ZScoreBP_{syst}: milk (-0,150), eggs (0,101), sweet-beverages (-0,109), pastries

(-0,143)

ZScoreBP_{diast}: sweet-beverages (-0,156), nuts (-0,107), chocolate (-0,108)

PP: milk (-0,141), eggs (0,130), vegetables (-0,111), pastries (-0,097)

PM: cheese (0,100), fried-food (0,101), sweet-beverages (-0,179), nuts (-0,107), pastries (-0,129), chocolate (-0,118)

- Comparison of means showed significant differences:

NBP-syst ate more weekly portions of milk (NBP 7.5 ± 3.3 ; HBP 5.9 ± 3.3) and pulses (NBP 1.1 ± 1.1 ; HBP 0.7 ± 1); and less fried-food (NBP 2.5 ± 2 ; HBP 3.3 ± 2.4).

NBP-diast ate more weekly portions of pastries (NBP 4.4 ± 3.4 ; HBP 3.7 ± 3.4), chocolate-products (NBP 4.9 ± 3.8 ; HBP 3.9 ± 3.1), eggs (NBP 2.1 ± 1.3 ; HBP 1.7 ± 1.4), sweet-beverages (NBP 2.6 ± 3.2 ; HBP 1.8 ± 2.1), nuts (NBP 0.5 ± 1 ; HBP 0.3 ± 0.6) and vegetables (NBP 16.1 ± 7.4 ; HBP 14.4 ± 6.8).

Conclusions:

- Some sort of food seems to have early influence in BP values.

- Relationship between food and BP in childhood must be considered as protective cardiovascular risk factors.

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RELATIONSHIP BETWEEN COMPLIANCE WITH THE “CHAM JAM” INTERVENTION AND PHYSICAL ACTIVITY LEVELS IN BRONX ELEMENTARY SCHOOL STUDENTS

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Background and aims: A “CHAM JAM” intervention aims to increase physical activity (PA) in schools without daily physical education (PE). Compliance with delivering an intervention as planned is a fidelity measure important in interpreting intervention's effect.

Aim: To assess the relationship between compliance with “CHAM JAM” and PA levels.

Methods: A cluster-randomized wait-listed controlled study at 4 schools. Students in 2 schools received “CHAM JAM”, an audio CD with 10-minute, education-focused aerobic activities. Teachers were instructed to use intervention 3 or more times/day. Compliance with “CHAM JAM” was measured by unannounced random direct observations. PA was measured on 5 consecutive days at baseline, 3- and 6-months post-intervention using a pedometer. Hierarchical linear models were used to evaluate differences in PA levels in relation to degree of compliance.

Results: 913 students participated (456 intervention; 457 control). After adjusting for baseline PA, grade level, recess and PE class participation, greater compliance with intervention was associated with increased PA levels 3- and 6-months post-intervention, $p < .0001$ for both time points. Students who participated in “CHAM JAM” > 2.5 times/day had greater PA levels as compared to controls at 3-months (3152 (SD 1288) steps vs. 2556 (SD 1150) steps, $p = .0029$) and 6-months (3822 (SD 1231) vs. 3448 (SD 1488), $p = .09$) post-intervention. Overall, compliance with “CHAM JAM” was higher 3-months (mean 1.81, range 0-4 times/day) than 6-months post-intervention (mean 1.56, range 0-6 times/day).

Conclusions: A dose-response relationship exists between compliance with “CHAM JAM” and PA levels. These results may have implications for further program evaluation and dissemination.

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ARE WE SAILING SMOOTHLY?

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Background: Effective communication between various sectors is a crucial factor in the delivery of good quality health care. The Sheffield Assessment Instrument for Letters (SAIL) uses a consensus framework to look at letters between General Practitioners and hospital specialists and is considered as a valid indicator of written communication with families of sick children.

Aims: To assess the quality and content of out-patient clinic (OPC) letters between primary and