ZScoreBPsyst: milk (-0,150), eggs (0,101), sweet-beverages (-0,109), pastries

(-0,143)

ZScoreBPdiast: 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.

1274

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

M. Reznik, P.O. Ozuah

Pediatrics, Children's Hospital at Montefiore/Albert Einstein College of Medicine, Bronx, NY, USA

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.

1275

ARE WE SAILING SMOOTHLY?

M. Ahmed, B. Akhtar, H. Aleshaa, T. El-Azzabi

Burton Hospitals NHS Foundation Trust, Burton Upon Trent, UK

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

secondary care by using SAIL as a framework in a district general hospital setting.

Methods: 200 OPC letters dictated by consultants and middle grade doctors in training were randomly assessed using SAIL by 3 assessors. Data was analysed using Microsoft excel.

Results: Documentation of history and examination was appropriate in most letters (96% and 81% respectively). 85% of letters contained a medical problems list. In only 34% letters, all doses of medication were clearly stated in formal units. An adequately justified clear plan to investigate (or not to investigate) was evident in ~50% of the letters. Follow up were recorded in 99% of letters. The mean of the checklist score was 14.8 for Consultants and 14.9 for middle grade doctors. (P = not significant).

Conclusion: Further improvement in clear documentation of medication/doses as well as information shared with the families is warranted. SAIL can be used as a valuable tool to assess effective written communication. SAIL can be used as one of the assessment tools for paediatric trainees as well as part of revalidation kit for Paediatricians in future.

1276

EVALUATION OF A KNOWLEDGE-BASED TEACHING MODEL FOR STUDENTS AND NURSES IN NEONATAL UNIT RELATED TO CHILDREN WITH CONGENITAL HEART DISEASE

M.T. Solberg[1], B.S. Tandberg[2]

[1]Lovisenberg Deaconal College, Oslo, Norway, [2]Department of Pediatrics, Rikshospitalet, Oslo University Hospital, Oslo, Norway

Object of study: In Norway 550-600 children are born with congenital heart disease (CHD) each year. The purpose of this project is to evaluate a knowledge-based teaching model for students and nurses in the neonatal intensive care unit (NICU). The model includes theory, teaching, independent study and structured guidance in the clinical field. This model emphasizes nurses' knowledge, observations and assessments regarding newborn with CHD. Research questions were:

1. What physiological factors and clinical observations do students and nurses perceive when assessing of newborns with CHD in pretest versus posttest?

2. Which cognitive level of knowledge do students and nurses report after participating in the project?

Method: Evaluation study, pre-and post-test design with the use of a questionnaire. The questionnaire includes physiological and clinical observations used in assessments of nursing care to newborns with CHD. The sample is 19 students and 21 nurses at NICU.

Results: Primary results show that the model has contributed to increased cooperation between college staff and nurses in the clinical field. Additionally the model has positive impact on students' and nurses' clinical learning. Students and nurses have strengthened their observation and assessment ability. Final results will be presented at the conference.

Conclusions: Knowledge-based teaching model with theory embedded in structured practice guidance and reflection provides a very positive learning outcome for students and nursing staff in the NICU.

1277

PARENTS´ PERSPECTIVES ON THEIR CHILDREN´S HEALTH INSURANCE

J. Pascoe, W. Spears, C. McNicholas, M. Lee, G. Eberhart, M. Pakvasa, J. Zagory

Pediatrics, Wright State University, Dayton, OH, USA

Objective: To ascertain the prevalence of underinsurance among families within the Southwestern Ohio Ambulatory Research Network (SOAR-Net).

Methods: Cross-sectional study of English-speaking parents whose child had health insurance completed surveys during Summer 2009 at SOAR-Net practices.

Results: 1978 parents completed the survey and 186 refused. Overall, 84.9% were mothers, 75.4% were Euro-American, 91.2% reported at least a high school education, 61.2% of study children had private insurance. During the 12 months prior to the survey, 5.5% of index children did not see a recommended specialist, 4.7% did not have a test and 8.7% did not fill a prescription because of parents´ trouble paying for it. 7.8% reported that their child´s health had suffered due to the cost of care. Compared to three years ago, 16.7% of parents reported it was