



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

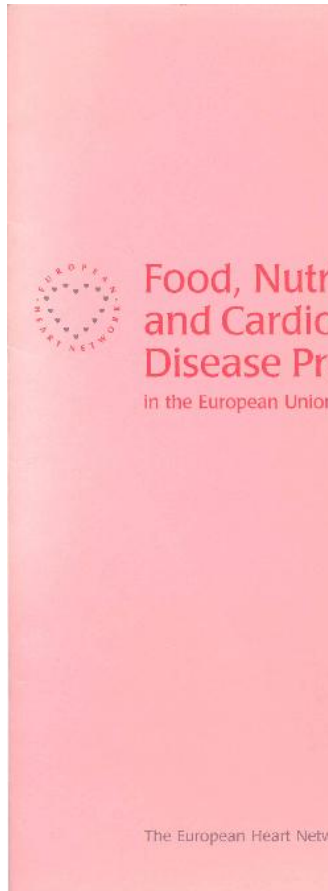
Mike Rayner  
Chair of the EHN Nutrition Expert Group

**Workshop on DIET, PHYSICAL ACTIVITY AND CARDIOVASCULAR  
DISEASE PREVENTION IN EUROPE, Milan, June 25<sup>th</sup> 2012**

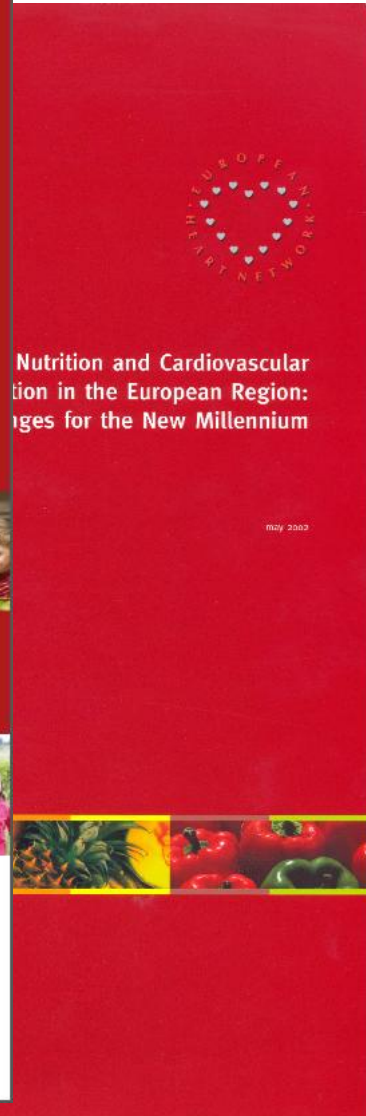
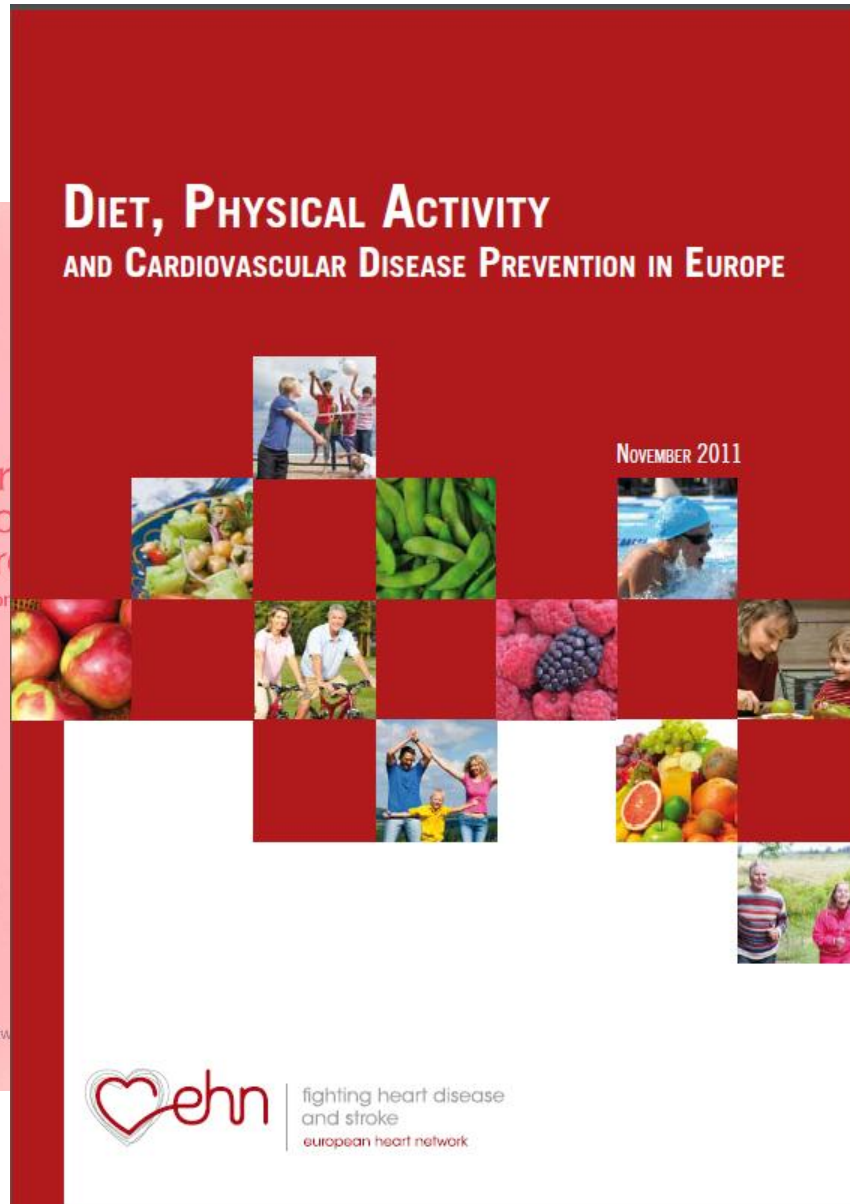
# Presentation aims

- To outline (briefly) the development of EHN's new report (published 23<sup>rd</sup> November 2011)
- To say why EHN thinks it is both necessary and timely
- To outline what it says:
  - The problem
  - Population goals
  - Policy options

1998



2002



# Purpose

- Summarise current thinking on diet, physical activity and CVD
- Propose population dietary and physical activity goals for European populations
- Make policy recommendations for improving diets and physical activity levels at both European and national levels

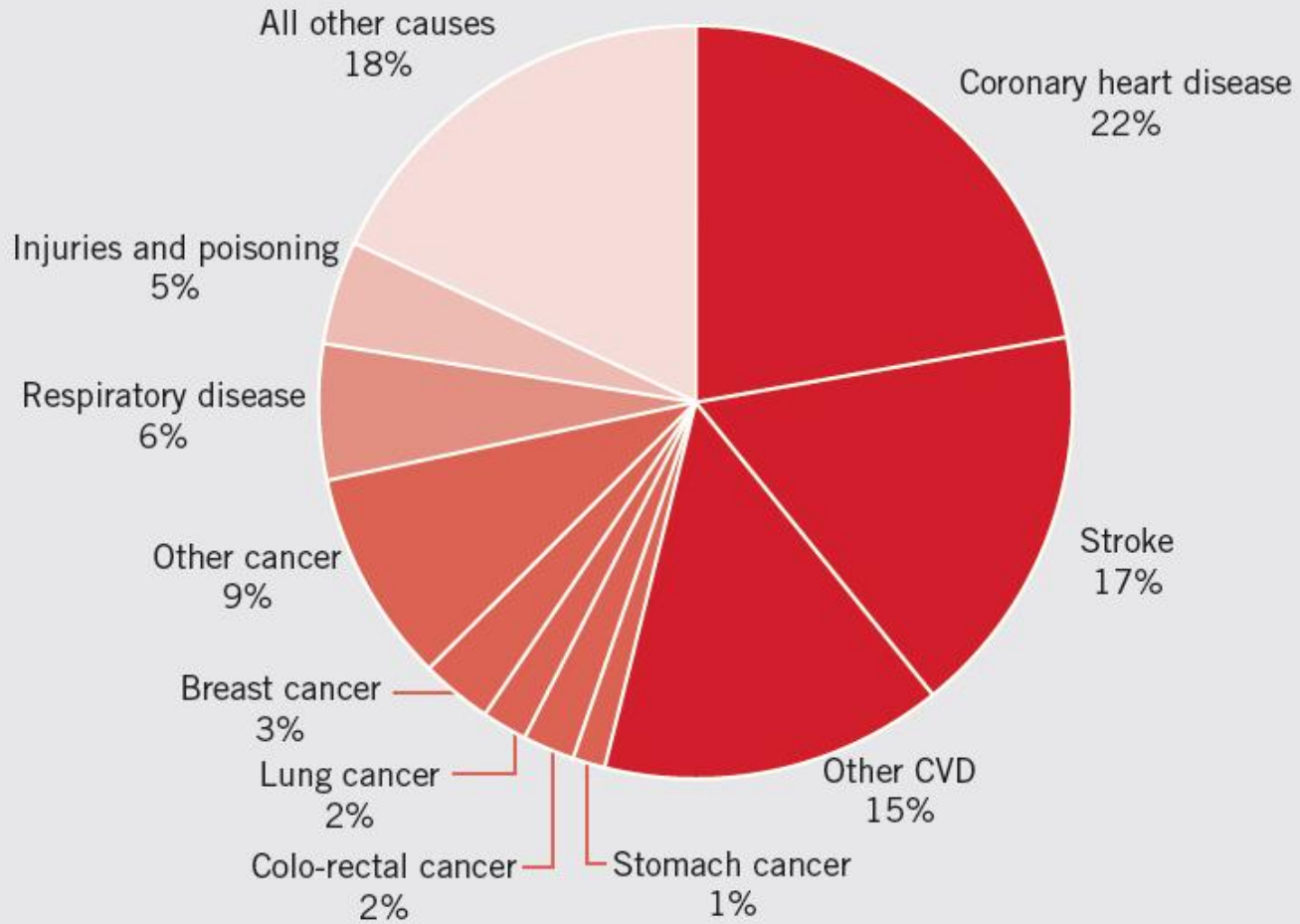
# Methodology

- Meetings of EHN Nutrition Expert Group
- Experts commissioned to review particular topics to a predefined protocol
- EHN Annual Workshop and General Assembly in 2010 discusses policy recommendations
- Rounds of consultation with EHN members
- Launch in November 2011

# Why report is necessary (p9)

- ‘CVD causes death and disability on a massive scale across the region hitting the region’s poor countries and the poorer groups in wealthier countries hardest’
- ‘Although progress has been made, not everyone has benefited’

# Figure 2. Deaths by cause, women, latest available year, Europe



Note: No national mortality data available for Andorra, Bosnia and Herzegovina, Monaco and Turkey.

# Health inequalities in Europe (p 12)

- Between European countries there is:
  - a 19-year gap in life expectancy for men (15 for women)
  - a 21-year gap in healthy life expectancy for men (19 for women)
- Within European countries there is:
  - differences of up to 10 years in male life expectancy between highest and lowest socio-economic groups
- CVD accounts for 40% of differences in mortality between highest and lowest educational groups



# Prevention is key (p 14)

- ‘CVD is largely preventable’
- ‘We know prevention works’
  - Reducing CVD mortality in Ukrainian males to Japanese rates would be a reduction of 90%
- ‘Even small changes to risk factor levels can dramatically reduce death and disability’
- ‘Prevention efforts have a much greater impact if directed at the whole population’
- ‘A preventive approach is cost-effective’
  - Diet-related ill health in the UK costs the health system 7.0 billion Euros
  - Physical activity – 1.1. billion Euros

# EHN's new population goals (p15)

- Intermediate targets
  - Based on an assessment of current dietary and physical activity patterns in Europe and including pragmatic considerations of what might be realistically aimed for in the next five to 10 years;
- Ambitious longer term goals
  - Which highlight the levels we should ultimately be aiming for, if the pragmatic constraints that feed into the intermediate targets can be overcome.

# EHN's new population goals (Table 1)

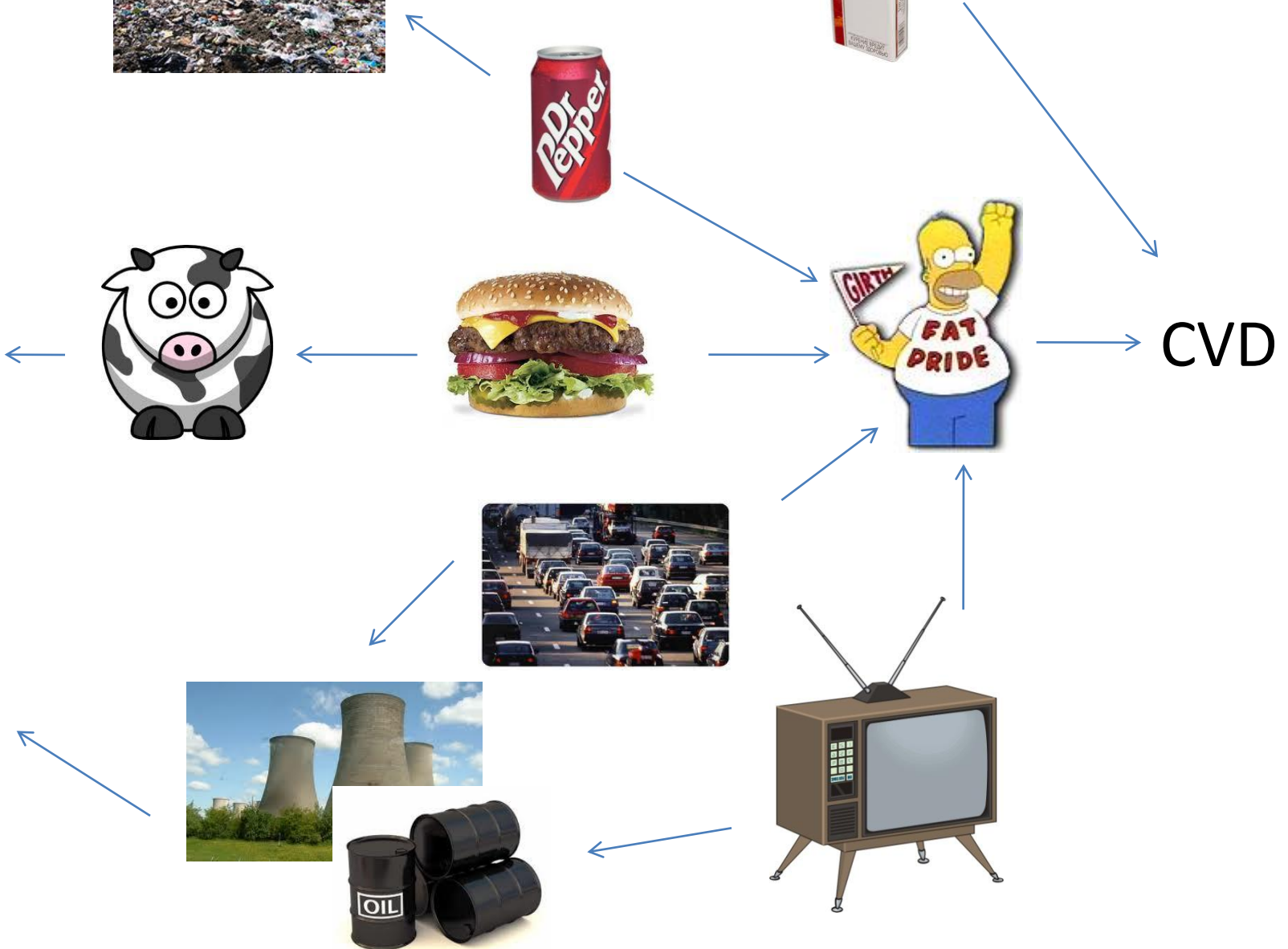
<b>Component</b>	<b>Intermediate targets</b>	<b>Longer-term goals</b>
Total fat	<30% E	20-25% E
Saturated fat	<10% E	<7% E
Trans fats	<1% E	<0.5% E
Polyunsaturated fat + ALA and very long chain PUFAs	6-11% E	5-8% E
Monounsaturated fat	8-13% E	7.5%-9.5% E
Fruit and veg.	>400g per day	>600g per day
Salt	<5g per day	<4g per day
Physical activity	>150 mins moderate intensity per week +1 hour per day on most days	> than this
BMI (average for adults)	<23	21
Total carbohydrates	>55% E	60-70% E
Added sugar	<10% E	<5% E
Sugar sweetened drinks	As little as possible	Zero
Dietary fibre (NSP)	>20g per day	>25g per day

# Other key points re. population goals

- Folate and anti-oxidants: not currently enough evidence to justify a goal
- Alcohol: not more than 20g per day for men and 10 g per day for women is recommended
- Breastfeeding: exclusive breastfeeding for at least 6 months is recommended
- Goals mean a shift towards a plant based diet
- Fish: goals consistent with twice weekly consumption of oily fish but declining stocks
- Sustainability: need for consistency between goals aimed at promoting health and those aimed at protecting the environment



CVD



# The policy context: (p47)

- A new global framework
  - WHO (2003) Diet, nutrition and the prevention of chronic disease
  - WHO (2004) Global strategy on diet, physical activity and health
  - UN (2011) Political declaration of the High-level Meeting of the General Assembly on the prevention and control of non-communicable diseases
- European action plans
  - WHO Action plan for food and nutrition policy 2000-2005
  - WHO Action plan for food and nutrition 2007-2012
  - WHO (2006) European charter on counteracting obesity`
- EU strategy
  - EC (2007) A strategy for Europe on nutrition, overweight and obesity

# Marketing theory provides a framework for categorising the food and physical activity environment

1. <b>Product</b>		
2. <b>Promotion</b> (advertising)		
3. <b>Place</b> (availability)		
4. <b>Price</b>		

# Marketing theory provides a framework for categorising population-based approaches to improving diets

	<b>Voluntary public health interventions (social marketing)</b>	<b>Public health regulation (of commercial marketing)</b>
<b>1. Product</b>	Product reformulation	Compositional standards
<b>2. Promotion (advertising)</b>	Front-of-pack labelling Health and nutrition claims Advertising	Front-of-pack labelling Health and nutrition claims Advertising
<b>3. Place (availability)</b>	Place-based promotions (pile-them-high)	Public meal provision Planning and licensing (e.g. fast-food outlets)
<b>4. Price</b>	Price-based promotions (buy-one-get-one-free)	Agricultural subsidies Health related taxes and subsidies



# Marketing theory provides a framework for categorising population-based approaches to promoting physical activity

	<b>(Voluntary) public health interventions (social marketing)</b>	<b>Public health regulation (of commercial marketing)</b>
1. <b>Product</b>		
2. <b>Promotion</b> (advertising)	Advertising of opportunities (e.g. signage for staircases)	Advertising of barriers (e.g. of cars)
3. <b>Place</b> (availability)	Provision of opportunities (e.g. gyms, stairs)	Planning laws (e.g. green spaces, cycle lanes)
4. <b>Price</b>	Employer subsidies	Taxes and subsidies

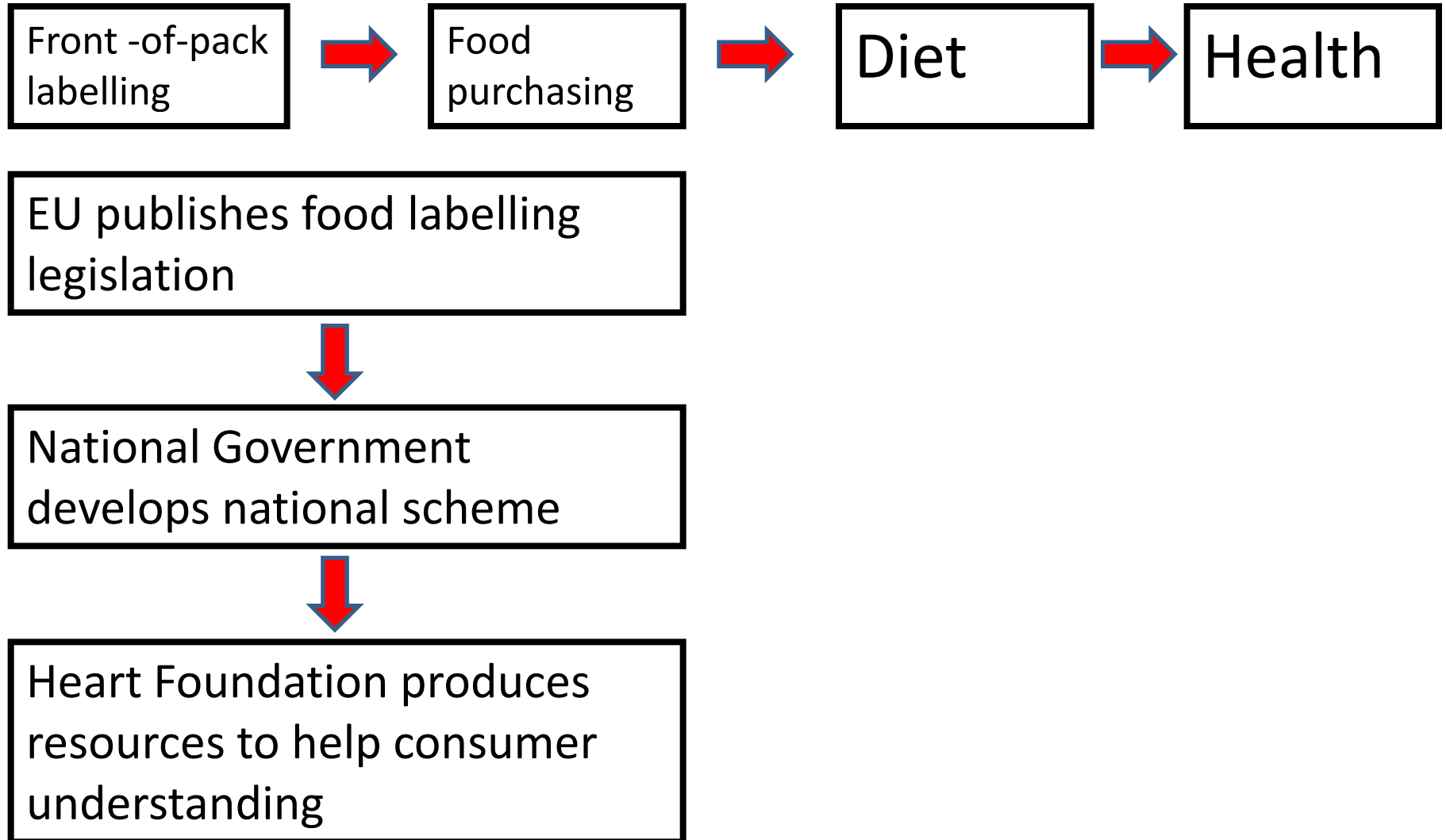
## WHAT ACTION IS NEEDED?

We now know that the policy response to diet and inactivity-related ill-health needs to come predominantly from making changes to the environment—in terms of the food supply and other factors which influence what people eat and how physically active they are.

The European Heart Network's report on Diet, Physical Activity and Cardiovascular Disease Prevention in Europe presents a raft of different areas for policy action (see below). Our report sets out detailed recommendations for European, national and local policy makers, along with proposals for industry, health professionals and heart foundations.

- Reformulation of food products to reduce the salt, saturated fat, and added sugar content of foods and portion size
- Legislation to eliminate industrially produced trans fatty acids
- Easy access to meaningful information about the nutritional quality of foods
- Ensuring availability of fresh drinking water
- Controlling advertising of unhealthy foods aimed at children
- Mass media educational campaigns to increase demand for healthy foods and to promote physical activity
- Promotion of healthy options
- Effective rules on nutrition and health claims
- Promotion of breastfeeding and ensuring appropriate marketing of breastmilk substitutes
- Economic tools (taxes and subsidies) and pricing strategies to make healthier foods more affordable and appealing, and to make less healthy foods more expensive
- Use of the Common Agricultural Policy to promote a healthy diet across Europe
- Improving access to affordable healthy foodstuffs for vulnerable and disadvantaged groups
- Economic tools (taxes, subsidies and pricing strategies) to promote physical activity
- Improving access to affordable healthy food and physical activity opportunities
- Improving the nutritional quality of food served and/or sold in public institutions
- Encouraging and facilitating healthy eating and active living in schools and pre-school facilities
- Measures to enable people to make healthier choices when they eat out
- Actions in the workplace to improve diet and physical activity
- Creation of environments that promote active living
- Health service involvement in promoting healthy lifestyles

# Front-of-pack labelling



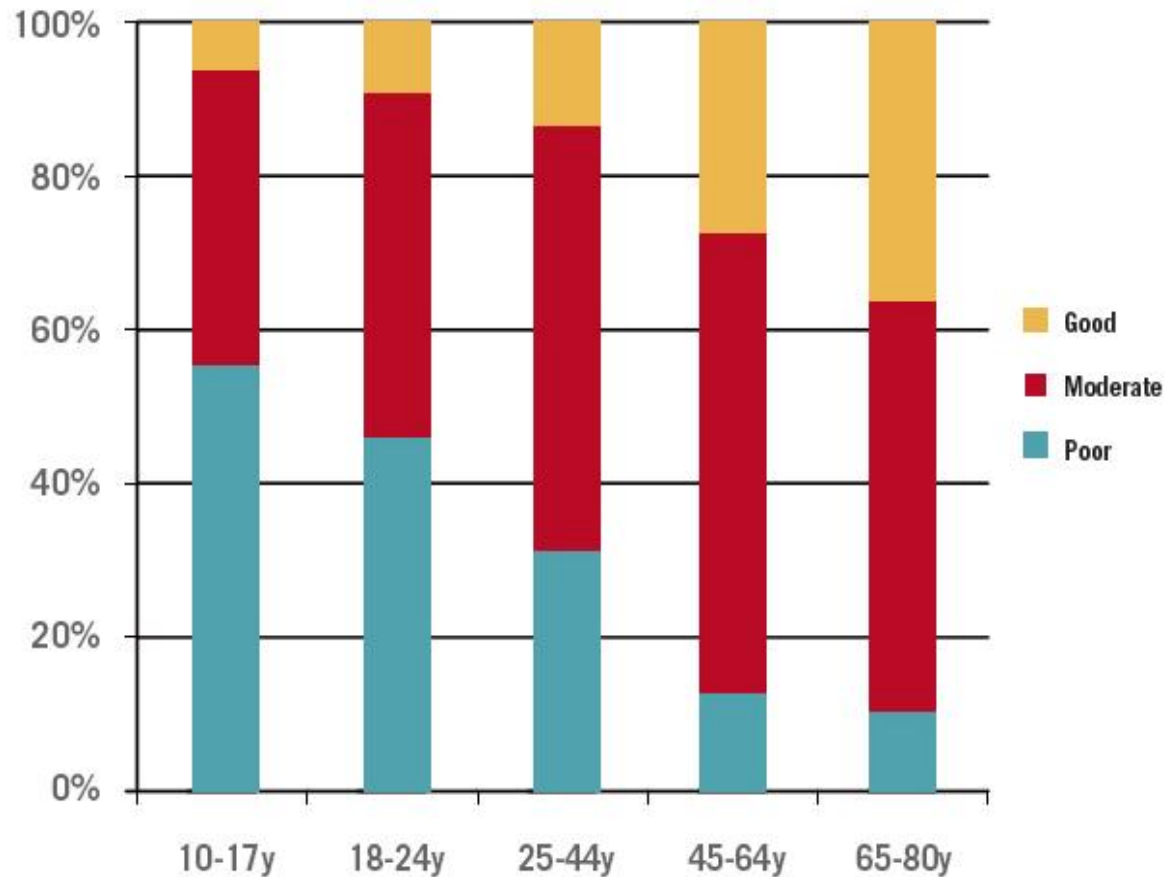
# Marketing theory provides a framework for categorising EHN's policy recommendations

	National governments	EU
1. <b>Product</b>	Ban on artificial trans fats Reformulation (e.g. salt)	Ban on artificial trans fats Reformulation (e.g. salt)
2. <b>Promotion</b> (advertising)	Ban on the advertising of unhealthy foods to children Mandatory traffic-light labelling in restaurants	Ban on the advertising of unhealthy foods to children Mandatory traffic-light labelling on food packets A robust np model for health claims
3. <b>Place</b> (availability)	Procurement standards for public institutions Planning and licensing laws	Funds for Regional Development
4. <b>Price</b>	Health related taxes and subsidies	CAP subsidies to promote healthier foods

# Questions for discussion

- What is the problem with diets and physical activity in Europe (Do you agree with EHN's analysis of the problem?)
- In what ways to diets and levels of physical activity in European countries need to be changed? (Do you agree with EHN's new goals?)
- What needs to be done at (i) a European level and (ii) a national level to improve diets and levels of physical activity? (Do you agree with EHN's proposed policy options?)

# Figure 25 Adherence to traditional Mediterranean-type diet in Catalonia, Spain



Source: Serra-Majem et al (2007)<sup>137</sup>