activity behaviours; attendance rates and satisfaction with program resources

Adoption: Facilitator demographics and services involved

Implementation: No. facilitators delivering groups; Adherence to program protocol

Maintenance: Workforce capacity change; funding committed; long -term family impact

Preliminary results: 104 groups across 47 sites including rural and remote areas. Mean (±SD) age of enrolees was 9 (±1.8) years, 45% were male and 78% were obese. Single-parent households comprised 21% of cohort. Number of children meeting fruit and veg guidelines increased (fruit; 49 to 61%, NS; veg; 3 to 9%, p

PEACH™ is successful for those families who engage. Recruitment and retention are issues that need to be addressed. Clarity is needed regarding service delivery and funding responsibilities of various parts of the health system before services to families can be universally offered.

https://doi.org/10.1016/j.orcp.2016.10.093

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Invited talk: Key lessons from the Go4Fun program in NSW

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The prevalence of overweight and obesity in children has been relatively stable in NSW since 2007, with a current prevalence of 22.0% in 5—16 year old children. However, the prevalence remains high and is a cause for concern.

Clinical services have limited capacity to provide treatment and may not be accessible by many families with children above a healthy weight.

This presentation describes outcomes and key learnings of the Go4Fun program, a free weight management program for children aged 7—13 years and their families, delivered at scale across NSW since 2011. Go4Fun is delivered once per week, over 10 weeks and has demonstrated effectiveness from a recent pragmatic cluster randomised controlled trial.

To date, over 7300 families have participated. Child health outcomes are measured pre and post, and the program is routinely monitored by indicators of social disadvantage. Families from rural or regional communities comprise 28% of participants and 9% of participating families identify as being Aboriginal or Torres Strait Islander. In addition, 24% of families are sole parent and 53% of mothers are health care card holders.

On average, children achieve clinically and statistically significant changes in health outcomes. BMI decreases by 0.5 kg/m^2, recovery heart rate by 4.9 beats/min, physical activity increases by 3.7 h/week and time spent in sedentary activities decreases 3.2 h/week. Self-esteem and intake of fruit and vegetables improve significantly, while intake of sugar sweetened beverages decreases significantly. All changes are statistically significant ($p < 0.0001$). BMI z-scores remained statistically lower ($p < 0.01$) at six-month follow up.

Go4Fun offers an effective scalable community based solution to the treatment of overweight and obesity in children, particularly for families living at social disadvantage.

https://doi.org/10.1016/j.orcp.2016.10.094

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Invited talk: What are the implementation barriers and enablers for childhood obesity management services?

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The rising prevalence of overweight and obesity among Australian children, and associated health risks and economic burden to the health care system, continues to raise concerns. While the urgent need for coherent and comprehensive strategies for effective prevention is acknowledged globally, the implementation of appropriate management approaches at scale is lacking for children already above a healthy weight.

This research investigated factors affecting the implementation of two evidence-based weight management programs, Go4Fun (NSW) and PEACH (QLD), targeting families of primary aged children

(7—13 years). Interviews were conducted with a broad range of program stakeholders, representative of geographical location, stakeholder role and variation in program implementation across the states. Forty-eight stakeholders were interviewed across 14 sites about their experiences in implementing Go4Fun or PEACH. The Consolidated Framework for Implementation Research (CFIR) was used to structure collection and analysis of data.

Findings will be reported against the CFIR constructs assessed identifying those constructs that strongly or weakly influenced implementation effectiveness between sites with un-sustained versus sustained program implementation effectiveness. Such learnings are paramount to guide future investment in the implementation and scale-up of evidence based strategies to address childhood obesity management.

https://doi.org/10.1016/j.orcp.2016.10.095

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Invited talk: Exercise for managing obesity related chronic disease

Jeff Coombes

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Regular exercise can assist in reducing body fat and protect against chronic diseases associated with obesity. High intensity interval training (HIIT) has become a popular time efficient approach to improve cardiorespiratory fitness and decrease the risk of cardio-metabolic disease. HIIT involves alternating short bursts of high intensity exercise with recovery periods or light exercise. Studies in obese individuals have shown that increasing the intensity of exercise amplifies the training stimulus and associated adaptations, such as $VO_{2\ max}$, anaerobic threshold, stroke volume and exercise performance. This presentation will discuss the evidence for the use of exercise training, including HIIT, in the management of obesity related chronic disease. Practical approaches to incorporate exercise training such as HIIT with obese patients will also be provided.

https://doi.org/10.1016/j.orcp.2016.10.096

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Invited talk: Levels of lifestyle management & how they impact on obesity management

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'Lifestyle' is frequently used by patients to describe the aetiology of their obesity. Health professionals however, use 'lifestyle management' as a broad term to describe non pharmacological or non-surgical treatment of chronic diseases such as diabetes, hyperlipidaemia and obesity. It is an essential component of any weight management program and describes/includes interventions ranging from general education about diet, activity, exercise or behavioural strategies, to intensive specialist allied health involvement in all of these areas. Intensive lifestyle management invariably occurs as part of a multidisciplinary team-based model of care. Further intensity of lifestyle management can be achieved by assigning a patient case manager & by co-locating the multidisciplinary team & services they provide, including group education, support sessions, and supervised exercise. Intensive lifestyle management facilitates interventions needed to reduce the barriers (knowledge, physical and psychological) that prevent patients from achieving weight loss and maintenance of weight loss. This talk will not only review recently published lifestyle intervention studies such as the LOOK AHEAD Program & CROSSROADS but also the Australian experience with lifestyle initiatives such as GET HEALTHY, HEAL & Metabolic Rehabilitation Programs.

https://doi.org/10.1016/j.orcp.2016.10.097

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Invited talk: Effective and equitable population obesity prevention — Why we need all hands on deck

Anna Peeters

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Recent years have seen increasing acceptance globally that we require a range of obesity prevention policies to be implemented across a number of settings and sectors in order to halt the growing obesity burden. This acceptance recognises the fact that there is a complex interaction between the many factors that influence an individual's