

## **Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions – Europe 2020 Flagship Initiative Innovation Union - Pilot European Innovation Partnership on Active and Healthy Ageing**

### **Contribution from the European Heart Network**

*January 2011*

#### **Summary**

The European Heart Network (EHN), a Brussels-based alliance of heart foundations and likeminded non-governmental organisations throughout Europe, considers itself a valuable stakeholder in the pilot project on European Innovation Partnership on Active and Healthy Ageing.

In Europe, major reductions in cardiovascular disease mortality have been achieved, but these diseases still account for 54% of all deaths in women and 43% of all deaths in men. Unfavourable developments in risk factors, in particular the increase of obesity among children and high smoking rates among young people, especially girls, threaten to shorten healthy life years. Many people do not die when they have a heart attack or stroke. They live with marked persisting disability, particularly after a stroke. As a result of this ill health and disability, millions of people are unable to enjoy a happy and active ageing and many families are left to care for partners or relatives who have been incapacitated by cardiovascular disease. Cardiovascular diseases, together with other non-communicable chronic diseases cost economies dearly, through the medical and social care needs, as well as the economic impact of premature retirement and reduced work force productivity.

To achieve a healthy 50+ population, it is imperative to increase significantly efforts to prevent early onset of cardiovascular diseases by addressing their underlying determinants through population-based strategies. Appropriate policies will concurrently help preventing other major chronic diseases (e.g. cancer, diabetes, respiratory diseases) and address the obesity epidemic. Without effectively implemented population strategies to prevent cardiovascular and other non-communicable diseases, the likelihood of achieving a healthy 50+ population is slim.

To achieve an active 50+ population, e.g. people who can continue to be part of the workforce, live on their own and enjoy a decent quality of life free of disabilities, it is necessary to ensure that treatment and care are up-to standards, available and delivered efficiently. Lack of implementation of proven cost-effective interventions hamper the prospect of making patients active people in society and in their lives.

Industries, comprising pharmaceutical, medical devices, ICT and food and drink companies, can support active and healthy ageing. The role of governments and the EU is undisputable. For example, a comprehensive, uniform EU-wide data set on cardiovascular diseases, across the EU, could make a considerable contribution. Health charities represent an important part of the economy and engage actively in social innovation and early uptake of new technologies. Over the past decades, heart foundations have played a critical role in reducing premature deaths from cardiovascular diseases and improving care of and support to patients.

## **About the European Heart Network**

The European Heart Network (EHN) is a Brussels-based alliance of heart foundations and likeminded non-governmental organisations throughout Europe, with member organisations in 26 countries in Europe. The EHN plays a leading role in the prevention and reduction of cardiovascular diseases, in particular heart disease and stroke, through advocacy, networking, education and patient support, so that they are no longer a major cause of premature death and disability throughout Europe.

## **Cardiovascular diseases<sup>1</sup>**

### **Mortality**

Cardiovascular disease (CVD) is the number one cause of death in Europe. It accounts for nearly half of all deaths in Europe causing over 4.3 million deaths each year in the member states of the World Health Organization (WHO) European Region. CVD causes more than 2 million deaths each year in the European Union.

CVD is the main cause of death before the age of 65 accounting for over 803 000 deaths each year in Europe. In the EU, CVD is the second main cause of deaths before the age of 65 accounting for almost 232 000 deaths every year. Coronary heart disease (CHD) is the single most common cause of death before the age of 65 in Europe (about 401 000 deaths) and the EU (just over 104 000 deaths). Of deaths before the age of 65 in Europe, stroke causes 6% of all deaths in men (at par with lung cancer) and 9% in women (more than breast cancer) or in total more than 190 000 deaths per year. Of all deaths before the age of 65, in the EU, 5% of men (third after CHD and lung cancer) and 6% of women (second after breast cancer and at par with CHD) die from stroke. In total, stroke causes just under 48 000 deaths per year in the EU.

### **Morbidity**

Cardiovascular disease is a major cause of disability and a reduced quality of life. It is the major cause of loss of disability-adjusted life years (DALYs) in Europe accounting for 23% overall (2002). In the EU, 19% of total DALYs are lost each year to CVD.

### **Inequalities**

Mortality rates across the EU vary significantly. For example, CVD causes 62% of all male and 71% of all female deaths in Bulgaria while in France it accounts for 26% of male deaths and 31% of female deaths.

Inequalities in cardiovascular disease exist not only between countries but also within countries where mortality is higher among men and women with a lower socio-economic position.

### **Gender**

More women die from CVD than men. In Europe, CVD causes 54% of deaths in women and 43% of deaths in men. In the EU, CVD causes 45% of female deaths and 38% of all deaths in men.

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<sup>1</sup> Allender S, Scarborough P, Peto V, Rayner M. European cardiovascular disease statistics. 2008. European Heart Network: Brussels; <http://www.ehnheart.org/cdv-statistics.html>

## Costs

Cardiovascular disease is estimated to cost the EU economy over €192 billion/year – significantly more than the EU's annual budget. This represents a total annual cost per capita of €391. Per capita costs vary over 11 fold between Member States – from around €60 in Bulgaria to over €600 per capita/year in Germany.

Production losses due to cardiovascular disease mortality and morbidity cost the EU almost €41 billion, representing 21% of total cost of those diseases, with around two-thirds of this cost due to premature death (€26.9 billion) and one-third due to illness (€13.9 billion) in those of working age.

An additional cost is that of informal care, which amounts to just under € 42 billion.

## Achieving an active and healthy ageing and increasing healthy life years by 2020

Notwithstanding major achievements in reduction in cardiovascular disease mortality, cardiovascular disease remains accountable for 54% of all deaths in women and 43% of all deaths in men in Europe. Current unfavourable developments in risk factors, in particular the increase of obesity among children and high smoking rates among young people, especially girls, may be predictors of a change of the downward mortality curve leading to a flattening or upward curve in the future, already observed in some regions. Healthy life years are threatened to be shortened, rather than increased.

Many people do not die when they have a heart attack or stroke. They live with marked persisting disability, particularly after a stroke. As a result of this ill health and disability, millions of people are unable to enjoy a happy and active ageing and many families are left to care for partners or relatives who have been incapacitated by cardiovascular disease. Moreover, the collective burden of cardiovascular disease on society is evident. Cardiovascular diseases, together with other non-communicable chronic diseases cost economies dearly, through the medical and social care needs, as well as the economic impact of premature retirement and reduced work force productivity.

It is on the backdrop of these stark facts that the Innovation Partnership in the field of Active and Healthy Ageing is launched.

In addition to its main target to increase the average number of healthy life years by 2, the Innovation Partnership retains an aim of an active and healthy ageing for people aged 50+.

To achieve a healthy 50+ population, it is imperative to increase significantly efforts to prevent early onset of cardiovascular diseases by addressing their underlying determinants through population-based strategies. Much cardiovascular disease builds up over many years and needs to be addressed from childhood. Strategies must ensure and prioritise availability of and access to nutritious food for all people; reduce substantially the use of tobacco; reduce excessive intake of alcohol; and adopt structural approaches to increasing daily physical activity. Policies and measures include standards for food composition and marketing; clear and understandable nutrition labelling; smoke-free public and work places; plain cigarette packaging with pictorial warnings; uniform minimum EU tax rates for all alcoholic beverages; no alcohol advertising, promotion and sponsorship of events via TV radio programmes and sports; transport policies and urban planning standards to prioritise non-motorised transport and for recreational areas encouraging physical activity. Such policies will concurrently help prevent other major chronic diseases<sup>2</sup> (e.g. cancer, diabetes, respiratory diseases) and address the

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<sup>2</sup> <http://www.ehnheart.org/policy-issues/chronic-disease-alliance.html>

obesity epidemic. EHN notes that without effectively implemented population strategies, the likelihood of achieving a healthy 50+ population is slim.

To achieve an active 50+ population, e.g. people who can continue to be part of the workforce, live on their own and enjoy a decent quality of life free of disabilities, it is necessary to ensure that treatment and care are up-to standards, available and delivered efficiently. Patients should as much as possible be considered people, in somewhat changed circumstances, and health care systems need to support this notion. There is a great need to implement existing knowledge, for instance about the effectiveness of rehabilitation after cardiovascular events. Lack of implementation of proven cost-effective interventions hamper the prospect of making patients (whether 50+ or not) active people in society and in their lives.

## **Innovation, innovation partnerships and heart foundations**

Undoubtedly, innovation at all levels - social, medical, technical – plays an important role in addressing the challenges of today's societies.

Analysing the spectacular decrease in mortality from heart diseases, achieved over past decades (mortality rates have nearly halved), demonstrates that treatment explains about 40% of the decrease.<sup>3</sup> Improved surgical interventions and effective medicines are valuable contributions to increasing survival and active and healthy ageing.

Improvements in diets, leading to reductions in average blood cholesterol levels (less saturated fat) and lower prevalence of hypertension (less salt), as well as lower prevalence of smoking across Europe have been achieved through strong public health policies. These changes in lifestyle explain about 60% of reduced mortality from heart disease.<sup>4</sup> Whereas average life expectancy has increased tremendously over the last century, more could have been achieved. For example, mortality from heart disease could have been decreased further if the prevalence of obesity and diabetes had not increased.<sup>5</sup> The increased prevalence of these conditions is partly explained by unfavourable changes in eating patterns and physical activity as we have moved towards fast-food, ready-meals, sedentary lifestyles and cultures in which we also consume increasing amounts of alcohol. Hence a strong focus must be on innovative broad-based health promotion.

Industries, comprising pharmaceutical, medical devices, ICT and food and drink, have the potential to support active and healthy ageing. On a note of caution, EHN urges not to embrace innovation without assessing potential negative impacts on public health, active and healthy ageing and healthy life years.

The role of governments and the EU is undisputable. In particular, availability of comparable data on cardiovascular diseases across the EU could make a considerable contribution. A comprehensive, uniform EU-wide data set would allow, amongst others, increased surveillance of CVDs and their components in a time of changing epidemiology; allow assessment of quality of care versus patient outcomes; result in the expansion of the EU's clinical research capacity; and provide important information for health authorities on cost-effectiveness.

The Communication describes social innovation and the ingenuity of charities. Heart foundations have played a critical role in reducing premature deaths from cardiovascular diseases. They fund vital research; support local patient groups; work intensively with volunteers (often elderly people); use

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<sup>3</sup> Capewell, S. (2009) *Cardiovascular disease: massive and costly. Is it preventable?* Presentation to MEP Heart Group, 9 December 2009; <http://www.mepheartgroup.eu/meetings-activities/item/26-achieving-heart-health-in-europe-why-the-european-parliament-matters-9-december-2009.html>

<sup>4</sup> idem

<sup>5</sup> idem

new media (via face book, twitter or YouTube accounts) to raise awareness of risks of heart attacks and stroke and to communicate with patients, increasing social links between them and with their carers. They encourage wide-spread knowledge of and competence in resuscitation and use of external defibrillators and advocate for policies and structures that support healthy lifestyles throughout life.

Heart foundations, as many other health charities and actors in the third sector, represent an important part of the economy and engage actively in social innovation and early uptake of new technologies. Together in the EHN, heart foundations provide comprehensive, yet digestible, overviews of evidence for interventions and policies that will help achieve additional healthy life years and an active and healthy ageing. EHN brings this information to policy makers advocating for uptake. EHN participates in projects aiming to improve patients' quality of life, for example EHN is a member of the User Advisory Board of the "RenewingHealth Project"; a project that focuses on demonstrating how tele-health based services may improve quality of life and enable patient involvement and empowerment while optimising the use of resources in health provision. EHN and its members explore methods and structures that may help individuals stay in good health, for instance by using electronic risk-score tools to motivate people at high risk of cardiovascular diseases to adopt changes in their lifestyles.

## **Final remarks**

EHN wishes to respond to the consultation on Pilot European Innovation Partnership on Active and Healthy Ageing. However, we felt that the questionnaire was not specifically targeted at our (third) sector and opted, instead, for submitting this contribution. We hope that it will be considered, as we consider ourselves a valuable stakeholder in the project. Achieving 2 more healthy life years and an active and healthy 50+ population is at the core of our work.

## **Contact details:**

European Heart Network (EHN)  
Rue Montoyer 31  
B – 1000 Brussels  
Belgium

T + 32 (2) 2 512 91 74

F + 32 (2) 2 503 35 25

Email [info@ehnheart.org](mailto:info@ehnheart.org)

URL <http://www.ehnheart.org/>