Conclusion Medical students' self-perceived nutrition competence in providing nutrition care increased modestly at three points throughout medical training. Opportunity exists for further supporting medical students to increase their competence nutrition care, which could be achieved through mandatory and greater medical nutrition education.

11

AN EVALUATION OF THE CURRENT STATE OF HYPERTENSION DIAGNOSIS AND MANAGEMENT IN A RURAL PRIMARY CARE PRACTICE

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Background Hypertension is the leading cause of cardiovascular-related mortality in Ireland. Due to the lack of diagnosis, awareness and early treatment, the prevalence of hypertension in the community is increasing at an alarming rate. Latest guidelines suggest the use of ambulatory blood pressure measurement (ABPM) as the gold standard to diagnose hypertension. Objectives To investigate the current prevalence of hypertension in a rural primary care practice by assessment of current anthropometric measures and the uptake of 24hr ABPM. This study also explores the development of a practice-based algorithm to better identify and manage patients with hypertension.

Methods This study included (1) a retrospective cross-sectional chart audit assessing the anthropometric measurements and uptake of 24hr ABPM in patients aged \geq 25 years with the last clinic BP systolic \geq 150mmHg or had a coded diagnosis

of hypertension and (2) the development of a hypertension management protocol based on clinical guidelines.

Results A total of 890 patients were included. Out of those with a coded diagnosis of hypertension (78%, n=691), the mean BMI was 29.9 with a mean weight of 84.4kg, 13% were current smokers and 64% had an ABPM. With 22% (n=199) of the patients without a coded diagnosis of hypertension, the mean BMI was 28.8 with a mean weight of 85.2kg and 26% had an ABPM. Overall, 18% of the patients had diabetes and 62% of the patients had a lipid disorder.

Discussion With most of the patients currently being overweight and have a history of lipid disorder along with almost half of the patients without an ABPM, this audit exposes a significant gap in diagnosis and management of hypertension. To meet guideline targets, an evidence-based hypertension protocol (figure 1) was designed and implemented where the practice nurses were empowered to measure, identify and refer patients with elevated blood pressure for ABPM and nutritional counselling.

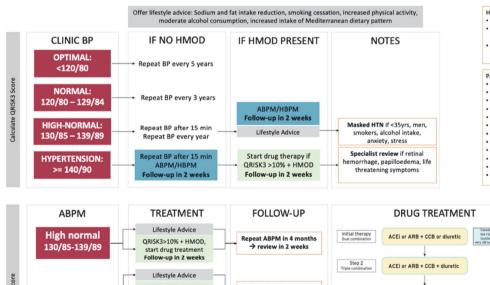
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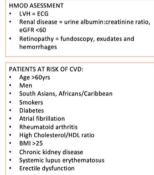
EVALUATING THE IMPACT OF A SUSTAINABLE KITCHEN SUPPLYING AFFORDABLE SURPLUS-FOOD BASED MEALS TO LOCAL COMMUNITIES IN WINCHESTER

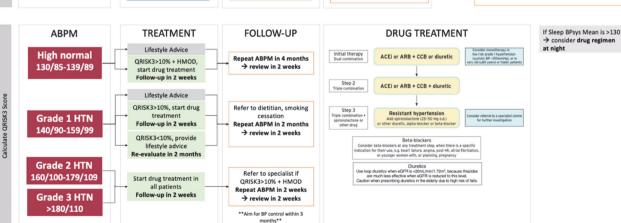
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Background Community kitchens comprise of small groups of people who meet regularly to prepare meals, and are a means







Abstract 11 Figure 1 Prototype of the hypertension protocol developed to streamline diagnosis and management of hypertension in the practice

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to develop kitchen skills, improve nutrition and diet diversity, and to reduce social isolation. FirstBite Café is a community kitchen based in Winchester, Hampshire founded in 2016 that has aimed to re-use food that would otherwise be destroyed, to produce high quality and affordable meals for its local community

Objectives We sought to evaluate the impact FirstBite has had on its customers, volunteers, and wider community. Concurrently we hoped to produce local data on the role of community kitchens and possible recommendations on the continued development of the Café.

Methods A questionnaire was developed to capture demographics, attitudes, and perceptions of customers towards the café, and the impact the café has had on them. Two volunteer focus groups were run, asking what values attracted them to the café, what prompted re-attendance, who benefits from the café, and where they see the café going forward.

Results Of the 67 respondents, the largest proportion of customers were aged between 55 and 75, and 41.7% lived alone; with the majority attending for over 12 months. The factors most appreciated were the food (87%), company (78%), affordability (75%) and core values of the kitchen (48%). The focus groups corroborated the greatest benefit came from developing social skills and confidence, giving a sense of purpose and community, and reduced social isolation in the elderly, those with mental health issues, and background of substance misuse.

Conclusions The results of this evaluation were overwhelmingly positive, with the impact of the café on reducing social isolation and providing nutritious and affordable food echoed throughout. The barriers that FirstBite is now facing revolve around infrastructure and accessibility, and a permanent location with greater space would continue to extend its effectiveness.

13

AN INNOVATIVE APPROACH TO THE DOUBLE-BURDEN OF MALNUTRITION IN KOLKATA, INDIA: MEDICAL COLLEGE WORKSHOPS AND THE PILOTING OF A 'MOBILE TEACHING KITCHEN'

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Background India suffers from significant undernourishment, alongside obesity at concerning levels. Both poor diet and health education contribute to this, we developed a pilot local capacity building research project to apply a novel intervention in line with the United Nations 'Sustainable Development Goals'.

Methods Following NNEdPro's key contributions to the '14th World Congress of Public Health' in Kolkata (2015), a capacity building exercise was launched for healthcare professionals and students. 10 selected attendees became 'NELICO (Nutrition Education and Leadership for Improved Clinical/Public Health Outcomes) Champions' leading action research projects.

Project 1: Utilising 'See one, Do one, Teach one' education models, dietitians and volunteers transformed 12 slum-dwelling women into educators, teaching to prepare and cook nutritionally balanced, affordable and tasty template menus using local ingredients. The research team measured baseline and

post-intervention nutritional status and knowledge, attitude and practice (KAP) of participants.

Project 2: Performed an interactive nutrition workshop at 2 Kolkata medical colleges, measuring KAP of students before and after.

Results Project 1: Increased nutritional KAP's (p<0.05), specifically for 'understanding healthy nutrition for children,' 'sources of protein'.

Project 2: Sub-analysis showed a significant increase (P<0.005) in participant Knowledge and Attitudes following the workshop (Pre-K+A (Mean \pm SD) = 29.0 \pm 6.1, Post-K+A = 29.5 \pm 5.5), however the change in total KAP scores pre/post were not shown to be significantly different (P=0.39) with 37.5 \pm 5.3 and 38.4 \pm 8.5 respectively.

Conclusions Through interdisciplinary capacity building in educational research, this initiative demonstrates that, with guidance, local professionals and volunteers can make meaningful professional and community impacts. The Mobile Teaching Kitchen (MTK) initiative combines education, empowerment and inter-disciplinary capacity building in nutrition education by empowering some of the most marginalised members of society, who now are using these skills for food microenterprise alongside nutritional health education for the local population.

Key acknowledgements to the 'Remedy clinic study group' and 'The Inner Wheel Club of Greater Calcutta'.

14

NNEDPRO GLOBAL CENTRE RESPONSE TO THE UK GOVERNMENT OBESITY STRATEGY

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Background Following considerable interest in the relationship between obesity and COVID-19, the UK Government have released a policy paper: 'Tackling obesity: empowering adults and children to live healthier lives'. This response may be focused on a limited and potentially historical view of overweight and obesity. We consider the complexity of the condition, its determinants, and co-existing conditions.²

Objectives We sought to gain consensus iteratively, using implementation framework thinking, to advocate for the appreciation of a wider, more complete understanding of the existing science behind obesity and the appropriate strategies needed to address it.

Results We identified four strategic points and provided recommendations for more comprehensive coverage and greater impact: 1. Improving focus and messaging 2. Understanding drivers of food choice and nutritional status 3. Promoting healthy eating from early years 4. Addressing the complexity of obesity

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