

WHO European Childhood Obesity Surveillance Initiative

Implementation of round 1 (2007/2008) and round 2 (2009/2010)

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Fig. 12 contd

The HSE provides funding for Ireland's participation in each COSI round. However, the HSE, which is publicly funded, has undergone serious cuts in its budgets over the last few years and securing funding for future rounds may be difficult.

No additional steps are needed to maintain current strengths.

To reduce the identified weaknesses, as many schools as possible are included in each round, with an emphasis on larger schools (which are overrepresented in the Irish sample anyway). Reminder letters are sent and schools are called for their consent. However, the number of schools that can be included also depends on how large the budget is, which has decreased over the years. Also, every attempt is made to retrain the same staff, if possible, to do the data-collection in subsequent rounds.

Regarding opportunities, the National Nutrition Surveillance Centre and University College Dublin will execute all the proposed analyses and follow-up of the longitudinal data.

Regarding threats, every attempt is made to maintain funding for this project.

Italy

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The Pls' analysis of the implementation of COSI in Italy is presented in Fig. 13, followed by a short analysis of some of the identified factors.

Fig. 13. SWOT analysis of the COSI implementation in Italy

	STRENGTHS	WEAKNESSES
Country-specific internal assessment of the national and local organization	<ul style="list-style-type: none"> • COSI was a great financial investment by the Ministry of Health, which considers childhood obesity an important health problem. • Health professionals working in local public services on food safety, nutrition and health prevention, i.e. <i>Servizio Igiene Alimenti Nutrizione</i> (Food Hygiene Nutrition Service) were involved in making COSI a cost-effective data collection. • Collaboration between the health and school sectors at all levels (ministries of health and education, regional workers, local health workers and teachers), which was strengthened by the implementation of <i>OKkio alla SALUTE</i> (Italian COSI) (43), was good. 	<ul style="list-style-type: none"> • Secure financial investment was needed by the Ministry of Health and regions in order to buy other instruments (scales and stadiometers) and support some of the activities at national, regional and local levels. • In some cases, insufficient human and logistic resources were reported at local level because of difficulties accessing funds. • A lack of interest by local workers performing data entry was observed. • Available human resources were stretched because COSI overlapped with other data collections (e.g. HBSC) or activities.

Fig. 13 contd

Country-specific internal assessment of the national and local organization	<ul style="list-style-type: none"> • The National Institute of Health had experience in implementing and coordinating surveillance systems; training regional and local workers; and preparing materials to communicate results to different stakeholders (children, parents, teachers, paediatricians and local authorities). • Regional and local coordinators who were responsible for data collection and communication of results showed strong commitment. • Response rates of schools and parents were high. • All procedures were standardized. • A large sample size of data (more than 40 000 children), using representative samples at regional level and a high precision of the estimated prevalence estimates were collected. • Data on risk factors of childhood obesity (nutrition, physical activity, family factors, school environment and activities, etc.) were collected.
Country-specific external assessment of the environment	OPPORTUNITIES
	<ul style="list-style-type: none"> • The <i>OKkio alla SALUTE</i> data are considered the official data on childhood prevalence of overweight and obesity in Italy and in all regions, and the data can be used in future analyses. • The results have been used in the last national health plan and all the official documents from the Ministry of Health and the Ministry of Education, University and Research and will continue to be used. • The results could be used as a data source for the development of a nutrition action plan. • The regional and local data are used to communicate the results to different stakeholders (children, parents, teachers, paediatricians, local authorities, etc.) and to start actions to prevent overweight and obesity in children. • The data collected in Italy can be compared with those of other European countries, which used, more or less, the same methodology. • The results have helped start a public discussion on some related topics, such as a tax on sweetened and carbonated drinks, an increase in the number of hours of physical activity in primary school curricula, etc.
	THREATS
	<ul style="list-style-type: none"> • Future funding is unsure due to the current spending review, although <i>OKkio alla SALUTE</i> has been included in many regional health plans. • Due to the current financial situation, workers who go on pension may not be replaced. • A possible reorganization of local health authorities (as a consequence of spending review and cuts) could reduce their involvement in prevention and nutrition activities (the specific services could disappear or employees could be given other tasks).

After the first round of data collection in 2008, *OKkio alla SALUTE* (Italian COSI) (43) became a stable surveillance system on childhood overweight and obesity and associated factors in all Italian regions. The collected data allow the comparison between regions and, at international level, between Italy and other European countries. The data have been used to prepare communication instruments (leaflets, posters, multimedia educational kits and web instruments) and to start prevention activities. It is considered one of the most important and useful surveillance systems in Italy, and health workers and teachers are happy to take part. The results have been used in the last national health plan and in official documents from the Ministry of Health and the Ministry of Education, University and Research.

The cost of the surveillance system is not very high (about €6 at national level and about €8 at local level per child). However, financial support is necessary to help the national coordination and local activities. Italy, as other European countries, has economic difficulties, which may reduce its interest towards prevention.

In order to overcome some of the identified threats, human resources in particular, the National Institute of Health tries to put together the resources involved in all the surveillance systems in order to help them and aid their survival.

Latvia

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The PI's analysis of the implementation of COSI in Latvia is presented in Fig. 14, followed by a short analysis of some of the identified factors.

Fig. 14. SWOT analysis of the COSI implementation in Latvia

		STRENGTHS	WEAKNESSES
Country-specific internal assessment of the national and local organization		<ul style="list-style-type: none"> The same team of researchers implemented COSI in both rounds. Collaboration between the public health system,^a the Ministry of Education and Science and participating schools was strengthened. The Ministry of Education and Science supported COSI data collection in both rounds and wrote a support letter to each selected school. Schools were cooperative during the data collection period. 	<ul style="list-style-type: none"> Use of the same anthropometric measuring equipment throughout the country was a challenge. School health services could not provide data to COSI. Twenty sets of anthropometric measuring equipment were purchased, and their transport logistics were a concern for the data collection company.