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sion to contribute to close health gaps identified a need to

instead of “How can we reach these groups?” changes focus

the population has a complex background. Putting the

several severe health conditions. Their unequal distribution in

M Magnusson

Background and objectives:

The consumption of SSB reduced only among children

The effect was not mediated by availability of SSB, parental

degree.

The effect of DOI on the change in children’s SSB consumption via

intervention implementation. Since the found effect

in the high DOI group, which supports the importance of

Intervention effect on the consumption of SSB was only found

on the extent to which the intervention is implemented; higher

of an health behavior intervention had an effect on

was not mediated by the studied mediators, other possible

key messages:

mediators is crucial in developing successful interventions.

the DAGIS preschool intervention was conducted in 2017-

results from DAGIS study

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Health literacy of organisations – a cornerstone for

health outcome

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Unhealthy food habits are included in the factors behind

several severe health conditions. Their unequal distribution in

the population has a complex background. Putting the

problem “How can we make our resources more reachable?”

instead of “How can we reach these groups?” changes focus

from individual to organisational health literacy which opens

windows of opportunity. A public health unit with commis-

sion to contribute to close health gaps identified a need to

systematically develop its own health literacy. Critical

examing was conducted by the quan/qual tool Health

equilibrium methodology. Reflections on accessibility and

acceptability of resources offered by the unit were documented

and used for methodological development. Aims were to

develop professional judgment on how to contribute to fair

health outcome and to improve support for healthy habits.

Data used were collected 2019-2021. What hinders people from

healthier food habits? How can we adjust our practice?

Documentation included organised breakfast-talks, food-talk

with cultural interpreters, lectures with sports-club health

ambassadors, health groups with people of different maternal

language, meetings with parents at open pre-school, staff in

health promotion commissions and elderly. Problems identi-

fied were high costs on healthy food and on travels to vending

points, traditional large sugar-intake, marketing of unhealthy

food to children, failure to understand information from

Swedish Food Agency (except the Keyhole food labelling which

was much appreciated). A model for shop-walks with cultural

interpreters, more accessible versions of leaflet-materials and

dialogue-meetings about food in different settings were

developed. Reflections on the unit’s communication lead to

change of settings for meetings and refined ways to talk about

parenthood, women’s role and aspects of ethnicity. Systematic

self-reflection strengthens organisational health literacy and

may contribute to fair health outcomes

Key messages:

• Organisational health literacy need to be developed

pursely.

• Scarcity is a barrier for a healthy diet also in a welfare state

like Sweden.

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