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Letter to the Editor

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In response to 'Comment on: "Anthropometric parameters in relation to glycaemic status and lipid profile in a multi-ethnic sample in Italy" by Gualdi-Russo *et al.*'

Madam

We read with interest the Letter to the Editor regarding our paper recently published in *Public Health Nutrition*[1]. This study started as part of a multi-regional project funded by the Italian Ministry of Health and continued as part of EUNAM, a European project (FP7-Health-2010) aimed to analyse immigrant health aspects over several EU countries and over several groups of immigrants. Both projects support the importance to survey well-being, health status, disease panorama of and use of health services by immigrants compared with the native population. In the Emilia-Romagna region, a region characterized by a strong social activism by local authorities[2], the project was carried out in Bologna (the region's capital). Here the Public Health Service actively participated in the project (giving an example of good practice) to ensure availability and access to health services for the foreign population. With the approval of regional law 5/2004 'Norme per l'integrazione sociale dei cittadini stranieri immigrati' ('Rules for the social integration of foreign citizens') and the approval of the three-year programme (2005–2008) for the integration of foreign citizens, the Emilia-Romagna region innovated its legislative framework and provided tools to promote the inclusion of foreign citizens in the social, cultural and political life of the territory. As regards the immigrant centres in Bologna, they were changed into host structures in 2000 from their original form as first reception centres developed for non-EU immigrants beginning in 1990. These centres serve as transitional social residences where social support was given to help seeking for jobs, housing, etc.[2].

The correspondents suggest, and we agree, that the length of stay in Italy and Bologna is an important variable in dealing with the migration process and subsequent lifestyle changes. For research participants, the length of stay was 10·9 (SD 4·8) years in Italy and 8·8 (SD 4·4) years in Bologna on average.

We organized meetings in immigrant centres to inform potential participants about the project, but the participation rate was only 67·3 %[3]. We hypothesize that this low participation was due to working activity and a certain indifference to health prevention. There is no way for us to establish if those who refused were different or not from those who agreed to participate.

The correspondents pointed out that the country of origin of Roma was not specified in our paper. We do not believe the Roma are all 'nomads' and, in this case, they came from the Balkans. We might have included them generically among migrants, indicating their country of origin (former Yugoslavia). Nevertheless, we preferred to highlight the ethnicity rather than the place of origin since this group is regarded as 'a transnational minority', 'characterized by unique genetic background modeled by culturally determined endogamy'[4].

We do not comment on Italian politics towards refugees or Roma, as this was beyond the focus of our study and, furthermore, our areas of expertise. Nevertheless, we would like to remind the correspondents that the Italian Health Ministry funded this project with the aim of reducing health inequalities among Italians and foreigners in our country.

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References

1. Gualdi-Russo E, Zaccagni L, Dallari GV *et al.* (2015) Anthropometric parameters in relation to glycaemic status and lipid profile in a multi-ethnic sample in Italy. *Public Health Nutr* **18**, 438–445.
2. Forum Internazionale ed Europeo di Ricerche sull'Immigrazione (2013) Immigrazioni e politiche abitative. http://fieri.it/wp-content/uploads/2013/05/Rapporto-finale-Immigrazioni-e-politiche-abitative-2006.pdf (accessed October 2015).
3. Gualdi-Russo E, Zironi A, Dallari GV *et al.* (2009) Migration and health in Italy: a multiethnic adult sample. *J Travel Med* **16**, 88–95.
4. Zeljko HM, Škarić-Jurić T, Narančić NS *et al.* (2011) E2 allele of the apolipoprotein E gene polymorphisms predictive for obesity status in Roma minority population of Croatia. *Lipids Health Dis* **10**, 9.