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Obesity in Italian children: monitoring and communicating to promote healthy lifestyle

A Spinelli¹, B De Mei¹, D Galeone², A Lamberti^{1,3}, C Cattaneo¹, G Baglio¹, P Nardone^{1,4}, V Possenti¹ and the OKkio alla SALUTE Group

¹National Centre for Epidemiology, Surveillance and Health Promotion, National Institute of Health (Istituto Superiore di Sanità), Rome, Italy; ²Department of Prevention and Communication, Ministry of Health, Italy;

³Dipartimento di Sanità Pubblica-Microbiologia-Virologia, Università degli Studi di Milano, Italy;

⁴Department of Animal and Human Biology, Sapienza University, Rome, Italy

Introduction: In 2007, the Italian Ministry of Health promoted a national school-based nutritional surveillance system, called OKkio alla SALUTE, coordinated by the National Institute of Health and part of the WHO European Childhood Obesity Surveillance Initiative. Information on dietary habits and physical activity were collected for children aged 8–9 years. After the first data collection in 2008, nationwide communication activities were planned.

Method: Data were collected using questionnaires addressed to children and parents and the children were weighed and measured by trained local health staff using standardized equipment. The International Obesity Task Force cut-offs were used to classify the children as underweight, normal weight, overweight and obese. The prevalence of behaviours associated with obesity was evaluated. To communicate the results and give general advice, a leaflet for parents, a kit for teachers and a poster for paediatricians were produced. The principal messages included in these materials to help children adopt a healthy life were: (i) have a healthy breakfast and a light midmorning snack at school; (ii) eat fruit and vegetables 5 times a day; (iii) drink water instead of sweetened drinks; (iv) walk or use the bicycle to go to school; (v) spend <2 h a day watching TV and movies, using computers for entertainment and playing video games; (vi) do at least 1 h a day of physical activity; (vii) do not have a TV in the children's room; (viii) sleep for at least 9 h a night; (ix) check the children's weight and height regularly.

Results: Of the 48 176 students weighed and measured, 23.2% were overweight and 12.0% obese. Eleven per

cent of the children did not have breakfast and 82% consumed mid-morning calorific snacks; 23% of parents said their children did not consume fruits and vegetables daily; 25% of the children usually practiced physical activity for 1 h a week. Mothers correctly identified the status of 52% of overweight children and 14% of obese children. These results showed the need for effective means of communication. Drafts of the informative materials, produced by the National Institute of Health in collaboration with the Ministry of Health, the Ministry of Education and the regional coordinators, were tested on 813 parents, 49 schools and 176 paediatricians. Parents evaluated the leaflet positively, but criticised the language and suggested to reduce the number of messages underlining those that are essential and explain better what should be done to improve the overall health and the well-being of their children giving clear messages. Paediatricians suggested that the written part should be more concise, leaving more space for illustrations. The materials were modified according to these comments and suggestions, and the final versions were distributed to the participants of the second data collection: 50 000 parents, 2500 schools and 8000 paediatricians. The materials were very well received.

Conclusion: This surveillance system is a valuable tool to monitor the obesity epidemic and children's behaviour. Communication is a first step to promote awareness and empowerment processes in the population. (i) Conflict of Interest: none and (ii) Funding research relating to this abstract was funded by Ministry of Health/CCM.

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Guam Sustantia Program: reversing childhood obesity through research-based social marketing and branding strategy

Natividad Zenaida Napa

Administrator, Guam Department of Integrated Services for Individuals with Disabilities (DISID)