25 June 2012

WORKSHOP
DIET, PHYSICAL ACTIVITY AND CARDIOVASCULAR DISEASE PREVENTION IN EUROPE

ehn fighting heart disease and stroke european heart network

EuroHeart II BUILDING ACTION on HEART DISEASE and STROKE

EUROHEART II

This workshop arises from the EuroHeart II project, which has received co-funding from the European Union, in the framework of the Health programme.

On June 25th, 2012 the Italian Association against Thrombosis and Cardiovascular Diseases (ALT) and the Italian Heart Foundation (FIpC), both members of the European Heart Network (EHN), organized a Workshop in Milan, Italy, on **DIET, PHYSICAL ACTIVITY, AND PREVENTION OF CARDIOVASCULAR DISEASE IN EUROPE**.
The Workshop arised from the EuroHeart II project co-funded by the European Union (EU) and it was developed in the framework of the EU Health Programs, under the leadership of EHN. Besides ALT and FIpC some of the most important European Foundations affiliated with EHN and actively working in the prevention of cardio-cerebro-vascular diseases, took part in the project.
Last November the EU EuroHeart II project also published a position paper with the same title of the workshop. This document opened further perspectives of knowledge on “responsible prevention” to be adopted by individuals regarding food consumption and physical activity.
Because of the many different cultures and lifestyles in the European Regions, Germany, Slovakia, and Italy were identified as the three countries in which to carry out a debate on the measures to be adopted to raise continuing participation and compliance with improved diet and increased physical activity.The Italian workshop was attended also by representatives from Belgium, Portugal, Spain, and by the Italian Society for Cardiovascular Prevention - SIPREC. The three European Workshops (Germany, Italy and Slovakia) are expected to help develop global European initiatives, to improve the knowledge and the evaluation processes for country-specific programs of primary prevention of cardio-cerebro-vascular diseases.
Aim of the Euroheart II project is the benefit of every European citizen through better prevention policies. Objective is the implementation of actions on correct nutrition and physical activity as effective tools in decreasing the life, social, and economic burden of chronic non communicable diseases. Outcomes of the workshop are expected to help EU countries to locally ensure wide-range dissemination of knowledge and recommendations on diet and physical activities as prevention strategy of CVD. A selected number of invited experts from several institutions and groups active in the field of cardiovascular prevention from Belgium, Portugal, Spain, and Italy shared knowledge and information in plenary sessions, panel discussions, and working group debates.

From the needs, through the policies, the experts focused on the strengths and weaknesses of those actions to be developed to increase advocacy skills, and intervention programs to be improved or implemented in the context specific of the countries participating in the workshop. The result of the Workshop is a multidisciplinary and multicultural approach in helping designing specific actions to improve knowledge about food and physical activity policies enhancing health.

EUROPEAN HEART NETWORK DOCUMENT

DIET, PHYSICAL ACTIVITY and Cardiovascular Disease Prevention in Europe

Mike Rayner, Director, Health Promotion Research Group, British Heart Foundation,University of Oxford, UK ,and Chair of the EHN –European Heart Network Nutrition Expert Group.

The document summarizes current thinking on diet, physical activity and CVD; it proposes population dietary and physical activity goals for European populations, and it makes policy recommendations to improve diet and physical activity levels at both European and national levels. The document launched in November 2011considers a new global policy context developed from: WHO Diet, nutrition and the prevention of chronic disease (2003); WHO Global strategy on diet, physical activity and health (2004); UN Political declaration of the High-level Meeting of the General Assembly on the prevention and control of non-communicable diseases (2011). It is in agreement with the European action plans derived from: WHO Action plan for food and nutrition policy (2000-2005); WHO Action plan for food and nutrition (2007-2012); WHO European charter on counteracting obesity (2006). The EU strategy provides a framework for categorizing the food and physical activity environment suggesting the “4 Ps” tactics:

Product: reformulation and Compositional standards.
Promotion (advertising): Front-of-pack labelling, Health and nutrition claims, Advertising.
Place (availability): Place-based promotions (pile-them-high), Public meal provision, and Planning
and licensing (e.g. fast-food outlets).
Price: Price-based promotions (buy-one-get-one-free).

PRODUCT	PROMOTION	PLACE	PRICE
Limit Trans-fats through EU legislation	Limit Marketing to Children through EU legislation	EU school Fruit scheme to increase consumption	Promote Physical Activity through EU structural funds

THE NEEDS AND THE PROJECT

Workshop organized by:

Associazione per la Lotta alla Trombosi e alle malattie cardiovascolari

Fondazione italiana per il cuore

Elena Tremoli, President, FIPC - Italian Heart Foundation, Head of Research, Centro Cardiologico Monzino, IRCCS, Milan, Italy

Cardiovascular disease remains a serious medical problem that can be associated to both death and disability, and considerable resource use. Clinical efficacy remains the primary driver for the use of any service. Once efficacy is established, and despite its many limitations, cost effectiveness analysis has an important role in assessing value. There are technical and practical limitations to studies of the cost effectiveness of prevention. Given the difficulties of conducting long-term clinical trials, many cost effectiveness analyses about prevention are based on mathematical models or simulations. From these studies it appears that aggressive continuous application of nationally recommended prevention activities could prevent a high proportion of cardiovascular events and stroke that are otherwise expected to occur in adult population today. If prevention activities are to achieve their full potential, ways to reduce the costs and deliver prevention activities more efficiently must be found. We have now to recognize the concept that cardiovascular disease prevention does not only pertain to the health systems of individual countries but it is a societal issue linked to a correct and productive development. To this end we have to involve in our discussions also the people working in welfare programs to get information about the costs for the society, as a healthier population and a productive workforce are of particular relevance.

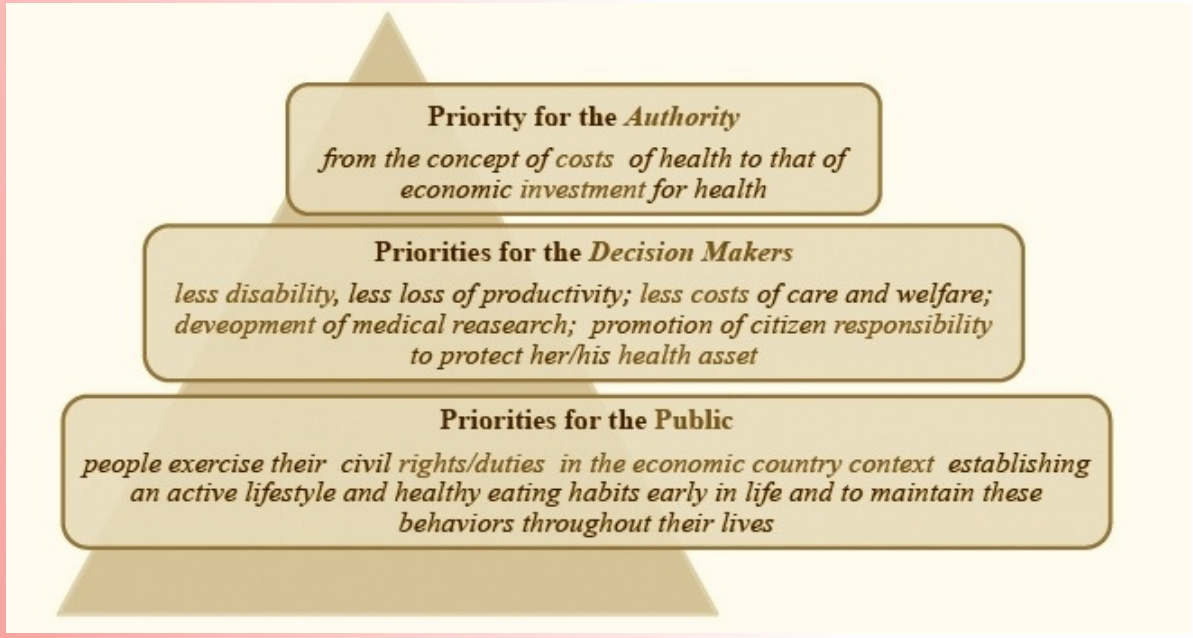
Susane Løgstrup, Director, EHN- European Heart Network

This Workshop arises from the EuroHeart II project which has received co-funding from the European Union in the framework of the Health Programme lasting from March 2011 to February 2014. General objective is to contribute in addressing diseases of the heart and circulatory system (CVD) by reporting on and analyzing the current situation as well as developing approaches across society enabling further development of Community initiatives to address CVD and other major chronic diseases. Specific objective is to share knowledge on nutrition, physical activity and the prevention of cardiovascular diseases in Europe. Milestones of the project have been the publication of a document that was launched in a conference held in Brussels on 23 November 2011, with the participation of the European Commission together with the representatives from the European Parliament, WHO, Organization for the Economic Cooperation and Development-OECD, and press. Three regional workshops are programmed: Germany (Berlin March 2012), Italy (Milan,June 2012), and Slovakia (October 2012), with the participation of the cardiovascular and wider chronic disease community. National meetings in 10 countries will follow. Tactics of the project are designed in “4 Ps” areas: Product as for Trans fat to be limited through EU legislation; Promotion as in Marketing to Children limited through EU legislation; Price as in increase consumption of Fruit and Vegetables to be recommended in the EU school fruit scheme; Place where to increase physical activity to be promoted through EU structural funds.

Understand and measure the economic and social advantage of prevention

Francesco Saverio Mennini, Centre for Health Economics, Tor Vergata University, Rome, Italy

The evolution of the concept from “cost of health” to “investment for health” is increasingly
establishing itself in the various decision-making areas of the society. However, there are barriers to overcome such as: a) in work, in order to arrive at a global health protection based on the overcoming of social inequalities, economic organization, and even gender; and b) in the fact that the return on the investment in healthcare is not short-term, but long-term average. The importance of proper nutrition and physical activity in reducing rates of disease and death from chronic diseases has been well established: poor diet and physical inactivity are the major contributors to disabilities resulting from diabetes, osteoporosis, obesity, and stroke. The goal of health promotion is to help people to establish an active lifestyle and healthy eating habits early in life and to maintain these behaviors throughout their lives. The goal of primary prevention is to help people who have risk factors for chronic disease to prevent or postpone the onset of disease by establishing more active lifestyles and healthier eating habits. The goals of secondary prevention are to help people who already have a chronic disease cope to control these conditions and to prevent additional disability by increasing their physical activity and establishing more healthful eating patterns. As regards to the economic impact, the points of greatest interest are the following: Direct Costs (both health and non health); Indirect Costs; Intangible Costs. In fact, the investment in health leads to: less disability and, therefore, less loss of productivity; reducing the costs of care and welfare for preventable diseases; development of medical research and industry; promotion of citizen responsibility to protect its assets.



Panel Discussion on Diet and Physical Activity: Critical Issues and Barriers to reach the goals from the experiences

Could we improve the lifestyle of citizens TOGETHER? Salvatore La Rosa, Ministry of Education,University and Research

Food production, human nutrition and the incidence of diet related diseases are becoming increasingly important in our rapidly changing scientific, economic and societal environments. Lack of sufficient physical activity combined with high energy intakes are the prime factors determining overweight and obesity development. Increased affluence & urbanization are contributing factors that result in lifestyles and daily routines which require less physical activity. At the same time access to energy dense foods is becoming more prevalent. Food production systems are challenged by increasing competition for biomass and the need to improve food security and sustainable production. Consumer expectations are also changing.
"In 2030 all Europeans will have the motivation, ability and opportunity to consume a healthy diet from a variety of foods, will have healthy levels of physical activity, and the incidence of diet-related diseases will have decreased significantly. Could we improve the lifestyle of citizens … TOGETHER... to avoid 33% of Cancers? to avoid 80% of the cases of Coronary Heart Disease? prevent 90% of the cases of Type II Diabetes?” [From Joint Program Initiative http://ec.europa.eu/research/era/areas/programming/joint_programming_en.htm]

What about Public Health Strategies on nutrition?

Laura Rossi, Ministry of Agriculture - National Institute for Food and Nutrition – INRAN

Public health nutrition strategies are based on health education, legislation, community development, organizational change, reorientation services, fiscal change. Critical issues that are asking for a collaboration among national and international centers are in: networking for coordination of regional-based initiatives; standardization and harmonization of data collection methods. Valorization of existing data bases and capitalization of secondary data e.g. EPIC (epidemiological and clinical data on nutrition, diet, life styles and cancer); healthy aging (epidemiological, biological and clinical databases); genetics isolates for chronic diseases. Revised recommendations and public interventions are required in the application of public health cycle of surveillance such as: measuring the physical activity level and nutritional status of population (priority: children, elderly, women); and the evaluation of programme impact.

To what extent early physical activity may positively affect growth and health later on?

Carlo Agostoni, University of Milan, Department of Pediatrics, EFSA NDA Panel member 2009-15, IRCCS Ospedale Policlinico of Milan

Balance dietary calories with physical activity to maintain normal growth; 60 minutes of moderate to vigorous play or physical activity daily; eat vegetables and fruits daily, limit juice intake; use vegetable oils and reduce food with trans-fatty; eat whole grain breads, reduce intake of sugarweetened beverages and foods; use skim milk; eat more fish; reduce salt intake. At home set aside time for healthy meals, physical activities, limit television viewing; in the School fund mandatory physical activity; in urban design protect open spaces, build sidewalks, bike paths, parks, playgrounds and pedestrian zones. Identification of effective interventions for the treatment of obesity is likely to be considered a prerequisite to any move from monitoring to a screening programme. Similarly, further long-term studies of the predictors of obesity-related co-morbidities in adulthood are warranted. Start in early age to educate the food taste and choice.

How to plan? Critical issues and barriers in the programming by authorities.

Liliana Coppola, Lombardy Region, Department of Health

The complexity of the scenario is asking a co-responsibility that take into consideration: age, gender, genetic, lifestyle, social networks, work places, industry, socio-cultural and behavior conditions, the development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion. It involves actions to improve health at three levels: the advancement of knowledge and skills among practitioners; the expansion of support and infrastructure for health promotion in organizations, the development of cohesiveness and partnerships for health in communities. The key words in Health Promotion and Prevention in Lombardy are: Efficacy, inter-sectorial actions, sustainability, empowerment. The critical issues in the action are based on evidence-based integrated and inter-sectorial local planning interventions supporting individual change even through “living environments” change; plans require expertise, counseling, capacity building, communication.

How to educate? Critical issues and barriers in the school education.

Bruna Baggio, Local Education Authority for Lombardy

It has been shown that education and information on “health” based on the transmission of knowledge, rules and prescriptions, imposed from the top, from the outside, far away from the experience of people and communities, not included into the curriculum are ineffective. Between the School and the Health Systems a dialogue, aimed at sustaining the development of effective interventions in view of an alliance for health, is mandatory. It is required that a school promoting health could analyze its health profile, approach a strategic plan and implement school initiatives in four fields: Development of individual skills; Qualification of the social context; Improvement of the structural and organizational environment; Strengthening of partnerships.
Critical issues are in: Sharing of health vision, Coordination of resources, Support to development, Improvement and evaluation, Promotion of activities based on the evidence of effectiveness,Development of schools network, Diffusion of “best practices”.

What about critical issues and barriers in developing and realizing projects on cardiovascular diseases prevention in the community?

Roberto Moretti, Health Promotion Service, National Health System Districts - ASL Bergamo

Projects such as: P(i)edibus -Walk to school; Gruppi di cammino - Walking Groups; Workplace Health Promotion: Reduction of salt quantity in the bread.
False barriers to be dismissed: Mental barriers in Health Operators; need of best conditions to set up project ; “perfect” is the enemy of “good”!
True barriers: lack of training and motivation; lack of flexibility (time) when working with the community; keeping a high motivation level for the project/program; lack of capacity to involve and produce participation; a management able to give value to other institutions / associations. Practice in the field. Train the manager.

What about a real interest of food industry to help in prevention?

Maria Agnese Dau, Italian Federation of Food Industry – Federalimentare- Rome

Six voluntary actions by the food industries to prevent overweight and obesity: education on nutrition (il gusto fa scuola addressed to teachers, families and students); Product reformulation and portion sizes; Nutrition labeling; Marketing and advertising; Promotion of physical activity; Prevention of risk behaviors; Main barriers and critical issues: Public institutions: difficult cooperation with the Education Ministry and slowness of bureaucracy; Teachers, families and public opinion: lack of confidence and prejudice towards food and diet industry; Difficulty in catching the attention of the students.

What is missing then? Is the policy makers’ commitment?

Rosanna Tarricone, Centre for Research on Health and Social Care Management - CERGAS, Bocconi University – Milan

Each 10% increase in NCD burden is associated with a 0.5% reduction in annual economic growth. Over 20% of CHD and 10% of stroke in developed countries is due to physical inactivity. We have the knowledge (science) to alleviate this burden. We know that prevention is the key. What is missing then is the policy makers’ commitment? Critical issues: the lack of institutional commitment. Possible levers: a) Strategic relevance: health costs are expected to rise in the future along with ageing of population and chronic diseases; investing now means saving in the future, medium and long-term health benefits. b) Economic gains: alleviating the burden of chronic diseases would also improve work productivity (one of the indirect economic effects) and, in ultimate analysis, positively affect countries’ GDP. Greater investments in health: a) lead to the reduction of productivity losses; b) increase school participation of children and their learning ability, with beneficial effects for future generations as well; c) and finally make available resources otherwise used for the treatment of diseases.

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

Susane Løgstrup, Director, EHN- European Heart Network

The focus is on the disease and economic burdens of NCDs/CVD. The evidence is on diet and physical activity in preventing NCDs/CVD, following the European guidelines on prevention of CVD in clinical practice. The evidence is on the impact of policy measures. External opportunities can help, such as the economic crisis where governments need to generate income (taxes) and need to cut costs postponing retirement age. Economic advantages are quoted in the prevention of NCDs: 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. Policies should be implemented on: Product as for Trans fats to be limited through EU legislation; Promotion as in Marketing to Children limited through EU legislation; Price as in increased consumption of F&V to be recommended in the EU school fruit scheme; Place where to increase physical activity to be promoted through EU structural funds. Reducing salt intake by 3 g/day might reduce mean population systolic blood pressure by approx. 2.5mm Hg. Alliance among NGOs, political champions, experts, and Ministry of Health can generate a common (and convincing) message.

The concept of Alliance

Feeding the Planet, Energy for Life: more than a challenge

Filippo Castoldi, EXPO 2015 – Lombardy Region

Food safety and Food security: two sides of the same coin. Ensuring food safety leads to improve food security, on the other hand food security cannot be pursued regardless food safety.
Disnutrition is the main problem in the western countries. A balanced diet and regular physical activity can help to prevent CVD in Europe. This goal may be achieved by mean of health promotion strategies and ensuring better and safer foods. Focusing on a single aspect, e.g. disnutrition, could lead to underestimate other problems such as those connected to food poisoning risk. A dogmatic substitution of saturated fats with unsaturated ones in foods could lead to higher spoilage rate and even to problems connected to toxic substances assumption. Salt is working in the good balance against bad bacteria. A four-step program aims at: a) improving food safety and food security through better food's intrinsic characteristic comprehension; b) enhancing food safety and food security exploiting competition among microbiological consortia; c) investigating mechanisms regulating microbiological interactions, and microbial modulation; d) reproducing the same activity in food processes, and preventing possible undesired effects that could be related to germs.

How To Be Successful in Communication and Education?

Andrea Fontanot International Strategy, Saatchi & Saatchi Healthcare Communication, Italy

Prevention and behavior change campaigns represent the toughest challenge in social communication.
The promise is not founded on a visible and immediate benefit (or absence of damage).
Changing people's behavior rooted in inertia is the single most difficult action you can ask to an advertising campaign. It normally requires a negative approach: don't do that…and this has negative results.
Be positive. Working with young people multiplies the height of these barriers: they want to see things happening now, and are not easily bound to sacrifices.

Ten golden rules

1. Be positive
2. Try to give immediate, or at least short term, return
3. Do not scare or overdramatize
4. Be simple, be practical, get out of generic
5. Think like your target
6. Build experiences, rather than giving prescriptions
7. Be multichannel: use all possible touch-points to your target
8. Don't be afraid to partner, with media and with companies
9. Communicate constantly your goals and the achieved results
10. Be consistent.

WORKING GROUPS

The Method: Dynamic groups

The final goal of the WG debates was to come up with a shared action plan for every main topic. The method was based on the creation of four different groups of experts. The delegation of the countries attending the Workshop would work 15 minutes with every group of expert. The WG debates were therefore organized in 4 rounds and moderated by Nina Verdelli, italian Journalist.

WORKING GROUPS	DIET	POLICIES	PHYSICAL ACTIVITY	COMMUNICATION
1st Phase THREATS AND OPPORTUNITIES **2nd Phase** FURTHER DISCUSSION ON THREATS AND OPPORTUNITIES **3rd Phase** PROPOSAL (S) FOR ACTION(S) **4th Phase** ACTION(S) **FINAL REPORT**	Food targets; Ensuring availability of fresh drinking water; Information about nutrition quality; Improving food quality in Public institutions Promotion of healthy options (e.g. with food manufacturers, retailers, caterers..) School and Preschool facilities (whole school approach) Diet and Physical activity in the workplace Improve family doctors' prescription of healthy diet Economic tools to promote healthier foods and discourage less healthy foods Health protection and economic investment for the society.	Food reformulation: salt, saturated fat, added sugar (targets and deadline) Transfat acid legislation Effective rules on claims Promotion of healthy options (e.g. with food manufacturers, retailers, caterers) Promotion of breastfeeding School and Preschool facilities Improved access to affordable healthy foods tuffs for vulnerable and disadvantaged groups Improve environment s to promote active living (walking and biking) Economic tools to promote healthier foods and discourage less healthy foods Health protection and economic investment for the society.	School and Preschool facilities Action in the workplace Creation of an environment that promote active living School and Preschool facilities Improving health professional services in training and education to health style Improve family doctors' prescription of physical activity Economic tools to promote physical activity Health protection and economic investment for the society.	Food choice in young people Easy access to information on the nutritional quality of foods Food profiling Controlling the advertising on Children Mass media educational campaigns to increase demands for healthy thy foods Measures to enable people to make healthier choices Barriers to effective education Health protection and economic investment for the society.

SWOT analysis

DIET

Proposed action: reduction of salt in bread
Threats: bakers are unlikely to follow onvoluntary basis
Opportunities: It could be an action where a lot of stakeholders can agree on
Proposed action: reduce alcohol consumption in teenagers
Threats: it is difficult to set targets, it is difficult to monitor home drinking
Opportunities: Avoid addiction in adult age

PHYSICAL ACTIVITY

Proposed action: education of GPs and school teachers
Threats: less and less time dedicated to PA in Schools
Opportunities: use of media, exploitation of a true and positive message
Proposed action: request to the policy maker for public goods
Threats: local administration budget
Opportunities: use of media, good networking and advocacy expertise within EHN

POLICIES

Proposed action: elimination of transfats
Threats: food industry power
Opportunities: working on a EU level
Proposed action: improve the environment to promote active walking
Threats: local administration budget, different stakeholders involved
Opportunities: EU funds and local actions
Proposed action: improve access to affordable healthy foods
Opportunities: economic tools (price incentives and taxes)
Proposed action: promote breastfeeding
Proposed action: control advertising to children
Threats:to be treated as communication topic
Opportunities: economic tools (subsidies for healthy foods); legal tools (ban for unhealthy food)

COMMUNICATION

Proposed action: Play healthy (Common umbrella concept)
Threats: strong industry marketing
Opportunities: use of positive message, use of testimonials

STRATEGIES

Proposed action: reduction of salt in bread. The strategy could be based on an agreement between producers and government. If the reduction of salt is linked to regulations we may boost compliance and create a procedure for monitoring.

Proposed action: reduce alcohol consumption in teenagers. The strategy can be based on three points: campaigns in schools, campaigns through mass media and increase of the legal age for drinking.

Proposed action: education of GPs and school teachers.Using GPs to spread a message can be a strategy to create a shared culture. Actions in school, educating kids and parents through kids may represent the most straightforward way to hit the sensible target.

Proposed action: request to the policy maker for public goods. Public goods like walk paths, bike lanes, parks are delivered by the policy maker after requests coming from the citizens. We can exploit, on a communication and advocacy level, the argument the data from the health economics of CVD.

The key aspect underlined is the importance of a straight action on regulators at a EU level. The choices of citizens depend for a great deal on the tools put in place by the authorities. We have to try to "drive" the program of the regulator to change the behavior of companies and households for the better. Cooperation between Foundations and association is key.

The communication strategy should be based on a message shared and positive. The weakness seen so far is the fragmentation of the message and its focus on the diseases instead of on the prevention. The shared message should be focused on precise targets, and backed up by call to action promoting active behavior and involvement. There is the opportunity to exploit new technologies linking them with practices like cooking and physical training which are at the base of prevention.