Health-enhancing physical activity (HEPA) Policy Audit Tool (PAT)

ITALY

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Overview of the **HEPA PAT**

This tool is divided into four sections:

Section A aims to capture an overview of the *government structure* and *history* of physical activity policy in your country;

Section B is concerned with the *content* of relevant policy and the *development* process of identified HEPA policy;

Section C is focused on the experience of *implementation* of the HEPA policy;

Section D presents a short summary of the *process undertaken* to complete the HEPA Policy Audit Tool and who was involved in the process

SECTION A – Background information and context

1. Please provide an overview of the ***institutional structure*** in your country. Provide enough detail to assist the reader in understanding the government / organisational system in your country and where physical activity policy and action has previously been addressed. Include details of whether your country has a centralised or federal structure, as well as which level of government is responsible for health, physical activity, sports and recreation.
Italy has a constitutionally-based organisational system of regionalism, composed by 19 Regions and 2 Autonomous Provinces (Local Government). The present context is characterized by an increased decentralization of decision making at the sub-national level. State, Regions and municipalities have different competences depending by the topic (education, urban planning, health, transport, etc.). Usually, the national level has the competence to develop general strategies and goals on a subject, the Regions develop the general rules for the implementation, and municipalities and schools develop the specific rules for and carry out the implementation. In general, the municipalities are the real decision makers about many subjects affecting physical activity, for example with regard to building rules, traffic rules, sport facilities, etc. Public healthcare is developed by the National Health Service (SSN), which is organized under the **Ministry of Health**. It was created in 1978, and then reformed through an institutional and financial decentralization, combined with a delegation of managerial autonomy to local government. " The General Directorate for health prevention, belonging to the prevention and communication Department of the Ministry of Health, has general responsibilities in health promotion and prevention in the population in general and in specific target groups, and for promoting quality of life and healthy environments. **CCM** is the Italian acronym for the National Centre for Disease Prevention and Control. It has been established to act as a coordinating centre operating between the Ministry of Health on the one side, and regional governments on the other (which are responsible for the implementation of health care and prevention), through the establishment of collaborative networks for specific projects and the development of systems for public health monitoring and surveillance. Its aim is to build an Italian prevention network. This is how CCM has become a new public health entity, in line with the Italian regionalization process. http://www.ccm-network.it/en_what_is_CCM (in English). The **Ministry of Education** has general responsibilities of supervision and coordination of all educational activities carried out in the country, the promotion of education. On the local level, the

Ministry is represented by regional and provincial education offices, responsible for the enforcement of laws and regulations in schools and the general management of schools in their province. Schools organise sport activities for the pupils, under the indications of the Ministry.
Until the change of government in February 2008, a **Ministry for Youth Policies and Sport** existed, which had central government functions in relation to sport, policy-making and coordination functions regarding youth policies. Since, one of the offices of the Presidency of the Council of Ministers assumed these responsibilities (which is the case if no specific ministry is created for a topic, which can also be seen as a lower prioritization). At the top of the Italian sport structure is the **CONI**, (Italian National Olympic Committee) that is "*responsible for the development and management of sports activity in the country.* " It means that every aspect of the competitive sport falls under the competence of the CONI. Non-competitive sport, instead, is under the competence of the SSN.
The **Ministry of Environment and Territory** is engaged in the field of education for environment and sustainability, especially focusing on promoting public awareness of environmental matters and behaviours in harmony with the nature and human beings. The field of PA-promoting environments is new in Italy, and only addressed by a few Regions.
The Ministry of Infrastructure and Transportation is, among other things, responsible for the implementation of programmes, at national level on spatial planning, urban development and transport networks. (www.governo.it)
The responsibility for health, Physical Activity (PA), sport and recreation is shared between these governmental national and local institutions.

On May 2007, **a protocol agreement** between Ministry of Health and the representative of 22 groups of the world of industry, labour unions and sector associations was signed, in order to share efforts, skills and knowledge in the realization of projects, guidelines or action plans in the 4 fields of the National Program "Gaining Health" (see question 2 below).
(http://www.ccm-network.it/en_Gaining_Health)

In addition, there are two nongovernmental institutions that carry our PA promotion related activities.
The NGO Italian Union **"Sport for All" (UISP**) is a national sport association, who's main goal is to extend to all citizens the right to practice sport and physical activity, as a healthy behaviour to improve the quality of life (see http://www.uisp.it/nazionale/)
Legambiente (League for the Environment) is the most widespread environmental NGO in Italy, with 20 Regional branches and more than 115,000 members. They carry out activities on monitoring and defending the Italy's artistic legacy and the natural beauties. They promote healthy lifestyles, as well.. (www.legambiente.it)

2. a. Please provide details (title, publication date, issuing body) of the ***key policy documents*** in your country which outline the government's (and where applicable nongovernmental organizations' (NGO)) intention and/or strategy to increase national levels of physical activity. Include in this section current documents and key past documents, preferably structured by sector (including health, sport, transport and environment, as applicable). Please provide any web-links to policy documents which can be downloaded and specify if the full or summary version of documents are available in English.
In addition, please indicate which documents are considered to be the most important ones for guiding current physical activity actions in your country, and explain the links or relationships between the listed documents, where they exist. Also mention if a policy document includes or is accompanied by an action plan on how to implement the policy. However please provide the specific details on actions plans in question 8.

HEALTH

- **Italian Constitution, 01/01/1948, Article 32**

The republic protects individual health as a basic right and in the public interest; it provides free medical care to the poor.

- **Law 23/12/1978 n. 833: National Health System (Sistema Sanitario Nazionale, SSN) and subsequent reforms**

The Italian SSN was established in 1978 in order to provide uniform and comprehensive care to Italian citizens, financed by general taxation. In article n. 2, are described the general aims of the law, namely the citizen's health education, and the disease and accident prevention, in every life environment such as working place.
In article n. 20, the law defines the meaning of prevention and also mentions the need for coherence between healthy environment, urban planning and industrial activity in general.
Since its inception in 1978, the Italian SSN has undergone a wide variety of reforms in the financing, service provision, and regulation of health care policy.
These reforms have taken place within a larger context of ongoing political development, which has afforded Regions greater autonomy in a number of key social policy areas, including health care and PA promotion.
http://www.normativasanitaria.it/jsp/dettaglio.jsp?aggiornamenti=&attoCompleto=si&id=21035&page=&anno=null (in Italian)

In 2000, under decree law reform 254, the health care in sport activity was added to the definition of prevention and thus for the first time, sport and health were brought together in a legislative act. The focus here was on health promotion, i.e. lifestyle and life conditions that can influence people's behaviours. This represented a concrete response to the 1986 WHO Ottawa Charter, based on a socio-ecological approach to health and focused on political, social, cultural, environmental, anthropological factors, that can influence health, in a positive as well as negative way.
www.normativasanitaria.it/jsp/dettaglio.jsp?id=18399&query=NUMERO%20PRV%3A%20254%20DEL%3A%2028%2007%202000%20ORDINA%20PER%3A%20emettitore (in Italian)

- **Law 26/05/2004 n. 138 – Creation of the Italian Centre for Disease Control and Prevention (CCM)**

The CCM was set up by Law 138 of 26 May 2004 (http://www.parlamento.it/parlam/leggi/04138l.htm#decreto) and by the Health Ministry Decree of 1 July 2004
Regarding the specific implementation, please refer to question 8.

- **Documento programmatico "Guadagnare Salute" ("Gaining Health" Programme) (Prime Minister Decree – 04/05/2007)**

This programme was inspired by the European WHO Strategy Gaining Health. Promoted by the Ministry of Health as a result of combined efforts of nine ministries and in agreement with the Regional and Provincial Governments, "Gaining Health: encouraging healthy choices" is, as the subtitle itself explains, an action plan whose main objectives are to prevent and change unhealthy behaviours (http://www.salute.gov.it/imgs/C_17_pubblicazioni_605_allegato.pdf), with the **aim of the prevention of non-communicable diseases.**

The strategy of "**Guadagnare Salute**" is defined by the decree of the Prime Minister as a **main goal of the health service of the country**. It is focusing on the four main changeable risk factors and major determinants for the most frequent chronic diseases and identifies four subject areas (and specific programmes):

- promoting healthy eating behaviour
- counteracting smoking
- counteracting alcohol abuse
- promoting physical activity

The Gaining Health Programme is implemented through the **National and Regional Prevention Plans**, and a specific national project on physical activity (see question n.8).

- **"National Platform on Nutrition, Physical Activity and Tobacco addiction" (Ministerial Decree 01/04/2007, n. 326)**

Issued by the Ministry of Health, the decree established a national platform , with the aim of formulating proposal and realizing initiatives, in line with the "Guadagnare Salute" program (see above).

- The **National Health Plan (Piano Sanitario Nazionale PSN) 2011-2013 (document underway)**

This plan stresses the Gaining Health' s topics and formulates two strategic lines: Health in all policies and converging and complementary financing.

SPORT

- **Law 16/02/1942 n. 426**

The Italian National Olympic Committee (*CONI*), is responsible for the development and management of sports activity in Italy. Within Italy, CONI recognizes 45 national sports federations, 16 associated sports disciplines, 12 promotional sports organizations, 1 territorial sports organization and 19 organizations for the development of sports. In total 95,000 sports clubs with 11,000,000 members. www.italgiure.giustizia.it/nir/lexs/1942/lexs_126698.html (in Italian)

- **Ministerial Decree 28/02/1983**

Establishes the rules concerning the medical care for non-professional sport activities, including medical certificates for participants in sports associations (e.g. a swim club) that are affiliated with a federation of CONI. For the participation in private sport clubs or fitness centres, no certificate is necessary.

There are also a number of laws on health care and medical controls for professional athletes which are not presented in detail here.

EDUCATION

- **Decree Law 18/12/1975**

Technical regulations on school buildings, with indications of environmental criteria for the practice of physical activity (for example: the decree establishes the longest allowed distances between public

school and homes that are different depending on the sort of the school, and that every school building has to comprise a sports hall, etc.)

- **Decree Law n. 297, 16/04/1994: body of laws and dispositions concerning educational programmes**

Art. 89, Chapter IV: it specifies that school buildings must have appropriate indoor (gym) and outdoor spaces for the practice of physical activity. www.edscuola.it/archivio/norme/decreti/dlvo297_94.html (in Italian)

- **Ministry Circular Letter, 01/07/1997**

National indications for the planning and the construction of structures for physical activity in every school level (from nursery to junior high school).

- **Protocol n. 1148/A1, 19/03/1997**

Protocol Agreement between CONI and Ministry of Education. It regulates the relation between the two Institutions, in order to enhance sport, fitness and physical activities in school, in coherence with educational programs.
www.edscuola.it/archivio/norme/edfisica/acc_coni_min.html (in Italian)

- **Protocol n. 1381/C17, 05/01/2007**

Protocol Agreement between the two Ministries of Health and Education, in which they committed themselves to defining a common strategy for health education and a realization of a program of activities, in order to combine the efforts in preventing risk factors and combating sedentary and obesity. http://www.salute.gov.it/imgs/C_17_normativa_1381_allegato.pdf (in Italian)

- **Ministry Note, Protocol n. 4273, 04/08/2009**

Guidelines on reorganization of physical activities in junior high school and high school
www.edscuola.it/archivio/norme/circolari/nota_4_agosto_2009.pdf (in Italian)

All the Laws, Decrees, Circular Letters and Notes here quoted for Education, are available at:
www.edscuola.it/archivio/norme/edfisica/index.html (in Italian)

ENVIRONMENT

- **Official Gazette, General Matters, n. 88, 16/04/2010**

Bike sharing and sustainable sources: a call for a public advertisement. The Ministry of Environment will finance effective projects on reduction of CO2 emissions by promoting bike sharing.

2. b. Please also outline any international documents which may have guided the development of physical activity policy in your country, if applicable.

WHO Ottawa Charter for Health Promotion, 21/11/1986

WHO Global Strategy on Diet, Physical Activity and Health, May 2004

European Commission's Green Paper "Promoting healthy diets and physical activity", 08/12/2005

European Charter on counteracting Obesity, 17/11/2006

European Commission's White Paper "A Strategy for Europe on Nutrition, Overweight and Obesity related health issues", 30/05/2007

WHO 2008-2013 "Action Plan for the Global Strategy for the Prevention and Control of

Noncommunicable Diseases", May 2008

SECTION B – Content and development of national policy

3. During the ***development*** of the policies/action plans mentioned in question 2 was a ***consultative process*** used involving relevant stakeholders? If yes, please list the organizations that have been involved in the development of the policies, and briefly comment on their role and any challenges to engaging other agencies in the development of policy related to physical activity in your country (if known).

Laws, Decrees, Protocols and Circular Letters are developed through a political process that involves political stakeholders, with the cooperation of technical officers for each specific area or topic. Sometimes, a technical working table or a parliament group is appointed in order to emanate or amend a law text.

A more extended consultative process with the involvement of a wider group of stakeholders is generally undertaken during the development of Charters, Agreements, Programs and Plans. For example, the technical panel for the elaboration of the **Gaining Health Programme** was composed of representatives of the central government agencies, the regions and provinces, the associations representing the sectors of the food production chain, consumers groups and the leading national labour unions.

These actions and interventions integrate different actors, at central, local and community level, in coherence with a networking approach.

In order to support the implementation of **National Preventive Plan (PNP)**, a Project Management Group (PMG) was created and formally approved with a Ministry Decree, in January of 2007 (www.ccm-network.it/documenti_Ccm/Prp/DECRETO_PMG.pdf). With a networking logic, the challenge was to improve the setup of the project managers of public health, developing tools and training programs to support the implementation of the PNP. One of the main strengths and achievements of the PNP is in fact the creation of a network of referents at regional and local level for public health planning.

4. In the documents introduced in question 2, are there indications of ***integration*** of physical activity with other related sectors (e.g. with health such as links to obesity strategies, with transport such as links to walking and cycling agendas)? Please provide details and examples.

The **Gaining Health Programme** is based on the implementation and coordination of inter-sectoral strategies that address one of the 4 main risk factors (unhealthy diet, smoking , alcohol abuse and sedentary lifestyle).
Projects can address either risk factor separately. However, CCM also leads 8 projects that integrate PA with other sectors, such as nutrition, environment, public transportation and street safety and has commissioned to regions some actions for a healthy life across different risk factors.

Particularly relevant is a Protocol Agreement between the two Ministries of Health and Education, in which they committed themselves to defining a common strategy for health education and a realization of a program of activities, in order to combine the efforts in preventing risk factors and combating sedentariness and obesity. http://www.normativasanitaria.it/normsan-pdf/0000/24023_1.pdf (in Italian)

A Protocol Agreement between CONI and Ministry of Education regulates the relation between the two Institutions, in order to enhance sport, fitness and physical activities in school, in coherence with educational programs.

5. a) Does your country have ***national recommendations on physical activity levels***? National recommendations refer to consensus statements on how much activity is required for health benefits. If your country has established recommendations, please state who issued them and what is the recommended level of physical activity. Please also specify any variation in the recommendations on physical activity levels for different population subgroups, for example for children or older adults. Please also state in which document and year these recommendations were announced.
   b) Please state if the national government has endorsed these recommendations, or if recommendations by another nationally recognized body or international institution have been officially adopted.
   c) If your country has no recommendations on physical activity, please state if there are any plans to develop them. If recommendations on physical activity have been issued at sub-national level (e.g. in case of countries with a federal structure), please state so.

Italy does not have official national recommendations on physical activity levels, but the national surveillance systems (see question 15) use the internationally accepted physical activity recommendations as cut-off points for what constitutes a "sufficient" level of physical activity , specifically:

- for adult population (18 – 69 years): at least 30 minutes of moderate PA, 5 days/week, or at least 20 minutes of intense PA, 3 days/week (http://www.epicentro.iss.it/passi/)
- for children and young: at least 60 minutes of moderate PA every day. At least twice a week this should include weight-bearing activities that produce high physical stresses to improve bone health, muscle strength and flexibility (http://www.epicentro.iss.it/okkioallasalute/default.asp)

Older adults are not specifically mentioned.

6. Does your country have any clear ***national goals (targets) and performance indicators*** for population prevalence of physical activity for a specific time period i.e. a statement of what level of population change in physical activity is desired across a timeframe?
   If yes, please provide details and specify in which policy document(s) these goals are stated. Please start with the most specific and measurable targets, followed by a listing or summary statement of any more general targets and goals for physical activity related behaviours.

Goals and performance indicators are, in almost all cases, adopted from international Charters, Agreements or Recommendations, both from WHO and from European Commission.
There is no national goal for physical activity. However, in the new PNP 2010 – 2012 the expected goal is to contain the prevalence of obesity under the 10%, with a combination of initiatives that combine PA promotion and counteracting obesity.
The specifications on how to reach this national goal are a responsibility of the Regions. In fact, the Regions must agree with CCM a plan of activities for the realization of this goal, specifying objectives, timeframe and indicators to monitor the implementation and allow an evaluation (see question 8).

7. Does your country have any other related ***goals and performance indicators*** formulated in the policy document(s)? For example, there may be goals for health professionals to screen more patients for physical activity, or for a reduction in car trips. If so, please give examples and indicate the time period for the desired change, if available.
Not specifically. In PASSI surveillance system, there are questions monitoring satisfaction regarding the performance of health professionals, in particular investigating the counselling performance about PA and smoking but there are no nationally adopted goals in this regard.

The next few questions explore the contents of physical activity related action plans and whether your country has a detailed plan of what will be implemented and who has responsibility.

8. Do the relevant documents (as listed in question 2) have any related ***action plan(s)*** *which* outline an implementation strategy? This might ideally outline: specific actions and timelines; assignment of responsibilities; an indication about available resources; indicators and milestones. If yes, please provide a brief description (or if there is too much, please summarize the main groups of actions).
There is not one specific action plan on physical activity in Italy, but the implementation of the national policies is addressed through different mechanisms. The main ones are the Regional Prevention Plans. The main implementation document of the Law 23/12/1978 n. 833: National Health System (Sistema Sanitario Nazionale, SSN) is the National Health Plan that usually is triennial. • **National Health Plan (Piano Sanitario Nazionale PSN) 2003 – 2005** The Plan was the response to the new approach to health in the 2000 SSN reform. In the Plan, 10 projects were identified in order to realize a change in public health strategy. One of these projects was "To promote healthy lifestyle, prevention and public health communication". It represented the high point for prevention and health promotion in Italy, in its modern meaning. With its articulated approach and innovative outlook, the PSN gave a opportunity to start effective actions in the area of prevention and to reach common goals. Planned interventions included providing nutrition education and promoting at least 30 minutes of physical activity daily in schools; encouraging healthy food choices in canteens and providing facilities for physical activity at workplaces; developing nutritional information campaigns and promoting physical activity within the community; guaranteeing the availability and accessibility of healthy choices; developing urban environments supporting physical activity; and cooperating with food producers, consumer associations and control authorities to avoid incorrect and misleading messages in advertisements, especially in those targeted to children. (http://www.ccm-network.it/Pnp_intro) www.salute.gov.it/resources/static/psn/documenti/psn_2003-2005.PDF (in Italian) In the field of the prevention, the main implementation document is the **National Prevention Plan.** The National Prevention Plans are implementation tools of the **Guadagnare Salute programme.** • **State – Regional Government Agreement, 23/03/2005** This is the executive agreement for the **First National Prevention Plan 2005-2009**. With that plan, the NHS deals , for the first time, with the prevention of the NCD. The Agreements stipulates, also that the Italian Centre for Disease Control and Prevention CCM should provide Regional Governments with

technical assistance, assessment and certification of the results obtained. This was an innovative process for the Italian public health sector because it defined and implemented the same working method for projects in all Regions, with a view to starting a virtuous circle aimed at achieving uniform health objectives throughout the country.(www.ccm-network.it/documenti_Ccm/normativa/Intesa_23-3-2005.pdf)

- **State – Regional Government Agreement, 29/04/2010 - National Prevention Plan (PNP) 2010 – 2012**

This act give effectiveness to the new **National Prevention Plan (PNP) 2010 – 2012**, the guiding line for Regions, for the adoption of **Regional Health Prevention Plans**. The Regions must give continuity to the previous PNP, activate programmes in each of the 4 macro-areas indicated in the Plan and improve the surveillance systems indicated in the PNP (http://www.comunitapnp.it/file.php/1/Allegato1_PNP_10-12.pdf, in Italian, and www.ccm-network.it/Pnp_2010-2012, in Italian). Responsibilities, specific goals, tools, available resources, timelines, indicators and milestones have to be defined, in coherence with the principles of Project Cycle Management; most Regions have developed such a plan or are finalizing it currently.

- **The Centre for Disease Control and Prevention (CCM), the Italian Centre for Disease Control and Prevention** was implemented by the **Decree of the Minister of Health 1st July** 2004 (http://www.ccm-network.it/documenti_Ccm/normativa/DM_1-7-2004.pdf) and by the **Decree of the Minister of Health 18th September** 2008 (http://www.ccm-network.it/documenti_Ccm/normativa/DM_18settembre_2008.pdf)

The **CCM** is a collegial entity, whose aim is to optimise plans and priority actions in terms of public health nationwide. Since it was established in 2004, more than 200 agreements have been signed in six areas of activity (surveillance, prevention and control; support to the National Preventive Plan (PNP) and to the programme "Gaining Health"; emergencies; communication and documentation; social welfare; the environment) which have involved all Regions and most public health institutions. On the one hand, Regional Governments are asked to put to the test their ideas, projects and implementation skills, on the other the MoH and CCM have to rethink their role in order to manage the plan coordination work, making it successful so that it could become a resource and an investment for the health system. CCM also coordinates and supports the Regions in writing their Regional Prevention Plans (see above).

- As part of the “Gaining Health” agreements, a specific **4-year national CCM project on PA promotion** was carried out. The project was lead by the Emilia – Romagna Region from 2007-2010 (“Promoting Physical Activity - Actions for an Healthy Life” – www.ccm-network.it/azioni, in Italian), involving 6 Regions (Piedmont, Veneto, Tuscany, Marche, Puglia + Emilia-Romagna as leader). The project identified effective methods to increase PA in the general population, using recommendations and initiatives which are considered to be effective and meaningful, evidence based and good practice and tested experimental interventions. The project also created a network of National and Local PA experts and produced guidelines on the relationship between the layout and organisation of the city and the PA in the population. The project collaborated with other multi-regional and national projects, following and improving “Gaining Health” strategies. It also sought strong international input through the HEPA Europe, the European network for the promotion of health-enhancing physical activity. The CCM Project ended officially on 31 December 2010. Its Steering Committee, Scientific Committee and Networks will continue their exchange through the web page “Azioni” (http://www.ccm-network.it/azioni/home-page

9. Looking across the relevant physical activity policy documents in your country, please indicate which settings, if any, are identified for the delivery of the physical activity action plans. Please tick all that apply.			
Kindergarten	X	Sport and leisure	X
Primary schools	X	Transport	
High schools	X	Tourism	
Colleges/universities		Environment	X
Primary health care	X	Urban design and planning	
Clinical health care (e.g. hospitals)		Other (please specify)	
Workplace	X		
Senior/ older adult services	X		

10. Which population groups are targeted by specific actions or activities stated in the policy/action plans? Please tick all that apply.			
Early years		Sedentary/ the most inactive	
Children / Young people	X	People from low socio-economic groups	
Older adults	X	Families	
Workforce / employees		Indigenous people	
Women		General population	X
People with disabilities	X	Other (please specify)	
Clinical populations/ chronic disease patients			

11. To illustrate the approaches being used to promote physical activity in your country, please provide up to 3 examples of interventions included in your policy/action plans which reflect the diversity of the plans across different population groups and settings. Please link your examples to the relevant documents as listed in question 2.

CCM as part of the implementation of the "Gaining health" programme, leads 8 projects that integrate PA with other sectors, such as nutrition, environment, public transportation and street safety. Examples:

- Best practices on nutrition and physical activity in **preschool aged children**,
- Gaining health in **teenagers**,
- Surveillance System on lifestyle and risk factors in **elderly people**

Inter-ministerial cooperation between Environment and Territory and Education, University and Research,

aims to promote public consciousness of **environmental matters and behaviours** in harmony with the nature and **human beings.**

12. Please comment on how well you think the interventions outlined in the policy documents(s) (question 2) and/or action plan(s) (question 8) reflect current ***scientific knowledge on effective interventions***. When working on this question, you may be interested in discussing how well evidence is informing practice.

The PNP has been characterized by a complex and innovative process in relation to the specific context and working methods.
One of these contexts involved efficacy and scientific basis. The 2010 – 2012 Plan specifies that one of the criteria for the evaluation of regional planning will be the coherence with effective interventions, best practices and evidence-based public health.Moreover, it emphasizes and promotes the systematic use of surveillance data, as one of the essential tools for an efficient project management.

13. Are there recommendations of how ***agencies/ institutions/ stakeholders*** should be ***working together*** to deliver the policy / action plan(s)? This can be through partnerships and/or alliances and within or between sectors.

At national level, a list of protocol agreement was signed between institutions, agencies and associations, as a result of "Gaining Health" (available (in Italian) at http://www.ccm-network.it/GS_intro; http://www.salute.gov.it/
Technical groups were created in order to support Regions in the planning process, which implicates stakeholder involvement in all phases of the project. Specific tools and training activities are available for operators, in PNP context as well as for CCM projects.

All the multi-ministerial agreements quoted in Question 2 have recommendations on how work together, in order to deliver policies or action plans.

14. Does your country have a specific plan for the ***evaluation*** of the policy implementation? If yes, please provide a brief overview of the extent of the evaluation activities and identify who is responsible for coordinating and/or undertaking the evaluation.

The CCM strategic committee is responsible for the evaluation (and consequential funding) of regional, multi-regional or national projects, as explained in Q 8. The results of this evaluation determine the allocation of a specific amount of the PNP budget in Regions with a positive evaluation.

Monitoring is realized through quarterly technical and financial reports.

15. a. Does your country have an established ***surveillance or health monitoring system,*** which includes suitable population-based measures of physical activity?
If so, for how many years has this surveillance system been in place, who coordinates the system, which target groups are surveyed, which indicators are monitored, and how often? Is this conducted and reported on a regular basis?

In response to the WHO recommendation about implementing risk factor surveillance, in 2005 and 2006, in the context the Italian behaviour risk factor surveillance system survey, two cross-sectional pilot studies were carried out to test the materials and methods for the future implementation of a national surveillance system of behavioural risk factors and preventive measures by the National Centre for Epidemiology, Surveillance and Health Promotion (CNESPS).

For adults, the PASSI (Progressi delle Aziende Sanitarie per la Salute in Italia) system adapts the

Behavioural Risk Factor Surveillance System (BRFSS) model. The system was implemented in 2007, based on monthly data collection by telephone interviews carried out on local level by health personnel of the health units; data is reported yearly.All Italian regions are participating. PASSI is based on the indication of the recommended levels of Physical Activity for adult populations (http://www.epicentro.iss.it/passi/CONTROLLARE IL PNP 2010-2012). The physical activity questions were adapted from the United States BRFSS physical activity module with which good experiences were made (http://www.cdc.gov/brfss/).

In the survey on the promotion of healthy lifestyle and growth in primary school children ("Okkio alla salute"), data have been collected since 2008 in 8- to 9-year-old children in 18 of the 21 Italian regions by self-administered questionnaires, filled in at school. The survey is foreseen to be repeated every second year (http://www.epicentro.iss.it/okkioallasalute/; http://www.salute.gov.it/). In 2010, data has been also been collected about adolescents' lifestyles (Health Behaviours School-aged Children) in 11, 13 and 15 year old children.

The CCM has charged the Region of Umbria to develop a surveillance system lifestyle and risk factors in elderly of over 64 years of age (PASSI d'argento – PASSI silver) from 2008 to 2010 (http://www.epicentro.iss.it/passi-argento/default.asp). In January 2009, the first survey was carried out in 7 Regions in over 3000 people, including questions on physical activity (being active almost all days for at least 10 minutes in a way that makes sweat, and types of activities); in 2010 the results were available. At the end of 2010, it was decided to continue and integrate PASSI d'argento into the national PASSI surveillance system.

15. b. Please comment on the extent to which the national surveillance system in your country provides policy-relevant data and is therefore useful for assessing progress towards national goals (if stated in question 6) and the effectiveness of national policy and implementation.

The Italian BRFSS surveillance system gives, for the first time in Italy, standardized data on nutritional conditions and PA behaviours in children, young people and adults, and disseminates the results in order to support evidence based public health actions. It is being implemented to improve the health profiles and prioritization processes, to help intervention planning and evaluation at national but specially at regional level, to support the National and regional Prevention Plans and to disseminate data with a specific communication plan.

15. c. Please comment on how well you think surveillance data has helped progress the agenda on physical activity in your country.

16. What evidence is there of current ***political commitment*** to the physical activity agenda and the development and/or implementation of national policies and action plans? Examples of political commitment might include: the inclusion of physical activity in official speeches; political discussions about physical activity promotion in parliament; visible engagement by politicians in HEPA related events; personal participation in HEPA.

The inclusion of obesity contrast and promotion of a healthy lifestyle as a public health priority in the recently approved new PNP represents the most important political commitment in national public health. As above described, PNP is a economically and politically binding commitment both at national and at regional level.

All the mentioned agreements and Protocols are binding for the promoting institutions. In all the relevant political programmes, PA has been mentioned as a key issue.

In 2007, Italy has defined the "Gaining Health" programme as a goal of the National health Service, but now (2010) the political commitments towards its implementation seems to have decreased (e.g. the CCM funds addressed to Health Promotion have been cut significantly).
On the other hand, the Emilia-Romagna Region was able to host the 5th annual Meeting and Symposium of HEPA Europe (Bologna, 10 – 12/11/2009).

17. Is the ***funding*** for the delivery and implementation of interventions listed in the policy / action plan(s)? If yes, please provide details of the level of funding commitment, any increases/ decreases, and from what sources (if available).

HEALTH
Since CCM was established in 2004, more than 200 agreements have been signed in six areas of activity (surveillance, prevention and control; support to the PNP and to "Guadagnare Salute"; emergencies; communication and documentation; social welfare; the environment) which have involved all regions and most public health institutions. Another 66 agreements were signed as part of the CCM 2008 programme.

CCM funding in PA promotion projects, by year:

2005:	210.000 €
2006:	1.400.000 €
2007:	4.320.000 €
2008:	2.600.000 €

http://www.ccm-network.it/documenti_Ccm/pubblicazioni/CCM_2004-2007.pdf

Budget prevision for ALL CCM regional projects supporting PNP and "Guadagnare Salute", including those on PA

2009:	11.220.000 €

http://www.ccm-network.it/documenti_Ccm/normativa/programma_Ccm_2009.pdf

2010:	12.000.000

http://www.ccm-network.it/documenti_Ccm/normativa/programma_Ccm_2010/programma_Ccm_2010.pdf
1.600.000 of them almost only for PA
http://www.ccm-network.it/documenti_Ccm/normativa/programma_Ccm_2010/progetti_approvati_progrCcm2010.pdf

SPORT

CONI:	450.000 €
Local Administrations:	1.9 billion€

Section C – Implementation of the physical activity policy/action plan

This section aims to capture details on the experiences of actually implementing physical activity policies and actions. The "reality" can be very different from the "theory" and it is of interest to learn about the process and impact that national policy has had in terms of what is actually underway to promote physical activity in your country.

18. a. Is there a designated government department, nongovernment group or individual providing overall ***stewardship (i.e. a combination of leadership, coordination and advocacy with other sectors)*** for HEPA promotion in your country? Does their role include stewardship of the implementation of the policy and/or action plan(s)? If yes, please describe their role.
At national level, the stewardship for HEPA promotion is with the Ministry of Health, General Directorate of Prevention; and Public Health and Innovation Department. The Unit must assure a systematic approach in planning and implementing any action aimed at improving PA promotion outcomes. It is a key role, considering the increasing decentralization of decision making at the sub-national levels, requiring a strong coordination and the establishment of solid links between national, local, public and private institutions.
18 b. If responsibility for the leadership and coordination of the action plan implementation has been delegated outside of government, what is the role of government (if any), and what level of government support is evident towards the implementation of the action plans in your country?

19. Please outline the extent to which the national level policy documents and leadership (if present) guides the implementation of policy and other physical activity promotion actions at a sub-national or local level. When working on this question, you may be interested in discussing whether there is synergy and coherence between these levels of implementation and action.
All national level policy documents are implemented at sub-national and local level due to the decentralized health system. It is aimed at synergy and coherence through the above mentioned mechanisms, most notably CCM, and the other agreements and laws mentioned above.

20. Please identify who provides leadership and coordination of physical activity related activities at the sub-national and local level?
In every Region participating in the CCM-Project "Promoting Physical Activity - Actions for a Healthy Life" (see question 25), a Regional Network was created, consisting of the PA delegates of the local (county) Health Services. The CCM also coordinates and supports the Regions in writing their Regional Prevention Plans which then are implemented under the authority of the Regions (see also qu. 1).

21. Please provide brief details on up to three examples of interventions which have been successfully implemented following the development of the policy and action plan. Please also give 3 examples of any less successful interventions, as these often provide important lessons.

Successful interventions

1. Gaining Health
2. The Physical Activity promotion Networks. (see questions 20 and 25)
3. PNP new management system which represents a true "cultural revolution" because it is the first time that the NHS really face health promotion and its methodology, tools etc.

Less successful interventions

1. Formez Database of local experiences as regards the prevention of the main risk factors for chronic diseases

This database was established through a 2-year CCM project. In collaboration with all Italian regions, interventions were collected on all 4 risk factors of the "Gaining Health" programme until 2008. It now contains detailed information on 330 projects, including 168 on physical activity. However, the database was no longer available and sustained when the project (and the CCM funding) ended at the end of 2009.

2.
3.

22. Is there any evaluation of physical activity interventions at the sub-national and/or local level? Please give a general overview of the role of evidence and evaluation of practice undertaken in your country in relation to HEPA promotion.

The interface function between Regions and CCM involves a level of support that is negotiated on a per case basis, via collaborative agreements contracted by the CCM with the individual Regions. To receive funding, Regions must respect the Project Cycle Management system, therefore respond to a logic of outputs, outcomes and evaluation.

23. Does your country have a national level ***communication or mass media strategy*** aimed at raising awareness and promoting the benefits of physical activity? Please provide details of the communication activities (if any).

An essential element in the **"Gaining Health" Programme)** is communication which is a basic component of the prevention actions in the sense that it is an important knowledge and information tool for professionals and the general public.

The "Guadagnare Salute" Programme is developed across three institutional communication areas:

- specific plans for each action
- an information campaign geared towards citizens' choices for their health and encouraging governments to make healthy choices possible
- a specific programme in collaboration with schools.

The Health Ministry is preparing a Communication Plan; no further details were available as of now.

24. In your country are the physical activity interventions linked together by the use of any common ***branding/ logo/ slogan?*** Examples of this in other countries include "Agita Sao Paulo" and "Find 30". If yes, please describe.

There are several logos and slogans in use:

- "Guadagnare Salute, rendere facili le scelte sanitarie" (Gaining Health: making healthy choices easier). "Guadagnare salute" has a specific logo of the Ministry, registered. It consists of a orange smiling heart.
- "Diamoci una Mossa", in forma con il movimento (Let's move! Fitness through physical activity) An Intervention to enhance PA in primary achools (www.salute.gov.it/speciali/piSpecialiNuova.jsp?id=68)
- "Forchetta e Scarpetta" (Forch and Sneaker) An Intervention to enhance PA in primary schools (http://www.salute.gov.it/stiliVita/paginaInternaMenuStiliVita.jsp?id=1714&menu=progetti)
- "Canguro SaltalaCorda" (Skipping kangaroo): teaching materials for educational programme to promoted the adoption and maintenance of a healthy lifestyle in school aged children.

25. Does your country have any ***network or communication system linking and/or supporting professionals*** who have an interest in physical activity and/or are working on the promotion of physical activity or related areas?
If yes, please describe, providing a web-link and contact person, if available.

The CCM-project "Promoting Physical Activity - Actions for an Healthy Life" , together with the CCM-National Project for the Promotion of Motor Activity, created a network of national and local PA experts which is meant to serve as platform for future collaboration of the relevant stakeholders (see question 8) . The national network consists of PA delegates of the Regional Health Services to build a PA reference networks of specialists in each region of Italy and create a shared language between all operators. (www.ccm-network.it/azioni, project leader: Dr. Alberto Arlotti - AlArlotti@regione.emilia-romagna.it). CCM- National Project for the Promotion of Motor Activity also created local networks of actors involved in the physical activity promotion such as associations, municipalities, schools, health care and other public and private actors.

In addition, there is a network of regional representatives of Gaining Health and a network of contacts of the surveillance systems that also address the promotion of physical activity occasionally, sometimes also in contact with the network of contacts of school health.

The above questions have sought information to capture both the "what" and the "how" of your country's policy development and implementation around physical activity.

What do you think are the 2 to 3 examples of greatest progress and also what you think have been the 2 to 3 biggest challenges faced by your country in commencing or continuing a national level approach to the promotion of HEPA.

26.a. Please list up to three examples of an area or issue where the greatest progress has been made in your country in recent years.
1. The creation of systematic Surveillance Systems on risk factors, and the resulting availability of national, regional and local comparable data and sources, especially in children and young people 2. The "cultural revolution" in network and project management, achieved in "Actions for an Healthy Life" project and in PNP Project Management Group. 3. The preventive approach of "Guadagnare Salute", a challenge and an investment in the future, intended to bring about a rapid improvement in the living conditions, favouring responsible behaviour by individuals .
26.b. Please list up to three areas or issues that remain as more difficult challenges to address.
1. The lack of a central co-ordination between different institutions that deal with the subject 2. The significant difference between northern and the southern regions of the country concerning the equality and access to services (gyms, urban environment, schools, health) 3. System stewardship in the decentralized Italian health system has become an essential skill, but in many cases it remains just a concept. Institutional interaction in many cases is not coordinated, creating the repetition of same projects and actions and a waste of funding.

27. Please use this space to provide any further details which you were not able to provide in other sections of the tool.

Section D – A summary of how the HEPA PAT was completed

It will be of interest to those who read this audit of HEPA policy to know how this review was undertaken and who was involved in the process. Please outline in brief the process used. This should include details of who initiated the process, who led the process, who was involved and how they were identified or selected as well as the timelines of the consultation process. In addition, please include details of consultation steps that were undertaken and a list of individuals and organisations that were contacted and from whom feedback were received.

Overview of process and timelines
The adopted methodology followed the listed procedures below: 1. Compilation of the template, using available policy documents from across multiple sectors (health, sport, transport, education, environment), combined with background knowledge, in order to create a first draft of the document; 2. Compilation of a list of potential stakeholders/experts from multiple sectors (health, sport, transport, school, spatial and environment, workplace and social, development and tourism); 3. Invitation to collaborate by email and telephone conferences, through feedback using their specific knowledge; 4. Four weeks were given to receive feedback; 5. In some case individual experts/stakeholders were identified and contacted. In other cases, the template was submitted to specific government units or departments, and the feedback was given by different officials. No feedback was received from the Ministry of Transport; 6. Reduction of the content of template version 2 according to suggestions and comments of partners from other collaborating countries. Note 1: There was not a core writing team, but one project leader who was in charge of the task of gathering information and writing it up. Due to this fact and that Italy joined the case study project later than the other pilot test countries, and that in many cases there was a lack of answers from the experts/stakeholders, the process of gathering information and writing it down took quite some time. Note 2: The recent government crisis could create some problem in gathering the final feedback from the experts/stakeholders (in some case, units of departments could have changed their human resources composition). Authors: Silvia Colitti, consultant for the Emilia Romagna Region, Italy / Chile and Alberto Arlotti, Health Service, Emilia Romagna Region, Italy Main contributors to the realisation of this document: *Italian Ministry of Health:* Directorate General for Health Prevention, CCM (Italian National Centre of Disease Control and Prevention) – Roberto D'Elia; Antonio Federici. *Italian Ministry of University and Research (MIUR):* Directorate General for Students, Integration, Participation and Communication (Physical Activity Unit) – Mario Bellucci; Michela Donatucci; Roberto Gueli. *National Olympic Committee (CONI):* Department of Sport Promotion *Italian Union "Sport for All" (UISP):* Department of Activities – Person in charge: Vincenzo Manco. *Italian NGO-League for Environment (Legambiente)* Department of Urban Areas – Person in charge: Alberto Fiorillo