

3<sup>rd</sup> World Congress on

# PUBLIC HEALTH AND NUTRITION

February 26-28, 2018 London, UK

## Keynote Forum

### Day 1

Public Health 2018

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## Giulio Barocco

*Azienda Sanitaria Universitaria Integrata di Trieste, Italy*

### NUTRITIONAL QUALITY CRITERIA IN CATERING SERVICES: THE NUTRIENT ANALYSIS CRITICAL CONTROL POINTS PROCESS

**M**ultidimensional Survey of catering in elderly care homes in Friuli Venezia Giulia Region, Italy (2016) coordinated by Local Health Agency (LHA) of Trieste has shown some critical aspects in the quantity–quality profile of food administered in the segment of welfare catering. The formulation of meals can be characterized by the excessive use of processed raw materials and incorrect preparation practices which, although meeting the caloric and macronutrient needs, do not always guarantee a sufficient protection from oxidative stress. At some nursing homes, losses of up to 70% of antiradical power of several vegetable dishes have been observed such as demonstrated by University of Trieste. This is a serious problem for institutionalized elders as, according to literature, the prevalence of denutrition and the risk of malnutrition exceeds 20% and 50% respectively of the guests. In view of these findings, the LHA has adopted Nutrient Analysis Critical Control Points (NACCP) process as a working tool for the integration of hygiene best practices and measures to prevent the damage of some nutrient fractions during the various steps of all production processes (food supply, storage, preparation and cooking methods). To maximize the intake of bioactive compounds by consuming protective meals new criteria have been introduced into public procurement contracts. Criteria establish more raw materials, such as fresh fish, lower exposure of food to degradation agents by redefining the timing of the production flows, workloads, technological systems used. Accurate declination of the process under examination has allowed to serve meals that can guarantee a sufficient protection from oxidative stress to elderly. Integrating the NACCP process and good nutritional practice with the criteria of green public procurement and sustainable development goals falls within the broad framework of actions aimed at implementing principles of Health in All Policies ratified by the WHO.

#### Biography

Giulio Barocco has a Master of Science in Prevention and Complex Actions, a Graduate Degree in Health Professions of Prevention Sciences and a Bachelor's Degree as Food Merceology and Prevention Technician. Since 2007 he has held an Expert position for the integration and joint management of food safety and nutrition quality at the Public Health Agency of Trieste (ASUITS). He acts as an Advisor for the development of food and nutrition projects and policies in the framework of the "Gaining Health" program (Regional Health System of the Region Friuli Venezia Giulia). He has developed several integrated programs on nutrition, food security and food safety for public institutions at local and regional level.

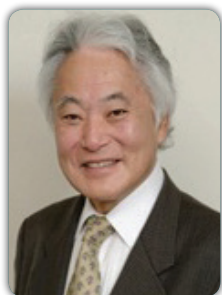
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## Yukio Yamori

*Mukogawa Women's University, Japan*

### ARE 24-HOUR URINARY BIOMARKERS OF FISH AND SOY INTAKES USEFUL PREDICTORS FOR CARDIOVASCULAR RISKS?

**Background and Aim:** WHO-coordinated CARDIAC (Cardiovascular Disease and Alimentary Comparison) Study covering over 60 populations in the world revealed sodium(Na) intakes and Na/potassium(K) ratio checked by 24-hour urine (24U) samples were associated positively with the age-adjusted mortality rates of strokes, and therefore, Na and Na/K ratios of 24U were proven to be useful predictors of strokes.<sup>1,2</sup> Since CARDIAC study also proved significant inverse association of 24U biomarkers of fish and soy intakes, taurine (T) and isoflavones (I) with the age-adjusted mortality rates of coronary heart diseases (CHD),<sup>2,3</sup> we investigated the association of these biomarkers with the risks of CHD.

**Methodology:** About 100 males and 100 females aged 48-56, from each study site, 50 in total in the world, were invited to health examination for anthropological examination and automated blood pressure measurement as well as fasting blood sampling and 24U collection by using "aliquot cups" for collecting easily 1/40th of voided urine each time. The quintiles of 24UT (T1-5) and 24UI (I1-5) were analyzed in relation to cardiovascular risks.<sup>4</sup>

**Findings:** The group who excreted both lowest 24UT and 24UI, T1-I1, showed significantly ( $p<0.001$ ) higher BMI and serum cholesterol after age and sex adjustment than the group who excreted both highest 24UT and 24UI, T5-I5. The Odds ratios of obesity and hypercholesterolemia in the lowest T1-I1 were 8.6 and 7.7, significantly ( $p<0.01$ , 0.001) higher than in the highest T5-I5, but Odds ratio of hypertension was 1.4, not significant.

**Conclusion:** 24UT and 24UI were strongly associated with obesity and hypercholesterolemia, 2 major risks of CHD. Therefore, 24UT and 24UI are the predictors for CHD. When these are combined with 24UNa and 24UK, these 24U biomarkers obtained noninvasively are useful for objective estimation of individual nutritional situation and risk assessment of CHD and stroke, thus can be predictors for 2 major cardiovascular diseases.

#### Biography

Yukio Yamori is a Former WHO Expert Committee Member on Cardiovascular Diseases, Professor Emeritus of Kyoto University, and currently Director of Mukogawa Women's University Institute for World Health Development and President, Hyogo Prefecture Health Promotion Association. He is an honorary member for numerous organizations such as Stroke Council of American Heart Association and High Blood Pressure Research Council of Australia. He won CIBA Award for Hypertension Research from American Heart Association (1982), Beltz Award for Nutritional Factors-related to CVD (1993), the Order of Purple Ribbon from Japanese Government (1998) and Special Award from Japanese Society of Hypertension (2008) and Orders of the Sacred Treasure from Japanese Government (2012). He has contributed to research on pathogenesis of hypertension, stroke and atherosclerosis, gene analyses of cardiovascular diseases, development of models for cardiovascular diseases (SHR, SHRSP) and cardiovascular and nutritional epidemiology.

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## Jens Byskov

University of Copenhagen, Denmark

### DEMOCRATIC PRIORITY SETTING IN HEALTH SYSTEMS AS AN ETHICAL IMPERATIVE FOR SUSTAINABILITY OF POPULATION HEALTH

**Introduction:** The ever-increasing evidence and technical developments supporting population health have not yet reached the goal of health for all. The decision making for population health has not led to optimally accountable, fair and sustainable solutions. Technical experts, politicians, managers, service providers, community members, and beneficiaries each have their own values, expertise and preferences, to be considered for necessary buy-in and sustainability. Some of these are well recognized and partly addressed, but those not addressed or hidden constitute vested interests that may be the main constraint for achieving population health. The increase of mortal conflict and environmental degradation are the main longer term threat to population health. Can the health sector advise on control of those health determinants ?

Within the context of the Sustainable Development Goals we aimed to assess and strengthen health systems outcomes and impact on population health and reviewed health systems literature by open web and PubMed searches.

**Findings:** We identified main characteristics of Health Systems developments from their first well documented development to date.

1. Hospital Services and Hygiene focused Public Health in the 1950's but coverage was poor
2. Better coverage by extended primary contact level services in the 1960's
3. Comprehensive health systems WHO technical guidance in 1974
4. Global health system by Primary Health Care from 1978 based on five principles - Equity, Cross Sector Collaboration, Appropriate Technology, Community Participation, Focus on Prevention.
5. Fragmentation into selective primary contact level programs in the late 1980's
6. Service and intervention efficiency from 1993 based on Disability Adjusted Life Years.
7. Sector wide and uniform global programs being main donor approaches from around 2000
8. Localized developments to include values, ethics and more user inclusive priority setting in early 2000's. Accountability for Reasonableness conditions of relevance, publicity, appeals and revisions.
9. Provision improvements from about 2010 by Systems Thinking and Universal Health Coverage
10. Sustainable Development Goals by 2016 associated with One Health for humans, animals and the environment and with Health in All Policies. A revival of 3. and 4. ?

**Conclusions:** Based on findings key themes emerged which need to be addressed for the health sector to optimally support achievement of not only the health targets of SDG three, but also health related targets of other SDGs. They are: Accountability in priority setting, control of vested interests, ethics imperative for population health of similar or higher importance than individual care ethics, and sustainability by applying more democratic mutually committing processes throughout societies and internationally.

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The One Health approach and an Accountability for Reasonableness type of process guidance can lead towards addressing a broader range of health determinants. Global health depends on health of the globe.

## Biography

Jens Byskov graduated from the University of Copenhagen, Denmark as a Medical Doctor with later specialty in Public Health, and from London School of Tropical Medicine as MSc in Community Health in Developing Countries. He has worked with research and capacity development for health systems within the Danish Institute for Health Research and Development and has been residing in African countries over 10 years. He has coordinated multi country health systems studies. Being Emeritus from the University of Copenhagen he works as a research and health systems technical advisor in the School of Public Health of the University of Zambia.

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## Francisco Alonso

University of Valencia, Spain

### RELATIONS BETWEEN PUBLIC HEALTH AND ROAD SAFETY

According to the World Health Organization (WHO), traffic accidents are one of the main public health problems that countries are facing, which results in great mortality and injury. However, the relationship between health and road safety goes much further, since the health conditions of drivers have a high incidence in accidents. It must be considered that psycho-physical disorders can be both relatively permanent and transitory, and that they can lead to a treatment mainly with drugs that in itself can also have an impact on the capacities for driving (without disregard for illegal drugs and alcohol). In the following presentation, from the data of an investigation carried out with Spanish drivers, the main health problems that the drivers acknowledge that suffer, whether physical or psychological, are described as well as the knowledge, perceptions, attitudes and behaviors they have in different contexts, and the opinions about different solutions. With all this we propose and analyze the benefits of a series of countermeasures aimed at minimizing the incidence of risk factors related to drivers' health status, among which are: awareness campaigns, diagnosis, medical advice and the selection of drivers both negative and positive.

#### Biography

Francisco Alonso did his graduation in Psychology and Doctorate in Decision Making from the University of Valencia, Spain. He did Master in Communication at the Miguel Hernández University of Elche, Spain and in Strategic Consulting at the University of Valencia, Spain. Currently he is a Professor at the University of Valencia, Spain on profile "Traffic and Road Safety", attached to the Department of Basic Psychology, Faculty of Psychology. He is a Researcher and Director of the Institute of Traffic and Road Safety at the University of Valencia (INTRAS) and Director of the Research Group DATS (Development and Advising in Traffic Safety), all belonging to the University of Valencia.

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**Yi Li***The University of Manchester, UK*

## SMART TEXTILE WEARABLES AND DIGITAL HEALTHCARE

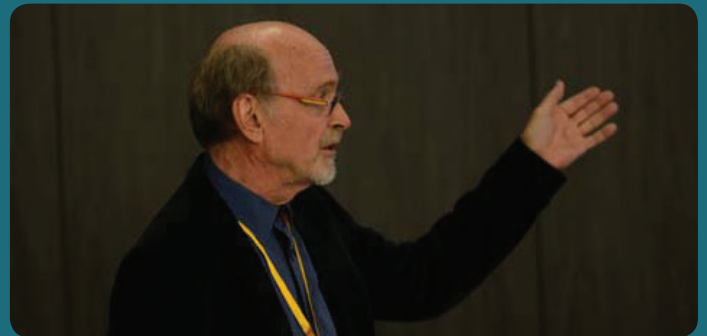
With a global trend of ageing population, health systems in many countries are under substantial budget pressure to meet the future needs. Reduction of hospital bed days by achieving earlier discharge after surgery becomes inevitable to cut down the NHS expenditure. However, without appropriate healthcare, patients are at the risk from isolation, depression, strokes and fractures caused by falls in the home, as well as the post-operative complications, which will result in increasing hospital readmission rates. It has been identified that 80% of face-to-face interactions with the NHS are unnecessary if appropriate technologies could be developed to mitigate these problems. To address the healthcare grand challenge of “Transforming community health & care”, there is an urgent to develop advanced smart functional e-textile wearables for creating innovative ultimate personalized e-healthcare technologies. This could be achieved by developing advanced techniques to engineer advanced materials (e.g. graphene) into and/or onto textile fibers, which will be interfaced with human body and internet mobile devices and cloud computational modelling and simulation of physiological and biomechanical behaviors of human body, as well as its interactions with clothing and external environment. Thus, smooth real time healthcare monitoring, advices and risk/emergency warnings to patients and their medical doctors could be provided in a invasive and invisible fashion. To achieve the goals, there are a number of key scientific and technical challenges to be addressed, including:

1. Establish scientific understanding and engineering principle to fabricate advanced nano-scale functional materials such as graphene into flexible and strong smart fibers with sensing, energy harvesting, energy storage and/or actualization functions;
2. Develop advanced manufacturing techniques to produce advanced wearable smart textile materials (fabrics) using the smart fibres;
3. Develop science of design and engineering principles of system integration of smart fabrics with micro-electronics to produce smart devices;
4. Derive technical solutions to integrate smart devices with wireless data communication technologies to transfer data to cloud servers;
5. Develop cloud-based database, data analysis techniques, as well as computational modeling and simulation of human biological behavior, material functional performance and their interactions with external environments to establish digital biological health avatar for individuals;
6. Develop technical solutions to provide real-time medical professional guidance and feedback to individuals and/or healthcare workers. Careful consideration of the ethics, risks and regulation of such technology is vital from its inception, as the success of this work will challenge both individual patients' healthcare and wellbeing and the organization of timely medical intervention to save lives and reduce healthcare expenses. In this lecture, the scientific foundations are reviewed and the principles are illustrated by examples.

### Biography

Yi Li is a full professor and chair in Textile Science and Engineering in the School of Materials, the University of Manchester. He is a Life Fellow of Royal Society of Art, Commerce and Manufacturing and International Biographical Association and Fellow of the Textile Institute, and adjunct professors of a number of universities in China and a member of several professional bodies. He is the Chairman of Textile Bioengineering and Informatics Society and the Editor-in-Chief of “Journal of Fiber Bioengineering and Informatics”.

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### Day 2

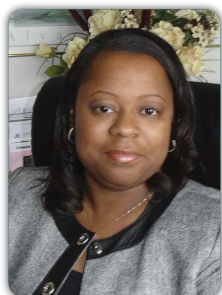
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## Patricia Y B Talbert

Howard University, USA

### A STUDY OF HEALTH DETERMINANTS ASSOCIATED WITH DISEASE PREVALENCE AMONG AMERICAN CHILDREN

High disease prevalence rates continue to significantly impact illness and mortality rates of American children. Therefore, an investigation of specific identifiable risk factors, which may be associated with negative health outcomes among children's groups, may therefore be warranted. A large randomly drawn sample (N =422,599) of boys (n = 198,960) and girls (n = 223,639) ages 4 to 12, was examined in this research study to test for the association between disease prevalence and the factors of Healthcare Quality, Household Income, Race, and Gender. The Pearson Chi Square test for Association was applied to measure for significant variable associations in this research study. This research study examined inpatient admissions for pediatric patients using the Kids' Inpatient Database (KID), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality (AHRQ, 2016). The results of this study found that there were statistically significant associations between negative disease outcomes and identifiable risk factors, which were investigated ( $p < .05$ ). The findings from this research study provide support for establishing the initiatives that may assist in reducing disease and illness rates among children's groups.

**Table 1** Chi Square Test for Association

	HQ	HI	RACE	GEN
CVD	**	**	**	**
HF	**	**	**	**
VI	**	**	*	*
PNEU	**	**	NS	NS
BA	*	**	**	**
DCNS	*	**	**	**
ES	NS	NS	NS	NS
DSD	*	**	**	**
DIA	*	**	*	*
RD	**	**	**	**
MEN	**	**	NS	NS
DEP	NS	**	**	*

$\alpha = .05$   
 \* = Statistical Significance  $p < .05$   
 \*\* = Statistical Significance  $p < .01$   
 NS = Not Statistically Significant

The results of the Chi Square Analyses found statistically significant associations ( $p < .05$ ) between HQ and ten of the twelve disease outcomes (See Table 1). No significant associations were found between HQ and the factors of ES and DEP. There were statistically significant associations found between HI and each of the disease outcomes ( $p < .001$ ), with the exception of the factor of ES (See Table 1). Statistically significant association were found between RACE and nine of the disease outcomes ( $p < .05$ ). There were no significant associations found between RACE and the factors of PNEU, ES, and MEN ( $p > .05$ ) (See Table 1). Additionally, statistically significant associations were found between GEN and nine disease outcomes ( $p < .05$ ), and no significant associations were found between GEN and the factors of PNEU, ES, and MEN ( $p > .05$ ) (See Table 1).

### Biography

Patricia Talbert began her vocation in public health working to empower communities regarding the importance of preventative diseases, promoting healthy lifestyles, and working on health disparities initiatives. While serving in the community, she began working in higher education. She has worked as an educator, academic mentor, researcher, consultant, and held multiple leadership positions. She established the Center for Professional Academic Consulting, LLC, which is dedicated to supporting institutions promote academic excellence by obtaining and maintaining accreditation. In 2015, she joined Howard University to serve as an Associate Professor and now serves as the Associate Dean.

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## Masatsugu Tsuji

*Kobe International University, Japan*

### ECONOMIC ANALYSIS OF REGIONAL MEDICAL INFORMATION SYSTEMS IN JAPAN

The regional medical information network connects medical institutions in the region to share residents' medical data such as images of x-ray and endoscope, diagnosis, past history of medical treatment, medication, and so on. As a result, it leads to promote efficiency and reduction of medical expenditure by preventing double medical checks or medications. Toward the age of big data or AI, the network becomes more important. This paper is based on the field research on regional medical information networks in Japan and compare their aims, operation, information systems, and effects to medical institutions, clinics, and residents. Cases compared are Ajisai (hydrangea) Net in Nagasaki, Japan, and Healthix in In New York, US. Ajisai Net connects 282 hospitals and clinics in the regions and about 50,000 residents are registered. One of its characteristics is for clinic to access to medical data of patients who were transferred to large hospitals and see their real time medical situations. The costs to clinics include initial fees which are JPY 83,000 (USD750) and monthly fees amounted to JPY4,000 (USD36). The network of Healthix connects about 500 medical institutions which share the health records of 18 million residents which include diagnosis, medication, examinations, allergy, and so on. In addition to prevention of double medical examination, or double medication, the network contributes to promotion of efficiency of medicine, and the data accumulated in the network is used for "Population Risk Management" to predict diseases. This study is to examine the economic analysis of regional medical information system.

#### Biography

Masatsugu Tsuji received PhD in Economics from Stanford University in 1976. He is currently working as a Professor at Kobe International University. His serves include visiting professors of Carnegie Mellon University, US and National Cheng Kung University, Taiwan; Board of Director, International Telecommunications Society; Editorial Board, Journal of International Society of Telemedicine and eHealth, and Smart Homecare Technology and TeleHealth; coordinator of e-Health Economics, ISfTeH. His current research focuses on economic evaluation of telemedicine and e-Health. He has been consulting the Japanese Government and local governments for implementing telemedicine projects.

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## Bo-Hyoung Jin

Seoul National University, South Korea

### REMINERALIZATION ABILITY OF FLUORIDE VARNISH CONTAINING TRICALCIUM PHOSPHATE BY TIME

**Objectives:** The aim of this study was to evaluate the degree of remineralization over time after application of fluoride varnish with and without tricalcium phosphate (TCP).

**Methods:** This in vitro study used extracted bovine lateral incisors without dental caries. Artificial lesions were created in the enamel specimens. The amount of mineral loss ( $\Delta F_{\text{before}}$ ) was measured using quantitative light-induced fluorescence (QLF). Test fluoride varnishes (10 mg) were applied to the enamel surface of the specimen and dried for 4 min. No fluoride varnish was applied to the specimens in the control group. Each group was randomly assigned 12 specimens, and remineralization was allowed to occur to different time points (0.5, 1, 3, 6, 12, and 24 h) in each group. Specimens were washed with distilled water and dried with compressed air for 3 s.  $\Delta F_{\text{after}}$  was determined using QLF.

**Results:** When fluoride varnish containing TCP was applied for up to 6 h, the amount of mineral loss significantly increased, and when non-TCP fluoride varnish was applied for up to 12 hours, the amount of mineral loss significantly increased ( $P < 0.05$ ). However, the amount of mineral loss was higher in the control group. The difference between  $\Delta F_{\text{before}}$  and  $\Delta F_{\text{after}}$  ( $\Delta\Delta F$ ) increased over time. There was a significant difference between the TCP group and the control group after 6 h. The non-TCP group showed a significant difference after 24 h compared to the control group. After 12 h, significant differences were observed in the TCP group compared to both the non-TCP and control groups.

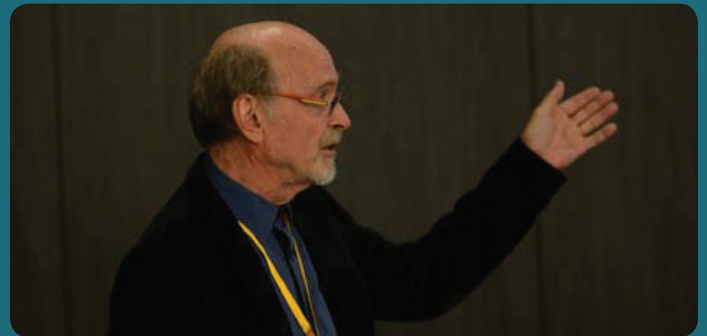
**Conclusions:** This study showed that the degree of remineralization increased gradually over time after fluoride varnish application compared to the control group. In particular, fluoride varnish containing TCP showed better remineralization capability than varnish without TCP.

#### Biography

Bo-Hyoung Jin has received her D.D.S. degree from the Seoul National University College of Dentistry, Korea in 1990. She received a PhD in Preventive Dentistry in 1997 from the Seoul National University College of Dentistry with subjects of demineralization and remineralization of dental enamel. Presently she has been working at Seoul National University School of Dentistry in the department of preventive and public health dentistry as a Professor.

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## Andrey P Averianov

*Saratov State Medical University, Russia*

### TRANSCRANIAL MAGNETIC THERAPY IN TREATMENT OF ADOLESCENT OBESITY

Obesity is a common and increasing problem in modern society. According to WHO, there are 1.8 bln. people in the world who are either overweight or obese. The growing concern is the increasing number of overweight children as these children and adolescents have a strong predictive pattern for the development of overweight and obesity in adulthood. Pathogenic pattern underlying obesity is associated with increased food intake and sedentary lifestyle. There are many theories providing an explanation for this pattern: the idea of disturbances in the regulation of energy balance, or the role of intestinal microbiota. One of the causes of obesity is dysfunction of hypothalamic structures that result in increased appetite and eating disorders. Evidence suggests the effectiveness of transcranial techniques such as transcranial magnetic therapy (TMT) with an alternating magnetic field. This is because influences of TMT occur at the hypothalamic level. The aim of the given study was to assess the effectiveness of TMT in the management of eating disorder and in the possibility of weight loss in obese adolescents. 80 patients aged 14-18 with second and third degrees of obesity were examined. The 5-score based questionnaire was developed to subjectively assess food craving. Indicators of lipid and carbohydrate metabolism were assessed as well as hormone panel, and the results of EEG and CIG. TMT with an alternating magnetic field, which scan rate was 1-12 Hz, was performed using the device "AMO-ATOS" (OOO"TRIMA", Saratov). Results: the children complained about increased appetite and blood pressure. Blood biochemical analysis findings showed elevated levels of cholesterol, triglyceride, LDL, and immunoreactive insulin. Some children had elevated levels of TSH and cortisol. CIG results showed changes in brain biological and electrical activity and marked prevalence of activity of subcortical nerve centers (ASNC) in 77 % of adolescents. A month after the treatment with TMT stimulation the number of adolescents with normal frequency and  $\alpha$ - and  $\beta$ -rhythm range increased by 2-2.5 times, centralization index decreased by 2 times which enabled to decrease hunger, craving for food and the loss body weight by 36%. Thus, TMT stimulation resulted in normal bioelectrogenesis of the brain and endocrine profile. Alongside normalization of metabolism and body weight loss were observed.

#### Biography

Andrei Averianov has been graduated from The Saratov State Medical University, Russia as Medical Doctor, with the specialty Pediatrics in 1991. Later on he obtained his post-graduation from State Medical University n.a. V.I. Razumovsky of Saratov, Russia with subjects Pediatrics – PhD (1996) and Russian State Academy of Postgraduate Education, Moscow with subject Pediatric Endocrinology (1997). He started working at the Saratov State Medical University n.a. V.I. Razumovsky in 1996, where he has continued his research in Pediatric Endocrinology, Diabetology. Professor Andrei Averianov is the member of Russian Public Academy of Pediatrics, EPA-UNESPA, The Union of Pediatricians of Russia.

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## Kim Roberts

*HENRY-National Charity, UK*

### CAN THE HENRY PROGRAMME BE EFFECTIVELY DELIVERED BY TRAINED VOLUNTEERS TO SUPPORT PARENTS TO ADOPT A HEALTHIER FAMILY LIFESTYLE?

Almost a quarter of children aged 4-5 are overweight and the prevalence of obesity currently stands at 9.6%. There is a clear need for intervention in the pre-school years and HENRY's (Health, Exercise, Nutrition for the Really Young) parent-targeted approach has shown consistently positive results when delivered by trained staff. This study aimed to test whether the HENRY Healthy Families programme was also effective in improving eating behaviour and habits, physical activity, parenting confidence to provide a healthy lifestyle and emotional wellbeing when delivered by trained volunteer mentors. Further analysis explored differences in outcomes from programmes delivered by volunteers or project staff. The programme was delivered one-to-one over 8 weekly sessions of one hour, with outcomes measured at baseline, post-programme, and at 6 months follow-up. Parents (N = 87) reported improvements in parenting confidence, parent and child emotional wellbeing, some family eating behaviours, and consumption of fruit and veg (parent and child) and water (child only), but not in physical activity or consumption of certain snack items. Some of these improvements were maintained at 6 months follow-up. There were no differences in outcomes from programmes delivered by trained volunteers (n = 68) or project staff (n = 18). Parents who received the programme from volunteers reported comparable gains in key health indicators of parents and children to those delivered by project staff, providing tentative evidence that these programmes can be successfully scaled up with delivery by volunteer mentors. Future research should test this model on a larger scale.

#### Biography

Kim Roberts is Chief Executive of the UK national charity, HENRY. For the last 10 years HENRY has been transforming traditional approaches to obesity prevention, working in partnership with public health departments and academic partners across the UK to develop and test research-based practical interventions to tackle child obesity in the preschool years.

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## *Subhi Badarni*

*Sakhnin College, Sakhnin, Israel*

### **SCHOOL HEALTHY LIFESTYLE OF NUTRITION AND PHYSICAL ACTIVITIES PROMOTION PROJECT AMONG ALSAFA ELEMENTARY SCHOOL IN SAKHNIN CITY, ISRAEL 2016**

The nutrition condition among school pupils in the world has gotten worse to an epidemic situation. The obesity rate is 25% in the developed countries while among Arab pupils in Israel, it has risen by 35%. Only 23% of the pupils perform physical activities weekly. The objectives of this article are raising awareness and changing behavior among pupils and their parents about healthy nutrition and the importance of physical activity; reducing 40% of obesity among pupils; increasing the physical activities by 60% on a weekly basis among school pupils. Achieving these objectives requires conducting Body Mass Index (B.M.I) survey by skilled nurses for all school pupils before and after the health promotion invention program at school; conducting a needs assessment study; a questionnaire. School should continue using the program for the next 5 years in such a way that would make other schools use it. In addition, more community volunteers, decision makers and sponsors as well as the school community should be recruited as part of the program.

#### **Biography**

Subhi Badarni has been graduated from Hadassa Medical School, the Hebrew University in Jerusalem, majoring in social and community medicine and public health, Israel. He started working at the Health Ministry in Acre, as head of health education and promotion department. Today, he works as a lecturer of health promotion at Sakhnin College and health researcher.

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#### **Notes:**