(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.

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95

Invited talk: Exercise for managing obesity related chronic disease

Jeff Coombes

University of Queensland, Brisbane, Queensland, Australia

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.

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96

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

Nic Kormas

Concord Hospital, Concord, NSW, Australia

'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.

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97

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

Anna Peeters

Global Obesity Centre, Deakin University, Geelong, Australia

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