

Diet, Physical Activity and Cardiovascular Disease Prevention

Workshop Milan – 25 June 2012

How do we advocate for policies on healthy diet and physical activity?

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Where do we start?

Policy-making streams

- Stream of problems (framing the issue)
- Stream of policies (alternatives to existing policies)
- Stream of politics (external opportunities)

Framing the issue

- Disease burden of NCDs/CVD
- Economic burden of NCDs/CVD
- Evidence on diet and PA and CVD
- Evidence on impact of policy measures

Framing the issue

- Disease burden of CVD/NCDs
 - Chronic Non-Communicable Diseases Account for 86% of all deaths in Europe
 - Cardiovascular diseases (CVD) account for >50% of all deaths in Europe



EuroHeart II

BUILDING ACTION
on **HEART DISEASE**
and **STROKE**

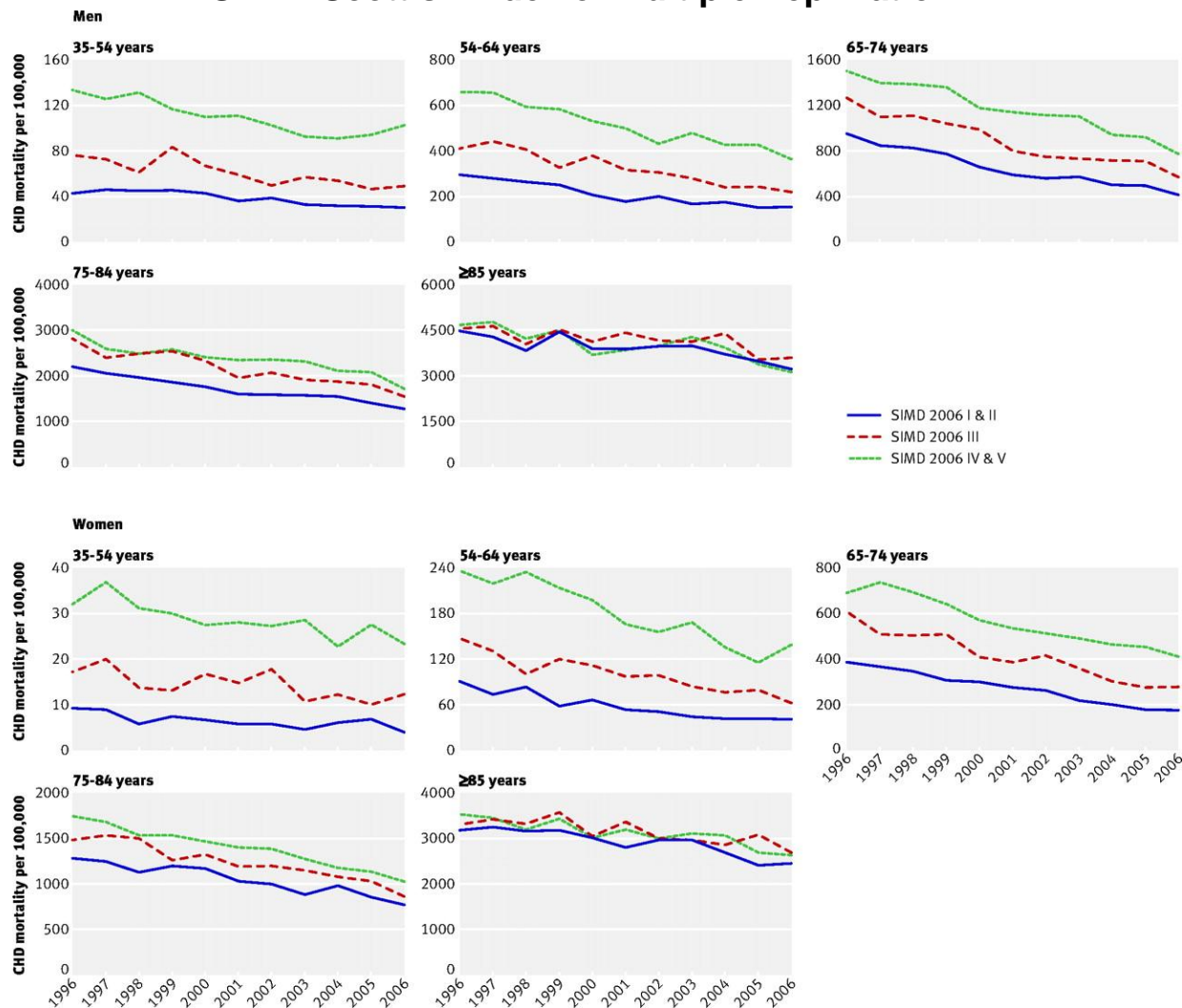


fighting heart disease
and stroke

european heart network

Coronary heart disease mortality trends by age and deprivation in men and women (Scotland 1996-2006).

SIMD=Scottish Index of Multiple Deprivation



Framing the issue

➤ Economic burden of NCDs/CVD

- Cardiovascular diseases cost the economies of the EU approximately **€192 billion/year** (2006 figures)
- Of which:
 - €110bn (57%) was spent on healthcare
 - €42bn (22%) in informal care costs
 - €27bn (14%) due to early mortality and
 - €14bn (7%) due to absence from work

Framing the issue

- Evidence on diet and PA and CVD
 - Diet, physical activity and CVD prevention in Europe – EHN, November 2011
 - European guidelines on prevention of CVD in clinical practice – The Fifth Joint Task Force of the European Society of Cardiology and Other Societies, May 2012

Framing the issue

➤ Evidence on impact of policy measures

Legislation to ban industrial fats

“Industrial *trans* fats account for approximately 0.8% of total UK dietary energy intake. Based on experience in Denmark, *trans* fat levels could be reduced by approximately 0.5% of total UK dietary energy intake. This would reduce the relative risk of death from cardiovascular disease by approximately 6%. Applying these benefits to the entire England and Wales population would **prevent approximately 2 700 deaths annually and thus gain 570 000 life years**, saving the equivalent of approximately £235m a year.”

Alternatives to existing policies

- Product legislation on trans fatty acids
- Promotion legislation on advertising to children
- Price taxes (unhealthy foods) and
 subsidies (fruits/vegetables)
- Place schools/pre-schools

External opportunities

➤ Economic crisis

- ✓ Governments need to generate income (taxes)
- ✓ Governments need to cut costs (retirement age)

➤ Public support

- ✓ Marketing to children
- ✓ School fruit scheme

External opportunities

➤ Economic crisis

- ✓ Governments need to cut costs → postpone retirement age
- Average life expectancy in the EU (2008) = **79.4** years
- Average healthy life years expectancy in the EU (2009) = **61.45**

Economically advantageous

- “With respect to cardiovascular diseases, chronic respiratory disease, cancer, diabetes and mental health the macroeconomic simulations suggest a cumulative output loss of **US\$ 47 trillion over the next two decades**”
A report by the World Economic Forum and the Harvard School of Public Health - September 2011
- “Halving CVD events across England and Wales (50 mio people) would result in discounted savings in healthcare costs of approximately **£ 14 billion a year**”
National Institute for Health and Clinical Excellence (NICE), UK; public health guidance 25 - June 2010
- “Reducing salt intake by 3 g/day might reduce mean population systolic blood pressure by approx. 2.5mm Hg – this would prevent approx. 4 450 death from CVD with total discounted savings overall of approx. **£ 347 million over a decade**”
Barton et al, BMJ 2011; 343



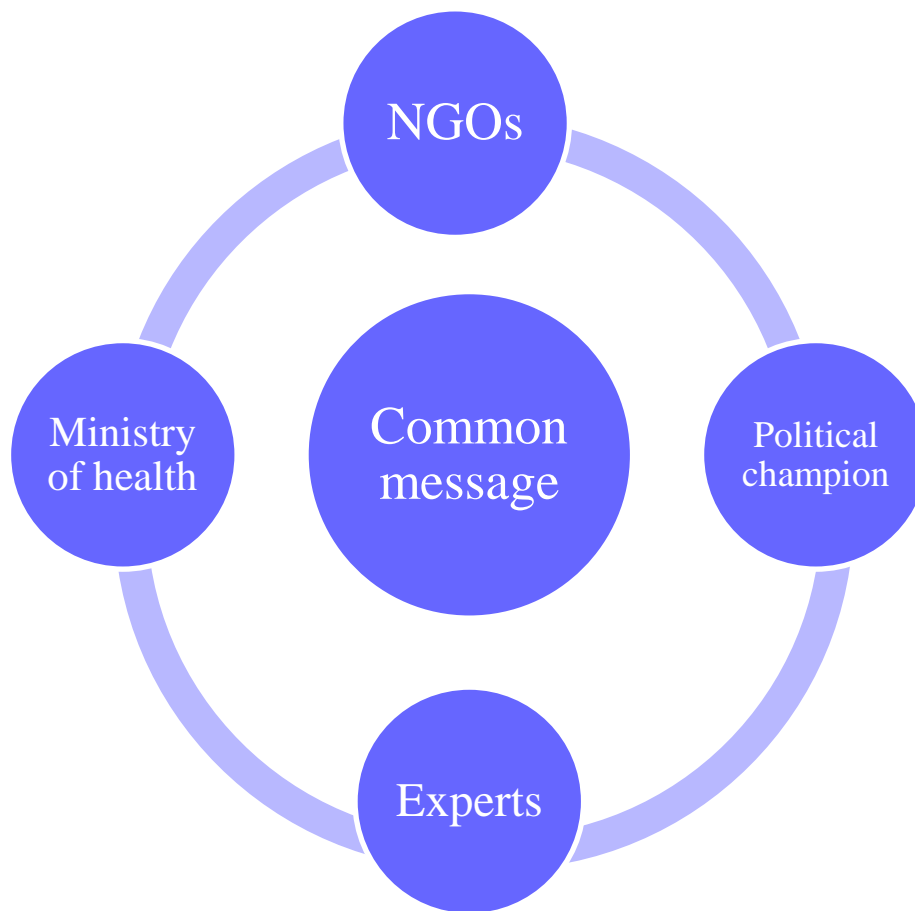
EuroHeart II

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Alliance





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