice grants program for Aboriginal communities.

Nathan Rigney¹

¹*Wellbeing SA, Adelaide, Australia*

Strengthening our Culture: A Community of practice grants program for Aboriginal communities.

Rigney N

Wellbeing SA

Introduction: Culture is the foundation for Aboriginal and Torres Strait Islander health and wellbeing. The Strengthening our Culture Grants Program aims to build on the evidence that self-determination is a Cultural Determinant of Health domain and a mechanism to building local capacity and sustainability within South Australian Aboriginal communities. In turn, achieving strengthened culture and better health and wellbeing outcomes.

Method: The Aboriginal Health Promotion team at Wellbeing SA consulted with the South Australian Aboriginal community to develop the South Australian Aboriginal Health Promotion Strategy 2022-2030. The Strategy identified key themes and outputs that required further development in the Aboriginal Health Promotion Strategy Action Plan. One key output identified was to establish a Community Grants Program for Aboriginal communities to design and deliver programs to strengthen culture at the local level. Wellbeing SA has numerous grants programs that have provided many learnings about the strengths and challenges in Aboriginal community settings.

Conclusion: The Aboriginal Health Promotion team developed the Strengthening our Culture Community Grants Program that takes a community of practice approach, to build a culturally safe environment for Aboriginal communities to share learnings and address challenges, while programs are delivered at the local level based on local knowledge and expertise.

Improving students' mental wellbeing through hands on learning approaches within hospitality/horticultural settings.

Taletha Rizio¹

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The Cook, the Chef and Us (CCU) and Mow 2 Grow (M2G) are programs developed and facilitated by the Population Health Team at Central Highlands Rural Health (CHRH) and delivered to year 9/10 students at Daylesford College (DC). CCU is funded by the Alcohol and Drug Foundation (ADF) and M2G is currently funded by a Storm Recovery Grant. Using a primary prevention model, the overarching goal of the programs is to increase the level of student engagement in education using hands on learning approaches to learning within the local food/hospitality and horticultural settings. The success of the CCU has led to receiving a number of recognitions and awards for its proven ability to enhance participants health, wellbeing and learning. M2G was developed using the learnings gathered from 5 successful years of delivering CCU. Sixteen participants, often students less engaged with their schooling, are immersed in a 16-week program for either/both program which provides developing professional skillset, engages with local industry experts and entrepreneurs, along with gaining industry certificates and an avenue to further qualifications and/or study. Each year the programs are evaluated using a variety of qualitative and quantitative methods including pre and post program interviews.

Overall, participation in either program is providing participants with a sense of self-worth, confidence, builds resilience, teamwork, community connections and builds the capacity to understand the risks of alcohol use and the benefits of healthy eating. Many participants progress to gaining casual employment as a result of the skillset they learn during the program whilst continuing their secondary education. Providing vulnerable participants with an opportunity for meaningful experiences and positive connections with their peers and local community has been a wonderful way to improve the mental health and wellbeing of our young people. By using a preventive approach, these programs are providing participants with a range of professional skills and competencies in the area of hospitality and horticulture that will enhance their future employment. This will also reduce the risk of participants engaging in harmful alcohol and other drug related behaviours and has proven to keep participants engaged in their education.

Redistributing power through place-based approaches: Learnings from design and development

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The Victorian Health Promotion Foundation (VicHealth) is an independent government agency in Victoria, with a mandate to reduce health inequities faced unfairly by some communities over others. In designing new investments under the organisation's, Future Healthy strategy, targeting young people and rebuilding after the pandemic, a new way of thinking has been utilised to be implemented across three key areas of social connection, food systems and physical activity. While the models differ across the three content areas, a common thread is the redistribution of power to communities who experience structural disadvantage as a vital prerequisite in meaningfully improving health and well-being. This approach involves collective impact funding, self-determined community model design and addressing determinants foundational to health. The model however unlike traditional health promotion, also includes programming outputs that include employment and education pathways for young people. The design process is multi-pronged and has resulted in learnings include the importance of building partnerships with organisations trusted by communities, for these organisations to lead co-design approaches and utilising design thinking approaches such as testing and reiterating pre-conceived assumptions with communities. The embedding of capacity building opportunities (that were requested by community groups) is also central to this program design, this includes business accelerator and coaching services, cultural awareness training and the ability for these various community groups to connect and collaborate with each other and be part of state-wide, national and global movements relating to their work. While the longer-term health and well-being outcomes from these investments are yet to emerge, the participatory and equitable approaches during the planning phase have already yielded positive results for communities and individuals demonstrating the importance of power redistribution as a crucial, yet often overlooked, step of health promotion program design.

Nudges to increase healthy purchases from high-school canteens: Click&Crunch High-schools cluster RCT

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Background: High-school canteens are an ideal setting for public health nutrition intervention, and choice architecture strategies that facilitate the purchase of healthier foods and beverages from school canteens are recommended by the World Health Organization. Online canteens that enable students to select and pay for menu items online are increasingly popular and represent attractive infrastructure to implement choice architecture strategies that promote healthier choices. Despite this no trial has tested the efficacy of using such infrastructure to deliver interventions to encourage healthier canteen purchases of high school students. The study aimed to assess the short-term effectiveness of the 'Click & Crunch' intervention, a multi-strategy choice architecture intervention embedded within an online canteen, on the nutritional quality of high school students' online lunch purchases.

Methods: A 2 month cluster-RCT was conducted with 9 high schools (1331 students). Intervention schools received changes to the format of their online canteen menu (including menu labelling, prompts, item positioning, feedback), whilst control schools continued with their usual online canteen (standard ordering). Using routinely collected purchase data, intervention effectiveness was determined by comparing between group differences over time in the proportion of 'Everyday', 'Occasional' and 'Should not be sold' items purchased.

Results: Over 16,000 lunch orders were placed during the data collection periods. Analysis of the student cohort (Intervention: 656 students; Control: 675 students) found significant between group differences over time favouring the intervention group for the mean percentage of online lunch items per student that were 'Everyday' (+5.5%; $p < 0.001$) and 'Should Not Be Sold' (-4.4%; $p < 0.001$).

Conclusions: These findings suggest a choice architecture intervention embedded within an online canteen lunch ordering system is effective in increasing the purchase of healthier menu items for high school students. Further investigation regarding the intervention effect over the long term is warranted.

Intra-urban risk assessment of occupational injuries and illnesses associated with hot weather

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Abstract

Increased risk of occupational injuries and illness (OI) is found to be associated with extreme weather conditions. However, most of the studies have reported the average impacts at broader scales within cities states, or provinces.

Methods

We assessed the intra-urban risk of OI associated with temperature in three major cities of Australia including Greater Brisbane, Greater Melbourne, and Greater Sydney from a period of July 1, 2005, to June 30, 2018. The risk was estimated at moderate heat (90th percentile) and extreme heat (99th percentile). We used distributed lag non-linear models to estimate the intra-urban risk and attributable fraction of OI at the statistical area level 3. Gridded meteorological data were acquired at 5 Km spatial resolution. Multivariate meta-regression was used to pool the effect estimates. Subgroup analyses were carried out to identify vulnerable groups of workers. Further, the risk of OI was estimated in the future (2016-2045 and 2036-2065) using future projected data acquired for thirty years time period from 2016 to 2045.

Results

The cumulative risk of OI was estimated to be 3.4% in Greater Brisbane, 7.7% in Greater Melbourne, and 8.9% in Greater Sydney at extreme heat. There was an increased risk of OI in the western inland regions in Greater Brisbane (17.4%) and Greater Sydney (32.3%) for younger workers, workers in outdoor and indoor industries, and workers reporting injury claims. The coastal areas posed a higher risk for workers in Greater Melbourne at moderate heat (23.4%) and in northern outer fringes at extreme heat (16.5%). The coastal SA3 regions in Greater Melbourne were generally at high risk for the majority of subgroups. The risk of OI increased further in climate change scenarios.

Conclusions

This study provides a comprehensive spatial profile of OI risk associated with hot weather conditions across three major cities in Australia. Risk assessment at the intra-urban city level revealed strong spatial patterns in OI risk distribution due to heat exposure. These findings will provide much-needed scientific evidence for Work Health and Safety regulators, industries, unions, and workers to design and implement location-specific preventative measures.

Non-commercial Partners in DrinkWise Campaigns: Who, why and what are the impacts?

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Harmful industries use several strategies to increase political power and to access key decision-makers across all levels of government. World-wide, harmful industries have created front groups seeking to represent collective interests of associated businesses and often purportedly to promote the wellbeing of consumers and 'responsible' consumption of their products. However, their corporate health promotion (CHP) campaigns are often designed to be ineffective in reducing harmful consumption. This is because these campaigns have a focus on 'problematic' consumption patterns and, using a personal responsibility narrative, deflect the need for a population-level public health approach. Instead of improving the health of consumers, a large body of research shows that these front groups' priority is to protect sales, improve public relations, increase their own legitimacy, and delay or avoid the implementation of effective regulation.

When these CHP activities (e.g., educational websites, campaigns or tools) are endorsed by renowned (health) organisations or prominent individuals, publicity and wide-spread implementation of the campaigns ensue, thereby giving an elevated sense of legitimacy and their active role in the public health arena. The aim of this exploratory study was to map and describe how public figures and organisations engage in partnerships with industry front groups and their health campaigns. DrinkWise, the Australian alcohol industry front group, was used as a case study.

In this presentation I will report on automated methods for data collection to monitor public health engagement with harmful industry CHP. Using these methods, I will map DrinkWise's public health partners against CHP campaigns over time, calculate campaign reach and describe the nature of these engagements (e.g., how partners engage, reasons for entering partnerships, how these partnerships are framed in social media). I will conclude with several recommendations related to the development and implementation of ethical partnership policies between harmful industries and the public health sector.

Using Instagram to prime beverage choices from vending machines

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Background: Pictorial primes can be easily incorporated into popular image-based social-media platforms, like Instagram, to subtly encourage healthier consumption behaviours. Considering the negative health consequences associated with sugar-sweetened-beverage consumption, two experiments tested the effect of three sets of Instagram-based priming images for nudging drink choices from a vending machine display. **Method:** Participants (18-25 years) were randomly assigned to view a series of Instagram-style advertising images subtly incorporating water glasses (water prime), cola (soft drink prime), or no beverages (control). They were then asked to select an item from a vending machine display containing drinks and snack foods. In Experiment 1 (n = 493) beverages were very subtly incorporated into priming images; in Experiment 2 (n = 433) beverages were made more prominent.

Findings: Condition did not predict vending machine choice in Experiment 1 but did in Experiment 2, where beverages were more prominent in priming images. Specifically, in Experiment 2, over 90% of participants in the soft drink prime condition reported noticing beverages and participants were significantly more likely to select a drink (versus a food) compared to the control condition. In the water prime condition, fewer participants (67.6%) noticed beverages in the images, and the prime did not predict choice. Condition did not predict the healthiness of food choices.

Conclusion: It appears that increasing the visibility of beverages in Instagram-style priming images was more effective for nudging choices. However, a less subtle approach may be needed to effectively nudge healthier beverage choices from a vending machine environment.

Exploring sustainment of teacher's physical activity scheduling

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Purpose: Physically Active Children in Education (PACE) is an effective and cost-effective intervention that has consistently improved schools' implementation of a physical activity policy. However, sustained implementation is required for the policy to reach its full public health potential and to ensure the initial investment in PACE is not wasted. Using data from a pilot randomised and controlled trial, we explored: (A) whether teachers sustained their scheduled weekly minutes of physical activity 18-months following delivery of PACE; (B) the odds of teacher's policy compliance being sustained; and (C) teacher's perceptions of the usefulness of strategies supporting sustainment.

Methods: We conducted surveys of teachers from the six intervention schools post-intervention and 18-months later. Teachers recorded their minutes of scheduled physical activity during a five-day school week in a daily log book. The main outcomes reflected the components of physical activity where a significant increase was observed during the main trial: total minutes of physical activity and energisers (short classroom physical activity breaks). Teachers also rated the usefulness of 14 proposed strategies to support sustainment. Generalised linear mixed models assessed the difference in minutes of physical activity scheduled from post-intervention to 18-month follow-up, as well as the difference in the proportion complying with the policy requirements. Descriptive statistics explored teacher's perceived usefulness of sustainment strategies.

Results/findings: Valid survey responses were received from 50 teachers post-intervention and 30 teachers at 18-months. Teacher's scheduled minutes significantly decreased between time points for total physical activity (33 minutes; 95% confidence interval= -59.99, -6.91; $p=0.014$); and for energisers (21 minutes; 95% confidence interval= -35.17, -7.55; $p=0.003$). The proportion of teacher's meeting the policy guidelines also reduced (-19%; odds ratio=0.34; 0.17, 0.67; $p=0.002$). Sustainment strategies perceived 'most useful' were provision of physical activity equipment packs, professional learning modules delivered online or in-person, and a handover package for new staff.

Conclusion: Teachers' physical activity scheduling was not sustained in the long-term, corresponding to a reduced proportion of teachers meeting policy guidelines. These findings have informed our subsequent preparation to address this and ensure the full public health impact of PACE is realised.

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

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There is increasing interest in public health research, policy, and practice in place-based approaches. They are implemented with an expectation to improve health outcomes, particularly among people experiencing disadvantage. However, no review has been conducted to investigate practice-focused resources (i.e. non-academic resources such as grey literature, guides, websites and courses) utilised by practitioners and decision-makers that support the implementation of place-based approaches. In this scoping review, we: (1) identified and reviewed publicly available practice-focused resources to support the implementation of place-based approaches; (2) reviewed the attributes of selected resources to guide evidence-informed practice using an originally developed tool - Resources' Attributes for evidence-informed Practice Tool; and (3) identified priority areas for future development of resources. We found 41 resources, including 26 publications, 13 web-based resources and two courses. The resources were mainly focused on collaboration, developed by not-for-profit organisations, focused on a broad target audience and supported 'people living with disadvantage'. The publications we reviewed: clearly stated important information, such as the author of the publication; used their own evaluations, professional experience and other grey literature as evidence; included strategies to support implementation; and were easy to read. Based on our review, we recommend that: (1) the development of resources to support evidence-informed practice (particularly planning, implementation and dissemination of findings) and governance be prioritised; (2) resources should clearly state their target audience, and tailor and target communication to this audience; (3) resources draw on evidence from a range of sources, including academic literature; (4) resources include implementation strategies; and (5) resource content should be adaptable to different contexts.

Optimising trial participant recruitment and uptake using social media advertising

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Attrition from research trials remains an ongoing challenge and a key area of interest for researchers in public health. Nevertheless, the integrity of a trial is determined not only by the number of people who complete it, but also by the number who commence it. Appropriately powering a trial involves ensuring statistical appropriateness of the data as well as recruiting enough participants to meet these targets. To date, research has typically focused on attrition and ensuring an appropriate buffer, while considerably less has been published on conversions from interested to enrolled participants, which offers little direction regarding methods for optimising recruitment resources. There has been a recent shift toward reliance on paid social media advertising campaigns to reach the samples required for research trials. Digitally delivered interventions provide further insights into this recruitment method. Over the past year, we have conducted several studies involving different levels of participant screening and commitment as well as personal contact. The aim of this work was to compare these methods to better understand conversion rates and which factors influence such rates. We analysed existing data from N=5 recently completed research trials to enhance our understanding of how many people may need to be reached through social media to be converted into enrolled trial participants. We used examples with varying levels of participant commitment and specificity as well as different levels of in-person trial management strategies. Our findings revealed that a one-time survey had an excellent conversion rate with 58.6% of people who clicked the advert going on to start the survey. At the other end of the spectrum, the intensive clinical trial had less than 1% of interested people enrol. Social media adverts also involve costs such as time spent moderating posts, which were relatively consistent across studies. Furthermore, adding an element of personal contact, such as a phone call, may assist with converting interested into enrolled participants. Thus, these findings suggest that there may be a sweet spot when it comes to degree of contact. The insights gained from this research may assist public health researchers in planning and budgeting for future trials.

Supporting community-led food access initiatives in food desert areas

Ms Clare Schultz¹

¹Gateway Health, Wangaratta, Australia

Access to fresh, affordable, healthy food is a key factor impacting on the ability of communities to eat a healthy diet. Gateway Health, health promotion team, worked with four communities from the Rural City of Wangaratta, in north-east Victoria, that had been identified as 'food desert' areas (poorer access to healthy food due to distance, lack of transport/resources) to establish community-led food access initiatives. Community engagement was undertaken through talking with local community members, partnering with local agencies, word-of-mouth and letter box flyer drops. Gateway Health provided support through providing small grants/support to apply for grants, building connections with local agencies/other communities for support and practical support to run events/media promotion.

Outcomes:-

- Moyhu Food Share was established and now hosts a monthly community gathering and active face book group with 123 members to swap home grown produce and share food growing tips/resources.
- Springhurst Primary School re-established and expanded the food growing garden and produce is used in school cooking programs. Whilst the garden is used, this has remained a school initiative rather than a community initiative.
- The Wangaratta Community Garden held an open day with 40 community members attending and 12 people keen to become involved. Since then, the garden has received a grant to run food growing workshops for young people and families.
- The Sustainable King Valley Food Hub has grown from a small bulk buying group to 37 memberships servicing 115 people, with a 'shop front' now open twice a month for members to stock up on locally sourced produce. The group also hosts regular community events around sustainable living.

Learnings:-

Our communities are amazing! Gateway Health continues to provide support as needed, but three of these four initiatives are self-sustaining. Whilst supporting access to fresh, affordable, healthy food was the initial aim – creating spaces for community connection was the key factor in the establishment and ongoing sustainability of these initiatives.

Informal community activation of Victorian public schools – where are we now?

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Availability and proximity to recreation spaces and facilities have been associated with greater physical activity among children, young people, and adults (1). Given that only a quarter of Australian children and young people are meeting the national physical activity guidelines for their age, focus should be placed on whether communities have a built environment supportive of physical activity (2). According to parent reports, most Australian children live within walking distance to their schools, and therefore, their school's diversity of outdoor recreation spaces and facilities (3). However, there is a lack of research that examines if Victorian schools' outdoor recreation spaces and facilities are accessible to their community for informal use after school-hours ('open to their community'), and the reasons for inconsistencies between schools remaining open to their community. VicHealth aims to establish a baseline of Victorian public schools open to their community. The enablers, barriers, and benefits (for both the community and the school) of community utilising a school's outdoor recreation spaces and facilities will also be examined. In February 2023, principals of public Victorian schools will be surveyed to determine the prevalence of public schools open to their community, the barriers to opening the school, and any support required to open the school to community. Through interviews with school principals (or relevant staff) and family or community user groups, five case studies of public schools open to their community will be developed by April 2023, describing each school's motivation, any challenges overcome, and the benefits to the school and wider community. These data and resources will be used to advocate for and inform policy action as well as support a cultural shift to increase the number of public schools open to their community.

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Developing a dynamic barriers system to optimise implementation of childcare-based prevention programs

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Background

Poor nutrition, physical inactivity and excess weight gain are primary risk factors for death and disability globally. Childcare centres are ideal early prevention settings for implementation of healthy eating (HE) and physical activity (PA) programs. Research consistently shows that implementation of evidence-based PA and HE programs in these settings are suboptimal. It is recommended that implementation strategies are tailored to address reported barriers as they arise to optimise impact. This research seeks to describe the development and piloting of a dynamic barriers assessment system to support implementation of prevention programs in childcare centres.

Methods

We used Learning Health Systems (LHS) framework to inform development. First, to develop continuous data collection systems, we will establish a panel of NSW childcare centres to report on barriers to implementation of priority HE and PA programs. Second, we will work with an expert advisory group and health agencies that support HE and PA practice implementation in the setting to establish priority practices. Third, we will establish a mechanism to provide real-time data to health promotion teams. Fourth, we will undertake a repeat cross-sectional survey with approximately 100 childcare centres/month to assess barriers to the priority practices. Lastly, we will work with NSW health promotion agencies to map implementation strategies to address barriers as they arise.

Results

To date, we have established a panel of approximately 1000 childcare centres to undertake this assessment, developed the initial survey and are commencing data collection. We will describe the establishment of this system and present preliminary data on barriers and the utility of the system.

Conclusion

This research will for the first time allow the generation of important proof of concept data on how to apply learning health systems methods to chronic disease prevention efforts, and the value of such systems from a prevention perspective.

Nutrition in primary schools: ACT making a positive shift in culture

Mrs Michelle Fisher¹

¹ACT Health, Canberra, Australia

Fresh Tastes is a free ACT Government program aiming to create and embed a healthy food and drink culture in ACT primary schools. The model is based on best practice for health behaviour change and action learning. It draws from systems change and community development principles, plus learnings from formative program evaluations and consultation.

From 2014-2021, 97 (87%) of all ACT primary schools participated in Fresh Tastes, reaching over 42,000 students. Schools were provided with three years' intensive support, including annual workshops to develop simple plans for a range of action areas: Classroom Learning, Growing Food, Cooking Food, Food from Home, Food for Sale and Healthy Food and Drink Guidelines.

A comprehensive evaluation of the program identified Fresh Tastes has positively improved the food and drink culture of participating schools and has sustainable outcomes. Key successes include:

- Approximately 80% of participating schools reporting a positive shift in their food and drink culture
- Over 80% of participating schools reporting a positive change in student attitudes towards healthy food and drinks
- Over 80% of teachers at participating schools had a high or very high confidence to teach about healthy food and drinks.

The Fresh Tastes program has identified critical elements of a successful school-based model, such as aligning with school priorities, allowing for flexibility in program delivery, gathering high levels of executive support, ongoing work with the Education system to address barriers and enablers and post participation planning. These valuable learnings are transferable to other health promotion initiatives.

The journey of the emerging peer initiatives in the NT

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The psychosocial support activities have minimally engaged peers in the Northern Territory (NT); however, national policies advocate for recovery-oriented practices informed by people with lived experience (LE). The Peer-Led Education Pilot (PLEP) was implemented between 2019-2021. This project empowered the local peer workforce and research team evaluating the pilot, which resulted in the (1) foundation of the NT Lived Experience Network (NTLEN), (2) implementation of further LE projects, (3) collaboration between the research team and local peer community, (4) research team taking a leading role in peer evaluation, and (4) establishment of the first dedicated LE Research Fellow position at Flinders University (Flinders). The presentation will highlight the key learnings of the PLEP (NT Mental Health Coalition), Two-Way Mentoring program (TeamHEALTH), NT Peer Workforce project (Top End Mental Health Consumer Organisation), Family and Friends Recovery project (NTLEN and Flinders), and Pilot and Evaluation Recovery Together (NTLEN) projects. Among them, the most important were the (1) positive impacts of these programs on people with mental health, alcohol and other drug use, and their families and friends' wellbeing; (2) opportunity for cross-sectoral collaborations in the delivery of psychosocial support activities; (3) demand for ongoing implementation of peer-led initiatives and evaluations; (4) contextualisation and program adaptation in various settings, (5) stepped vocational pathway and ongoing professional development for the local peer workforce, (6) raising awareness about peer work and mental health challenges in the community and at workplaces, (7) building the monitoring and evaluation capacity of organisations implementing peer initiatives, (8) supervision for peer workers, (9) targeted approach to access highly vulnerable and stigmatised populations, and (10) increasing organisational and sectoral readiness and development of policies and practices in support of safe employment for the emerging peer workers. The presentation will also include the challenges we faced and the opportunities these projects provided.

Tobacco Retail Licensing and Availability of Tobacco in Tasmania

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Introduction: Tobacco retail outlets are associated with smoking in adults, children and during pregnancy. Few longitudinal studies have considered the availability of tobacco outlets over time. This study examines if the number and density of tobacco outlets are associated with a licensing scheme.

Methods: We used the Tasmanian (an island state with a relatively stable population ~500,000) Tobacco Retail Register to analyse outlet density using time series and Pearson correlation, from 2002-2019. Retail outlet density was calculated as outlets per 1000 people with data analysed per yearly quarter.

Results: The density of retail outlets had a strong negative correlation with time, ($r = -0.979$, $p < 0.01$). The highest density was observed at the beginning of 2002 (3.17 retailers per 1000 people) falling to the end of 2019 (1.20 retailers per 1000). There was an increase in retail outlet density in 2009, (Q4, 2008 ~ 2.38 to Q1, 2009 ~ 2.74 retailers per 1000), and a decrease in 2012, (Q2 ~ 2.13 to Q3 ~ 1.90 retailers per 1000).

Discussion: Using data from a tobacco retail licensing scheme, we observed a decrease in the density of tobacco retailers over almost 20 years. Factors which may account for this, on the supply side include licence fees and restriction of display and advertising of tobacco products. Given smoking prevalence also fell over this period and tobacco taxes increased particularly in 2012, demand side factors may also be involved.

Conclusions: We provide evidence that in a statewide retail licensing system creates an environment for preventative health, reducing the retail density of tobacco outlets over time. Previous research indicates fewer retailers is associated with less smoking, which is the leading cause of heart disease and some cancers. Further research is underway to analyse retail outlets and factors influencing retail availability as predictors of smoking in Tasmania.

4F - Mixed Online Only Rapid Fire Presentations

An Australian CDC - learning from a literature review of USA publications.

Mrs Deborah Hilton¹

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Context. The Australian Government announced \$3.2M for designing the new entity, an Australian Centre for Disease Control (CDC). Operationalising One Health is essential to fully address the stated goals of a future Australian CDC.

Process. In order to understand the USA CDC, a literature review was performed using Pubmed MeSH terms; ("Centers for Disease Control and Prevention, U.S."[Mesh]) AND "prevention and control" [Subheading].

Analysis. 4,735 results were retrieved, with 89 manuscript retrievals published in the last year. These topics focused upon; advance written approval process, testing outcomes, a medical monitoring project associated with housing instability and a virtual partner services technical assistance pilot project. In relation to COVID, topics included; streamlining COVID guidance, the nursing workforce, COVID testing, COVID response national vulnerability indices, vaccine approval and post authorisation safety. In relation to drugs; overdose funding initiatives, opioid guidance, prescribing and tapering laws and substance use. There was a retrieval on data on firearm emergency department injury presentations and one on lead poisoning prevention. Various other topics included; maternal health, monkey pox, concussion, nursing home built environments, cancer prevention and influenza surveillance. In relation to sexual health; syphilis, sexually transmitted infections, HIV/AIDS prevention research synthesis project, sex education in schools, multi-jurisdictional HIV prevention demonstration projects, HIV testing projects and substance use. Other topics included; the genomic surveillance program, the national syndromic surveillance program, stroke statistics, pharmacies and the National Diabetes Prevention program, hypertension prevention, Ebola vaccine, neonates at risk of early onset sepsis and healthcare associated infections.

Outcomes. Governance issues, technical specificities, document and guideline production is understood by reading the above, while establishing an Australian CDC. Various examples of how specific or all encompassing presentation of information is will be given. Of utmost importance is a focus upon relevant Australian issues and we have an enviable and proven good report for global SARS outbreak, Hendra virus, equine influenza and avian influenza management.

Learning Outcomes. These publications help with general process, technicalities and guideline development, but an Australian focus must incorporate specific topics such as one health, ATSIH, local climate issues, skin cancer, vaping, exercise, aging and post COVID health.

Here For The Game

Mr Rory Spreckley¹

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Sports betting is the only form of gambling growing in popularity in South Australia. Around one third of sports bettors gamble at risky levels compared to 27% of poker machine players and 12% of gamblers generally. The growth in sports betting is attributed to the proliferation of gambling advertising in sport – making betting appear normal and easy. In response, the Office for Problem Gambling (OPG) is implementing the Here for the Game (HFTG) initiative. HFTG aims to disrupt the normalisation of betting in sport through a dynamic and engaging communication strategy championed by professional sports clubs, including the Adelaide United Football Club, Adelaide 36ers and Adelaide Giants. HFTG aims to raise awareness of gambling harm, educate the community about effective prevention strategies, and promote the benefits of sport without betting. The campaign had excellent reach in its first year achieving over 9 million impressions during its 27-week run across a range of media platforms and resulting in 15,000 visitors to the HFTG website. A survey of Adelaide United fans found most (> 90%) liked the campaign and understood what it was all about. The survey also revealed that after seeing the campaign, 14% of respondents talked to someone about their gambling and 12% reflected on their own gambling. This highlights the potential for targeted communication campaigns to encourage community action in response to gambling harm. OPG will grow the initiative in coming years by involving additional professional sporting partners and engaging amateur sporting clubs through grass roots activations.

Development of a new BreastScreen NSW campaign to promote screening participation

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Background: Evidence-based mass media campaigns are known to be an effective way of raising awareness of the importance of screening and increasing population participation (1). BreastScreen NSW (BSNSW) identified the need for a new campaign and conducted strategic territory testing and concept testing with NSW women to identify a campaign approach.

Methods: Strategic territory testing involved focus groups (n=8) with women aged 50-74 in metropolitan, regional and rural NSW (n=45). Women were segmented by screening status: i) never screeners ii) lapsed screeners and iii) regular screeners. Five territories were tested to assess their capacity to achieve the campaign objectives and guide concept development. Concept testing involved two rounds of research, involving 8 focus groups (n=42) and 9 focus groups (n=47) respectively. Three creative concepts were tested in the first round, with two refined versions tested in the second round.

Findings: The territory titled 'Cancer Won't Wait' was found to have the greatest capacity to motivate screening amongst lapsed and never screeners and reinforce the attitudes of regular screeners. This territory challenged the target audience to consider whether they are placing sufficient priority on their health in the context of their busy lives. Three concepts were developed relating to the idea of 'Cancer Won't Wait' – of these, 'Take a Moment' was found to have the greatest capacity to affect younger women (50-59 year olds - who are the primary target audience) and new, recent and lapsed screeners. This concept successfully motivated participation, by conveying the threat of breast cancer and addressing the key barrier of not prioritising screening.

Conclusions: Prioritisation appears to be an effective way to motivate time-poor women to consider and undertake breast screening. Research outcomes are being used to develop a new mass media campaign that will be implemented August - November 2023.

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KISS - Keep It Super Simple! Lessons from an early diagnosis campaign.

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Introduction

People living in regional Australia have lower rates of five-year survival, for all cancers combined.(1) It has been shown in Western Australia (WA) that compared to their urban counterparts, rural people are less aware of the common symptoms of cancer and therefore are more likely to delay seeking medical help.(2) Find Cancer Early is a cancer symptom awareness and early diagnosis campaign funded by WA Department of Health, targeting regional adults over 40 years in WA, with the aim to raise awareness of cancer symptoms and reduce the time from symptom appraisal to medical help-seeking. The campaign promotes the knowledge of the symptoms for the five most common cancers: breast, prostate, bowel, lung and skin, and because the campaign covers multiple cancers and multiple symptoms, the adverts and resources have previously been complicated and wordy.

Methods

Initially campaign collateral included 10 symptoms in print media, five symptoms in the television commercial and five symptoms in the radio ads. For the first time the 2021/2022 campaign included only three symptoms in all campaign collateral (print, television, radio and digital).

Every year after our campaigns we also survey around 1000 regional adults over 40 in WA via computer assisted telephone interview and ask a series of questions around awareness, symptom recall, health seeking behaviour, intentions and barriers.

Results

The telephone survey after the 2021/2022 campaign demonstrated 30.6% of respondents recalled three or more symptoms, which is a new peak compared to the previous waves where recall sat between 16.8% and 25.8%.

Conclusion

Our experience shows campaign messaging and collateral need to be simple with no more than three symptoms on all collateral in one campaign. We will also discuss how tricky this can be.

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Community arts organisations as settings to promote young peoples' mental wellbeing

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Mental health concerns are key challenges for Australia's youth and are a major public health barrier to obtaining and sustaining positive wellbeing of young people. While actions are being taken to reduce these concerns, most mental health care resources are allocated to acute care through hospital services rather than to preventing mental health problems and promoting mental wellbeing. Research suggests that a powerful way to promote the mental wellbeing of young people is through their involvement in the arts. However, little is known about the process and context by which arts involvement can promote mental wellbeing. This gap also extends to the role of teaching artists in improving the impact for all participating young people. Using a qualitative approach, and consultation with psychologists and an advisory group, we developed a draft resource to support arts organisations to promote the mental wellbeing of young people participating in their arts programs. After piloting the resource, we then trialled it with 23 regional and metropolitan arts organisations.

In this presentation we will outline the following:

- what young people in arts programs identified they need for mental wellbeing under the two main themes of Being Myself and Connecting with Others
- what arts organisations say they require to promote the mental wellbeing of young people through their programs, with reference to the social ecological model.
- ways that arts organisations used the resource in the project to provide a setting wherein the mental wellbeing of young people engaged in arts programs and people involved in the organisation is promoted.
- the successes and what we learnt from the project, including the outcomes for teaching artists and young people.

Findings from this project may be transferred to other settings and providing suggestions as to how this can be done will be an outcome of this presentation.

Paternal preconception health and care: a preventive paradigm for future generations

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Introduction: Prevention and preventive health strategies promote optimal health and wellbeing and are cornerstones of public health. Paternal preconception care is one such preventive paradigm which prioritizes the health roles and responsibilities of males prior to having a child, optimising pregnancy and offspring-related outcomes by facilitating healthful regimes and addressing dietary, lifestyle, and environmental choices while limiting any modifiable risk factors. Indeed, such precautions preserve the health of males, their children, and future generations.

Methods: A systematic review was completed exploring paternal preconception modifiable risk factors for adverse pregnancy and offspring outcomes. Studies were included if they were observational, reporting associations of modifiable risk factors in the preconception period among males (e.g., identified as reproductive partners of pregnant women and/or fathers of offspring for which outcomes were reported) with adverse pregnancy and offspring outcomes.

Results: This review identified 36 cohort and three case-control studies. Studies reported on a range of risk factors and/or health behaviours including paternal body composition (n=16), alcohol intake (n=4), cannabis use (n=5), physical activity (n=2), smoking (n=10), stress (n=3), and nutrition (n=8). Outcomes included fecundability, IVF live birth and offspring weight and body composition. Despite the limited number of studies and substantial heterogeneity in reporting, results of studies assessed as good quality showed that paternal smoking may increase the risk of birth defects and higher paternal BMI was associated with higher offspring birthweight.

Conclusion: The evidence from this review is limited and heterogenous, further high-quality research is needed to support men and couples to prepare for a healthy pregnancy and child. This review strives to uphold bi-directional translational research, a continuing cycle of new knowledge in which ideals of paternal preconception care are addressed with the potential to further research and ultimately translate to clinical practice thus improving health care and/or public health.

Improving physical activity interventions for cancer survivors in general practice

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Background:

Cancer survivors are at increased risk of long-term morbidity. Modifying lifestyle behaviours, in particular physical activity, can improve morbidity associated with the physical and psychological sequelae of cancer. However, many survivors do not receive comprehensive healthy lifestyle recommendations. General practitioners (GPs) are appropriately placed to provide holistic care, such as physical activity interventions but the practicalities within the Australian setting remain unknown.

Aim

This study aims to explore the role of general practice in implementing physical activity interventions for cancer survivors, including the barriers and enablers.

Method

We are using a mixed methods study design. GPs and cancer survivors have been asked to complete a survey before a semi-structured interview. The survey explores preferences of possible interventions arising from findings of a realist review. Interviews explore the role of general practice in physical activity interventions for cancer survivors, including the barriers and enablers. Interview data will be analysed thematically.

Results

Study is currently in progress with data analysis anticipated to be completed by February 2022. Preliminary themes from GP interviews include the significance of behavioural change, the role of the GP and multidisciplinary care, along with barriers (e.g., time constraints, lack of knowledge) and enablers (e.g., access to services, support) to increasing physical activity for cancer survivors.

Discussion

Early reflections from GP interviews suggest GPs feel that providing guidance around physical activity was an appropriate part of their job as care coordinators with a role in managing comorbid conditions, monitoring for cancer recurrence, providing holistic care, and psychosocial care and support. Some GPs also acknowledged the complexity of cancer care and the benefit of integrated multidisciplinary care throughout the cancer care continuum to improve physical activity.

Conclusion

This study forms important pre-implementation work for a physical activity intervention that will be tailored to the needs of cancer survivors in general practice.

Drivers of influenza vaccine decision making: a discrete choices experiment

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Background: Cell-based influenza vaccines (QIVc) represent a differentiated offering in an actively evolving influenza vaccine landscape which has historically seen limited change. QIVc eliminates egg-adaptation, a recognised limitation of the traditional manufacturing process that can result in reduced vaccine effectiveness.

The model of shared clinical decision making is well-established in the field of immunisation and could be increasingly relevant if we assume that health and vaccine literacy amongst the general public has increased as a result of the COVID pandemic. However, there is currently a lack of evidence on patient preferences for differentiated influenza vaccines which could help inform the shared clinical decision making process.

The current study incorporated QIVc attributes into vaccine profiles presented in a discrete choice experiment (DCE) to investigate which attributes patients value that would subsequently drive influenza vaccine preference.

Methods: Approximately 1500 eligible adult participants completed an online survey that included a DCE task. In the DCE, two treatment profiles were described by 8 attributes: Protection against the flu (efficacy), vaccine technology, match to WHO-selected influenza strains, HCP use and recommendation, expected severity of the flu season, manufacturing location, recommended for high risk individuals, and total out-of-pocket cost.

Results: We expect DCE attributes to significantly predict vaccine choice. Attribute importance will be ranked to reveal which attributes are most important, of which we expect efficacy, vaccine technology, HCP endorsement and cost to be the most important attributes considered when choosing an influenza vaccine.

Conclusion: This is the first study that investigated what patients value in differentiated influenza vaccine profiles and their preferences. Key findings illuminate the importance of efficacy, vaccine technology, HCP endorsement, and cost when choosing an influenza vaccine. Practical implications involve promoting patient choice and shared decision-making for preventative health.

Embedding citizen science into policy and practice for prevention

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Background: Citizen science approaches, which actively involve the public in scientific research, are increasingly being utilised in prevention. Although typically led by researchers, there has been increased interest among policy and practice agencies to use these approaches to engage consumers, but there is limited evidence or resources to guide the use of citizen science by these agencies. The Citizen Science in Prevention project aimed to build capacity for and evaluate the feasibility and impacts of stakeholder-led citizen science approaches.

Methods: Developed in partnership with four health promotion agencies and underpinned by knowledge mobilisation principles this project included: (1) supporting the development and implementation of stakeholder-led citizen science projects; (2) outreach activities to establish a wider network of stakeholders; (3) developing resources to support the use of citizen science; and (4) facilitating a community of practice. Evaluation activities included a developmental evaluation of four stakeholder-led projects to explore feasibility and impacts, and evaluation of the process and impacts of our capacity building activities.

Results: Insights from stakeholder-led projects have demonstrated impacts for policy and practice and citizen scientists and identified feasibility considerations for policy and practice stakeholders including navigating collaborative relationships, team capacity and resources, recruitment and engagement of citizen scientists and ethical considerations. Capacity building activities supported stakeholders to identify strategies to address feasibility considerations and facilitated the expansion of our network of stakeholders interested in citizen science in prevention.

Discussion: Much potential is offered by citizen science approaches to strengthen partnerships between communities, researchers, practitioners, and policymakers to develop and address shared research agendas that reflect communities' needs, and ultimately, to inform policy and practice. Insights gained from this project has and will continue to inform resources and capacity building activities aimed at supporting and embedding citizen science approaches within policy and practice settings.

The experience of first-time callers to NSW Quitline

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Background: Cancer Institute NSW implements the NSW Quitline Service that provides smoking cessation support. In 2021 a client experience survey was conducted with first time callers to NSW Quitline to better understand use and experience with the service. The outcomes of the research will be used to identify strategies for NSW Quitline to improve service quality, increase call activity, increase referrals, and ultimately increase smoking cessation outcomes.

Methods: A quantitative telephone survey with 400 first time callers to Quitline. Interviews were conducted within 2 to 5 weeks of the first call with a Quitline Counsellor.

Findings: The first call experience was rated positively by most callers: 88% were very or quite satisfied, and the majority rated length of call (87%), questions asked (83%) and information provided (86%) as 'just right'. First time callers felt they were being listened to (90%), were comfortable talking with the Counsellor (96%), and trusted the advice of the Counsellor (92%). The first call was motivating for 83% of callers to want to quit/stay quit. The first call made 24% feel overwhelmed, particularly, those with lower levels of education (33%), from a CALD background (39%) and males (30%). Prior to contacting Quitline 68% were not aware NSW Quitline offered a counselling call back service. Anti-smoking advertising was a key motivator for many to use NSW Quitline (28%), GPs and health professionals also play a significant role in motivating people to use NSW Quitline through their recommendations and referrals (46%).

Conclusions: There are several opportunities for service improvement, including further promoting the call-back counselling service, considering a case management approach, extending contact hours to increase retention in the call back service, tailoring approach to certain sub-groups who may feel overwhelmed, and further engaging health professionals to refer to Quitline.

Bowel cancer screening training with an Aboriginal Medical Service

Mr Aiden McDowell¹, Catalina Lizama²

¹Cancer Council WA, Geraldton, Australia, ²Cancer Council WA, Perth, Australia

Introduction:

Aboriginal Australians are disproportionately affected by bowel cancer compared to non-Aboriginal Australians; the age-standardised mortality rate for Aboriginal Australians is 36 per 100,000 people compared to 29 per 100,000 people for non-Aboriginal Australians¹. The National Bowel Cancer Screening Program (NBCSP) sends home test-kits to Australians aged 50-74 every two years and is an important public health campaign to detect early signs of bowel cancer. Unfortunately, participation in the NBCSP is suboptimal, with Aboriginal Australians less likely to participate (35.2% participation) compared to non-Aboriginal Australians (45.5% participation)¹.

Methods:

To address the low bowel cancer screening rates amongst Aboriginal Australians, Cancer Council WA provided a training session at Geraldton Regional Aboriginal Medical Service with a variety of staff (Aboriginal health practitioners, nurses, doctors, social workers, data management staff, and the practice manager) regarding bowel cancer, risk factors, symptoms, the NBCSP, and how practices can play a major part in increasing screening participation rates. Attendees completed surveys before and after the training session.

Results:

Survey responses were compared before and after training, including comparison of staff knowledge of the NBCSP, awareness of resources, and practice initiatives to increase patient bowel cancer screening participation.

Conclusions:

The NBCSP is an effective means of decreasing the burden of bowel cancer amongst Australians, and increased participation in the NBCSP would yield greater benefits. Medical practices, especially Aboriginal Medical Services (AMS's), play an important role in improving screening rates amongst Aboriginal Australians, and it is imperative that AMS staff receive regular training to feel confident to discuss and encourage participation with clients.

References:

1. Australian Institute of Health and Welfare., (2022). National Bowel Cancer Screening Program monitoring report 2022.

Beyond the faster horse: Asking communities what matters

Dr. Vivian Romero¹

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Henry Ford, the inventor of the Model T car is alleged to have said “If I had asked my customers what they wanted, they would have said a faster horse.” Those who are immersed in codesign processes would have something to say to Mr. Ford. “Of course we should ask our stakeholders what they want”. Co-design across the collaborative spectrum is premised on working with stakeholders to help them design solutions to health problems (Vargas et al., 2022). But how many times have our stakeholders, our communities of interest, provided “faster horses” type of responses? When working with communities, are we falling in love with the solution and not the problem? Drawing from the innovation literature, collaborators should seek to ask the right questions (Ku & Lupton, 2022). In this teaser of a presentation, I offer five questions to help you and your communities determine the direction of the codesign process and think beyond faster horses.

Ku, B. and Lupton, E., 2022. Health design thinking: creating products and services for better health. Massachusetts: MIT Press.

Vargas, C., Whelan, J., Brimblecombe, J. and Allender, S., 2022. Co-creation, co-design, co-production for public health: a perspective on definition and distinctions. *Public Health Research & Practice*, 32(2).

Co-design during Covid: Working in diverse ways to engage diverse populations

Ms Chloe Benson¹

¹*Latrobe Health Assembly, Traralgon, Australia*

The Latrobe Health Assembly co-designed a mental health café with community throughout 2021-22. This co-designed model has now secured funding and is being piloted in Morwell. People with lived experience of psychological distress, service providers and other key stakeholders continue to shape the service's establishment and are collaborating to help the cafe reach its aims of providing: after-hours support, an alternative to the emergency department for non-emergency presentations, and a warm and inviting space to seek peer support. At the heart of this model is a commitment to championing lived experience at all decision-making levels.

This is a co-design success story. But the design process did not transpire without challenges. Bringing diverse groups together to solve complex problems and develop a cohesive and feasible service model is a difficult task under the best of circumstances. For us, this usual complexity was compounded by a global pandemic and extensive Victorian lockdowns. This presentation will outline some of the challenges and strategies of our co-design journey amidst the Covid-19 pandemic. We will share what worked, what was difficult and what we think are some key transferrable learnings for others who are working on preventative health projects with people with lived experience of mental ill health and their carers.

Children's exposure to outdoor advertising of alcoholic beverages near schools in Perth

Mrs Joelle Mandzufas^{1,2}, Dr Gina Trapp^{1,2}, Dr Karen Lombardi^{1,2,3}, Dr Robyn Johnston¹

¹Telethon Kids Institute, Nedlands, Australia, ²University of Western Australia, Nedlands, Australia, ³Curtin University, Bentley, 6102

Purpose: Exposure to alcohol advertising positively influences children's attitudes towards alcohol, intentions to use alcohol, and underage drinking. Leading health organisations recommend legislated frameworks to reduce young people's exposure to alcohol advertising. The purpose of this study was to examine socio-economic differences in the pattern, type and volume of alcohol advertising near schools in Perth, Western Australia.

Methods: Photographs of advertisements including alcohol products were collected as part of a larger study investigating all outdoor advertising within 500m radius of 64 schools in low and high socio-economic areas (SES). Additional features recorded for alcohol advertisements included number of units displayed, packaging type and size, price displayed, and type of alcohol. The number of standard drinks per displayed unit was sourced from retailer websites and advertised price per standard drink was calculated from these data. Coding was completed by a minimum of two researchers, and chi-square tests of independence were calculated using R Studio.

Results/findings: 35 schools (17 low SES, 18 high SES) had at least one alcohol advertisement for alcohol within 500m, with 10.6 alcohol advertisements counted on average per school zone. There was also an alcohol retail outlet within 500m for 77% of these schools. 69% of advertisements were located at these outlets, and 26% at roadside. Alcohol advertisements represented 25% of all food advertisements and 8% of all advertisements in these school zones. School socio-economic status was a significant predictor of advertisement setting ($p < 0.001$); and advertisement size was larger in low SES; but high SES advertisements displayed a greater number of standard drinks ($p = 0.007$) and higher price per standard drink ($p = 0.003$).

Conclusions: This study found that there is a high volume of alcohol advertising close to schools, with differences according to socio-economic status. Policy interventions restricting the promotion of alcohol near schools may prevent future harms from alcohol.

Pasch et al. 2007

Dobson 2012

World Health Organization 2010

Schultz et al. 2009

Trapp et al. 2021

Insights into consumer co-design to develop a no-language resource on incontinence

Nives Zerafa¹

¹*Continenence Foundation Of Australia, Surrey Hills, Australia*

The Continenence Foundation of Australia took up the challenge to create resources that do not require language to reach a diverse and broad population, through a co-design process engaging a cross-section of consumers.

Incontinence affects one in four adults living in Australia¹ and can significantly impact a person's quality of life. With 56% of people with incontinence not seeking help², there is a real need for the message to reach and connect with as many people as possible.

The process commenced with the support of the Foundation's management and Consumer Advisory Committee by asking consumers how we could overcome the language barrier.

Twenty people took part in two workshops to generate ideas and build early-stage content prototypes. A small team of consumers from these workshops continued providing feedback in prototype development. These prototypes were refined and tested with another 29 people. The co-design participants had no prior contact with the Foundation and represented people with and without lived experience of incontinence. Close collaboration with consumers, particularly on a health issue that is highly stigmatised, presented the following challenges:

- Recruitment and ongoing participation
- Maintaining a cross-section of consumers
- Online facilitation to build trust while managing participants' expectations and technical proficiencies
- Workshop dynamics to ensure everyone was able to participate and have a voice
- Understanding and adhering to the no-language criteria

Strategies to address these challenges included:

- Being adaptable and flexible in our approach
- Accommodating participants' individual and collective needs
- Respectful communication addressing consumer sensitivities and capacity
- Expert guidance and facilitation
- Continuous reflection on the process and engagement

The co-design process generated many rich ideas and enthusiasm from all participants that would not have been imagined without consumer engagement. Using codesign and addressing its challenges, facilitated learning and built capacity for broadening consumer involvement in all of the Foundation's core activities.

¹ Deloitte Access Economics. 2011. The economic impact of incontinence in Australia. The Continenence Foundation of Australia, Melbourne

² Continenence Foundation of Australia. 2022. Annual Report: The National Consumer Continenence Survey 2022. Available from: https://www.continenence.org.au/sites/default/files/2022-11/Annual%20Report%202022_Singles.pdf

5A - Young People

Long Oral Presentations

Factors associated with Australian adolescents' susceptibility to smoking tobacco cigarettes

Ms Maree Scully¹, Emily Bain¹, Elizabeth Greenhalgh¹, Melanie Wakefield¹, Sarah Durkin¹, Victoria White²
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Background/Aims: Openness to smoking is a known predictor of future smoking, and adolescence is a critical time for smoking susceptibility and initiation. Given recent slower progress in reducing youth smoking, this study aims to understand current risk factors for smoking susceptibility among Australian adolescents to inform the development and targeting of prevention policies and programs.

Methods: Data were from a cross-sectional survey of Victorian students aged 12-17 years participating in the 2017 Australian Secondary Students' Alcohol and Drug (ASSAD) survey who reported having never smoked even part of a cigarette (n=3,891). Those providing a response other than 'certain not to be smoking' when asked "Do you think you will be smoking cigarettes this time next year?" were identified as being susceptible to smoking. Potential categorical risk factors assessed included socio-demographic characteristics, mental health diagnosis, recent depression symptoms, past week drinking, ever use of e-cigarettes and other substances, parent/friend smoking and smoking attitudes. Factors associated with smoking susceptibility in bivariate analyses ($p < 0.05$) were included in a final multivariable logistic regression model.

Results: Overall, 11% of never smokers were susceptible to smoking. Five factors were independently associated with smoking susceptibility: ever use of e-cigarettes (AOR=3.26, 95% CI: 1.83-5.81); perceiving smokers to be more popular than non-smokers (AOR=2.87, 95% CI: 1.62-5.10); having at least one close friend that smokes (AOR=2.66, 95% CI: 1.61-4.40); not perceiving smoking one or two cigarettes occasionally as personally dangerous (AOR=2.56, 95% CI: 1.61-4.09); and having depression (AOR=1.59, 95% CI: 1.06-2.38).

Conclusions: Ever use of e-cigarettes was the strongest smoking-initiation risk factor identified, underlining the need for strong e-cigarette regulations that reduce promotion to and access by youth. Strategies correcting social norms and harm misperceptions around low-rate tobacco use, as well as interventions addressing mental health, may help prevent future smoking uptake among Australian adolescents.

The health and economic impact of eating disorders in Australian adolescents.

Miss Georgia Pantelis, Dr Laura Edney

¹*Flinders University, Adelaide, Australia*

Eating disorders are associated with poor health-related quality of life (HRQoL) and high financial burden on both individuals and the broader economy. However, there is limited Australian population-based evidence on HRQoL decrements and the economic impact of eating disorders. A retrospective cohort study analysing the Longitudinal Study of Australian Children (LSAC) was used to examine the impact of eating disorders on HRQoL and health service utilisation and costs. We found 3.22% of adolescents aged 14-15 years in 2018 had an eating disorder, the majority of which were female (65.9%). These adolescents reported significantly lower HRQoL compared to those without an eating disorder and higher utilisation and costs of medical services, driven by general practitioner and psychology consultations. There were no differences in rates of prescription pharmaceutical use, though adolescents with an eating disorder had significantly lower costs for prescription pharmaceuticals. These results provide important information on the HRQoL and economic impact on the healthcare system of eating disorders in adolescents and suggest that current models of care for this population may not be effectively supporting their needs. We will discuss how the results of this study can be used to support future research and inform economic evaluations of evidence-based interventions to improve health outcomes and inform policy directions for funding priorities.

Young adults vaping and smoking in Australia - ‘Not a big deal’

Miss Ciara Madigan¹, Sam Egger³, Emily Jenkinson¹, Alecia Brooks¹, Anita Dessaix¹, Bronwyn McGill², Paul Grogan³, Dr Becky Freeman², Shiho Rose

¹Cancer Council NSW, Woolloomooloo, Australia, ²University of Sydney, Sydney, Australia, ³The Daffodil Centre, Sydney, Australia

Background:

The growing rates of e-cigarette use among 18–24-year-olds is concerning given young adulthood is a time where unhealthy or risky behaviours are established and can persist into adulthood. According to 2020-21 National Health Survey data, 8.3% of 18-24-year-olds were daily smokers, and 21.7% have used an e-cigarette or vaping device at least once in their lives. Given the growing rates of e-cigarette use among 18–24-year-olds in Australia, and the implications this may have on smoking prevalence, it is also important to also examine tobacco use in this age group.

Methods:

The aim of this study is to examine awareness, perceptions, attitudes, knowledge and behaviours of e-cigarette and tobacco use among young adults aged 18-24 years in Australia. A cross-sectional online survey reaching 2460 young adults, and 20 qualitative group discussions reaching 113 young adults were conducted Australia wide.

Results:

Vaping and smoking rates among young adults in Australia are far higher than previously estimated, with 33% of young adults current smokers and 38% current vapers. Majority of young adults see access to vapes as easy, with most using disposable devices (75%). Vaping is seen as a separate, socially acceptable behaviour compared to smoking, and perceived as normal and “not a big deal”. Young adults accept that vaping is likely to be harmful, but believe it is unlikely to be as harmful as smoking tobacco, however there is growing concern related to nicotine and addiction.

Discussion:

Young adults are a group that have been previously neglected by public health policy, research, and initiatives. The rapid growth in vaping among young adults in Australia is a significant public health concern requiring urgent comprehensive policy reform. Given tobacco use remains high amongst this group, the continued adoption and funding of evidence-based tobacco control policies and programmes is also an urgent priority.

A lifestyle blueprint? Dose-response associations between modifiable behaviours and adolescent mental health

Ms Scarlett Smout¹, Dr Lauren Gardner¹, Prof Nicola Newton¹, Dr Katrina Champion¹

¹The Matilda Centre, The University Of Sydney, Sydney, Australia

Half of all Australians experience a mental disorder in their lifetime. For 5-24-year-old Australians, mental disorders account for leading causes of disease burden. Young people list mental health in their “top three personal concerns” and epidemiological data suggests that 75% of all mental disorders emerge before an individual reaches 24-years-of-age. Therefore, prevention of mental ill-health in adolescence is critical.

Six key lifestyle behaviour domains (the “Big 6”) have links with mental health: 1) diet (specifically fruit, vegetable and sugar intake), 2) physical activity, 3) recreational screen time, 4) sleep, 5) tobacco use, and 6) alcohol use. However, there are gaps in our knowledge of how these relationships play out throughout adolescence, and there is limited examination of the role of social determinants beyond gender.

This study uses data from the large ‘Health4Life’ dataset (baseline 2019: n=6,640, Mean age:12.7[0.5], follow up 2019: n=5,698, Mean age:12.7[0.8], 2020: n=5,526, Mean age:13.7[0.8], and 2021: n=5,015, Mean age:14.7[0.8]), which includes 71 schools across NSW, QLD and WA, to examine the cross-sectional and longitudinal relationships between the Big 6 and anxiety, depression and psychological distress, and to explore associations with key social determinants.

Cross-sectional analysis of baseline data revealed: All the Big 6 were all associated with anxiety, depression and psychological distress ($p \leq 0.001$). Lowest mental health symptom scores were observed in participants who slept 9.5-10.5 hours per night; consumed three serves of fruit daily; consumed two serves of vegetables daily; never or rarely drank sugar-sweetened beverages; engaged in 6 days of moderate-to-vigorous physical activity per week; kept daily recreational screen time to 31-60minutes; had not consumed a full standard alcoholic drink (past 6months); or smoked a cigarette (past 6months). Gender, cultural and linguistic diversity, family affluence and school socioeducational advantage were associated with outcomes, yet rurality was not. Longitudinal analysis is in progress.

Targeting modifiable risk behaviours offers promising prevention potential to improve adolescent mental health, provided longitudinal analysis confirms directionality.

Whilst Australian Dietary, Movement and Alcohol Guidelines target physical health, current cross-sectional findings indicate similar behaviour thresholds may offer mental health benefits.

Did the prescription-only policy change have any impact on teen vaping?

Miss Emily Jenkinson¹, Mr Sam Egger³, Ms Anita Dessaix¹, Ms Alecia Brooks¹, Ms Christina Watts³, Miss Ciara Madigan¹, Mr Paul Grogan³, Dr Becky Freeman²

¹Cancer Council Nsw, Woolloomooloo, Australia, ²University of Sydney, Sydney, Australia, ³The Daffodil Centre, Sydney, Australia

Background:

From October 1 2021, the gap between Commonwealth and state and territory law was closed so that adults wanting to legally access nicotine e-cigarettes and e-liquids in Australia, would need a medical prescription. This was designed to prevent e-cigarette use by non-smokers, particularly young people, but its effectiveness is in question given the rising rates of teenage vaping.

Methods:

An online cross-sectional survey as part of the Generation Vape study, conducted in NSW pre and post the Oct 1 policy change, was used to assess any changes in teenagers' access to vapes and associated behaviours. There were 1375 unique survey participants across both survey waves along with 32 single/paired online interviews conducted in each wave with 96 participants in total.

Results:

Pre and post policy change, the number of teenagers reporting they had ever vaped increased slightly (32% pre and 35% post, $p < 0.188$) and there was no change in those who had bought the vape themselves (30% pre and post, $p < 0.881$). Post policy change, the number of teenagers buying a vape from a tobacconist had more than doubled (10% pre to 23.4% post, $p < 0.026$) and over 80% of ever-vapers said it was either 'quite easy', 'easy' or 'very easy' to get a vape, an increase from 76.9% pre policy change ($p < 0.784$).

Discussion:

Current laws and enforcement, including the changes implemented on 1 October 2021 that required nicotine vapes to be obtained using a doctor's prescription, do not appear to be constraining young people's access to nicotine vapes. Preventing another generation from nicotine addiction is an urgent priority for public health and access to vapes by teenagers and non-smokers must be addressed through enhanced regulation and greater enforcement at both a federal and state/territory level.

5B - Co -design Long Oral Presentations

Community Engagement: 3 Main Ingredients For Success

Mrs Tanya Rong², Dr Eli Ristevski, Dr Matthew Carroll

¹Monash University, Gippsland, Australia, ²Latrobe Health Assembly, Latrobe Valley, Australia

Community participation and co-design are well-recognised by government, policymakers, and researchers as a vital aspect of health improvement and integral to addressing health inequalities in areas of poor health and disadvantage. However, the literature shows that community engagement in co-design is often not done well and there is currently no 'best practice' framework to guide community engagement methods. A scoping review was conducted to explore the enablers and barriers of community engagement in place-based approaches using the Johanna Briggs Institute methodology for scoping reviews. Six health and social science databases were searched using relevant terms based on key words of the research question. Thirty-seven articles met the inclusion criteria of which 29 were conducted in the United Kingdom, United States, Canada or Australia, and 70% used qualitative methods. The terms used to represent place-based were diverse, including area-based, community-led and neighbourhood approach, however, they all targeted areas of poor health and disadvantage using co-design and community-based participatory approaches. The health initiatives were delivered in multiple settings, including neighbourhoods, towns, and regions. Trust, power and cultural considerations were the most significant barriers and enablers to community engagement in place-based approaches. Creating a culturally inclusive environment where community felt safe, welcomed, and with a sense of belonging was important to building trusting relationships. Neutral meeting spaces such as community buildings create inclusion and equal power distribution. The use of local leaders and community champions built trust and helped community members feel empowered, particularly in studies involving migrant, ethnic and Indigenous participants. Researchers and government planners need to respect the knowledge and local expertise of the community and enable equal voice in engagement activities. Shifting power to community and building trust with cultural sensitivity is key to success in community-led, place-based initiatives.

Key words: place-based, community engagement, health inequalities, community-based participatory research

Co-designing healthier food environments for Sport and Recreation: Points won and lost

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Sport and recreation centres and clubs are places in which communities come together to watch, volunteer, or participate in sport; holding great potential to benefit health and active living. However, these settings are immersed in the supply, promotion, and sponsorship of unhealthy food and drink choices. Therefore, the reality is that many players and visitors are more likely to have consumed more calories, than might be expended through exercise, after visiting the canteen.

Health and Wellbeing Queensland used a co-design approach to update the existing food and drink guidelines for Queensland sport and recreation settings. The co-design approach centred around the IDEAS methodology, involving ten phases that integrated insights from users and theory, iterative and rapid design with user feedback and rigorous assessment; with the sharing of guidelines and findings.

Sector stakeholders involved in the co-design included state sporting organisations, private and council run sports centres, local sporting clubs, stadiums and caterers, parents, spectators, and sports participants. Insights and evaluation from other national and international work were also used to strengthen the guidelines, through the triangulation of findings. Sector feedback was collected to inform relevant and approachable guidelines to create healthier food environments in sport. Consultation provided a better understanding of the food ecosystem within sport, including the drivers of food and drink supply, knowledge and attitudes, capabilities, and sector needs.

Key themes that emerged throughout the co-design process included leverage points with influence on the sport and recreation food ecosystem, such as strong concerns regarding profitability and an expressed need to see the success of others. The challenges relating to active participation during co-design and how this was managed will also be presented. Focus will be given on how these insights informed the development of highly relevant and practical guidelines, and accompanying resources, for the sport and recreation sector.

The Latrobe Health Assembly - Giving Power to Community... Fact or Fiction

Ms Ellen-Jane Browne¹

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In 2014 a fire burned for 45 days in the Hazelwood Coal Mine, one of three mines supporting Victoria's major power stations. The subsequent Hazelwood Mine Fire Inquiry, in exploring the impact of the fire on community, found that the Latrobe Valley had poor health outcomes compared to the rest of Victoria, that successive governments had neglected the health and wellbeing of the Latrobe Valley community, and that the community was of the view that government had not listened to the community. Amongst the 100 plus recommendations of the Inquiry that dealt with health it was recommended that the geographic area of the Latrobe City be designated as the Latrobe Health Innovation Zone and that a Latrobe Health Assembly be created to give voice to the community. The Latrobe Health Assembly came into being in June 2017, with a brief to improve health and wellbeing outcomes in the Latrobe Valley, with community at the centre of these actions. A Board consisting of four community members, five nominees of government from key health services and the local government, and an independent Chair support a broader Health Assembly consisting of up to forty-eight community members. The Assembly's brief... to give community voice to shaping new and innovative ways of improving health outcomes in the Latrobe Valley. Within this context, this paper seeks to answer three questions; has the Assembly given rise to increased community voice?; has the Assembly allowed the community to shape innovative approaches to improving health and wellbeing outcomes in the Latrobe Valley?; and to what extent has the power-in-balance shifted? In exploring these three questions the paper seeks to inform the public debate around place-based interventions and the role of community in such interventions. It also seeks to inform, from firsthand experience, the limitations government can directly and indirectly put on community... and in so doing inform the policy debate in this area. In reflecting on the experience of the Latrobe Health Assembly we can share the learnings gained over the past four years and give other agencies fresh insights into place-based interventions.

Experiences of participants in a novel community-based health service

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Background

Co-design aims to bring health consumers, healthcare workers, and stakeholders together to design health services. Co-design reduces power imbalances, creates innovative, person-centred services, is a policy priority and increasingly features in contemporary health service design discourse. Examining the experiences of co-design participants is essential to understand if processes embody desired co-design principles of equal partnership, openness, respect, empathy, and design together. However, the experiences of co-design participants are poorly understood.

In Tasmania, Primary Health Tasmania utilised co-design to develop and implement a novel community-based service for people with high healthcare service utilisation, called Healthcare Connect North. This study aimed to investigate the experiences and perceptions of people who participated in this co-design.

Method

The methods of this qualitative study were guided by the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines. Components of Grounded Theory were used to inform study methodology. Co-design participants (n=26) who attended at least one co-design meeting or workshop were invited to participate. Two investigators who were co-design participants were not interviewed for this study and did not perform data collection. Thirteen participants (5 health professionals, 6 health managers and leaders, and 2 health consumers) took part in semi-structured interviews between June and September 2022. Interviews were recorded, transcribed verbatim and checked for accuracy. Participants received a copy of their transcribed interview and were able to clarify, change or delete any comments. Data were independently and iteratively analysed by two investigators, who met regularly to understand different perspectives and gain consensus.

Results

Most participants had positive attitudes towards co-design and described features consistent with co-design principles. However, there were also factors which hindered the adoption of co-design principles. Themes identified were the importance of relationships and common purpose in co-design. Participants valued diversity and perspectives of people with lived experiences. Participants expectations informed their co-design experiences, and they identified challenges and factors that hindered co-design, such as bureaucracy.

Conclusion

The enablers and barriers to co-design principles are important learnings for future co-design. Future health service co-design projects could leverage these learnings to improve the co-design experience for participants and ultimately create improved person-centred healthcare experiences.

Co-designing theoretically informed strategies supporting sustainment of a school-based physical activity intervention

Mr Adam Shoesmith^{1,2,3}, Dr Alix Hall^{1,2,3}, Prof Luke Wolfenden^{1,2,3}, A/Prof Rachel C. Shelton⁴, Dr Cassandra Lane^{1,2,3}, Ms Nicole McCarthy^{1,2,3}, Mr Edward Riley-Gibson^{1,2,3}, Dr Nicole Nathan^{1,2,3}

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If we are to realise the long-term public health benefits of effective school physical activity interventions, ensuring their sustainment is essential. However, the continued delivery of such interventions post withdrawal of active support is a considerable challenge. To ensure intervention sustainment, we must gain an understanding of the factors influencing their ongoing delivery to develop strategies that address priority barriers. It is also crucial to ensure these strategies are theoretically-informed based on available evidence, and co-designed, with input obtained from a range of stakeholders familiar with the target setting and program delivery to increase the likelihood of successful sustainment.

In consultation with content experts in implementation science, and health and education policy makers and practitioners across three Local Health Districts in New South Wales, we co-designed a multi-strategy intervention to sustain schools' delivery of weekly physical activity, using the following steps:

1. Identification of sustainment determinants via: i) systematic reviews; ii) surveys with 240 classroom teachers; and iii) interviews with school staff.
2. Identification of potential sustainment strategies: barriers were organised according to the Integrated Sustainability Framework. Potential sustainment strategies were identified through surveys with 200 teachers. Theoretical mapping was used to link possible strategies to key sustainability barriers.
3. Strategies were reviewed by key stakeholders to ensure their feasibility and acceptability. Final strategies were described according to a sustainment-explicit glossary.

Key barriers to program sustainment were lack of organisational leadership and support, organisational readiness and resources, staff turnover, perceived policy alignment and workplace socio-cultural factors. Strategies perceived most useful by teachers to support sustainment were the provision of physical activity equipment packs (85%), a handover package to upskill new staff (78%), and delivery of professional learning modules (78%). Following theoretical mapping, a multi-component intervention was developed, including: (i) centralized support; (ii) reminders; (iii) principal mandates; (iv) sharing local knowledge; (v) building coalitions to share resources; (vi) distributing educational materials; and (vii) involving end-users.

This will be one of the first studies to test the effectiveness of a co-designed multi-strategy intervention to support sustainment of a school physical activity program, creating seminal evidence for the field of sustainability science.

5C - Health campaigns

Long Oral Presentations

Identifying key operational characteristics of popular e-cigarette websites compared to well-known tobaccoconists.

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Introduction

Current South Australian legislation prohibits sales of: e-cigarette products to a person under 18, indirect orders (internet sales), or nicotine products without a valid prescription. Despite these regulations, people (including adolescents) have access to nicotine vapes at alarming rates. This project identifies the promotional and operational characteristics of popular online e-cigarette and disposable vape websites, and compares these to well-known tobaccoconists.

Method

Two researchers conducted a qualitative audit of the first ten Australian based e-cigarette websites identified using the search term “vape” over a 5-day period. An additional search of the term “disposable vapes” identified ten more websites that sold disposable vapes. Promotions, product range, e-liquid flavours, nicotine content, price range and health claims were recorded. Furthermore, an audit of five online tobaccoconists was completed for direct comparison with e-cigarette websites.

Results

Food, cartoon imagery and fruit/dessert flavoured products that may appeal to younger audiences were commonly displayed on e-cigarette websites. Only one e-cigarette website (with Australian domain) offered nicotine products and required a valid prescription before purchase. All disposable vape websites permitted the sale of high-strength nicotine devices without a valid prescription. E-cigarettes were also commonly advertised as a “safer” alternative to traditional cigarettes and an effective smoking cessation aid despite inconclusive evidence supporting this claim. In contrast, Australian based online tobaccoconists did not display any promotional content in accordance with current strict tobacco marketing regulation. A generic warning label discouraging the use of tobacco products was also used in place of product images and displayed on all homepages.

Conclusion

Online e-cigarette and tobacco retailers operate under contrasting regulations. Access to high strength nicotine vapes is possible through disposable vape websites that permit shipping to Australia without a valid prescription. E-cigarette websites also offer flavours and utilise images that may appeal to a younger audience to encourage sales.

Repeated cross-sectional evaluation of a national integrated-campaign to encourage bowel cancer screening

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Background: The Australian Department of Health and Aged Care and Cancer Council Australia (CCA) developed and delivered a TV-led nationwide integrated communications strategy to increase participation in the National Bowel Cancer Screening Program (NBCSP) among the eligible cohort of 50-74-year-olds. Delivered from June to August 2022, the integrated campaign comprised ten-weeks of paid media, tailored approaches for CALD and Aboriginal audiences, public relations activities and GP engagement.

Methods: The evaluation employed a repeated cross-sectional design with telephone surveys of adults aged 50-74 years using a national mobile sample frame (RDD and listed) undertaken before and during the campaign. For each survey, 3,000 respondents were sampled nationally, stratified by state and weighted to population benchmarks. Generalised linear models will be used to assess differences between the baseline and campaign surveys, adjusting for potential confounders.

Results: Total campaign awareness was 84% across media channels. Respondents indicated the campaign was believable (94%), self-relevant (84%) and motivated them to do the test (79%), to encourage others to do the test (70%), and to reorder a test kit (41%). Further analysis will show whether there were changes in bowel cancer screening knowledge, attitudes, beliefs, intentions to screen and discussions with others and health professionals, among those eligible for the NBCSP from prior to during the National Bowel Cancer Screening campaign. The extent of change will be examined for the overall sample and among target subgroups with low screening participation (males, 50-59 year olds and those living in lower socio-economic areas).

Conclusions: Findings will indicate the extent to which the integrated campaign drove changes in key outcomes indicative of likelihood of increased openness and propensity to screen over the time that the National Bowel Cancer Screening campaign was active, particularly among target groups.

Evaluating tobacco campaign effectiveness across groups with differing intentions to quit smoking

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Background: The Beat the Cravings (BTC) tobacco control campaign was developed by Cancer Institute NSW to empower the target audience by (1) increasing the achievability of quitting by breaking it down into smaller steps (2) communicating the multiple cessation support options available. The campaign was evaluated to assess recognition, responses to the campaign, attitudes towards quitting, and quitting behaviour and intentions.

Method: A computer assisted telephone interviewing (CATI) survey was conducted with n=1575 people who smoke and n=426 people recently quit aged 18 years in NSW or ACT. The survey ran July 2021 to June 2022 and surveyed 40 respondents per week. The sample frame was 60% listed mobile and 40% RDD mobile-only.

Results: Strong recognition was seen with 61% recognising any element of the campaign. Overall, of those who recognised the campaign, 44% made a quit attempt/sought help as a result of seeing the campaign; 50% agreed that what the ad said and showed was interesting; 42% agreed the ad was believable; 74% reported the ad was informative and 43% indicated the ad made them motivated try to quit. These measures were stronger for those who indicated either they had made a quit attempt in the last 30 days or were seriously considering quitting in the next six months. Taken together, the campaign met its objectives by empowering those who were considering quitting.

Those with no intention to quit were affected by the campaign, though to a lesser extent: 14% reported seeking help or trying to quit as a result of the campaign; 32% indicated the ad made me hopeful about quitting; 39% reported the ad made them 'stop and think'.

Conclusions: BTC performs best among the majority of people who smoke who consider quitting. Other complementary messages may increase consideration of quitting and broaden this campaign's target audience.

Mid-Campaign Evaluation of the National ‘Every Moment Matters’ Alcohol and Pregnancy Campaign

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Background: Alcohol consumption during pregnancy can cause lifelong harms, including Fetal Alcohol Spectrum Disorder (FASD). The Commonwealth Government has funded the Foundation for Alcohol Research and Education (FARE) to run a national campaign to increase Australians’ awareness of risks associated with alcohol consumption during pregnancy and breastfeeding and to increase the proportion of Australian women who intend not to drink during these times. Our group was commissioned to monitor audience perceptions and impact of the ‘Every Moment Matters’ national awareness campaign among the target audience.

Methods: Three online surveys of the campaign target audience (those who were pregnant, breastfeeding, trying to conceive, planning a future pregnancy, partners those pregnant/breastfeeding/trying/planning, and general population women aged 18-44 years) were conducted in January, July and October 2022 (N≈800 per survey). The survey assessed campaign recognition, perceptions, awareness of FASD, behavioural intentions, and demographic characteristics.

Results: Recognition of any campaign advertising significantly improved over the evaluation period (January: 45.8%, July: 53.3%, October: 62.6%; $p < .001$). Campaign advertising was consistently considered to be easy to understand (86.1%), believable (82.2%), made a strong argument (75.6%), and attention grabbing (68.8%). Most women reported that the campaign motivated them to not drink alcohol during pregnancy (73.6%). Most partners were motivated to support their partner to not drink alcohol during pregnancy (75.2%), with 66.1% of partners being motivated to stop drinking alcohol themselves during their partner’s pregnancy. Awareness that FASD is a risk of prenatal alcohol exposure significantly increased (January: 59.4%, July: 64.9%, October: 68.1%; $p < .001$).

Conclusions: Results indicate that ‘Every Moment Matters’ was received positively by the target audience and motivated women and partners to not drink alcohol during pregnancy. The ‘Every Moment Matters’ campaign remains an important health promotion activity to produce positive changes in behavioural intentions, increase awareness of FASD and reduce harms to future generations.

Pharmacies dispensing preventative medicine. Learnings from a pharmacy bowel cancer screening campaign.

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Background

The National Bowel Cancer Screening Program (NBCSP) reduces illness and death caused by bowel cancer in Australia, however only 46.5% of eligible Victorians participated in 2019-2020. To increase equitable participation in the NBCSP, Cancer Council Victoria harnessed the role of pharmacies as health hubs to raise awareness about the NBCSP in Mildura, which has lower than average NBCSP participation. Over eight weeks, a campaign display was hosted in three pharmacies and staff-initiated conversations with customers about the NBCSP and supported them to re-order bowel screening kits. The campaign was funded by the Victorian Government. This presentation discusses the feasibility of opportunistically sharing preventative health messages through trusted sources in a community setting.

Method

A literature review and stakeholder consultation with two peak pharmacy associations and four pharmacy staff was undertaken to inform the project model and implementation. The efficacy of the staff training was evaluated using a survey completed by 84% of participants. During the campaign, pharmacy staff monitored the number of customer conversations and bowel screening kits re-ordered in-store. The feasibility of the approach was evaluated using an online survey of all staff, weekly reflections with the in-store campaign leader and post campaign telephone interviews with staff in each pharmacy.

Findings

The novel in-store bowel screening display was an effective strategy to increase awareness and instigate discussions about the NBCSP. Pharmacy staff were well placed to identify potential eligible NBCSP participants. With training, senior pharmacy staff were comfortable to instigate discussions and facilitate eligible customers to re-order bowel screening kits whilst in-store. The campaign was positively received by customers and supported by the Mildura community.

Conclusion

This pilot supports the feasibility of promoting participation in the NBCSP in pharmacies. It highlights the role of pharmacies in preventative health, and in potentially decreasing the mortality rates of bowel cancer.

Impact of Quit's different campaign strategies on Quitline client self-referrals, 2018-2021

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Background: From 2018 to 2021, Quit Victoria ran eight mass media campaigns aligned to three different strategies: 1) single message motivational campaigns educating about health harms using negative emotion (Stroke; 16 Cancers; Sticky Blood); 2) single message motivational campaigns highlighting the benefits of quitting using positive emotion (You Quit, You Win twice); 3) dual message campaigns that combined a motivational health harms message coupled with a capacity-building message (Sponge/Quite a Difference; Sticky Blood/Quite a Difference; Voice Box/Confidence to Quit). The aim of this study was to explore the impact of these different campaigns, including these different strategies, on new Quitline client self-referrals, including from lower socio-economic (SES) areas and from those receiving mental health treatment.

Methods: The monthly number of new client self-referrals to the Victorian Quitline was tracked over time. Self-referrals included direct inbound calls as well as call-back requests via the quit.org.au website. A series of negative binomial regressions examined the effect of the campaigns compared to non-campaign periods, after adjusting for COVID-19 cases, tobacco tax increases, time, and seasonality.

Results: The largest effects were observed for the combined motivational health harms and supportive campaigns (33% to 86% increases in client self-referrals), with stronger increases among lower SES clients (42% to 113%) and those receiving mental health treatment (71% to 106%, with one non-significant exception). The next largest increases were for two of the three single motivational health harms campaigns (each 30%), again with stronger increases among lower SES clients (40% to 96%) and those receiving mental health treatment (74% to 89%). The benefits of quitting campaigns were not associated with increases in new client self-referrals to the Quitline.

Conclusions: The findings highlight the important role that combined motivational health harms plus supportive campaigns can play in driving a large number of new client self-referrals to the Quitline.

Australians pre-campaign awareness of the risks of prenatal alcohol exposure and behaviour

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Background: Alcohol consumption during pregnancy can cause lifelong harms, including Fetal Alcohol Spectrum Disorder (FASD). The Commonwealth Government has funded the Foundation for Alcohol Research and Education (FARE) to run a national campaign to increase Australians' awareness of risks associated with alcohol consumption during pregnancy and breastfeeding and to increase the proportion of Australian women who intend not to drink during these times. Our group was commissioned to assess population awareness of these risks prior to the national campaign.

Methods: A nationally representative cross-sectional survey (Life in Australia™) of n=2,991 Australians was undertaken in October 2021, prior to the launch of the national campaign on 30 November 2021. The response rate was 77.9%, with the majority of responses online (96.7%) and 3.3% via telephone. Respondents reported their awareness, attitudes, and intentions regarding alcohol consumption during pregnancy/breastfeeding.

Results: The majority of Australians (73.3%) were aware that pregnant women should not consume any alcohol, but only 32.7% were aware of the current NHMRC Australian Alcohol Guideline for women who are pregnant or planning a pregnancy. Only 21.2% of those who had planned their most recent pregnancy reported abstaining from alcohol when trying to conceive, and 66.3% of those who were currently pregnant/breastfeeding reported abstaining from alcohol after confirmation of pregnancy.

Conclusions: To reduce harms to future generations, there is a need to improve awareness of the harms of alcohol, and reduce alcohol consumption, among women trying to conceive and those who are pregnant and breastfeeding. Social marketing campaigns may address this need.

5D - Obesity Prevention

Long Oral Presentation

PRECIS: Building the business case for community-based obesity prevention

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Purpose

Decades of research has demonstrated that community-based interventions for obesity prevention (CBIs) can be effective, feasible and acceptable to stakeholders. Evidence on the economic credentials for CBIs is however limited, and does not comprehensively incorporate the wide range of costs and benefits possible from multi-stakeholder, multi-level interventions. An objective of PRECIS (NHMRC-GNT2002234) is to identify and quantify the broader impacts of CBIs, further building the business case for community-based prevention.

Methods

Mixed-methods research. A systematic review summarised the evidence for the costs, and cost-effectiveness of CBIs. A scoping review of the literature and trial registrations identified the broad range of outcomes currently being evaluated in CBIs. Semi-structured interviews with key CBI stakeholders will identify the most important broader benefits, and their key indicators. Finally, economic modelling will explore the impact of incorporating co-benefits on the cost-effectiveness of CBIs, expanding an existing multiple cohort Markov model (ACE-Obesity Policy model).

Results/findings

The systematic review identified 17 studies building the investment case for CBIs. Five studies were full economic evaluations, which included a relatively narrow range of benefits into the analyses. The scoping review identified considerable heterogeneity in the outcomes reported in CBIs – 140 unique outcomes across 18 outcome domains, reported from 43 CBIs. Preliminary findings from thematic analysis of qualitative interviews suggest varying perceptions of the most important benefits of CBIs among stakeholders. Challenges in incorporating broader benefits of CBIs into economic evaluation include gaps in the methods for quantification of some co-benefits.

Conclusions

The way that CBIs for obesity prevention are currently valued needs improvement, so that the business case includes the full range of likely benefits. This research program will build the evidence for the broader benefits of CBIs for obesity prevention, so that this information can be used to better inform resource allocation decisions.

Identifying the effective components of primary school-based obesity prevention interventions: exploratory analysis

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Background/aims: Childhood overweight and obesity are increasingly prevalent, can persist into adulthood and influence lifelong health trajectories. Complex, multicomponent, school-based obesity prevention interventions are both common and heterogeneous, highlighting a need to assess the effectiveness of individual intervention components. An exploratory analysis was conducted to determine the potential effectiveness of the healthy eating and physical activity intervention components of school-based randomised controlled trials (RCTs) included in a recent systematic review of obesity prevention interventions in children aged 6 to 18 years.

Methods: Intervention components of primary school-based studies were coded by two independent authors according to the healthy eating and physical activity 'practices' described in international and Australian best practice guidelines. An exploratory subgroup analysis of studies adopting each intervention component was conducted to determine their potential effect on child weight using random effects meta-analysis.

Results: Of the 195 studies included in the systematic review, 140 studies (183,063 participants) were conducted in primary schools and 93 studies were coded and included in a subgroup meta-analysis conducted by intervention component. 36 discrete school-based intervention components or 'practices' were identified. Results from the subgroup analysis found six healthy eating (e.g. interactive healthy eating programs) and seven physical activity practices (e.g. increased time or intensity of physical activity) had a positive effect (11 practices) or promising effect (2 practices) on child weight.

Conclusions: This exploratory analysis provides important guidance to policymakers regarding which intervention components should be prioritised in future school-based obesity prevention programs to maximise their intended impact.

Scale-up of an effective implementation strategy to increase teacher scheduled physical activity

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Schools are an ideal environment for delivering public health programs, as the majority of children, attend school for a large proportion of the week. Furthermore, establishing positive health behaviours, such as physical activity, early in childhood is essential for chronic disease prevention, as such behaviours track into adulthood. Despite policies that mandate schools deliver a certain amount of physical activity per week, many schools do not meet such requirements. We have developed an effective multicomponent implementation intervention, Physically Active Children in Education (PACE), to help teacher's increase their scheduling of physical activity. PACE had only been evaluated in primary schools from one local health district in New South Wales Australia. To ensure that population level benefits of PACE can be realised it is essential that PACE can be delivered to a large number of schools across multiple health districts. We conducted a before and after study to assess the delivery and outcomes of PACE at scale. One-hundred primary schools across three Local Health Districts in New South Wales took part. Data was collected via project officer records, principal and teacher surveys. We assessed the following outcomes: minutes of physical activity scheduled by teachers (i.e. intervention delivery), as well as the following implementation outcomes: reach, dose delivered, adherence, cost and indicators of sustainability. Linear mixed models were used to assess improvements in teacher's scheduling of physical activity pre to post receipt of PACE. Descriptive statistics were used to assess implementation outcomes. A prospective, trial-based economic evaluation was used to assess cost. Similar to previous trials, PACE successfully improved teachers scheduling of total physical activity across the school week by 27 minutes (95% CI: 21, 32, $p < 0.001$). Reach was high with 90% ($n=100$) of schools receiving all PACE components. Most (>50%) schools adhered to the majority of program components (11 of 13 components). The incremental cost per additional minute of physical activity scheduled was \$27 per school (UI \$24, \$31). Given the ongoing and scalable benefits of PACE, it is important that we continue to extend and improve this scale-out, while considering ways to reduce the associated cost and resources.

Systematic review of childhood obesity prevention interventions in children aged 6-18 years

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Background/aims: Childhood obesity remains a global public health priority due to the enormous burden it generates. The Cochrane review of childhood obesity prevention interventions (0-18 years) updated to 2015 is the most rigorous and comprehensive review of RCTs on this topic. This systematic review sought to assess the effectiveness, adverse effects and cost-effectiveness of obesity prevention interventions published up to 2021 on the weight of children aged 6-18 years and identify intervention characteristics associated with effectiveness.

Methods: A partial update of the Cochrane review restricted to children aged 6-18 years was conducted. Any RCT targeting diet and/or physical activity to prevent obesity in children was included and synthesised via meta-analyses using random-effects models. Meta-regression was conducted to identify intervention characteristics associated with effectiveness.

Results: Meta-analysis of 140 of 195 included studies (183,063 participants) found a very small positive effect on BMI/BMIz scores for school-based studies (SMD:-0.03, 95%CI:-0.06,-0.01; trials=93; participants=131,443; moderate certainty evidence) but not after-school programs, community or home-based studies. Subgroup analysis by age (6-12; 13-18) found no differential effects. Meta-regression found no study characteristics associated with intervention effect. Ten of 53 studies assessing adverse effects reported the presence of an adverse event. Nine of 38 studies reported cost data.

Conclusions: This updated synthesis of obesity prevention interventions for children aged 6-18 years found a small beneficial impact on child BMI for school-based obesity prevention interventions only. A more comprehensive assessment of interventions is required to identify mechanisms of effective interventions to inform future obesity prevention public health policy.

Cost and Affordability of Healthy Diets in Low Socioeconomic Groups in Australia

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Introduction: Few Australians consume a healthy, equitable and sustainable diet consistent with Australian Dietary Guidelines. Low socioeconomic groups (SEGs) suffer particularly poor diet-related health problems. One important driver of dietary patterns is food price. Increases in food prices from 2020 to 2022 have reduced affordability of healthy foods for low SEGs. However, granular data on cost and affordability of recommended diets have been lacking generally for low SEGs. This study meets an identified need for better evidence to support policies to improve economic access food environments and help drive healthier diets in low SEGs in Australia.

Methods: The Low SEG Healthy Diets Australian Standardised Affordability and Pricing protocol is aligned with low SEG dietary intakes reported in the National Nutrition Survey 2011-2012, and relevant low SEG household structures, food purchasing habits, and incomes. Cost and affordability of habitual and recommended diets were calculated for six household structures, using prices of 'standard brands' and 'cheapest options' (generic brands) collected in 2020 and 2022 (2023 data will also be added in the presentation).

Results: Using standard brands, recommended diets cost less than habitual diets, but were unaffordable for most low SEG households (requiring $\geq 30\%$ of household income). With cheapest options, both diets were more affordable, but recommended diets cost more than habitual diets for some low SEG households. Between 2020 and 2022, price inflation was greater for healthy compared to discretionary food and drinks. For some low SEG households this meant potential cost savings were less in 2022 compared to 2020 if switching from a habitual diet to a less expensive recommended diet. However, for other low SEG households this meant there was a greater dietary cost increase than in 2022 compared to 2020 to switch to the more expensive recommended diet. These results potentially contribute to perceptions that healthy food is unaffordable for low SEGs.

Conclusion: An equity lens is needed to better target nutrition policies to support low SEGs. Action is urgently needed to help improve affordability of recommended diets by further decreasing cost of healthy, relative to unhealthy, foods and ensuring low SEGs have adequate incomes for food security.

Impact of activity-enabling uniforms on students' well-being and health-related quality of life

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Purpose

Physical activity may improve children's mental health and well-being. However, globally, 81% of youth are not meeting the recommended 60 minutes of moderate-to-vigorous physical activity per day. Despite schools being an ideal setting to improve children's physical activity, many children are forced to wear traditional school uniforms (e.g., dresses, black leather shoes) that may limit their opportunities to be physically active at school. The aim of this study was to explore the impact of an activity-enabling uniform intervention on primary school-aged children's subjective well-being and Health-Related Quality of Life (HRQoL).

Methods

A cluster randomised controlled trial was conducted in 13 primary schools in New South Wales, Australia with children in grades 4-6. Schools were allocated to either intervention or control groups (i.e., usual practice) following baseline data collection. Children from intervention schools were asked to wear their existing sports uniform each day at school. Children's self-report subjective well-being was assessed using the 5-item World Health Organisation (WHO) Five Well-Being Index. Raw scores range from 0 (i.e., absence of well-being) to 25 (i.e., maximal well-being), which are converted into a percentage scale. Children's self-report HRQoL was measured using the Child Health Utility 9D (CHU9D), whereby generated scores range from full health=1 to dead=0. Linear mixed models will be used to compare children's subjective well-being and HRQoL between intervention and control groups. Analyses will be performed following intention-to-treat principles. Data is scheduled to be analysed on completion of final data collection (December 2022).

Results

Baseline data were collected from 684 children from 13 schools; 637 of which completed data for the well-being and 581 for the quality of life outcomes. The mean age of children (SD) was 9.83 (0.77). At baseline, the mean (SD) score for children's subjective well-being and HRQoL was 65.96 (20.46) and 0.72 (0.22), respectively. Planned analyses will demonstrate differences in subjective well-being and HRQoL between the intervention and control schools at follow-up.

Conclusions

Activity-enabling school uniforms is a simple approach that may lead to important benefits for children's school-day physical activity levels as well as broader well-being and HRQoL outcomes.

Effectiveness of incentives on Life! program retention and participants' positive lifestyle behaviours

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Background: The Life! program is the largest lifestyle modification program in Australia, targeting Victorian adults at risk of type 2 diabetes and/or cardiovascular disease. Due to the challenge of retaining participants during the COVID-19 pandemic, incentives were provided for Life! participants completing the first intervention session between January and June 2021 and then sessions 2-5 over 6 months. These incentives included: a recorded interview with two Life! program graduates; a fruit/vegetable box; a resistance band and an online stretching webinar; an online meditation session; and a cookbook and an online cooking demonstration. **Aim:** To examine the effectiveness of the incentives on program retention and participants' positive lifestyle behaviours relating to diet and physical activity. **Method:** A cross-sectional study using purposeful and convenient sampling techniques, with quantitative and qualitative data collected between June 2021 and August 2022. **Results:** Twenty participants attended three group interviews and 153 completed an online survey. The interviews identified that: 1) the incentives were motivating but intrinsic motivation, good providers, and group participants were primary motivators for program retention; 2) the fruit/vegetable box motivated healthy eating while there were mixed views on the influence of the other incentives on participants' lifestyle behaviours; 3) some incentives did not suit individual needs, and some participants delayed receiving or did not receive some incentives. Among survey respondents, 56-79% thought the cookbook, fruit/vegetable box, and online cooking demonstration motivated program attendance and healthy eating; and 29-37% thought the resistance band and stretching webinar promoted program attendance and physical activity. Lastly, regression analyses identified statistically significant associations of receiving incentives with better program retention and diet behavioural outcome. **Conclusions:** Incentives have a greater potential to improve program retention and participants' diet behaviours. Tailoring and timely receipt of the incentives, coupled with implementing additional motivational strategies, will optimise the effectiveness of the incentives.

5E - Maternal and child Long Oral Presentations

Enabling preconception care in priority groups: optimisation of an online self-assessment tool

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Background

Good preconception health reduces the incidence of preventable morbidity and mortality for women their babies and future generations. In Australia there is a need to increase health literacy and access to preconception care. Digital health tools are a possible enabler to increase awareness of preconception care at a population level. The Healthy Conception Tool (HCT) is an existing online, preconception health self-assessment tool. The aim was to seek consumer feedback on how this tool and its dissemination could be enhanced.

Method

A mixed methods approach across three stages. Stage one involved in-depth interviews with women and men aged 18-41 years, from metropolitan, rural, and remote Australia. Interview findings informed changes to the existing tool that was further evaluated in Stage two with user experience testing with an additional ten participants. Stage three was a discrete choice experiment (DCE) to understand dissemination and engagement preferences and was completed by 300 women and men of reproductive age.

Results

Twenty women and five men were interviewed; all wanted to learn about how to prepare for pregnancy and searched online for health information. Almost all were unfamiliar with the term "preconception care" and stated they would not have found this tool online with its current title. Participants wanted a tool that was quick and easy to use with personalised results. The tool has been optimised in response to participants' suggestions.

Engagement strategies are currently being explored in a DCE that tests titles, images and advertising locations to increase engagement.

Conclusion

Online self-assessment tools need to be easy to find and communicate health messages effectively. The findings have informed changes to improve the tool's acceptability, engagement, and impact. We expect that the revised tool will have greater reach and prompt more people to prepare well for pregnancy, including those in regional and remote areas.

Developing a set of core indicators for preconception health in Australia

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Background: Health and wellbeing prior to pregnancy and between pregnancies (preconception) is a critical time to intervene to improve women's and children's health. Currently there is no strategy to monitor preconception health in Australia. The national Preconception Health Network (est. 2021) has identified a reporting mechanism as a priority to enable ongoing evaluation of the impact of healthcare, policy, and research. The Network aimed to generate a framework of core preconception health indicators, aligned with guidelines and evidence, to enable monitoring of preventive and management initiatives.

Methods: Researchers, clinicians, policy experts, and consumer/community representatives came together over two workshops using a modified Delphi and Nominal Group Technique approach. Workshop one (via Zoom) was to generate a framework of core preconception health indicators. Workshop two (in person) served to identify key core indicators and domains to monitor preconception health in Australia. A third consumer workshop will obtain community perspectives.

Results: Workshop 1 (n = 19; 1.5 hours) generated a framework which incorporated a life course approach to preconception, including people planning and not planning pregnancy, of all genders and from all cultural and sociodemographic backgrounds. Indicators across the socioecological spectrum (individual, policy, and societal factors) were deemed important. Workshop 2 (n = 21; full day) for indicator ranking saw two overarching domains established – equity and social determinants of health. The remaining six key domains identified by the group were: reproductive life planning; healthcare; clinical indicators; nutrition and physical activity; mental and emotional health, safety, quality of life and wellbeing; and prevention.

Conclusions: Ongoing work will identify and map Australian data sources to indicators, identify key data gaps and generate report cards on preconception health in Australia. This work will enable feedback to policy and practice on health policy, promotion, and service initiatives to improve preconception health in Australia.

Design of a digital mHealth service to support first 2000 days

Dr Rachel Sutherland¹, Mrs Nayerra Hudson², Mrs Tessa Delaney^{1,2}, Mrs Jessica Pinfold², Mrs Margaret Hayes², Dr Paul Craven², Mrs Sinead Redman², Mr Daniel Groombridge, Dr Nicole Nathan^{1,2,3,4}, Mrs Lynda Davies², Prof Luke Wolfenden^{1,2,3,4}

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Background: Universal provision of preventive health services for families is a key to optimise health outcomes and prevent the onset of overweight and obesity in the first 2000 days of a child life. Whilst services such as Child and Family Health Nursing Services (CFHNS) are available to support young children's development, ongoing engagement with face-to-face services declines significantly over time. Interventions delivered direct to parent/carer mobile phones (mHealth) presents a significant opportunity to supplement usual face-to-face care and revolutionise delivery of health care at a population level. Despite this, there are currently no mHealth interventions targeting child health and development covering the first 2000 days, implemented as part of routine care in Australia. This presentation outlines the development of an mHealth initiative being delivered universally to parents/carers to support the prevention of overweight and obesity across the first 2000 days. Phase 1 seeks to evaluate the acceptability, feasibility, appropriateness and cost of a highly scalable mHealth service from the perspective of clinicians and parents/carers when delivered as a service embedded within a health organisation.

Methods: Designed using the COM-B model of behaviour change, an mHealth (text-message) service has been co-designed by a multidisciplinary team to support parents/carers to make informed health choices aligned to age and stage milestones and consistent with best practice and policy guidelines. The intervention currently supports sustained breastfeeding, introduction of solids, sleep behaviours, developmental and immunization reminders and maternal wellbeing (0-6month phase).

Results: Commencing in 2021 as a pilot in five CFHNS the program has been delivered to ~2000 families, capturing 96% of parents/carers of newborn infants. Semi-structured interviews (clinicians) and cross-sectional phone surveys (parents/carers) are in progress to evaluate implementation. Preliminary data indicates high acceptability from a clinician and parent perspective

Implications: Following formal evaluation the service will be scaled-up at a regional level and expanded to address multiple key health and development outcomes to prevent overweight and obesity from birth to 5 years, with significant potential to tailor content and support screening/early intervention via the mHealth service.

Chronic disease prevention is a children's rights issue

Ms Suzanne Zhou¹

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How can Australian public health practitioners better use the international children's rights framework to advance chronic disease prevention? Almost all countries, including Australia, are party to the UN Convention on the Rights of the Child, a legally binding treaty enshrining the human rights of every child. A children's rights framework provides valuable opportunities for advancing action on chronic disease prevention, including by elevating children's voices, providing a language for framing public health issues, creating new alliances between sectors, creating opportunities for monitoring and accountability, and counteracting the claims of unhealthy commodities industries.

This presentation will introduce relevant aspects of the international children's rights framework for public health practitioners working on chronic disease prevention. It will outline key rights, including the right to health; right to life, survival and development; right to an adequate standard of living; right to rest and leisure and to engage in play and recreational activities; and rights relating to access to information; and provide an overview of accountability mechanisms, key players at the international level, and human rights as it relates to private sector actors. The presentation will illustrate these concepts through key international examples where a child rights framework has been used to advance chronic disease prevention, and discuss how they might apply to the Australian context.

Learnings from the First 2000 Days Webinar Series

Miss Teisha Schirmer¹

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The first 2000 days of a child's life is a crucial period for interventions which positively influence long-term health and wellbeing outcomes. Health professionals and service providers working with children and families are ideally placed to promote the importance and best opportunities for action during and beyond the early years of life. The first 2000 days webinar series was a cross-agency collaboration which aimed to build health professionals and service providers knowledge and confidence to provide support and referral pathways to families and young children during and beyond the first 2000 days of life.

A series of 13 online webinars were delivered between June to November 2022 by 18 Mid North Coast Local Health Professional health professionals and content experts. The webinar series included topics specific to the health and wellbeing outcomes for children and families. 394 participants from 12 NSW Local Health Districts attended the webinar series. Many participants worked in health, social, community, education and aboriginal services with children and families across the lifespan, including families from culturally and linguistically diverse and aboriginal backgrounds. Pre/post webinars, participants rated their knowledge, confidence, and behavioural intentions about each topic on a Likert-scale from very low to very high (1-5). Post-surveys incorporated open questions to understand participants perceptions of the webinars.

The average percentage of participants reporting high/very high knowledge, confidence, and willingness to refer to other services increased by 36%, 40%, and 17%, respectively. Participants reported the webinar series as informative, relevant, interactive, clear, evidence-based, empowering, and included practical strategies and resources. In addition, facilitators reported strengthened cross-agency relationships, improved online presentation skills and increased referrals to services. Participants recommended improvements such as case studies, pre-reading materials, approaches to support clients hesitant to change and longer sessions (90minutes +).

The first 2000 days webinar series was an engaging and effective strategy for increasing health professionals and service providers knowledge and confidence to provide support and referral pathways to families and young children. This project may help to inform future cross-agency strategies which aim to promote the importance and best opportunities for actions in the first 2000 days of life.

Acceptability and engagement with a Child and Family Health text message service

Ms Tessa Delaney^{1,2,3}, Ms Nayerra Hudson¹, Ms Margaret Hayes¹, Dr Paul Craven^{1,2,3}, Ms Sinead Redman¹, Prof John Wiggers^{1,2,3}, Prof Luke Wolfenden^{1,2,3}, Ms Jessica Pinfold¹, Mr Daniel Groombridge^{1,2,3}, Ms Sarah Young^{1,2,3}, Dr Rebecca Liackman^{1,2,3}, Ms Lynda Davies¹, Ms Karen Gillham¹, Dr Rachel Sutherland^{1,2,3}
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Background: Interventions delivered direct to parent mobile phones present a significant opportunity to supplement usual face-to-face care offered by Child and Family Health (CFH) services. Despite this, little known about end user acceptability and engagement with CFH mHealth models-of-care.

Purpose: To assess maternal acceptability and engagement with 'Healthy Beginnings for HNE Kids', a text message program offered to families to support age and stage development and best practice infant feeding behaviours from birth to five years.

Method: Computer assisted telephone interviews were undertaken with mothers of infants aged 6-8 months in one region of NSW Australia from May-December 2022 (data collection ongoing). Guided by the 'theoretical acceptability framework' women were asked to report their 'affective attitude' (program likeability/approval/interest), 'intervention coherence' (if messages were easy to understand) and 'self-efficacy' (confidence to breastfeed) on a 5-point Likert scale (strongly agree-strongly disagree). Acceptability of timing and dose of messages and engagement (frequency of reading messages and clicking links) were also assessed.

Findings: At present, there are 90 completed interviews. The program found high levels of 'affective attitude' with 93% of women 'liking' the program, 96% indicating it 'met their approval' and 88% finding the messages 'interesting' (agreed/strongly agreed). All participants found the text-messages easy to understand and 63% believed it increased their confidence to breastfeed. Almost all women found the number and frequency of text messages and the time-of-day they were received acceptable (>95% respectively). Seventy-six percent of women reported to reading the text messages always/very often, however only 44% clicked on the website links always/very often.

Conclusion(s): There is high program acceptability (affective attitude, intervention coherence, self-efficacy) and end user engagement with a CFH text message model-of-care. Such models may improve the reach and impact of existing CFH services and be of interest to policy makers and clinicians supporting child health

Roadmap to Liver Cancer Control: infant vaccination to treatment and care access

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Liver cancer incidence and mortality rates are rising rapidly in Australia and are projected to increase over the next 20 years (1,2). The 5-year survival is 22.0% (2014-2018)(1). Hepatocellular carcinoma (HCC) is the most common type and its major risk factors include infections (hepatitis B, hepatitis C, liver flukes in endemic areas), behavioural factors (alcohol, tobacco), metabolic factors (excess adiposity), and aflatoxins (3). There is promising evidence to support prevention and early detection activities that start from infant hepatitis B vaccination to early detection interventions, which all contribute to improving liver cancer outcomes.

In 2019 a Roadmap to Liver Cancer Control in Australia project was established by Cancer Council Australia to identify key priority areas and strategies for collective action, and set a shared agenda to drive improvements in liver outcomes.

This presentation will provide an overview of the four stages that informed the Roadmap development, including

1. A scoping review of screening for advanced liver disease and HCC surveillance;
2. An environmental scan of current HCC-care service delivery models;
3. Consultations with key stakeholders, including an expert Roundtable; and
4. The development of Clinical practice guidelines for HCC surveillance for people at high risk (4).

We will share an outline of the final Roadmap, launched in 2023, with 5-, 10- and 20-year actions. Key future strategies prioritise leveraging efforts in hepatitis B vaccination (from infancy), screening and treatment for hepatitis B and C, prevention of risk factors, and surveillance, which are critical later in the life course. The Roadmap clearly highlights the need to engage with Australians at high-risk, policy makers, and clinicians to improve health literacy, awareness, understanding and utilisation of liver cancer control activities across the life course to achieve better outcomes.

Acknowledgement: The Roadmap was funded through the Australian Department for Health and Aged Care. We acknowledge the contributions of the Expert Advisory Group and the Guidelines Working Party.

1. AIHW. Cancer data in Australia 2.Luo Q et al BMC Res Notes. 2020 Dec;13(1):561. 3.Huang J et al Liver Cancer. 2021;10(4):330–45. 4.CCA Hepatocellular Carcinoma Surveillance Working Group. Draft Clinical practice guidelines

5F - Mixed Online Only Long Oral Presentations

Reasons for vaping among people who currently smoke in NSW

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Introduction: The biennial NSW Smoking and Health Survey monitors changes in use, attitudes and behaviours towards tobacco and vapes/e-cigarettes and is an important tool for informing campaigns, policies, programs and services in NSW.

Methods: The 2021 survey included n=401 people who smoke and n=800 people who do not. Interviews were conducted via computer assisted telephone interviewing (CATI) from 13 April to 30 May 2021, employing a single random digit dialling mobile phone sample frame design.

Results: Of NSW adults, 5% currently smoke and vape (i.e. dual-use) at least monthly, while 10% smoke only. Half (51%) of those who dual-use are aged under 30 years compared to 16% of those who currently smoke only. For many people who dual-use, vaping is an occasional behaviour, with a lower proportion who vape daily (37%) than smoke daily (50%).

Of those who smoke and have ever vaped, people who dual-use are more likely than those who currently smoke only to cite the following reasons for vaping: they are cheaper than cigarettes (17%, 5%), to cut down on the number of cigarettes smoked (16%, 7%), they are not as bad for your health (12%, 4%), for the flavours (18%, 5%) and for the enjoyment (10%, 1%). However, those people who dual-use are less likely than those who currently smoke only to indicate use to help them quit cigarettes (14%, 24%), but more likely to agree that 'vapes or e-cigarettes help smokers quit' (69%, 41%) and are 'healthier than smoking tobacco cigarettes' (62%, 33%).

Conclusions: The top five reasons for e-cigarette ever use by people who dual-use include harm reduction but not smoking cessation support. The authors recognise attitudes, knowledge and behaviours toward tobacco and e-cigarette use are rapidly evolving, and value continued research.

Alcohol and mortality in an Australian cohort aged 45 years and over.

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Background: Australia has a relatively high level of alcohol consumption. Alcohol consumption is known to increase the risk of numerous causes of death internationally, but local evidence for Australia and evidence regarding pattern of drinking and mortality is limited.

Methods: Cox proportional hazards regressions were used to calculate hazard ratios (HR) and 95% confidence intervals (CI) for cause-specific mortality risk in relation to overall alcohol consumption (drinks/week) and pattern of drinking among 180,575 participants aged ≥ 45 years (2006-2009) in the New South Wales (NSW) 45 and Up Study, an Australian prospective cohort study. Deaths were ascertained by linkage to mortality databases (NSW Registry of Births Deaths and Marriages; Australian Bureau of Statistics Cause of Death Unit Record File) by the Centre for Health Record Linkage with information on cause of death available to December 2019, and fact of death to September 2021. To limit bias from reverse causation, participants with pre-existing disease at baseline were excluded.

Results: Over a median 11.4 and 13.1 years, 18,025 and 22,183 deaths were captured to 2019 and 2021, respectively. Every additional seven drinks per week increased risk of death from any cause by 7% (HR=1.07; 95%CI=1.05-1.09), from cancer by 5% (HR=1.05; 95%CI=1.02-1.08), alcohol-related cancers combined by 11% (HR=1.11; 95%CI=1.05-1.18), from mouth, pharynx and larynx cancers by 31% (HR=1.31; 95%CI=1.10-1.55), from oesophageal cancer by 15% (HR=1.15; 95%CI=1.00-1.33), from liver cancer by 22% (HR=1.22; 95%CI=1.07-1.40), from digestive system disease by 32% (HR=1.32; 95%CI=1.22-1.44), from liver disease by 64% (HR=1.64; 95% CI=1.44-1.87), and from falls by 22% (HR=1.22; 95%CI=1.03-1.45). There was statistically significant variation in mortality risk by pattern of drinking.

Conclusions: In Australia, a nation with a relatively high intake of alcohol and a high proportion of drinkers, mortality risk in relation to alcohol consumption may translate into a significant public health burden.

Rethinking healthy supermarket interventions in a digital world

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A steady increase in average weights and obesity remain global issues, and the ACT is no exception. One of the major challenges is the “obesogenic environment” we live in. An environment where technology and modern living has increased our sedentary behaviour and diets are progressively including more discretionary foods, which are energy dense and nutrient poor, because they are readily available, widely promoted, in-expensive and convenient. Insights from the ACT, other Australian jurisdictions and internationally show that actions can be taken to positively influence food and drink choices made by consumers. Healthier Choices Canberra aims to nudge consumer behaviour towards healthier choices by making simple changes in food retail environments.

Since 2018 ACT Health has been working with food retail businesses, via the Healthier Choices Canberra program, to make healthier choices easier for Canberrans by partnering with local businesses who pledge to take action to increase the promotion, availability and appeal of vegetables, fruit, and water. Two-thirds of food purchasing decisions are made in the supermarket environment, participating business can nudge purchasing behaviour towards healthier choices with physical interventions such as placement, presentation, price, or promotion of products. The COVID-19 pandemic has moved our lives even further into the digital space. As result, Healthier Choices Canberra is innovating and testing the impact of a digital/application driven intervention on purchasing behaviours in a community supermarket.

This project aims to test, using modern-day technology if, a digital intervention in a supermarket setting can influence positive behaviour change. Healthier Choices Canberra branded QR codes are displayed in a suburban supermarket which direct customers to an interactive app. taking them to simple, affordable, and healthier recipes based on whole foods. The app includes recipes, an in-store map to ingredients and a tickable ingredient checklist. The pilot will end in November 2022 and evaluation will assess uptake, engagement, reach, impact on purchasing behaviour and overall sentiment. If successful, this digital intervention can easily be expanded to other supermarkets and translated into other preventive health settings.

Working with local governments to improve community wellbeing and safety.

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Background

Local Governments have a growing responsibility for their community's health and wellbeing, particularly via the provision of activities, services and facilities that enable individuals to live healthy and active lives.

Injury causes significant burden in Australia with 37 deaths and 1,444 hospitalisations daily due to an injury-related incident.¹ Despite injury's short and long-term impact on the community, injury prevention and community safety activities are often not seen as a priority.

Purpose

Injury Matters collaborates with Local Governments to raise awareness of key injury issues in their area and supports the delivery of solution-focused injury prevention and safety promotion initiatives.

Activities

As a lead agency for injury prevention in Western Australia, Injury Matters conducts a number of activities to increase awareness of the impact of injury and promotes injury prevention as a priority.

While some local governments are already preventing injury in their community via addressing challenges regarding alcohol-related harm, the built environment and extreme weather, some Local Governments have limited resources and knowledge about relevant injury prevention activities to include in their strategies and planning. Therefore, Local Governments are a priority group for Injury Matters to work with to create a safer WA.

Thanks to localised injury epidemiology data and stakeholder relationships with WA's Area Health Services, Injury Matters is able to work with individual Local Governments to increase their awareness and understanding of the incidence of injury in their local area.

Following the identification of priority injury topics and population groups, Injury Matters provides recommendations on which initiatives, partnerships or capacity-building opportunities the Local Government may wish to investigate and incorporate in their community strategies and plans.

Conclusion

Work completed to date has demonstrated the value of Injury Matters engaging with Local Governments to implement evidence-based interventions and how local communities benefit from the prioritisation of injury prevention.

Communicating alcohol-related risks to women through the lifecourse (and during a pandemic)

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Alcohol consumption increases female breast cancer risk and is one of the few modifiable risk factors available to influence population-level incidence of breast cancer. Raising awareness about alcohol as a risk is critical during pre-midlife (25-44) before age-related risk peaks in midlife (45-64), yet is notoriously difficult in Australia's 'alcogenic' environment.

We contribute insights on how to segment risk messaging to pre-midlife women in the female lifecourse, drawing on 31 qualitative interviews collected over four time points with eight Australian women pre-midlife during 2020. We captured women's perceptions of health risks and practices around alcohol consumption in daily life prior to COVID-19 arriving in Australia (Jan 2020) and as they changed as the pandemic unfolded (Mar, Jul, Dec 2020). Our sample was heterogenous in living circumstances, social class, and self-perceived levels of alcohol consumption (recorded pre-pandemic).

We illuminate how alcohol consumption and health risks interweave with experiences and perceptions of time in women's lives: alcohol carries value in managing daily time, periods of stress and crisis; and also their age within the lifecourse when they feel 'too young' to worry about breast cancer risk (or other long-term diseases), and have a risk horizon full of other competing priorities (forging careers, caring responsibilities). During the pandemic, women described themselves adopting shorter risk horizons because considering their long-term health was too 'overwhelming'; while concomitantly, alcohol helped navigate lost routines and feelings of a suspended future.

This is concerning because at the same time alcohol gains more value for managing the various uncertainties of the pandemic, attention to its potential for long-term harm fades or is intentionally let go. Our data, however, also show that women reflect considerably on short-term risks and benefits to drinking alcohol – to the extent that three participants in our sample lowered their consumption to pre-pandemic levels. We suggest that explicitly messaging about risk(s) in this shorter time-frame, in ways that support women to reflect on whether or not they are benefiting from alcohol consumption, is more likely to create favourable conditions for alcohol risk messaging than long-term disease risk.

Creating well-being: Centering knowledge of African and Aboriginal and Torres Islander creatives

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The Covid-19 pandemic has brought into clearer view widening global inequalities rooted in intersecting structures of race/class/gender/heteronormativity/ableism. The burden of these inequalities is reflected in various social, health and economic outcomes as well as people's sense of belonging, safety, and (in)security in institutions and everyday contexts. Whilst many public health initiatives focus on positivistic and biomedical frameworks that can be measured, this paper reflects on VicHealth's Future Reset program that builds on previous studies which indicate that community-based art projects can facilitate social connectedness and increase well-being. In this paper, we report on one aspect of Future Reset research. The research aimed to review literature that reports on critical and creative approach that examines the role of arts in well-being and social connection, to collect the stories of creatives about their praxis and experiences with social arts, and to bring these knowledge sources together through communal dialogue. Through this process, we seek to produce epistemic inclusion. We overview the themes that we have distilled from the literature. These themes include values-based approaches; relational and reflexive methodologies; and meaning-centred methods. We bring these into dialogue with the knowledge of 7 key informant creatives from the African diaspora and First Nations. Through the collective review of the stories, we identified how these creatives contest coloniality in conceptions of wellbeing, and how they refuse racism and victim-blaming narratives that portray black, brown and First people as lacking. Their stories show how they centre ancestral knowledge, often displaced or ignored in mainstream settings, assert relational ways of being and care as the foundation for community action, and mobilise creativity and expression as vital to healing practices, cultural identity, and communion. These narratives show how these creatives are recentering and enacting ways of knowing and doing that are nurturing and affirming black, brown and First Nations cultures, identities, and aspirations. We discuss our approach concerning the decolonial orientation of creating knowledge with and from within.

Ethnic differences in lifestyle intervention preferences among postpartum women: a multi-methods study

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Background: Postpartum weight retention contributes to maternal obesity and varies by ethnicity. Despite the well-established benefits of lifestyle intervention on weight management, little is known about how to engage women postpartum effectively, especially among ethnic minority groups. The aim of this study was to explore ethnic differences in preferences for lifestyle intervention in women after childbirth.

Methods: This is a multi-methods study involving an online survey (n=504) and semi-structured interviews (n=17). Women who were within five years after childbirth and living with their youngest child in Australia were recruited. Survey and interview questions were structured based on the Template for Intervention Description and Replication (TIDieR) framework. Ethnic groups were categorized as Oceanian, Asian and Other according to the Australian Bureau of Statistics. Chi-square tests were used to compare the preferred intervention characteristics between groups. Qualitative data were thematically analyzed.

Results: The survey showed that most women across all ethnic groups were interested to receive lifestyle support in the early postpartum period (commencing at 7 weeks to 3 months postpartum). All ethnic groups preferred a regular lifestyle intervention delivered by health professionals that promotes accountability and provides practical strategies. However, Asian women had a higher desire for infant care and a lower desire for mental health in the intervention content compared with Oceanian women. Also, Asian women were more likely to favor interventions that are initiated in later postpartum period, over a shorter duration, and with less intervention frequency, compared with Oceanian women. Interviews further indicated the need for intervention adaptation in the Asian group to address cultural relevance in food and postpartum practices.

Conclusions: Women from all ethnic groups had the desire to receive lifestyle intervention after childbirth, but ethnic differences were found in the preferences for intervention content and delivery. The findings provide insights into the development of culturally appropriate intervention strategies to optimize engagement in healthy lifestyle for women from different ethnic backgrounds.

Embedding access to smoking cessation care into outpatient mental health services

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Background

Smoking rates are significantly higher amongst people experiencing a mental illness and they often face additional barriers that make it harder to reduce or quit smoking.

In line with the Smoke Free WA Health Policy, a staff capacity building project was implemented to support consumers with smoking cessation in two East Metropolitan Health Service mental health outpatient clinics. This project complimented other hospital-based projects by ensuring consistent messages and practices are implemented between outpatient and inpatient care.

Project Interventions

The projects key operational interventions were:

- Staff were trained in smoking cessation brief advice on using the Ask, Advise, Help model.
- Smoking status and brief advice questions incorporated in the WA Health Mental Health Assessment form
- Two brochures were developed to assist staff when talking to consumers about their smoking
- Smoking cessation incorporated as a standard agenda item at one site.
- Streamlined access to Staff NRT Program to support staff to quit smoking.

Methods

Formative research was conducted through a survey to gather baseline data on staff attitudes and knowledge towards their role and the service's role in supporting and assisting consumers with smoking cessation.

The project was governed by the East Metropolitan Community and Population Health Service in partnership with Cancer Council WA, with input from multidisciplinary working groups from the project sites.

A post-project staff survey was completed to evaluate changes in attitudes and knowledge and organisational support for staff to promote smoking cessation.

Results

Staff who completed the post-intervention project survey indicated greater confidence to provide smoking brief advice and more agreed every consumer who smokes should be offered support.

Conclusion

Community mental health is an important setting to implement smoking cessation. Service-level projects alongside system-level changes are critical to ensure access to smoking cessation is embedded into mental health services to help reduce tobacco-related health inequities.

Cloudy with a chance of cancer: Second-hand smoke and aerosols in workplaces

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BACKGROUND

Although smoking has long been prohibited in enclosed workplaces in Australia, many workers continue to be exposed to second-hand tobacco smoke. In addition, e-cigarette aerosols now pose health risks to workers. The aim of this study was to assess workplace exposure to tobacco smoke and e-cigarette aerosols among Western Australian (WA) workers in a range of industries.

METHODS

In October 2022, 472 WA adult workers completed an online survey in which they described their workplace exposure to tobacco smoke and/or e-cigarette aerosols, including the frequency and circumstances of their exposure.

RESULTS

Respondents worked in a range of sectors, including mining, construction, transport, hospitality, and healthcare. Of the 472 respondents, 42% reported being exposed to tobacco smoke and/or e-cigarette aerosols in the workplace at least occasionally. Respondents described being exposed in a range of ways, including while working at outdoor workplaces (e.g. mine sites or construction sites), and while working inside (e.g. visiting clients in their homes). Respondents found it difficult to avoid exposure when colleagues smoked or vaped near doorways or around thoroughfares. Respondents also reported being exposed to e-cigarette aerosols when people used these devices in indoor settings or non-smoking areas.

IMPLICATIONS FOR PUBLIC HEALTH

The results of this study demonstrate the need for workplace health and safety laws to be strengthened, and for comprehensive workplace policies that are effectively implemented and enforced, so that all workers are equally protected from the health harms of second-hand tobacco smoke and e-cigarette aerosols.

Self-reported versus analytical confirmation of novel benzodiazepines in Emergency Departments across Australia.

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Introduction:

Pharmaceutical (P-BZD) and novel benzodiazepines (N-BZD) share pharmacokinetic properties and clinical effects and are associated with significant acute harm. However, exposure identification during emergency department (ED) presentations is challenging, relying on reported exposure in the absence of toxicological confirmation. To characterise N-BZD versus P-BZD acute exposures, we examined ED presentations with analytically confirmed acute benzodiazepine exposure from Western Australia, Victoria and South Australia.

Methods:

Cases with analytically confirmed benzodiazepine exposure presenting to 11 EDs within the Emerging Drugs Network of Australia (EDNA) Registry from April 2020-September 2022 were extracted. We compared self-reported exposure status, demographics and outcomes in cases that included N-BZD detection with non-N-BZD cases (P-BZD-only) using regression techniques.

Results:

254 presentations had analytically confirmed benzodiazepine exposure: 52 (20.5%) N-BZD and 202 (79.5%) P-BZD-only. Of the 52 with N-BZD, 31 (59.6%) had at least one P-BZD analytically confirmed. The median age was 36 years and 159 (62.6%) were male. The median age of patients with N-BZD exposures was lower than P-BZD exposures (26 vs. 38 years, $p < 0.0001$). Self-reported benzodiazepine use was recorded in 27 (51.9%) of the N-BZD cohort (most commonly "Xanax") and 34 (16.8%) of the P-BZD cohort (most commonly "Diazepam"). No patient reported specific N-BZD. Other confirmed illicit drug use occurred in 67.3% and 74.7% of the N-BZD and P-BZD cohorts. Median ED length of stay was longer in N-BZD exposures than in P-BZD exposures (7.5 vs. 5.8 hours, $p = 0.0258$). No difference in the proportion of patients with a GCS < 8 , discharged to ICU, or intubated was demonstrated.

Conclusion:

Patients presenting to EDs with an N-BZD exposure, compared to only P-BZD, were significantly younger and experienced a longer length of ED stay. Self-reported benzodiazepine exposure was infrequent. Acute care clinicians should be aware of potential unreported BZD exposure in ED presentations with suspected illicit drug toxicity.