Prevalence of chronic diseases by gender in the foreign population. Vicenza City Hospital, ULSS 6

Objective: determine, classify and the rate of chronic pathologies in the foreign population, track changes over time and develop a long-term prevention and treatment program. **Methods:** Chronic patients were defined according to the regional protocol 13/2001; exemption from payment was determined in accordance with Law 124/98 and ICD-9-CM coding. Variables considered: gender, age exemption status, pathology, assistance code. Rates were calculated per 1000 inhabitants and on the basis of gender, age and the M/F ratio. All data included in the study is updated to the year 2004. Total population considered: 15,441 (8.591 males; 6,950 females). **Results:** 2.3‰ (360) of the population was not considered in this study. Total exempt were 414 (172 females; 242 males). Main pathologies: Hypertension 4.7‰ M/F = 1.5 (44/29); Diabetes: 4.7‰ M/F = 1.8 (46/26); Asthma: 2.6‰ M/F = 1.9 (26/14); Neoplasias: 1.9‰ F/M = 1.3 (17/13); Epilepsy: 1‰, F/M = 2.8 (11/4); Chronic hepatitis: 0.6‰, M/F = 3.5 (7/2); Chron's disease: 0.6‰ F/M = 2 (6/3); Glaucoma: 0.5‰ M/F = 1.3 (4/3); Rheumatoid arthritis: 0.4‰ M/F = 1 (3/3); Chronic renal insufficiency: 0.4‰ M/F = 1 (3/3); Hypothyroidism: 0.3‰ F/M = 4 (4/1); Psychosis: 0.3‰ F/M = 2 (2/0). **Conclusion:** Epilepsy, Chron's disease, hypothyroidism and psychosis is more prevalebt in the females while diabetes, hypertension, asthma and chronic hepatitis are more frequent among the males.

Marisa Pacchin

Surveillance and prevention strategies for stroke in Lazio Region

Reduction of identified, modifiable dietary and lifestyle risk factors could prevent most cases of stroke. The Lazio region is implementing a stroke program contains integrated initiatives aimed at providing better stroke care and prevention at a regional level. Meaningful initiatives regard the stroke surveillance and the prevention of recurrent strokes. Two initiatives methodology and practical consequences will be described. Firstly, a Stroke Surveillance System is based on the permanent integration of administrative and clinical data. The first data are collected through Health Information Systems, containing data on emergency, hospitalization, outpatient care and mortality. The clinical data (onset symptoms, National Institute of Health Stroke Scale – NIHSS, risk factors) are collected through the registry of suspect acute stroke patients admitted to the Emergency Departments (ED) of the region. Secondly, the project on the prevention of recurrent strokes, in accordance with the National Health Ministry indication, is ongoing in 9 of the 12 territorial healthcare trusts of the region. The goal is to foster collaborative protocols aimed at improving the management TIA and stroke so to limit the chances of a recurrent cerebrovascular event. Such protocols involve the medical and paramedical staff of both the ED and the discharging ward and the primary care physicians. The protocol adopts the recent international cardiovascular diseases prevention strategies for clinical practice including the lifestyle and risk factors interventions.

A. De Luca, S. Gabriele, C. Francia, G. Di Gioacchino, G. Guasticchi

Practical challenges to developing questions for health behaviour surveillance: the Singapore experience

The questionnaire is the key instrument through which data is collected from the population in health behaviour surveillance. In developing the instrument for Singapore's Health Behaviour Surveillance, several challenges had to be overcome. Firstly questionnaire length imposed limits to the number and breadth of health topics that could be monitored. This meant that topics had to be prioritised and clearly defined, and at times further narrowed to identify specific modifiable health behaviours that could be monitored. The questionnaire had to be further customised to meet the stated objectives for each health topic. To ensure that the local population understood and answered the questions as intended, the questionnaire was tested in a selected population group (n=100), applying the Cognitive Aspects of Survey Methodology. Besides having to cater for non-English speakers, the testing revealed how local language norms and colloquialism made it necessary to adjust sentence constructs and vocabulary. Finally socio-cultural norms meant that certain topics were found to be too sensitive for the local population, and could not be reliably monitored. The process of developing the questionnaire highlighted the importance of establishing clear objectives, and localising the instrument.

Leonard Yeo, Alison Prescott, Yeong Chng Chee

The utility of demographic surveillance systems (DSS) for chronic disease risk factor surveillance in developing countries

In many developing countries, lack of vital registrations systems means an absence of accurate data on the health status of the population and its dynamics. Demographic surveillance systems (DSS) have been set up in different developing countries in Asia, Africa and Latin America to address the gap in data on population health and dynamics. A DSS entails the regular monitoring of all people in a defined geographical entity for core demographic events like birth, death, marriage, in-migration and out-migration. Additional data on morbidity, socioeconomic status, and health seeking behaviour is usually collected. The DSS provides an ideal platform for monitoring trends in population health and for nesting studies on other health-related behaviour albeit in defined geographic areas. Assessment of behavioural risk factors for cardiovascular disease has been carried out in sub-samples of DSS populations in four DSS sites. The DSS offers an opportunity for panel surveys to monitor trends in risk factor profiles among the same population while accounting for population dynamics. It also provides an up-to-date sampling frame for nested studies as well as excellent research infrastructure. While DSS data may not be representative of the whole country, it provides evidence on trends that may reflect those in the whole country especially if several DSS sites are located in different parts of a country with varied geographical and socio-economic make-up. Examples of the application of DSS in risk factor surveillance for cardiovascular diseases in different DSS sites will be presented. Advantages and limitations of using DSS will be discussed.

Catherine Kyobutungi, James Ciera, Eliya Zulu, Yazoumé Yé

Relationship between major behaviour characteristics and cardiovascular diseases mortality rate among male population aged 40-59 years of Minsk-city

Purpose: to study the relationship between the major behaviour cha-racteristics (smoking, alcohol consumption, physical inactivity) and mortality from the main cardiovascular diseases. **Methods:** a total of 4241 examined persons were selected at random from 6000 males aged 40-59 years of Minsk-city. **Results:** within a 25-year follow-up a total of 1153 deaths from all causes were registered that accounted for 27.88% of all random sampling. The mortality from cardiovascular diseases and ischemic heart disease was reliably higher among smokers (15.4% and 10.2%, respec-tively) as compared with never smokers (11.3% and 5.8%, respectively). An intermediate value (13.6% and 8.3%, respectively) was registered among the former smokers. Physical inactivity in spare time among manual workers was associated with a reliably higher frequency of deaths from car-diovascular diseases (18.2%) and ischemic heart disease (13.3%) as compa-red with their physically active colleagues (10.8% and 8.7%, accordingly). Depending on the frequency of alcohol consumption, the risk of death from cardiovascular diseases made up 17.9% when the consumption was fre-quent, 15.8% - when the consumption was moderate, and 14.1% – when the consumption was rare.

**A. Grakovich, I. Kozlov,
V. Apanasevich,
L. Plaschinskaya**

The link between surveillance and health promotion in Australia

The use of surveillance systems in Australia is becoming increasingly important as a means of monitoring the prevalence and location of chronic conditions within the community. The South Australian Monitoring and Surveillance System (SAMSS) has been in operation every month since July 2002. It is a continuous chronic disease and risk factor surveillance system involving telephone interviews (approximately 600 each month) of a random representative sample of the South Australian population of all ages. The prevalence of priority chronic conditions, risk factors and behaviours among various population groups are monitored. This presentation will highlight the effectiveness of SAMSS in identifying the need for health promotion action, the impact of various campaigns and the impact of various community events among both adults and children, using different cut offs and definitions. Some of the examples to be covered include obesity, physical activity, and fruit and vegetable consumption. The issue of the manner of analysis and presentation of these results will impact on how the effectiveness of the surveillance system is viewed is discussed and how the information will ultimately be translated into action.

Anne Taylor, Tiffany Gill

Prevalence of risk factors for cardiovascular diseases in Albania 2002-2004

Background: Cardiovascular diseases are a major public health concern in Albania. They are responsible for half of proportional mortality and are increasing in Albania. Monitoring risk factors in Albania has only started during the very recent years. **Methods and instruments:** The results included in this work, used two main national surveys carried out in Albania during 2002-2004 periods. The first one had a two scale cluster sample of 5697 females and 1740 males 15-45 years. The second study is based on a representing cluster sample of 14-18 years old students of all Albanian high schools. In both surveys the data are gathered by the means of standardized and tested questionnaires. **Results:** Prevalence of self reported hypertension among males and females 40-44 years is respectively 13% and 12%. For the same age-group the prevalence of diabetes is 2.9% at males and 1.1% at females. 57.6% of males and 16.1% of females at the age-group 15-44 years are or have been tobacco consumers. Hence, 44.3% of males and 4.8% of females drink alcohol almost every day. Among women there is noted a clear trend for higher use of tobacco and alcohol at higher social-economic categories. 12.5% of teenager males and 26% of teenager female consider themselves as overweight while this indicator when measured at women of 20-54 years of age goes as high as 38%. 23.1% of Albanian teenagers have problems with depression and this figure is even higher among females (27%). 24% of the same target population don't have any significant physical activity. Again, among females this indicator is higher (30%) **Conclusions:** Compared to other European populations, these indicators indicate a threatening health situation and must serve as advocacy means for intensification of preventive activities.

Alban Ylli, Eduard Kakarriqi

Predictors of Adherence with National Guidelines for Breast Cancer Screening in Italy: Results of Studio PASSI 2005

Introduction: In Italy, biannual breast cancer screening is provided free to all women aged 50-69, although in some regions, the screening program is more consolidated and active. A 2005 behavioural risk factor survey permitted evaluation of regional differences in self-reported screening behaviours and the effect of sociodemographic factors and counselling practices on adherence with guidelines. Methods: Telephone interviews of a random sample of >16,000 residents aged 18-69 drawn from local health registers of 122 of the country's 195 local health units (LHU); all 20 regions were included. Results: Of the 2,990 women aged 50-69 years interviewed, 57% reported a mammogram within the past two years. Screening adherence was similar in northern (69%) and central (62%) Italy but lower in southern Italy (34%; p <0.00001). Adherence was significantly lower in unmarried women (49% versus 59%), in older (60-69 year) women (52% versus 61%), and in those with <9 years of education (55% versus 61%). Sixty-six reported having been counselled by their physicians to seek mammograms and 57% had received reminder letters from their LHU. Of those reporting both counselling and a letter, adherence was 76%, compared with 66% of those receiving only letters, 58% receiving only counselling, and 21% receiving neither. In multivariate analysis, residence, marital status, education, age, letters and counselling remained significant predictors of adherence. Conclusions: Considerable regional disparities were observed in adherence with breast cancer screening guidelines. Further efforts are needed to improve coverage, especially in southern Italy. Letters and counselling both appeared effective in increasing adherence.

Tolinda Gallo, Nancy Binkin,
Nicoletta Bertozzi,
Carla Bietta,
Giovanna V De Giacomi,
Pirous Fateh Moghadam,
Francesco Sconza,
Massimo Oddone Trinito

Are Residents of Friuli Venezia Giulia (Italy) undergoing recommended cancer screening? Results of Studio PASSI 2006

Introduction: In Italy, women between the ages 50 of 69 years are recommended to undergo mammography every 2 years and, between 25 to 64 years of age, to have Pap tests every 3 years. For both men and women ?50 years, fecal occult blood testing (FOBT) is recommended every 2 years. In the Friuli Venezia Giulia (FVG) region, an organized mammography program was begun in 2005, while Pap testing has been routinely promoted since 1999. A colorectal cancer screening program is in the planning stage. To better understand current coverage, we used data from Studio PASSI for 2006. **Methods:** FVG participated in PASSI 2006, a cross-sectional survey which served as a pilot for the current national behavioural risk factor surveillance system (PASSI). Telephone interviews of 1103 residents 18-69 years, chosen randomly from the regional health registers, were conducted by local staff. **Results:** Of the 451 women 25-69 years, 82 % had undergone Pap testing within the past 3 years. Mammography within the past two years was reported by 69% of the 248 women 50-69 years. Only 14 % of the 457 persons over 50 years had undergone FOBT; levels were similar for men and women. Education and marital status were not associated with screening practices. **Conclusions:** The most consolidated program, Pap testing, has achieved high coverage, while mammography requires further promotional activities. In the absence of a program, FOBT is rare. PASSI represents a useful means of monitoring further progress of regional initiatives to improve cancer screening.

Tolinda Gallo,
Daniela Germano, Andrea Iob,
Ilva Osquino,
Maria Teresa Padovan,
Laura Pilotto,
Riccardo Tominz,
Massimo Zuliani

How do Italians feel about participating in a Behavioral Risk Factor Survey: Results of Studio PASSI 2006

Introduction: Attitudes about the usefulness of collecting information on health behaviors affects refusal rates in behavioral risk factor surveys (BRFS). To evaluate this issue in Italy, persons participating in a pilot cross-sectional BRFS were asked at the end of the questionnaire to state their opinion on "how important it is that their local health unit (LHU) continue to conduct interviews of this kind. **Methods:** Telephone interviews were conducted by a local health staff of a random sample of 4905 residents aged 18-69 drawn from local health registers of 35 of the country's 195 LHU; 7 of 20 regions were included. Refusal rate was 13%. **Results:** Of the 4881 persons who responded to the question, 92% expressed a positive opinion, including 48% who responded "very favourable" and 44% "reasonably favourable". When those who refused participation were assumed to feel negatively about such interviews, the positive opinion percentage declined to 81%. Significant regional differences were observed. Women and the more educated were more favourable to such surveys; no differences were observed by age. For many of the behaviours included in the survey, those who had less healthy behaviours (eg, at-risk drinkers, women who had not undergone recommended cancer screening) actually expressed more favourable attitudes than those with healthier behaviours. **Conclusions:** The favourable opinion of the persons interviewed as part of the pilot study is highly encouraging. Information on regions or subgroups with lower rates of positive response may be useful in targeting communications efforts with the public to maximize participation and representativeness.

Giuliano Carrozzi,
Cinzia Del Giovane,
Lara Bolognesi, Carlo Alberto
Goldoni, Gruppo PASSI 2006

The technologic infrastructure of PASSI: an innovative system using free and open-source software, Italy 2007

An ongoing surveillance system that ultimately will involve more than 180 local health units (ASL) and 21 regions of Italy requires a technical infrastructure that can serve the needs of 1) interviewers doing CATI or data entry from paper questionnaires; 2) coordinators at local, regional, and national level who must exchange information and monitor progress; 3) national coordinators who need to manage and analyse data and 4) interested stakeholders who desire access to results. Such a system requires flexibility given variable technical capacities and data collection methods. Furthermore, the system must be user-friendly, as independent as possible of operating systems and software packages, and records must be small enough to be easily transferred. The solution chosen was a smart client application that uses a readily-available internet browser. The two main components are a web platform to import, manage, and analyse the data, and a client stand-alone function for the data entry and saving on interviewers' computers. The system was developed using free and open-source software. The portal used to enter and send data (CMS-Drupal with extensions) was developed in keeping with Italian and international laws governing data access. Data are managed in an open-source SQL relational database, and an interactive data analysis system will be developed. Finally, mapping of data will be possible through an OGC-compliant webGIS. To date, >1000 records have been successfully entered and analysed. Although further adjustments are undoubtedly necessary, this system may provide a useful model for countries with limited financial resources interested in conducting ongoing risk factor surveillance.

**Paolo Brunetti,
Gabriele Dallago,
Steno Fontanari,
Stefano Menegon**

Does flu vaccination in Italy hit the target?

Introduction: Vaccination represents a safe and effective means of preventing influenza. In Italy, influenza vaccination is recommended for the elderly and persons with pre-existing pathologies such as heart disease and diabetes in whom influenza may cause serious complications. Although vaccination coverage among the elderly is available, little is known about coverage in those with chronic illness. **Methods:** The Local Health Unit 2 of Umbria participated in two sequential cross-sectional behavioural risk surveys, PASSI 2005 and 2006. Each year, 200 residents 18-69 years of age who had been randomly selected from the LHU population register were interviewed via telephone. Information collected included vaccination during the previous flu season and the presence of pathologies for which vaccination is recommended. Data for 2005 and 2006 were pooled, and analysis was limited to the 367 persons <65 years. **Results:** At least 1 pathology was reported by 13.9%, of whom 25.5% had been vaccinated during the previous influenza season. By contrast, only 7.6% of the population reporting no pathologies had been vaccinated (p=0.00008). Among those with ?1 pathology, coverage increased from 17.6% in 2005 to 41.2% in 2006; no differences were observed between men and women (23.1% versus 28.0%), nor between those with <9 or ?9 years of education (33.3% versus 16.7% p=0.17). **Conclusions:** Although coverage was higher in the at-risk population, the minority of those at risk for serious complications of influenza had not been vaccinated. Efforts are continuing to increase awareness of patients at risk and their physicians of the importance of vaccination.

**Carla Bietta,
Igino Fusco-Moffa,
Marco Petrella**

The Importance of Communication in Behavioural Risk Factor Surveillance Systems: The Italian Experience 2006-2007

Communication plays a crucial role in the establishment of new surveillance systems, especially in the early stages when the need to obtain consensus is essential, not only scientifically but also politically and socially. For this reason, strong emphasis has been given in the new Italian behavioural risk factor surveillance system (PASSI) to the development of a communication plan that is integrated with the planning, implementation, and monitoring activities of the system. Elements of the plan include the identification of local stakeholders, promotion of dialogue and integration between the involved institutional and social figures; goal sharing and establishment of consensus; definition of roles, functions and duties; exchange of information about activities and initiatives in progress; sharing of results, updates and changes; and the creation of a network of all professional figures involved in the system. Tools that have been used include preparation of training and promotional materials for different audiences including letters, brochures, posters, slide presentations; periodic meetings of coordinators; the creation of a public website for promotion of the study and eventual interactive databases providing tables and maps at local and regional level, a password-protected forum for open exchange between project participants; and the monthly publication of a bulletin ("PASSI-one"). Materials have been well-received and appreciated by local and regional staff, and a more formal user evaluation is planned to determine ways in which the system can be further improved.

Eva Benelli, Barbara De Mei, Stefano Menna

Monitoring of PASSI (the Italian Behavioural Risk Factor Surveillance System) using the technologic platform e-PASSI, 2007

The PASSI computer network consists of an integrated client-server system for database management that facilitates both web-based CATI as well as data entry of paper questionnaires. It also permits calculation and visual presentation of various indicators useful for monitoring survey activities at national, regional, and local level. A series of indicators derived from the standard definitions of the American Association for Public Opinion Research and the Italian Statistics Institute (ISTAT) were selected and are routinely calculated at all three levels of the system: national, broken down by region; region, broken down by local health unit (ASL), and ASL, broken down by interviewer. Values outside pre-established levels are flagged, and interpretation of the indicators and possible causes of abnormal values are provided. Access is password-limited, with those at national level having access to all three levels, those at regional levels to national data, data for their region and ASLs, and those at local level to regional data and data for their individual ASL. In addition, periodic reports are e-mailed to regional and local coordinators. It is hoped that the system will provide a timely and effective means of improving the quality and representativeness of the data. A survey is planned shortly of all regional coordinators and a sample of ASL-level coordinators to assess the usefulness and limitations of such monitoring and determine ways in which it might be further improved.

Sandro Baldissera,
Nicoletta Bertozzi,
Nancy Binkin,
Stefano Campostrini,
Giuliano Carrozzi,
Gabriele Dallago,
Angelo D'Argenzio,
Pirous Fateh-Moghadam,
Valentina Minardi,
Giada Minelli, Alberto Perra,
Massimo O. Trinito

Risk factors for not undergoing cervical cancer screening in the Campania Region of Italy: Results of Studio PASSI 2005

Introduction: In Italy, Pap-test based cervical cancer screening programs were launched in 1995 and provide free screening every 3 years for women 25-64 years. In Campania, (population 5.7 million), coverage has remained low as a result of organizational and economic problems. To evaluate the prevalence and risk factors for never having undergone screening, we examined regional data from Studio PASSI 2005. **Methods:** Telephone interviews were conducted of residents aged 18-69 randomly selected from local health registers. Among the women 25-64 years in the sample, prevalence and risk factors for never having had a pap-test for preventive reasons was determined. **Result:** Among the 985 women 25-64 years, 37% reported never having had a pap-test. Risk factors for non-testing included being single (73% versus 30% among married/separated/divorced women; p<0.0001), younger age (56% for those 25-34 versus 31% of those ?35 years; p<0.0001), not receiving a health department letter inviting them for an appointment (43% of those not receiving versus 27% receiving letters; p<0.0001), and not receiving physician advice to be tested (66% for those not advised versus 21% for those who were; p<0.0001). In the multivariate analysis, younger age, single status, not receiving physician advice and lower education emerged as significant risk factors for never having been tested. **Conclusions:** Many women in Campania have never been tested for cervical cancer. Efforts targeting younger, single, and less-educated women are needed. Health department letters appeared effective in increasing coverage and should be more widely implemented.

**D'Argenzio Angelo,
Chianca Antonietta,
Pizzuti Renato**

Cardiovascular Disease Risk Factors and Preventive Practices Among Adults - Friuli Venezia Giulia (Italy) Results of Studio PASSI 2006

Introduction: Cardiovascular disease (CVD) is the leading cause of death in Italy. Several medical conditions and behaviors (e.g.,overweight, hypertension, hypercholesterolemia physical inactivity, and smoking,) and preventive practices (i.e., weight loss and smoking cessation) are associated with the development of CVD. To better target preventive efforts in the Friuli-Venezia-Giulia (FVG) Region, we examined prevalence of risk factors and of preventive practices, we examined data from PASSI 2006, a 7-region, cross-sectional survey which served as a pilot for the current national behavioural risk factor surveillance system (PASSI). **Methods:** Telephone interviews of 1103 FVG residents 18-69 years, chosen randomly from the regional health registers, were conducted by local staff. Overall response rate was 88%, including 23% refusals. **Results:** Regional prevalences were as follows: overweight/ obesity 41%, hypertension 23%, high cholesterol 21%, physical inactivity 20%, and smoking 33%. Attempts to lose weight were reported by 23% of overweight and 35% of obese persons. Among smokers, 45 % had attempted quitting in the past year. Substantial differences were seen in the prevalence of CVD risk factors and preventive practices by age, sex, and educational attainment. **Conclusions:** Although based on self-report, which may underestimate the prevalence of risk factors, our data suggest that the prevalence of CVD risk factors was similar to or higher than national averages from other sources, while the prevalence of preventive practices was lower. By identifying segments within the population with higher levels of these risk factors and lower levels of the preventive practices, public health personnel can better allocate resources and target CVD intervention efforts.

**Tolinda Gallo,
Daniela Germano, Andrea Iob,
Ilva Osquino,
Maria Teresa Padovan,
Riccardo Tominz,
Massimo Zuliani**

Predictors of Self-rated Health Status Among Residents AS Cosenza (Calabria) - Results of Studio PASSI 2005

Introduction: Self-rated health is considered a valid measure of health status in population studies, and understanding its correlates may help public health professionals prioritize health-promotion and disease-prevention interventions. We used local data from Studio PASSI 2005 to evaluate perceived health among residents of a local health unit (LHU) in Calabria, a region where health indicators including morbidity, mortality, and health care service coverage are consistently worse than national averages. **Methods:** Telephone interviews were conducted of 200 residents 18-69 years chosen randomly using local health registers of the Cosenza LHU. Respondents were asked to rate their health as very good, good, fair, poor, or very poor. **Results:** Overall, 9% rated their health as very good, 46% good, 36% fair, 9% poor. Factors associated with self-rated good/very good health included younger age (80% for 35 years versus 33% for $\geq$ 50 years), male gender (60% versus 51%), higher educational attainment (68% for >9 years versus 39% for >9 years), no chronic diseases (65% for none versus 11% for $\geq$1), normal weight (59% for BMI <25 versus 52% for BMI $\geq$25), and regular physical activity (61% versus 54%). The differences for age, sex, education and chronic diseases were significant at the $p<0.05$ level. **Conclusion:** In Cosenza, levels of self-perceived good/very good health were lower than the multiregional average of 64% obtained in PASSI 2005 and are consistent with other health indicators for the area. Ongoing monitoring perceived health may be useful as a tool to evaluate local efforts to improve population health.

**Francesco Sconza,
Amalia De Luca**

Physical Activity and General Practitioners in the Province of Trento, Italy 2006: The relationship between their personal practices and the counselling provided to their patients

Introduction: Regular physical activity (PA) plays an important role in physical and mental well-being. Studio PASSI 2005 demonstrated that >50% of the population of Trento did not meet international guidelines for PA, and only 37% reported having received advice on PA from their general practitioner (GP). **Methods:** Following local initiatives designed to modify PA counselling behaviors of GPs (courses and published guidelines on promotion of PA), a telephone survey was undertaken of all 398 GPs to assess their counselling practices. In addition, the PASSI 2006 questionnaire was used to evaluate their personal levels of physical activity. **Results:** Response rate was 92% (365/298). Of those interviewed, 92% stated they had received the guidelines, of whom 35% reported that they subsequently provided more PA counselling to their patients. Those who reported receiving guidelines were more likely than those who had not to provide advice on places to exercise (41% versus 23%; p=0.06). Twelve percent of GPs were completely sedentary, 48% did some physical activity, and 40% met international guidelines. Of the sedentary GPs, 78% reported promoting PA versus 92% of the non-sedentary GPs (p≤0.05). The sedentary GPs were also less likely to provide advice on places to exercise (26% versus 41%; p = 0.07). **Conclusions:** Providing guidelines to GPs has improved their promotion of PA among their patients, although observed values may be an overestimate resulting from social desirability bias. PASSI 2005 was useful in identifying a local health problem, and the current surveillance system will permit ongoing monitoring of additional interventions.

**Pirous Fateh-Moghadam,
Enrico Nava,
Anna Maria Moretti,
Leo Florida**

Tracking health conditions and risk behaviors in Corsica using the Italian surveillance system (PASSI) as a model

Non-communicable diseases are responsible for the vast majority of deaths in the European Region,. The most important risk factors for chronic diseases are few in number and largely preventable. The European Union, within the framework of its programs of interregional co-operation (INTERREG) considers Corsica in France, Sardinia and Tuscany in Italy as one entity because of their common characteristics and geographical proximity. A new tool for monitoring the behavioral risk factors (PASSI) is being implemented in the Italian regions of Sardinia and Tuscany. We therefore have developed a proposal for a pilot study in Corsica to track health conditions and risk behaviors in the Corsican population. Since similar data will be available for Tuscany and Sardinia, it will be possible to compare the health situation regarding the risk factors and preventive interventions. The long term objectives of the project are to measure health and risk behaviors in Corsica; make available health indicators to policymakers at regional and local level; and evaluate the possibility of implementing a Corsican surveillance system. The project will be developed in 3 steps, the first of which is to realize a pilot study in Corsica, modeled after the project PASSI in Italy. Next, results of the pre-test study will be analyzed, and results compared with data from Tuscany and Sardinia. In this presentation, an outline of the project will be presented, including organization, stakeholders, and methods.

Pascal Vignally,
Josette Dall ava Santucci,
Jean Arrighi,
Jean Pierre Amoros,
Sandro Baldissera

Risk reduction among hypertensive adults in Italy: Results of Studio PASSI 2005

Introduction: Hypertension is a major cardiovascular disease risk factor, especially in the presence of other risk factors such as smoking. Although pharmacologic management is the mainstay of treatment, weight reduction and physical activity are also recommended. To describe the prevalence of hypertension, concomitant risk factors and health behaviors, and physician advice, we used data from Studio PASSI 2005. **Methods:** Telephone interviews were conducted of residents aged 18-69 randomly selected from local health registers of 122 of Italy's 195 local health units; all 20 regions were included. Results: Of the 15,890 interviewed, 22% reported ever being told by a doctor that they were hypertensive, of whom 69% were on medication. Prevalence was highest among persons 50-69 years and with low educational attainment. Most hypertensives (92%) had undergone cholesterol testing at least once. Twenty-one percent were smokers, of whom 78% reported being asked whether they smoked, 74% being advised to quit, and 44% making ≥1 quit attempt the previous year. Physicians had reportedly questioned 45% about regular physical activity and provided advice to 52%, but 30% were completely sedentary. Overweight/obesity (BMI >25) was seen in 67%, among whom 58% reported receiving advice to lose weight, 33% were actually dieting and 23% were doing physical activity to lose weight. **Conclusions:** While cholesterol testing was nearly universal among hypertensives, far fewer had been asked or given advice regarding behaviors that contribute to or exacerbate health effects of their condition. Activities are underway to train general practitioners to ask and provide advice to at-risk patients.

**Massimo O. Trinito,
Gruppo PASSI 2005**