Monitoring and surveillance
Overweight and obesity in three age groups

Adults (20 years and over)
Intercountry comparable overweight and obesity estimates from 2008 (1) show that 54.1% of the adult population (≥ 20 years old) in Italy were overweight and 19.8% were obese. The prevalence of overweight was higher among men (61.8%) than women (47.1%). The proportion of men and women that were obese was 21.2% and 18.5%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 16% of men and 12% of women will be obese. By 2030, the model predicts that 20% of men and 15% of women will be obese.1

DEMographers DATA
Total population 60 551 000
Median age (years) 43.2
Life expectancy at birth (years) female | male 84.0 | 78.6
GDP per capita (US$) 33 877.0
GDP spent on health (%) 14.0

PREvAlENCE Of OvERwEighT And ObEsiTy (%) AmONg iTAliAN ADulTs bAsED ON whO 2008 EstiMATES

Source: WHO Global Health Observatory Data Repository (1).
Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 35% of boys and 22% of girls among 11-year-olds were overweight, according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010). Among 13-year-olds, the corresponding figures were 27% for boys and 17% for girls, and among 15-year-olds, 26% and 12%, respectively (2).

Children (0–9 years)

Estimates from the first round (2007/2008) of the WHO European Childhood Obesity Surveillance Initiative (COSI) show that among 8-year-olds in Italy, 49.0% of boys and 42.5% of girls were overweight and 26.6% and 17.3%, respectively, were obese. Among 9-year-olds, 47.1% of boys and 40.1% of girls were overweight, and 25.7% and 15.8%, respectively, were obese (3).

Exclusive breastfeeding until 6 months of age

Nationally representative data from 2008 show that the prevalence of exclusive breastfeeding at 6 months of age was 2.0% in Italy. (3)

Saturated fat intake

According to 2007 estimates, the adult population in Italy consumed 11.3% of their total calorie intake from saturated fatty acids (4).
Salt intake

Data from 2008 show that salt intake in Italy was 11.0 grams per day for men and 8.0 grams per day for women (5).

Iodine status

According to the most recent estimates on iodine status, published in 2012, the proportion of the population with an iodine level lower than 100 µg/L was 50.2% (6, 7).

Physical inactivity

In Italy, 56.9% of the population aged 15 years and over were insufficiently active (men 51.0% and women 61.8%), according to estimates generated for 2008 by WHO (1).

Policies and actions

The table below displays (a) monitoring and evaluation methods of salt intake in Italy; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (5).

Salt reduction initiatives

<table>
<thead>
<tr>
<th>Monitoring &amp; evaluation</th>
<th>Stakeholder approach</th>
<th>Population approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industry self-reporting</td>
<td>Industry involvement</td>
<td>Brochure Print</td>
</tr>
<tr>
<td>Salt content in food</td>
<td>Food reformulation</td>
<td>TV Radio</td>
</tr>
<tr>
<td>Salt intake</td>
<td>Specific food category</td>
<td>Website Software</td>
</tr>
<tr>
<td>Consumer awareness</td>
<td>10% salt reduction in bread by 2012</td>
<td>Education Schools</td>
</tr>
<tr>
<td>Behavioural change</td>
<td></td>
<td>Health care facilities</td>
</tr>
<tr>
<td>Urinary salt excretion (24 hrs)</td>
<td></td>
<td>Conference Reporting</td>
</tr>
</tbody>
</table>

Notes. XX partially implemented; XXX fully implemented.
Source: WHO Regional Office for Europe (5).
Physical activity (PA), national policy documents and action plans

<table>
<thead>
<tr>
<th>Sport</th>
<th>Target groups</th>
<th>Health</th>
<th>Education</th>
<th>Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existence of national “sport for all” policy and/or national “sport for all” implementation programme</td>
<td>Existence of specific scheme or programme for community interventions to promote PA in the elderly</td>
<td>Counselling on PA as part of primary health care activities</td>
<td>Mandatory physical education in primary and secondary schools</td>
<td>National or subnational schemes promoting active travel to school</td>
</tr>
<tr>
<td>PA included in the national health monitoring system</td>
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</tbody>
</table>

Source: country reporting template on Italy from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the European Union (EU).

Leadership, partnerships and professional networks on health-enhancing physical activity (HEPA)

<table>
<thead>
<tr>
<th>Existence of national coordination mechanism on HEPA promotion</th>
<th>Leading institution</th>
<th>Participating bodies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Source: country reporting template on Italy from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

PA recommendations, goals and surveillance

<table>
<thead>
<tr>
<th>Existence of national recommendation on HEPA</th>
<th>Target groups addressed by national HEPA policy</th>
<th>PA included in the national health monitoring system</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General population, vulnerable and low socioeconomic groups</td>
<td></td>
</tr>
</tbody>
</table>

Source: country reporting template on Italy from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

References