Oral presentations

1 PUTTING RESEARCH INTO PRACTICE: KNOWLEDGE TRANSLATION AND IMPLEMENTATION FOR ACTION ON NUTRITION

1,2Jack Bell, 3,4,5Ellen Fallows, 6Peter Van Dael, 7Shane McAuliffe, 8,9Martin Kohlmeier, 10Alfredo Martinez Hernandez, 11Melissa Adamski, 7,12,13Sumanta Ray, 3,14Dominic Crocombe, 15Marjorie Lima do Vale, 1Department of Nutrition and Diabetics, The Prince Charles Hospital, Brisbane, Queensland, Australia; 2School of Human Movement and Nutrition Sciences, The University of Queensland, Brisbane, Queensland, Australia; 3National Health Service (NHS), UK; 4Royal College of General Practitioners, London, UK; 5The British Society of Lifestyle Medicine, Haddington, UK; 6DSM Nutritional Products Ltd., Wurmsweg 578, CH-4303 Kaiseraugst, Switzerland; 7NNEdPro Global Centre for Nutrition and Health, St John’s Innovation Centre, Cambridge, UK; 8UNC Nutrition Research Institute, University of North Carolina at Chapel Hill, Kannapolis, North Carolina, USA; 9IMDEA Precision Nutrition, Madrid, Spain; 10Center for Nutrition Research, University of Navarra, Navarra, Spain; 11Department of Nutrition, Dietetics and Food, Monash University, Australia; 12School of Biomedical Sciences, Ulster University at Coleraine, Coleraine, UK; 13School of Humanities and Social Sciences, University of Cambridge, Cambridge, UK

The transfer of research evidence into practice has been historically slow, and requires an integration of many elements, including quality evidence, supportive physical and intellectual environments, and facilitation, as discussed at the NNEdPro Sixth International Summit on Nutrition and Health. Examples of applying clinical research into practice focused on the use of group consultations (also known as group clinics or shared medical appointments) to support behaviour change, the role of dietary micronutrients during the COVID-19 pandemic and the potential of Precision Nutrition. An emerging area from early implementation evidence includes group consultations, also known as shared medical appointments, as discussed by Dr Fallows. Group consultations have been shown to improve clinical outcomes for some patient groups (e.g., HbA1c, lipids, BMI), as well as improve self-care and health education, and patient and clinician satisfaction. These groups have been piloted throughout the UK both face-to-face and virtually, with initial findings suggesting they are feasible and acceptable to patients and clinicians. Further work is needed to assess whether these could be cost-effective when scaled-up in National Health Service UK primary care. During the COVID-19 pandemic, there has been increasing emphasis on the central role of nutrition in health, including the role of dietary micronutrients, as discussed by Dr Van Dael and Shane McAuliffe. Nutrition plays an important role in immunity, yet the nutritional status of the most vulnerable population groups is likely to deteriorate further due to the health and socio-economic impacts of the novel coronavirus. Thus, implementation of this evidence into health care practice is key. Precision Nutrition, defined as an ‘approach that uses information on individual characteristics to develop targeted nutrition advice, products or services’, offers an exciting opportunity to further individualise dietary advice for behaviour change, as discussed by Dr Kohlmeier and Dr Hernandez. Precision nutrition is underpinned by the recognition that individuals differ in many important ways due to identifiable molecular traits and can be utilised to determine personalised weight loss interventions based on genetic variants. Use of implementation science is in line with one of the six cross-cutting pillars of the Nutrition Decade: Aligned health systems for universal coverage of nutrition actions. Dr Bell, an Advanced Accredited Practising Dietitian in Australia, provided an overview of key implementation science models and frameworks. Implementation frameworks such as the Action Research Framework, the Knowledge to Action Cycle, and the Spread and Sustain Framework, are underpinned by knowledge creation, effective education, and culture change. Dr Bell then highlighted how theoretical frameworks have provided guidance for the implementation of real world, complex nutrition interventions, including the Systematised Interdisciplinary Program for Implementation and Evaluation (SIMPLE) in Australia, and the More-2-Eat program in Canada.

2 DISSEMINATING EVIDENCE DURING THE COVID-19 PANDEMIC

1Martin Kohlmeier, 1Marjorie Lima do Vale, 1NNEdPro Global Centre for Nutrition and Health, St John’s Innovation Centre, Cambridge, UK; 2UNC Nutrition Research Institute, University of North Carolina at Chapel Hill, Kannapolis, North Carolina, USA

Knowledge networks, such as the NNEdPro Nutrition and COVID-19 Taskforce, are central to the rapid creation and dissemination of evidence, as highlighted at the NNEdPro Sixth International Summit on Nutrition and Health. During the COVID-19 pandemic, the Taskforce rapidly collated evidence and widely shared clear and accessible resources globally, via NNEdPro Regional Networks. The impact of the Taskforce on disseminating evidence and encouraging collaboration was made evident, and thus demonstrates the importance of this approach for addressing regional and global nutrition challenges. Scientific journals, such as BMJ Nutrition, Prevention & Health, as discussed by Editor-in-Chief, Professor Kohlmeier, also play a significant role in the dissemination of evidence. Once published, research is open access, disseminated widely online, and is encouraged to be used to inform practice. During the COVID-19 pandemic, any article with research findings relevant to the Coronavirus outbreak, were also shared widely with policymakers to increase global uptake. Knowledge networks, and scientific journals such as BMJ Nutrition Prevention and Health, are critical to the generation and dissemination of evidence, which is key to its uptake and implementation in policy and practice.

3 DEVELOPMENT OF REGIONAL NETWORKS BY THE NNEdPRO GLOBAL CENTRE FOR NUTRITION & HEALTH

1Claudia Tramontitt, 1Mercedes Zorilla Tejeda, 1,2Jaroslav Guzanic, 1Daniela Martini, 1Maria Korre, 1Milka Sokolovic, 1Yelena Trigueiro, 1NNEdPro Global Centre for Nutrition and Health, St John’s Innovation Centre, Cambridge, UK; 2Knowledge Hub for Culinary Nutrition and Education (Swiss Association for Cooperation on Food Education), Switzerland; 3Department of Food Environmental and Nutritional Sciences (DeFENS), Division of Human Nutrition, University of Milan, Milan, Italy; 4Department of Environmental Health, Harvard T.H. Chan School of Public Health, Boston, Massachusetts, USA; 5European Public Health Alliance, Rue de Trèves 49-51, 1040 Brussels, Belgium

The WHO describes knowledge networks as a mechanism to strengthen collaboration among countries and facilitate and enhance local nutrition action in the Nutrition Decade. In line with this recommendation, the NNEdPro Global Centre convened 12 Regional Networks across six continents to foster collaboration and implement nutrition actions for sustained impact. Each network has a lead who connects the broader