

Discussion 1. Effective messaging should be inclusive, collaborative and non-judgemental, promoting co-participation in the development of messages used in public national campaigns.³ **2.** Higher rates of obesity are observed in socioeconomically deprived groups who rely on food assistance programmes, in which nutritional quality could be improved through involvement of nutrition professionals.⁴ In order to influence behaviour, basic food literacy and financial management skills could be developed, while subsidies for healthier alternatives may complement taxes on less healthy foods.⁵ **3.** Advocating for better education on food science and nutrition from early learning sectors will promote increased awareness early in life.⁶ This could be augmented by reinstatement of initiatives like the healthy start programme. **4.** Human health is multi-dimensional, therefore focussing on a single-metric risks oversimplifying this complexity and undervaluing the importance of healthy behaviours, even those not directly associated with weight.⁷ Instead, we should consider positive lifestyle habits, rather than a narrow focus on weight or BMI alone for the individual, informed by existing and accepted scientific findings.

Conclusion An integrated systems approach ought to be developed with a multipronged intervention strategy, targeting food production, supply and environments as well as marketing to improve availability of as well as accessibility to more nutrient-rich but less energy-dense foods. These combined with appropriate food education for consumers would enable more consistently healthy food choices.

Acknowledgements NNEdPro Virtual Core and Global Innovation Panel; Nutrition and COVID19 Taskforce

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15 PERSPECTIVES ON SUSTAINING, SPREADING AND SCALING-UP OF DIABETES QUALITY IMPROVEMENT INTERVENTIONS

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10.1136/bmjnph-2022-nnedprosummit.22

Background Quality Improvement (QI) evaluations rarely consider how a successful intervention can be sustained, nor how to spread or scale to other locations. A survey of authors of randomized trials of diabetes QI interventions included in an ongoing systematic review found that 78% of trials reported improved quality of care, but 40% of these trials were not sustained.

Objective To explore why and how the effective diabetes QI interventions were sustained, spread or scaled.

Methods A qualitative approach was used, focusing on case examples. Diabetes QI program trial authors were purposefully sampled and recruited for interviews. Authors were eligible if they had completed the survey, agreed to follow-up, and had completed a diabetes QI trial they deemed 'effective' by improving care for people living with diabetes. Snowball sampling was used if the participant indicated someone could provide a different perspective on the same trial. Interviews were transcribed verbatim. Inductive thematic analysis was conducted to identify factors associated with spread, and/or scale of the QI program. Case examples were used to show trajectories across projects and people.

Results Eleven of 44 eligible trialists participated. Four reported that the diabetes intervention was 'sustained' and nine were 'spread,' however interviews highlighted that these terms were interpreted differently over time. Participant stories highlighted the trajectories of how projects evolved and how research careers adapted to increase impact. Three interacting themes were identified: i) understanding the *concepts* of implementation, sustainability, spread and scale; ii) having the appropriate *competencies*; and iii) the need for individual, organisational and system *capacity*.

Conclusions Trialists need to think beyond local effectiveness to achieve population-level impact, particularly in nutrition. Early consideration of whether an intervention is feasible and sustainable once research funding ends is necessary to plan for sustainability, spread and/or scale of effective QI programs.

16 EFFECTIVENESS OF A HEALTH PROMOTION STAND AT A UK UNIVERSITY TO RAISE AWARENESS ON OBESITY-RELATED WEIGHT BIAS AND STIGMA: A PILOT STUDY

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10.1136/bmjnph-2022-nnedprosummit.23

Introduction Weight bias leads to the stigmatisation of individuals with obesity and has been associated with exacerbating psychological and physiological stress as well as further weight gain.^{1 2} As such, there is a need for interventions to effectively address weight bias and stigma-reduction.³

Aim The aim of this observational study was to evaluate the understanding of obesity-related weight bias and stigma amongst university students and staff.

Method A health promotion stand was set up in Ulster University on World Obesity Day 2020. Students and staff who engaged were presented with definitions of weight bias and stigma, associated consequences and the importance of person-first-language. Subsequently they were asked to translate the new knowledge into practical suggestions or advice to help combat weight bias/stigma. They were also given the option to sign a pledge to ameliorate weight bias/stigma. All

Abstract 16 Table 1 Suggestions to minimise weight bias and stigma (n=83)

Comments relevant to minimising weight bias & stigma	n=59 (71%)
Treat individuals with obesity with respect & kindness. Show empathy	38 (64%)
Use 'Person-first Language'	11 (19%)
Promote education regarding consequences of weight bias/stigma	2 (3%)
Judge less & understand obesity is a complex disease that requires various forms of treatment	7 (12%)
Find a balance between 'body confidence & glorifying a disease'	1 (2%)
Comments related to body acceptance initiative	n=24 (29%)
'Love your body'	14 (58%)
'Accept that everyone comes in different sizes'	10 (42%)

suggestions were categorised into common sub-groups as shown in table 1.

Results 101 students and staff pledged their support and 83 gave a suggestion to minimise weight bias/stigma. In the latter group, the majority (71%) had a sound understanding of weight bias and stigma. However, 24 participants (29%) appeared to have confused the body acceptance initiative with reducing weight bias and stigma (table 1). This was further verified through their interaction and comments with the volunteers at the stall.

Conclusion This pilot evaluation provides empirical evidence that 'minimising weight bias/stigma' and the 'body acceptance initiative' may be easily confused and even addressed interchangeably. Education initiatives to distinguish between these concepts is warranted to reduce weight-related stigma and improve access to care for individuals with obesity.

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17

CREDIBILITY AND REACH OF NUTRITION INFLUENCERS ON SOCIAL MEDIA

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10.1136/bmjnph-2022-nnedprosummit.24

Background Nutrition influencers can reach large segments of the public, regardless of formal training or credentials. Though social media is a popular source of nutrition information, it may not be credible. Furthermore, the perceived credibility of nutrition information may be enhanced through social validation (i.e., popularity of the public figure), yet this phenomenon has not been examined.

Objective To examine the credibility of nutrition influencers' websites in relation to their social media reach.

Methods Nutrition influencers identified through a key word search on popular search engines: Yahoo! Google, and Bing who had active public websites and Instagram accounts were included. 'Tips to Spot Misinformation' developed for the public by the Dietitians of Canada and PEN: Practice Evidence-Based Nutrition were used to create a credibility score for each website. Based on scores, websites were categorized as having low, moderate, or high credibility. The reach of each influencer was ascertained by combining the total number of followers/subscribers from five popular social media platforms (Instagram, Facebook, Twitter, YouTube, and Pinterest).

Results Of the 39 websites, there were 12 (31%) high, 13 (33%) moderate, and 14 (36%) low credibility sites, and the average number of followers for each group were 186 775, 547 088 and 2 153 515, respectively. There was a significant difference in followers between the three groups ($p = 0.017$) and a significantly lower number of followers for influencers with high credibility websites compared to low credibility websites ($p = 0.022$), with more than 10 times fewer followers.

Discussion Popular influencers with low credibility websites have enormous reach whereas influencers with highly credible websites lack the ability to reach large segments of the population. Further research is needed to understand how social validation influences the public's eating behaviors and to identify strategies that will increase the visibility of highly credible information.

18

MAPPING DATA OPPORTUNITIES RELATING TO FOOD, NUTRITION AND HEALTH IN THE COVID-19 PANDEMIC

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10.1136/bmjnph-2022-nnedprosummit.25

Background The COVID-19 pandemic has impacted the nutrition and health of individuals, households, and populations globally. Through exposing fragilities in food, health, and social welfare systems, the negative influence of COVID-19 continues to affect the global burden of malnutrition. The nature and scale of these impacts are not yet well understood thus the body of evidence for informing policy is limited. Collating and monitoring relevant data in real-time from multiple levels, sectors and sources is essential in preparing and responding to the ongoing COVID-19 pandemic.

Objectives To identify key data sources related to food, nutrition, and health indicators in the context of the COVID-19 pandemic.

Methods A COVID-19, food, nutrition and health framework was developed through multiple iterative rounds of online multidisciplinary discussions including the NNEPro COVID-19 taskforce and the Swiss Re Institute's Republic of Science, which comprised researchers and clinicians with expertise in data science, food, nutrition, and health.

Results The proposed framework encompasses five socio-ecological levels which were further sub-divided by six categories of the food and nutrition ecosystem, including food production & supply, food environment & access, food choices & dietary patterns, nutritional status & comorbidities, health & disease outcomes, health & nutrition services. A limited number of exemplar variables for the assessment of global status