

preferred food that were filled in by ten children and twenty-two parents. Measurements of body composition and medical checkups were similar to those of numerous international studies of the past few years and show that a long-term change of weight is impossible to achieve by conservative means. Most of the data recorded during the 2 years remained the same and did not change. The BMI SDS in reference to age and gender did not change either,

which is to be seen as a success. The active body cell mass of the children increased over the project period; as did the body fat and the extra-cellular water ratio.

Conclusions: The satisfaction of the participants with the project was very high. Twenty-five per cent of the drop outs joined a local sport club. The InForm project underlines the necessity of local multidisciplinary projects with the involvement of the families and the respective schools.

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72 – e-Health tools to promote healthy eating habits

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Introduction: Unhealthy diets are one of the greatest public health challenges of the 21st century. The environment of children has drastically changed in the Balearic Island during the last few decades as reflected in unhealthy dietary habits and low physical activity. Ninety per cent of the students eat breakfast regularly but only 38% of them met the nutrient recommendations.

Method: A self-administered online questionnaire has been developed in order to assess student's breakfast habits. They answer it at the school as a part of their school curricula. A personal risk score is estimated and personal recommendations are provided depending on their answers. Moreover, a overall risk profile is calculated by class and by school. Subsequently each overall

school's risk is georeferenced on a map in order to help the policy makers to implement interventions addressed to these greatest risk schools.

Results: In the subsequent 4 months the online tool has assessed a total of 5429 students between the ages of 7 and 18 years old from forty-five schools. Approximately 50% of schools were classified as being at high nutritional risk.

Discussion: e-Health tools help to assess the individual risk as well as the school risk. The detection of highest risk schools might help to policy makers to plan more effective interventions to improve the healthy eating habits in these schools and the quality of the public health services and reduce health inequalities.

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73 – Promotion of healthy lifestyles to prevent obesity in children and adolescents in Tuscany

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Introduction: Recently, with the Italian Program 'Gaining Health', Tuscany has an opportunity to develop surveillance system, to lead actions and to disseminate knowledge for obesity prevention in childhood and adolescence. Objective of this presentation is to synthetically describe the systematic efforts of the Tuscany Region (Italy) in activating health promotion and disease prevention programmes at the population level. The main project developed are: 'Good

practices for healthy feeding and proper physical activity in a preschool age children (0–5 years)', with the strong collaboration of family paediatricians; 'National project *Okkio alla salute*', nutritional surveillance project with the purpose to promote the healthy growth of the primary-school children (8/9 years); 'Health Behaviour in School-aged Children (HBSC)', with the aim to collect data on the lifestyles and the health behaviours of the 11–13–15-year-old-aged