

adjusted for baseline values, sex and Index of Deprivation Affecting Children (IDACI) score.

**Results** 12 months post intervention, intervention students had greater understanding than control students of the influences of health behaviours on their long term health and that of their children. Compared with control students those in the intervention were more likely to agree that nutrition starts to affect our future health early in life (PRR 1.87 (95%CI 1.42–2.45) and that the food a father eats before having a baby could affect the health of his children (PRR 4.05 (95%CI: 2.34–7.01)), but no more likely to agree that it was important to eat healthy food now (PRR 1.19 95% CI: 0.79–1.79)). The students in the intervention groups took similar amounts of exercise and their diets were comparable to those in the control group.

**Discussion** It is possible to change students' scientific awareness and health literacy as measured 12 months after the Life-Lab intervention, but this does not necessarily translate into behaviour change. Interventions require more than knowledge acquisition in order to motivate and sustain behaviour change.

#### P60 HOW CAN MENTORING PROGRAMMES FOR YOUNG PEOPLE IN SECONDARY SCHOOLS IN THE UNITED KINGDOM BE CLASSIFIED? DEVELOPING A TYPOLOGY USING QUALITATIVE METHODS

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**Background** Despite a lack of robust evidence of effectiveness, mentoring programmes are commonplace in various settings and contexts in the United Kingdom (UK). Due to their potential to influence health and educational outcomes, it is of public health interest to obtain a better understanding of the types of mentoring programmes currently available to comprehend what 'mentoring' means and to aid the evaluation of such programmes. The aim of this study was to develop a typology of currently active mentoring programmes that provide formal mentoring for young people in UK secondary schools.

**Methods** Eight websites were searched to retrieve details of UK organisations that provide mentoring programmes for young people. Maximum variation sampling based on country and the type of mentoring programme was used to include a variety of different programmes. Programme managers from purposefully selected organisations were invited to take part in semi-structured telephone interviews to obtain a thorough account of their mentoring programme(s). Interviews were facilitated using a topic guide and were audiotaped and transcribed verbatim. Thematic data analysis occurred iteratively to data collection and was facilitated using NVivo10 software. A framework matrix was established to compare programmes (cases) with categories derived from the analysis (codes) to aid the development of a typology.

**Results** Of 29 invited programme managers, 23 agreed to take part (79% response rate) and described a total of 28 mentoring programmes. The typology drawn from this work differentiates mentoring programmes by three overarching categories: mentoring programmes' overall aim and target group; type of mentor and mentoring programme setting. These categories each have a range of sub-categories. Based on different

combinations of these sub-categories, 12 'mentoring models' were identified within two broad groupings of 'personal and developmental' and 'educational and employability' mentoring programmes.

**Conclusion** Although mentoring programmes are heterogeneous, it is possible to identify key characteristics and distinguish between different models. Using semi-structured telephone interviews allowed for a thorough investigation of differences between mentoring programmes that was grounded in participants' accounts of their programmes. The typology enables mentoring programmes to be categorised into one of 12 'mentoring models'. A future study is needed to test the typology's generalisability in the UK. Such a typology can help us to understand what is being delivered, for whom, and how, which is a necessary precursor to any public health evaluation.

#### P61 MEDIA REPRESENTATIONS OF SUGAR CONSUMPTION AND SUGAR-SWEETENED BEVERAGE TAX IN UK NEWSPAPERS: IMPLICATIONS FOR PUBLIC HEALTH POLICY

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**Background** Modifiable risk factors such as unhealthy diet, including excess sugar consumption, and physical inactivity are common causes of overweight and obesity, which are in turn risk factors for type-2 diabetes and other non-communicable diseases. Sugar-sweetened beverages (SSBs) have been identified as a key target for fiscal policy interventions designed to reduce sugar consumption, particularly in young people. Research shows that the media play a powerful role in forming public perceptions, and thus likely acceptance, of such public health policies. This study assessed how the UK print media presented the debate around the issue of sugar consumption, SSBs and the UK Government's planned soft drinks industry levy.

**Methods** Quantitative and qualitative content analysis of articles regarding sugar, SSBs and taxation published in a diverse sample of 11 UK national newspapers from 1 April 2015–30 November 2016. Articles were identified by a systematic search of the Nexis database. A coding frame was piloted with a randomised 10% subsample, and revised to include additional emergent codes. Two researchers double-coded the 10% subsample to ensure consistency in the definition and application of codes. Cohen's kappa coefficient was used to measure inter-rater agreement. All remaining articles were coded by one researcher. Qualitative data were analysed thematically, following the principle of constant comparison, with attention paid to contradictory data.

**Results** The database search returned 3127 articles, of which 1495 were manually excluded due to insufficient relevance, producing a final sample of 1632 relevant articles. None of the articles presented a positive slant on sugar or SSB consumption, whereas representations of SSB taxation were more heterogeneous. The debate initially framed high sugar consumption, particularly SSBs, as problematic, especially for young people. A high proportion of articles framed the problem as being driven by failures of industry, such as the formulation of "unhealthy" products and advertising and marketing

aimed at young people. Discussion of potential solutions centred on the role of industrial responsibility, the need for government intervention to curb sugar consumption and the role that taxation could play.

**Conclusion** SSBs received substantial media attention in mainstream UK national newspapers during 2015 and 2016. Public health media advocacy was prominent throughout, with a growing consensus that SSBs are bad for health, government intervention is required and taxation may be an important policy measure. Our findings suggest that the reporting of the SSB policy debate may have helped shape the public health policy agenda on sugar consumption.

## P62 THE CHALLENGES OF USING SOCIAL THEORY TO UNDERPIN DIETARY INTERVENTIONS

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**Background** Behavioural approaches to designing dietary interventions can over-emphasise the role of reasoned, individual decision-making, neglecting contextual factors, resulting in sub-optimal interventions. This presentation critically analyses the utility of social theory (structuration theory) in the design of dietary interventions.

**Methods** This study uses the example of designing, implementing and evaluating a school-based dietary intervention underpinned by structuration theory. Structuration theory describes the interplay of societal structures and individual agency that result in social practices and patterns. Qualitative data collected with children (n=124), parents (n=17) and teachers (n=8) were analysed identifying key structures (meanings and normative rules, and resources) as a framework to understand dietary practices. Identified rules and resources provided a basis on which to design an intervention. A process evaluation included interviews with school staff (n=4) and baseline and follow-up data collected from children (n=137). No feedback was returned from parents. The process evaluation examined adherence, fidelity, and acceptability, and provided an indication of effect.

**Results** Key rules and resources identified in qualitative work were valuing food cooked by family members, cooking inexperience, food misconceptions and rules, lack of food vocabulary, home food provision, school meal and drink provision, curriculum, teacher training, school funding, and national legislation. These findings were translated into an intervention that provided water bottles and water, classroom-based teaching around the curriculum that incorporated the development of cooking skills, a food vocabulary, homework exercises, and teacher training. Areas that could not be addressed included home food provision, school meal provision, school funding and national legislation. The intervention was acceptable to children and largely acceptable to teachers, but timing pressures meant not all exercises could be covered. Improvements were reported around children's drinks.

**Conclusion** Intervention components were largely limited to impacting individual level agency. For university-based research teams, structural components remain difficult to modify. Interventions seeking to impact at multiple levels must work with

influential stakeholders working at structural levels, who can impact on long term processes. Social theory can help identify structural and individual level opportunities through which to focus dietary interventions, but the small scale approaches that predominate must be re-thought to increase intervention impact.

## P63 DIET@NET: DEVELOPMENT OF THE NUTRITOOLS WEBSITE FOR DIETARY ASSESSMENT

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**Background** Selection of validated dietary assessment tools (DAT) is challenging. Researchers are often unable to identify available tools or gain access to them. Development of new tools is difficult, due to lack of appropriate guidance; inability to identify which foods to include and the need to link these to food composition tables. The DIET@NET (Dietary Assessment tools network) partnership aims to create a dietary assessment website to provide guidelines for selection of tools, with access to previously validated questionnaires. In addition, to create a novel platform for creation of new food questionnaires.

**Methods** Development of the Nutritools website was divided into 3 strands. 1) Creation of Best Practice Guidelines (BPG) for dietary assessment; generated with a Delphi method to generate consensus amongst expert views. 2) Creation of an interactive DAT e-library, with tools being identified through a systematic review of systematic reviews. 3) Creation of an online platform to create new questionnaires.

**Results** The Delphi consultation generated 43 BPG and a summary of the strengths and weaknesses of the dietary assessment methods. The interactive BPG enables researchers to choose the most appropriate dietary assessment tool. The systematic review of systematic reviews resulted in identification of 62 tools validated in UK populations. Detailed information on these tools is provided in the DAT e-library. Visual representation of this data through two interactive plots (bubble and summary plots) allows researchers to compare between the DATs. Only 9 of the tools date from 2010 onwards; many tools identified are no longer available or need updating. Existing validated food questionnaires have been transformed and updated from paper-based to web-based using the novel FQC. Foods are mapped to the latest food composition database. In addition, new online food questionnaires can be created through guided food selection with database mapping. New tools will support online data entry and analysis. At present, the FQC only provides UK dietary assessment tools and databases but it has the capability to allow for international databases and tools to be added.

**Conclusion** The Nutritools website, [www.nutritools.org](http://www.nutritools.org) provides a central resource for researchers undertaking studies which require dietary measurement. By providing guidance and access to validated DATs, the quality, consistency and comparability of dietary assessment in public health and epidemiology can be improved. The Food Questionnaire Creator, is a unique feature of the site which will encourage a more standardised approach to dietary assessment.