



Project
Actions for a healthy life



EUROPE

Seminar on "Active for life",
an Italian Ministry of Health-
Emilia-Romagna project on
physical activity promotion

Bologna, 10th November 09



TEN YEARS OF HEALTH PLANNING

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Department of Health Policy



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Regione
Emilia-Romagna

4,337.966
inhabitants

Capital: Bologna

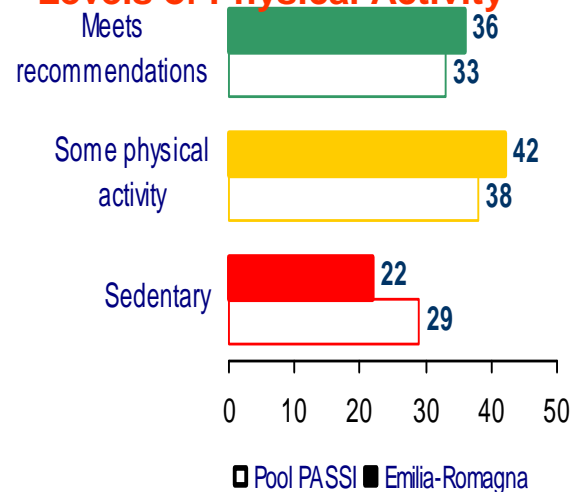
Principal towns:
Piacenza, Parma,
Reggio Emilia,
Modena, Ferrara,
Ravenna,
Forli Cesena,
Rimini



Regione Emilia-Romagna

Progressi delle Aziende Sanitarie per la Salute in Italia (Passi) The Italian behavioural risk factor surveillance system

Levels of Physical Activity



The behaviour of doctors and health workers

people who have been asked by a doctor or health worker if they practice Physical Activity	35%
sedentary people who have been advised to do Physical Activity by a doctor or health worker	35%

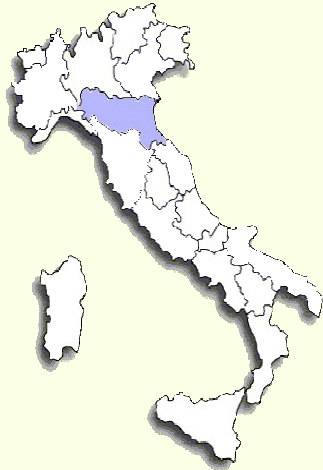
Sedentariness by gender, age and social conditions 660,000 people (18-69)

GENDER	men	21%
	women	22%
AGE	18-34	17%
	35-49	24%
	50-69	25%
EDUCATION	none/primary	26%
	secondary school	23%
	further education	21%
	degree	11%
VARIOUS ECONOMIC SITUATIONS	severe difficulties	21%
	some difficulties	23%
	no difficulties	24%



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10 ANNI OF
HEALTH
PLANNING

Background:

CONTEXT

PARTICIPATION

ALLIANCES



HEALTH PLANNING: WITH THE COMMUNITY

Our experience comes from a context characterised by a strong social capital with the intention of enhancing participatory culture, networks, the varied and rich voluntary sector and the strong, well-rooted presence of Local Authorities (mostly, councils).

The Health plans have been working on these variables by challenging Authorities, Institutions and the private sector to produce health promotion with the active participation of the population and with widespread dissemination throughout the community.

In other words, activating real health alliances.

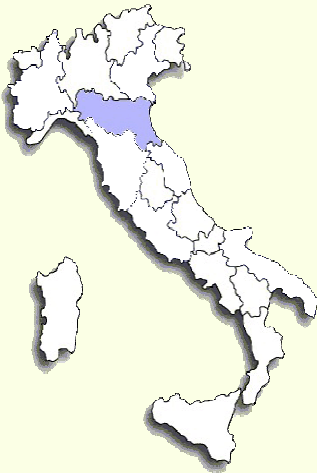


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10 YEARS OF
HEALTH
PLANNING:
HEALTH
PRIORITIES
INTERVENTION
AREAS



DEFINING HEALTH PRIORITIES AND INTERVENTION AREAS

From 2000 to 2009 around 60 projects have been started in the 11 Local Health Units in this region every year, with an average annual regional funding of € 500,000.00

The themes being dealt with, all of which are different, have been arrived at using Community profiles and via participatory tools that reveal perceived health needs (social integration, relationship and health support, safety, mobility, pollution and lifestyle).

Particular focus has been made to diet and physical activity, with integration in specific reference to overweight/obesity and investments that have grown over time and in different settings (schools, workplaces, the community).



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10 YEARS
OF HEALTH
PLANNING:
CRITICAL/
STRONG
POINTS



10 YEARS OF HEALTH PLANNING

STRONG POINTS

The importance of the overall “messages”
Novelty and relevance of the methodology
that has been adopted
Cultural growth of all those involved and
the communities reached
Activation of new “working round tables”
for a truly shared participatory vision

WEAK POINTS

Complexity of the process
Training of health workers
Participation time/ need for feasibility
Coherence between health objectives
and evaluation tools



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