

## **Diet, Physical Activity and Cardiovascular Disease Prevention in Europe**

### **Report from the Regional Workshop in Berlin, 14 March 2012**

**Susanne Løgstrup, Director of the European Heart Network (EHN)**, opened the workshop by thanking the EU for the financial support it gives to the EuroHeart II project. In setting the scene for the workshop, she referred to the new report published by the EHN *Diet, Physical Activity and Prevention of Cardiovascular Diseases in Europe*, pointing out that EHN had previously published papers on diet and physical activity and CVD prevention.

She referred to the UN high level meeting on non-communicable diseases (NCDs) that took place in September 2011 and a report from the World Economic Forum and Harvard School of Public Health published at that occasion estimating that the cost of chronic diseases would amount to \$47 trillion by 2030. CVD together with mental diseases account for almost 70% of this lost output. Considering this extremely high amount, it is important to get other politicians, not only health politicians, involved in the debate of preventing chronic diseases. At the UN high level meeting all heads of states and governments recognised that NCDs are an important burden which leads, among others, to inequalities in and between countries.

Ms Løgstrup referred to proposals to postpone the retirement age of the working population to at least 65 reporting that currently people are ill and unable to work before they reached the age of 65. Thus, average healthy life expectancy in the EU is estimated at 61 years (whereas total life expectancy in the EU is 79.4 years).

The report *Diet, Physical Activity and Prevention of Cardiovascular Diseases in Europe* proves that there is something we can do about it by acting on diet and physical activity.

**Dr Mike Rayner, Director, British Heart Foundation Health Promotion Research Group, University of Oxford and chair of the EHN expert group on nutrition**, presented the new EHN report *Diet, Physical Activity and Prevention of Cardiovascular Diseases in Europe* pointing out that CVD is a problem for the whole of Europe but particularly for poorer countries and poorer people within rich countries. Prevention however, does work and can reduce incidence and mortality. Considering the major impact of prevention efforts, these should be increased.

Dr Rayner then went on to explain the rationale for having intermediate and longer-term goals for nutrition and physical activity. These goals are not for individuals but addressed at political decision makers who are responsible for developing measures to make sure the population goals are achieved.

**Dr Gohlke, Board member of the German Heart Foundation and Cardiologist**, outlined the situation for cardiovascular disease prevention in Germany and compared it to other European countries notably France. Coronary mortality in men in Germany is, for instance, more than twice as high as in France. While outlining the impact of the Mediterranean diet on people's health, he showed the important role of nutrition and weight loss in preventing cardiovascular diseases.

Although there has been a reduction in cardiovascular and total mortality and an improvement in life expectancy (3 months per year) over the last 50 years in Germany, there is still room for improvement in the area of prevention compared to France.

Professor Gohlke called for higher intakes of fruits and vegetables, less salt, more physical activity, more stringent laws against smoking in public places and more incentives for prevention. These actions can substantially improve the health status of the general population, without increasing costs to the health care system.

During the panel debate the following issues were raised:

- **Dr Stefanie Gerlach, Head of Health Politics, DiabetesDE**, mentioned that during the UN summit on NCDs in September 2011, the position of the German Government focused on monitoring of prevalence of these diseases. DiabetesDE initiated a national NCD Alliance in 2010 and advocated for a strong outcome document (“Political Declaration”) prior to the Summit, which was crucial. The delegation of the German Government was led by a Parliamentary Secretary (level under the minister). The Summit recognised that there is a global NCD *epidemic*, hence the focus on prevention policies addressing the four risk factors tobacco, alcohol misuse, unhealthy food and physical inactivity. Advocacy for the control of the diseases is also necessary.
- **Dr Beate Grossmann, Deputy Managing Director, Federal Association for Prevention and Health Promotion**, stressed the importance of promoting a healthy lifestyle and the need to make the healthy choices easy choices. She also stressed the important role NGOs should play in the field of disease prevention and health promotion.
- **Dr Helmut Minten, Deutsche Post AG** mentioned the important role employers have to fulfil in keeping their workforce healthy. The workplace is seen as an important setting for prevention, stressing the role of both health promotion (e.g. via heart checks, screening initiatives, intervention programmes, stress coping campaigns) and promotion of physical activity (e.g. via distribution of pedometers, bike promotion).
- **Burkhard Horn, Head of General Transport Policy, Senate Department of Urban Development of Berlin**, highlighted the sustainable transport strategy of the city of Berlin where 1,5 million bike trips are made every day and there are only 320 cars per 1000 inhabitants (which is low compared to other cities). This is the result of an integrated transport policy in a city where the average length of a trip is 6.5 km. All generations and all social classes are encouraged to cycle and this seems to work.

In the discussion that followed, the difficulties of networking, even within the NCD Alliance in Germany, were mentioned. There is a lack of time and resources and a need to be visible as proper NGOs, not only as an NCD Alliance.

The hesitant attitude of Germany in converting the unanimously adopted Political Declaration into national policies is due to strong concerns about a “nanny state”, lack of knowledge about new prevention policies among political decision makers, lack of evidence-base and lack of implementation of health in all policies. The media did not give the topic enough coverage in Germany.

Participants proposed to carefully select topics around which coalitions can be built and to adapt messages to priorities of the political interlocutor.

During the afternoon session, **Philippe Roux, Deputy Head of Unit, Health Determinants, DG Health and Consumers (SANCO)**, outlined the work of DG SANCO in general and the platform on diet, physical activity and health in particular.

Following Mr Roux’s instructive intervention, a training session was organised. Participants were gathered in groups to discuss priorities for preventing diseases and promoting health in their countries through interventions on diet and physical activity. The discussions were based on the

recommendations given in the EHN report on *Diet, Physical Activity and Prevention of Cardiovascular Diseases in Europe*. Participants in the session included heart foundations and health organisations in Germany, the Netherlands, Iceland, Ireland and the UK.

The round tables discussed advertising to children and a possible watershed between 6 am and 9pm; food reformulation with a focus on salt reduction; availability of drinking water in schools; more time for physical activity during the school day; pre-school interventions; traffic-light labelling; how to form and work together in alliances; how to motivate people to be physically active; and the role fiscal measures can play in promoting health. It was evident that there were common fields of action and there will be follow-up with the alliance members as well as the stakeholders that participated in the workshop.

In her concluding remarks, **Susanne Løgstrup, Director, European Heart Network**, said:

- Working together is key. Health organisations with different backgrounds and priorities as well as non-health organisations need to combine efforts and agree on priorities and messages to promote them.
- Priorities can be different from one country to another. Each country needs to identify and use windows of opportunities for specific measures to promote health.
- Some measures, e.g. school meals, demand a national or even local approach, whereas others demand the involvement of health organisations at European level. A timely information flow between national and European levels strengthens everybody's capacity: it improves knowledge and flattens the learning curve (what works/ what does not work).