

Planning for a Healthier Europe, 10th September 2009
Residence Palace, Brussels

Do plans match patterns?



Mike Rayner

Director

British Heart Foundation Health Promotion Research Group

University of Oxford

Cardiovascular disease prevention in Europe - the unfinished agenda

Heartbeat work package 5:
National plans, policies and measures impacting
on cardiovascular health promotion
and cardiovascular disease prevention



With thanks to: Report authors

Gill Cowburn & Prachi Bhatnagar

BHF Health Promotion Research Group,
Oxford

Susanne Logstrup

European Heat Network

With thanks to: data collectors

- Freddy van de Casseye/ Kristien Van den Wouwer - Belgian Heart League
- Mads Hyldgard - Danish Heart Foundation
- Marianne Sirel - Estonian Heart Association
- Anna-Liisa Rajala - Finnish Heart Association
- Céline dos Santos - French Federation of Cardiology
- Christine Dehn/Martine Thelen - German Heart Foundation
- George Andrikopoulos - Hellenic Heart Foundation
- András Nagy - Hungarian Heart Foundation
- Bylgja Valtýsdóttir - Icelandic Heart Association
- Maureen Mulvihill - Irish Heart Foundation
- Maria Luce Ranucci - Italian Heart Foundation
- Marina Trovo - Italian Foundation for the Fight against Thrombosis (ALT)
- Marijke Luif - Netherlands Heart Foundation
- Grete Crowo - Norwegian Association of Heart and Lung Patients
- Jan Slezak - Slovak Heart to Heart League
- Monika Kozjek/Beti Bobnar - Slovenian Heart Association
- Rebecca Salay - UK National Heart Forum
- Marleen Kestens – European Heart Network

Aim

- To provide an overview of existing heart health strategies across 16 countries in Europe

September 2007 - November 2008

Primary objectives

- To obtain comprehensive comparable information regarding policies, plans and measures impacting on cardiovascular health promotion and cardiovascular disease prevention
- To identify differences and gaps in policies and actions across Europe
- To determine the essential elements in a comprehensive national strategy on cardiovascular diseases

The EuroHeart project receives funding from the European Union in the framework of the Public Health programme

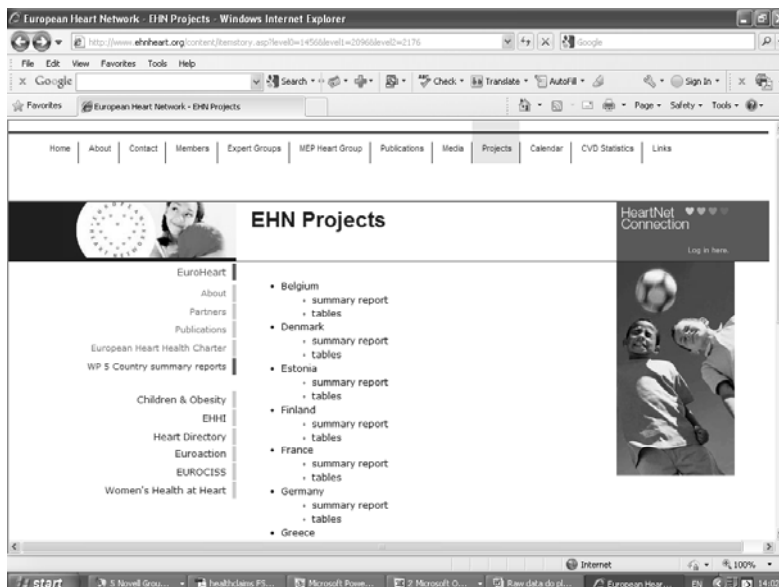
Roles

- The mapping project involved a collaborative process between the European Heart Network, associated national partners and the British Heart Foundation Health Promotion Research Group, University of Oxford
- The European Heart Network provided overall management and administration of the work package and collected data at EU level
- The associated national partners were tasked with collecting data within their countries
- The BHFHPRG was responsible for the development of data collection tools, the analyses of data and the production of the project report
- An Advisory Board was established and met on three occasions

Data collection

- Data collection method: structured questionnaires (with a set of explanatory notes), administered via e-mail
- Data collection at national level by national coordinators, individuals nominated within each participating country to collect data on behalf of the University of Oxford
- National coordinators briefed about data collection process to establish quality criteria for retrieval/recording of data and given advice and support via e-mail
- Meetings to discuss initial findings, further data collection needs and final results

Country summary reports



[http://www.ehnheart.org/
content/itemstory.asp?le
vel0=1456&level1=2096
&level2=2176](http://www.ehnheart.org/content/itemstory.asp?level0=1456&level1=2096&level2=2176)

Key findings 1

National organisations

- All countries could identify the government department with the main responsibility for cardiovascular health promotion and/or cardiovascular disease prevention
- Fewer countries could identify a specific organisation responsible for coordinating action around cardiovascular health promotion and/or cardiovascular disease prevention

Key findings 2

Existing & planned legislation

- Every country reported some type of legislation covering public health, tobacco control and food
- Most countries reported legislation around control of alcohol and the promotion of physical activity
- Legislation for other issues related to diseases and lifestyle risk factors associated with cardiovascular diseases were less common

Mapping of existing and planned legislation within all WP5 countries

Country	Public Health	Cardiovascular Disease	Obesity	Diabetes	Alcohol	Food	Physical Activity	Tobacco	Signatory FIC	Stress	Inequalities
Belgium French	●	●	✘	✘	●	●	●	●	●	●	●
Belgium Flemish	●	●	●	●	●	●	●	●	●	●	●
Belgium German	●	✘	✘	✘	●	●	●	●	●	●	✘
Denmark	●	●	●	●	●	●	✘	●	●	✘	●
Estonia	●	✘	✘	✘	●	●	●	●	●	✘	✘
Finland	●	✘	✘	✘	●	●	●	●	●	✘	✘
France	●	●	✘	✘	●	●	●	●	●	✘	✘
Germany	●	●	●	●	●	●	✘	●	●	✘	●
Greece	●	✘	✘	✘	✘	●	✘	●	●	✘	✘
Hungary	●	●	✘	●	●	●	●	●	●	✘	✘
Iceland	●	✘	✘	✘	●	●	●	●	●	✘	●
Ireland	●	✘	✘	✘	●	●	✘	●	●	✘	●
Italy	●	●	●	●	●	●	●	●	●	✘	●
Netherlands	●	✘	●	●	●	●	●	●	●	✘	✘
Norway	●	✘	●	✘	●	●	●	●	●	✘	●
Slovakia	●	●	●	●	●	●	●	●	●	●	●
Slovenia	●	●	■	○	●	●	●	●	●	✘	✘
UK England	●	✘	✘	✘	●	●	✘	●	●	✘	✘
UK Northern Ireland	●	✘	✘	✘	●	●	✘	●	●	✘	✘
UK Scotland	●	✘	✘	✘	●	●	✘	●	●	✘	✘
UK Wales	●	✘	✘	✘	●	●	✘	●	●	✘	✘

Key: ● = yes; ✘ = no; ○ = in preparation; ■ = don't know, no response

Key findings 3

Existing & planned national policies/strategies and plans

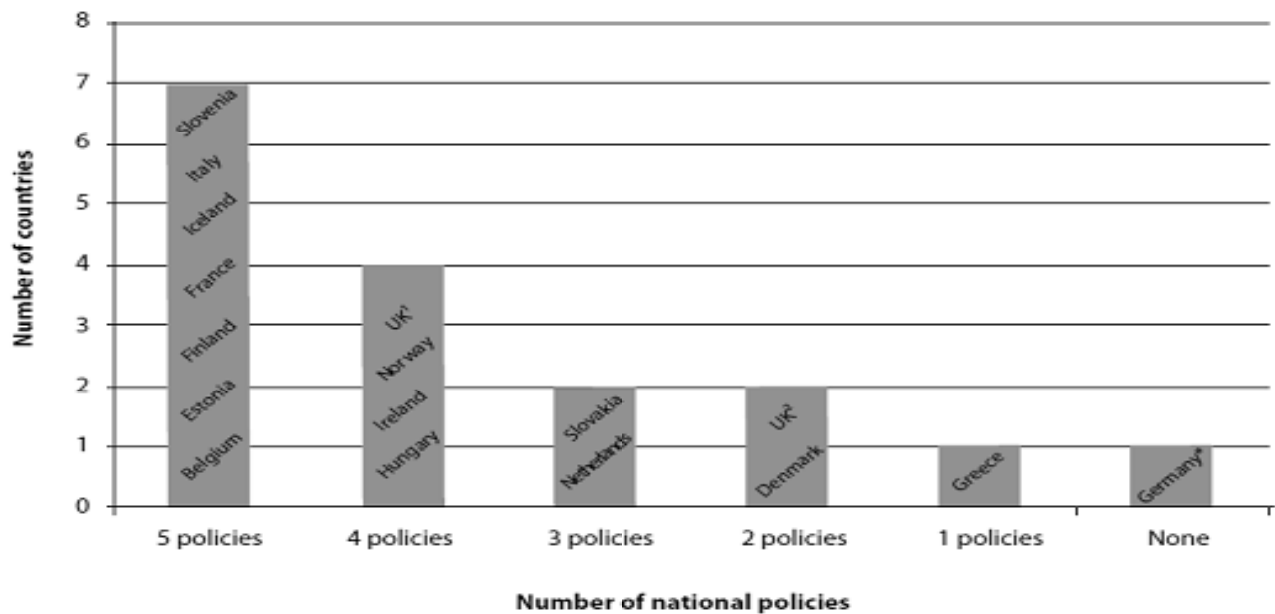
- The most commonly reported national policies were broadly consistent with the areas most frequently covered by legislation: public health, tobacco, coronary heart disease, food and physical activity
- Most countries reported national policies addressing health inequalities
- Several countries reported programmes or recommendations for programmes/policies that enable early diagnosis (identification of high risk population or screening)

Mapping of national policies, plans and strategies

Country	Public Health	Cardiovascular Disease	Coronary Heart Disease	Hypertension	Stroke	Hyperlipidaemia	Obesity	Diabetes	Alcohol	Food & nutrition	Physical Activity	Tobacco	Stress	Inequalities
Belgium French	●	●	●	●	●	●	●	●	●	●	●	■	●	
Belgium Flemish	●	●	●	●	●	●	●	●	●	●	●	■	●	
Belgium German	●	●	●	●	●	●	●	●	●	●	●	■	●	
Denmark	●	●	●	✗	✗	✗	●	●	✗	✗	✗	✗	✗	✗
Estonia	●	●	●	●	●	●	✗	✗	✗	●	●	●	✗	✗
Finland	●	●	●	●	●	●	●	●	●	●	●	✗	●	
France	●	●	●	●	●	●	●	●	●	●	●	✗	✗	
Germany	✗	✗	✗	✗	✗	○	○	●	●	●	●	✗	✗	
Greece	○	○	✗	✗	✗	✗	✗	✗	✗	✗	●	✗	✗	
Hungary	●	●	●	●	✗	✗	✗	✗	●	●	●	✗	●	
Iceland	●	●	●	●	●	●	●	●	●	●	●	■	●	
Ireland	●	●	●	●	○	✗	●	●	●	●	●	●	●	
Italy	●	●	●	●	●	●	●	●	●	●	●	✗	●	
Netherlands	●	●	●	✗	✗	●	○	●	●	●	●	✗	●	
Norway	●	✗	●	●	●	●	●	●	●	●	●	✗	●	
Slovakia	●	○	●	✗	○	✗	●	●	●	●	●	●	●	
Slovenia	●	●	●	●	●	✗	○	●	●	●	●	○	●	
UK England	●	✗	●	✗	●	✗	●	●	●	●	●	✗	●	
UK Northern Ireland	●	✗	●	✗	○	✗	●	✗	●	●	●	●	●	
UK Scotland	●	✗	●	●	●	●	✗	●	●	●	●	✗	●	
UK Wales	●	✗	●	●	●	●	●	●	●	●	●	○	●	

Key: ● = yes; ✗ = no; ○ = in preparation; ■ = don't know, no response

Countries reporting national policy in relation to cardiovascular health promotion and/or cardiovascular disease prevention, coronary heart disease, hypertension, stroke and hyperlipidaemia



Key findings 4

Existing & planned national programmes

- Programmes to address issues relating to tobacco, public health, physical activity, coronary heart disease and food were most frequently reported across countries, as also shown with, and perhaps linked to, legislative and policy action
- It was difficult to identify budgets allocated for policy/programme implementation, and in most instances, data available around funding was incomplete

Mapping of national programmes

Country	Public Health	Cardiovascular Disease	Coronary Heart Disease	Hypertension	Stroke	Hyperlipidaemia	Obesity	Diabetes	Alcohol	Food	Physical Activity	Tobacco	Stress	Inequalities
Belgium French	●	●	●	●	●	✘	●	●	●	●	●	●	●	●
Belgium Flemish	●	●	●	●	●	✘	●	●	●	●	●	●	●	●
Belgium German	●	●	●	●	●	✘	●	●	●	●	●	●	●	●
Denmark	✘	●	○	✘	✘	✘	○	✘	✘	✘	✘	■	✘	✘
Estonia	●	●	●	●	●	✘	✘	✘	●	●	●	✘	✘	✘
Finland	●	●	●	●	✘	●	✘	●	●	●	●	✘	●	●
France	●	●	●	●	●	●	●	●	●	●	●	✘	✘	✘
Germany	●	●	●	✘	✘	✘	●	●	●	✘	●	●	✘	✘
Greece	✘	✘	●	●	■	●	●	■	■	●	●	●	■	■
Hungary	✘	✘	●	●	■	■	■	■	●	■	●	■	■	■
Iceland	●	✘	●	●	✘	●	●	●	●	●	●	●	■	■
Ireland	●	●	●	✘	✘	✘	✘	●	●	●	●	✘	■	■
Italy	●	●	●	●	●	●	●	●	●	●	●	✘	●	●
Netherlands	●	●	✘	✘	✘	●	●	●	○	✘	✘	●	✘	✘
Norway	●	✘	✘	●	✘	✘	✘	●	✘	●	●	●	✘	✘
Slovakia	●	●	✘	✘	✘	✘	●	●	●	●	●	●	●	✘
Slovenia	●	●	●	●	●	●	●	●	●	●	●	■	■	■
UK England	●	✘	●	●	●	✘	●	●	●	●	●	●	●	●
UK Northern Ireland	●	✘	✘	✘	●	✘	●	●	✘	●	●	●	●	●
UK Scotland	●	●	●	●	●	●	●	●	●	●	●	●	●	●
UK Wales	●	●	●	●	●	●	✘	●	●	●	●	●	●	●

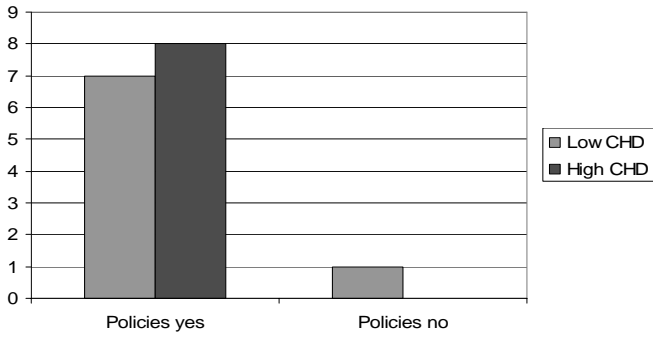
Key: ● = yes; ✘ = no; ○ = in preparation; ■ = don't know, no response

Key findings 5

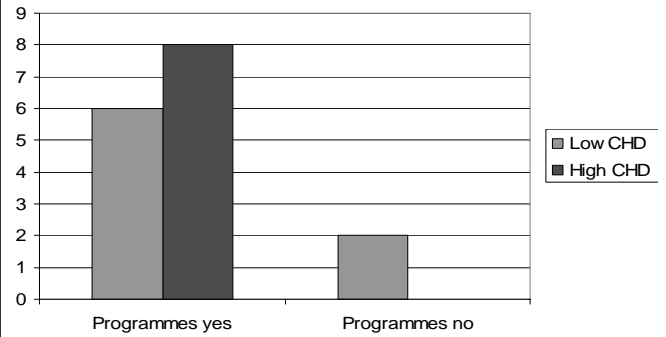
- Most countries reported national guidelines/standards addressing coronary heart disease and hypertension, the management of hyperlipidaemia, diabetes and stroke prevention and obesity
- Most countries reported some type of cardiovascular health and/or cardiovascular disease prevention targets. The links between such targets and monitoring, public reporting of measures of progress towards achievement of the targets and national evaluation were much less clear

So do plans match patterns?

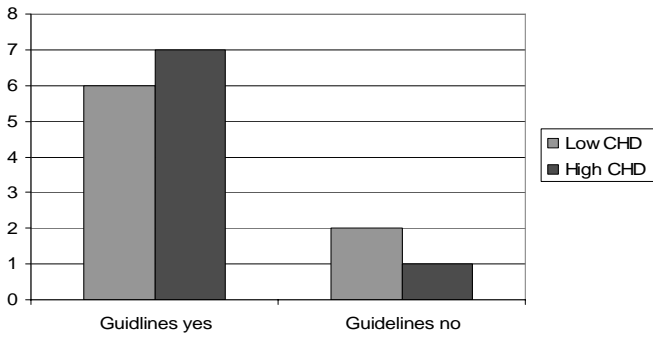
Is a country with a low CHD rate more likely to have a policy?



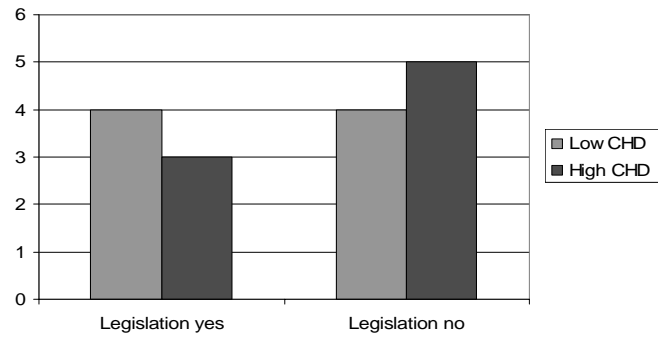
Is a country with a low CHD rate more likely to have a programme?



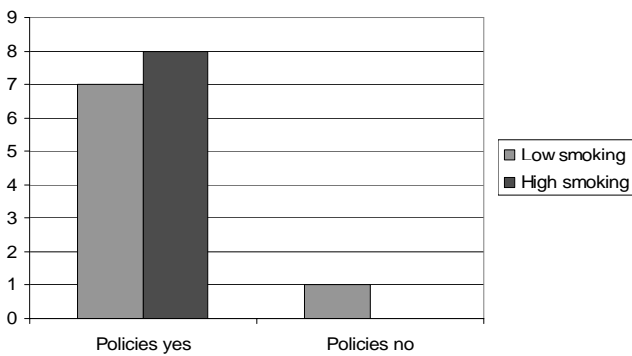
Is a country with a low CHD rate more likely to have guidelines?



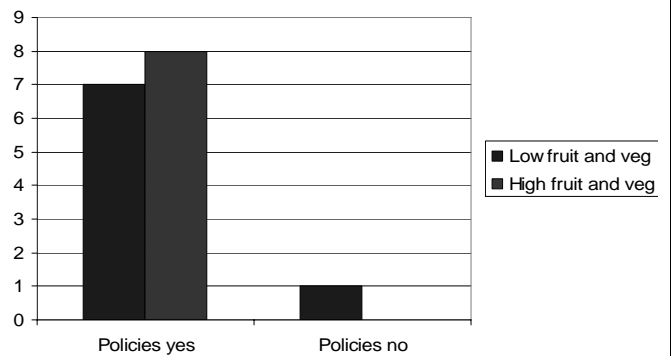
Is a country with a low CHD rate more likely to have legislation?



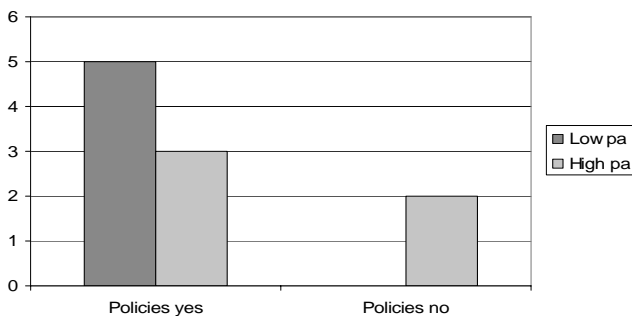
Is a country with low smoking rates more likely to have a policy?



Is a country with high fruit and veg consumption more likely to have a policy?



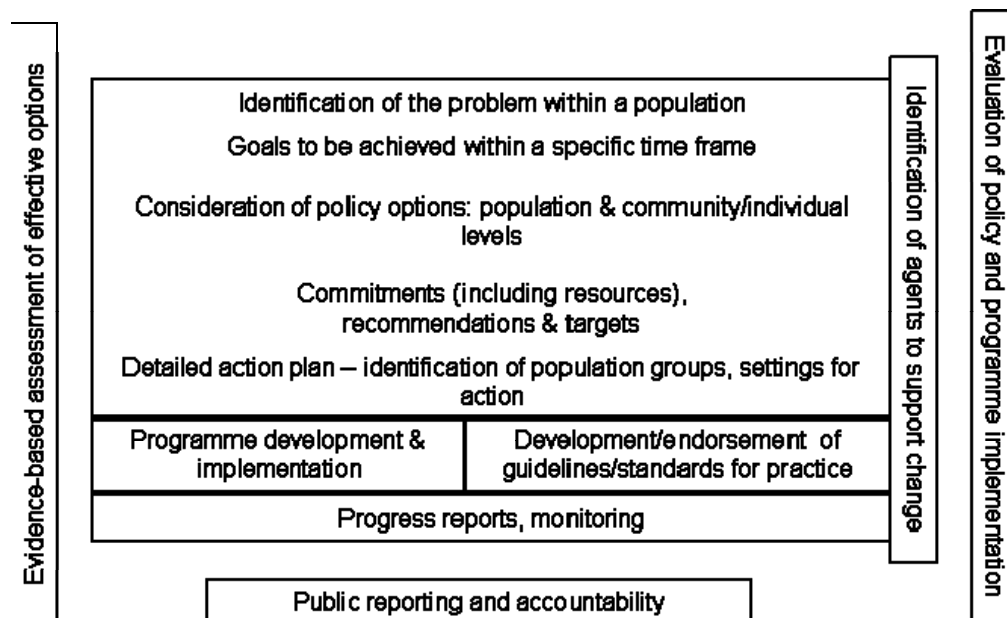
Is a country with high levels of physical activity more likely to have a policy?



So do plans match patterns?

- No clear relationship between the presence or absence of a national CHD/CVD policy, programme, guidelines or legislation and CHD rates
- No clear relationship between the presence or absence of policy on risk factors for CVD and risk factor levels
- It's the quality of implementation that matters.

Suggested model for essential elements in a comprehensive national strategy



Recommendations

- There is a need for cooperation and pan-European level data gathering to enable the assessment of the effectiveness of different cardiovascular health promotion and cardiovascular disease prevention actions or interventions.
- More efforts in and reporting of surveillance, monitoring and evaluation of existing and planned activities are required. It is also recommended to have built-in mechanisms to renew established strategies and guidelines.
- An in-depth comparison of well-developed cardiovascular policies, their resources, implementation and results in a selected number of countries is needed.
- A further recommendation is to review the policy literature, surveys for other relevant policies and perform a policy content analysis.