

allow the study conductors to know the previous knowledge and/or status of the group, preparing practical activities, writing texts and informative letters for the parents, preparing materials and tools for the children, as well as the final evaluation tests.

Results: Results obtained in several programs developed by GENA, as well as examples of materials used are presented. Moreover, guidelines about how to prepare and carry out such educational programs will be given, taking into account cultural and social features of the study groups and the difficulties that arise in changing dietary habits in the population.

2.06.108 Poster

VITAMIN A BROCHURE IMPROVES KNOWLEDGE OF PRIMARY HEALTH CARE (PHC) WORKERS IN SOUTH AFRICA

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A third of South African children below 6 years are estimated to have marginal vitamin A status. A national intervention programme to prevent, identify, and manage Vitamin A deficiency (VAD) is being planned by the Department of Health (DoH). A working group from the University of Cape Town was commissioned by the DoH to develop an informative brochure to educate PHC workers about VAD.

Aim: A before-after study was undertaken to evaluate whether the brochure would be an effective tool to improve knowledge about VAD.

Methods: The baseline knowledge of Vitamin A of PHC workers in community health centres (CHC) in 4 provinces (non-urban and urban areas) was determined using a questionnaire. Translated versions of the vitamin A brochure were subsequently distributed to the participating CHCs. Two months later, the knowledge questionnaire was re-administered and differences in score determined.

Results: Ninety-three subjects completed a pre and post-questionnaire. The knowledge of subjects (n = 53) who had read the brochure significantly improved by 15%, with the highest improvement seen in Kwazulu-Natal (27%). The post-scores obtained suggests that these health workers had sufficient knowledge to effectively manage VAD. Subjects who had not read the brochure (n = 40) had no improvement in knowledge score. Most subjects found the brochure simple, informative, attractive and portable.

Conclusion: The locally developed vitamin A brochure was an effective didactic nutrition education tool for PHC workers. It is however evident that training and implementation strategies need to accompany distribution of the brochure.

2.06.109 Poster

SURVEY OF NUTRITION KNOWLEDGE OF CANADIAN PHYSICIANS IN NUTRITION, EXERCISE AND SMOKING

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Previous reports have indicated that physicians generally have little training in nutrition and a poor knowledge of the subject. Little is known concerning their knowledge in the areas of exercise and tobacco use. A questionnaire was mailed to primary-care physicians in Manitoba, Canada. Using multiple-choice questions we determined their knowledge in the areas of nutrition, exercise in relation to health, and smoking. Additional questions were asked to determine their level of education in these areas, sources of information, and perceived barriers to giving more counseling. Completed questionnaires were received from 33.8% (70 of 207 eligible physicians). The average correct response was 66.1%. This consisted of 69.2% for nutrition, 59.2% for exercise, and 60.7% for smoking. As many as half of physicians do not appear to be aware of the source of fiber that lowers the blood cholesterol level (beans), the recommended number of servings of fruit and vegetables, the type of fat found in hydrogenated fats (trans fatty acids), the anti-hypertensive action of potassium, and the BMI cutoff for obesity. Combining all educational courses (both before and after receiving their MD) 37% of physicians had received over 20 hours of instruction in nutrition. For physical exercise in relation to health and for tobacco use 39% and 66%, respectively, had over 10 hours of total education. Other than medical training the leading source of information in each of the three areas is medical journals. Lack of time was the major barrier identified in all 3 areas as preventing physicians from giving more counseling to patients. These results support other data that in order to be competent to give reliable advice concerning nutrition, exercise, and smoking, physicians require more education in these areas.

2.06.110 Poster

EFFECT OF NUTRITION EDUCATION PROGRAM ON NUTRITION KNOWLEDGE, DIETARY DIVERSITY OF ELEMENTARY SCHOOL CHILDREN

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The purpose of this study was to promote health for elementary school children. It was conducted with a 7 weeks program focused on the teaching of the food pyramid and evaluation of its educational effects. Subjects consisted of 75 boys and girls (control group: 37, treatment group: 38) in the 4th grade of elementary school. The results showed as follows. The proportion of boys was a little higher than that of girls. Of their mother's age, the thirties and forties were 66.7% and 33.3%, respectively. 61.3% of mothers had jobs and 86.7% of mothers prepared meals. The average of the anthropometric data of the 2 group show were all in the normal range. The degree of nutritional knowledge in treatment group after education was significantly in all concepts, however, the degree of the control group appeared to show significant increase in only two concepts, such as 'snack' and 'one-sided diet'. The diversity of dietary intake was investigated to evaluate the educational effect using food picture cards. The treatment group showed significant increase in all food groups except 'cooked rice', 'potatoes' and 'fruits', but the control group showed no significant change. The level of nutrition knowledge had a significant correlation with the diversity of the intake in the treatment group. The preferred lesson were 'games', 'doll playing' and 'role playing' for children. The impressive lesson contents were 'diverse food intake without one-sided diet', 'eating breakfast everyday', 'choosing good snacks for health' and 'eating less processed food'. These findings indicate that a well-designed program for nutrition education can help to change food habits, and that children's education helps them to grow and to live as healthy adults. The performance of an educational program for preventive nutrition is more beneficial for children than for the adults based on the cost reduction and effect of this education.

2.7 Diet, nutrition and life-styles in health promotion

2.07.001 Keynote lecture

THE EURODIET INITIATIVE AND HEALTH PROMOTION PROSPECTS: THE CASE OF GREECE

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The development of European guidelines for healthy diets and lifestyles has been a primary objective of the Eurodiet initiative.* Realization of the project entailed a two-year process (1998–2000) of scientific evaluation, consultation and debate, examining the 4 inter-related facets of the issue: (1) the links between health and nutrients; (2) the translation of nutrients to food-based dietary guidelines; (3) effective promotion of these foods and healthy lifestyles and (4) the opportunities and barriers posed by the broader policy framework. The outcomes reviewed here, and recently published as the EURODIET reports and evidence base,** offer a significant contribution to the emerging food and nutrition policy in Europe. The Eurodiet recommendations are intended as a framework to enable member states to develop and effectively implement their own food-based dietary targets. Using the case of Greece, the health promotion prospects are examined. Available data indicates an alarming gap between the population goals for nutrients and features of lifestyle recommended by Eurodiet and current diet and lifestyle characteristics of contemporary Greeks. Addressed in turn these include: a very low incidence of breastfeeding; a high and increasing incidence of overweight and obesity among young children; poor nutritional habits including low fruit, vegetable and fibre intake among children and young adults; low rates of physical activity. Coupled with a high incidence of smoking, these characteristics are critical to the relative deterioration in the health profile of the Greek population. Existing health promotion initiatives (eg in schools) are reviewed and the prospects for developing a coherent national policy with dietary and lifestyle targets consistent with the prevention of major public health problems is examined.

2.07.002 Keynote lecture

HEALTHY PEOPLE.....HEALTHY LIFESTYLES

Eileen Kennedy

The Dietary Guidelines for Americans form the basis of US nutrition policy. The guidelines which were first published in 1980 are intended to answer the question, 'What should Americans Eat to Stay Healthy?' The guidelines have been remarkably consistent over the past 20 years, building on the emerging consensus from science. The 2000 Dietary Guidelines were released at the National Nutrition