European Politicians
on
Health and Heart

The National Parliamentarians
and
Members of The European Parliament
Survey 1999-2000

Summary

Chapter

TABLE OF CONTENTS

1.0 METHODOLOGY

2.0 MAIN CONCLUSIONS

The National Parliamentarians

Members of The European Parliament

3.0 RESULTS

Please contact EHN Brussels office for this information

The European Heart Network acknowledges the financial support received from the European Commission for this survey. Neither the European Commission nor any person acting on its behalf is liable for any use made of the following information.

European Politicians on Health and Heart Survey 1999-2000

The National Parliamentarians

1.0 METHODOLOGY

In order to get an overview of attitudes towards health and prevention of disease among the European national politicians, it was decided to concentrate the survey on politicians who are members of health committees in the parliaments of European countries. This placed the weight of the survey where the most informed and representative opinion about health matters could be expected. Narrowing the scope in this way also made it realistic to manage the inclusion of some qualitative and open-ended questions alongside the closed ones that are best suited for quantitative data processing. Consequently, the survey took both a quantitative and, to some degree, a qualitative approach as the respondents were encouraged to comment and expand on their views, as well as to motivate their yes-or-no answers. The interviews were anonymous.

Thirteen countries were included in the survey, and in each of these countries 10 national parliamentarians were interviewed – mostly by phone, but in a few cases face to face. The countries were all EU members with the exception of Norway. The following countries were surveyed: Finland, Norway, Sweden, Denmark, Germany, the UK, Ireland, the Netherlands, Belgium, France, Italy, Spain and Portugal.

The survey was initiated by the **EHN - the European Heart Network**, which is the forum for cooperation between the national heart associations in Europe. The survey was carried out by the Danish opinion survey institute Scharling Research in cooperation with the EHN. The national heart associations in the participating 13 countries also played a part in selecting the research institutes that conducted interviews in the 13 countries. Scharling Research outlined the organization of the survey, prepared the questionnaire, processed the data and drafted the report.

At the beginning of the interviews, respondents were unaware that the European heart associations had initiated the survey, so as not to bias their answers on priorities and causes of death in favour of cardiovascular diseases. (There were a few exceptions to this, where respondents demanded to know exactly who was sponsoring the study.) *Cardiovascular disease* is abbreviated as CVD in the following.

The background variables used were sex, age, political affiliation and country. Of these, political affiliation (whether the respondents belonged to the right, middle or left of the political spectrum) and country proved the most fertile.

The actual interviewing of parliamentarians was entrusted to the following agencies via the respective national heart associations in the 13 countries:

Finland, Suomen Gallup Oy (Gallup Finland)
Norway, Markeds- og Mediainstituttet as
Sweden, Sifo Research & Consulting
Denmark, Scharling Research
Germany, Dr. Med. Ruth Marcus
UK, Business Planning & Research International
Ireland, Clara Barker & Associates
Netherlands, ResCon Research & Consultancy
Belgium, Medipress Services
France, l´Agence Verte
Italy, Red Hot Peppers / Dr. Andrea Rebaglio, Milan
Spain, Logitest, S.L.
Portugal, Metris - Metodos de Recolha e Investigacao Social

In the survey we have tried as much as possible to get a representative sample of politicians across the political spectrum. Thus 18% of the respondents are from the right side of the political left-right dimension, 38% from the middle and 44% from the left. (In the survey among the Members of the European Parliament the sample was 11% from the right, 60% from the middle and 29% from the left.) There are also in this respect some variances between the countries. There are mainly two explanations for this relative overrepresentation of the left. Firstly there seemed to be some reservations being termed "rightwing". Secondly there were in some countries problems involved in getting the interviews with the politicians who of course are persons much in demand, and it seemed that the leftwing politicians were slightly more willing to be interviewed. The interviewing agencies have themselves made the cathegorizations of the respondents in the three political groups and in case of doubt asked the politicians themselves of their own perception of this. For all the questions asked it is possible in this report to see the variances between the right-middle-left categories. In this way the differences in attitudes can be observed and thus

adjusted for the sleight overrepresentation of the left - but the most apparent observation is that on most questions there are only small differences between the right, middle and left with respect to health policy.

In an effort to simplify the interpretation of data and establish possible regional similarities and differences between the 13 countries, the data was also computed in a three-way division: northern Europe (Scandinavian respondents), central Europe (German, British, Irish, Dutch, and Belgian respondents) and southern Europe (Italian, Spanish, Portuguese, and French respondents). Surprisingly enough, the internal correlation of the countries within one of the three geographical regions is not always stronger than the corresponding correlation with a country outside the region. In other words, the hypothesis that you can meaningfully address health issues by using this division of respondents into three regions is questionable. A correlation analysis of questions 1, 7, 8, and 9 taken together furthermore reveals some interesting aspects. It emerges that the French respondents show the least correlation with the other respondents overall. They achieve their highest correlation, however, with Belgian respondents. The German respondents show a similar feature, although less prominent. Their highest correlation is with the Spanish respondents. The following shows the two countries with which each of the respective countries has the highest correlation:

Finland – Holland, Portugal
Norway – Denmark, Italy
Sweden – Finland, Holland
Denmark – Holland, Norway
Ireland – UK, Portugal
UK – Portugal, Ireland
Holland – Finland, Denmark
Belgium – UK, Portugal
Germany – Spain, Norway
France – Belgium, Germany
Spain – Italy, Germany
Italy – Norway, Holland
Portugal - UK, Finland

The report is divided into three separate sections: the present summary of results, the full report and the enclosures.

2.0 MAIN CONCLUSIONS

This survey shows that politicians in the national parliaments in 13 European nations give top priority to prevention of disease. They are almost unanimous in saying that the preventive effort must be put into practice in

schools so that children at the earliest possible time can start adopting healthy lifestyles.

Cardiovascular disease (CVD) is considered the biggest killer - which it actually is in all European countries. CVD is very clearly chosen as the cause of death with the best scope of prevention.

In these respects there is very little difference in attitude regardless of country or political affiliation. Nonetheless, it can be perceived from the comments politicians give, that prevention seems perpetually to fall behind in competition with treatment. This is because politicians feel the demand for curing the already ill much stronger than the pressure for a preventive approach. Also it seems that in many countries politicians labour with solving the immediate problems of the hospital sector, addressing issues such as waiting lists, a shortage of doctors and nurses, poor organization of the sector, etc., to the effect that their actions understandably become short term. Consequently, prevention tends to be postponed until "we can afford it", even though "prevention offers the best value for money" as is stated by several of the respondents.

The survey shows that there is a surprisingly high degree of agreement on the general principles of prevention and also – though to a slightly lesser degree – on the actual proposals and ideas on how to implement preventive efforts in Europe, among these:

* 84% agree that general practitioners, hospital doctors and other health professionals should to a greater degree intervene in their patient's lifestyle habits, such as smoking and obesity.
* 65% agree that a higher tax should be introduced on cigarettes and other tobacco products.
* 64% agree that a minimum age of 18, for example, should be imposed with respect to who is allowed to buy cigarettes and tobacco.
* 64% agree that the maximum tar content of tobacco should be reduced through legislation.
* 62% agree that there should be more legislation to extend smoke-free zones.
* 93% agree that there should be more emphasis on physical activity and participation in sports activities in schools.

* 90% agree that more information should be provided on the health-promoting aspect of physical activity.
* 81% agree that the possibility for walking and cycling and similar forms of physical activity should to a greater extent be incorporated in structural planning, housing and transport policies.
* 72% agree that the possibility of beneficial physical activity should be incorporated in the workplace.
* 95% agree that schools should emphasise the importance of eating fruit and vegetables.
* 90% agree that food labelling should also contain easily understood information about nutritional value.

European Politicians on Health and Heart Survey 1999-2000

Members of The European Parliament

1.0 METHODOLOGY

This survey was initiated by the **EHN – the European Heart Network**, which is the forum for cooperation between the national heart associations in Europe. The survey was conducted in cooperation between the Danish opinion survey institute, Scharling Research and the EHN. Scharling Research prepared the questionnaire, processed the data and drafted the report. The interviews with the Members of European Parliament were conducted by the Brussels based consultancy, Medipress Services. All interviews took place by telephone and were carried out by a medical doctor.

This survey took both a quantitative and, to some degree, a qualitative approach as the respondents were encouraged to comment and expand on their views, as well as motivate their yes-no-answers. The interviews were anonymous. The 28 MEP's surveyed were contacted because of their known interest in and knowledge of health matters, as evidenced for example by their membership of the European Parliament's Committee on the Environment, Public Health and Consumer Policy. Moreover, the survey aimed to achieve both a wide geographical and political spread, so as to interview MEP's from as many EU Member States as possible, representing all political groups. The 28 respondents represented the following countries:

Finland 3
Sweden 2
Ireland 2
England 2
Holland 4
Belgium 2
Germany 3
France 3

Spain 5
Italy 2

A separate report contains the results of a similar survey based on a sample of 10 members – and primarily health committee members – from each of the national parliaments in 13 countries in Europe, - all in 130 members. The results of the two separate surveys are almost identical.

2.0 MAIN CONCLUSIONS

This survey shows that the Members if the European Parliament give a preventive approach to diseases the top priority among a number of health policy objectives. They also underline that a preventive approach should have the schools as its starting point. The MEP's likewise emphasise the promotion of clinical and pharmaceutical research as a precondition of a good health system.

The MEP's consider CVD the disease with the best scope of prevention and they also assume that CVD is by far the most common cause of death in their respective countries – which it indeed is.

The respondents were asked which factors in their opinion increase the risk of developing cardiovascular disease. The factors they mention were first of all *smoking, wrong diet,* and *stress/hypertension* but also bad/sedentary lifestyle. They put considerably less weight on such factors as lack of education, unemployment and pollution of the environment and foods, and they did not consider genetic factors, alcohol and inadequate consumption of fruit and vegetables as directly critical.

The respondents favoured a broad preventive approach and allocation of more public resources to this end. But at the same time they found concentrating preventive measures on people who have an increased risk of developing heart disease a good principle. The same can be said of the idea of giving general practitioners and other health professionals more training in the preventive approach to, for example, cardiovascular disease.

The interviewed MEP's were generally in favour of strong measures against tobacco smoking. There was an especially high agreement on the implementation of an age limit with respect to who is allowed to buy cigarettes and tobacco. The MEP's were in favour of some strong measures aimed at young people particularly.

The possibility for walking and cycling and similar forms of physical activity should to a greater extent be incorporated in structural planning, housing and

transport policies according to the respondents, and there should be more emphasis placed on physical activity and participation in sports activities in schools. Similarly, more information should be provided on the health-promoting aspect of physical activity.

There was a unanimous agreement on the point that food labelling should contain easily understood information about nutritional value and almost as much consent on the idea that schools should emphasise the importance of eating fruit and vegetables.