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**WORLD HEALTH ORGANIZATION**  
**Regional Office for Europe**  
**Nutrition unit**

December 1995

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# **International Summer School on Public Health Nutrition**

**Arkhangelsk, Russia**  
**26 June - 7 July 1995**

**The third in a series of Summer Schools organized by the Nutrition Unit**

EUR/ICP/CIND 94 05 NUT WS02

## TARGET 4

### REDUCING CHRONIC DISEASE

*By the year 2000 there should be a sustained and continuing reduction in morbidity and disability due to chronic disease in the Region.*

## TARGET 16

### HEALTHY LIVING

*By the year 2000, there should be continuous efforts in all Member States to actively promote and support healthy patterns of living through balanced nutrition, appropriate physical activity, healthy sexuality, good stress management and other aspects of positive health behaviour.*

## ABSTRACT

Diet-related noncommunicable disease, principally cardiovascular diseases, is the major cause of premature mortality in the countries of central and eastern Europe (CCEE) and newly independent states (NIS). In order to encourage action in the field of food and nutrition to combat this problem, health care professionals participated in the third International Summer School on Public Health Nutrition. The 15 participants from CCEE and NIS participated enthusiastically in the interactive problem-solving training approach. Technical subjects included planning a community nutrition intervention project, nutrition information systems, infant feeding and the development of food and nutrition policies. These public health professionals are expected to be pioneers in the development of nutritional science and its implementation in their own countries.

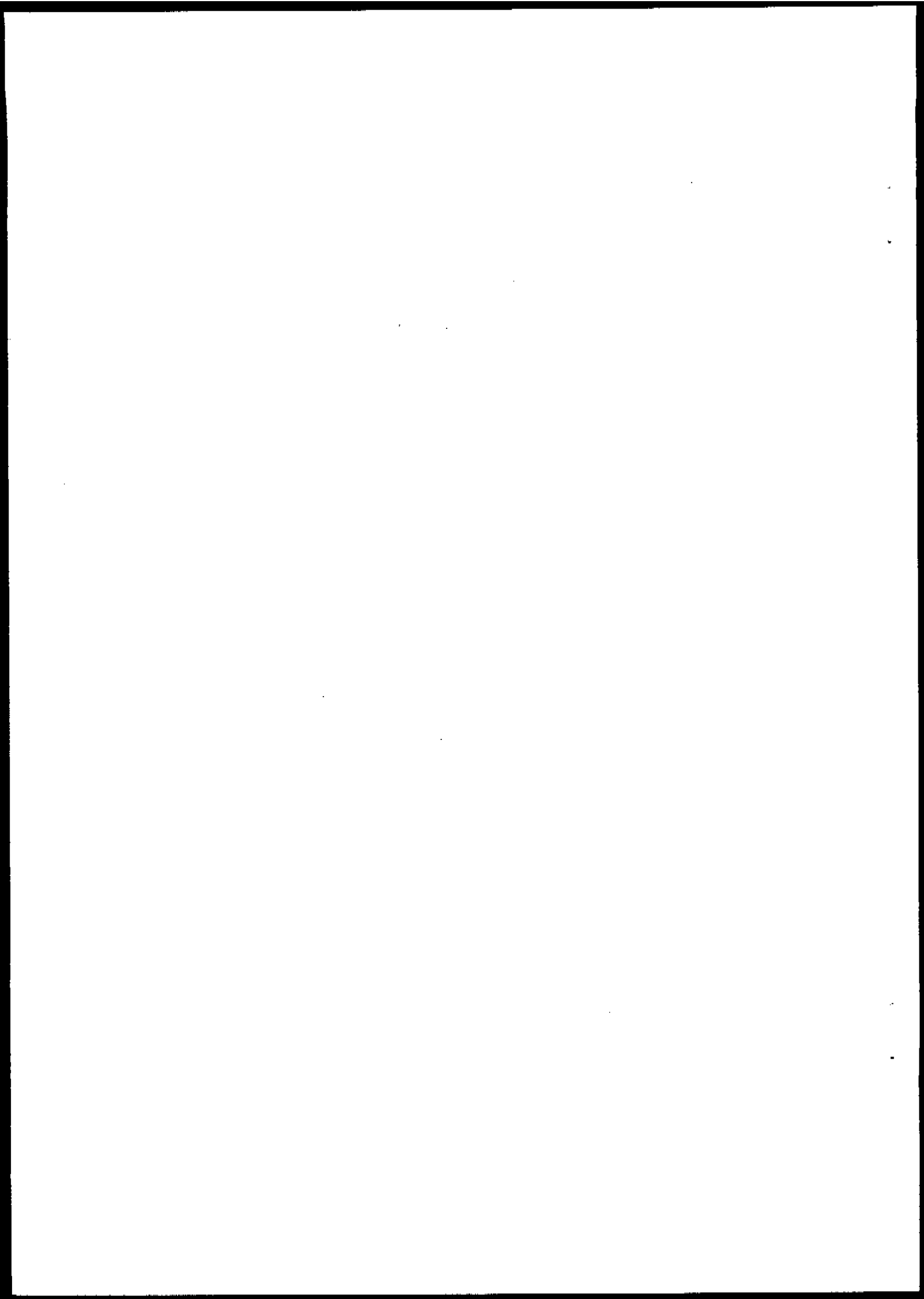
## Keywords

NUTRITION  
PUBLIC HEALTH – education  
NONCOMMUNICABLE DISEASE CONTROL  
CCEE  
NIS

### **Acknowledgements**

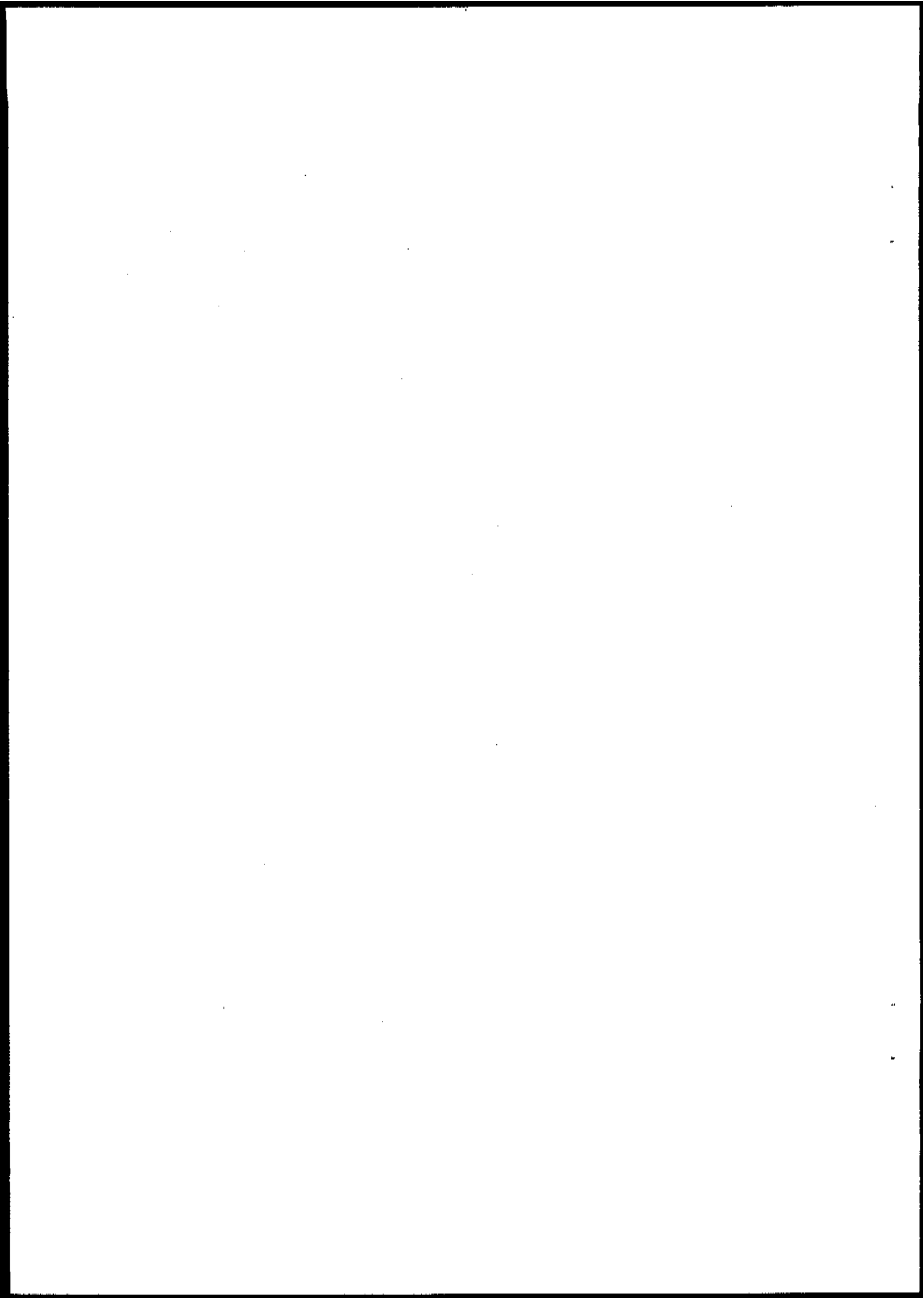
**The International Summer School on Public Health Nutrition was generously supported by the Swedish Board for Investment and Technical Support (BITS).**

**Grateful thanks are also extended to the lecturers who gave up their own time to make this summer school such a success. Thanks are also due to all the staff at the Arkhangelsk Medical School and Belarmorje Sanatorium who did their utmost to facilitate the running of the Summer School. The enthusiastic participation of the participants themselves was much appreciated.**



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## Background

Diet related non-communicable disease, principally cardiovascular diseases, is the major cause of premature mortality in the countries of central and eastern Europe. However, cardiovascular disease is not regarded as public health issue requiring strategic action in the area of food and nutrition. There are various reasons for this. The transition from a centrally planned economic system to a market economy has its difficulties and many of these countries are suffering zero or negative economic growth. Health professionals tend to be preoccupied with the notion that the population, especially young children, are starving or suffering from famine-like conditions. This misconception exists because, since animal protein contains "essential" amino acids, health professionals believe that animal protein (especially fresh meat and milk) should be consumed daily. Moreover many doctors still believe, like health professionals in Western Europe after the second World War, that the more meat one eats the better it is for health.

Fresh meat and dairy products are no longer eaten daily, simply because most people cannot afford it. So many health professionals believe that now most of the population is suffering from *mal*nutrition, i.e. "under" rather than "over" nutrition. This belief is not founded on any scientific evidence but is based on the subjective observation that people consume much less meat compared with the vast amounts eaten before the dissolution of the USSR. In addition, the ex-USSR Ministry of Health's Recommended Daily Intake of protein was almost double that in the rest of Europe and the USA. Erroneous health policies could easily be developed by public health professionals unless they have access to accurate data on nutrient intake and nutritional status of their population. The Summer Schools were established to provide the latest scientific information in some of these areas of public health nutrition.

The Summer School was held in Arkhangelsk, Northern Russia, (the third in a series on Public Health Nutrition) in collaboration with the Centre for Nutrition and Toxicology (CNT), Novum, Huddinge, Stockholm, Sweden (a prospective WHO Collaborating Centre) and the Nutrition Unit, WHO Regional Office for Europe. The schools aim to provide up-to-date information on the state of the art of nutrition for persons working in the area of food and nutrition in countries in central and eastern Europe and the central Asian republics. The courses also provide an opportunity for networking with colleagues from western Europe and Canada, who wish to become more familiar with the thinking and real situation in central and eastern areas of "New Europe".

The funds were provided by The Centre for Nutrition and Toxicology (CNT), Novum, Huddinge and the Nutrition Unit at the WHO Regional Office for Europe, Copenhagen. The Summer School was also generously sponsored by Swedish government: Swedish Board for Investment and Technical Support (BITS).

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## Aim and objectives of the project

### Aim

To provide a review of current issues in public health nutrition for health professionals working in Russia and other countries in central and eastern Europe.

### Objectives

- to provide a forum for nutrition experts from central and eastern Europe to discuss problems in public health nutrition common to each other and to share solutions to these problems.
- to bring together nutrition experts from central and eastern Europe with those working in other parts of Europe and Canada to encourage the exchange of information.
- to deliver structured lectures on social marketing and planning a community nutrition intervention project; nutrition information systems (including data on dietary intake and nutritional status); nutrition requirements and recommendations; food and nutrition policy, infant feeding and the implementation of these policies.
- to create an interactive student centred learning environment through workshops, individual and group discussions, regular evaluation and feedback mechanisms, with a view to incorporating these methods into their own teaching practice.
- to create an opportunity for the participants to improve their ability to communicate with other scientists and with specific target groups in the population.

## Participants and lecturers

The third Summer School was attended by 21 health professionals (compared with 25 and 17 participants at the first and second schools). All were medical doctors, working mainly in Centres for Ecology, Sanitary and Hygiene, except for one biochemist from Belarus. This year the participants came mainly from Russia (15) with one delegate each from Belarus, Bosnia and Herzegovina and Bulgaria, and three from Kazakhstan.

Six lecturers and 1 facilitator came from Sweden (4 from CNT), 3 from Russia, 1 from Canada and 3 WHO Regional Office for Europe staff members. Two interpreters from Canada provided simultaneous interpretation in English and Russian.

## Course overview

A copy of the course programme can be found in Annex I.

The course was scheduled over 2 complete weeks (10 days of structured agenda and 2 days of private study and/or reading library materials which the organizers brought to the course). Each day commenced at 08.30 and finished at approximately 18.00, with optional evening sessions being held after dinner most evenings.

The topics were chosen to ensure health professionals gained an appreciation of the role of nutrition in the promotion of health and prevention of disease. Each participant was presented with a course folder which contained selected reading material (list included in Annex IV). Each lecturer was asked to provide a copy of material which they recommended as background or in-depth reading on their presentation(s).

Participants received a box of artistic materials, to be used for developing exhibitions on health promotion. Books in Russian or English (list in Annex IV), depending on participant's choice, were supplied to everyone. In addition each participant received visual aid materials, a T-shirt, a WHO pin and a course certificate.

## Training approach and philosophy

It was intended that the course should provide ample opportunity for interaction and discussion. Therefore a variety of participatory activities (Annex V) and small group discussions were arranged every day. This included one afternoon for designing and building 4 posters for a health promoting exhibition which the participants "manned" in the foyer of the sanatorium. The participants were asked to count the number of sanatorium guests who attended and to evaluate their responses to the exhibition.

Participants were encouraged to think through specific problems and tasks which may face them within the course of their work. They were invited to ask questions and to engage in discussion with both lecturers and other participants. Sizeable breaks between and during sessions were included to encourage this activity. Faculty meetings were held daily before dinner when that day was evaluated (both content and domestic arrangements) by the lecturers and facilitators. The programme for the following day was decided during the faculty meeting and printed in English and Russian.

This "learning" approach, as opposed to "teaching", was clearly a novel experience for all the participants. They are used to a more authoritarian style of teaching in which students are discouraged from asking questions. Everyone commented on how much they enjoyed this learning approach. It was obvious that their lasting impression of the Summer

School was influenced as much by the teaching process as by their hunger for the new technical information received.

## Evaluation

### Participants evaluation of the Summer School

The complete results of the participants evaluation of the Summer School can be found in Annex VI. The median scores for both the level of relevance and interest of the different sessions ranged from 7 to 9, out of a possible score of 10. Some of the lowest scores were obtained in the sessions on IDD, Nutrition and Migration, Physical Activity, Food Intake and Health Patterns, Nutrition Related Health in Russia.

Almost all the participants stated that they felt the standard of the presentations was very high and they appreciated having literature translated into Russian. Almost all participants claimed that the main constraint to attending the course was lack of funds to cover the travel expenses.

Participants would like the following suggestions to be considered for future:

- more scientific approach to physiological, biochemical and epidemiological issues(2)
- more concrete examples (Russian experience and NIS countries)(2)
- include chemical contamination and food safety
- more detail into the problem of deficit, e.g. calcium
- Some sessions could be for specialists only (for example, epidemiology, breastfeeding)
- groups should be divided by professions (doctors, teachers, etc.), so it will be possible to have more in-depth discussions

Nearly everyone said that the course was too short and that too much information was presented in too short a period of time. Never-the-less, everyone was satisfied with being encouraged to work much harder than they are used to.

### Informal evaluation

Informal discussions and a rapid questionnaire round were held between course facilitators and participants twice during the course. Participants were asked to voice their opinions on how they felt about the Summer School. They were asked to list one negative issue and one positive issue which would help when planning future Summer Schools.

Participants were surprised that the organizers actively sought their opinions. They were even more surprised when changes were implemented as a result of their responses during evaluation sessions. Almost everyone commented on the fact that they liked the informal inter-active learning approach. The most common complaint was

symptoms associated with "information over-load". Everyone pleaded for more time to browse through the books in the faculty library.

## **Recommendations**

A number of useful lessons were learnt from the third summer school and can be applied when organizing future schools. These include:

### **1. Target audience**

The standard of this year's participants was considered to be more appropriate compared with the first two years. This was perhaps due to the selection process. Strict criteria were used to ensure that all health professionals had appropriate under- and post-graduate training and that they were working in fields directly or indirectly associated with public health nutrition. Age and enthusiasm were also considered important. Candidates should not be at professorial level but should have a good chance of being able to influence key decision makers within the next few years. Therefore in the future, preference should be given to applicants who are neither too senior nor too newly qualified.

### **2. Preparation of course materials**

Each teaching session should be developed with a specific aim and specific learning outcomes. These could be included in the course folders so that the participants have a clear idea about what they are expected to know at the end of each session. Learning outcomes would also help to plan the overall content of the course so that the organizers can identify areas of overlap/duplication or gaps in the programme. Once developed the outcomes could be sent to guest speakers so that they see the preferred learning approach employed at the Summer School.

### **3. Content**

From the course evaluations it is clear that the participants identified some gaps in the programme. Clearly it is impossible to include all aspects of public health nutrition but as a general rule it may be advisable to incorporate issues which are of major concern to all countries. For example the prevention of coronary heart disease and the scientific basis for the current recommendations on anti-oxidants.

### **4. Teaching approach**

It is clear that the "learning" approach should be continued and expanded upon where possible. Perhaps for next year it would be useful to consider incorporating a short session on teaching methods and the theory of how people learn. If Inger Lindstedt is available next year, she might consider addressing this issue along with a linguistic session on "conversational" English.

**5. Length of course**

Two weeks seems like an appropriate length of time for the Summer School. If the number of applicants is reduced it may be necessary to investigate the preference of the participants. Some may find two weeks too long but would be able to attend if the course was shorter.

**6. Venue**

Belamorje Sanatorium, Arkhangelsk is considered a suitable venue for next year's Russian speaking course which is provisionally scheduled for the 9-19 June 1995. It has been suggested that one further course in English for non-Russian speaking countries should be held in 1996. Warsaw was mentioned as a potential venue for this course, possibly in September 1996.

**7. Translation**

It was agreed to formulate a list of guidelines for course participants and course lecturers on the use of WHO simultaneous translation equipment and useful tips on working with Russian/English interpreters. Attached in Annex VII. It is recommended that the course organisers continue to seek names of other interpreters who can translate simultaneously. While our current translators are excellent it would be good if we had a pool of names we can draw on in case of unavailability.

**8. Evaluation**

Evaluation should continue. It is extremely useful to get feedback from the participants and both the formal written and the, more informal, oral evaluations should be continued in future courses.

**Future options**

The schools are unique and currently this type of training is not provided by any other institution or international or national agency. The long term aim should be to encourage national institutions to continue this tradition. Another development would be to encourage former Summer School participants to form a scientific society (similar to the Nutrition Society). This would allow nutritionists to continue to share information and arrange short meetings to present their scientific communications on a regular basis (monthly in Academic centres and less frequently in others). To help institutes keep up-to-date, CNT has proposed to provide participants with selected literature from time to time.

Annex I

Programme

Monday 26 June 1995

Time	Lecturer	Session
0915-0945	Helsing, Yngve	Introduction- Aims and objectives
09.45-14.30	Yngve	Participants' presentations of themselves
14.30-15.00	Helsing, Yngve	WHO and CNT
15.30-16.30	Helsing	Science of Nutrition - past and present
16.30-17.15	Vartapetova	Nutrition related health in Russia
17.15-17.30	Moberg	Domestic arrangements
19.00		Welcome dinner

Tuesday 27 June 1995

Time	Lecturer	Session
08.30-09.15	Poortvliet	Food intake and health Patterns
09.15-12.00	Poortvliet, Helsing, Yngve, Robertson	Nutrient reference values, RDA's and Dietary Guidelines
13.30-16.00	Group work I	Recommendations and guidelines
16.15-17.00	Sjöström	Physical activity and health
20.00	Jambalmaa Hainzah Djamalia Efendieva	Participant's presentation

Wednesday 28 June 1995

Time	Lecturer	Session
08.30-10.00	Yngve	Nutrition and Public Health - role play between scientist, clinician, public health professional and the public
10.30-12.00	Helsing	Food and Nutrition Policy
13.30-16.15	Poortvliet, Robertson	Nutritional epidemiology
16.15-18.00	Gulnara Semenova Farida Mamleeva	Participant's presentation

Thursday 29 June 1995

Time	Lecturer	Session
08.30-12.00	Hambraeus	Body composition and energy requirements
13.30-15.00	Helsing	Making Nutrition Policy
15.30-16.15		Part-time evaluation
16.15-17.00	Poortvliet	Computer session Epi-Info
16.15-18.00	Participant	Participant's presentation

Friday 30 June 1995

Time	Lecturer	Session
08.30-12.00	Hambraeus	At The Cutting edge - Where are we going?
13.30-16.15	Group work II	Applications of dietary recommendations

**Sunday 2 July 1995**

Time	Lecturer	Session
		Private study
16.15-18.00	Alexey Korolev	Participant's presentation

**Monday 3 July 1995**

Time	Lecturer	Session
08.30-09.15	Yngve	Social Marketing
09.15-18.00	Lindstedt	Exhibition and presentation techniques
20.00	Aida Filipovic	Participant's presentation

**Tuesday 4 July 1995**

Time	Lecturer	Session
08.30-09.15	Poortvliet	Participants do 24 hr Recall on each other
09.15-12.00	Yngve	Planning and managing Community Nutrition Work
13.30-17.00	Chalmers, Helsing, Semenova	Infant and young child feeding
20.00		Informal evaluation - discussion - participants provide one positive and one negative comment

**Wednesday 5 July 1995**

Time	Lecturer	Session
08.30-12.00	Poortvliet, Robertson	Methodology of nutritional assessment
13.30-17.00	Martinchik, Baturin	Food Composition Tables, Russian nutrition surveys and field work experience

**Thursday 6 July 1995**

Time	Lecturer	Session
08.30-12.00	Chalmers, Helsing, Semenova.	Infant and young child feeding
13.30-14.15	Moberg	Nutrition and Migration
14.15-16.15	Poortvliet	Computer Sessions
		Good-bye Party

**Friday 7 July 1995**

Time	Lecturer	Session
08.30-10.00	Helsing, Moberg	Iodine deficiency disorders
10.30-12.00	Yngve	Social Marketing
13.30-14.30		Final discussion
		Course evaluation
		Closing ceremony

Annex 2

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Annex 4

Course material

List of books and materials provided for each participant  
(Russian and English)

1. Diet, Nutrition and the Prevention of Chronic Diseases  
WHO Technical Report Series 797, Geneva 1990.
2. Healthy Nutrition, James et al  
WHO Regional Publications European Series no 24, Copenhagen 1988.
3. Food and Health Data, Becker & Helsing  
WHO Regional Publications European Series no 34, Copenhagen 1991.
4. ABC of Nutrition, Truswell, ISBN 0-7279-0315-2.
5. Planning and Managing Community Nutrition work, Dr Arne Oshaug  
WHO Regional Office for Europe, Copenhagen 1992.
6. Methods for Measuring Iodine in Urine, Dunn  
ISBN 90-70785-12-9
7. A practical guide to the correction of IDD, Dunn et al  
ISBN 90-70785-05-6
8. Infant feeding: the physiological basis, Dr James Akre  
Suppl. to vol. 67-1989 "Bulletin of WHO" ISBN 92-40686-70-3
9. Akre; Protecting, promoting and supporting Breastfeeding
10. Use and regulation of vitamin and mineral supplements, Schrijver et al  
ISBN 90-72371-59-3

## Annex 5

**Examples of practical exercises****1. Group work:**

Please discuss what information/data you, as a nutrition policy-maker would like to have available

- 1) For situation analysis when initiating the policy
- 2) On a regular basis when implementing the policy

**2. Group work:**

Please discuss who are the "actors", i.e. those who influence what people actually eat. Use the **food chain** as a checklist:

- Food production
- Food manufacturing
- Food trade (wholesale and retail, public and private), to
- Food consumption.

**3. Group work:****Consider the following situation:**

The Nutrition Council of your country, Ruritania, has requested you to formulate dietary guidelines. (The Minister of Agriculture, in fact, faces a tough re-election campaign and would like to be seen to care for the health of his people). The diet-related diseases in your country are coronary heart diseases and stroke, which people commonly relate to industrial pollution and the cold climate of Ruritania.

You know that you have limited data available. At your disposal you have only the UK Dietary Reference Values in summary, and the enclosed Table from Ruritania's Central Bureau of Statistics.

In addition you have some data you got from a colleague who studied in the USA, which he says are based upon long experience with a healthy dietary pattern in Southern Europe.

**What are the considerations do you need to make before you formulate dietary guidelines?**

Discuss this in your group and outline these considerations as if you were to present them in your progress report to the Nutrition Council. The rapporteur of your group will then present them in summary (5 minutes) to the other groups later.

Annex 6

Participants evaluation of the Summer School

1. How relevant for your present work situation do you think that the course has been?

Score	1	2	3	4	5	6	7	8	9
N=14						1	4	2	8

This section not completed on 1 form

*NB: 1 indicates not at all relevant, 9 indicates very relevant*

Comments:

- It is not relevant for my present work but very important for my further work
- Will help in my work with students (2 responses)

2. Do you think that this course has given you better possibilities to work within the area of Public Health?

Score	1	2	3	4	5	6	7	8	9
N=14					1		1	5	7

*NB: 1 indicates not at all, 9 indicates definitely*

Comments:

- The course will help implement theory into practice
- I will be better able to work with different medical schools
- I would like to receive more copies of workshop material
- I am not working in the public health sector

3. What do you think about the level of this course?  
 (e.g. how easy or difficult was it to understand?)

Score	1	2	3	4	5	6	7	8	9
N=14			1	1	2	1	2	3	4

*NB: 1 indicates far too low, 9 indicates far too high*

Too elementary:

- Breastfeeding; nutrition and migration; IDD (3 people)

## 4. How interesting as a whole do you think that the content of this course has been?

Score	1	2	3	4	5	6	7	8	9
N=14						1	3	2	8

*NB: 1 indicates very uninteresting, 9 indicates very interesting*

**Especially interesting:**

- The presentations by L. Hambræus (7)
- 'Nutrition Situation in Europe'(3)
- 'Social Marketing'(7)
- Breast feeding (3)
- Physical activity
- Nutritional Epidemiology (8)
- Nutritional policy (8)
- Nutrient Reference Values
- Exhibition;
- Iodine Deficiency Disorders.

**Less interesting:**

- Breast feeding(3)
- Nutrition and Migration(3)
- Iodine Deficiency Disorder

## 5. What would like to see more of in the course?

**Comments:**

- Nutritional Policy; Evaluation; Analysis; Methodology (4)
- Nutritional Epidemiology: sampling, methods, data about the situation in Russia: epidemiology in different regions (4)
- Chemical components of breast milk, contamination. (2)
- Iodine deficiency(2)
- Nutrition & toxicology
- Consequences of nutrient deficiency
- Dynamics of nutrition of populations in relation to morbidity and mortality levels
- Civilization's diseases: intervention at the level of the population
- Educational programme for different social groups of the population
- Biochemistry in nutrition
- Infant and young child feeding

## 6. Which part/parts would you like to have less of in the course?

**Comments:**

- Concept of policy in nutrition

## 7. Do you have any other considerations on the content of the course?

**Comments:**

- More scientific approach to physiological, biochemical and epidemiological arguments(2)
- More concrete examples (Russian experience and NIS countries)(2)
- Include chemical contamination and food safety
- It would be interesting to look in detail into the problem of deficit, e.g. calcium
- Some parts could be for specialists only (for example, epidemiology, breastfeeding)

- Groups should be divided by professions (doctors, teachers, etc.), so it will be possible to have more in-depth discussions

8. What is your general opinion regarding the lecturers?

Comments:

- Very qualified and professional(13)

9. What is your general opinion regarding the course leaders?

Comments:

- Very good (12)

10. What do you think about the course materials?

Score	1	2	3	4	5	6	7	8	9
N=14						3	2	2	7

*NB: 1 indicates gave nothing, 9 indicates gave a lot*

Comments:

- It was very good to have the materials translated into Russian(5)

11. Have the group discussions been meaningful?

Score	1	2	3	4	5	6	7	8	9
N=14						1	1		12

*NB: 1 indicates no, not at all, 9 indicates yes, very*

Comments:

- more attention to the choice of participants in groups; speaking the same language does not always mean we have the same interest and understanding
- Very effective
- Very important for training

12. What is your overall opinion about the course?

Score	1	2	3	4	5	6	7	8	9
N=14						2	2	3	7

*NB: 1 indicates very bad, 9 indicates very good*

13. Have you had the possibility to discuss your own professional situation?

Score	1	2	3	4	5	6	7	8	9
N=14					1	1	2	3	7

Comments:

- Would be interesting to hear our teachers' opinion about our situation and problems

**14. What have been the main obstacles for you to come to this course?**

**Comments:**

- Financial(7)

**15. Further comments on the course as a whole, or on individual parts**

- To have more lectures on biochemistry, toxicology
- Examples of preventive, intervention programmes
- More concrete facts, methods, evaluation research and solutions
- Choice of participants should be more careful(2)
- more about other nutritional data bases, especially on food safety and hygiene

**16. What kind of follow-up would you like to have?**

- Participation in other nutrition workshops(4)
- Continuing education in Public Health Nutrition
- Continuation of contacts and co-operation in research(2)
- Educational scheme for medical students on nutrition and epidemiology
- I would like to continue to learn about this problem
- I will try to implement everything I have learned here
- Create with WHO guidance, Russian School on Nutrition
- Co-operation with WHO;
- Please send all new information by mail (e.g. child nutrition)
- Statistics, experiment planning, nutrition evaluation and analysis

## Participants evaluation of presentations

Scores N=19

Abbreviated title of presentation and author	Presentation													Importance of topic								
	Bad						Good							Not relevant			Relevant					
	1	2	3	4	5	6	7	8	9	Median	Range	1	2	3	4	5	6	7	8	9	Median	Range
Nutrition situation in Europe (Helsing)					1		3	4	11	9	5-9										9	7-9
Nutrition related health in Russia (Vartapetova)		1	2	1	1	3	4	5		7	2-9					1	1	1	4	10	9	5-9
Food intake and health patterns (Poortvliet)					4	3	3	5	3	7	5-9					1	1	1	3	11	9	5-9
Nutri. ref. values, RDAs etc. (Poortvliet, Yngve, Helsing)					2	2	2	5	6	8	5-9					1		1	5	9	9	5-9
Physical activity & health (Sjöström)				2	4	7	2	3	3	7	4-9		1			1	1	1	3	10	9	2-9
Nutrition and Public Health (Sjöström, Yngve)					6	2	4	5	5	8	6-9					1			3	12	9	5-9
The Concept of a Food & Nutr. Policy (Helsing)						1	5	11		9	7-9							1	4	13	9	7-9
Nutritional Epidemiology (Robertson, Poortvliet)				1	3	3	3	8		8	4-9			1				1	1	15	9	4-9
Body Composition and... (Hambraeus)						3	1	15		9	7-9					1		5	12	9	6-9	6-9
Nutrition Policy Making (Helsing)						2	4	13		9	7-9					1	2	9	6	8	8	6-9
At the Cutting Edge of... (Hambraeus)..					1		4	13		9	6-9						2	4	12	9	9	7-9
Exhibition & Presentation Techniques (Yngve)					1		2	16		9	5-9						1	3	14	9	9	6-9
Planning and Managing Com. nut. work (Yngve)					2	5	3	9		8	6-9			1			5	6	6	8	8	3-9
Infant feeding (Chalmers Baerug, Helsing, Robertson)			2	1	1	1	2	11		9	3-9		1	1		1	2	1	2	10	9	2-9
Nutritional assessments (Robertson, Poortvliet)					1	3	1	5	7	8	5-9					1	1	1	2	12	9	5-9

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Nutrit. study: field work exp. (Martinchik, Baturin)		1		1	1	2	4	10	8.5	3-9							3	14	9	3-9
Nutrition and migration (Moberg)	1	1	1	1	2	3	4	6	7.5	2-9		1	3	3	4	3	3	4	7	4-9
Iodine deficiency disorder (Helsing, Moberg)		2	2	5	2	3	3	5	7	3-9		1	2		1	4	10	9	4-9	
Social marketing (Yngve)					1	2	4	12	9	6-9			1		4	3	10	9	5-9	