P51 ABSTRACT WITHDRAWN

P52 PRIMARY CARE APPROACHES TO MEASURING AND MOBILISING ACTION ON SOCIAL DETERMINANTS OF NON-COMMUNICABLE DISEASE: A SYSTEMATIC REVIEW

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Aim Having reaffirmed the centrality of Primary Health Care to achieving universal health coverage, WHO member states now must operationalize their commitments. Leveraging primary care systems to assess and address the social determinants of health (SDOH) is a sensible starting point, however best practices remain unclear. We examined how primary care organizations assess and subsequently act upon the social determinants of non-communicable diseases (NCDs) and sought to compare actions stemming from routine versus ad-hoc SDOH assessments.

Methods PubMed, MEDLINE, Embase and HMIC were searched from inception to 28th June 2019, along with hand-searching of references. Studies of any design that examined a primary care organization assessing social determinants of NCDs with the intention of subsequently intervening upon them were included. We excluded papers with the following characteristics: solely described theoretical models or organizational plans; described single-issue initiatives for narrow sub-populations and; stand-alone epidemiological surveys unless conducted with intention of assessing local SDOH. Independent dual review was used for screening, data extraction, and quality assessment. For quality assessment, modified Cochrane risk of bias and Newcastle-Ottawa tools were used.

Results Searches identified 666 studies of which 17 were included. All used descriptive study designs. Individual-level surveys and interviews were the most common approaches reported. Fewer studies involved the collation of secondary population-level data held by agencies external to the primary care organization. Numerous actions were described, ranging from individual-level interventions such as social service referrals to novel representation of primary care organizations on system-level policy and planning committees. No inferences could be made about whether routine SDOH assessments were more or less likely to result in action than ad-hoc assessments. Several enablers and barriers to collecting and mobilizing SDOH data within well- and under-resourced primary care settings were identified.

Conclusion Worldwide, primary care systems are increasingly being asked to engage with social determinants of health. The studies included in our review provide a number of different potential approaches for this task.

Our review identified several primary care approaches to leveraging patient- and population-level data to identify and initiate action on social determinants of NCDs. Stronger evaluative and experimental studies are needed to understand if primary care based SDOH data collection leads to actions that mitigate unmet health and social needs.

P53 AMERICAN FOUNDATIONS AND THE CREATION OF MODERN PUBLIC HEALTH IN CHINA AND INDIA

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Background American Foundations right from the historical to the present times are far from being philanthropic entity. These foundations since their inception have been closely tied to the American Influence and compliment both its military and technological power. Since the early years of their inception, major American Foundations like Rockefeller and Ford have been very influential in global development of public health, not only through their grant making but also by participating in shaping concepts and policies. There has always been an overt focus on technological solutions to social issues. Rockefeller Foundation was the first major American foundation to engage in public health issues in both China and India followed by Ford foundation in the early 50 s (India) and late 70 s (China) and finally the Bill & Melinda Gates Foundation following its predecessors set its foot in Public health in the 21st century.

Methods This study looks at the differences in the scope, nature and depth of engagement of Rockefeller, Ford and Bill & Melinda Gates Foundation with focused health institutions and programmes in China and India from the early 20th century to the present. This study plans to trace the Historical development of these three big American Philanthropic Foundations in depth, the world of Philanthropic giving, its impact on knowledge construction, social policies and the agenda that it sets to fulfill.

This study plans to adopt a qualitative method in which Archival study and indepth interviews of key informants will be the main source of data collection.

Discussion With its sheer size and increasing number, American Philanthropic Organizations have become an influential actor in international policy debates especially in the field of global health. At a time when governments are unable to solve pressing public health challenges, Foundations with its strategic business methods is positioning itself as an alternative and operating model. These aid over the decade have infact created sustainable elite networks that, on the whole, supported American policies ranging from liberalism in the 1950s (Rockefeller, Ford and Carnegie) to neo-liberalism in the 21st century (MacArthur, Clinton, Gates, Johnson). Rockefeller, Ford and Gates Foundation are the global major players. What Rockefeller started, followed by Ford in the 20th century public health has been taken over by Gates Foundation into a whole new level in terms of both funding and influence. All three foundations have been active players in governing public health discourses in both China and India.

P54 BURSTING OUT OF OUR BUBBLE: USING CREATIVE TECHNIQUES TO COMMUNICATE RESEARCH FINDINGS

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Background The increasing pressure on scientists and researchers to publicise research findings and generate impact,

alongside an expectation from funding bodies to go beyond publication within academic journals has generated interest in alternative methods of science communication.

Our aim is to share and describe our experience of using a variety of creative communication tools, reflect on their use in different situations, enhance learning and generate discussion within the research community.

Methods Over the last 4 years, we have explored a number of creative communication tools (illustration, podcasts, blogs, briefing papers, board games and social media shareable content) to share our research with the diverse range of people who could benefit from the findings and extend dissemination beyond traditional academic mechanisms.

Central to our approach is the co-production of a communication plan with potential evidence users which facilitates i) the identification of key messages for different audiences, ii) discussion of appropriate tools to communicate the key messages and iii) exploration of avenues to share them. We aim to involve evidence users in the production of tools where appropriate and to produce a variety of outputs for each research project cognisant of the many ways in which individuals choose to engage with information.

Results Our experience has allowed us to develop an understanding of the pros and cons of a wide range of creative communication tools. For example, board games can be a fun way of learning, may flatten power hierarchies between researchers and research users and enable the sharing of large amounts of complex information in a thought provoking way but they are time and resource intensive both to produce and to engage with. Conversely, social media shareable content can be quick and easy to produce and to engage with but limited in the depth and complexity of shareable information. This method also requires careful consideration of the social media use and habits of the target audience.

Based on this experience, we have developed a simple infographic to guide future decision making.

Conclusion It is widely acknowledged that most stakeholders do not have time to invest in reading large and complex documents; creative communication tools can be a useful mechanism to improve accessibility to key messages. Furthermore, our experience has highlighted a range of additional benefits of embedding these techniques within our project management processes e.g. opening up two-way conversation with end-users of research to discuss the implications of findings.

P55 RACIAL DISCRIMINATION PREDICTS BODY WEIGHT GAIN IN BLACK INDIVIDUALS IN FOUR YEARS FOLLOW-UP OF THE ELSA-BRASIL COHORT

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Background Obesity is a worldwide public health problem, and large disparities between racial groups have been reported. The North American literature suggests that racial discrimination can accelerate the increase in body weight throughout

life. As racism in Brazil has different and specific facets, our study aims to describe the racial difference in body weight and BMI (kg/m²) gain in four-years follow-up and to investigate whether racial discrimination changes these trajectories among Black and Brown individuals.

Methods The present study compares body weight and BMI changes between the 1st (2008–2010) and the 2nd visits (2012–2014) of 13,133 participants of the Brazilian Longitudinal Study of Adult Health (ELSA-Brasil) according to race/skin color. In order to investigate whether racial discrimination predicts greater weight and BMI gain in Blacks and Browns (N=5,983), we used mixed-regression models. Information on racial discrimination, assessed by the modified version of the Lifetime Major Events Scale, and on sociodemographic, behavioral, and depressive episode factors were obtained at the 1st visit.

Results Mean age of participants was 52 years, 54% were female, 54% self-declared as White, 29% as Brown and 17% as Black. The median follow-up time was 3.9 years. During the study period Whites, Blacks and Browns gained an average 1.2 kg, 1.2 kg, and 1.4 kg, respectively, corresponding to an average increase in BMI of 0.60, 0.56 and 0.65 kg/m², respectively (p>0.05). Racial was reported by 6.3% of Brown and 32.1% of Black participants. The weight gain was greater among Black (2.1 kg *versus* 1.0 kg, p<0.001) and Brown individuals (1.9 kg *versus* 1.1 kg, p=0.02) who reported racial discrimination as compared to those who did not report. Mixed-effects regression models demonstrated that Blacks who reported racial discrimination had greater weight and BMI increases than those who did not report, even after adjustment by potential confounders (age, sex, education and income). These results remained statistically significant even after adjusting for mediating variables of the association between discrimination and weight/BMI gain (smoking, physical activity, alcohol consumption and depressive episode). In Browns, racial discrimination was not an independent predictor of weight gain and BMI over time.

Conclusion Weight and BMI gains were observed among all race/skin color groups examined, with no statistical differences between them. The results indicate that Black individuals who reported racial discrimination had greater weight and BMI increases in the study period than those who did not, reinforcing the importance of public policies against racial discrimination to reduce racial disparities in health.

P56 PROMOTING HEALTHY INFANT FEEDING TO PREVENT CHILDHOOD OBESITY: PROCESS EVALUATION OF THE CHOOSING HEALTHY EATING FOR INFANT HEALTH (CHERISH) INTERVENTION

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Background The CHERISH Choosing Healthy Eating for Infant Health intervention is a brief intervention to be delivered during routine vaccination visits, to improve healthy infant feeding behaviours among parents to help reduce the risk of childhood obesity. An accompanying implementation strategy