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 focusing 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

REFERENCES

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 a 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 trialist 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.

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