- For reasons of cost efficiency, adequate and affordable treatment opportunities should be available in the neighbourhood of the patients.

Referring to these basic principles, we have carried out a number of projects over the past 10 years to improve the early detection and management of eating/weight problems in the Flemish community. The backbone of our work was the development of a series of manuals for the various professionals in the primary and secondary health-care system. Each time training sessions were offered to the professionals concerned. Moreover on our website we present online referral, a helpdesk, update of scientific news, as well as information for the general public and the media. For the policy makers we wrote some guidelines and recommendations with respect to the organisation of multidisciplinary stepped care in Flanders. This presentation will include some practical examples of our work together with a discussion of both future options and difficulties involved.

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The role of school and school health services

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In Belgium, schooling is compulsory between the ages of 6 and 18 years; although non-compulsory, nursery schooling has a high take up and the last year of this cycle is strongly recommended. Children attending nursery school have to undergo health checks organised by the school health services known as 'la promotion de la santé à l'école' or Personal and Social Education (PSE).

Both schools and PSE have an essential role to play in primary prevention: they must collaborate closely while making sure that pupils are actively engaged in the learning process. As the 1997 'missions of education' decree stipulates, pupils are considered as citizens in the making, tomorrow's responsible adults. It is essential to guide them so that they acquire the skills, which will enable them to learn throughout their lives and to become active participants in the economical, social and cultural life of the country.

The Ottawa Charter adds that 'the promotion of good health is a process by which people are given the ability to exert greater control over their own health and to improve it'.

Through actions such as 'medical follow-ups' and 'the putting into place of programs aiming to promote good health and an environment conducive to good heath' by the PSE services, the detection and prevention of excessive weight and obesity makes obvious sense.

The PSE services are essential to ensure the early detection of excess weight amongst pupils. Incidence of children undergoing a growth check-up with their regular GP is rare. As early as the first year of nursery school, growth curves and BMI curves are established. Both the health records and the ONE file enable us to show a resurgence of early adiposity; the anamnesis filled in by the parents is another important element in the identification of children likely to become overweight. Biometry is carried out at each health check, on average every 2 years, and the charts are completed.

Any sharp upward trend on any child's chart will prompt re-examination at the health centre or in the school's sick bay. If, and as soon as, a real excess weight is detected, the child is referred to his GP.

Any weight gain is part of a global, personal, familial and environmental context, it is therefore especially important not to stigmatise the child. One must be careful not to hurt his or her feelings or make him or her feel guilty. One must respect confidentiality and the fact that the health check is a personal examination. A close collaboration must be established between ONE, school nurse, GP and paediatrician.

Given the agreement of the parents, it is essential that this information is shared by the different professionals.

The PSE services and/or the schools must undertake preventative activities as part of a holistic approach to health aimed at both the pupils and the schools that they attend. School is a place where youngsters learn how to determine their future state of health as adults. The two structures, through their close links, enable young people to develop the skills and knowledge necessary to achieve good health. Prevention of obesity within schools must involve several aspects: improving eating habits, promoting physical activities or in some cases countering the lack of physical activity and an overall quality school environment. To get people to change the habits and behaviour is not easy but if the objective is valid, it can only be achieved by respecting certain principles: there must be coherence; work must be

long term and as part of a network, while respecting the child as a full participant and involving his or her parents. School health services, educational teams and health professionals must have the back up of legislation and political involvement in support of the prevention projects established. Schools and the PSE must contribute to the valorisation of self-worth and the awakening of critical thinking without which changes of behaviour will fail to materialise.

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Community intervention in a socially deprived area: nutrition and physical activity; a 10-year follow-up

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Context: Hainaut (1 300 000 inhabitants) is a Belgium province highly concerned by socio-economic problems where the health indicators are disadvantageous particularly on obesity. This situation is identified since 1997 by a first health board of Hainaut realised by *l'Observatoire de la Santé*. (Actual comparison between Hainaut and Europe (I2SARE), Belgium and Walloon Region on middle income, premature mortality and obesity.) Data also show that weight excess and obesity are highly linked to socio-economic status represented by school level. The lower is the scholar level, the lower is the proportion of people in whom the weight is normal. In Hainaut, almost 60 % living in a family where the highest diploma is a primary school diploma have a weight excess (data close to Belgium and Region Walloon one's). On contrary, in a family where at least one person has a university-level diploma, figures are of 45 % of weight excess (data more disadvantageous than for the country or the region). The social grade is so well present even if it is less marked in Hainaut and this in disfavour of the highest class. The same phenomenon is established for obesity data (21 % for the lowest social level and 11 % for the highest).

Program goals: Reduce the social and territorial inequalities of health-by-health promotion actions of proximity on three priority axes: balanced nutrition, regular physical activity and struggle against active and passive tobacco addiction.

Method: A holistic approach of health promotion on the entire provincial territory.

- Place individuals and populations in the centre of the proceeding by information, health education and participation.
- Act on proximity life conditions and on interaction between them (families, districts, communities, schools, etc.) by sensitization, following, sustaining, training, politicians and local professionals linking.
- Contribute to make progress the rules (regulations, law, etc.) and their implementation by communication and coalition, but also to heighten public awareness to health topics and training.
- Contribute to make progress the social representations and pattern by collective communication.
- Follow the whole of the process by developing observation, programming and evaluation tools.

Linking with an institutional-specific network and local institutions on the whole province (social centres, town municipalities, NGO, etc.), the OSH engaged itself in a plural annual actions program.

These actions are connected in different axes:

- Help districts wishing to engage in local health and precariousness programs.
- Create exchange networks for professionals.
- Adapt and relay with professional teams engaged in action the principles messages of health, of prevention of CVD and cancers.
- Create with them specific tools and methods of intervention.

Results: For 10 years, the performing activities to children and young directly or through their life surroundings are followed on both ways, by performing actions evaluation and by weight excess evolution observation and children and young obesity. In 10 years, the evolution of data collected by our inquiries show an increase of overweight (22 % in 1997, 26 % in 2009) and even more obesity, which drop from 5 % to 8 % during the same period. During the 10 years, our strategies and our methods developed in following sectors in a global mean of complexity, of action linking's and partnership reinforcement: the infancy, the school, the youth.

Discussion:

- The struggle against childhood obesity is an integral part of a larger thinking about the place of health promotion and the goal of reduction of social inequalities of health in the public health action. This program