

## Contextual Paper for the Trial-Out pilots and the Process Mapping Tool Abruzzo Region - Italian partners (Region Abruzzo – Alba Auxilia

The Process Mapping Tool has the objective to provide a wider view of the territory's' context putting in evidence the politics and the economic situation with regard to health services and public health.

The context is given for three 'levels':

- ▶ Macro: those large in scope and extent - national level policies and institutions;
- ▶ Meso: intermediate and in the middle - regional;
- ▶ Micro: community and local level.



## Background

The priority health objectives contained within the Italian National Health Plan deal with some prevention interventions, including prevention of obesity

In the Plan are identified as relevant, together with the promotion of healthy lifestyles:

- Implementation of inter sectoral policies designed to redirect food production through incentives for production and subsidies, regulating in a more timely way the information contained in advertisements and on labels of food products, actions on price and formulating standards for food consumption;
- Increasing involvement of health professionals (particularly general practitioners and pediatricians, to the uniqueness of their role) to carry out concrete actions in the correct information and health education.

The European Committee of WHO in Copenhagen in 2006 established the European strategy for the prevention and control of chronic diseases under the slogan "Gaining Health". The Ministry of Health and the Regions already involved in fighting chronic diseases through the National Prevention Plan, provided by the Agreement between State and Regions March 23, 2005, have helped to define the European strategy of the WHO.

## MACRO LEVEL National

An important milestone in the recent history of the Italian public health was reached in 2007 with the program "Gaining Health", approved by the Government in agreement with the Regions and Autonomous Provinces. "Gaining Health: making healthy choices easier" is the same as the subtitle says, a program that has as main objectives to prevent and change unhealthy behaviors that are major risk factors for more common not transmissible diseases, a useful epidemiological and a strong impact on public health: cardiovascular disease, cancer, diabetes mellitus, chronic respiratory diseases, muscular-skeletal and gastrointestinal, mental health problems.

The investment for this initiative should therefore be evaluated in the long term, in reducing the burden of chronic diseases on national health system and society, but also in the short term, in trying to improve the living conditions of citizens, promoting healthy choices in the immediate and healthy lifestyle (stop smoking, follow a proper diet, limiting alcohol consumption and regular physical activity). A new culture of prevention in which individuals take the lead and responsibility for the quality of their lives.

The international framework

At European level, "Gaining Health" is linked fully into the frame of the strategy for the prevention and control of chronic diseases, promoted by WHO in 2006.

Internationally, the WHO Action Plan 2008-2013 on not transmissible diseases defines the objectives and actions to be implemented over 6 years, from 2008 to 2013, and establishes performance indicators that should guide the work of WHO nationally and internationally, with particular attention to low-and middle-income countries.

## The areas of intervention program

Chronic diseases, which according to the WHO cause of death for 86%, 77% of lost years of healthy life and 75% of health costs in Europe and Italy, have two basic types of risk factors: non-modifiable (such as age, sex and family history of disease) and those modifiable through lifestyle changes or through medication (such as unhealthy diet, tobacco use, abuse alcohol, lack of physical activity).

The strategy of "Gaining Health" (cross-government program) starts right from the 4 major modifiable risk factors and determinants of more common chronic diseases, identifying 4 areas (or program):

- promoting healthy eating behaviors (relative to the risk factor "unhealthy eating")
- Tobacco Control (relative to the risk factor "smoke")
- combating the abuse of alcohol (relative to the risk factor "alcohol")
- Promotion of physical activity (relative to the risk factor "sedentary").

## The communication for the health

An essential aspect of the program is Gaining Health Communication key component of prevention as an important tool for knowledge and information for professionals and citizens.

There are three levels of institutional communication developed by Gaining Health:

- communication plans for each specific intervention
- an information campaign that puts the citizen at the center of choices for their health and commits governments to make health choices possible
- a specific program in collaboration with the schools.

## Inter-sectoral Password:

"Gaining health" indicates cross-sectoral strategies, based on actions that require the involvement of various sectors of society and institutions, and specific measures to combat tobacco use and alcohol abuse and the promotion of physical activity and healthy power, through the close cooperation of all institutions and organizations of the concerned companies. The need for inter-sectoral approach arises from the consideration

that the most effective interventions for tackling risk factors and promoting healthy behaviors are external to the intervention capacity of the NHS.

To act appropriately on environmental factors and socio-economic determinants of chronic diseases are necessary alliances between various forces and actions and synergies. One of the main aspects of Gaining Health is, in fact, the collaboration between the various Ministries.

### **Memoranda of Understanding**

The inter-ministerial program "Gaining Health" starts in May 2007 with the signing of Memoranda of Understanding between the Ministry and representatives of 22 trade union organizations, businesses and associations. These agreements are signed to develop concrete actions for the population and not an end point, but are stages in a continuous process, with the goal of a deep change of mentality, to recognize that a healthy lifestyle leads to a good quality of life.

### **Key Points The macro level projects**

Among the cross-sectoral strategies, based on actions that require the involvement of various sectors of society and institutions, and specific interventions, there is one to make "easier, healthier diet" through the close cooperation of all institutions and organizations of concerned society. The operations covered include the active involvement of the Ministry of Health, Ministry of Education and schools, the Ministry of Economic Development, the Ministry of Agriculture and Forestry - INRAN, the Ministry of Transport, the Ministry for Youth and sports activities, the Ministry of family, of the Health Care, Hospitals, Regions and Local Government, private producers, employers and operators and associations and sports groups.

The actions seek to:

- promote healthy behavior;
- promote healthy eating in restaurants;
- Promote healthy food for healthy choices;
- promote healthy consumption;
- inform consumers and protect children.

### **MESO LEVEL (regional)**

The regional health plans are part of National Plan of prevention

The National Plan of Prevention is an essential part of the National Health Plan, it addresses the issues related to health promotion and disease prevention and provides that each region draws up and approves its own plan. The central role of the National Center for Disease Control and Prevention (CCM) in the scene of the Italian public health has also been recognized at the institutional level with the Agreement State-Regions of 2005, which entrusted the coordination of the National Plan of Prevention (PNP).

The Agreement instructs the CCM to provide technical assistance to the Regions, evaluate and certificate the results obtained. This is an innovative process for the Italian public health, as a methodology for project work has been defined and implemented, which is unique for all regions, with the aim of starting a virtuous dynamic, targeted to achieve Health objectives uniform throughout the country.

### **Regional plans of prevention**

Regional Prevention Plans (PRP) are prepared on the basis of the indications of the National Plan approved by agreement between the State and the Regions.

The PRP shall be reviewed by the CCM and the Regions to build a timeline (time schedule) of the planned outputs. In this phase, the plans are reviewed in terms of feasibility and consistency between actions and goals to be achieved. The final product of this phase is the project executive, ie the complete plan for a defined time schedule. In this phase of work, the CCM has essentially technical assistance assignments. This is followed by actual construction of the plan: at this stage is foreseen the implementation of the planned time schedule in the region. The verification of compliance is performed by the CCM, which certifies the progress of Plan implementation of prevention in the individual regions on the basis of available documentation.

### **Abruzzo Region Regional Planning Programme (RPP)**

In the Regional Health Plan 2008-2010, reflecting the goals set by the National Prevention Plan adopted in 2005 by the State-Regions Conference the following theme strategic intervention are highlighted: 'Prevention of cardiovascular, diabetes and obesity, including measures (to be increased) aiming to improve behaviors and lifestyles (thus reducing the risk factors and also acting in the early stages of life) and interventions aimed at reducing complications and recurrences (where is crucial to the involvement of General Practitioners and Pediatricians).

In the Regional Plan are reported the ISTAT data on Abruzzo Region according to which the region is

nationally at the top places of weight excess. These data are confirmed in a study in 2003 by the Regional Center for Pediatric Nutrition Auxology and the ASL of Teramo, that out of 1048 children of third grade class in the province of Teramo found a percentage of 32% of overweight and 7% of obesity. The network of services to tackle obesity in the region needs the crucial support of General Practitioners and Pediatricians who should be constantly involved in health promotion initiatives and updated on the eating disorder. For this purpose there should be training moments and moments of participation in the construction of integrated pathways. Furthermore, it is crucial that every healthcare organization identifies care pathways that could give rise to a network of professionals from different disciplines to ensure continuity of care and preventive strategies for diseases and nutritional assisted age-groups. Finally, it is necessary to build a regional information system oriented to over time clinical and epidemiological monitoring to help improving the behavior of patients with obesity.

Since 2001, the Regional Council, through the Regional Directive no. 400/2001, noted the need to increase assistance to patients suffering from emerging nutritional diseases (anorexia, bulimia, obesity) and to survey and coordinate existing nutrition services (working for a large part still to be realized). Furthermore, it was stressed the importance of training for the development of an integrated network of nutritional services in the region.

Then with the project "Prevention of obesity in Abruzzo region" operators have proposed as a technical aim the contrast of the progressive increase in the incidence of obesity, with an approach strategy that includes the involvement of many sectors, even those who do not have direct responsibility for health.

With Regional Law No. 6/1998 was established at the ASL of Teramo the "Center of the pathophysiology of nutrition and eating disorders" (art. 1) and was identified as a regional point of reference for the issues of food nutrition (art. 4). Over 10 years since the establishment of the center, experience and professional skills, have allowed once again to identify the ASL of Teramo as the "regional nutritional reference center" that can quickly launch a process of integrated care network and a monitoring and coordination process of obesity and eating disorders that triggers the development of an homogenous and harmonious regional network.

The School of lifelong Education on Food disorders has been established by the ASL of Teramo (2004), at the Regional Center of Physiopathology of Nutrition, complex structure of the territory (2006) which carries out prevention, diagnosis, treatment and rehabilitation of obesity and eating disorders and has both an integrated multidisciplinary team consisting of doctors, psychologists and dieticians, and technologies suitable to the assessment of nutritional status, resting metabolic rate and lifestyle.

The Prevention Plan (2006), has provided an operational initiative for the prevention of the population in the Region of Abruzzo. The legislation puts in evidence that obesity plays a prominent role in the causality of many chronic diseases, even if it does not act alone, but through the increase of the risk factors. The Plan assumes a range of strategies and guidelines for the prevention targeted throughout the region with the establishment of a network of services.

To overcome the R.L. No. 6/1998 that had the merit of activating an experimental model, the new Regional Health Plan (RL n.5/2008) in the development of a regional network for emerging nutritional disorders (eating disorders, obesity and diseases metabolic), gives importance to the problem of nutrition and contains important chapters on prevention of obesity, attention to lifestyle and continuity of care. The underlying concept is that of de-hospitalization, ie how to prevent access to the hospital is the only answer to the health needs of the population. "

According to sectoral professionals, "the eating disorders represent a real health emergency with respect to which, in Abruzzo, is serving late years that this new RHP helps to bridge. In recent years the treatment of eating disorders has greatly improved and today there are several outpatient therapy, whose effectiveness has been demonstrated by rigorous controlled trials.

## **Meso Level Key Points**

Inside the "nutritional and prevention surveillance" are identified the following programs / activities:

- Nutritional surveillance;
- Prevention interventions for nutritional support healthy lifestyles;
- Education / counseling on nutritional risk groups;
- Interventions on the tendering process to improve the nutritional quality;
- Interventions on the school and workplace canteen service, to encourage good nutritional choices;
- Evaluation and monitoring of nutritional quality in catering with particular reference to school canteens

The plan also provides some regional actions:

- a) Turn on in the ASR-Abruzzo a regional working group for the definition of network services for nutritional disorders, including those responsible for the Regional Centers reference and specialists in the areas of prevention, nutrition, psychology, psychiatry, pediatrics, neuropsychiatry, diabetes, internal medicine, as well as general practitioners and family pediatricians;
- b) Support and facilitate the construction of the regional network to assist the eating behavior disorder and

the obesity / metabolic diseases;

c) Building an information system and monitoring for obesity / metabolic diseases and eating behavior disorder, which over time will allow to improve the behavior of care to patients with obesity and eating disorders;

d) Support a regional training program for eating disorders, identifying priorities based on specific requirements for the establishment of the network of nutritional services;

e) Promoting health in integrated terms with the different agencies working in this field (public health, ARSA, sports, associations, etc..).

In particular, it is planned to characterize the nutritional Polo of Teramo in two specialist centers:

1) RC of Pathophysiology of Nutrition (CRFN) territorial structure, which operates in the Health Territory of Giulianova and that is developed on an outpatient basis, directed to adults, so to accept the early nutrition discomfort (integrated and contextual psycho-nutritional approach) and to promote an area of shared care where it is guaranteed the continuity of care. The CRFN, thanks to its characterization is a non-hospital interface between hospital and territory in support of the general practitioner and physician SIAN (Food hygiene and nutrition Services) that promotes early detection and prevention of new cases of eating disorders, reducing the risk of chronicity and relapse.

2) R.C. of Auxology and Pediatrics Nutrition (CRANP): Hospital District which currently operates in the Territory of Atri and that has a multi-professional team turned to the diagnosis and rehabilitation of disease in childhood nutrition, locations, and offering a highly structured organizational model, that functionally integrates all types of care (outpatient, day services, day hospital, hospitalization).

### **MICRO Level (community and local level)**

In terms of local government no specific facilities are adopted with regard to public health care, health promotion and life quality improvement, as well as sanitary education among the population. The municipalities are involved in the promotion of health specific issues, but with regard to economic resources to be addressed to health they are scarce and distributed without a clear strategy. Each municipality organizes its own health plan, according to the regional plan.

In particular, A.S.L. (local health Service) takes care of central and local school canteens, the Municipality participates in the direct management of spaces addressed to primary and secondary schools.

In addition, the Municipality sets the programming, design and implementation of social services, the provision of these services, establishes criteria for participation of citizens to services (individual cost-sharing quotas, for example through the payment of a fee for the meals in school canteens).

The Municipality merely shows general broad lines. They generally rely on the School, associations, initiatives or campaigns proposed by third parties. A common situation is the lack of structured and constant feedback between municipalities and citizens.

Public initiatives of health promotion are episodic, not strategically planned and with no foreseen budget.

As for private initiatives, there is an "inequality" in terms of health, as some families have access to private facilities (gyms, etc.), the other obviously don't.

The consequent concept of "Public Health" is lacking and little is done to disseminate the concept of Health besides what is carried out in schools, sometimes taking out time to activity teaching.

### **MICRO LEVEL KEY points**

1. Initiatives to be implemented locally are suggested to raise the cultural level on health style and how to afford overweight and obesity.




2. Training action in the schools should be organized to raise awareness primarily on head teachers and principals to implement a policy of interaction


3. Create moments of information and courses on a regular basis where different issues will be addressed, also chosen from the audience of the listeners. More information on subjects will be disseminated.

4. The Municipalities should also cultivate the culture and traditions of the area's resources.

5) Training for canteen cooks and teachers and give them ideas on how to organize and promote "healthy" food.

6) Creating a moment of interaction between the different clubs in the territory to implement at least twice a year competitions to promote physical activity.

BANDIERA ITALIANA		Regione Abruzzo ( Italia)		STEMMA REGIONE
		Capoluogo	L'Aquila	
		Superficie km <sup>2</sup>	10790,00	
		Abitanti	1,4 milioni circa	
		Province	4 province	
		Comuni	305 comuni	


Region Abruzzo  
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