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#142 - Perceived impacts of 'shocks' on implementation of a childhood obesity prevention trial in Victoria, Australia

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Objectives/aims

The communities in this study were emerging from a bushfire crisis as the COVID19 pandemic began in 2019/20. These two 'shocks' occurred at the time that these communities were participating in the Reflexive Evidence and Systems interventions to Prevent Obesity and Non-communicable Disease (RESPOND) trial. This study explored the impact of these 'shocks' on the capacity of stakeholders, including health promotion workforce, local governments, primary care partnerships, department of health, and the regional sports assembly, to deliver the RESPOND trial across 7 regional local government areas.

Methods

RESPOND is a 5-year (2018-2023) stepped-wedge cluster randomised control trial that uses community-based participatory research informed by systems science, to build capacity within community stakeholders who co-design actions to prevent unhealthy weight gain and improve health-related quality of life in children aged 5-12 years. It is funded by the National Health and Medical Research Council, and supported by state and local partners.

Participants were recruited via email through existing networks from two pilot communities (City of Greater Shepparton and Moira Shire) and five Step 1 communities (Strathbogie Shire, Murrindindi Shire, Mansfield Shire, Indigo Shire and City of Wodonga). Purposive sampling was used to achieve participation from a range of stakeholders involved with implementing RESPOND in each community. Invited participants (hereafter participants) included staff (community development



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and health promotion) from local government, the health sector, primary care partnerships, state government departments of health and sporting organisations. A case study approach gathered information from nine, 60-minute, on-line focus groups (Nov 2021- Feb 2022) on the impacts of bushfires and COVID-19 on implementation. Focus groups were audio recorded, transcribed verbatim and themed in NVivo by three researchers from Deakin University (Jillian Whelan, Monique Hillenaar and Penny Fraser). Participants were also invited to participate in a survey with 15, 5-point likert scale questions, which was aiming to capture quantitative information to complement the focus group results. Both the focus group and survey questions, along with the theming/ analysis of the results, were derived from Durlak and Dupre's implementation factors. Ethics approval was granted (HEAG-H 173_2018). A manuscript is currently under review with PLOS ONE journal.

Main findings

A total of 29 stakeholders participated in a focus group, the majority (63.3%) being from the health sector. Twenty-eight of these participants also completed the survey. Participants reflected on how COVID-19 and recent natural disasters had impacted their capacity to implement RESPOND. Most respondents indicated that the implementation of RESPOND stalled or stopped due to bushfires and/or COVID-19 from 2019. Participants recounted that these 'shocks' resulted in changed organisational priorities, redeployment of human resources, and triggered a loss of momentum for implementation, culminating in fatigue and exhaustion among community members and participants themselves. Participants reported adaptation of RESPOND to online delivery and re-engagement methods, however quality of engagement was questioned, and implementation was slowed due to limited resources.

This case study highlights further research is needed to advance risk management strategies and protect resources within health promotion from re-deployment. System shocks such as bushfires and COVID-19 are inevitable, and despite multiple adaptation opportunities, this intervention approach was not 'shock proof'.

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