P87 A PROCESS EVALUATION OF THE IMPLEMENTATION OF ASSIST IN SCOTLAND

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Background ASSSIT (A Stop Smoking in Schools Trial) is a peer led smoking prevention programme that encourages the dissemination of non-smoking norms. Students (aged 11–13) are nominated by their peers to become peer supporters. ASSIST is an evidence based programme with results from a large cluster randomised trial showing a reduction in smoking prevalence. However, these findings are now 13 years out of date and adolescent smoking prevalence has continued to decline. In 2014 ASSIST was piloted in Scotland. This presentation will present key findings from the Scottish evaluation offering points for consideration for the future delivery of ASSIST and further research areas.

Methods Mixed method study with a range of stakeholders using qualitative (school staff, trainers, students, policy and commissioning leads n=101) and quantitative methods (a before and after student survey across 20 secondary schools in Scotland (n=2166, at follow-up).

Results Feedback was overwhelmingly positive regarding the wider benefits of taking part in ASSIST for peer supporters (i.e. personal and communication skills) but also for the school and communities. Findings showed less certainty regarding the extent of message diffusion and any impact this may have had on adolescent smoking. Student survey results showed no significant change in self-reported smoking prevalence with 1.6% of pupils (n=33) reporting that they smoked one or more cigarettes per week increasing slightly to 1.8% (n=38) at follow-up. The student survey also indicated that conversation recall was low at 9% (n=145)

Conclusion ASSIST is a well delivered, popular programme with additional benefit for students, their wider social network, school and community. Yet, there is uncertainty regarding the extent of message diffusion. Further research is needed to update the existing evidence base.

P88 DEVELOPING ROBUST METHODS FOR A LARGE SCALE, MULTI-SITE QUALITATIVE POLICY EVALUATION

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Background Non-communicable diseases (NCDs) are the leading health burden in all but the poorest countries, and there is an increasing interest in macro-level policy responses to tackle their upstream determinants. There is also an increasing use of qualitative methods for evaluation research, in particular when evaluating multi-component and multi-level initiatives. However, methodological opportunities offered by qualitative research, such as its strength to capture interconnections, complexities and inconsistencies, are limited by challenges, such as its small scale and in-depth rather than broad reach. We report methodological considerations, challenges and solutions.

Methods We conducted a qualitative evaluation study of seven Caribbean countries in 2015 to assess the progress made in NCD policy measures. This comprised policy document analysis, and 76 semi-structured interviews with 80 stakeholders inside and outside government. Interviews were conducted by six interviewers organised in regional teams, and analysed by an expanded team under the guidance of the authors. Data collection and analysis protocols for this relatively large-scale project were developed iteratively in workshops.

Results A first consideration was to purposively sample across settings, sectors and professional roles. This was a challenge of scale, as stakeholders were initially drawn from key informants and existing networks, and then cascaded by eliciting further recommendations to cover relevant sectors (government ministries, private, civil society), organisations within these sectors, and roles (technical, executive, elected). Some stakeholders were recommended because it was perceived as 'politically' important to include them, even if information elicited was less 'rich' in terms of relevant technical expertise or topic insight. Second, it was challenging to analyse and synthesise a large qualitative dataset across similar but distinct settings. Eleven researchers coded and categorised the data pragmatically according to the WHO NCD Action Plan, and this was guided by the Multiple Streams policy evaluation framework and realist evaluation principles to compare across contexts and themes. Later, the authors expanded the analysis to capture more inductive insights. Finally, there was an ethical challenge to secure anonymity of the participants as well as settings – e.g. not attributing policy shortcomings to individuals, organisations or even countries and their governments – while retaining relevant insights for each setting and political context.

Conclusion Qualitative policy evaluation requires careful consideration and adaptation of standard research methods, the use of clear theoretical frameworks, and transparent interrogation of limitations. Its increasing popularity and use, and its detailed description and discussion among the research community, should enable the development of robust processes.

P89 HEALTH CARE PROFESSIONAL'S EXPERIENCES OF LIFESTYLE MANAGEMENT IN OVERWEIGHT AND OBESE PREGNANT WOMEN: A QUALITATIVE STUDY

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Background Obesity during pregnancy is associated with a number of complications including gestational diabetes mellitus (GDM). Currently, little is known about guidelines in clinical practice and the challenges faced by heath care professionals (HCPs). The aim of this study was to understand the

perceptions, approach and challenges faced by midwives, obstetricians and general practitioners who provide antenatal care to women who are overweight and obese during pregnancy with the view to informing the development of an antenatal lifestyle intervention.

Methods Semi-structured interviews were conducted with a purposive sample of health care professionals (HCPs) from Cork University Maternity Hospital (CUMH) (n=10) and with a sample of General Practitioners (GPs) working in primary care in the region (n=7). Data was collected until data saturation occurred. Interviews were digitally recorded and transcribed into NVivo V.10 software. Thematic analysis is ongoing.

Results Preliminary results identified 'knowledge of weight management' and 'antenatal services' as key issues. A lack of knowledge was evident involving risks, complications and initiating a conversation around overweight and obesity in pregnancy. Variation exists around what is considered appropriate weight gain and whether HCPs were following any particular guidelines. HCPs expressed concern about the dramatic increase in the number of pregnant women who are overweight and obese and how weight perception has changed in society. Large 'caseloads' meant that lifestyle factors were not routinely discussed with the women and furthermore, a lack of communication is very evident between HCPs in the hospital and GPs in terms of the services provided.

Conclusion HCPs expressed challenges when communicating with their patients about weight management in pregnancy. By ensuring midwives and other HCPs have the knowledge, skills and opportunity to discuss weight and lifestyle factors with pregnant women, the women, in turn, may be more motivated to maintain healthy behaviour's during pregnancy.

P90 SOCIO-ECONOMIC VARIATION IN CHILD BMI TRAJECTORY FROM INFANCY TO ADOLESCENCE IN THREE CONTEMPORARY EUROPEAN CHILD COHORTS

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Background Rates of overweight and obesity have been shown to vary across socio-economic groups (SEG) from at least the age of three years but little is known about whether SEG differentials vary after adipose rebound and into adolescence and whether these trajectories differ by national context. This study examines socio-economic differentials in children's body mass trajectories in infancy and extending across childhood into early adolescence in three contemporary child cohort studies.

Methods Data on body mass index (BMI) measured on at least three occasions between birth and adolescence was obtained from four prospective cohort studies – Generation 21 (G21–Portugal), Growing Up in Ireland (GUI–Ireland) (infant and child cohorts), and the Millennium Cohort Study (MCS–UK) – involving a total sample of 44 136 children. SEG differentials in children's BMI trajectories was modelled by maternal educational level (primary, secondary, tertiary) using hierarchical models with fixed and random components for each cohort study.

Results Child BMI growth trajectory was greater for children of lower educated mothers but only from three years of age. In G21, the educational differential emerged by 4 years of age and increased from 0.25_{boys} [CI_{95}=0.14, 0.38] and 0.44_{girls} [CI_{95}=0.30, 0.58] to 0.45_{boys} [CI_{95}=0.25, 0.64] and 0.70_{girls} [CI_{95}=0.48, 0.92] by 7 years of age. In GUI, the mean difference in BMI between polarised educational groups increased from 0.21_{boys} [CI_{95}=0.08, 0.35] and 0.35_{girls} at 3 years of age [CI_{95}=0.21, 0.49] to 0.92_{boys} [CI_{95}=0.63, 1.21] and 1.40_{girls} [CI_{95}=1.09, 1.71] by 13 years of age. In MCS, the educational differential was first observed at 5 years of age and increased from 0.14_{boys} [CI_{95}=0.06, 0.23] and 0.19_{girls} [CI_{95}=0.10, 0.28] to 0.66_{boys} [CI_{95}=0.49, 0.83] and 0.61_{girls} [CI_{95}=0.42, 0.79] by 11 years of age.

Conclusion Socio-economic factors are strongly implicated in the aetiology of childhood obesity. This study shows that the socio-economic differentials emerge in early childhood and widen over time providing important policy evidence about the timing of potential policy interventions designed to eliminate the adverse life course health effects associated with early emerging adiposity.

P91 MECHANISMS OF ACTION IN GROUP-BASED INTERVENTIONS (MAGI) STUDY: A FRAMEWORK OF CHANGE PROCESSES IN GROUP-BASED HEALTH INTERVENTIONS

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Background Groups are often used to promote personal and health-related psychological and behavioural change. Although there is considerable literature on group dynamics and intra- and inter-personal change processes in groups, this knowledge is dispersed across different disciplines and rarely used in the design, delivery and evaluation of group-based health interventions. The aim of the Mechanisms of Action in Group-based Interventions (MAGI) study was to identify and enhance understanding of change processes in group-based health interventions by (1) developing a conceptual framework of change processes in groups, (2) identifying examples of these processes and practical strategies for facilitating them, and (3) exploring potential relationships between group processes and intervention engagement and outcomes in three group-based weight loss interventions.

Methods Qualitative methods were used to develop the conceptual framework and identify examples of change processes and practical strategies. This involved (1) reviewing literature on theories of group dynamics and change in groups, qualitative studies, taxonomies of behaviour change techniques, and assessment tools to measure group processes; (2) reviewing and coding content of intervention manuals and 38 transcripts of group session recordings from three studies of group-based weight loss interventions; and (3) consultations with researchers, practitioners, facilitators and participants involved with group-based interventions. Further 24 transcripts of group sessions from one of the weight loss studies were coded using the framework and analysed to explore associations with intervention engagement and outcomes.