European Heart Health Initiative Executive Summary

1. Introduction

The European Heart Health Initiative (EHHI) is the result of discussions between the European Commission and the European Heart Network (EHN) as to how the Commission can most effectively enhance Europe-wide efforts to promote healthy hearts and prevent cardiovascular disease (CVD).

Established in 1992, the Brussels-based EHN, which now represents 30 organisations actively involved in the prevention of heart disease and stroke in 26 countries, including 13 of the EU Member States, replaced an earlier, more informal network of heart foundations and public health experts.

The mission of EHN is to play a leading role through networking, collaboration and advocacy in the prevention and reduction of CVD so that it will no longer be a major cause of premature death and disability throughout Europe.

To achieve its aim, EHN dedicates itself to influencing European policy makers in favour of a heart-healthy lifestyle, creating and nurturing ties between organisations concerned with CVD prevention, gathering and disseminating information relevant to CVD prevention, monitoring EU policy, and encouraging support for comprehensive CVD research.

CVD accounts for over 1.5 million deaths annually in the EU and 4 million deaths in Europe as a whole. CVD causes nearly half of all deaths in Europe (48%) and in the EU (41%). Yet much of the premature death and suffering it causes is preventable through lifestyle changes.

Expert discussions held under the auspices of the European Commission in 1996 and in 1997 considered a specific event such as a European Year of the Heart or a European Heart Week as a way to increase public awareness of CVD and influence lifestyle changes. However, the need for sustainable actions and more broadly-based policy recommendations on behalf of the European Commission finally led to the publication in February 1997 of the report The European Heart Health Initiative.2

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1 These figures stem from the recently launched European Cardiovascular Disease Statistics, compiled by the British Heart Foundation Health Promotion Research Group, Oxford (see also report section 5.2). These statistics define Europe as the WHO European Region, comprising 51 member states.
2 The European Heart Health Initiative, an expert report on European action in the field of CVD prevention, 28 February 1997; the experts were: Mr B. Lilliehöök (Swedish Heart Lung Foundation), Prof P. Puska (Finnish
This report recommended a three-phase initiative to achieve a true European CVD prevention programme. The EHHI project, now completed, has constituted the first phase of alliance building with a view to the easier exchange of information and prioritisation of needs in the prevention of heart disease and stroke. The second phase, special events under a common pan-European action theme has also been initiated in most EHHI countries, to focus the public’s attention on matters of heart health. EHHI’s third phase would see the continuation of national action, based on the priorities already defined during the first phase, as well as further concerted action where a wider European strategy would be of particular benefit.

Such action was deemed especially indispensable in the following five areas:

- **Education & training** – from health professionals responsible for advising patients, to children forming healthy nutrition and physical exercise habits to lower their long-term CVD risk, and including teachers, parents, and others providing healthy lifestyles;
- **Effective interventions** to persuade people to convert to healthier lifestyles;
- **Policies** that actively favour improved health, for example regarding food labelling, the Common Agricultural Policy, the manufacture, sale and marketing of tobacco products, the promotion of physical activity at schools;
- **Research** in health promotion and behavioural changes, for example concerning how most effectively to influence lifestyle changes; how to promote heart health in the Central and Eastern European accession candidate countries, where the risk of CVD is particularly high; and concerning the incidence of CVD and its contributing risk factors,
- **The monitoring** of risk factors by compiling reliable European-wide statistics on core risk factors such as cholesterol levels, blood pressure, body mass index and tobacco use.

The paper made a plea for the European Union (EU) to provide sufficient funding to support the structure, which again would ensure that the five key elements would be comprehensively addressed.

In 1998, the EHHI project was launched. It was partially funded by the European Commission from 1 April 1998 to 30 June 2000 and had two main objectives:

- To strengthen European cooperation in order to promote effective action and interventions to reduce the incidence of cardiovascular disease throughout Europe.
- To create awareness among policy makers, health professionals and thus also in the longer term the general public of the importance of fighting CVD and of ways and means which make prevention of this serious health scourge possible.

The agreement between the European Commission and the EHN expected the following formal results from the EHHI project:

- Raised awareness among policy makers, health professionals and ultimately the general public of the risk of CVD, effective interventions to reduce the risk, and their role in CVD prevention;
- Improved information exchange on research, education, policy and effective interventions to reduce CVD risk;
- Improved pan-European cooperation and action to reduce CVD across Europe;
- Results of a survey of MPs and MEPs;

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National Public Health Institute), Mr H. Schnocks (Bundeszentrale für Gesundheitliche Aufklärung, Germany), Ms I. Sharp (National Heart Forum, UK), Dr P. Stiggelbout (Netherlands Heart Foundation), Dr Y. Tountas (Hellenic Society for Health Promotion and Education), Prof D. Wood (EUROPEAN SOCIETY OF CARDIOLOGY Joint Task Force on Coronary Prevention).

During the project’s first phase it was agreed among EHHI participants that specific campaigns and projects would focus on children and young people.
An effective, dynamic and sustainable infrastructure (formal meetings, appointed national coordinators and a European Coordinator, distribution of a newsletter, dissemination of the most up-to-date information via e-mails) which coordinates national and international action to reduce the incidence of CVD across the EU;

An action plan for the year 2000, including a programme for a pan-European conference on 14 February 2000, and actions in each participating Member State.

2. The Burden of Cardiovascular Disease

European Cardiovascular Disease Statistics

Newly compiled European statistics on cardiovascular disease were released to coincide with the Winning Hearts conference organised by the EHHI on 14 February 2000. The statistical report European Cardiovascular Disease Statistics, brought together by Mike Rayner and Sophie Petersen from the British Heart Foundation Health Promotion Research Group in Oxford, confirmed that CVD remains the number one killer in Europe:

Even though remarkable results have been achieved in reducing the death toll over the last 25 years, worrying trends in the CVD risk factors require that Europe-wide CVD prevention efforts be stepped up. It should be noted that part of the significant fall in death rates from CVD has been due to improved treatment. Thus, although lives have been saved, many people survive with the effects of the disease and therefore with a considerably reduced quality of life. The following is a brief summary of conclusions on CVD.

Conclusions of European Cardiovascular Disease Statistics:

- Cardiovascular disease causes 4 million deaths each year in Europe and over 1.5 million deaths each year in the EU.
- CVD causes nearly half of all deaths in Europe (48%) and in the EU (41%).
- CVD is the main cause of death in women in all countries of Europe and is the main cause of death in men in all countries except France.
- CVD is the main cause of years of life lost in early death in Europe and the EU.
- Nearly 30% of years of life lost in Europe are due to CVD (over 30% in the EU).
- CVD mortality, incidence and case fatality are falling in most Northern, Southern and Western European countries but rising in Central and Eastern European countries.
- Each year smoking kills about 1.2 million people in Europe (430,000 from CVD) and about 500,000 people in the EU (130,000 from CVD).
- Smoking has been declining in many European countries but the rate of decline is now slowing.
- Women are now smoking nearly as much as men in many European countries and girls often smoke more than boys.
- Diets are generally improving in Northern and Western European countries but deteriorating in Southern, Central and Eastern European countries.
- Dietary patterns across Europe – once very different – are now converging.
- Levels of obesity are increasing across Europe.
- The prevalence of diabetes is increasing across Europe.

Providing the most recent European statistics related to the incidence, prevalence, causes and effects of cardiovascular disease, as an information tool especially for policy makers, health professionals, and researchers, the aim of European CVD Statistics is four-fold, i.e. to demonstrate:

- the extent to which CVD is the major health problem in Europe;
- where, in Europe, this problem is greatest;
- the variability in efforts to treat and prevent CVD across Europe as shown by differences in levels of treatment and in levels of risk factors for the disease;
- trends in CVD and its treatment, prevention and risk factors over time.

3. Creating or Strengthening of Alliances

A main objective of the EHII was to strengthen cooperation. To achieve improved Europe-wide cooperation, the EHII set out to establish alliances.

EHN, the EHII European coordinator, is an alliance of member organisations, with 14 of its member organisations directly involved with the EHII. The countries involved in the project are: Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, the Netherlands, Norway, Portugal, Spain, Sweden and the United Kingdom.

EHN also networks with further organisations in the promotion of public health. For several years EHN has been a member of the European Public Health Alliance (EPHA), which unites a variety of health organisations throughout Europe and works to ensure that health remains on the EU agenda. EHN also maintains a close working relationship with the European Network of Health Promotion Agencies (ENHPA).

Apart from organisations involved in the prevention of heart disease or in general public health issues, EHN is working very closely with the Association of European Cancer Leagues (ECL) and the International Union Against Cancer/Union Internationale Contre Le Cancer (UICC) on European tobacco issues. EHN maintains observer status in the European Network for Smoking Prevention (ESPN). In 1999, EHN became a member of the World Health Organisation (WHO) European region’s Committee for a Tobacco Free Europe (CTE). EHN also contributes towards creating a wider international heart network through its membership of the World Heart Federation (WHF) and has a reciprocal membership arrangement with the World Hypertension League (WHL).

In the framework of the EHII, EHN has increasingly met with other Brussels-based health organisations. The frequent meetings have led to enhanced coordination of health policy activities. Such activities include dissemination to the European policy makers of relevant information on the health impact of proposed European legislation or programmes. EHII has also increased the communication among the members of the health networks both at national and European level.

Through the EHII, all 14 countries involved in the project have now been able to take the first step in creating national alliances. Overall, 23 alliances with more than 450 members consisting of both organisations and individuals have been established. The national alliances have achieved a good sample of representatives such as cardiac societies and patient groups,

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5 This statistical publication defines Europe as the 51 member countries of the WHO European region.
heart and lung organisations, cancer organisations, diabetes organisations, asthma, allergy and respiratory organisations, universities, schools and school groups, medical professionals, Ministries of Health and of Education, environmental groups, nutritionists, dieticians, physical activity and sports organisations, consumer groups, the media and many others. The forms these alliances take are very diverse, as they reflect the historical situations of the national organisations and the currently perceived needs.

A national coalition existed in Belgium prior to the EHHI, but the project provided a base for the transformation of existing partnerships into a stronger national alliance with organised meetings and common objectives in CVD prevention.

In Denmark, the main achievement has been the sharing of information between the various partners and the increase in requests for partnerships for specific projects. Although projects that were proposed were not always connected directly to CVD prevention, the extended contacts with other groups provided an opportunity to widen the partners’ focus to include projects relevant to CVD.

Prior to the EHHI, Finland already had a network of alliances, but the project allowed the Finnish organisations to enhance and strengthen their alliances to achieve a stronger focus in their chosen areas of training and education, information, canteen catering, health enhancing physical activity, and the development and promotion of a heart symbol.

Before 1999, most of France’s prevention campaigns were carried out by the French Federation of Cardiology alone, but now a 21 member alliance has been created for the campaign ‘Emergency Cardiac Care’ and an alliance for tobacco prevention has also been formed. France now recognises that alliances achieve better results as a unit and therefore are more efficient than a single organisation.

In Germany, there was unwillingness to create alliances which was expressed in discussions about the risks of creating alliances. Most feared that the arrangement process would become longer and more difficult, therefore reducing the effectiveness of projects. Even so, a four-member professional alliance was created to deal with CVD risk factors such as smoking, increased blood lipid concentration, hypertension, overweight and lack of physical activity.

Prior to EHHI, Greece did not have collaboration between non-governmental organisations or the ministries. Though there were bureaucratic delays with scientific associations, the Hellenic Heart Foundation is now involved in many projects, and an agreement has been reached with the alliances regarding the priorities of a national plan for the prevention of CVD. Challenges include the participation of national representatives in meetings, since expenses are not covered, and the lack of participation of local authorities.

In December 1998, Ireland established its national alliance after discussions with major players in health promotion and public health (Department of Health, Health Boards, Health Promotion Schools and Hospital Networks and other voluntary and statutory bodies). Prior to the creation of the national alliance, the Irish Heart Foundation was a national voluntary organisation working alone to reduce heart disease.

Before the EHHI programme, in Italy there was an absence of any articulated coordination of the scientific societies, foundations and associations active in the field of CVD prevention. ALT (the Association for the Fight against Thrombosis) has tried to fill this gap by contacting all potential participants and by organising a forum for permanent consultation among the participants. On 14 October 1999 the first official national alliance meeting was held. Prior to that, a number of bilateral and multilateral meetings created an awareness regarding the need for coalition building in the field of CVD prevention in Italy.
In the Netherlands, numerous organisations involved in CVD prevention were closely linked by formal and informal bonds. Each organisation involved was focused on a defined issue and target group. In a sense, prevention can be organised and delivered at the lowest level, leaving a minimal opportunity for waste and misunderstanding. On the other hand, the organisations were aware of the need for coalitions and networks. Cooperation in flexible and project-oriented alliances has been the basis of many successes in CVD prevention projects though at times it was found that a diverse group of health organisations lacked a clear image, internal discipline and strategy.

In Norway, there have been many political initiatives to establish a national centre for health promotion and health education. These initiatives have been stopped either by the government or by the Parliament. Instead there has been an advisory council and a discussion forum consisting of governmental bodies and NGOs that are working with health education. A lack of formal and even informal contact between institutions that are working in the area of CVD prevention led to a situation where some organisations had developed very similar school programmes that were distributed to the schools in the same semester, which led to serious confusion for the schools. Alliance promoters found that 32 different governmental bodies and NGOs were involved in one way or another in the prevention of CVD. Twelve governmental bodies and NGOs became the core organisation, and four more were added to form a Norwegian alliance including 16 member organisations.

In Portugal, a national alliance existed prior to the EHHI project, but was not tightly focused. Since the EHHI, more concrete and goal-oriented projects and campaigns have been developed and implemented. The alliance was expanded through general Foundation campaigns and projects and by asking a variety of individuals and organisations to become involved. The Foundation also re-connected with the Community Intervention Groups (CIGs) and spoke with each member one-on-one to create new projects and get them more involved with existing ones.

The Spanish Heart Foundation (SHF), prior to the EHHI, already had agreements with different institutions related to CVD prevention, like the Spanish Society of Cardiology, the Ministry of Health, and others. The SHF also had signed agreements with some institutions in order to conduct joint projects. The number of national alliances has risen, been strengthened and has developed a wide national network which allows the alliance to concentrate the efforts of different institutions related to CVD prevention. In this manner, they will pursue prevention efforts in accordance with needs arising with respect to specific CVD risk factors (hypertension, tobacco, lipid disorders, etc.), conduct joint projects, and concern national and local governments and local institutions about CVD prevention.

In Sweden, prior to the EHHI there had never been an alliance for CVD prevention. There are, however, some alliances built up around risk factors and health determinants like the Swedish Network for Tobacco prevention and a professional organisation where occupational groups have concentrated on the physical activity theme. The Swedish Heart-Lung Foundation as well as other NGOs and governmental bodies have at times cooperated on specific projects on an ad hoc basis to promote heart health, but in September 1998, at the first meeting of the new national alliance, it was decided to promote CVD among youth, therefore expanding the alliance to include organisations linked to the health of children and youth. Thus, alliance members agreed to use the alliance as a forum for exchanging information concerning CVD prevention and also as a ‘market place’ for finding partners for projects initiated by individual members.

The National Heart Forum (NHF) in the United Kingdom is an alliance of 44 organisations working to reduce the risk of coronary heart disease (CHD) in the UK. Members represent the medical and health services, professional bodies, consumer groups and voluntary organisations. There are also a further 30 individual members who are experts in
cardiovascular research. Government departments have observer status. The NHF was first established in 1984; its purpose is to work with and through its members to reduce disability and death from coronary heart disease in the UK. Even after encountering problems such as a conflict of identity for the organisations involved, difficulty in meeting the time commitments required, and competing demands for members of organisations, the alliance membership has grown from 35 to 44 since the commencement of the EHHI project. The NHF alliance has also experienced a further expansion specifically linked with the EHHI’s theme of children and a life course approach to heart disease prevention.

As can be seen above, in some of the participating countries, the concept of working together in alliances was if not new then certainly an unexplored activity. Creating alliances was at times difficult due to a number of barriers such as time constraints, reticence about getting involved, conflicts of interest among members, a perceived threat to existing independent organisations, competition, a lack of unified focus and the difficulty of measuring outcomes.

In the overall evaluation, it must be concluded that the actual establishment of new alliances has been a tremendous achievement, which has demanded a rigorous approach. In countries where alliance working was either well established in a nation-wide CVD forum or existed as more or less formal cooperation, the EHHI project has given extra impetus to the alliances and has allowed the alliances to also focus on European issues.

One thing is clear though: for alliances to work it is crucial to have a smoothly-functioning structure. The structure created for the EHHI project involved a European coordinator as well as one national coordinator in each of the 14 participating countries. This is the optimal structure. A European coordinator is absolutely essential to provide information, guidelines, and assistance and to enhance networking by directing requests to the appropriate source. However, he/she cannot actually carry out the work at national level, especially since each country has its own characteristics. Therefore, dedicated and active national coordinators are needed to further disseminate information and implement plans.

For more information on the work carried out by the national alliances and its members, including publications and projects, please refer to the country reports provided by the national coordinators. For membership of the alliances please consult the enclosed directory.

4. Priority Areas

Most national alliances from all 14 countries identified
- nutrition;
- physical activity; and
- smoking

as their main priorities for intervention. Other countries included hypertension, the reduction of stroke, patient education, CPR training and combating inequality as their main priorities.
5. **Main Achievements of National Alliances**

Overall, the national alliances have enabled more joint projects to be designed and executed. They have led to more coordination, so that projects are more efficiently managed and duplication of efforts is reduced. Information sharing and shared resources also contribute to making projects more effective.

To address the three main priorities, each country and their respective alliances created programmes and campaigns. For a more detailed description of the programmes and campaigns, please refer to the full country reports. The following list is a sampling of projects listed by priority area (see section 4) and country.

**Nutrition**
- **Denmark:** Cookbooks and a slimming programme, ‘Children, Food and Meals’ campaign
- **Finland:** Heart Symbol Programme, two manuals for Canteen Catering, EU School Milk regime, reduction of salt campaign
- **Greece:** Reintroduction of Mediterranean diet to the young and the promotion of olive oil usage in restaurants
- **Ireland:** Child nutrition and heart health: position paper
- **Italy:** National Campaign on Nutrition
- **The Netherlands:** Tasty and Healthy action kits in workplace
- **Norway:** Children, fruit and vegetables campaign in 350 schools
- **Portugal:** Focus on obesity: Lose Weight Gain Heart Campaign, Healthy Cooking for Refectories, Supermarket Visiting Programme, Nutrition Info Line, Escolha Saudavel (Healthy Choice), food symbol programme
- **Spain:** Healthy Breakfast Programme
- **UK:** Eating for Life Campaign

**Physical Activity**
- **WHD:** The first World Heart Day was marked world-wide on 24 September 2000 with special events focused on physical activity and extensive media coverage designed to raise awareness of heart disease and how to prevent it.
- **Denmark:** Project between DHF and National Board on Health to develop a report on the population’s habits and attitudes towards physical activity
- **Finland:** Health Enhancing Physical Activity
- **Ireland:**
  Position paper on Physical Activity, Sli na Slainte
- **The Netherlands:**
  Start Moving Action Kit
- **Norway:**
  Association for physical activity in schools during school hours and after school
- **Portugal:**
  Coracao em Marcha (A Walking Heart)
- **Spain:**
  Move Your Heart TV Campaign
- **Sweden:**
  Start Moving Campaign
- **UK:**
  Walking the Way to Health, Get a Life Get Active, Ride for Health

**Smoking**

- **Denmark:**
  Stop Project with a five-year strategy with the National Board on Smoking and Health, Danish Cancer Foundation, and Danish Lung Association
- **France:**
  ‘Smoking – No Thanks’ project
- **Greece:**
  Ministry of Health legislation on smoking, anti-smoking campaign
- **Ireland:**
  Development of Consensus position on smoking
- **Italy:**
  Campaign Against Smoking
- **Norway:**
  ‘Don’t Smoke’ Initiative, ‘Smoke Free Schools’ with Norwegian Council on Tobacco and Health
- **Spain:**
  Seminars and talks given through other Spanish Heart Foundation (SHF) campaigns
- **Sweden:**
  Stop Smoking Phone Counselling, Stop Smoking Campaign for In-Patients

### 6. Pan-European Action Theme

This theme is common to a wide range of CVD prevention projects to be launched by the national alliances or members of the national alliances, within their national action plans as drawn up during the first phase of EHHI. Within the framework of the national alliance meetings, discussions were held in respect of three suggestions made earlier by the EHHI management committee:

- Children/young people;
- Inequalities;
- Morbidity/the ageing population.
Among the national alliances a clear majority emerged for the theme of children and young people to become the specific focus of further projects across Europe, while taking into account aspects of lifestyle, public health policy, research, and education and training. As a persuasive symbol for a heart-healthy life, children may also be used to influence their parents and teachers as they are taught healthy habits.

The theme was thus officially announced by the EHHI chairman at the Winning Hearts conference on 14 February 2000, and constituted the vision as incorporated in the Declaration that was passed on the occasion of the conference by the EHN and its members and that was also supported by the European Society of Cardiology (ESC):

Every child born in the new millennium has the right to live until the age of at least 65 without suffering from avoidable cardiovascular disease.

The theme’s importance is borne out by the large number of projects already undertaken by the EHHI participants that focus on children, adolescents and young people.

A review carried out on the basis of the first five EHHI Newsletters showed that during the first phase of EHHI, 22 projects conducted by EHHI participants had children as their specific target group. Two projects concerned smoking habits, eight particularly tackled nutrition and five sought to encourage sufficient physical activity. Seven dealt with more broadly-based matters, such as health education.

The pan-European theme underlines the fact that CVD is largely preventable and that people at all levels hold the health of future generations in their hands: policy makers at European, national and regional levels, parents and teachers. This was further highlighted in the Winning Hearts Declaration.

To allow each national alliance to develop its own suitable and appropriate campaigns on CVD prevention, the theme embraces one or more of the following:

- Lifestyle;
- Heart/health policy;
- Research, education and training.

Since the adoption of the pan-European theme, some countries have created new projects and campaigns targeted at children and young people. Below is a sample list of such projects. For more detailed information regarding the following projects, please refer to the full country reports.

- **Denmark:**
  Children Food and Meals
- **Finland:**
  Milk in schools
- **France:**
  ‘Smoking – No Thanks’ youth project
- **Greece:**
  School programmes in association with Hellenic Ministry of Education

Every child born in the new millennium has the right to live until the age of at least 65 without suffering from avoidable cardiovascular disease.
### Ireland:
Directory of health promotion activities directed towards children and young people

### Italy:
Dillo con Otto Uffo e Mezzo, Smoking campaign

### The Netherlands:
Junior Heart Day

### Norway:
George the Giraffe Tobacco Project, Fruit and Vegetables in Schools, School Programme

### Portugal:
Stress book for kids, school slide project, TicTac TV Campaign

### Spain:
School Campaigns

### Sweden:
Pelle Pump (adopted from the British Heart Foundation’s Active Beat), study

### UK:
Young at Heart Alliance Project, Free meals for children in schools

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#### 7. Achievements of EHII

Beyond fostering national alliances, the EHII project has also encompassed a number of awareness raising and information sharing activities. While the national coordinators in the project were able to learn from each other and share through newsletters and meetings, all EHN members were made aware of the latest developments and ideas at the EHN Annual Workshops.

**Meetings**

The implementation of the two key objectives of the EHII project – cooperation and awareness-raising – necessitated a series of meetings, both at national and at European level, of:

- EHN member organisations participating in EHII and their partners in the national alliances;
- The national EHII coordinators appointed by the participating EHN members, and EHN, including its European coordinator, its director and the chairman of the EHII management committee;
- The EHII management committee, the project’s supervisory body with members from different EU Member States with extensive experience in the prevention of cardiovascular diseases, alliance building, organisation of health information campaigns, public health policy, cardiology and management.  

The national alliances had three meetings in which to create a framework for their cooperation, develop suggestions for a pan-European action theme as the common umbrella for projects throughout the countries participating in EHII, and decide on national action.

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6 Represented in the EHII I management committee are: the Danish Heart Foundation, the French Federation of Cardiology, the Irish Heart Foundation, the Spanish Heart Foundation, the Swedish Heart Lung Foundation, the National Heart Forum (UK), the British Heart Foundation and the European Society of Cardiology.
plans based on this theme. National alliance building followed divergent patterns, however, in the participating countries. Now, at the end of EHHI, three approaches may be distinguished:

- Alliance building, as outlined in the EHHI project;
- Alliance building by risk factor, with cooperative alliances and expert groups formed with a specific focus on nutrition, tobacco and physical activity;
- Alliance building in accordance with the needs of specific prevention projects to be undertaken.

Two meetings of the national EHHI coordinators in Brussels, on 7-8 October 1998 and 19-20 May 1999 respectively, served to review progress made on the national alliances, to discuss national projects of common interest and the national coordinators’ involvement required for EHHI’s two large-scale awareness-raising projects: the CVD conference of 14 February 2000 and the survey on CVD issues among European and national members of parliament.


The EHHI management committee has guided and overseen the launch and implementation of the project and instructed the European coordinator, as well as the national EHHI coordinators. The management committee agreed on the selection and appointment of the conference organiser and the parliamentary survey agency. It planned the Winning Hearts conference programme and chose the speakers for this high-profile event. Based on the suggestions emanating from the national alliances, it approved the pan-European action theme.

**EHHI Newsletter**

While taking a very simple format, the EHHI Newsletter was nevertheless a vital tool for informing the national coordinators, who in turn were in a position to disseminate information on project and policy initiatives to their alliance partners rapidly. Newsletter items may be incorporated in their own journals – the National Heart Forum for example follows this practice with its section ‘Focus on Europe’ in its publication Heart Forum – or translated into the national language and distributed – an effort undertaken by the Finnish Heart Association and by the Norwegian Council on CVD. The Finnish Heart Association moreover incorporates an EHHI column in its journal Sydän.

Copies of the EHHI Newsletter are moreover sent to all EHN member organisations throughout Europe, whether they participate in EHHI or not.

The newsletter has also been made available to the EuroHealth website, for inclusion in its section ‘Media Watch’, and in this way has become accessible to other health organisations and the general public.

Through the EHHI Newsletter the national heart foundations and their alliance partners now have, for the first time, an efficient vehicle that brings them up to date on important CVD prevention campaigns and policy initiatives in other European countries. The newsletters provide for the identification of matters of common concern and act as a tool for bringing organisations together to pursue their common goals.

The six EHHI Newsletters have covered a broad spectrum of activities and information. EHN focused on the progress made with the EHHI work programme, while the national

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7 This exchange of information also found a regular vehicle in the EHHI Newsletter, issued six times during the EHHI I project, and analysed in more detail in section 4.3.
coordinators contributed updates on national alliance developments and meetings held, on prevention campaigns, special projects and initiatives covering CVD risk factors, and on national policy developments with an impact on CVD and its prevention.

The EHHI Newsletter has been much appreciated by the participating organisations. At this time the newsletter would benefit from a more targeted approach including policy analysis, as well as a more professional lay-out and presentation, which becomes even more important where external distribution is envisaged.

**Awareness-raising activities targeted at policy makers**

There were three specifically-targeted awareness raising interventions on behalf of the EHHI:

- *Winning Hearts* conference on 14 February 2000;
- Opinion survey among members of the national parliaments in the countries participating in the EHHI;
- CVD screening of Members of European Parliament.

**Winning Hearts Conference**

EHN chose the first Saint Valentine’s Day of the new millennium for a conference on reducing the incidence of early death and disability due to cardiovascular disease, particularly coronary heart disease and stroke. The *Winning Hearts* conference made an appeal for a healthier Europe and was specifically aimed at policy makers and health professionals. Over 200 participants from 31 countries attended.

Attendees came from different fields, and included academics, health care providers, government officials (at European, national and regional level), and representatives from NGOs and industry. Keynote speeches were delivered by the Portuguese Presidency and the European Commission’s Director General in charge of health. It is believed that this conference was unique in bringing together a large number of individuals from a broad spectrum of different sectors with a remarkable geographic spread.

The conference emphasised that promoting heart health, and health in general, is to a very large extent the responsibility of policy makers, not least of EU policy makers. It stressed that CVD is largely a preventable disease and that the very heavy burden both in terms of human suffering and economic cost can be alleviated if our European policy makers understand and assume their obligations to provide a society which is conducive to heart health.

To stress the importance of the policy makers’ responsibility to provide a health-promoting environment, a declaration was published with a vision formulated by the EHN and its members and supported by the ESC.

The press conference held at the occasion of *Winning Hearts* drew a large attendance from national and international media and also from sectors not normally reached by the EHN. It moreover led to various interviews with EHN and ESC representatives, as well as with speakers. Especially worth mentioning is the BBC’s coverage of the issue of CVD prevention and of *Winning Hearts*. A video of the *Winning Hearts* conference was disseminated to a wide audience including all members of the European Parliament and all European Commissioners.

It is hoped among EHN, ESC and their members that in the longer term *Winning Hearts* has truly brought across the message that CVD prevention is a European responsibility, stimulating a debate at both European and national/regional level that will lead to further policy initiatives and increased funding in support of CVD prevention efforts.
Survey of Parliamentarians

Within the framework of the EHHI project and to determine the extent to which politicians in Europe are aware of the major causes of deaths in their countries, prior to the conference parliamentarians in 13 European countries and Members of the European Parliament were surveyed to identify their health policy priorities and probe their attitude towards adopting policies broadly recommended as useful tools for preventing CVD. This qualitative survey particularly addressed MPs and MEPs with a known interest in public health issues.

Most of the parliamentarians correctly identified CVD as the most important cause of death in their respective country and agreed that heart disease is the disease with the best scope for prevention. Given a choice of ten health policies, the top priority was the promotion of health and the prevention of disease (the choices included promoting greater efficiency in the hospital sector, reducing waiting lists, reducing shortages of doctors and nurses).

Moreover, the parliamentarians questioned were almost unanimous in saying that prevention efforts must be put into practice in schools so that children can adopt healthy lifestyles at the earliest possible time. Over half of the parliamentarians surveyed were in favour of legislative measures to reduce smoking and to improve diets.

The results of the survey carried out among Members of the European Parliament were practically identical to those of the national parliamentarians survey.

CVD was considered the biggest killer and also the disease with the best scope for prevention. Nonetheless, it was clear from the additional comments offered by the respondents from the national parliaments that prevention perpetually falls behind in competition with treatment.

Similar to Winning Hearts, the message of the survey was that policy makers have a role to play in CVD prevention. They should, therefore, know the relevant facts while realising the importance of regulatory measures that help prevent heart disease, because prevention is not just a matter of personal and individual responsibility.

It may be concluded from the survey that the EU can offer real added value, by giving support to the Member States for the purpose of increasing cooperation among health promoting organisations, such as heart foundations, to improve intervention campaigns and to evaluate them.

Special CVD screening in European Parliament

As a launching pad for the EHHI, EHN and ESC addressed the health of the MEPs directly by inviting them to have a CVD screening in the European Parliament’s premises between 26 and 29 October 1998, Heart Health Week.

This European picture of cardiovascular risk amongst MEPs reflects that of their constituents and emphasises the considerable potential in Europe to reduce the risk of developing heart disease and stroke. EHN and ESC called on the MEPs to see this important European picture of cardiovascular risk in relation to that of the people they represent and to take action to put in place European policies and programmes which will effectively reduce tobacco consumption, encourage healthy diets and greater physical activity.

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8 The survey was conducted in: Belgium, Denmark, Finland, France, Germany, Ireland, Italy, the Netherlands, Norway, Portugal, Spain, Sweden and the UK.
Awareness-raising activities targeted at health professionals and the general public

Through cooperation with ESC, which was enhanced significantly in the course of the EHII, health professionals, especially cardiologists and epidemiologists, were involved more actively in prevention of heart disease and stroke. On the one hand, the health professionals received the report of the 1998 cardiovascular screening of the MEPs as well as the video of the Winning Hearts conference and were therefore made aware of their roles as proponents for healthy policies. On the other hand, the health care providers were given concrete help to prevent coronary heart disease through the recommendations agreed by six international organisations: the ESC, the European Atherosclerosis Society, the European Society of Hypertension, the International Society of Behavioural Medicine, the European Society of General Practice/Family Medicine and the EHN. These recommendations were published in the European Heart Journal in October 1998 and since their publication concerted efforts have been made to implement the recommendations in clinical practice throughout Europe. A special implementation group including the above organisations as well as the European Association for the Study of Diabetes was established to ensure that the recommendations would be made known to as many doctors as possible in their own languages and taking into account country variants.

The general public was reached though activities carried out by the alliances or alliance members, not least the organisations acting as national coordinators, and in certain cases special programmes were developed to reach the group targeted by the pan-European theme: children and young people. Furthermore, future activities have been devised to reach this target group, so the alliances and their members can be said to contribute to the vision that every child born in the new millennium has the right to live until the age of at least 65 without suffering from avoidable cardiovascular disease.

8. Conclusions and Recommendations

The conclusions which have been drawn are set out below and related to performance indicators.

Performance indicators

The project stated six performance indicators according to which it should be evaluated. These are listed below and under each of the indicators an evaluation is given of the extent to which the criterion has been met.

- **Number of national alliances at the end of the project**
  
  In all the participating countries national alliances have been established. In seven countries one or more alliances have been created in the course of the EHII, whereas the other seven countries there were existing alliances or patterns of cooperation which have been strengthened or formalised. In the overall evaluation it must be concluded that the goal of creating and strengthening alliances has been achieved.

- **Number and type of organisations involved in national alliances**
  
  Overall, 23 alliances with more than 450 members consisting of both organisations and individuals have been established. The national alliances have achieved a good sampling of representatives such as cardiac societies and patient groups, heart and lung...
organisations, cancer organisations, diabetes organisations, asthma, allergy and respiratory organisations, universities, schools and school groups, medical professionals, Ministry of Health, Ministry of Education, environmental groups, nutritionists, dieticians, physical activity and sports organisations, consumer groups, the media and many others.

- **Number of areas identified for pan-European action**
  The national alliances have identified eight areas including nutrition, physical activity, and smoking as their main priorities for intervention. Other areas identified included hypertension, the reduction of stroke, patient education, CPR training and combating inequality.

- **Number of action plans**
  Nine of the countries involved in the EHHI have provided an action plan using children and young people as the focus. Some of the plans are detailed while others are just an outline, but nonetheless this shows a commitment to continuing the work of the EHHI project well into 2001. An action plan for Europe is set out in the project application for EHHI II.

- **Programme for high profile European conference on 14 February 2000**
  The EHHI project went beyond developing a programme. It actually organised and held the Winning Hearts conference.

- **Results of survey of parliamentarians in national and European parliaments**
  The conclusions of the survey of the national and European parliamentarians provide an excellent base line for evaluating their knowledge about health determinants and, in particular, CVD risk factors.

  In order to obtain an overview of attitudes towards health and prevention of disease among the national politicians, it was decided to concentrate the survey on politicians who were members of health committees in the parliaments of European countries. Narrowing the scope in this way allowed the inclusion of some qualitative and open-ended questions alongside the closed ones that are best suited for quantitative data processing. The survey took both a quantitative and qualitative approach as the respondents were encouraged to comment and expand their views. The interviews were anonymous.

  It would be interesting to carry out the same survey among ‘non-informed’ politicians, i.e. politicians working in other policy areas, such as agriculture, industry, and education.

  The final conclusion is that the EHHI project has deployed maximum efforts to raise awareness among policy makers and health professionals of the burden of CVD, the possibilities for prevention and their respective roles in promoting heart health among the European populations. The general public has been reached through country-specific activities. In addition, the efforts went well beyond the EU, involving many organisations and individuals from Central and Eastern European countries.

  The alliances were instrumental in supporting the pan-European activities and the EHHI structure has clearly given an impetus to national alliances and also to improved cooperation among Europe-wide organisations involved in health promotion or disease prevention. There is clearly a need for continued financial support for the EHHI structure. Continued support will allow the national coordinators to further cement the national alliances that will enable these to be self-financing at a later stage. Information exchanging was enhanced but there is still scope for improvement.

  Dissemination of information about the various activities and reports has been wide reaching.
Recommendations

With a view to reducing the incidence of cardiovascular disease in Europe and based on the findings of the EHHI project, the European Commission should:

Support a network structure and international meetings with the objective of:
- improving information and knowledge;
- disseminating information and new knowledge to alliance partners, policy makers, health professionals and the public through newsletters, electronic media and others;
- developing broad health promotion activities and prevention actions;
- supporting targeted prevention programmes or courses with an objective to ensure cross-sector and high-level support for health promotion strategies;

Support the development of guidelines in various areas and the wide dissemination of them through workshops, among other methods;

Support the implementation of Europe-wide activities which will enable the public or specific population groups to adopt healthy lifestyles
- (for example offer school children fresh fruit without cost; ensure optimum physical activity for school children; educate and motivate restaurants (on motorways) to offer healthy food choices – low in saturated fat and salt);

Support Europe-wide surveys to monitor policy makers’ attitudes as well as citizens’ lifestyles.

Policy Recommendations

Barriers to the prevention of CVD include a non-supporting political and social environment; therefore, all national coordinators were asked to describe policy recommendations adopted by the alliances. Recommendations made included nutrition, physical activity, tobacco, CPR and defibrillators, and better education for health professionals. Whereas several of these recommendations apply exclusively to national policy makers, many should or can only be implemented at European level. The recommendations can be found in the country reports.

The UK national association drew up an especially comprehensive list of recommendations; it can be found in the UK Country Report.

EHN, itself, has published a range of papers with policy recommendations, also indicating which level is most appropriate for effective action.