



# ABSTRACT BOOK

## Preventive Health Conference 2024

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Tuesday 30 April to Thursday 2 May 2024  
Darwin Convention Centre, NT

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# The impact of unplanned readmissions on elective procedures in Victoria

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5D - Prevention frameworks and methodologies, Madla Meeting Room 2, May 2, 2024, 11:20 AM - 12:50 PM

## Intro

This analysis aims to fill the current gap in elective surgical complications by providing a broad epidemiological and sociodemographic analysis across patient groups to quantify the impact of avoidable readmissions on financial and wellbeing concerns.

## Methods

A retrospective hospital database analysis was conducted on patients who were admitted to selected surgical procedures, including those who experienced an unplanned readmission within 28 days from 1 June 2018 to 31 October 2022. All linked data across databases will be analysed by matching linked person IDs from index admission. We performed multivariable logistic regression for categorical variables and ANOVA analysis for continuous variables to identify associations and mean differences between various factors. Statistical significance was indicated by  $p < 0.05$  with analysis performed by Stata 18 on Microsoft Remote Desktop in July 2023.

## Results

Patients aged over 80, required an interpreter or mental health assistance were all prominent reasons for unplanned readmissions. Total hip and knee arthroplasty were the primary index admissions with the highest readmission rates, predominantly leading to complications due to internal orthopaedic prosthetic devices, implants, and grafts. All average costs except the cost of the non-operating theatre room are significantly higher in the readmission group (\$97,747) compared to the non-readmission group (\$7,779). The ANOVA analysis demonstrated that readmission has a statistically significant impact on length of stay but not on the time spent in intensive care. The multivariate regression analysis reflected a significant association between the requirement of mental health assistance and readmission.

## Conclusion

This study demonstrates the magnitude of wellbeing and cost implications across patient groups. Rather than merely concentrating on hospitalisation costs, further research could emphasize out-of-hospital journeys by examining recovery care in the community to tailor better care in treatment journey. Extensive assessment of type and coverage of health insurance will assist in estimating out-of-pocket costs of patients from admission to post-discharge. Future policymakers can tailor preventative programs on complications for specific cohorts to facilitate health equity and literacy to ensure all-rounded care is provided to patients with vulnerable needs. Large-scale studies are also necessary to investigate the total burden of unplanned readmission at a patient level.

## We're better together – WA Mental Health in Sport Community of Practice

Ms Grace Stanton<sup>1</sup>, Ms Sue-Ellen Morphett<sup>1</sup>

<sup>1</sup>Healthway, Subiaco, Australia

3E - Mental health and wellbeing, Damibila Meeting Room 1, May 1, 2024, 11:20 AM - 12:50 PM

**Problem:** The Western Australian community faces challenges related to mental health and wellbeing that require collective efforts to bring about positive change. Sporting organisations, with their extensive reach into communities through club, volunteer and member networks provide unique, targeted opportunities for promoting and advocating for mental health and wellbeing.

**What We Did:** Healthway is dedicated to improving the physical and mental health of Western Australians through developing evidence-based programs that support local collaboration, cross-sector partnerships and building strong networks to share knowledge and resources. In 2023 Healthway established the Mental Health in Sport Community of Practice, uniting key sporting organisations, including the WA Football Commission, Country Football WA, Surfing WA, WA Cricket, Football West and Sport West, to collaboratively address mental health issues in the community.

**Results:** The Community of Practice has initiated transformative change at the intersection of sporting organisations and mental health programs. In 2023, Healthway committed over \$1.3 million to support comprehensive mental health promotion program development through these sports, benefiting a wide range of communities across Western Australia. Through disseminating mental health information and promoting strategic alignment, the Community of Practice has allowed for seamless integration of mental health programs into the sporting sector.

**Lessons:** The Community of Practice demonstrates the power of collaborative efforts in addressing mental health challenges. By bringing together influential sporting organisations, Healthway has created a platform that has not only improved individual projects but has the potential to impact advocacy and policy change across both the sporting and mental health sectors. The Community of Practice highlights the importance of aligning strategies, sharing resources, and fostering collective impact to drive best practice mental health promotion program development. This model can serve as a valuable template for addressing mental health issues in other sectors, highlighting the importance of shared knowledge and collective action.

## Do school-based obesity prevention interventions improve health behaviours in children and adolescents?

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4C - Young people and school-based strategies, Betbiyan 3 & Bundirrik 4, May 2, 2024, 9:30 AM - 11:00 AM

**Intro:** Poor health behaviours that lead to overweight and obesity are associated with the development of chronic diseases, and often start at a young age. Many school-based obesity prevention programs have demonstrated positive impacts on child weight. Increasing evidence suggests obesity prevention programs may have positive impacts on other health behaviours, such as diet, physical activity, smoking and alcohol use. However, no current systematic review reports on this. The aim of this analysis is to determine the effectiveness of school-based obesity prevention programs on improving diet, physical activity, smoking and alcohol use, in children and adolescents aged 6-18 years.

**Methods:** A secondary data analysis of trials included in an existing Cochrane review of childhood obesity prevention interventions was undertaken. Randomised trials of school-based obesity prevention interventions, that also assessed one or more health behaviours of interest, were eligible for inclusion. Similar measures of each eligible outcome were synthesised in meta-analysis, and subgroup analysis conducted according to intervention type (diet, physical activity, diet and physical activity).

**Results:** Of the 123 school-based studies included in the original review, 105 studies reported outcome data for at least one eligible health behaviour. We found school-based obesity prevention interventions to decrease energy intake (SMD:-0.042; 95%CI -0.09,0.01), sugar-sweetened beverage intake (SMD:-0.126; 95%CI -0.22,-0.04), and sedentary behaviour (SMD:-0.021; 95%CI -0.03,-0.01), and increase fruit and vegetable intake (SMD:0.104; 95%CI 0.03,0.17), as well as physical activity (SMD:0.168; 95%CI 0.05,0.28). Two studies reporting on alcohol intake had mixed results and the one study reporting on smoking outcomes found no differences between the intervention and control. No significant differences by intervention subgroup were found for any outcome.

**Conclusion:** School-based obesity prevention programs may have an additional positive effect on some healthy eating and physical activity outcomes, however their impact on tobacco and alcohol consumption is unclear.

## Associations between maternal diet quality in pregnancy and infant feeding practices

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5E - Reproductive and women's health, Damibila Meeting Room 1, May 2, 2024, 11:20 AM - 12:50 PM

**Introduction:** Postpartum maternal diet quality has been linked with optimal infant feeding practices. However, whether maternal diet quality during pregnancy influences infant feeding practices remains unclear. The present study explored the relationship between maternal diet quality in pregnancy and infant feeding practices in Australian women.

**Methods:** Maternal dietary data were collected using a brief 15-item food frequency questionnaire (n = 497). Diet quality was calculated using a modified version of the 2013 Dietary Guideline Index (DGI). Multivariable linear and logistic regressions with adjustment for covariates were used to examine the associations between maternal diet quality in pregnancy and infant feeding practices: infant feeding mode, breastfeeding duration and timing of solids introduction.

**Results:** Higher DGI score during pregnancy was associated with higher odds (OR 1.03, 95% CI 1.01, 1.07) of breastfeeding than formula/mixed feeding, longer breastfeeding duration ( $\beta$  0.09, 95% CI 0.02, 0.15) and higher odds of breastfeeding for  $\geq 6$  months (OR 1.04, 95% CI 1.01, 1.06) than for  $< 6$  months. When maternal DGI score was analysed as tertiles, linear dose–response relationships between DGI tertiles and breastfeeding variables were revealed (p-trend  $< 0.05$ ). The associations between maternal DGI score and breastfeeding variables were moderated by maternal country of birth, with stronger associations being observed in Australian-born mothers. For timing of solids introduction, the high DGI tertile was associated with higher odds of introducing solids at or after 6 months (OR 1.64, 95% CI 1.03, 2.62), and a stronger association was observed in boys.

**Conclusions:** Higher maternal diet quality was associated with better infant feeding practices, and the association was moderated by country of birth and child sex. Our findings support the initiation of dietary interventions to promote diet quality during pregnancy, particularly among women born in Australia. Further research could explore underlying mechanisms linking maternal diet quality and infant feeding practices.

## Implementation of healthy eating and physical activity interventions in Australian primary schools

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1D - Physical activity and movement, Madla Meeting Room 2, April 30, 2024, 3:30 PM - 5:00 PM

**Introduction:** The promotion of healthy lifestyle behaviours among children is critical to addressing the significant burden associated with childhood obesity and other chronic diseases. While school-based interventions have been found to be effective for addressing healthy eating (HE), physical activity (PA) and obesity there is little data describing the extent to which such evidence-based interventions are being implemented.

**Aim:** To determine the current prevalence of implementation of HE and PA interventions in Australian primary schools.

**Methods:** A national cross-sectional study of approximately 700 Australian primary schools was conducted. Schools from all sectors (government, catholic and independent) with primary school enrolments were eligible. A random sample of eligible schools was stratified according to state, education sector, rurality, socioeconomic status and school size to achieve a nationally representative sample. Survey items were informed by several recent systematic reviews of school-based HE, PA and obesity prevention interventions.

Participants were randomised to complete a survey module on either HE or PA practice components currently being implemented in their school.

**Results:** In total 669 Australian primary schools completed the survey (HE prevalence module n= 301, PA prevalence module n= 289). Preliminary, unweighted data has shown between 90.37% and 98.27% of schools implement healthy eating or physical activity curriculum across all year groups. The national aggregated and weighted prevalence for each component will be presented.

**Conclusions:** This is the first national survey to determine the prevalence of HE and PA intervention components in Australian primary schools. The findings will contribute valuable insights into the current health promotion initiatives in Australian schools and allow identification of evidence-practice gaps to inform implementation support.

## Misperceptions of 'better for you' alcohol marketing claims and demographic predictors

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2E - Topical prevention challenges and lessons learnt, Damibila Meeting Room 1, May 1, 2024, 9:30

AM - 11:00 AM

**Background:** The alcohol industry's use of nutrition- and ingredient-related claims to promote some products as 'better for you' has proliferated. Consumers may misperceive alcohol products carrying such claims as healthier options, despite robust evidence that any level of alcohol consumption can harm health. The aim of this study was to explore misperceptions associated with common claims appearing on alcohol products, and whether misperceptions vary by demographic and other personal characteristics.

**Methods:** Participants in the 2022 Shape of Australia national population survey of Australian adults aged 18-65 years who consumed alcohol in the past year (n=1,960) reported their level of agreement with statements that a selection of common front-of-pack claims meant an alcohol product was 'better for you'. Data were adjusted using population benchmarks and multivariable logistic regression models tested predictors of agreement for each claim.

**Results:** Seventy-four percent of participants agreed that at least one of the claims meant an alcohol product was 'better for you'. The most common misperceptions were that low sugar (56%), calorie (52%), and carbohydrate (49%) and preservative free (46%) claims meant 'better for you'.

Misperceptions about some claims (natural, organic, vegan, low calorie, gluten free) were less prevalent among older than younger adults (all  $p < .05$ ). A lower proportion of women (versus men) held misperceptions about vegan claims, but a higher proportion held misperceptions about 'low sugar' meaning 'better for you' (all  $p < .05$ ). There were also some variations by SES, perceived weight status, metro/rural location, education, and alcohol consumption frequency.

**Conclusions:** Misperceptions about 'better for you' alcohol marketing claims are widespread among Australian adult drinkers. There is a need for further regulation of permissible marketing claims on alcohol labels. Differences in the prevalence of misperceptions between population segments may inform targeted health promotion efforts to counter misperceptions.

## Alcohol, health, and ‘better for you’ alcohol products: Young adults’ perspectives

Dr Ashleigh Haynes<sup>1,2</sup>, Anna Denejkina<sup>3</sup>, Madelyn Sands<sup>3</sup>, Zenobia Talati<sup>4</sup>, Danica Keric<sup>5</sup>, Julia Stafford<sup>5</sup>, Ainslie Sartori<sup>5</sup>, Gael Myers<sup>5</sup>, Jane Martin<sup>6</sup>, Tahnee McCausland<sup>7</sup>, Melanie Wakefield<sup>1,2</sup>, Helen Dixon<sup>1,2</sup>

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3C - Young people, Betbiyan 3 & Bundirrik 4, May 1, 2024, 11:20 AM - 12:50 PM

**Introduction.** ‘Better for you’ alcohol products are those promoted by industry as having health- or nutrition-related attributes (e.g., low sugar, carbohydrate or calorie content, free from additives, or containing natural or organic ingredients). They are often marketed to young adults and may be misperceived as healthier than other alcohol products. This research explored how young adults conceptualised the role of alcohol in relation to health, and their views on ‘better for you’ alcohol products.

**Methods.** Six semi-structured focus groups stratified by gender and alcohol consumption were conducted online with West Australians aged 18-24 who drank alcohol in the past year (N=27). Data were interpreted using thematic analysis.

**Results.** Participants acknowledged the complexity of leading a healthy lifestyle and balancing alcohol consumption with other behaviours. There was universal understanding that alcohol is harmful to health, but this knowledge was tempered with perceived benefits of drinking to mental health and social cohesion. Many participants had self-serving criteria for defining problematic consumption and justified alcohol use with reference to compensatory behaviours (e.g., eating healthily). Many participants acknowledged that specific ‘better for you’ claims (such as low sugar, natural, organic, and vegan) did not mean that an alcohol product was healthy and expressed cynicism by labelling them as ‘marketing gimmicks’. Nonetheless, some participants expressed favourable views toward such products, reporting that they could drink more because of perceived health characteristics (e.g., lower calorie content) or palatability. Some participants acknowledged that ‘better for you’ products may prompt ‘other drinkers’ (but not themselves) to consume more.

**Conclusions.** Restrictions on misleading ‘better for you’ marketing claims on alcohol products are needed. Until that occurs, health promotion messaging to counter ‘better for you’ alcohol marketing, clarify the low-risk drinking guidelines, and enhance awareness and personal relevance of alcohol harms may help to reduce alcohol consumption among young adults.



## Migrant and Refugee Women Leading Mental Health Justice

Catalina Labra-Odde<sup>1</sup>, Delaram Ansari<sup>1</sup>, Dr Giang Tran, Amy Tong<sup>1</sup>, Rosi Aryal Lees<sup>1</sup>

<sup>1</sup>Multicultural Centre For Women's Health, Melbourne, Australia

3E - Mental health and wellbeing, Damibila Meeting Room 1, May 1, 2024, 11:20 AM - 12:50 PM

How can we promote the mental health and wellbeing of migrant and refugee women? In this paper, we explore how migrant and refugee women can take the lead in improving systemic access to services, challenging structural racism, and promoting health justice through a social determinants of health framework. At the Multicultural Centre for Women's Health (MCWH), migrant and refugee women have been leading the mental health system reform as researchers, Bilingual Health Educators, and lived and living experience participants.

Between 2022 and 2023, MCWH conducted Building Bridges, an intersectional feminist research project investigating migrant and refugee women's access to mental health and wellbeing services. This project was funded by the Victorian Department of Health. We conducted focus groups with a total of 99 migrant and refugee participants in Victoria, facilitated by Bilingual Health Educators in participants' preferred language.

Contrary to stereotypes about migrant and refugee people being reluctant to seek support services due to 'stigma' or limited understanding about mental health, our participants were committed to seeking both informal and formal support to improve their wellbeing and that of their families. Yet they faced many barriers, rooted in:

- a) the complexity of navigating the mental health system; and
- b) structural racism and sexism, including stereotypes about migrant women's 'resilience' and supposed reluctance to seek help, as well as the normalisation and dismissal of mental distress by health professionals.

Led by the experiences and voices of our research participants, we translated our research findings into resources and community health education modules to be facilitated and delivered by trained Bilingual Health Educators in multiple languages across metropolitan and regional Victoria. We will demonstrate how achieving mental health system reform, and indeed transformational mental health justice, requires centring the experiences and drawing on the strengths and expertise of the migrant and refugee women.

## Developing Fine Diversion Programs for people experiencing hardship in NSW

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1B - Prevention in action, Waterfront Room 1, April 30, 2024, 3:30 PM - 5:00 PM

### Problem

Fine debt has a disproportionate impact on people experiencing disadvantage, often entrenching hardship, and pushing them towards further contact with the justice system. Hardship can also prevent people from participating fully in society, often putting them in a position to compromise on safety to meet their day-to-day demands.

Following a successful proof of concept of the Child Car Restraint Diversion Pilot led by NSW Police and Revenue NSW, we sought to define the development framework for evidence-based diversion programs. and reduce the impact of fines on people experiencing hardship at an earlier intervention point.

### What you did

An analysis of fine debt in Bourke, Moree and Broken Hill was conducted, as well as a literature review identifying 36 fine diversion programs in Australia and internationally.

### Results

The Child Car Restraint Diversion Pilot achieved 87% compliance and realised safety benefits through this proof of concept. Additionally, the proof of concept resulted in \$30,000 in avoided debt and 272 avoided demerit points.

A subsequent literature review discovered that there was no standardised method for developing diversion programs, and there was little to no research on the impact of fine diversions on behaviour change.

The research uncovered opportunities to divert people identified as vulnerable at an early fine accumulation stage (within 10 fines) to avoid perpetuating hardship and disadvantage.

### Lessons

Finding empirical evidence to link hardship with the acquisition of fines is difficult, but developing diversions can lessen the impact of hardship. A higher proportion of individuals with <10 fines are being serviced by the NGO sector to resolve their fine debt, likely drawing resources from the more complex high need individuals who are resolving fine debt.

With little precedent of diversion programs targeting the impact of fines on vulnerable people, the research put forward an innovation approach to the fine diversion development framework.

## Overcoming Opposition to Alcohol Cancer Labels at the World Trade Organization

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<sup>1</sup>McCabe Centre for Law & Cancer, East Melbourne, Australia

5A - Prevention in practice, Auditorium 2, May 2, 2024, 11:20 AM - 12:50 PM

Alcohol consumption is linked to more than 200 health conditions, injuries, and disabilities, including cancer. The International Agency for Research on Cancer has for more than three decades classified alcohol as a Group 1 carcinogen, the highest risk group, alongside products such as tobacco, asbestos, and radiation. Yet public awareness of the link between alcohol and health risks, such as cancer, remains limited. For this reason, the World Health Organization recommends health warnings on alcoholic beverages to provide consumers with information on harms associated with alcohol consumption.

In recent years, in response to mounting evidence that there is no safe level of alcohol consumption, countries have increasingly introduced health warning labels for alcohol. In two countries, South Korea and Ireland, labels have been introduced that specifically warn about the cancer risk. In doing so, countries have faced sustained backlash from industry and other countries in forums such as the World Trade Organisation's (WTO) Technical Barriers to Trade Committee (TBT Committee). At the TBT Committee, Member States have raised concerns about health warnings being more trade restrictive than necessary, a lack of evidence linking alcohol and cancer, and requirements for implementation.

This presentation explores recent updates in warning labels in Australia and around the world including a case study on cancer warning labels in Ireland and discusses some of the opposition to health warning labels for alcohol at the WTO. This presentation will also explore how countries have overcome opposition at the WTO when introducing similar measures for other NCD risk factors, including tobacco plain packaging and more recently, front-of-pack labelling for unhealthy diet.

## Health service use, health outcomes and treatment costs of cochlear implants users

Dr Tolesa Okuba<sup>1</sup>, Dr Reidar Lystad<sup>1</sup>, Dr Isabelle Boisvert<sup>2</sup>, Dr Anne McMaugh<sup>3</sup>, Dr Robyn Cattle Moore<sup>4</sup>, Professor Emeritus Peter Wolnizer<sup>5</sup>, Mss Cassidy Chow<sup>6</sup>, Dr Ramya Walsan<sup>1</sup>, Professor Rebecca Mitchell<sup>1</sup>

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4E - Longer term implementation and planning, Damibila Meeting Room 1, May 2, 2024, 9:30 AM - 11:00 AM

**Introduction:** Little is known about ongoing health service use, treatment costs and health outcomes of adult cochlear implant users. This study examined health service use, treatment costs and health outcomes of younger (aged 18-64 years) and older (aged  $\geq 65$  years) adults who had a cochlear implant.

**Methods:** Hospitalisation and non-admitted patient (NAP) service records in New South Wales (NSW), Australia were linked to identify adults  $\geq 18$  years who received a cochlear implant during 2011-2021. Outcomes after cochlear implant included all-cause hospital admissions, NAP services contacts, hospital treatment costs, hospital length of stay (LOS) and readmissions within 28 days. A negative binomial regression model was used to examine factors associated with health service use. **Results:** There were 3071 cochlear implant users: 1461 (47.6%) younger and 1610 (52.4%) older adults. The number of hospital admissions varied between age groups and one-third (32.7%) of the younger adults had 2-3 admissions while 34.1% of the older adults had  $\geq 8$  admissions. Older adults had higher  $\geq 13$  NAP service contacts than younger adults (33.9% vs 24.9%, respectively), readmission within 28 days (7.8% vs 4.7%, respectively) and higher mean treatment costs (AUD\$44,1016 vs AUD\$41,663, respectively). The total mean hospital LOS was 2.3 days (SD 18.2) for older and 1.4 days (SD 3.1) for younger adults. Having at least one Charlson comorbidity, a mental health diagnosis and mechanical complication other specified internal prosthetic devices, implants and grafts was associated with increased number of hospitalisations in younger adults. Having a higher number of NAP service contacts ( $\geq 13$ ) was associated with an increased number of hospitalisations for both younger and older adults. Charlson comorbidity and a mental health diagnosis were associated with a higher number of NAP service contacts for younger adults. For older adults, having  $\geq 1$  cochlear implant removed was associated with an increased number of NAP service contacts.

**Conclusion:** Cochlear implant users with multimorbidity used more services and had adverse health outcomes or incurred large treatment costs. Early management of comorbidities and long-term post implant follow-up to identify any complications will reduce unplanned hospitalisation, adverse health outcomes and costs.

## Public acceptability of Australia's current e-cigarette regulations and recommendations for further reform

Associate Professor Michelle Jongenelis<sup>1</sup>, Dr Mary-Ellen Brierley<sup>1</sup>, Mr Sean Yaw<sup>1</sup>

<sup>1</sup>The University of Melbourne, , Australia

3A - E-cigarettes and tobacco, Auditorium 2, May 1, 2024, 11:20 AM - 12:50 PM

**Introduction:** E-cigarette use is increasing globally. Despite being heavily regulated in Australia, increases in use among adolescents and those who have never smoked have prompted calls for further reforms to minimise uptake. Public acceptability is an important consideration when developing and implementing reforms, yet research to date has operationalised acceptability as “support”; a construct that is influenced by vaping status. To obtain a more objective account of community views, we explored perceived regulation effectiveness; an important component of acceptability that has been found to predict favourable community attitudes toward health regulations and greater compliance.

**Methods:** A total of 16 focus groups was conducted with adolescents, young adults, and adults who (i) currently vape or have previously vaped and (ii) have never vaped. Focus groups were conducted prior to the Government's announcement of proposed vaping reforms.

**Results:** Half of the groups considered a prescription model to be effective at restricting access to e-cigarettes, but only when regulations relating to the model were enforced. Almost all groups raised concerns about the ready availability of non-nicotine products, with participants believing that this availability has the potential to increase both nicotine and non-nicotine product use. In terms of further reforms, all groups suggested a range of demand reduction regulations and most groups suggested supply reduction regulations.

**Conclusion:** The recommendations made by focus group participants largely align with measures announced by the Australian Federal Government in May 2023, indicating that these are likely to be accepted by the public. Results offer insights for jurisdictions currently considering the implementation of a prescription model (e.g., Scotland) and disposable e-cigarette bans (e.g., the United Kingdom and some European Union member states).

## “Did you smoke?” Tackling lung cancer stigma for secondary and tertiary prevention

Dr Catherine Runge<sup>1,2</sup>, Ms Paige Preston<sup>1,2</sup>

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4A - E-cigarettes and tobacco, Auditorium 2, May 2, 2024, 9:30 AM - 11:00 AM

### Problem

Australians living with lung cancer face stigma from the public, health professionals, and themselves. This is predominantly due to cigarette smoking, a stigmatized behaviour, causing an estimated 90% of lung cancers in Australian men, and 65% in women. Stigma is associated with delayed medical help-seeking throughout the course of lung cancer, regardless of smoking status. Therefore, reducing stigma is essential to create more supportive environments for secondary and tertiary prevention of lung cancer.

### What you did

In 2019, Lung Foundation Australia delivered two campaigns that aimed to reduce lung cancer stigma. The Fair Go for Lung Cancer and FFS! We're Losing our Patients campaigns comprised digital assets and traditional media. Fair Go featured Australians who had a family member or friend with lung cancer, while FFS (Free From Stigma) featured clinicians. Independent surveys with nationally-representative samples conducted in 2017 (n=1,003) and after the campaigns (n=1,010) tracked lung cancer attitudes.

### Results

The campaigns attracted over 50 million media impressions. In 2019, 9% of Australians had seen or heard anything from Lung Foundation Australia on the need to reduce lung cancer stigma. Of these, 54% had changed their views because of Lung Foundation's efforts and felt more empathy towards those living with the disease. The percentage of people who would first ask someone recently diagnosed with lung cancer about their smoking history fell from 40% to 29% between 2017 and 2019.

### Lessons

The surveys were conducted with the general public. We do not know the impact of the campaigns on health professionals and those living with lung cancer. The use of real stories was vital to connect Australians with the outcomes of stigma. With roll-out of Australia's National Lung Cancer Screening Program set for July 2025 it is essential that medical and public health professionals are cognisant of the potential influence of stigma on screening uptake.

## Inequity in T2DM prevention in women with a history of gestational diabetes

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2C - Prevention equity, Betbiyan 3 & Bundirrik 4, May 1, 2024, 9:30 AM - 11:00 AM

### Abstract

**Introduction:** Type 2 diabetes mellitus (T2DM) is one of the health problems disproportionately affecting people with low socioeconomic statuses. Gestational diabetes mellitus increases the risk of T2DM by up to ten-fold for women. Lifestyle interventions prevent T2DM in women with prior gestational diabetes. However, it is unknown if similar effectiveness can be expected for all population subgroups.

**Objective:** This study aims to assess the prevention of T2DM in women with prior gestational diabetes using population characteristics according to the PROGRESS (place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, education, socioeconomic status, and social capital) criteria.

**Methods:** MEDLINE, CINAHL, EMBASE, PubMed, PsycINFO, Web of Science, and EBM Reviews databases were searched for interventional studies of diet, physical activity, or behavioural interventions published up to 21 February 2023. Random effects subgroup meta-analysis was conducted to evaluate the association of population characteristics and intervention effects.

**Results:** All studies were conducted in high-income countries or middle-income countries. Two-thirds of the studies reported on race/ethnicity and education level. Less than one-third reported on place (urban/rural), occupation, and socioeconomic status. None reported on religion or social capital. Studies from high-income countries (MD = -1.46; 95% CI: -2.27, -0.66, I<sup>2</sup> = 70.46, p < 0.001) showed a greater reduction in bodyweight compared with the studies conducted in middle-income countries (MD = -0.11; 95% CI: -1.12, 0.89, I<sup>2</sup> = 69.31, p < 0.001) (p for subgroup difference = 0.04).

**Conclusion:** There are significant equity gaps in the evidence for the prevention of T2DM in women with prior gestational diabetes due to reports on population characteristics being poor. Interventions may be less effective in reducing bodyweight in women from middle-income countries compared to high-income countries. Collecting and analysing data related to equity is needed to understand the effect of lifestyle interventions on type 2 diabetes for different population subgroups.

### Keywords:

equity; diabetes gestational; lifestyle intervention; meta-analysis; progress; diabetes mellites type 2

## Evaluating an oral health promotion program within cardiac rehabilitation clinics. A protocol.

Miss Lauren Church<sup>1,2</sup>, Doctor Shalinie King<sup>1,2</sup>, Professor Janet Wallace<sup>3</sup>, Professor Clara Chow<sup>1,2</sup>, Professor Axel Spahr<sup>1</sup>

<sup>1</sup>The University Of Sydney, Camperdown , Australia, <sup>2</sup>Westmead Applied Research Centre (WARC), Westmead, Australia, <sup>3</sup>The University of Newcastle , Ourimbah, Australia

5D - Prevention frameworks and methodologies, Madla Meeting Room 2, May 2, 2024, 11:20 AM - 12:50 PM

### Abstract

#### Introduction:

Poor oral health is a major public health issue for Australia. As early as 21-days after ceasing toothbrushing, inflammatory markers including high-sensitive C-reactive protein and interleukin-6 can be detected in blood samples because of the immune response to stagnant oral biofilm. These inflammatory markers are strongly associated with an increased atherosclerosis risk: the primary cause of cardiovascular disease (CVD).

Oral biofilm can also lead to oral diseases gingivitis and periodontitis affecting up to 90% and 50% of the population respectively. Periodontitis is a multifactorial inflammatory condition which, if left untreated, can lead to destruction of the supporting structures of the teeth and trigger systemic inflammation.

Good oral hygiene is the most effective way to prevent periodontitis, thereby reducing CVD risk. The primary aim of this study is to assess whether individualised oral hygiene instruction partnered with a digital oral health education package can improve the oral health of patients with CVD.

#### Methods:

A total of 165 participants will be recruited from two Sydney cardiac rehabilitation clinics into this dual centre, single blind, parallel design, randomised controlled trial. A baseline oral health clinical examination and self-report questionnaire are completed before participants are then randomised into one of 3 arms, in a 1:1:1 ratio. The examination and questionnaire will be repeated at 6- and 12-weeks. The primary analysis will be an adjusted analysis of variance performed to assess differences between groups for approximal plaque index scores between baseline and follow-up.

#### Conclusion:

Information involving oral health's role in heart health within cardiology settings is almost non-existent. This is the first study to implement digital oral health education to patients attending cardiac rehabilitation clinics. By building oral disease prevention strategies for patients with CVD, they will have success in future health outcomes.



## NSW adults' perceptions of vaping safety and support for legislation restricting use

Dr Sandra Rickards<sup>1</sup>, Ms Shamiela DuBois<sup>1</sup>, Ms Phillipa Hastings<sup>1</sup>, Mr Fraser Powell<sup>2</sup>, Dr Phillip Hughes<sup>3</sup>, Mr Noel Gibney<sup>3</sup>, Ms Elise Li<sup>3</sup>, Kate Reakes<sup>1</sup>, Professor Tracey O'Brien<sup>1,4</sup>

<sup>1</sup>CINSW, St Leonards, Australia, <sup>2</sup>NSW Ministry of Health, St Leonards, Australia, <sup>3</sup>IPSOS Public Affairs Australia, North Sydney, Australia, <sup>4</sup>Medicine and Health, UNSW, Kensington, Australia

4A - E-cigarettes and tobacco, Auditorium 2, May 2, 2024, 9:30 AM - 11:00 AM

**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 2023 survey included n=400 people who smoke and n=800 people who do not.

Interviews were conducted via computer assisted telephone interviewing (CATI) from 3 April to 25 May 2023, employing a listed mobile phone sample frame design.

**Results:** Concerns about the safety of vaping are increasing. Of the 95% of the NSW adult population who are aware of vapes/e-cigarettes: 82% agreed either 'strongly' (63%) or 'just a little' (19%) that 'vapes are unsafe to use', up from 73% in 2021; 73% agreed 'it is unsafe to use vapes around others', up from 65% in 2021; and only 28% agree that 'vapes or e-cigarettes are healthier than smoking tobacco cigarettes', down from 41% in 2021.

There is majority support for legislation regarding vaping. Of those NSW adults aware of vapes, 73% support the idea of efforts to limit the availability of nicotine vaping products for people who don't have a prescription; 77% support plain packaging for vaping products similar to packaging for tobacco products; and 67% support limiting flavours in which vape products are available.

**Conclusions:** While the prevalence of vaping or e-cigarette use has been increasing in NSW, especially among those aged 16-24 years, so too have concerns about the safety of e-cigarette use both for those who use them and those who are around them. There is strong population support for legislation restricting e-cigarette use for those without a prescription and for plain packaging and limiting vape flavours.

## Cervical cancer screening in North East Melbourne

Minhui Li<sup>1,2</sup>, Alana Little<sup>1</sup>, Nathan Scott<sup>1</sup>, Annaliese van Diemen<sup>1</sup>, Claire Gordon<sup>1,3,4</sup>

<sup>1</sup>North Eastern Public Health Unit, Austin Health, Melbourne, Australia, <sup>2</sup>Austin Clinical School, University of Melbourne, Melbourne, Australia, <sup>3</sup>Department of Infectious Diseases, Austin Health, Melbourne, Australia, <sup>4</sup>Department of Microbiology and Immunology, University of Melbourne at the Peter Doherty Institute for Infection and Immunity, Melbourne, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

**Background:** Early detection of cervical cancer through screening is one of the World Health Organization (WHO) goals to eradicate cervical cancer with a target of >70% screened. The Australian Institute of Health and Welfare reports state-level cervical screening test (CST) rates in eligible women aged 25-74 years, however, local rates are not reported making it difficult to identify groups that require tailored strategies to increase CST participation. To address this, the North Eastern Public Health Unit (NEPHU) analysed CST rates in North East Melbourne over the 5-year period (2017 to 2021) to identify factors associated with low CST participation.

**Methods:** Data was sourced from the National Cervical Screening Register and Australian Bureau of Statistics. CST rates from NEPHU's 12 local government areas (LGAs) from January 2017 to December 2021 were calculated and results aggregated by five-year age groups. CST rates for each LGA were stratified by Socio-Economic Indexes for Areas (SEIFA).

**Results:** NEPHU's overall CST rate was 74%, which is above the Victorian rate of 72% and the WHO CST target rate of >70%. The 70-74 year age group had a CST rate <70% (39%). Ten LGAs reported CST rates of >70% with two LGAs reporting CST rates of <70% (Whittlesea 66%, Hume 63%). Overall, lower SEIFA was associated with a low CST rate (64% for most disadvantaged SEIFA group vs. 81% for least disadvantaged SEIFA group). This was particularly pronounced in Whittlesea and Hume with CST rates of 62% and 59%, respectively, in the most disadvantaged SEIFA group.

**Conclusions:** Overall, participation in CST is above the WHO target of 70% in the NEPHU catchment. However, targeted intervention is required to improve CST participation in some LGAs, disadvantaged groups and in 70-74 year olds. Health promotion activities are underway to further investigate and develop initiatives in these groups.

## Making Big Business Everybody's Business: commercial determinants of Indigenous health in Victoria

Mr Alessandro Crocetti<sup>1</sup>, Mr Troy Walker (Yorta Yorta)<sup>1</sup>

<sup>1</sup>Deakin University/ Global Centre for Preventive Health and Nutrition, Melbourne/Burwood, Australia

3B - Influencing policy and systems, Waterfront Room 1, May 1, 2024, 11:20 AM - 12:50 PM

**Background:** Colonisation continues through neoliberal western economic structures, systems, and practices. The commercial determinants of Indigenous health is an emerging field of research. In Australia, examples include large transnational mining industries destroying heritage sites and food and beverage companies attempting to build alcohol megastores near dry Aboriginal communities. The commercial determinants of Indigenous health may differ for Indigenous peoples living in remote and non-remote (urban, regional and rural) environments. We aimed to understand the perspectives of Victorian Aboriginal leaders on the influence of commercial entities and their practices on Aboriginal health and wellbeing.

**Methods:** Semi-structured interviews using qualitative description reflexive thematic analysis.

**Results:** 24 Aboriginal leaders across five sectors (Aboriginal Community Controlled Organisations, government, Aboriginal businesses, research and the media) from Victoria were interviewed, (n=16 urban, n=8 rural/regional). Five themes and nine subthemes were derived, covering the i) impact of the commercial industries on Aboriginal people, ii) the intersection between colonialism and western economic paradigms, iii) corporate social responsibility, iv) investing in Aboriginal businesses and v) Mob (Aboriginal people) leading the way. Aggressive marketing by the gambling industry, the exploitation of Aboriginal culture by commercial industries, the privatisation of public services and the over-use of private consultancy firms advising on Aboriginal affairs are key areas of concern according to participants. Corporate social responsibility strategies, including Reconciliation Action Plans, according to participants have oversight issues. Lastly, there is a strong sense of financial and cultural empowerment and self-determination that comes from being an Aboriginal business owner or employee at an Aboriginal business.

**Conclusion:** There are numerous commercial actors and practices that are perceived to influence Aboriginal health and wellbeing. Future research should champion the positive aspects of the commercial determinants of Indigenous health and mitigate commercial practices likely to lead to negative health outcomes. Additionally, future research should be targeted towards the impacts of gambling and native bushfoods industries as well as the broader systemic issues surrounding privatisation and the use of consultancy firms on Aboriginal health.

## Factors associated with poor adherence to TB preventive therapy in Cambodia

Assistant Professor Yom An<sup>1</sup>

<sup>1</sup>National Center for Tuberculosis and Leprosy Control, Phnom Penh, Cambodia

5D - Prevention frameworks and methodologies, Madla Meeting Room 2, May 2, 2024, 11:20 AM - 12:50 PM

### Introduction

Tuberculosis (TB) preventive treatment (TPT) effectively prevents the progression from TB infection to TB disease. This study explores factors associated with poor TPT adherence in Cambodia.

### Methods

We retrospectively analyzed programmatic data from TB management information system (TB-MIS) retrieved on Oct 22nd, 2023. Dependent variable is TPT treatment completion status (completed or not completed TPT). Explanatory variables included age, sex, nationality, TPT regimens and TPT initiation places. Chi-square or Fisher's exact test, univariate and multivariate logistic regressions were computed. All explanatory variables with p-value < 0.10 in univariate model, except age and sex, were included in multivariate model. P-value < 0.05 was considered as significant association with TPT non-completions.

### Results

Among 14,262 latent TB infection (LTBI) initiated with TPT, 299 (2.1%) did not complete the treatment. Those aged between 15 – 24 and 25 - 34 years old were 1.7 times and 2 times more likely to not complete TPT treatment compared to those aged < 5 years old, respectively (p = 0.034 and 0.003). Compared to those initiated with 3 months of weekly Isoniazid and Rifapentine (3HP), those treated with 3 months daily of Isoniazid and Rifampicin (3RH) and 6 months daily of Isoniazid (6H) were 2.6 times and 7 times more likely to drop the treatment respectively (p < 0.001). Those who received TPT at referral hospitals were almost two times more likely to discontinue TPT compared to those initiated TPT at health centers (p = 0.003).

### Conclusion

TPT treatment follow-up should be strengthened among those aged between 15 and 34 years old and initiated treatment at referral hospitals. This could be done by tailoring the treatment based on individual needs, counselling and close monitoring. The national TB program should also consider 3HP the first choice of treatment regimen.

Keywords: Tuberculosis, Preventive Treatment, Poor adherence

## Breathe Well: An Aboriginal workforce led respiratory clinic in rural NSW

Ms Karen Baker, Ms Louise Morris, Ms Lisa Tighe

2B - Table Top - mixed, Waterfront Room 1, May 1, 2024, 9:30 AM - 11:00 AM

Chronic respiratory disease is a major health problem in rural and remote Aboriginal communities. While rates of conditions such as bronchiectasis, asthma, and COPD are high in these settings, it is the absence of comprehensive and accessible respiratory care that arguably defines poor long-term health outcomes. We describe the establishment of an integrated adult respiratory clinic in rural NSW and the centrality of Aboriginal Health Workers and Practitioners (AHW/Ps) to its ongoing success.

The clinic was initiated during the 2011 swine flu pandemic as a door knocking initiative to deliver immunisation and spirometry care to Indigenous community members of Moree and Narrabri. The value of providing ongoing respiratory care was subsequently identified by the Medical Outreach Indigenous Chronic Disease Program and an ongoing tri-annual respiratory clinic was established. From their inception, the role of Aboriginal Health Workers and Practitioners (AHW/Ps) has been central to the design and delivery of the respiratory clinics. An AHW/P-led wraparound model has been established to coordinate all aspects of clinic attendance and provide continuity of care. AHW/P roles encompass liaison with attendees to prior during the lead up to clinics to identify priorities, concerns, and logistical challenges, ensuring cultural safety and providing support to attendees during clinics, and to schedule transport, clinical assessments during clinics, and coordinating referrals, rehabilitation clinics, and linkage with other healthcare platforms during the follow-up period.

The clinics have acted as a foundation for several major research initiatives that employ an AHW/P led approach to addressing the respiratory health needs of local communities. The first study aims to inform service provision by determining the unmet respiratory disease burden within each community. The second involves the development of an effective and culturally appropriate model of care, tailored specifically to the needs and priorities of each individual, through a community-led co-design process. In each case, AHW/Ps involvement acts as a critical link between community voices and service design. We will describe the success and practical considerations of providing ongoing Indigenous respiratory outreach clinics in remote NSW communities.

## Breathe for Bub:Co-designing effective care for Aboriginal women with asthma during pregnancy

Angela Knox, Dr Elissa Elvidge<sup>2</sup>, Ms Yeena Thompson, Ms Karen Baker

<sup>1</sup>University of Newcastle, WARATAH;NSW, Australia, <sup>2</sup>South Australian Health and Medical Research Institute, Adelaide, Australia

2A - Aboriginal and Torres Strait Islander health, Auditorium 2, May 1, 2024, 9:30 AM - 11:00 AM

Asthma is a prevalent chronic disease in pregnancy, affecting 18% of Aboriginal women. Nearly half of women with asthma report a worsening of symptoms during pregnancy, with up to 45% experiencing asthma exacerbations that require medical attention. These exacerbations are associated with a higher risk of adverse outcomes, such as low birth weight and preterm birth. Having a mother with asthma is one of the greatest risk factors for asthma development as their children are three times more likely to develop asthma themselves. Asthma exists within a broader public health context. Reducing these rates of asthma requires political commitment and widespread institutional changes that address the social determinants of health and provides access to culturally safe services.

Our study focuses on the development of an innovative, community-led, solutions for the culturally safe clinical care of Aboriginal women with asthma during pregnancy. To support the development of more effective models of care, our team developed long-standing partnerships with Aboriginal communities and health services in rural and regional NSW. This research addresses the need for improvement that was identified as a health priority by partner communities and has been developed through ongoing and intensive community consultation. Our study combines qualitative Indigenous research methods with cutting edge clinical research including novel personalised (treatable traits) models of asthma care and consumer co-design frameworks for adaptation of measures to community preferences and care settings. By establishing effective, evidence-based, and culturally appropriate asthma care during pregnancy, Breathe for Bub aims to prevent serious adverse health outcomes associated with uncontrolled asthma during pregnancy. In partnership with participating communities, this study will establish a basis for future precision asthma treatment delivered within a culturally safe model of care that addresses health disparities and improves health outcomes for asthmatic Aboriginal women during pregnancy.

The researchers conducting this study have discussed it with and have been given permission to carry out this study by the Hunter Region Aboriginal Health Research Community Panel which is the Aboriginal led community-based group who make decisions about health research in our region.

## ‘We want parkrun to well outlive us’: behind the sustainability of parkrun

Dr Leonie Cranney<sup>1</sup>, Associate Professor Anne Grunseit<sup>1,2</sup>, Dr Andrew Milat<sup>2,3</sup>, Dr Femke van Nassau<sup>4</sup>, Associate Professor Verity Cleland<sup>5</sup>

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Netherlands, <sup>5</sup>University of Tasmania, Hobart, Australia

1D - Physical activity and movement, Madla Meeting Room 2, April 30, 2024, 3:30 PM - 5:00 PM

### Intro

parkrun is a free, weekly organised grass-roots mass participation physical activity event providing a remarkable example of a rapidly disseminating program across 22 countries. In Australia, almost 1 million people have participated and more than 150,000 have volunteered at one of 483 locations. This qualitative study is the first to explore how parkrun has succeeded with its dissemination and sustainability, drawing on stakeholder’s practice-based knowledge and experiences in Australia.

### Methods

Maximum variation and snowball sampling methods were used to select interviewees representing three key stakeholder groups: key informants (paid parkrun staff); parkrun volunteer organisers (Event Directors and Ambassadors); and other local external stakeholders (e.g. running clubs, landowners). Semi-structured interviews were conducted with 67 people in two phases (February-May and August-October 2023). Interview data was inductively analysed using NVivo to explore contextual factors and mechanisms of growth and sustainability, adopting an iterative and collaborative process and using the Framework method.

### Results

We identified four main themes to explain the growth and sustainability of parkrun in Australia: ‘Belief in an essential parkrun’ manifested as varied but overlapping ideas of what parkrun is fundamentally about; ‘Fluidity’ was reflected in the way individuals move freely in and out of the parkrun model, and between roles and events; ‘Evolution’ described the way individuals related to their local event and the parkrun concept, how the volunteer workforce is maintained and how the organization adapted with growth; and ‘Shared custodianship’ emerged in the dispersed leadership and sense of shared responsibility within events and the organisation.

### Conclusion

These themes illustrate elements of the parkrun model that create broad buy-in, foster stakeholder commitment and longevity, and maximise resources for enhanced reach, dissemination and sustainability. Results will be interpreted and discussed considering existing dissemination and sustainability frameworks for physical activity and public health interventions.

## A mapping review of Australian childhood obesity prevention resources for general practice

Michelle Gooley<sup>1</sup>, Professor Helen Skouteris<sup>1,2</sup>, Dr Kellie West<sup>1</sup>, Professor Peter Bragge<sup>1</sup>, A/Prof Liz Sturgiss<sup>1</sup>

<sup>1</sup>Monash University, Clayton, Australia, <sup>2</sup>Warwick University, Coventry, United Kingdom

5A - Prevention in practice, Auditorium 2, May 2, 2024, 11:20 AM - 12:50 PM

### Introduction

As outlined in the National Obesity Strategy, obesity prevention is an important health priority in Australia. General Practitioners (GPs) support the promotion of health and the prevention of childhood obesity through growth monitoring and healthy behaviour promotion. The objective of this project was to identify and characterise existing Australian clinical resources which support obesity prevention in children, for use in general practice consultations.

### Methods

A mapping review was undertaken to describe key characteristics of relevant resources. We included clinical resources that focused on growth monitoring and/or promoting healthy behaviours relevant to children up to the age of 17 years old with a healthy weight. The search strategy focused on grey literature, including review of 31 Australian websites. Additionally, all resources were independently reviewed by two practicing GPs for clinical suitability and assessed with either the Patient Education Materials Assessment Tool (PEMAT) or an author-adapted Royal Australian College of General Practitioners tool, as appropriate.

### Results

One hundred and twenty clinical resources were included; children and/or their families were assessed to be the primary audience for 114 and GPs for six. The majority of resources were produced by government organisations. Most focused on a single topic. GPs were rarely noted to be involved in development of the resources. PEMAT assessment of patient-facing resources indicated that many resources had good understandability but poor actionability.

### Conclusion

There are many existing clinical resources relevant to childhood obesity prevention in Australian general practice. The majority are directed towards children and their families, however assessment suggested changes are required to improve the actionability of the information presented. To ensure that resources are meeting areas of need, collaboration with GPs, children and their families is a critical next step.

Joint senior authors: PB and ES



## Oral Health among children attending boarding schools globally: A scoping review

Shariq Ali Khan<sup>1</sup>, Prof Dr Aziz Rahman<sup>1</sup>, Dr Mavourneen Casey<sup>1</sup>, Prof Wendy Cross<sup>1</sup>

<sup>1</sup>Federation University, Melbourne, Australia

4C - Young people and school-based strategies, Betbayan 3 & Bundirrik 4, May 2, 2024, 9:30 AM - 11:00 AM

### Introduction

Oral diseases are widespread across the globe. The oral health of school-going children has been extensively explored in public health literature, especially among the day-schools. Globally boarding school attendance represents a substantial proportion of the number of school children, yet there has been little focus on their oral health. This review aims to provide an overview of the literature about oral health: status, knowledge, hygiene habits and health seeking behaviour among boarding school children globally.

### Methods

Following the PRISMA-ScR protocol, literature search was conducted within 8 databases. Selected studies were tested against the JBI critical appraisal checklist.

### Results

Out of 7,250 search results, 12 key studies were included in this review. A quasi-experimental and nine cross-sectional studies were from Islamic boarding schools, one from indigenous boarding school and one study included secondary data from multiple boarding schools in that country. The children ages ranged from as low as 2 years to a high of 25 years. Prevalence of dental caries was reported in five studies with a range from 55.4% to 86.4% from 2826 children. Gingivitis (37%) and periodontal disease (89%) prevalence were reported in two studies from 1,119 children. Associations were found between boarding school children's better oral health knowledge and: caries free teeth ( $p < 0.001$ ), prevalence of caries ( $p < 0.05$ ) and intention to improve oral health behaviour (OR = 3.179, 95% CI).

### Conclusion

This review has provided evidence that focusing on oral health education will improve oral health and oral hygiene behaviour among boarding school students. Health promotion strategies should be incorporated into the school curriculum of these boarding schools, so that these students are not disadvantaged as compared to students from conventional schools. Developing good oral health habits in children is a key preventive strategy in preventing development of oral diseases in adults.

## Building Healthy Streets success in South Western Sydney

Alison Dunshea<sup>1</sup>

<sup>1</sup>South Western Sydney Local Health District, Liverpool, Australia

4E - Longer term implementation and planning, Damibila Meeting Room 1, May 2, 2024, 9:30 AM - 11:00 AM

The links between urban system policies such as transport, land use and urban design, and injury and disease outcomes are clear<sup>1</sup>. National preventive health, obesity and diabetes strategies and state prevention strategies direct health practitioners to look beyond the individual and prioritise the creation of environments that support communities to lead healthier lives. The challenge was to influence policy and infrastructure domains that are controlled by agencies and organisations outside of Health. We needed a way to embed health and wellbeing outcomes into local government transport, urban planning and design.

We used a capacity building framework to implement the Healthy Streets<sup>®</sup> approach across planning and transport systems with local councils, state agencies, NGOs, and private consultancies. Healthy Streets is a human-centred framework for embedding public health in transport, public realm and planning.

Strategies and actions within the program logic focused on organisational and workforce development, resource allocation, partnerships and leadership, to build and sustain a Healthy Streets Approach across south western Sydney.

Since commencing in 2020, the Healthy Streets<sup>®</sup> program is now able to demonstrate short and medium term outcomes that are leading to improvements in the planning and design of streets. Whilst it is too early to measure local changes in street environments and longer term impacts on active travel behaviours, injuries, social engagement, mobility equity and social inclusion, international evidence gives us confidence that this legacy project will deliver positive health and wellbeing outcomes into the future for communities in south western Sydney.

The presentation will describe how the program has learned to be agile and responsive, resourceful and opportunistic and develop broad networks and collaborations outside the Health silo with build environment practitioners in local councils and urban planning and design industries.

1. Giles-Corti B, Moudon AV, Lowe M, Cerin E, Boeing G, Frumkin H, Salvo D, Foster S, Kleeman A, Bekessy S, de Sá TH, Nieuwenhuijsen M, Higgs C, Hinckson E, Adlakha D, Arundel J, Liu S, Oyeyemi AL, Nitvimol K, Sallis JF. What next? Expanding our view of city planning and global health, and implementing and monitoring evidence-informed policy. *Lancet Glob Health*. 2022 Jun;10(6):e919-e926.

## Enabling healthy foods in school canteens using the Smarter Lunchrooms Movement model

Belinda Vaughan<sup>1</sup>

<sup>1</sup>Each, Ferntree Gully, Australia

1E - Community-based initiatives, Damibila Meeting Room 1, April 30, 2024, 3:30 PM - 5:00 PM

### Problem

The Victorian Government has expected schools to comply with the 'Canteens, Healthy Eating and Other Food Services Policy' since 2006. However, uptake has been slow, as canteens struggle to remain financially viable without supplying unhealthy menu options.

EACH sought to: understand the challenges in switching to a healthier canteen menu; find ways to establish and sustain a viable healthy canteen; and improve student vegetable consumption.

### What you did

EACH partnered with Rowville Primary School in a three-year project to trial a behavioural insights approach (nudges) to boost the sales of healthier food through subtle, affordable, and sustainable canteen modifications – an approach adapted from the successful American Smarter Lunchrooms Movement.

We established a school health and wellbeing team, renovated the canteen for fresh-food cooking, installed a student-made vegetable mural, product-placed healthier food options, eliminated contractual unhealthy food advertising, engaged students in healthy eating projects and competitions, involved parents in a cooking club, and updated the School Health Promotion Policy to sustain a positive and supportive environment for healthy eating.

### Results

The school has fostered a culture of health-consciousness within its community, including:

- 240% increase in healthy lunch order sales
- 7 new practices to enable access to healthy foods and promote a healthy food culture
- 5 new healthy menu items
- Increased demand for healthier menu items
- More students packed vegetables in their lunchbox

### Lessons

While further trials are recommended, a behavioural insights approach, alongside a health promoting schools' framework, can improve the sales of healthy menu options and increase student vegetable consumption. The strategies trialled are suitable for replication in other schools, but external support is required to help navigate barriers unique to each school community. Further government funding is needed for more Health Promotion Officers to assist all schools to implement such changes.

## Dissemination patterns and correlates of a successful at-scale physical activity initiative, parkrun

A/Prof Anne Grunseit<sup>1,3</sup>, Dr Bo-Huei Huang<sup>1</sup>, Professor Dafna Merom<sup>2</sup>, Professor Adrian Bauman<sup>3</sup>, Dr Leonie Cranney<sup>1</sup>, A/Prof Kris Rogers<sup>1</sup>

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<sup>2</sup>Western Sydney University, Parramatta, Australia, <sup>3</sup>Sydney School of Public Health, University of Sydney, Camperdown, Australia

1D - Physical activity and movement, Madla Meeting Room 2, April 30, 2024, 3:30 PM - 5:00 PM

**Background:** Studying effective interventions already operating at scale under real world conditions is critical to improving physical activity (PA) intervention research translation. The free, weekly, timed 5km walk or run parkrun operates in 22 countries and has over 7 million registrants, so represents a unique opportunity to examine successful organic dissemination of a PA initiative at scale. We conducted an ecological analysis to identify patterns of growth in Australian parkrun participation and their correlates from 2011 to 2020.

**Method:** Outcome variables were 1) weekly counts of walkers/runners and 2) monthly number of new parkrun registrants. We used latent class analysis to characterise growth trajectories followed by logistic regression on class membership. Covariates included parkrun course characteristics (e.g., surface type, route), site-level aggregate participant profile (e.g., proportion women, mean age) and surrounding area characteristics (e.g., population density, local PA norm).

**Results:** 363 parkruns were included (n=8,388,695 participation instances). Sixty-nine percent followed a low growth and 31% a high growth participation pattern. High growth was associated with greater participation by women, concrete/bitumen surface type, lower area socioeconomic status, and greater volunteer heterogeneity. Odds of being in the slow growth class were higher if the course contained >1km of route repeated, higher average age of participants, better average parkrun performance, and higher running group membership. Two patterns of new registration were identified: high start followed by steep decline, and low start, slow decline with similar correlates to participation.

**Conclusion:** parkruns that have a less competitive social milieu and offer a greater sense of achievement may have more rapid dissemination. As a free and regular event, parkruns in low socioeconomic areas have the potential to improve the activity levels of those with fewer resources. System level factors such as the social and environmental context are key to understanding successful dissemination of physical activity initiatives.

## Community-led advocacy to achieve food security in remote Indigenous communities.

Dr Megan Ferguson<sup>1</sup>, Ms Vanessa Deakin<sup>2</sup>, Ms Caroline Deen<sup>2</sup>, Ms Ellie Chan<sup>3</sup>, Dr Katherine Cullerton<sup>1</sup>, Dr Emma Tonkin<sup>1</sup>, Ms Emma Chappell<sup>1</sup>, Ms Emma Stubbs<sup>3</sup>, Dr Simone Nalatu<sup>4</sup>, Ms Melinda Hammond<sup>5</sup>, Ms Kani Thompson<sup>2</sup>, Dr Sue Kleve<sup>6</sup>, A/Prof Julie Brimblecombe<sup>6</sup>, Prof Bronwyn Fredericks<sup>1</sup>

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4B - Creating healthy food environments, Waterfront Room 1, May 2, 2024, 9:30 AM - 11:00 AM

### Introduction:

Improving food security is a priority for remote Aboriginal and Torres Strait Islander communities serviced by Apunipima Cape York Health Council, Queensland, and Central Australian Aboriginal Congress, Northern Territory. The call to action from these organisations resulted in a research project co-designed by Apunipima, Congress, community stakeholders and researchers that aimed to explore community-led solutions to improve food security in remote communities and included a focus on translation.

### Methods:

In partnership with Community Advisory Groups the co-designed research project was implemented across ten remote communities in Central Australia and Cape York across 2 years, and culminated in the development of a community-led framework and policy translation plan to improve food security in remote communities.

### Results:

Solutions were identified across the priority areas of healthy food prices; supply and range of quality foods; road conditions and access to transport; income, employment and training; and health promotion education. Various solution-based messages have been tested with the public to support our advocacy and determine what language would get the most traction with the public and policymakers when discussing solutions. The project supports the translation of these findings, by capitalising on existing state and national opportunities, with and in ways determined by community representatives.

### Conclusion:

For success and sustainability of any policy it's important that community voices are heard. Representatives from remote Aboriginal and Torres Strait Islander communities have developed a community led framework of solutions to improve food security and have directed and participated in the advocacy needed to see these solutions translated into policy.

### Community permission for publication

Participants and Community Advisory Groups of the ten remote Aboriginal and Torres Strait Islander communities have provided their consent for the research findings to be disseminated through publications and conferences. Apunipima Cape York Health Council and Central Australian Aboriginal Congress have provided their consent for this abstract to be submitted.

## Campaigns and the ‘file drawer problem’: a Delphi study of campaign failures

Dr James Kite<sup>1</sup>, Dr Margaret Thomas<sup>1</sup>, Professor Bill Bellew<sup>1</sup>, Professor Adrian Bauman<sup>1</sup>, Associate Professor Anne Grunseit<sup>2</sup>

<sup>1</sup>The Prevention Research Collaboration, Sydney School of Public Health, The University of Sydney, The University Of Sydney, Australia, <sup>2</sup>School of Public Health, Faculty of Health, University of Technology Sydney, Ultimo, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

**Introduction:** Mass media campaigns typically aim to influence health-related behaviours through use of media platforms like TV, radio, and social media.[1] However, given the considerable cost of running these campaigns, there has been surprisingly little analysis of why campaigns sometimes fail. This study seeks to improve understanding and provide solutions for campaign failures by analysing systemic, political, and contextual factors.

**Method:** This study used a modified Delphi approach [2] to explore the mechanisms that can lead to failure and to identify what can be done to avoid or overcome common mistakes in campaign planning, implementation, and evaluation. Across three research rounds, we interviewed and surveyed 28 public health social marketing and mass media campaign experts. They were highly experienced researchers and practitioners from within public health who had published regularly on campaigns and/or had an extensive career in planning, implementing, and/or evaluating campaigns.

**Results:** We identified four systemic factors that drive success: long-term strategic thinking and commitment, understanding the campaign context, doing and learning from evaluation, and fostering strong relationships. The factors did not operate in isolation, rather good (or poor) execution in one area was likely to influence performance in another. Participants were optimistic that improvements to campaign practice were possible, though they acknowledged that the political context was highly influential. The study emphasizes the importance of a supportive environment for adopting appropriate campaign practices.

**Conclusion:** Our analysis showed that campaign failures are not simply due to individuals making mistakes. It particularly reinforces the need for formative research, appropriate success measures, strategic thinking, and an understanding of the target audience, while also highlighting the impact of campaign governance and political interference. Systemic issues throughout the planning, execution, and evaluation phases need to be addressed if campaign outcomes are to improve.

### References

1. Willoughby, J.F. and S.M. Noar, Fifteen Years after a 10-year Retrospective: The State of Health Mass Mediated Campaigns. *Journal of Health Communication*, 2022. 27(6): p. 362-374.
2. Adler, M. and E. Ziglio, *Gazing into the oracle: The Delphi method and its application to social policy and public health*1996: Jessica Kingsley Publishers.

## A practice-based research partnership for informing strategic policy actions to prevent obesity

Ms Clare Hughes<sup>1</sup>

<sup>1</sup>Cancer Council Nsw, Woolloomooloo, Australia

5A - Prevention in practice, Auditorium 2, May 2, 2024, 11:20 AM - 12:50 PM

### Problem

As a not-for-profit organisation that is 96% community funded, Cancer Council NSW (CCNSW) must ensure resources and capacity are directed to areas of greatest impact. The Sax Institute undertook a policy analysis and stakeholder interviews that aimed to identify state and national priorities and actions addressing the question: How can the Cancer Council NSW best contribute to obesity prevention in the NSW community over the next 5 years? '

### What we did

Phase 1 assessed the alignment of the World Cancer Research Fund's NOURISHING and MOVING frameworks plus the World Health Organization's Best Buys to national and state policies on healthy eating and obesity prevention. It included identifying gaps in described services, areas where Australian policy describes the elements yet policy implementation is required and alignment with CCNSW's current activities in three areas - advocacy, delivery and research. Phase 2 involved 10 interviews with senior public health and government stakeholders. Phase 3 involved a workshop with CCNSW staff to consider feedback and prioritise areas to continue, stop and explore.

### Results

The process confirmed that CCNSW's work on addressing the obesogenic environment should remain a priority. Specifically, unhealthy food marketing, food labelling and the healthiness of the food supply since CCNSW has expertise in research and advocacy in these areas over many years. The strongest message from the internal and external stakeholder interviews was the importance of acting in partnership, forming alliances or coalitions to pursue collective targets or actions and using consistent messaging. Stakeholders recognised CCNSW's unique position in raising awareness about excess bodyweight and cancer risk. Some stakeholders felt CCNSW should not promote healthy eating in schools because of other programs and health priorities in this setting. New areas to explore were also identified.

### Lessons

Practice-based research partnerships are effective in informing obesity prevention priorities to maximise impact when resources are limited.

# Universal wellbeing model: A catalyst for the prevention of poor wellbeing

Mrs Susan Stevenson<sup>1</sup>

<sup>1</sup>New Zealand Curriculum Design Institute, Hamilton, New Zealand, <sup>2</sup>Freedom Wellbeing Institute, Hamilton, New Zealand

5C - Prevention for Equity, Betbiyan 3 & Bundirrik 4, May 2, 2024, 11:20 AM - 12:50 PM

## Abstract

This presentation will detail the Universal Wellbeing Model (UWM) that emerged from a fifteen year program of wellbeing research. The research undertaken implemented a long-term vision to build a robust philosophical, theoretical, research, and use inspired professional practice base capable of i) measurably enhancing the holistic wellbeing and health of individuals and collectives, ii) preventing poor wellbeing, and health outcomes, iii) disrupting exclusive behaviors', and iv) progressing equity. The program of wellbeing research began in 2008 with an initial objective to identify a robust theoretical wellbeing model and definition that had the capacity to underpin holistic wellbeing and health supports for initially Indigenous Māori, and Pacific Island adults, and in a second investigation these same supports for diverse national and international adults. The arrival of the COVID-19 pandemic during the second investigation added to wellbeing and health support complexities for those implementing the research. Two nationally funded investigations and multiple iterative themed literature reviews underpinned the creation of the Universal Wellbeing Model (UWM). Findings from the extended program of wellbeing research identified the following four evidence-based UWM components: five sensory inputs, six dimensions, seventy evidence-based wellbeing determining variables, and five principles, plus a new, and highly 'researchable' definition of universal wellbeing. The UWM disrupts conventional public health models and health determinant identification by re-focusing on a) universal wellbeing determinants and only those determinants b) that can be altered by an individual or collective. The UWM provides health promoters, professional practitioners, and policy makers with a powerful means through which they can prevent poor wellbeing and health by supporting their capacity to identify, measure the status of, and enhance the micro universal wellbeing determinants that ultimately influence universal wellbeing and health outcomes.

## Learning Objectives:

At the end of this presentation participants will acquire introductory level understandings of:

1. The four UWM components
2. Understand how the UWM principles disrupt and guide interpretation of the UWM

## Learning Outcome:

Participants will achieve increased universal wellbeing literacy



## Northern Territory stakeholder views on tobacco endgame strategies

Ms Ruth Canty<sup>1,2</sup>, Associate Professor Marita Hefler<sup>1,2</sup>, Professor Coral Gartner<sup>2,3</sup>, Professor Janet Hoek<sup>2,4</sup>

<sup>1</sup>Menzies School Of Health Research, Charles Darwin University, Darwin, Australia, <sup>2</sup>Centre for Research Excellence in Achieving the Tobacco Endgame, University of Queensland, Brisbane, Australia, <sup>3</sup>School of Public Health, University of Queensland, Brisbane, Australia, <sup>4</sup>Univeristy of Otago, Dunedin, New Zealand

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

### Background

Smoking prevalence overall is relatively low in Australia. However, in some population groups experiencing higher levels of disadvantage and marginalisation smoking prevalence remains high, and inequities in health outcomes are significant. Smoking prevalence in the Northern Territory is the highest in Australia, estimated to be 17.3% in 2019, compared to 11% for Australia overall. Tobacco endgame strategies aim to rapidly, equitably and permanently reduce smoking prevalence to minimal levels. There is little Australian research on the relevance of tobacco endgame policies for people from populations with disproportionately high smoking prevalence, and few studies that have examined the perspectives of people who smoke about endgame measures. Research with people who smoke indicates that unintended consequences of tobacco control measures are feelings of being stigmatised, punished, and oppressed by wider society. Given the significantly higher smoking prevalence in groups subject to structural disadvantage and marginalisation, it is important to consider their views when designing and implementing effective and equitable tobacco control policy.

### Methods

This research will collect qualitative data from a range of Northern Territory stakeholders on tobacco endgame strategies. A particular priority will be the views of First Nations peoples and communities.

### Conclusion

This project aims to explore participants' views and identify ways to implement novel tobacco endgame strategies which address the specific needs of different areas and population groups.

## Pillars of public policy advocacy - lessons from a cancer perspective.

Amanda McAtamney<sup>1</sup>, Ms Megan Varlow<sup>1</sup>

<sup>1</sup>Cancer Council Australia, Sydney, Australia

2E - Topical prevention challenges and lessons learnt, Damibila Meeting Room 1, May 1, 2024, 9:30

AM - 11:00 AM

Public health organisations play a critical role in shaping and influencing policy and our advocacy can be a powerful contributor to change when multiple elements are combined:

- A united perspective that brings along communities.
- Packaging with clear priorities and actionable asks.
- Utilising latest evidence and focusing key messages to target audiences.
- Leveraging relationships with key policy makers and collaborating with cross-sectorial stakeholders and communities.

This presentation will showcase three examples and demonstrate how these critical pillars of advocacy have been successful.

1. Campaigning for a national skin cancer prevention campaign. Australia has the highest rates of skin cancer in the world, with two in three Australians diagnosed in their lifetime. In November 2022 the Australian Government announced \$10million for a 2-year campaign. After ten years of no investment, how did we get from \$0 to \$10m? This case will illustrate the impact of cross-sector collaboration utilising strong evidence, and messages targeted to specific audiences accompanied by clear and realistic asks.

2. Pregnancy warning labels on alcoholic beverages. Each year 3,500 cancer cases are attributed to alcohol use, with the dangers of alcohol use during pregnancy increasing risks of miscarriage, stillbirth, and low birth weight, and Fetal Alcohol Spectrum Disorder (FASD). Led by FARE, this campaign harnessed a strong community driven narrative and values-based messaging to coordinate activity and deliver mandatory pregnancy warning labels on alcoholic products.

3. Controlling exposure to silica. The combined efforts of unions, public health and occupational experts were amplified by strong investigative journalism to successfully lobby government to implement a ban on the use and importation of engineered stone. This ban will protect 11,000 workers from a potential lung cancer diagnosis caused by exposure to silica dust, and more than 100,000 who would be diagnosed with silicosis.

## Tobacco-free generation laws – global developments and lessons for the Australian context

Ms Suzanne Zhou<sup>1</sup>, Ms Clare Slattery<sup>1</sup>

<sup>1</sup>McCabe Centre for Law and Cancer, East Melbourne, Australia

3A - E-cigarettes and tobacco, Auditorium 2, May 1, 2024, 11:20 AM - 12:50 PM

Over the last two years, several countries including the United Kingdom, New Zealand, Malaysia, and Denmark have announced that they will prohibit the sale of tobacco products to persons born after a certain date. These “tobacco-free generation” or “generational endgame” laws aim to phase out the commercial sale of tobacco products by ensuring that the current generation of children are never exposed to commercial sales of tobacco products. This new wave of tobacco free generation laws follow earlier adoption of such laws at the local level, including in Brookline, Massachusetts, and Balanga City, Philippines, both of which faced litigation from affected tobacco manufacturers and retailers. In Australia, tobacco-free generation laws have previously been proposed in Tasmania, but have not yet been implemented in an Australian jurisdiction.

This presentation will provide an overview of these laws in the context of broader tobacco ‘endgame’ proposals. It will discuss how endgame proposals fit into the framework provided by the WHO Framework Convention on Tobacco Control and relevant decisions of its governing body, the Conference of the Parties, compare tobacco-free generation laws to other models for tobacco ‘endgames’, review the adoption and current status of tobacco-free generation laws globally, and examine lessons for legal challenges to tobacco free generation laws in Brookline and Balanga City. The presentation will discuss lessons from the overseas adoption of such laws for the Australian context.

## Experiences surrounding physical activity and food within supported accommodation in Victoria, Australia

Mr Kostas Hatzikiriakidis<sup>1</sup>, Associate Professor Libby Callaway<sup>2</sup>, Dr Amanda O'Connor<sup>1</sup>, Dr Rachael Cox<sup>1</sup>, Ms Stella Carew<sup>3</sup>, Mr Paul Jamieson<sup>3</sup>, Associate Professor Darshini Ayton<sup>1</sup>

<sup>1</sup>Health and Social Care unit, School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia, <sup>2</sup>Rehabilitation, Ageing, and Independent Living (RAIL) Research Centre, School of Primary and Allied Health Care, Monash University, Melbourne, Australia, <sup>3</sup>Lived Experience Co-Researcher, Unaffiliated, Melbourne, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

**Introduction:** Physical activity and dietary quality among people with disability living in supported accommodation is influenced by a complex interaction of biopsychosocial determinants. In exploring their experiences of disability and health, the meaningful inclusion of people with disability as active participants in research is essential to improving health equity. The purpose of this study was to engage people with disability living in supported accommodation to explore and understand their experiences of physical activity and food.

**Methods:** Photovoice is an arts-based, participatory action research method that uses visual imagery to understand the subjective experiences of participants. Twelve people with disability living in supported accommodation across Victoria were purposively recruited via three disability service providers between March and December 2023. Participants were invited to share photographs that represented their experiences of physical activity and food over two weeks. The meanings behind their photographs were explored in follow-up interviews. Data were analysed using reflexive thematic analysis.

**Results:** Four major themes were constructed: (1) understanding that everyone's situation is different; (2) importance of an enabling relationship; (3) accessibility and autonomy for meaningful participation; and (4) political responsibility to address systemic frustrations. Overall, these themes represented a shared desire for greater support that is responsive to participants' individual needs and enables them to work towards their goals surrounding physical activity and food.

**Conclusions:** Engaging in the photovoice process encouraged critical self-reflection and empowered participants to advocate for greater inclusion and accessibility. Participants centered their advocacy on the accessibility of educational resources, investment in professional development for staff, opportunities for greater choice and control, and the timely approval of 'reasonable and necessary' supports that promote meaningful participation in health-promoting activities. Importantly, this study emphasises the value that the voices of people with disability contribute to public health research and in co-designing holistic interventions that concern them.

## Biopsychosocial determinants of physical activity and healthy eating in disability supported accommodation

Mr Kostas Hatzikiriakidis<sup>1</sup>, Associate Professor Darshini Ayton<sup>1</sup>, Dr Amanda O'Connor<sup>1</sup>, Dr Rachael Cox<sup>1</sup>, Ms Ann MacRae<sup>1</sup>, Ms Hannah Gulline<sup>1</sup>, Associate Professor Libby Callaway<sup>2</sup>

<sup>1</sup>Health and Social Care Unit, School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia, <sup>2</sup>Rehabilitation, Ageing, and Independent Living (RAIL) Research Centre, School of Primary and Allied Health Care, Monash University, Melbourne, Australia

4B - Creating healthy food environments, Waterfront Room 1, May 2, 2024, 9:30 AM - 11:00 AM

**Introduction:** Physical activity and healthy eating are key contributors to health outcomes, however research indicates that participation in these health-promoting activities among people with disability living in supported accommodation is often variable. The importance of a biopsychosocial perspective that recognises the interaction between individual characteristics and environmental determinants that contribute to disability and health has received increasing recognition. The aim of this systematic review was to synthesise the biopsychosocial determinants of physical activity and healthy eating for people with disability living in supported accommodation, as reported by individuals with lived experience.

**Methods:** A systematic review of qualitative research was conducted. In September 2023, a search for relevant literature was conducted across five databases. Determinants were deductively mapped to the International Classification of Functioning, Disability and Health (ICF), using the ICF linking rules.

**Results:** Thirty-one studies were included, capturing 149 determinants of physical activity and 112 determinants of healthy eating. Determinants that influenced participation were most prominently representative of environmental factors that encompassed the health-promoting role and attitudes of staff. The results also indicate that people with disability may experience physical, intellectual, cognitive, communication, and sensory impairments that highlight the need for accessible living environments and supports that are responsive to individual needs.

**Conclusions:** The findings provided evidence for the interaction between an individual's functioning, personal characteristics, and the environment that influence physical activity and healthy eating within supported accommodation. Service providers are encouraged to direct attention towards health promotion education and training for the disability support workforce, while also recognising the broader organisational factors that may facilitate or impede implementation. This review also draws attention to the need for inclusive research that meaningfully engages people with disability as active participants in decision-making processes, and in co-designing health promotion interventions that respond to the community's lived experience.

## Pathways for Aboriginal & Torres Strait Islander hearing health: The PATHWAY Project

Dr Amanda Machell<sup>1</sup>, Associate Professor Courtney Ryder<sup>1</sup>, Mr Patrick Sharpe<sup>2</sup>, Associate Professor Jacqueline Stephens<sup>1</sup>

<sup>1</sup>Flinders University, Adelaide, Australia, <sup>2</sup>Far West Community Partnerships, Ceduna, Australia

4D - Learning from our success stories, Madla Meeting Room 2, May 2, 2024, 9:30 AM - 11:00 AM

**Introduction:** Otitis media (ear infection) and associated hearing loss, disproportionately impacts First Nations children. Persistent untreated otitis media can have negative lifelong impacts on education and wellbeing. Early detection is crucial for timely and appropriate treatment, but persistent high rates of ear disease among First Nations children suggest ear health services continue to be inadequate. Therefore, this project aims to co-create a strategy to improve ear health service access and delivery for First Nations children living in remote South Australia.

**Methods:** As a foundation to the strategy co-creation, we will conduct yarns (interviews) with key populations (families with young children who a history of ear disease, young people with lived experience of ear disease, healthcare providers and policy makers; and teachers) to explore barriers and facilitators to ear health service access. Following the yarns, participants will be invited to participate in yarning circles (focus groups) to explore possible strategies to address the identified gaps and obtain group consensus on the final strategy to be implemented to improve service delivery and access.

First Nations members of the research team, who are members of the Community, will lead the data collection and analysis of both the yarns and yarning circles. The research team will also be guided by senior Elders from the Community who have given advice on the direction of the study.

**Results:** Yarns will be conducted in early 2024, with preliminary findings to be available soon thereafter. The main finding from the yarns will be a deep understanding of the ear health journey experienced by children and young people, identification of potential gaps in ear health service delivery and access across a remote region of South Australia, and the identification of potential solutions.

**Conclusion:** Developing a deep understanding of the lived experiences of the Community where children with ear health concerns are trying to access healthcare is the foundational step in the development of a Community-specific, co-created implementation strategy. Once developed, the resultant strategy will be implemented and evaluated to determine the impact on the child's referral pathway.

Note: 50% of authors are First Nations researchers

## Unveil what you inhale – learnings from an interactive vaping e-learning module

Ms Paige Preston<sup>1</sup>, Ms Chelsea Pirodon<sup>1</sup>, Ms Maria Endries<sup>1</sup>, Ms Lily Grigsby-Duffy

<sup>1</sup>Lung Foundation Australia, Brisbane, Australia

4A - E-cigarettes and tobacco, Auditorium 2, May 2, 2024, 9:30 AM - 11:00 AM

### Problem:

E-cigarettes are popular, particularly amongst youths and young adults. E-cigarettes are not risk free and can cause harmful health effects and damage lungs. Due to the rapid increase in e-cigarette use there is a strong need for young people, teachers, parents and carers to have access to evidence-based information in a range of formats. With a number of campaigns and print resources increasingly available, online learning (e-learning) was identified as a gap in the provision of information for this audience.

### What you did:

Lung Foundation Australia developed an interactive e-learning module with the aim of providing a novel way for young people, predominantly secondary school aged, to make more informed choices about e-cigarettes. Learning objectives were to be able to: Objective 1) Outline what vapes are and how they work, Objective 2) Identify harmful ingredients found in vapes, Objective 3) Describe the short and long-term health impacts, Objective 4) Demonstrate ways to combat peer pressure around vaping. The e-module was developed using existing messaging and design elements that were co-created with young people as part of Lung Foundation Australia's 'Unveil what you inhale' campaign. Promotion was limited to organic social media posts, and through contacts at the Department of Education and other.

### Results:

More than 2,000 people had accessed this interactive e-module by November 2023. Upon completion, users are asked to rate their learning and experience. Respondents rated the e-module as entirely meeting the objectives as follows; Objective 1 at 86%, Objective 2 at 88%, Objective 3 at 80%, and Objective 4 at 82%. In addition, feedback provided through an open text box provided a range of insights into what was most enjoyable, the impact on changing individual behaviour, intent to share more broadly, and suggested improvements or topics for further development (this will be shared in the presentation).

### Lessons:

The results indicate how valued this e-module was in providing a solid foundation of knowledge for users. Based on other demographic information gathered we know that teachers and educators also found this e-module useful, and there is demand for further e-modules to be developed on a range of topics.

## Perceptions on “mysterious” hepatitis and to Government-led disease prevention responses in Indonesia

Mr Gregorius Asa<sup>1</sup>, Dr Nelsensius Klau Fauk<sup>1</sup>, Dr Hailay Abrha Gesesew<sup>1</sup>, Ms Kristen Marie Foley<sup>1</sup>, Dr Belinda Lunnay<sup>1</sup>, Prof Paul Russell Ward<sup>1</sup>

<sup>1</sup>Center for Public Health, Equity and Human Flourishing, Torrens University Australia, Adelaide, Australia

5A - Prevention in practice, Auditorium 2, May 2, 2024, 11:20 AM - 12:50 PM

### Background

Acute Severe Hepatitis of Unknown Etiology (ASHUE) emerged as a new global outbreak in Indonesia early May 2022, coinciding with the COVID-19 pandemic. This study aimed to understand public reactions and responses to the emergence of ASHUE Indonesia and to Government-led disease prevention responses. Understanding how the public perceived government-led preventive messaging about the hepatitis outbreak is crucial to controlling viral spread – particularly given the rapid and unforeseen emergence of ASHUE coincided with COVID-19 and public trust in the Indonesian Government to manage health outbreaks was already tenuous.

### Methods

Social media users’ responses to information disseminated via Facebook, YouTube, and Twitter were analyzed to understand public perceptions about ASHUE outbreak and their attitudes toward Government-led prevention measures. Data were extracted on a daily basis from 1st May 2022 to 30th May 2022 and analyzed manually. We inductively generated the codes, from which we formed a construct and then grouped to identify themes.

### Results

A total of 137 response comments collected from 3 social medial platforms were analyzed. Of these, 64 were from Facebook, 57 were from YouTube, and 16 were from Twitter. We identified 5 main themes, including (1) disbelief in the existence of the infection; (2) suspicion about a potential new business after COVID-19; (3) suspicion that COVID-19 vaccine(s) are the cause; (4) religion-related fatalism and (5) trust in government measures.

### Conclusions

The findings advance knowledge about public perceptions, reactions and attitudes towards the emergence of ASHUE and the efficacy of disease countermeasures. The knowledge from this study will provide an understanding of why disease prevention measures might not be followed. It can be used to develop public awareness programs in Indonesia about both the ASHUE and its possible consequences and the available healthcare support.



## Network trial to evaluate strategies to maximise adoption of a lunchbox program

Dr Courtney Barnes<sup>1,2</sup>, Dr Jannah Jones<sup>1,2</sup>, Professor Luke Wolfenden<sup>1,2</sup>, Katie Robertson<sup>2</sup>, Dr Rachel Sutherland<sup>1,2</sup>

<sup>1</sup>School of Medicine and Public Health, University of Newcastle, Newcastle, Australia, <sup>2</sup>Hunter New England Population Health, Wallsend, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

**Background:** An impediment to the large-scale adoption of evidence-based school nutrition interventions is the lack of evidence on effective strategies to implement them. This study describes a “Collaborative Network Trial” to support the simultaneous testing of strategies undertaken by New South Wales Local Health Districts to facilitate the adoption of a school-based nutrition program (‘SWAP IT’).

**Aims:** To assess the effectiveness of different implementation strategies employed by 10 NSW LHDs to increase school adoption of SWAP IT.

**Methods:** Within a Master Protocol framework, a collaborative network trial was conducted consisting of independent randomised controlled trials in 10 different NSW LHDs. Schools within each LHD were randomly allocated to either intervention or control. Schools allocated to the intervention group received a combination of implementation strategies. Across the LHDs, six strategies were developed and combinations of these strategies were executed over a 9-month period. The primary outcome of the trial was adoption of SWAP IT. Between-group differences at 9-month follow-up was assessed using logistic regression analyses. Individual participant data component network meta-analysis, under a Bayesian framework, was used to explore strategy-covariate interactions; to model additive main effects; two-way and full interactions.

**Results:** Findings of the analysis will be presented.

**Conclusions:** The study will provide rigorous evidence of the effects of a variety of implementation strategies, employed in different contexts on the adoption of a school-based nutrition program at scale. It will provide evidence as to whether collaborative research models can rapidly generate new knowledge and yield health service improvements.

## School intentions to adopt an effective healthy lunchbox program: informing nationwide scale-up

Ms Molly Parkinson<sup>1,2,3</sup>, Dr Courtney Barnes<sup>1</sup>, Ms Katie Robertson<sup>2</sup>, Professor Luke Wolfenden<sup>1,2,3,4</sup>, Dr Jannah Jones<sup>1,2,3,4</sup>, Dr Anna Rayward<sup>1,2,3,4</sup>, Ms Demi Herdegen<sup>1,2,3</sup>, Ms Stephanie Mantach<sup>1</sup>, Ms Elise Porter<sup>2</sup>, Ms Jessica Zorba<sup>2</sup>, A/Prof Rachel Sutherland<sup>1,2,3,4</sup>

<sup>1</sup>School of Medicine and Public Health, University of Newcastle, Callaghan, Australia, <sup>2</sup>Hunter New England Population Health, Hunter New England Local Health District, Wallsend, Australia,

<sup>3</sup>Population Health Research Program, Hunter Medical Research Institute, New Lambton Heights, Australia, <sup>4</sup>National Centre of Implementation Science, University of Newcastle, Callaghan, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

### Introduction:

Despite recommendations from leading health organisations to scale-up effective school-based nutrition innovations, there is scarce evidence on how to achieve this. Identifying school-level intentions, barriers and enablers to adopting such innovations is crucial to inform approaches to support uptake of school-based nutrition programs at scale. As such, this study aims to: (1) identify the likelihood that schools would adopt an effective school-based healthy lunchbox program ('SWAP IT'); and (2), identify barriers and enablers to adoption to inform the national scale-up of SWAP IT.

### Methods:

A cross-sectional study was conducted with primary school principals in four Australian states. Principals were invited to participate in an online or telephone survey. After being provided with a description of SWAP IT, participants were asked to report their intentions to adopt the program on a 5-point Likert scale (1=strongly disagree, 5=strongly agree), and select the most relevant barrier and enabler to adopting SWAP IT from a pre-specified list. Descriptive statistics were used to analyse responses.

### Results:

Principals across four Australian states participated in the study (NSW, n=187; Victoria, n=28; South Australia, n=45; Queensland, n=74). After being provided with a description of SWAP IT, 57% (n = 190) of principals agreed that they would use SWAP IT if they had access to it, 108 (32%) neither agreed nor disagreed and 36 (11%) disagreed. 54% (n=182) of principals agreed that they would SWAP IT within the next 6-months. The most frequently reported barrier to adopting SWAP IT was the 'expected workload of staff' (n= 77, 27%). The most frequently reported enabler to adoption was 'keeping the program free' (n=97, 35%). A state-by-state comparison of the data will be presented.

### Conclusion:

There is broad intention among school principals to adopt SWAP IT. The identified barriers and enablers to adoption will inform the approach to national scale up.

## Experts in Our Health: Accessibility is everyone's business

Helen Freris<sup>1</sup>, [Rosie Granland](#)<sup>1</sup>, Carly Myers<sup>1</sup>, Dee Henry<sup>1</sup>, [Karleen Plunkett](#)<sup>1</sup>, [Dr Parimala Srikanteshwara](#)<sup>1</sup>

<sup>1</sup>Women with Disabilities Victoria, Melbourne, Australia

4D - Learning from our success stories, Madla Meeting Room 2, May 2, 2024, 9:30 AM - 11:00 AM

### Problem statement:

Recognition of lived experiences of women with disabilities and collaboratively engaging health decision-making.

### What you did:

Women with disabilities experience compounded barriers to health due to gender and ableist attitudes. Indigenous, migrant and women in rural areas report additional barriers to health access. Healthcare providers do not always prioritise access, inclusion and safety within their services. The Experts in Our Health project employed a participatory co-design process. Best practice inclusive training for healthcare staff and accessible workshops for women with disabilities during the implementation focused on centering the voices of women with disabilities. The project promoted the empowerment of women with disabilities by training them in self-advocacy, facilitation, resource co-design and promotion.

### Results:

Project evaluation indicated increased awareness of disability rights, increased knowledge and skills in resource co-design and training delivery among lived experience participants. Many participants stated increased intent to represent their communities through leadership activities, to promote accessible and inclusive health care.

Health Service training recipients reported improved insight towards barriers faced by disabled women. Women with disabilities reported increasing confidence and skills to take control of health decisions, self-advocacy and confident navigation of health systems.

### Lessons:

The design of project evaluation was consistent with participatory co-design methodology. Data from workshop notes, zoom chat discussions, feedback surveys was reviewed and analyzed. Importantly qualitative analysis by eliciting themes from notes of co-designed sessions and workshops yielded valuable insights regarding the benefits of cross-sector collaboration and partnerships in project implementation. The lessons learnt at the end of this phase of evaluation resulted in 8 recommendations for relevant stakeholders and policy makers to guide future health service and policy provision.

## Stillbirth in the remote of NT: A retrospective cohort of births (1986-2017)

Sunil Bhat<sup>1</sup>, Dr Alyson Wright<sup>2</sup>, Dr Paul Burgess<sup>3</sup>

<sup>1</sup>Health Statistics and Informatics, NT Health, Darwin, Australia, <sup>2</sup>Health Statistics and Informatics, NT Health, Darwin, Australia, <sup>3</sup>Health Statistics and Informatics, NT Health, Darwin, Australia

2A - Aboriginal and Torres Strait Islander health, Auditorium 2, May 1, 2024, 9:30 AM - 11:00 AM

### Intro

Stillbirth rates are consistently higher among women living remotely. In the NT, over half of the Aboriginal population reside in remote areas. Fetal growth restriction (FGR) has a direct relationship with stillbirth and Aboriginal women in the remote areas have a higher incidence of FGR. The relationship between stillbirth and FGR by remoteness and Aboriginal status is not known. We aimed to 1) Assess probability of stillbirth for gestational age categories, by Indigenous status and remoteness. 2) Investigate the combined effects of FGR, Aboriginality and remoteness on stillbirth.

### Methods

Probability estimates for preterm and term gestational age— extremely preterm (<28wk), very preterm (28-31wk), moderate-late preterm (32-36wk), early term (37-38wk), full term (39-40wk), and late/post term (41-44wk) were estimated on singleton pregnancies recorded from 1986-2017 (n=88,559). Logistic regression modelled the relationship between stillbirth and Aboriginality, remoteness, and FGR.

### Results

Probability of stillbirth was higher for Aboriginal compared to non-Aboriginal women, across all the gestational age categories. The significant three-way interaction, between Indigeneity, remoteness, and FGR, was partitioned into two simple interactions between Indigenous status and FGR; first, at non-remote ( $\chi^2=0.46$ ,  $P=0.499$ ) and second, at remote level ( $\chi^2=9.92$ ,  $P=0.002$ ). For remotely living mothers, the effect of FGR (versus no FGR) was estimated. Unexpectedly, FGR was protective (non-significant) for Aboriginal women (aOR=0.52; 95%CI: 0.27, 1.00;  $P=0.051$ ) and a stillbirth risk for non-Aboriginal women (aOR=2.81; 95%CI: 1.24, 6.37;  $P=0.014$ ).

### Conclusion

The probability of stillbirth for preterm and term gestation age categories was higher among Aboriginal women residing in remote areas compared their non-Aboriginal counterparts. Unexpectedly, there was a contrasting effect of FGR on stillbirth for women in remote areas by Aboriginal status. Possible explanations include misclassification bias for FGR due to unknown conception dates or unreliable access to antenatal ultrasound. Further research is required to clarify this result.

## Priority populations' experiences of the inclusion and accessibility of recreation centres

Dr Elise Rivera<sup>1</sup>, Ms Cynthia Smith<sup>2</sup>, Dr Kylie Hesketh<sup>2</sup>

<sup>1</sup>Central Queensland University, Fitzroy, Australia, <sup>2</sup>Deakin University Institute for Physical Activity and Nutrition, Burwood, Australia

5C - Prevention for Equity, Betbiyan 3 & Bundirrik 4, May 2, 2024, 11:20 AM - 12:50 PM

### Introduction

Despite the health benefits of physical activity, certain priority populations are disproportionately less likely to meet physical activity guidelines and at greater risk of ill health. Community recreation centres may be promising settings to provide accessible and supportive environments for physical activity for all. Very limited research exists concerning priority populations' experiences of these settings and their perceptions of how inclusion and accessibility can be enhanced. This qualitative study sought to gain in-depth insights from priority populations (women, older adults, ethnic minorities, persons living with disabilities/additional needs, individuals identifying as LGBTQIA+, low socio-economic position) regarding their experiences of recreation centres and strategies for improving accessibility and inclusion.

### Methods

From 2021-2022, 18 semi-structured interviews were conducted with adult priority population users of recreation centres (50% 65+ years, 61.2% female) located in a Melbourne local government area. Participants were prompted to discuss their experiences (positive and negative) at the centres and recommend strategies for enhancing inclusion and accessibility. The interviews were audio-recorded and transcribed verbatim. Data were analysed using content analysis.

### Results

Although most participants had favourable views of the facilities and programs (e.g., classes) at the recreation centres, as they suited their preferences, they also had recommendations for optimising inclusion and accessibility. Additionally, many participants were pleased with the communications, felt included, and viewed the culture as welcoming. Despite this, participants offered potential strategies for improving the culture, changing communications, and developing partnerships to make the centres more accessible and inclusive.

### Conclusions

This study adds to critical knowledge regarding recreation centre experiences among priority populations. For recreation centres that were generally considered as having positive inclusion and accessibility among the sample, the results indicated recommendations for further improvement. These strategies may be beneficial more broadly for enhancing accessibility and inclusion, thereby encouraging greater physical activity and ultimately health for all.

## Toddlers' Prevalence of Meeting Movement Guidelines and Associations with Parental Practices

Dr Elise Rivera<sup>1</sup>, Dr Kylie Hesketh<sup>3</sup>, Dr Liliana Orellana<sup>7</sup>, Dr Rachael Taylor<sup>9</sup>, Dr Valerie Carson<sup>4</sup>, Dr Jan Nicholson<sup>8</sup>, Dr Lisa Barnett<sup>6</sup>, Dr Harriet Koorts<sup>3</sup>, Dr Marie Löf<sup>5</sup>, Ms Denise Becker<sup>7</sup>, Dr Barbara Galland<sup>2</sup>, Dr Jo Salmon<sup>3</sup>, Dr Katherine Downing<sup>3</sup>

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1D - Physical activity and movement, Madla Meeting Room 2, April 30, 2024, 3:30 PM - 5:00 PM

### Introduction

Little is known about toddlers' (1-2 years) compliance with 24-hour Movement Guidelines and how parental practices and perceptions are related to toddlers' adherence to movement guidelines. Study aims: 1) estimate the proportion of toddlers adhering to individual and combined movement guidelines; and 2) examine associations between parental perceptions and practices and toddlers' adherence to movement guidelines.

### Methods

Parents enrolled in Let's Grow, a randomised trial of families across Australia, self-reported their practices and perceptions (knowledge, restrictions, routines, concerns, co-participation) and their child's movement behaviours. Baseline data were used to estimate the prevalence of toddlers meeting the screen time ( $\leq 1$  hour/day for 2 years; zero for 1 year), sleep (11-14 hours/day), and physical activity ( $\geq 180$  minutes/day with energetic play) guidelines, and adherence to combined movement guidelines. Logistic models were fitted to examine associations between parental practices/perceptions and toddlers' adherence to movement guidelines.

### Results

Toddlers ( $n=1,145$ ) were 27 months old, 47% were girls. Prevalence of meeting guidelines was 82% for sleep, 31% for screen time, 82% for physical activity, and 20% for the combined guidelines with 2% meeting none. Having fewer concerns about movement behaviour(s), more favourable restrictions concerning individual and combined movement behaviours, and correct knowledge of guidelines were associated with greater compliance with individual and combined guidelines. Routines for screen time and for combined behaviours were associated with meeting screen time and combined guidelines. Less co-participation in screen time and more co-participation in physical activity were associated with greater adherence to the related individual guidelines and combined guidelines.

### Conclusions

Given only 20% of toddlers met all guidelines, strategies early in life to establish healthy movement behaviours are needed. Future studies could target the parental practices/perceptions identified in this study to support toddlers to develop health lifestyles with optimal sleep and physical activity and reduced screen time.

## Economic evaluation of a policy to restrict outdoor unhealthy food advertising

Dr Jaithri Ananthapavan<sup>1</sup>, Ms Mary Rose Angeles<sup>1</sup>, Dr Vicki Brown<sup>1</sup>, Ms Emma Groves<sup>2</sup>, Professor Kathryn Backholer<sup>1</sup>, Professor Gary Sacks<sup>1</sup>, Ms Ainslie Sartori<sup>2</sup>

<sup>1</sup>Deakin University, Geelong, Australia, <sup>2</sup>Cancer Council Western Australia, , Australia

1A - Healthy food environments, Auditorium 2, April 30, 2024, 3:30 PM - 5:00 PM

**Introduction:** There is high exposure to unhealthy food and drink advertisements in outdoor spaces and exposure to these advertisements is linked with consumer consumption. In Australia, state governments control most outdoor media assets such as transport infrastructure. This study aimed to assess the cost-effectiveness of implementing advertising restrictions on Western Australian (WA) transport-owned assets to prevent obesity-related diseases in the Perth population compared to status quo.

**Methods:** The cost-benefit analysis took a societal perspective and was modelled for the Perth population over a 30-year time horizon. The effectiveness of the intervention was based on a similar policy implemented in the United Kingdom by Transport for London and adapted to the WA context. A validated multi-state lifetable Markov model was used to assess the health (quantified as health-adjusted life years (HALYs)) and economic outcomes of the intervention's impact on population weight. The cost of policy development and monitoring and potential revenue/profit impacts on government and the advertising industry were included in the analysis. Sensitivity analyses were undertaken to test parameter uncertainty and modelling assumptions.

**Results:** The policy was predicted to cost AUD34M and result in mean population weight reduction of 0.92kg, translating to 8,420 HALYs gained with a monetary value of AUD2B (AUD166M in healthcare cost savings and AUD1.8B in monetised health gains). The intervention was estimated to generate a benefit-cost ratio of 59 (i.e. for each dollar invested in this policy, it would result in 59 dollars in benefits).

**Conclusion:** This world first full economic analysis of outdoor advertising restrictions has shown that this policy represents excellent value for money in the WA context.

## Walking Towards Wellness: Generative AI's Impact on a Digital Walking Program

Mrs Michelle Marshall<sup>1</sup>

<sup>1</sup>National Heart Foundation Of Australia, Woolloomooloo, Australia

5D - Prevention frameworks and methodologies, Madla Meeting Room 2, May 2, 2024, 11:20 AM - 12:50 PM

This presentation explores the positive use of generative AI and machine learning within a preventive health program at scale. The Heart Foundation's Personal Walking Plan is leveraging generative AI to optimize its 6-week digital physical activity program, where machine learning shadows our team's interactions with participants through two-way SMS. The generative AI solution now provides suggested SMS responses for each participant message, subject to review and sending by the Heart Foundation team.

Knowing there is a more personalised SMS response from the generative AI, participants experience a heightened sense of accountability, positively impacting their commitment to new habits. This assurance of support contributes to sustained behaviour change, fostering a lasting impact on preventive health. Anonymously participating in a digital program has empowered participants to be more open and vulnerable, and the generative AI's ability to discern subtleties in their responses enhances the support and trust between participants and the team.

This presentation highlights the potential of generative AI in preventive health by leveraging its power for tailored engagement. The resource efficiencies gained through generative AI contribute to the program's scalability, allowing for a wider reach and increased impact. As we navigate the era of disruption, this innovative use of generative AI sets the stage for a new paradigm in preventive health, fostering a culture of openness, support, and sustained engagement. Furthermore, it unlocks the potential for broader implementation through enhanced resource efficiency.



## Enhancing prevention research impact through science communication and collaboration

Dr Shaan Naughton<sup>2</sup>, Dr Konsita Kuswara<sup>1</sup>, Ms Ainsley Burgess<sup>3</sup>, Dr Helen C Dinmore<sup>4</sup>, Ms Cindy Jones<sup>3</sup>, Ms Karen Metcalfe<sup>3</sup>, Dr Heidi Turon<sup>5,6</sup>, Ms Helen Signy<sup>3</sup>

<sup>1</sup>Centre of Research Excellence in Translating Early Prevention of Obesity in Childhood, University of Sydney, Camperdown, Australia, <sup>2</sup>Institute for Health Transformation, Global Centre for Preventive Health and Nutrition, School of Health and Social Development, Faculty of Health, Deakin University, Geelong, Australia, <sup>3</sup>The Australian Prevention Partnership Centre, The Sax Institute, Sydney, Australia, <sup>4</sup>UniSA Business, University of South Australia, Adelaide, Australia, <sup>5</sup>School of Medicine and Public Health, University of Newcastle, Callaghan, Australia, <sup>6</sup>National Centre of Implementation Science, University of Newcastle, Callaghan, Australia

1B - Prevention in action, Waterfront Room 1, April 30, 2024, 3:30 PM - 5:00 PM

**Problem:** Bridging the gap between prevention research and its application in public health policy and practice remains challenging, partly due to ineffective communication between researchers and end-users. Science communication is pivotal, making research accessible and relevant to diverse audiences, thereby motivating actionable outcomes. Unfortunately, expertise in science communication is not routinely integrated into prevention research teams.

**What you did:** To address this, we initiated a collaboration to unite multidisciplinary prevention researchers and science communication professionals. Using a community of practice (CoP) model, this collaboration aims to bolster science communication capabilities and improve the dissemination and translation of prevention research. Two years after its inception, members reflected on their learnings and how this collaboration has strengthened their capacity for science communication and enhanced their knowledge translation efforts.

**Results:** The CoP provided collaborative learning opportunities which were mutually beneficial for researchers and science communication professionals. Members were able to engage stakeholders and create bespoke communication products, dissemination channels and strategies to promote effective knowledge translation and evidence uptake. In addition, the collaborative approach streamlined communication agendas, which reduced duplication, provided consistency of messaging, and created joint narratives. Prevention messages carry more weight when they unify perspectives of multiple organisations, presenting a cohesive evidence-based message and delivering clear directives on the necessary collective actions.

**Lessons:** In a resource-constrained environment, fostering collaboration between multidisciplinary researchers and science communication professionals within a CoP can help to build capacities and efficiencies, to enhance the uptake of prevention research into public health policy and practice. Strengthening researchers' capacity and embedding science communication expertise is imperative to compete against well-resourced and sophisticated industry tactics that may not align with health priorities. Our learnings demonstrated a novel way to build partnerships for advocacy and present a united voice to generate greater impact in the prevention of chronic diseases.

## Partnering for change: our work to end violence against women with disabilities

Katie Costello<sup>1</sup>

<sup>1</sup>Our Watch, Melbourne, Australia, <sup>2</sup>Women with Disabilities Victoria (WDV), Melbourne, Australia  
4D - Learning from our success stories, Madla Meeting Room 2, May 2, 2024, 9:30 AM - 11:00 AM

In the February 2022 recess between Disability Royal Commission public hearings 20 and 21, amidst a four-year period of crucial but often confronting stories of people with disability experiencing violence, neglect, abuse and exploitation, Our Watch and Women with Disability Victoria (WDV) launched Changing the landscape: A national resource to prevent violence against women and girls with disabilities.

Our Watch is a national leader in the primary prevention of violence against women and their children in Australia. WDV is a not-for-profit Disabled People's Organisation representing women with disabilities in Victoria, operated by and for women and non-binary individuals with various disabilities. Both Our Watch and WDV believe that violence against women and girls with disability is preventable.

Throughout the launch year, Changing the landscape soon became recognised as the authoritative evidence-base to address the intersecting drivers of ableism and gender inequality in Australia, to stop the violence before it starts. Drawing on available literature and developed with women with lived experience of disability and victim-survivors, it was praised for its intersectional lens and reflection of 'nothing about us, without us'.

By November 2022, Our Watch and WDV had agreed to partner again on a capacity-building project, funded by the Department of Social Services, that would help government and practitioners put the 107-page Changing the landscape resource into action. The organisations entered a renewed partnership in February 2023, re-established to support agreed ways of working, reflection opportunities and provide framework for managing challenges and opportunities.

Our Watch and WDV have since collaboratively run consultations to better understand target audiences and co-led inclusive design engagements, across the country. Changing the landscape is now being translated into an action framework for state, territory and Commonwealth governments, and capacity-building resources for prevention practitioners and disability service professionals, to be released mid-2024.

Join this session to learn about the relationship between these mainstream and specialist organisations; how their partnership approach, values-alignment, adaptive communications and reflexivity has helped foster innovation, pragmatism, trust and commitment.

## Diabetes Prevention Among Middle-Eastern Migrants Living in High-Income Countries: A Systematic Review

Mr. Ahmad Dimassi<sup>1</sup>, Professor Paul Ward<sup>1</sup>, Dr. Paul Aylward<sup>1</sup>, Dr. Belinda Lunnay<sup>1</sup>

<sup>1</sup>Torrens University Australia, Sydney, Australia

5D - Prevention frameworks and methodologies, Madla Meeting Room 2, May 2, 2024, 11:20 AM - 12:50 PM

**Introduction:** The rising prevalence of Type 2 Diabetes Mellitus (T2DM) among individuals of Middle Eastern (ME) backgrounds residing in high-income countries (HICs) necessitates a comprehensive understanding of preventive strategies tailored to this population. We conducted a systematic review to assess existing evidence about the efficacy of approaches to T2DM prevention in this demographic.

**Methods:** We conducted comprehensive searches across Medline, Proquest Central, Scopus, and Google Scholar for English-language studies focusing on ME communities in HICs at high T2DM risk. The primary objective was to comprehend the distinctive challenges and needs of this population to inform targeted interventions and strategies facilitating early diagnosis and T2DM prevention. Assisted by Covidence software, we screened titles and abstracts, followed by full-text assessments based on predefined inclusion criteria. Two reviewers independently extracted data and assessed risk of bias using the Joanna Briggs Institute (JBI) Data Extraction Instrument. The systematic review protocol was registered with PROSPERO (Registration# 457123).

**Results:** Encompassing diverse designs, the included studies comprised 7 qualitative research studies, 5 randomised controlled trials, 4 cross-sectional studies, and 4 quasi-experimental trials. Lifestyle interventions tailored to religious and ethnic preferences, incorporating dietary modifications aligned with cultural norms, and group-based programs with culturally sensitive elements demonstrated notable success in reducing body weight and improving metabolic markers. Higher acculturation levels correlated with improved outcomes, suggesting enhanced effectiveness in individuals more integrated into the host culture. Conversely, interventions that failed to consider cultural factors, including gender-specific groups, family dynamics, food preferences, and religious beliefs, demonstrated limited effectiveness. Identified barriers included language constraints, lack of health insurance, high cost, social isolation, and inadequate consideration of cultural norms.

**Conclusion:** Prevention efforts should prioritize evidence-based strategies with proven efficacy. Our findings advocate for a paradigm shift towards interventions recognizing and integrating cultural factors, ensuring a more comprehensive and effective approach to diabetes prevention.

## Interventions for prevention/cessation of e-cigarette use in adolescents: a living systematic review

Dr Heidi Turon<sup>1,3,4</sup>, Dr Courtney Barnes<sup>1,2,3,4</sup>, Dr Sam McCrabb<sup>1,3,4</sup>, Dr Rebecca Hodder<sup>1,2,3,4</sup>, A/Prof Sze Lin Yoong<sup>1,3,4,5</sup>, Dr Emily Stockings<sup>6</sup>, Dr Alix Hall<sup>1,3,4</sup>, Ms Caitlin Bialek<sup>1</sup>, Prof Luke Wolfenden<sup>1,2,3,4</sup>

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4C - Young people and school-based strategies, Betbiyan 3 & Bundirrik 4, May 2, 2024, 9:30 AM - 11:00 AM

### Introduction

E-cigarette use amongst adolescents is a well-documented public health issue, particularly given the physical harms associated with use. There is also evidence that young people who use e-cigarettes are up to 3 times more likely to subsequently use conventional cigarettes. In addition to legislative measures aimed at addressing this issue (such as advertising and sales bans), behavioural interventions that can be delivered through schools, communities and healthcare settings are also being explored. To comprehensively review and synthesise what is an emerging evidence base in a timely manner, we are conducting a Cochrane Living Systematic review.

### Methods

This review seeks to capture randomised controlled trials that explore interventions to prevent uptake of e-cigarettes (or support cessation) in adolescents aged  $\leq 19$  years. The primary outcome is e-cigarette use (either current or ever use), to determine the effectiveness of the intervention on prevention or cessation. Secondary outcomes include other tobacco use (e.g. cigarettes, cigars). Searches of a range of databases and clinical trials registers are conducted and results screened monthly in order to rapidly identify relevant studies and findings.

### Results

Currently, 26 studies have been identified as ongoing, although no studies have published results to date. Of these, 14 studies are prevention focused, 9 studies are cessation focused and 3 studies focus on both prevention and cessation. 15 studies are based in school settings, 7 are based in the community, and 4 are based in in healthcare settings. Updated findings will be presented at the conference.

### Conclusion

While there is no published evidence from randomised controlled trials to date on which to inform public health actions to address adolescent e-cigarette use, multiple trials are ongoing. The first version of this review has been published, and future versions will be published as findings from the identified ongoing studies are published.

## Exploration of alcohol access and harms in Australia across small geographic areas

Jen Kerrigan<sup>1</sup>, Nellie Thomson<sup>1</sup>, Dr Vanessa Prescott<sup>1</sup>, Parker Blakey<sup>1</sup>, Joo Shan Ong<sup>1</sup>

<sup>1</sup>The Australian Institute of Health and Welfare, Canberra, Australia

3D - Early detection and harm minimisation, Madla Meeting Room 2, May 1, 2024, 11:20 AM - 12:50 PM

**Intro:** Where we live and the built environment that surrounds us impacts our health behaviours and wellbeing in many ways. Both the number of and distance to alcohol outlets in the places we live affect how much alcohol we consume and alcohol related harm. This project presents results on the variation in measures of access and harms to licenced alcohol outlets in small geographic areas in the 6 states of Australia and the lessons learnt in developing the method used for these estimates.

**Methods:** ESRI Arc Pro 3.0 network analyst was used to calculate travel distance between population weighted centroids and alcohol outlets. Population data were sourced from the 2016 Census, SA1 boundary and mesh block boundary in 2016 were sourced from the ABS website. GNAF (Geocoded National Address File) was from Geoscape Australia and road network data was sourced from ESRI Street map premium. Data on alcohol harms are from the AIHW National Drug Strategy Household Survey 2019.

**Results:** People living closest to alcohol outlets are more likely to have experienced alcohol related harms than people living further away. This work includes maps of Australia showing measures of availability and accessibility of alcohol outlets and summary estimates of alcohol access and harms across small geographic areas in 6 Australian states for 2018 or nearest year (data were unavailable for the ACT or NT). Analytical choices (like level of geography or measures of distance) are important for the usefulness of mapped data.

**Conclusions:** Alcohol consumption is known to cause a range of negative health outcomes, with recent evidence suggesting no level of alcohol consumption is risk free. This project demonstrates the importance of different methods for comparing measures of alcohol access and provides a starting point for future work on investigating the relationship between alcohol outlets and harms.

## Healthy Lungs at Work – Preventing Occupational Lung Diseases in Australia

Miss Kerstin Greeneberg<sup>1</sup>

<sup>1</sup>Lung Foundation Australia, Milton, Australia

4E - Longer term implementation and planning, Damibila Meeting Room 1, May 2, 2024, 9:30 AM - 11:00 AM

### Background:

Occupational lung diseases (OLDs) is the term given to describe a range of lung conditions caused by breathing in dusts, fumes, gases and other hazardous agents in the workplace. There has been a resurgence of OLDs in Australia, including a recent epidemic of silicosis. OLDs are typically incurable, although they are entirely preventable.

To build awareness of OLDs, including their risk factors, Lung Foundation Australia (LFA) redeveloped the Healthy Lungs at Work Quiz\*. This Quiz is an online tool designed to prompt knowledge of lung health hazards and safety practices used in the workplace. The revised Quiz went live during LFA's National Silicosis Prevention and Awareness Campaign, launched during National Safe Work Month (October 2023). The Quiz takes the respondent on a journey to identify their exposure to hazardous agents, the types of safety practices implemented (or not) in their workplace and whether they are experiencing any symptoms. It also includes an option to download a report to take to their doctor to initiate conversations about their workplace exposure and risks. To reach culturally and linguistically diverse (CALD) workers, of which there are a large proportion working in these industries, the Quiz was translated into three languages – Vietnamese, Simplified Chinese and Arabic.

### Findings:

This presentation will share the key findings from the Quiz, including the most reported industries where exposure is occurring, the most common type of exposures, workers' awareness of control measures, and common symptoms experienced.

### Conclusion:

The results of this Quiz will continue to build on evidence regarding the OLD climate in Australia, with a focus on risk factors. The findings will help inform key stakeholders, including government and industry, with where best to take action. LFA work to protect the lung health of Australian workers, and ultimately inform prevention and early detection of OLDs.

## National Silicosis Prevention and Awareness Campaign – Another One Fights the Dust

Miss Kerstin Greeneberg<sup>1</sup>

<sup>1</sup>Lung Foundation Australia, Milton, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

### Background:

Silica-containing materials are being labelled by many as ‘the new asbestos’. Every year, almost 600,000 Australian workers are estimated to be occupationally exposed to silica dust. Silica dust is generated when silica-containing materials such as concrete, bricks, tiles, mortar and engineered (artificial) stone are crushed, cut, drilled, ground, sawed, sanded or polished – or disturbed with force. Exposure to silica dust causes a range of serious health conditions, including silicosis, which is an entirely preventable yet often fatal occupational lung disease that currently has no cure. Data capturing the incidence and prevalence of silicosis in Australia is not available, however 83,000 to 103,000 silicosis cases are expected to result from current workplace exposure to silica dust. To build awareness of the risks of silica dust exposure, four key industries were identified and targeted by Lung Foundation Australia (LFA) in the annual National Silicosis Prevention and Awareness Campaign – Another One Fights the Dust. The four industries were: construction; mining and quarrying; manufacturing; and tunnelling. To reach the culturally and linguistically diverse workers, of which there are a large proportion working in these industries, resources were translated into Vietnamese, Simplified Chinese and Arabic.

### Findings:

This presentation will share the approach to the 2023 Another One Fights the Dust campaign, whose main call to action was the Healthy Lungs at Work Quiz (abstract submitted), and some broad results of the campaign.

### Conclusion:

The key findings of this campaign will help structure LFA’s 2024 and 2025 campaigns. Further, the findings will help inform stakeholders, including government departments and industry, and provide sound evidence to support action. LFA works to protect the lung health of Australian workers, and ultimately inform prevention and early detection of silicosis and other occupational lung diseases.

## Effects of community water fluoridation on dental caries in remote Northern Territory

Mr Ramakrishna Chondur<sup>1</sup>, Dr Yuejen Zhao<sup>1</sup>, Dr Kate Raymond<sup>1</sup>

<sup>1</sup>Department Of Health, Northern Territory, Darwin, Australia

1C - Nutrition and oral health, Betbiyan 3 & Bundirrik 4, April 30, 2024, 3:30 PM - 5:00 PM

### Introduction

Children living in remote areas of the Northern Territory (NT) experience a higher prevalence of dental caries compared to children who live in other parts of Australia. The NT health policy on community water fluoridation (CWF) was enacted in five remote Aboriginal communities during 2012-2013. This study applied a quasi-experimental design using administrative data to evaluate the impact of CWF in remote NT.

### Method

A difference-in difference (DiD) analysis used to evaluate the impact of CWF (“treatment”) by comparing outcomes in the treatment group to control groups. The dental caries data (measured using dmft/DMFT index) from children aged 1-17 years who had received public dental services in 50 remote and very remote locations of NT between 2008 and 2020. Data were matched to water fluoride levels (measure in mg/L) for control (non-CWF) and treatment (CWF) groups for pre-intervention (prior to 2014) and post-intervention (after 2015) periods. To account for possible effects of naturally occurring fluoride in community water supplies, two control groups are used: control-1 (fluoride below optimal level <0.5mg/L) and control-2 (fluoride above or equal to  $\geq 0.5$  mg/L).

### Result

Average dental caries experience declined in all groups between the pre-intervention and post-intervention periods. The average decline for the treatment group, compared with both control groups was 0.28 affected teeth. A greater post-intervention decline of 0.30 affected teeth was observed between the treatment group and control-2 group and a smaller decline of 0.13 affected teeth was observed between the treatment and control-1 groups. Notably, children of ages 7-10 years and 11-17 years in the treatment group experienced a significantly greater post-intervention decline in average 0.32 and 0.40 fewer affected teeth respectively, when compared to the control-2 group.

### Conclusion

Children received adequate fluoride in the community drinking water supplies, irrespective of natural or CWF sources, experienced dental caries in fewer teeth on average. Overall rates of reduction in dental caries have been accelerated in children following the introduction of CWF. This study adds to the sizable body of evidence of clear benefits of extended CWF in areas where fluoride levels in drinking water supply are below optimal levels.



## Factors associated with low participation in breast cancer screening in North-East Melbourne

Dr Desmond Gul<sup>1</sup>, Ms Clarissa Moreira<sup>1</sup>, Dr Claire L Gordon<sup>1,2,3</sup>, Dr Annaliese van Diemen<sup>1</sup>

<sup>1</sup>North Eastern Public Health Unit, Melbourne, Australia, <sup>2</sup>Department of Infectious Diseases, Austin Health, Melbourne, Australia, <sup>3</sup>Department of Microbiology and Immunology, University of Melbourne at the Peter Doherty Institute for Infection and Immunity, Melbourne, Australia

3D - Early detection and harm minimisation, Madla Meeting Room 2, May 1, 2024, 11:20 AM - 12:50 PM

### Introduction

Breast cancer screening (BCS) is an effective strategy to reduce breast cancer mortality through early detection. BreastScreen Australia aims for BCS rates of >70% in women aged 50-74 years. However, only 46% of eligible women were screened in Victoria in 2021. To address this issue, we analysed BCS rates in the North Eastern Public Health Unit (NEPHU) catchment area to identify factors associated with low BCS participation.

### Methods

An ecological study using a spatial conditional autoregressive model was performed to compare BCS participation rates of women aged 50-74 years from 2018 to 2021 against >100 socio-demographic variables at the postcode level using data from BreastScreen Australia and the Australian Bureau of Statistics (ABS) Census 2021.

### Results

Overall, NEPHU's BCS rate was 47%, with lower rates observed in younger age groups (44% in 50-54 years and 45% in 55-59 years). Postcode areas with BCS rates below the state average of 46% were mostly located in the local government areas of Hume (9/16 [56%] of postcodes) and Whittlesea (12/13 [92%] of postcodes). These postcodes also had the lowest Index of Relative Socio-economic Disadvantage (IRSD) scores within the NEPHU catchment (786-1050 vs 786-1136 across NEPHU). The spatial model showed that low BCS rates were significantly associated with women aged 50-70 years without children, women educated to high school level and women who were overseas-born.

### Conclusion

BCS rates were below target levels in North-East Melbourne with the lowest rates observed in disadvantaged areas. Associated factors to low BCS participation included level of education, migration status and the absence of children. Further investigation and engagement is required to better understand attitudes and barriers to BCS participation to inform targeted health promotion activities.

## Move More, Feel Good! Success of a LiveLighter® motivational physical activity campaign

Ellen Hart<sup>1</sup>, [Ainslie Sartori](#)<sup>1</sup>, Gael Myers<sup>1</sup>, Monique D'Souza<sup>1</sup>

<sup>1</sup>Cancer Council WA, Subiaco, Australia

4D - Learning from our success stories, Madla Meeting Room 2, May 2, 2024, 9:30 AM - 11:00 AM

### Problem

Just over half of Western Australian (WA) adults (57%) met the national aerobic activity guidelines in 2020. Most people know that being physically active is important, but many struggle to reach the recommended amount.

### What we did

Cancer Council WA developed a new paid LiveLighter® non-TV campaign (funded by the WA Department of Health). 'Move More' aimed to encourage WA adults to be more physically active by highlighting the intrinsic benefits of physical activity, like better mental health, more energy and connecting with others. Important creative considerations included using a tone that was empowering, positive and helpful, and representing a diverse range of people.

Alongside the creative agency, the LiveLighter® team determined the benefits of physical activity that would be highlighted in the campaign and sourced stock images and videos. A key challenge was finding stock images and videos that positively represented people in larger bodies and from various backgrounds doing physical activity.

### Results

The campaign reached almost 400,000 people through the social media ads, attracting 76 comments, 131 shares, and a click through rate (CTR) of 0.71% (benchmark 0.65%). This engagement is significantly higher than for past campaigns with similar investment.

Stakeholder feedback indicated the campaign was accessible to and well-received by their audiences. The concept and creative assets have been used by key stakeholders as part of ongoing and discrete campaigns, with extensions and adjustments to the messaging in recreation centres, local libraries and on outdoor billboards.

### Lessons

Advertisements that tap into audiences' intrinsic motivation are an effective tool for behaviour change campaigns to engage audiences, with further research needed to determine if this translates to a change in attitude and behaviour. Additionally, producing ads that are appropriate and attractive to external stakeholders enables campaigns to reach a wider audience.

## Boost your click-throughs! LiveLighter® succeeds with Boost Your Budget

Katie Liddiard, [Ainslie Sartori](#), Ellen Hart, Jenny Atkins

<sup>1</sup>Cancer Council WA, Subiaco, Australia, <sup>2</sup>Cancer Council WA, Subiaco, Australia, <sup>3</sup>Cancer Council WA, Subiaco, Australia, <sup>4</sup>Cancer Council WA, Subiaco, Australia

5D - Prevention frameworks and methodologies, Madla Meeting Room 2, May 2, 2024, 11:20 AM - 12:50 PM

### Problem

With the rising cost of living, LiveLighter® (funded by the WA Department of Health) wanted to support people in eating healthy on a budget. LiveLighter® has previously received high levels of engagement in budget-themed organic campaigns 'More Bang for Your Buck' and 'Shop Smart Eat Smart'.

### What we did

LiveLighter® developed a social media campaign that supported West Australian adults to save money on living expenses whilst maintaining a healthy diet. Boost Your Budget (BYB) aimed to increase knowledge of the different strategies to purchase and prepare healthy foods cheaply and provide encouraging nudges to motivate people to try these strategies.

Several strategies were developed which identified the best placement and assets tailored specifically to each social media channel, and the LiveLighter® team developed the assets in-house. This campaign ran across Meta and TikTok, with strategic goals including video views, traffic, and engagement.

### Results

BYB was a highly successful campaign for LiveLighter®, exceeding all KPIs and resulted 834 additional followers across LiveLighter® social media channels. The campaign achieved a click-through rate of 1.52% (KPI=1%), 2.5 million impressions (KPI=400,000) and 13,132 link clicks (KPI=4000). LiveLighter® stakeholders reported leveraging the campaign and promoting the BYB tiles across their own social media. Women were the most engaged audience, however the most engaged age group depended on the content. For example, women aged 25-34 engaged most with 'how to eat well on the cheap' video content, and women aged 45-65+ engaged most with 'shop smart, eat smart' static tiles.

### Lessons

Maintaining awareness of the content audiences are consuming, and adapting messaging and assets to fit individual social channels, allowed LiveLighter® to reach an audience who wanted to engage with the campaign. For a modest budget and in-house produced assets, BYB achieved great results, received buy-in from stakeholders, and represented good value for money.

## Exploring accessibility of oral health resources for high-risk communities

Dr Amrit Chauhan<sup>1</sup>, Ms Annalea Staples, Dr Kara Gray-Burrows, Mrs Jenny Owen, Ms Eleanor Forshaw, Prof Peter Day

<sup>1</sup>University of Leeds, Leeds, United Kingdom

1C - Nutrition and oral health, Betbiyan 3 & Bundirrik 4, April 30, 2024, 3:30 PM - 5:00 PM

Within a multi-ethnic northern English city, South Asian and Eastern European communities have an increased risk of childhood tooth decay, especially among families with limited English proficiency. Tooth decay is preventable, with national guidelines advocating home-based behaviours (toothbrushing with fluoride toothpaste and reducing sugar intake). In England, Child and Family Health nurses have opportunities to undertake oral health conversations during universal visits for children aged 0-24 months. The HABIT intervention provides structured oral health conversations, underpinned by complex intervention methodology. A feasibility study found HABIT acceptable to parents, feasible to deliver and short-term improvements in home-based behaviours. There was a barrier to accessing HABIT for families with limited English proficiency.

AIM: To explore and enhance the accessibility of HABIT resources for parents/guardians with limited English proficiency.

Twenty-four parents (4 fathers, 19 mothers, 1 grandmother) participated in interviews/focus groups with 21 requesting support from interpreters. Community centres and WhatsApp were used to maximise inclusivity. Discussions followed a topic guide and the "Think Aloud" technique, were professionally transcribed, managed in NVivo, and thematically analysed. Team discussions facilitated analytical rigour. Recruitment continued until data saturation.

Three themes were developed:

### 1. Navigating linguistic barriers

Parents employed diverse strategies to interpret the HABIT resources including Google Translate, family and wider community members. HABIT resources were modified to include simple text, subtitles and translation tools.

### 2. Engagement through visuals

Parents highlighted the benefits of shorter oral health messages with clear visuals to help understanding. This strategy was applied across all resources.

### 3. Addressing oral health challenges

Parents highlighted challenges around children's resistance to toothbrushing, high sugar intake within their wider families and communities and limited dental access. HABIT resources were updated to address these challenges.

Collaborative community engagement has enhanced HABIT resources enabling access for high-risk communities to preventive oral-health programmes thereby promoting health equity.

## Decision-making and mental health in migrant Latin-American older adults

Mr. Raul Hormazabal-Salgado<sup>1</sup>, Dr. Dean Whitehead<sup>1</sup>, Dr. Abdi Osman<sup>2</sup>, Dr. Danny Hills<sup>1</sup>

<sup>1</sup>Federation University, Berwick, Australia, <sup>2</sup>Victoria University, Melbourne, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

**Background:** Understanding how older Latin-American immigrants make their own decisions regarding their mental health is crucial to understand their needs. However, current research is focused on psychiatric treatments instead of promotional and preventative approaches, which tend to be poorly utilised in clinical practice. Additionally, mental health of older Latin-American immigrants in Australia has not been fully explored.

**Objective:** The aim of this study is to determine and explain the factors that underlie mental health decision-making among community-dwelling Latin American older immigrants in Australia.

**Methods:** This study was conducted following a constructivist grounded theory approach. The inclusion criteria were Hispanic immigrants aged 60 years and older living in Australia, whose primary language is Spanish. Twenty-three participants were included in this study. In-depth data analysis was undertaken. Ethical approval was conferred prior to starting data collection.

**Results:** Four categories were identified: Overcoming loneliness, Ageing actively, Deciding for health, Choosing own country. Each category identifies factors that might influence older Hispanic decision-making in mental health. Older Latin-Americans decide about their mental health mostly in an active way, and usually in circumstances that they may not see as related to their mental health. Growing older in a foreign country certainly brings many challenges for their mental health. In this context, family and social support are crucial for promoting the emotional wellbeing of these populations.

**Conclusion:** There are several notable psychosocial factors that represent and outline the complexity of mental health decision-making in older Latin-American immigrants in Australia. Understanding these factors improves understanding and would offer the potential for elaborate tailored promotional and preventative interventions for these populations, thus improving the quality of mental health care.

## Co-design in developing a parent-focussed m-health program across the first 2000 days

Dr Alison Brown<sup>1,2,3</sup>, Nayerra Hudson<sup>1,2,3</sup>, Jessica Pinfold<sup>1</sup>, Margaret Hayes<sup>4</sup>, Tauri Smart<sup>1</sup>, Belinda Tully<sup>5</sup>, Jing Jiang<sup>1</sup>, Kerrie Hall<sup>1</sup>, Alison Kidston<sup>1</sup>, Rebecca Sewter<sup>1</sup>, Lynda Davies<sup>1</sup>, Daniel Groombridge<sup>1</sup>, Prof John Wiggers<sup>1,2,3</sup>, Dr Paul Craven<sup>1,2,3</sup>, Sinead Redman<sup>1</sup>, Dr Tessa Delaney<sup>4</sup>, Prof Luke Wolfenden<sup>1,2,3</sup>, Dr Rachel Sutherland<sup>1,2,3</sup>

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5D - Prevention frameworks and methodologies, Madla Meeting Room 2, May 2, 2024, 11:20 AM - 12:50 PM

**INTRODUCTION:** Healthy Beginnings for HNEKids (HB4HNEKids) is an m-health program that aims to support families by providing evidence-based preventative health text messages across the first 2000 days. This study aims to describe the process undertaken to develop HB4HNEKids using an extensive co-design process.

**METHODS:** A four stage process was undertaken to develop HB4HNEKids, in which co-design was embedded into each stage with the formation of multiple expert consensus groups, including a variety of stakeholders as appropriate. Stage 1 of intervention development was the identification of priority health topics where feedback was sought by an advisory group of health executive, senior leadership and program managers; Stage 2 was the determination of barriers and enablers for priority health topics which was guided by a practice expert group of clinicians, allied health staff, multicultural health and Aboriginal partners; Stages 3 and 4 included mapping barriers and enablers, and the development of text messages using Behaviour Change Techniques (BCT) where feedback was sought by a content development task group (including child and family health nursing, allied health, community health services and health promotion staff) and a parent consumer group.

**RESULTS:** Priority health areas identified included infant feeding (breastfeeding, introduction to solids), common nutritional concerns, child health and development, carer wellbeing, sleep, physical activity and sedentary time, primary health care checks and immunisations. Currently, 131 messages have been developed across the 0-2 year age group since the program commenced in 2021, with 3-5 year content being developed. As part of message development, all messages have incorporated a range of BCTs. At present, 153,000 messages have been sent to families in the Hunter New England region of NSW.

**CONCLUSION:** This process has highlighted the value in integrating policy, evidence, theory and clinical expertise to develop a scalable m-health programs and provides a framework for future preventive health program development.

## How e-cigarette health perceptions relate to adolescent e-cigarette avoidance– a strength-based approach

Ms Amelia Yazidjoglou<sup>1</sup>, Dr Christina Watts<sup>2</sup>, Mr Sam Egger<sup>2</sup>, Associate Professor Grace Joshy<sup>1</sup>, Professor Emily Banks<sup>1</sup>, Associate Professor Becky Freeman<sup>3</sup>

<sup>1</sup>Australian National University, , Australia, <sup>2</sup>The Daffodil Centre, , Australia, <sup>3</sup>The University of Sydney, , Australia

4C - Young people and school-based strategies, Betbiyan 3 & Bundirrik 4, May 2, 2024, 9:30 AM - 11:00 AM

The denormalisation of tobacco use in Australia has accompanied and contributed substantively to declines in smoking prevalence. However anti-smoking language and practices that represent people who smoke in terms of deficiency and failure – typical of deficit discourse – risks stigmatisation and the disempowerment of smokers leading to detrimental health outcomes. Risks also occur if similar denormalisation strategies are implemented for electronic cigarettes (e-cigarettes). Given the rapid development of e-cigarette policies, there is an opportunity to reframe the discourse surrounding e-cigarettes from deficit- to strength-based, emphasising individual and community strengths that support and promote optimal health.

Using a mixed methods design from a positive outcome perspective, this study explores how Australian adolescents' e-cigarette health perceptions relate to e-cigarette avoidance (i.e. non-use of e-cigarettes). This study uses data from a national sample of 6,749 14-17 year olds (81.3% non-users and 18.7% ever-users) and from 64 interviews (90 participants) from the Generation Vape research project - a three-year (2021-2024) study examining perceptions, attitudes, related knowledge, and behaviours of e-cigarette use among young Australians. This presentation will outline prevalence ratios for e-cigarette avoidance among those with higher versus lower perceptions of e-cigarette harms, focusing on eight survey items on health perceptions including harm to lungs, the developing brain and bystanders, and causing addiction. Findings will be integrated with qualitative data from thematically analysed semi-structured interviews.

The evidence on how adolescent health perceptions relate to e-cigarette avoidance will inform evidence-based interventions that serve to empower and support adolescents to be e-cigarette free while mitigating potential risks of stigmatising e-cigarette users.

## A global analysis of political declarations to address SDG 2: Zero Hunger

Dr Christina Zorbas<sup>1</sup>, Prof Kathryn Backholer<sup>1</sup>, Ms Eleanor Jones<sup>2</sup>, Dr Shoba Suri<sup>3</sup>, Dr Elyse Iruhiriye<sup>2</sup>, Dr Rob Vos<sup>2</sup>, Dr Danielle Resnick<sup>2</sup>, Dr Purnima Menon<sup>2</sup>

<sup>1</sup>Deakin University, Pascoe Vale South, Australia, <sup>2</sup>International Food Policy Research Institute (IFPRI), USA, <sup>3</sup>Observer Research Foundation, India

4B - Creating healthy food environments, Waterfront Room 1, May 2, 2024, 9:30 AM - 11:00 AM

**Introduction:** At the mid-point of the Sustainable Development Goals (SDGs), we are off-track to ending hunger and achieving food security for all (SDG 2). Governments have made commitments to address food insecurity in numerous settings since 2015, including at the UN General Assembly, the G-20, the UN Food Systems Summit, and other global fora. What remains uncertain is whether these commitments are fit-for-purpose and fit for the future. This research provided this evidence.

**Methods:** A desk-based review of political declarations to address SDG 2 was conducted. Political declarations were analysed according to the Scaling Up Impact on Nutrition theory of change model. Data were extracted into a standard template to identify vision/goals, actions, contextual factors, drivers, barriers, pathways, capacity, governance, financing, and accountability associated with the political declarations.

**Results:** Political documents (n=190) were retrieved from 24 global decision-making fora where hunger, food insecurity and promoting good nutrition (i.e., SDG 2) were discussed since the SDGs were adopted in 2015. The majority (n=14) of these fora were UN general and health-related events, along with economic, trade and agricultural conferences. Whilst food insecurity was consistently identified as the dominant SDG 2 challenge, definitions and the major determinants of food insecurity were not consistently identified. Declarations called for stronger agricultural innovations, public health preparedness plans, donor funding for food aid, and increasingly focused on listening to local stakeholders such as farmers, women and young people. Social protection and development actions were less common.

**Conclusion:** The fragmentation of political accountability, responsibility, implementation pathways and financing of both nutrition and social security initiatives should be addressed if we are to avert ongoing increases in hunger and food insecurity. Opportunities exist to strengthen vertical policy coherence so that political declarations more accurately reflect people's lived experiences of food insecurity and policy implementation at all levels.



## Enhancing health outcomes for families in high-density housing.

Melissa Mason<sup>1</sup>, Helen Ryan<sup>1</sup>

<sup>1</sup>Western Sydney Local Health District, North Parramatta , Australia

4C - Young people and school-based strategies, Betbiyan 3 & Bundirrik 4, May 2, 2024, 9:30 AM - 11:00 AM

### Problem:

The housing and neighbourhoods we live in impact our health and a child's early development . With increasing rates of families with children living in high-density housing, we must re-envision high-density living, to prioritise the health and lifestyle needs of families with children.

### What you did:

Western Sydney Local Health District's Centre for Population Health, with the City of Parramatta Council, have been investigating the health impacts of higher density living for local families with children over the past five years, through a literature review, a survey of residents, and a qualitative research study.

### Results:

The results of this work, in addition to consultation with Cities for Play, contributed to the development of Healthy Higher Density Living for Families with Children, a Guide for advocacy, planning and design. The Guide aims to showcase best practice examples of how to enhance health outcomes for families with children living in high-density housing and addresses a policy gap within Australia. In mid-2023, the draft Guide underwent extensive stakeholder engagement to refine and strengthen it. The Guide (currently being revised following consultation) is structured into two parts. Part One, Building Scale, refers to building configurations, apartment layout and communal spaces. Part Two, Neighbourhood Scale includes streets, public spaces, and outdoor infrastructure.

### Lessons:

Strong governance and leadership across industry and government are essential to addressing the needs of families with children living in high-density to create more supportive and liveable environments. Working with industry and government to embed the Guide within planning controls and best practice design will contribute to positive health outcomes and sustainable compact urban cities, with potential nation-wide relevance and reach.

## Posttraumatic Stress, Depression and Anxiety Disorders among Refugees: Systematic-review and Meta-analysis

Mr Demelash Handiso<sup>1,2</sup>, Associate Professor Jacqueline A Boyle<sup>3</sup>, Dr Eldho Paul<sup>1</sup>, Dr Frances Shawyer<sup>4</sup>, Associate Professor Joanne Enticott<sup>1</sup>

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3E - Mental health and wellbeing, Damibila Meeting Room 1, May 1, 2024, 11:20 AM - 12:50 PM

**Background:** Refugees and asylum seekers are at a higher risk of developing mental health disorders, specifically post-traumatic stress disorder (PTSD), depression, and anxiety. Despite this, it remains uncertain whether the prevalence of these disorders decreases or persists after resettlement in the host country. This study aims to identify longitudinal studies reporting on these mental disorders among refugees and asylum seekers in upper-middle and high-income countries. Through meta-analyses, we seek to delineate the trajectory of PTSD, depression, and anxiety prevalence over time, providing valuable insights to inform policymakers.

**Methods:** Seven electronic databases were systematically searched for relevant studies. This systematic review and meta-analysis incorporated studies that met the inclusion criteria and underwent quality assessment by the JBI. The pooled prevalence of PTSD, depression and anxiety at three points of data collection was estimated using a random-effects model.

**Results:** Overall follow-up duration ranged from 1 to 7 years. The meta-analysis, employing random effects to pool findings from included studies, unveiled an initial prevalence of 17.6% for PTSD at resettlement, followed by a declining trend to 11.6% over time. Concerning depression, the pooled prevalence persisted over time, showing no significant difference between the initial data collection point (20.3%, 95% CI: 15.1-25.4) and the third point of data collection (19.5%, 95% CI: 7.9-31.1). In contrast, the pooled prevalence of anxiety exhibited a notable decline from the initial data collection point (18.6%, 95% CI: 12.8-24.5) to the final data collection point (6.1%, 95% CI: 1.9-10.3).

**Conclusion:** While depression remains persistent, there is a decline in PTSD and anxiety across three data points. Low-bias studies emphasize persistent mental disorders, underscoring the importance of well-designed, longitudinal studies for informed policy decisions. Implementing effective, long-term interventions is crucial for addressing the enduring impact of traumatic experiences on the mental well-being of refugees.

**Keywords:** anxiety, depression, posttraumatic stress disorders; refugee and asylum seekers; longitudinal studies; systematic review and meta-analysis

## Four Ps of outdoor junk food advertising reform: patience, persistence, pressure, partnerships

Mrs Ainslie Sartori<sup>1</sup>, Ms Emma Groves<sup>1</sup>, Mrs Melissa Ledger<sup>1</sup>

<sup>1</sup>Cancer Council WA, FLOREAT, Australia

1A - Healthy food environments, Auditorium 2, April 30, 2024, 3:30 PM - 5:00 PM

### Problem

There are measures governments can take to address rising rates of overweight and obesity, including creating healthier environments by reducing children's exposure to unhealthy food and drink advertising. In Western Australia, the WA Health Promotion Strategic Framework, WA Preventive Health Summit Summary Report and the Final Report of the WA Sustainable Health Review all support banning unhealthy advertising on state-owned property. Companies are currently using Western Australian government property as a mechanism to market and boost sales of unhealthy food and drinks.

### What we did

In 2019, Cancer Council Western Australia and the Telethon Kids Institute established a partnership and formed a consensus group of aligned health and medical organisations to build evidence, community support and government commitment for a restriction of unhealthy product advertising on WA government assets. Funded by Healthway, the partnership enabled the organisations to commission several rapid, policy-relevant research projects, that focussed on quantifying the amount of unhealthy advertising around metropolitan schools, a systematic review that evaluated similar policies implemented in other jurisdictions, and an economic evaluation of a policy to restrict unhealthy food and drinks on WA government property.

### Results

The research resulted in the development of a joint statement signed by leading health organisations, policy briefs provided to key government departments, multiple letters to, and meetings with, MPs and their advisors, and several bold, targeted mini advertising campaigns (print, outdoor and digital) to garner community support and influence decision makers - contributing to a groundswell of pressure on government to announce a policy.

### Lessons

The presentation will provide an overview of how the four Ps of policy reform: patience, persistence (incorporating a well-planned advocacy strategy), tight partnerships, and consistent and well-timed political pressure on government contribute to form a compelling rationale for governments to implement policies to protect children from unhealthy marketing.

## A tale of two cities: Local Government action to reduce unhealthy advertising

Mrs Ainslie Sartori<sup>1</sup>, Ms Emma Groves<sup>1</sup>, Mrs Melissa Ledger<sup>1</sup>

<sup>1</sup>Cancer Council WA, SUBIACO, Australia

1A - Healthy food environments, Auditorium 2, April 30, 2024, 3:30 PM - 5:00 PM

### Problem

Local government staff in Western Australia are having varying success progressing policies to protect children from unhealthy food and drink advertising exposure within their jurisdictions. Two Perth local governments have had markedly contrasting experiences in seeking to embed restrictions on alcohol and unhealthy food and drink advertising within third party contracts that administer the supply, maintenance and advertising on street furniture including bus stops and litter bins. Cancer Council WA, with funding from Healthway, advocates for supportive policies to increase healthy eating at all levels of government.

### What you did

As two local governments approached the point of decision making on advertising contracts, Cancer Council WA met with local government staff to outline the steps they could take and presented to elected councillors outlining the harmful impact of unhealthy advertising on their residents. Activities included deputations at council meetings, co-signed letters of support, webinars, policy briefs, advice on public health plan strategies and policies, and audits of advertising on local government property.

### Results

Much like Dickens' classic story, it was the best of times, it was the worst of times. One local government is near completion of successfully negotiating a contract specifying the types of foods and drinks acceptable for promotion on its property. In contrast, the second local government is a tale of an ultimately unsupportive elected council and less favourable media attention.

### Lessons

Both stories demonstrate the importance of supporting our public health peers and enduring the pushbacks. There are opportunities to support local governments to set standards regarding acceptable advertising and promotion to align with the overall vision and aspirations of the local government. This includes embedding preliminary actions in local government strategies, building relationships with elected members who can champion the policy, and having local data to support decision making.

## Examining public support for policies restricting drone deliveries of food and beverages

PhD Candidate Victoria Farrar<sup>1,2</sup>, Dr Leon Booth<sup>1,2</sup>, Professor Xiaoqi Feng<sup>2</sup>, Associate Professor Jason Thompson<sup>3,4</sup>, Ms Branislava Godic<sup>3</sup>, Dr Rajith Vidanaarachchi<sup>3</sup>, Professor Simone Pettigrew<sup>1,2</sup>

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4B - Creating healthy food environments, Waterfront Room 1, May 2, 2024, 9:30 AM - 11:00 AM

### Research abstract

#### Introduction

The emergence of drone delivery technology will likely increase unhealthy food and alcohol availability, with corresponding adverse impacts on population diets. This study aimed to assess public receptiveness to a range of options for regulating drone food and beverage deliveries to assist policy making in this nascent area.

#### Methods

An online survey was administered to approximately 1000 Australian adults to measure support for a range of potential policies covering curfews, density quotas, and bans on some forms of drone deliveries (e.g., alcohol). Support for each potential policy was assessed using a 5-point agreement scale. Mean support for each policy was calculated, with a grand mean also calculated across all assessed policies. Regression analysis was used to identify demographic and behavioural factors associated with overall policy support.

#### Results

There was high support for some of the assessed policies such as night curfews and limits on the number of delivery drones operating in the airspace, with moderate support for other policies such as drone delivery quotas for shopping centres and dwellings. Factors significantly associated with policy support were older age, living in a metropolitan area, and current use of grocery delivery services.

#### Conclusion

Overall, the results suggest that Australians may be generally supportive of policies that aim to restrict food and beverage drone deliveries. It is likely to be beneficial for such policies to be introduced in a timely fashion to anticipate the rapid emergence of drone food and beverage delivery systems.

## The impact of Australian community-based childhood obesity prevention interventions by socio-economic position

Dr Jane Jacobs<sup>1</sup>, Professor Kathryn Backholer<sup>1</sup>, Dr Victoria Brown<sup>1,2</sup>, Professor Steven Allender<sup>1</sup>, Dr Melanie Nichols<sup>1</sup>

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5C - Prevention for Equity, Betbiyan 3 & Bundirrik 4, May 2, 2024, 11:20 AM - 12:50 PM

**Introduction:** Community-based interventions (CBIs) targeting childhood obesity prevention have shown promise in reducing body mass index z-scores (zBMI), however further investigation into whether this approach provides equitable outcomes across socio-economic groups is needed. Sub-group analysis by socio-economic position in individual studies is often limited by inadequate sample size. This study aims to use individual level meta-analysis techniques to assess the effectiveness of CBIs on zBMI according to socio-economic position.

**Methods:** Analysis of evaluation data from six Australian childhood obesity prevention CBIs conducted between 2003 and 2022, which all included objectively measured height and weight and used consistent approaches to intervention design. Scores from the Index of Relative Socio-economic Advantage and Disadvantage were used to indicate area-level socio-economic position, according to child's school or kindergarten postcode. Scores were divided into quintiles for analysis. Multi-level mixed linear models estimated the intervention effect on zBMI and included a 3-way interaction between timepoint (baseline/endpoint), socio-economic quintile (Q1 – Q5) and intervention group (intervention/control) from each study's baseline to the final follow-up. Potential confounding factors (age, sex) were included, and two levels of clustering were adjusted for by including school and study as random effects.

**Results:** zBMI measures for 27,433 children aged 4–18 years (51% males) were included. Preliminary results indicate a significant effect of interventions in quintile 1 (Q1; most disadvantaged, least advantaged), whereby the zBMI scores of the control groups increased to a greater extent than intervention groups (difference = -0.18 (95%CI: -0.35, -0.001)). The intervention effect was significantly greater in quintile 1 compared to quintile 4 (difference = 0.24(95%CI 0.003, 0.47).

**Conclusion:** Combining individual level data from six similar studies allows for detailed exploration of the effectiveness of obesity prevention CBIs by socio-economic position. The results suggest that the greatest intervention effect was among children who attended schools in lower socio-economic areas.

## The use of contracts to implement sustained healthy food retail initiatives

Ms Jane Dancey<sup>1</sup>, A/Prof Julie Brimblecombe, Dr Alexandra Jones, Dr Belinda Reeve

<sup>1</sup>Monash University, Clayton, Australia

1B - Prevention in action, Waterfront Room 1, April 30, 2024, 3:30 PM - 5:00 PM

Private regulation, such as contracts, can be an effective lever to implement sustained healthy food retail initiatives. Guidance for the effective use of contracts in food retail settings is lacking, with the exception of healthy vending, where online guidance exists. We applied a public health regulatory framework to publicly available healthy vending guidance documents to create best practice recommendations for the use of contracts in food retail settings, more broadly.

Document analysis involved i) snowball sampling to identify eligible publicly available healthy vending guidance documents; ii) application of a public health regulatory framework to extract data on regulatory form, substance and governance; and iii) synthesis of data to form best practice recommendations on contract implementation and governance. Eligible documents were those aimed at implementing healthier vending; published from 2000 onwards; accessible online; and included recommendations beyond nutrition standards alone, including a reference to at least one regulatory governance process (administration, implementation, monitoring, enforcement or review).

Twelve of 92 documents identified were eligible and all were from the United States (US). Only one guidance document addressed all elements of the best-practice regulatory framework, although all noted that products need comply with nutrition standards. Other aspects of regulatory substance (i.e., pricing, promotion, placement, labelling and contract length) were less well considered as were elements of regulatory governance (regulatory rules, administration, implementation, monitoring, enforcement and review). Using the three domains and recommendations of the public health regulatory framework as a guide, we extracted information from the healthy vending guidance documents and synthesised these into best practice recommendations for the use of contracts to create healthy food retail initiatives.

Our best practice recommendations consider elements of regulatory form, substance and governance to assist public health practitioners to create well-designed contracts which include enforceable processes for managing compliance within healthy food retail initiatives.

## Healthier sporting events with the Fuel to Go & Play

Mrs Michelle Riekie<sup>1</sup>

<sup>1</sup>WA School Canteen Association, East Perth, Australia

4B - Creating healthy food environments, Waterfront Room 1, May 2, 2024, 9:30 AM - 11:00 AM

Healthier sporting events with the Fuel to Go & Play®

Theme: Learning from our success stories

### Introduction

Sporting organisations are ideally positioned to lead by example and support the connection between playing sport and healthy eating to benefit the health of their community. Traditionally the food offered at community sporting events consists of mainly high fat, high salt, high sugar, low nutrient food and drinks contributing to the abundance of unhealthy food and drink options. As these events are attended by people of all ages, and focus on physical activity, they provide an ideal setting for food environment reform and nutrition education.

The Fuel to Go & Play® Community Nutrition Service (FTGP) team at the Western Australian School Canteen Association Inc. (WASCA) uses co-design to provide support to Healthway funded sporting organisations to implement strategies to create a healthy food environment.

### Methods

The advisory service, menu and recipe assessments, resources and tools aim to empower sporting organisations to offer healthy food and drinks and promote healthy eating at their events.

### Results

Healthway and WASCA have partnered with Netball WA since 2019, to create a healthy food environment at the Fuel to Go & Play® Association Championships. Strategies employed at the 2023 event included menu reform at food outlets to increase the variety of healthy food options available, promotion of healthy food options and sugary drinks off display. WASCA's Healthier Vendor Guide was used to recruit healthier mobile food vendors. A pop-up tent offered free fruit, recipe cards and games with prizes, a popular strategy to engage with participants to promote healthy eating throughout the two-day competition. Social media was used to promote healthy eating initiatives. Collaboration between stakeholders was the key to success, challenging community norms and encouraging behaviour change without compromising community expectations.

### Conclusion

A partnership approach for this event has supported environmental reform and the creation of a healthier sporting event to support the health of the community.



## Clinical decision support embedded within GP patient management software promotes screening uptake.

Mrs Barb Waters<sup>1</sup>, Ms Jennie Haarsager<sup>1</sup>, Ms Eliza Sikdar<sup>2</sup>, Mr Angus Cuskelly<sup>2</sup>, Ms Charmaine Tam<sup>2,3</sup>  
<sup>1</sup>Queensland Health, Herston, Australia, <sup>2</sup>Ecosystem Unit, Telstra Health, Sydney, Australia, <sup>3</sup>Digital Health and Informatics, The University of Sydney, Sydney, Australia

3D - Early detection and harm minimisation, Madla Meeting Room 2, May 1, 2024, 11:20 AM - 12:50 PM

**Introduction:** Evaluating the effect of interventions in a public health context is often challenging with difficulties linking behaviour change directly to the intervention. It is not known whether clinical decision support (CDS) embedded within general practice (GP) patient management systems increases health promoting behaviours. The aim of this study was to assess the impact of a cervical screening self-collection nudge to GPs within their usual software for patients who were due to screen.

**Methods:** We performed a 3-month pilot project in Queensland in 2023 with general practices using MedicalDirector Clinical software. A targeted algorithm identified patients who were newly eligible cervical screeners (aged 24 and 9 months to 27 years with no Cervical Screening Test (CST) recorded). A pop-up prompt appeared to GPs when the patient file was opened. It flagged the need for cervical screening and suggested offering self-collection. A 10% hold out group of eligible patients was assigned as the control group. Outcome measures included patients added to recall list for CST, and pathology requests and results for CST. Data collection extended for 2 months post-campaign. A scaling factor was applied to account for size differences between the control and intervention group.

**Results:** The CDS prompt was delivered to 2407 clinicians at 382 practices who provided care to 14480 eligible patients. A thirty-fold increase in patient recalls for screening was observed, and a thirteen-fold increase in completed cervical screening tests compared to the upscaled control cohort. Overall, 7% of the clinicians that received the CDS prompt engaged, either by adding a recall or lodging a CST pathology request.

**Conclusion:** This pilot project is a novel, effective and inexpensive means to deliver interventions and directly measure health behaviour change via existing general practice workflows. Future work will include interventions with different cohorts and potentially across other screening programs.

## Creating Healthy Food Environments at Community Events

Ms Carla Florio<sup>1</sup>, Mrs Michelle Riekie<sup>1</sup>

<sup>1</sup>WA School Canteen Association Inc., East Perth, Australia

4B - Creating healthy food environments, Waterfront Room 1, May 2, 2024, 9:30 AM - 11:00 AM

### Creating Healthy Food Environments at Community Events

Theme: Learning from our success stories

#### Introduction

Traditionally, food vendors at community events offer mainly high fat, high salt, high sugar, low nutrient food and drinks contributing to the abundance of unhealthy food and drink options in our day-to-day lives. As these events, including festivals, fairs and agricultural shows, are attended by people of all ages, they provide an ideal setting for food environment reform.

Fuel to Go & Play<sup>®</sup> Community Nutrition Service (FTGP) team at the Western Australian School Canteen Association Inc. (WASCA) provides a support service to Healthway funded organisations. FTGP work in partnership with event organisers to implement strategies to create healthier food and drink environments at community events.

#### Methods

The advisory service, menu and recipe assessments, resources and tools aim to empower event organisers to increase access to healthy food and drinks at their events. Healthier food vendors are identified to attend, and a range of strategies are implemented to promote the sale of healthier food and drink options.

#### Results

Since 2017, WASCA has engaged with n=357 events across the state attended by an estimated 5.6 million Western Australian's. Project success includes using food vendors listed in our Healthier Vendor Guide, vendor support to create healthier menus and implementing marketing strategies (e.g. signage and social media) to promote healthier vendors and their healthier food and drink options.

More recently, the City of Cockburn's Coogee Live community arts and music festival, attended by over 15,000 community members created a healthy food environment with all food vendors required to offer at least one healthy food option and remove sugary drinks from display.

This strategy challenges community norms and encourages behaviour change without compromising community expectations.

#### Conclusion

Having the opportunity to work with event organisers and food vendors through Healthway's partnership program has enabled positive reform in this setting.

## Australia's first randomised controlled trial of a school-based vaping preventive intervention

Ms Kathleen Blackburn<sup>1</sup>, Lauren A. Gardner<sup>2</sup>, Amy-Leigh Rowe<sup>2</sup>, Emily Stockings<sup>2</sup>, Katrina E. Champion<sup>2</sup>, Leanne Hides<sup>3</sup>, Nyanda McBride<sup>1</sup>, Steve Allsop<sup>1</sup>, Siobhan O'Dean<sup>2</sup>, Matthew Sunderland<sup>2</sup>, Yong Yi Lee<sup>4,5,6</sup>, Cathy Mihalopoulos<sup>4</sup>, Becky Freeman<sup>7</sup>, Janni Leung<sup>8,3</sup>, Hayden McRobbie<sup>9</sup>, Lexine Stapinski<sup>2</sup>, Nicole Lee<sup>10</sup>, Louise Thornton<sup>2</sup>, Louise Birrell<sup>2</sup>, Maree Teesson<sup>2</sup>, Nicola C. Newton<sup>2</sup>

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3C - Young people, Betbiyan 3 & Bundirrik 4, May 1, 2024, 11:20 AM - 12:50 PM

**Intro:** The rapid increase in adolescent e-cigarette use (vaping) is a significant public health concern. Emerging evidence of negative physical and mental health impacts indicate a need for effective behaviour change interventions. The school environment is an ideal setting. We have developed The OurFutures Vaping Program; a school-based eHealth preventive intervention targeting adolescent e-cigarette use.

**Methods:** A two-arm cluster randomised controlled trial is in process to evaluate the efficacy and cost-effectiveness of the intervention among Year 7 and 8 students (n>5,000) in 40 secondary schools across New South Wales, Western Australia and Queensland (ACTRN12623000022662). Schools have been randomised to the OurFutures Vaping Program intervention group or an active control (usual health education). The intervention is built on the effective OurFutures model, consisting of 4 x 20-minute online cartoon lessons with accompanying class activities. Self-report assessments are completed by students at baseline, post-test, 6-, 12-, 24- and 36-months. The primary outcome is the uptake of e-cigarette use at 12-months. Cost-effectiveness and the effect on primary and secondary outcomes will be examined over the longer-term.

**Results:** Baseline, post-test and 6-month data collection will be complete by January 2024, with 12-month data collection later in the year. Analyses will be conducted across the full sample to determine patterns and prevalence of e-cigarette use. An overview of findings at baseline will be included in this presentation.

**Conclusion:** This is the first rigorous evaluation of a school-based intervention to prevent e-cigarette use in Australia. The intervention has the potential to improve the immediate health and wellbeing of young people while also safeguarding them from the health impacts and addiction caused by e-cigarettes.

If effective, the OurFutures Vaping Program could be immediately disseminated via the existing OurFutures platform, which has reached >1,400 schools/organisations (>38,000 students and >3,000 teachers), and incorporated into health education classes nationwide.

## Stakeholder experiences of implementing supervised toothbrushing programmes in England: A qualitative exploration

Dr Kara Gray-Burrows<sup>1</sup>, Dr Sarab El-Yousfi<sup>2</sup>, Dr Kristian Hudson<sup>4</sup>, Miss Samantha Watt<sup>2,5</sup>, Miss Ellen Lloyd<sup>1</sup>, Dr Tom Broomhead<sup>2</sup>, Professor Peter Day<sup>1,3</sup>, Professor Zoe Marshman<sup>2</sup>

<sup>1</sup>University Of Leeds, Leeds, United Kingdom, <sup>2</sup>University of Sheffield, Sheffield, United Kingdom,

<sup>3</sup>Bradford District Care Trust Salaried Dental Service, Bradford, United Kingdom, <sup>4</sup>Improvement Academy, Bradford, United Kingdom, <sup>5</sup>Charles Clifford Dental Hospital, Sheffield, United Kingdom

1C - Nutrition and oral health, Betbiyan 3 & Bundirrik 4, April 30, 2024, 3:30 PM - 5:00 PM

### Introduction

Childhood tooth decay is a worldwide public health concern. Supervised toothbrushing programmes, whereby children brush their teeth at nursery or school are a cost-effective preventive health intervention reducing both tooth decay and health inequalities. However, uptake in England is varied, and the reasons are unknown. This study forms part of a larger project (BRUSH), which aims to explore the variation in toothbrushing programmes across England and identify determinants of implementation to increase uptake, sustainability, and impact on oral health. The aim of this qualitative component is to explore the perspectives of key stakeholders involved at each level of implementation.

### Methods

Semi-structured interviews or focus groups were undertaken with stakeholders (commissioners, providers, nursery/school staff, parents, and children aged 2-6 years old) across England. An implementation science approach using the Consolidated Framework for Implementation Research (CFIR) was taken throughout data collection, analysis, and interpretation. Data were analysed according to the five domains of the CFIR (outer-setting, inner-setting, intervention characteristics, implementation processes and individuals involved).

### Results

A total of 153 stakeholders were interviewed. Experiences were varied, but it was largely agreed that the intervention was needed and deemed useful, with the recent addition of oral health to education policy as a key motivator for implementation. However, for successful implementation a formal system of acquiring funding and establishing contracts to provide the programme with appropriate training, supplies and safety protocols, and an informal system of establishing relationships and working in partnership with key stakeholders needed to be navigated.

### Conclusion

Although there are challenges to implementing supervised toothbrushing programmes there is enthusiasm and support for the intervention, with many sharing examples of good practice. This work has been used to co-design with stakeholders an implementation toolkit that brings together resources and good practice to share with all stakeholders to optimise implementation at scale.

## “Breaking the habit’s pretty hard”: vaping addiction and cessation among young adults.

Adrian Piotrowski<sup>1</sup>, Reshika Chand<sup>1</sup>, Dr Bronwyn McGill<sup>1</sup>, Dr Shiho Rose<sup>2</sup>

<sup>1</sup>The University of Sydney, Camperdown, Australia, <sup>2</sup>The Daffodil Centre, Kings Cross, Australia

2E - Topical prevention challenges and lessons learnt, Damibila Meeting Room 1, May 1, 2024, 9:30 AM - 11:00 AM

**Introduction:** Vaping is a growing preventive health challenge in Australia. Recent Australian data indicates that compared to other age groups, young adults (18-24 years old) report the highest rates of vaping. Young people are vulnerable to becoming addicted to vaping given that this life stage is where enduring habits are established. As little is understood about vaping addiction and cessation in Australian young adults, this study explored these experiences and perceptions among this group.

**Methods:** This study reports the qualitative findings from the young adult cohort of Generation Vape, a national study of attitudes, knowledge and behaviours of vapes among targeted cohorts. Young adults participated in online focus group discussions in February 2023. The Framework Method was used to analyse the data.

**Results:** In all, 114 participants took part in 20 focus groups. Four main themes emerged from the analysis that explored participants’ perspectives of developing their addiction, and their experiences and attitudes towards cessation: i) Accessibility, which described the convenience and appeal of the product which facilitated an initial attraction; ii) Dependency, which described the associated physiological and psychological factors; iii) Cessation behaviours, which described cessation support compared to casual use; and iv) Socioecological influences, which described the social settings, pressure and co-dependent behaviours that facilitated vaping and created challenges for cessation.

**Conclusion:** Findings highlight the nuanced and multifaceted nature in which young adults view vaping. The themes as expressed by participants provide initial insights for strategies to support the prevention of vaping addiction, as well as cessation among young people. However, further research is warranted to improve our understanding of the facilitators and challenges to vaping addiction and cessation – this will ensure that preventive initiatives and policies are targeted and appropriate to meet the needs of this cohort.

## Parent perceptions of Australian vaping laws: “I don’t really understand it all!”

Dr Shiho Rose<sup>1</sup>, Dr Bronwyn McGill<sup>2</sup>, Associate Professor Becky Freeman<sup>2</sup>

<sup>1</sup>The Daffodil Centre, Kings Cross, Australia, <sup>2</sup>The University of Sydney, Camperdown, Australia

3A - E-cigarettes and tobacco, Auditorium 2, May 1, 2024, 11:20 AM - 12:50 PM

**Introduction:** Currently, Australia has strict measures to restrict access to vapes, particularly to prevent uptake in young people. Despite this, adolescent vaping continues to be a public health issue. Parents can play a key role to mitigate this, providing information and guidance. Exploring parents’ perceptions of vaping laws would offer insight towards their level of understanding and provide opportunities in correcting misconceptions to promote informed parent-child discussions. **Methods:** This study reports the qualitative findings from the parent cohort of Generation Vape, a national study of attitudes, knowledge and behaviours of vapes among targeted cohorts. Parents participated in online focus group discussions conducted in April 2023. A reflexive thematic analysis approach was used to review the data.

**Results:** In total, 92 individuals participated in 18 focus groups. Four main themes were identified: i) knowledge and comprehension of laws; ii) perceived effectiveness of the laws in the community; iii) perceived effectiveness of the laws specific to young people; and iv) the need for action. Participants indicated mixed knowledge of the law, with confusion evident regarding the details and rationale. Some parents felt knowing the law provided validation that vaping should be discouraged in adolescents. Conversely, others felt they were irrelevant, and adolescents would continue to vape if inclined. There was agreement the laws were insufficient to protect young people from vapes and is convoluted by loopholes.

**Conclusion:** There is a need to ensure that public knowledge and accuracy of the laws are maximised and communicated effectively. Parents should be seen as public health allies in this issue, who can play an important role in addressing teenage vaping. With the impending vaping reforms and further restrictions planned for Australia, there is an opportunity to be proactive and ensure that clear, consistent and current information is communicated.

## Equity Impact Assessments: what is their impact on policies, programs and staff?

Mrs Sally Schultz<sup>1</sup>, Felicity Beissmann<sup>2</sup>, Dr Christina Zorbas<sup>1</sup>, Ass Prof Serene Yoong<sup>1</sup>, Prof Anna Peeters<sup>1</sup>, Prof Kathryn Backholer<sup>1</sup>

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5C - Prevention for Equity, Betbiyan 3 & Bundirrik 4, May 2, 2024, 11:20 AM - 12:50 PM

### Introduction

The use of tools, such as equity impact assessments (EIAs), are globally recommended to support organisations to apply a health and social equity lens across policies, programs and services. However, such tools are seldom implemented or evaluated. We evaluated the impact of EIAs on policies, programs and services within a local government in Victoria, and the factors that influenced EIA outcomes. The presentation is relevant to those interested in practical ways to apply an equity lens to policy and program development and implementation.

### Methods

A mixed-methods case study design was conducted between October-December 2023. Documents related to 16 fully completed EIAs, including EIA templates and progress reports, were analysed to determine how policies, programs and services changed as a result of EIAs. Surveys (n=43) and in-depth interviews (n=17) with staff were conducted to understand the perceived impact EIAs had on local government action, as well as changes to staff awareness and knowledge, and organisational culture.

### Results

The ongoing, systematic application of EIAs across the whole organisation was perceived to increase staff awareness, knowledge and confidence in identifying and addressing potential barriers to gender and health equity, and helped to build an equity-centric organisational culture. Common barriers considered in EIAs related to physical access and safety, digital literacy, cultural appropriateness, gender norms and socioeconomic factors. Changes to policies, programs and services as a result of EIAs included community consultation that targeted missing voices, equity-informed space and infrastructure design, and equity-focused policy prioritisation and implementation. Perceived factors that influenced EIA outcomes related to implementation support including equity champions and workshops, sharing learnings to maximise efficiencies, strong leadership and accountability mechanisms.

### Conclusions

Use of EIAs can lead to an increase in organisational understanding and commitment to health equity, and has potential to strengthen equity in policies, programs and service delivery.

## HIV self-testing among young people in sub-Saharan Africa: A mixed-method systematic review

Mr. Eshetu Andarge Zeleke<sup>1,2</sup>, Dr Jacqueline Stephens<sup>1</sup>, Dr Hailay Abreha Gesesew<sup>3</sup>, Mr Behailu Merdekios Gello<sup>2</sup>, Associate Professor Anna Ziersch<sup>1</sup>

<sup>1</sup>Flinders University, Adelaide, Australia, <sup>2</sup>Arba Minch University, Arba Minch, Ethiopia, <sup>3</sup>Torrens University Australia, Adelaide, Australia

2C - Prevention equity, Betbiyan 3 & Bundirrik 4, May 1, 2024, 9:30 AM - 11:00 AM

### Introduction

Young people (YP) are disproportionately affected by the HIV pandemic in the sub-Saharan Africa (SSA), but testing rates remain low despite global targets of testing 95% of people with HIV infection by 2030. HIV self-testing (HIVST) has been recently introduced to reach high risk population groups, including some groups of YP. Thus, synthesis of emerging evidence on the acceptability and use of HIVST among YP in the SSA is needed so that comprehensive information can be generated to inform policy and practice.

### Methods

We employed a mixed methods systematic review of quantitative and qualitative literature reporting on HIVST among YP involving any design and published in English by 31st October 2023. We searched databases of published articles (e.g., MEDLINE, CINAHL) and Gray literature sources (e.g. Google, Google Scholar). The concepts for the search included self-testing, HIV/AIDS, and countries in the SSA. Two authors independently screened, retrieved full-text, and assessed quality of the studies. An Excel spread sheet was used to extract data. Meta-analysis and coding for thematic analysis was done using STATA version 18 and Nvivo software respectively.

### Results

The pooled acceptability and use were 74% (65, 84) and 35% (15, 54) respectively. Young people had concerns about their low awareness, coping with a positive test without counselling and support, physical discomfort with blood, and precision of test result with oral- based HIVST, and cost of kits. Perceived positive aspects of HIVST included empowerment and autonomy, privacy and confidentiality, HIV prevention and care behaviour, convenience for location, time, and practice.

### Conclusions

HIVST is highly accepted but not well utilized among YP in the SSA. YP have diverse needs for self-testing with mixed preferences for location and modalities of service provision. Individualized support, peer-led and mHealth aided interventions are called for.



## Do Ethiopian young people intend to self-test themselves for HIV?

Mr. Eshetu Andarge Zeleke<sup>1,2</sup>, Dr Jacqueline Stephens<sup>1</sup>, Dr Hailay Abreha Gesesew<sup>3</sup>, Associate Professor Behailu Merdekios Gello<sup>2</sup>, Associate Professor Anna Ziersch<sup>1</sup>

<sup>1</sup>Flinders University, Adelaide, Australia, <sup>2</sup>Arba Minch University, Arba Minch, Ethiopia, <sup>3</sup>Torrens University Australia, Adelaide, Australia

4C - Young people and school-based strategies, Betbiyan 3 & Bundirrik 4, May 2, 2024, 9:30 AM - 11:00 AM

**Introduction:** In sub-Saharan Africa, young people (YP) are at high risk of HIV infection, representing nearly 4 out of 5 new infections. HIV self-testing (HIVST), a new and proactive testing scheme that involves self-collection of a specimen and interpretation of results, is deemed potentially helpful for increasing testing amongst population groups like YP who do not use routine testing services. This study assessed YP's intention to use HIVST in urban areas of southern Ethiopia using the theory of planned behaviour.

**Methods:** A community-based survey was conducted with 634 participants aged 15-24 years from six town administrations of two zones in January 2023. The OraQuick HIVST kit was demonstrated to YP recruited in a door-to-door survey with a face-to-face interview using an electronic questionnaire in a mobile phone-based application. Intention to use HIVST was measured from a 6-point Likert scale with scores of agreements ranging from 1 to 6. Ordinal logistic regression analysis was done using SPSS version 28.

**Results:** Most of the participants agreed that they would use HIVST if it is available (86.3% agreeing or strongly agreeing to use HIVST). Interestingly, YP who perceived themselves at low to no risk were 1.86 times more likely to intend to use when HIVST is available to them than those who perceived themselves at a some to high risk. Intention to use HIVST increased by a factor of 1.6, 3 and 4.5 for every one unit increase on attitude, perceived behavioural control and acceptability scores, respectively.

**Conclusion:** The majority of YP intended to use HIVST. YP's perceived behavioural control, and acceptability of HIVST affected intention to use. Intention and subsequent use of HIVST can be enhanced through developing risk perception and positive attitude, confidence to perform and acceptance of the test.

## E-cigarette use in pregnancy: A cross sectional survey of antenatal clinic attendees

Ms Alice Rice<sup>1,2</sup>, Dr Melanie Kingsland<sup>1,2,3,4</sup>, Dr Emma Doherty<sup>1,2,3,4</sup>, Ms Milly Licata<sup>1,2</sup>, Ms Belinda Tully<sup>6,7</sup>, Prof Luke Wolfenden<sup>1,2,3,4</sup>, Prof John Wiggers<sup>1,2,3,4</sup>, Ms Michelle Foster<sup>5</sup>, Mr Christophe Lecathelinais<sup>1</sup>, Dr Justine Daly<sup>1,2,3,4</sup>

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5E - Reproductive and women's health, Damibila Meeting Room 1, May 2, 2024, 11:20 AM - 12:50 PM

**Introduction:** Population based studies from the USA and UK report prevalence of current e-cigarette use amongst pregnant people between 2.2% and 4.6%. Prevalence of e-cigarette use amongst pregnant people in Australia has not been reported. The aim of this study was to examine the prevalence of e-cigarette use and dual use of e-cigarettes and tobacco cigarettes, and characteristics associated with use and reasons for use amongst a sample of pregnant Australian people attending public antenatal clinics.

**Methods:** A cross-sectional survey was undertaken with 4024 pregnant people attending antenatal appointments between 12-37 weeks gestation in Hunter New England Local Health District, NSW. The main outcome measures were current use of e-cigarettes, dual use with tobacco cigarettes, participant characteristics associated with use and reasons for use.

**Results:** 1.24% of pregnant people used e-cigarettes, 34% of these were dual smokers. Being a current smoker [OR=39.49 95% CI: 9.99-156.21] or ex-smoker [OR=29.86 95% CI 8.75-101.95] were associated with e-cigarette use. Quitting smoking was the most reported reason for use (52%).

**Conclusion:** A small proportion of pregnant people attending public antenatal clinics use e-cigarettes, many are dual users or ex-smokers, who often use e-cigarettes as a smoking cessation aid. Australian clinical guidelines are needed to support evidence-based antenatal care related to e-cigarette use in pregnancy. Further large-scale Australian studies of pregnant people are required to monitor use, dual use, and seek to understand use amongst subgroups particularly as regulatory environments change in Australia.

## Integration Process of Family Planning with Reproductive Health in LMICs: Scoping Review

Ms Farina Gul<sup>1</sup>, Dr Zohra Lassi<sup>2</sup>, Dr Gizachew Tessema<sup>3</sup>, Dr Afzal Mahmood<sup>4</sup>

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5E - Reproductive and women's health, Damibila Meeting Room 1, May 2, 2024, 11:20 AM - 12:50 PM

**Background:** Providing fragmented family planning services is among the major causes of high unmet needs and unintended pregnancies in low-resource settings. When women miss out on family planning services during their visit to the clinic for postnatal, antenatal, postpartum, postabortion, HIV/AIDS, and immunisation services, it negatively impacts family planning indicators. Integrating family planning services with existing reproductive health services can improve accessibility. This scoping review maps the process of integrating family planning services with other reproductive health services in low and middle-income countries. This review stands out from previous ones as it identifies the processes, factors, and definition of integration specifically for family planning services. **Method:** We used Arksey & O'Malley's framework to identify the integration process in studies published in 2010, using various databases such as PubMed, Cochrane, CINAHL, Embase, and Web of Science databases.

**Results:** The review found 36 studies. Integrating family planning services with other health services depends on the types of services. Dual methods are promoted with HIV/AIDS services, long-acting reversible contraceptive methods with postpartum and post-abortion care, and only information on contraception is provided with the immunisation services. The integration process relies heavily on providers' training, which includes counselling, referrals, and services provision. Peer educators and counsellors from HIV/AIDS care were trained for counselling; vaccinators from immunisation services were trained for screening and assessing pregnancy risks among mothers; and doctors and nurses from post-abortion or postpartum care were trained for insertion of intrauterine devices or implants. The referral mechanism consists of co-location, where the service is provided in a different unit at the same facility and location in the same unit. Few studies discussed the approaches to contact clients for family planning. Approaches include waiting room contact at HIV/AIDS clinics, group education sessions during immunisations, and contacting women during postnatal and postpartum care. Novel approaches identified in the studies include the Happy Client Model, private counselling units, and unique promoting strategies.

**Conclusion:** The process of integrating family planning with reproductive health services consists of provider training, counselling and referral mechanisms, and co-locating of family planning services.

## Digital versus face-to-face delivery: secondary prevention for children above a healthy weight

Dr Bronwyn McGill<sup>1</sup>, Dr Christian Young<sup>2</sup>, Dr Helen Trevena<sup>2,3</sup>, Dr Margaret Thomas<sup>1</sup>

<sup>1</sup>Prevention Research Collaboration, Sydney School of Public Health, University of Sydney, Camperdown, Australia, <sup>2</sup>NSW Ministry of Health, St Leonards, Australia, <sup>3</sup>Menzies Centre for Health Policy and Economics, Sydney School of Public Health, University of Sydney, Camperdown, Australia

2E - Topical prevention challenges and lessons learnt, Damibila Meeting Room 1, May 1, 2024, 9:30 AM - 11:00 AM

**Introduction:** Health promotion interventions are increasingly delivered digitally, but evidence of effectiveness is limited. Go4Fun is a ten-week healthy lifestyle program for NSW children (7–13 years) above a healthy weight, delivered at scale. Standard Go4Fun includes face-to-face group sessions. Adapted from the face-to-face program, Go4Fun Online provides resources, online modules and phone coaching calls. We compared the effectiveness of Go4Fun Online and Standard Go4Fun in improving children's weight and health behaviour outcomes, and whether attendance levels influenced outcomes.

**Methods:** A secondary analysis of Go4Fun data was conducted using data from 1,893 face-to-face and 1,283 digital participants (January 2018 to May 2022).

**Results:** All children demonstrated improvements in weight and health behaviour outcomes. Go4Fun Online participants showed significantly larger improvements than Standard Go4Fun participants. On average, digital participants had a reduction in zBMI of 0.11 more than face-to-face participants (CI: -0.12,-0.09), increased the days/week of moderate-to-vigorous-physical-activity by 30% more (CI: 24%,36%), were more likely to eat  $\geq 2$  serves of fruit/day (compared to  $< 2$ , OR: 1.85; CI: 1.36,2.52) or eat  $\geq 3$  serves of vegetables/day (compared to  $< 3$ , OR: 1.96; CI: 1.58,2.42). Across both programs, with each additional session attended, the odds of eating  $\geq 3$  serves of vegetables/day increased by 10% (OR: 1.10; CI:1.02,1.19) with no statistically significant differences for other health outcomes.

**Conclusions:** Both Go4Fun delivery modes can help children above a healthy weight to improve their weight and health behaviour outcomes after ten weeks. The significantly greater changes achieved in Go4Fun Online provide evidence for using this emerging mode of delivery for secondary prevention among children above a healthy weight. Although the equity of digital interventions needs to be considered, they may provide a supportive environment better suited to some families. Go4Fun provides an exemplar of adapting a face-to-face program to digital delivery with greater health behaviour and weight improvements.

## REMOTE COMMUNITY LAUNDRIES FOR IMPROVED HEALTH, SOCIAL AND ECONOMIC IMPACT

Mrs Le Smith<sup>1</sup>, Ms Elizabeth Morgan-Brett<sup>2</sup>, Professor James Smith<sup>3</sup>, A/Professor Karla Kanuto<sup>3</sup>

<sup>1</sup>Heart Foundation, Darwin, Australia, <sup>2</sup>Aboriginal Investment Group, Darwin, Australia, <sup>3</sup>Flinders University, Medicine and Public Health, Rural and Remote Health, Darwin, Australia

5A - Prevention in practice, Auditorium 2, May 2, 2024, 11:20 AM - 12:50 PM

Skin sores caused by Group A streptococcus are a major public health problem in remote First Nations communities in Northern Australia, with over 80% of children affected before their first birthday. Scabies with resulting skin sores can lead to acute rheumatic fever (ARF) and rheumatic heart disease (RHD).

The Aboriginal Investment Group (AIG), with partners including the Heart Foundation, are working to provide NT communities with permanent, free, automated laundries as a strategy to reduce and prevent scabies and skin infections that are associated with limited access to working washing machines and unreliable access to power and hot water.

Through community consultation and available data, we know remote laundries have contributed to improved mental health, self-pride, feelings of respect, supportive environments, community empowerment and increased health literacy especially around ARF and RHD. To better evidence the health, social and economic impacts of the remote laundries, AIG, the Heart Foundation and Flinders University have partnered with community laundries to co-design a Social Impact Framework.

The purpose of the Social Impact Framework (SIF) is to define a clear suite of outcomes to assess how well the remote laundries are meeting the evidence-based conditions for social impact across a range of domains. These domains include Health, Wellbeing, Economy, Partnerships, Capability, Community, Sustainability and Partnerships. The SIF as an overarching document can then be applied at each community laundry to monitor and evaluate outcomes. An important part of this is considering how each community defines 'success' and ensuring that outcomes are relevant and meaningful to each.

A critical part of the Framework development process was ensuring it was informed by Indigenous perspectives from conception through to finalisation. Cultural leadership by Indigenous heart health and public health experts at Flinders University, AIG and the Heart Foundation ensured that cultural knowledge guided the project and that it aligned to Indigenous needs and priorities.

This partnership and project create a shared vision to accelerate health, economic and social impacts and seeks to establish the remote laundry project as a key component and contributor to Australia's RHD Endgame strategy and National Close the Gap targets.

## Prevention of Vaping

Dr Tehseen Zafar<sup>1</sup>

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4A - E-cigarettes and tobacco, Auditorium 2, May 2, 2024, 9:30 AM - 11:00 AM

E-cigarette use among young people is a growing concern in East Gippsland and across Australia. It is growing in popularity because of the addictive nature of the substances inside e-cigarettes and the appealing flavouring that is used in these products. Furthermore, rates of e-cigarette use are high among youth, and there is little information about the long-term health risks associated with vaping. According to the Cancer Council Victoria the prevalence of use of e-cigarettes increased from 17% to 22% from 2018-2019 to 2022.

The project aimed to prevent further uptake of vaping, provide education relating to harms and risks associated with using vaping products, and provide awareness and resources to parents, carers, and educators to support conversation with youth about vaping.

Evidence was gathered from peer-reviewed articles and other intervention programs, such as those produced by QUIT, Cancer Council, Victoria, and Lung Foundation, Australia. Gippsland Lakes Complete Health, Health Promotion Team created an evidence-based program to inform parents, carers, educators, and health professionals. The program incorporated codesign of a prevention of vaping lesson plan in collaboration with Griffith University to present to primary schools.

Outcomes relating to the program were: 27 sessions delivered across 10 primary schools, 504 children in Grades 5&6 attended sessions. There were 10 sessions delivered to 176 parents, carers, and educators. Eight community health organisations attended information forums, with 116 people attending and five train the trainer sessions were held with 72 people attending.

Results of the program, following quantitative and qualitative analysis showed: 78% of those surveyed were unaware of toxic chemicals in e-liquid; 88% increased their knowledge about health consequences of vaping; 65% could now identify the warning signs of vaping.

It is essential to strongly discourage and widely communicate the prevention of vaping message to our young population to stop further uptake of this harmful and addictive habit.

Keywords: E cigarettes; e-liquid; addiction; devices

## Caring for Caregivers: Implementing an evidence-informed program to support caregiver wellbeing

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3E - Mental health and wellbeing, Damibila Meeting Room 1, May 1, 2024, 11:20 AM - 12:50 PM

### Introduction

Parents play a critical role in the early years – shaping health, developmental, educational, and wellbeing outcomes in childhood and beyond. The transition to parenthood is a life-changing experience and a high-risk period for parents' mental health and wellbeing. In partnership, Flinders University Caring Futures Institute, Wellbeing SA, and Child and Family Health Service (CaFHS), identified a critical need to prevent risk factors and support first-time South Australian caregivers in their own self-care and wellbeing to improve the overall health and wellbeing of families.

### Aim and Methods

We aimed to identify relevant and feasible evidence-informed programs to support caregiver wellbeing. We undertook a concurrent mixed-methods study that involved 1) a review of current universal offerings within CaFHS, 2) focus groups with caregivers and CaFHS staff and 3) a scoping review of the published literature.

### Results

We 1) identified six universal offerings within CaFHS, 2) conducted five focus groups with 34 participants, and 3) identified 70 unique programs published in peer-reviewed journal articles. We triangulated the results of each of these activities to develop an innovative Caregiver Wellbeing Program to be integrated into routine universal care in South Australia.

### Conclusions and next steps

A pilot implementation-effectiveness study is underway to determine if this Caregiver Wellbeing Program improves the wellbeing of first-time caregivers and is feasible to deliver within routine CaFHS offerings and acceptable to CaFHS staff and caregivers. Overall, this study tests a novel scalable, cost-efficient, sustainable, and universal prevention approach to support South Australian family health and wellbeing.

## Developing a strategy to scale-up potassium-enriched salt use to prevent cardiovascular disease

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1C - Nutrition and oral health, Betbiyan 3 & Bundirrik 4, April 30, 2024, 3:30 PM - 5:00 PM

**Problem:** Global sodium intake is currently double the recommended amount and remains largely unchanged over the past three decades because of major implementation challenges. Excess sodium intake is associated with increased blood pressure, cardiovascular disease (CVD), and premature mortality. Potassium-enriched salt, a low-sodium salt substitute (LSSS) that has been shown to decrease blood pressure and CVD risk, is a feasible sodium reduction strategy with potential for population-wide health benefits with scale-up.

**What you did:** We sought to develop a strategy based on the NOURISHING policy framework to scale-up potassium-enriched salt use in Australia and globally to prevent millions of deaths each year. Strategy development was informed through review of the scientific evidence and clinical guidelines, investigating global supplies of salt and potassium-enriched salt, exploring lessons from universal salt iodisation, and engagement with key stakeholders including the World Health Organization (WHO), academia, advocacy and implementation organisations, and industry.

**Results:** Ongoing research and consultations revealed several barriers to scale-up: few hypertension management guidelines recommend potassium-enriched salt; low availability and affordability of potassium-enriched salt; and concerns around hyperkalaemia risk as evidenced by WHO draft guidelines providing a 'conditional' recommendation suggesting 'limited use of LSSS as a replacement for discretionary salt'. We developed a scale-up strategy for potassium-enriched salt leveraging specific NOURISHING framework policy areas. The strategy focuses on 1) updating clinical guidelines to recommend use of potassium-enriched salt and empowering healthcare professionals to promote use in individuals with hypertension, 2) engaging food industry and retailers to improve availability and affordability of the salt, and 3) filling gaps in the evidence base.

**Lessons:** We identified the need to adapt strategic approaches based on changing global and country-level policy environments, priorities, and contexts. Scaling-up potassium-enriched salt could substantially improve population health through preventing CVD, but this requires continued engagement and collaboration with key stakeholders.



## Transforming Child Well-being: The Success of 'Ballarat for Kids' Coalition

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5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

The presence of numerous organisations offering social assistance, health, and education services paradoxically resulted in disjointed service delivery for children in Ballarat. Fragmentation and siloed approaches among providers resulted in duplicative efforts; the inefficiencies led to isolated aspects of care without a cohesive strategy. This led to families encountering barriers to accessing support, causing some to fall through the gaps.

To address this, 'Ballarat for Kids' was conceived—a place-based coalition uniting diverse service providers across sectors with a shared mission. This coalition represents a diverse cross-section of stakeholders—from government, private, and NGO sectors to social, sporting, school, and service clubs—thereby creating a unified platform for addressing childhood vulnerability. Regular meetings, themed discussions, and collaborative endeavours facilitate shared learning, resource sharing, and advocacy initiatives among members, generating a comprehensive impact on service delivery and community well-being. The approach for this coalition is structured around three core principles:

1. collaborative engagement to enable a collective understanding of children's needs and challenges,
2. a multi-sector approach for a more holistic and integrated service delivery and
3. shared vision that enables the creation of coordinated and effective interventions tailored to the specific needs of children and families.

This initiative champions a collective impact model, galvanising diverse entities—disability support groups, LGBTQIA+ advocates, cultural organisations, and health service providers. Additionally, 'Ballarat for Kids' aligns with The Nest framework that views well-being through the lens of six interconnected domains, each reinforcing the others to enable children to achieve their fullest potential.

The results of this collaborative effort have been profound. 'Ballarat for Kids' successfully nurtures and supports children through shared knowledge, resources, and advocacy efforts. The coalition streamlines services, fostering a coordinated, efficient system that maximises positive impacts on children's health, development, and overall well-being.

Crucially, the lessons learned from this coalition are transferrable—a testament to the power of collaboration and a shared vision. It underscores the importance of inclusive engagement and a unified purpose among stakeholders. Serving as a blueprint for other Local Government Areas (LGAs), it aims to replicate similar success stories in enhancing child well-being and fostering resilient communities.

## 'Adventure & Veg' – a health promoting m-health program for families

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1E - Community-based initiatives, Damibila Meeting Room 1, April 30, 2024, 3:30 PM - 5:00 PM

### Introduction

Australian children fall short of meeting the dietary, physical activity and sedentary behaviour guidelines; however parents can be a difficult group to engage and support. We aimed to test the feasibility, acceptability and potential efficacy of a parental text message and social media program on their primary school-aged children's vegetable consumption and movement behaviours.

### Methods

Between August and November 2022, we conducted a two-armed randomised controlled trial with 242 parents/caregivers of primary school-aged children in New South Wales. 'Adventure & Veg' ran for eight weeks, promoting vegetable eating behaviours, local outdoor physical activity opportunities and ideas for reducing screen time. Feasibility and acceptability were assessed and effect sizes for vegetable consumption and movement behaviours were examined.

### Results

The target sample size was reached after three weeks. The proportion of participants identifying as Aboriginal and/or Torres Strait Islander was 8.7% and 66% lived in postcodes classified as the most disadvantaged. Most participants enjoyed receiving the text messages (88%) and the delivery frequency was acceptable (94%). Limitations to Facebook as a delivery platform were reported. The majority of participants used the text messages to influence the vegetable eating (65%) and movement (77%) behaviours of their child. Significant effects were observed among intervention child participants compared with control for mean daily vegetable consumption (0.45 serves, CI: 0.19; 0.71,  $p=0.001$ ,  $d=0.5$ ); weekly vegetable variety (1.85, CI: 0.25; 3.45,  $p<0.001$ ,  $d=0.6$ ); and weekly physical activity variety (0.64 CI: 0.09; 1.19,  $p=0.022$ ,  $d=0.3$ ). Parents in the intervention group increased their daily vegetable intake by 0.44 serves (CI: 0.11; 0.78,  $p=0.01$ ,  $d=0.4$ ).

### Conclusions

The Adventure & Veg program holds promise as a stand-alone health promotion intervention or as a useful adjunct to current family or school-based healthy lifestyle programs. Further research is required to explore different online delivery methods to promote local outdoor activity options.

## Determinants of food price in remote Aboriginal and Torres Strait Islander communities

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<sup>1</sup>Monash University, Notting Hill, Australia, <sup>2</sup>University of Queensland, Brisbane, Australia, <sup>3</sup>Menzies School of Health Research, Sunshine, Australia, <sup>4</sup>Curtin University, Perth, Australia, <sup>5</sup>Arnhem Land Progress Aboriginal Corporation, Sunshine, Australia, <sup>6</sup>Outback Stores, Darwin, Australia, <sup>7</sup>Indigenous Allied Health Australia, Deakin, Australia, <sup>8</sup>Health and Wellbeing Queensland, Milton, Australia

1A - Healthy food environments, Auditorium 2, April 30, 2024, 3:30 PM - 5:00 PM

**Introduction:** Food security in remote Aboriginal and Torres Strait Islander communities continues to receive national attention with recent parliamentary inquiries into food security and food pricing and commitment to a National Food Security Strategy in Remote First Nations Communities. Diverse environmental factors affect food price in remote stores. High food price influences food choice and can compromise diet quality and quantity, increasing risk of food insecurity and negatively impacting health and wellbeing. With data collected through the Benchmarking for Healthy Stores project, determinants of food price in remote communities were investigated to inform advocacy and build evidence for effective policy-making.

**Methods:** Approval to collect and publish these data was granted by Aboriginal and Torres Strait Islander project collaborators. We acknowledge the invaluable contribution of community and remote retail knowledge to this research. Food price data were collected in 29 remote stores and 5 regional centres in the Northern Territory using the Aboriginal and Torres Strait Islander Healthy Diets Australian Standardised Affordability and Pricing protocol and a modified healthy diet tool including the cheapest available option for each specified product. An environment scan e-survey exploring environmental factors impacting food retail operations was completed by representatives from all participating remote stores. Statistical analysis to explore correlations between environmental factors and food pricing were conducted.

**Results:** Preliminary descriptive analysis of key food pricing determinants demonstrated cheapest available healthy diets cost more in remote stores (average \$1302/6-person household/fortnight) than regional centres (average \$929/fortnight), and based on a welfare-dependent income, were unaffordable in remote stores (average 39% household income). In remote stores primarily using barge transport, cheapest available healthy diets cost more (n=12, \$1400/fortnight) than in stores primarily using road transport (n=17, \$1233/fortnight) and both were unaffordable for welfare-dependent households (average 42% vs 37% income). A majority of survey respondents agreed cost of freight (69%) and operational costs (maintenance, 72%; electricity, 59%) were barriers to food retail operations, which may also affect food price.

**Conclusion:** Robust data collected in collaboration with Aboriginal and Torres Strait Islander remote communities and organisations can provide evidence to inform strong policy to address food insecurity in remote Australia.

## Victorian Oral Cancer Screening and Prevention Program: A unique initiative in Australia

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5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

### Problem

More than 4000 head and neck cancers are diagnosed yearly in Australia with most being oral (lip and oral cavity) cancers. In 2022, an estimated 2642 oral cancer cases were diagnosed with increases expected for near future. Despite being largely preventable, oral cancer has low survival rates, mainly due to lack of awareness and delays in presentation.

### What we did

The Victorian Government established the Oral Cancer Screening and Prevention Program (OCSPP) to promote oral cancer prevention, screening and earlier detection. Funded by the Victorian Department of Health, this program is led by Dental Health Services Victoria (DHSV) in partnership with the University of Melbourne, La Trobe University and Australian Dental Association (VIC). Significant collaborations were established with Royal Australian College of General Practitioners (RACGP), Cancer Council Victoria and Victorian Comprehensive Cancer Centre.

As part of this program (OCSPP), an evidence-based resource Oral Cancer Learning Hub (OCLH) was launched in May 2021 to support oral health professionals to improve their knowledge and confidence to recognise/refer potential oral cancer lesions in early stages. Similarly, in November 2023, an e-module Oral Cancer: Prevention, early detection, and referral was published via RACGP's national Gplearning website for registered general practitioners (GPs). This training could potentially reach approx. 40,000 GPs to assist them in undertaking oral cancer screening, prevention counselling and appropriate referrals.

### Results

In its first two years, >1046 oral health professionals have completed the OCLH quiz and >10,000 users accessed the resource. DHSV and RACGP Gplearning evaluation teams will monitor the Oral Cancer: Prevention, early detection, and referral and results are planned for future publications.

### Lessons

Positive engagement of oral health professionals and GPs with these educational resources indicate the efficacy of this program (OCSPP) while highlighting the general shift towards prevention. This initiative may ultimately lead to increased oral cancer screening, prevention and reduced oral cancer prevalence in Australia.

## Increasing cervical screening amongst transgender and gender diverse people with a cervix

Dr Jennifer Baldock, Ms Tamara Shipley

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5C - Prevention for Equity, Betbiyan 3 & Bundirrik 4, May 2, 2024, 11:20 AM - 12:50 PM

Cervical screening is important for all people with a cervix, including transgender men and gender diverse (TGGD) people. However, they may face additional barriers to accessing cervical screening, such as lack of awareness, discrimination, lack of understanding by healthcare providers and unwillingness to undergo a speculum examination. To address some of these barriers Cancer Council SA and Shine SA, funded by Government of South Australia, developed two videos: one for community to promote the importance of participating in cervical screening, and another for health professionals that provided advice on creating safe and welcoming environments. Both videos featured local TGGD people with a cervix who discussed their views and opinions.

Before finalising the community video, feedback was sought from community members via a survey to assess whether the video was appropriate and represented community views, and to understand people's experiences of and participation in cervical screening, including participant intent to screen after seeing the video.

Preliminary results of the community survey (n=40) showed that 60 per cent of respondents agreed their thoughts and feelings had been represented in the video. Comments were overwhelmingly positive and supportive, including that the video was clear, respectful and inclusive. There were no reports of misrepresentation. After seeing the video, around 70 per cent of people with a cervix aged 25-74 reported their intention to seek out cervical screening.

To assess the effectiveness of the video for health professionals, feedback was sought from GPs and practice nurses across SA via a survey. Preliminary results showed that around 50 per cent agreed or strongly agreed that watching the video made them feel more confident in interacting with people with a cervix who are part of the LGBTIQ+ community. The majority intended to offer self-collection for cervical screening after seeing the video.

## STORIES FROM THE SCHOOLYARD: YOUTH VOICE SOLVING PHYSICAL ACTIVITY CHALLENGES

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5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

**Introduction:** SALSA Youth Voices (SYV) is an additional leadership opportunity for SALSA Peer Leaders (SPL) who participate in the Students As LifeStyle Activists (SALSA) Program. SALSA is a peer-led leadership program designed to motivate students to increase physical activity and healthy eating. Underpinned by Social Cognitive Theory and Empowerment Education, SYV builds further skills and student voice to advocate for increased physical activity within their school. SPL develop and implement plans to create school environments supportive of this.

**Methods:** SYV is a two-day initiative: Leadership Day and Action Day. Leadership Day comprises of interactive games and activities with resources provided to guide the planning and delivery of a school action plan. Action Day is an opportunity for SPL to showcase plans to health and education professionals for feedback and support. Questionnaires are administered at both days to determine program acceptability, the skills gained by SPL and whether they were able to design and implement an action at their school, supplemented by qualitative data collected through semi-structured interviews.

**Results:** SYV equips SPL to develop and implement actions for increased physical activity. Most recently, in 2022 and 2023, a total of 45 and 43 students, respectively, from five schools each year participated. Most SPL rate their involvement in SYV as very valuable, and report building communication (87%), teamwork (87%) and confidence (80%). Noteworthy student plans implemented include the installation of water refill stations, sports days, school gym renovation and sunscreen stations.

**Conclusions:** Meaningful engagement of youth voice continues to be fruitful for generating ideas, plans and actions for increasing physical activity, whilst building the capacity of adolescents to prevent obesity. Importantly we have shown that student actions can contribute to the development of supportive school environments to address health inequities. This approach can be used to identify and address other health issues.

Shah, S, Rizzo Liu, K, Lockett, C, & Sainsbury, E, 2023, 'Youth voices creating healthy eating and physically active environments in schools', *Health Education Journal*, vol. 82, no. 5, pp. 542–554, doi: 10.1177/00178969231173266.

## TIK TOK, FORTNITE AND GRAPHIC NOVELS: STUDENTS DELIVER SOLUTIONS TO HEALTH PROBLEMS

Kym Rizzo Liu<sup>1</sup>, Catriona Lockett<sup>1,2</sup>, Professor Smita Shah<sup>1,2</sup>, Farah Irani<sup>3</sup>, Vesna Slepcev<sup>3</sup>, Christine Assanti<sup>4</sup>

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4C - Young people and school-based strategies, Betbiyan 3 & Bundirrik 4, May 2, 2024, 9:30 AM - 11:00 AM

**Problem:** The Health Hackathon was inspired by the key findings of the Unpacking Vaping in Schools Study in 2022, which sought to understand the experiences of e-cigarette use in students, school staff, and parents; and their preferred strategies for conveying prevention messages. Recognising the importance of delivering prevention messages through youth voice, the Health Hackathon was born, as a collaboration between health and education.

**What you did:** The 2-day Health Hackathon aimed to upskill students through industry connections, increasing awareness of health careers, and empowering them to develop campaigns addressing relevant health issues that mattered to them. Through immersive group work and guidance on the campaign development cycle, students received insights through presentations from industry leaders, including from public health, communications, social media, gamification and technology. To translate these learnings to students' campaigns, they were guided to consider the campaign development cycle and articulate the 'Who', 'Why', 'What' and 'How'.

**Results:** Students showcased their learnings by developing innovative campaigns. They utilised various media formats to convey powerful public health messages affecting young people including e-cigarette use, mental health, and underage drinking. The Health Hackathon was highly valued by students who found the workshop activities useful for the planning of their campaigns. The event significantly improved students' understanding of health careers, with 28% expressing a desire for a career in health and 44% considering it.

**Lessons:** The Health Hackathon positively impacted students, enhancing job-readiness, broadening their awareness of future careers in health, and empowering them as agents of positive change within their school community. The collaboration between health and education partners exemplifies the benefits of cross-industry and departmental collaboration. To improve future Health Hackathons, students suggested shortening presentations and the inclusion of more time for networking with industry professionals and practical assistance in pitch development.

Reference - Lockett, C et al., (2023), Health Education Journal – under review

## Strengthening and promoting the Cultural Determinants of Health and Wellbeing

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<sup>1</sup>Wellbeing SA, Adelaide, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

Improving health and wellbeing outcomes for South Australian Aboriginal people is a priority for Wellbeing SA. Aboriginal people require a holistic, culturally appropriate health system, underpinned by policies, programs and services across all sectors. It is critical that Aboriginal people are included in the decolonisation of services, policies and programs, and that Aboriginal knowledge and ways of working are valued and prioritised.

Wellbeing SA's Aboriginal Health Promotion team launched the South Australian Aboriginal Health Promotion Strategy 2022-2030 in August 2022.

The Strategy was developed with the focus of articulating a framework of the Cultural Determinants of Health for South Australian Aboriginal communities and helping guide Wellbeing SA's actions to support Aboriginal communities to strengthen culture. The Strategy identifies key themes to support better outcomes at the community level: Workforce development; Leadership and self-determination; Language; Acknowledging the value and importance of Aboriginal knowledge; Addressing racism and promoting cultural safety.

The Aboriginal Health Promotion team, in collaboration with the South Australian Aboriginal community, designed and implemented The Strengthening Our Culture Community grants program. Targeting Aboriginal Community Controlled Organisations, this grants program adopted a Community of Practice approach to support grant recipients to develop sustainable skills and share knowledge and best practice while delivering programs that strengthen Culture.

Racism is known to have significant, negative impacts on physical and mental wellbeing outcomes. The first South Australian Anti-Racism Strategy, which the team co-led the development of, aims to address racism at all levels for Aboriginal people and other communities impacted by racism.

Community input into the design of the grants program has led to a more streamlined and appropriate application process.

Focussing on strengthening culture has allowed grant recipients to deliver projects based on community needs rather than funding body key performance indicators.



## South Australia's Public Sector Anti-Racism Strategy | The Journey so far

Mrs Telisha Bayly<sup>1</sup>, Ms Brenda Muturi<sup>1</sup>

<sup>1</sup>Wellbeing SA, Adelaide, Australia

5C - Prevention for Equity, Betbayan 3 & Bundirrik 4, May 2, 2024, 11:20 AM - 12:50 PM

There are numerous instruments at national and state level aimed at addressing discrimination. However, whilst effective laws are critical foundational tools to address inequality, we know that laws alone are not enough.

South Australia is the first Australian State to develop and launch a Public Sector Anti-Racism Strategy. It is informed by research and extensive consultation with Aboriginal and Culturally and Linguistically Diverse people with lived experience of racism. The SA Strategy centres racism as a determinant of health and wellbeing, recognising the significant negative physical and mental health impacts and intergenerational trauma that can result. In current times, racism is an issue that whilst always topical, has been brought even more prominently to the fore.

From conception of the Strategy, by Aboriginal employees, to Cabinet Approval and launch, the anti-racism journey in South Australia has been an exercise in building evidence, advocacy and partnership from which many lessons can be learnt.

Applying a public health lens to the issue of racism has allowed the public discourse and policy creation on the issue take on new depth and breadth. The result of which is a unique partnership between two State government agencies with distinct mandates, Wellbeing SA/Preventive Health SA, and The Office of the Commissioner for Public Sector Employment (OCPSE). This partnership has seen the leveraging of respective strengths, with OCPSE acting as lead agency responsible for implementation, supported by Wellbeing SAs specialist capability in population level data and analysis.

As the largest employer in South Australia, the public sector is uniquely placed to set the standard for tackling racism in all its forms government, and in the community at large.

## Australian adolescents' knowledge of smoking harms and tobacco product misperceptions

Ms Maree Scully<sup>1</sup>, Ms Emily Bain<sup>1</sup>, Mr Ian Koh<sup>1</sup>, Prof Melanie Wakefield<sup>1,2</sup>, Prof Sarah Durkin<sup>1,2</sup>

<sup>1</sup>Cancer Council Victoria, East Melbourne, Australia, <sup>2</sup>School of Psychological Sciences, The University of Melbourne, Parkville, Australia

3C - Young people, Betbiyan 3 & Bundirrik 4, May 1, 2024, 11:20 AM - 12:50 PM

**Introduction:** Scientific evidence regarding smoking harms is still growing, while tobacco product attributes (e.g., roll-your-own tobacco, menthol) and sensory experiences (smooth-tasting smoke) are potentially leading to misperceptions of harm. This study assessed current knowledge about smoking harms, and perceptions about the relative harmfulness of different tobacco products among Australian adolescents. We also explored whether these varied by prior smoking experience.

**Methods:** Students aged 12 to 17 years (n=8,581) from all states and territories completed a cross-sectional survey between March 2022 and July 2023 at school. Multivariable logistic regression analyses examined associations between students' knowledge and perceptions and their smoking behaviour, controlling for sex, age, state/territory, education sector and school-level clustering.

**Results:** Overall, there was high ( $\geq 80\%$ ) knowledge among students that smoking causes lung cancer, increases risk of serious lung infection and having a heart attack, harms unborn babies, makes asthma worse, and spreads toxic chemicals all around the body, but comparatively low awareness that smoking causes stomach cancer (64%), makes bones weak (58%) and causes rheumatoid arthritis (46%). Knowledge did not vary by prior smoking experience. Most students failed to disagree that roll-your-own cigarettes are less harmful than ready-made cigarettes (76%), or that cigarette smoke which feels light or smooth is less harmful than smoke that feels harsh (75%). Few (26%) knew that menthol cigarettes are more addictive than non-menthol cigarettes, although this belief was more common among students who had tried smoking and those who had smoked in the past month (vs. never smokers).

**Conclusion:** To help reduce youth smoking uptake, there is opportunity to further educate Australian adolescents about the broad range of specific smoking harms, the effect that menthol has on increasing addiction, and that all tobacco products, even roll-your-own cigarettes and those that feel light or smooth, are harmful.

## Connected with and through care: Frailty-enabled and COVID-safe renal transport service.

Dr Sara Zabeen<sup>1</sup>, Ms Onika Paolucci<sup>2</sup>, Ms Edna May Wittkopp<sup>2</sup>, Mr Tolbert Dharromanba Gaykamangu<sup>2</sup>, Mr Wayne Alum<sup>2</sup>, Mrs. Anne-Marie Puruntatameri<sup>2</sup>, Mr Robson Bond<sup>3</sup>, Mr Anthony Clifford<sup>3</sup>, Associate Professor Shahid Ullah<sup>6</sup>, Ms Kerry Dole<sup>2</sup>, Ms Gwendoline Lowah<sup>2</sup>, Ms Anne-Marie Eades<sup>4,5</sup>, Mr Richard Modderman<sup>2</sup>, Ms Kirsty Annesley<sup>2</sup>, Ms Jacqueline Kent<sup>2</sup>, Mr Emidio Coccetti<sup>2</sup>, Ms Anne Weldon<sup>2</sup>, Ms Onika Paolucci<sup>1,2,3</sup>

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4D - Learning from our success stories, Madla Meeting Room 2, May 2, 2024, 9:30 AM - 11:00 AM

Introduction: Patients need transport to safely and reliably access dialysis, health care appointments, and participate in health care decisions. As part of COVID-safe service innovations, the New Start Dialysis Transition Program (NSDTP) extended usual activity to include COVID-safe health education and physiotherapy. A COVID-safe and frailty enabled transport service was also implemented operating during May 2021-February 2022, with the aim of connecting patients to care optimisation. Methods: We described the usage and value of the NSDTP transport service through mixed method approach from descriptive statistics and qualitative feedback. Results: A 10-seater transit van, frailty-enabled and stowage for patient equipment was preferred by patients for COVID-safe distancing. Two drivers were specifically employed, providing 123 on-road days, initially at 1 day per week, to support patient participation in care decisions, and extending to 5 days as patients sought support to complete health optimisation treatments. Transport services were completed through 70.9% bookings (837 times), supporting 69 patients whose care involved NSDTP, 56 renal services patients (non-NSDTP) who used the dialysis unit and or Renal Home Therapy unit and 29 family caregivers. Most common health activities supported by this bus were dialysis treatment (n=495, 41.9%), and 38.5% for NSDTP related appointments. Qualitative feedback from 42 respondents described the transport service as acceptable, suitable and for the transport pilot service to be continued. Participants identified driver selection, training, transport protocols and integrated appointments as the key facilitators. Conclusion: This transport service was highly valued and used during the pandemic and has been recommended to continue in pandemic-recovery and usual care. The NSDTP Indigenous Patient Reference Group members co-designed, and approved this study, and endorse the recommendation for patient transport service continuity at this setting.

## Understanding gambling-related risks among multicultural communities in the Northern Territory

Dr Himanshu Gupta<sup>1</sup>, Dr Noemi Tari-Keresztes<sup>1</sup>, Dr Devaki Monani<sup>2</sup>, Professor James A Smith<sup>1</sup>

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5C - Prevention for Equity, Betbiyan 3 & Bundirrik 4, May 2, 2024, 11:20 AM - 12:50 PM

### Introduction

Gambling and related issues exclusively among multicultural communities in the Northern Territory (NT) have not been explored. Therefore, we conducted this first-ever study to understand the risks and vulnerabilities related to gambling and how preventing these risk factors can improve health outcomes among multicultural communities in the NT.

### Methods

We used a mixed-methods research design in this study. We conducted an online survey (n=118) with people who had gambled on any activity in the last 12 months and qualitative interviews with gamblers (n=13) and those who were affected by someone else's gambling (n=4). We used appropriate methods to analyse the data.

### Results

We identified positive and significant associations between gambling and temporary visa holders ( $p < 0.001$ ). Financial stress associated with migration forced people to often work long hours in multiple jobs simultaneously and below the minimum wage. It was combined with challenges to permanent pathways of migration to Australia, a drastic change in lifestyle, a lack of support, stress, anxiety, and a lack of opportunities for recreation and socialisation, in the NT.

A desire to overcome such situations was driven by taking risks through gambling. However, these risks put people in negative situations in many cases (e.g., debt, family conflict, poor health). Also, some multicultural communities were prone to such risks more than others.

### Conclusion

Our analysis demonstrates that risk-taking is linked to the process of migration and migration is shaped by risk-taking. Migrants are socially, emotionally, and financially vulnerable. Gambling is often considered a pathway to overcome these vulnerabilities.

Gambling is linked to a range of socioeconomic indicators and environmental factors that need to be considered when designing and implementing effective gambling harm reduction and support initiatives for multicultural communities.

## Accessibility of e-cigarettes in a Metro Melbourne local government area

Holly Beswick<sup>1</sup>, Krithika Kumar<sup>1</sup>, A/Prof Veronica Graham<sup>1</sup>, Dr Tara Boelsen-robinson<sup>1</sup>, Saulat Khan<sup>1</sup>, Dr Finn Romanes<sup>1</sup>, Kate Cranwell<sup>1</sup>

<sup>1</sup>Western Public Health Unit, St Albans, Australia

4A - E-cigarettes and tobacco, Auditorium 2, May 2, 2024, 9:30 AM - 11:00 AM

### Problem

E-cigarettes (commonly known as vapes) are a significant, public health challenge, becoming increasingly normalised amongst Australian children and young people. E-cigarette use can lead to nicotine addiction and a transition to tobacco cigarettes. There is little local data identifying retail stores selling non-prescription e-cigarettes or their proximity to youth-focused settings.

### What you did

We identified commercial areas and conducted field trips within one metropolitan local government area (LGA) located in Melbourne's west to identify the number, type and location of stores where e-cigarettes are sold. Location of stores were mapped to schools and sport, leisure and recreation facilities. Additional qualitative reflections were recorded following site visits from data collectors.

### Results

Seventeen field trips conducted between 31 May and 26 June 2023 identified 59 retailers selling e-cigarettes. E-cigarettes were sold in tobacco and vaping stores (n=21), grocery and convenience stores (n=18), liquor stores (n=8), non-food stores (n=7), café and/or food stores (n=3), and fuel stores (n=2). Observational data found e-cigarettes were bright and appealing and available in flavours like candy and ice-cream. Seventy percent of schools were located less than 1km from the nearest e-cigarette retailer.

### Lessons

This is the first investigation of its kind in a Victorian LGA and found that e-cigarettes are being sold at a range of retailers, in close proximity to schools, and are easily accessible to children and young people. These results will help to inform future advocacy, policy and legislation of e-cigarettes in Victoria by local and state government, as well as health promotion organisations working to reduce vaping and tobacco-related harm.

## Enhancing Health Equity: Adapting the INFANT Program for Melbourne's Diverse Communities

Ayesha Maharaj<sup>1</sup>, Holly Beswick<sup>1</sup>, Dr Tara Boelsen-robinson<sup>1</sup>, Dr Catherine Guiliano<sup>1</sup>, Jenny Giang<sup>1</sup>, A/Prof Veronica Graham<sup>1</sup>, Kate Cranwell<sup>1</sup>, A/Prof Rachel Laws<sup>2</sup>

<sup>1</sup>Western Public Health Unit, St Albans, Australia, <sup>2</sup>Institute for Physical Activity and Nutrition (IPAN), Deakin University, Burwood, Australia

5C - Prevention for Equity, Betbiyan 3 & Bundirrik 4, May 2, 2024, 11:20 AM - 12:50 PM

### Problem

Establishing healthy habits during early childhood is crucial for lifelong well-being. The INFANT program (Infant Feeding, Active play and NutriTion) empowers first-time parents in nutrition, active play and less screen time through sessions delivered by maternal and childhood nurses, dietitians and health promotion practitioners. Using low-literacy materials over a one-year period, INFANT has shown sustained healthy habits at five years. This program is limited to English materials and delivery, impacting accessibility. This is particularly significant in Melbourne's West, where 44% of the population speak a language other than English at home.

### What we did

We analysed birth data within Melbourne's West to identify the most common languages other than English spoken at home, in families with young children. Six predominant languages were identified for INFANT program translation: Punjabi, Vietnamese, Mandarin (Simplified-Chinese), Urdu, Hindi, and Arabic. Focused on suburbs with the highest concentration of non-English-speaking parents, we identified 14 maternal and child health centres for program delivery.

### Results

A suite of 24 booklets and 48 videos have been developed in the 6 identified languages as tools to engage culturally and linguistically diverse parents. We will be engaging and training bicultural workers to deliver INFANT in-language to support accessibility for parents in the identified language groups.

### Lessons

This initiative exemplifies the importance of tailoring evidence-based primary prevention programs to meet the specific needs of diverse populations. By translating the INFANT program into key languages spoken by families in the West of Melbourne, we have taken a significant step towards bridging health equity gaps in our communities. Upskilling bicultural workers to deliver INFANT and identifying the most relevant centres in which to deliver them, will strengthen the system-level support for embedding healthy behaviours from a young age.

## Cancer Council Queensland's Cancer Risk Calculator 2.0

Mrs Sharyn Chin Fat<sup>1</sup>, Mr Grant Brown<sup>1</sup>

<sup>1</sup>Cancer Council Queensland, , Australia

3D - Early detection and harm minimisation, Madla Meeting Room 2, May 1, 2024, 11:20 AM - 12:50 PM

Cancer Council Queensland's Cancer Risk Calculator (CRC) is a free online tool that enables people to self-assess what actions they take to reduce their cancer risk based on a set of key modifiable factors (i.e., physical activity, diet, weight, alcohol, tobacco use, sun protection, screening). It provides a personalised cancer-risk scorecard and some behaviour change strategies. To date, over 48,000 people have completed the CRC, 10% of which have subscribed to receive reminders to retake the CRC and an additional 500 to 1,000 people complete the CRC every month.

This presentation will describe the current success of the CRC as an online engagement and awareness tool. It will further discuss the success of the current CRC optimisation to enhance its overall design and feedback to users. This optimisation follows a comprehensive evaluation including a full content review and involves a rebuild of the digital infrastructure, revision of questions, the scoring algorithm and recommendations provided to users. Lastly the presentation will provide initial insights into the successful launch (February 2024) of the new version.

The CRC will continue to function as a gateway for community members to engage with CCQ and promote cancer prevention awareness. The new version will be incorporated into several new large-scale prevention programs (individual, workplaces and community organisations) targeting behaviour change and screening participation. It will also enable research into the patterns and clustering of risk factors in relation to key demographics and help us understand engagement and usage patterns to identify new priority areas for further investigation.

## Community place-based approach to addressing health inequities – Healthy Kids Advisors initiative.

Dr Cathy Wilkinson<sup>1</sup>

<sup>1</sup>Stephanie Alexander Kitchen Garden Foundation, Collingwood, Australia

1E - Community-based initiatives, Damibila Meeting Room 1, April 30, 2024, 3:30 PM - 5:00 PM

The Stephanie Alexander Kitchen Garden Foundation is proud to be delivering the Healthy Kids Advisors initiative which is supported by the Victorian and Australian Government.

The Healthy Kids Advisors (HKA) initiative is a compelling and effective community place-based approach that is focused on working alongside communities to address health inequities. Evaluation of Healthy Kids Advisors is demonstrating that the initiative is having up to five times more impact than traditional health promotion approaches.

Currently operating in 13 LGAs across Victoria, our team of locally based Advisors work alongside community partners, offering hands-on, practical solutions to help communities achieve their healthy food and drink goals. We specialise in engaging hard to reach communities and settings and strengthening local collective capability to influence systems level change.

The program works by offering a successful alternative to mainstream nutrition education, through its focus on Pleasurable Food Education (PFE). PFE is the Foundation's custom approach that empowers children and young people to develop practical skills, an appreciation of seasonal produce, and a positive, confident and healthy relationship with food.

Through to February 2023, the Health Kids Advisors initiative had:

- engaged over 55,000 children and young people
- supported 43% of schools across the target communities
- worked alongside 10 Aboriginal Community Controlled Health Organisations, local councils, community health partners, and many others

Four key pillars in the Healthy Kids Advisors approach that are fundamental in our work and progress to date include : noticing regional needs; connecting with diversity; empowering young people; and boosting collective capacity.



## Influencing public health nutrition through healthy retail policies and practice

Ms Georgia Day, Ms Melinda Hammond, Miss La'Shauna Nathaniel

<sup>1</sup>Community Enterprise Queensland, Bungalow, Australia

1A - Healthy food environments, Auditorium 2, April 30, 2024, 3:30 PM - 5:00 PM

Alongside researchers, the remote retail sector has been at the forefront of creating new evidence to demonstrate the powerful influence of retail environments on purchasing behaviour and how standard retail marketing practices can be used to shift sales towards healthy products. Despite this promise, building capacity to lead these preventive health interventions in remote stores is often challenging due to changes in organisational and political commitment and the fluctuating nature of public health funding.

Community Enterprise Queensland (CEQ) is a non-for-profit statutory body responsible for supplying essential goods and services to remote Aboriginal and Torres Strait Islander communities in Far North Queensland. To embed health and nutrition strategies into company practices and maximise CEQ's influence on supporting better community health outcomes into the future, the Health Wellbeing and Nutrition Strategy 2023-2027 was developed.

Lead by an Aboriginal and Torres Strait Islander majority board, the process to develop this strategy has involved; situational analysis of the literature and policies of similar organisations and review of CEQ history and context; development of health strategy to align with board strategic direction; co-production of new internal policies to support strategy objectives with key decision-makers; dissemination of strategy and internal policy; planning for monitoring and reporting system that measures strategy impact on sales data and broader evaluation of company impact on the social, cultural and commercial determinants of health.

In addition to use of a strong evidence base, brave leadership from decision makers was a key enabler to effecting organisational change. Health related measures have been introduced to governance reporting processes for monitoring strategy implementation. Regular progress updates are used to guide continuous quality improvement and ensures CEQ sustains commitment to maintaining healthy retail environments.

## Building connection and support among Aboriginal youth living with type 2 diabetes

Edwina Murphy, Samyia Shark<sup>1</sup>, Dr Michelle Scerri<sup>2</sup>, Ms Jaimee Anderson<sup>2</sup>, Ms Samyia Shark<sup>2</sup>, Mr Waylon Murphy<sup>2</sup>, Associate Professor Renae Kirkham<sup>1</sup>, Dr Angela Titmuss<sup>1,3</sup>

<sup>1</sup>Menzies School Of Health Research, Darwin, Australia, <sup>2</sup>Wurli Wurlinjang, Katherine, Australia,

<sup>3</sup>Royal Darwin Hospital, Darwin, Australia

3C - Young people, Betbiyan 3 & Bundirrik 4, May 1, 2024, 11:20 AM - 12:50 PM

Reported rates of type 2 diabetes (T2D) among young Aboriginal people in the Northern Territory (NT) are among the highest in the world. Effectively engaging with this group is critical to providing health care. However, engagement is often challenging, with many young people with T2D experiencing stigma, isolation, and adverse health outcomes. In 2020, Wurli-Wurlinjang Health Service developed a peer-support program in the Big Rivers region to enhance engagement, support diabetes management and promote diabetes prevention strategies.

The program is strengths-based and builds on the inherent skills, connections and resilience of young people. The group provides a safe place for diabetes discussions, education and social support each month. For those involved, engagement with the health service and young people's willingness to seek health care have improved. Some participants have requested the opportunity to contribute more formally to the program, taking on leadership roles.

In response to recommendations for strengthening the program, a 12-month peer-led diabetes education program is being developed in collaboration with Menzies School of Health Research. Specifically, the program is being co-designed with young people, families and health professionals, with a plan to evaluate all phases of the project. The program will engage young adults living with T2D as peer-facilitators, and aims to enhance diabetes self-management and understanding, as well as wellbeing and social connections, to improve long-term diabetes outcomes and prevent diabetes-related complications.

Looking beyond traditional health-care settings and roles to facilitate peer-support programs for young people is critical to improving health outcomes. The co-design approach will support processes necessary to promote effective strategies that meet the needs of this group. The evolution of the peer-support program into peer-led education demonstrates the importance of maintaining relationships and continuity of care, creating a safe place for young people despite the immense social inequities experienced by many youth.

## Empowering First Nation's communities; from the heart to the heart

Tennele Shields, Candice Basham, Vicki Wade

<sup>1</sup>National Heart Foundation Of Australia, Darwin, Australia

2A - Aboriginal and Torres Strait Islander health, Auditorium 2, May 1, 2024, 9:30 AM - 11:00 AM

Empowering First Nation's communities; from the heart to the heart.

### Problem

Rheumatic heart disease has been eliminated in every other developed country however, First Nation's people in Australia are almost exclusively affected by this disease. This is an entirely preventable disease, therefore the emphasis on preventative health measures should be a significant focus when working with First Nation's communities. The thinking behind best practices to promote self-determination in First Nation's communities and engaging in culturally appropriate ways continues to evolve however, there is still a gap in providing culturally safe health promotion activities that seek to empower individuals and communities towards better health outcomes.

### What we did

In partnership with Aboriginal Investment Group (AIG), the Heart Foundation's First Nation's team delivered a pilot project to 3 First Nation's communities in the Northern Territory through the Heart Foundation's Champion4Change program; a culturally safe program led by Aboriginal and Torres Strait Islander peoples and communities with lived experience of acute rheumatic fever (ARF) and rheumatic heart disease (RHD).

The project delivery included a workshop in each of the 3 selected communities to remote laundry staff and local champions. The workshops used a yarning circle methodology and both ways learning approach; a culturally appropriate method for engaging with First Nation's people to increase the participants knowledge on ARF and RHD, environmental causes and their confidence to communicate with their community on these topics. Following the workshops, a community event was held where the participants shared with their broader community on learnings and insights from the workshops.

### Results and Lessons

Incorporating a both way's learning approach, and utilising resources in language improved the engagement with the participants and their willingness to learn more about ARF and RHD and promote preventative actions to their community. Health promotion activities need to be culturally safe, co-designed and consultation processes need to occur prior to working with communities.

## Remote food retail governance: Opportunity for person-led partnerships and shared decision-making.

Miss Emma van Burgel<sup>1,4</sup>, APONT Aboriginal Governance and Management Program<sup>2</sup>, Dr Luke Greenacre<sup>1</sup>, Dr Megan Ferguson<sup>1,3,5</sup>, Amanda Hill<sup>1</sup>, Dr Emma McMahon<sup>1,5</sup>, A/Prof Julie Brimblecombe<sup>1,5</sup>

<sup>1</sup>Monash University, Melbourne, Australia, <sup>2</sup>Aboriginal Peak Organisations Northern Territory, Alice Springs, Australia, <sup>3</sup>The University of Queensland, Brisbane, Australia, <sup>4</sup>Curtin University, Perth, Australia, <sup>5</sup>Menzies School of Health Research, Darwin, Australia

4B - Creating healthy food environments, Waterfront Room 1, May 2, 2024, 9:30 AM - 11:00 AM

Food stores in remote Australia have a significant role in the food security and nutritional health of residents. This setting has demonstrated the potential to support preventive health outcomes through the unique governance and decision-making capacity of Aboriginal and Torres Strait Islander Store Directors. There is an opportunity to partner with community-controlled stores to address Aboriginal and Torres Strait Islander priorities to create healthy food retail environments. Understanding the governance of community stores and community involvement is important to creating sustainable, healthy food policy.

A seed list of remote and very remote stores in Australia, created by the National Indigenous Australians Agency, was validated and extended, including identifying data on store governance (who has the legal rights to the store via the Australian Business Register) and whether a store was registered with the Office of the Registrar of Indigenous Corporations (ORIC). Registration is voluntary but requires the majority of members to be Aboriginal and/or Torres Strait Islander. Nationally, 233 remote stores were identified, with over one third (n=86, 37%) registered with ORIC as an Indigenous corporation. In the Northern Territory, 50% of stores were registered Indigenous corporations (n=59/118), also known as member-based Aboriginal Community Controlled Organisations. This information has been published in an open-access database, designed for use for advocacy in this sector.

This rights-based, community-led setting gives the opportunity to foster decision-making and partnerships to create sustainable, place-based change to the food environment in remote areas. In line with the Priority Reforms of the 2023 Commonwealth Closing the Gap Implementation Plan, the unique role of these stores and their governance provides a platform for Aboriginal and Torres Strait Islander values and voices to drive policymaking to support food security and nutritional health in remote communities in a way that best suits the community's needs.

## Inequalities in receiving Vitamin A supplementation among Bangladeshi children aged 6-59 months

Mr. Satyajit Kundu<sup>1</sup>, Dr. Syed Sharaf Ahmed Chowdhury<sup>1</sup>, Dr. Azaz Bin Sharif<sup>1</sup>, Dr. Ahmed Hossain<sup>1</sup>

<sup>1</sup>Global Health Institute, North South University, Dhaka, Bangladesh

5C - Prevention for Equity, Betbiyan 3 & Bundirrik 4, May 2, 2024, 11:20 AM - 12:50 PM

**Introduction:** The coverage of vitamin A supplementation (VAS) is still short of the target set by the government to reach 90% coverage of VAS in Bangladesh. The present study examines the socioeconomic and geographical inequalities in receiving VAS among children aged 6-59 months in Bangladesh from 2004 to 2017.

**Methods:** The Bangladesh Demographic and Health Surveys from 2004 to 2017 were accessed through the World Health Organization's Health Equity Assessment Toolkit. Inequalities were explored from socioeconomic and geographical perspectives. Specifically, it considered wealth quintile and education as socioeconomic and place of residence as geographical dimensions. We calculated Difference, Population Attributable Fraction (PAF), Population Attributable Risk (PAR), and Ratio as summary measures and their associated 95% confidence intervals to quantify and assess the extent of health disparities.

**Results:** The study revealed a fluctuating trend over the years in the prevalence of receiving VAS among children in Bangladesh. The prevalence shifted from 78.68% in 2004 to a low of 62.09% in 2011, subsequently increasing to 79.29% in 2017. The PAF in 2017 for the variable wealth was 4.61 (95% CI:2.38-6.85), highlighting the extent of the disparity that favored wealthier individuals. The study also detected inequalities based on educational levels; in 2017, the Difference measure of inequality was 9.24 (95% CI:3.69-14.79), indicating a notable advantage for children from the higher-educated group. Children from urban areas were also observed to have a higher likelihood of receiving VAS compared to their rural counterparts.

**Conclusion:** This study identified a persistent regional inequality in receiving VAS in Bangladesh over time. These inequalities remained a concern, especially for children from poor wealth, low-educated families, and rural regions. This understanding will inform the development of a comprehensive program aimed at increasing the prevalence of VAS among all children in Bangladesh.

## Influencing government policy in remote Aboriginal and Torres Strait Islander community stores

Dr Megan Ferguson<sup>1,4</sup>, Ms Emma Delahunty<sup>Central Australian Aboriginal Congress</sup>, Ms Khia De Silva<sup>Arnhem Land Progress Aboriginal Corporation</sup>, Ms Nicole Turner, A/Prof Julie Brimblecombe<sup>2,4</sup>, Ms Sarah Connally<sup>1</sup>, Ms Rebekah Clancy, Ms Deanne Minniecon, Dr Beau Cubillo<sup>2,3</sup>, Mrs Le Smith<sup>4,5</sup>, Prof Louise Maple-Brown<sup>4</sup>, Dr Elizabeth Moore, Ms Anne Kemp, Ms Jane Martin, Dr Emma McMahon<sup>4</sup>, Dr Katherine Cullerton<sup>1</sup>, Dr Meaghan Christian<sup>2</sup>, Ms Amanda Hill<sup>2</sup>, Miss Nikita Muller, Ms Coreena Moloney

<sup>1</sup>University of Queensland, Brisbane, Australia, <sup>2</sup>Monash University, Melbourne, Australia, <sup>3</sup>Deakin University, Melbourne, Australia, <sup>4</sup>Menzies School of Health Research, Darwin, Australia, <sup>5</sup>Flinders University, Adelaide, Australia

5D - Prevention frameworks and methodologies, Madla Meeting Room 2, May 2, 2024, 11:20 AM - 12:50 PM

### Issue

Following the sunset of the Stronger Futures Northern Territory Act in July 2022, the Northern Territory Government committed to developing legislation within the Food Act 2004 (NT) to ensure food security is supported through stores in remote Aboriginal and Torres Strait Islander communities. This provides a critical window of opportunity to strengthen legislation and ensure stores contribute to the prevention and management of chronic disease by improving the healthiness of the store environment.

### What we did

The Coalition for Healthy Remote Stores comprises representatives from 13 state/territory/national Aboriginal-controlled and non-government retail, health, and academic organisations. Our actions are informed by a conceptual model for influencing government nutrition policy.<sup>1</sup> We have invested in building productive relationships to support advocacy efforts. Informed by demonstrated support from Aboriginal leaders in retail and health, we developed a clear, unified solution. We supported our policy entrepreneurs to be ready to provide solutions to government in a timely manner.

### Results

The Coalition's approach has been successful in influencing public policy, with key evidence-informed measures, originating from local, co-designed research, now to be regulations. Additional key measures have been included in guidelines and we will work with government through our trusted relationships to maximise their uptake in stores. These measures have been developed from the successful implementation and adoption in a number of Aboriginal owned stores in the Northern Territory.

### Lessons

The success of this advocacy, informed by the conceptual model, will be useful to other advocacy efforts especially in food and nutrition policy. We will continue to advocate for improvement of food supply in remote communities as guided by Aboriginal and Torres Strait Islander leaders and community members our organisations work with.

1 Cullerton K, et al. Int J Behav Nutr Phys Act. 2004 Feb 2;1(1)

## Using small grants to embed prevention activities within arts organisations

Sue-Ellen Morphett<sup>1</sup>, Dr Leanne Fried, Sarah Falconer

<sup>1</sup>Healthway, Subiaco, Australia

1B - Prevention in action, Waterfront Room 1, April 30, 2024, 3:30 PM - 5:00 PM

**Problem:** A potentially powerful way to promote the social and emotional wellbeing (SEWB) of children and young people is through the arts. What is not known however, is how the arts does this, in which contexts, and what arts organisations and educators can do to sustainably improve mental health and wellbeing for children and young people.

**What we did:** Over the last two years, Healthway has worked with arts organisations to embed a preventative approach to improve the SEWB of young people into the core functions of arts organisations. Firstly, Healthway partnered with Telethon Kids Institute to develop an evidence- and strengths-based framework to support arts organisations to enhance their SEWB practices. The Framework's acceptability was tested with a small number of arts organisations, feedback was integrated and the updated version was subsequently piloted with 23 organisations encompassing a variety of art forms. 'Resources, funding and time', were the key elements arts organisations required to facilitate the piloting of this approach which Healthway supported through small grants of \$5,000.

**Results:** A relatively small investment of \$5,000 provided an opportunity for teaching artists to attend professional learning, think, reflect and devise strategies to incorporate into their activities, trial the approach and evaluate the SEWB impacts of their work. The teaching artists worked internally to also create supportive organisational structures and processes and engage leaders within their organisations to see SEWB as a priority.

**Lessons:** The arts sector is well placed to support SEWB, however teaching artists require a small amount of funding to enable professional learning for teaching artists and development of organisational structures and processes to promote SEWB. Small grants provide an opportunity to embed these requirements within the core function of an arts organisations to ensure impact beyond the life of short-term projects.

## Building students' health literacies to support a vape-free future

Associate Professor Deana Leahy<sup>2</sup>, Dr Eve Mitsopoulos<sup>1</sup>, Ms Sabine Ostrowski<sup>1</sup>, Ms Hannah McLeod<sup>1</sup>

<sup>1</sup>Cancer Council Victoria, East Melbourne, Australia, <sup>2</sup>Monash University, Clayton, Australia

4E - Longer term implementation and planning, Damibila Meeting Room 1, May 2, 2024, 9:30 AM - 11:00 AM

**PROBLEM:** The use of vaping among adolescents has increased and schools are looking for options to respond to this challenge. Traditional approaches to drug education (e.g., single session, didactic delivery) have consistently failed to demonstrate reach and impact, suggesting alternative approaches to health education applied to vaping are needed if we are to achieve sustainable outcomes.

**WHAT YOU DID:** Quit partnered with experts in health education and health promotion to develop an evidence-based teaching and learning resource for schools. The resource and supporting tools have been developed with input from teachers and schools. It has been designed to build health literacies and ultimately prevent vaping uptake among adolescents.

**RESULTS:** The resource is intended to equip students with the critical thinking skills to create change for a vape- and smoke-free future. Laid out as a three-part learning sequence, the resource develops active learners with the capabilities to:

- Understand the harms of vaping,
- 'See through the haze' of misinformation, understand commercial determinants of health and investigate cessation options,
- Create their own campaign for smoke- and vape-free spaces, to apply their critical thinking skills within their school community.

The curriculum-linked resource is free and is for teachers and schools to use as part of their routine lesson planning. It is not an add-on program. The point of difference is in the educational underpinnings, including a focus on health literacies and creating change within a whole-of-school approach. The Years 7-8/ 9-10 resource is available from January 2024, with Years 5-6 to follow.

**LESSONS:** Gaining an authentic understanding of the intended context of use, and the needs of our target audiences has been a core principle in the design and development process. Ongoing, facilitating a model of continuous improvement in partnership with schools will be critical to achieving the intended outcomes.



## "See Through the Haze": A case study in research informed campaign development.

Dr Eve Mitsopoulos<sup>1</sup>, Professor Sarah Durkin<sup>1</sup>, Ms Amelia Seeber<sup>1</sup>, Ms Kimberley Dunstone<sup>1</sup>, Ms Kelly Dienaar<sup>1</sup>

<sup>1</sup>Cancer Council Victoria, East Melbourne, Australia

4E - Longer term implementation and planning, Damibila Meeting Room 1, May 2, 2024, 9:30 AM - 11:00 AM

**PROBLEM:** In response to the increasing rate of people using e-cigarettes under the age of 40 years, Quit took on the challenge of developing its first social marketing anti-vaping campaign, with the goal of raising awareness of the harms of recreational vaping and shifting the dial towards denormalising vaping in the community.

**WHAT YOU DID:** Campaign development drew on several research inputs including review of population-level data to define the target audience, a review of the international literature on the effective features of anti-vaping campaigns; and e-cigarette messaging research with adolescents and young adults to help narrow message focus and define the campaign objectives. Creative concepts, in the form of animated storyboards, once agreed, were tested with the intended target audience to gauge cut-through, relevance, message acceptance and impact, identifying opportunities for improvement. Throughout, a scientific review process involving review of content against toxicological and other relevant evidence was adopted to ensure technical accuracy in messaging.

**RESULTS:** The result was a digitally led campaign targeting Victorians aged 14 to 39 years that was successful in achieving its objectives (see Dunstone et al) of raising awareness that many e-cigarettes contain poisonous chemicals and motivating people who vape to rethink their vaping. The campaign had positive flow on effects to behaviour, including increases in help seeking behaviours to stop vaping among people who vape.

**LESSONS:** From the outset, it was important to acknowledge that campaign development does not follow a straight trajectory but represents an iterative process that must flex in response to inputs from the research evidence, target audiences, and stakeholders. Adjusting timelines and expectations in response to the evolving landscape may need to occur. Working collaboratively with others to leverage skills and expertise and maximise opportunities for continuous improvement represents another important lesson in the campaign development process.

## Early childhood development: The case for remote expansion of Ampe Rlterrke Amangkeme

Ms Dawn Ross<sup>1</sup>, Vicki Hayes, Dr Danielle Thornton<sup>2</sup>

<sup>1</sup>Central Australian Aboriginal Congress Aboriginal Corporation, Mparntwe Alice Springs, Australia,

<sup>2</sup>Murdoch Children's Research Institute, Parkville, 3052

4C - Young people and school-based strategies, Betbiyan 3 & Bundirrik 4, May 2, 2024, 9:30 AM -

11:00 AM

National frameworks on Closing the Gap in children's developmental vulnerability underline the need for policy to be geared towards growing the capability of a strong Aboriginal and Torres Strait Islander community-controlled early childhood sector. This reflects a hard-won consensus that culturally safe community-led early-intervention initiatives, particularly those which integrate education and health with practical family support, are critical in countering the social and economic forces that stop children reaching their full potential.

But while significant progress is being made to consolidate and strengthen the First Nations controlled early childhood sector, community-controlled organisations in remote regions face additional challenges in implementing and sustaining specialist programs that meet the early learning needs and aspirations of the families they serve.

This presentation tells the story of one such initiative, the Child Health and Development Centre (CHaD), established by the Central Australian Aboriginal Congress in 2017 to provide culturally appropriate, integrated early childhood care and healthy development for Aboriginal children from 6 months to Pre-School age, based on the culturally adapted Abecedarian approach.

Cyclical independent evaluations demonstrate the benefits of the program for children's development trajectories, and by highlighting the practical barriers to implementing an integrated approach, point to opportunities for both continued program innovation and policy reform.

This presentation considers current prospects for the expansion of comparable integrated early childhood programs into remote communities around Mparntwe/Alice Springs and canvases what governments can and should do now to practically support the development of the Aboriginal community-controlled early childhood sector in the Northern Territory.

The Central Australian Aboriginal Congress was formed in Mparntwe in 1973 to assert the self-determination of Aboriginal people in the central desert region. Congress commissioned the evaluations on which this presentation is based.

## Developing a comprehensive framework for the NSW Skin Cancer Prevention Strategy

Gabriela Mercado<sup>1</sup>, Dr Amanda Jayakody<sup>1</sup>, Nikki Woolley<sup>1</sup>, Irina Tupanceski<sup>1</sup>, Nicola Scott<sup>1</sup>, Sarah McGill<sup>1</sup>, Dr Tracey O'Brien<sup>1,2</sup>

<sup>1</sup>Cancer Institute NSW, , , <sup>2</sup>Medicine and Health, UNSW, ,

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

**Background:** At least two in three Australians will be diagnosed with skin cancer in their lifetime. Over 95% of skin cancers are caused by overexposure to UV radiation (UVR) making it a highly preventable cancer. The third NSW Skin Cancer Prevention Strategy (the Strategy) is a cross-sector strategy led by the Cancer Institute NSW, that defines a collaborative approach to reducing overexposure to UVR and ultimately the incidence of skin cancer in NSW. To monitor the progress of the Strategy, an evaluation framework is required to help evaluate the achievements of, and progress made against, the Strategy goals and objectives.

**Methods:** The Cancer Institute engaged external consultants to conduct workshops with key skin cancer prevention experts representing government and non-government agencies across priority settings: education, community, workplaces, sport and recreation, and healthcare. Two online workshops (n=20) were held to discuss evaluation questions, priorities for evaluation, and potential data sources. Feedback from the online workshops was collated and reviewed by consultants and key Institute stakeholders. Stakeholder input was considered in the development of the logic model and the evaluation framework. Evaluation questions and data sources pertaining to the process and outcome evaluation were mapped to each of the Strategy goals.

**Discussion:** The evaluation framework details a plan for monitoring the progress of the Strategy against its goals and objectives. The process evaluation will include documentation of strategies and activities under each goal and qualitative feedback from the Institute and its stakeholders on how the strategies were implemented. Outcome evaluation will involve measures for each of the three goals and include various data sources including the NSW Population Health Survey and the Skin Cancer Online Tracking Survey. In addition to the process and outcome evaluation measures, the framework also outlines opportunities for future research and evaluation activities and potential case studies.

## 'Vape Free Campaspe' Youth Vaping Co-Design

Danielle Paterson<sup>1</sup>, Kristy Puls<sup>1</sup>

<sup>1</sup>Echuca Regional Health, Echuca, Australia

1B - Prevention in action, Waterfront Room 1, April 30, 2024, 3:30 PM - 5:00 PM

### Problem

E-cigarette use has increased amongst young people locally and is a problem for schools and community. Young people are unaware of the risks and health impacts associated with vaping. To develop place-based intervention relevant to local need we needed to better understand the problem.

### What we did

The co-design process was conducted over a 12-month period during 2022/2023, noting that strategy refinement and implementation will be ongoing beyond 2023.

Stage one of the process was a scoping survey. The survey was completed by 411 young people across Campaspe.

The scoping survey questions related to current vaping status, e-cigarette use, types, flavours, cost, where purchased and where they are being used. A number of questions also related to beliefs about e-cigarettes and their use.

The second stage of the co-design process, the deep dive, involved one on one interviews, group workshops with young people and stakeholders.

### Results

5 key themes emerged;

Messaging and Marketing

Education and Knowledge

People of Influence and Role Models

Mental Health

Cessation

The co-design process has highlighted that ongoing partnerships with young people is essential to understanding their needs, aspirations and barriers to health and wellbeing.

ERH has good intent and has taken many positive steps towards building strong relationships with youth partners, schools and young people.

ERH are committed to developing and improving strategies in response to the insights uncovered and are committed to ensuring vaping education and support is at the centre of the approach to addressing this issue.

The next agreed upon steps include the inclusion of strategies within the 2023-24 Community Health - Health Promotion Plan and continuing the co-creation process to develop a suite of marketing materials with young people.

### Lessons

The co-design process took longer than expected as at times young people were hard to engage with due to the topic creating shame and fear of judgement.

The shared vision of the youth sector to reduce e-cigarette use amongst young people and understand the harmful effects of vaping will ensure ERH is supported to effectively drive change, implement policy and legislation and positively influence young people in our communities.

## Co-Design to Improve Aboriginal and Torres Strait Islander Cultural Safety

Danielle Paterson<sup>1</sup>

<sup>1</sup>Echuca Regional Health, Echuca, Australia

2B - Table Top - mixed, Waterfront Room 1, May 1, 2024, 9:30 AM - 11:00 AM

### Problem

Aboriginal and Torres Strait Islander people do not feel culturally safe when visiting Echuca Regional Health (ERH). ERH had anecdotal feedback that clients were experiencing discrimination and racism. Many services are over-represented by First Nations people and others have very few attend and that many First Nations community leave the Emergency Department without being seen or against medical advice.

### What we did

A co-design approach was undertaken, underpinned by human centered design principles.

We included the voice of the first nations child in the co-design.

The co-design process was conducted from September 2022 to May 2023, noting that strategy refinement and implementation will be ongoing and the formulation of the relevant plans continue beyond May 2023.

The first stage of the process was to conduct scoping surveys. Two surveys were distributed, one for the ERH workforce and the second for the Aboriginal community. Both surveys extensively investigated the recognition, understanding and experience of cultural safety at the organisation, sought to determine whether any racism existed and how it presents.

The second stage, the deep dive, involved interviews, workshops and environmental scans.

It was acknowledged that Aboriginal people must be engaged in a way that is safe, culturally meaningful and authentic, greatly assisted by the support of a number of Aboriginal employees.

### Results

Five key themes emerged;

1. Physical Environment
2. Culturally Safe Employment
3. Trust and Visibility
4. Staff Education and Understanding
5. Culturally Safe Services and Programs

### Lessons

The co-design process has highlighted that ongoing partnerships with Aboriginal and Torres Strait Islander people when designing services, prevention initiatives and support is essential, to provide opportunity for direct input into the health services and support models and also to ensure services and programs are culturally relevant and cultural safety is considered and prioritised by all staff.

We are committed to increasing our strategies in response to the insights uncovered and are committed to improving the experience of First Nations people at ERH.

The environment of collaboration, respect and authorisation established in the co-design process will continue as we collectively move deeper into implementation.

## Healthy Schools Targeted Funding Program

Mrs Emily Welsh<sup>1</sup>

<sup>1</sup>Healthway, Subiaco, Australia

4C - Young people and school-based strategies, Betbiyan 3 & Bundirrik 4, May 2, 2024, 9:30 AM - 11:00 AM

### Problem:

Strong rise in young people's vaping and its harmful effects and the continued importance of promoting healthy eating behaviours throughout childhood and adolescence to reduce overweight and obesity, in the school environment.

### What you did:

Healthway provides grants of up to \$5,000 to WA schools through an annual Healthy Schools Funding program. In 2023, Healthway opened the Healthy Schools Targeted Funding Program, calling for applications focusing on two (2) priority health areas:

1. Increasing healthy eating
2. Creating a smoke-free WA

The objective of this program was to fund vaping prevention or healthy eating activities amongst the school community, using a whole-school approach. Projects were required to

- Increase student knowledge and skills.
- Positively change health behaviour.
- Improve student health and wellbeing.
- Implement school policies to create environments that support good health.

### Results:

Healthway received 55 applications, with 26 projects focused on awareness raising and education strategies addressing the harmful effects of vaping. 29 schools applied for funding to deliver healthy eating projects, including strategies to create garden beds, deliver canteen education and achieve sustainable eating practices.

### Lessons:

- Healthway provides up to \$1,000 funding for up to two days teacher relief which is highly valued by schools.
- A small amount of funding can have high impact.
- Key factors for success include, adopting a co-design, youth-led approach, aligning activities to the health promotion schools framework, adopting a whole of school approach, and linking the project with current services and programs, such as Crunch & Sip and KIDDO programs, where appropriate.

## Client and radiologist perspectives of machine reading technology within BreastScreen NSW

Dr Yan Cheng<sup>1,4</sup>, Mr Matthew Warner-Smith<sup>1</sup>, Ms Joan Young<sup>2</sup>, Ms Nicole Hodge<sup>2</sup>, Dr Amanda Jayakody<sup>1</sup>, Ms Anthea Temple<sup>1</sup>, Dr Nalini Bhola<sup>1</sup>, Ms Joanne Goyen<sup>1</sup>, Ms Sarah McGill<sup>1</sup>, Professor Tracey O'Brien<sup>1,3</sup>

<sup>1</sup>Cancer Institute NSW, St Leonards, Australia, <sup>2</sup>3arc Social, Melbourne, Australia, <sup>3</sup>Medicine and Health, UNSW, Sydney, Australia, <sup>4</sup>School of Public Health, UTS, Sydney, Australia

5E - Reproductive and women's health, Damibila Meeting Room 1, May 2, 2024, 11:20 AM - 12:50 PM

**Introduction:** The Cancer Institute NSW is undertaking an evaluation to assess the clinical and operational impact of introducing machine reading technology (MRT) to identify abnormalities in mammograms in BreastScreen NSW (BSNSW), a population-based breast cancer screening program. An exploratory research study was undertaken to understand the perspectives of BSNSW current and future clients and radiologists regarding the use of MRT in BSNSW.

**Methods:** Qualitative research was conducted between May and November 2023. The study comprised of six focus groups and 21 in-depth interviews with women aged 45 to 74 years. Participants were a mix of recent screeners (n=31), lapsed screeners (n=19), and future clients (n=13), and were from both metro and regional locations and with varied socio-economic backgrounds. Eleven in-depth interviews were conducted with BSNSW radiologists. Ethics approval was received from the NSW Population and Health Services Research Ethics Committee.

**Results:** Most clients are unfamiliar with the term MRT in the context of breast screening. Clients want to be notified about the use of MRT and generally feel confident when it is explained that the MRT will be one part of the reading process alongside radiologists. The messaging is critical to ensure clients' core needs for reassurance, empowerment, advantage and efficacy with the use of MRT. Radiologists have mixed reactions to MRT but are cautiously optimistic about how MRT can help them. MRT can positively and negatively impact radiologists' likelihood to stay with BSNSW. An interactive workshop is the best way to engage radiologists. Overall, most current clients and radiologists believe MRT is likely to be a valuable aid if radiologists continue to play the central role in decision-making.

**Conclusion:** The findings suggest there is an opportunity to use the introduction of MRT to increase the proportion of clients and radiologists who remain/join/return to the BSNSW program through strategic communications.

## Cervical Screening Equity: Empowering Change through Arabic Community Champions in Victoria

Judy Slape<sup>1</sup>, Simar Amad<sup>2</sup>, Alice Bastable<sup>1</sup>, Lauren Temminghoff

<sup>1</sup>Cancer Council Victoria, Melbourne, Australia, <sup>2</sup>Arabic Welfare Incorporated, Melbourne, Australia  
SE - Reproductive and women's health, Damibila Meeting Room 1, May 2, 2024, 11:20 AM - 12:50 PM

### Problem:

Australia is set to be one of the first places in the world to eliminate cervical cancer as a public health problem.

However, cervical cancer is now almost entirely a disease of inequity, with women from culturally diverse backgrounds facing additional barriers to screening, placing them at higher risk of developing this largely preventable cancer.

Cancer Council Victoria (CCV) prior research on under-screened Victorian multicultural communities highlighted the need for a targeted Arabic speaking project, given unique barriers and the growing population.

### What you did:

CCV collaborated with an Arabic settlement service to implement a Community Champions project. This model uses trusted community members to spread cervical screening knowledge and drive behaviour change.

20 Arabic speaking women aged 31-70 were recruited as Community Champions and participated in a co-facilitated bilingual education session. They were provided with in-language resources to disseminate within their communities.

Community Champions engaged in everyday conversations over a 10-week period, spreading cervical screening messages. A specifically designed in-language log-book was provided to record conversations, forming the basis for evaluation. A mid point check in meeting allowed for project reflection and addressing any concerns.

A final evaluation meeting was held where Community Champions shared insights, experiences and suggestions for future planning.

### Results

Preliminary results indicate the success of this community-led initiative. Community Champions effectively disseminated information, contributing to awareness and engagement with over 400 women. Notably, age-related differences were observed, with younger generations displaying greater receptiveness to screening messages, while older generations exhibited more fear and lower trust in self-collection.

### Lessons:

Direct partnership with a trusted community organisation proved pivotal in tailoring interventions to cultural nuances. This project highlights the potential of community-led initiatives in bridging gaps in cervical cancer prevention. The participatory evaluation gathered direct feedback from Community Champions, enhancing project adaptability for future work.





## Reframing the Achievement Program: A Case Study from Regional Victoria

Ms Alexandra Bell<sup>1</sup>, Ms Tameaka Lakey<sup>1</sup>

<sup>1</sup>Ballarat Community Health, Lucas, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

### Problem:

The Achievement Program is a Victorian health and wellbeing program that creates healthier environments for working and learning. Early childhood services, schools and workplaces are eligible to participate. Jointly developed by the Department of Health and the Department of Education (DE) in 2012, the Achievement Program is delivered by Cancer Council Victoria.

The Achievement Program is a large undertaking for schools with many of the health priority areas proving challenging. The ongoing impacts of the COVID-19 pandemic have further exacerbated the challenges facing schools.

BCH has been implementing the Achievement Program since 2014. School engagement and program uptake has been variable and challenging. In contrast, the number of schools requesting BCH School Health Programs has been high and consistent over the years.

### What you did:

Best practice evidence suggests that one-off education sessions are not as effective as whole-of-school approaches in generating meaningful behaviour change. At the beginning of 2022, BCH reframed the Achievement Program as the Health Promoting Schools Framework. This frame is consistent with DE language and aligns with FISO 2.0 and the Victorian Curriculum. Further, participation in the Framework was incentivised by only offering BCH's School Health Programs to schools actively participating in the Framework.

### Results:

Reframing the Achievement Program has been a great success in Ballarat with participation increasing from 9 schools in 2021/2022 to 20 schools in 2022/2023.

### Lessons:

Reframing the Achievement Program has demonstrated that health promoters are valuable assets for schools. This has never been more important given the focus on wellbeing as part of FISO 2.0. The Health Promoting Schools approach provides schools with a framework but also resources to support health outcomes for students, staff and families. The establishment of clear referral pathways into organisations like BCH has also reinforced the central role health promoters play in creating healthy schools.

## A Fresh Perspective: Using a Whole of School Approach to Address Vaping

Ms Alexandra Bell<sup>1</sup>

<sup>1</sup>Ballarat Community Health, Lucas, Australia

3C - Young people, Betbiyan 3 & Bundirrik 4, May 1, 2024, 11:20 AM - 12:50 PM

### Problem:

While most young people don't vape, the number of young people vaping is increasing. In Ballarat, schools have reported a rapid rise in e-cigarette use amongst students and approached BCH to request support to address this issue.

### What you did:

From a codesign process two initiatives were developed; a vaping education component was added into an existing party-safe program and a short videos series, exploring the harms of vaping, was created.

To support these initiatives, BCH worked with school staff to include vaping into school policy and procedures. It is crucial that these policies and procedures recognise vaping is a health issue and encourage help seeking behaviour, rather than punitive action.

Help-seeking support involved reorienting BCH services to include vaping cessation in Youth AOD. This was determined as these staff specialise in adolescent health and substance dependence. This person-centred approach incorporates strategies for withdrawal, mental health and addressing pressures to vape.

### Results:

1,665 young people participated in the party-safe program throughout 2023. Evaluation found that 100% of students could identify a harm associated with vaping and 88% indicated that they felt more confident in saying no to a vape after participating in the program.

Evaluation of the videos found 63% of young people said they were more likely to say no to a vape while 77% said that they now know where to seek help and support if needed. 10 of the 12 secondary/P-12 schools in Ballarat are being actively supported to implement a whole-of-school approach to vaping.

### Lessons:

The combination of youth voice, codesign and a whole-of-school approach has proven to be effective when addressing youth vaping. Student voice and codesign were essential when developing relevant messages while the whole-of-school approach has involved families, schools and community working together to improve the health and wellbeing of young people.

## Preventing skin cancer: A long history of cultural change

Professor Andrew May<sup>1</sup>, Dr Thomas Kehoe

<sup>1</sup>The University Of Melbourne, Melbourne, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

Since launching in 1981, iconic health promotion campaigns “Slip, Slop, Slap” and SunSmart have helped transform Australians’ relationship with the sun, and UV exposure in particular, through education, regulation, and preventive tools such as sunscreen and protective clothing. But at its core, the campaign's multi-faceted elements consistently worked towards the same aim: to prevent skin cancer by changing Australian sun culture. This presentation explores how these campaigns slowly effected cultural change through subtle adjustments to Australia’s sun culture. It analyses cultures of sun in white Australia during the first half of the twentieth century in which notions of health and vitality were intimately connected to national identity. That sun exposure was so deeply embedded in the essence of being “Australian” meant that new scientific evidence from the 1950s around the damage caused by sun exposure had little effect, despite building on long-standing social awareness of the harm caused by the sun. No matter how widely understood, education about the science of UV could not change ingrained cultural norms, and skin cancer prevention campaigners had to develop a new culture to replace the old. This presentation argues that 1) The cultural history of sun in Australia is critical to understanding how the skin cancer prevention campaign ultimately had successes. 2) Success occurred when existing cultural norms were amended rather than directly challenged. 3) Regulatory change and other behavioural supports—such as cheap sunscreen—sought to reinforce these messages by normalising sun protective behaviours in key circumstances, such as in schools, thereby facilitating broader cultural change. 4) Finally, it draws lessons for preventive health from the skin cancer prevention campaign: in particular, the campaign shows how developing an understanding of pre-existing cultural norms and commitments reveals the frameworks within which preventive health can work to effect successful change for better health outcomes.

## Role of LGBTIQ+ community-controlled organisations in preventative health

Nicky Bath<sup>1</sup>

<sup>1</sup>Lgbtiq+ Health Australia, Sydney, Australia

4E - Longer term implementation and planning, Damibila Meeting Room 1, May 2, 2024, 9:30 AM - 11:00 AM

LGBTIQ+ people underutilise health services and can delay seeking health advice due to actual or anticipated discrimination from service providers. This can result in reduced screening for health conditions and an acceleration of health issues. Anticipated discrimination can mean LGBTIQ+ people do not fully disclose important information about their health needs.

Many LGBTIQ+ people prefer to access services that are inclusive and have a deep understanding of their lived experiences. Some populations, such as trans and gender diverse people or people with intersex variations, require specialised services.

Community-controlled organisations are governed and operated by and for LGBTIQ+ communities, which enables them to deliver trusted and culturally appropriate services. They are often best placed to provide services in potentially sensitive areas such as sexual health, drug and alcohol, cancer, suicide prevention, ageing and mental health. Peer support, especially by people with lived experience, is a unique and valued service.

LGBTIQ+ community-controlled organisations, are also essential for providing capacity building and training to generalist organisations to deliver safe and inclusive mainstream services for LGBTIQ+ people.

The combination of LGBTIQ+ community-controlled organisations and inclusive mainstream service pathways is essential for appropriate choice in health care and a 'no wrong door' approach where clients are referred to a service best equipped to provide for their needs.

Australia has a relatively broad and strong network of LGBTIQ+ community-controlled health and wellbeing organisations, all of which are under-resourced to meet increased demand. Many areas are without services, particularly outer metropolitan, regional and remote areas.

This presentation will explore the range and role of LGBTIQ+ community-controlled organisations for delivering preventive health. It will consider what the sector needs to build its ability, sustainability and internal capacity. It will put the case that a robust LGBTIQ+ community-controlled health sector is essential to addressing LGBTIQ+ health and wellbeing disparities.

## Why preventative health is critical for LGBTIQ+ people

Nicky Bath<sup>1</sup>

<sup>1</sup>LGBTIQ+ Health Australia, Sydney, Australia

5C - Prevention for Equity, Betbiyan 3 & Bundirrik 4, May 2, 2024, 11:20 AM - 12:50 PM

Compared to the general population, LGBTI people face significant health disparities largely related to chronic stressors from stigmatisation and the pathologisation of sexuality, gender and bodily diversity, leading to discrimination, exclusion, harassment and physical violence.

The 2021-2030 National Preventative Health Strategy highlighted the health disparities between LGBTIQ+ populations and the wider community, particularly in cancer detection, tobacco and alcohol use, and mental health and suicide prevention. The Strategy acknowledged improved outcomes require distinctive responses for people who have specific health needs.

The work of LGBTIQ+ Health Australia shows that improved policies, interventions and approaches are needed to deliver access to health and social services free from discrimination and stigma, and which foster social inclusion.

An intersectional lens is required, considering areas where LGBTIQ+ community members' intersecting identities expose them to overlapping forms of discrimination, disadvantage and marginalisation, which may compound poor health outcomes. This can be a significant problem for LGBTIQ+ Aboriginal and Torres Strait Islander peoples, young people, people from culturally and linguistically diverse backgrounds and people with disability.

This presentation will examine the relationship between National Preventative Health Strategy and the actions required to address health and wellbeing disparities for LGBTIQ+ populations. It will put the case that a preventive health approach is fundamental to overcoming the significant health disparities, largely related to discrimination, exclusion, harassment and physical violence.

The presentation will draw on LGBTIQ+ Health Australia's work to explore solutions, which focus on mental health, inclusive schooling, reducing discrimination, community-controlled organisations, improved data collection for more research, and removing barriers to accessing health services. It will consider strategies that recognise lesbian, gay, bisexual, trans and gender diverse, and intersex people are diverse, and it will take an intersectional approach recognising distinctive health challenges that can require different strategies for those who face greater health challenges.

## Beyond Urgent: National LGBTIQ+ Mental Health and Suicide Prevention Strategy

Mr James Zanotto<sup>1</sup>

<sup>1</sup>LGBTIQ+ Health Australia, Sydney, Australia

3E - Mental health and wellbeing, Damibila Meeting Room 1, May 1, 2024, 11:20 AM - 12:50 PM

A disproportionate number of LGBTIQ+ people experience poorer mental health outcomes and have higher risk of suicide compared with the broader population. Within LGBTIQ+ communities there is enormous diversity, and some people carry an even greater burden, including Aboriginal and Torres Strait Islander peoples, and trans and gender diverse people (especially young people).

These adverse outcomes are directly related to stigma, prejudice, discrimination and abuse experienced due to being part of LGBTIQ+ communities. Despite higher prevalence of poor mental health and suicidality, LGBTIQ+ people experience sub-optimal access to mental health assessment, treatment and support, and are at higher risk of presenting in crisis.

In 2021, LHA completed its second National LGBTIQ+ Mental Health and Suicide Prevention Strategy in response to the need for urgent action. Based on consultation, available research and existing policy, this strategy sets out four central goals with actions:

1. Preventive action and early intervention to reducing the rate of psychological distress and suicidality caused by stigma, discrimination and other body, gender and sexuality shaming.
2. Increased access to safe and inclusive mental health care through investment in LGBTIQ+ specialist and inclusive care, including peer support, while strengthening systems to deliver safe and effective mainstream services.
3. Empowerment to improve wellbeing for LGBTIQ+ Aboriginal and Torres Strait Islander peoples, Sistergirls and Brotherboys, with an onus on culturally safe and support initiatives that strengthen healing among Aboriginal and Torres Strait Islander peoples.
4. Reform to deliver effective responses to LGBTIQ+ mental health and suicidality through improved governance in collaboration with LGBTIQ+ communities, sustainable resourcing, accurate and timely data, and development of more evidence-based strategies.

This presentation will explore the strategy's roadmap to deliver a mental health and suicide prevention system that delivers equality of outcomes for LGBTIQ+ communities through funding, collaboration and commitment.

### Reference

LGBTIQ+ Health Australia. (2021) Beyond Urgent: National LGBTIQ+ Mental Health and Suicide Prevention Strategy,  
[https://www.lgbtiqhealth.org.au/beyond\\_urgent\\_national\\_lgbtiq\\_mhsp\\_strategy](https://www.lgbtiqhealth.org.au/beyond_urgent_national_lgbtiq_mhsp_strategy)

## Evaluation of an Australia-Wide Whole-School Approach to Mental Health in 40,149 Students

Dr Roshini Balasooriya Lekamge<sup>1</sup>, Dr Md. Nazmul Karim<sup>1</sup>, Dr Leo Chen<sup>2,3,4</sup>, Professor Dragan Ilic<sup>1</sup>

<sup>1</sup>School of Public Health and Preventative Medicine, Monash University, Melbourne, Australia,

<sup>2</sup>Department of Psychiatry, Central Clinical School, Monash University, Melbourne, Australia,

<sup>3</sup>Monash Alfred Psychiatry Research Centre, Monash University, Melbourne, Australia, <sup>4</sup>Alfred

Mental and Addiction Health, Alfred Health, Melbourne, Australia

3E - Mental health and wellbeing, Damibila Meeting Room 1, May 1, 2024, 11:20 AM - 12:50 PM

### Background:

Adolescence is the peak life stage for the development of mental illness. Whole-school approaches to mental health and wellbeing, modelled on the World Health Organisation's Health Promoting Schools Framework, hold vast potential in this developmentally-sensitive period. However, the evidence-base for these interventions is inconclusive. Our study examines the effectiveness of The Resilience Project's Schools Partnership Program, a whole-school intervention involving students, teachers and parents and centring around concepts of gratitude, empathy, emotional literacy and mindfulness.

### Methods:

A quasi-experimental study with an intervention and a control arm was used to evaluate the Program in 40,149 students across 102 schools in 2023. Data collected included socio-demographic information and outcomes derived from validated-scales, comprising life satisfaction, hope, coping skills, anxiety and depression. Intervention schools were stratified by the number of years they had implemented the Program and mixed-effects regression models were used to evaluate the Program.

### Outcome:

After adjusting for confounders, participants at schools in their 6th year or longer of implementing the Program demonstrated significantly better outcomes across all five domains (life satisfaction  $B=0.627$ , 95% CI 0.465-0.789; hope  $B=2.135$ , 95% CI 0.895-3.347; coping skills  $B=0.438$ , 95% CI 0.250-0.625; anxiety  $OR=0.658$ , 95% CI 0.559-0.774; depression  $OR=0.534$ , 95% CI 0.459-0.620). Only depression was significantly improved among participants at schools in their 4th or 5th year of implementing the Program ( $OR=0.941$ , 95% CI 0.935-0.948).

### Interpretation:

The Program appeared effective in improving adolescent mental health, provided that schools had implemented it for a sufficient duration. Explanatory hypotheses include that students have been exposed to the intervention for a longer period; that school staff become more proficient in Program implementation; and that norms within the school system are sustainably reformed. Our findings illustrate that whole-school interventions require long-term investment from stakeholders to realise their potential.



## Strengthening Health Communication: Collaborative Partnerships and In-Language Resources for Yolŋu Communities

Ms Madelyn Hay<sup>1</sup>

<sup>1</sup>Miwatj Health, 28 Knuckey Street, Australia

2B - Table Top - mixed, Waterfront Room 1, May 1, 2024, 9:30 AM - 11:00 AM

**Problem:** Effective communication is fundamental to the provision of and access to safe, high quality healthcare. At present, ineffective communication between healthcare providers and Indigenous clients is highly prevalent in the Northern Territory. While there is myriad evidence to suggest that individuals are best able to understand and make informed decisions about their health when they can engage with it in their first language, often clients are compelled to navigate discussions with healthcare professionals in English.

**What we did:** Focused on the imperative for culturally sensitive and in-language resources, Miwatj Health has cultivated a resource development process which centres Yolŋu worldviews and voices throughout, ensuring community engagement, the strengthening of local stakeholder partnerships, and facilitating a collaborative approach that respects and integrates traditional knowledges and perspectives on health.

**Results:** By actively engaging with fellow stakeholders, we ensure the alignment of developed resources with cultural nuances, linguistic diversity, and community values, fostering a more profound understanding of health information among Yolŋu populations. The session will prompt attendees to consider the way strategic collaborations with key stakeholders can be leveraged to address these hurdles in health communication. Central to this discussion is the integration of Yolŋu knowledge and expertise in leading the development of these resources.

**Learnings:** This project has demonstrated how the unique insights and cultural understanding of Yolŋu resources contribute to the creation of linguistically accurate and culturally relevant materials. The insights from our work can serve to prepare health teams for a future of improved culturally safe practice and outcomes for their clients.

**Keywords:** Health communication, collaborative partnerships, in-language resources, Yolŋu communities,

## Improving the use of Plain English in healthcare: Plain English Health Dictionary

Ms Madelyn Hay<sup>1</sup>, Ms Mandy Ahmat<sup>2</sup>

<sup>1</sup>Miwatj Health Aboriginal Corporation, Nhulunbuy, Australia, <sup>2</sup>NT Aboriginal Interpreter Service, Darwin, Australia

5C - Prevention for Equity, Betbiyan 3 & Bundirrik 4, May 2, 2024, 11:20 AM - 12:50 PM

**Problem:** Effective communication is fundamental to the equitable provision of and access to safe, high-quality healthcare. There is an ever-increasing body of evidence to suggest that individuals are best able to understand and make informed decisions about their health when they can engage with it in their first language. However, ineffective communication between healthcare providers and Indigenous clients is highly prevalent in the Northern Territory. One method of addressing this challenge in consultations is through the use of an interpreter. Yet interpreters are not health professionals; they are experts in language, so it is vital that the dialogue they interpret is in plain English so that they are able to accurately understand the message, and therefore interpret safely and correctly.

**What we did:** Developed a resource that translates medical words and health concepts from medical English into plain English, serving as a comprehensive toolkit for people communicating medical information in Plain English. The resource contains 5 sections: Cultural Considerations for Working with Interpreters, Dictionary of Medical and Health Terms, Diagrams of Human Anatomy and Medical Equipment, Fact Sheets, and a Glossary of Medical and Allied Health Specialists.

**While the resource was designed for Aboriginal interpreters to use in preparation of and during health related-interpreting jobs, we also believe it can be a useful tool for all health professionals, as a reference guide to support the application of plain English in communication with clients to improve communication in cross-cultural settings.**

**Results:** The dictionary was launched in June 2023 and has been rolled out across the NT Aboriginal Interpreter Service, in several departments at NT Health, and at various other non-government organisations and services.

**Lessons learned:** There is an enormous appetite for resources of this kind which strengthen health communication in cross-cultural settings to improve equitable access to health services.

## Risk treatment thresholds for initiating cardiovascular disease pharmacotherapy: synthesis of international evidence

Ms Mai Nguyen<sup>1</sup>, Mr Sinan Brown<sup>1</sup>, Professor AM Emily Banks<sup>1</sup>, Professor Mark Woodward<sup>2,3</sup>, Dr Yuehan Zhang<sup>1</sup>, Ms Natalie Raffoul<sup>4</sup>, Professor AO Garry Jennings<sup>5,6</sup>, Professor Anushka Patel<sup>2</sup>, Dr Ellie Paige<sup>1,7</sup>

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5A - Prevention in practice, Auditorium 2, May 2, 2024, 11:20 AM - 12:50 PM

### Problem:

Primary prevention of cardiovascular disease (CVD) is underpinned by stratifying and treating individuals based on their predicted risk of developing CVD. In this presentation, we will present findings from a review of international evidence that was used to inform the new CVD risk treatment thresholds recommended in Australia's 2023 national guidelines for CVD risk assessment and management.

### What we did:

We conducted a review of globally published peer-reviewed evidence from meta-analyses, randomised control trials (RCTs) and modelling studies on the effects of initiating blood pressure- and lipid-lowering therapy at different CVD risk levels on major fatal and non-fatal CVD outcomes. The review was commissioned by the National Heart Foundation as part of the 2023 update of the Australian CVD risk assessment and treatment guidelines.

### Results:

Evidence from 13 meta-analyses, RCTs and modelling studies involving >515,700 patients were synthesised. Preventive pharmacotherapy reduced the number of CVD events at all risk levels. The number needed to treat (NNT) with blood pressure-lowering treatment for five years to avoid one CVD event increased gradually with lower CVD risk levels (i.e. 28 NNT at >15% 5-year risk, 38 at >7.5%, and 46 at >5%). For lipid-lowering therapy, a 1.0mmol/L reduction in low-density lipoprotein cholesterol would prevent approximately six major vascular events per 1,000 treated for those with <5% 5-year risk, with 15 and 31 events prevented for those at 5-<10% and 10-20% 5-year risk, respectively.

### Lessons:

The 2023 Australian CVD risk assessment and management guidelines recommend blood pressure-lowering and lipid-lowering pharmacotherapy for people at high 5-year risk ( $\geq 10\%$ ), consideration of therapy for those at intermediate risk (5-<10%) and generally do not recommend pharmacotherapy for low risk (<5%). Evidence from the review was considered by guideline developers in addition to information on safety of medicines, availability and affordability of medications, and patient values and preferences.

## Trends in alcohol related injury in the Northern Territory, 2007-2022

Mr Jerry Chen<sup>1</sup>, Dr Xiaohua Zhang<sup>2</sup>, Dr Alyson Wright<sup>2</sup>, Mr Anthony Draper<sup>3</sup>, Ms Guddu Kaur<sup>1</sup>, Dr Emma Field<sup>1</sup>, Dr Paul Burgess<sup>2</sup>

<sup>1</sup>National Centre for Epidemiology and Population Health, Australian National University, Canberra, Australia, <sup>2</sup>Health Statistics and Informatics, NT Health, Darwin, Australia, <sup>3</sup>Centre for Disease Control, NT Health, Darwin, Australia

4D - Learning from our success stories, Madla Meeting Room 2, May 2, 2024, 9:30 AM - 11:00 AM

### Introduction:

Reducing high rates of alcohol related harm is a key priority in the Northern Territory (NT). Harm reduction may be influenced by policies that reduce alcohol supply and consumption. This study describes the epidemiology of alcohol related injury (ARI) in the NT from 2007-2022 against alcohol policies.

### Methods:

We conducted a retrospective time-series analysis of ARI using NT emergency department (ED) and hospitalisation data from 2007-2022. ARI hospitalisation was defined using International Classification of Diseases, Tenth Revision, Australian Modification (ICD-10-AM) codes combining indicators for physical injury and acute alcohol consumption. Presenting problem at triage was combined with ICD-10-AM codes to define ARI ED presentation. Annual percent change (APC) was calculated using joinpoint regression.

### Results:

In Central Australia, we observed a decline (APC 35.9 to -2.2) in ED presentations after 2013 following the introduction of Banned Drinker Register (BDR) version 1, Alcohol Mandatory Treatment and Alcohol Protection Orders, and a decline in hospitalisations (APC 5.1 to -12.1) after 2017 following the introduction of BDR version 2 and the Minimum Unit Price. In the Top End, ED presentations remained stable but hospitalisations decreased after 2020 (APC 11.7 to -28.0). The age-standardised rate of ARI hospitalisation was 3,062 cases per 100,000 in the Aboriginal population compared to 277 cases per 100,000 in the non-Aboriginal population (rate ratio 11.1; 95%CI 10.8-11.4;  $p < 0.05$ ). The hospitalisation rate was similar between the sexes, but the ED presentation rate was 1.5 times (95%CI 1.3-1.7;  $p < 0.05$ ) higher in females. Assault was the most common cause of hospitalisation (47%), followed by falls (21%) and intentional self-harm (9%).

### Conclusion:

ARI rates in Central Australia declined following the implementation of alcohol policies between 2011-2013 and 2017-2018. Culturally appropriate initiatives that minimise assault linked to alcohol consumption in the Aboriginal population should be prioritised.

## Modification and recalibration of the 2023 Australian cardiovascular disease risk prediction equations

Dr Ellie Paige<sup>1,2,3</sup>, Professor Emily Banks<sup>3</sup>, Dr Yuehan Zhang<sup>3</sup>, Professor Anushka Patel<sup>4</sup>, Professor Mark Woodward<sup>4,5</sup>, Ms Natalie Raffoul<sup>6</sup>, Professor Garry Jennings<sup>6,7</sup>, Professor Rod Jackson<sup>8</sup>

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2D - Methodologies, innovation and co-design, Madla Meeting Room 2, May 1, 2024, 9:30 AM - 11:00 AM

**Introduction:** Updated national guidelines for the prevention of cardiovascular disease (CVD) were published in July 2023, including new sex-specific risk equations for predicting primary CVD risk. The new equations are based on the New Zealand (NZ) PREDICT equations and have been modified and recalibrated for Australia. This presentation will outline the data and methods used for modifying and recalibrating the new Australian equations.

**Methods:** The NZ PREDICT equations predict the 5-year risk of having a primary CVD event and include risk factors of age, sex, smoking, diabetes, systolic blood pressure, total cholesterol to HDL cholesterol ratio, history of atrial fibrillation, family history of CVD, socioeconomic deprivation, ethnicity, body mass index (BMI) and CVD medication use. For application in Australia, risk factors for family history of CVD, ethnicity and BMI were removed from the equations and were considered as reclassification factors in the new Australian algorithm, due to challenges with translating these variables into the Australian context and due to limited predictive value of some of these variables. Recalibration, a statistical process to account for differences in predicted and observed CVD event rates, was undertaken using differences in national CVD mortality rates between Australia and New Zealand.

**Results:** When assessed in the NZ PREDICT primary care cohort, the new CVD risk prediction equations for Australia performed well in terms of risk discrimination (how well the model distinguishes between those who do and do not develop CVD) and calibration (how well the model's predicted risks match the observed risks).

**Conclusion:** This is the first time Australia has had CVD risk prediction equations that have been modified and recalibrated for the Australian context. It represents a significant advancement in our ability to predict and prevent CVD in primary care compared to the previous equation which did not accurately estimate CVD risk in Australia.

## Evidence and data gaps on cardiovascular disease risk screening in Australia

Dr Ellie Paige<sup>1,2,3</sup>, Ms Natalie Raffoul<sup>4</sup>, Professor Emily Banks<sup>3</sup>

<sup>1</sup>QIMR Berghofer Medical Research Institute, Herston, Australia, <sup>2</sup>School of Public Health, University of Queensland, Brisbane, Australia, <sup>3</sup>National Centre for Epidemiology and Population Health, The Australian National University, Canberra, Australia, <sup>4</sup>Healthcare Program, National Heart Foundation of Australia, Sydney, Australia

4E - Longer term implementation and planning, Damibila Meeting Room 1, May 2, 2024, 9:30 AM - 11:00 AM

**Problem:** Population-based screening programs for early disease detection are important for preventing morbidity, disability, and premature death. Australia has five structured population-based health screening programs for cancer and for newborn conditions. Australia's current guidelines for cardiovascular disease (CVD) prevention recommend risk assessment for the general population aged 45–79 years using a validated risk equation but there is no formal structured population screening program currently in place for CVD or related chronic diseases.

**What we did:** Australia's Population Based Screening Framework sets out criteria to inform decision making on screening programs. We compared the evidence for a formal CVD risk screening program in Australia, including elements relating to diabetes and chronic kidney disease, against key criteria of the Framework to identify key data gaps limiting implementation of a long-term CVD screening program.

**Results:** Of the five key Population Based Screening Framework criteria assessed, CVD risk assessment meets three of the criteria and partly meets one criterion. The key evidence gap identified for supporting structured population CVD risk screening in Australia is a lack of evidence from randomised controlled trials (RCTs) on the effectiveness of screening programs in reducing CVD events and mortality.

**Lessons:** RCTs of CVD risk screening would need to be large-scale and long-term to be sufficiently powered to detect clinically relevant changes in CVD events and mortality. As has been done for cervical cancer screening, population-based health and economic modelling, bringing together high-quality evidence on the effectiveness of the individual components of screening and prevention, can be used to bridge the gap and develop an evidence-base to inform policy decisions on CVD risk screening in Australia.

## Promotion of Physical Activity by Health Professionals (PROMOTE-PA): an effectiveness-implementation trial protocol

Ms Kate Purcell<sup>1,2,3</sup>, Dr Jennifer Baldwin<sup>1,2,3</sup>, A/Prof Leanne Hassett<sup>1,2,4</sup>, Prof Anne Tiedemann<sup>1,2,3</sup>, Dr Marina Pinheiro<sup>1,2,3</sup>, Ms Roslyn Savage<sup>1,2,3</sup>, Ms Belinda Wang<sup>1,2,3</sup>, Dr Abby Haynes<sup>1,2,3</sup>, Ms Kerry West<sup>1,2,5</sup>, Prof Catherine Sherrington<sup>1,2,3</sup>

<sup>1</sup>Sydney Musculoskeletal Health, University Of Sydney, Missenden Road, Australia, <sup>2</sup>Institute for Musculoskeletal Health, Sydney Local Health District, , Sydney, Australia, <sup>3</sup>Sydney School of Public Health, The University of Sydney, Sydney, Australia, <sup>4</sup>Sydney School of Health Sciences, The University of Sydney, Sydney, Australia, <sup>5</sup>The Children's Hospital at Westmead, Sydney, Australia

5A - Prevention in practice, Auditorium 2, May 2, 2024, 11:20 AM - 12:50 PM

Promotion of physical activity by health professionals can increase physical activity participation among patients, however implementing physical activity promotion within hospital systems is lacking. The Promotion of Physical Activity by Health Professionals (PROMOTE-PA) study is a hybrid type I effectiveness-implementation cluster randomised controlled trial evaluating the effectiveness of support for physical activity promotion by hospital-based health professionals on physical activity participation of patients. A qualitative study investigating collaborative design of implementation strategies has been undertaken (see separate abstract submission). Health professionals delivering outpatient healthcare services within four local health districts and one specialty health network in New South Wales, Australia will be included. The target patient population is children (5-17 years) and adults who are willing to receive additional support to be more physically active. The evidence-based intervention is brief physical activity promotion informed by the '5As' physical activity counselling model and behavioural theory, embedded into routine clinical practice. A multi-faceted strategy to support implementation of physical activity promotion has been developed based on preliminary research and consultation with key stakeholders. The implementation strategy includes education and training as well as a selection of the following (tailored to each clinical team): community referral strategies, experts and clinical mentors, and clinical champions. Thirty outpatient clinical teams will be randomised to receive the implementation strategy immediately or after a 3-month delay (waitlist control). Each team will seek to recruit 10-30 patients (n= approx. 720) to collect self-reported moderate-vigorous physical activity (minutes per week, primary outcome), frequency of balance and strength exercise, mobility, and quality of life at baseline, 3-months, and 6-months post-randomisation. Data on the impact of the implementation strategy will also be collected. This study aims to address the increasing burden of physical inactivity in a high-risk population using the existing health workforce.

## Nutrition in Early Learning Centres in Darwin, Palmerston and Katherine

Mrs Camilla Feeney<sup>1</sup>, Mrs Judith Myers<sup>2</sup>, Mrs Shiraline Wurrawilya<sup>1</sup>, Ms Emma Davidson<sup>1</sup>, Miss Kristen Dodwell<sup>2</sup>

<sup>1</sup>NT Health, Darwin, Australia, <sup>2</sup>Charles Darwin University, Darwin, Australia

2B - Table Top - mixed, Waterfront Room 1, May 1, 2024, 9:30 AM - 11:00 AM

### Introduction:

Children require a nutrient-rich diet to foster growth, development, and long-term health (Love et al., 2020). In the June quarter of 2023, 49.2% of children aged 0 to 5 utilized approved Early Childhood Education and Care (ECEC) services (DOE, 2023). These facilities may see a child spending nearly 10,000 hours before starting school (Thorpe et al., 2020). Thus, ECECs present a pivotal setting to enhance the quality of a child's nutrition.

### Research Question:

What factors support early childhood nutrition, as indicated by staff in ECEC centres within the Darwin, Palmerston, and Katherine regions of the Northern Territory (NT)?

### Methods:

An online, anonymous survey was conducted to identify the needs of ECEC services relating to nutrition, aiming to guide future quality improvement initiatives in Darwin, Palmerston, and Katherine.

### Results:

21 educators responded to the survey. Ninety-five percent of survey respondents provided meals at their centres and maintained a written menu. Food was primarily sourced from supermarkets and prepared by designated cooks. Educators recommended imparting information on healthy eating to parents and supporting cooking activities for children. They expressed interest in 1-2hour workshops for their own Continuous Professional Development (CPD) and requested guidance on general healthy eating, creating healthy menus, fostering healthy mealtimes, and preparing nutritious meals on a budget. Additionally, 75% of educators sought recipe suggestions, while 55% requested healthy eating posters for their centres, these were the most popular responses. Eighty-five percent of centres reported having a nutrition policy, with 40% derived from head office.

### Conclusion:

Our survey investigating nutrition facilitators in Early Childhood Education and Care (ECEC) centres in the Northern Territory (NT) emphasizing opportunities for future initiatives. These discerned gaps resonate with broader trends observed in Australian ECEC centres, which frequently express the need for accessible and user-friendly nutrition-focused resources for staff (Kirkgaard et al., 2023).



## Health professionals' involvement in volunteering of professional skills: a scoping review

Mrs Ima Strkljevic<sup>1</sup>, Prof. Cathie Sherrington<sup>1</sup>, Prof. Anne Tiedemann<sup>1</sup>, Dr. Juliana Souza de Oliveira<sup>1</sup>, Dr. Abby Haynes<sup>1</sup>

<sup>1</sup>Institute For Musculoskeletal Health, The University Of Sydney, Camperdown, Sydney, Australia

5A - Prevention in practice, Auditorium 2, May 2, 2024, 11:20 AM - 12:50 PM

**Introduction:** Volunteering by health professionals has enormous potential to improve health outcomes in communities. This study aimed to identify scientific literature documenting involvement of health professionals in volunteering activities and to explore evidence of professional volunteering in health promotion.

**Method:** Six database searches were undertaken to identify studies in English published from 2010-23. Data were extracted on study design, volunteering profession, country of volunteering, the extent and nature of engagement, impacts on providers and recipients, and motivators and barriers to volunteering.

**Results:** 144 eligible studies were identified. Eighty studies (56%) were quantitative (90% of these, n=72, were descriptive), 46 (32%) were qualitative and 18 (12%) were mixed methods. Only 8 studies (6%) were interventional. Doctors/surgeons were the most reported volunteering profession, (n=74, 51%), followed by nurses (n=40, 28%) and others (n=18, 12.5%) Half the studies were from USA (n=77, 53%), followed by UK (n=19, 13%), Canada (n=12, 8%), Australia and New Zealand. (n=11,8%) and the rest were from other countries (n=25, 17%). International volunteering in low-to-middle-income countries was the most reported location (n=64, 44%). Providing health services, surgical procedures and training were the dominant types of volunteering activities (n=90, 62.5%), with health promotion reported in only 4 studies (3%). Studies reported positive impact from volunteering, both professionally and personally. Time and family commitments were the main barriers.

**Conclusion:** Health professionals volunteer in diverse settings, offering diverse activities and modes of delivery. Multifaceted benefits for both the volunteers and service recipients are reported, however evidence of health professionals' skilled volunteering in health promotion is lacking. Further intervention studies of volunteering programs could allow development of new, sustainable approaches for health promotion.

## Two-phase public consultation to inform the third NSW Skin Cancer Prevention Strategy

Ms Nikki Woolley<sup>1</sup>, Irina Tupanceski<sup>1</sup>, Gabi Mercado<sup>1</sup>, Dr Amanda Jayakody<sup>1</sup>, Kate Reakes<sup>1</sup>, Sarah McGill<sup>1</sup>, Professor Tracey O'Brien<sup>1,2</sup>

<sup>1</sup>Cancer Institute NSW, Sydney, Australia, <sup>2</sup>Medicine and Health UNSW, Sydney, Australia

4D - Learning from our success stories, Madla Meeting Room 2, May 2, 2024, 9:30 AM - 11:00 AM

### Problem:

Most skin cancer can be prevented by the five sun protection behaviours, however, in NSW they are not adequately nor consistently applied. To advance skin cancer prevention in NSW, the Cancer Institute NSW undertook the development of the third state-wide NSW Skin Cancer Prevention Strategy 2023-2030. The Strategy development included extensive consultation with cross-sector stakeholders and two phases of public consultation.

### What we did:

The Institute engaged NSW Department of Customer Service (DCS) to utilise the public consultation platform, Have Your Say. Two rounds of public consultation occurred, the first was a survey asking the NSW community about their thoughts and behaviours relating to sun protection with an ideas board capturing suggestions to increase sun protection and raise community awareness of skin cancer risk. The second phase gauged levels of support for the new Strategy, priority populations, settings and goals. The ideas board asked about self-protection from UV radiation and heat. DCS Customer Insights provided analysis from both phases of consultation.

### Results:

The first phase attracted 1597 unique visitors to the consultation page, 405 survey responses, 174 unique ideas and 790 contributions to the ideas through posts, likes and comments. The majority of respondents (83%) believe using sun protection regularly is the most important behaviour to prevent skin cancer and 68% admitted they forget to protect their skin.

The second phase attracted 1125 visitors, 228 completed responses, 89 open text comments and 12 new ideas, plus 25 likes to the ideas. Most respondents (95%) agreed with the priority settings and 79% agreed with the priority populations.

### Lessons:

Public consultation is invaluable when developing population-based strategies and policies. Working with established platforms and agencies such as DCS allowed for sharing of expertise and information, leading to increased public engagement and considered community insights into skin cancer prevention that surpassed engagement benchmarks.

## Packed with Goodness: The evolution of evaluation to engage audiences effectively

Mrs Mikala Atkinson<sup>1</sup>, Ms Nicole Toia<sup>1</sup>, Mrs Ainslie Sartori<sup>1</sup>

<sup>1</sup>Cancer Council Wa, Subiaco, Australia

4D - Learning from our success stories, Madla Meeting Room 2, May 2, 2024, 9:30 AM - 11:00 AM

Packed with Goodness: The evolution of evaluation to engage audiences effectively

Authors: Mikala Atkinson, Nicole Toia, Ainslie Sartori

Domain: Policy/Practice

Sub-theme: Learning from our success stories

Presentation type: Long oral

### Problem

Australian children are consuming insufficient quantities of vegetables and an excess intake of sugary drinks. To address the gap in nutrition education in Western Australia, Cancer Council WA developed Packed with Goodness, a state-wide nutrition education program that aims to improve child health outcomes by increasing parent knowledge and confidence in packing healthy lunchboxes and providing healthy meals and snacks in the home.

### What we did

Packed with Goodness recommends familiar core messages around healthy eating. Development was guided by formative research, consultation with stakeholders and applying best practice when engaging ESL or low literacy groups. To help parents translate health messages the program includes an achievable model for preparing healthy food with the use of visual examples and practical skill development. Pre and post session questionnaires are scheduled to measure changes in knowledge and confidence and gauge effectiveness and comprehension.

### Results

Short term evaluation consistently shows the program is engaging, comprehensible and improves confidence and that participants are likely or very likely to use Packed with Goodness. However, participants reported session duration was too long for optimum benefit. Retention of participants for measuring long term behaviour change was consistently hampered by low response rates.

### Lessons

The evolution of evaluation required adaptability. This required adjusting the evaluation schedule, refining survey questions, adjusting session delivery model and introducing further incentives, which all helped increase engagement and impact in the target group as well as retention for follow up survey completion.

## The rise, fall, and rise again of effective tobacco policy in Australia

Professor Tanya Buchanan<sup>1</sup>, Ms Joanna McGlone<sup>1</sup>, Ms Amanda McAtamney<sup>1</sup>, Ms Megan Varlow<sup>1</sup>

<sup>1</sup>Cancer Council Australia, Sydney, Australia

4A - E-cigarettes and tobacco, Auditorium 2, May 2, 2024, 9:30 AM - 11:00 AM

Tobacco smoking remains Australia's leading cause of preventable death and disability, responsible for more than 20,000 deaths in 2018. (1) More than 250,000 people are predicted to die of smoking-related cancers alone in Australia between 2020 and 2044. (2)

Once a global leader in tobacco control, Australia for the last 10 years has had limited government investment and seeming complacency amongst policy makers, providing the opportunity for commercial actors to exploit the tobacco control landscape and begin to undo decades of progress made in tobacco control in Australia.

Cancer Council and the broader public health sector undertook a concerted effort to push action from government to turn the tide on Australia's inaction in tobacco control. Utilising expertise of key researchers with the latest evidence on tobacco use and the health harms in Australia and leveraging key relationships and influence with policy makers to achieve national policy targets. We also worked with priority population programs, such as Tackling Indigenous Smoking, to ensure that policy action is taking place in groups where there is an inequitable burden of disease.

Through persistent efforts of allied public health groups, Australia has successfully now seen decisive action taking place. In the last two years, the Australian Government has shown a significant and renewed commitment to reinvigorating action in tobacco control, and taken steps to modernise, streamline and strengthen our national tobacco laws.

We will share how these recent successes have led to the reigniting of the fight in tobacco control. Demonstrating the importance of a united voice with consistent messaging from across the public health sector. Using critical advocacy skills and expertise of key researchers and influential allies to effectively leverage and amplify pressure to achieve the best policy success.

### References

1. Australian Institute of Health and Welfare, Australian Burden of Disease Study 2018.
2. Luo, Steinberg, Yu et al. Projections of smoking-related cancer mortality in Australia to 2044. J. Epidemiol Community Health 2022.

## Heart of the Community: a customised heart disease program for rural Australia

Carlie Smith<sup>1</sup>, Rebecca Abbott<sup>2</sup>, Jacinta Hegarty<sup>3</sup>, Chloe Truesdale<sup>4</sup>, Natalie Raffoul<sup>2</sup>

<sup>1</sup>National Heart Foundation of Australia, Brisbane, Australia, <sup>2</sup>National Heart Foundation of Australia, Sydney, Australia, <sup>3</sup>National Heart Foundation of Australia, Darwin, Australia, <sup>4</sup>National Heart Foundation of Australia, Melbourne, Australia

1B - Prevention in action, Waterfront Room 1, April 30, 2024, 3:30 PM - 5:00 PM

**INTRODUCTION:** Compared to metropolitan centres, people living in rural and remote areas of Australia experience higher rates of coronary heart disease (CHD) and CHD related hospitalisations. This is often the result of numerous compounding factors including reduced access to health services, secondary prevention programs, and environments supportive of healthy lifestyles. The Heart Foundation committed to improving the heart health outcomes of people residing in rural and remote Australia by tailoring their national patient support program MyHeart MyLife to the rural context.

**METHODS:** An extensive local needs assessment and stakeholder consultation process was undertaken in three hot spot regions with disproportionately higher CHD mortality rates: Outback Queensland, Outback Northern Territory, and Riverina New South Wales. Local needs assessment was initially undertaken via a desktop review of locally available health services and support programs. Subsequent stakeholder consultation involved formal and informal qualitative interviews with health professionals, patients, and carers from each region.

**RESULTS:** The local engagement and consultation work revealed unique patient support and secondary prevention requirements within the regions. There is a strong need for strength-based messaging delivered at appropriate times across an individual's heart journey, covering both clinical and lifestyle factors. Information and advice should be actionable within the rural and remote context and available in various formats to accommodate individual preferences. Importantly, programs should complement and enhance health professional knowledge and practice.

**CONCLUSION:** Seeking out diverse community voices and utilising a co-design approach are essential components of developing an impactful and sustainable support program. Insights gathered during this process will facilitate expansion of the Heart Foundation's MyHeart MyLife program to deliver a more personalised offering that will aim to improve heart health outcomes for people living in rural and remote areas of Australia.

## Evaluation of an Aboriginal community-based program for fall prevention: The Ironbark Study.

Professor Rebecca Ivers<sup>1</sup>, Ms Leanne McCarthy<sup>1</sup>, Professor Kathie Clapham<sup>2</sup>, Dr Julieann Coombes<sup>3,1</sup>, Professor Anne-Marie Hill<sup>4</sup>, Dr Margaret Gidgup<sup>5</sup>

<sup>1</sup>UNSW Sydney, Sydney, Australia, <sup>2</sup>University of Wollongong, Wollongong, Australia, <sup>3</sup>The George Institute for Global Health, Sydney, 2000, <sup>4</sup>University of Western Australia, Perth, Australia, <sup>5</sup>Curtin University, Perth, Australia

2A - Aboriginal and Torres Strait Islander health, Auditorium 2, May 1, 2024, 9:30 AM - 11:00 AM

### Background

First Nations community prioritised and led programs are known to be most effective in driving better health and wellbeing for First Nations people. In Australia, despite a rising burden of falls there are few community-led programs addressing the needs of older Aboriginal people. The Ironbark Program is an Aboriginal co-designed fall prevention program.

### Objective

To test program impact on strength and balance, and a range of secondary outcomes including functional mobility, falls, and activities of daily living.

### Methods

The Ironbark program involves weekly sessions for Aboriginal people aged 45 years and older. It includes a physical activity program, including exercises that target improved strength and balance, and a yarning circle addressing falls risk factors. The study was a controlled pre-post design, with 21 sites engaged in 2020-2023. Sites elected to receive the Ironbark program or The Healthy Community Program (HCP, a social 'control' group). Data were collected by Aboriginal research staff at baseline and at 12-months, including measures of health-related quality of life, psychological distress, activities of daily living, functional mobility and falls. Weekly data collection included measures of health care utilisation and falls. A parallel process evaluation was also conducted. An Aboriginal steering committee provided cultural governance and the study has strong capacity building elements. Data analysis and reporting utilises an iterative community-engaged process with input from researchers, steering committee, staff and participants.

### Results

Twenty-one sites engaged in the study, of which 8 were in Western Australia and 13 in NSW, mostly in Aboriginal community-controlled services. Eighteen sites delivered the Ironbark program and 3 delivered the HCP. Final data collection occurred in November 2023. Interviews with participants, program staff and stakeholders showed high acceptability and strong cultural safety. Data analysis is proceeding. This presentation will report on program implementation and changes in primary and secondary outcomes adjusted for a range of factors including site size, location, age and gender of participants.

### Discussion

Community engagement and leadership by Aboriginal communities are critical to the design, implementation and scale-up of programs addressing Aboriginal health priorities. This study has implications for the design of healthy ageing programs for older Aboriginal people.

## National online peer support network supporting health and wellbeing in cardiovascular disease

Vanessa Poulsen<sup>1</sup>, Natalie Raffoul<sup>2</sup>, Chloe Truesdale<sup>3</sup>, Danielle Ritchie<sup>4</sup>, Carlie Smith<sup>4</sup>

<sup>1</sup>National Heart Foundation Of Australia, Adelaide, Australia, <sup>2</sup>National Heart Foundation of Australia, Sydney, Australia, <sup>3</sup>National Heart Foundation of Australia, Melbourne, Australia, <sup>4</sup>National Heart Foundation of Australia, Brisbane, Australia

2E - Topical prevention challenges and lessons learnt, Damibila Meeting Room 1, May 1, 2024, 9:30 AM - 11:00 AM

**Problem:** People living with heart disease often experience anxiety and depression and can feel socially isolated. This combination has a negative impact on health outcomes including premature mortality, recurrent events and re-hospitalisations, high healthcare use, reduced quality of life and poorer adherence to health-enhancing behaviours. Australians living with heart disease seek validation and reassurance from connecting with others, their peers, who are going through a similar experience.

**What you did:** To respond to the unmet social and emotional needs of people living and caring for someone with heart disease the Heart Foundation created the MyHeart MyLife online peer support community. The community is delivered virtually via a closed Facebook group moderated by the Heart Foundation. Members are provided with the opportunity to share experiences, give and receive support, reassurance and validation, and discover ways to lead a heart healthy life. The online platform allows for greater reach across Australia and access for those most in need. A dedicated wellbeing series was initiated in December 2023 which provides tips and advice for members on managing their social and emotional health.

**Results:** After a targeted digital social media and third-party media campaign in late 2023, the MyHeart MyLife community has grown to include over 1,700 members from across Australia, living with many forms of heart disease. The members remain engaged and supportive of each other, sharing and validating their experiences, and inspiring one another to stay on track with secondary prevention measures including medication and lifestyle changes.

**Lessons:** As an evidenced based organisation, the Heart Foundation has increased their reach and impact to include online peer support, filling a large gap in the care and support needs of people living with heart disease traversing our busy healthcare system. We have learnt more about consumers' information and support needs, the types of conversations they want to have with others, and how facilitating these conversations in a safe virtual space can help improve health and wellbeing outcomes.

## Sector-wide collaboration to deliver settings-based health promotion in Victoria

Dimity Gannon, Margaret Rozman

<sup>1</sup>Cancer Council Victoria, Melbourne, Australia

4E - Longer term implementation and planning, Damibila Meeting Room 1, May 2, 2024, 9:30 AM - 11:00 AM

Settings based health promotion initiatives targeting places where people live, work, study and play, are widely recognised as effective mechanisms for contributing to improved population health outcomes. These approaches are acknowledged in state and federal policy documents as well as the World Health Organisation Health Promoting Schools and Workplaces frameworks.

This presentation will explore the contribution of sector-wide collaboration using collective impact principles to support the delivery of settings-based health promotion initiatives in schools, early childhood, and community settings in Victoria. Case studies from the Victorian government supported, settings-based health promotion initiatives, Vic Kids Eat Well and the Achievement Program will be used.

A strength of both Vic Kids Eat Well and the Achievement Program has been their success in bringing together, state government, community health, local government, not-for-profit organisations, and other community partners to support settings, and work towards shared population health outcomes.

A key enabling factor for sector wide collaboration and partnership has been alignment of the settings-based initiatives with state health and wellbeing policy. In addition, supporting partnership activities have included capture and sharing of data to inform sector wide planning and reporting; communities of practice; engagement across government departments; professional learning and development opportunities for health promotion professionals; recognition and reward for settings; sharing success stories; and collaboration to provide localised direct support to settings.



## Can messaging maximise impact and reduce unintended consequences of tobacco product bans?

Ms Tegan Nuss<sup>1</sup>, Ms Claudia Gascoyne<sup>1</sup>, Professor Melanie Wakefield<sup>1,2</sup>, Professor Sarah Durkin<sup>1,2</sup>, Dr Ashleigh Haynes<sup>1,2</sup>, Dr Emily Brennan<sup>1,2</sup>

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3A - E-cigarettes and tobacco, Auditorium 2, May 1, 2024, 11:20 AM - 12:50 PM

**Background:** Regulating features of tobacco products can reduce the attractiveness and addictiveness of smoking; for example, prohibiting filter ventilation (so available cigarettes deliver the true harshness of smoke), or limiting nicotine content (so only “Very Low Nicotine” products are available). If such regulations are considered, maximising their impact and minimising unintended consequences will be critical. We examined whether messaging about hypothetical bans on filter ventilation (FV) and regular nicotine content (RNC) products could increase quit intentions, reduce misperceptions about the harmfulness of banned versus available products, and promote accurate knowledge about the bans.

**Methods:** In an online experiment, 1,012 Australian adults who currently smoked at least weekly were recruited from an online research panel, allocated to a ban study arm (FV; RNC) based on current product use, and randomised to one of three message conditions. Condition A introduced the ban and its rationale and encouraged quitting, Conditions B and C additionally described the harmfulness of products available after the ban, and Condition C additionally described other negative attributes of available products.

**Results:** For both bans, around one-quarter of participants reported they would quit smoking in response, with no differences by message condition. Within the FV arm, banned and available products were perceived as similarly harmful and there were no differences by condition for any outcome. Within the RNC arm, Very Low Nicotine products were perceived as less harmful than RNC products with no difference by condition, and exposure to the most (versus least) detailed message unexpectedly reduced accurate knowledge about the ban.

**Conclusions:** Messaging introducing a FV ban and encouraging quitting may be sufficient to promote quit intentions and minimise harmfulness misperceptions. For an RNC ban, education about nicotine being an addictive substance may be needed first to correct misperceptions and ‘soften the ground’ for policy change and associated messaging.

## Can messaging about a ban on menthol tobacco products boost quit intentions?

Ms Tegan Nuss<sup>1</sup>, Ms Claudia Gascoyne<sup>1</sup>, Professor Melanie Wakefield<sup>1,2</sup>, Professor Sarah Durkin<sup>1,2</sup>, Dr Ashleigh Haynes<sup>1,2</sup>, Dr Emily Brennan<sup>1,2</sup>

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4A - E-cigarettes and tobacco, Auditorium 2, May 2, 2024, 9:30 AM - 11:00 AM

**Intro:** The forthcoming ban on tobacco products using menthol and other flavours, and containing flavour capsules or “crushballs”, could motivate people who use these products to quit smoking. Conversely, they may switch to tobacco products that remain available, especially if these products are misperceived to be less harmful than banned products. We examined whether public communications messaging could increase quit intentions in response to the menthol and flavoured crushball (MFC) ban, reduce harmfulness misperceptions, and promote accurate knowledge about reasons for the ban.

**Methods:** In an online experiment, 502 Australian adults who currently smoked menthol and/or flavoured crushball cigarettes at least weekly were recruited from an online research panel and randomised to one of three message conditions. Condition A introduced the MFC ban and its rationale and encouraged quitting, Conditions B and C additionally described the harmfulness of products available after the ban, and Condition C additionally described other negative attributes of remaining products.

**Results:** Compared to the least detailed message (Condition A), exposure to the most detailed message (Condition C) was marginally associated with greater intentions to quit following the ban (30% cf. 22%;  $p=0.08$ ) and significantly associated with more accurate knowledge (51% cf. 40%) and less uncertainty about reasons for the ban (8% cf. 18%). Available and banned tobacco products were perceived as similarly harmful, while e-cigarettes/vapes were perceived as less harmful than MFC products, with no differences by message condition. Exclusive use of MFC products and current consideration of quitting significantly predicted intentions to quit following the ban.

**Conclusion:** Messaging about the MFC ban should describe the rationale and encourage quitting, plus emphasise the harmfulness and negative attributes of remaining products. To optimise the ban’s impact, interventions that boost motivation and capacity to quit smoking should be deployed leading up to and during the ban’s implementation.

## Strategies for enhancing implementation of school-based policies/practices targeting chronic disease risk factors.

Mr. Daniel Lee<sup>1,2,3,4</sup>, Dr. Kate O' Brien<sup>1,2,3,4</sup>, Dr. Sam McCrabb<sup>1,2,3,4</sup>, Dr. Courtney Barnes<sup>1,2</sup>, Associate Professor Flora Tzelepis<sup>3,4</sup>, Associate Professor Serene Yoong<sup>1,2,5</sup>, Dr. Kate Bartlem<sup>4,6</sup>, Professor Luke Wolfenden<sup>1,2,3,4</sup>, Dr. Rebecca Hodder<sup>1,2,3,4</sup>

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5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

**Background:** Several school-based interventions are effective in improving child diet and physical activity, and preventing excessive weight gain, and tobacco or harmful alcohol use. However, schools are frequently unsuccessful in implementing such evidence-based interventions.

**Objective:** To evaluate the effectiveness of strategies aiming to improve school implementation of interventions, specifically aimed to address: 1) student diet, physical activity, tobacco or alcohol use, and obesity; and 2) describe the cost or cost-effectiveness and any adverse events of strategies on schools, school staff or students.

**Methods:** This systematic review is an update of an existing Cochrane systematic review. Extensive search methods were used. The latest search update was between 1 May 2021 to 30 June 2023. Studies were included if: 1) they used strategies to integrate evidence-based health interventions within schools; 2) were randomised controlled trials with a parallel control group. A meta-analysis will be conducted to determine the effectiveness of implementation strategies in enhancing implementation of interventions in schools.

**Results:** The search generated 4786 unique citations and 11 new studies have been identified for inclusion, bringing the total number of included studies to 37. Eight were randomised controlled trials (RCTs) and 29 were cluster-RCTs. 13 trials tested strategies to implement healthy eating practices, 16 physical activity, two tobacco, one alcohol and five a combination of risk factors. Analysis are ongoing and final results will be presented.

**Conclusion:** The review will update the evidence on the effectiveness of implementation strategies in improving implementation of interventions in schools and will be of great interest to policy makers and practitioners to inform the implementation support for school-based chronic disease prevention interventions. The review will also be maintained as a living systematic review upon publication.

## Identifying behaviour change techniques in trials of childhood obesity prevention interventions

**Mr. Daniel Lee**<sup>1,2,3,4</sup>, Associate Professor Serene Yoong<sup>1,2,5</sup>, Dr. Kate O'Brien<sup>1,2,3,4</sup>, Dr. Sam McCrabb<sup>1,2,3,4</sup>, Dr. Brittany Johnson<sup>6</sup>, Associate Professor Justin Presseau<sup>7,8</sup>, Dr. Rebecca Hodder<sup>1,2,3,4</sup>  
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4C - Young people and school-based strategies, Betbiyan 3 & Bundirrik 4, May 2, 2024, 9:30 AM - 11:00 AM

**Background:** Childhood overweight and obesity is increasingly prevalent, can persist into adulthood and influence lifelong health trajectories. Most school-based obesity prevention interventions are complex and multicomponent, and while previous reviews have demonstrated their effectiveness, they have not sought to identify which behaviour change techniques (BCTs - active ingredients of an intervention) are most effective.

**Objective:** To: 1) Describe the targeted behaviours (Healthy eating (HE), Physical Activity (PA), or HE and PA), delivery features (e.g. age groups, duration of intervention) and BCTs used in obesity prevention interventions supporting children aged 6-18 years; and 2) explore which BCTs are associated with child BMI.

**Methods:** A secondary analysis of school-based studies included in a recent Cochrane systematic review was undertaken. The original review included RCTs of childhood obesity prevention interventions targeting HE and/or PA that assessed weight status of children aged 6-18 years. Data was extracted regarding targeted behaviours and delivery features. The BCTs of each HE and PA intervention components were coded according to the BCT codebook that was developed and the BCT taxonomy v1. A meta-regression was conducted to determine the association between the use of BCTs adopted in the trials and child BMI/BMIz-scores.

**Results:** 128 trials from the previous review were eligible for the secondary data analysis, of which 16 included a HE component, 35 PA component and 77 both HE and PA component. 49 different BCTs across 14 BCT domains were identified within the studies. Preliminary results from the meta-regression found no associations between the individual BCTs adopted in studies and child BMI/BMIz-scores. Additional analysis considering overall domains and clusters of BCTs will also be presented.

**Conclusion:** The findings of the analyses and codebook of BCTs will be of interest to both policy makers and practitioners to inform the development of future school-based childhood obesity prevention interventions.

## Pregnancy intention, preconception health, behaviours, and information seeking among expectant male partners.

Mr Tristan Carter<sup>1</sup>, Dr Amie Steel, Dr Jon Adams, Dr Danielle Schoenaker

<sup>1</sup>University Of Technology Sydney, Sydney, Australia

5E - Reproductive and women's health, Damibila Meeting Room 1, May 2, 2024, 11:20 AM - 12:50 PM

### Introduction

Pregnancy planning is fundamental to inform and initiate preventive opportunities through preconception information seeking, discussions with health professionals, and optimising health and behaviours in preparation for healthy outcomes. With only incipient evidence to guide and support preconception care for males, this study seeks to describe pregnancy intention, and define the health, health behaviours, and information and advice seeking activity of reproductive males with pregnant partners (expectant partners) based on their level of pregnancy intention.

### Methods

An observational retrospective study was conducted between December 2020-September 2021 collecting data from a 92-item online survey across five domains including participant demographics, current pregnancy, preconception health behaviours, preconception health information/advice and health history/health status. A convenience sample of pregnant women and their reproductive partners were recruited via social media. Pregnancy intention was assessed by the London Measure of Unplanned Pregnancy (LMUP) and categorized as 'Planned' or 'Ambivalent/Unplanned'.

### Results

Among 139 expectant male partners, 64.7% reported their pregnancy was planned, while 35.3% of pregnancies were ambivalent/unplanned. The results of this study suggest minimal differences in most health behaviours and information seeking activities between males with planned and ambivalent/unplanned pregnancies. Compared with participants with ambivalent/unplanned pregnancies, those with planned pregnancies were more likely to be physically active before pregnancy (78.8% vs 55.5%;  $p=0.005$ ) and to check their immunization status (36.3% vs 9.0%;  $p=0.01$ ) and less likely to have ever smoked (28.0% vs 56.5%;  $p=0.001$ ).

### Conclusion

Our study highlights that males do not always intend pregnancies and that only few differences are evident in the preconception health behaviours of males with a planned pregnancy, compared to males with ambivalent/unplanned pregnancy. This study sets the impetus to improve preventive strategies in preconception health and awareness for at the population level, for all males who may conceive a pregnancy, and at an individual level, for those males who are actively planning pregnancy.

## Collaborative, transformative and preventive Aboriginal community-led outreach: The health and wellbeing vision

Dr Bronwyn Rossingh<sup>1</sup>, Mr George Gurruwiwi<sup>2</sup>, Mrs Yalmay Yunupingu<sup>1</sup>, Professor Bev Biggs<sup>3</sup>, Dr Hasthi Dissanayake<sup>3</sup>, Mr Nathan Garrawurra<sup>1</sup>, Dr Sean Taylor<sup>4</sup>

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2B - Table Top - mixed, Waterfront Room 1, May 1, 2024, 9:30 AM - 11:00 AM

Sickness and dying in NE Arnhem Land is the harsh reality that sadly confronts Yolŋu families everyday. Health services are overstretched and under resourced whilst program funding comes and goes with limited impact. An Aboriginal community-controlled health organisation, a university and a group of community members are working together in NE Arnhem Land to bring a focus to prevention by empowering local people to engage in and lead an outreach program that brings the clinic to their family home. This outreach approach promotes bicultural learning and education about what is happening to their body as a result of their diet, physical activity level and other lifestyle factors. A key component of the outreach service is to bring the clinic to their home so they may undertake a general health check and point of care testing. This way they can learn from a team of health practitioners and advisers, including community members, in their own language and understand their results instantly and appropriately. This project represents an opportunity to break down the stigma associated with going to the clinic as well as not understanding health issues presented in another language. Aimed at the preventive level, this project seeks to empower the community to lead the way about their health and wellbeing.

## Child health behaviour screening in primary health care: exploring opportunities with practitioners

Miss Dimity Dutch<sup>1</sup>, Dr Lucinda Bell<sup>1</sup>, Alexandra Manson<sup>1</sup>, Dr Natasha Schranz<sup>3</sup>, Professor Elizabeth Denney-Wilson<sup>2</sup>, Professor Rebecca Golley<sup>1</sup>

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5A - Prevention in practice, Auditorium 2, May 2, 2024, 11:20 AM - 12:50 PM

**Introduction:** Growth monitoring is current recommended practice in Primary Health Care to support optimal child health and growth. This approach has known barriers and limitations including caregiver receptiveness, stigma, and shame. Health behaviour screening poses an emerging opportunity to overcome these topical prevention challenges in the early years. Workshops with South Australian practitioners aimed to 1) generate key features of a child health behaviour screening tool, and 2) understand the supports needed to implement child health behaviour screening in primary health care.

**Methods:** Participants were eligible to participate if they were a South Australian primary health care practitioner that work with children aged 5 years or under in a primary health care setting. Nominal Group Technique methodology was used as a collaborative consensus process to generate, filter and prioritise ideas. A four-step process including individual brainstorming, round robin, group discussion and voting was followed. Workshops were facilitated virtually via Microsoft teams.

**Results:** Six idea generation workshops were held (n= 21 participants) including general practitioners, paediatricians, nursing and allied health professionals. Practitioners described features of a screening tool to facilitate ease of administration, completion and interpretation, the importance of accessible language and visuals, and flexible mode of delivery and completion. Key support needs included resources for caregivers, practitioner and community awareness of the tool, and practitioner resources including referral pathways. A consensus workshop will be conducted early 2024, to refine and prioritise key features and resources needed for implementation.

**Conclusion:** Practitioners shared their perspectives on what a screening tool should look like and supports for implementation, highlighting the importance of a multidisciplinary approach, avoiding shame and stigma, and driving next steps following screening. Understanding end-user identified perspectives is crucial to inform tool and resource development and to facilitate a supportive prevention environment in primary health care.

## Notorious for not reapplying: could improved sunscreen labelling prompt effective application?

Dr Anna Nicholson<sup>1</sup>, Associate Professor Helen Dixon<sup>1</sup>

<sup>1</sup>Centre for Behavioural Research in Cancer, Cancer Council Victoria, East Melbourne, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

### Introduction

It is important that consumers receive clear information about how to apply sunscreen to achieve the product's stated level of protection and health benefit. However, consumer contact data suggests consumers need to apply more sunscreen more often for effective protection. This qualitative study explores consumer understanding and response to sunscreen labelling terms (e.g., water resistance), claims (e.g., tested 4 hours water resistance) and instructions (e.g., reapply every 2 hours or immediately after swimming, sweating and towel drying). Study recommendations can be used to inform sunscreen label design, regulation and communications.

### Methods

In October 2023, ORIMA Research were commissioned to conduct five focus groups with Victorian adults aged 18 to 49 years (n=39) who use sunscreen at least some of the time in summer (i.e., sunscreen consumers). Group discussions were coded for key themes that were tested, refined and validated throughout the fieldwork period.

### Results

Participants relied on false proof points such as avoiding sunburn or achieving the 'right feel' as evidence of effective application. Few participants were aware of recommendations for effective application, particularly the need to reapply sunscreen every two hours and immediately after swimming, sweating and towel drying. Most participants felt that reapplication information should feature prominently on the front of sunscreen packaging. The front-of-pack statement that sunscreen is 'tested for 4 hours water resistance' was found to contribute to confusion about how often sunscreen should be applied. Participants expressed a clear preference to receive information about how sunscreen performs in real-world conditions that is communicated using specific and objective terms or icons.

### Conclusion

Sunscreen labelling information could be enhanced using clear, visual and objective front-of-pack instructions. Changes to labelling regulation are required to address misinformation and ensure that consumers receive consistent information about effective application. Additional supportive communication strategies may be needed to improve cut-through.



## Hot dogs, cookies & juice: Top canteen orders in Victorian primary schools

Dr Anna Nicholson<sup>1</sup>, Ms Claire Hardy<sup>2</sup>, Ms Rachael Jinnette<sup>1</sup>, Ms Maree Scully<sup>1</sup>, Associate Professor Helen Dixon<sup>1</sup>

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1E - Community-based initiatives, Damibila Meeting Room 1, April 30, 2024, 3:30 PM - 5:00 PM

### Introduction:

One in 10 primary school children frequently purchase lunch from their school canteen. Although most States and Territories have adopted canteen guidelines, audits show low to moderate compliance and significant room for improvement in the availability, pricing and promotion of healthy items. This study uses sales data from an online canteen ordering platform to describe the top-selling meals, snacks and drinks in Victorian primary school canteens.

### Methods:

We analysed a cross-sectional sample of food and beverage sales data from 29 Victorian Primary schools who used My School Connect's tuckshop app throughout 2022. Orders for meals (n=247,450), snacks (n=99,761) and drinks (n=78,121) were categorised according to a coding framework aligned with the Victorian Department of Education and Training's Policy for Canteens, Healthy Eating and Other Food Services. Results rank and describe the percentage and nutritional rating of 'top-selling' items, which combined accounted for at least 80% of orders. Further analysis of the nutritional ratings (as per the Policy's food and beverage categories: 'Everyday', 'Select Carefully', 'Occasionally' or 'Never') will be available at the time of presentation.

### Results:

The top-selling meal-items were hot dogs (21%), chicken nuggets (14%), hot pastries (13%), sandwiches (12%), pasta (8%), burgers (8%), and pizza (7%). Top-selling snacks were sweet biscuits (26%), frozen confectionary (21%), cakes (14%), fruit (11%) and confectionary (8%). Drink sales were dominated by fruit juice (42%) and flavoured milk (38%). Sales of items categorised as 'Everyday' were more common for drinks than meals and snacks. Several of the most popular snacks were categorised as 'Occasionally' or 'Never'.

### Conclusions:

Snacks that should have restricted availability in primary school canteens are among the most popular items sold. Stronger regulation and monitoring, combined with greater support for schools to provide healthy and affordable products, is required to improve the healthiness of the school food environment.

## Young people's barriers and facilitators of engagement with web-based mental health interventions

Thi Quynh Anh Ho<sup>1</sup>, Dr Lidia Engel<sup>2</sup>, A Prof Glenn Melvin<sup>1</sup>, Dr Long Le<sup>2</sup>, Dr Ha Le<sup>1</sup>, Prof Cathy Mihalopoulos<sup>2</sup>

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3C - Young people, Betbiyan 3 & Bundirrik 4, May 1, 2024, 11:20 AM - 12:50 PM

### Background

Anxiety and depression in young people are increasing worldwide. Web-based mental health interventions (W-MHIs) have the potential to reduce anxiety and depression symptoms in young people. Although W-MHIs have become more widely used by young people since the COVID-19 pandemic, engagement in these programs beyond the research context has remained low compared to that in research studies. Moreover, there are limited studies examining factors influencing engagement with W-MHIs in the post-pandemic years.

### Objective

This study aims to explore barriers and facilitators of engagement with W-MHIs for anxiety and depression among young people.

### Method

Twenty semi-structured interviews and focus groups were conducted online between February 2023 and March 2023 using Zoom. Participants were young people aged 18-25 years, experienced anxiety and/or depression in the past six months, lived in Australia, and considered using W-MHIs to manage their anxiety and/or depression symptoms. Inductive thematic analysis was performed to understand the key barriers and facilitators of young people's engagement with W-MHIs.

### Results

Both individual- and intervention-related factors influenced young people's engagement with W-MHIs. Facilitators of engagement with W-MHIs included personal trust and beliefs in W-MHIs, ability to contact a health professional, program suitability (e.g., affordability, content aligning with user needs), program usability (e.g., user interface), and accessibility of the online platform. Barriers to engagement with W-MHIs included concerns about online security, lack of human interaction and immediate responses from health professionals (if any), and negative experiences with mental health programs. Participants expressed greater willingness to pay if they could contact health professionals during the program.

### Conclusion

Better promotion strategies for mental health and W-MHI awareness are needed to increase the perceived importance and priority of mental health interventions among young people. Future W-MHI development should involve young people to enhance the program suitability and usability to foster their engagement with W-MHIs.

## Secondary prevention in action: Co-designing a national heart disease patient support program

Ms Chloe Truesdale<sup>1</sup>, Ms Natalie Raffoul<sup>2</sup>, Ms Emily Bradburn<sup>2</sup>, Ms Vanessa Poulsen<sup>3</sup>

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2D - Methodologies, innovation and co-design, Madla Meeting Room 2, May 1, 2024, 9:30 AM - 11:00 AM

**Introduction:** One in three heart attacks in Australia are repeat events. Yet only a quarter of Australians with acute coronary syndromes receive optimal care at hospital discharge. There is a strong need to improve the secondary prevention of cardiovascular disease in Australia and support transition of care. The Heart Foundation utilised the latest evidence alongside human centred design thinking principles to build a nationally scalable support program which aims to create sustainable improvements in health and quality of life for Australians living with coronary heart disease (CHD).

**Methods:** A comprehensive co-design approach was undertaken to iterate the Heart Foundation's flagship MyHeart MyLife program. This redesign project commenced with a needs assessment phase involving an environmental scan, literature review and qualitative research with patients, carers and health professionals. This phase informed a human centred design workshop, and the digital design and build phases. Patient co-design principles underpinned the design and build phases via a dedicated Consumer Advisory Group.

**Results:** Findings confirmed the importance of considering readiness for change and health literacy when developing a support program as this significantly impacts a person's ability to accept and act on information. Clinical, educational, practical, social, and emotional needs differ between and within people and often change again based on their geographical location. Digital interventions used to facilitate education allow content to be tailored to individual needs and preferences.

**Conclusion:** To effectively support the diverse needs of people living with CHD, secondary prevention programs must deliver support via a variety of customisable offerings. While initiation and duration of information is highly variable between and within people, secondary prevention is lifelong, so implementation should be regular and ongoing. The new MyHeart MyLife support program will deliver personalised and timely clinical information and psychosocial support throughout an individual's recovery journey utilising well established digital behaviour change interventions to improve health and quality of life outcomes.

## Coaching for Healthy AGEing trial – cluster-RCT addressing falls and physical inactivity.

Professor Anne Tiedemann<sup>1</sup>, Doctor Juliana Souza De Oliveira<sup>1</sup>, Doctor James Wickham<sup>2</sup>, Professor Adrian Bauman<sup>1</sup>, Professor Stephen Lord<sup>3</sup>, Professor Dafna Merom<sup>4</sup>, Professor Chris Rissel<sup>1</sup>, Professor Kirsten Howard<sup>1</sup>, Professor Allison Jaure<sup>1</sup>, Professor Richard Lindley<sup>1</sup>, Professor Judy Simpson<sup>1</sup>, Professor Margaret Allman-Farinelli<sup>1</sup>, Ms Catherine Kirkham<sup>1</sup>, Ms Betty Ramsay<sup>1</sup>, Ms Sandra O'Rourke<sup>1</sup>, Professor Cathie Sherrington<sup>1</sup>

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5D - Prevention frameworks and methodologies, Madla Meeting Room 2, May 2, 2024, 11:20 AM - 12:50 PM

### Introduction

Promotion of physical activity in older age can prevent chronic disease, and exercise that challenges balance can prevent falls. There is evidence that promoting general increases in physical activity among older people without providing fall prevention advice may increase fall rates. The Coaching for Healthy AGEing (CHAnGE) trial measured the effect of a combined physical activity and fall prevention program on physical activity and falls among community-dwelling people aged 60+.

### Methods

Seventy-two clusters (605 people) were randomly assigned to intervention (37 groups, 290 participants; fall prevention and physical activity plan, one physiotherapist visit, 12 months of phone coaching, pedometer, tailored falls prevention advice, education brochure) or control (35 groups, 315 participants; healthy eating intervention, involving education brochure and phone coaching). The co-primary outcomes were device-measured physical activity and self-reported falls over 12 months. A number of secondary outcomes were included.

### Results

Participants had a mean age of 74 years (SD 8.0), 70% were female. We found a significant between-group difference in physical activity counts at 6 months (mean difference=21.3 counts per minute (CPM), 95%CI 3.66-39.0); however, this effect was not maintained at 12 months (5.31 CPM, 95%CI -21.2-31.9). We identified a significant increase in steps/day in the intervention group compared to control group at 6 months (649 steps/day, 95% CI 283-1015) and 12 months (460 steps/day, 95% CI 26-894). The control group reported a higher fall rate (229 falls, 0.87 falls/person/year, SD 1.80) than the intervention group (193 falls, 0.71 falls/person/year, SD 1.09); however, this difference was not statistically significant (incidence rate ratio (IRR) 0.86, 95% CI 0.65-1.14).

### Conclusion

A combined physical activity and fall prevention intervention significantly improved physical activity without increasing falls among people aged 60+. The program was well accepted and could provide a promising strategy to be implemented at scale within existing health services.

## The antidote? Evaluating the Alcohol. Think Again ‘What’s your poison?’ Campaign

Dr Rebecca Godwin<sup>1</sup>, Dr Ashleigh Haynes<sup>1,2</sup>, Ms Rachael Jinnette<sup>1</sup>, Dr Belinda Morley<sup>1,3</sup>, Ms Tahnee McCausland<sup>4</sup>, Mr James Stevens-Cutler<sup>4</sup>, Ms Lucy Scott<sup>5</sup>, Associate Professor Helen Dixon<sup>1,2</sup>

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Australia, <sup>4</sup>Government of Western Australia Mental Health Commission, , Australia, <sup>5</sup>Government of Western Australia Department of Health, , Australia

3D - Early detection and harm minimisation, Madla Meeting Room 2, May 1, 2024, 11:20 AM - 12:50 PM

**Introduction:** Alcohol use accounts for a substantial burden of death, disease, and injury. The Alcohol. Think Again (ATA) campaign, running in Western Australia (WA) since 2010, aims to improve knowledge, intentions, and behaviours related to alcohol use. ‘What’s Your Poison?’, launched in June 2023, used a social marketing strategy targeting all Western Australians aged 25-54 years and those exceeding the NHMRC alcohol guidelines with the aim of reducing the level of alcohol-related harm and ill-health in WA.

**Methods:** A repeated cross-sectional design was utilised with population surveys in the campaign state (WA: n>850 pre- post campaign) and comparison state (South Australia: n>650 pre- post campaign), including an oversampling of ‘risky drinkers’, who exceeded the NHMRC guidelines. Multivariable regression models will: test state by time (pre/post-campaign) interactions for the total sample and for risky drinkers; compare differences by campaign exposure (post-campaign) in WA.

**Results:** Preliminary results from exposure analysis show that the latest ATA campaign increased knowledge of the health risks of alcohol use and encouraged respondents to utilise strategies to reduce their use. For the WA post-campaign sample, a significantly higher proportion of respondents exposed to the campaign were aware of the association between long-term alcohol use and cancer compared to those without exposure (83.3% cf. 74.9%). Further, those exposed to the campaign were more likely to use strategies such as refusing a drink when offered, or delaying their first drink, than those not exposed to the campaign (62.5% cf. 49.5%; 46.2% cf. 36.9% respectively).

**Conclusions:** Preliminary findings indicate that exposure to the latest ATA ‘What’s your poison?’ campaign impacted knowledge of the health risks of alcohol use, as well as behavioural strategies used to reduce alcohol use. Further analyses including interactions between state and time will be conducted, with these results available for presentation at the conference.

## Effective messaging associated with shifting dietary intentions and behaviour towards healthy outcomes

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4B - Creating healthy food environments, Waterfront Room 1, May 2, 2024, 9:30 AM - 11:00 AM

**Introduction:** Launched in Western Australia (WA) in 2012, LiveLighter® (funded by WA Department of Health) is a long-running public health social marketing program with the aim of motivating people to adopt healthy eating habits, increase physical activity and attain and maintain a healthy weight. The degree to which individual advertising campaigns are favourably received and evaluated by the target audience, perceived effectiveness (PE), is measured in ongoing evaluation. PE has been found to be predictive of changes in behaviour and intentions in smoking. LiveLighter® evaluation offers a unique opportunity to further our understanding of what constitutes successful communication in changing diet-related behaviour and intention.

**Methods:** Data from cohort evaluations of LiveLighter® campaigns consisting of multiple creative executions with baseline and follow-up surveys of 25- to 49-year-olds will be utilised. Multivariable models will test the degree to which PE variables predict changes in intention and behaviours from pre to post campaign, controlling for potential confounders.

**Results:** Preliminary analysis shows that changes in intentions and behaviour from pre to post campaign are predicted by PE measures. The extent of this change will be examined in view of several factors, including the nature of campaign exposure (e.g., creative executions exposed to), and if possible, target audience subgroups e.g., higher body weight (BMI 25+) and regular fast-food consumers.

**Conclusions:** These findings will indicate the degree to which specific PE measures can drive positive changes in key dietary-related intention and behavioural outcomes. The learnings from this long running evaluation can provide evidence on how to design mass media campaigns that might best promote healthy dietary intentions and actions to address overweight.

## The Djamarrkuli'wu Mulka Program's Journey in Culturally Relevant Health Education

Stephanie Gorman<sup>1</sup>, Demi Forward<sup>1</sup>, Michael Yunupingu<sup>1</sup>, Sammy Gondarra<sup>1</sup>, Daniel Bromot<sup>1</sup>

<sup>1</sup>Miwatj Health Aboriginal Corporation, Nhulunbuy, Australia

2B - Table Top - mixed, Waterfront Room 1, May 1, 2024, 9:30 AM - 11:00 AM

**Problem:** Young People in East Arnhem land who do not engage in the education system are at increased risk of worse health outcomes, unemployment and poorer social outcomes.

**What You Did:** Miwatj Health Aboriginal Corporation's Djamarrkuli'wu Mulka program aims to promote inclusion in the education system by providing sports, music, camps and other activities, to re-engage children in school, whilst also teaching sportsmanship and discipline. Our proactive approach engages young Yolŋu in dynamic health education, fostering safe spaces and promoting open dialogue. DwM showcases the efficacy of Yolŋu-led interventions, instilling cultural pride and amplifying innovative approaches to complex challenges. We strategically navigate the complexities of delivering impactful programs in resource-limited settings, advocating for solutions that bridge the gap between urgent preventive health needs and community-specific challenges.

**Results:** Our advocacy through DwM demonstrates the tangible impact of Yolŋu-led healthcare on young people in our communities. By leveraging the strength of Yolŋu culture and forming powerful community partnerships, we actively contribute to the evidence base for preventive health in remote Australia. The program serves as a success story, advocating for the effectiveness of community-led initiatives in achieving multifaceted health goals, from improving school attendance and behaviour to promoting healthy lifestyles.

**Lessons:** The lessons learned highlight the resilience inherent in community-led approaches and advocate for the ongoing imperative of empowering Yolŋu young people for a healthier future. DwM not only addresses immediate health concerns but also becomes an advocate for sustainable, culturally specific preventive health approaches. The conference presentation will share insights into the advocacy and partnership strategies employed, emphasising the broader implications for community-led health interventions and the importance of investing in Indigenous young people.

**Keywords:** Yolŋu young people, remote health, community-led health, preventive health, cultural pride, empowerment, sustainable interventions.

## Enhancing Public Health and Clinical Partnerships at Miwatj Health Aboriginal Corporation

Stephanie Gorman<sup>1</sup>, Annie Carter<sup>1</sup>, Tayla Miegel<sup>1</sup>, Zoe Lalambirra<sup>1</sup>, Vasati Dhurrkay<sup>1</sup>, Judith Dhuru<sup>1</sup>

<sup>1</sup>Miwatj Health Aboriginal Corporation, Nhulunbuy, Australia

4E - Longer term implementation and planning, Damibila Meeting Room 1, May 2, 2024, 9:30 AM - 11:00 AM

**Problem:** Yolŋu community public health teams and the clinical care teams located in all Miwatj locations work with the same clientele base, however historically this collective work was often fragmented. A main challenge was the lack of visibility for clinicians regarding the health education delivered to clients by the Public Health team, impacting ongoing discussions and the success of health promotion messaging.

**What you did:** We focused on formalising the collaboration between clinicians and Public Health Community-Based Workers (PH CBWs) and improving the feedback loop to clinicians, aiming to enhance workplace culture. The multiple teams working on this issue have confronted multiple challenges including but not limited to the issues related to clinical cultural awareness, attracting buy in and appetite for change amongst busy clinicians, and navigating the very real challenge of English as an additional language.

**Results:** Clinicians expressed a preference for a systematic approach to working with the PH CBWs. The integration of the referral process within the Communicare (patient record) system facilitates improved reporting on the number of clients referred to public health programs and the proportion of clients followed up with education, not only meeting our key grant reporting requirements, but robustly addressing the deep health equity challenges faced by the remote Yolŋu communities MHAC serves.

**Lessons:** Our presentation will detail the specific training initiatives strategically implemented to empower Yolŋu community workers and clinicians in effectively utilising the Communicare patient record information system to improve flow of information. The results highlight the success of fostering collaboration between Yolŋu ways of doing and contemporary healthcare methods, extending beyond systemic improvements to emphasise the transformative potential of overcoming linguistic and technological barriers.

**Keywords:** Public health, clinical collaboration, Yolŋu workforce empowerment, patient record system, Communicare, proactive strategies, health communication success story, health equity.



## Aboriginal and Torres Strait Islander communities in Queensland: Ending tobacco/vaping harms

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<sup>3</sup>Author identifies as Aboriginal and/or Torres Strait Islander, ,

4A - E-cigarettes and tobacco, Auditorium 2, May 2, 2024, 9:30 AM - 11:00 AM

### Intro:

Fuelled by the tobacco industry, commercial tobacco smoking is a major cause of preventable morbidity and mortality among Aboriginal and Torres Strait Islander peoples. There is a need to rapidly accelerate the declines in smoking and e-cigarette prevalence to minimise harms. Aboriginal and Torres Strait Islander tobacco control entails whole-of-population measures coupled with locally delivered community programs and services. Queensland Aboriginal and Islander Health Council (QAIHC) and the National Centre for Aboriginal and Torres Strait Islander Wellbeing Research (NCATSIWR) worked with communities to identify and document their needs and priorities to support smoke and vape free behaviours.

### Methods:

Throughout 2023, we conducted interviews and focus groups with 13 Aboriginal and Torres Strait Islander Community Controlled Organisations and communities across Queensland. Sites opted-in via a QAIHC EOI process. Participants included community members, Aboriginal Health Workers, clinical and administrative staff.

### Results:

Reducing tobacco and vaping was a community priority throughout Queensland. Addressing e-cigarettes was a priority in each location, including a need for clear factual information about vaping harms, options for quitting vapes and concerns about the widespread availability, targeting of children and heavy retail presence. Gaps and siloed cessation support services, fragmented funding and dedicated staff were frequently raised as barriers to supporting smoke and vape free behaviours. Youth were a key priority population, and there was widespread interest and support for the New Zealand 'tobacco endgame' measures.

### Conclusions:

Tobacco related harms remains a major community concern, alongside the arrival of vapes. All participants were supportive of ongoing and increased action on tobacco and vaping. Some sites were open to stronger, structural changes (such as reducing retail access, and smoke free generation) locally or nationally. There is an opportunity to support communities to design local level comprehensive tobacco control beyond the constraints of individual programs and policies.

Aboriginal and Torres Strait Islander governance: QAIHC and NCATSIWR responded to QLD community priorities. It was guided by Thiitu Tharmmay, the group that guides the NCATSIWR. Participants were invited to review their interviews or focus groups, received short local reports and a state-wide webinar. Feedback was integrated with ongoing engagement.

## Not even a puff: exploring adolescent never smoking and vaping in LSIC

Dr Christina Heris<sup>1</sup>, Abigail de Waard<sup>1</sup>, Emily Rickard<sup>1</sup>, Dr Eden Barrett<sup>2</sup>, Rubijayne Cohen<sup>1,5</sup>, Makayla-May Brinckley<sup>1,5</sup>, Dr Michelle Kennedy<sup>3,5</sup>, Prof Tom Calma<sup>5</sup>, Louise Lyons<sup>4,5</sup>, Margaret O'Brien<sup>1,5</sup>, Dr Katherine Thurber<sup>1</sup>, A/Prof Raglan Maddox<sup>1</sup>

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2A - Aboriginal and Torres Strait Islander health, Auditorium 2, May 1, 2024, 9:30 AM - 11:00 AM

### Intro:

Commercial tobacco smoking is a major cause of preventable morbidity and mortality among Aboriginal and Torres Strait Islander peoples. Adolescence is a critical period for trialling risk behaviours. Most long-term smokers start before age 18. Vaping is a new and significant concern for Aboriginal and Torres Strait Islander communities. It is important to understand the common factors in early adolescence that protect against uptake of smoking and vaping.

### Methods:

Using the K Cohort (12-15 years) of Wave 11 of the Longitudinal Study of Indigenous Children (LSIC) we explored what individual, social and environmental factors were related to increased never smoking or never vaping using Poisson regression.

### Results:

There were high rates of never use: 81% had never smoked, 89% never vaped. There were several shared protective influences including: not using other substances (tobacco, e-cigarettes, alcohol, cannabis); smokefree homes; smoke/vape free friends; good family life and relationships; no funerals in the past year; school and community engagement; not involved in bullying, negative interactions with police or family experiences of racism.

### Conclusions:

Strengths-based, community-controlled youth programs, that support smoke-free behaviours through promoting mental health, social engagement and wellbeing are needed. As well as programs that create positive social environments at home, school and in the community more widely. Policies must take a comprehensive approach to address both smoking and vaping and the common risk and protective factors. Societal-wide changes to address the structural barriers to wellbeing (including racism and discrimination) are critical.

Aboriginal and Torres Strait Islander governance: This study responds to community priorities and was overseen by Thiitu Tharrmay, the Reference Group of the National Centre for Aboriginal and Torres Strait Islander Wellbeing Research. The Aboriginal and Torres Strait Islander Research Administration Officers (RAOs), who conduct the LSIC surveys, provided feedback to contextualise the findings which was integrated into the study.

## Building momentum for prevention of diabetes following GDM: digital health

Dr Anna Roesler<sup>1</sup>, Dr Kaley Batten<sup>1</sup>, Dr Pennie Taylor<sup>1</sup>, Dr Elizabeth Holmes-Truscott<sup>2,3</sup>

<sup>1</sup>CSIRO, Adelaide, Australia, <sup>2</sup>The Australian Centre for Behavioural Research in Diabetes, Carlton, Australia, <sup>3</sup>Deakin University, Geelong, Australia

2D - Methodologies, innovation and co-design, Madla Meeting Room 2, May 1, 2024, 9:30 AM - 11:00

AM

### Introduction

Gestational Diabetes Mellitus (GDM) stands as a prevalent medical condition during pregnancy. To assist with management, CSIRO, and clinical partners, have pioneered MoTher, a digital platform including an App, designed to assist women in managing GDM. MoTher has been used by 6000+ women, however, the provision of digital support concludes at childbirth, despite the increased risk of developing Type 2 diabetes (T2D). This presentation aims to share the endeavours that have contributed to the momentum to extend MoTher postpartum.

### Methods

We undertook interviews with 14 healthcare professionals (HCPs) and conducted 2 independent cross-sectional surveys of 2367 women who have experienced GDM and 179 HCPs. The surveys explored GDM and post GDM experiences, including preferences for health prevention support inclusive of digital health.

### Results

In interviews, HCPs described the barriers in delivering post GDM support, including the limited to non-existent resources available. When surveyed, 74% of HCPs believed a health app may be useful for women post GDM, yet only 14% of HCPs recommended apps to women, with the majority (73%) noting that they did not know of any reputable apps.

Following GDM, women reported that they wanted more information on weight loss/management (exercise and nutrition) and prevention of GDM. Only 28% of the women reported using a health app post pregnancy, but 80% of the non-users would be open to using a health app recommended by their HCP. In addition to lack of support postpartum, women identified stigmatising experiences and non-individualised care, as negative experiences associated with GDM.

### Conclusions

Resource barriers limit the delivery of preventative support to women post GDM, yet both women and HCPs see the value in such support. Digital health presents as a possible option to overcome the resource shortages and offer the opportunity to encourage healthy behaviours via a potentially non-stigmatising, individualised support platform.

## Australian school principal preferences for receiving research evidence on health programs

Dr Rebecca Hodder<sup>1,2,3,4</sup>, Dr Kate O'Brien<sup>1,2,3,4</sup>, Emeritus Professor Adrian Bauman<sup>2,6</sup>, Jessica Bell<sup>1,2,3,4</sup>, Professor Luke Wolfenden<sup>1,2,3,4</sup>, Dr Meghan Finch<sup>2,3,4</sup>, Associate Professor Sze Lin Yoong<sup>2,5</sup>

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4C - Young people and school-based strategies, Betbiyan 3 & Bundirrik 4, May 2, 2024, 9:30 AM - 11:00 AM

**Introduction:** Schools are recognised globally as a key setting to implement health and wellbeing programs in order to reduce the significant burden associated obesity and other chronic diseases. The effective dissemination of up-to-date research evidence to schools as the end-users is essential to ensure that effective programs are implemented to maximise intended child health outcomes. The study aimed to assess Australian primary school principal perspectives on the source, content and format of receiving information on new research evidence regarding health programs or policies.

**Methods:** A national cross-sectional survey of Australian primary schools from all sectors (government, catholic, independent) was conducted. A sub-sample of schools were asked to report: the most influential source for receiving research, the type of content that would influence their decision to adopt the research, and their preferred formats for receiving information on new health programs or polices.

**Results:** In total 669 Australian primary schools participated in the survey, of which 153 completed the principal preference items. Preliminary data analyses have identified the most common preferred source (influential professional peers, education specific agencies), content (data summaries, presentation of evidence), and format (brief summaries with key recommendations) that principal prefer to receive research evidence on new programs and policies.

**Conclusions:** This study is the first to comprehensively assess and report the preferences of Australian school principals regarding the receipt of research evidence on health programs and policies. It will provide key data to inform and tailor strategies to disseminate research evidence to ensure adoption of research evidence in Australian primary schools.

## Implementation of tobacco and alcohol prevention interventions in Australian primary schools

Dr Kate O'Brien<sup>1,2,3,4</sup>, Professor Luke Wolfenden<sup>1,2,3,4</sup>, Associate Professor Serene Yoong<sup>1,2,5</sup>, Emeritus Professor Adrian Bauman<sup>2,6</sup>, Dr Rebecca Hodder<sup>1,2,3,4</sup>

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4C - Young people and school-based strategies, Betbiyan 3 & Bundirrik 4, May 2, 2024, 9:30 AM - 11:00 AM

**Introduction:** Young people are especially susceptible to the negative effects of tobacco (including vaping, e-cigarettes) and alcohol use. Substance use has been demonstrated to have adverse effects on the cognitive development, as well as the physical, mental, and psychological health of young individuals. While schools are recognised as crucial environments for implementing interventions to prevent tobacco and alcohol use, limited data exists to describe the extent to which programs are being implemented in schools. This study aims to assess the implementation of tobacco and alcohol programs in Australian primary schools.

**Methods:** A national cross-sectional survey of 700 Australian primary schools (government, catholic, independent) was conducted. A sub-sample of schools were asked about: the implementation of programs, policies or strategies to prevent student tobacco (including smoking cigarettes, e-cigarettes and vaping) and alcohol use in schools; the methods employed to deliver these programs (e.g. using external providers); engagement with external agencies; and parent engagement strategies to help prevent substance use.

**Results:** In total 669 Australian primary schools participated in the survey, of which 299 completed the survey items for tobacco and alcohol use. Preliminary data analyses shows that 83% of schools delivered tobacco and alcohol education in the last 12 months, with approximately a third delivered by external providers. Finalised results will be presented.

**Conclusions:** This is the first study to assess the prevalence of school-based programs, policies or strategies targeting tobacco and alcohol use in primary schools across Australia. The results will help policy makers and practitioners know where to invest support for the implementation of effective tobacco and alcohol programs in schools to improve the health of children and young people.

## Scalability of healthy eating and physical activity interventions in Australian primary schools

Dr Rebecca Hodder<sup>1,2,3,4</sup>, Jessica Bell<sup>1,2,3,4</sup>, Dr Kate O'Brien<sup>1,2,3,4</sup>, Associate Professor Serene Yoong<sup>2,5</sup>, Emritas Professor Adrian Bauman<sup>2,6</sup>, Professor Andrew Milat<sup>2,6</sup>, Dr Alice Grady<sup>1,2,3,4</sup>, Professor Luke Wolfenden<sup>1,2,3,4</sup>

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1D - Physical activity and movement, Madla Meeting Room 2, April 30, 2024, 3:30 PM - 5:00 PM

**Introduction:** Schools are a key setting to implement healthy eating and physical activity programs to reduce the significant burden associated obesity and chronic disease. While many effective programs exist, population-wide impact can only be achieved if programs are delivered at scale. A range of end-user factors (eg. acceptability, infrastructure, local context) have been identified as important elements of program scalability. No studies however have sought to assess Australia school principal (as end-users of school-based interventions) perspectives on the scalability of effective healthy eating and physical activity programs. Such information is critical to inform policy and practice decisions and prioritise future investment. The study aimed to assess Australian primary school principal perspectives on the scalability of evidence-based healthy eating and physical activity program components.

**Methods:** A national cross-sectional survey of 700 Australian primary schools from all sectors (government, catholic, independent) was conducted. Schools were randomised to assess the scalability of at least one of 32 effective school-based healthy eating or physical activity program components identified via a recent systematic review. Scalability survey items were based on the 11 domains of the Intervention Scalability Assessment Tool (1-10 response scale).

**Results:** In total 669 Australian primary schools participated in the survey, and between 22 and 41 scalability assessments were received for each of the 32 intervention components (1007 all 32 intervention components in total). Mean scalability scores derived from the preliminary data were found to range from 3.2-9.3 for healthy eating, and 3.6-9.0 for physical activity programs. Overall and individual mean scalability scores of each program component will be presented.

**Conclusions:** This will be the first study to report Australian school perspectives on the perceived scalability of effective healthy eating and physical activity program components and will identify priorities for implementation at scale in Australian primary schools.

## A fresh profile of health literacy and preventive health information-seeking in Australia

Dr Hope Foley<sup>1</sup>, Prof Jon Adams<sup>1</sup>, Dr Kim Graham<sup>1</sup>, A/Prof Amie Steel<sup>1</sup>

<sup>1</sup>University Of Technology Sydney, Sydney, Australia

3B - Influencing policy and systems, Waterfront Room 1, May 1, 2024, 11:20 AM - 12:50 PM

**Introduction:** The success of preventive health initiatives may be influenced by population health literacy and engagement with relevant information. Targeted implementation of preventive health policy and practice required definition of the Australian landscape of health literacy and information-seeking relating to preventive health priorities.

**Methods:** Cross-sectional online survey (n=1509) of the Australian general population. The survey examined information-seeking behaviours (information sources, types and topics) regarding preventive health topics relevant to the National Preventive Health Strategy's seven focus areas. General health literacy was assessed using the Health Literacy Questionnaire (HLQ).

**Results:** Participants most commonly reported accessing preventive health information through conversations (48%), which typically occurred with healthcare providers (83%) and websites (47%), which were accessed independently of healthcare advice (79%). The preventive health topics most commonly discussed with healthcare providers were diet (25%) exercise (21%) and mental health (20%), although information on these topics was more commonly sought independently elsewhere (diet, exercise 36%; mental health 33%). Illicit drugs (10%), Cannabis (14%) and tobacco (18%) were the least reported topics overall. Across all nine HLQ scales, participants reported moderate to high scores (means >2.9 of possible 4.0 in part one, >3.7 of possible 5.0 in part two). The highest scoring HLQ scales were Feeling understood and supported by healthcare providers (part one, mean 3.13) and Understand health information well enough to know what to do (part two, mean 4.03). The lowest scoring were Appraisal of health information (part one, mean 2.90) and Navigating the healthcare system (part two, mean 3.72).

**Conclusion:** This study identifies opportunities to leverage the current knowledge and preventive health behaviours within the Australian population, and to address gaps in these areas. In the digital age, healthcare providers continue to play a crucial role in mobilisation of preventive health knowledge and supporting patients to develop related health literacy.

## Predictors of nutrition literacy and support for action against no/low sugar claims

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1C - Nutrition and oral health, Betbiyan 3 & Bundirrik 4, April 30, 2024, 3:30 PM - 5:00 PM

### Intro

Conducted annually since 2016, the Shape of Australia survey aims to provide insights into Australians' health-related attitudes and behaviours, informing Cancer Council's health advocacy efforts.

### Methods

A national sample of 2,059 Australian adults aged 18-65 years was surveyed by web panel in September 2023. Data were adjusted using benchmarks for age, gender, geographic location, and main language. Multivariable logistic regression models tested demographic variables as predictors of perceptions related to sugar labelling and front-of-pack claims, identification of ingredients as sugar, and support for government action.

### Results

Correct identification of some added sugars was notably lower for respondents who were parents, those with secondary education or below, and for respondents residing in low socio-economic (SE) areas (all  $p < .05$ ). Correct identification of most types of added sugars was significantly higher among older respondents and those residing in regional areas (all  $p < .05$ ).

Misperceptions about front-of-pack claims on food products ('no added sugar', 'low sugar') as being 'better for you' were significantly more prevalent among respondents who were parents, those residing in metropolitan areas and younger respondents (all  $p < .05$ ). Agreement with policy statements related to sugar labelling was significantly higher among respondents with tertiary education or above, whilst support for Government action was higher among older respondents (all  $p < .05$ ).

### Conclusion

There is a pressing need for more robust regulations in the realm of 'better for you' claims and sugar labelling practices to better support consumers to make informed decisions. Future mass media campaigns could capitalise on existing levels of awareness related to sugar labelling among the respondent groups identified to put policy change on the agenda. To address the existent knowledge gap among vulnerable population groups (respondents residing in low SE area, those with lower education, parents), health campaigns may be tailored to increase awareness about misleading claims and labelling on food products.



## Identifying school barriers to adoption of an evidenced-based healthy lunchbox program

Miss Demi Herdegen<sup>1,2,3</sup>, Dr Rachel Sutherland<sup>1,2,3</sup>, Dr Courtney Barnes<sup>1,2,3</sup>, Dr Jannah Jones<sup>1,2,3</sup>, Mrs Katie Robertson<sup>2</sup>, Mrs Lisa Janssen<sup>1,2,3</sup>, Miss Molly Parkinson<sup>1,2</sup>, Miss Stephanie Mantach<sup>1,2</sup>, Miss Jessica Zorba<sup>2</sup>, Miss Elise Porter<sup>2</sup>, Professor Luke Wolfenden<sup>1,2,3</sup>

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4B - Creating healthy food environments, Waterfront Room 1, May 2, 2024, 9:30 AM - 11:00 AM

### Objectives:

As dietary behaviours developed in childhood track in adulthood, scaling-up effective school-based nutrition interventions has been recommended by leading international and national health organisations to reduce chronic disease risk. Despite this, little is known on how to maximise the adoption of such interventions at scale. As such, the aim of this study is to identify school barriers and enablers of principals to adopting an evidence-based healthy lunchbox program ('SWAP IT') to inform the state-wide scale-up of the program.

### Methods:

A cross-sectional study was conducted with school principals located across 11 New South Wales (NSW) Local Health Districts (LHDs). Principals were invited to complete an online or telephone survey to identify perceived school barriers and enablers to adopting the SWAP IT program. Findings were analysed using descriptive statistics and mapped to the relevant constructs of adoption described by Wisdom and colleagues. Strategies were then developed to address each relevant adoption construct and further refined to embed behavioural change techniques.

### Findings:

One hundred and sixty-one principals participated in the survey. The barriers most frequently identified by school principals included: "Expected workload for staff" (n=52, 32%), "Perception that parents and caregivers don't think it is the school's place to provide this information" (n=31, 19%), "Food insecurity is a greater priority" (n=13, 8%) and some participants choose that there were no barriers (n=13, 8%). The most frequently identified enablers included: "Keep the program free" (n=61, 38%), "Show evidence that the SWAP IT supports the development of healthy habits in children" (n=18, 11%) and "Make the registration process easy" (n=12, 7%). Findings from this study have informed the development and selection of scale-up strategies to maximise the adoption of SWAP IT across NSW and more broadly across Australia.

## A health service policy success story: keys to effective nutrition policy implementation

Brigitte Annois<sup>1</sup>, Kirsten Johnson<sup>1</sup>, Deepa Dhital<sup>1</sup>, Margaret Rozman<sup>1</sup>, Sharon Laurence<sup>2</sup>

<sup>1</sup>Healthy Eating Advisory Service, Nutrition Australia - Vic, Docklands, Australia, <sup>2</sup>Victorian Department of Health, Melbourne, Australia

1C - Nutrition and oral health, Betbayan 3 & Bundirrik 4, April 30, 2024, 3:30 PM - 5:00 PM

The Victorian Government's Healthy Choices: policy directive for Victorian public health services (HS) required the removal of sugar sweetened beverages by October 2022 and healthier food options to be predominantly available by the end of October 2023 in in-house managed retail outlets, vending machines, and staff catering.

The Healthy Eating Advisory Service (HEAS) provided comprehensive implementation support to all public HS, including targeted coaching for the health professionals (HP) leading implementation in HS, facilitating communities of practice and forums, developing digital reporting and assessment tools (FoodChecker) and the development of practical resources.

The implementation of this policy faced challenges in HS, including variable leadership support, constraints of time and resources, insufficient supply of healthier foods and drinks, and the interpretation of requirements. Additionally, HP tasked with creating change in HS retail environments often encountered difficulties as it frequently fell beyond the scope of their regular responsibilities.

Having achieved very high compliance with this mandated policy in 2023, it is evident that the sustained, frequent, and tailored support extended to HP as well as the translation of the policy into actionable and measurable steps played a pivotal role in ensuring the successful implementation of the policy.

The lessons learned underscore the importance of a holistic approach that augments mandated policies with dedicated multi-factorial support mechanisms.

This presentation will detail the key lessons learned when designing an implementation support model for a government food and drink supply policy.

The Healthy Eating Advisory Service is delivered by Nutrition Australia – Vic Division, with support from the Victorian Government.

## The Healthy Wanga Program Addressing Rheumatic Heart Disease Amidst Housing Challenges

Miss Tayla Miegel<sup>1</sup>, Miss Lucinda Nawalantjiwuy<sup>1</sup>, Mr Brando Yambalpa<sup>1</sup>, Miss Francesca Breidahl<sup>1</sup>

<sup>1</sup>Miwatj Health Aboriginal Corporation, Nhulunbuy, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

Domain: Practice

**Problem:** The prevalence of rheumatic heart disease (RHD) and acute rheumatic fever (ARF) in North East Arnhem Land communities continues to remain much higher than the rest of Australia. Despite being a preventable disease, rates remain high due to persisting inequalities in the region, including overcrowded housing, gaps in health literacy, and inadequate housing and hygiene infrastructure.

**What You Did:** With NACCHO funding, Miwatj Health Aboriginal Corporation's Public Health Team has developed a comprehensive environmental health program called Healthy Wäŋa. This program aims to educate and encourage healthy living practices with a focus on ARF/RHD, scabies and healthy skin, health hardware, home and personal hygiene, and environmental health issues within the home. Miwatj are proud in creating resources and delivering programs that are culturally meaningful and led by a Yolŋu workforce.

**Results:** The Healthy Wäŋa program demonstrates an unwavering commitment to cultural empowerment and advocacy. By consistently overcoming infrastructural inequalities, the program becomes a potent force in lobbying institutional stakeholders, including the NT and Federal government, for better housing reform. The results extend beyond the immediate health outcomes, emphasizing the program's role as a catalyst for systemic change.

**Lessons:** This narrative becomes a beacon for the wider public health community, offering practical insights into the intersection of cultural empowerment, advocacy, and overcoming infrastructural challenges. The program's resilience serves as an inspiring example of how community-led initiatives can drive meaningful change beyond immediate health outcomes. The lessons learned become actionable insights for public health practitioners, policymakers, and stakeholders, emphasizing the transformative potential of cultural empowerment in advocating for lasting systemic change.

**Keywords:** Yolŋu-led, rheumatic heart disease, scabies, community-driven, insecure housing, preventive health interventions.

## Health (claim) or hype? Highlighting 10yrs of halos hindering healthy (food) habits

Dr Lyndal Wellard-Cole<sup>1</sup>, Ms Clare Hughes<sup>1</sup>

<sup>1</sup>Cancer Council NSW, Erina, Australia

1C - Nutrition and oral health, Betbiyan 3 & Bundirrik 4, April 30, 2024, 3:30 PM - 5:00 PM

### Problem

Standard 1.2.7 - Nutrition, Health and Related Claims was gazetted in 2013. Foods carrying health claims (HC) must meet Nutrient Profiling Scoring Criteria (NPSC), among other conditions. Public health groups have long advocated for applying NPSC to nutrition content claims (NCC) to prevent claims on unhealthy foods. Self-substantiation of HC has seen an abundance of food-health relationships notified to Food Standards Australia and New Zealand (FSANZ), and recently alcohol claims have come under scrutiny.

### What we did

A combination of monitoring, strategic research, and advocacy has been conducted before and since gazettal. Research investigating the number of claims and whether products with claims met the requirements of the NPSC in three food categories was completed pre-, during and post-implementation of the Standard. The self-substantiated food-health relationships notified to FSANZ was monitored, and advocacy was conducted through both formal submission and consultation processes, planned media and informal public health coalitions.

### Results

There continues to be a significant number of nutrition content claims on products that are not considered healthy. This is potentially misleading as consumers believe foods are healthy based on these claims. There were 695 relationships notified to FSANZ, the majority appeared to be for supplement products, potentially more suited to the Therapeutic Goods register than FSANZ. Many food-health relationships were not supported by the available evidence. It is unclear how evidence is assessed by food enforcement bodies, if at all.

### Lessons

Currently, claims regulations do not protect consumers. Three actions would stop consumers from being misled by claims on unhealthy products: 1. NPSC applied to all claims; 2. Pre-market approval of HC, and: 3. Prohibiting alcohol products from carrying claims. Co-ordinated public health advocacy is needed to improve these regulations.

## Stronger Together—a partnership to improve maternal health outcomes for African women

Professor Anna Ziersch<sup>1</sup>, Dr Moira Walsh<sup>1</sup>, A/Prof Clemence Due<sup>2</sup>, Ms Constance Jones<sup>3</sup>, Ms Catherine Troup<sup>3</sup>, Ms Joesphine Sheriff<sup>3</sup>, Susan Cooper

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2C - Prevention equity, Betbiyan 3 & Bundirrik 4, May 1, 2024, 9:30 AM - 11:00 AM

Policy/Practice: Problem, What you did, Results, Lessons

There are a range of barriers to accessing health services for women from culturally and linguistically diverse backgrounds, including maternal health care. Evidence is urgently required to identify areas for improved perinatal healthcare services to ensure positive wellbeing outcomes in this population, in particular evidence that is co-produced with the communities that are impacted. Here, we report on an ongoing partnership between a group of researchers and an African women-led community organisation that is driving change in a local maternity hospital to improve the perinatal health of African women. We begin by charting the initial research with African women (n=19) and service providers (n=20), and the learnings in relation to continuity of care, cultural safety of care, agency in decision making, and ongoing impacts of perinatal care experiences. We then discuss the key activities of the maternity care project that emerged from the research, Stronger Together. These included multiple community consultations with African women from eight countries and the co-development of key themes to improve maternity health for African women. Through a consultative process with the women, hospital staff, researchers, and the community organisation, three immediate priorities were identified. These were the introduction of culturally appropriate food for women during labour and after birth, ongoing training for community champions to educate and build awareness of the women in their communities, and the implementation of a co-designed cultural care plan to guide hospital staff in their care of African women during the perinatal phase. Key to the success of the partnership were relationships of trust that have been built over several years between researchers, the community organisation, and the maternity hospital. We conclude with lessons for policy and practice in health outcomes and partnerships.

## Working with youth from refugee backgrounds to identify health-promoting improvements to neighbourhoods

Dr Moira Walsh<sup>1</sup>, A/Prof Clemence Due<sup>2</sup>, Dr Iris Levin<sup>3</sup>, Dr Melanie Baak<sup>4</sup>, Ms Monu Chamlagai<sup>1</sup>, Mr Yahya Ali Ahmed<sup>1</sup>, Professor Anna Ziersch<sup>1</sup>

<sup>1</sup>Flinders University, Bedford Park, Australia, <sup>2</sup>University of Adelaide, Adelaide, Australia, <sup>3</sup>RMIT, Melbourne, Australia, <sup>4</sup>University of South Australia, Adelaide, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

Research: Intro, Methods, Results, Conclusion

Neighbourhoods are a key social determinant of health and for people from refugee backgrounds neighbourhoods are also important sites for integration, where roots are put down and building a new life begins. However, little is known about the experiences of young people from refugee backgrounds in their neighbourhoods of resettlement, how these experiences affect their health, nor how young people could be better supported in their neighbourhoods. Here we report on a study involving young refugees aged 13-17 who took part in a survey (n=151) and interview mapping exercises (n=20), as well as interviews with service providers (n=14), and a workshop consultation of stakeholders. We begin by outlining the collaborative approach that was taken through the development of a community advisory group of refugee youth, ongoing and reciprocal partnerships with culturally and linguistically diverse (CALD) youth-focused organisations, and the expertise of bi-cultural researchers. We then present some of the findings from the survey and interviews including young people's reflections on their neighbourhood experiences and how these experiences have had an impact on their health and wellbeing, and the improvements that they would like to see in their neighbourhoods. This includes the findings from the mapping exercise that was undertaken with young people where they marked on a map the places that they felt were good for their health and not so good for their health. Young people also took photos of elements of their neighbourhood that they wanted to talk about. We then share findings from our service provider interviews and workshop consultation where stakeholders heard our preliminary findings and contributed to developing a range of recommendations to help make neighbourhoods more health-promoting for refugee youth. We conclude with reflections on our learnings from this collaborative and consultative study.

## Yay, funding! But it's an 'almost herculean task' to evaluate. What now?

Cassandra Clayforth<sup>1</sup>, Mr Hussam Al-Hakimi<sup>1</sup>, Ms Melissa Ledger<sup>1</sup>, Dr Karen Taylor<sup>2</sup>

<sup>1</sup>Cancer Council WA, Subiaco, Australia, <sup>2</sup>Cancer Network WA, Nedlands, Australia

2D - Methodologies, innovation and co-design, Madla Meeting Room 2, May 1, 2024, 9:30 AM - 11:00 AM

### Problem

People living in regional Australia have lower rates of five-year survival for all cancers combined, compared with people living in major cities.

### Strategies

In 2009, the Improving Rural Cancer Outcomes (IRCO) project set out to identify factors contributing to late presentation of possible cancer symptoms and develop a strategy to reduce time to diagnosis in regional Western Australians over 40.

IRCO identified factors contributing to longer symptom appraisal and help-seeking behaviour in the regional community, as well as bottlenecks along the diagnostic pathway. A randomised controlled trial methodology selected three Western Australian regions to receive an early diagnosis awareness campaign called Find Cancer Early (FCE), compared to two control regions.

### Results

Results showed 61.2% of participants in the trial intervention regions were aware of the FCE campaign, versus 20.4% in the control regions. From this trial, Cancer Council WA, in 2017, advocated for an investment in FCE. The government of the day committed to fund the campaign (\$396,250 pa for four years) and extend it state-wide. In 2022, awareness was 69.8%, with 30.6% recalling three or more symptoms.

### Lessons

Securing funding in 2017 ensured the campaign survived beyond a research project, and success followed. Today funding remains at the same dollar value as 2017, and in an environment of rising media and evaluation costs, new sustainability challenges emerge.

The Social Research Centre reviewed evaluation strategies suitable for FCE, spanning 'best practice' to 'achievable and affordable in the real world.' They concluded it is an 'almost herculean task.' At a time when fiscal resources are stretched, should the cost of evaluation outweigh the investment in the mass media campaign to inform future funding decisions? While cancer outcomes remain inequitable for people living in regional areas, is it time successful campaigns like FCE are funded because it's the right thing to do?

## Advancing childhood nutrition in Victorian early childhood services - a prevention success story

Michelle Gilmore<sup>1,2</sup>, Margaret Rozman<sup>1,2</sup>, Sharon Laurence<sup>2</sup>

<sup>1</sup>Healthy Eating Advisory Service, Nutrition Australia - Vic, Melbourne, Australia, <sup>2</sup>Victorian Department of Health, Melbourne, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

Policy/Practice: Problem, What you did, Results, Lessons.

The first 2,000 days of a child's life are paramount for their growth, development, and future wellbeing. Acknowledging the pivotal role of nutritious food in children's health, the Victorian Government has prioritised long day care (LDC) services under the Healthy kids, healthy futures (HKHF) action plan. Serving almost 200,000 children across 1,774 LDC services in Victoria, these settings provide 50-70% of daily nutrition needs during children's formative years, offering a unique opportunity for targeted interventions to build healthier food environments.

This initiative was designed to bridge the gap between policy and practice in LDC food provision. With dedicated funding, the Healthy Eating Advisory Service focused on strengthening the capacity of LDCs to align with HKHF priorities for early childhood.

A comprehensive needs analysis was conducted to understand the gaps and requirements of influential stakeholders in the LDC food environment. Efficient and scalable opportunities were identified, utilising co-design principles to develop equitable, fit-for-purpose capacity-building solutions. Collaborative efforts with partner programs further strengthened alignment. The initiative progressed through pilot testing to confirm appropriateness before a statewide launch.

This initiative has not only strengthened relationships with the Health Promotion Officer (HPO) workforce and LDC staff but has also reduced duplication, improved efficiency, and enhanced engagement through a centralised, evidence-based implementation support model supporting local-level capacity building. Piloted solutions garnered exemplary feedback, solidifying the initiative's success.

This success story underscores the critical importance of understanding the needs of LDCs, emphasising the value of co-design to develop practical solutions that resonate with end-users. The process yielded unexpected benefits and lessons, showcasing the efficacy of leveraging the existing health promotion workforce for equitable statewide capacity building.

It also showcases the transformative power of policy-practice integration and collaborative, evidence-based approaches in advancing early childhood nutrition in Victoria.

Acknowledgement: The Healthy Eating Advisory Service is delivered by Nutrition Australia – Vic Division, with support from the Victorian Government.



## Who smokes in Australia? Reducing stigma and informing tobacco-control through population profiling

Ms Jessica Aw<sup>1</sup>, Dr Christina Heris<sup>1</sup>, A/Prof Raglan Maddox<sup>1</sup>, A/Prof Grace Joshy<sup>1</sup>, Professor Emily Banks<sup>1</sup>

<sup>1</sup>National Centre for Epidemiology and Population Health, Australian National University, Australia

4A - E-cigarettes and tobacco, Auditorium 2, May 2, 2024, 9:30 AM - 11:00 AM

**Introduction:** Previous tobacco research has been comparative, describing sub-groups more likely to smoke or not to smoke, potentially contributing to perceptions that smokers are largely uneducated, unemployed and experiencing mental illness. Hence, no quantitative profile of the Australian smoking population exists. We provide a sociodemographic and health profile of people who currently smoke, who have smoked in the past and who have never smoked, in Australia.

**Methods:** Data pertaining to adult participants (18 years or older) in the ABS 2017–18 National Health Survey (NHS) and adult participants in the ABS 2018–19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) were used. Outcome measured include socio-demographic and health-related characteristics of people who smoke daily, people who formerly smoked, and people who have never smoked, expressed as population-weighted proportions. Smoking status according to Indigeneity and the intersectionality of age, sex, remoteness and socioeconomic status were quantified

**Results:** In 2017-19, 58.8% (95%CI:56.2-61.4) of people currently smoking every day in Australia were male, 61.3% were aged 25-54 years, 72.5% (70.0-70.4) were Australian-born, 65.4% (62.8-67.8) lived in major cities, 54.3% were in the two most disadvantaged socioeconomic quintiles and an estimated 92% were non-Indigenous; 69.0% of working-age completed year 12 and 68.5% were employed. 75.9% of people smoking daily reported good-to-excellent health and 73.0% reported moderate-to-low psychological distress.

**Conclusions:** While smoking is more common among people experiencing disadvantage and in certain priority populations, this first quantitative national profile demonstrates that, contrary to common perceptions, most people who smoke are in paid employment, non-Indigenous, in good physical and mental health, and have completed year 12. Accelerated, comprehensive, supply and demand-based tobacco control approaches are required to reduce adult daily smoking prevalence to the 2030 targets of  $\leq 5\%$  for the total population, and  $\leq 27\%$  for the Aboriginal and/or Torres Strait Islander population – informed by priority population needs and the overall profile of people who smoke.

## 'Let's Talk Money' – A pathway to addressing socioeconomic determinants of health

Manasi Wagh<sup>1</sup>

<sup>1</sup>Women's Health In The North (whin), Thornbury, Australia

4E - Longer term implementation and planning, Damibila Meeting Room 1, May 2, 2024, 9:30 AM - 11:00 AM

'Let's Talk Money' (LTM) is a financial literacy and primary prevention Program run by Women's Health In the North (WHIN). It focuses on increasing the money management skills of multicultural women and promoting gender equality. In 2019 'Let's Talk Money' won VicHealth Awards in Promoting Gender Equality category organised by the Victorian Government.

The LTM program is a unique financial education model. WHIN employs and trains women from diverse cultural backgrounds to deliver practical, tailored money management workshops to women in their own languages and communities. LTM also builds financial capability and security, employment pathways, and leadership skills for some of the most marginalised women in the community. The bilingual educators are trained and equipped to respond to women disclosing family violence.

The LTM Program has successfully trained 27 peer educators, delivered over 132 workshops, and engaged with over 1600 women from multicultural backgrounds from 2017 to 2023 in the northern metropolitan region of Melbourne.

'Let's Talk Money' Program takes action:

1. To address the socioeconomic determinant of the physical and mental health of individuals by increasing:

- financial knowledge acquisition,
- access to financial resources,
- confidence to access support in case of financial hardships.

2. To address violence against women by promoting women's

- financial decision-making and independence
- challenging gender inequality and stereotypes.

An independent evaluation of LTM concluded that it addressed significant barriers women face to economic inclusion. It reinforced that workshops delivered in language, in community spaces, and to women-only groups by bi-lingual educators who had strong community connections created trust and significantly increased women's financial knowledge.

As participants gained knowledge, they were able to address gender barriers to their involvement in financial decision-making, often for the first time in their lives.

## Commercial practices of Coca-Cola in remote communities: a mixed-methods qualitative analysis

Molly Fairweather<sup>1</sup>, Dr Beau Cubillo<sup>1</sup>, Dr Megan Ferguson<sup>2</sup>, Sarah Dickie<sup>1</sup>, Associate Professor Julie Brimblecombe<sup>1,3</sup>

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4B - Creating healthy food environments, Waterfront Room 1, May 2, 2024, 9:30 AM - 11:00 AM

**Intro:** Commercial activities of food and beverage companies have a detrimental influence on health and wellbeing among Indigenous populations, compounding existing health inequities underpinned by colonialism, structural oppression and dispossession. Research has described the corporate social responsibility initiatives of food and beverage companies in remote Aboriginal and Torres Strait Islander communities. However, no empirical research has investigated the practices of sugar-sweetened beverage (SSB) manufacturers in remote Aboriginal and Torres Strait Islander communities. This project aims to identify mechanisms via which Coca-Cola influences the health of remote communities, analyse how Coca-Cola frame their work in remote settings, and explore remote food retail stakeholder perspectives regarding their engagement with the company.

**Methods:** This study adopts a mixed-methods approach with a desktop analysis of publicly available documents detailing Coca-Cola's policies, initiatives or commitments involving or having implications for Aboriginal and Torres Strait Islander Peoples. Desktop analysis findings will be presented to remote food retail stakeholders in the Northern Territory. This serves as an opportunity for two-way knowledge sharing and to inform the focus of stakeholder interviews in the next phase of the project, to explore retailer perspectives on interactions with Coca-Cola, and the influence of commercial practices on business operations and healthy food retail policy and practice. Categorisation of commercial practices from desktop analysis will be guided by the Commercial entities and public health framework (Lacy-Nicholls et al., 2023), with coded data to undergo inductive thematic analysis.

**Results:** This presentation will outline the qualitative findings of the desktop analysis, and feedback to remote food retail stakeholders.

**Conclusion:** Exposing Coca-Cola's commercial activities can provide a foundation to establish accountability mechanisms to drive health-promoting practice amongst commercial actors in remote communities, and further empower remote food retailers to hold SSB manufacturers accountable for their impact on health.

## The transformation of a niche lunch box website for an expanding audience.

Nina Tan<sup>1</sup>, Clare Hughes<sup>1</sup>, Korina Richmond<sup>1</sup>

<sup>1</sup>Cancer Council NSW, Woolloomooloo, Australia

1A - Healthy food environments, Auditorium 2, April 30, 2024, 3:30 PM - 5:00 PM

### Problem:

Cancer Council NSW's (CCNSW) Healthy Lunch Box (HLB) website aims to help school families pack a healthy lunch box via an interactive lunch box builder, recipes, practical advice, blogs and e-newsletters.

Since its launch in 2018, HLB recipes and content have been used across a range of CCNSW's prevention and fundraising activities. The website's users have grown from parents to a more general audience interested in health and nutrition. At the same time other organisations have developed lunch box programs for schools. As part of the development of a new 5-year workplan, CCNSW considered the value in continuing to deliver a lunch box focused strategy and scoped repositioning the website for a general audience.

### What we did:

Focus groups were conducted with stakeholders who worked with lower socioeconomic and lower literacy groups, to gather information on how to improve the website, as stakeholder feedback had previously highlighted the need to provide more appropriate and relevant content for these audiences.

Additionally, several rounds of surveys, interviews and user testing sessions were conducted with stakeholders and existing and potential website users to redesign the website.

### Results:

User research provided insights on the content, layout, features and name of the website. These insights have informed the design of a new website, which appeals to a wide audience of people interested in recipes, nutrition and cancer prevention. The lunch box resource has been maintained while also providing enhanced nutrition, budget, waste and diet and cancer information. Accessibility to lower socioeconomic and lower literacy groups has been improved. Ongoing user research will be conducted to continually improve the website.

### Lessons:

Understanding stakeholder and community needs has been vital in developing a refreshed website, that takes an existing high value asset and repositions it for a wider audience to support prevention priorities and fundraising activities.

## Ensuring equity: Transforming an evidence-based program for universal scale-up.

Mrs Katie Robertson<sup>1,3</sup>, Mr Daniel Groombridge<sup>1,3</sup>, Dr Courtney Barnes<sup>1,2,3</sup>, Prof Luke Wolfenden<sup>1,2,3</sup>, Dr Jannah Jones<sup>1,2,3</sup>, Mrs Aimee Mitchell<sup>2,3</sup>, Mrs Lisa Janssen<sup>2,3</sup>, Ms Jessica Zorba<sup>1,3</sup>, Dr Cassandra Lane<sup>2,3</sup>, Mrs Hannah McCormick<sup>1,3</sup>, Associate Prof Rachel Sutherland<sup>1,2,3</sup>

<sup>1</sup>Hunter New England Population Health, Wallsend, Australia, <sup>2</sup>School of Medicine and Public Health, University of Newcastle, Callaghan, Australia, <sup>3</sup>National Centre of Implementation Science, Callaghan, Australia

5C - Prevention for Equity, Betbiyan 3 & Bundirrik 4, May 2, 2024, 11:20 AM - 12:50 PM

### Problem:

The dietary intake of Australian children is a significant public health nutrition concern. 'SWAP IT' is a scalable school-based m-health intervention that utilises existing communication platforms to send messages to support parents/carers to pack healthier lunchboxes. Multiple randomised trials conducted within three NSW Local Health Districts (LHDs) have demonstrated SWAP IT to be effective in improving child nutrition and weight. However, prior to the broader scale-up of the program in NSW, it was essential to ensure the universal program is appropriate to deliver to priority population groups.

### What you did:

We aimed to undertake a cultural review from two perspectives:

1) Within an existing Community of Practice across 11 LHDs in NSW, consultation was undertaken with ten priority culturally and linguistically diverse communities. These consultations, led by local health promotion staff using harmonised methods, comprised parents and community members. Feedback was sought on the concept, terminology and imagery used in the SWAP IT program resources.

2) In the Hunter New England LHD, a qualitative study was undertaken to assess the cultural appropriateness of the SWAP IT program amongst Aboriginal and Torres Strait Islander families. Semi-structured interviews were completed with 11 Aboriginal school staff members from 7 schools with a higher proportion of Aboriginal students who had recently implemented the program.

### Results:

1) An iterative process of collating feedback and adapting the parent-facing resources occurred e.g. updating lunchbox imagery to include culturally diverse foods and improving the readability of resources.

2) Interviews with Aboriginal stakeholders were completed during Term 4, 2023. Qualitative analysis is currently being conducted with results to be presented at the conference.

Lessons: Broader cultural transformations and evaluation is essential as the program is scaled up to ensure the needs of priority groups are met and that universal health promotion programs do not exacerbate existing health inequities.

## Optimising public health impact using a Learning Health System approach

Dr Cat Lane<sup>1,2,3</sup>, Associate Professor Nicole Nathan<sup>1,2,3</sup>, Dr Alix Hall<sup>1,2,3</sup>, Mr Adam Shoesmith<sup>1,2,3</sup>, Professor Luke Wolfenden<sup>1,2,3</sup>

<sup>1</sup>The University of Newcastle, , Australia, <sup>2</sup>Hunter New England Population Health, , Australia, <sup>3</sup>Hunter Medical Research Institute, , Australia

3B - Influencing policy and systems, Waterfront Room 1, May 1, 2024, 11:20 AM - 12:50 PM

**Introduction:** Learning Health Systems (LHS) are characterised by a data-driven, cyclical process with evidence generated from routine health service used to improve healthcare practice, service, and research quality. LHS have considerable potential to improve public health interventions and optimise health impacts; however there is little evidence of their application in the context of public health practice.

**Methods:** Our public health unit in New South Wales (NSW) Australia, applied LHS principles to successfully improve a support model for school-based physical activity. Within the context of a strong research-practice partnership, we used core LHS capabilities: stakeholder engagement, workforce capacity, networks and learning communities, scientific expertise, data systems for evidence generation, and governance and decision making. The project involved three cycles of data generation and application; each of which involved data collected on effectiveness (via randomised and controlled trials conducted in schools), costs, and process measures such as adoption and acceptability. Data were synthesised and then presented to a multi-disciplinary team of researchers and practitioners, in consult with stakeholders, who then made decisions for incremental improvements to the support model.

**Results:** Cycle 1 tested the first version of the support model (composed of five strategies) and showed its feasibility for improving school's delivery of physical activity. Data-informed changes were made to enhance impact, including the addition of three strategies to address outstanding barriers. Cycle 2 (now, testing a package of eight strategies) established the support model's effectiveness and cost-effectiveness for improving school's delivery of physical activity. Data-informed changes were made to reduce delivery costs, specifically adapting the most costly strategies to reduce in-person contact from the health service delivery provider. Cycle 3 showed that the adaptations minimised the relative cost of delivery without adversely impacting on the effect.

**Conclusion:** Through this process, we have identified an effective, cost-effective and scalable support model for service delivery, whilst the health benefits have reached >70,000 students across >200 NSW primary schools. This novel approach provides important information for researchers and policy makers seeking to improve the impact of public health interventions.

## Advocacy to action -the role of strategic advocacy in Australian vaping reforms

Miss Emily Jenkinson<sup>1</sup>, Miss Ciara Madigan<sup>1</sup>, Ms Alecia Brooks<sup>1</sup>, Ms Anita Dessaix<sup>1</sup>

<sup>1</sup>Cancer Council Nsw, Woolloomooloo, Australia

3B - Influencing policy and systems, Waterfront Room 1, May 1, 2024, 11:20 AM - 12:50 PM

**Problem:** Vaping is a significant public health issue in Australia, particularly among young people. Cancer Council NSW (CCNSW) led Generation Vape research shows that young people find accessing vapes easy, and nicotine addiction is increasing. Strategic advocacy had a crucial role the play in influencing public health policy and ensuring urgent action to safeguard decades of tobacco control progress.

**What you did:** CCNSW coordinated Australia-wide advocacy efforts through development and delivery of a national and NSW based community letter writing campaign promoted through community activations and the Generation Vape advocacy forum. Evidence-based submissions were made to federal and state tobacco and vaping enquiries and engagement with federal and state MPs as well as the public health community was an ongoing priority. Vox-pop style videos were created with university students to represent the views of young people and further amplify the Generation Vape research findings.

**Results:** Sustained and strategic advocacy efforts led by CCNSW has resulted in the unification of Australia's leading public health organisations and fortified a common advocacy ask for stronger action on vaping in Australia. Close to 150 community letters with personal stories were sent to the Australian Health Minister and advocacy activations were hosted in 11 key electorates across NSW. The success of these advocacy efforts is reflected in the Australian vaping reforms announced and implemented by the Federal Government throughout 2023 and 2024 and the ongoing engagement and commitment to addressing vaping from the NSW Government.

**Lessons:** Coordinated advocacy and consultation across multiple community and stakeholder groups combined with the translation of research into policy relevant advice is paramount to achieving change. Cementing advocacy asks in evidence and the ongoing determination of advocates has contributed to Australia's leading position in tobacco and vaping control globally. Learnings from this policy win should be examined and applied to other public health issues.

## The Nest: A social determinants framework for children and young people's wellbeing

Bernie Morris<sup>1</sup>

<sup>1</sup>ARACY - Australian Research Alliance for Children and Youth, Canberra, Australia

1B - Prevention in action, Waterfront Room 1, April 30, 2024, 3:30 PM - 5:00 PM

The Nest, Australia's wellbeing framework for children and young people is a way of thinking about the whole child in the context of their daily lives. It provides a structured approach for conceptualising the social determinants of health and how they contribute to the wellbeing of children and young people.

This Tabletop Presentation will discuss how the Nest can be used as a framework in preventive health at a policy or practice level to improve the wellbeing of children and young people.

Originally informed by the voices of over 4,000 children, young people, and experts, the Nest was developed by ARACY in partnership with 150 organisations between 2010 and 2012 and is regularly refreshed incorporating feedback from practitioners, children and their families. The Nest shows for a child to thrive their needs must be met in six interlocking areas:

- Being Valued, Loved, and Safe
- Having Material Basics
- Being Healthy (physically, mentally, emotionally)
- Learning (within and outside the classroom)
- Participating (in decisions, groups, community)
- Having a Positive Sense of Identity and Culture

Because of its multi-dimensional and interconnected nature, the Nest provides a "Wellbeing-in-all-Policies" lens, promoting interdisciplinary thinking and cross-sectoral collaboration.

The Nest and its practice offshoot, The Common Approach<sup>®</sup>, have been adopted by governments and organisations across Australia and internationally.

In Australia, the New South Wales Government's Strategic Plan for Children and Young People and the Tasmanian Government's Child and Youth Wellbeing strategy 'It Takes a Tasmanian Village' are both built on the Nest as their organising framework. The Northern Territory Government uses the Nest to produce the biennial 'Story of our children and young people', presenting wellbeing data from over 100 wellbeing measures. The Queensland Government will be using the Nest in reviews of their child and family programs.



## Co-designing a 10-point plan to address vaping within schools

Dr Kahlia McCausland<sup>1</sup>, Dr Laura Thomas<sup>1</sup>, Ms Francence Leaversuch<sup>1</sup>, Dr Katharina Wolf<sup>1</sup>, Dr Becky Freeman<sup>2</sup>, Dr Tama Leaver<sup>1</sup>, Dr Jonine Jancey<sup>1</sup>

<sup>1</sup>Curtin University, Bentley, Australia, <sup>2</sup>The University of Sydney, Bentley, Australia

2D - Methodologies, innovation and co-design, Madla Meeting Room 2, May 1, 2024, 9:30 AM - 11:00 AM

**Introduction:** Research demonstrates vaping has risen among young Australians and schools are finding it challenging to deal with the issue, suggesting that renewed attention needs to be directed at tobacco control, with a focus on nuanced strategies to prevent the uptake of e-cigarettes. Our research aimed to develop innovative responses to the use of e-cigarettes and make recommendations for interventions and services to prevent uptake, delay first use, and reduce nicotine addiction among young people aged 13-17 years in Western Australia.

**Methods:** Guided by the Health Promoting Schools Framework, we compiled our research findings and brought together key health and education stakeholders, teachers, and parents to review the findings and co-design a 10-point plan to address vaping within the school environment.

**Results:** Ten data-driven strategies were devised and ranked in order of importance: 1) Build school staff's capacity to engage in vaping education through professional learning; 2) Review, reform or develop school policy relating to vaping; 3) Develop vaping-specific curriculum resources for students, starting in years 5-8; 4) Families and the community consistently demonstrate intolerance of vaping; 5) Foster supportive school social environments that normalise non-vaping; 6) Provide specialised professional learning opportunities for student services staff; 7) Provide families with vaping information that mirrors teacher and student learning; 8) Assess the physical environment within and around schools; 9) Ensure school staff are informed of legal responsibilities relating to vaping; and 10) Install vape detectors.

**Conclusion:** Having identified these fundamental health promotion responses, now is the time to implement a strategic, multi-faceted whole-school approach to respond to vaping.

## Controlling harmful products on social media: Vaping case study

Professor Jonine Jancey, Dr Kahlia McCausland, Associate Professor Katharina Wolf, Professor Tama Leaver, Profesor Stella Bialous, Dr Gemma Crawford

<sup>1</sup>curtin university, Australia, WA

3A - E-cigarettes and tobacco, Auditorium 2, May 1, 2024, 11:20 AM - 12:50 PM

**Background:** More than 21 million Australians are active social media users, spending about 124 minutes per day on social media, using these platforms for social interactions, entertainment, and to purchase goods. There is mounting evidence that e-cigarette products are being promoted and advertised on social media. This research aimed to understand the challenges of managing social media content; and identify approaches to control ready exposure to e-cigarette content on Instagram and TikTok.

**Methods:** Reflexive thematic analysis guided the inductive interrogation of qualitative in-depth, semi-structured interview data from experts working in the areas of public health, tobacco control, digital media, law, governance, and advocacy.

**Results:** Two superordinate themes emerged from the data. 1) Navigating a complex system (social media) that contained the subordinate themes of Traversing Borders (crossing borders, crossing sectors) and Ungovernable (global and local landscapes, vested interests, self-regulation and opacity). 2) Responding to a complex environment (social media) that contained the subordinate themes of Strengthening Institutions (global to local, policy and legislation, individuals and organisations); Defanging Industry (accountability, complaints; moderation and algorithms; and responsibility and transparency); and Engaging Citizens (raising awareness, and framing messaging)

**Conclusions:** A range of levers could be enacted to decrease exposure to e-cigarettes and theoretically to other harmful content on social media platforms, as clearly self-regulation is not working. There is an identified need for the development of national-level regulatory frameworks, with government leadership and appropriate legislation; identification of an organisation with suitable levels of regulatory power and resources to monitor, enforce and penalise non-compliant social media companies; accompanied by community awareness.

## E-cigarettes on Instagram: Guided by an Australian Influencer.

Professor Jonine Jancey<sup>1</sup>, Dr Renee Carey, Associate Professor Becky Freeman, Professor Tama Leaver, Associate Professor Katharina Wolf, Associate Professor Marilyn Bromberg, Dr Kevin Chai, Dr Kahlia McCausland

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4A - E-cigarettes and tobacco, Auditorium 2, May 2, 2024, 9:30 AM - 11:00 AM

**Introduction:** Mounting evidence suggests that e-cigarettes are extensively promoted and marketed using social media, including through user-generated content and social media influencers. This paper explores how e-cigarettes are being promoted on Instagram, using a case study approach, and the extent to which Meta's Restricted Goods and Services Policy is being applied and enforced.

**Methods:** We identified the accounts followed by an Australian Instagram influencer who primarily posts e-cigarette-related content. The main foci of these 855 accounts were coded and 369 vaping-focussed accounts were identified. These vaping-focussed accounts were then further coded by two trained coders.

**Results:** All (n=369, 100.0%) of the vape content posted by these accounts was positive in sentiment. One-third of the vape accounts (n=127, 34.4%) had a shared focus, indicating that vape content may permeate into other online communities through shared interests. A total of 64 accounts (17.3%) violated Meta's policy by attempting to purchase, sell, raffle or gift e-cigarette products.

**Conclusions:** The findings of this study suggest that pro-vaping information is available and accessible on Instagram. Much of the content identified in this study promoted the purchase or gifting of e-cigarette products and potentially violates Meta's content policy. Greater regulation and/or stronger enforcement of e-cigarette content on social media platforms such as Instagram is necessary to prevent the ongoing promotion of these harmful products.

## Collaboratively designing physical activity implementation strategies with health professionals (PROMOTE-PA Study)

Ms Kate Purcell<sup>1,2,3</sup>, Dr Jennifer Baldwin<sup>1,2,3</sup>, Associate Professor Leanne Hassett<sup>1,2,4</sup>, Professor Anne Tiedemann<sup>1,2,3</sup>, Dr Marina Pinheiro<sup>1,2,3</sup>, Ms Roslyn Savage<sup>1,2,3</sup>, Ms Belinda Wang<sup>1,2,3</sup>, Dr Abby Haynes<sup>1,2,3</sup>, Ms Kerry West<sup>1,5</sup>, Professor Cathie Sherrington<sup>1,2,3</sup>

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1D - Physical activity and movement, Madla Meeting Room 2, April 30, 2024, 3:30 PM - 5:00 PM

### Problem

Physical activity (PA) is highly beneficial, yet population-level participation is critically low. Evidence-based policy responses recommended by the National Preventive Health Strategy and the WHO Global Action Plan on PA include mobilising and empowering health professionals to promote PA to their patients.

### What we did

PROMOTE-PA aims to collaboratively develop and test a strategy to support health professionals to promote PA to hospital outpatients within their daily clinical practice. Part 1 included qualitative research with health professionals (n=101) to identify barriers to PA promotion and collaboratively develop implementation strategies to be used in the PROMOTE-PA trial in Part II.

### Results

Health professionals were recruited from public hospitals in four Local Health Districts and a specialty health network in Sydney. Most were physiotherapists (88%), 74% female. Clinical settings included paediatrics (21%), aged care (25%) and an adult/older people patient group (54%).

Health professional barriers to promoting PA included lack of time, competing clinical demands, limited information about community PA options, limited availability of suitable options, lack of trust in community providers and patient resistance. Patient-related barriers included cost, transport, cultural beliefs about pain and exercise, language barriers, cognition, frailty, disability and lack of family support.

Potential solutions identified by health professionals included better information about community PA options, skills to overcome patient resistance, "transition to exercise" programs, access to transport, telehealth, options for CALD groups and enhanced referral pathways and linkages between health and community PA providers.

### Lessons

Many health professionals are engaged and interested in promoting PA to their patients. Multiple, complex barriers exist, but health professionals have identified strategies to help address barriers. Adopting a collaborative process for the PROMOTE-PA trial has strengthened engagement with health professionals about PA promotion. Tailored approaches, designed with health professionals that can be adapted to different clinical contexts and patient populations are required.

## Enhancing student wellbeing and gender equity through a daily sport uniform policy

Ms Carly Gardner<sup>1,2,3</sup>, Dr Cassandra Lane<sup>1,2,3</sup>, Dr Alix Hall<sup>1,2,3</sup>, Dr Nicole McCarthy<sup>1,2,3</sup>, Dr Emma Pollock<sup>1,2,3</sup>, Associate Professor Nicole Nathan<sup>1,2,3</sup>

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4C - Young people and school-based strategies, Betbiyan 3 & Bundirrik 4, May 2, 2024, 9:30 AM - 11:00 AM

**Introduction:** School policies allowing students to wear a sports uniform daily (as opposed to one day per week) are a simple preventative health approach. Access to daily sport uniforms can be particularly important for girls who tend to have lower physical activity rates than boys. A cluster randomised controlled trial in NSW primary schools is currently evaluating the effectiveness of a daily sport uniform policy on students' cardio-vascular health (results forthcoming). This qualitative study privileges intervention students' voices to explore the acceptability of these policies, and the impacts on student health and wellbeing, with a particular focus on girls.

**Methods:** This study purposively sampled trial intervention schools from urban and rural areas. An external distributor model was used whereby consenting schools recruited staff and student participants. Semi-structured focus groups of students and interviews of teachers were conducted during school break time. Innovative methods were used in to enhance contribution equitably across all students, which produced written, visual, and audio-recorded data. Inductive thematic analysis was applied to each data set (students and teachers), followed by triangulation of findings across data sets to strengthen theme development.

**Results:** Participants unanimously supported the daily sport uniform policy (high acceptability). Access to sport uniforms everyday provided more opportunities for students to be physical active both during and outside school hours. Other student wellbeing themes included reduced stress, increased comfort and feeling more relaxed in the sport uniform. Applying an intersectional lens, the policy was especially important for girls who shared being able to move freely and feel more confident in the sport uniform.

**Conclusion:** The high acceptability and diverse health and wellbeing benefits associated with a daily sport uniform policy highlight the potential impact of a simple intervention. The findings hold significant implications for advancing gender equity in the school setting.

## Preventive Health Literacy and Associated Behaviours in Primary Care Settings

A/Prof Amie Steel<sup>1</sup>, Dr Hope Foley<sup>1</sup>, Dr Kim Graham<sup>1</sup>, D/Prof Jon Adams<sup>1</sup>

<sup>1</sup>University Of Technology Sydney, Ultimo, Australia

3B - Influencing policy and systems, Waterfront Room 1, May 1, 2024, 11:20 AM - 12:50 PM

### Introduction:

Primary care providers represent an invaluable catalyst for health promotion through patient education and behavioural change support. This study examines preventive health behaviours and health literacy in the Australian general population, and how these factors relate to primary care service utilisation.

**Methods:** Cross-sectional survey of the Australian general population. Survey content reflected the National Preventive Health Strategy, exploring participants' literacy, behaviours, beliefs and motivations regarding the Strategy's seven focus areas. Broader health literacy was assessed using the Health Literacy Questionnaire (HLQ). Associations were examined with health service utilisation of conventional and complementary primary care (general practice, naturopathy, acupuncture, osteopathy).

**Results:** Of 1509 participants, 88.1% had recently consulted a GP, 2.6% an acupuncturist, 2.1% a naturopath, and 1.7% an osteopath. GP consultation was associated with performing preventive health behaviours regarding cancer screening, vaccination, mental health, and avoiding illicit drugs ( $p \leq 0.001$ ), while those consulting an acupuncturist reported less avoidance of illicit drugs ( $p = 0.004$ ). Consulting a naturopath was inversely associated with maintaining vaccination status ( $p = 0.04$ ), and with lower scores for preventive health literacy regarding vaccination ( $p \leq 0.001$ ). Higher literacy scores were associated with GP consultation for some items regarding tobacco and cancer screening ( $p \leq 0.01$ ); yet inversely associated for an item on healthy eating, as was consulting an osteopath ( $p < 0.001$ ). Acupuncture consultation was associated with lower scores for some items on exercise, vaccines and alcohol ( $p \leq 0.02$ ). Higher HLQ scores were associated with GP consultation across eight of nine scales ( $p < 0.025$ ), and with osteopath consultation across two scales (Actively managing health  $p = 0.008$ , Critical appraisal  $p = 0.002$ ).

**Conclusion:** The correlations between health service use, preventive health literacy and behaviours presented here highlight the crucial role of primary care providers in health promotion, and identify gaps for action. Through targeted support of patient health literacy and behavioural change, broader population outcomes can be aligned with preventive health priorities.

## Cancer Control and Prevention: Information from the Northern Territory Cancer Registry (NCR)

Mr Dzulfikaar Sutandar<sup>1</sup>, Ms Rowena Boyd<sup>1</sup>

<sup>1</sup>Northern Territory Government (nt Health), Darwin, Australia

4D - Learning from our success stories, Madla Meeting Room 2, May 2, 2024, 9:30 AM - 11:00 AM

Cancer is the leading cause of years of life lost in the Northern Territory (NT) and accounts for 14% of the gap in years of life lost for Aboriginal peoples compared to non-Aboriginal people. With the frequency of cancer diagnoses increasing, targeted cancer prevention programs and improved treatments are vital in decreasing years lost, especially for Aboriginal people. The analysis of comprehensive cancer statistics remains essential to monitor and evaluate treatment and prevention programs to improve health outcomes.

The Northern Territory Cancer Registry (NCR) undertakes cancer surveillance, reporting all invasive cancer diagnoses and cancer-related deaths for NT residents. We examined cancer incidence and mortality from 1991 to 2020 overall and for specific cancers in the NT. Age-standardised incidence of all invasive cancers in the NT increased from 432.4 cases per 100,000 population in 1991-1995 to 455.2 cases in 2016-2020. Aged-standardised cancer mortality among Aboriginal people declined from a peak of 334.8 deaths per 100,000 population in 2011-2015 to 267.9 deaths in 2016-2019. Lung cancer remains the most common cause of cancer death in the NT (60.0 deaths per 100,000 population) especially among Aboriginal males (151.1 deaths per 100,000).

Increasing incidence are partially due to improvements in screening. Screening enables earlier detection and treatment of cancer, hence the overall reduction in mortality in these cancers. Given the ongoing burden of lung cancer, there is a need for increased efforts in health promotion to reduce smoking and regulate the promotion and use of e-cigarettes. Implementation of the National Lung Cancer Screening program in 2025 may reduce lung cancer mortality, but will require identifying critical strategies to reach remote communities. The NCR continues to provide essential evidence for overall cancer control and defining priorities to inform service delivery and policy.

## Ageing in a new culture. African-migrant populations ageing and adaptation in Australia.

Associate Professor Lillian Mwanri

2C - Prevention equity, Betbiyan 3 & Bundirrik 4, May 1, 2024, 9:30 AM - 11:00 AM

**Background:** It is well acknowledged that population ageing is among the significant global public health issues, with a wide range of implications for health care practice and policy drivers. However, ageing issues remain relatively under-researched, particularly in the newer culturally and linguistically diverse (CALD) populations living in the western world.

**Methods:** This study focused on African migrants living in South Australia, exploring ageing and chronic disease, and the changes in healthcare services access in these migrants as a result of ageing. In-depth interviews were held with 18 older Africans and their carers in Adelaide.

**Findings:** The study found that more than three quarters (78%) of the respondents: had chronic disease, had gradual deterioration of their health, were challenged as a result of ageing, had insufficient access to services, but were making some adaptations in a new culture. The study shows the African migrant populations are ageing, have a high burden of chronic disease and some challenges exist with the care and support they receive for their health as they age. However, despite most of them citing challenges and differences between ageing in Australia compared to Africa, most preferred to be ageing in Australia due to factors including better access to quality health care services, financial support from the government and security.

**Conclusions:** The findings indicated that Africans are challenged in the new space, however, they continue to practise their collectivist culture where the older people are cared for by their extended family. These findings have implications including the provision of diverse mitigation strategies that may include provision of alternative care for ageing African populations in Australia.

**Key words:** African migrants ageing, challenges and opportunities for ageing in a new culture and environment.



## A protocol for evaluating artificial intelligence in breast cancer screening

Mr Matthew Warner-smith<sup>1</sup>, Mr Ken Ren<sup>1</sup>, Mr Chirag Mistry<sup>1</sup>, Mr Richard Walton<sup>1</sup>, Dr Nalini Bhola<sup>1</sup>, Ms Sarah McGill<sup>1</sup>, Professor David Roder<sup>2</sup>, Professor Tracey O'Brien<sup>1,2</sup>

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5E - Reproductive and women's health, Damibila Meeting Room 1, May 2, 2024, 11:20 AM - 12:50 PM

### Introduction:

Radiologist shortages threaten the sustainability of breast cancer screening programs. Artificial intelligence (AI) products that can interpret mammograms could mitigate this risk. While previous studies have suggested this technology has accuracy comparable to or greater than radiologists most have been limited by using 'enriched' datasets and/or not considering the interaction between the algorithm and human readers. They therefore cannot be used to determine the effect of introducing this technology into screening programs. This study will address these limitations by comparing the accuracy of a workflow that uses AI alongside radiologists on a large consecutive cohort of cases from a breast cancer screening program.

### Methods and analysis:

A retrospective, consecutive cohort of digital mammography screens from 658,207 cases from BreastScreen New South Wales will be reinterpreted by a the Lunit Insight MMG AI product. The cohort includes 4,383 screen-detected and 1171 interval cancers. The results will be compared with radiologist single-reading. The AI results will also be used to replace the second reader in a double-reading model, with new adjudication reading where the AI disagrees with the first reader. Recall rates and cancer detection rates of combined AI–radiologist reading will be compared to the rates obtained at the time of screening.

### Conclusion:

The study will combine the strengths of a large retrospective design with the benefit of prospective data collection in a real-world clinical workflow. This will test this technology without risk to screening program participants nor the need to wait for long-term follow-up data. With a sample of two years of consecutive screening cases it is likely the largest test of this technology to date. The design will overcome limitations of previous studies resulting in accuracy estimates that will be generalisable to screening programmes and enabling the estimation of screening outcome metrics.

## Leaning into lead generation to advocate for change and to promote health.

Ms Korina Richmond<sup>1</sup>, Ms Nina Tan<sup>1</sup>, Ms Clare Hughes<sup>1</sup>

<sup>1</sup>Cancer Council NSW, Sydney, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

Gaining the attention and prompting action from the community is becoming more challenging in a world dominated by social media. Furthermore, not-for-profit organisations often face budget and capacity challenges when delivering campaigns.

Cancer Council NSW advocates for policy change to improve the food environment and encourage healthy behaviour through building knowledge, changing attitudes and developing skills. We have two long-running campaigns: our food marketing advocacy campaign 'Our Kids, Our Call', and our 'Healthy Lunch Box' campaign, which aims to get the community to eat more fruit, vegetables and wholegrains by improving their knowledge and skills through recipes and practical advice.

After learning from the success of our marketing colleagues and their use of social channels for fundraising and lead generation, we sought to embrace social media opportunities and trial a 'lead generation' activity on Facebook and Instagram for our prevention campaigns.

We ran a lead generation campaign to prompt action from the community to sign a petition calling on the NSW government to remove unhealthy food advertising from state-owned and controlled property. The campaign reached almost 700,000 people across NSW and more than tripled our petition sign-ups. We have also conducted three lead generation campaigns over 18 months to drive subscriptions to the Healthy Lunch Box e-newsletter, which provides healthy eating information, recipes and practical advice and promotes the Healthy Lunch Box website.

Using social media channels can increase the awareness of campaigns and prompt action and is a successful method to reach a large audience when resources are limited. This presentation will discuss the successful utilisation of social media lead generation to gain supporters for our online food marketing advocacy petition and build awareness and promote our healthy eating website.

## Leveraging lived experiences in cancer diagnosis for equity

Mr Hussam Al-Hakimi<sup>1</sup>, Ms Cassandra Clayforth<sup>1</sup>, Dr Chloe Maxwell-Smith<sup>2</sup>, Ms Melissa Ledger<sup>1</sup>, Dr Karen Taylor<sup>3</sup>

<sup>1</sup>Cancer Council WA, Perth, Australia, <sup>2</sup>Curtin University, Perth, Australia, <sup>3</sup>Cancer Network WA, Perth, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

Title: Leveraging lived experiences in cancer diagnosis for equity

### ABSTRACT

#### Problem

People living in regional Australia experience lower rates of five-year survival for all cancers combined, compared to those in major cities.

#### Strategy/Tactics

The Find Cancer Early (FCE) campaign aims to improve cancer outcomes for people over 40 in regional Western Australia. This involves improving cancer symptom knowledge and motivating people to see their doctor promptly if they have symptoms. FCE campaigns over the past ten years have applied different methods to promote campaign messaging. The 2014-2020 campaigns featured doctors, while the 2020-2023 campaigns changed focus and featured real people who had a cancer diagnosis (champions). Champions were recruited through social media, community events, and posters at cancer patient accommodation. To nurture relationships, campaign staff communicated openly and consistently, and champions received care, acknowledgment, and gratitude at every step of campaign material development.

#### Results

To date, 33 champions have been recruited and their stories promoted on the FCE website. The 2020-2023 campaigns featured six people (including three Aboriginal people) from four Western Australian regions. The post-campaign evaluation showed the messaging delivered by champions appeared to be more impactful and memorable than when delivered by doctors. In the second year of campaigns, the champion advertisements demonstrated better symptom recall (30.6%) than the campaign delivered by doctors (25.8%).

#### Lessons

Using a range of recruitment strategies ensured a diverse group of champions. Personal stories were found to be more effective for connecting with a broad target audience, were relatable to country people, and improved symptom recall. As a result, in 2023 FCE developed a new champion-based campaign.

## What happens after implementation? Australian policymakers perspectives on sustaining health initiatives

Associate Professor Nicole Nathan<sup>1,2,3</sup>, Ms Carly Gardner<sup>1,2,3</sup>, Ms Belinda Peden<sup>1,2,3</sup>, Dr Alison Zucca<sup>1,2,3</sup>, Mr Adam Shoesmith<sup>1,2,3</sup>, Dr Cassandra Lane<sup>1,2,3</sup>, Dr Alix Hall<sup>1,2,3</sup>

<sup>1</sup>The University of Newcastle, Wallsend, Australia, <sup>2</sup>National Centre of Implementation Science, Newcastle, Australia, <sup>3</sup>Hunter Medical Research Institute, New Lambton Heights, Australia

3B - Influencing policy and systems, Waterfront Room 1, May 1, 2024, 11:20 AM - 12:50 PM

**Introduction:** Sustaining the implementation of public health programs presents a substantial challenge, with only 23% persisting beyond the cessation of active support. This study sought to identify obstacles to the sustainment of chronic disease prevention initiatives in Australia and possible solutions from the nuanced perspectives of policymakers and practitioners.

**Methods:** In-depth semi-structured interviews were undertaken by the research team to identify when and why active implementation support was discontinued, pre and post-cessation support strategies, adaptability of these strategies, including any changes and the factors influencing such decisions. The study also explored significant challenges faced in ensuring continued program delivery. We employed inductive thematic analysis to analyse and derive emergent patterns, themes, and insights from the data.

**Results:** Interviews with 19 participants, representing all Australian states and territories overseeing chronic disease initiatives across diverse settings, identified the following themes:

- **Funding Challenges:** Emphasising the need for sustained financial support.
- **Agility and Adaptability:** Highlighting the importance of organizational flexibility.
- **Partnership Impact:** Recognising strategic collaborations as vital for success.
- **Contextual Sensitivity:** Adapting interventions to specific contextual factors.
- **Leadership's Critical Role:** Identifying effective leadership as a key factor.
- **Trust Building:** Establishing and maintaining trust for collaboration and longevity.
- **Advocacy for Support:** Emphasizing advocacy efforts in securing ongoing backing.

**Conclusion:** This study identifies key issues for sustaining chronic disease prevention initiatives and offers possible solutions used by policymakers and practitioners to overcome these whilst still underscoring the need for nuanced context-specific approaches. Understanding these dynamics is essential for developing enduring strategies in chronic disease prevention.

## PROPOSE: Negotiating barriers to community physical activity after discharge from hospital programs

Ms Roslyn Savage<sup>1,2,3</sup>, Ms Kate Purcell<sup>1,2,3</sup>, Associate Professor Leanne Hassett<sup>1,2,4</sup>, Professor Anne Tiedemann<sup>1,2,3</sup>, Ms Marina Pinheiro<sup>1,2,3</sup>, Doctor Abby Haynes<sup>1,2,3</sup>, Ms Kerry West<sup>1,5</sup>, Professor Cathie Sherrington<sup>1,2,3</sup>

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4D - Learning from our success stories, Madla Meeting Room 2, May 2, 2024, 9:30 AM - 11:00 AM

Title: PROPOSE: negotiating barriers to community physical activity after discharge from hospital programs.

**Problem:** Whilst the benefits of physical activity (PA) are well known, participation is low, especially for older adults and/or those with disability. Patients discharged from hospital outpatient services often struggle to continue with ongoing PA.

**What you did:** Promotion of physical activity by health professionals can increase physical activity participation among patients. We designed a model utilising health coaching to support patients leaving hospital outpatient programs to embrace ongoing community-based PA.

The PROPOSE study aims to explore the impact on physical activity of a telehealth physiotherapy physical activity health coaching service delivered to hospital outpatients aged 50+ and adults with a physical disability compared to providing information on physical activity.

**Intervention** participants receive a telehealth PA assessment, an individualised PA plan and 6-10 sessions of health coaching using motivational interviewing techniques delivered by a physiotherapist trained in health coaching.

Data collection measures include steps/day (actigraph), the Incidental and Planned Exercise Questionnaire (IPEQ) and patient reported outcome measures ( PROMIS-29+2 Profile v2.1).

Recruitment commenced during the COVID pandemic. To date, 38 patients have been recruited from 4 hospitals within the Sydney Local Health District.

**Results:** Preliminary analysis indicates that the program is well received by intervention participants. Data collection will be completed by March 2024.

Health coaching builds on rapport and strengthening of therapeutic alliance. Key elements include collaborative development of a PA plan, goal setting and working through setbacks.

**Lessons:** Health professionals are ideally positioned to promote physical activity to their patients. Addressing barriers around time, access to up-to-date information on community physical activity programs and increasing skills in physical activity assessment and counselling will enhance the promotion of physical activity.

Exploring different models of physical activity promotion, such as a telehealth health coaching may be an effective way to bridge the gap between the hospital and community PA interface.

## A prevention success story: 25 years of the NSW Refugee Health Service

Dr Mitchell Smith<sup>1</sup>

<sup>1</sup>NSW Refugee Health Service, Liverpool, Australia

2C - Prevention equity, Betbiyan 3 & Bundirrik 4, May 1, 2024, 9:30 AM - 11:00 AM

### The problem

The health status of those from refugee backgrounds is known to be lower than other migrants and the Australian-born. For many years the approach in NSW was mainly to exclude infectious diseases, with some minimal community education.

### What we did

In 1999, the NSW Refugee Health Service (RHS) was born, funded by NSW Health. This brought existing programs into a single entity but moreover was an opportunity for a person-centred approach to disease detection and prevention, and promotion of health in newly arrived refugee settlers. It also enabled support to regional and rural settlement locations as they set up their own refugee health services.

### Results

Over 25 years the service has grown to over 40 staff. Nurses conduct health assessments to identify needs including disease risk factors, and provide health education. Health promotion programs encompass women's health, cancer screening, nutrition, immunisation, oral health, tobacco cessation, and orientation to the NSW health system.

Partnerships with health and external agencies have enabled advocacy and interventions, such as education videos about a range of health issues. Building evidence in collaboration with Oral Health academics led to fast-tracking of new arrivals for dental care. Building the capacity of mainstream health service staff and General Practitioners has been a priority.

The statewide approach to refugee health is now forged on a state plan. RHS has contributed to the development of a national network of refugee providers that influences policy at Commonwealth level.

### Lessons

Persistence and ongoing NSW Health support has enabled longevity and growth of services and programs.

Emerging opportunities for prevention include genetic counselling to reduce disability risk, better awareness of drowning risks (three times that of other migrants) and facilitated access to cancer screening, including self-collection for cervical smears.

## Scaled up, now what? Strengthening golf club engagement in sun safety

Mrs Rachel Russo<sup>1</sup>, Mrs Alexandra Hamer<sup>1</sup>, Ms Elizabeth King<sup>1</sup>

<sup>1</sup>Cancer Council NSW, Woolloomooloo, Australia

4E - Longer term implementation and planning, Damibila Meeting Room 1, May 2, 2024, 9:30 AM - 11:00 AM

Improve your long game (IYLG) is a skin cancer prevention program set in NSW golf clubs targeting all golfers, especially men aged 40 and over who are at greater risk of skin cancer. Launched by Cancer Council NSW in 2015, IYLG aims to create supportive environments to normalise and reinforce sun protection amongst golfers by providing clubs with free sunscreen and resources.

Since 2018/19, the program has been scaled-up to over 230 clubs across NSW. While previous evaluations have shown program acceptability and impact, maintaining club engagement through annual program registrations has been a challenge. Formative research undertaken in 2021 to explore the needs of clubs provided recommendations to improve club engagement and program sustainability. These insights informed changes to program delivery, including the transition to a 3-year registration cycle. During 2023/24 various strategies were implemented to strengthen club engagement and drive registrations, including: enhanced contacts with clubs via a student volunteer; the promotion of National Skin Cancer Action Week; and supporting clubs in improving outdoor worker sun safety.

Mixed methods were used to monitor the impact of different communication strategies on club registration, and qualitative insights exploring program engagement from key stakeholders will be triangulated against quantitative registration data.

Results will include a summary of registrations received over time, including a comparison of clubs exposed to a standard (email, mail) versus an enhanced (email, mail, phone) engagement strategy.

Understanding the most impactful strategies to engage clubs in a sun safety program will help to inform and sustain successful implementation. Findings will be used to inform broader strategic planning activities designed to maintain program effectiveness and explore new efficiencies, as we approach the program's ten-year anniversary.

## Co-designing approaches for alcohol-breast cancer risk prevention through health service provider settings

Belinda Lunnay<sup>1</sup>, Professor Carlene Wilson<sup>2</sup>, Professor Megan Warin<sup>3</sup>, Professor Ian Olver<sup>4</sup>, Professor Paul Ward<sup>1</sup>

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2D - Methodologies, innovation and co-design, Madla Meeting Room 2, May 1, 2024, 9:30 AM - 11:00 AM

**Introduction:** Health service providers are well-positioned to deliver alcohol-related breast cancer prevention messages. Midlife women's alcohol consumption is trending toward an increase and awareness that drinking alcohol increases breast cancer risk is not common. To ensure risk messages are suitable and increase the feasibility of adopting them, approaches must take into consideration women's real-world conditions, and recognise the priorities/constraints faced by on the ground workers in preventive health.

**Method:** Using an Evidence-Based Co-Design method we: a) investigated the 'problems' with 'consumers' - 15 Australian midlife women who drink alcohol at varying levels (light/medium/heavy) given breast cancer risk is a dose-response from middle/working social classes with no previous breast cancer diagnosis; and b) deliberated with 'stakeholders' to devise 'solutions' - 15 health professionals working at the service delivery coalface and consulting about alcohol and/or breast health. Represented were GPs, practice nurses, alcohol counsellors, psychologists, social workers and representatives from peak professional bodies.

**Results:** We used Framework Analysis guided by Stevens' (2011) questions for developing practice outcomes, which showed:

- 1) What can be done – a decision-making tool or 'roadmap' for risk message delivery (timing/style) mapped to women's preparedness/agency to reduce alcohol including acute/holistic longer-term priorities (i.e. women's drinking levels, experiences of trauma, wellness resources) and moral directives identifying readiness for change/support needs (e.g. reasons for drinking, drinking practices, relationships and social worlds).
- 2) How will it work – by leveraging existing communication strategies and service delivery formats/priorities (e.g. inclusion of the roadmap in workforce educational modules and a prompt in clinical screening).
- 3) What will the effects be – evidence-based guidance for workers who 'do prevention' on best approaches to risk messages, that are cognisant of women's daily living conditions and developed by women using approaches that workers think are realistic.

**Conclusion:** Co-designed recommendations for alcohol-breast cancer risk prevention tailored to women's differing relationships with alcohol and the service contexts they access (public/private; health promotion/primary care/treatment) has strong potential to equitably increase the acceptability of risk messages.



## A co-designed continuous improvement approach to support remote communities create healthy stores

Associate Professor Julie Brimblecombe<sup>1</sup>, Dr Emma McMahon<sup>2</sup>, Dr Megan Ferguson<sup>5</sup>, Professor Bronwyn Fredericks<sup>5</sup>, Adjunct Professor Nicole Turner<sup>7</sup>, Associate Professor Christine Pollard<sup>6</sup>, Professor Louise Maple-Brown<sup>2</sup>, Professor Joanna Batstone<sup>1</sup>, Dr Leisa McCarthy<sup>2</sup>, Ms Amanda Hill<sup>1</sup>, Dr Meaghan Christian<sup>1</sup>, Ms Laura Baddley<sup>3</sup>, Ms Khia De Silva<sup>3</sup>, Ms Anna Murison<sup>4</sup>, Ms Rebekah Clancy<sup>9</sup>, Ms Sally Tsekouras<sup>11</sup>, Mr Adam Barnes<sup>8</sup>, Ms Claire Santos<sup>8</sup>, Dr Kora Uhlmann<sup>10</sup>, Professor Amanda Lee<sup>5</sup>

<sup>1</sup>Monash University, Notting Hill, Australia, <sup>2</sup>Menzies School of Health Research, Charles Darwin University, Darwin, Australia, <sup>3</sup>Arnhem Land Progress Aboriginal Corporation, Darwin, Australia, <sup>4</sup>Outback Stores, Darwin, Australia, <sup>5</sup>University of Queensland, Brisbane, Australia, <sup>6</sup>Curtin University, Perth, Australia, <sup>7</sup>Indigenous Allied Health Australia, Sydney, Australia, <sup>8</sup>Northern Territory Health, Darwin, Australia, <sup>9</sup>Miwatj Health Aboriginal Corporation, Nhulunbuy, Australia, <sup>10</sup>Health and Wellbeing Queensland, Brisbane, Australia, <sup>11</sup>Katherine West Health Board Aboriginal Corporation, Katherine, Australia

1E - Community-based initiatives, Damibila Meeting Room 1, April 30, 2024, 3:30 PM - 5:00 PM

**Intro:** Aboriginal and Torres Strait Islander communities in remote Australia have initiated bold policies to ensure their stores are health-enabling. This study utilises benchmarking with continuous improvement, a co-designed data-driven and facilitated 'appraisal and feedback' with action planning model, to strengthen and scale policy action with remote community store directors/owners. We acknowledge the invaluable contribution of Aboriginal and Torres Strait Islander communities to this research.

**Methods:** Our pragmatic randomised controlled trial is in the 2nd year of testing the effectiveness of our model with five partner organisations and 29 community stores in the Northern Territory (NT) who have approved for this research to be published. Our co-designed model is informed by decades of research, purpose-built tools, expert practice experience and reflective learning, and is delivered through the partner organisations. Delivery comprises two full benchmarking continuous improvement cycles (one per year, 2022/23 and 2023/24) of assessment, feedback, action planning and implementation. Assessment of stores includes i adoption status of 21 evidence-and remote store informed health-enabling policies, ii implementation of policy best-practice using a purpose-built Store Scout App, iii price of a standardised healthy diet using the Aboriginal and Torres Strait Islander Healthy Diets ASAP protocol; iv healthiness of food purchasing using sales data indicators; and v, an environment scan.

**Results:** Feedback reports are communicated to store directors/owners by partner organisations and action plans developed. Control stores receive the in-store Store Scout App and Healthy Diets ASAP assessments and continue with usual retail practice. All stores provide weekly electronic sales data to assess the primary outcome, change in energy (MJ) from free sugars across all food and drinks purchased, from baseline (July-December 2021) vs July-December 2023.

**Discussion:** We hypothesise that the co-designed benchmarking continuous improvement model can reduce free sugar purchased through health-enabling policy and practice adoption by Aboriginal and Torres Strait Islander store directors/owners. This research, that builds on decades of collaborative effort with remote stores and health service partners, can inform the building of a sustainable continuous improvement learning system to support Aboriginal and Torres Strait Islander communities in their building of strong remote stores.

## Partnerships to increase cancer screening awareness and access in regional Victoria

Ayesha Ghosh<sup>1</sup>, Ms Tove Andersson, Ms Nina Brown, Mrs Michelle Cornelius

<sup>1</sup>Cancer Council Victoria, Melbourne, Australia

3D - Early detection and harm minimisation, Madla Meeting Room 2, May 1, 2024, 11:20 AM - 12:50 PM

**Introduction:** COVID-19 pandemic led to major disruptions in the health system, and its impact has continued in subsequent years. It is estimated that there were over 3,800 fewer cancer diagnoses than expected in Victoria over 2020 and 2021. To overcome low cancer screening and testing rates and to counteract the effects of COVID-19, Cancer Council Victoria was funded by the Victorian Government to leverage community engagement initiatives to support expansion of a primary care intervention for maximising cancer screening outreach. This project aimed to apply successful, culturally appropriate strategies used in COVID-19 to reach regional Victorian underscreened communities with screening messages and to support cancer screening uptake.

**Methods:** Cancer Council Victoria funded and supported three health and community services to design community engagement projects to increase cancer screening awareness and participation. This was achieved through extensive scoping to identify partners who engaged with community during the pandemic, collaborating with them to select strategies and building their capacity on cervical, breast and bowel screening.

**Results:** Three partner services drew on their strong local connections to deliver four types of tailored community engagement activities: information sharing, education sessions, navigation, and screening. In a short implementation period, they reached 478 people through delivering 124 conversations and educating 354 community members; while navigating 96 people by re-ordering 8 bowel screening kits, booking 37 and completing 51 cervical screening tests.

**Conclusion:** Partnerships with local health or community services in regional Victoria was an effective way of tailoring community engagement activities to each area's needs and to identify opportunities to increase awareness and access to cancer screening. The project demonstrated that strategies designed and delivered by local community resulted in higher engagement, improved outcomes, and greater impact towards improving screening rates in these areas.

## Fall prevention in older adults: collaboration to address the evidence practice gap

Prof Cathie Sherrington<sup>1</sup>, Prof Kim Delbaere<sup>2</sup>, Dr Daina Sturmeiks<sup>2</sup>, Prof Anne Tiedemann<sup>1</sup>, Dr Marina Pinheiro<sup>1</sup>, Ms Lorraine Lovitt<sup>3</sup>, Prof Stephen Lord<sup>2</sup>, Prof Adrian Bauman<sup>1</sup>

<sup>1</sup>University of Sydney, University of Sydney, Australia, <sup>2</sup>NeuroScience Research Australia, Sydney, Australia, <sup>3</sup>NSW Clinical Excellence Commission, Sydney, Australia

4E - Longer term implementation and planning, Damibila Meeting Room 1, May 2, 2024, 9:30 AM - 11:00 AM

**Problem.** Falls in older adults cost Australia's health systems over 2.4 billion each year and can have devastating personal consequences, with 140,000 older Australians hospitalised and 5000 deaths from falls each year. There is strong evidence from over 250 randomised controlled trials to support fall prevention interventions including exercise for the general community and targeted multifactorial assessments for higher risk people. Australia has no national body charged with development of policy and co-ordination of fall prevention initiatives.

**What we did.** We have worked collaboratively over the past two years to bring together researchers, policy makers and consumers in an effort to increase awareness of the problem and possible solutions among the general community, health professionals and policy makers. The work was through the Australia and New Zealand Fall Prevention Society and the NHMRC-funded Centre for Research Excellence of the Prevention of Falls Injuries.

**Results.** We have created reports and infographics (<https://www.anzfallsprevention.org/action-on-falls-prevention/>) gained media attention with an estimated reach of over 1 million people, have supported the NSW Clinical Excellence Commission to launch a White Paper, and are working with the Australian Commission for Safety and Quality in Health Care on new Australian Guidelines for Falls Prevention to be launched in 2024.

**Lessons.** We have a long way to go but have collectively learnt a great deal about the power of systems thinking, collaboration, consumer engagement, media engagement, building on long-term relationships and clear communication of evidence.

## Do you know what you're vaping? Delivering a NSW youth anti-vaping campaign.

Gemma Hearnshaw, David Murray, Alexis Le Clerc, Matthew Clarke, Neva Miller, Dr Sandra Rickards, Dr Lilian Chan, Sarah McGill, Prof Tracey O'Brien

<sup>1</sup>Cancer Institute NSW, Sydney, Australia

3A - E-cigarettes and tobacco, Auditorium 2, May 1, 2024, 11:20 AM - 12:50 PM

**Problem:** There has been a rapid increase in vaping in NSW, from 1% of the population being current vapers in 2017 to 6.4% in 2022. Use is highest in young people, with 16.5% of people aged 16-24 years being current vapers in 2021-2022.

**What you did:** Campaigns were identified as a key element of a wider strategy to reduce use of e-cigarettes in NSW. The 'Do you know what you're vaping?' campaign was delivered from July 2022 to June 2023 targeting young people 14-17 years in NSW.

A behaviour change model was developed outlining the key attitudinal elements to address. This informed the three communication pillars: 'Expose' the ingredients and harms of vaping, 'Upskill' people to reject and quit vapes, and 'Flip Norms' to address social norms.

Core campaign creative highlighted that vapes contain the same ingredients as common household products. To achieve cut through and engage a youth audience, alongside this a native-led content approach working with content creators and influencers was adopted. Six influencers were engaged to develop content aligned with key messages and share this with their followers online.

**Results:** The campaign achieved media targets, delivering over 117 million impressions across social, online video, audio and outdoor. The campaign met objectives including increasing intention to continue not to vape and intention to quit vaping. Influencer content performed well across several key metrics including being personally relevant and increasing concern and motivation to quit.

**Lessons:** The campaign evaluation tracking showed that a balance of branded assets and native style content was important to achieve both recognition and engagement. The youth audience is hard to reach due to limitations targeting under 18's for many platforms, therefore it is essential to remain flexible across channels to ensure reach and to continually optimise. Influencer content was a valuable component to increase personal relevance.

## From journal pages to news pages: using new research to promote prevention

Ms Hollie Harwood<sup>1</sup>

<sup>1</sup>Public Health Association Of Australia, Curtin, Australia

4D - Learning from our success stories, Madla Meeting Room 2, May 2, 2024, 9:30 AM - 11:00 AM

### Problem

In the face of increasing health misinformation and continuing industry influence, new evidence provides a powerful way to support advocacy on public health issues. However, due to limited resources, academic research isn't always promoted to other audiences and opportunities to maximise research impact are missed.

### What we did

In 2023 PHAA dedicated communications resources to promoting research in the Australian and New Zealand Journal of Public Health (ANZJPH). We identified 13 journal articles aligned to our prevention messages and advocacy efforts. Topics ranged from e-cigarettes and tobacco, through to the corporal punishment of children; food and alcohol industry marketing; and the emergence of Japanese Encephalitis in Australia. Collaborating with authors and their organisations, we developed a tailored communications approach for each piece of research and author, including providing media training where required. We also amplified the research on other PHAA communications channels.

### Results

Almost 140 individual pieces of media coverage related to public health were generated by ANZJPH research in 2023 (excluding syndication). Coverage was generated in high profile outlets such as The Australian, The Guardian, ABC News Breakfast, ABC Radio, Sunrise, Today Show, The Project and ABC News 24. Coverage timing and media messaging was aligned with our advocacy efforts and also aimed to educate the public. The most successful journal pieces we promoted were among our most "visited" ANZJPH articles, which we anticipate will help authors increase their citations.

### Lessons

By promoting new evidence, the public health community can maximise the impact of prevention research, support advocacy and shift public discourse. However, successful media coverage requires communications resources, strategic media outreach, strong media relationships and capable spokespeople. We are continually improving our ANZJPH communications to increase our impact.

## HOW BIG TOBACCO USES THE REVOLVING DOOR TO INFLUENCE AUSTRALIAN HEALTH POLICY

Dr Christina Watts<sup>2</sup>, Ms Melissa Jones<sup>1</sup>, Ms Kylie Lindorff<sup>1</sup>, Dr Becky Freeman<sup>3</sup>

<sup>1</sup>Cancer Council NSW, Sydney, Australia, <sup>2</sup>The Daffodil Centre (A partnership between the University of Sydney and CCNSW), Sydney, Australia, <sup>3</sup>Prevention Research Collaboration, Charles Perkins Centre, School of Public Health, University of Sydney, Sydney, Australia

4A - E-cigarettes and tobacco, Auditorium 2, May 2, 2024, 9:30 AM - 11:00 AM

**Introduction:** The WHO has identified tobacco industry interference in policymaking as one of the greatest obstacles to implementing evidence-based tobacco control measures globally. This is the first Australian study to systematically investigate tobacco companies' use of the revolving door between government and industry as a key political lobbying mechanism and highlights the importance of strengthening integrity and transparency legislation and oversight bodies to eliminate the political influence of tobacco companies in Australia.

**Results:** Tobacco companies lobby the Australian government using 'in-house' employees, lobbyists working in firms acting on their behalf, and third-party allies with common interests. Almost half of in-house tobacco company lobbyists had held government positions (state, territory and/or federal) before or after working in the industry. Likewise, 55% of lobbyists acting on behalf of tobacco companies had held government positions before or after working as a lobbyist. In-house tobacco lobbyists, as well as those working on behalf of tobacco companies within lobbying firms, were found to have held senior positions, such as a Member of Parliament (MP) or Senator, chief or deputy chief of staff, or senior advisor in a ministerial office, and many had moved into or out of government within 1 year of working for a tobacco company (56%) or as a lobbyist (48%).

**Methods:** Our mixed-methods study included non-experimental descriptive and exploratory case studies. To build a picture of tobacco lobbying via the revolving door in Australia, data was triangulated from multiple publicly available sources: 1) Australian federal, state and territory government lobbyist registers, 2) LinkedIn; and 3) Australian media reports.

**Conclusion:** Our study found tobacco companies are strategically using the revolving door between government and industry as a key political lobbying mechanism to try to influence public health policy in Australia. We make recommendations on how policymakers and civil society can counter this tactic.

## A potentially improved risk for diabetic ulceration classification system

Dr. Aristomenis Kossioris<sup>1</sup>, Professor, MD Nicholas Tentolouris<sup>2</sup>, Professor, MD Minos Tyllianakis<sup>3</sup>

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Rio, Greece, ,

5D - Prevention frameworks and methodologies, Madla Meeting Room 2, May 2, 2024, 11:20 AM - 12:50 PM

**Intro:** The development of foot ulceration in patients with diabetes can have serious complications both individually and socially. The literature-established risk factors for diabetic ulceration include peripheral neuropathy, peripheral arterial disease, structural/anatomical foot deformities and a history of lower leg amputation and/or previous foot ulceration. Diabetic ulceration can be prevented by implementing appropriate interventions and risk classification systems with predictive value for diabetic ulceration have been developed.

**Methods:** A cross-sectional study was conducted from October 2005 to November 2016, in a convenience sample of 134 subjects with type 1 and 2 diabetes, with and without foot ulceration. A structured quantitative interview guide was used to collect data. Univariate logistic regression analysis was performed for the literature-established risk factors, as well as for two versions of a variable that was derived from a single set of foot deformities that included both amputations and other foot deformities (e.g. hallux valgus) and it was termed "amputative and non-amputative foot deformities". Multivariate logistic regression analysis was then performed for three predictive models, as well as receiver operating characteristic (ROC) curve analysis to compare them.

**Results:** Patients with diabetes who had "no/mild" (reference category) and "moderate/severe" foot deformities, after amputation or other exogenous or internal causes, had a different risk of foot ulceration (OR 2.78, 95% CI 1.13-6.86, P=.026). After ROC curve analysis comparing three predictive models, it was found that the two predictive models with  $\geq 2$  severity categories of amputative and non-amputative foot deformities had a larger area under the ROC curve than that with the literature-established predictors (P<0.001).

**Conclusion:** Based on these findings and previous literature, a new risk classification system for diabetic ulcers could be proposed, which may be better related to future foot ulceration. This new system would include a foot deformities severity variable of two categories and six risk categories.

## Aboriginal Remote Store Boards implement strong nutrition policies to improve health

Ms Laura Baddeley<sup>1</sup>, Ms Sarah Funston<sup>1</sup>, Ms Khia De Silva<sup>1</sup>

<sup>1</sup>Arnhem Land Progress Aboriginal Corporation, East Arm, Australia

1A - Healthy food environments, Auditorium 2, April 30, 2024, 3:30 PM - 5:00 PM

**Problem:** Food retailers everywhere play an important role in creating environments to support customers to make healthy choices. Colonisation and capitalism bring foods and drinks with high sugar and low nutrition value. Remote stores are uniquely positioned to positively influence customers diet as a large proportion of energy consumed is purchased at the local grocery store. The Arnhem Land Progress Aboriginal Corporation's (ALPA), Yolŋu Board have been working to improve food environments in their communities of East Arnhem Land for over 40 years. The ALPA Board understand and prioritise the food environment and its link to health.

**What you did:** The Board has set key performance indicators (KPIs) to direct the focus of the ALPA retail and Nutrition team. One of the KPIs is to achieve a reduction in sugar purchased from food and drinks. Sugar reduction is tracked through stores sales data measured in kilograms of sugar sold per \$10,000 of food sold.

To achieve this KPI, the Nutrition team present to the Board with proposed policy options. The Board will discuss a proposed policy option to determine whether it is appropriate and acceptable for their communities. When a policy is decided upon, the Nutrition team works to operationalise the new policy over a trial period and will review store sales data. Results are presented back to the Board who determine whether to make the new policy a permanent addition.

A recent successful trial to be put into permanent policy was a cordial pack size reduction across 4 ALPA stores. The maximum volume of cordial sold is now 1L, where previously it had been 2L.

**Results:** This has resulted in a 12% reduction in weight of free sugar purchased between May 2022 and April 2023 across these 4 ALPA owned stores, compared to the previous 12 months.

**Lessons:** Providing store Boards and store owners with knowledge to make nutrition policy decisions not only promotes healthy retailing practices but also allows Boards to assert their right to govern and shape the food environment that directly impacts their community's health.



## Aboriginal store owners push for stronger regulation to create healthier stores

Ms Laura Baddeley<sup>1</sup>, Ms Sarah Funston<sup>1</sup>, Dr Julie Brimblecombe<sup>2</sup>, Ms Khia De Silva<sup>1</sup>

<sup>1</sup>Arnhem Land Progress Aboriginal Corporation, East Arm, Australia, <sup>2</sup>Monash University, Notting Hill, Australia

2A - Aboriginal and Torres Strait Islander health, Auditorium 2, May 1, 2024, 9:30 AM - 11:00 AM

**Problem:** Governments can use powerful regulatory levers to create healthy food retail environments to halt the rise in non-communicable disease (NCDs). Strong research evidence, targeted advocacy and amplifying the voices of those most impacted by NCDs to have a say, may influence government policy action.

**What we did:** Following the success of the Healthy Stores 2020 study, The Arnhem Land Progress Aboriginal Corporation (ALPA), who operate 25 Aboriginal owned and governed remote stores, expanded their nutrition policy to include restriction on the merchandising of unhealthy foods and drinks. The full suite of policies could not be adopted in communities where retail competition exists.

**Opportunity** to support the adoption of these policies across all remote stores came with the Northern Territory (NT) Government's intention to amend the NT Food Act 2004 that will regulate remote stores to improve food security. This would mean the health of people in all remote communities could benefit from healthier store merchandising practices.

**Results:** Peak organisations formed a coalition to amplify and strengthen ALPA's call for a level playing field. ALPA brought Aboriginal leaders voices to the forefront of the Coalition's advocacy with letters of support, photos and videos detailing the importance of support customers to make healthier choices. These were presented to the Chief Minister and other key government decision makers. August 2023 the Chief Minister informed the coalition that the asks would be embedded in the NT Food Security Program and the amended Food Act 2004 was gazetted, September 2023, to allow this.

## Healthy ageing – It's an emerging opportunity for prevention, isn't it?

Ms. Lisa Maunsell, Ms Hilary O'Connell<sup>1</sup>

<sup>1</sup>iLA, Perth, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

The ageing Australian population is an emerging opportunity for prevention and health promotion, focussing on non-communicable disease and frailty.

Research suggests that approximately 25% of ageing is genetically linked, whilst 75% is linked to extrinsic factors such as lifestyle and environment. The incidence of chronic disease and disability rises with age, and with an ageing population, this will lead to increasing demand for medical and social services, and health and aged care costs unless we can prevent – or delay – the onset of non-communicable diseases and frailty in later life.

To do this people need access to preventative information and resources to help reduce the chances and impact of functional decline to age as well as possible.

LiveUp is a free online healthy ageing initiative, funded by the Australian Department of Health and Aged Care, designed to change attitudes toward ageing, and help older people maintain their independence, well-being, and social connections.

LiveUp provides information and resources that follow an evidence-based order of intervention focused on strength and exercise, task relearning and adaptation, community and social activities, and assistive technology – that have been shown to slow age-related decline.

Since its launch in 2022, more than 540,000 people have accessed LiveUp, with over 40% identified as being in the early stages of functional decline.

This presentation will discuss data from LiveUp's first year, and includes: real life user outcomes, and a summary of key resources, activities, and assistive technology accessed. It will also touch on LiveUp's first steps toward working with First Nations peoples to ensure the delivery of culturally safe healthy ageing information.

## ‘Recovery Together’ for people with diverse cultural backgrounds and complex lived experiences

Noemi Tari-Keresztes<sup>1</sup>, Noelene Armstrong<sup>2</sup>, Gupta Himanshu<sup>1</sup>, Sal-Amanda Endemann<sup>2</sup>, Jeremy Downes<sup>2</sup>, Sam Goding<sup>2</sup>, James A. Smith<sup>1</sup>

<sup>1</sup>Flinders University, Darwin, Australia, <sup>2</sup>Northern Territory Lived Experience Network (NTLEN), Darwin, Australia

3E - Mental health and wellbeing, Damibila Meeting Room 1, May 1, 2024, 11:20 AM - 12:50 PM

The ‘Recovery Together’ program is for people with lived experience of mental health and related issues. It was co-designed by people with lived experience and is delivered by the Northern Territory Lived Experience Network, providing a safe setting for participants to engage in an open discussion about their recovery journey. Thanks to various funding sources, it was implemented and evaluated in multiple settings and locations in the Northern Territory, including Darwin, Palmerston, Alice Springs, and Katherine. It involved adapting and offering the program to people from diverse cultural backgrounds and with complex lived experiences. This included Aboriginal and Torres Strait Islander people, individuals with mental health, alcohol and other drug use issues, gambling harm, neurodivergent people, and consumer carers.

The evaluation was co-designed with members of the Darwin lived experience community and aimed to assess the effectiveness of the program. It involved a mixed-methods approach: pre- and post-program surveys, individual interviews, feedback forms and facilitator observation notes.

At program completion, participants reported increased self-perceived health, decreased perceived stress levels, enhanced satisfaction with relationships, and improvement in domains of recovery. They described the development of fundamental skills for recovery and benefits from the power of the peer environment. Participants also highlighted the personal impact of the program, which included (1) improved socio-emotional wellbeing; (2) progression with recovery; (3) discovering new avenues of support; (4) enhanced relationships and social skills; and (5) intention to ‘give back’ to the community.

Over the last few years, the program delivery and evaluation approach have evolved, reflecting the learnings we gained through the various pilots to cater for diversity and complexity. Our findings showed a significant need and demand for ongoing peer support across the NT, recommending the program in further settings, such as people in rehabilitation facilities and the justice system, particularly for men.

## Factors associated with Australian adolescents' harm perceptions and attitudes about e-cigarettes

Mr Ian Koh<sup>1</sup>, Ms Maree Scully<sup>1</sup>, Ms Emily Bain<sup>1</sup>, Prof Melanie Wakefield<sup>1,2</sup>, Prof Sarah Durkin<sup>1,2</sup>

<sup>1</sup>Cancer Council Victoria, East Melbourne, Australia, <sup>2</sup>School of Psychological Sciences, The University of Melbourne, Parkville, Australia

2E - Topical prevention challenges and lessons learnt, Damibila Meeting Room 1, May 1, 2024, 9:30

AM - 11:00 AM

**Introduction:** Amidst the rapid rise in youth vaping, better understanding of how young Australians perceive e-cigarettes and vaping is crucial to inform the development of targeted prevention strategies. This study aimed to explore adolescent perceptions of the risks and health harms associated with vaping and their attitudes towards e-cigarettes and examine if these vary by demographic and other factors.

**Methods:** Data were from a cross-sectional survey of Victorian students aged 12-17 years participating in the 2022/2023 Australian Secondary Students' Alcohol and Drug (ASSAD) survey (n=1,695). Separate multivariable logistic regression models tested associations between agreement with each perception/attitude and predictors including gender, age group, area-based socio-economic status, ever use of e-cigarettes, past month exposure to e-cigarette advertising and having close friend/s who vape, controlling for education sector and school-level clustering.

**Results:** Most students ( $\geq 86\%$ ) agreed that vaping is harmful and addictive and that e-cigarettes contain harmful substances and nicotine, while agreement that breathing other people's e-cigarette vapour can affect your health was somewhat lower (69%). Perceptions of vaping harms tended to be stronger among females (vs. males) and weaker among ever vapers (vs. never vapers). Overall, students held more negative than positive attitudes towards e-cigarettes/vapes, with at least half agreeing they look uncool (62%), gross (56%), disgusting (55%), ugly (51%) and boring (50%). However, ever use of e-cigarettes, being of younger age and having a close friend that vapes were independently associated with having more positive attitudes towards e-cigarettes/vapes (e.g., they look cool, make vaping look exciting). Further, past-month exposure to e-cigarette advertising was associated with students believing that e-cigarettes/vapes look good, make vaping look appealing and encourage them to vape.

**Conclusion:** There is an urgent need for interventions (substantially limiting e-cigarette advertising and retail access; more education) that would reduce social norms for e-cigarette use among Australian adolescents.

## There is no “One” Answer to Increasing Bowel Cancer Screening Participation

Dr Larry Myers<sup>1,2</sup>, Dr Laura Anderson<sup>1,3</sup>, Associate Professor Michael Ireland<sup>2</sup>, Associate Professor Jennifer McIntosh<sup>4</sup>, Associate Professor Belinda Goodwin

<sup>1</sup>Cancer Council Queensland, Brisbane, Australia, <sup>2</sup>University of Southern Queensland, Ipswich, Australia, <sup>3</sup>University of Queensland, Brisbane, Australia, <sup>4</sup>University of Melbourne, Melbourne, Australia

3D - Early detection and harm minimisation, Madla Meeting Room 2, May 1, 2024, 11:20 AM - 12:50 PM

### Introduction

Increasing bowel cancer screening participation is essential for reducing the burden of bowel cancer in Australia. To address this issue the Bowel Cancer Screening Alliance has been established, a national multidisciplinary effort to increase bowel cancer screening rates. We have adopted a mixed-methods approach to identify and develop new interventions to increase screening participation and have explored and utilised avenues within and external to the National Bowel Cancer Screening Program (NBCSP) to implement these strategies.

### Methods

Our team has adopted a multifaceted research approach that encompasses a diverse range of methodologies and is informed by a range of stakeholders and researchers. We have conducted systematic reviews, meta-analyses, and realist reviews to synthesize existing knowledge. Using psychological theory and advanced analytics techniques (e.g., latent class analysis and structural equation modelling) we have identified factors influencing screening behaviour. We have also engaged in qualitative and co-design research to prioritise consumer perspectives in our intervention development.

### Results:

To date, we have published four reviews, 10 quantitative pieces, and 2 qualitative pieces. Our findings (i.e., identifying and addressing screening barriers) have informed the messaging strategy of a national bowel cancer screening media campaign and have been the basis for designing interventions to be delivered through general practices and the NBCSP.

### Conclusion

Our research has found that there is no ‘one-size-fits-all’ solution to increase screening rates, nor do we believe that finding one should be the goal. Rather, we should engage in a variety of research methodologies to identify and refine a variety of intervention strategies that can be used across multiple contexts and can be adapted to fit the constraints of behaviour change strategies implemented nationally. Additionally, work with the NBCSP can be complimented through avenues such as working with GPs, and under-served communities, and implementing media campaigns.

## Putting strength back into community through a culturally safe education course

Ms Kelly Hosking<sup>1</sup>, Ms Teresa De Santis<sup>2</sup>, Ms Sandra Nelson<sup>1</sup>, Ms Tammy-Allyn Fernandes<sup>2</sup>, Mr Phillip Wilson<sup>2</sup>, Mr George Gurruwiwi<sup>1</sup>, Ms Shiraline Wurrawilya<sup>2</sup>, Ms Sandra Nelson<sup>1</sup>, Ms Cheryl Ross<sup>1</sup>, Ms Paula Binks<sup>1</sup>, A/Prof Jane Davies<sup>1</sup>

<sup>1</sup>Menzies School of Health Research, Tiwi, Australia, <sup>2</sup>Department of Health, NT Health, Darwin, Australia

2C - Prevention equity, Betbiyan 3 & Bundirrik 4, May 1, 2024, 9:30 AM - 11:00 AM

### Introduction:

The Aboriginal health workforce provides responsive, culturally safe health care in their communities, playing a key role in preventive health. However, there is a gap in the evidence base with respect to culturally safe chronic disease education programs for the Aboriginal Health Workforce. We describe the factors that led to the successful design, delivery, and evaluation of the “Managing Hepatitis B” course in the Northern Territory (NT).

### Methods:

An Aboriginal and Torres Strait Islander research team received specialised training in chronic hepatitis B (CHB) and teaching methodologies. Cultural safety policies, frameworks, and principles guided course development. Using a Participatory Action Research approach, course content and materials were co-designed and developed. Purpose-built quantitative and qualitative evaluation tools were utilised to evaluate the course.

### Results:

Eight courses were delivered between 2019 and 2023, with 130 Aboriginal and Torres Strait Islander participants from 32 communities. Pre- and post-course questionnaires demonstrated statistically significant improvements in knowledge acquisition. Thematic analysis demonstrated high course acceptability. Key elements contributing to success were respecting and integrating cultural differences into education, explaining key concepts through a First Nations lens, utilising culturally appropriate approaches to learning including storytelling and visual methodologies. A model for developing culturally safe training was created based on research findings.

### Conclusion:

Co-designed education for the Aboriginal and Torres Strait Islander health workforce that embeds cultural safety principles puts power back into communities. The “Managing hepatitis B” training course led to sustained improvements in knowledge, resulting in improved care and treatment uptake for people living with CHB. Important non-clinical outcomes included leadership and empowerment. The model has been successfully transferred to other health issues in the NT. The findings of this research can guide the design of future health education for First Nations peoples.

### Ethics and Consent:

This research is part of Hep B PAST, which receives an NHMRC partnership grant, GNT1151837. Ethical approval granted through the Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research. Conducted in accordance with NHMRC Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for Researchers and Stakeholders.

## Prevention of Female Genital Cutting: A Community-Led Approach

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5E - Reproductive and women's health, Damibila Meeting Room 1, May 2, 2024, 11:20 AM - 12:50 PM

### Problem

Female genital cutting or circumcision (FGC) is a cultural practice that violates women and girls' human rights. Australia is home to increasing numbers of women from countries that practise FGC. FGC is a complex and sensitive topic requiring service providers to engage in culturally appropriate conversations with women impacted by or at risk of FGC for the purpose of providing quality health care.

### What you did

The Family and Reproductive Rights Education Program (FARREP) is a Victorian state-wide health promotion program that works with communities who have been exposed to cultural practices in their country of origin that have led to poor sexual and reproductive health (SRH) outcomes. The North West FARREP Partnership work collaboratively across northwest Melbourne with communities and healthcare professionals to increase awareness of FGC and increase access to culturally sensitive support and services to women and girls impacted by or at risk of FGC, including appropriate referral pathways.

### Results

Over 25 years, FARREP has supported women and communities from countries with high prevalence of FGC to receive the best care and information about their health and navigate appropriate services within the Victorian health system. FARREP has built the capacity of health professionals to work and communicate with communities in a culturally sensitive manner to build trust and promote access to relevant SRH services.

### Lessons

To eradicate FGC, responses must be holistic, community-based and led, culturally sensitive and delivered in a SRH context. Effective prevention relies on building trust within communities to strengthen protective factors and facilitate a supportive community environment. Alongside preventing future practice of FGC, it is vital that women and girls with lived experience receive quality sexual and reproductive health care that addresses their needs in a culturally sensitive manner.

## Trends in the health of Northern Territory mothers and babies 1986-2020

Dr Lilly Li<sup>1</sup>, Dr Sunil Bhat<sup>1</sup>, Ms Alyson Wright<sup>1</sup>

<sup>1</sup>NT Health, Darwin, Australia

2A - Aboriginal and Torres Strait Islander health, Auditorium 2, May 1, 2024, 9:30 AM - 11:00 AM

**Introduction:** Improving maternal and child health is a critical focus of the Northern Territory (NT). This study reports perinatal trends and changes of NT resident mothers and babies from 1986 to 2020. Monitoring changes in the provision of services and outcomes in maternal and child health can inform policy and practice.

**Method:** NT Midwives' Collection data was used for 1986-2020 for NT resident mothers and babies. Descriptive statistics were used to summarise 5 year period average trends with significant changes tested using linear and logistic regression.

**Result:** Mothers aged less than 20 years decreased significantly over time, from 34% to 15% among Aboriginal and from 7% to 1% among non-Aboriginal mothers. The proportion of Aboriginal mothers attending 5 or more antenatal visits increased from 76% to 85% and among non-Aboriginal mothers increased from 90% to 97%, between 1986-1990 and 2016-2020. There was significant declines in the proportion of small for gestational age babies from 29% to 16% born to Aboriginal mothers and from 16% to 8% born to non-Aboriginal mothers in the same period.

However, among Aboriginal mothers, the proportion who smoke in the first 20 weeks of pregnancy increased from 43% to 49% and the proportion of women continuing to smoke after the first 20 weeks of pregnancy also significantly increased among Aboriginal mothers (from 77% to 86%) between 1996-2000 and 2016-2020. Among all NT mothers, gestational diabetes increased from 5% in 2002-2005 to 17% by 2016-2020. The proportion of preterm liveborn babies increased from 13% to 16% for Aboriginal mothers and from 6% to 8% for non-Aboriginal mothers.

**Conclusion:** Important outcomes have been achieved in maternal and child health in the NT. There are remaining challenges including: to reduce the gestational diabetes among all mothers, smoking rates among Aboriginal women, and preterm birth rates.



## The development of a Victorian Sports Club healthy food environment initiative

Laura Edward, Ms Laura Paulsen<sup>1</sup>

<sup>1</sup>Cancer Council Victoria, East Melbourne, Australia

4B - Creating healthy food environments, Waterfront Room 1, May 2, 2024, 9:30 AM - 11:00 AM

Title: The development of a Victorian Sports Club healthy food environment initiative

Sports clubs play a vital role in our community and are important settings to promote positive health and wellbeing, particularly for children.

This presentation will explore the journey undertaken to launch Vic Kids Eat Well in Victorian sports clubs, including the consultation process, design and early successes. Vic Kids Eat Well is a state-wide initiative that supports sports clubs, as well as schools and community organisations, to provide healthier food and drinks options to children. It is supported by the Victorian Government and delivered by Cancer Council Victoria, in partnership with Nutrition Australia.

During the initial scoping and consultation for Vic Kids Eat Well, it became evident that Victorian communities wanted more support to transform the unhealthy food and drink environments found in many local sports clubs.

Consultation was conducted to assess the feasibility and attractiveness of potential changes to club food environments, as well as barriers and enablers to healthy food and drink provision. Almost 200 sports clubs from 36 different sporting codes and other key stakeholders participated in the consultation.

Since its launch, Vic Kids Eat Well has experienced promising early successes in sports clubs, including the registration of approximately 100 clubs in its first year of delivery. Positive outcomes have included a reduction in the availability of sugary drinks; an increase in water promoted as the drink of choice; the introduction of healthier snack and meal options in canteens; the replacement of halftime confectionery with fruit; and an increase in healthy reward options.

## We want to have our babies in our traditional country: Alukura MGP

Ms Marah Prior<sup>1</sup>

<sup>1</sup>Central Australian Aboriginal Congress Aboriginal Corporation, Mparntwe Alice Springs, Australia  
2A - Aboriginal and Torres Strait Islander health, Auditorium 2, May 1, 2024, 9:30 AM - 11:00 AM

For Aboriginal mothers and babies in Central Australia, colonisation continues to be reflected in poorer outcomes and inequities in health, pregnancy and childbirth.

In response, Aboriginal women from across Central Australia have been calling for many decades for the right to birth in their traditional country. In 1987, Central Australian Aboriginal Congress established Alukura by the Grandmother's Law, to provide health and maternity care to Aboriginal women.

As envisaged by the women who established Alukura, a midwifery group practice operated from Alukura from 2002-2008, and 2010-2011 but these attempts were unable to be sustained. Following a review of Alukura in 2020, Congress has committed to re-establish an Alukura Midwifery Group Practice (Alukura MGP) to deliver a 'gold-class' standard of care providing women with continuity of care from a known midwife from early in pregnancy, through birth and postnatally.

In late 2023, the long-held vision of the Alukura Grandmothers came to fruition with the commencement of the Alukura MGP. Central to the model is the bicultural care provided by Endorsed Midwives and Aboriginal Family Support Workers working together.

Challenges in implementing the Alukura MGP have felt, at times, insurmountable. A collaborative approach has been integral. Recognising this, Congress is partnering with the Molly Wardaguga Research Centre in its MRFF-funded research, The Birthing on Country: RISE SAFELY in rural, remote and very remote Australia project.

Aboriginal women in Mparntwe (Alice Springs) and surrounds are choosing the Alukura MGP as their maternity care provider. Within its first months of establishment, the Alukura MGP has a full caseload of clients and the service has already supported its first births.

After more than 35 years, the words of the strong grandmothers who came before us can still be heard: Pmere Laltyeke Anwerne Ampe Mpwaretyeke (We want to have babies in our traditional country).

## Acceptability of an online assessment for chronic disease risks in orthopaedic outpatients

Mr Simon Davidson<sup>1,2,5</sup>, Dr Elizabeth Campbell<sup>1,3</sup>, Mr Stuart Browne<sup>1</sup>, Ms Karen Gillham<sup>1</sup>, Ms Vanessa Herrmann<sup>1</sup>, Associate Professor Christopher Williams<sup>2,4,5</sup>, Ms Fiona Murphy<sup>6</sup>, Dr Robin Haskins<sup>6</sup>, Mr Hayden Lowth<sup>6</sup>, Ms Lisa Corbett<sup>6</sup>

<sup>1</sup>Hunter New England Local Health District Population Health, Wallsend, Australia, <sup>2</sup>University of Sydney, Sydney, Australia, <sup>3</sup>University of Newcastle, Newcastle, Australia, <sup>4</sup>Research and Knowledge Translation Directorate, MNCLHD, Port Macquarie, Australia, <sup>5</sup>University Centre for Rural Health, Lismore, Australia, <sup>6</sup>John Hunter Hospital Outpatient Department, New Lambton Heights, Australia

5A - Prevention in practice, Auditorium 2, May 2, 2024, 11:20 AM - 12:50 PM

### Introduction:

Australian guidelines recommend clinical services undertake preventive care as part of routine practice. This care may include assessment and management (through advice and referral) of chronic disease risk factors (smoking/vaping, nutrition, alcohol, and physical activity [SNAP]). People on hospital outpatient waitlists often have high rates of SNAP risks but receive limited care while waiting and may benefit from care for relevant risks.

### Methods:

We undertook a mixed-methods study testing the acceptability of an online self-assessment for SNAP factors. People <65 years on the orthopaedic outpatient waitlist at a tertiary referral hospital in New South Wales, Australia were sent SMS invitations from the health service to complete the assessment by clicking a link. Upon completion, they received a summary of their risks against national guidelines. We collected survey analytics (e.g., completion rates), survey responses (e.g., smoking rates), and consumer feedback via telephone. We undertook batch testing (20-50 each round) and made changes based on feedback.

### Results:

Currently, 100 people have been sent the assessment (mean age 50 years, 45% female), of whom 59% fully completed and 7% partially completed. The percentage of respondents' 'at risk' was: 33%- smoking, 76.2%- inadequate fruit intake, 93.7%- inadequate vegetable intake, 45.2% risky alcohol intake and 39.0% physically inactive. Telephone feedback has been provided by 61 people (42 of whom had fully completed the assessment). Most of these respondents found the online format convenient and accessible and were supportive of including links to resources, advice and referrals. However, some (n=5) respondents felt clicking an SMS survey link was 'risky' and thought face-to-face was the best way to discuss preventive health.

### Conclusions:

Initial testing indicates that online assessment is potentially acceptable to this client group and that SNAP risks are common. Testing is ongoing, to understand if inbuilt advice and referral options are also acceptable.

## Hot take: user perceptions of temperature sensing to prevent diabetes-related foot ulcers

Dr Kaley Butten<sup>1</sup>, Mr Alex Leslie<sup>2</sup>, Mr Eamon McKenna<sup>3</sup>, Dr Navin Cooray<sup>2</sup>

<sup>1</sup>Australian eHealth Research Centre, Herston, Australia, <sup>2</sup>Australian eHealth Research Centre, Westmead, Australia, <sup>3</sup>Queensland University of Technology, Kelvin Grove, Australia

5B - Conversation Starter, Waterfront Room 1, May 2, 2024, 11:20 AM - 12:50 PM

**Introduction:** A common and severe chronic complication of diabetes is the development of a Diabetes-related foot ulcers (DFU), estimated to affect up to 34% of people with diabetes. Surveillance and early identification of potential DFU formation is critical to prevent morbidity and potentially reduce mortality rates. For those at risk of DFU, best practice suggests daily monitoring of feet to detect any changes in skin temperature (amongst other aspects). Yet, successful self-monitoring and preventative action is associated with several barriers and limitations. This study aimed to understand from the perspective of people at-risk of DFU and health providers how technology could be utilised to cultivate and contribute to a more supportive environment of DFU prevention.

**Methods:** Qualitative interviews have been conducted with 7 health providers and recruitment is ongoing, recruiting providers and people at risk of DFU. Additionally, a mixed-methods survey has been disseminated online to gather perceptions from those at-risk of DFU, with the opportunity to participate in an interview at the participants discretion.

**Results:** Preliminary findings from health providers suggest a strong demand for an accessible temperature monitoring system within Australia, specifically to support remote-monitoring and overcome the dispersed service environment. There is an interest in data informed practice, yet providers are cognisant of the burden management recommendations can have on those trying to prevent DFU. An at-home device which could share data is desired.

**Conclusion:** Monitoring DFU is associated with several socio-ecological challenges. Individuals at risk of DFU face both individual, environmental, and geographical barriers related to their health needs and overall outcomes. Understanding the needs and values of people who are at risk and their health care providers is an important step in developing more accessible and feasible prevention strategies.

## A Self-Determined Approach to COVID-19 Preventative Health Initiatives in Gippsland 2023

Michelle Stankovic<sup>1</sup>, Annelies Titulaer<sup>1</sup>, Andi Walters<sup>1</sup>, Dr Alyce Wilson<sup>1,2,3,4</sup>

<sup>1</sup>Gippsland Region Public Health Unit, Latrobe Regional Health, Traralgon, Australia, <sup>2</sup>Burnet Institute, Melbourne, Australia, <sup>3</sup>Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Australia, <sup>4</sup>School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia

2B - Table Top - mixed, Waterfront Room 1, May 1, 2024, 9:30 AM - 11:00 AM

### Introduction:

The Gippsland Region Public Health Unit (GRPHU) sought to embed self-determination principles within place-based initiatives relevant to the Aboriginal community through an eight-month project (April 2023 - December 2023) funded by the Victorian Department of Health. This comprehensive effort focused on increasing COVID-19 vaccination rates, promote COVID-19 protective behaviours, and continue strengthening relationships between the GRPHU, Aboriginal Community Controlled Health Organisations (ACCHO), and the Aboriginal Community in Gippsland.

### What we did:

GRPHU leveraged local insights and knowledge to determine appropriate stakeholders working with local Aboriginal Community and sought advice about the project design. Self-determination principles were embedded within the project scope for flexibility. Enabling participating stakeholders to make choices about activities that would be meaningful for local community.

### Results:

The project resulted in successful stakeholder engagement and participation. Seven of the eight stakeholders first consulted participated in the project, designing and implementing a range of COVID-19-related activities tailored to local Aboriginal communities. These activities included but not limited to local events, medical equipment, health promotion resources and innovative COVID-19 vaccination clinic models.

Flexibility within the project scope was identified as an essential and effective way of fostering connections with ACCHO's and the Aboriginal community. Innovative ideas for activities outside "only COVID-19" focused, provided the opportunity to exchange broader health knowledge for a whole of community approach. Relationships with all participating stakeholders further strengthened with agreed face-to-face meetings to continue after the project completion.

### Lessons:

Embedding self-determination principles in project design, preventative health initiatives need to be flexible, reporting that tells a story and reduce the reporting burden is important. Cultural safety is everyone's business and is a continuous journey, although project may be completed – the work needs to be sustainable.

### Conclusion:

By working together, applying the principles of self-determination and closing the gap, our project illustrates a successful model of engaging Aboriginal and Torres Strait Islander organisations in place-based, community-led preventative health actions for COVID-19.

## Breathe Easy Gippsland – expanding smoke and vape free zones

Ms Nilay Kocaali<sup>1</sup>, Ms Andi Walters<sup>1</sup>, Ms Justine White<sup>1</sup>, Ms Nadine Frescura<sup>1</sup>, Ms Vicki Bradley<sup>1</sup>, Ms Katherine Walker<sup>1</sup>, Associate Professor Megan Lim<sup>2,3,4</sup>, Associate Professor Michelle Jongenelis<sup>5</sup>, Associate Professor Alyce Wilson<sup>1,2,3,4</sup>

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<sup>3</sup>Melbourne School of Population and Global Health, University of Melbourne, Parkville, Australia,

<sup>4</sup>School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia,

<sup>5</sup>Melbourne Centre for Behaviour Change, Melbourne School of Psychological Sciences, The University of Melbourne, Melbourne, Australia

4A - E-cigarettes and tobacco, Auditorium 2, May 2, 2024, 9:30 AM - 11:00 AM

**Introduction:** 'Breathe Easy Gippsland' is a multi-pronged campaign led by the Gippsland Region Public Health Unit (GRPHU) tackling smoking and vaping related health harms. In Gippsland, 20% of adults identify as smokers, the highest among Victorian regions. Collaborating with Gippsland councils and other partners, we aimed to understand community behaviours, attitudes, and values towards smoking, vaping and the expansion of smoke and vape free zones across Gippsland.

**Methods:** A cross-sectional study was conducted in all six Gippsland local government areas (LGAs) from June to November 2023. Gippsland residents aged 12 years and over were eligible to complete the online survey. Participants were recruited via community events, school engagement, letters to local businesses, promotional materials, and social media. Over 30 community events and activities were held in all LGAs during the data collection period. Data will be descriptively analysed.

**Results:** A total of 693 Gippsland residents completed the survey. Most (26.5%) respondents lived in Wellington LGA, followed by Latrobe (18.5%) and East Gippsland (18.9%). We will present our findings on smoking and vaping habits, support for local action to mitigate harms related to smoking and e-cigarette use, and attitudes towards smoke and vape-free zones. Data analysis is ongoing.

**Conclusion:** Important insights into smoking and vaping behaviours of the Gippsland community, as well as attitudes towards smoking and vaping prevention and cessation activities will be gained. Study findings aim to drive local policy change, including considered expansion of smoke and vape free zones. Information will be shared with local health promotion partners and agencies to support the wider development and implementation of strategies to address smoking and vaping in Gippsland.

## Successes from implementing a student-led cardiac rehabilitation program in remote East Arnhem

Dr Chris Rissel<sup>1</sup>, Dr Chris Hince<sup>1</sup>, A/Prof Karla Canuto<sup>1</sup>, Prof Robyn Clark<sup>1</sup>, Prof Ruth Barker<sup>2</sup>, A/Prof Narelle Campbell<sup>1</sup>, A/Prof Kylie Stothers<sup>3</sup>, Mr Murphy Yunupingu<sup>4</sup>, A/Prof Shahid Ullah<sup>1</sup>, Dr Bronwyn Rossingh<sup>5</sup>, Dr Pat Field<sup>2</sup>, Dr Claire Baldwin<sup>1</sup>, Ms Jess Maddock<sup>6</sup>

<sup>1</sup>Flinders University, Darwin, Australia, <sup>2</sup>James Cook University, Cairns, Australia, <sup>3</sup>Indigenous Allied Health Australia, Canberra, Australia, <sup>4</sup>Gumatj Community, Nhulunbuy, Australia, <sup>5</sup>Miwatj Health, Nhulunbuy, Australia, <sup>6</sup>South Australia Health Department, Adelaide, Australia

4D - Learning from our success stories, Madla Meeting Room 2, May 2, 2024, 9:30 AM - 11:00 AM

Aboriginal and Torres Strait Islander people have higher (1.6 times) rates of CVD and acute coronary events (2.5 times) than non-Indigenous people. In remote East Arnhem, Northern Territory, there are no regular culturally specific Aboriginal and Torres Strait Islander cardiac rehabilitation services in the region, like other remote areas of Australia. Availability of allied health staff is also problematic.

The aim of the Yolngu Heart Health For Life project is to improve cardiovascular health by co-creating and evaluating a culturally safe and responsive cardiac rehabilitation program in East Arnhem. The model of care leverages final year allied health (physiotherapy, dietetics) students under supervision to deliver services which would otherwise not be available. The 8-week program has been co-designed with the local Yolngu peoples, incorporating local cultural practices with evidence-based practice guidelines. Employment and training of Yolngu Allied Health Assistants has been a strength of the program.

21 Yolngu clients have participated in the program to date. While baseline variables such as blood pressure and BMI are within normal limits, the levels of physical activity tolerance (six minute walk test) for participants is considerably lower than aged match standard values.

Initial participant follow-up data for show significant improvements in the six minute walk test (221m Vs 340m) and Sit to Stand test (6.1 Vs 11.0) Other significant outcomes from the program include the provision of cultural education to allied health students and their training for working in remote communities, contributing to the development of the remote allied health workforce. The employment and training of Yolngu Allied Health Assistants also contributes to the local workforce. The Yolngu Heart Health For Life project is making a significant contribution to individual health outcomes of participants, ensuring cultural responsiveness in program delivery and building the remote health workforce in the Northern Territory.

Additional paragraph: Three senior Yolngu Elders participate in this program as Cultural Advisors. They provide feedback on the program, cultural education for the allied health students and serve as role models for the Yolngu Allied Health Assistants. They approve the public dissemination of this work.

## Review of the National Strategic Framework for Chronic Conditions

Ms Amanda Daniel<sup>1</sup>, Dr Leanne Laajoki<sup>1</sup>, Dr Paula Laws<sup>1</sup>, Chronic Conditions Strategic Policy Section<sup>1</sup>

<sup>1</sup>Australian Government Department of Health and Aged Care, Canberra, Australia

4E - Longer term implementation and planning, Damibila Meeting Room 1, May 2, 2024, 9:30 AM - 11:00 AM

The increasing burden of chronic conditions is recognised as a global health issue requiring targeted action focussing on integrated, person-centred, multi-disciplinary care to improve health outcomes, enhance quality of life and well-being and ease pressure on the health system.

A review and refresh of the National Strategic Framework for Chronic Conditions (Framework) has commenced, in collaboration with state and territory governments and a range of stakeholders. The Framework was endorsed by Commonwealth and state and territory governments in 2017 to provide overarching policy guidance for the prevention and management of chronic conditions in Australia.

The Framework intersects with broader systems-level reform including the National Preventive Health Strategy and the Strengthening Medicare Taskforce Report. Since finalisation of the Framework, several National Strategic Action Plans and Strategies for specific chronic conditions have been published, with Australian Government funding supporting early implementation of these Action Plans and Strategies.

As an initial step, the Department of Health and Aged Care commissioned an independent evaluation of the Framework and disease-specific Action Plans and Strategies. This included input from approximately 40 stakeholders including state and territory governments. The Framework was found to enable activities, with strong progress being made towards completing priority activities identified in Action Plans, particularly those activities with a focus on prevention. The main enabler of progress was cross-organisation collaboration. The impacts identified and lessons learnt will be used to inform an open consultation process.

The Framework will be refreshed to ensure it aligns with system-level health reforms, reflects the inter-relationship with state and territory government policies, explains the inter-relationship with disease-specific Action Plans and Strategies, and aligns with international policy. If agreed by all governments, the updated Framework will guide sustainable and evidence-based patient and clinician support for chronic conditions into the future.



## Methodology for scoping and developing environmental health indicators

Vanessa Prescott<sup>1</sup>, Ms Micaella Watson<sup>1</sup>, Dr Vanessa Prescott<sup>1</sup>

<sup>1</sup>AIHW, Sydney, Australia

2D - Methodologies, innovation and co-design, Madla Meeting Room 2, May 1, 2024, 9:30 AM - 11:00 AM

**Intro:** Climate change and environmental health indicators play an important role in monitoring the impact of environmental hazards on health. The National Preventive Health Strategy identified the need for a national set of indicators for monitoring the environmental determinants of health. Developing indicator frameworks for environmental health is challenging, due to the complex interplay between the environment and health.

**Methods:** The AIHW has developed a process for producing an indicator framework for application in Australia. An initial scoping phase identified the key issues, the purpose of the indicators, and relevant stakeholders. This was followed by a selection phase, to identify a suitable conceptual framework to characterise environmental health issues, and provide direction on selecting indicators for measuring and monitoring environmental health. Concurrently the available data landscape was reviewed, and areas of data development identified for future enhancement of the indicator set. An indicator selection criteria was developed, and a set of principles to guide the selection of useable data sources to inform the indicators. The development stage was an iterative process, underpinned by extensive stakeholder and expert input.

**Results:** A set of indicators within 8 broad climate change and environmental health domains was developed, specific to the Australian context. The fit-for-purpose indicator set is ready for implementation with available data. The indicator set is flexible and can be further enhanced in the future with identified data development activities.

**Conclusion:** Developing a robust and serviceable indicator framework for climate change and environmental health requires multiple steps, including the use of a conceptual framework to arrange and identify relevant issues, implementation of selection criteria to ensure robustness of the indicators and appropriateness of available data sources. Adequate time should be allowed for consultation with experts and stakeholders, to ensure that the indicators are conceptually appropriate and have policy relevance.

## "The Con That Kills" mass-media campaign: successfully exposing tobacco industry product manipulations

Kimberley Dunstone<sup>1</sup>, Eve Mitsopoulos, Emily Bain, Emily Brennan, Sarah Durkin

<sup>1</sup>Cancer Council Victoria, East Melbourne, Australia

3B - Influencing policy and systems, Waterfront Room 1, May 1, 2024, 11:20 AM - 12:50 PM

**Introduction:** Developed by Quit, "The Con That Kills" exposes manipulations, such as filter venting and additives, that the tobacco industry uses to make smoke "feel" less harmful. Even though most people who smoke understand that "all cigarettes are harmful", these modifications contribute to sensory experiences that lead to misperceptions that some tobacco products are less damaging than others.

First airing in Victoria in late 2022, the paid campaign included commercial TV, radio, cinema, online video, social media, and out-of-home. The objectives were to increase knowledge about how the feeling of inhaling smoke is manipulated, and to reduce enjoyment and increase feelings of concern about smoking.

**Methods:** A five-week online cross-sectional survey of a non-probability sample of people who smoke or have recently quit aged 18-59 years (n=800) was conducted. Logistic regression models assessed differences in outcomes between those in Victoria who recalled at least one campaign element and those in three control states not exposed to the campaign.

**Results:** Over 80% of the target audience agreed the campaign made them feel that no matter how it feels, all cigarette smoke is just as damaging. Compared to those not exposed to the campaign, respondents in Victoria who recalled the campaign were significantly more likely ( $p < 0.05$ ) to report: greater concern (but no less enjoyment) with inhaling smoke with favourable smoking sensory experiences; more thoughts about tobacco harm; feeling more uneasy and put off from smoking their current cigarettes than before; and report engaging in help seeking behaviours including accessing Quit services.

**Conclusions:** This campaign successfully raised awareness of tobacco product manipulations and helped address some product misperceptions by increasing concern associated with favourable smoking sensory experiences. This innovative message also increased cessation-related thoughts, feelings and behaviours, suggesting messages that reveal product manipulations may be beneficial within the mix of anti-smoking campaign content.

## Evaluation of Quit's first anti-vaping social marketing campaign "See Through the Haze"

Kimberley Dunstone<sup>1</sup>, Eve Mitsopoulos, Emily Bain, Sarah Durkin

<sup>1</sup>Cancer Council Victoria, East Melbourne, Australia

3A - E-cigarettes and tobacco, Auditorium 2, May 1, 2024, 11:20 AM - 12:50 PM

**Introduction:** "See Through the Haze" was developed by Quit in response to increasing rates of e-cigarette use in Victoria, particularly among people under 40 years. Quit aired the campaign in mid-2023 across paid, earned, and owned channels. Campaign assets included online video, social media, and out-of-home street posters. Targeting Victorians aged 14 to 39 years, the objectives were to raise awareness that many e-cigarettes contain poisonous chemicals, and to motivate people who vape to rethink their vaping.

**Methods:** A five-week online cross-sectional survey of a non-probability sample of Victorians 14-39 years who currently vape, have tried vaping or who have never vaped (N=1,480) was conducted. Logistic regression models assessed differences in outcomes between those who recalled at least one element of the campaign and those who did not. Findings relating to people who vape are presented here (n=516).

**Results:** More than half agreed that the campaign made them more aware that many e-cigarettes contain poisonous chemicals (65%), made them feel uneasy about what they are vaping (65%), and made them feel motivated to try and stop vaping (55%). Compared to those who did not recall the campaign, those who did were significantly more likely ( $p < 0.05$ ) to report: anti-vaping social norms; feel put off from continuing to vape in the past month; engage in help seeking behaviours (including accessing Quit services) in the past month; and to have tried to reduce their vaping in the past month.

**Conclusions:** "See Through the Haze" raised awareness that many e-cigarettes contain poisonous chemicals and motivated those who currently vape to not only rethink their vaping, but engage in help seeking behaviours and vape limiting behaviours. The campaign prompted quitting behaviours among those already addicted and contributed to denormalising vaping within the Victorian community.

## “They come home sunburnt”: Parents’ perceptions of sun protection at school

Dr Natalia Lizama<sup>1,2</sup>, Sally Blane<sup>1</sup>, Carolyn Minto<sup>1</sup>, Bradley Wilson-Clark<sup>1</sup>

<sup>1</sup>Cancer Council WA, Subiaco, Australia, <sup>2</sup>Curtin University, Perth, Australia

4C - Young people and school-based strategies, Betbiyan 3 & Bundirrik 4, May 2, 2024, 9:30 AM - 11:00 AM

### BACKGROUND:

Two out of three Australians will be diagnosed with skin cancer, and more than 75% of future skin cancers could be prevented if children and adolescents practised sun protection behaviours. This study aimed to measure parents’ perceptions about sun protection at their children’s school.

### METHODS:

WA adults who were the parent of at least one child at primary school (n=201) or high school (n=113) completed an online survey. Respondents rated the extent to which they thought their child/ren were protected from the sun while at school. Parents provided reasons for their rating in open-text responses, which were inductively analysed to identify key themes.

### RESULTS:

Most parents believed their primary-school-aged children were very well (26%) or somewhat (57%) protected from the sun at school, with 16% reporting they were not very protected. Perceived sun protection at high school was somewhat lower: while most parents thought their high-school-aged children were very well protected (19%) or somewhat protected (56%), 19% thought their children were not very protected and a further 5% thought children were not at all protected. Over half (55%) of primary school parents reported their children wore a hat at school, with several citing a “no-hat-no-play” or similar policy. One quarter (26%) expressed concerns that sunscreen was not encouraged or routinely applied at primary school. Among high school parents, 28% described a lack of policy about sun protection, with several noting that hats were not mandatory, even during outdoor activities.

### IMPLICATIONS FOR PUBLIC HEALTH:

A minority of parents believed their children were very well protected from the sun at school. Several expressed concerns about a lack of policy regarding hats at high school, and inadequate application of sunscreen at both primary and high school. results indicate parents may play a key role in advocacy to improve sun protection at school.

Zhao, Yuejen 96

## A

Abbott, Rebecca 243

Abdalla, Nagat 32

Adams, Jon 201, 256

Adams, Jon 255

Ahmat, Mandy 221

Ahmed, Yahya Ali 241

Alewi, Shukria 32

Al-Hakimi, 269

Hussam

Al-Hakimi, 261

Hussam

Ali Khan, Shariq 150

Allender, Steven 113

Allman-Farinelli, 210

Margaret

Allsop, Steve 88

Alum, Wayne 143

Alycia, Chelsea 73

Amad, Simar 238

An, Yom 15

Ananthapavan, 100

Jaithri

## B

Baak, Melanie 241

Backholer, 58, 113, 81

Kathryn

Backholer, 100

Kathryn

Baddeley, Laura 239, 95, 293

Baddley, Laura 292

Bain, Emily 233, 236

Bain, Emily 89, 92

Baker, Karen 170, 171

Balasooriya 168

Lekamge, Roshini

Baldock, Jennifer 123

Baldwin, Claire 22

Baldwin, Jennifer 196, 264

Ballinger, Mirei 142

Banks, Emily 146, 200, 202,

203, 242

Barker, Ruth 22

Anderson, 223

Jacqueline

Anderson, Jaimee 162

Anderson, Laura 205

Andersson, Tove 290

Angeles, Mary 100

Rose

Annesley, Kirsty 143

Annois, Brigitte 245

Ansari, Delaram 4

APONT Aboriginal 194

Governance and

Management

Program,

Armstrong, 43

Noelene

Aryal Lees, Rosi 4

Asa, Gregorius 29

Assanti, Christine 118

Atkins, Jenny 62

Atkinson, Mikala 181

Aw, Jessica 242

Aylward, Paul 51

Ayton, Darshini 94, 106

Biggs, Bev 209

Binks, Paula 234

Birrell, Louise 88

Blackburn, 88

Kathleen

Blake, Lis 32

Blakey, Parker 112

Blane, Sally 228

Boelsen-

robinson, Tara

Boisvert, Isabelle 5

Bond, Robson 143

Booth, Leon 105

Boyd, Rowena 263

Boyle, Jacqueline 73

Boyle, Jacqueline 75

A

Bradburn, Emily 213

Barnes, Adam	292
Barnes, Courtney	31, 224, 132, 198, 232, 231
Barnett, Lisa	38
Barrett, Eden	257
Bartlem, Kate	198
Basham , Candice	140
Bastable, Alice	238
Bath, Nicky	167, 176
Batstone, Joanna	239, 292
Bauman, Adrian	99, 36, 50, 157, 226, 225, 294
Bauman, Adrian	210, 82
Bayly, Telisha	121, 120
Becker, Denise	38
Beissmann, Felicity	81
Bell, Alexandra	184, 165
Bell, Jessica	99, 226
Bell, Jessica	225
Bell, Lucinda	212
Bellew, Bill	50
Beswick, Holly	279, 276
Bhat, Sunil	40, 114
Bhola, Nalini	266
Bhola, Nalini	158
Bialek, Caitlin	132
Bialous, Stella	153
Bicknell, Sharon	142

## C

Callaway, Libby	94, 106
Calma, Tom	257
Campbell, Elizabeth	124
Campbell, Narelle	22
Canty, Ruth	138
Canuto, Karla	22
Carew, Stella	94
Carey, Renee	154
Carmody, Rohan	121
Carson, Valerie	38
Carter, Annie	250
Carter, Tristan	201
Casey, Mavourneen	150

Bradley, Vicki	135
Bragge, Peter	115
Breidahl, Francesca	249
Brennan, Emily	288, 287, 89
Brierley, Mary- Ellen	8
Briley, Annette	223
Brimblecombe, Julie	17, 70, 239, 194, 169, 292, 293
Brimblecombe, Julie	278
Brinckley , Makayla-May	257
Bromberg, Marilyn	154
Bromot, Daniel	246
Brooks, Alecia	253
Broomhead, Tom	71
Brown, Alison	117
Brown, Grant	127
Brown, Nina	290
Brown, Sinan	200
Brown, Vicki	100
Brown, Victoria	113
Browne, Stuart	124
Buchanan, Tanya	183
Bullen, James	109
Burgess, Ainsley	111
Burgess, Paul	179
Burgess, Paul	40
Butten, Kaley	217, 270

Chun Wei Lee, Daniel	102
Church, Lauren	9
Clancy, Rebekah	169, 292
Clapham , Kathie	187
Clark, Robyn	22
Clarke, Matthew	297
Clayforth, Cassandra	261, 269
Cleland, Verity	133
Clifford, Anthony	143
Clinton-McHarg, Tara	102
Coccetti, Emidio	143
Cohen, Rubijayne	257
Connally, Sarah	169

Chai, Kevin	154	Coombes, Julieann	187
Chamlagai, Monu	241	Cooper, Susan	271
Champion, Katrina E.	88	Cooray, Navin	270
Chan, Ellie	17	Corbett, Lisa	124
Chan, Lilian	297	Cornelius, Michelle	290
Chand, Reshika	87	Costello, Katie	116
Chappell, Emma	17	Cox, Rachael	94, 106
Chauhan, Amrit	52	Cranney, Leonie	133, 36
Chen, Jerry	179	Cranwell, Kate	279, 276
Chen, Mingling	73	Craven, Paul	117
Chen, Leo	168	Crawford, Gemma	153
Cheng, Yan	158	Crocetti, Alessandro	14
Chin Fat, Sharyn	127	Cross, Wendy	150
Chondur, Ramakrishna	96	Cubillo, Beau	169
Chow, Cassidy	5	Cubillo, Beau	278
Chow, Clara	9	Cullerton, Katherine	169
Chowdhury, Syed Sharaf Ahmed	144	Cullerton, Katherine	17
Christian, Meaghan	239, 169, 292	Cuskelly, Angus	69
Chronic Conditions Strategic Policy Section,	180		

## D

Daly, Justine	137	Dhuru, Judith	250
Dancey, Jane	70	Dickie, Sarah	278
Daniel, Amanda	180	Dienaar, Kelly	252
Davidson, Simon	124	Dimassi, Ahmad	51
Davidson, Emma	192	Dinmore, Helen C	111
Davies, Jane	234	Dissanayake, Hasthi	209
Davies, Lynda	117	Dixon, Helen	78, 80, 229, 230, 220, 216
Day, Georgia	129	Dodwell, Kristen	192
Day, Peter	52, 71	Doherty, Emma	137
De Santis, Teresa	234	Dole, Kerry	143
De Silva, Khia	169, 292, 95, 293	Downes, Jeremy	43
Deakin, Vanessa	17	Downing, Katherine	38
Deen, Caroline	17	Draper, Anthony	179
Delahunty, Emma	169	D'Souza, Monique	63
Delaney, Tessa	117	DuBois, Shamioka	211
Delbaere, Kim	294	Due, Clemence	271
Demant, Daniel	2	Due, Clemence	241
Denejkina, Anna	80	Dunshea, Alison	45

Denney-Wilson, Elizabeth 212  
Dessaix, Anita 253

Dhital, Deepa 245  
Dhurrkay, Vasati 250

## d

de Waard, Abigail 257

## E

Eades, Anne-Marie 143  
Edward, Laura 214  
Egger, Sam 146  
Elvidge, Elissa 171  
El-Yousfi, Sarab 71

## F

Fairweather, Molly 278  
Fairweather, Molly 239  
Falconer, Sarah 151  
Farrar, Victoria 105  
Fauk, Nelsensius Klau 29  
Feeney, Camilla 192

Feng, Xiaoqi 105  
Ferguson, Megan 17, 239, 194, 169, 278, 292

Fernandes, Tammy-Allyn 234  
Field, Emma 179  
Field, Pat 22  
Finch, Meghan 226  
Fisher, Laura 109  
Florio, Carla 68

## G

Galland, Barbara 38  
Gannon, Dimity 208

Gardner, Carly 273, 267  
Gardner, Lauren A. 88

Garrawurra, Nathan 209  
Gartner, Coral 138  
Gascoyne, Claudia 288, 287  
Gaykamangu, Tolbert 143  
Dharromanba

Dunstone, Kimberley 252, 89, 92

Durkin, Sarah 233, 252, 288, 287, 236, 89

Durkin, Sarah 92  
Dutch, Dimity 212

Endemann, Sal-Amanda 43

Endries, Maria 122  
Engel, Lidia 206  
Enticott, Joanne 75

Foley, Kristen Marie 29

Foley, Hope 256, 255

Forshaw, Eleanor 52  
Forward, Demi 246  
Foster, Michelle 137

Fredericks, Bronwyn 17, 239, 292

Freeman, Becky 88, 86, 262  
Freeman, Becky 146, 154, 301

Freris, Helen 90

Frescura, Nadine 135  
Fried, Leanne 151  
Funston, Sarah 95, 293  
Furber, Susan 157

Gordon, Claire L 291  
Gorman, Stephanie 246, 250

Goyen, Joanne 158  
Grady, Alice 225

Graesser, Helen 119

Graham, Kim 256, 255  
Graham, Veronica 279, 276

Granland, Rosie 90



Gello, Behailu Merdekios	84, 85
Gesesew, Hailay Abreha	84, 85
Gesesew, Hailay Abrha	29
Ghosh, Ayesha	290
Giang, Jenny	276
Gibney, Noel	211
Gidgup, Margaret	187
Gillham, Karen	124
Gilmore, Michelle	277
Godic, Branislava	105
Goding, Sam	43
Godwin, Rebecca	220, 216
Golley, Rebecca	223, 212
Gondarra, Sammy	246
Goodwin, Belinda	205
Gooley, Michelle	115
Gordon, Claire	126

## H

Ha, Bich-Hoa	32
Haarsager, Jennie	69
Hall, Alix	132, 251, 273
Hall, Alix	267
Hall, Kerrie	117
Hamer, Alexandra	283
Hammond, Melinda	17, 129
Handiso, Demelash	75
Hardy, Claire	230
Hart, Ellen	63, 62
Harwood, Hollie	299
Haskins, Robin	124
Hassett, Leanne	264
Hassett, Leanne	196, 274
Hastings, Phillipa	211
Hatzikiriakidis, Kostas	94, 106
Hay, Madelyn	227, 221
Hayen, Andrew	2

Gray-Burrows, Kara	71
Gray-Burrows, Kara	52
Greenacre, Luke	194
Greeneberg, Kerstin	64, 65
Grigsby-Duffy, Lily	122
Groombridge, Daniel	231
Groombridge, Daniel	117
Groves, Emma	100, 60, 59
Grunseit, Anne	133, 36, 50
Guiliano, Catherine	276
Gul, Desmond	291
Gul, Farina	152
Gulline, Hannah	106
Gupta, Himanshu	125
Gurruwiwi, George	209
Gurruwiwi, George	234
Gurruwiwi, George	
Heris, Christina	258, 257, 242
Herrmann, Vanessa	124
Hesketh, Kylie	39, 38
Hides, Leanne	88
Hill, Amanda	239, 194, 169
Hill, Amanda	292
Hill, Anne-Marie	187
Hills, Danny	55
Himanshu, Gupta	43
Hince, Chris	22
Ho, Thi Quynh Anh	206
Hodder, Rebecca	102, 132, 198, 197, 226, 82, 225
Hodder, Rebecca	99
Hodge, Nicole	158
Hoek, Janet	138
Holmes-Truscott, Elizabeth	217
Homed, Intesar	32
Hon, Yoey Gwan Venise	2

Hayes, Margaret 117  
 Hayes, Vicki 185  
 Haynes, Abby 196, 281, 264  
 Haynes, Abby 274  
 Haynes, Ashleigh 78, 80, 220  
 Haynes, Ashleigh 288, 287  
 Hearnshaw, Gemma 297  
 Hefler, Marita 138  
 Hegarty, Jacinta 243  
 Henry, Dee 90  
 Herdegen, Demi 224, 232

**I**

Ibrahim, Maria 32  
 Ilchenko, Elizaveta 78, 240  
 Ilic, Dragan 168  
 Irani, Farah 118

**J**

Jackson, Rod 202  
 Jacobs, Jane 113  
 Jamieson, Paul 94  
 Jancey, Jonine 262, 153, 154  
 Janssen, Lisa 232, 231  
 Jaure, Allison 210  
 Jayakody, Amanda 295, 178  
 Jayakody, Amanda 158  
 Jenkinson, Emily 253  
 Jennings, Garry 200  
 Jennings, Garry 202  
 Jiang, Jing 117

**K**

Kanuto, Karla 98  
 Karim, Md. Nazmul 168  
 Kaur, Guddu 179  
 Kehoe, Thomas 163  
 Kemp, Anne 169  
 Kennedy, Michelle 257  
 Kent, Jacqueline 143  
 Keric, Danica 80  
 Kerrigan, Jen 112  
 Khan, Saulat 279  
 Kidston, Alison 117  
 King, Elizabeth 283

Hormazabal-Salgado, Raul 55  
 Hosking, Kelly 234  
 Hossain, Ahmed 144  
 Howard, Kirsten 210  
 Huang, Bo-Huei 36  
 Hudson, Kristian 71  
 Hudson, Nayerra 117  
 Hughes, Clare 237, 289  
 Hughes, Clare 235, 268  
 Hughes, Phillip 211  
 Hunter, Sarah 223

Ireland, Michael 205  
 Iruhiriye, Elyse 58  
 Ivers, Rebecca 187

Jinnette, Rachael 230, 220  
 Johnson, Brittany 197  
 Johnson, Kirsten 245  
 Jones, Alexandra 70  
 Jones, Cindy 111  
 Jones, Eleanor 58  
 Jones, Jannah 31, 224, 231  
 Jones, Jannah 232  
 Jones, Melissa 301  
 Jones, Constance 271  
 Jongenelis, Michelle 8, 135  
 Joshy, Grace 146, 242

Kirkham, Catherine 210  
 Kirkham, Renae 162  
 Kissock, Katrina 109  
 Kite, James 50  
 Kleve, Sue 17  
 Knox, Angela 171  
 Kocaali, Nilay 135  
 Koh, Ian 233, 236  
 Koorts, Harriet 38  
 Kossioris, Aristomenis 303  
 Krishnan, Radhika 136  
 Kumar, Krithika 279

King, Shalinie 9  
Kingsland, Melanie 137  
Kirby, Rachel 223

## L

Laajoki, Leanne 180  
Labra-Odde, Catalina 4  
Lakey, Tameaka 184  
Lalambirra, Zoe 250  
Lane, Cassandra 231, 267  
Lane, Cassandra 273  
Lane, Cat 251  
Lang, Kym 119  
Lassi, Zohra 152  
Laurence, Sharon 277  
Laurence, Sharon 245  
Laws, Paula 180  
Laws, Rachel 276  
Le, Ha 206  
Le, Long 206  
  
Le Clerc, Alexis 297  
Leahy, Deana 147  
Leaver, Tama 262, 153, 154  
Leaversuch, Francence 262  
Lecathelinais, Christophe 137  
Ledger, Melissa 60, 59  
Ledger, Melissa 261  
Ledger, Melissa 269  
  
Lee, Amanda 239  
Lee, Amanda 292  
Lee, Daniel 198, 197  
Lee, Nicole 88  
Lee, Wai Kit 73  
Lee, Yong Yi 88

## M

Machell, Amanda 156  
MacRae, Ann 106  
  
Maddock, Jess 22  
Maddox, Raglan 258, 257, 242  
Madigan, Ciara 253  
  
Maharaj, Ayesha 276  
Mahmood, Afzal 152  
  
Mahoney, Tilly 32  
Manson, Alexandra 212

Kundu, Satyajit 144  
Kuswara, Konsita 111  
  
Kwon, Jane 73  
  
Leslie, Alex 270  
Leung, Janni 88  
  
Levin, Iris 241  
Lewis, Meron 239  
Li, Elise 211  
Li, Lilly 114  
Li, Minhui 126  
Licata, Milly 137  
Liddiard, Katie 62  
Lim, Megan 135  
Lim, Siew 73  
Lindley, Richard 210  
Lindorff, Kylie 301  
Little, Alana 126  
Livingstone, Katherine 3  
Lizama, Natalia 228  
Lloyd, Ellen 71  
Lockett, Catriona 174, 118  
Löff, Marie 38  
  
Lord, Stephen 210, 294  
  
Lorrimar, Sarah 32  
Lovitt, Lorraine 294  
Lowah, Gwendoline 143  
Lowth, Hayden 124  
Lunnay, Belinda 51, 284  
Lunnay, Belinda 29  
Lyons, Louise 257  
Lystad, Reidar 5  
  
Mercado, Gabi 178  
Mercado, Gabriela 295  
Merom, Dafna 36, 210  
Metcalf, Karen 111  
Middleton, Georgia 223  
Miegel, Tayla 250, 249  
Mihalopoulos, Cathy 88, 206  
Milat, Andrew 225  
Milat, Andrew 133

Mantach, Stephanie	224, 232	Miller, Neva	297
Maple-Brown, Louise	239, 292	Min Ko, Michelle Shi	73
Maple-Brown, Louise	169	Minniecon, Deanne	169
Margrie, Fiona	223	Minto, Carolyn	228
Marshall, Michelle	42	Mistry, Chirag	266
Marshman, Zoe	71	Mitchell, Aimee	231
Martin, Jane	80, 169	Mitchell, Rebecca	5
Mason, Melissa	83	Mitsopoulos, Eve	147, 252
Matvienko-Sikar, Karen	223	Mitsopoulos, Eve	89, 92
Maunsell, Lisa	259	Moalin, Abdi	32
Maxwell-Smith, Chloe	269	Modderman, Richard	143
May, Andrew	163	Moloney, Coreena	169
McAtamney, Amanda	190, 183	Monani, Devaki	125
McBride, Nyanda	88	Moore, Elizabeth	169
McCarthy, Leanne	187	Moore, Robyn	5
McCarthy, Leisa	292	Cantle	
McCarthy, Nicole	273	Moreira, Clarissa	291
McCarthy, Leisa	239	Morgan-Brett, Elizabeth	98
McCausland, Kahlia	262, 153, 154	Morley, Belinda	78, 220, 240
McCausland, Tahnee	80, 220	Morley, Belinda	216
McCormick, Hannah	231	Morphett, Sue-Ellen	151
McCrabb, Sam	198, 197	Morphett, Sue-Ellen	11
McCrabb, Sam	132	Morris, Bernie	275
McCullough, Michael	119	Morris, Louise	170
McDiarmid, Katrina	102	Muller, Nikita	169
McGill, Bronwyn	87, 86, 93	Murison, Anna	239, 292
McGill, Sarah	295, 158, 266	Murphy, Edwina	162
McGill, Sarah	178, 297	Murphy, Fiona	124
McGlone, Joanna	183	Murphy, Waylon	162
McIntosh, Jennifer	205	Murray, David	297
McKenna, Eamon	270	Mussa, Manar	32
McLeod, Hannah	147	Muturi, Brenda	120
McMahon, Emma	239, 194, 169, 292	Mwanri, Lillian	272
McMaugh, Anne	5	Myers, Carly	90
McRobbie, Hayden	88	Myers, Gael	80, 63
Melvin, Glenn	206	Myers, Larry	205
		Myers, Judith	192

Menon, Purnima 58

## N

Nalatu, Simone 17

Nathan, Nicole 251, 273, 267

Nathaniel, 129

La'Shauna

Naughton, Shaan 111

Nawalantjiwuy, 249

Lucinda

Neal, Bruce 109

Nelson, Sandra 234

Newton, Nicola C. 88

Nguyen, Mai 200

Nichols, Melanie 113

Nicholson, Anna 229, 230

Nicholson, Jan 38

Norman, Jenny 157

Novick, Monica 223

Nuss, Tegan 288, 287

## O

O' Brien, Kate 198

O'Dean, Siobhan 88

O'brien, Kate 82

O'Brien, Kate 102, 99, 197, 226

O'Brien, Kate 225

O'Brien, Margaret 257

O'Brien, Tracey 211, 295, 158,  
178, 266, 297

O'Connell, Hilary 259

O'Connor, 94, 106

Amanda

Okely, Tony 157

Okuba, Tolesa 5

Olver, Ian 284

Ong, Joo Shan 112

Orellana, Liliana 38

O'Rourke, Sandra 210

Osman, Abdi 55

Ostrowski, Sabine 147

Owen, Jenny 52

## P

Paige, Ellie 200, 202, 203

Paolucci, Onika 143

Parkinson, Molly 224, 232

Parry, Yvonne 223

Patel, Anushka 200, 202

Paterson, 164, 161

Danielle

Patterson, Amy 119

Paul , Eldho 75

Paulsen, Laura 214

Peden, Belinda 267

Peeters, Anna 81

Pettigrew, 105

Simone

Pinfold, Jessica 117

Pinheiro, Marina 196, 264, 274,  
294

Piotrowski, 87

Adrian

Pirodon, Chelsea 122

Plunkett, Karleen 90

Pollard, Christina 239

Pollard, Christine 292

Pollock, Emma 273

Pope, Samantha 258

Porcelli, Amy 121

Porter, Elise 224, 232

Poulsen, Vanessa 191, 213

Powell, Fraser 211

Prescott, Vanessa 112, 141

Presseau, Justin 197

Preston, Paige 48, 122

Prior, Marah 186

Puls, Kristy 164

Purcell, Kate 196, 264, 274

Puruntatameri, 143

Anne-Marie

## R

Raffoul, Natalie 200, 243, 191,  
213

Raffoul, Natalie 202, 203

Rahman, Aziz 150

Ramsay, Betty 210

Rissel, Chris 210, 22

Ritchie, Danielle 191

Rivera, Elise 39, 38

Rizzo Liu, Kym 174, 118

Raymond, Kate	96	Robertson, Katie	31, 224, 232, 231
Rayward, Anna	224	Roder, David	266
Reakes, Kate	211, 178	Roesler, Anna	217
Redman, Sinead	117	Rogers, Kris	36
Reeve, Belinda	70	Romanes, Finn	279
Reinsborough, Laurianne	223	Rose, Shiho	87, 86
Reja, Ahmed	73	Ross, Cheryl	234
Ren, Ken	266	Ross, Dawn	185
Resnick, Danielle	58	Rossingh, Bronwyn	209, 22
Rice, Alice	137	Rowe, Amy-Leigh	88
Richards, Greg	258	Rozman, Margaret	245, 277
Richmond, Korina	268	Rozman, Margaret	208
Richmond, Korina	289	Runge, Catherine	48
Rickard, Emily	257	Russo, Rachel	283
Rickards, Sandra	211, 297	Ryan, Helen	83
Riekie, Michelle	67, 68	Ryder, Courtney	156
Rigney, Nathan	121		
<b>S</b>			
Sacks, Gary	100	Slape, Judy	238
Salmon, Jo	38	Slattery, Clare	47, 30
Sands, Madelyn	80	Slepcev, Vesna	118
Santos, Claire	292	Smart, Tauri	117
Saraswat, Nidhi	119	Smith, Carlie	243, 191
Sartori, Ainslie	80, 100, 63, 62, 60, 59	Smith, Cynthia	39
Sartori , Ainslie	181	Smith, James	98
Savage, Roslyn	196, 274	Smith, James A	125
Savage, Roslyn	264	Smith, James A.	43
Scerri, Michelle	162	Smith, Le	98, 169
Schoenaker, Danielle	201	Smith, Mitchell	280
Schranz, Natasha	223, 212	Sofronoff, Susanne	119
Schultz, Sally	81	Souza de Oliveira, Juliana	281
Scott, Lucy	220	Souza De Oliveira, Juliana	210
Scott, Nathan	126	Spahr, Axel	9
Scott, Nicola	295	Srikanteshwara, Parimala	90
Scully, Maree	233, 230, 236	Stafford, Julia	80
Seeber, Amelia	252	Stankovic , Michelle	304
Sewter, Rebecca	117	Stanton, Grace	11
Sexton-Dhamu, Meaghan	3	Stapinski, Lexine	88
Shah, Smita	118	Staples, Annalea	52
Shah OAM, Smita	174	Steel, Amie	201, 256, 255
Sharif, Azaz Bin	144	Stephens, Jacqueline	156, 84, 85

Shark, Samyia	162	Stevens-Cutler, James	220
Sharpe, Patrick	156	Stevenson, Susan	20
Shawyer, Frances	75	Stockings, Emily	132, 88
Sheriff, Joesphine	271	Stothers, Kylie	22
Sherrington, Catherine	196	Strkljevic, Ima	281
Sherrington, Cathie	281, 210, 264, 274, 294	Stubbs, Emma	17
Shields, Tennele	140	Sturgiss, Liz	115
Shiple, Tamara	123	Sturneiks, Daina	294
Shoemith, Adam	251, 267	Sunderland, Matthew	88
Signy, Helen	111	Suri, Shoba	58
Sikdar, Eliza	69	Sutandar, Dzulfikaar	263
Simpson, Judy	210	Sutherland, Rachel	31, 224, 117, 232, 231
Skouteris, Helen	115	Szymlek-Gay, Ewa	3
<b>T</b>			
Talati, Zenobia	80	Thornton, Louise	88
Tam, Charmaine	69	Thurber, Katherine	257
Tan, Nina	289	Tiedemann, Anne	281, 210, 264, 274, 294
Tan, Nina	268	Tiedemann, Anne	196
Tari-Keresztes, Noemi	43	Tighe, Lisa	170
Tari-Keresztes, Noemi	125	Titmuss, Angela	162
Taylor, Karen	261, 269	Titulaer, Annelies	304
Taylor, Pennie	217	Toia, Nicole	181
Taylor, Rachael	38	Tong, Amy	4
Taylor, Sean	209	Tonkin, Emma	17
Teesson, Maree	88	Tran, Giang	4
Temminghoff, Lauren	238	Trevena, Helen	93
Temple, Anthea	158	Trieu, Kathy	109
Tentolouris, Nicholas	303	Troup, Catherine	271
Tessema, Gizachew	152	Truesdale, Chloe	243, 191, 213
Thomas, Laura	262	Tsekouras, Sally	292
Thomas, Margaret	50	Tully, Belinda	117, 137
Thomas, Margaret	93	Tupanceski, Irina	295, 178
Thompson, Jason	105	Turner, Nicole	239, 292
Thompson, Kani	17	Turner, Nicole	169
Thompson, Yeena	171	Turon, Heidi	111, 132
Thomson, Nellie	112	Tyllianakis, Minos	303
Thornton, Danielle	185	Tzelepis, Flora	198

## U

Uhlmann, Kora 239, 292  
Ukke, 73  
Gebresilasea

Ullah, Shahid 143, 22

## V

van Burgel, Emma 239, 194

van Nassau, 133  
Femke

van Diemen, 126, 291  
Annaliese

## V

Varlow, Megan 183

Vidanaarachchi, 105  
Rajith

Varlow, Megan 190

Vos, Rob 58

Vaughan, Belinda 18

## W

Wade, Vicki 140

Wen, Li Ming 3

Wagh, Manasi 244

West, Kellie 115

Wakefield, 233, 287, 236

West, Kerry 196, 274

Melanie

Wakefield, 80, 288

West, Kerry 264

Melanie

Walker, Katherine 135

White, Justine 135

Walker (Yorta 14

Whitehead, Dean 55

Yorta), Troy

Wallace, Janet 9

Wickham, James 210

Walsan, Ramya 5

Wiggers, John 117, 137

Walsh, Moira 271, 241

Wilkinson, Cathy 128

Walters, Andi 135

Williams, 124

Christopher

Walters, Andi 304

Wilson, Alyce 135

Walton, Richard 266

Wilson, Alyce 304

Wang, Belinda 196, 264

Wilson, Carlene 284

Ward, Paul 51, 284

Wilson, Phillip 234

Ward, Paul 29

Wilson-Clark, 228

Russell

Bradley

Warin, Megan 284

Wittkopp, Edna 143

May

Warner-smith, 266

Wolf, Katharina 262, 153, 154

Matthew

Wolfenden, Luke 99, 31, 224, 132,  
117, 137, 198,  
226, 82, 232, 231,  
251

Warner-Smith, 158

Matthew

Wolfenden, Luke 102, 225

Warsame, Ladan 32

Wolnizer, Peter 5

Waters, Barb 69

Woodward, Mark 200

Watson, Micaella 141

Woodward, Mark 202

Watt, Samantha 71

Woolley, Nikki 295, 178

Watts, Christina 146

Wright, Alyson 40, 179, 114

Watts, Christina 301

Wurrawilya, 234

Weldon, Anne 143

Shiraline



Wellard-Cole, Lyndal 235  
Welsh, Emily 149

Wurrawilya , Shiraline 192

## Y

Yambalpal, Brando 249  
Yaw, Sean 8  
Yazidjoglou, Amelia 146  
Yoong, Serene 99, 81, 198, 197, 225  
Yoong, Serene 82  
Yoong, Sze Lin 132, 226

Young, Christian 93  
Young, Joan 158  
Yunupingu, Michael 246  
Yunupingu, Murphy 22  
Yunupingu, Yalmay 209

## Z

Zabeen, Sara 143  
Zafar, Tehseen 103  
Zanotto, James 166  
Zelege, Eshetu Andarge 84, 85  
Zhang, Xiaohua 179  
Zhang, Yuehan 200  
Zhang, Yuehan 202

Zheng, Miaobing 3  
Zhou, Suzanne 47, 30  
Ziersch, Anna 84, 85, 271, 241  
Zorba, Jessica 224, 232, 231  
Zorbas, Christina 58, 81  
Zucca, Alison 267