#### LYON | 07 NOV 2018

### Health workforce for better nutrition

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WHO European Office for Prevention and Control of Noncommunicable Diseases
WHO Regional Office for Europe









### Objective 3 – Reinforce health systems to promote healthy diets

Improve capacity and training for primary health care professionals, including guidance on appropriate nutrition counselling and weight monitoring and management



European Food and Nutrition Action Plan 2015–2020









#### Reduce unhealthy diet



Implement **nutrition education and counselling** in **different settings** (for example, in preschools, schools, workplaces and hospitals) to increase the intake of fruits and vegetables

'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases

# TACKLING NCDS













### Role of primary health care

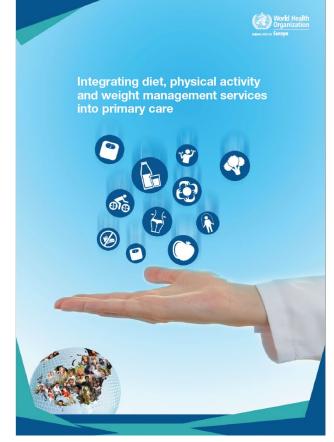
Primary care is an **ideal setting for chronic disease prevention** and obesity management,
yet it is **underutilized**.

\*Frühbeck G. Obesity. Screening for the evident in obesity. Nat Rev Endocrinol 2012;8:570-572.











### Challenges?









### Challenges

- Lack of dedicated clinical guidelines and protocols
- Context specific evidence and approach
- Inadequate implementation of existing strategies
- Resources (time and staff)
- Lack of defined scope of practice
- Poor patient health literacy, beliefs and attitudes









### Role of primary health care

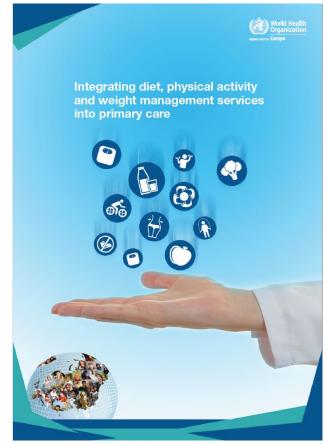
- Only 63.6% of GPs in the European Region considered the BMI as an important measurement tool and only 41.6% actually provided the service.\*
- Treating the consequences is readily accepted by clinicians; but confidence in addressing risk factors and treating obesity itself is low, yet there is evidence that primary care interventions can be effective.

<sup>\*</sup>Frühbeck G. Obesity. Screening for the evident in obesity. Nat Rev Endocrinol 2012;8:570-572.











### Payment mechanisms for services

- Lack of reimbursement
- Perception among professionals: delivery of preventive services as consuming more resources
- How can WHO support?











### Guidelines and protocols













#### Guideline

Assessing and managing **children** at primary health-care facilities to prevent overweight and **obesity** in the context of the double burden of **malnutrition** 

Updates for the Integrated Management of Childhood Illness (IMCI)







#### RESEARCH ARTICLE

**Open Access** 

### A systematic review of interventions in primary care to improve health literacy for chronic disease behavioral risk factors

Jane Taggart<sup>1\*</sup>, Anna Williams<sup>1</sup>, Sarah Dennis<sup>1</sup>, Anthony Newall<sup>2</sup>, Tim Shortus<sup>1</sup>, Nicholas Zwar<sup>2</sup>, Elizabeth Denney-Wilson<sup>1</sup> and Mark F Harris<sup>1</sup>

#### Abstract

**Background:** To evaluate the effectiveness of interventions used in primary care to improve health literacy for change in smoking, nutrition, alcohol, physical activity and weight (SNAPW).

**Methods:** A systematic review of intervention studies that included outcomes for health literacy and SNAPW behavioral risk behaviors implemented in primary care settings.

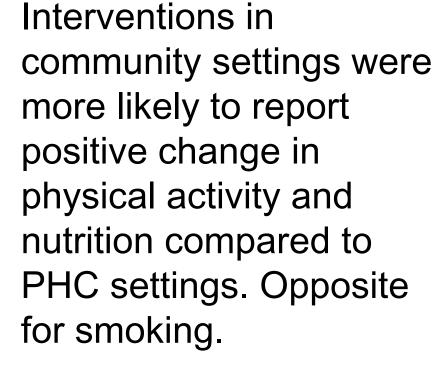
We searched the Cochrane Library, Johanna Briggs Institute, Medline, Embase, CINAHL, Psychinfo, Web of Science, Scopus, APAIS, Australasian Medical Index, Google Scholar, Community of Science and four targeted journals (Patient Education and Counseling, Health Education and Behaviour, American Journal of Preventive Medicine and Preventive Medicine).

Study inclusion criteria: Adults over 18 years; undertaken in a primary care setting within an Organisation for Economic Co-operation and Development (OECD) country; interventions with at least one measure of health literacy and promoting positive change in smoking, nutrition, alcohol, physical activity and/or weight; measure at least one outcome associated with health literacy and report a SNAPPW outcome; and experimental and quasi-experimental studies; cohort, observational and controlled and non-controlled before and after studies.

Papers were assessed and screened by two researchers (JT, AW) and uncertain or excluded studies were reviewed by a third researcher (MH). Data were extracted from the included studies by two researchers (JT, AW). Effectiveness studies were quality assessed. A typology of interventions was thematically derived from the studies by grouping the SNAPW interventions into six broad categories: individual motivational interviewing and counseling; group education; multiple interventions (combination of interventions); written materials; telephone coaching or counseling; and computer or web based interventions. Interventions were classified by intensity of contact with the subjects (High  $\geq$  8 points of contact/hours; Moderate >3 and <8, Low  $\leq$  3 points of contact hours) and setting (primary health, community or other).

Studies were analyzed by intervention category and whether significant positive changes in SNAPW and health literacy outcomes were reported.

Results: 52 studies were included. Many different intervention types and settings were associated with change in health literacy (73% of all studies) and change in SNAPW (75% of studies). More low intensity interventions reported significant positive outcomes for SNAPW (43% of studies) compared with high intensity interventions (33% of studies). More interventions in primary health care than the community were effective in supporting smoking cresation whereas the reverse was true for officet and physical activity interventions.











This systematic review of RCTs suggest that moderately sustained but small effects on diet can be achieved through interventions in primary care

(fruit, vegetables, fibre and fat over 12 months).

Bhattarai et al. BMC Public Health 2013, 13:1203 http://www.biomedcentral.com/1471-2458/13/1203



#### **RESEARCH ARTICLE**

Open Access

### Effectiveness of interventions to promote healthy diet in primary care: systematic review and meta-analysis of randomised controlled trials

Nawaraj Bhattarai<sup>1,3\*</sup>, A Toby Prevost<sup>1</sup>, Alison J Wright<sup>1</sup>, Judith Charlton<sup>1</sup>, Caroline Rudisill<sup>2</sup> and Martin C Gulliford<sup>1</sup>

#### Abstract

**Background:** A diet rich in fruit, vegetables and dietary fibre and low in fat is associated with reduced risk of chronic disease. This review aimed to estimate the effectiveness of interventions to promote healthy diet for primary prevention among participants attending primary care.

Methods: A systematic review of trials using individual or cluster randomisation of interventions delivered in primary care to promote dietary change over 12 months in healthy participants free from chronic disease or defined high risk states. Outcomes were change in fruit and vegetable intake, consumption of total fat and fibre and changes in serum cholesterol concentration.

Results: Ten studies were included with 12,414 participants. The design and delivery of interventions were diverse with respect to grounding in behavioural theory and intervention intensity. A meta-analysis of three studies showed an increase in fruit consumption of 0.25 (0.01 to 0.49) servings per day, with an increase in vegetable consumption of 0.25 (0.06 to 0.44) serving per day. A further three studies that reported on fruit and vegetable consumption together showed a pooled increment of 0.50 (0.13 to 0.87) servings per day. The pooled effect on consumption of dietary fibre, from four studies, was estimated to be 1.97 (0.43 to 3.52) gm fibre per day. Data from five studies showed a mean decrease in total fat intake of 5.2% of total energy (1.5 to 8.8%). Data from three studies showed a mean decrease in studies of 0.10 (-0.19 to 0.00) mmolt).

Conclusion: Presently-reported interventions to promote healthy diet for primary prevention in primary care, which illustrate a diverse range of intervention methods, may yield small beneficial changes in consumption of fruit, vegetables, fibre and fat over 12 months. The present results do not exclude the possibility that more effective intervention strategies might be developed.

Keywords: Diet, Health promotion, Primary care, Systematic review, Meta-analysis









### Strategies to improve implementation?

Weak and inconsistent evidence of the effects of these strategies on improving the implementation of policies, practices and programmes, childcare service staff knowledge or attitudes, or child diet, physical activity or weight status.



Cochrane Database of Systematic Reviews

Strategies to improve the implementation of healthy eating, physical activity and obesity prevention policies, practices or programmes within childcare services (Review)

Wolfenden L, Jones J, Williams CM, Finch M, Wyse RJ, Kingsland M, Tzelepis F, Wiggers J, Williams AJ, Seward K, Small T, Welch V, Booth D, Yoong SL

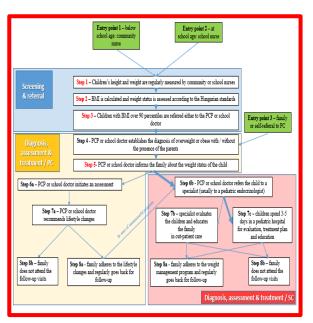








### Management of childhood obesity – forthcoming report



New work based on existing approaches in countries will:

- Examine which professionals are involved in childhood obesity management and their role within this system;
- Try to understand the co-ordination of the childhood obesity management system in countries (provision, settings, funding, access and pathways);
- Assess whether the access, uptake, and process of screening, diagnosis, and treatment is the same for all children with obesity, and the extent to which this system addresses health inequalities;
- Explore stakeholder views on the perceived functioning of the childhood obesity management system









### People-centredness is key in prevention and care

People

Base interventions on people: health services should enable people to receive a continuum of different levels of services according to their needs.



- Health promotion
- Disease prevention
- Diagnosis
- Treatment
- Long-term care

Rehabilitation



- Public health
- Primary care
- Secondary care
- Specialist care
- Community, home and social care









### Role of primary health care

- Ensure that **all health care settings** highlight nutrition, healthy eating and physical activities within people-centred health systems.
- Establish brief interventions, and target nutritional and physical activity assessment for different age groups, especially children and the elderly; both primary care and home care services should be included.
- Firm interdisciplinary clinic relationships and deliberate communication strategies are the foundation of interdisciplinary care (e.g. long-term weight management).











### 5As of Obesity Management

- Ask for permission to discuss weight.
- Assess obesity-related risk and potential "root causes" of weight gain.
- Advise on obesity risks, discuss benefits and options.
- Agree on realistic weight management expectations and on a SMART plan to achieve behavioural goals.
- Assist in addressing drivers and barriers, offer education and resources, refer to provider, and arrange follow-up.





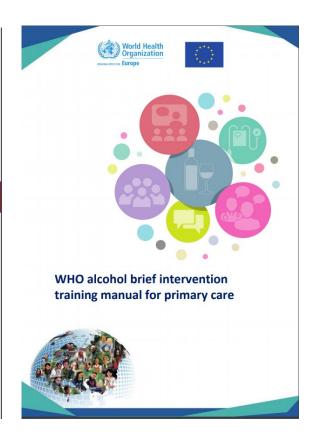


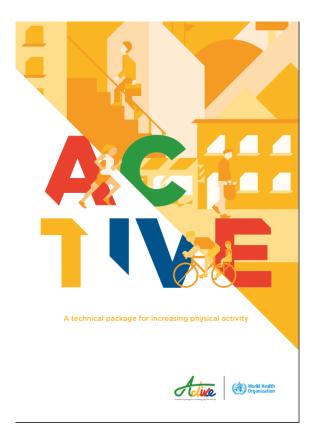




Toolkit for delivering the 5A's and 5R's brief tobacco interventions

in primary care













# An integrated brief interventions for NCD risk factors?

- Core- competencies of PHC workers
- Availability of time and resources
- Job descriptions and task management
- Referral systems and follow up



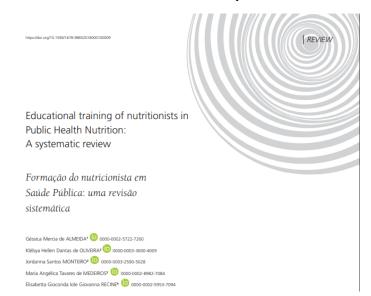






### Current and future workforce

#### Professional development



#### Future workforce



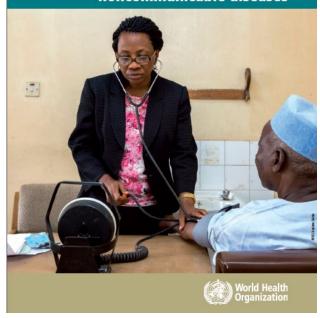
- Outcomes defined,
- Curriculum of competencies
- Demonstrable
- Assessment
- Learner-centred and societal needs







A guide to implementation research in the prevention and control of noncommunicable diseases



Implementation research to support the rapid uptake and expansion of selected interventions









#### **Health Policy**

### Implementation research: new imperatives and opportunities in global health



Sally Theobald, Neal Brandes, Margaret Gyapong, Sameh El-Saharty, Enola Proctor, Theresa Diaz, Samuel Wanji, Soraya Elloker, Joanna Raven, Helen Elsey, Sushii Bharal, David Pelletier, David H Peters

Implementation research is important in global health because it addresses the challenges of the know-do gap in real-world settings and the practicalities of achieving national and global health goals. Implementation research is an integrated concept that links research and practice to accelerate the development and delivery of public health approaches. Implementation research involves the creation and application of knowledge to improve the implementation of health policies, programmes, and practices. This type of research uses multiple disciplines and methods and emphasises partnerships between community members, implementers, researchers, and policy makers. Implementation research focuses on practical approaches to improve implementation and to enhance equity, efficiency, scale-up, and sustainability, and ultimately to improve people's health. There is growing interest in the principles of implementation research and a range of perspectives on its purposes and appropriate methods. However, limited efforts have been made to systematically document and review learning from the practice of implementation research across different countries and technical areas. Drawing on an expert review process, this Health Policy paper presents purposively selected case studies to illustrate the essential characteristics of implementation research and its application in low-income and middle-income countries. The case studies are organised into four categories related to the purposes of using implementation research, including improving people's health, informing policy design and implementation, strengthening health service delivery, and empowering communities and beneficiaries, Each of the case studies addresses implementation problems, involves partnerships to co-create solutions, uses tacit knowledge and research, and is based on a shared commitment towards improving health outcomes. The case studies reveal the complex adaptive nature of health systems, emphasise the importance of understanding context, and highlight the role of multidisciplinary, rigorous, and adaptive processes that allow for course correction to ensure interventions have an impact. This Health Policy paper is part of a call to action to increase the use of implementation research in

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### some key trade-offs to consider:

- Rigour vs usefulness
- Fidelity vs adaptation of an implementation component
- Generalisable knowledge vs context-specific problem solving
- Incentives vs disincentives for researchers









# Characteristics of implementation research

- Context specific
- Relevant and agendasetting purpose
- Methods fit for purpose
- Demand driven

- Real world
- Real time
- Multidisciplinary
- Focuses on processes and outcomes

Theobald S et al (2018). Implementation research: new imperatives and opportunities in global health. Health Policy.









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### THANK YOU



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