

Oral presentations

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

^{1,2}Jack Bell, ^{3,4,5}Ellen Fallows, ⁶Peter Van Dael, ⁷Shane McAuliffe, ^{7,8}Martin Kohlmeier, ^{9,10}Alfredo Martinez Hernandez, ¹¹Melissa Adamski, ^{7,12,13}Sumantra Ray, ^{3,7}Dominic Crocombe, ⁷Marjorie Lima do Vale. ¹Department of Nutrition and Dietetics, 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., Wurmisweg 576, 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

10.1136/bmjnph-2022-nnedprosummit.1

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

^{1,2}Martin 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

10.1136/bmjnph-2022-nnedprosummit.2

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

¹Cláudia Tramojntt, ¹Mercedes Zorilla Tejada, ^{1,2}Jaroslav Guzanic, ^{1,3}Daniela Martini, ⁴Maria Korre, ⁵Milka Sokolovic, ¹Helena 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

10.1136/bmjnph-2022-nnedprosummit.3

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