THE EUROPEAN HEART HEALTH INITIATIVE

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FINAL REPORT

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Executive summary

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

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:

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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 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).

3 During the project’s first phase it was agreed among EHHI participants that specific campaigns and projects would focus on children and young people.
- **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;
- 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.

### 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 EHII on 14 February 2000. The statistical
report *European Cardiovascular Disease Statistics*\(^4\), 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\(^5\) 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.

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\(^4\) © British Heart Foundation, February 2000; ISBN 1 899088 50 4

\(^5\) This statistical publication defines Europe as the 51 member countries of the WHO European region.
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.

### 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, 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 EHII, 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 EHII, 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 EHII, 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 EHII 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.

**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.
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

**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

- **Ireland:**
  Directory of health promotion activities directed towards children and young people
- **Italy:**  
  Dillo con Otto Uffa 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

**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.6

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 plans based on this theme. National alliance building followed divergent patterns, however, in the participating countries. Now, at the end of EHII, three approaches may be distinguished:

- Alliance building, as outlined in the EHII project;

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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.
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 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.

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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.
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 EHHI, 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.

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 EHHI, 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.
1. Introduction

This report is the final technical report submitted by the European Heart Network (EHN) to the European Commission in the framework of the first phase of the European Heart Health Initiative (EHHI), which received financial support from the European Union (EU) from 1 April 1998 until 30 June 2000. It summarises the work undertaken, both at European and at national coordination level, to meet the agreed objectives of the project. These have been:

- To strengthen European cooperation to promote effective action and interventions to reduce the incidence of CVD 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, of effective interventions to reduce the risk, and of 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;
- An effective, dynamic and sustainable infrastructure 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.

This report will thus consider the extent to which each of these results has been achieved.

It will give a description of the alliances created in each country by the participating EHN member organisations, which are most commonly the national heart foundations, and other

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9 ‘CVD’ should be read as ‘cardiovascular disease, in particular heart disease and stroke’. This report uses ‘CVD’ and ‘heart disease’ interchangeably.

10 EHHI participating organisations are:
the Belgian Heart League,
the Danish Heart Foundation,
the Finnish Heart Association,
the French Federation of Cardiology,
the German Heart Foundation,
the Hellenic Heart Foundation,
the Irish Heart Foundation,
the Italian Association against Thrombosis,
the Netherlands Heart Foundation,
the Norwegian Council on Cardiovascular Diseases,
the Portuguese Heart Foundation,
the Spanish Heart Foundation,
the Swedish Heart Lung Foundation,
the National Heart Forum (UK).
Representatives from the Austrian Heart Foundation and the Luxembourg Health Departments, not EHN members, have observer status.
organisations, institutes, advisory or professional bodies that are concerned with the need to counter, by means of appropriate prevention efforts, the very significant incidence of cardiovascular disease (CVD), particularly coronary heart disease and stroke. Moreover, this final report makes recommendations as to the focus to be given to projects and policy measures in order better to combat heart disease.

This analysis was conducted against the performance indicators adopted for evaluation purposes, as listed in the agreement between the European Commission and the EHN:

- Number of national alliances at the end of the project;
- Number and type of organisations involved in national alliances;
- Number of areas identified for pan-European action;
- Number of action plans for the year 2000 in participating countries;
- Programme for a high-profile European conference on 14 February 2000 for health professionals, public health experts and policy makers;
- Results of a survey of parliamentarians in national and European parliaments.

This final report follows on from three interim technical reports, dated 1 December 1998, 1 April 1999 and 13 October 1999 respectively, which kept the European Commission abreast of on-going work in the implementation of EHHI and of the preparation for key awareness events such as the Winning Hearts conference of 14 February 2000 and the opinion survey among members of the national parliaments and the European Parliament.

Annexed to this final report are all appropriate supporting documents, as listed at the end of each section.

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2. Background to the European Heart Health Initiative

EHHHI addresses the need to give greater prominence in EU and national policy making to cardiovascular disease prevention – a disease which kills over 1.5 million people annually in the EU and 4 million 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.

The EHN, now representing 30 organisations actively involved in the prevention of heart disease and stroke in 26 countries – including 13 EU Member States – was established in 1992, replacing an earlier, more informal network of heart foundations and public health experts. This informal network examined public policies which influenced CVD and realised very early on that it was important to focus on the EU and to provide information to the EU decision makers to enable them to consider the impact of EU policies on heart health. Their work received even more impetus when, upon ratification of the Maastricht Treaty in 1993, the EU received a mandate for public health. Consequently, in its pursuit of heart health for all, EHN has adopted the following mission statement:

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11 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.
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;
- Encouraging support for comprehensive CVD research.

In this remit, EHN emphasises that a reduction in the incidence of CVD will come about through a healthy lifestyle supported by European policies, and urges that the incidence of heart disease and stroke should be considered and reflected in EU policy making to a much greater extent wherever appropriate.

EHN has also advocated giving CVD prevention actions a much higher priority than allowed by the European Commission’s 1993 Public Health Framework Programme.\(^\text{12}\)

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. 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*.\(^\text{13}\)

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. In the subsequent second phase, special events under a common pan-European action theme\(^\text{14}\) would be carried out throughout the participating 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.


\(^{13}\) *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 National Public Health Institute), Mr H. Schnocks (Bundeszentrale für Gesundheitliche Aufklärung, Germany), Mrs I. Sharp (National Heart Forum, UK), Dr P. Stiggelbout (Netherlands Heart Foundation), Dr Y. Tountas (Hellenic Society for Health Promotion and Education), and Prof D. Wood (European Society of Cardiology Joint Task Force on Coronary Prevention).

\(^{14}\) During the project’s first phase it was agreed among EHHI participants that specific campaigns and projects would focus on *children and young people*. 

The mission of the European Heart Network is to play a leading role through networking, collaboration and advocacy in the prevention and reduction of cardiovascular disease (CVD) so that it will no longer be a major cause of premature death and disability throughout Europe.
Such action was deemed especially indispensable in the following five areas:

- **Education & training** – from health professionals who have great authority and potential for advising their patients on prevention issues, to children who need to be helped to form the habits of healthy nutrition and physical exercise that will lower their long term risk factors for CVD, not to mention teachers, parents, and all those who have an important role to play in providing healthy lifestyles;
- Effective **interventions** to persuade people to convert to a healthier lifestyle;
- **Policies** which would actively favour improved health, for example with respect to food labelling, the Common Agricultural Policy where this may influence food choices, the manufacture, sale and marketing of tobacco products, and the promotion of physical activity at schools, to mention but a few;
- **Research** in health promotion and behavioural changes, for example into how most effectively to persuade members of the public to alter their lifestyles, into the improvement of heart health promotion in the Central and Eastern European candidate accession countries, whose populations are now at a particularly high risk, into the incidence of CVD and its contributing risk factors;
- The **monitoring** of risk factors through the compilation of reliable European-wide statistics on core risk factors such as cholesterol levels, blood pressure, body mass index and tobacco use.

The members of the national alliances have covered these aspects in various ways in the first phase of EHHI that prepared for joint projects to be conducted in the second phase.

Thus, the follow-up to the current EHHI project, **EHHI II**, the implementation of which will be discussed soon between EHN and the European Commission, at **national** level will include the implementation of various projects under the umbrella of the pan-European action theme of **children and young people**. The national alliances will be expanded and consolidated, where appropriate, giving them an efficient and longer-lasting framework in which to consult with each other, share experiences and coordinate projects.

At **European** level, the network of EHHI national coordinators will be maintained, for the purposes of exchanging information and experience on projects and interventions, coordinating multi-national projects, conducting the national research necessary to provide sound information to help shape an EU health policy conducive to the prevention of CVD, and giving assistance in the implementation and promotion of policy recommendations.

### 3. EHHI Work Programme

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

- EHN member organisations participating in EHHI and their partners in the national alliances;
- the national EHHI coordinators, appointed by the participating EHN members, and EHN, including its European coordinator, its director and the chairman of the EHHI management committee;
- the EHHI management committee, the project’s supervisory body with members from different EU Member States with extensive experience in the prevention of cardiovascular disease, alliance building, organisation of health information campaigns, public health policy, cardiology and management.15

In accordance with the EHHI project, as agreed between EHN and the European Commission, 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 EHHI, and decide on national action plans based on this theme. National alliance building followed divergent patterns in the participating countries, however, and three approaches may now, at the end of EHHI, be distinguished:
- Alliance building, as outlined in the EHHI agreement;
- Alliance building by risk factor, with cooperative alliances and expert groups being 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.

The national alliances will be covered in depth in section 7 of this final report.

Two meetings of the national EHHI coordinators took place in Brussels, on 7-8 October 1998 and 19-20 May 1999 respectively. These meetings served to review progress made in the national alliances, to discuss national projects of common interest16 and to consult regarding the national coordinators’ involvement required for EHHI’s two major awareness-raising projects, the CVD conference of 14 February 2000 and the survey on CVD issues among European and national members of parliament.

These two meetings are described in greater detail in section 4.1.


Its role has been to guide and oversee the launch and implementation of the project and to instruct 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 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.

15 Represented in the EHHI 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.

16 This exchange of information also found a regular vehicle in the EHHI Newsletter, issued six times during the EHHI project, and analysed in more detail in section 4.3.
Specifically for the purposes of stimulating European-wide awareness-raising, the project’s output has consisted of:

- A conference on CVD prevention, held as Winning Hearts on 14 February 2000, the first Saint Valentine’s Day of the new millennium;
- An opinion survey on CVD prevention among members of the national parliaments in the countries participating in EHHI and among Members of the European Parliament, the results of which were announced at a press conference held on the same day as Winning Hearts;
- A CVD screening of Members of the European Parliament.

These events are further analysed in sections 4.4, 4.5 and 5.1 respectively.

4. Activities at the European Coordination Level

4.1 National coordinators’ meetings

The two national coordinators’ meetings held in this first phase of EHHI, on 7-8 October 1998 and on 19-20 May 1999, provided an excellent opportunity to exchange information and to intensify cross-border contacts. Each meeting led to the identification of common interests with a potential for joint projects, and it is felt most strongly by all participants that this momentum ought not to be lost. Regret was expressed by many that a third formal meeting did not prove feasible; however, many national coordinators managed to get together informally on the occasion of the Winning Hearts conference.

Two examples of cross-border activity among national coordinators, for which the impetus was given at the national coordinators’ meetings, were:

- The strengthening of a Nordic regional alliance to identify common projects and opportunities, launched by the national coordinators of the Swedish Heart Lung Foundation, the Danish Heart Foundation, the Finnish Heart Association and the Norwegian Council on CVD;
- Increased dialogue between the Portuguese Heart Foundation and the Finnish Heart Association on the issues involved in the development of a food certification programme, attesting to the heart-healthy nutritional value of food products; the National Heart Forum and the Netherlands Heart Foundation also expressed an interest in this action.

The European Commission was represented at both meetings.
The first meeting gave all participants the opportunity to introduce themselves and their organisations, laying the groundwork for further cooperation. Its agenda contained the following key points:

**First national coordinators’ meeting, 7-8 October 1998**

- Introduction of EHII and work programme
- Debate on European policies affecting national CVD prevention efforts
- Launch of EHII newsletter
- Establishment of national alliances and potential for action
- Selection of a pan-European action theme
- Preparation for CVD conference, 14 February 2000

The second meeting was broader in scope, with presentations on behalf of public health networks similar to EHII. They provided helpful insight into the ways other networks operate and also led to further contacts where common issues of interest were discovered. Networks represented at the meeting were:

- The European Public Health Alliance,
- The European Network for Smoking Prevention,
- The European Network of Health Promoting Schools,
- The Public Health Network for Capital Cities/Regions.

The agenda of this meeting covered the following matters:

**Second national coordinators’ meeting, 19-20 May 1999**

- Progress of national alliances and implementation of pan-European action theme
- Preparation for CVD conference, 14 February 2000
- Preparation for parliamentary survey
- Activities of other European public health networks
- The second phase of EHII

The Austrian Heart Foundation sent a representative to this meeting.

Both meetings moreover allowed EHN’s European coordinator and its director to seek the help needed from the national coordinators in EHII’s implementation. This was particularly the case with regard to the preparations for the conference.

In conclusion, these meetings allowed for a two-way approach between the European coordination and the national coordinators. They facilitated direct dialogue and also encouraged regional sub-groups to expand. The meetings were indispensable in the implementation of the parliamentary survey and the organisation of the *Winning Hearts* conference on Saint Valentine’s Day 2000.
4.2 Pan-European action theme

This theme will be 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 and young people;
- Inequalities;
- Morbidity/the ageing population.

Among the national alliances a clear majority emerged for the first theme to become the specific focus of further projects across Europe, while taking into account aspects of lifestyle, public health policy, and education, research and training.

Concrete arguments for this choice were:

- Children are a symbol for a heart-healthy life;
- Children may be the leverage used to influence their parents’ lifestyle and attitudes;
- Prevention addressed at children also helps adults in the adjustment of their lifestyle and habits;
- Children are the future generation and the generation of this new millennium; this conveys a positive message and also makes it an emotional issue that is difficult not to subscribe to;
- CVD is predicted to remain the main cause of death until at least 2020;
- The approach of children leads into the main message: CVD is preventable and the aim is to ensure that all children live to at least 65 without (avoidable) heart disease.

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 adopted on the occasion of the conference by the EHN and its members, and which 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 specified children as their target group. Two projects concerned smoking habits, eight especially tackled nutrition and
five sought to encourage sufficient physical activity. Seven dealt with more broad-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.

### 4.3 EHHI newsletter

Six EHHI newsletters were issued during the project’s first phase. The frequency of participants’ contributions to these issues may be tabulated as follows:

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A special contribution was made to the October 1999 issue by the Slovenian Heart Foundation, describing this EHN member’s history and activities.

While presented in a very simple format, the *EHHI Newsletter* is nevertheless a vital tool for informing the national coordinators, who in turn will be 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*.

Moreover, copies of the *EHHI Newsletter* are 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* web site, for inclusion in its section ‘Media Watch’, and so has become accessible to the general public.

It must be stressed that, through the *EHHI Newsletter*, the national heart foundations 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, allowing heart foundations and other health organisations to adopt sustainable and effective campaigns. They are sometimes
used as a ‘bulletin-board’ in order, for example, to seek partners to lobby policy issues or to take a national project initiative across borders. The Finnish Heart Association looked for partners with a view to lobbying the food industry to make its products less salted, thus diminishing consumers’ salt intake. The Swedish Heart Lung Foundation sought partners internationally with the objective of persuading road restaurants to provide heart healthy menus. It is considered vital, as with the regular meetings among national coordinators, that this exchange be continued and reinforced.

In terms of subjects, the six EHHI Newsletters have covered a broad spectrum of activity and information: The contribution of the EHN has usually focused on the progress made with the EHHI work programme – requesting special support from the national coordinators, as appropriate – and news items and announcements of general ‘heart-healthy’ interest.

The national coordinators’ contributions consisted of updates on national alliance developments and meetings held, as well as on prevention campaigns, special projects and initiatives covering the CVD risk factors, and on national policy developments with an impact on CVD and its prevention.

Conclusion: The EHHI Newsletter has been much appreciated by the participating organisations. It has also emphasised the need for European cooperation in two areas:

- Cooperation particularly with the food industry to lower EU salt intake;
- Cooperation with road restaurants to improve the health of truck drivers and commercial travellers in particular.

It has moreover become clear that the newsletter would benefit from a more professional layout and presentation – the medium is after all the message – and this becomes all the more important where external distribution is envisaged.

Attachments to this section:

a) EHHI Newsletter, January 1999 issue
b) EHHI Newsletter, March 1999 issue
c) EHHI Newsletter, June 1999 issue
d) EHHI Newsletter, October 1999 issue
e) EHHI Newsletter, February 2000 issue
f) EHHI Newsletter, June 2000 issue

4.4 Winning Hearts conference

Appropriately, the 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 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.
The conference sought to emphasise 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 it constitutes 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.

Keynote speakers at the conference were José Miguel Boquinhas, Secretary of State for Health, Portugal (EU Presidency), and Robert Coleman, Director General, European Commission, Directorate General for Health and Consumer Protection.

Dr. Alan Lopez, Acting Director Epidemiology and Burden of Disease Division, World Health Organization (WHO), gave the introductory address.

Three sessions, introduced by a panel of experts and followed by debate, dealt with:

- **The state of the heart: current knowledge and Europe’s efforts to prevent heart disease**
  
  Speakers were: Prof. Jussi Huttunen, Director-General, Finnish National Health Institute and President, Finnish Heart Association; Prof. Michael Marmot, Director, International Centre for Health and Society, UK; Prof. Lars Rydén, President, European Society of Cardiology; Dr Susana Sans, Director of Cronicat Programme, Institute of Health Studies, Barcelona; Catherine Taylor, MEP, Member of the European Parliament’s Committee on the Environment, Public Health and Consumer Protection.

- **A hearts and minds campaign for Europe: getting to the heart of the problem: what policies for diet, smoking and exercise?**
  
  Speakers were: Nick Cavill, Programme Manager Physical Activity, Health Education Authority, UK; Prof. Philip James, Chairman, International Obesity Task Force, UK; Prof. David Richardson, Chairman of the Nutrition Working Group, UK Food and Drink Federation; Stephen Woodward, Programme Manager, Smoking, Health Education Authority, UK, and former Director of Action, Smoking & Health, Australia.

- **Healthier hearts in the new millennium: why it is not a mission impossible**
  
  Speakers were: Susanne Logstrup, Director, European Heart Network; Prof. Annika Rosengren, Professor of Epidemiology and Prevention, Sahlgrensk University Hospital, Östra; Imogen Sharp, Director, National Heart Forum, UK; Gottfried Thesen, Principal Administrator, Health Promotion, Health Monitoring and Injury Prevention Unit, European Commission - Directorate General for Health and Consumer Protection; Dr Josip Turk, President, Slovenian Heart Foundation.

Moderators in all three debates were: Prof. David Wood, Professor of Cardiology, National Heart and Lung Institute, Imperial College School of Medicine, University of London, and Clive Needle, public policy advisor and former MEP.

The closing remarks at the conference were made by Björn Lilliehöök, EHHI Chairman and Secretary General of the Swedish Heart Lung Foundation.
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:

**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.**

Linked also to the EHHi pan-European action theme (see section 4.2), this vision underlines the fact that CVD is not a normal part of the ageing process but is mostly the consequence of unhealthy lifestyle habits often picked up early in life. The Declaration moreover calls upon the European Commission, all European and national policy makers, as well as health professionals, to share this vision and to give their full support to its promotion and fulfilment.

The Declaration was sent to all Members of the European Parliament in their own language, asking them to show their concrete support by returning a signed copy to EHN.

All European Commissioners also received the text.

*Winning Hearts* was organised with the help of Forum Europe, a firm of professional conference organisers and press advisors. It received additional financial support from the ESC.

The press conference held on the occasion of *Winning Hearts* drew a large number of journalists from national and international media. Moreover it 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* in news and discussion programmes throughout the day on BBC World Service Television, BBC World Service Radio, BBC Scotland and BBC Wales Television and Radio. Substantial interest was also raised in the press, as is borne out by the press pack that has been compiled.

It is hoped among EHN, the ESC and their members that in the longer term *Winning Hearts* has truly put 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. Moreover, they trust that they have established greater continuity in their relationship with European policy makers, given the seriousness of the disease and the feasibility of its prevention.

Attachments to this section:

a) *Winning Hearts* Programme  
b) *Winning Hearts* List of Participants  
c) *Winning Hearts* Speakers’ CVs and Summaries of Speeches  
d) *Winning Hearts* Conference Report  
e) *Winning Hearts* Media Coverage  
f) Declaration made at the conference *Winning Hearts* – Actions and Policies for a Healthier Europe
4.5 Parliamentary survey

A key aim of the EHII was to make politicians aware of the burden of heart disease and to inform them about the ways and means of prevention. The Saint Valentine’s Day Conference served to profile heart health as an issue that must be placed high on the EU’s agenda.

Within the framework of the EHII project and to determine the extent to which politicians in Europe are aware of the major causes of deaths in their countries, a survey was carried out prior to the conference. The interviews with parliamentarians in 13 European countries and with Members of the European Parliament sought to identify their health policy priorities while also probing their attitude towards adopting policies broadly recommended as useful tools for preventing CVD.

Twelve out of the thirteen countries identified CVD as the most important cause of death in their respective country. Danish parliament members referred to cancer as the most important cause of death, although the number one cause of death in Denmark, as in all the participating countries, is in fact CVD. Twelve out of the thirteen countries agreed that heart disease is the disease with the best scope for prevention; the Spanish parliament members spread the scope for prevention over several causes of death.

Given a choice of ten health policies, the top priority was the promotion of health and the prevention of diseases (the choices included promoting greater efficiency in the hospital sector, reducing waiting lists, reducing shortages of doctors and nurses). Only the Italian, Dutch and British MPs did not have prevention as either their first or second priority.

Moreover, the parliamentarians questioned were almost unanimous in saying that preventive efforts must be put into practice in schools so that children can adopt healthy lifestyles at the earliest possible age. Over half of the MPs 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 identical to those of the survey of national MPs. CVD was considered the biggest killer, but also the disease with the best scope for prevention. Thus, MEPs expressed themselves in favour of strong measures for dissuading people, especially young people, from smoking; they also want clear and transparent nutritional labelling that is easily understood, and they favour better incorporation of the possibility for physical activity such as walking and biking into planning, housing and transport policies.

Nonetheless, although health promotion and disease prevention were given top priority by the majority of parliamentarians surveyed, it was clear from the additional comments offered by the respondents from the national parliaments that prevention perpetually falls behind in competition with treatment.

The survey aimed at creating awareness of the need for CVD prevention through national and European policy measures. Therefore the questionnaire did not focus on personal habits and attitudes, but rather on the parliamentarians’ knowledge of CVD risks, of prevention and of the potential effects of the introduction of legislative measures and relevant programmes. Similar to Winning Hearts, the message of the survey was that policy makers have a role to play in CVD prevention and should therefore know the relevant facts, while realising the importance of regulatory measures that help prevent heart disease, since prevention is not just a matter of personal and individual responsibility.

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17 The survey was conducted in: Belgium, Denmark, Finland, France, Germany, Ireland, Italy, the Netherlands, Norway, Portugal, Spain, Sweden and the UK.
The survey was of a qualitative nature and MPs and MEPs with a known interest in public health issues were especially invited to participate.

The interviews with the national members of parliament were organised by the EHHI national coordinators, with the help of local polling agencies and experts. The agency appointed by the Belgian Heart League for the members of the Belgian parliament, Medipress Services, also conducted the interviews with the MEPs. The overall data processing and analysis were carried out by Scharling Research, a Copenhagen-based market research company.

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. Member States have to concentrate on treatment and rehabilitation.

5. PR, Promotion & Publicity of EHHI

5.1 Cardiovascular screening of the Members of the European Parliament

Under the banner of the EHHI and in the framework of a public hearing on EU public health policy held in the European Parliament on 28 October 1998, EHN and ESC joined forces to launch a special heart disease awareness programme amongst the Members of the European Parliament.

EHN and ESC addressed the health of the MEPs directly by inviting them to have a cardiovascular health check – a CVD screening – in the European Parliament’s premises between 26 and 29 October 1998. This personal screening involved an assessment of lifestyles and measured weight, height, body fat, blood pressure and cholesterol levels. The MEPs were given a confidential report on their own personal risk of developing CVD; then the results from 82 MEPs (59 men and 23 women), drawn from all the EU Member States, were put together to give a picture of cardiovascular risk in the EU.

Overall about 16% of the MEPs screened were at a very high or high risk of developing CVD, a further 35% at moderate risk and 49% at low risk. Of the total, 12% were smokers, 65% had a body fat level above the ideal and 80% were not taking sufficient physical exercise. Almost 20% had elevated blood pressure (greater than 140/90); 76% had a total cholesterol level above the ideal (greater than 5.0 mmol/l, or 190 mg/dl) and only 17% had a sufficiently high level (greater than 1 mmol/l or 26 mg/dl) of protective cholesterol (high density lipoprotein cholesterol). A family history of cardiovascular disease was present in 23%, showing that
death and disability from cardiovascular diseases have already touched the lives of the MEPs who were screened.

This European picture of cardiovascular risk amongst MEPs reflects that of their constituents and emphasises the considerable potential in Europe for reducing the risk of developing heart disease and stroke. By quitting smoking, making healthier food choices and engaging in more physical activity, MEPs can lower their cardiovascular risk, and with the same measures so can the people they represent across Europe. All of these lifestyle measures will reduce obesity, blood pressure, blood cholesterol and the risk of developing diabetes, all of which increase the risk of developing cardiovascular disease.

With their campaign, 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 and encourage healthy diets and greater physical activity.

Commissioner Flynn, responsible at the time for EU social and health policies, paid a visit to the stand and examination rooms. An additional special attraction was the very large, heart-shaped basket with apples, presented as a gift to MEPs and parliamentary staff.

Attachments to this section:

Report on the Cardiovascular Screening of the Members of the European Parliament
European Heart Health Initiative – Major Risk Factors for CVD

5.2 European Cardiovascular Disease Statistics

Newly compiled European statistics on cardiovascular disease were released to coincide with the Winning Hearts conference on 14 February 2000. This statistical report, European Cardiovascular Disease Statistics, compiled 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 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.

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 European Union.
- 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, 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.

Attachments to this section:

European Cardiovascular Disease Statistics

5.3 Conferences, seminars, meetings

The EHN has had various opportunities to present the EHII project at seminars and conferences, at events organised by its own members or by external organisations. Below follows a chronological overview of EHN’s involvement since the launch of EHII:

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19 This statistical publication defines Europe as the 51 member countries of the WHO European region.
Belgian Heart League – alliance meeting

The EHHI European coordinator presented the objectives and work plan of the EHHI at the first alliance meeting of the Belgian Heart League on 1 March 1999. The meeting was divided into two parts: a discussion among the organisations representing the French-speaking region of Belgium in the morning, and a debate among representatives from the Dutch-speaking region after lunch.

EHN Annual Workshop 1999

This annual get-together of all EHN members provided an excellent opportunity to update them on EHHI developments, in particular on the progress made in alliance building and the preparations made for the Winning Hearts conference and the parliamentary survey. Held in Maastricht, the Netherlands, from 9-12 June 1999, the workshop offered, as usual, a great forum for the exchange of experience, new ideas and project launches, as well as for a debate on policies to be lobbied at both national and European level. The workshop’s key theme, to which a special session was dedicated, was physical activity.

XXIst Congress of the European Society of Cardiology

The 1999 ESC annual congress, held in Barcelona, Spain, from 28 August-1 September, which brought together approximately 20,000 cardiologists, as well as other health professionals, officials and representatives from NGOs such as the EHN, offered the possibility of a special meeting on prevention issues. Under the heading ‘Prevention – the cornerstone of cardiology’ three presentations were held:

- The decline in coronary heart disease – where would we have been without prevention?;
- Prevention – from past to future;
- The European Heart Health Initiative – collaboration a sine qua non.

Susanne Løgstrup, EHN director, and David Wood, ESC member and chairman of the 2nd Joint Task Force of European and other Societies on Coronary Prevention, jointly delivered the presentation on EHHI, emphasising the vital need for strong, cross-border and cross-disciplinary alliances to combat CVD.

Dr Hunter and Dr Rajala of the European Commission’s Directorate General for Health and Consumer Protection had been invited to participate in this meeting.

Portuguese Heart Foundation - 20th Anniversary Symposium

The Portuguese Heart Foundation celebrated its 20th anniversary with a special symposium From Science to Strategy in Heart Health Lifestyles in Lisbon on 20 November 1999. The Portuguese Minister for Health opened the symposium, and discussions were held on the following topics:

- Diet and coronary heart disease in Europe;
- Salt and blood pressure;
- Prevention of cardiovascular disease in an ageing population;
- Perspective on 20 years of the WHO MONICA project;
- The Heartbeat Wales programme: intervention and evaluation;
- The European Heart Health Initiative.
The EHHI European coordinator presented the EHHI and responded to questions from an audience of practitioners, public health officials, representatives of health organisations and NGOs, as well as of the pharmaceutical industry.

**International conference Advanced Drug Research in Cardiology**

EHN delivered input for a presentation on EHN and EHHI held by Professor Ian M. Graham of the Charlemont Clinic, Dublin, Ireland, during this conference, held in Monte Carlo from 2-4 December 1999. His talk was held as part of the workshop on *Cardiovascular Drug Therapy – Millennium Milestones.*

**Bosnia inter-ministerial group – study visit to Brussels**

Within the framework of the PHARE-funded *Primary Health Care and Human Resource Development Project*, a delegation of Bosnian officials particularly concerned with health policies visited Brussels from 22-27 February 2000, in order to familiarise themselves with EU public health policy. The visit was coordinated by ENHPA, the European Network of Health-Promoting Agencies. The EHHI European coordinator explained the structure and activities of the EHN and presented the background and objectives of the EHHI, as part of their programme on 24 February 2000.

**Leadership training of Swedish non-profit and voluntary sector organisations**

The LIO Programme (*Leadership Development Programme for Non-Profit Organisations*), supported by the Swedish Institute of Management, provides a special ‘Brussels’ module for the training of managers and board members in the Swedish non-profit and voluntary sectors. The Swedish Heart Lung Foundation is strongly involved in this programme, and on 3 February 2000 it was therefore at EHN’s premises that EHHI’s European coordinator delivered a talk, followed by a debate, on the advocacy aspects of EHN’s role as a player in EU health policy making, as well as on the approach taken within EHHI to help bring about a heart-healthier Europe. Participants represented NGOs with various interests in the field of health, sports and societal concerns, including the Church of Sweden.

**First International Conference on Women, Heart Disease and Stroke**

EHN Director Susanne Løgstrup spoke at this conference, held in Victoria, British Columbia, Canada, from 7-10 May 2000.

The objectives of the conference were:

- to increase awareness of the global problem of heart disease and stroke in women;
- to highlight current scientific advances, gaps in knowledge and research opportunities from prevention through diagnosis and treatment of heart disease and stroke in women in the context of interventions at the individual, community and policy level;
- to link scientific knowledge with heart health initiatives in an effort to facilitate development of action agendas aimed at reducing the burden of heart disease and stroke in women both globally and locally.
Susanne Løgstrup had been invited to speak at the session *Coalitions: are they necessary and sufficient to change public policy*. She made a presentation of the EHHI, responding to the request of address international coalitions and alliances. Other speakers addressed alliances formed at national and regional levels to enhance advocacy or facilitate implementation of policy recommendations.

**EHN Annual Workshop 2000**

The 2000 EHN Annual Workshop took place in Tuusula, Finland, on 7-9 June 2000 and the focus of the Workshop was on children and young people, thus reflecting the pan-European theme selected in the framework of the EHHI.

This theme was addressed from several very diversified angles by specially invited experts. The presentation ranged from a presentation of health and health-related habits among the young aged 12-18 (results stemming from a Finnish survey called the Adolescent Health and Lifestyle Survey which monitored health and health related habits on a biannual basis from 1977 to 1999) to a presentation by a professional trend watcher discussing the various ‘youth tribes’ and ‘sub tribes’ and what health promoters need to understand about young people aged 15-25 in order to be able to communicate effectively with them. The workshop also had a presentation on birth weight and its implication for future risk of developing CVD.

In a specific session on EHHI, participants reviewed the various aspects of working in alliances and networking.

### 5.4 Winning Hearts conference video

A special video was made of the conference proceedings. The 20-minute video was broadcast on 15 February 2000 on the hospital reception sites of EuroTransMed, the producer of the video.

Copies of the video have been sent to all Members of the European Parliament, as well as to all European Commissioners. All EHN members, as well as ESC experts and affiliated organisations, have also received a copy for further promotional use.

The video included interviews with the experts speaking at the conference, politicians and representatives from the EHN and the ESC. It moreover gave a comprehensive overview of current trends in the incidence of heart disease and its pessimistic prognosis for 2020, if no prevention measures are undertaken. Lifestyle developments across Europe and their implications for CVD were outlined, as well as the real possibilities for the successful countering of heart disease, as evidenced by the North Karelia and MONICA projects. Those interviewed stressed the need for wide-ranging policy measures, nationally and internationally, in support of prevention.

However, a response from one Commissioner’s office seems to indicate that Commissioners in charge of policy areas other than health do not think they are responsible for health integration.
5.5 Publications, articles

The fourteen EHN members participating in EHHI gave ample coverage to the project in their own organisations’ journals and magazines. So did EHN itself in its membership newsletter The Heart of Europe.

Typical examples of such articles from EHN and its members are:

- ‘Uusi terveyskomissaari Euroopan unioniin’ and ‘Kansainvälisiä sydänkokouksia Helsingissä’ in the house journal Sydän of the Finnish Heart Association, June 1999;
- ‘Liian monta särkynyttä sydäntä Euroopassa’ in the house journal Sydän of the Finnish Heart Association, February 2000;
- ‘Gesundes Herz – europaweit’ in the house journal Herz Heute of the German Heart Foundation, March 1999;
- Article on EHHI in the house journal Heart & Vessels of the Hellenic Heart Foundation, March-April 1999;
- ‘Una finestra sull’Europa’, in the house journal of ALT, the Italian Association against Thrombosis, July 1999;
- ‘Una finestra sull’Europa’, in the house journal of ALT, the Italian Association against Thrombosis, December 1999;
- ‘European Heart Health Initiative – A Europa na luta contra as Doenças Cardiovasculares’, interview with Dr Sofia Lemos from the Portuguese Heart Foundation;
- Winning Hearts – Nyhetsbrev från Hjärt-Lungfonden om konferensen Winning Hearts i Bryssel den 14 februari 2000, a special leaflet published by the Swedish Heart Lung Foundation, February 2000;
- The European Heart Health Initiative, a special leaflet issued and distributed by the National Heart Forum (UK);
EHN members also contributed to national, often medical, publications:

- ‘EHHI: Iniziativa Europea per la Salute del Cuore’, in SPEAR (Stroke Prevention Education Atherosclerosis Research), published by Ars Medica Editore, Italy;
- ‘Europees Hart Gezondheidsinitiatief’, in Het Medisch Weekblad, one of Belgian’s journals addressing general practitioners, November 1998;

EHN moreover made contributions to several external publications:

- ‘Winning Hearts - Policies and actions for a healthier Europe – Saint Valentine’s Day Appeal’ in Heartbeat, No 1, March 2000 published by the World Heart Foundation
- ‘Winning Hearts: Policies and actions for a healthier Europe’ in ESC Newsletter, Vol 9 No. 2, May 2000 published by European Society of Cardiology

Attachments to this section:
All articles listed above

5.6 EHN web site

Just prior to the Winning Hearts conference, EHN launched its own web site: www.ehnheart.org

ehnheart was brought onto the Internet in January 2000 and as a result wide-spread publicity could be given to the 14 February 2000 conference, in the special web site page ‘The News of Interest’.

This page brought first of all the conference announcement and programme, and after the event the special Winning Hearts press release.

EHN’s web site includes the following pages:

- About EHN
- EHN Members
- EHN Council Members
- Expert Groups
- Annual Report
- Publications
- EHHI
- Newsletter
- Links

EHHI Final Report 41
Its EHNI page contains an overview of the origins and objectives of EHNN and describes the current project. It allows for the possibility to download the 1997 expert report The European Heart Health Initiative, and the list with contact details of the national coordinators can be retrieved.

The launch of its own web site gives the EHN an additional opportunity to widely disseminate information on its membership, activities and projects.

6. The European Society of Cardiology’s Recommendations on Heart Disease Prevention

EHN cooperates closely with the ESC which is represented in EHNN’s management committee – by Professor David Wood, who is also chairman of the ESC’s 2nd Joint Task Force on Coronary Prevention – and moreover contributed financially to the organisation of the Winning Hearts conference of 14 February 2000.

Within the framework of EHNN, important information about the work of the ESC is disseminated to interested parties, in particular to the national coordinators and their alliance members, where this is considered relevant in the exchange of knowledge and experience.

This has especially been done in respect of the Recommendations of the 2nd Joint Task Force of European and other Societies on Coronary Prevention: Prevention of Coronary Heart Disease in Clinical Practice, issued on behalf of the European Society of Cardiology, the European Atherosclerosis Society, the European Society of Hypertension, the European Heart Network and other organisations.

Their recommendations, in the form of guidelines to cardiologists and physicians, complement the prevention work done by the EHN members, as the following quotation may prove:
The Task Force has summarised the most important clinical issues on coronary heart disease prevention on which there is good agreement in order to give cardiologists and physicians – in hospital, the office and the community – and other health care professionals, the best possible advice to facilitate their work on coronary heart disease prevention.

The priority for physicians is still to concentrate on patients with overt coronary heart disease, or other atherosclerotic disease, and other high risk individuals. The potential for preventive action is greatest in these groups and we need to achieve considerable improvements on existing clinical practice.

The present recommendations are specifically intended to encourage the development and revision of national guidelines on coronary prevention. For coronary prevention to become an integral part of everyday clinical practice national societies of cardiology, atherosclerosis and hypertension, in collaboration with other professional organisations within each country, must take responsibility for developing their own guidelines, appropriately reflecting their political, economic, social and medical circumstances.

The common challenge for cardiologists, physicians and other health professionals throughout Europe is to realise the potential for coronary prevention for all our patients, and to contribute to the wider public health efforts to reduce the enormous burden of cardiovascular disease.

The recommendations have been issued together with Coronary Risk Charts, in order to help estimate a person’s absolute 10 year risk of a coronary heart disease event. Such a risk can be assessed by taking into account a person’s gender, smoking status, age, systolic blood pressure and total cholesterol.

The recommendations were launched at the ESC Congress, held in Vienna from 22-26 August 1998. Subsequently, a large information meeting, the European Forum on Prevention of Coronary Heart Disease in Clinical Practice, was held in Nice from 19-21 February 1999. At the same Forum, the outcome of the cardiovascular screening of Members of the European Parliament (see also section 5.1 of this report) was disseminated.

A Joint Implementation Group has been established with a view to ensuring optimal dissemination of the guidelines. Chaired by Professor David Wood, it meets at least twice a year to evaluate progress.

Attachments to this section:

Prevention of Coronary Heart Disease in Clinical Practice, Summary of Recommendations of the Second Joint Task Force of European and other Societies on Coronary Prevention Protecting your patient's heart, Joint European Societies Recommendations on Prevention of Coronary Heart Disease in Clinical Practice
7. National Alliance Meetings and Activities

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7.2 Denmark

7.3 Finland

7.4 France

7.5 Germany

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7.7 Ireland

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National Heart Alliance of Belgium

European Heart Health Initiative
Final Report

Country Report on National Alliances
and Their Activities

by
Belgian Heart League
EHHI Programme
## Contents

### National Heart Alliance in Belgium

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7.1.1. Aims and Objectives of National Alliances Created

In order to achieve the creation of alliances and the transformation of existing national coalitions into a strong and cohesive European-wide network, the Belgian Heart League organised meetings with potential alliances.

The purpose of the alliances was to pursue prevention efforts in accordance with needs arising in respect of the different CVD risk factors.

7.1.2. Membership of the Alliances

Institut Supérieur d’Éducation Physique et de Kinesithérapie - U.L.B.

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Representative: Dr Paul Gobin
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Fax: +32 4 368 30 63

Cercle de Readaptation Sportive des Coronariens d’Anderlecht

Representative: Mr René Timmermans
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7.1.3. Aims and Objectives of the Alliance Members

Most of the above-mentioned alliance members are cardiac patient groups that are involved in secondary prevention, especially in the field of physical activity. They have a bi-weekly physical training programme under the supervision of a cardiac team.
Other alliance members are organisations that are involved in the field of diseases, especially cancer and diabetes, in which CVD risk factors also play a role.

7.1.4. Projects and Initiatives Relevant to CVD Prevention

- **June 1998:**
  Food information on the beneficial effects of olive oil was given to the general public. A leaflet on the ‘Mediterranean diet’ was produced in 250 000 copies.

- **October 1998:**
  Heart week devoted to myocardial infarction. A leaflet, ‘Heart Attack, Public Enemy Number 1’, was produced for the general public; a brief description of the different symptoms of myocardial infarction was given. Many alliance members, especially the cardiac patient groups, contributed to the information given during this heart week.

- **October 1999:**
  Heart week which focused on the growing problem of obesity. Leading experts of our alliance members presented the different causes of obesity, the hereditary and hormonal aspects and the possibilities for prevention and treatment. A brochure, ‘Obesity, a big problem’, was disseminated by general practitioners, cardiologists and chemists. Information stands were set up in many outlets of a major Belgian supermarket chain, where representatives of our alliance members from dieticians’ associations were available to provide in-depth nutritional advice.

- **February 2000:**
  The national association of cardiac patients, which is one of our alliance members, held a one-day symposium on secondary prevention.

- **March 2000:**
  On 25 March 2000 a national congress for general practitioners entitled ‘Practical approach to cardiac patients in general medicine’ was held in Brussels. Four topics were discussed: lipids, arterial hypertension, coronary disease and heart failure. A leaflet entitled ‘Protect your heart’ was produced in 200 000 copies. More than 600 general practitioners participated in this congress, which was organised in cooperation with the following alliance members:
    - Belgian Lipid Club
    - Belgian Society of Cardiology
    - Belgian Society against Hypertension
    - Scientific Society of General Practitioners

- **August 2000:**
  The Federation of Sport Clubs for Heart Patients will organise a national day on physical activity. About 300 heart patients will attend this meeting.
October 2000:
The theme of the Heart week will be ‘Primary Prevention of Coronary Heart Disease.’ A leaflet for the general public will be produced in 200 000 copies.

7.1.5. Priorities in CVD Prevention, as Identified by the National Alliances

The first priority for CVD prevention will be prevention in cardiac patients who have already suffered from a myocardial infarction, a surgical operation, etc. In this group of patients the most benefit will be obtained by reducing the risk of recurrence or death.

The second group of CVD prevention will be the ‘at risk’ patients who already present some risk factors, such as hypercholesterolemia, diabetes, tobacco use, or hypertension. Our approach will be an overall one based on the whole picture regarding risk factors.

The third group will be the family members of patients who have already experienced a coronary accident (their brothers, sisters, children). The importance of familial antecedents is enormous.

The fourth group will be the whole population: this consciousness-raising will be done by organisations such as the Belgian Heart League.
National Heart Alliance of Denmark

European Heart Health Initiative Final Report

Country Report on National Alliances and Their Activities

by
Danish Heart Foundation
EHHI Programme
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Building the national alliance(s)

In principle we have dealt with three different kinds of alliances: those that were already established, those that needed to be expanded and those we had to start from the beginning. As we had quite a few alliances already established we focused on the development of the existing alliances. Before the EHHI the focus - apart from the STOP project - was mainly on having regular meetings where projects were coordinated and information was exchanged. The tool for expanding the alliances was to come up with concrete joint projects, such as the nutrition project ‘Eat better’ and the slimming programme ‘Get slim - and stay slim’.

Three priority areas in which effective intervention is needed

As we have no overall alliance we have focused on the three main areas for the Danish Heart Foundation: nutrition, smoking and physical activity. We will continue to focus on these areas and believe that European cooperation should focus on these areas as well.

Main achievements of the national alliance(s)

The main achievements of the alliances are:
- more joint projects;
- more coordination and information sharing;
- a more professional approach towards prevention.

‘SWOT’ analysis

Strengths of the alliances:
- information sharing;
- common projects;
- a professional and confidential forum to test ideas;
- common agreements on description of projects. Evaluation, successes etc.;
- easier to raise funds for joint projects - especially government funds;
- more focus on the ideal objectives instead of focus on promotion of organisations.

Weaknesses:
- each member’s own identity becomes more vague;
- cooperation and coordination take time;
- some short-cuts have to be taken in order to incorporate each member of the alliance.
Opportunities:
- cooperation means more resources and consequently a better position to reach our objectives
- cooperation means less competition in the prevention field and makes it easier for the target groups to navigate and assimilate our messages

Threats:
- from an internal point of view it is a threat that the profile of each organisation weakens within a cooperative venture. As some of our partners - and ourselves - are NGOs it is essential to have a clear profile in order to make the fund-raising work easier. More cooperation means less profile for each partner.

Programmes/interventions deemed effective models for best practice in Europe

As a single project the STOP cooperative programme stands out as second to none, but in the nutrition area it is very promising that we have been able to produce joint materials. In addition, the cooperation behind the exhibition for physical activity is some kind of a breakthrough in this area.

STOP is effective because we have clear visions, objectives, working plans and regular meetings of the steering committee. STOP has become the turning point for all activities within the smoking area.

Barriers which need to be addressed

At present there is only one barrier that we need to enhance and it is lack of profile or - on the other hand - if single organisations want to profile themselves instead of working for the benefit of the whole cooperative venture.

Policy recommendations

So far we have not developed any policy recommendations. During the period of the EHHI project the government has worked on a National Plan for Public Health. The plan has just recently been released and the recommendations are about to be adopted.

National action plans on the pan-European theme for the year 2000/2001

At present there are no national plans on the pan-European theme. Our EHHI coordinator moved to England and we have not yet been able to appoint another person in charge of the project.
7.2.1. Aims and Objectives of National Alliance(s) Created

The overall strategy for our EHHI project was to divide our efforts into three more or less independent networks:

- Physical Exercise
- Nutrition
- Smoking

That meant that from the beginning we decided not to try to establish a single joint activity for heart health. The reason for this was that the networks and activities connected to nutrition and smoking were already established and running.

Our overall objectives are:

- to establish fruitful cooperation with relevant authorities and/or organisations in areas where there was no cooperation at the beginning of the EHHI project;
- to further develop cooperation that was already established in areas where we were already active at the beginning of the EHHI project;
- to evaluate activities already implemented or carried out by the networks and/or partners in the networks;
- to motivate our partners in the three networks to define action plans for better heart health;
- to work for the plans to be carried out.

National alliance no. 1, Smoking

The alliance is called ‘STOP’ and has existed since 1995. The purpose of the alliance is to provide the public with materials that are easily accessible to those who are motivated to quit smoking as a tool towards our objective – to be a significant factor in making more Danes smoke-free in order to fight smoking-related diseases such as CVD. In this alliance our objectives were:

- to further develop the cooperation already established between the four partners;
- to evaluate activities implemented or carried out by the networks and/or partners in the networks;
- to motivate our partners in the network to define action plans for better heart health;
- to work for the plans to be carried out;
- to establish contact through a network with the local and regional authorities dealing with tobacco prevention.
National alliance no. 2, Nutrition

Every six months a group of communicators connected to the nutrition area meets to discuss various subjects of relevance for the area and to coordinate each member’s activities with the others. The network is called the Danish Forum for Information about Nutrition. The objectives of the alliance are:

- to further develop the cooperation already established between the partners;
- to evaluate activities implemented or carried out by the networks and/or partners in the networks;
- to motivate our partners in the network to define action plans for better heart health.

National alliance no. 3, Physical activity

Cooperation between the Danish Heart Foundation and the National Board of Health was established. The purpose of this cooperation was to:

- write up a report about habits and attitudes towards physical activity;
- through a joint effort, set up action programmes focusing on the problem areas pointed out in the report;
- investigate the possibilities for setting up a Danish Council for Physical Activity.

7.2.2. Membership of the Alliance(s)

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University of Southern Denmark
7.2.3. Aims and Objectives of Each Alliance Member

National alliance no. 1, Tobacco

The National Board on Smoking and Health

This is the government’s independent advisor on questions concerning tobacco use, campaigning, statistical issues etc. The National Board on Smoking and Health is actively working towards the implementation of all kinds of strategies that can decrease the number of smokers in the country.

The Danish Cancer Society

The Society is an NGO whose objectives are to:

- support research into the prevention and treatment of cancer diseases;
- work on the prevention of cancer diseases through information programmes, education programmes, etc.;
- help and support patients and their relatives.
Danish Lung Foundation

This foundation is an NGO whose objectives are to:

- support research into the prevention and treatment of lung diseases;
- work on the prevention of lung diseases through information programmes, education programmes, etc.;
- help and support patients and their relatives.

National alliance no. 2, Nutrition

The National Board of Health

The Board is connected to the Danish Ministry of Health and its main objective is to ensure the quality of all kinds of treatment given in Denmark. Throughout the past 15 years The National Board of Health has also played a leading role in terms of prevention. During the last year this leading role has been fading away and the future in this field is somewhat undefined. It seems almost certain that the preventive objectives will be taken away from the Board in the future.

The Danish Diabetes Foundation/Diabetesforeningen

This association is one of our core partners as they are an NGO helping the more than 125,000 Danes who have diabetes. They are also active in the field of prevention. With more than 50,000 members they are one of the largest foundations in the country.

The National Board on Nutrition/Ernæringsrådet

This is the government’s advisory board in terms of nutrition. Members of the Board collect relevant scientific knowledge in the field of nutrition in order to investigate the links between nutrition and health/disease. They also consult with researchers on scientific issues and provide advice to the public, to industry and to various public authorities.

National Consumer Agency of Denmark/Forbrugerstyrelsen.

Through information and service activities, the Agency intends to guide consumers in the rational use of available income in view both of the community and of the consumers’ private economic circumstances. Under the heading of consumer information, the Agency’s laboratory delivers the results of laboratory investigations in the areas of household equipment, food, textiles, hygiene, as well as other subjects concerning nutrition, safety, consumer rights, etc. of current interest to the consumers. The National Consumer Agency is government based through the Ministry of Trade and Industry.

The Danish Committee for Health Information/Komiteen for Sundhedsoplysning

This body is a foundation whose objective is to promote health and prevent diseases in general through information.
The Danish Consumer Council/Forbrugerrådet

The Danish Consumer Council represents the interests of consumers and is independent of public authorities and commercial interests. Founded in 1947, the Consumer Council is the spokesperson for consumers’ interests, lobbying vis-à-vis the Government, the Parliament, public authorities and the business community.

The Danish Cancer Society/Kræftens Bekæmpelse

The Danish Cancer Society’s mission is to fight cancer and its consequences. Specifically, Society members do this through research, preventive measures and support for patients and their families. They also represent patients’ interests in relation to the public authorities.

The aims of the Danish Cancer Society are:

- to prevent the development of cancer;
- to improve patients’ chances of successful recovery;
- to limit the physical, psychological and social side-effects of cancer.

The Society’s task is to start up new, vital initiatives in the areas of prevention, research and patient support; and then to persuade the public sector to take over these initiatives.

The Danish Veterinary and Food Administration/Veterinær- og Fødevaredirektoratet

The Danish Veterinary and Food Administration is part of the Ministry of Food, Agriculture and Fisheries. The aim of the merger is to coordinate, simplify and increase the efficiency of both food inspection and food legislation. It means that a single authority is responsible for all inspection and control of food, from stable to table.

By providing information, advice and inspection, the Administration aims to ensure that consumers can enjoy wholesome food and that livestock is healthy and bred well according to animal welfare regulations.

Danish Clinical Dieticians/Foreningen af Kliniske Diætister

This association has four objectives: To look after dieticians’ educational interests, to maintain and improve the scientific level, to increase ethical and collegial standards and to improve the knowledge of clinical dieticians.

The Organisation of General Practitioners (PLO)

This countrywide organisation has the objective of working for the professional and economic interests of GPs.
National alliance no. 3, Physical activity

The National Board of Health

The Board is connected to the Danish Ministry of Health and its main objective is to ensure the quality of all kinds of treatment given in Denmark. Throughout the past 15 years The National Board of Health has also played a leading role in terms of prevention. During the last year this leading role has been fading away and the future in this field is somewhat undefined. It seems almost certain that the preventive objectives will be taken away from the Board in the future.

The Danish Ministry of Education

This ministry is responsible for all types of education in Denmark, from public schools through high schools to universities, trade schools, etc.

Danish School Sport/Dansk Skoleidræt

The organisation’s objective is to promote public health through the support and development of sport in schools. Members work for increased quality and the promotion of physical activity in the schools’ everyday life in addition to compulsory physical education.

University of Southern Denmark, Institute of Sports Sciences and Clinical Biomechanics

This institute works with education and scientific research.

University of Copenhagen, Institute of Sports Sciences

This institute works with education and scientific research.

7.2.4. Major Studies, Guidelines or Publications Issued by Alliance Members

From April 1998-June 2000, the duration of the EHHI project, no major studies, guidelines or publications were issued by the alliance members. All activities are joint activities which are described in the projects section of the Danish Report.
7.2.5. Projects and Initiatives Aimed at CVD Prevention, as Initiated or as Participated in by Each Individual Alliance Member

For more information on these projects, please refer to the alliance member listing in the Danish report for contact information.

7.2.6. Projects Initiated by the Alliance(s)

Alliance no. 1, Smoking

Project: ‘STOP’

Purpose: The joint project focuses on the development, implementation and evaluation of materials, projects, education etc. that can help smokers to quit smoking. The overall objective is to work for an annual decrease of 1.5% per year in the number of smokers. An additional purpose of the project is to make sure that all organisations, authorities, hospitals etc. are working in the same direction, that all activities are coordinated and that experiences are disseminated to all members of the network.

Duration: On-going.
Participants: The National Board on Smoking and Health, the Danish Cancer Society, the Danish Lung Foundation and the Danish Heart Foundation.
Target group: Smokers who want to quit smoking.
Description: STOP activities are planned to:
- produce and distribute different kinds of materials;
- educate ‘STOP instructors’ who can set up courses on a local basis to help smokers quit smoking;
- establish plans for hospitals to make the hospital smoke-free;
- run a telephone help-line;
- initiate and coordinate national ‘STOP smoking days’.

Output:
- A line of different printed materials has been finished, and more than 200,000 issues were distributed last year.
- Approximately 1,000 instructors have been trained.
- A network of hospitals has been established, all working to set up rules for smoking habits at the hospitals.
- The telephone help-line has been established, with more than 1,000 calls received in 1999.
- Three annual ‘STOP days’ take place every year.
- A network of all organisations, authorities etc. working to prevent smoking meets twice a year to coordinate activities in the field.

General remarks: We feel strongly that this area is running well. In many respects it serves as role model of how we intend to set up the other networks and make them function.
Alliance no. 2, Nutrition

Project: ‘Eat better’

Purpose: The purpose of the project was to develop, produce and initiate a programme for general practitioners that they can use to help patients change their eating habits.

Duration: The project is still running as the material is being reprinted when necessary.

Participants: The National Board of Health, Danish Dieticians, the Organisation of General Practitioners, Danish Heart Foundation.

Target group: General practitioners, patients with dietary problems.

Description: A brochure aimed at patients was produced with individualised action plans and different heart-healthy recipes. A professional guide was produced for doctors.

Results: On a quantitative level more than 100,000 brochures have been distributed so far. We still need to carry out a qualitative evaluation.

Project: ‘Get slim – and stay slim’

Purpose: To develop and implement ‘the’ slimming guide, a slimming guide that can promise not only a quick weight loss, but a permanent satisfactory body weight. Therefore the purpose was also to collect all recent scientific knowledge and build it into the ‘slimming guide’. By drawing up the slimming guide within the network, we also wanted to make it authoritative and do our best to stop the debate about which programme is the best – when only permanent lifestyle changes produce a permanent situation.

Duration: The preparation took place through 1999 and the first half of year 2000.

Participants: Danish Clinical Dieticians, Hvidovre Hospital, the Foundation of Overweight Persons in Denmark, Danish Society of Adiposity Research, Danish Heart Foundation.

Target Group: Overweight people, mainly 50+ years.

Description: A ‘slimming guide’ was produced. It contains both a guide that prepares the reader to start the slimming process and a sample of relevant recipes.

Results: Because of the network behind the product we have achieved a primary goal: all relevant professionals in the field of nutrition are using this guide in their clinical practice. During the first four months after its release it sold more than 15,000 copies, a very high number of copies indeed.

General remarks: The nutrition area is probably the most competitive prevention area in Denmark. Many people, organisations and authorities are battling to promote themselves and their views. In order not to be just another combatant in the field we have tried to build up strategic relationships in three directions: with the National Board of Health, with the Danish Cancer Society and with the Danish Dieticians. We have now established contacts with all three target groups and the projects are in a phase where the projects are to be described. Through the last year the investment in the Danish Heart Foundation’s own nutrition consultant has been shown to be very valuable. As a tool to be a more active player in the nutrition field it is very effective.
Alliance no. 3, Physical Activity

Project: ‘Interactive Exhibition’

Purpose: To develop an interactive exhibition for pupils in Danish schools. The purpose is to attract the pupils’ attention to the benefits of physical exercise – and to motivate them to be or stay physically active for the rest of their lives.

Duration: The project started in 1998 and is planned to be implemented in autumn 2000.

Participants: The National Board of Health, The Danish Ministry of Education, Danish School Sport, University of Southern Denmark/Institute of Sports Sciences and Clinical Biomechanics and University of Copenhagen/Institute of Sports Sciences.

Target Group: Danish school pupils and their teachers.

Description: The aim of the project is to produce a number of exhibition panels that the schools can borrow for a period of several weeks. Together with the exhibition the school promises to carry out a number of relevant activities connected with the exhibition such as questionnaires, physical activities etc. The results from the questionnaires will be sent to the University of Southern Denmark/Institute of Sports Sciences and Clinical Biomechanics, which will write a report on the status of health and the attitudes towards physical activity among school children in Denmark.

Results: None yet as the exhibition has not yet been implemented.

Project: ‘Report on habits and attitudes’

Purpose: The purpose of the project was to find out the level of physical activity among the Danes together with collecting some ‘soft’ information about their attitudes towards physical activity.

Duration: The project was carried out in 1998-1999.

Participants: The National Board of Health and the Danish Heart Foundation.

Target Group: Ourselves and the other partners within the area of physical activity.

Description: A telephone survey among more than 1,000 people was carried out in order to collect some background information to base future activities upon.

Results: The results showed in brief that there is still a lot to be gained in this field, that Danes love to walk – but don’t consider it as physical activity!

7.2.7. Evaluation of Projects

So far none of the projects has been formally evaluated. In the smoking alliance we produce a general smoking status report each year in order to find out how many smokers there are, why they quit, why they begin, what the age profile is, etc. But is it not connected specifically with the STOP project.
7.2.8. Priorities in CVD Prevention, as Identified by the National Alliance(s)

Conclusions

It has been more difficult than we believed at first to establish the networks – and to make action plans within the networks. As for the theme of the EHII so far we have only planned activities for tobacco and nutrition.

What we have achieved is that information exchanges among the various partners now occur much more frequently. We are also receiving proposals for cooperative actions more often than ever. Although the theme for a project is not always closely connected to the prevention of heart disease, now – in contrast to the situation before the EHII project – we have a chance to influence the project in a direction where our objectives are incorporated in the projects.

As a single project the STOP cooperation stands out as second to none, but in the nutrition area it is very promising that we have been able to produce joint materials. Furthermore, the cooperation behind the exhibition for physical activity is a kind of breakthrough in this area.

Looking into the future we strongly believe that we have to come up with more joint projects. Just to meet and distribute information is a waste of time compared to what it is possible to achieve when we come up with concrete projects. What we gain is more focus on our aims and more economy backing them up. What we lose is profile. The combination is difficult as we have to raise money on the basis of good and relevant knowledge. Pursuing the ideal situation we will strongly recommend to our board to approve more cooperation and fewer single-profiled activities.
National Heart Alliance in Finland

European Heart Health Initiative
Final Report

Country Report on National Alliances
and Their Activities

by
Finnish Heart Association
EHHI Programme
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The situation before the EHHI

There is a long tradition in Finland of epidemiological and intervention studies in the field of cardiovascular disease (CVD). For decades internationally significant research about the prevention of CVD has also been carried out in Finland. Finland was one of targets in The Seven Countries Study (Kromhout, Benotti & Blackburn 1993), which started in the fifties and became a classic in science for its pioneering effort in cardiovascular disease epidemiology and for its powerful lesson to science: that mass phenomena determine the population rates and the prevention strategies of heart disease. As a result sufficient research information has been gathered that well-supported action recommendations could be made, and the information has been used in decision making for health policies regarding the prevention of cardiovascular disease and in implementing practical measures. For example, in 1968 Nordic nutrition experts issued general nutrition recommendations based on these findings. The recommendations were officially adopted in Finland in 1978.

An example of an extensive CVD prevention programme is the North Karelia project, which began in 1972. The project was initiated to reduce the extremely high mortality from coronary heart disease in Finland, using the province of North Karelia as a national pilot area. It has shown that risk factors for cardiovascular disease can be affected at population level. Many of the results of the project and its evaluation have appeared in numerous scientific publications. The main findings and experiences are presented in a single volume, along with descriptions of the methods and the principal activities (Puska & al. 1995). The National Institute of Public Health has published a report, ‘Nutrition in Finland’ (Lahti-Koski 1999), which presents data on health, nutrition and food consumption. Its aim is to give a brief overview of the Finnish diet, how it has improved remarkably and contributed to a better health status of the population.

Since 1955 the Finnish Heart Association (FHA) has played an important role in producing the heart health promotion and CVD prevention recommendations for Finland. It has acted as a powerful organisation of experts, citizens and patients in the promotion of Finnish heart health. Through its communication and health education projects it has succeeded in increasing people's knowledge concerning risk factors for cardiovascular disease and how to reduce them.

In November 1997 the Ministry of Social Affairs and Health and the Finnish Heart Association invited interested parties to a consensus meeting for the promotion of heart health. The meeting resulted in a consensus statement, the ‘Action Plan for Promoting Finnish Heart Health’ (1998). To produce this document a consensus model was chosen with the aim of involving all relevant heart health promotion organisations of the country, e.g. authorities, policy makers, and the food industry. The statement is in accordance with national and EU public health targets, including the ‘health in other policies’ principle. The Action Plan is considered a landmark achievement for heart health promotion in Finland. The European Heart Health Initiative EHHI in Finland has strongly influenced the Action Plan and its implementation.
The Action Plan includes recommendations to improve Finnish nutritional habits, to increase the population's physical activity, to decrease smoking, to reduce psychological and social risk factors of diseases, to increase people’s personal responsibility for improving their personal health, and to encourage children and youth to adopt lifestyles that enhance heart health.

**EHHI alliance building**

EHHI national alliances for heart health promotion have been launched by the establishment of five national expert groups and a management committee. The following groups have been active:

- **Training and Education**
- **Information**
- **Canteen Catering**
- **Health-enhancing Physical Activity**
- **Heart Symbol**
- **EHHI Management Committee**

Leading experts from different areas of heart health promotion were asked to participate in the work of the groups. Many of them have participated in cardiovascular disease projects, as far as research and the implementation of the results are concerned. In addition, representatives from the organisations and authorities whose decision making and action can improve Finnish heart health have participated in the alliances. Food industry and catering management representatives have been involved in the work of the groups, especially in the Heart Symbol and Canteen catering groups. Many of the members of the alliances already participated in the Consensus meeting in 1997.

The main role of the FHA has been building and fostering alliances between other organisations which share its aims in heart health promotion, and coordinating the implementation of the proposals and the recommendations made by the alliances.

The EHHI national coordinators of the Nordic countries have met twice, in Copenhagen in February 1999 and in Helsinki in August 1999. The aim of the meetings was to find ideas and discuss possible partnership in the projects. The other coordinators were already interested in furthering the ideas of the Swedish *Fruit Chase competition* and *Danish Relay Race project* in their own countries. It inspired participants to talk as well about the principles of sponsorships and the possibilities for putting pressure jointly on sponsors to change their products in a more heart healthy direction. New ideas to be considered were drawing up criteria for Heart Healthy Schools and producing a European cookbook for children. The Nordic EHHI coordinators’ meeting was considered useful, but the implementation of the ideas is still in the planning stage because of the lack of resources.

**Priority areas**

Purely national measures and campaigns against CVD no longer suffice in Europe. This is the basis for selecting the priority areas in heart health promotion:
• urge national decision makers and the European Commission to give CVD prevention a high priority in planning for future health policies;
• tackle the current topic of the EU school milk scheme;
• establish a system by which a label can be awarded to foods which support the promotion of heart health.

Main achievements of the national alliances

The main target of the national alliances is to ensure the implementation of the recommendations proposed in the Action Plan and to increase European cooperation in heart health promotion. Until now the priority areas chosen, and therefore the achievements, have mainly been in nutrition and health-enhancing physical activity:

• To establish a system by which a heart symbol can be awarded to foods which support the realisation of nutritional recommendations;
• To establish a system by which a heart symbol can be awarded to activities to promote heart health;
• To produce two manuals for Heart Healthy Canteen Catering;
• To produce a leaflet, ‘A Nice Day’s Lunch’, for consumers;
• To produce recommendations for health-enhancing physical activity;
• To carry out a survey on the state of CVD prevention in the education and training of healthcare personnel;
• To organise training and education;
• To participate in the Fourth European IUHPE Conference, Effectiveness and Quality of Health Promotion, and present the implementation of the EHHI project in Finland in the Workshop ‘Assessment of cost effectiveness in primary prevention of cardiovascular disease’ together with a poster about the EHHI project in Finland;
• To coordinate the implementation of the following surveys in Finland: Candidates for the European Parliament, European Parliament members and national parliament members.

Evaluation

Two follow-up meetings of the Action Plan for Promoting Finnish Heart Health have been organised. The Action Plan seems to be progressing as expected. Process evaluation has been an important part of the on-going alliance evaluation. The evaluation will also be a part of the existing follow-up system (e.g. yearly survey ‘Health Behaviour among Finnish Adult Population’ Health Barometry). The yearly survey about the health behaviour of adult Finns (Helakorpi et al. 1999) shows that nearly 40% of the adult population has heard about the action plan to promote Finnish heart health. More detailed information about the strengths and weaknesses of the alliances, as well as the opportunities and threats which the alliances have to face, is not yet available. Some surveys specifically focusing on the evaluation of the implementation of the Action Plan are going to be carried out, e.g. cooperation between the partners. The evaluation will be performed by the University of Kuopio by the end of 2000, and the outcomes of the evaluation process will then be available.

Even now it can be said that many health promotion activities have gained by connecting with new partners e.g. the Finnish Diabetes and Cancer Associations and associations for physical activity.
Best practice models in Europe

It is obvious that when a country has implemented a common strategy to promote heart health, as Finland has in the Action Plan for Promoting Finnish Heart Health, it has something of value to propose to other countries to help them tackle CVD.

The recommendations for the development of health-enhancing physical activity at the community level and the ‘Heart Symbol’ project could be adopted by other countries as well.

Since 1990 Heart Week has encouraged people to adopt a heart healthy life style. As a joint effort of thousands of people, Heart Week has developed into a nation-wide campaign. The Lunch Campaign, the very crucial component of the Week, includes many elements that would suit a European-wide event.

As far as diet is concerned, for over ten years reducing salt intake has been one of the main topics of the FHA's nutrition programme. The results are very promising and present opportunities for others for effective intervention as well.

Barriers

There is always competition between the organisations, which may weaken the cooperation between the participating members. In the beginning the interest in working together may be very high, but the commitment may not always last.

The most important barrier to be faced is the shortage or lack of resources. When resources are sought from the business world, conflicting expectations may hinder the progress of the programme.

Policy recommendations

The Action Plan for Promoting Finnish Heart Health crystallised the evidence for the fight against CVD and made 118 recommendations for action. The following recommendations have been chosen as our starting point.

The Heart Symbol in food labelling may lead to the food industry showing more interest in developing healthier foods, and may make decision-makers more responsive to health views. An important guiding principle in defining the criteria for the Heart Symbol has been that the food groups chosen are nutritionally important. The foods to receive the symbol must fulfil the claims introduced by nutritional recommendations and health promotion. Plans or actions concerning the heart symbol are also underway in Holland and Portugal. In the UK there is already experience with symbols in food marketing, and the programmes ‘Pick the Tick’ and ‘Logo on the Brand’ have been implemented. In the EHN annual workshop in June 1999 there was a special session to exchange experiences with the symbol.

Healthiness, tastiness and variety are emphasised in canteen food, and attention is paid in particular to fat quality and quantity, sodium and fibre contents.

The recommendations for health-enhancing physical activity aim at increasing physical activity in all population groups. The recommendations are directed at schools, day care centres, sport and exercise organisations, and the decision makers in the communities.
Heart disease is a major contributor to inequality in health, and much of the burden concerns people in lower socio-economic groups. The next issue to be dealt with will be how to decrease psychological and social risk factors in order to improve Finnish heart health. Some of the ideas and initiatives in which European competence already exists are e.g. the recommendations produced by EHN and various activities in other countries in that area.

Finnish Action Plan on the pan-European theme ‘Children /Young People’ for the years 2000-2001

The year 2000 activities are already well underway. Linking with the EHHI's pan-European theme of ‘Children and Young People’, the FHA invited other organisations and authorities to prepare action plans on the welfare of children and young people. FHA and its partners formed the Children's Health Forum to bring together a range of activities from participating organisations and increase awareness among both health professionals and the general public of the importance of beginning healthy habits in childhood, and to foster partnerships and initiatives between health and children's organisations in policy areas that influence children's health.

Organisations and authorities taking part in this Children's Health Forum are:

- Finnish Heart Association,
- Mannerheim League for Child Welfare,
- Association of Pulmonary Disabled,
- Finnish Rheumatism Association,
- Finnish Cancer Association,
- Young Finland,
- Finnish Centre for Health Promotion,
- National Research and Development Centre for Welfare and Health (STAKES),
- Education Council,
- Ministry of Social Affairs and Health.

Activities will be concentrated on basic health matters such as diet, physical activity and a good everyday life. The current eating habits of children and young people indicate both good and bad developments. The amount and quality of fat they use is changing in the direction recommended, but the use of salt is still a problem. Also, consumption of vegetables, fruits and berries has not reached the recommended level. Physical activity seems to be very popular, but even so only every third child is physically active enough to promote health. The proportion of obese children is continuously increasing.

Events are planned to take place during Heart Week. As a part of the Heart Week 2000 Lunch Campaign, day care centres had their own menus. There was a leaflet called ‘Heart-friendly Ideas for Kids’ for the children to take home and to be distributed at parents' evenings. It included recipes for between-meal snacks and ideas for health-enhancing physical activities. The teachers also had their own material with which they could bring heart health promotion ideas into the children’s daily activities during the Heart Week and after it.

The Forum produces a monthly press release which deals with the issues of the day.

The Forum has produced an information pack on the alliance members (organisation, activities, materials, calendar of events).
A conference on children's welfare is scheduled to take place in the fall of 2000. The idea is to seek children's views on their health and welfare.

The Children's Forum will also arrange an event at schools to raise awareness of children's health and to raise funds for the activities of the Forum and for Unicef in the fall of 2000.
7.3.1. Aims and Objectives of National Alliances

National alliances for heart health promotion in Finland have been launched by the establishment of five national expert groups and a management committee. The five expert groups explained in the following were named:

- Heart Symbol;
- Physical Activity;
- Canteen Catering;
- Information; and
- Education & Training.

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7.3.3. Aims and Objectives of Each Alliance

Heart Symbol

The purpose of the alliance is to establish a system by which a heart symbol can be awarded to foods which support the implementation of nutrition recommendations and heart health promotion with regard to their fat and salt content.
Physical Activity

The purpose of the alliance is to increase health-enhancing physical activity in all population groups. Communities, day care centres, schools, sports and exercise organisations are preparing policy programmes and health enhancing physical activity promotion programmes on their own, while keeping in mind the possibilities offered by cooperation.

Canteen Catering

The purpose of the alliance is to make heart healthy dietary recommendations effective in canteen catering. Healthiness, tastiness and variety should be emphasised in canteen food. Attention should be paid in particular to fat, sodium (salt) and fibre contents. Customers should be informed about the healthiness and nutritional value of meals.

Information

The purpose of the alliance is to make the Action Plan widely known in Finland. Further purposes were to serve the information and communication needs of all alliances established and to support the existing activities for heart health promotion, e.g. Heart Week.

Education and Training

The purpose of the alliance is to ensure the implementation of the Action Plan recommendations on education and training.

National EHII Management Committee

The purpose of the alliance is to ensure the implementation of the Action Plan recommendations by building and fostering alliances between other organisations and authorities which share its aims in heart health promotion. The alliance urges Finnish political decision makers to give cardiovascular disease prevention a high priority. The aim is to increase European cooperation in heart health promotion.

7.3.4. Major Studies, Guidelines or Publications Issued by Alliance Members


### 7.3.6. Projects Initiated by the Alliances

**Heart Symbol**

The purpose of the heart symbol is to benefit the whole population. It would be especially useful to those who want to protect their health and prevent diseases.

The participants in the implementation of the project are The Finnish Heart Association and the Finnish Diabetes Association.

The right to use the symbol is awarded through an application process and is given for a fixed period of time. The criteria include fat and salt content of the product.

The promotion of the heart symbol started in January 2000. Consumers and the food industry will be informed about the meaning and importance of the symbol. Nation-wide consumer campaigns including television spots took place around May - June 2000. Informative posters decorate the markets, and leaflets entitled ‘Heart Symbol - a better choice’ are being distributed to customers.

**Physical Activity**

The alliance has published the recommendations for the development of health-enhancing physical activity, which are based on the consensus statement for promoting heart health. A preliminary meeting for producing the recommendations was held in September 1999. The final version was published in February 2000.

The publication is widely distributed among sport, health and school authorities. Education, training and information are part of the implementation of the project.

**Canteen Catering**

The alliance has produced two manuals:

- *Heart Healthy Canteen Catering*, including a model for contracts with food suppliers which is meant to be a guide for company management;
- **Heart Healthy Lunch** - a guide for canteen catering.

It has also published a leaflet, ‘A Nice Day’s Lunch’, to guide customers in making ‘heart smart’ choices.

Training of canteen personnel is being organised systematically.

**Information**

A nation-wide press conference was organised in October 1998. In addition 15 local informative meetings have taken place. The aim of the event was to give a real ‘kick-off’ to implementation of the Action Plan.

The Action Plan was sent to all chairpersons of local government boards in December 1998. Local heart associations surveyed all municipal councillors on issues of heart diseases prevention, health promotion and personal heart health.

The public's knowledge on heart diseases and attitudes towards heart symbol on food labels has been mapped out.

All Finnish cardiologists received information about EHHI through their newsletter. *The Heart*, the journal of FHA, had a column on the EHHI in most issues, and the Finnish version of the *EHHI Newsletter* is widely distributed.

Up-to-date information about EHHI is also available on FHA’s homepage ([www.sydanliitto.fi](http://www.sydanliitto.fi)).

**Education and Training**

A survey on the state of the implementation of CVD prevention in education and training was planned and carried out in 1999. A questionnaire was sent to about 140 vocational training institutes for health care professionals (e.g. nurses, nutrition specialists) and to all medical schools.

Two educational events dealing with heart health promotion targeted at journalists took place in 1999.

**National EHHI Management Committee**

A high-level alliance to promote heart health and to monitor the implementation of the Action Plan has been achieved.

Two consensus meetings to follow up the implementation of the Action Plan have been arranged. Surveys were implemented in Finland to poll the:

- candidates to the European Parliament,
- European parliamentarians, and
- national parliamentarians.

The declaration made at the *Winning Hearts* Conference was sent to all Finnish parliamentarians to obtain their support for the common vision.
7.3.7. Evaluation of Projects

Heart Symbol

The feasibility of the project is being tested in two urban food markets. There are about two hundred products on the shelves that are marked with the symbol. A survey including approximately 600 customers was carried out during the testing period.

Physical Activity

The feasibility of the recommendations will be tested by following health-enhancing physical activities adapted by the communities and the organisations.

Canteen Catering

The feasibility of the Heart Healthy Lunch guide will be tested as a part of an educational project. A survey will be done in selected canteens.

Information

The evaluation will be part of the final evaluation of the Action Plan.

Education and Training

The evaluation will be part of the final evaluation of the Action Plan.

National EHHI Management Committee

The evaluation will be part of the final evaluation of the Action Plan. The Action Plan seems to be progressing as planned. Even now it can be said that many health promotion activities have gained by securing new partners.

7.3.8. Priorities in CVD Prevention, as Identified by the National Alliance

Physical Activity

The outcomes of the formal evaluation process are not yet available.

In the process of producing the recommendations the EHN recommendations have served as a valuable aid. In the future the experiences from other European countries can add considerable value.
Information
The outcomes of the formal evaluation process are not yet available.

Education and Training
The outcomes of the formal evaluation process are not yet available.

National EHHI Management Committee
The outcome of the formal evaluation process is not yet available.
National Alliance of France

European Heart Health Initiative
Final Report

Country Report on National Alliances
and Their Activities

by
French Federation of Cardiology
EHHI Programme
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National Executive Summary
France

Building and Expansion of the National Alliance

The French Federation of Cardiology (FFC) is the only organisation in charge of heart disease prevention in France.

For a campaign like ‘Emergency Cardiac Care’ and Cardio Pulmonary Resuscitation (CPR) training sessions for 50,000 people, FFC needs to work with all national organisations in charge of emergency care. This is why the alliance ‘Collectif Apprendre les gestes qui sauvent’ was created in 1999, involving 21 members.

For a campaign like ‘Smoking, No thanks’ targeted at young people, it is important as well to involve organisations concerned with tobacco prevention.

Prevention campaigns settled by alliances are well known to achieve better results than campaigns launched by only one isolated organisation.

Before 1999, most prevention campaigns were handled by FFC alone.

Priority Areas for Effective Intervention

Three priority areas have been identified in France:

- Give higher priority to education and training in Cardio Pulmonary Resuscitation and education on healthy lifestyles at school
- Reinforce fight against tobacco
- Display automatic defibrillator in public areas

Major Achievements of National Alliances

What can be said presently is that the same campaign strategy must be presented, understood and adopted by each member of the alliance. Each member must be well convinced that we are all fighting cardiovascular disease together, and that all members have to work together in order to achieve an efficient result.

Effective Programmes/Interventions to Serve as Best Practice Models in Europe

Preliminary Remarks

A large number of community trials have been carried out for the last 30 years. The results showed that it was difficult to assess the impact of preventive measures focused on risk factors and at-risk behaviours.
Therefore, how could we assess the impact of the FFC’s campaigns on a population of 60,186,184 inhabitants?

This impact might be indirectly assessed by taking into account the number of preventive actions carried out, the targeted populations and the participation rates for such events. The FFC will be able to communicate the precise figures and the type of actions that have been carried out by the various ‘Coeur et Santé’ clubs and the various operations run by the National Board.

This impact might be indirectly assessed too through the ischaemic heart disease registers. In France, a decrease of almost 5% in the ischaemic heart disease mortality rate and of 2% in the coronary event rate has been observed within a period of 10 years. In South Western France, the decrease was even more significant (Marques-Vidal P, Ruidavets JB, Cambou JP, Ferrières J. ‘Impact of incidence, recurrence and case-fatality rates of myocardial infarction in coronary heart disease mortality in South Western France, 1985-1993’. *Heart* 2000 (in press)). These campaigns have improved subjects' awareness of risk factors (Marques-Vidal P, Ruidavets JB, Cambou JP, Ferrières J. ‘Trends in hypertension prevalence and management in South Western France, 1985-1996’. *Journal of Clinical Epidemiology* 2000 (in press)).

These campaigns should be supported since the situation is far from being exemplary. Although tobacco consumption decreased in men, conversely it has increased in younger women (in 1985, 25% of women in the age-range 35-44 years old age, and in 1997 35% were current smokers).

In short, we are perfectly aware of the amount of work produced by the FFC and the number of actions carried out and documents distributed (2 700 000 in 1999). Since these nation-wide actions promoted by the FFC are varied but not evaluated on a national scale, it is difficult to assess their actual impact. However, the continuous decrease of ischaemic heart disease attack rate and case fatality rate and the improved awareness and management of risk factors legitimise such campaigns carried out by the FFC.

**Evaluation of:**

**Cardiovascular Screening of French MPs**

Among a total of 577 MPs, 3/4 of them have been involved (personally or through their parliamentary assistants).

- 124 MPs are very interested in the action of FFC.
- 44 MPs are very positive and ready for action.

As a conclusion, this action appeared very positive: involving MPs from the private point of view (their own health) is a good way to get their attention on CVD problem and raise awareness among French MPs about the need to implement a national health policy for the Heart.

**‘Smoking? No Thanks’ campaign**

More than 1,000 children answered the questionnaire and FFC selected about 250 story-boards. About 6,000 children visited our internet site www.jamaislapremiere.org.
Barriers to be Addressed

Mainly inertia of the French government in the field of cardiovascular disease prevention: no official nationwide programmes, no budgets allowed, while other diseases like cancer or AIDS have been widely supported for years.

More extensive media support to be able to get the massage across, since the FFC cannot afford expensive advertising campaigns on TV and in other effective media like famous newspapers and magazines.

Policy Recommendations

The priorities for which the French government is urged to define an official policy are:

- **Give** higher priority to education on CPR and education on healthy lifestyles at school;
- **Display** automatic defibrillator in public areas like train stations, airports, etc.;
- **Help** FFC gain higher level of media support (especially TV) and build greater popularity among French general public for cardiovascular prevention;
- **Reinforce** fight against tobacco;
- **Include** a specific course on CVD prevention in medical studies.


For France, the next national campaign is planned to be:

- ‘Cardiovascular Prevention to be started at school’

The alliance also plans to continue:

- Emergency Cardiac Care and Training for CPR
- ‘Smoking? No Thanks’
- Lobbying the Decision Makers (French MPs, Senators and government).
7.4.1. Aims and Objectives of National Alliances Created

Two national alliances have been created:

‘Smoking? No thanks’ Alliance

Each year, an information campaign designed by teenagers, for teenagers (Partners: French Federation of Cardiology, La Ligue contre le Cancer, le CNCT, Tabac et Liberté)

‘Emergency Cardiac Care and CPR’ Alliance

(Partners: French Federation of Cardiology, Croix Rouge, Samu, Pompiers, Sécurité Civile, Ministère de l’Intérieur)

7.4.2. Membership of the Alliance

‘Smoking? No Thanks’ Alliance

French Federation of Cardiology

Representative: Prof. Daniel Thomas, Chairman
Mr Serge Lafaye, Executive Director
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Telephone: +33 1 44 90 83 79
Fax: +33 1 43 87 98 12
E-mail: presse@fedecardio.com
Website: www.fedecardio.com

La Ligue Nationale contre le Cancer

Representative: Prof. Henri Pujol, Chairman
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Telephone: +33 1 44 06 80 80
Fax: +33 1 44 06 81 21
Le CNCT
Representative: Prof. Gérard Dubois, Chairman
Address: 31 rue Michel Bizot-75012
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Tabac et Liberté/ Réseau de Médecins
Representative: Dr Jean Daver, Chairman
Address: 36 rue Alsace Lorraine
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Telephone: +33 56 12 26 155
Fax: +33 56 12 28 307

Emergency Cardiac Care Alliance*

French Federation of Cardiology
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Mr Serge Lafaye, Executive Director
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Telephone: +33 1 44 90 83 79
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E-mail: presse@fedecardio.com
Website: www.fedecardio.com

Croix Rouge Française
Representative: Prof. Marc Gentilini
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75008 Paris
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SAMU DE France
Representative: Prof. Paul Petit
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69437 Lyon
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FNSPF (Fédération Nationale des Sapeurs Pompiers de France)
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75010 Paris
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Fax: +33 1 45 96 01 10
7.4.3. Aims and Objectives of Each Alliance Member

**French Federation of Cardiology:**
- Prevention of heart disease, first cause of mortality in France and Europe
- Cardiac rehabilitation
- Sponsoring of medical research programmes in cardiology
- Information about CPR

The French Federation of Cardiology (FFC) is the only structure in charge of cardiovascular prevention in France. However, it is not the only organisation supporting cardiovascular research, since La Société Française de Cardiologie, la Fondation pour la Recherche Médicale and la Fondation Médicale among others, support it too.

As the only structure in charge of prevention, the FFC needs the help of other organisations to achieve successful prevention campaigns.

**La Ligue Contre Le Cancer**
- Sponsoring of medical research programmes in cancerology
- Information and prevention against cancer
- Contact/information with patients
- Definition of public policy and action plans against cancer

* 21 different organisations are part of this alliance
Le CNCT
- Fight against tobacco in fields like politics, education, law
- Protection of non-smokers and prevention of smoking among youngsters
- Help smokers quit

Tabac et Liberté/ Réseau de médecins
Medical network specialised into:
- General Practitioners
- Continuing education for patients
- Smoking cessation

Croix Rouge Française
- Promotion of International Humanitarian Rights
- Protection of victims during conflicts and wars

SAMU de France
Emergency Care Services based in public hospitals

FNSPF
Fire Brigades
All emergency and medical interventions

FNPC
Mainly in charge of:
- First Aid Education
- Protection of victims in all emergency cases

Ministère de l’Intérieur
French Ministry of Internal Affairs/ Defence and Civil Security Department
7.4.4. Major Studies, Guidelines and Publications Issued by Alliance Members

- Leaflets and brochures
- Cœur et Santé magazine
- Cardiologie, 30 ans de progrès, a special publication intended for Members of the French Parliament and political decision-makers (1999)

Summary Conclusion of Cardiologie, 30 ans de progrès:

Decision-makers are asked by FFC to:

- **Give** higher priority to education on CPR and education on healthy lifestyles at school;
- **Display** automatic defibrillator in public areas like train stations, airports, etc.;
- **Help** FFC gain higher media support (especially TV);
- **Reinforce** fight against tobacco;
- **Include** a specific course on CVD prevention in medical studies.

7.4.5 Projects Aimed at CVD Prevention, as Initiated or as Participated in by Each Individual Alliance Member

French Federation of Cardiology

Lobbying the Decision Makers

Cardiovascular Screening of French Members of Parliament

From 21 March until 6 April 2000 at the Assemblée Nationale

Cardiovascular Screening of the Members of French Parliament:

Programme:

A 15 minute private discussion between cardiologist and MP, including:

- Physical examination (Blood pressure, weight, dry chemistry for random total cholesterol)
- A cardiovascular risk score was then calculated from the above information which estimates the probability of developing coronary heart disease or other vascular disease over the next 10 years.

A confidential personal report was produced on the basis of the above results and given to the MP at the end of discussion.

- 159 MPs participated
- 34 MPs are still on a waiting list (in case of a second screening)
133 parliamentary assistants participated as well
FFC has had an initial contact with MPs as a first step.

But there is still no national health policy about CVD while there is one for cancer. This is going to be the next challenge for the French Federation of Cardiology.

This is the reason why the French Federation of Cardiology plans to carry on with networking with Members of Parliament and other decision makers (Senators for example) in 2000-2001.


The leading campaign recently carried out by the FFC concerned smoking prevention in the teenager population. The purpose of the campaign entitled ‘Jamais la première’ was to inform the targeted population before the first cigarette and persuade these young people not to start smoking. This campaign was entirely implemented by the FFC and was very successful.

This information campaign was designed by teenagers for teenagers.

They were asked to carry out two different projects:

- **A survey**

  They were first asked to prepare a questionnaire, the purpose of which was to identify why a teenager should smoke or reject smoking for the first time. Teenagers asked their friends to answer the questions.

- **A story-board**

  Then they were asked to work on a story-board project to imagine a videoclip that was then broadcast on television and cinema.

  A first 30 minute clip was broadcast in 98-99. The new one will be broadcast for the first time on French TV on 31 May, No Tobacco Day.

  At the Smoke-free Europe Conference held in Helsinki in 1996, informing youngsters about the dangers of smoking was declared as a public health priority for European countries.

  This is the reason why the French Federation of Cardiology suggests that this programme become a joint project between several EHN members, since ‘every child born in the new millenium has the right to live until the age of at least 65 without suffering from avoidable cardiovascular disease’ (Declaration made at the Conference Winning Hearts on 14 February 2000).

Emergency Cardiac Care and CPR alliance Campaign

This is the next Campaign of FFC for 2000. In the framework of the ‘emergency campaign’, the campaign in 2000, FFC created an alliance with the Red Cross, the Fire brigades and the SAMU (medical mobile units) among other organisations.

**Aims:**

- Free training of 50 000 people regarding CPR between October and December 2000;
- Press Conference: mid-June2000;
- National telephone number to be called in order to register for CPR training courses;
- Advertising Campaign (TV and Cinema) with a 30 minutes clip: starting mid-June;
- Audio CD with interviews to be distributed to radio networks.

7.4.7. Evaluation of Projects

Preliminary Remarks

A large number of community trials have been carried out for the last 30 years. The results showed that it was difficult to assess the impact of preventive measures focused on risk factors and at-risk behaviours.

Therefore, how could we assess the impact of the FFC’s campaigns on a population of 60,186,184 inhabitants?

This impact might be indirectly assessed by taking into account the number of preventive actions carried out, the targeted populations and the participation rates for such events. The FFC will be able to communicate the precise figures and the type of actions that have been carried out by the various ‘Coeur et Santé’ clubs and the various operations carried out by the National Board.

This impact might be indirectly assessed too through the ischaemic heart disease registers. In France, a decrease of almost 5% in ischaemic heart disease mortality rate and of 2% in coronary event rate has been observed within a period of 10 years. In South Western France, the decrease was even more significant (Marques-Vidal P, Ruidavets JB, Cambou JP, Ferrières J. ‘Impact of incidence, recurrence and case-fatality rates of myocardial infarction in coronary heart disease mortality in South Western France, 1985-1993’. Heart 2000 (in press). These campaigns have improved subjects’ awareness of risk factors (Marques-Vidal P, Ruidavets JB, Cambou JP, Ferrières J. ‘Trends in hypertension prevalence and management in South Western France, 1985-1996’. Journal of Clinical Epidemiology 2000 (in press).

These campaigns should be supported since the situation is far from being exemplary. Although tobacco consumption decreased in men, conversely it increased in younger women (in 1985, 25% of women in the age-range 35-44 years were current smokers, while the percentage of female smokers in this age range rose to 35% in 1997).

In short, we are perfectly aware of the amount of work produced by the FFC and the number of actions carried out and documents distributed (2 700 000 in 1999). Since these nation-wide actions promoted by the FFC are varied but not evaluated on a national scale, it is difficult to assess their actual impact. However, the continuous decrease of ischaemic heart disease attack rate and case fatality rate, an improved awareness and management of risk factors legitimise such campaigns carried out by the FFC.

Evaluation of:

- Cardiovascular Screening of French MPs

Among a total of 577 MPs, 3/4 of them have been involved (personally or through their parliamentary assistants

- 124 MPs are very interested in the action of FFC.
44 MPs are very positive and ready for action.

As a conclusion, this action appeared very positive: involving MPs from a private point of view (their own health) is a good way to get their attention on CVD problem and raise awareness among French MPs about the need to implement a national health policy for the Heart.

‘Smoking? No Thanks’ campaign

More than 1,000 children answered the questionnaire of the survey and FFC selected about 250 story-boards. About 6,000 children visited our internet site www.jamaislapremiere.org.

7.4.8 Priorities in CVD Prevention, as Identified by the National Alliance

Besides these three main programmes, the priorities for which the French government is urged to define an official policy are:

- Give higher priority to education on CPR and education on healthy lifestyles at school;
- Display automatic defibrillator in public areas like train stations, airports, etc.;
- Help FFC gain higher media support (especially TV) and get greater popularity among French general public for cardiovascular prevention;
- Reinforce fight against tobacco;
- Include a specific course on CVD prevention in medical studies.
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European Heart Health Initiative
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Germany

Building the national alliance

Cardiovascular diseases (CVD) remain at the top of the list of cause of death statistics. CVD causes the most premature deaths, and the high morbidity connected with CVD affects patients’ quality of life and burdens society with high indirect and direct costs as well. This challenge cannot be managed through the great progress of curative medicine alone. A real breakthrough can be expected only through effective prevention. To reach this target and to join forces, in 1990 four German organisations with similar objectives formed an alliance they call the NHKK (Nationale Herz-Kreislauf-Konferenz: Cardiovascular Conference). Implementing the activities in the framework of the EHHI project at national level was an obvious next step for the NHKK (for the list of members see #2 of the country report).

Priority areas

Within the EHHI project, the publication of annual recommendations for the prevention of cardiovascular disease intended for physicians was successfully carried out for the first time. Risk factors like smoking, nutrition and exercise (a healthy lifestyle) were prioritised. These annual recommendations were accepted positively by policy makers as well as physicians.

Main achievements of the alliance

The main achievement of the alliance was the support provided to physicians in the form of measures for the prevention of cardiovascular disease. The possibilities and strengths of a national alliance are joint actions of all organisations concerned, intended to support the prevention of cardiovascular disease by concentrating efforts and speaking with ‘one voice.’ The chances for exercising political influence will be improved.

However, the expansion of alliances involves certain risks. Arrangement processes will become more difficult and take more time. This could result in less effectiveness for common projects.

Programmes

The publication of annual recommendations for the prevention of cardiovascular disease was considered effective. Our future task should be to concentrate on non-smoking support for children, youth and adults, as well as on projects promoting non-smoking behaviour that have previously proven effective.
**Barriers that must be addressed**

Alliances basically should agree only on the planning and implementation of a project with one carefully defined subject. Beyond this joint project, each alliance member must be eager to develop and implement its own programmes and to continue with them.

Efforts to improve health should not be in competition with economic interests. The organisations involved should also try to break down political barriers.

**Policy recommendations**

As the common task within the NHKK, the prevention of cardiovascular disease unites all associations. For this purpose,

- joint annual recommendations and
- comments related to questions of current interest

will be published. They will be directed toward health policy and the cost units, and will also target the general public.

**National plans**

In the NHKK alliance, recommendations regarding risk stratification in arterial hypertension and concerning Lipid-metabolic disorders (see enclosure) are planned. In the alliance ‘Coalition against Smoking’, efforts for the protection of non-smokers will be intensified and programmes for non-smoking support will be developed further.
7.5.1. Aims and Objectives of National Alliance Created

From the background of the high prevalence of risk factors for CVD such as smoking, increased blood lipid concentration, hypertension, overweight and lack of exercise and last but not least also because of the development of the mortality from CVD in various countries, which is very different in part, four professional associations in Germany formed an alliance called the Nationale Herz-Kreislauf-Konferenz (NHKK).

7.5.2. Membership of the Alliance

Deutsche Herzstiftung e.V.

(German Heart Foundation)
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E-mail: Herzstiftung@compuserve.com
Website: www.herzstiftung.de

Deutsche Gesellschaft für Prävention und Rehabilitation von Herz-Kreislauferkrankungen e.V. (DGPR)

(German Society of Prevention and Rehabilitation of CVD)
Representative: Manfred Bender (Managing Director)
                  Prof. Dr. med. Klaus Held (Chairman of the Board)
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Fax: +49 261 309 232
E-mail: info@dgpr.de
Website: www.dgpr.de
Deutsche Liga zur Bekämpfung des hohen Blutdruckes e.V. (Hochdruckliga)

*(Hypertension League)*

Representative: Dr. rer. nat. Peter Kaune (Managing Director)
Prof. Dr. med. Gerd Bönner (Member of the Board)
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Fax: +49 6221 402 274
E-mail: Hochdruckliga@t-online.de
Website: www.paritaet.org/hochdruckliga.de

Deutsche Gesellschaft zur Bekämpfung von Fettstoffwechselstörungen und ihren Folgeerkrankungen DGFF (Lipid-Liga) e.V.

*(Lipid League)*

Representative: Dr.rer.biol.hum. Heike Kantner (Managing Director)
Prof. Dr. med. Peter Schwandt (Chairman of the Board)
Address: Waldklausenweg 20, D-81377 München
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Fax: +49 89 714 2687
E-mail: Lipid-Liga@t-online.de
Website: www.lipid-liga.de

7.5.3. Aims and Objectives of Each Alliance Member

Deutsche Herzstiftung e.V.

*(German Heart Foundation)*

The German Heart Foundation is a membership organisation that currently has 33,000 members. The first priority is the members themselves, which means concentrating on the needs of the members day-by-day. The most important objectives of the German Heart Foundation are the promotion of cardiovascular research, carrying out nation wide education campaigns, e.g. for early diagnosis of cardiac infarction, and the organisation of heart seminars and performances for patients where cardiologists for instance report on prevention, new methods of medical treatment, taking the right medicine and nutrition.

DGPR

The DGPR covers all subjects of outpatient and stationary care of CVD and at risk patients. Among the 6,000 members there are more than 50 cardiovascular rehabilitation clinics.
In the rehabilitation field the establishment and development of outpatient heart groups are promoted intensively. Actually there are 4,500 groups with approximately 100,000 patients.

Hochdruck-Liga

*(Hypertension League)*

The German League for the Defeat of Hypertension has been holding information and further training courses since 1974. The Hypertension League offers further training for physicians and organises seminars for patients. Special offers are hypertension training sessions and courses for long-term blood pressure reading.

Lipid-Liga

*(Lipid League)*

The German Association for the Defeat of Lipid-metabolic disorders and its after-effects is offering to patients and physicians comprehensive information and advice on the topic of ‘Lipids’. There is a physician advice service where expert members of the league are available daily for questions on diagnostic and therapy on lipid-metabolic disorders.

7.5.4. Major Studies, Guidelines or Publications Issued by Alliance Members

Deutsche Herzstiftung e.V.

*(German Heart Foundation)*


DGPR


Hypertension League

7.5.5. Projects and Initiatives Aimed at CVD Prevention

Deutsche Herzstiftung e.V.

(German Heart Foundation)

Every two years the German Heart Foundation organises its nation-wide educational campaign, the Heart Week. In 1999 it took place from November 1st to 8th under the slogan ‘Checkmate cardiac infarction’. The target of the Heart Week is the education of the public on measures for the prevention of CVD. Publications: Special brochure Schach dem Herzzinfarkt, magazine Herz heute 1/99, 2/99, 3/99.

7.5.6. Projects Initiated by the Alliance

One of the main tasks of the NHKK is to impart knowledge about preventing heart disease to physicians. Therefore the members of the alliance (ref. section 2) decided to publish annual recommendations concerning prevention for physicians. The suggestions for 1998/1999 deal with blood pressure reading at the wrist (self-checking), the treatment of diabetes mellitus, hypercholesterinemia, hypertrigliceridemia, protection from smoke for non-smokers by legal regulations. They also include information about Chlamydia pneumonia and Homocystein.

The annual recommendations of the NHKK have been published in

- Ärzteblatt Rheinland-Pfalz
- Ärzte Zeitung
- Ärztliche Praxis
- Deutsches Ärzteblatt
- Deutsche Medizinische Wochenschrift
- Hintergrund (HAGE)
- Kardiologische Nachrichten

Furthermore Deutsche Medizinische Wochenschrift produced offprints of the annual recommendations (circulation 40,000) – see enclosed copy

7.5.7. Evaluation of Projects

None.
7.5.8. Priorities in CVD Prevention, as Identified by the National Alliance

The project *Annual Recommendations* may not have been evaluated, but reactions from the press and the physicians showed that the recommendations are very important in daily practice.

In addition the German Heart Foundation has its own initiatives, the *Heart Weeks*, which every two years educate people concerning early diagnosis of cardiac infarction. According to a survey carried out in Ludwigshafen, already six months after the *Heart Week* the public is no longer aware of the information given during the *Heart Week*. This demonstrates that it is necessary to repeat the *Heart Weeks* in this rhythm.

Due to the very restricted public funds for prevention in Germany, it’s important that all organisations in the cardiovascular field keep on educating with their individual prevention campaigns.
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Greece

The establishment of a national alliance for the prevention of heart disease in Greece is the result of the EHHI project. Before this initiative we did not have such extensive collaboration between non-governmental organisations and between the ministries. Now we are involved in several projects, and we have also reached agreement on the priorities for a national plan to prevent cardiovascular diseases (CVD).

Priority areas

The three priority areas in which effective intervention is needed are as follows:

Smoking

The alliance strongly believes that as Greece has a large number of smokers (one of the highest percentages in Europe) and the laws are not being implemented in public areas (hospitals, public services, schools, banks etc) it is urgent for Greece to establish a network which will push society to do this.

Healthy diet

Nutrition is the second main issue, as the Mediterranean diet is not very popular among young people currently. The use of olive oil, which is one of the cornerstones of the Mediterranean diet, remains a very important factor in promoting a healthy diet, as it is one of the most popular oils used every day in the family, but it is not used in restaurants.

Exercise

Exercise is also very significant, as it is well known that the majority of the Greek population do not want to walk and prefer to use cars and watch television. There is a special interest and priority for children, because it is easier to educate young people to a healthier lifestyle than the older members of our society.

Major achievements

The main achievements of the national alliance are the establishment and the regular functioning of this network, the close collaboration between the members of this alliance especially in running joint programmes, the initiation of the writing group to produce common guidelines addressed to the public, and the creation of WebPages for EHHI in Greece.

Evaluation of programmes

We have not yet evaluated the effectiveness of our programmes/interventions and therefore we cannot yet suggest any of them to serve as best practice models in Europe. However, we believe that agreement about the priorities of CVD prevention in the country as well as agreement on a national plan for CVD prevention in schools and in our national health system are two important and remarkable issues.
The biggest difficulties we face are:

- Long bureaucratic delay of the scientific associations;
- The difficulties in providing for the participation of representatives from various parts of our country in our meetings, since the programme does not cover their expenses;
- The non-participation of local authorities.

Policy recommendations

The policy recommendations are being discussed just now in the councils of our member-organisations and when discussions have been completed we will have a consensus document.

National action plan

We do not have a specific national action plan on the pan-European theme for the year 2000/2001.
EHHI Country Report on National Alliances and Their Activities
Greece

7.6.1. Aims and Objectives of National Alliance Created

The aim of the Hellenic alliance is to enhance CVD prevention efforts with a clear consensus on the need to establish a long-term alliance that will carry out common projects. Such an alliance was felt to be in the interest both of Greece and of the European Union.

One of the most important aims of this alliance is to build a consensus regarding the priorities of the coalition for a National and European Action Plan. These priorities include specifying proposals concerning smoking, nutrition and exercise, the need for epidemiological studies and the monitoring of risk factors in Greece as well as the specific efforts in regard to the subject matter, which take place.

7.6.2. Membership of the Alliance

Hellenic Heart Foundation
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Website: www.hcs.org.gr

Greek Society for Consumer Protection (EKPIZO)
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E-mail: ekpizo@ath.forthnet.gr
Website: www.oneworld.org/consumers/members/greece1.html
Union of Olive Oil Industry (SEVITEL)
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Cardiology Dept. of the University of Crete
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Athens Medical Society
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Hellenic Action against Cancer
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7.6.3. Aims and Objectives of Each Alliance Member

**Hellenic Heart Foundation (ELIKAR)**

The Hellenic Heart Foundation is a non-profit, non-governmental organisation which was established in 1991. The Hellenic Heart Foundation is committed to the prevention of cardiovascular diseases (CVD) in Greece and it works toward heart health by:

- informing the general public about the risk factors that cause CVD;
- organising Hellenic and international meetings on the prevention and treatment of cardiovascular diseases;
- organising lectures and meetings;
- granting scholarships to new cardiologists for further education as well as moral and financial support to research projects;
- and finally, promoting partnership between medical and non medical groups to increase their ability to influence public opinion and public policy.

The most important and promising goal of the Hellenic Heart Foundation is the creation of a model research centre working on the prevention of cardiovascular diseases.

**Hellenic Cardiological Society (HCS)**

The society was formed in 1948 and now has 1600 cardiologists as members. The mission of the society is the promotion of the cardiology medical speciality and its related fields. Furthermore it undertakes the organisation of scientific conferences and lectures. The HCS
organises a Hellenic Cardiological congress every year and publishes a bimonthly journal titled the *Hellenic Cardiological Review*, which is mailed to all its members, as well as to cardiologists in training, internists, hospitals, libraries etc.

**The Epidemiology Working Group of HCS**

The members of the ECS have formed eight different working groups, which work much like those of the European Society of Cardiology. The purpose of the Epidemiology Working Group of HCS is to promote epidemiological studies and research especially in the field of primary and secondary prevention of CVD.

**The Hellenic Society of Atherosclerosis and Lipidiology**

The members of this society include cardiologists, internists, neurologists, general practitioners etc who have a special interest in the field of Lipidiology and Atherosclerosis.

**The Hellenic Society of Obesity**

The society was founded in 1990 and it has as its aims scientific research and the study of obesity and other related metabolic disorders, research into a healthy diet and publishing the scientific results for the Greek public.

**Hellenic Institute of Social and Preventive Medicine**

Included in aims are contributing to the prevention of disease in Greece and suggesting practical measures for a national plan for this purpose. Prof. I. Tountas co-authored the main paper for the European Union that led to the creation of EHHI.

**Hellenic Cancer Society**

Among its aims is to provide information on cancer to the public through leaflets and booklets (written by specialists) on various types of cancer, or certain leaflets of a more general nature for the purpose of prevention. The Hellenic Cancer Society also runs projects for the training of teachers on topics related to cancer such as nutrition, smoking, exposure to the sun etc.

**Greek Society for Consumer Protection (EKPIZO)**

It is an independent non-profit non-governmental organisation that is not aligned with or supported by any political party or industry, which is a full member of “Consumers International”, the international organisation of Consumers Unions. One of EKPIZO’s principal aims is to protect consumers from unhealthy foods and environmental pollution.

**Union of Olive Oil Industry (SEVITEL)**

Recent findings indicate that olive oil and the Mediterranean diet yield their benefits not only through their effects on established coronary heart disease risk factors, but also directly through protective effects, particularly their antioxidant properties. SEVITEL protects the quality of olive oil and promotes its usage for a healthier diet.
Cardiology Dept of University of Athens

The Cardiology Department of University of Athens (Director Prof P. Toutouzas), famous from his work, has published many papers about prevention of CVD in European and American journals of Cardiology and has a strong presence in every European and American Congress of Cardiology during the last decades. It organises many and important congresses (national and international) to educate cardiologists from the whole country.

Cardiology Dept of University of Crete

The Cardiology Department of University of Crete in Heraklion Crete is a very important University and has significant scientific work (publications and abstracts) especially in the field of cardiac arrhythmias.

Cardiological Society of Northern Greece

This Society includes cardiologists from Northern Greece and it organises many conferences and events at local level to educate cardiologists about the recent advances in the field of Cardiology.

Athens Medical Society (AMS)

This was established in 1835 and it is the oldest among the Hellenic Medical Societies, its functions are coordinated by the Hellenic Medical Societies.

Since 1974, the AMS has been organising the Annual Panhellenic Medical Congress, which represents the main scientific event of Greek Medicine. It also publishes the bimonthly medical journal *Archives of Hellenic Medicine*.

Hellenic Action against Cancer

This society plays a very important role in smoking prevention and cessation efforts in Greece and it is involved in many European projects for this purpose.

Hellenic Antismoking Society

It is a non profit organisation of citizens who want to protect themselves and society’s children from the effects of passive smoking and who also want to contribute to antismoking efforts in our country.

Hellenic Ministry of National Education

This Ministry has had a very important task the last few years especially in the field of health promotion at schools and it is participating in many European Union projects.

Hellenic Ministry of Health

The Hellenic Ministry of Health has a very important role in smoking cessation and prevention programmes and in health promotion in Greece. Recently it reorganised the
directions for health promotion in every part of the country, emphasising the role of prevention.

Perfecture of Eastern Attiki

This Perfecture has organised many events about health prevention, informing public about CVD risk factors prevention, cancer prevention etc.

7.6.4. Major Studies, Guidelines or Publications Issued by Alliance Members

The Greek version of the EHHI brochure was mailed to many organisations and institutes. The text of the brochure has also been published in the medical journal *Heart & Vessels*, published by the Heart Foundation and distributed to general practitioners and specialists. This journal, as the official journal of the Hellenic Anti-cancer Society, contained articles on the alliance meeting and its participants.

The Heart Foundation’s subscription magazine *Heart Rhythm*, which has a readership of 14,000, featured the EHHI project. Recently ELIKAR published a booklet about Naxos Disease, a specific form of cardiomyopathy, to educate people about the importance of prevention of this disease through genetic testing. As it is well known this pathological entity is announced in the most famous American and British Journals of Cardiology (*Circulation* etc) from Dr. Nikos Protonotarios, W. McKenna etc.

7.6.5. Projects and Initiatives Aimed at CVD Prevention, as Initiated or as Participated in by Each Individual Alliance Member

Development of national guidelines on primary and secondary prevention of coronary heart disease (CHD).


Representatives of the above Hellenic societies participated in the workshop and intend to create three documents:

- The Summary of Recommendations will be published in the official Journal of the Greek Medical Association and distributed to 25,000 physicians of all specialities.
- The full task report will be published in the *Hellenic Cardiological Review* and distributed to cardiologists, internists and allied specialists, approximately 4,000.
- A joint publication based on the above will be created for the public, which will be distributed freely in the daily press and in pharmacies, physicians’ offices, etc.
- A leaflet that has already been printed will be regularly distributed at medical meetings of all specialties.
- The above endeavours will be appropriately publicised in the mass media and at medical meetings.

**Health education programme project**

Participants: Hellenic Heart Foundation, Hellenic Ministry of National Education

A Health Education programme project has been created with its main purpose being to inform children at schools about the prevention and avoidance of cardiovascular disease. This programme includes:

- Lessons at schools, centres for elderly persons, gyms.
- Pilot health prevention programmes run with the cooperation of the Ministry of Education (programmes with the participation of schools, where work groups are created), or supported by the European Union (European programmes where the financing and the working out concerning matters of health, involves not only schools but also the general public).
- Events against smoking (e.g. speeches conducted in collaboration with the Anti-cancer Society).
- Seminars to the teaching profession aimed at educating them about CVD prevention (in the context of the Ministry of Education seminar organisation).
- The creation of Elikardoulis – club (answering the questions of children aged between 9-12, game competition initiating).

**Strengthening leadership and social networks for tobacco control**


A European programme for smoking prevention (participants from Spain, Greece, Portugal, Austria, Italy, Belgium and UK). Seminars given to staff by antismoking organisations, with coalition of these organisations at national level, implementing the creation of websites.

**7.6.6. Projects Initiated by the Alliance**

- **Common guidelines addressed to the public**
  
The purpose of this project is to inform the general population about the importance of healthy habits (non smoking, healthy diet, exercise) through printed material, leaflets etc. This material can be printed and distributed by the Ministry of Health.
We are in the process of reaching final agreement about this project.

- **Priorities of CVD prevention policies in Greece**
  These are the results of our meetings in Greece. We had an extensive discussion about the specific problems of these policies including anti-smoking policy, educational issues etc. The proceedings of these meetings are printed and distributed to the members.

- **Creation of web pages for EHHI in Greece**
  The Internet plays a significant role in promoting the aims of our alliance. We decided to publish many documents on the Internet, individually targeting the public, scientists and policy makers.

### 7.6.7. Evaluation of the Projects

The outcomes of the formal evaluation process are not yet available.

### 7.6.8. Priorities in CVD Prevention, as Identified by the National Alliance

The Ministry of Health is going to introduce new legislation regarding the advertisement of cigarettes. The Ministry of Health is going to set a high value on the proposals and the consensus which all the members of the coalition will build. The campaign against smoking also demands essential intervention between physicians and teachers who smoke in hospitals and schools in front of patients and children. This consensus has changed the national policy against smoking and now we have a new policy to emphasise this priority. Mass media covered all the events organised by the coalition, especially the press conference dedicated to ‘Winning Hearts’ on 14th February 2000.

Another priority is the participation of the coalition in the national council, that controls foods in Greece in order to protect the health of consumers.

The need for the participation of the Ministry of Sports and the Society of Sports Medicine in our coalition is also another priority.

Finally, concerning epidemiological studies and the monitoring of risk factors in Greece, we are beginning to carry them out with the cooperation of the Hellenic Cardiological Society and the Hellenic Heart Foundation on the Euroheart project of European Society of Cardiology.

The exchange of experience on similar programmes of the European Union in which the above-mentioned organisations have participated in in the past was very fruitful, since the success of a programme should not be taken for granted. Our belief is that the objectives of the EHHI and their planning were very successful, since these objectives are very reasonable and attainable.
National Heart Alliance of Ireland

European Heart Health Initiative
Final Report

Country Report on National Alliances and Their Activities

by
Irish Heart Foundation
EHHI Programme
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National Executive Summary
Ireland

Establishment of the National Heart Alliance

Following discussions with the main players in health promotion and public health, including the Department of Health, Health Boards, Health Promoting Schools and Hospitals Networks and other voluntary and statutory bodies, a National Heart Alliance was established in December 1998.

Participants from 36 organisations agreed to support the establishment of the Alliance, and outline objectives were agreed (see body of report).

Following the first meeting of the Alliance, a Steering Group was established with the purpose of progressing the work of the Alliance and providing support to the Coordinator. This group agreed the need to set quantifiable and achievable objectives during the present life of the Alliance.

Prior to the establishment of the National Heart Alliance, the Irish Heart Foundation was the only national voluntary organisation working solely to reduce heart disease. Health Boards included strategies and plans to tackle specific risk factors of heart disease but did not have comprehensive strategies for cardiovascular disease.

Recognising the high death rate from cardiovascular disease, in 1998 the Minister for Health established the Cardiovascular Health Strategy Group. The Group’s terms of reference required consideration of initiatives to improve cardiovascular health, the further development of cardiac care and rehabilitation at primary, secondary and tertiary care levels, and the coordination of services for patients. The comprehensive report of the Cardiovascular Health Strategy Group, incorporating 211 recommendations for action, was published 1999 and has been welcomed by the National Heart Alliance.

Priority Areas

At the second meeting of the National Heart Alliance in April 1999, workshop sessions were held to identify action plans and policy issues for year 2000. The outcome of these sessions was that the Alliance decided to focus on three areas of policy: Nutrition, Smoking, and Physical Activity. Further details as to National Heart Alliance policy in these areas is outlined in section 6 of the report. However there are a number of areas in which European cooperation can add value:

- Ensure the introduction of food labelling which will enable consumers to make informed and healthy choices by giving adequate information on content.
- Provide Europe-wide removal of tobacco from the consumer price index.
- Ensure the implementation of the time-scale to the European Directive on tobacco advertising.
- Ensure the proposed EU Directive on Tobacco Product Regulation strengthens and extends the preventive measures already taken by the EU and marks the beginning of a more rigorous approach to the regulation of tobacco products and the tobacco industry.
Ensure that the new Programme of Action in the Field of Public Health for 2001-2006 makes reference to the need to reduce the incidence of CVD.

Recognise the crucial need for strategies to promote physical activity, which may include environment change.

Promote social and political changes to improve the environment for disadvantaged groups.

**Main achievements of the National Heart Alliance.**

The European Heart Health Initiative project commenced in Ireland in September 1998, and by December 1998, the National Heart Alliance had been established. In the short period of time to date, it has become an active working Alliance. Among the achievements of the Alliance are:

- Agreement to focus on inequalities and advocating for change rather than on intervention and education;
- Development, adoption and publication by the Alliance of Position Papers on Smoking, Nutrition and Physical Activity, specifically as related to children and young people (see further detail below);
- A survey of health promotion activities directed towards children and young people has been undertaken;
- A Directory of health promotion activities directed towards children and young people has been published;
- A conference to discuss criteria for Best Practice in Health Promotion in relation to children and young people has been organised.

**‘SWOT’ Analysis**

**Strengths**

- 33 organisations committed to the development and future of the Alliance
- Committed Steering Group leading the work of the Alliance
- National Cardiovascular Health Strategy setting the framework for progress
- The Alliance provides a platform for voluntary and other non-heart organisations to have a voice on national level

**Weaknesses**

- Conflict of identify for organisations involved
- Time commitment for individuals, particularly members of Steering Group

**Opportunities**

- Climate for change given publication of *National Strategy on Cardiovascular Health* and resources being provided for same
Threats

- Competing demands on participant organisations
- Conflict with developing national and regional task forces supporting the new national Cardiovascular Health Strategy

Programmes/interventions which have been deemed by the alliance to be effective and which could serve as best practice models in Europe.

Under the agreed terms of reference, the Alliance has not undertaken interventions or educational programmes. It is a body which will stimulate action and advocate for policy change.

However, an audit of health promotion and health education activities directed towards children and young people was undertaken. This was developed in response to a general consensus on the need for a full picture of health promotion and education activities directed towards children and young people. Questionnaires were distributed to 300 organisations including health boards, voluntary organisations, community partnerships and local authorities. Almost 100 projects have been identified and will shortly be published as a directory of activities which will be made available to all the organisations involved.

This audit is a first step to help map out the current situation, in terms of activities, duplication of programmes and evaluation. It will provide a basis for establishing criteria and models of best practice. A draft copy of the Directory of Activities is attached \(^{(1)}\).

A conference on developing models of best practice in Health Promotion has been organised to coincide with the publication of the Directory. A conference programme is attached \(^{(2)}\).

Barriers which need to be addressed in order to enhance effects of programmes/interventions.

- Need to develop a physical and social environment which ‘makes the healthier choice the easier choice’ as a matter of priority;
- Lack of health impact assessment when government departments and other agencies such as local authorities are formulating policy and making decisions which may affect health;
- Lack of resources and expertise to deliver evidence-based, evaluated and transferable health promotion programmes.

Policy recommendations adopted by the NHA

Smoking

The National Heart Alliance position statement on smoking is attached \(^{(3)}\). The following is a summary of measures which the National Heart Alliance has called on the government to implement:
Prevention

- an agreed annual 5-10% price increase above the rate of inflation; removal of tobacco from the Consumer Price Index
- an increase in the legal age of tobacco sale to 18
- enforcement of legislation on sales to children.
- introduction of licences to sell tobacco
- a ban on vending machines
- protection of children from passive smoking in restaurants, shopping centres, and at sporting and leisure events by extending legislation as necessary
- education programmes which target children before regular patterns of smoking behaviour are established

Cessation

- research and development of smoking cessation programmes specifically for young people
- Nicotine Replacement Therapy to be made available free of charge to smokers.

On 8th March, National No Smoking Day, the Alliance position paper on Smoking was published. A letter was sent to all TDs (Members of National Parliament) outlining the Alliance position on smoking. The Minister for Health subsequently announced a raise in legal age of sale of tobacco to 18. (It is important to note that other organisations including ASH, STAG (Smoking Target Action Group), the Irish Heart Foundation and the Irish Cancer Society have also been advocating for change). The Department of Health is now preparing a comprehensive Tobacco Bill which will be published in Autumn 2000.

Physical Activity

The National Heart Alliance has highlighted the lack of safe play areas and safe walking and cycling routes throughout the country. All local councillors were contacted prior to the local government elections in June 1999, asking councillors to make the provision of safe play areas a local election issue.

The Alliance is again raising the issue in June 2000 when local government representatives will be contacted regarding the provision of a child-friendly environment with safe play areas; safe and well-lit walking and cycling routes; appropriate landscaping; and traffic calming measures in residential developments.

The full text of the communication to local councillors, which provides information for all those involved in providing or improving facilities for children’s play and also addresses the issue of Insurance, which is seen as a major barrier to the provision of play facilities, is attached.4)

A National Heart Alliance Position Statement on Physical Activity is currently being developed. A current draft of this Statement is attached.5)

Nutrition

The National Heart Alliance is developing a Position Statement on Child Health and Nutrition in conjunction with the Irish Heart Foundation Council on Nutrition. A current draft of this Statement is attached.6)

National action plans on pan-European theme for year 2000

8th March  Ash Wednesday – National No Smoking Day
Publication of National Heart Alliance Position Paper on Smoking
Letter to all Members of National Parliament on National Heart Alliance
Position on Smoking
Minister for Health announced raise in legal age of sale of tobacco to 18.

17th May  National Heart Alliance meeting to include discussion on Position
Statements on Physical activity and Nutrition

June  Publication of National Heart Alliance Position paper on Nutrition
20th June  Conference on Health Promotion Activities directed towards children
and young people. This conference, programme attached, will also seek to
identify criteria for models of best practice in health promotion.
Publication of Directory of Health Promotion Activities

24th September  World Heart Day
Publication of National Heart Alliance Position paper on Physical Activity
Open letter to all Local Government representatives on the provision of
safe play areas for children.

November  Irish Heart Week
Campaign Keeping our Children Healthy with support materials and
activities providing information on physical activity, nutrition and
smoking for primary school children (age 5 – 12).
Launch of Irish Heart Foundation Policy Guidelines for Secondary
Schools on Smoking, Nutrition and non-competitive physical activity


EHHI Country Report on National Alliances and Their Activities
Ireland

7.7.1. Aims and Objectives of the National Alliance Created

On its establishment in December 1998, participants in the National Heart Alliance agreed the following objectives:

- to disseminate findings of member organisations;
- to identify and address areas of consensus and controversy, and stimulate action in new areas;
- to coordinate activities and create active partnerships between interested organisations;
- to review EU, national, local and regional policy and make recommendations where appropriate.

7.7.2. Membership of the Alliance

The members of the National Heart Alliance are:

- ASH Ireland
- Dublin Healthy Cities
- Eastern Regional Health Authority
- Environmental Health Officers Association
- European Society of Cardiology/EAS/ESH Task Force on Coronary Prevention
- European Foundation for the Improvement of Living and Working Conditions European Institute of Women’s Health
- Food Safety Authority
- Health Promoting Schools Network
- Institute of Community Health Nursing
- Institute of European Food Studies
- Institute of Public Health in Ireland
- Irish Cancer Society
- Irish Cardiac Society
- Irish Congress of Trade Unions
- Irish Heart Foundation
- Irish Heart Foundation Council on Nutrition
- Irish Heart Foundation Stroke Council
- Irish National Health Promoting Hospitals Network
- Irish Nurses’ Organisation
- Irish Nutrition and Dietetic Institute
- Irish Pharmaceutical Healthcare Association
- Irish Practice Nurse Association
- Irish Sports Council
- Joint Managerial Body Secondary Schools
- Midland Health Board
- National Sudden Infant Death Register
- National Youth Council
- North Eastern Health Board
- North Western Health Board
- National University of Ireland Galway - Dept of Public Health
- Occupational Health Nurses Association
- Royal College of Physicians
- South Eastern Health Board
- St Vincent’s University Hospital - Dept of Preventive Medicine & Health Promotion
- Western Health Board

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**Eastern Regional Health Authority**

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Irish Heart Foundation Stroke Council

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Irish National Health Promoting Hospitals Network

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7.7.3. Aims and Objectives of Each Alliance Member

ASH Ireland

ASH Ireland was established in 1992 as a joint initiative of the Irish Heart Foundation and the Irish Cancer Society. ASH Ireland monitors Irish and European legislation and takes action to promote control of the advertising, sale and use of tobacco products through advocacy at local, national and European levels.

Dublin Healthy Cities

A forum for the four Dublin Local Authorities, the Eastern Health Board and the Health Promotion Unit of the Department of Health to improve the health of the city, its people and its environment. Dublin is one of 40 cities designated by WHO to work with them in developing urban health planning, strategies, analysis and action.

Eastern Regional Health Authority

The Eastern Regional Health Authority has statutory responsibility for planning and commissioning health services for the Eastern Region of Ireland - counties Dublin, Kildare and Wicklow. Service delivery, including health promotion, is undertaken by the three Area Health Boards in the Region. The ERHA coordinates plans for implementation of the national Cardiovascular Health Strategy in the Region.

Environmental Health Officers Association

Environmental Health Officers are employed by the Health Boards to enforce (Health Promotions and Protection) Regulations 1995 and the Tobacco Products (Control of Advertising, Sponsorship and Sales Promotion) regulations 1990. Under this legislation it is illegal to sell cigarettes to under-16s and there are prohibitions and restrictions on smoking in certain areas.
European Foundation for the Improvement of Living and Working Conditions

The main priority of the European Union is to ensure the economic and social progress of its people. Advancing technology, increasing wealth and consolidation of the Single Market are worthwhile objectives because they can enhance people’s quality of life. The European Foundation for the Improvement of Living and Working Conditions was created some twenty years ago to help the policy makers and decision makers of Europe to work to this end.

Health Promoting Schools Network

A network of 40 schools (20 primary/20 post-primary) involved in implementing a whole-school approach to health and well-being. Supported by the National Support Centre which provides in-service training for teachers and parents and school supports. Member of the European Network of Health Promoting Schools (38 member countries).

Institute of Community Health Nursing

The Institute of Community Health Nursing is the professional and education body of Public Health Nurses. By identifying the health needs of the community, it strives to improve the standards of practice in order to provide a better quality of public health nursing care.

Institute of European Food Studies

The Institute of European Food Studies is involved in research with the aim of providing data which may be useful to those involved in policy in relation to food and nutrition both at EU and national level.

Institute of Public Health in Ireland

The aim of the Institute of Public Health is to improve health in Ireland, by working to combat health inequalities and influence public policies in favour of health.

The Institute will promote cooperation in research, training, information and policy advice in order to achieve the following strategic objectives:

- to work to contribute to policies which tackle inequalities in health;
- to strengthen partnerships for improving the health of society;
- to maximise the potential for international collaboration to contribute to public health in Ireland;
- to produce information on health and inequalities and contribute to the surveillance of population health;
- to contribute to the capacity (information, skills and resources) of those who work to improve the health of society.

Irish Cardiac Society

The Irish Cardiac Society was established in 1949. Membership is currently about 200. Membership consists of physicians and surgeons on the consultant staff of a hospital or others whose primary interest is in the practice of cardiology, cardiovascular surgery or research in these and allied subject areas.
Irish Congress of Trade Unions

Congress is the trade union confederation representing 69 trade unions and over 700,000 members in both states on the island of Ireland.

Irish Heart Foundation

The Irish Heart Foundation is the only national voluntary organisation in Ireland working to reduce heart disease and stroke through research, education and community service. The Irish Heart Foundation promotes heart health through the community, workplace and schools. The Foundation encourages and funds research and provides medical education and training courses.

Irish Heart Foundation Council on Nutrition

- To advise and support the IHF Dietician.
- To advise on IHF nutrition programmes and priorities.
- To advise on IHF literature – topics and content.
- To participate in updating in updating the IHF Nutrition Policy.
- To advise on nutrition related aspects of sponsorship.

Irish Heart Foundation Stroke Council

Interdisciplinary grouping to promote excellence in stroke prevention and care.

Irish National Health Promoting Hospitals Network

The HPH Network is a communicating and facilitating body for the development of the health promoting hospitals movement in Ireland. The objectives are:

- to establish health promotion as an integral part of all hospital-based services,
- to assist hospitals to become models of good practice for workplace health promotion and, finally,
- to aid the integration of hospital and community health promotion initiatives and services.

Irish Nurses Organisation

The INO is an organisation representing 24,000 nurse members with regard to professional, industrial relations and education issues. The organisation represents nurses at a national and international level on professional and health policy issues. It is actively involved in making submissions to the Department of Health on behalf of the various speciality groups in the organisation.

Irish Nutrition and Dietetic Institute

The Irish Nutrition and Dietetic Institute is the professional organisation for clinical Nutritionists/Dieticians in Ireland. As a professional body, the institute aims to play an essential role in all aspects of human nutrition and dietetics in Ireland. It represents the interests of all clinical nutritionists/dieticians throughout Ireland.
Irish Practice Nurse Association (IPNA)

Founded in 1994, the IPNA provides professional support for nurses working in general practice through educational meetings, conferences and sharing of information. It aims to promote the role of the practice nurse and to assist education bodies in providing courses relevant to practice nurses.

Irish Sports Council

The Irish Sports Council has as a central aim increasing the levels of and removing barriers to participation in physical activity, particularly competitive and recreational sport.

Joint Managerial Body Secondary Schools

The JMB is made up of representatives from AMCSS (the Association of Management of Catholic Secondary Schools) and ISA (Irish School-heads Association). It is the main decision-making and negotiating body for secondary school management and meets regularly with other organisations involved in education.

Irish Sudden Infant Death Association’s National Sudden Infant Death Register

The aims of the register are to:

- identify and categorise all deaths in children from birth to two years of age in the Republic of Ireland;
- establish the incidence of mortality;
- provide a National Register of all sudden, unexpected deaths for which a cause of death is not identifiable;
- collect comprehensive epidemiological data on all sudden unexpected deaths (SUD) for which a cause of death is not known;
- continue the nation-wide Case Control study on all sudden unexpected deaths in the Republic of Ireland.

National Youth Council

The National Youth Health Programme is a partnership between the National Youth Council of Ireland, the Health Promotion Unit of the Department of Health and Children and the Youth Affairs Section of the Department of Education & Science. The programme aims to provide a broad-based, flexible health promotion/education support and training service to youth organisations in Ireland.

NUI Galway

This university department is committed to instilling in undergraduates and postgraduates a thorough understanding of the principles of preventive medicine, including epidemiology and evaluation and their role in the planning of health services.
Occupational Health Nurses Association

The association is a national body for occupational health nurses who work either as individual practitioners or team members in the workplace setting. The organisation supports its members in their role of:

- preventing accidents and ill health in the workplace;
- providing care to employees in the workplace through health promotion and rehabilitation;
- monitoring and managing health and safety in the workplace.

South Eastern Health Board

Mission Statement - To help the people we serve maximise their health and social well-being using the resources at our disposal as effectively and efficiently as possible.

St. Vincent’s University Hospital

Programmes relating to prevention and health promotion with a strong emphasis on CVD.

Western Health Board

The role of the Health Promotion Department is to coordinate, monitor and implement a series of health promotion initiatives in accordance with a locally developed health promotion strategy of the Western Health Board.

The aims are:

- to influence the determinants of health and well-being by empowering individuals, families and communities;
- to re-orient health services towards health promotion;
- to influence lifestyles; and
- to work with others for health promoting environments.

7.7.4. Major Studies, Guidelines or Publications Issued by Alliance Members

European Society of Cardiology/EAS/ESH Task Force on Coronary Prevention


The priority for physicians is to concentrate on patients with overt coronary heart disease or other atherosclerotic disease, and other high risk individuals. The potential for preventive action is greatest in these groups and we need to achieve considerable improvements on
existing clinical practice. The recommendations are specifically intended to encourage the development and revision of national guidelines on coronary prevention.

European Foundation for the Improvement of Living and Working Conditions


This leaflet summarises the results of research on the relationship between employment status and health. In particular, the interrelationship between job insecurity, workers’ participation at the workplace, staff consultation, temporary employment, labour market policies and their possible effects on the employee’s health are explored.


This brochure offers a systematic attempt to explore the economics of occupational health and safety at European, national and company levels. Research indicates that improvements in working conditions have a beneficial effect on productivity; productive and innovative companies usually have good working conditions. There is also a lack of easy to use, comprehensive methods for costs/benefits analysis at company level and currently available models are in danger of being misused. Special attention should also be paid to the differences between the public and private sectors and the present attitude of under-reporting of occupational accidents and illnesses leading to underestimates of costs.

Health Promoting Schools Network


Irish Heart Foundation Council on Nutrition


Summary conclusion:

- Eat a wide variety of foods
- Maintain a healthy weight
- Eat less fat, especially saturated fat
- Eat, more breads, cereals, potatoes, pasta and rice
- Eat more vegetables and fruit
- Choose sugary foods and drinks less often
- Eat salt less often
- If you drink alcohol, keep within sensible limits
- Diet is only one component of a healthy lifestyle which should include avoidance of smoking, regular exercise and occasional blood pressure checks
Summary conclusion:

- Prevention and health promotion: to develop active programmes for primary, secondary and tertiary prevention for stroke. The primary prevention could most usefully be undertaken in conjunction with the Cardiovascular Initiative.
- Acute treatment and rehabilitation: that in every general hospital admitting patients with acute stroke, people with stroke should be admitted to a stroke service under the care of a dedicated specialist(s) in stroke care, associated interdisciplinary team, appropriate diagnostic technology and a clearly defined continuum of care. Access to tertiary services (i.e., carotid endarterectomy) should also be available. Rehabilitation strategies should start from admission and should be continued during the hospital stay.
- Community rehabilitation: Out-patient rehabilitation should be made available for all patients of all ages in each Health Board area, on the basis of 250-300 patients discharged to the community/year per 250,000 population. This should encompass the full interdisciplinary team with either a domiciliary focus or adequate transportation if provided as out-patient care. Services should be available at any age and the model of the stroke services at Baggot St Hospital should be considered. The activities of the Volunteer Stroke Scheme should be developed and supported.
- Stroke Register. As stroke is such a devastating and costly illness, and as there is little data on stroke in Ireland, a register of people with acute stroke should be set up as a priority, much on the lines of the cardiac surgery, CCU and cancer registries.

Irish Nutrition and Dietetic Institute (INDI)

The INDI participated in the publication of the following:


Individual dieticians who are members of the INDI have done research in nutrition and cardiovascular disease as part of research projects.

Irish Sudden Infant Death Association’s National Sudden Infant Death Register

*Caring for your Child*, Irish Sudden Infant Death Association & Health Promotion Unit, Department of Health and Children (1998).

- Leaflet for parents promoting non-smoking during pregnancy and around children. It outlines that smoking during pregnancy and around children can adversely affect their health. Furthermore, this leaflet outlines that smoking during pregnancy increases the risk of Sudden Infant Death Syndrome.

*Childcare and SIDS*, Irish Sudden Infant Death Association & Health Promotion Unit, Department of Health and Children (1999)

- Information booklet for professionals promoting non-smoking. Furthermore, this booklet outlines studies that suggest an increased risk of SIDS when babies are exposed to
cigarette smoke. Additional negative health implications for babies of smokers are presented.


- This report highlights that there is a high rate of smoking during pregnancy and after the baby’s birth among parents who had a baby that died of sudden infant death.

**National Youth Council**

*Health Promotion in Youth Work Settings - a Practice Manual, 1999.*

- Summary conclusion: This publication is designed to support and guide the implementation of a holistic health promotion strategy and programme in youth work settings as part of a national Health Promoting Youth Service Initiative.

**South Eastern Health Board**

*The Health of the South East - Report of the Director of Public Health 1997.* The report outlines the health status of the population of the South East and makes recommendations in relation to dealing with health problems identified. The main recommendations relating to CVD were that the Health Board should:

- Act to focus on coronary heart disease by developing a regional coronary heart disease strategy, with service plans agreed locally to implement the strategy. (Note: Group established to work on this in 1999).
- Improve and coordinate the provision of information on risk factors on mortality and morbidity, service use, clinical audit and outcomes.
- Develop, adopt and audit protocols for the prevention and diagnosis of coronary heart disease and for medical, surgical and rehabilitation services which have an impact on coronary heart disease.
- Develop specific cardiac services in each general hospital.

*The Health of the South East - Our Children's Health Report of the Director of Public Health, 1998*

Some of the recommendations of this report that relate to CVD include:

- That the South Eastern Health Board should focus on improving children's health by concentrating on health inequalities.
- That the Board should take the lead in working with other agencies and with communities to develop evidence-based programmes which will positively influence children's health and act to break the cycle of deprivation.
- That initiatives should be focused on major areas of potential health and social gain i.e. breast-feeding, accidents, lifestyles, teenage pregnancy and suicide.

*Smoke Free Policy - Working Together Towards a Healthier Environment, South Eastern Health Board, Published 2000.*

The overall aim of this document was to establish a smoke-free environment for staff, clients and visitors to health board premises. It provides information on a staff survey carried out in relation to smoking and outlines a way forward for implementing the policy at local level.
St. Vincent’s University Hospital


A pilot study was carried out to evaluate the feasibility of providing a shopping tour as part of the Cardiac Rehabilitation Programme. The aim was to assist cardiac patients with the practical aspects of dietary change by demonstrating healthy low fat choices at the point of purchase. Participants reported a level of satisfaction with the shopping tours and they anticipated benefits in influencing their shopping and eating habits in the future.

Western Health Board


This strategy follows extensive research with the public and staff and provides evidence of best practice. It outlines clear goals for reorienting health services from a sickness model of care to a wellness model. It comprises five key goals which include

- affirming and supporting healthy lifestyle choices;
- enhancing internal and external communication;
- maximising the health promotion potential of staff;
- developing partnerships to promote health; and
- evaluation.

*Wellbeing Through Group Work: A manual for facilitators who are promoting health.*

This manual contains instructions on how to run sessions for 10-16 people on lifestyle healthy communities, stress, assertiveness, men’s health etc.

7.7.5. Projects and Initiatives Aimed at CVD Prevention, as Initiated or Participated in by Each Alliance Member

Eastern Regional Health Authority

**Building Healthier Hearts in the Eastern Region:**

**Purpose:** Appointment of five staff members in the three Area Health Boards for cardiovascular health promotion. Each board will appoint a dietician and health promotion officers for tobacco, the workplace and physical activity, as well as administrative support.

**Duration:** The national Cardiovascular Health Strategy will provide extra funding from 2000 to 2004 inclusive. The health promotion appointments will, however, be permanent.

**Partners:** The Health Promotion Departments of the Area Health Boards in the Eastern Region.
Target groups: Special efforts will be made to promote heart healthy lifestyles among school pupils. Attention will be paid to the geographic areas and socio-economic groups at highest risk. Interventions will aim to prevent smoking among young people.

Activities: The ‘Heart Health Unit’ will work in the community, workplace and health service settings.

Output: Service delivery in a range of settings. Progress reports will be prepared annually.

Building Healthier Hearts

Purpose: Prevention of heart disease and health promotion in the hospital setting.

Duration: The national Cardiovascular Health Strategy will fund new developments from 2000 to 2004 inclusive. Appointments made will, however, be permanent.

Partners: Hospitals in the Eastern Region.

Target group: Patients attending hospitals with unrelated conditions; patients who have signs or symptoms of cardiovascular disease.

Activities: Health promotion activities with hospital staff and with patients, including support for smoking cessation, promotion of heart healthy nutrition and of physical activity.

Output: Annual progress report on health promotion activities.

European Foundation for the Improvement of Living and Working Conditions

Monitoring working conditions / health and well-being at work - project 0156

To monitor working conditions, the Foundation designed a representative interview-based survey which it has been conducting at five year intervals since 1990. The collected information provides harmonised and original data on a broad spectrum of trends including (Occupational Health and Safety ones) across the 15 Member States of the European Union. The results of the surveys are intended to alert policy makers both at national and European level and to offer a sound basis for future working conditions/occupational health legislation. There have been two surveys so far (1992 and 1996) and the third European survey takes place in 2000.

Employment policies and health - project 0203

This project focuses on analysis of available statistical data in order to underline the correlation between atypical employment and poor working conditions/poor health.

It focuses on analysing human resources policies on working conditions and in particular their reliance on various forms of flexible working arrangements. Some preliminary results indicate that more research needs to be carried out on atypical employment with attention to the national legal definitions, national labour market organisation/segmentation and national collective bargaining dimensions across the EU. The project is carried out over 1999 and 2000 and target groups are policy makers both at national and European level.
Health Promoting Schools Network

Projects participated in: ‘On My Own Two Feet’ - a substance misuse prevention programme for all schools at post-primary level. (Department of Education and Science / Department of Health and Children).

Initiatives since 1998: Preparatory work for the introduction of Social, Personal and Health Education as part of the core curriculum in all schools at post-primary level

Activities include:

- promoting the health promoting schools concept, promoting links and jointly hosting in-service events for teachers with regional Health Boards.
- developing an instrument for auditing health promotion assets in schools.

A workshop involving key personnel from both Government Departments was held to develop an evaluation instrument for health promotion in schools.

This resulted in a draft ‘Training Manual for Monitoring and Recording Health Promotion Assets in Schools’. This is currently being piloted with schools. It is hoped that this process will result in an instrument that will assist school-based evaluation and planning for health promotion.

Irish Heart Foundation

It is important to note that the projects outlined below support the ongoing Irish Heart Foundation work in the community, schools and workplace.

Community: Happy Heart Community programmes are on-going in seven regions throughout the country.

Schools: Action for Life is a physical activity programme for the primary school. To date, 40% of teachers in the South Eastern Health Board region have been trained in the programme, and training of teachers is now underway in all health boards. A Happy Heart Resource dealing with food/nutrition, physical activity and general health is currently being piloted in secondary schools.

Workplace: Over 500 major companies and organisations in Ireland take part in the Happy Heart at Work programme which provides information materials and support services. Happy Heart has four principal components:

- Going Smoke-free, includes advice on introducing a Smoking Policy and support services for smokers to quit,
- Healthy Eating, includes Catering Audits and Monitoring of staff canteens,
- Physical Activity, which includes a Lifestyle Challenge physical activity programme, and
- Stress.

Sli na Slainte is the Irish Heart Foundation’s physical activity initiative aimed at encouraging people of all ages to walk for pleasure and good health. Eighty marked walking routes have already been established in Ireland. In addition to installing routes, the Foundation runs walking leader workshops to train members of the community in promoting and organising regular walking programmes. This training programme is supported by the Irish Sports Council. Sli na Slainte has now been adopted by ten heart foundations around the world.
Happy Heart Eat Out 1998

Purpose: A Healthy Eating campaign that encourages and supports pubs, restaurants, hotels and coffee shops in providing healthy options on their menus and encouraging customers to ask for these options.

Duration: Month of June 1998.

Partners: Health Promotion Unit, Department of Health & Children.

Target Group: Restaurateurs and their customers.

Description: Over 500 establishments were invited to participate. Criteria for participation included provision of a low fat healthy option, low fat salad dressing and low fat spread. A promotional pack which included catering guidelines, a recipe booklet, table tent cards, tray mats and information for customers was provided to all participants. Incentives to participation included free low fat products and entry to a draw for a holiday.

Output: Over 300 establishments participated.

Happy Heart Eat Out 1999

Purpose: A Healthy Eating campaign that encourages and supports pubs, restaurants, hotels and coffee shops in providing healthy options on their menus and encouraging customers to ask for these options.

Duration: Month of June 1999.

Partners: Health Promotion Unit, Department of Health & Children.

Description: See above, Happy Heart Eat Out 1998. Sandwich bars were also included in the campaign in 1999 and a separate customer leaflet was produced in association with O’Brien’s Irish Sandwich Bars. About 50 sandwich bars took part in the campaign.

Output: Over 500 establishments took part in Happy Heart Eat Out 1999.

Irish Heart Week 1998

Purpose: Irish Heart Week provides a platform for existing programmes, particularly in the community and workplace, to link with a national event. It allows the Foundation to work in collaboration with important players in health promotion, in particular the Department of Health and the Health Boards. It provides important visibility and profile for the Foundation and our message.

Duration: 8th - 14th November 1998.

Partners: Health Promotion Unit of the Department of Health, Health Boards, Happy Heart Community Groups, Radio 2FM, and a number of life assurance companies including Ark Life, Friends Provident, Hibernian Life, Irish Life, New Ireland, Norwich Union and Standard Life.

Target Group: General Public.

Description: The theme was physical activity and the aim of the week was to encourage people to look after their health by getting active now in order to reduce their risk of heart disease later. Materials were developed to promote the theme with the slogan ‘Get Active for a Happy Heart’. Over 12,000 people visited information stands and received information. Many had blood pressure checks and individual counselling. Over 150,000 leaflets and 20,000 posters were disseminated.
Irish Heart Week 1999

**Purpose:** See above, Irish Heart Week 1998.
**Duration:** 7th – 13th November 1999.
**Partners:** see above, Irish Heart Week 1998.
**Target group:** Older people to tie in with European Year of the Older Person.
**Description:** Materials were developed to promote the theme of good heart health with the slogan ‘Your heart, the more mileage…the more care it needs’. A magazine providing relevant information on diet, physical activity and general heart health issues to this audience was widely distributed. Many events were organised in association with the health boards, Active Retirement Groups and Senior Citizens’ Clubs.

Irish Heart Foundation Stroke Council

**Purpose:** Annual meeting for professionals, annual conference for lay people, diffusion of stroke booklet, web-site.
**Duration:** Three years.
**Target group:** Professionals, those affected by stroke and their families, general public.
**Description:** Annual meeting for professionals, annual conference for lay people, diffusion of stroke booklet, web-site.
**Output:** Towards Excellence in Stroke Care in Ireland, IHF, Dublin (in press).

Irish National Health Promoting Hospitals Network

**Smoke-free Hospital Policy Survey**

**Purpose:** The hospital is a natural place to promote health and prevent tobacco consumption among health care workers, patients, visitors and the general population. The survey aimed to highlight the benefits gained by implementing a smoke-free policy and to identify specific problems encountered in the introduction of such policies.
**Duration:** Six months.
**Partners:** Irish Heart Foundation.
**Target group:** Cross-section of hospitals nationally.
**Description:** The survey was conducted by means of a postal questionnaire that was sent to 93 hospitals, and which achieved a response rate of 78%. Hospitals were asked whether they had a policy in place, what factors influenced the policy, and how it was introduced and enforced. Hospitals were also asked about what support services they considered were useful when introducing a smoke-free policy and developing smoking cessation services.
**Output:** While the majority of respondents, 92.8% (64), reported having a smoke-free policy, the survey demonstrated that a lack of clarity existed around the implementation of these policies. It was recommended that an initiative be undertaken to establish through consensus: a clear understanding and minimum standards for smoke-free hospital policies in Ireland, agreement on practical guidelines for the implementation of policies, development of a common review and monitoring procedure for hospital policies.
Irish Nutrition and Dietetic Institute (INDI)

**Standardisation of information on Lipid Lowering Diets throughout Ireland**

**Target group:** All dieticians in Ireland who are working either in hospital or primary care.

**Output:** Production by the Cardiac Interest Group of the INDI of Lipid Lowering Diet booklets. These booklets, which include information for patients on a Lipid Lowering Plan and Lipid Lowering Weight Reduction Dietary Plan, will ensure standardisation of information on Lipid Lowering Diets throughout Ireland.

Irish Sports Council

The Irish Sports Council has been supporting the *Slí na Sláinte* and Lifestyle Challenge programmes operated by the Irish Heart Foundation since its establishment as a statutory body in July 1999.

National Youth Council

**The Health Promoting Youth Service Initiative**

**Purpose:** The purpose of the HPYS Initiative is to support and train youth organisations to develop a comprehensive health promotion strategy for their individual organisations and to implement a holistic range of health promotion interventions aimed at improving the health of all those involved in youth organisations, staff, volunteers and young people alike.

**Duration:** June 1999 - December 2000.

**Partners:** NYCI, HPU of the Dept. of Health & Children and Youth Affairs Section of the Dept. of Education & Science.

**Target group:** Youth organisations, their staff and volunteers and the young people to whom they provide services.

**Description:** The project includes:
- accredited training for national Coordinators;
- accredited training for organisational training groups;
- development of a holistic health promotion curriculum;
- development of a comprehensive health promotion strategy to address workplace health promotion needs;
- development of health promotion policies in each participating organisation.

**Output:** An external review / evaluation is currently underway and will produce the above in terms of output on completion of the initiative. Work completed by the National Youth Health Programme prior to this includes:
- alcohol education and drug prevention training and policy development for youth organisations;
- healthy lifestyles;
- cancer prevention work;
- HIV / AIDS Education
- sexual health;
- mental health / suicide prevention;
- and more recently, policy development in the area of young people and smoking.

South Eastern Health Board

Healthy Village Project

Purpose: To promote the concept of a healthy rural community by enhancing overall health and well-being through a community setting.

Duration: Three years.

Partners: Funding from the Department of Health, working in conjunction with the Health Board and the County Council.

Target group: One village in Tipperary and one in Carlow.

Activity: This is a three-year pilot programme. Activity to date has involved setting up a steering committee with the Department of Health, Health Promotion Department and Public Health Department of the South Eastern Health Board and County Council representation to select criteria for villages eligible for the project. Year 1 will involve village selection, baseline study and needs assessment, Year 2 the interventions based on the needs assessment and Year 3 continued interventions and evaluation stage.

Implementation of the Board’s Smoke-Free Policy

Purpose: To implement the policy developed in Smoke Free Policy - Working Together Towards a Healthier; see Section 4, Major Studies.

Duration: Launch in March 2000 followed by six-month lead-in period for all Health Board premises to implement the policy at local level.

Partners: None.

Target Group: Health Board staff, clients and visitors to Health Board premises.

Activity: Steering Committees set up in each of the five community care areas and Local Area Implementation committees within each of these comprising of representatives from each premises to promote ownership of the policy at local level. Two-day training courses for smoking cessation facilitators provided by the Health Promotion Department.

Output: Publication of the Board’s Smoke-Free Policy.

Skills for Change Training

Purpose: To enable participants to acquire the skills to motivate and support people to make behavioural changes to improve their health.

Duration: Two-day training course.

Partners: Run by the Health Promotion Department with the support of the Continuing Nurse Education Department South Eastern Health Board.

Target Group: General nurses, practice nurses.

Activity: Four two-day training courses run to date. Approximately 60 people trained.
St. Vincent’s University Hospital

St. Vincent’s University Hospital is a member of the National Network of Health Promoting Hospitals. It therefore has a responsibility to offer health promotion activities aimed towards staff, patients, and the community it serves.

Health Promotion Seminars for Secondary School Students in the 16 to 17 year age group

CVD topics covered are:

- Heart Health.
- Smoking Active and Passive.

These seminars are offered to students within the catchment area of the hospital and aim to support work already being done in schools. They have been developed in consultation with teachers.

Education and Training Days

A number of education and training days have been developed for professionals nationwide. These days are run in conjunction with the expert teams in SVUH.

CVD prevention topics:

- Diabetes
- Interactive Listening Skills
- CRISP (Coronary Risk Intervention Strategy Programme)
- CPR.

Western Health Board

Involvement in Regional Cardiovascular Committee and on sub groups on Primary Care, Health Promotion, and Pre Hospital Care and Rehabilitation. This work has commenced in the last two months and involves working in partnership with other agencies.

Some of our other projects include:

- Action for Life Programme – 4 hour programme with primary school teachers (three courses completed)
- Two-day Brief Intervention Courses with Health Board staff. The target group was health professionals working with clients in a one-to-one situation. The purpose of the course was to develop skills of staff to facilitate behaviour change in areas such as nutrition, smoking, alcohol and exercise. Six courses completed with approximately 70 health professionals.
- Brief Intervention Training Programme with GPs. Purpose was to develop the skills of GPs in facilitating behaviour change in smoking. One-day programme. Approximately six courses completed.
7.7.6. Projects Initiated by the Alliance

Projects, Initiatives, Processes or other Activities since April 1998

Smoking

Purpose: Development of consensus National Heart Alliance position on smoking.
Target group: Government, policy makers, politicians.
Output: National Heart Alliance position paper on smoking published to coincide with National No-Smoking Day, 8th March 2000. The National Heart Alliance called for the following measures on smoking to be implemented:
- an agreed annual 5-10% price increase above the rate of inflation; removal of tobacco from the Consumer Price Index;
- an increase in the legal age of tobacco sale to 18;
- enforcement of legislation on sales to children;
- introduction of licences to sell tobacco;
- a ban on vending machines;
- protection of children from passive smoking by extending legislation as necessary;
- education programmes.

Child Nutrition and Heart Health

Purpose: Development of consensus National Heart Alliance position on Child Nutrition and Heart Health.
Target group: Government, policy makers, dieticians, nutritionists and other health professionals.
Output: Draft National Heart Alliance position paper on child nutrition and heart health. Work will continue on this position paper (draft attached).

Physical Activity

Purpose: Development of consensus National Heart Alliance position on Physical Activity for children and young people.
Target group: Government, policy makers, local government, health professionals.
Output: Draft National Heart Alliance position paper on physical activity. Work on this paper to be continued. Current draft attached.

Audit of Health Promotion Activities

Purpose: To obtain baseline data on all current activities relating to children and young people with a view to making best use of available resources and avoiding duplication.
Participants: 300 organisations were surveyed including health boards, voluntary organisations, community partnerships and local authorities
Target group: health professionals, youth organisations, community groups, schools and all those with responsibility for health promotion for children and young people.
**Description:** A survey questionnaire was developed, sample attached; the survey was completed and the information provided was analysed.

**Output:** A Directory of Health Promotion Activities relating to children and young people to be published on 20th June 2000.

**Conference - Exploring Models of Best Practice – 20th June 2000**

**Purpose:** A conference on Health Promotion and Education activities directed towards children and young people.

**Duration:** One day.

**Target group:** Government, policy makers, health boards, voluntary organisations, community partnerships and local authorities.

**Description:** This conference is being organised by the National Heart Alliance to focus on the development of agreed criteria for best practice in health promotion, particularly in relation to children and young people.

**Output:** Conference report when available.

### 7.7.7. Evaluation of Projects

#### Eastern Regional Health Authority

Annual reports on funded projects. More in-depth evaluation, particularly process evaluation, may be undertaken of some of the initiatives funded as part of the national Cardiovascular Strategy in the Eastern Region.

#### European Foundation for the Improvement of Living and Working Conditions

While until now there has not been a formal evaluation procedure for the Foundation projects, an evaluation mechanism is being prepared at the moment for all forthcoming projects of the new Four Year Working Programme 2001-2004. This mechanism is aimed at facilitating the gathering and analysis of all relevant data and information towards this end. Formal evaluation procedures are to be initiated in 2001. Project evaluation will be carried out by the Foundation itself.

#### Health Promoting Schools Network

An internal / external evaluation of the Health Promoting School Network using a multi-method, qualitative approach was completed in October 1998. With assistance from an external evaluator (Scott Boldt), the National Coordinator designed an evaluation process. Semi-structured, open-ended interviews and / or focus groups were conducted in every school.

A Radial Profile Graph was also administered in each school. The evaluation facilitated an assessment of each school's progress in relation to objectives and goals as set down in its plans. A *Progress Report incorporating Annual Report 1997 - 1998 was published by the Network.*
Irish Heart Foundation

Happy Heart Eat Out 1998

More than 500 establishments were invited to participate and over 300 actually participated. Irish Heart Foundation staff evaluated 27 establishments. Evaluation showed that all 12 had participated in Happy Heart Eat Out with the following compliance to the criteria: 93% provided a low fat menu option; 78% provided low fat spread and 70% provided low fat dressings. Of a total of 139 customers interviewed, 6 out of 10 had heard about Happy Heart Eat Out as follows: 74% had seen promotional materials displayed, 54% heard radio advertisements and 44% read a newspaper article; 91% agreed it was a good idea to offer a low fat menu option.

Happy Heart Eat Out 1999

Over 500 establishments participated. Of these establishment, 90% took part in the campaign by offering a low fat healthy menu option, 86% offered a low fat spread, 79% offered low fat dressing. Of 223 customers interviewed, 70% had heard about Happy Heart Eat Out – 77% from promotional materials, 30% from radio advertisements, 21% newspaper articles; 89% of these customers thought it was a good idea to offer a low fat menu option.

Irish Heart Week 1998

An impact survey was carried out by the Business School, Dublin City University to measure the impact of local events and national media. Two hundred people were interviewed at four locations. Of those interviewed, 45% registered unprompted awareness of Irish Heart Week, 41% recalled the slogan and 40% recalled the more specific message of 30 minutes continuous activity.

Irish Heart Week 1999

A questionnaire was distributed to all Irish Heart Week coordinators and to facilitators/nurses who staffed stands or gave talks, to assess the levels of activity, the number of participants and number of people reached by Irish Heart Week. Aspects of the campaign which were evaluated included the slogan, the materials and activities that took place. It was found that 90% thought the slogan was effective and 95% that the poster carried an appropriate message; 90% found the magazine easy to read and 80% felt that it contained the right amount of information. Over 10,000 people visited information stands and more than 2,200 people in the over 60s age group attended talks. In addition, 120,000 magazines and 10,000 posters were disseminated.

Irish Nutrition and Dietetic Institute (INDI)

Standardisation of information on Lipid Lowering Diets throughout Ireland

The project may be evaluated at a later stage.
National Youth Council

The Health Promoting Youth Service Initiative

A comprehensive evaluation of the Health Promoting Youth Service Initiative is currently underway by an external evaluator - the deadline for completion and publishing of evaluation is January 2001.

South Eastern Health Board

Healthy Village Project

Just started but evaluation (process and outcome) will be incorporated throughout by the full-time researcher from Public Health.

Implementation of the Smoke Free Policy

Baseline questionnaire completed before policy drawn up in relation to existing policy, implementation, designated smoking areas and any difficulties experienced to date with implementation. This will be followed up in two years with a formal evaluation to assess effectiveness of the policy.

Skills for Change Training

Evaluation Sheet completed by all participants at the end of each training course.

St. Vincent’s University Hospital

“Help! I want to stop smoking.”

A baseline study has been carried out amongst patients and staff, as the first stage in an evaluation of the Stop Smoking Services in SVUH. Data was collected by interviewer administered questionnaire on all inpatients, and a sample of staff. The response rate was 98% of patients and 95% of staff.

Criteria used in the assessment were:

- current smoking rates;
- attitudes to smoking cessation.

On the basis of these findings the Department of Preventive Medicine and Health Promotion offers ongoing support and education to hospital in-patients and staff. This service is staffed by nurse specialists who have undergone training in this particular field. Further surveys are planned.
Western Health Board

Brief Intervention programme for Health Board staff

Department of Public Health, Western Health Board

The method used was a pre-course assessment with participants. Questionnaires that participants used with clients immediately following the course and a follow-up questionnaire used with clients to see if there had been any movement. There was also a follow-up questionnaire with clients to review the impact of the course on their work.

The evaluation showed that the course was worthwhile and made some suggestions for future courses in relation to targeting of participants and focusing on a limited number of areas.

7.7.8. Priorities in CVD Prevention as Identified by the National Heart Alliance

The response to this question considers not the national picture as a whole, but rather focuses on the work of the Alliance.

- Evaluation

The conclusions of the audit of health promotion activities show that a lot of work is being carried out but there is a need for adequate evaluation. There are many activities being organised by voluntary organisations and community partnerships which are not being evaluated and frequently the evaluated programmes may not be reaching the disadvantaged groups in our society.

- Policies and other initiatives

Advocating for change on tobacco legislation with results as outlined above. It is important to apply the lessons learned from this success advocating for change in nutrition, physical activity (with appropriate environment change) and psycho-social areas. Advocating for change does require a varied and multi-faceted approach.

- Greater effectiveness in CVD prevention can be achieved in Ireland by
  - More coordination
  - Avoidance of duplications
  - Increased audit and research

- Further perceived needs in CVD prevention
  - The greatest need is for social policy change at European, national and local level particularly to change the environment for the disadvantaged.
European cooperation

A strong concerted Europe-wide awareness campaign for cardiovascular disease is needed, to keep CVD on the agenda nationally and Europe-wide.
EHHI 1 Final Report from Ireland

Attachments

1. Draft copy of Directory of Health Promotion Activities relating to Children and Young People to be published on 20th June
2. *Exploring Models of Best Practice*. Programme for conference to be held on 20th June.
3. Position Statement on Smoking
4. Communication to local government on Safe Play Areas
5. Draft Position Statement on Physical Activity
6. Draft Position Statement on Nutrition
National Heart Alliances of Italy

European Heart Health Initiative
Final Report

Country Report on National Alliances
and Their Activities

by
Italian Association against
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National Executive Summary
Italy

Introduction

During the years 1998-2000, the Italian Association against Thrombosis - ALT - was an active member of a number of forums. As far as the aims of the European Health Heart Initiative (EHHI) are concerned, two alliances should be mentioned. The first is the Italian Stroke Forum, founded at the end of 1998 with the aim of studying and preventing strokes. The second is the Forum for Cardiovascular Health, founded by ALT at the end of 1999 with the intention of providing an arena for discussion and a source of inspiration for all the national associations, foundations, and societies that wish to be part of the forum.

Therefore, the present report is divided into four parts: an introduction; a second part dealing with the Italian Stroke Forum, its members and its activities; a third part dealing with the Forum for Cardiovascular Health, its members and its activities; and a fourth part with the National Executive Summary.

Several organisations belong to both alliances. In these cases, for the convenience of the reader all relevant information is listed under each heading, which leads to some repetition.

The building and the expansion of the Alliance

The Italian Stroke Forum

Coalition building has been a relatively easy task for the Italian Stroke Forum. This is mainly, but not exclusively, due to the restricted area (stroke) of intervention of the participants.

The Italian Stroke Forum is not a direct outcome of the EHHI programme, for its creation had been decided before the actual starting of the EHHI itself. Nonetheless, since it is relevant to the issues touched upon by the EHHI, and since stroke is one of the major causes of death and of permanent infirmity, it has been included within the present report.

The Coordinator for the Italian Stroke Forum, Prof. Gianfranco Gensini, called for greater unity within this field, considering it too fragmented if the goal of more effective prevention is to be achieved.

Coalition building for the Italian Stroke Forum thus has mainly involved scientific societies: the only two non-profit organisations, whose main activities lay in the prevention of CVD (i.e. thrombosis and stroke) are the Italian Association against Thrombosis (ALT) and the Italian Association for the Fight against Stroke (ALICE).

Both of these associations are part of the ‘family’ group within the Italian Stroke Forum.
The Forum for Cardiovascular Health

Prior to 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 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 meeting of the national alliance was held. Prior to that, a number of bilateral and multilateral meetings created an awareness of the need for coalition building in the field of CVD prevention in Italy.

As many as 28 associations/foundations/scientific and research societies participated.

The meeting took the form of a one-day seminar, with an introduction to the EHN and to ALT made by Dr Rota Vender, followed by a presentation of the EHHI and its aims by the National Coordinator, Enrico Sartor. All participants agreed on the need for greater coordination among those involved in CVD prevention in Italy.

A number of decisions were taken:

- the national alliance would take the formal denomination of Forum per la Salute Cardiovascolare[‘Forum for Cardiovascular Health’];
- the Forum would be open to new members;
- the participants would signal to the National Coordinator potential participants for the Winning Hearts Conference [Brussels, 14 February 2000];
- the participants would contribute to the compilation of the ‘European Yellow Pages of CVD Prevention’.

In the framework of the International Conference on ‘Nutrition, Thrombosis and Cardiovascular Diseases’, the Second Meeting of the Forum for Cardiovascular Health was held in Rome on 17 November 1999.

ALT took advantage of the prestigious setting of the ‘San Michele a Ripa’ centre in Rome to organise the Second Meeting.

The decisions taken included:

- the participants would undertake to study concrete actions in the sphere of CVD prevention; second, after a careful consideration of the proposed projects, it will be decided which to implement;
- thanks to a year-long application process undertaken by ALT, the Forum will be able to conduct a lobbying campaign at the Senate of the Republic. It will take a form similar to that implemented by the EHN at the European Parliament. Possibly, it will be done before the beginning of the summer 2000.
- Further, a mandate was given to the National Coordinator to explore the possibility of ‘institutionalising’ the Forum during the year 2000. This would include searching for sponsors, designing a logo, and planning a communication strategy.

A third and final meeting is scheduled for June 2000.
Priority areas as identified by the Alliance

The Italian Stroke Forum

- The compilation of guidelines for updated information for GPs and specialists
  
  One of the main results achieved by the Stroke Forum is the SPREAD guidelines. This experience, characterised by multidisciplinary and coordinated work, has been the drawing up and publication of the first Italian guidelines on stroke prevention. It must be noted that this pioneer work required great effort, both in terms of resources allocated and of research carried out.

- The dissemination of the cornerstones of stroke prevention
  
  A number of working groups have been created within the Stroke Forum with the aim of carrying out specific projects for different targets within the population and in the different areas of study.

- The creation of permanent coordination among actors involved in the cure of, in the prevention of, and in the rehabilitation from stroke
  
  The Forum provides an opportunity to gather together all the more qualified experience and multidisciplinary competencies in the cerebrovascular field as well as to share a common project for a concerted action for the prevention, treatment and rehabilitation of stroke.

The Forum for Cardiovascular Health

Children and Young People

All members of the Alliance agreed that this was no doubt the first priority that needed to be addressed. The reasons for this decision can be summarised as follows:

- Children/young people can be educated more easily than adults;
- Children/young people do not easily pick up wrong lifestyles if the correct ones are taught them at an early stage;
- Children/young people can positively influence their parents/relatives through their adoption of a correct lifestyle in a number of different areas (smoking, nutrition, and physical activity being the most important);
- Children/young people represented and represent an area of direct interest of many of the members of the Forum.

Smoking

As a category traditionally considered at risk, smokers are the second main area of interest of the Forum. The reason for this decision can be summarised as follows:

- Smoking has been at the centre of many CVD prevention campaigns of the members of the Forum;
- Smoking cuts across a number of other categories of people considered at risk, not least children and young people. It thus could be easier to promote CVD prevention in a sector of the population.
Nutrition

Nutrition is an area of interest of all members of the Forum. It has not therefore been difficult to reach agreement and establish bilateral and multilateral links among members.

Main achievements of the Alliance

The Italian Stroke Forum

Strengths. Competence and national relevance of the members of the Italian Stroke Forum; importance of activities promoted; a reasonable availability of financial resources.

Weaknesses. In the past there were some problems of coordination among the numerous organisations represented in the Italian Stroke Forum.

Opportunities. Due the present lack of overall national coordination, the Italian Stroke Forum represents one of the most authoritative organisations in stroke prevention in Italy.

Threats. The main threat can be found in the traditional Italian ‘individualism’. It has always been the rule that scientific societies, foundations and associations work and act individually, often multiplying the efforts made in one direction by repeating, rather than consolidating and expanding, actions, campaigns and research projects.

The Forum for Cardiovascular Health

Probably the main achievement of the Alliance is the creation of the Alliance itself. No doubt, this constitutes an excellent starting point.

Strengths. The strengths lie in the quality of the participants. On the one hand, there are a number of scientific societies that are among the most important in Italy such as, for example, the Italian Society of Cardiology. Their participation has ensured that the Alliance can count on members whose scientific reliability is beyond doubt.

On the other hand, ALT has managed to involve a number of other actors in the Alliance, ranging from local authorities to PR agencies and national research institutes. Counting on this richness, the Alliance is – hopefully - bound to expand its activities in the foreseeable future.

Weaknesses. In a country where almost anything has to display an institutionalised organisation in order to work actively, the Forum may be suffering from not having been fully institutionalised yet. ALT’s efforts are now moving in this direction, i.e. to give the Forum a legal denomination (this includes registration c/o the patent office); a Council; a President; and a Scientific Committee. The large majority of these developments depend on the funding, private and public (including from the EU) that ALT will be able to obtain.

Opportunities. Since the Alliance is a fertile area in which to work alongside each other, the Alliance Members will no doubt interact much more, both with each other, in a bilateral way, and as a group. A number of developments are already taking place: ALT is happy to note, for example, that members other than ALT are interacting and working side by side thanks to the meeting opportunity represented by the EHHI programme.
**Threats.** The main threat can be found in the traditional Italian ‘individualism’. It has always been the rule that scientific societies, foundations and associations work and act individually, often multiplying the efforts made in one direction by repeating, rather than consolidating and expanding, actions, campaigns and research projects.

There are signs that this frame of mind is now changing: a number of ‘second level’ associations are being founded, and ALT is a proud member of the most important of them.

**Programmes/interventions deemed to be effective**

**The Italian Stroke Forum**

The experience of study groups has been ‘copied’, at least in part, from the Anglo-Saxon tradition. The Italian Stroke Forum, therefore, has great expectations from this field of activity.

The creation of workgroups will constitute a concrete opportunity to implement effective prevention actions focused on different, specific targets (each corresponding to a workgroup).

**The Forum for Cardiovascular Health**

As stated above, historically Italy has lagged behind as far as coordination among actors involved in CVD prevention was concerned. The years 1998-2000 were thus devoted to the establishment of bilateral and multilateral alliances. This having been said, the translation of EHN and BHF works will grant the *Forum* a certain visibility.

**Barriers which need to be addressed**

**The Italian Stroke Forum**

- There is a ‘cultural’ need to present stroke as a current, imminent threat both to the health of citizens and to the finances of the State.
- There is a necessity to increase the number of stroke units in the territory. This can be achieved only with the cooperation of public structures, which cannot, unfortunately, always be taken for granted.

**The Forum for Cardiovascular Health**

- The *Forum* now needs a permanent, institutionalised structure in order to exploit the work achieved so far.
- There is a need for additional funding and/or sponsors.
- It is possible that increased homogeneity among members is needed.

**Policy recommendations as adopted by the Alliance**

**The Italian Stroke Forum**
The Italian Stroke Forum’s main purpose is to implement a national plan, with the objective of reducing the current death rate due to stroke by 20%. It is an ambitious goal, which requires the collaboration of everyone, in the public or private sector, that aims at fighting cerebrovascular disease.

The Forum for Cardiovascular Health

There are no unsuccessful policies and/or initiatives per se, since there have been no major failures in what had been planned and then implemented. The major ‘failure’ has been the absence of a nation-wide campaign under the aegis of the Forum. The great majority of the proposals in this direction could not reach a quorum within the Forum, as they interested only a limited number of the members. Second, many of the members themselves already had ongoing campaigns in a number of fields, and thus did not want to replicate them.

National action plans on the pan-European theme for the year 2000/2001

The Italian Stroke Forum

A 2000-2001 action plan has not been launched yet.

The Forum for Cardiovascular Prevention

ALT has proposed to implement its programme for schools, ‘Dillo con Otto Uffo e Mezzo’, which has been already successfully tested twice.

ALT believes the programme represents an interesting opportunity to influence young children, and thus their parents, in delicate areas such as nutrition, physical activity, and smoking prevention.
Alliance 1: The Italian Stroke Forum

7.8.I.1. Aims and Objectives of the National Alliance

The Italian Stroke Forum is an association of specialists, doctors and lay people, who have gained experience in activities related to stroke.

The Italian Stroke Forum sets itself the goal of carrying out initiatives and activities in the fields of prevention, treatment and rehabilitation, with the purpose of reducing the medical and social consequences of stroke.

The Forum’s main activities are as follows:

- pursuing prevention efforts;
- improving the formation of self-help groups to help people with stroke disease and their families;
- promoting the research on national and international level;
- creating stroke units in the hospitals;
- improving relationships with local governments and institutions, to implement the initiatives (above all information and education) necessary for the prevention and treatment of stroke.

7.8.I.2. Membership of the Alliance

As of April 2000 the Stroke Forum consisted of 17 members:

Associazione Lotta Ictus Cerebrale - ALICE

Association for the Fight against Stroke

Representative: Dr Giuseppe Da'Alessandro
Address: Amb. Neurologia Ospedale Regionale
Viale Ginevra, 3 - 1100 Aosta
Telephone: +39 0165 304 604
Fax: +39 0165 304 264
E-mail: alice@aostanet.it
Website: www.aostanet.com/no_profit/alice/
Associazione per la Lotta alla Trombosi - ALT

Association for the Fight against Thrombosis

Representative: Dr Lidia Rota Vender
Address: via C. Correnti, 14 – 20123 Milan
Telephone: +39 02 7201 1444
Fax: +39 02 7202 1776
E-mail: trombosi.alt@galactica.it
Website: www.trombosi.org

Associazione Nazionale Cardiologi Extraospedalieri - ANCE

National Associations of Cardiologists (based outside of public structures)

Representative: Dr Alfio Ernesto Bianchi (Vice President)
Address: via Dora, 2 – 00198 Rome
Telephone: +39 06 844 691
Fax: +39 06 844 692/43
E-mail: dr.bianchi@tiscalinet.it
Website: www.ancet.it

Associazione Nazionale Medici Cardiologi Ospedalieri - ANMCO

National Association of Hospital Cardiologists

Representative: Dr Giuseppe Di Pasquale
Address: via La Marmora, 36 - 50121 Florence
Telephone: +39 055 571 798
Fax: +39 055 579 334
E-mail: segreteria@anmco.it
Website: www.anmco.it

Azienda Ospedaliera Careggi

Careggi Hospital

Representative: Prof. Gianfranco Gensini
Address: via Morgagni 35 - 50135 Florence
Telephone: +39 055 436 0976
Fax: +39 055 427 7608
E-mail: g.gensini@dfc.unifi.it
Website: www.ao-careggi.toscana.it

Federazione delle Associazioni dei Dirigenti Ospedalieri Internisti - FADOI

Federation of the Associations of Hospital Managers specialised in Internal Medicine
Federazione Nazionale degli Ordini dei Medici Chirurghi e Odontoiatri - FNOMCeO

National Federation of Associations of Surgeons and Dental Surgeons

Representative: Prof. Aldo Pagni
Address: p.zza Cola di Rienzo, 80/a - 00192 Rome
Telephone: +39 06 362 031
Fax: +39 06 322 5818
E-mail: presidenza@fnomceo.it
Website: www.fnomceo.it

Gruppo di studio delle malattie cerebrovascolari - GsMCV [Società Italiana di neurologia - SIN]

Study group on cerebrovascular diseases (Italian Society of Neurology)

Representative: Prof. Vito Toso
Address: Divisione di neurologia - Ospedale Viale Ridolfi - 36100 Vicenza
Telephone: +39 0444 993 885
+39 0444 993 675
Fax: +39 0444 993 772
E-mail: ulss6019@goldnet.it
Website: www.neuro.it

Health Alliance - HA

Representative: Dr Edda Molinari (President)
Address: Via G. Pascoli, 60 – 20133 Milan
Telephone: +39 02 7060 5179
Fax: +39 02 2668 0727
E-mail: health@healtalliance.it

Società Italiana di Cardiologia - SIC

Italian Society of Cardiology

Representative: Prof. Mario Mariani
Address: Corso Francia, 197 - Rome
Telephone: +39 06 3630 9819
Fax: +39 06 3630 8197
E-mail: soc.it.cardiologia@iol.it
Website: www.medicnet.it/sic/
Società Italiana di Chirurgia Vascolare e endoscopica - SICVE

**Italian Society for Vascular and Endoscopic Surgery**

Representative: Dr Fabrizio Benedetti-Valentini  
Address: Via E. Gianturco 11 - 00196 Rome  
Telephone: +39 06 321 1829  
Fax: +39 06 322 0744  
E-mail: SICVE@info.flashnet.it  
Website: www.sicve.org

Società Italiana di Diabetologia - SID

**Italian Society of Diabetology**

Representative: Prof. Ivana Zavaroni  
Address: Via Severano 5 – 00161 Rome  
Telephone: +39 06 4424 0967  
Fax: +39 06 4429 2060  
E-mail: sidef@rdn.it  
Website: www.siditalia.it

Società Italiana di Ipertensione Arteriosa - SIIA

**Italian Society of Blood Hypertension**

Representative: Prof. Achille Pessina  
Address: c/o Ospedale S. Gerardo  
Via Doninzetti 56 - 20052 Monza  
Telephone: +39 039 233 3357  
+39 335 593 6503 (secretary Ms Giovanna Crespi)  
Fax: +39 039 322 274  
E-mail: mancia.g@imicucca.csi.unimi.it  
Website: www.siia.it

Società Italiana di Medicina Generale - SIMG

**Italian Society of General Medicine**

Representative: Dr Augusto Zaninelli  
Address: via Il Prato, 66 - 50123 Florence  
Telephone: +39 055 284 030  
Fax: +39 055 284 038  
E-mail: simg@dada.it  
Website: www.simg.it
7.8.I.3. Aims and Objectives of Each Alliance Member

Associazione Lotta Ictus Cerebrale - ALICE

ALICE is an association of volunteers that was created in 1997 by patients, relatives, doctors, nurses and, generally, by people linked with stroke disease. The association’s main objective is to improve the quality of life of people with stroke disease and their relatives, above all by disseminating useful information on preventing stroke and on recognising the first symptoms
of this disease. The association is organised in ten regional units, which carry out different projects in their local territory.

**Associazione per la Lotta alla Trombosi - ALT**

ALT is a Milan-based association, founded in 1987, whose main objective is to help the general population avoid preventable CVD. It does so by means of information campaigns, cause-related marketing, lobbying actions, and the funding of research.

**Associazione Nazionale Cardiologi Extraospedalieri - ANCE**

ANCE was founded in 1978 as an effort to ‘enhance the professional qualifications of cardiologists who do not operate within the (public) hospital structures.’ In 20 years of activity, ANCE has created a well-developed network of regional branches.

**Associazione Nazionale dei Medici Cardiologi Ospedalieri - ANMCO**

ANMCO is a non-profit professional medical association of the Italian National Health Service’s Cardiologists with over 4,000 members. Founded in 1963, ANMCO is dedicated to promoting optimal care, prevention and rehabilitation of cardiovascular diseases through the organisation’s proposals, professional education and continuing training, studies and research, and by providing leadership in the development of standards and guidelines.

**Azienda Ospedaliera Careggi**

The Careggi Hospital was founded in Florence during the First World War as an ‘extension’ of Santa Maria Nuova Hospital. Then there were successive developments, above all in the 1930s and after the Second World War. The Hospital has a very active and functional Cardiology Institute, which promotes a number of initiatives and studies in the field of cardiovascular disease.

**Federazione delle Associazioni dei Dirigenti Ospedalieri Internisti - FADOI**

FADOI joins together the Associations of Hospital Managers of Internal Medicine working in the NHS. The Federation aims at improving relationships between GPs and specialists; making the best of the role of Internal Medicine; improving the activities of research and training; creating new relationships with local, regional and national authorities, other associations and universities and strengthening already existing relationships.

**Federazione Nazionale degli Ordini dei Medici Chirurghi e Odonotiatrici - FNOMCeO**

FNOMCeO was founded in 1946 and consists of 103 Italian professional associations. The aims of the Federation are to coordinate the activities of the professional associations, to maintain the independence of the medical profession, to promote the cultural progress of surgeon and dental surgeon members, and to collaborate with health institutions.

**Gruppo di Studio delle Malattie Cerebrovascolari - GsMCV**
The Gruppo di Studio delle Malattie Cerebrovascolari (c/o Società Italiana di Neurologia - SIN) was created in 1996 within the SIN, but it functions as an autonomous study group. The GsMCV is organised in 10 operative areas, which are considered essential and fundamental for scientific progress, for self-help organisations and for the training of nurses and doctors. The areas are: epidemiology, risk factors, physiopathology, secondary prevention, management of the acute phase, service organisations, ultrasound diagnostics, diagnostics for images, rehabilitation and guidelines.

Health Alliance - HA

HA is a private, Milan-based society which offers a secretariat, PR, and meeting organisation services in the field of public health and disease prevention to associations, societies, and foundations.

Società Italiana di Cardiologia - SIC

In late 1935 some of the most important Italian cardiologists founded the ‘Gruppo Cardiologico Italiano’ (‘Italian Cardiological Group’). In 1956 it changed its name to ‘Società Italiana di Cardiologia’. The aims of the Association are to improve cardiological studies, to promote research, to facilitate relationships and contacts between researchers, to organise conferences and up-to-date training; to suggest criteria for the planning and establishment of cardiological institutions; to promote educational campaigns and epidemiological research projects.

Società Italiana di Chirurgia Vascolare e Endoscopica - SICVE

The Italian Association for Vascular and Endovascular Surgery was established in Rome and is currently based at the First Chair of Vascular Surgery at the ‘La Sapienza’ University of Rome.

The aims of SICVE are to foster and promote study and research in the field of Vascular and Endovascular Surgery, to favour its development and knowledge, to provide resources which encourage the application and processing of the most up-to-date methods for the study and treatment of vascular, arterial, venous and lymphatic diseases, and to promote an exchange of ideas among specialists in this branch of surgery by coordinating and safeguarding their prestige and professional interests. The Association also proposes to establish links with other national and foreign associations with common scientific interests with the aim of promoting cultural exchange through the organisation of international congresses, exchange programmes for members and the promotion of international and/or interdisciplinary studies.

Società Italiana di Diabetologia - SID

The main purpose of the society is to promote studies and activities concerning diabetes. To achieve this objective, SID has the following targets: promoting research; organising meetings, workshops and seminars; writing up studies and research reports concerning diabetes; creating links and relationships with other organisations and health institutions.

Società Italiana di Ipertensione Arteriosa - SIIA

SIIA has a number of objectives: to enhance the study of hypertension; to promote research on hypertension in tandem with the International Society of Hypertension; to promote the
knowledge of hypertension by means of conferences and congresses; to organise courses and seminars for young researchers; to promote the training of young researchers.

Società Italiana di Medicina Generale SIMG

SIMG is an independent association of GPs which has the purpose of promoting, improving and supporting the professional role of GPs. The association, possibly one of the most authoritative referents of health institutions, is particularly keen on the activities of training and updating. Among its targets in addition is the implementation of a General Medicine Department within the Medical Schools, which should be managed by GPs. In particular, SIMG is keen on curing not only the disease but the person who has the disease.

Società Italiana di Medicina Interna - SIMI

The Italian Society of Internal Medicine was founded in late 1887, in Pavia, by a group of doctors. The main aim of the society is to promote scientific progress, collecting and disclosing research results. Other purposes of the Society are the promotion of the members’ knowledge and the improvement of the application phases of medical services.

Società Italiana Prevenzione Ictus Cerebrale – SIPIC

The Società Italiana Prevenzione Ictus Cerebrale, founded in 1989, is mainly engaged in two areas: prevention of and research on stroke. Prevention, on a national level, is carried out by GPs, thanks to their close relationship with their patients. In this way it is possible to perform a general first screening of the population and to select people at risk for cardiovascular disease. Research is then based on the results of this screening and on national and international studies on stroke and cardiovascular disease.

Università degli Studi di Roma – Dipartimento di Scienze Neurologiche

The Dipartimento has been active since 1980 in the following areas: stroke prevention; clinical study of stroke in young people; therapeutic trials of stroke.

7.8.I.4. Major Studies, Guidelines or Publications Issued by Alliance Members

Associazione Lotta Ictus Cerebrale - ALICE

- *Come Prevenire l’Ictus* [‘How to prevent stroke’], Giuseppe d’Alessandro (ed.), in collaboration with UCB Pharma, Milan, 2000. This pamphlet aims at giving clear and understandable answers to the most common questions about stroke. Therefore the language itself is very simple, even though the content is strictly scientific. The short book is divided into three parts. At the beginning the different kinds of stroke symptoms are
described. The second part focusses on the main risk factors. Finally there are some examples of effective medical treatments for secondary prevention.

Associazione per la Lotta alla Trombosi - ALT

- *Trombosi on line: Trombosi arteriosa* ['Thrombosis on line: arterial thrombosis'], Marco Cattaneo (ed), Milan, 1997. The booklet is intended to brief GPs on this particular kind of thrombosis.
- *Salto*. It is ALT’s quarterly newsletter. Normally, it is organised on a monographic line, each time dealing with a different aspect of CVD prevention. In its central pages it now hosts a ‘window on Europe’ with an evaluation of the progress of EHHI.

Associazione Nazionale Cardiologi Extraospedalieri - ANCE

- *Cardiologia Ospedaliera* is the newsletter of the association. Editor: Bruno Domenichelli. It is published monthly.

Associazione Nazionale Medici Chirurghi Ospedalieri - ANMCO

- *Giornale Italiano di Cardiologia* ['Italian Journal of Cardiology'] was published from 1971 to 1999. In January 2000 *Giornale*, the official journal of ANMCO and *Cardiologia*, the official journal of SIC, merged to form the *Italian Heart Journal*, the official journal of the Italian Federation of Cardiology.
- *Io, il mio cuore e... Percorsi di educazione alla salute per la prevenzione delle malattie cardiovascolari nella scuola superiore* ['Me, my heart and ... Educational program for the prevention of cardiovascular disease for secondary schools'], F. Valagussa, M. Campioni, F. Salvetti, C. Ferrario (eds.), Florence, 1998. Contents: Health programme planned to convey in the schools, and through the schools to the general public, better information and awareness regarding the prevention of CVD.
Guidelines: *Ipertensione arteriosa e patologia cardiaca* [‘Hypertension and cardiac pathology’]. Florence, 1999, edited in collaboration with the Società Italiana di Cardiologia (SIC) and with the Società Italiana Ipertensione Arteriosa (SIIA). Contents: recommendations concerning the correct use of diagnostic and therapeutic strategies for patients with hypertension.

**Azienda Ospedaliera Careggi**

- *Azienda Ospedaliera Careggi* [‘Hospital Careggi’] is the monthly newsletter of the Azienda Ospedaliera Careggi.

**Federazione delle Associazioni dei Dirigenti Ospedalieri Italiani - FADOI**

- *L’Internista Ospedaliero* [‘Hospital Internal Medicine Doctor’] is the quarterly newsletter of FADOI.

**Federazione Nazionale degli Ordini dei Medici Chirurghi e Odontoiatri - FMONCeO**

- *La Professione* [‘The Profession’] is the monthly official journal of the FMONCeO.

**Gruppo di Studio delle Malattie Cerebrovascolari - GsMCV [Società Italiana di Neurologia - SIN]**

- The GsMCV gives its contributions to the official journal published by the Società Italiana di Neurologia: the *Journal of Neurological Sciences*. The journal welcomes contributions in both the basic and clinical aspects of the neurosciences. English is the official language of the journal. Reports are published in the form of original articles (results of experimental or clinical studies in the neurosciences), short communications (succinct reports of novel results), editorials and case reports.

**Heart Alliance - HA**

- *Guida alla terapia anticoagulante orale per i medici di base* is a guide published [1999] by HA with the aim of training GPs in regard to oral anticoagulants.

**Società Italiana di Cardiologia - SIC**

- *Cardiologia* [‘Cardiology’] is the monthly official journal of the association; it is summarised in the *Index Medicus* and is well known all over the world.

**Società Italiana di Chirurgia Vascoalre e Endoscopica - SICVE**

- *Rivista di Chirurgia Vascolare* [‘Italian Journal of Vascular Surgery’] printed by Minerva Medica. It is the official newsletter that reports the results of the Association’s studies and any information regarding both the university and the hospital activities of SICVE.

- *Archivio di Chirurgia Toracica e Cardiovascolare* [‘Thoracic and Cardiovascular Surgery Archive’] is a quarterly journal.

**Società Italiana di Diabetologia - SID**

- *Il diabete* [‘Diabetes’] is the official journal of SID. It is published every three months.

Società Italiana di Medicina Generale - SIMG

- SIMG is the monthly official journal of the association. Editor: Claudio Cricelli.
- Guidelines: Linee guida per lo scompenso cardiaco [‘Guidelines for cardiac failure’]
- Guidelines Gestione del paziente iperteso [‘Management of patients with blood hypertension’ - forthcoming publication];
- Guidelines: Gestione del paziente scoagulato [‘Treatment of patients with coagulation problems’ – 2000]

Società Italiana di Medicina Interna - SIMI

- Annali Italiani di Medicina Interna [‘Italian Annals of Internal Medicine’] is the official newsletter, published every three months.
- Volume del Centenario [‘Centenary Volume’ – 1999], which reports the more interesting data regarding the history of the Società Italiana di Medicina Interna.

Società Italiana Prevenzione Ictus Cerebrale - SIPIC

- S.P.E.A.R. - Stroke Prevention and Education Atherosclerosis Research is the monthly journal of SIPIC. The journal is intended to provide a medium for the communication of results and ideas in the field of atherosclerosis and cardiovascular disease. The journal is in two languages, Italian and English.

Università degli Studi di Roma – Dipartimento di Scienze Neurologiche

- ‘Central Nervous System Vasculitis,’ C. Fieschi, M. Rasura, A. Anzini, M. Beccia (eds.), Journal of Neurological Sciences 153 (1998), 159-171. The article outlines how a new therapy is being studied to prevent the recurrence of vasculitis.
- Prevention of Ischemic Stroke, C. Fieschi, M. Fisher (eds.), Martin Dunitz, London, 1999. ‘This excellent and comprehensive reference guide provides essential and practical information for the attending neurologist and trainee, as well as to cardiologists, on primary and secondary prevention of ischemic stroke. The editors have assembled an international team of experts who provide the reader with guidance based on their experience and on clinical evidence. The step-by-step approach to preventive action for various aspects of ischemic stroke ensures that all patient groups, all therapeutic and interventional options are covered.’
7.8.1.5. Projects and Initiatives Aimed at CVD Prevention, as Initiated or as Participated in by Each Individual Alliance Member

Associazione Lotta Ictus Cerebrale - ALICE

Assistance to people hit by stroke

Purpose: To provide support to people who have had a stroke event.
Duration: Indefinite.
Target group: People who had a stroke event.
Description: ALICE organises training courses for volunteers to help apoplectic people in their daily life.

Associazione per la Lotta alla Trombosi - ALT

Project 1 - Concorso ‘Dillo con Otto Uffa e Mezzo’

Purpose: To teach pupils between 11 and 13 years of age how to adopt healthy lifestyles; to influence parents’ lifestyles through pupils’ experience.
Duration: Two campaigns of one academic year each. A third campaign is planned.
Partners: *Ministero della Pubblica Istruzione* (‘Ministry of Education’); Local branches of the Ministry of Education.
Target group: Pupils between 11 and 13 years of age.
Description: The campaigns were conducted by means of a cartoon book that explained healthy lifestyles to pupils. The books were distributed free of charge. Pupils then had to produce a storyboard on the basis of the book. The best storyboards were given a prize.
Output: The contest was advertised in the national and local press. The book *Dillo con Otto Uffa e Mezzo* still represents ALT’s main instrument for CVD prevention for young people.

Project 2 – Un pesce di nome ALT

Purpose: To influence the nutritional habits of Milanese citizens by explaining the advantages of a diet rich in fish consumption.
Duration: Two days: 31 March and 1 April 2000.
Partners: *Ministero della Sanità* (‘Ministry of Public Health’); *Ministero delle Risorse Agricole e Forestali* (‘Ministry for Fisheries and Agriculture’); *Associazione Piscicultori Italiani* (‘Italian Association for Fish Breeders’); *Sicily Fish Farm*.
Target group: The population of the city of Milan.
Description: The campaign was organised in the centre of Milan. A kilogram of fresh fish, together with a booklet of recipes and information on CVD and CVD prevention, was given to those who contributed to the research on CVD and to the activities of ALT.
Output: This was a pilot project. The initiative was well received in the national and local press. It is likely that the project will be expanded to include a number of Italian cities.
Associazione Nazionale Cardiologi Extraospedalieri - ANCE

Project 1 - National Seminar

Purpose: To provide all ANCE associates with updated information regarding the areas of prevention of atherosclerosis; hypertension; ischemic cardiopathy; heart failure.
Duration: Three days, from 11 to 14 May 2000.
Target group: Cardiologists not working for the Italian public sector.
Output: It is likely that a book containing abstracts will be published.

Project 2 - Centre for (Heart) Studies

Purpose: ANCE runs a Centre for Heart Studies. The coordinator is Prof. Vincenzo Romano. The purpose is to train ANCE associates in a number of relevant areas. In particular, for the aims of the present report, the ‘Prevention Section’ has been offering courses on ‘secondary prevention in ischemic cardiopathy and reduction of cardiovascular risk.’ The ‘Hypertension Section’ has been offering courses on ‘hypertension and damage to the heart.’ The ‘Heart Failure Section’ has been offering courses on ‘strategies for the prevention and the treatment of heart failure in the territory.’
Duration: The average duration of the courses is four weeks.
Target group: Cardiologists not working for the Italian public sector.
Output: By briefing cardiologists on these particular aspects of CVD prevention, the ANCE aims at reducing the overall CVD risk in the Italian population.

Associazione Nazionale Medici Cardiologi Ospedalieri - ANMCO

Project I – Italian Network on Outpatients with Heart Failure (IN-CHF)

Purpose: Hypertension can be currently defined as ‘a core problem of Public Health’. The main aim of the Italian Network on Outpatients with Heart Failure is to evaluate the total burden of congestive heart failure on the healthcare activity of a sample of Italian Centres, documenting the number of patients with a diagnosis of congestive heart failure and describing the presenting epidemiological and clinical features and the pharmacological/non-pharmacological treatment used in clinical practice.
Partners: Società Italiana Medici Generali (SIMG).
Target group: Cardiologists.
Description: Create a network of Cardiological Centers for Hypertension. Up to April 2000, 240 centres, distributed through the whole national territory, were taking part in this network. The Central coordination of the project is at the Research Centre (RC) of the ANMCO, in Florence. Data is collected locally by trained clinicians using an ad-hoc software program developed by the ANMCO-RC. The database which contains all information concerning either the facilities owned by each centre or the scientific production research activities of cardiologists is available at the Working Group Secretariat.
Output: The following results have been achieved: Software ‘Hypertension and Preventive Cardiology’(1999): this is a necessary tool for the correct
operation of the network.
Guidelines: ‘Hypertension and Cardiac Pathology’, published in March 1999 in the following journals: Giornale Italiano di Cardiologia, Ipertensione Arteriosa e Prevenzione Cardiovascolare and Cardiologia.

Project II – Cardiovascular Epidemiological Observatory

Purpose: The aim of the Observatory is, in fact, to estimate and acquire knowledge on the rate of occurrence of acute coronary events (which required hospitalisation), as well as to acquire data on the prevalence and on the degree of severity of risk factors. This data will be useful in planning effective prevention campaigns.

Partners: Istituto Superiore di Sanità – ISS [(Italian) Superior Institute for Health]
Target group: Cardiologists.
Description: Subsequent to the seminar-based training phase for the doctors referred to the Hospital Centres (distributed throughout all the regions of Italy in accordance with the number of inhabitants), the organisational phase has now begun. This stage consists of the randomisation, by means of electoral lists, of the population samples aged from 35 to 74. Through the observational activities in the various branches throughout Italy, it will be possible to create a ‘snapshot’ of the conditions of cardiovascular pathology for the whole country.

Project III – ‘Me, my heart and…’

Purpose: Health education program for a ‘heart saving’ lifestyle in secondary school.
Duration: The project started in 1998 and has been repeated each year.
Partners: Italian Ministry for Public Instruction and with the support of the Ministry for Health and the Environment
Target group: Students and young people
Description: The project was carried out in 44 schools spread throughout all the regions of Italy with the assistance of the respective Provincial Education Offices, after a training course had been held at the ANMCO Training Center.

Azienda Ospedaliera Careggi

Regional planned action of prevention

Purpose: It is an action at regional level promoted by the Tuscany Region and related to secondary prevention. It involves all doctors and structures that are working in the cardiovascular field.
Partners: Tuscany Region, Associazione Nazionale Cardiologi Extraospedalieri (ANCE), Associazione Nazionale Medici Cardiologi Ospedalieri (ANMCO), Società Italiana di Cardiologia (SIC), Società Italiana di Medicina Generale (SIMG).
Target group: People who have already had a cardiovascular event.
Description: This project aims at creating a complete database of all people who have had a cardiovascular disease, to monitor the situation and plan an effective prevention plan. The GPs have the task of indicating the patients with cardiovascular disease to the Azienda Ospedaliera Careggi or to other hospitals in Tuscany.
Gruppo di Studio delle Malattie Cerebrovascolari - GsMCV

Data on stroke events in Italy

Purpose: Gather useful data about stroke events at national level and about the kind of structures and services available to the population.

Partners: Società Italiana di Neurologia - SIN.

Target group: People suffering from stroke disease and study groups about stroke.

Description: The Gruppo di Studio delle Malattie Cerebrovascolari has just finished a national research project on the number and kind of ‘stroke units’ in Italy, on the members’ research and on their participation in national and international studies. Moreover GsMCV is setting up regional registers about stroke events in the population, in order to collect data useful for future studies or for creating new guidelines on the prevention and treatment of this disease.

Health Alliance - HA

Project 1 – Secondary Prevention: training courses on heart failure and hypertension

Purpose: To instruct GPs and specialists in the field of heart failure and hypertension.

Duration: Two months.

Target group: Cardiologists and GPs.

Project 2 – Web site ‘www.planetcardio.org’

Purpose: To make available on line a number of services regarding CVD prevention and CVD surgery, plus a list of links to associations and foundations, an updated list with conferences and congresses, and other material of interest for specialists as well as the general public.

Duration: Indefinite.

Target group: The general public; experts in CVD.

Description: The site is being prepared. It will probably be launched in autumn 2000.

Società Italiana di Cardiologia - SIC

Training activity

Purpose: To update both cardiologists and GPs with courses, meetings, congresses.

Duration: Held each year.

Target group: Cardiologists and GPs.

Description: Besides the National Congress, which is the most important annual event, scientific activity is carried out regularly in the 13 regional sections of the Association. For cardiologists, SIC organises scientific regional meetings, coordinated by members of the association’s board of directors and by university professors, with multiple choice tests to improve teaching and learning. SIC also organises courses for GPs, to give them accurate knowledge about cardiovascular disease.
Società Italiana di Diabetologia - SID

Multifactorial treatment

Purpose: The study group ‘Diabetes and Atherosclerosis’, headed by Prof. Ivana Zavaroni, is studying a new kind of multifactorial intensive treatment on patients with diabetes, to verify if it is possible to reduce the incidence of linked pathologies, such as the cardiovascular pathologies.


Target group: Patients with diabetes.

Description: Two thousand patients with diabetes are being treated with a multifactorial intensive therapy. The results of this therapy will be compared with the effects of the normal therapy usually applied.

Società Italiana di Medicina Generale - SIMG

Project I – Information System development

Purpose: Since 1982 SIMG has paid great attention to the development of information systems and the new technologies that can help GPs in their work.

Partners: None.

Target group: GPs.

Description: SIMG produced a software program for the management of the data collected daily by GPs in their activity. Moreover SIMG recently set up a web site, Italiacomestai (www.simg/italiacomestai/home.htm). On this web site data regarding an observatory study at national level about cardiovascular risk will be published.

Output: The data published on the web site can be considered useful output.

Project II – Guidelines

Purpose: Provide GPs with reliable guidelines for treating and curing patients with cardiovascular disease.

Partners: Associazione Nazionale Medici Cardiologi Ospedalieri (ANMCO) [National Association of Hospital Cardiologists]; Società Italiana di Cardiologia (SIC) [Italian Society of Cardiology]; Società Italiana Ipertensione Arteriosa (SIIA) [Italian Society of Blood Hypertension].

Target group: GPs.

Description: The guidelines are meant to help GPs in first prevention and follow-up therapies with patients who have already had a coronary disease.

Società Italiana di Medicina Interna - SIMI

Medical Information System

Purpose: Creating a study group on medical information.
Target group: Internal Medicine doctors, health institutions and universities.
Description: The study group will develop research about the professional activities of Internal Medicine, targeted at supplying documents and operating proposals and at becoming an active partner of health institutions and universities. Moreover it will set up a clinical database, linked with the information system, with the purpose of proposing a general model for a clinical archive.

Società Italiana Prevenzione Ictus Cerebrale - SIPIC

Screening centres

Purpose: Improving the prevention and reducing the number of cardiovascular events.
Partners: Croce Rossa Italiana (CRI) [Italian Red Cross], Associazione per la Lotta alla Trombosi [Association for the Fight against Thrombosis].
Target group: People who are at cardiovascular risk.
Description: SIPIC has created screening centres where people who are at cardiovascular risk can undergo a carotid echodoppler test. Depending on the results, it will possible to perform other examinations and start the necessary therapies.

Università degli Studi di Roma – Dipartimento di Scienze Neurologiche

Research project on young patients with cerebral ischaemia

Purpose: To conduct a screening and a study on patients under 46 years of age in the following areas:
- Follow-up of 300 young patients with cerebral ischemia;
- Evaluation of the presence of PFO as a risk factor for young patients with cerebral ischemia;
- An immunological study on young patients with cerebral ischemia;
- A genetic study on coagulation factors in young patients with cerebral ischemia.
Duration: Two years.
Target group: 300 patients under 46 years of age.
Description: See above.
Project 1 - Stroke Prevention and Educational Awareness Diffusion - SPREAD

**Purpose:** Produce guidelines to give GPs a useful tool for their clinical practice, with the purpose of improving their professional knowledge, making use of their abilities and suggesting best practice for primary and secondary prevention of stroke. These guidelines are not only informative, but also partially regulative: they aim at assisting practitioner and patient decisions about appropriate treatment for specific clinical circumstances. The practical relevance of the recommendations included in the SPREAD depends on the existence of wide variations in the clinical treatments; on the presence of elements which could have an impact on the therapy; and on the high number of patients, since even minor changes in the clinical treatment could have a strong impact on the results or on the resources allocated.

**Duration:** 1998-1999.

**Partners:** All the members of the Italian Stroke Forum.

**Target group:** GPs and cardiologists.

**Description:** The guidelines were produced through a multidisciplinary approach, with the objective of being suitable to the Italian situation, based on evidence and open to new studies and knowledge. The sources of the guidelines in the literature consist of the documentation available in the Cochrane Database of Systematic Reviews, the literature collected in MEDLINE’s index, and data produced by Italian and international research projects. Apart from the literature, the development, elaboration and consensus on the guidelines were carried out through broad use of the Internet and through working group meetings. The guidelines are meant to be a tool for practical application. Therefore great attention has been paid to the characteristics of flexibility, clarity and minimum interference with GPs’ clinical practice.

**Output:** The guidelines have been published in different formats:
- the complete volume *SPREAD*, Health srl edition, Milan, 1999. It contains the guidelines and the whole corpus of research, articles and discussions occurring during the development of the project. It is a useful tool for consultation and study, both for GPs and cardiologists;
- a synthesis guideline, which can be quickly consulted by GPs in their daily activity;
- a leaflet with essential recommendations, which is distributed to the general public, both for primary and secondary prevention;
- a web site [www.spread.it].

**Project 2 – Study Groups**

**Purpose:** To create working groups, with the aims of promoting cardiovascular studies and of disseminating the contents of the guidelines to different population targets. Eight working groups have been created: Educational-Students (coordinator: Prof. Carlo Gandolfo), Educational-Postgraduate (coordinator: Prof. Domenico Inzitari), Educational-Nursing (coordinator: Dr Roberto Sterzi), Family (coordinator: Dr Roberto Sterzi), Management (coordinator: Dr Claudio Galanti), References (coordinator: Prof. Domenico Inzitari).
Giuseppe Prisco), Referees (coordinator: Prof. Cesare Fieschi), and Registry-Standards (coordinator: Prof. Antonio Carolei).

Duration: Indefinite.
Partners: All the members of the Italian Stroke Forum.
Target groups: Each working group is oriented toward a particular target group.
Description: Each working group has different tasks and thus different activities:
  - the Educational-Students group is producing a teaching programme for university students, paying great attention to prevention. In the programme there will be written and iconography documentation, electronic documentation, self-evaluation schemes and samples of practical applications;
  - the Educational-Postgraduate group is producing a teaching programme addressed to post-graduate students who intend to specialise in the cardiovascular area;
  - the Educational-Nursing group is producing a teaching programme for nurses, physiotherapists, social operators and others who work in the cardiovascular field;
  - the Family group achieves the purpose of supplying ordinary people (not doctors) with simple, practical and understandable information about cardiovascular disease and risk factors. The group is going to draw up other guidelines, complementary to the SPREAD guidelines, which will support the educational activity of GPs;
  - the management group is producing a publication on the results and implications of the SPREAD guidelines, to be disseminated to local and national public health institutions. Moreover it is working on two documents, one intended for local executive departments and the Health Ministry, and the other addressed to health managers;
  - the References group is producing an up-dated classified bibliography about stroke;
  - the Referees group is evaluating the validity of the SPREAD guidelines, using settled and public criteria. The evaluation will be useful to improve, clear up and deepen information for the next SPREAD Guidelines edition;
  - the Registry-Standards group is studying standard criteria for the creation of population and hospital patients registers.

7.8.I.7. Evaluation of Projects

Project I - Stroke Prevention and Educational Awareness Diffusion (SPREAD)

Evaluators: The Smith Kline Foundation has set up a working group to evaluate the SPREAD guidelines. The working group was composed of specialists with clinical, epidemiological and statistical competence.

Criteria used in the assessment: The first phase of the evaluation was related to reviewing and monitoring the literature regarding the documentation for the guidelines. Then, for practical reasons, six guidelines were selected. Each guideline was analysed by 18 judges.
Reliability was defined as the percentage of the total variability that could be attributed to real differences between the objects compared. That is, the project was evaluated according to the qualitative variability of the guidelines due to the real qualitative differences between the guidelines themselves. Each guideline was analysed based on eight items.

Different scores were assigned to each of the following items:

- Essential requirements (6)
- Ethical aspects (6)
- Relevance (7)
- Structural quality (4)
- Technical-scientific reliability (12)
- Applicability (5)
- Effect (2)

**Rating:** The reliability of the guidelines evaluated is particularly satisfactory as regards relevance, applicability and effect. The good quality of the guidelines is attested to by the nearly constant distribution of the total score of each single guideline. The analysis and evaluation of the SPREAD guidelines was published in the Smith Kline Foundation’s newsletter *Tendenze nuove* ['New Trends'], no. 6 (1999).

**Project II – Study Groups**

This ongoing project has not been evaluated yet.

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**7.8.I.8. Priorities in CVD Prevention, as Identified by the National Alliance**

The medical and social relevance and the economic costs of strokes are increasing year after year. In Italy a number of working groups which promote initiatives for the prevention and treatment of stroke have already been established, but the chronic lack of any overall national coordination has limited and still limits their effectiveness. Moreover a permanent epidemiological observatory doesn’t exist yet.

For these reasons, at the end of 1998 the Italian Stroke Forum was founded. The Forum provides an opportunity to gather together the the most qualified individuals with experience and multidisciplinary competencies in the cerebrovascular field, as well as to share a common project for a concerted action in the prevention, treatment and rehabilitation of stroke.

The Italian Stroke Forum’s main purpose is to produce a national plan with the objective of reducing the current death rate due to stroke by 20%. It is an ambitious goal, which requires the collaboration of everyone, in the public or private sector, who aims at fighting cerebrovascular disease.
Thanks to the competence and the national relevance of its members and to the importance of the activities promoted, the Stroke Forum represents one of the most authoritative organisations, capable of collecting, analysing and disseminating data, information and therapeutic recommendations.

ALT is an active member of the Italian Stroke Forum. Its contribution is to give information about risk factors and, generally speaking, CVD prevention, because an appropriate and healthy life style can drastically reduce overall cardiovascular risk.

One of the main achievements of the Stroke Forum is the SPREAD guidelines. Through multidisciplinary and coordinated work, the Stroke Forum has drawn up and published the first Italian guidelines on stroke prevention. It should be noted that this pioneer work required great effort, both in terms of resources allocated and of research carried out.

A number of working groups have been created within the Stroke Forum with the aim of carrying out specific projects for different targets within the population and areas of study.

Besides epidemiological and scientific projects, the Stroke Forum is promoting a permanent medical up-dating effort, through an annual national conference, local meetings and the publication of scientific literature.

Last but not least the Forum has been active in the communication and PR areas, to focus the public’s attention on risk factors, on the identification of the first signs of a stroke and on the importance of rehabilitation.

The proclamation of the ‘World Day against Stroke’ on 15 May 2000 was decided with the intention of positively communicating and stressing the importance of this disease.
Alliance 2: Forum per la Salute Cardiovascolare

(‘Forum for Cardiovascular Health’)

7.8.II.1. Aims and Objectives of the National Alliance

The Forum per la Salute Cardiovascolare (Forum for Cardiovascular Health) was created in October 1999 on the initiative of the Italian Association against Thrombosis, coordinator of the EHHI programme for Italy.

The Forum is the main direct outcome of the EHHI, as it has been established precisely for the purpose of enhancing the quality of CVD prevention in Italy via the gathering together of associations, foundations, and societies active in this field.

The Forum aims at modifying the faulty lifestyles of the population that have been proved to cause CVD: smoking, the lack of physical activity, and inappropriate nutrition.

In this direction, ALT has tried to involve in the Forum not only medical and scientific societies, which are in any case represented in great numbers, but also associations of dieticians, consumers’ associations, regional and national government branches, and communication agencies.

7.8.II.2. Membership of the Alliance

As of April 2000 the Forum consisted of 25 members:

ADN Kronos Salute

(Press agency)

Representative: Dr Luciano Lombardi - Director
Address: via di Ripetta, 22 – 00186 Rome
Telephone: +39 06 322 2482
Fax: +39 06 321 1610
E-mail: webinfo@adnkronos.com
Website: www.adnkronos.com/channel/salute.htm
Associazione per la Lotta all’Ictus Cerebrale - ALICE

Association for the Fight against Stroke

Representative: Prof. Giuseppe d’Alessandro (President)
Dr Paola Bazzi
Address: v.le Ginevra, 3 – 11100 Aosta
Telephone: +39 0165 304 604
Fax: +39 0165 304 264
E-mail: alice@aostanet.com

Associazione per la Lotta alla Trombosi – ALT

Association for the Fight against Thrombosis

Representative: Dr Lidia Rota Vender (President)
Address: via C. Correnti, 14 – 20123 Milan
Telephone: +39 02 7201 1444
Fax: +39 02 7202 1776
E-mail: trombosi.alt@galactica.it
Website: www.trombosi.org

Associazione Italiana Dietisti - ANDID

Association of Dieticians

Representative: Sig.ra Giovanna Cecchetto (President)
Address: via Belvedere, 17 – 37129 Negarine
(S. Pietro in Cariano)
Telephone: +39 045 772 5512
Fax: +39 045 772 5512
E-mail: dietisti@tin.it
Website: www.sameint.it/andid/index.html

Associazione Nazionale Cardiologi Extraospedalieri – ANCE

National Association of Cardiologists (based outside of public structures)

Representative: Dr Alfio Ernesto Bianchi (vice President)
Address: via Dora, 2 – 00198 Rome
Telephone: +39 06 844 691
Fax: +39 06 844 692/43
E-mail: dr.bianchi@tiscalinet.it
Website: www.ancet.it

Associazione Trapianti Organi - ATO

Associations of Organ Transplants
Representative: Dr Michele Colucci (President)
Address: Via S. Nazaro in Brolo, 15 – 20122 Milan
Telephone: +39 02 5830 7589
Fax: +39 02 5830 8209

Associazione Volontari Italiani Sangue - AVIS

Italian Associations of Blood Donors

Representative: Dr Vincenzo Saturni
Address: via Livigno, 3 – 20158 Milan
Telephone: +39 02 688 3360
Fax: +39 02 688 8371
E-mail: saturni@avis.it
Website: www.avis.it
CODACONS

Association for Consumer Protection

Representative: Prof. Emilio de Lipsis
Address: v.le Mazzini, 135 – 00195 Rome
Telephone: +39 06 3735 1738
Fax: +39 06 3735 2450
E-mail: edelipsis@codacons.it
Website: www.codacons.it

Consortio Interuniversitario per la Ricerca Cardiovascolare - CIRC

Inter-University Consortium for Cardiovascular Research

Representative: Prof. Claudio M. Calderera (Coordinator)
Address: c/o Centro Studi e Ricerche sul Metabolismo Cardiaco
Dipartimento di Biochimica ‘G, Maruzzi’
Università degli Studi di Bologna
Via Irnerio, 48 – 20126 Bologna
Telephone: +39 051 351 205/6
Fax: +39 051 209 1232
E-mail: caldarer@biocfarm.unibo.it

Coordinamento Nazionale Amici del Cuore

National Consortium for Hearts Friends

Representative: Prof. Gianni Spinella (President)
Address: via Zurlini, 130 – 41100 Modena
Telephone: +39 059 344981
Fax: +39 059 344 981

Cuore 2000

Heart 2000

Representative: Dr Gianluigi Pagano (Project Manager)
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European Society for the Prevention of Infant Death – ESPID (Italian Branch)

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*Communication agency – responsible for EU-sponsored campaign for the consumption of olive oil*

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Website: www.hillandknowlton.com  
(www.europa.eu.int/olive-oil for information on the campaign for the consumption of olive oil)

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**Gruppo di Studio Malattie Cerebrovascolari - GsMCV  
(Società Italiana di Neurologia – SIN)**

*Study Group for CVD – belonging to the Italian Society of Neurology*

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**Health Alliance**

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**Istituto Superiore di Sanità**

*Superior Institute for (Public) Health*

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Regione Lombardia – Assessorato alla Sanità

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Società Italiana di Cardiologia - SIC

Italian Society of Cardiology

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Società Italiana di Cardiologia Pedriatica - SICP

Italian Society of Paediatric Cardiology

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Website: www.unich.it/percar/sicpages.htm

Società Italiana di Ipertensione Arteriosa - SIIA

Italian Society of Blood Hypertension

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Società Italiana di Medicina Generale - SIMG

Italian Society of General Medicine

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Società Italiana per la Prevenzione dell’Ictus Cerebrale - SIPIC

Italian Society for Stroke Prevention

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The Italian Stroke Forum

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Università degli Studi di Roma – Dipartimento di Scienze Neurologiche

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7.8.II.3. Aims and Objectives of Each Alliance Member

ADN Kronos Salute

ADK Kronos is one of the two main Italian press agencies. It has several branches, one of which deals directly with health-related issues ['ADN Kronos Salute'].

Associazione per la Lotta all’Ictus Cerebrale – ALICE

ALICE is an association of volunteers created in 1997 by patients, relatives, doctors, and nurses. The association’s main objective is to improve the quality of life of people with stroke disease and of their relatives, above all through the distribution of useful information on preventing stroke and on recognising the first symptoms of this disease. The association is organised in ten regional units, which carry out different local projects.

Associazione per la Lotta alla Trombosi - ALT

ALT is a Milan-based association, founded in 1987, whose main objective is to help the general population avoid preventable CVD. It does so by means of information campaigns, cause-related marketing, lobbying actions, and the funding of research.

Associazione Italiana Dietisti - ANDID

ANDID wishes to unify the professional training for all dieticians, so regional courses are organised throughout the year. Further, the ANDID organises meetings, seminars, debates, conferences and publications to enhance the quality level of its associates.

The goal of the association could best be summarised as ‘the best use of dietetics applied to the basic human goals of health through prevention, correction of malnutrition, of metabolic problems, and the treatment of pathologies related to nutrition’.

Associazione Italiana Cardiologi Extraospedalieri - ANCE

ANCE was founded in 1978 as an effort to ‘enhance the professional qualifications of the cardiologists who do not operate within the (public) hospital structures’. In 20 years of activity, ANCE has created a well-developed network of regional branches.

Associazione Trapianti Organi - ATO

ATO’s main activity is to provide the families of transplant recipients with all the information they might need prior to, during, and after a transplant operation. Regarding heart transplants, the ATO is particularly active in providing medical and scientific support such as, for example, advice from cardiologists.

Associazione Italiana Volontari Sangue – AVIS

AVIS was founded in the 1920s with the aim of coordinating the blood donors in Italy. It has more than 800 000 associates and more than 2 500 local branches.
CODACONS

CODACONS is a second level association grouping a number of associations and societies active in the defence of consumers and citizens. Areas of intense activity include: price control, anti-smoking campaigns, consumption of drugs.

Consorzio Interuniversitario per la Ricerca Cardiovascolare - CIRC

CIRC was founded in 1996 by eleven leading Italian Universities. ‘There was a need for an institutional framework to coordinate scientific work in cardiovascular sciences, in order to promote ‘fundamental’ and ‘clinical’ research on a topic dealing with the prevention and treatment of diseases representing the leading cause of death in Western society’.

Coordinamento Nazionale Amici del Cuore

The Coordinamento was founded in Modena in 1999. The aim is to create a ‘second level’ association, that would mainly act as a pressure group oriented towards the Government and the Health Ministry. In Italy there is a lack of a specific legislation for non-profit organisations, which results, for instance, in the need for them to pay certain taxes such as the VAT. It is self evident how much scope for action there is in such an initiative.

Cuore 2000

In the year 2000 Bologna is one of the European Capitals of Culture. During the month of May, a ‘Heart Pavillion’ will be organised within the university area. ‘Cuore 2000’ is thus a ‘fair’ whose goal is to show to the public how a heart works, what the risk factors are, what the most common pathologies are and how to cure them, and how to prevent heart disease.

European Society for the Prevention of Infant Death – ESPID

ESPID, founded in Rouen in 1991, aims at reducing the infant death rate in Europe. Its activities include research, study, and the development of new medical tools and procedures. Lately it has been particularly active in studying, fighting, and preventing SIDS (Sudden Infant Death Syndrome), in tandem with the association Semi per la SIDS [the Italian branch of ‘Seeds for SIDS’], founded in Lucca in 1991.

Eurosciences Communication

EC is the branch of the PR agency Hill & Knowlton in charge, for Italy, of the medical and scientific aspects of the EU-sponsored campaign to promote the consumption of olive oil. Apart from this, EC is in charge of a number of other projects in the field of public health.

Gruppo di Studio Malattie Cerebrovascolari

The Gruppo di Studio delle Malattie Cerebrovascolari (c/o Società Italiana di Neurologia - SIN) was created in 1996 as a branch of the SIN, but it works as an autonomous study group. The GsMCV is organised in 10 operative areas, which are considered essential and fundamental for scientific progress, for the self-help organisation and for the training of nurses and doctors. The areas are: epidemiology, risk factors, physiopathology, secondary prevention, management of the acute phase, service organisations, ultrasound diagnostic, diagnostic for images, rehabilitation and guidelines.
Health Alliance

HA is a private, Milan-based society which offers a secretariat, PR expertise, and meeting organisation services in the field of public health and disease prevention to associations, societies, and foundations.

Istituto Superiore di Sanità - ISS

ISS is the scientific branch of the Italian National Health System. Its main function is to provide advice to the Regions regarding the implementation of the National Health Plan. Its activity is carried out by a number of laboratories. The ISS operates a number of programmes and projects, promotes scientific research and regularly publishes the results.

Italian Heart Foundation - IHF

IHF is a non-profit organisation whose mission is to contribute to the prevention and control of heart disease in Italy. Activities are focused on the following areas: dissemination of scientific information among the medical community and the general public; supporting the medical community in its endeavour to educate patients; lobbying of central and local governments; educational campaigns; financially supporting basic and clinical research; creating links and the exchange of information between the Italian and the international scientific communities.

The Italian Stroke Forum

The Italian Stroke Forum is an association of specialists, doctors and lay people who have gained experience in activities related to stroke. The Italian Stroke Forum sets itself the goal of carrying out initiatives and activities in the fields of prevention, treatment and rehabilitation, with the purpose of reducing the medical and social consequences of stroke.

The Forum’s main activities are as follows:

- pursuing prevention efforts;
- improving the formation of self-help groups to help people with a stroke disease and their families;
- promoting research at national and international level;
- creating stroke units in hospitals;
- improving relationships with local governments and institutions, in order to carry out the initiatives (above all information and education) necessary for the prevention and treatment of stroke.

Regione Lombardia – Assessorato alla Sanità

In Italy, the Assessorato is the executive branch of a given region. The Public Health Department of the Lombardia Region deals with all issues related to public health.

Società Italiana di Cardiologia – SIC

SIC was founded in 1947. It includes the great majority of Italian cardiologists. Its main aim is to promote the study of heart disease through congresses and conferences; its newsletter, Cardiologia, is published monthly.
**Società Italiana di Cardiologia Pediatrica – SICP**

SICP includes around 350 cardiologists specialised in paediatric cardiology. It is composed of cardiologists, paediatricians, cardiologists, and surgeons. It holds a yearly conference. It distributes a ‘Journal club’, i.e. a newsletter with reviews and articles.

**Società Italiana di Ipertensione Arteriosa – SIIA**

SIIA has a number of objectives: to enhance the study of hypertension; to promote research on hypertension in tandem with the International Society of Hypertension; to promote the knowledge of hypertension by means of conferences and congresses; to organise courses and seminars for young researchers; and to promote the training of young researchers.

**Società Italiana di Medicina Generale – SIMG**

SIMG is an independent association of GPs which has the purpose of promoting, improving and supporting the professional role of GPs in the health world. The association, possibly one of the most authoritative referents of health institutions, is particularly keen on the activities of training and updating. Among its target there is also the establishment of a General Medicine Department within medical schools, which should be managed by GPs. In particular, SIMG is ‘keen on curing not only the disease but the person who has a disease’.

**Società Italiana per la Prevenzione dell’Ictus Cerebrale – SIPIC**

*Società Italiana Prevenzione Ictus Cerebrale,* founded in 1989, is mainly engaged in two areas: prevention of and research on stroke. Prevention, on a national scale, is carried out by GPs, thanks to their close relationship with their patients. In this way it is possible to have a general first screening of the population in order to select people presenting cardiovascular risks. Regarding the research, this is based on the results of the screening and on national and international studies of stroke and cardiovascular disease.

**Università degli Studi di Roma – Dipartimento di Scienze Neurologiche**

The *Dipartimento* has been active since 1980 in the areas of stroke prevention; clinical study of stroke in young people; and therapeutic trials of stroke.
7.8.II.4. Major Studies, Guidelines or Publications Issued by Alliance Members

Associazione per la Lotta all’Ictus Cerebrale – ALICE

  
  This pamphlet aims at giving clear and understandable answers to the most common questions about stroke. Therefore the language itself is very simple, even though the content is strictly scientific. The booklet is divided into three parts. At the beginning the different kinds of stroke symptoms are described. The second part focusses on the main risk factors. Finally there are some examples of effective medical treatments for secondary prevention.

Associazione per la Lotta alla Trombosi - ALT


- *Trombosi on line: Trombosi venosa ed embolia polmonare* ['Thrombosis on line: deep venous thrombosis and lung embolism'], Ida Martinelli (ed.), Milan, 1996. The booklet outlines clear, readable concepts that define this kind of thrombosis and how to prevent it.

- *Trombosi on line: Trombosi arteriosa* ['Thrombosis on line: arterial thrombosis'], Marco Cattaneo (ed.), Milan, 1995. The booklet is intended to brief GPs on this particular kind of thrombosis.

- *Salto*. It is ALT’s quarterly newsletter. Normally, it is organised on a monographic line, each time dealing with a different aspect of CVD prevention. In its central pages it now hosts a ‘window on Europe’ with an evaluation of the progress of the EHHI.

Associazione Italiana Dietisti – ANDID

- *ANDID Notizie* ['ANDID News'] is quarterly newsletter published in order to continuously update dieticians and nutrition professionals on professional issues and scientific news.

  Publication of abstracts of conferences and seminars organised by ANDID. In particular: *Antiossidanti cardiopatie, tumori* ['Antioxidants, cardiopathologies, neoplasms’ - 1997]. The conference was organised in cooperation with the University of Milan and with Prof. M. Hertog of the Netherlands.


Associazione Italiana Cardiologi Extraospedalieri - ANCE
Cardiologia Ospedaliera ['Hospital Cardiology'] is the newsletter of the association. Bruno Domenichelli (ed.). It is published monthly.

Associazione Trapianti Organi - ATO

Trapianto e vita ['Transplant and life' - 1999] is a vade mecum written for potential transplant recipients. It touches upon all aspects that have to be considered when opting for a transplant, not least the ethical and religious aspects. Published with the contribution of Novartis.

Associazione Italiana Volontari Sangue – AVIS

AVIS SOS is the newsletter of the association. Editor: Carlo Carli. It is a quarterly.

CODACONS

Non ingoiate il rospo! is the newsletter the CODACONS makes available to all its associates. Published every fortnight, it deals with all issues that may interest the protection of the rights of consumers. It also has an on-line edition. Particularly interesting for the present report is the section that regularly deals with anti-smoking campaigns.

Consorzio Interuniversitario per la Ricerca Cardiovascolare - CIRC

In the period 1998-99 scientists and cardiologists belonging to the CIRC have published 57 articles in a number of medical journals. These include:

- Journal of Cardiovascular Pharmacology
- Journal of Thorax Cardiovascular Surgery
- Journal of Physiology
- American Journal of Cardiology
- Cardiologia
- Journal of Clinical Endocrinology & Metabolism

For a complete list of publications, please contact the CIRC coordinator, Prof. C.M. Caladerera.

Cuore 2000

A ‘Guide to Cuore 2000’ will be published before the beginning of the fair.

European Society for the Prevention of Infant Death – ESPID


Journal of Infant Mortality is the official newsletter of the ESPID.

Eurosiences Communication

Infolio is the newsletter published quarterly by EC. It is written up in the central office in London, and then translated into Italian. Then it is distributed to journalists and GPs.

Una buona alimentazione per una vita sana. Una guida da consultare. This is a guide for correct nutrition based on olive oil, published in 2000. One part is aimed at consumers and another part targets GPs.
Gruppo di Studio Malattie Cerebrovascolari - GsMCV

- The GsMCV gives its contributions to the official journal published by the Società Italiana di Neurologia ['Italian Society of Neurology']: the Journal of Neurological Sciences. The journal welcomes contributions in both the basic and clinical aspects of the neurosciences. The official language of the journal is English. Reports are published in the form of original articles (results of experimental or clinical studies in the neurosciences), short communications (succinct reports of novel results), editorials and case reports.

Health Alliance

- Guida alla terapia anticoagulante orale per i medici di base is a guide published [1999] by HA with the aim of training GPs on oral anticoagulants.

Italian Heart Foundation - IHF

- Cholesterol Control through Correct Nutrition
- 30 Questions to Know Cholesterol Better
- Triglycerides Control through Correct Nutrition
- Women’s Health in Menopause

(All titles published by IHF).

The Italian Stroke Forum

- Guidelines: Stroke Prevention and Educational Awareness Diffusion (SPREAD) – 1999. The guidelines were drawn up using a multidisciplinary approach, with the objective of being suitable to the Italian situation, based on evidence and open to new studies and knowledge. The sources of the guidelines in the literature consist of the documentation available in the Cochrane Database of Systematic Reviews, the literature collected in MEDLINE’s index, and data produced by Italian and international research. Apart from the literature, the development, elaboration and consensus on the guidelines were carried out through broad use of the Internet and through frequent meetings of the working groups. The guidelines are meant to be a tool for practical application; thus great attention was paid to the characteristics of flexibility, clarity and minimum interference with GPs’ clinical practice.

The guidelines have been published in different formats:

- the complete volume SPREAD, Health srl edition, Milan, 1999, which contains the guidelines and the whole corpus of research, articles and discussions occurring during the development of the project. It is a useful tool for consultation and study, both for GPs and cardiologists;
- synthesis guidelines, which can be quickly consulted by GPs in their daily activity;
- a leaflet with essential recommendations, which is distributed to the general public, both for primary and secondary prevention;
- a web site [www.spread.it].

Istituto Superiore di Sanità - ISS

- Annali dell’Istituto Superiore di Sanità ['ISS Annals'] This series is published quarterly, usually in the form of a monograph on a given argument. Director: Giuseppe Benagiano.
- Notiziario dell’Istituto Superiore di Sanità ['ISS News'] is a monthly newsletter with brief reports of ongoing cooperation projects between the ISS and local and regional health
authorities. It has a section devoted to congresses and conferences. The on-line version can be found at: www.iss.is/scientifica/index/htm.

Regione Lombardia – Assessorato alla Sanità

- *Bollettino Epidemiologico* ['Epidemiological Newsletter'] The *Bollettino* is a quarterly in the field of epidemiology published by the Region. The target group includes GPs and paediatricians. The *Bollettino* is coordinated by the Osservatorio Epidemiologico regionale, and is mailed free of charge to all epidemiologists and paediatricians of the Lombardia Region.

Società Italiana di Cardiologia – SIC

- The SIC publishes the official journal of the association, *Cardiologia* ['Cardiology'], monthly: this review is summarised in the *Index Medicus* and it is well known all over the world.

Società Italiana di Cardiologia Pediatrica – SICP

- *Bollettini della Società Italiana di Cardiologia Pediatrica* ['Newsletter of the Italian Society of Pediatric Cardiology'] is the newsletter of the SICP. It is published twice yearly.

Società Italiana di Medicina Generale - SIMG

- *SIMG* is the monthly official journal of the association. The General Director of the journal is Claudio Cricelli.


- Guidelines: *Linee guida per lo scompenso cardiaco* ['Guidelines for cardiac failure’].

- Guidelines *Gestione del paziente iperteso* ['Management of patients with blood hypertension’ - forthcoming publication].

- Guidelines: *Gestione del paziente scoagulato* ['Treatment of patients with coagulation problems’].

Società Italiana per la Prevenzione dell’Ictus Cerebrale – SIPIC

- *Stroke Prevention Education and Atherosclerosis Research – S.P.E.A.R.*, is the newsletter published three times a year by the association. The journal is intended to provide a medium for the communication of results and ideas in the field of atherosclerosis and cardiovascular disease. The journal is bilingual: Italian and English.

Università degli Studi di Roma – Dipartimento di Scienze Neurologiche

  A set of guidelines is tentatively proposed that is aimed at optimising, in terms of cost-benefit, a protocol of investigation in young adults with ischemic stroke.

  ‘This excellent and comprehensive reference guide provides essential and practical information for the attending neurologist and trainee, as well as to cardiologists, on primary and secondary prevention of ischemic stroke. The editors have assembled an international team of experts who provide the reader with guidance based on their experience and on clinical evidence. The step-by-step approach to preventive action for various aspects of ischemic stroke ensures that all patient groups, all therapeutic and interventional options are covered’.
7.8.II.5. Projects and Initiatives Aimed at CVD Prevention, as Initiated or as Participated in by Each Individual Alliance Member

ADN Kronos Salute

ADN Kronos is a press agency. Thus, it does not launch projects and initiatives per se. Nonetheless, it has shown great interest in CVD prevention on a number of occasions, as for example by sending one of its journalists to the ‘Winning Hearts’ Conference [Brussels, 14.02.2000].

Associazione per la Lotta all’Ictus Cerebrale – ALICE

Assistance to people hit by stroke

**Purpose:** To provide support to people who have had a stroke event.
**Duration:** Indefinite.
**Target group:** People who had a stroke event.
**Description:** ALICE organises training courses for volunteers to help apoplectic people in their daily life.

Associazione per la Lotta alla Trombosi - ALT

Project 1 - Concorso ‘Dillo con Otto Uffa e Mezzo’

**Purpose:** To teach pupils between 11 and 13 years of age how to adopt correct lifestyles; To influence parents’ lifestyles through pupils’ experience.
**Duration:** Two campaigns of one academic year each. A third campaign is planned.
**Partners:** *Ministero della Pubblica Istruzione* (‘Ministry of Education’); Local branches of the Ministry of Education.
**Target group:** Pupils between 11 and 13 years of age.
**Description:** The campaigns were conducted by means of a cartoon book that explained correct lifestyles to pupils. The books were distributed free of charge. Pupils then had to produce a storyboard on the basis of the book. The best storyboards were given a prize.
**Output:** The contest was advertised in the national as well as local press. The book *Dillo con Otto Uffa e Mezzo* still represents ALT’s main instrument for CVD prevention for young people.

Project 2 – Un pesce di nome ALT

**Purpose:** To influence the nutritional habits of the Milanese citizens by explaining the advantages of a diet rich in fish consumption.
**Duration:** Two days: 31 March and 1 April 2000.
**Partners:** *Ministero della Sanità* (‘Ministry of Public Health’); *Ministero delle Risorse Agricole e Forestali* (‘Ministry for Fisheries and Agriculture’);
Associazione Piscicultori Italiani ('Italian Association for Fish Breeders'); Sicily Fish Farm.

Target group: The population of the city of Milan.
Description: The campaign was organised in the centre of Milan. A kilogram of fresh fish was given to those who contributed to the research on CVD and to the activities of ALT, together with a booklet of recipes and information on CVD and CVD prevention.
Output: This was a pilot project. The initiative was well received in the national and local press. It is likely that the project will be expanded to include a number of Italian cities.

Associazione Italiana Dietisti - ANDID

Project I - Guidelines
Purpose: Provide the Italian population, and especially patients considered at risk, with reliable guidelines in the field of nutrition and CHD. The document defines a strategy to be implemented as well as listing the different areas to be targeted.
Target group: Patients suffering from coronary heart disease.
Description: The idea was to define the guidelines to reduce the risk of hypercholesterolemia.
Output: Document: Abbassare la colesterolemia per ridurre la cardiopatia coronarica [Lowering cholesteraemia to reduce coronary cardiopathy].

Project II – Health Campaign
Purpose: To provide the necessary elements to the population of the Italian region of Tuscany in the field of CVD prevention.
Partners: Department of Social Security of the Tuscany Region.
Target group: The whole population.
Description: A permanent ‘fair’ bearing the title Questioni di Cuore ['Heart affairs'] has been organised. All issues relative to CVD prevention have been touched upon.

Associazione Italiana Cardiologi Extraospedalieri - ANCE

Project 1 - National Seminar
Purpose: To provide all ANCE associates with updated information regarding the following areas: prevention of atherosclerosis, hypertension, ischemic cardiopathy, and heart failure.
Duration: Three days, from 11 to 14 May 2000.
Target group: Cardiologists not working for the Italian public sector.
Output: It is likely that a book of abstracts will be published.

Project 2 - Centre for (Heart) Studies
ANCE runs a Centre for Heart Studies. The coordinator is Prof. Vincenzo Romano. The purpose is to train ANCE associates in a number of relevant areas. In particular, for the aims of the present report, the ‘Prevention Section’ has been offering courses on ‘secondary prevention in ischemic cardiopathy and reduction of cardiovascular risk’. The ‘Hypertension Section’ has been offering courses on ‘hypertension and damage to the heart’. The ‘Heart Failure Section’ has been offering courses on ‘strategies for the prevention and the treatment of heart failure in the territory’.

The average duration of the courses is four weeks.

Cardiologists not working for the Italian public sector.

By briefing cardiologists on these particular aspects of CVD prevention, the ANCE aims at reducing the overall CVD risk in the Italian population.

Associazione Trapianti Organi - ATO

(As ‘Solidarity Summit’)

Project 1 - A clean day: let’s protect the health of our children - Conference

It is well known that children are the most exposed to pollution and, more generally, poor environmental conditions. According to a study, up to the 60% of children cared for by pediatricians are seen because of respiratory pathologies. The purpose of this event is to create awareness among policy-makers concerning this emergency.

One day, 5 May 2000.

The City Council of Milan, Region Lombardia, the Ministry for the Environment, the University of Milan, a number of Milan-based hospitals.

Experts and politicians.

This will be a one-day conference, organised into three sections: the causes of pollution and how this affects the health of the young; the effects of pollution; how to fight pollution: themes and proposals.

It is likely that a statement will be communicated to the press, and a short booklet containing abstracts of the contributions will be printed.

(As ‘Solidarity Summit’)

Project 2 - A clean day: let’s protect the health of our children - Medical Initiatives

To provide a medical check-up to children and young people, a category normally considered at risk in a big, polluted city like Milan.

One day, 7 May 2000.

Local health authorities.

Milanese children. Secondly, their parents and relatives.

A gazebo with a paediatrician, specialists in allergies, and GPs will be set up in four large Milanese parks. A service providing an overall screening will be provided.
Associazione Italiana Volontari Sangue – AVIS

Screening of risk profiles of AVIS associates

**Purpose:** The project has not been implemented yet. The idea is to verify the correlation between the lifestyles of the blood donors and their CVD risk profiles.

**Partners:** Istituto Sanitario Nazionale ['National Health Institute']; Associazione per la Lotta alla Trombosi ['Association for the Fight against Thrombosis'].

**Target group:** All AVIS associates.

**Description:** Blood donors are healthy people by definition. They will undergo a series of tests intended to screen for risks to recipients.

**Output:** A final report is likely to be issued.

CODACONS

Campaign against smoking

**Purpose:** To reduce tobacco consumption, especially among the young.

**Duration:** No information available, but CODACONS has been active in the fight against smoking over the last few years.

**Partners:** None: usually CODACONS acts ‘individually’, with an authority that is granted a) by its more than 30 000 associates and b) by the reliability of its campaigns. In recent months CODACONS has been working alongside a number of US consumer protection associations.

**Target group:** Mainly the young.

**Description:** Over the last few months CODACONS has been active in the fight against smoking in a number of different ways. First, it has conducted a campaign in the media to fight the installation of tobacco vending machines. It has also tried to bring some of the producers of these machines to court. Second, it has an ongoing quarrel with Playstation (Sony) because, according to CODACONS, a well-known brand of cigarettes is sponsored within some of the racing games available with Playstation. Third, CODACONS has been quarrelling with several publishers of cartoons because a number of characters smoke, thus negatively influencing the young.

**Output:** A number of publications in the national press. A press release, organised to launch the ‘World Anti-smoking Day’ in Italy was arranged in Rome for 20 April.

Consorzio Interuniversitario per la Ricerca Cardiovascolare - CIRC

Advanced courses on cardiovascular research

**Purpose:** To enhance the professional and scientific qualifications of the participants in the following fields: ischemic cardiopathy; cardiac re-modelling; myocardic hypertrophy; endotelial dysfunction.

**Duration:** Two days per course (eight days total).
Partners: All Universities members of the CIRC.
Target group: University students; graduate students: young professionals.

**Coordinamento Nazionale Amici del Cuore**

**Coordinamento Operativo Nazionale Cuore**

**Purpose:** To gather small and medium-sized (local) heart associations/foundations in order to create a ‘second level’ association that would mainly act as a pressure group oriented towards the Government and the Health Ministry. In Italy there is a lack of a specific legislation for non-profit organisations, which results, for instance, in the need for them to pay certain taxes such as the VAT. It is self evident how much scope for action there is in such an initiative. ALT has thus been willing to make its contribution by participating in this steering group, currently totalling over 40 organisations.

**Duration:** Indefinite.

**Partners:** ALT (Milan) and another 40 (local) associations and foundations active in the field of CVD prevention.

**Target group:** The ‘Coordinamento’ will act as a lobbying organisation, and thus the target group is the Government, informed politicians, governmental commissions, the Health Ministry, and the regions.

**Description:** So far, a central office has been organised around the association ‘Amici del Cuore’, which is based in Modena, near Bologna.

**Output:** A declaration was signed by all participants; a press release was issued.

**Cuore 2000**

**Cuore 2000**

**Purpose:** To promote the awareness of CVD and the ways to fight it. Organised as a fair, the initiative seeks to influence the population’s lifestyles by providing people with all the necessary information regarding CVDs, in particular food consumption, CVD prevention, and anti-smoking campaigns.

**Duration:** 12 days: from 16 May to 28 May 2000.

**Partners:** Consorzio Interuniversitario per la Ricerca Cardiovascolare (CIRC), Associazione per la Lotta alla Trombosi (ALT), Pharmaceutical Companies, Food (i.e., olive oil) producers.

**Target group:** The population of the city of Bologna; tourists, visitors to the event ‘Bologna European Capital of Culture – 2000’.

**Description:** An exhibition hall will be organised in one of the buildings of this old university. The material exhibited will deal with CVD prevention, anti-smoking campaigns, correct nutrition, etc. Around this pavilion, smaller halls hosting associations, food producers, scientific organisations, and pharmaceutical companies will present their ‘products’, be they campaigns, material for the fight against CVDs, food products, drugs or booklets. Further, press releases will be issued, and seminars and conferences will be held.
Project 1 - European Concerted Action for Sudden Infant Death - ECAS

**Purpose:** To conduct a screening of families where SIDs have occurred. Then to conduct an epidemiological study on this phenomenon based on the factors of association between SID cases and particular medical profiles of parents/relatives.

**Partners:** All national branches of ESPID; Istituto Superiore di Sanità – ISS; a number of Italian regions.

**Target group:** Families where SIDs have occurred.

**Description:** A questionnaire was provided to 700 families, then data were collected to see whether any association could be found between SID cases and particular medical profiles of parents/relatives.

Project 2 - Sudden Infant Death Syndrome International Conference

**Purpose:** To inform the general public and the policy makers about the dangers of SIDS and the possibilities for preventing it. The conference will be organised in Florence, Centro Internazionale Congressi.

**Duration:** From 11 to 14 March 2002.

**Partners:** All national branches of ESPID.

Eurosciences Communication

VII EU-sponsored campaign for the consumption of olive oil

**Purpose:** Brief GPs on the nutritional properties of olive oil.

**Duration:** Three years (April 1999- April 2002).

**Partners:** Institute for research on atherosclerosis of the University of Münster (Germany).

**Target group:** GPs, dieticians, cardiologists, medical journalists.

**Description:** Congresses, conferences, press releases, press conferences, mailings.

**Output:** Fact sheets; press releases; newsletter.

Gruppo di Studio Malattie Cerebrovascolari

Screening of the population of the city of Vicenza on the incidence of stroke

**Purpose:** To have clear and useful data about the incidence of stroke events at national level and the kind of structures and services available to the population.

**Partners:** Società Italiana di Neurologia (‘Italian Society of Neurology’).

**Target group:** People suffering from stroke; study groups on stroke.

**Description:** The Gruppo di Studio delle Malattie Cerebrovascolari has just finished a national research study on the number and kind of ‘stroke units’ in Italy, on the members’ research projects and on their participation in national and international studies. Moreover GsMCV is setting up regional registers about stroke events in the populations, in order to collect useful
Health Alliance

Project 1 – Secondary Prevention: formation courses on heart failure and hypertension

Purpose: To instruct GPs and specialists in the field of heart failure and hypertension.
Duration: Two months.
Target group: Cardiologists and GPs.

Project 2 – Website ‘www.planetcardio.org’

Purpose: To make available on line a number of services regarding CVD prevention and CVD surgery, plus a list of links to associations and foundations, an updated list with conferences and congresses, and other material of interest for specialists as well as the general public.
Duration: Indefinite.
Target group: The general public; experts in CVD.
Description: The site is being prepared. It will probably be launched in autumn 2000.

The Italian Stroke Forum

Purpose: The Italian Stroke Forum is an association of specialists, doctors and lay people, who have gained experience in activities related to stroke. The Italian Stroke Forum sets itself the goal of carrying out initiatives and activities in the fields of prevention, treatment and rehabilitation, with the purpose of reducing the medical and social consequences of stroke.
Duration: Indefinite.
Partners: 18, among them scientific societies, associations and foundations (see first part of the EHHI Programme Final Report).
Target group: Depending on the partner considered.
Description: The Forum is:
- pursuing prevention efforts;
- improving the formation of self-aid groups to help both people with stroke disease and their families;
- promoting research at national and international level;
- creating stroke units in hospitals;
- improving the relationships with local governments and institutions, to carry out the initiatives (above all information and education) necessary for the prevention and treatment of stroke.

Istituto Superiore di Sanità - ISS

Progetto Cuore: Epidemiologia e Prevenzione delle Malattie Ischemiche del Cuore

Heart Project: Epidemiology and Prevention of Ischaemic Heart Disease
**Purpose:** Assessment within the Italian population (update to the 1990s) of:
- the morbidity, mortality and survival rates for CVD and the distribution of risk factors;
- cardiovascular risk in men and women;
- the predictive role of new risk factors.

**Duration:** Three years.

**Partners:** Associazione Nazionale Medici Cardiologi Ospedalieri (‘Italian association of hospital cardiologists’).

**Target group:** Depending on section of activity.

**Description:** The project is sub-divided into two sections. The first deals with surveillance, the second with aetiological studies.

*The ‘surveillance’ section is composed of three sub-sections:* 
- Registers (major coronary events; hypertrophic cardiomyophaty): aims at assessing incidence, prevalence, attack and survival rates for major coronary events in men and women aged 35-64 in Italy; aims at building a register of hypertrophic cardiomyophaty and elaborating diagnostic/therapeutic guidelines.
- Risk of coronary and cerebrovascular diseases: aims at assessing coronary and cerebrovascular risk within the general population and at different socio-economic levels.
- Primary prevention (risk factors; development and implementation of evidence-based guidelines in PHC): aims at mapping the distribution of risk factors in Italy; aims at developing evidence-based information for the reduction of alcohol harm at national level.

*The ‘aetiological studies’ section is composed of five sub-sections:* 
- New risk factors (passive smoking; pulmonary function; physical activity; biochemical markers): aims at evaluating the distribution, the trends and the predictive power of the micronutrients and some new risk factors; aims at establishing guidelines for the evaluation and quality control of biochemical markers.
- Genetic: aims at developing screening methods for genes associated with disorders of lipid metabolism and their chronic degenerative sequelae in the population.
- Cardiovascular risk in women: aims at identifying the predictive role of classical and new risk factors, including sex hormones, in CVDs in women.
- Chronic infections: aims at assessing the association between chlamydia pneumoniae and ischaemic heart disease and the attributable proportion of the disease due to the chlamydia infection.
- Elderly: aims at assessing the role of cardiovascular risk factors in the occurrence of white matter lesions, cognitive impairment, dementia, and physical performance.

**Output:** The final result is not yet known. Expected results, given for each above-mentioned section, are listed as follows:

*‘Surveillance’ section:*
- Registers. **Major coronary events:** to obtain valid and comparable estimates through data collected in six registers. **Hypertrophic cardiomyophaty:** collecting retrospective clinical, anamnestic data and measuring genetic markers on 1 000 patients of hypertrophic cardiomyophathy from 15 centres located in different Italian regions.
- **Risk of coronary and cerebrovascular diseases:** to calculate coronary and cerebrovascular risk through the follow up of the population belonging to four cohort studies.
- Primary prevention. **Risk factors:** to assess cardiovascular risk factors distribution using data collected by hospital cardiologists (ANMCO) in 44 centres. **Development and implementation of evidence-based guidelines in PHC:** early detection of alcohol abuse in Primary Heart Care activities by means of standard methodology.
‘Aetiological studies’ section:

- New risk factors. **Biochemical markers**: identifying the distribution of biochemical markers such as lipid profile, fibrinogen homocystine, vitamins and others.
- **Genetic disorders**: to establish diagnostic procedures and methods.
- **Cardiovascular risk in women**: to adopt standard procedures for follow up of fatal and non-fatal coronary and cerebrovascular events in 34,645 women aged 30-69 years.
- **Chronic infections**: to assess the prevalence of the infection of chlamydia pneumoniae through a case-control study in the city of Città di Castello.
- **Elderly**: to examine the long-term predictability of cardiovascular risk factors using data collected from 1985 in men and women aged 55-65 years within the MATISS Project.

Regione Lombardia – Assessorato alla Sanità

**Ospedali per la promozione della salute – ‘Health Promotion Hospitals’**

**Purpose:** The network of ‘Hospitals for the Promotion of Health’ was established in the Lombardia Region in September 1998 with the aim of providing a number of additional services/projects besides those traditionally provided. Several projects are operated under this umbrella to provide quality management in the hospitals, looking first at health promotion.

**Duration:** Not defined.

**Partners:** Public and private hospitals.

**Target group:** The general population.

**Description:** Each hospital belonging to this network has agreed to put forward a number of projects that go beyond those traditionally covered by the NHS. The projects range from anti-smoking campaigns to campaigns for the control of diabetes to courses on correct nutrition. The number of projects that can be related to CVD prevention is high, and cannot be summarised in this report. For a full list, the best option is to consult the relevant website [www.sanita.regione.lombardia.it/SiSegnala/hph/progetti_ao.htm].

**Output:** Depending on project considered.

Società Italiana di Cardiologia – SIC

**Training activity**

**Purpose:** To update both cardiologists and GPs with courses, meetings, congresses.

**Duration:** Held each year.

**Target group:** Cardiologists and GPs.

**Description:** Besides the National Congress, which is the most important annual event, scientific activity is carried out regularly in the 13 regional sections of the Association. SIC organises scientific regional meetings for cardiologists, coordinated by members of the association’s board of directors and by university professors, with multiple choice tests to improve teaching and learning. SIC also organises courses for GPs, to give them accurate knowledge about cardiovascular disease.
Società Italiana di Medicina Generale - SIMG

Project I – Information System development

Purpose: Since 1982 SIMG has paid great attention to the development of information systems and the new technologies that can help GPs in their work.
Target group: GPs.
Description: SIMG produced a software program for the management of the data collected daily by GPs in their activity. Moreover SIMG has recently established a web site *Italiacomestai* (www.simg/italiacomestai/home.htm). On this web site data will be published regarding an observatory study at national level about cardiovascular risk.
Output: The data published on the web site can itself be considered useful output.

Project II – Guidelines

Purpose: To provide GPs with reliable guidelines for treating and curing patients with cardiovascular disease.
Partners: Associazione Nazionale Medici Cardiologi Ospedalieri (ANMCO) [National Association of Hospital Cardiologists]; Società Italiana di Cardiologia (SIC) [Italian Society of Cardiology]; Società Italiana Ipertensione Arteriosa (SIIA) [Italian Society of Blood Hypertension].
Target group: GPs.
Description: The guidelines are intended to help GPs in first prevention and follow-up therapies with patients who have already had a coronary disease.
Output: ‘Linee guida per lo scompenso cardiaco’ ['Guidelines for the cardiac failure']; ‘Gestione del paziente iperteso’ ['Management of the patient with blood hypertension’]; ‘Gestione del paziente scoagulato’

Società Italiana per la Prevenzione dell’Ictus Cerebrale – SIPIC

Screening of the cardiovascular risk of a section of the population

Purpose: Improving the scope of prevention and reducing the number of cardiovascular events.
Partners: *Croce Rossa Italiana* (‘Italian Red Cross’), *Associazione per la Lotta alla Trombosi* (‘Association for the Fight against Thrombosis’); *Società Italiana di Medicina Generale* (‘Italian Society for General Medicine’); *Associazione Italiana per la Lotta all’Ictus Cerebrale* (‘Italian Association for the Fight against Stroke’); *Università di Milano*.
Target group: People at cardiovascular risk.
Description: This alliance has created screening centres, where people who are at cardiovascular risk can undergo a carotid echodoppler test, fill out a questionnaire for risk factors, and have other examinations. Depending on the results, it will be possible to perform other examinations and start necessary therapies.
Italian Heart Foundation - IHF

Project 1 – National Campaign on Women’s Health and Menopause

Purpose: ‘To stimulate, among Italian women, a correct perception of the health problems related to menopause and of the importance of modifying lifestyles in order to live this part of life in full health’.


Target group: Women.

Project 2 – National Campaign on Nutrition, Triglycerides and Cardiovascular diseases.

Purpose: ‘To increase the awareness of the general population regarding the role of plasma lipids, when in excess, in promoting and accelerating atherosclerotic disease, and regarding the nutritional approach to be undertaken to control plasma levels’.

Duration: 1992-94.

Target group: The general population.

Università degli Studi di Roma – Dipartimento di Scienze Neurologiche

Research project on patients of young age with cerebral ischemia

Purpose: To conduct a screening and a study on patients under 46 years of age in the following areas: Follow-up of 300 young patients with cerebral ischemia; Evaluation of the presence of PFO as a risk factor on young patients with cerebral ischemia; An immunological study on young patients with cerebral ischemia; A genetic study on coagulation factors in young patients with cerebral ischemia;

Duration: Two years.

Target group: 300 patients under 46 years of age.

Description: See above.
7.8.II.6. **Projects Initiated by the Alliance**

**Project 1 – Translation of the BHF/EHN ‘European CVD Statistics’**

**Purpose:** To translate into Italian the ‘European Cardiovascular Disease Statistics’ published in 2000 by the BHF and the EHN. Second, to disseminate the statistics to policy makers, experts, local administrators, and journalists.

**Duration:** The translation will be available for ‘Bologna 2000’, i.e. by mid-May 2000.

**Partners:** ALT, the **Consorzio Interuniversitario per la Ricerca Cardiovascolare (CIRC)** and the management of **Bologna 2000**.

**Target group:** Policy makers, experts, local administrators, journalists, the members of the **Forum per la Salute Cardiovascolare**.

**Description:** ALT obtained the authorisation of the EHN and of the BHF to translate the European CVD Statistics. Then an editorial plan was prepared. The translation is now being checked by a member of ALT’s Scientific Committee.

**Output:** The Italian version of the European CVD Statistics, possibly with a foreword for the Italian situation. The publication of a CD ROM version of the statistics is being studied.

**Project 2 – Lobbying Action to the Senate**

**Purpose:** To urge the Senate (one of the two branches of the Italian Parliament) to take account of the cardiovascular emergency. To obtain from the Italian Parliament greater attention to the problems related to CVD. To gain visibility and publicity for issues related to CVD prevention with the national press.

**Duration:** One full day, probably in June 2000.

**Partners:** All the members of the **Forum**.

**Target group:** The Italian Senators, thus the Parliament.

**Description:** A letter will be sent to all Senators urging them to act to meet the needs of the associations, foundations, and societies active in CVD prevention. A one-day event will be organised within the Senate building, displaying material made available by ALT and by the other members of the **Forum**. The Senators will be asked to fill in ALT’s risk screening questionnaire, and the results will then be used as a lobbying tool. During the day, the Senators will be informed of the cardiovascular emergency in Italy by means of presentations, an exhibition of charts, presentations of campaigns and ongoing operations.

**Project 3 – Translation of EHN Position paper on Tobacco and on Nutrition**

**Purpose:** To translate into Italian EHN’s position papers on Tobacco and Nutrition. Then to disseminate the booklets

**Duration:** The booklet will be available within the summer of 2000.

**Partners:** ALT, **Associazione Nazionale Dietisti (ANDID)**, Pharmacia & Upjohn, **Cuore 2000**.

**Description:** After obtaining the permission of EHN’s central office, ALT has coordinated the translation of two of the Position Papers. This effort has been useful both to provide ALT and its partners with excellent, up-to-date material in two important areas, and to create an occasion to work jointly on a concrete project.
Output: Two publications:
- The Italian version of EHN’s Position Paper on ‘Food, Nutrition and Cardiovascular Disease Prevention’, to be released jointly by ALT and ANDID.
- The Italian version of EHN’s Position paper on ‘Tobacco Use’, to be released jointly by ALT and Cuore 2000, with the financial cooperation of Pharmacia & Upjohn.

7.8.II.7. Evaluation of Projects

These ongoing projects have not been formally evaluated yet.

7.8.II.8. Priorities in CVD Prevention, as Identified by the National Alliance

- Conclusions: the success of projects and of campaigns

There is no doubt that Italy, at the beginning of the EHII programme, was lagging behind as far as cooperation among actors involved in CVD prevention was concerned. This was due, and indeed is still partly due, to the fact that each operator prefers to work individually rather than to share programmes and initiatives with other actors.

In other words, it is difficult in Italy to gather together the most important actors involved in CVD prevention and, even if one succeeds in calling a meeting, no immediate gain in terms of campaigns or actions (immediately) planned can be guaranteed. In the opinion of the writer, this outcome is also partly due to the attempt to provide a homogenised ‘product’ to all the EU Member States: not all procedures are the same throughout the EU, and the promotion, implementation, and evaluation of programmes follow different guidelines depending upon the EU Member State we are considering.

This having been said, ALT has tried to merge the two traditions (the ‘Northern’ and the ‘Southern’), thus merging elements of an organised planning with elements of a pragmatic implementation of projects. The outcome has been satisfactory, since - as a net result - ALT has managed to call two meetings (and a third one is planned) among partners that would not otherwise have had any chance to communicate. This has been a success.

Unfortunately, this kind of development (i.e. the amalgamation of different actors into one definite structure) takes time to implement. Time is needed for coalition building as well as for project planning. It has to be recalled again that the starting point for Italy was project implementation going from virtual non-existence to complex forms of aggregation of the actors active in the field of CVD prevention. It therefore took a great deal of time to build a potential list of allies, to contact them, and to organise the first two meetings.
Still, the interaction among members has been positive, and good links and contacts have been created and maintained. Many of the members did not cooperate before they met each other at the meetings, and many of them had very little information on the activities of the others prior to the meetings.

It has nonetheless been difficult to involve the partners in more ambitious projects, such as national campaigns and the like. The main difficulties have to do with the lack of a specific project to be proposed to the Alliance, and to the absence of a positive response from the Alliance in this sense. In other words, the limited resources available had to be devoted to alliance-building and to meeting organisation efforts, thus limiting the time available to ALT to think out national campaigns for CVD prevention.

ALT has realised that Alliance members had major difficulties in funding national campaigns and other projects in order to grant visibility to a Forum of which they (Alliance members) were only one part. They preferred to keep on funding their own campaigns, thus assuring personal visibility, not to be shared with anyone else.

This having been said, ALT has nonetheless managed to involve many of the members of the Forum in a number of initiatives, outlined above. If the operation with the Senate of the Republic goes well, probably there will be more scope for action for the Forum, given the high visibility that such an action could assure.

- **Successful (and unsuccessful) policies and initiatives**

The most successful initiatives have been the formation of the Forum and the establishment of permanent links between ALT and all the other members.

As far as specific projects are concerned, the translation and printing of a number of papers (EHN) and statistics (BHF-EHN) has to be seen as an ideal way to cooperate with the members of the Forum.

Second, active cooperation with university-based consortiums such as the CIRC has to be evaluated positively.

Third, an active relationship has been established with many of the scientific societies that participate in the Forum. Further, ALT regularly publishes a two-page supplement on the EHHI within the SIPIC’s (stroke prevention) house organ (SPREAD). ALT is then planning to cooperate with the SIC (cardiology) to translate and disseminate the final report on national parliamentarians.

There are no unsuccessful policies and/or initiatives per se, since there have been no major failures in what had been planned and then implemented. The major ‘failure’ has been the absence of a nationwide campaign under the aegis of the Forum. The great majority of the proposals in this direction did not reach a quorum within the Forum, as they interested only a limited number of the members. Second, many of the members themselves already had ongoing campaigns in a number of fields, and thus did not want to replicate them.

- **How to achieve greater effectiveness**

ALT has realised the limits of the Forum, i.e. primarily, in a country where everything is institutionalised, not displaying an institutionalised structure. In order to achieve greater effectiveness, ALT is now considering the option of granting an institutionalised form to the Forum, i.e. first of all a legal framework (to be achieved in the form of a ‘foundation’ or ‘association’), then a Secretariat, a Presidency and a Scientific Committee.

This development would of course include precise conditions for the members, such as, for example, the payment of an annual fee and/or the need for each member to be present when meetings are called.
ALT is not sure whether it has the financial means, as well as the human resources, to allow such an ambitious project to be implemented. Nonetheless, ALT is exploring the possibility of finding some sponsors for the initiative, as well as of creating a logo and a draft statute on which to work.

It is of course obvious that a hypothetical second phase of the EHHI programme would grant the financial means to consolidate the existing alliance. This would result in greater visibility with the media, with the world of scientific societies, with the Health Ministry, and with local administrators.

- **Future needs in CVD prevention**

With the first part of the EHHI programme, Italy has created a good network among actors active in CVD prevention. People and institutions that would probably not have otherwise met, had the chance to discuss policies, methodologies, and programmes.

It is now time to go ahead with the project of a forum for cardiovascular health, as it has been demonstrated that concerted campaigns are more effective than those conducted by single actors. The main future need in CVD prevention, then, if seen in relationship with the *Forum’s* possibilities and potential, is a need for additional funding.

Additional funding would allow a greater possibility to implement a restricted number of pilot projects, thus enhancing the standing of the *Forum*, its reliability, and its authority. Second, an initial investment in a restricted number of national-wide projects/initiatives would probably ensure that all partners in the *Forum* experience this major development as an important step forward in the field of CVD prevention in Italy.
National Heart Alliance of the Netherlands

European Heart Health Initiative
Final Report

Country Report on National Alliances
and Their Activities

by
Netherlands Heart Foundation
EHHI Programme
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National Executive Summary
The Netherlands

Growth of the alliance

In the Netherlands a great number of NGOs and charities promote a healthy lifestyle. They work closely together in concerted actions and by (co-) funding activities, campaigns or organisational structures. Regarding heart health, a key position is taken by the Netherlands Heart Foundation. The Netherlands Heart Foundation sponsors a great number of prevention campaigns and is represented in a number of organisational bodies. With regard to this already efficient infrastructure of formal and informal alliances, a new overall heart alliance wasn’t needed.

Priority areas

A healthy lifestyle, i.e.: good nutrition (low fat, high intake of fruit and vegetables), physical activity (at least half an hour per day) and no tobacco, is essential in preventing CVD. Many health promotion campaigns and products have already been produced by health organisations involved. However, effective life style changes can only be realised when alternatives are available, affordable and accessible. In this, European co-operation can add value in the exchange expertise and further development of ideas. Still, availability and affordability of many alternatives for a healthy lifestyle (fruit, vegetables, skimmed milk, lean meat; price, promotion an packaging of tobacco products) are under great influence of EU policies.

Achievements of the alliance

The many organisations involved in the prevention of CVD in the Netherlands are closely linked by formal or informal bonds. Each organisation involved is focussed 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 are aware of the need of coalitions and networks. Co-operation in flexible and project oriented alliances has been the basis of many successes in CVD prevention.

The other side of subsidiarity and flexibility of course is a diverse group of health organisations lacking a clear image, a certain internal discipline and strategy.

Best Practice Models

It is not easy to indicate programmes as best practices in a European setting. Many of the interventions being initiated in the Netherlands are carefully tuned to the societal and regulatory environment. Many of these programmes can be (and indeed are) used as inspiration by other heart health promotion organisations in Europe, yet we feel reluctant to designate them as ‘best practice’. With regard to the Youth Communication Project we think we may offer a method which could serve as a best practice. An expert meeting inviting health professionals, trend watchers and marketeers of successful youth brands to discuss the question how to reach youngsters 14-18 years old. The ultimate goal is to involve industry and health professionals in a common project (whatever it may be: Internet, events, new products etc.) with the potential to reach youngsters and change their attitude (and in the long term of course behaviour) and the effectiveness we know of certain brands.
Barriers that should be addressed

As pointed out above, health promotion interventions depend on availability, accessibility and affordability of healthy alternatives. With regard to this EU policies play an important role. For instance EU subsidy schemes influence availability and price of many foodstuffs and tobacco. The background generally is stimulating economical activity. Much would gained when health is included a one of the major criteria.

Policy Recommendations

No specific policy recommendations have been adopted. However, it should be noted that great consensus exists about changes needed in national health policy to create an political and societal environment conducive to the prevention of CVD. The core of these recommendations can also be found in the EHN position papers on Tobacco, Nutrition, Psycho Social Factors and Physical Activity. The Netherlands Heart Foundation and representatives of other Dutch health organisations were involved in drafting these papers. The recommendations represent the general opinion of health organisations in the Netherlands.

Plans for the future

For the year 2000-2001 we look forward to the expert meeting on Youth Communication (now planned for October 2000), the further development of ideas in concepts which can be realised in close co-operation between the industry and alliance members in course of 2001. It is our challenge to realise an effective communication on heart health with youngsters of the ‘difficult’ age group of 14-18 years old. We don’t want to limit ourselves beforehand in means or concepts. We hope to see a product (virtual, tangible or an event) which ‘hits’ the target group and creates awareness and a change in attitude. We also look forward to a creative exchange of ideas, methods and strategies between health professionals and industry.
Country Report on National Alliances and Their Activities
The Netherlands

7.9.1. Aims and Objectives of National Alliance(s) Created

To pursue prevention efforts in accordance with needs arising with respect to CVD risk factors.

In the Netherlands a great number of NGOs and charities promote a healthy lifestyle. They work closely together in concerted actions and by (co-) funding activities, campaigns or organisational structures.

Regarding heart health, a key position is taken by the Netherlands Heart Foundation. The Netherlands Heart Foundation sponsors a great number of prevention campaigns and is represented a number of organisational bodies. Moreover, it is co-funder and statutory board member of several health organisations (our so called daughter organisations) like Stichting Volksgezondheid en Roken, Centrum GBW and Het Voedingscentrum (listed below). With regard to this efficient infrastructure of formal and informal alliances, the additional value of building a new alliance is thought to be limited.

7.9.2. Membership of the Alliance(s)

Taking into account the remarks mentioned above, the alliance includes organisations like:

Stichting Volksgezondheid en Roken / Netherlands Foundation Smoking and Health

Representative: Mw. J. Prins, Director
Address: P.O. Box 84370
2508 AJ Den Haag
Netherlands
Telephone: +31 70 352 25 54
Fax: +31 70 354 48 29
E-mail: stivoro@stivoro.nl
website: www.stivoro.nl

Centrum GBW / Centre for Health at the Workingplace

Representative: Johan van Oldenbarneveltlaan 9
Address: 2582 NE Den Haag
Netherlands
Telephone: +31 70 355 25 02
Fax: +31 70 355 83 99
Nederlandse Veriniging van Dietisten / Netherlands Association of Dieticians
Address: P.O. Box 341
5340 AH Oss
Netherlands
Telephone: +31 412 624 543
Fax: +31 412 637 736

Nederlandse vereniging voor cardiologie / Netherlands Society for Cardiology
Representative: Prof. dr. F.W.A. Verheugt
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Website: http://www.knmg.nl

Voorlichtingsbureau Groenten & Fruit / Netherlands Fruit & Vegetables Bureau
Representative: Mr. R. Poort, Director
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7.9.4. Major Studies, Guidelines or Publications Issued by Alliance Members

N.b.: For practical reasons only those publications are mentioned in which the Netherlands Heart Foundation has played a significant role. This overview runs from 1997 (publication year of the report on the European Heart Health Initiative by Lilliehook et al.)

- Aarts, H. et al. Prevention of Cardiovascular Diseases. A review of international research on the effective promotion of physical activity among youth. Netherlands Heart Foundation, 1997 [in collaboration with the NIGZ, University of Maastricht and co-funded by the European Commission].

Exercise intervention has a greater chance of success when the development of the intervention is systematically integrated with the factors that control the behaviour.

- Aarts, H. et al. Prevention of Cardiovascular Diseases. A review of international effect research on stress prevention among youth. Netherlands Heart Foundation, 1997 [in collaboration with the NIGZ, University of Maastricht and co-funded by the European Commission].

Stress intervention programmes in education in the short term can obtain results regarding preventing and handling stressful situations.

- Aarts, H. et al. Prevention of Cardiovascular Diseases. A review of international effect research on multicomponent health promotion programmes for youth. Netherlands Heart Foundation, 1997 [in collaboration with the NIGZ, University of Maastricht and co-funded by the European Commission].

Based on content, design and potential effectiveness, two programmes are considered qualitatively good.

- Aarts, H. et al. Prevention of Cardiovascular Diseases. A review of international effect research on the prevention of smoking among youth. Netherlands Heart Foundation, 1997 [in collaboration with the NIGZ, University of Maastricht and co-funded by the European Commission].

Smoking prevention programmes in general are effective under relatively controlled circumstances.

- Willemse, G. et al. Prevention of Cardiovascular Diseases. A review of international effect research on the nutrition education of youth. Netherlands Heart Foundation, 1997 [in collaboration with the NIGZ, University of Maastricht and co-funded by the European Commission].

Using the ASE model for determinants of social behaviour, the report makes extensive recommendations.

- Schaalma H. et al. Prevention of Cardiovascular Diseases. A lifestyle and determinant analysis among youth. Netherlands Heart Foundation, 1997 [in collaboration with the NIGZ, University of Maastricht and co-funded by the European Commission].

There is a lack of connection between the various types of behaviour in relation to the development of information for the prevention of CVD. It therefore seems more effective to deal separately with individual behaviour types. Hence, target group segmentation (by age, school type and gender) is recommended.

It is feasible to unite a large number of different stakeholders and develop a common preventive health policy for an entire region. Public health and clinical medicine can be united in an integrated approach.


A positive evaluation of action kits to promote physical activity at the workplace.


It was thought that health information schemes like ‘pick the tick’ could influence the consumer in making heart healthy choices. Pre-tests contradicted this assumption. Alternatives are being looked into.

### 7.9.5. Projects and Initiatives Aimed at CVD Prevention, as Initiated or Participated in by Each Individual Alliance Member

NB: For practical reasons only those projects and activities are mentioned in which the Netherlands Heart Foundation has played a significant role. Not included are the vast number of activities developed by our daughter organisations (Stichting Volksgezondheid en Roken, Het Voedingscentrum and Centrum GBW) on smoking prevention and cessation, nutrition and health at the workplace.

**Hartslag Limburg [Heartbeat Limburg]**

**Aim:** To reduce the incidence and prevalence of CVD for the entire population in the Maastricht region. An effective integration of a population strategy and a high risk strategy, with collaboration of all health care providers, is defined as an intermediate goal.

**Duration:** Started in 1998. First scientific conclusions are expected to be published by the year 2003.

**Partners:** Communities of Maastricht, Meerssen, Valkenburg, Margraten and Eijsden, Regional Public Health Institute of the Maastricht region (GGD), two community social work organisations (Trajekt and SWEH) and the regional community health care organisation (Green Cross) for the Health Committees. GPs, cardiologists, the GGD, Maastricht University and the University hospital for the Health Advisors.

**Target group:** Lower social economic status groups.

**Activities:** Health Committees organise all kinds of activities that promote and facilitate a healthy lifestyle. The Health Advisors make an inventory of each patient’s individual risk factors and support GPs and cardiologists in their health counselling tasks. They advise high risk patients and have an overview of ongoing community activities, thus forming a linking pin between the community and the medical level of Hartslag Limburg.

Junior Heart Day

Aim: Objective of the Junior Heart Day is for children to have: consciousness of the relationship between heart health and lifestyle; knowledge of the heart and circulatory system; knowledge of the effects of physical exercise and their heart health; a positive attitude regarding physical exercise for their coming years.

Duration: Activities are focussed on one day, and the Junior Heart Day is organised biannually (since 1996).

Partners: Netherlands School Television (Teleac NOT)

Target group: Highest levels of elementary schools (age 11 and 12)

Activities: Preparatory lessons, TV broadcast, short lesson, interactive programmes on the Internet and on CD-ROM, dance contest Heart Dance Award. Additionally, participation is stimulated in ‘sample courses’ for different kind of sports (organised by the project ‘Make a Choice for Heart and Sports’).

Output: Junior Heart Day will be formally evaluated, evaluation report is expected in second half of 2000.

Action kits Heart Health at the Workplace: Tasty and Healthy and Start Moving!

Aim: To stimulate workers in making heart healthy food choices and taking physical exercise.

Duration: The action kit Tasty and Healthy is developed for an action week, while Start Moving is designed for an action month. Organisations can organise these activities annually, which some of them actually do.

Partners: Netherlands Fruit & Vegetables Bureau.

Target group: Working population

Activities: The action kit Tasty and Healthy offers materials (brochures, recipes, decoration) for company restaurants to stimulate fruit and vegetable consumption and to decrease fat consumption. The action kit Start Moving focuses on daily physical exercise like cycling, walking or taking stairs in stead of elevators. The kit includes posters and brochures.

Output: The action kits have been evaluated by ResCon Research & Consultancy, Haarlem. Tasty and Healthy led to an increased consumption of heart healthy food during the action week. The organisation’s efforts for this campaign were evaluated positively by the employees. Periodical action weeks were suggested. Start Moving generally involved 75% of the workers and led to a significant increase in daily physical exercise. The majority of the workers supported the idea of periodic action months.
Lifestyle promotion campaign ‘Life is heart...take good care’

**Aim:** To inform the general public of 35 year-olds and older of the positive effect of a healthy lifestyle on the risks of heart disease. With hands-on tips, we aim to give people a handle to intervene in their own lifestyle.

**Duration:** September 1999 - June 2001.

**Partners:** VSB fund, Netherlands Olympic Committee, Netherlands Sports Federation, Nutrition Centre, Netherlands Fruits & Vegetables Bureau.

**Target group:** Lower social economic status groups, general public 35 years of age and above.

**Activities:** The campaign has many activities that are meant to reach the target group directly or via intermediaries. There are different information levels for delivering the information properly to the different target groups:

- **The Life Style Road Show** has a low information level, which means that it has accessible information for people who are healthy or have not had their heart disease risks established. This fair-like road show can be transformed into a lifestyle square. On this square, visitors can let Madame Corazon, a virtual fortune-teller, advise them about their lifestyle. They can try out our tasty and healthy stir-fry meals or test their physical condition on our couch-a-cycle.

- **The Mobile Exposition** has a higher information level, which means that the information given deepens the subject. Its whole appearance is more serious than that of the Life Style Road Show. One must already have an interest in the subject. The exposition shows the way your heart and veins work and explains how a healthy lifestyle can make a positive contribution.

- **Money for a Healthy Idea** is a funding project for grass root initiatives. The Netherlands Heart Foundation, supported by the VSB Fund, rewards a good proposal with a subsidy. Individuals as well as organisations can submit proposals.

**Output:** The campaign ‘Life is heart...do take care’ will be evaluated in 2001.

7.9.6. Projects Initiated by the Alliance(s)

Note: Activities as described under 5 are initiated and largely funded by the Netherlands Heart Foundation. It should be realised that this only can be done in close co-operation with other network partners. However, the following project can be recognised as a clear-cut EHHI activity.

**Heart Health at the Parliament**

**Purpose:** To increase consciousness among politicians about a heart healthy lifestyle and its consequences for policy making.

**Duration:** One week (13-17 September 2000).

**Participants:** Netherlands Fruit & Vegetables Bureau, Netherlands Heart Foundation.

**Target group:** Members of the Dutch Lower and Upper House of Parliament and their staff

**Description:** A theme week focussing on a heart healthy lifestyle. Activities were based on the action kits to promote healthy food in restaurants (Tasty and Healthy) and physical exercise (Start moving!) at the work place. In this
week the Parliament’s restaurants offered healthy food, brochures with information were available and posters stimulating physical exercise were attached throughout the building stimulating to take stairs or cycle to work. A special healthy fruit/vegetable snack was offered to all parliamentarians and staff. In a personal letter the importance and feasibility of a heart healthy lifestyle was pointed out to the parliamentarians. In addition the importance of conducive initiatives in other policy fields was stressed.

Youth Communication

**Purpose:** Investigation of innovative and efficient ways of communicating health messages to youngsters of 14-18 years old.

**Duration:** A one day session (to take place in June 2000).

**Participants:** Senior prevention workers from leading health charities and institutions, marketers from food and clothing industry.

**Target group:** Youngsters 14-18 years old.

**Description:** The habit of a heart healthy lifestyle declines rapidly from the age of 13 years. Young people take up the smoking habit, have little or no physical exercise and consume more saturated fats and less fruit and vegetables. Moreover, they hardly seem to be interested in health campaigns. Do we just accept this situation or do we take this as a challenge to find new ways of communicating health messages to this difficult age group? A one-day expert meeting is organised to answer this question.

**Output:** Recommendations.

### 7.9.7. Evaluation of Projects

As *Heart Health at the Parliament* primarily was a public policy instrument to raise awareness among politicians and their staff about a heart healthy lifestyle and its consequences for policy making, no formal evaluation was carried out. However, the action kits used were evaluated by Kuppens in 1999. This evaluation showed an increased knowledge after an action week of food and physical activity as important lifestyle factors to prevent heart disease. During the action week a significant change in food and physical activity patterns was reported. When the survey *European Politicians on Heart Health* (November-December 1999) was carried out some of the Dutch parliamentarians referred to this campaign.

The *Youth Communication* project is now being developed. Pre-testing and evaluation will be an integral part of the project.
7.9.8. Priorities in CVD Prevention, as Identified by the National Alliance(s)

Prevention of CVD is mainly focused on changing lifestyle habits. Evaluation studies and research by the Netherlands Heart Foundation support the theory that behaviour can be changed if knowledge increases, attitudes become more positive and self efficacy improves. Change of lifestyle is only considered and successful when a person acknowledges his or her own unhealthy lifestyle.

Additionally alternatives must be systematic and involve a marginal change. E.g. half an hour accumulated physical exercise per day is considered more feasible for an inactive person than starting with half an hour of jogging per day.

This initial change of lifestyle may lead to a exemplary heart healthy lifestyle. It very much depends how ‘easily’ this initial change can be achieved. Essential for such a conducive society are: healthy foodstuffs offered by the food industry, supermarkets, bakeries or greengrocers; graphical tools to explain the nutritional value of foodstuffs; healthy meals offered by restaurants or fast food chains; infrastructure and accessibility of the country side for leisure; and, last but not least, an effective non-smoking policy.

The European Union has an important role to play in creating these prerequisites for heart health. The importance of the EU common agricultural policy on the qualitative and quantitative offer of fruit, vegetables and lean dairy products can hardly be over-estimated. In subsidising infrastructure projects the EU can act as a role model offering best practices and putting the issue firmly on the European agenda. The role of the EU in tobacco policy is leading for Member States, but will only be completely indisputable when tobacco production subsidies come to an end.
National Heart Alliance of Norway

EHHI – Final Report

Country Report on National Alliances and Their Activities

by
Norwegian Council on Cardiovascular Diseases
EHHI Programme
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National Executive Summary

National Heart Alliance in Norway

Expansion of the National Alliance

In Norway, there have been many political initiatives to establish a national centre on health promotion and health education. These initiatives have been stopped either by the government or by the Parliament. Instead we have had a type of advisory council and a discussion forum consisting of governmental bodies and NGOs that are working with health education. There has been no formal contact and even very little informal contact between institutions that are working with the prevention of CVD. When we had the first meeting in the national alliance, we asked the participants if they had had contact with the others around the table. Very few had. It was confirmed that some organisations had developed very similar school programmes that was distributed to the schools in the same semester, which led to confusion for the schools.

We found out that 32 different governmental bodies and NGOs were involved in one way or an other in the prevention of CVD. They were all invited to the first meeting of the national alliance that took place in June 1999. (The national coordinator started his work in February 1999.) Twelve governmental bodies and NGOs participated in the first meeting and they were the core organisations - those that have as one of their key tasks to work with the prevention of CVD. Those who politely declined the invitation, were mostly monitoring and research institutions and ministries that did not feel that CVD prevention was centrally important in their daily work. We added two more member organisations in the second alliance meeting in September and two additional ones in the third meeting in February 2000. So for the moment there are 16 members of the alliance. The next meeting will take place in June 2000.

Priority Areas

In every alliance meeting we have discussed why we have these meetings and in what direction we should move. We all agree that EHII has come up with two initiatives that already have been important for Norway: first, the creation of a national alliance to coordinate activities, and second, the encouragement to start working toward a national action plan.

The three priority areas:

- To develop school programmes for primary and secondary schools. In Norway we have never had any national action plan for health education in schools. The situation today is quite confusing. Different organisations have developed their own programmes, but they do not fit together. Earlier, young people in the Nordic countries were different from young people in the Mediterranean countries. But, now young people in Europe are becoming more and more alike. They listen to the same music, see the same TV programmes and wear the same clothes. That is why it is much easier to develop a European school programme on CVD that could be used (with minor adaptations) all over Europe.
The groups with social and economic problems have a greater risk of developing CVD. But how is it possible to reach these groups with prevention programmes without increasing social differences and marginalisations? And since the problem in a way is more a political than health prevention problem, how can we tell politicians that social differences will create more illnesses in the population.

The main function of a mass-media campaign is to put a topic on the population’s daily agenda. During and after a campaign it could be easier for people to listen to other health messages. It could also make it easier for organisations that are working with health promotion to get involved in discussions in the media. Since European countries – and especially European youth – are becoming more alike and relate primarily to the same media, it could be of interest to develop a European mass-media campaign targeting young people.

These areas have been discussed in the alliance meetings and among the members.

Main Achievements of the National Alliance

The main achievements of the Norwegian national alliance are that the participants from so many different organisations can sit around the table and discuss how we can work together. In Norway we often talk about how we can coordinate our activities, but very few organisations want to be coordinated. That why we need time for discussions before we can act. This is a strength and a weakness. It is a weakness because it takes longer time to agree on concrete joint projects and it is a strength because there was a hidden consensus behind the discussion that we do not start acting together before we agree on what to do and why we are doing it.

Papers that have been distributed at the alliance meetings have often been discussed at meetings in the member organisations. There have also been more informal contact between members of the alliance and more exchange of experiences and more discussions of working together.

We have just installed a new government, but the former minister of health and social affairs wanted to reorganise all the governmental bodies that are involved in health promotion and health education, a change that will also have major consequences for the NGOs. We do not yet know what kind of intentions the new minister has. This situation can easily generate confusion and uncertainty. It could happen that the governmental bodies will merge into one large institution, which will mean they will use more time to consolidate themselves instead of working together with NGOs. The new government has said that they want to support the voluntary organisations and that many activities that are now carried out by ministries and other bodies can be taken over by NGOs.

These external forces can influence on the work of the alliance in both positive and negative ways and it is now important for us to continue the work that we have started.

Overview of Programmes/Interventions Deemed Effective and Possible Best Practice Models in Europe

We have not discussed this topic much in the alliance. One of the reasons is that the Norwegian programmes are not very well evaluated and many programmes are also adoptions of programmes from other countries. That is why we do not have any programmes for the moment that could serve as models in Europe. What we have discussed in the meetings is that when we start planning new programmes we should not only give facts and leave it to the
individual to decide what to do. It is important that individuals have the opportunity to act and to experience. For example, when student discuss fruit and vegetables in school, they should also have the opportunity to obtain free fruit and vegetables so they can get used to eating them. And people should have more opportunities to engage in physical activities, then they will more easily understand a health message about activities when they see it.

**Barriers**

- There is a need for a national centre responsible for the national programmes on health promotion and health education. It should also develop action plans and national policy statements and recommendations.
- Research institutes and prevention organisations should be linked together more closely.
- Prevention projects should be built on new research and should be evaluated so that the programme can be improved.
- A project should lead to a programme. To many projects ends before a programme is developed.
- The target group should be more clearly defined, and enough knowledge of the target group should be obtained before the intervention starts.
- The objective of the intervention should more realistically defined. It is the objective that can be evaluated.
- Mass-media campaigns should be supported by local actions.
- The health messages should be more positive.

**Policy Recommendations the Alliance Has Adopted**

It has been considered premature for the alliance to discuss policy recommendations. When we agree about a common platform and the national action plan, the next step will be to discuss policies and recommendations.

**National Action Plan**

The national action plan has been discussed in three meetings. The attached action plan will need some minor changes and will be discussed for the last time in the next alliance meeting in June. That is why the copy is written in Norwegian.
Country Report on National Alliances And Their Activities

Norway

7.10.1. Aims and Objectives of National Alliance Created

The purpose of the alliance as agreed by its members:

- to coordinate national prevention activities;
- to create a discussion forum between governmental bodies and NGOs;
- to work together on joint projects;
- to develop a national action plan on the prevention of CVD;
- to discuss joint political initiatives.

7.10.2. Membership of the Alliance

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**7.10.3. Aims and Objectives of Each Alliance Member**

**National Council on Tobacco and Health**

The National Council on Tobacco and Health works to reduce the consumption of tobacco in Norway and thus reduce the level of tobacco-related diseases. Objectives will be to introduce, prepare and follow up on preventive work, to take action to relieve damage to health from tobacco.

**Norwegian Board of Health**

The Norwegian Board of Health is responsible for developing the national health services to improve the health situation in the population.

**Association for Physical Activities in Schools**

The aims and objectives of the organisation are to increase the opportunities for student participation in physical activities and sports at school.

**Confederation of Norwegian Business & Industry**

Give support to Norwegian business and industries. Study the relationship between the environment in the workplace and health.

**National Health Screening Service**
The main objective is to increase public health by making it easier for each individual to make healthy choices.

**Norwegian Cancer Society**

The objective of the Norwegian Cancer Society is to fight cancer through prevention, diagnosis and treatment of cancer, research, information on its causes, symptoms, prevention and treatment. Society members also help cancer patients and their relatives. The Society shall obtain funds for these purposes. The main areas in the prevention field are tobacco, nutrition and sun awareness.

**National Council on Nutrition and Physical Activity**

The main aims and objectives are to give advice, recommendations and statements to central and local authorities, research centres, the health and social sector, school systems, workplace, voluntary organisations, media and consumers.

**The Norwegian Medical Association**

The Norwegian Medical Association is an association for medical doctors. They also organise projects to prevent illnesses. Tobacco is one of their fields of priority.

**Norwegian Heart and Lung Association (LHL)**

The association is a voluntary organisation for people with CVD. Since 1997 they have increased their activities to prevent the development of CVD in the population.

**Norwegian Association for Nutrition and Health (LKL)**

LKL is a voluntary organisation whose objectives are to increase knowledge in the population, create more positive attitudes towards and stimulate interest about the relationship between nutrition, lifestyle and health.

**Norwegian Food Control Authority**

The Norwegian Food Control Authority is responsible for coordinating national and local authorities to improve food control. The vision is that all food should be ‘safe food’. A comprehensive food and nutrition policy is an important element in promoting health and preventing illness.

The Authority does not undertake projects.

**The University of Sport and Physical Activity**

The aims and objectives are to educate students and carry out research on athletics and physical activity. The research on how physical activity affects health and well-being will be used in the planning of goals, strategies, and measures in new prevention projects.
The Norwegian Confederation of Trade Unions (LO)

LO is the largest and most influential workers’ organisation in Norway. It has a long tradition in fighting for better working conditions for the workers. The confederation is now interested in studying how working conditions affect health and illnesses. These studies will be used to start planning new preventive projects.

Association against the Damages Caused by Smoking

The association is a voluntary organisation and its aim is to give new and accurate information to the public and especially to politicians.

Norwegian Council on Cardiovascular Diseases

The council gives support to research projects to study the causes of CVD, develop diagnostic tools and the treatment process. It also supports studies that can increase knowledge of which strategies work best in the prevention of illnesses and of the effects of different measures.

7.10.4. Major Studies, Guidelines or Publications Issued by Alliance Members

National Council on Tobacco and Health

*Røykfrihet – en rettighet.* (No smoking – a human right), National action plan to reduce the consumption of tobacco and the tobacco-related diseases. September 1999. The Ministry of Health and Social Affairs.

Prevention of damages caused by smoking is priority area for the Government because tobacco is the most important cause of illnesses and premature death that can be prevented. The action plan focuses on smoke-free situations and smoke-free places such as the workplace, schools, homes, etc.

Norwegian Board of Health

A new guidebook for the health services in the municipalities and the schools is under production.

Association for Physical Activities in Schools

None

Confederation of Norwegian Business & Industry

None.
National Health Screening Service

None

Norwegian Cancer Society

No major studies or publications.

National Council on Nutrition and Physical Activity


The publication shows the trends in food consumption and nutrition. The population’s eating habits are moving in a healthier direction.

7.10.5. Projects and Initiatives Aimed at CVD Prevention, as Initiated or as Participated by Each Individual Alliance Member

National Council on Tobacco and Health

‘BE Smoke FREE’

**Purpose:** The initiative’s purpose is to use adults as role models for children and young people. Teachers, parents and health personnel are trained to act as role models.

**Duration:** Not decided.

**Partners:** Part of the project is in cooperation with the Norwegian Cancer Society.

**Target group:** Students in primary and secondary schools.

**Description:** Pamphlets, videos and other materials are distributed to teachers, parents and health personnel. Special training courses for the same groups.

**Outcome:** Information materials.

**Purpose:** A programme for pregnant women and parents of young children on how to stop smoking.

**Duration:** Not decided.

**Partners:** Some cooperation with the Norwegian Cancer Organisation.

**Target group:** Health personnel and parents.

**Description:** Training courses for health personnel information to parents.

**Outcome:** Information materials.

**Purpose:** ‘Smoke free schools’ is a programme for primary and secondary schools and the objective is to create smoke-free schools.

**Duration:** Not decided.

**Partners:** None.

**Target group:** Students in primary and secondary schools.
Description: A three years programme has been developed for students in the primary schools. Around 50% of the students participate in the programme. A special secondary school programme has just been developed for students studying health- and social affairs.

Outcome: Information and educational programmes and a competition called ‘Quit & Win’.

Norwegian Board of Health

Purpose: To develop the health services in the municipalities and change the focus from the individual’s problems to concentrate more on the individual’s resources, from the individual perspective to the group and from the expert role to solutions where the patients play a more active role.

Duration: Not decided.

Partners: Health centres in the counties and municipalities.

Target group: Children and young people between 0 and 20 years old.

Description: Making statements and recommendations that can be discussed.

Association for Physical Activities in Schools

Purpose: Organise different activities for students in primary schools, at the school and in their free time.

Duration: Not decided.

Partners: Teachers and skiing association.

Target group: Students in primary schools.

Description: The activities could be jogging, hiking and cross country skiing. Healthy food is also included in the activities.

Confederation of Norwegian Business & Industry

Purpose: To study how the environment in the workplace may affect health. The purpose of this research is to initiate prevention projects in the workplace.

Duration: Not decided.

Partners: None.

Target group: All employees in business and industries that are members of the confederation.

Description: Research. A new project will study what are the environmental risk factors for developing CVD.

National Health Screening Service

Purpose: Health examinations of 40-year-olds. The results are given back to the participants with advice on what they can do to improve their health. The results are also used to study longitudinal trends.


Partners: Health professionals.

Target group: 40-year-olds.

Description: A questionnaire on lifestyle habits and a medical examination.
Outcome: Under production.

Purpose: A new project will collect data to study trends and differences in a population. The data be will be used to propose strategies for how preventive measures can be initiated.


Partners: Health professionals.

Target group: Inhabitants of Oslo.

Description: A questionnaire, medical examination and information.

Norwegian Cancer Society

George the Giraffe

Purpose: A programme to protect children from tobacco smoke. It started as a Nordic intervention project in 1993. It is now only working in Norway.

Duration: Not decided.

Partners: Teachers, schools.

Target group: Kindergarten, parents, mother and child clinics, maternity wards, in the first three grades of the primary schools (6-9 years old) and SFO (a voluntary system of after-school activities for children in primary school).

Purpose: The Society is currently planning a new prevention programme for pupils at age 8 to 12. The emphasis will be on tobacco and nutrition and they are also thinking of including physical activity and tanning.

Duration: Not decided.

Partners: Schools.

Target group: Pupils from 9 to 12 years old.

BE Smoke-Free programme

Purpose: In 1994 the Norwegian Cancer Society initiated a pilot project to prevent smoking among pupils in the lower comprehensive school. It is now a nation-wide programme.

Duration: Not decided.

Partners: Norwegian Health Association.

Target group: Students. Age 12-15.

Description: The programme is based on training in social skills. It tries to show pupils how to become free and independent, make them aware that they can make their own decisions and resist manipulation. The programme is adapted to the school’s curricula and teaching methods. The evaluation of the first three years showed that schools that had followed the programme contained 25% fewer smokers than found in the control group. This school year (1999/2000) about 50% of the students in this age group are participating in the programme.

Purpose: Project 16-19 started in 1998 and is a smoking prevention/cessation project.

Duration: Not decided.

Partners: Norwegian Council on Tobacco and Health.
**Target group:** Students age 16-19.

**Description:** Two educational programmes are developed targeting on students in vocational schools. One of them is made for students taking courses in health and social welfare (mainly girls), and the other is intended for technical school students (mainly boys). The background for the project is research showing that students in vocational schools smoke more than students in other kinds of schools.
National Council on Nutrition and Physical Activity

‘Fruit and vegetables at school’

Purpose: The purpose of the project is to establish a subscription system for fruit and vegetables in the primary schools. Eight counties are now involved in the project, five new counties will join this year and the rest in 2001.

Partners: Information office for fruit and vegetables.

Target group: Students in primary schools.

Description: 350 schools in the eight counties are now participating in the project. That is 30% of the schools.

Purpose: A subject in the Norwegian schools also includes cooking. Many schools give this part little priority, because they lack educational materials and money. A cookbook has been published and distributed free of charge to help the schools improve their education.

Duration: An evaluation study will be done this year (2000). The results of this will decide the future of the project.

Partners: Many NGOs.

Target group: Students 13-15 years old.

The Norwegian Medical Association

Purpose: The purpose is to reduce tobacco consumption and the damage caused by smoking.

Duration: The planning of the project started in 1999.

Partners: Norwegian Teachers Association and different associations for health personnel.

Target group: Students, teachers and health personnel.

Norwegian Heart and Lung Association (LHL)

Purpose: The purpose is to involve people in activities so they become more physically active, eat healthier food and stop smoking.

Duration: Not decided.

Target group: The population.

Description: Around three hundred local groups have been involved in physical activity; a pamphlet on nutrition and CVD and a cookbook have been published. Training courses for people at risk have been organised.

Norwegian Association for Nutrition and Health (LKL)

Purpose: The purpose of the project is to develop educational programmes and other tools to help the target group to be more aware of the relationship between nutrition, physical activity and health.


Partners: Athletic organisations, ministries, teachers organisations and other NGOs.

Target group: Children and young people.
Norwegian Council on Cardiovascular Diseases

**Purpose:** The purpose is to increase the level of physical activity in the population by motivating local groups to start local activities.

**Duration:** 1999-2002.

**Partners:** Local groups.

**Target group:** The population.

**Description:** The project is a part of an international programme called ‘Sli na Slainte’ in Irish or ‘folkestier’ in Norwegian. The idea is to put signboards on already known walking paths with a signboard for each kilometre. The signboards are intended to motivate people to walk longer and more often than they usually do.

‘Find your own weight’

**Purpose:** To increase health and well-being and prevent illness through the reduction of weight in the population

**Duration:** 2000-2002.

**Partners:** Counsellors in counties and municipalities.

**Target group:** Adults.

**Description:** The counsellors will be trained to hold local courses.

BE Smoke Free

**Purpose:** A programme to prevent smoking among students in the lower comprehensive schools.

**Duration:** Not decided.

**Partners:** Norwegian Cancer Society.

**Target group:** Students at ages 12-15.

**Description:** The main themes of the programme are personal freedom: freedom to choose, freedom from addiction, making one’s own decisions, training social skills to resist smoking pressure and short-term consequences of smoking.

**Projects Initiated by the Alliance**

**Children and a Healthy Lifestyle**

**Purpose:** This is a pilot project as the first step toward developing a community-based programme to prevent CVD. Instead of just trying to reach one target group in a community we will try to reach as many target groups as possible: the municipality, the health and social sector, voluntary organisations, cafes and restaurants, shops and gas stations that are selling food, the local media etc. The main target group is students in 4th to 6th
grade in primary schools and their parents. A new school programme is under development.

**Duration:** 1 February – 31 December 2000. The first phase is to test the school programme, the second is to run the community-based project.

**Participants:** Norwegian Health Association’s central and regional offices. Other members of the national alliances. Local authorities or local NGOs.

**Target group:** Students in grade 4 and 6.

**Description:** The first edition of a school programme have been developed and will be tested in two to four different schools. Meetings have been held with local authorities and NGOs in a county. Four municipalities in this county have been asked to participate in the project. Our plan is to start the community project in September. The project will be evaluated.

### 7.10.7. Evaluation of Projects

None of the member organisations’ projects, initiatives, processes or other activities initiated by the alliance have been formally evaluated as to their outcome and effectiveness.

But some of the programmes have been proven successful:

‘BE Smoke-Free’ is a programme developed by Norwegian Council on CVD, Norwegian Cancer Society and Norwegian Council on Tobacco and Health. It started as a pilot project in 1994 to prevent smoking in the lower comprehensive school and it is now a nation-wide programme. The target group is students between 12 and 15 years of age. The programme is adapted to the school’s curricula and teaching methods. The pilot study showed that schools that had followed the programme contained 25% fewer smokers than found in the control group. Around 50% (75 000 students) of the lower comprehensive schools are now participating in the programme.

‘Fruit and Vegetables at School’ is a programme developed and initiated by The National Council on Nutrition and Physical Activity. The purpose is to establish a subscription system for fruit and vegetables in primary schools. In the negotiations between the government and the farmers’ organisations it was agreed that it should be possible for schools to distribute fruit and vegetables to the students at a low price. Thirteen counties are now involved in the project and the rest will join next year. Last year 350 schools in eight counties participated in the project, 30% of the schools in these counties.

### 7.10.8. Priorities in CVD Prevention, as Identified by the National Alliance

In the alliance meetings we have discussed priorities that have to be tackled first in CVD prevention:

- Better coordination of the prevention work done by governmental bodies and voluntary organisations.
- Encourage the municipalities to make local action plans to promote health.
- Health education should be integrated in the national and local curricula.
- More international cooperation in order to develop programmes that – with some adaptations – can be used in all European countries.

We have discussed in detail the experiences of ban on advertising of tobacco products in the alliance meeting. There were different opinions in the group of how effective the ban has been. We have had a ban on advertising since 1975. Tobacco consumption and young people’s smoking rates have decreased considerably since the mid-1970s. So something must have happened. No data substantiates that this change was due to huge price increases or educational campaigns, so a cautious conclusion would be that the ban has had an impact on consumption and young people’s smoking.

The former Norwegian Health Minister wrote in 1998 – a view that could be shared by the alliance: ‘I share the view that the ban on advertising of tobacco products has had a marked and beneficial influence upon tobacco consumption and young people’s smoking rates in Norway. In my opinion, however, the effect of legislation could have been even better if the ban had been accompanied by a much more active and offensive use of other smoking control measures, in particular, health information and education.’

Kjell Bjartveit, Karl Erik Lund: ‘The Norwegian ban on advertising of tobacco products. Has it worked.’

http://www.kreft.no/tobakk/the-norwegian-ban.html

The other questions have not been discussed in the alliance meetings.
National Heart Alliance of Portugal

European Heart Health Initiative
Final Report

Country Report on National Alliances
and Their Activities

by
Portuguese Heart Foundation
EHHI Programme
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## Executive Summary

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The national alliance, prior to the EHII project, existed but was not as focused as it now is. Since the EHII, more concrete and goal-oriented projects and campaigns have been developed and implemented. The alliance was expanded through general Foundation campaigns and projects and asking a variety of individuals and organisations to become involved. The Foundation also re-connected with the CIGs and spoke with each member one-on-one to create new projects and get them more involved with the existing projects.

**Priority areas**

The alliance has pin-pointed three specific areas of intervention that the Foundation will need to focus on:

- **Physical Activity**
  European statistics identify Portugal as the population that exercises the least. We hope to get Portugal moving with the Walking Paths and other efforts.

- **Hypertension**
  This seems to be a growing concern for the Portuguese population. For the Heart Health Month, May 2000, we have created a campaign to alert the general public to the problem.

- **Nutrition-Obesity**
  There is an increase in obesity in the Portuguese population. The Perca Peso Ganhe Coração, Escolha Saudavel and Nutrition Information Line have been developed and initiated to help educate and help in the adoption of healthier eating habits.

**Main achievements of the national alliance**

- **Stronger relationships with the Foundation**
- **More focused effort**
- **Specific projects that come out of the needs for intervention**
  The main strength is that the alliance is more united, but the main weakness is still in their execution of projects completely autonomously. The alliance still needs a great deal of guidance and participation from the Foundation and this is difficult with all the projects and a very limited staff.

**Evaluation**

At the Portuguese Heart Foundation, no formal evaluations have been conducted. The need for evaluation has been identified, but the fact is that it takes time and money to do proper evaluations. With sponsorship funds being applied to specific projects and campaigns, there is no money left over. As a rule, the Foundation judges the success of a project or campaign by
general feedback. The Foundation knows that it is on the right track because we have been able to have the Portuguese Minister of Health and the State Secretary for Health publicly announce their support for the Foundation and its efforts in the fight against cardiovascular disease. Our partnerships and relationships with our national alliance are steadily growing. In fact, several pilot projects have now become full year projects, for example, Perca Peso Ganhe Coração.

**Barriers to be Addressed**

There is one particular barrier that we need to address -- the lack of autonomy on behalf of the alliance. We also need to find ways in which we can convert all this education into good practice and create national guidelines for nutrition and physical exercise.

The Portuguese Heart Foundation and its involvement with the EHII has completed the initial phase. This first two-year phase concentrated on creating awareness and disseminating general information regarding CVD prevention. We will now be focusing our efforts on more education and on concrete projects in the area of prevention. We will use education as the main tool to put into practise the adoption of a healthier lifestyle.

**National action plan**

There is no national action plan.
7.11.1. Aims and Objectives of the National Alliance Created

The Portuguese Heart Foundation’s Alliance provides an overall structure to national cardiovascular disease prevention efforts and conducts joint projects with the Foundation to fulfil some of its main goals:

- create awareness;
- educate the public;
- create community programmes; and
- influence health policy makers.

7.11.2. Membership of Alliance

Community Intervention Group (CIG) Members

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7.11.3. **Aims and Objectives of Each Alliance Member**

The National Alliance is divided into six smaller sub-groups. These groups interact with each other according to the project needs and requirements. Even though they all focus on the above mentioned aims and objectives, each group has a specific role and function. The sub-groups of the Portuguese National Alliance are:

- **Community Intervention Groups (CIGs)**

  The CIGs are community-based groups made up of volunteers specialised in specific areas of health. They provide expertise in the areas of physical activity, geriatric coronary patients, epidemiology, hypertension, nutrition, obesity and diabetes, psychosocial stress, tobacco and fats.
Delegations and Nucleus Groups

The three delegations (North, Centre and The Island of Madeira) and ten regional offices of the Portuguese Heart Foundation work with the Lisbon head office in spreading the efforts of cardiovascular disease prevention nationally.

Scientific Council

This group of consultants, composed of top Portuguese health experts, provides scientific and technical counsel to the Foundation.

7.11.4. Major Studies, Guidelines or Publications Issued by Alliance Members

Studies

- **Perca Peso Ganhe Coração (Lose Weight, Gain Heart Project). 1999-2000.**
  This is an epidemiology study that is currently running. In the Perca Peso Ganhe Coração project described in #5, height, weight, blood pressure, cholesterol and body mass data is being gathered to analyse and create statistical data on the Portuguese population.

- **Portuguese Heart Foundation Rastreios (Health Check Surveys). 1999-2000.**
  Further collection of data (except body mass) as in Perca Peso Ganhe Coração project.

- **Rastreios Mimosa (Health Check Surveys). 2000.**
  Same as Portuguese Heart Foundation Rastreios, but in association with Instituto Nacional de Cardiologia and APOROS (Associadade Portuguesa de Osteoporose).

Publications

- **Jornal do Coração (The Heart Newsletter). 1999 (May).**
  On nutrition. Coordinated by CIG – Nutrition, this four-page newsletter talks about nutrition, healthy eating and cardiovascular disease prevention. It was distributed during our Heart Health Month in 1999.

- **Jornal do Coração (The Heart Newsletter). 2000 (May)**
  On physical activity. Coordinated by the CIG – Physical Activity, this four-page newsletter deals with the lack of physical activity as a risk factor, how to ‘get moving’, living an active life and how it relates to CVD prevention.

- **Jornal do Coração (The Heart Newsletter).**
  On stress. Coordinated by the CIG – Psychosocial Stress, this four-page newsletter will deal with stress as a risk factor, how to control it and how it relates to CVD prevention.
- **Jornal do Coração (The Heart Newsletter). 2000 (October).**
  On lipids. Coordinated by the CIG – Lipids, this four-page newsletter will deal with fats, the different kinds of fats, fat in a healthy diet and how they relate to CVD prevention.

- **Ritmos do Coração (Heart Rhythms). No.00 December 1998.**
  This quarterly newsletter not only talks about the general Foundation activities, but also discusses CVD prevention efforts. This newsletter has a mailing of more than 2,500 and is distributed at Foundation community events. This first edition contained a paragraph on the EHHI.

- **Ritmos do Coração (Heart Rhythms). No.01 January/February/March 1999.**
  This edition contained a one-page article on the EHFI -- an interview with Dr Sofia Lemos, the Portuguese National Coordinator.

- **Ritmos do Coração (Heart Rhythms). No.02 April/May/June 1999.**
  This edition once again contained a one-page article on the EHFI.

- **Ritmos do Coração (Heart Rhythms). No.03 July/August/September 1999.**
  This edition discussed the importance of CVD prevention.

- **Ritmos do Coração (Heart Rhythms). No.04 October/November/December 1999.**
  This edition contained an article on the Foundation’s last 20 years and how it is involved in the EHFI.

- **Ritmos do Coração (Heart Rhythms). No.05 January/February/March 2000.**
  This edition contained a brief article on the February 14 National Heart Day and the Winning Hearts Conference in Brussels.

- **Ritmos do Coração (Heart Rhythms). Special Edition.**
  This special edition talked about the coming Heart Health Month’s theme, Hypertension, and had abstracts from each of the guest speakers at the Foundation’s 20th Anniversary Symposium. One of the pieces was by Marion Luidens, EHFI European Coordinator, on the EHFI.

- **Women and Cardiovascular Disease. 1998.**
  This book was distributed during Heart Health Month of May in 1998 and talked about specific issues about women and cardiovascular disease.

- **Coração Feliz Information Cards (Happy Heart). 1998.**
  These wallet-size cards, part of the Happy Heart Project, contain information on physical activity, hypertension, stress, nutrition and tobacco and were distributed to the general public through health centres, doctors’ offices and pharmacies.
  These leaflets give ten commandments on the following risk factors: ageing population, physical activity, nutrition, stress, tobacco and obesity. By way of giving simple, yet effective recommendations, the general public is given ten easy ways to modify one’s lifestyle. Each leaflet was written by the CIGs for each risk factor.

- **Jogo do Stress (The Game of Stress). 1999.**
  This is soft-cover book, specifically designed for school children between the ages of seven and nine, will be distributed in schools as part of their curriculum and contains a variety of games and talks about everyday stresses in one’s life. This book was written and coordinated by the CIG – Psychosocial Stress.

- **Ame o Seu Coração (Love Your Heart). 1999.**
  This small 20th Anniversary commemorative book contains articles written by many of our CIGs and talks about risk factors and CVD prevention.

- **Angina de Peito e o Enfarte do Miocárdio (Angina and Myocardial Infarction), Clube Rei Coração Booklet No. 1. 1999.**
  This first book in a series for King of Hearts Club members is to assist the cardiac patient with knowledge and practical information. The booklets serve as secondary prevention tools for those who are already suffering from cardiovascular disease. This booklet deals with angina and myocardial infarction.

- **Reabilitação Cardíaca após Enfarte do Miocárdio (Cardiac Rehabilitation after a Heart Attack), Clube Rei Coração Booklet No. 2. 1999.**
  Second book in a series deals with cardiac rehabilitation and offers practical advice for people who have suffered a heart attack.

- **Dislipidêmnias e as Doenças Cardiovasculares (Lipids and the risk of Cardiovascular Disease), Clube Rei Coração Booklet No. 3. 1999.**
  This booklet talks about proper nutrition and the danger of lipids in one’s diet and the link with cardiovascular disease.

- **Sexo e O Doente Cardíaco (Sex and the Cardiac Patient), Clube Rei Coração Booklet No. 4. 1999.**
  This booklet deals with the subject of sex and the cardiac patient. It teaches the patient how to still enjoy sex even after suffering a heart attack or stroke.

- **Clube Rei Coração Booklet Nos. 5, 6, 7. 2000.**
  Booklets 5, 6 and 7 in a series will come out later in 2000. The themes will be hypertension, nutrition and physical activity respectively.

- **Prevenção Cardiovascular (Cardiovascular Disease Prevention). 2000.**
  This book specifically talks about prevention and is directed at the young adult. It deals with the different risk factors: hypertension, tobacco, cholesterol, diabetes, obesity, lack of physical activity and stress.
7.11.5. Projects and Initiatives Aimed at CVD Prevention, as Initiated or as Participated in by Each Individual Alliance Member

Coração Feliz (Happy Heart Project)

- **Purpose:** To inform and alert the general population, especially those who frequent health centres and pharmacies, in ways one can live a healthier life.
- **Duration:** Started in 1998 and ended in 2000.
- **Participants:** The Association of General Medical Practitioners, Association of Portuguese Pharmacies, CIG-Epidemiology, CIG-Prevention.
- **Target group:** General population, especially those who frequent health centres and pharmacies.
- **Description:** This two year pilot programme started off with the distribution of six wallet-sized cards on the different risk factors and lifestyle changes: general health, stress, hypertension, physical activity, nutrition and tobacco. These cards came out one subject at a time over a 24-month period.
- **Results:** This pilot project was developed because of a study that determined that the Portuguese population was not well-informed regarding cardiovascular disease and the adoption of healthy lifestyles. The programme was successful and well received. The next step is to do another study to see if there have been any changes and what the next steps are.

Espaço Coração (A Place for Your Heart)

- **Purpose:** To inform and create a habit of checking one’s cholesterol, blood pressure, height and weight on a regular basis.
- **Duration:** Started in 1998 and is ongoing.
- **Participants:** Association of Portuguese Nurses, General Supporters, CIG-Prevention, CIG-Epidemiology.
- **Target group:** General population.
- **Description:** This health check survey project is conducted in shopping centres and public squares on a national basis and offers free health checks to the public.
- **Results:** This project is very successful and there are always people calling the Foundation to find out when and where the next one will be.

Health Check Surveys – in Corporations

- **Purpose:** To inform and alert employees in different organisations and corporations.
- **Duration:** Started in 1998 and is ongoing.
- **Participants:** General Supporters, CIG-Prevention, CIG-Epidemiology.
- **Target group:** General population – specifically employees of different organisations and corporations.
- **Description:** This health check surveys measure weight, height, cholesterol and blood pressure and is conducted in different organisations and corporations specifically for the employees.
- **Results:** This project has been so successful that a more active project has been defined for the remainder of the year with Lactogal and Kellogg’s as the main sponsors, with the aim of doing health check surveys in an additional ten corporations in 2000.
Healthy Cooking Initiative

Purpose: To inform chefs and help them make healthier meals.
Participants: Camara Municipal de Oeiras and Instituto Nacional de Formação Turística, CIG-Nutrition.
Target group: Cooks and chefs employed by the Camara de Oeiras and those who eat at the Refectories.
Description: This programme was developed to help the cooks and chefs create healthier dishes and meals that were served in the refectories in the Municipality of Oeiras.
Results: The cooks and chefs were at first open to the idea, but did not like to be told how to cook.

Heart Health Month of May Campaign

Purpose: To inform and alert the general public how to take better care of their hearts.
Duration: 1998.
Participants: General supporters, Delegations and Nucleus Groups, and Scientific Council.
Target group: General population.
Description: The 1998 Heart Health Month’s theme was Women and Cardiovascular Disease. There were different talks given on the subject. Information booklets were developed and distributed. There was also a round table luncheon on the subject. TV and radio spots identified the theme and gave advice specifically for women on the risk of cardiovascular disease.

The Portuguese Heart Foundation Web Site Project

Purpose: To inform the general public via the Internet.
Duration: Created in 1998 and being re-developed in 2000.
Participants: General supporters, Delegations and Nucleus Groups, and Scientific Council, General Council and CIGs.
Target group: General population.
Description: www.fpcardiologia.pt

Dia Nacional do Doente Coronário (National Heart Day) Project

Purpose: To inform and alert the general public on the importance of the prevention of cardiovascular disease.
Duration: 14 February 1999.
Participants: General supporters, Delegations and Nucleus Groups, Scientific Council, CIGs.
Target group: General population.
Description: This first annual National Heart Day talked about the importance of a healthy heart. A press conference was held to disseminate information and also talk about the EHFI. There was also a one hour talk show appearance by Dr Sofia Lemos (EHFI National Coordinator) and Dr Luis Negrão (EHFI Medical Consultant) on heart health and the prevention of cardiovascular disease.
Results: Good media coverage and a lot of calls to the Foundation asking for more information.
Manhãs no Paredão (Mornings on the Boardwalk) Project

**Purpose:** To promote physical activity.

**Duration:** Spring-Summer-Fall 1999.

**Participants:** Camara Municipal de Cascais, CIG-Physical Activity.

**Target group:** General population.

**Description:** This morning programme was developed to encourage physical activity along the boardwalk and beaches down the coast from Lisbon. There will be different stages with some sort of exercise or physical activity for all ages.

**Results:** Successful, so much so that the Camara Municipal of Cascais would like to do it again in 2000.

Supermarket Visits Initiative

**Purpose:** To promote healthy eating habits.

**Duration:** Started in 1999 and to continue in 2000.

**Participants:** Supermarket chains, CIG-Nutrition, CIG-Epidemiology.

**Target group:** High school students.

**Description:** This project involved taking high school students into the supermarkets and teaching them how to read food labels, and how to shop for a healthy heart.

**Results:** Successful. The programme will continue in 2000.

Stop Smoking! Project

**Purpose:** To promote smoke-free habits.

**Duration:** 1999.

**Participants:** High schools on a national level, CIG-Tobacco.

**Target group:** High schools students.

**Description:** This programme involved giving talks in high schools about the benefits of living smoke-free. Brochures, stickers and general health information was distributed to the students.

20th Anniversary Symposium: From Science to Strategy in Heart Health Lifestyles

**Purpose:** Symposium.

**Duration:** 20 November 1999.

**Participants:** CIGs, Scientific Council, General Supporters, Delegations and Nucleus Groups, Steering and Executive Committee.

**Target group:** Medical community.

**Description:** Invitees Dr Paul Elliott, Dr Daan Kromhout, Dr Kay-Tee Khaw, Prof. Tunstall-Pedoe, Dr Chris Tudor-Smith and Ms Marion Luidens (EHHI European Coordinator) talked about CVD. The topics discussed and presented were salt and blood pressure, Prevention of CVD in an Ageing Population, 20-year perspective on the WHO Monica Project, The Heartbeat Wales project and the EHHI respectively.

**Results:** Extremely successful. The Portuguese Minister of Health publicly committed to assisting the Foundation in its work in the prevention of cardiovascular disease.
Heart Health Month of May Campaign

**Purpose:** To inform and alert the general public as to how to take better care of their hearts.

**Duration:** 1999.

**Participants:** General supporters, Delegations and Nucleus Groups, and Scientific Council, CIGs.

**Target group:** General population.

**Description:** The 1999 Heart Health Month’s theme was Obesity and the danger of cardiovascular disease. There were different talks given on the subject, information booklets were developed and distributed. There was even a round table luncheon on the subject. TV and radio spots identified the theme and gave advice on how to lose weight and eat healthily. There were health check survey centres on a national level.

**Results:** From the success of the Heart Health Month, Roche donated a Personal Health Check Mobile Unit for health surveys to be conducted on a national level and to incorporate body mass indexes as one of the free services offered. The mobile unit contains the EHHI logo and is decorated with informative stickers which are placed on the outside of the van.

Nutrition Information Line Project

**Purpose:** To give information on nutrition.

**Duration:** 1999.

**Participants:** CIG Nutrition, CIG Supporters.

**Target group:** General population.

**Description:** This information line is open from 9.30-11.30 a.m. from Monday – Wednesday, during which time a nutritionist is on hand to answer any questions the caller might have. Leaflets with basic nutritional information and phone number of the line are distributed to the public via clinics, doctors and pharmacies.

**Results:** Initially successful, but a proper communication strategy needs to be developed and there is the possibility of increasing the line to every weekday morning.

Heart Health Month of May Campaign

**Purpose:** To inform and alert the general public as to how to take better care of their hearts.

**Duration:** 2000.

**Participants:** General supporters, Delegations and Nucleus Groups, and Scientific Council, CIGs.

**Target group:** General population.

**Description:** The 2000 Heart Health Month’s theme is hypertension and the risk of cardiovascular disease. There will be different talks given on the subject, and information booklets are being developed and distributed. Themed TV and radio spots will be aired. There will also be health check survey centres on a national level.
Perca Peso Ganhe Coração Project

Purpose: To have health check surveys on a national level in different locations several times a month throughout the year.

Duration: 2000 onwards.

Participants: CIG supporters, CIG-Prevention, CIG-Epidemiology.

Target group: General population.

Description: With the acquisition of a mobile unit, it is now easier to travel throughout the country and conduct health surveys for an epidemiology study. The collection of health data (height, weight, blood pressure, cholesterol and body mass) will be gathered and analysed to create statistics on the Portuguese population.

Clube Rei Coração (King of Hearts Club) Project

Purpose: To inform and alert cardiac patients specifically and the public in general how to take better care of their hearts.

Duration: 1998 - onwards.

Participants: General Supporters, CIGs and Scientific Council.

Target group: Cardiac patients.

Description: This Club disseminates information about prevention on both a primary and a secondary level. It also holds talks on prevention, and its main celebratory day is the 14th of February.

Results: Over the last year, the number of members has doubled and continues to grow.

Annual Symposium

Purpose: To create awareness and disseminate information on cardiovascular disease and prevention.

Duration: Yearly.

Participants: CIGs, Scientific Council, General Supporters, Delegations and Nucleus Groups, Steering and Executive Committee.

Target group: Doctors, medical professionals and healthcare practitioners.

Description: Each year the Foundation will hold a symposium not only to celebrate its anniversary, but also to take the opportunity to share information on cardiovascular disease and prevention.

Dia Nacional do Doente Coronário (National Heart Day)

Purpose: To inform and alert the general public as to the importance of the prevention of cardiovascular disease and talk about the Winning Hearts Conference.

Duration: 14 February 2000.

Participants: General supporters, Delegations and Nucleus Groups, Scientific Council, CIGs.

Target group: General population.

Description: This second annual National Heart Day talked about the importance of a healthy heart. A press conference was held to disseminate information and also talk about the EHII and the Winning Hearts Conference in Brussels. There was an audio link-up to Brussels. The Portuguese media heard from Dr Sofia Lemos (EHII National Coordinator), Dr Jose Boquinhas (Portuguese State Secretary for Health and conference keynote speaker) and Prof. Manuel Carrageta (President of Foundation). Dr Luis Negrão
(EHHI Medical Consultant) discussed the CVD statistics presented in Brussels.

**Results:** Excellent media coverage. The value of the coverage was more than 12,000.00 euros.

### 7.11.6. Projects Initiated by the Alliance

**Escolha Saudavel Project**

**Purpose:** To create a simple programme to identify food products that are low in fat, salt, sugar and high in fibre and are part of a well-balanced diet.

**Duration:** 2000 - onwards.

**Participants:** CIG-Nutrition, CIG-Supporters.

**Target group:** General population.

**Description:** The programme analyses packaged food products according to guidelines and criteria set by a Portuguese medical and scientific council. The accepted products will display a symbol identifying the product as having fit within the criteria and a healthy choice and part of a balanced diet.

**Coração em Marcha Project**

**Purpose:** To create walking paths.

**Duration:** 2000 - onwards.

**Participants:** CIG-Physical Activity, General Supporters.

**Target group:** General population.

**Description:** Still in the development stage, these paths are being put together in several areas in the Lisbon area as a pilot project. We are trying to create green spaces and good walking paths with distance markers so that people have places where they can walk and practice the easiest form of physical activity: walking.

**Slide Kit Project**

**Purpose:** To create a slide supplements in the area of nutrition for teachers to use as part of the regular school curriculum.

**Duration:** 2000.

**Participants:** General Supporters, CIG-Nutrition.

**Target group:** 8th grade students.

**Description:** These slides complement the material already being taught in schools. The slides help the teacher in his/her lessons on nutrition and focus on the prevention of cardiovascular disease.

**Palestras em Escolas (School Presentations) Project**

**Duration:** 2000.

**Participants:** All CIGs, Scientific Council, General Supporters.

**Target group:** School children (primary and secondary).

**Description:** This project is to motivate healthcare professionals and cardiovascular disease prevention specialists to go into the schools and give talks on how to make your heart healthy by changing your lifestyle.
Stress Book Project

**Purpose:** To help children identify stress and learn how to cope.

**Duration:** 2000.

**Participants:** CIG – Psychosocial Stress, Ministry of Education.

**Target group:** School children 7-9 years old.

**Description:** This book, full of games, puzzles and stories, helps children identify stress as a risk factor. It will be distributed to schools and used as part of the school curriculum.

---

Tic Tac Project

**Purpose:** To help children identify risk factors in cardiovascular disease.

**Duration:** 2000.

**Participants:** All CIGs.

**Target group:** Children 5-15 and through them adults.

**Description:** ‘Tic Tac’ is a cartoon for kids with a twist. Tic Tac is a Healthy Heart who goes out to fight the ‘Bad Guys’ – all the risk factors. These will be daily, short television spots to help children identify risk factors and how to deal with them.

---

7.11.7. Evaluation of Projects

At the Portuguese Heart Foundation, no formal evaluations have been conducted. We generally judge the success of a project or campaign by general feedback. We know that we are on the right track because we have been able to have the Portuguese Minister of Health and the State Secretary for Health publicly announce their support for the Foundation and its efforts in the fight against cardiovascular disease. Our partnerships and relationships with our national alliance are steadily growing. In fact, several pilot projects have now become full year projects, for example Perca Peso Ganhe Coração.

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7.11.8. Priorities in CVD Prevention, as Identified by the National Alliances

The Portuguese Heart Foundation and its involvement with the EHHI has completed the initial phase. This first two-year phase concentrated on creating awareness and disseminating general information regarding CVD prevention. We will now be focusing our efforts on more education and concrete projects in the area of prevention. We will use education as the main tool to put into practice the adoption of a healthier lifestyle.

The alliance has pin-pointed three specific areas of intervention that the Foundation will need to focus on:

- **Physical Activity**

European statistics identify Portugal as the population that exercises the least. We hope to get Portugal moving with the Walking Paths and other efforts.
- **Hypertension**
  This seems to be a growing concern for the Portuguese population. For the Heart Health Month, May 2000, we have created a campaign to alert the general public to the problem.

- **Nutrition-Obesity**
  There is an increase in obesity in the Portuguese population. The Perca Peso Ganhe Coração, Escolha Saudavel and Nutrition Information Line have been developed and initiated to help educate and help in the adoption of healthier eating habits.
National Heart Alliance of Spain

European Heart Health Initiative
Final Report

Country Report on National Alliances
and Their Activities

by
Spanish Heart Foundation
EHHI Programme
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National Executive Summary
Spain

Building the national alliance(s)

Prior to the EHHI project start, the Spanish Heart Foundation already maintained agreements with different institutions related to CVD prevention, like the Spanish Society of Cardiology (all the members of the SSC are also members of the SHF, which gives us and our projects scientific support and prestige) and the Ministry of Health, among others. We also had signed agreements with some institutions in order to conduct joint projects. National alliances have arisen due to an increase in the number of projects, thanks to the support of the EHHI project.

Following the basic aim of the EHHI project, we have increased and strengthened these alliances and agreements, developing a wide national network which allows us:

- to concentrate the efforts of different institutions related to CVD prevention;
- to pursue prevention efforts in accordance with needs arising from specific CVD risk factors (hypertension, tobacco, lipid disorders, etc.);
- to conduct joint projects;
- to attract the attention of national and local governments and local institutions to CVD prevention.

We maintain two different kind of agreements:

- permanent agreements, among others with: the Spanish Society of Cardiology, Ministry of Health, Ministry of Agriculture, Ministry of Education and Culture, Sports Council, local governments, health councils, National Committee on Tobacco Prevention, Organisation of Medical Schools, Associations of Heart Disease Patients,
- and alliances linked to projects, through signed agreements for collaboration, for example with nutrition companies, private health care, education councils from different cities, housewives’ associations, Spanish Federation for Rural Women, universities, Association for the Development of Mediterranean Diet and other scientific societies involved in the prevention of diseases (Spanish League against Hypertension, general practitioners, family doctors, Hypercholesterolemie Foundation, etc).

Priority areas

- **Nutrition**: it is necessary to teach children to develop and maintain correct nutritional habits based on the Mediterranean Diet, and we can spread our message much more effectively with the help of partners like the Spanish Society of Cardiology, the Ministry of Education, the Ministry of Agriculture and so on.
- **Sedentary lifestyle**: to promote the regular practice of physical activity, especially among children. We try to do this through different activities such as the course for teachers carried out with the Ministry of Education, trying to change the curriculum for school activities in this area, and many activities developed with the collaboration of the Sport Council.
- **Tobacco**: we will continue working on this priority through university workshops, talks by cardiologists during the breakfast campaign and other campaigns.
- **Hypertension**: a big problem in Spain, since more than 25% of the population have high blood pressure levels.

**Main achievements of the national alliance(s)**

Most of the campaigns carried out have worked well and we and our partners are repeating the most successful ones, such as TV campaigns, the ‘healthy breakfasts’ campaign, the training course for teachers and publications.

We have developed a network of alliances that is very functional nation-wide, establishing a web of contacts in many different areas related to CVD prevention, which allows us to fight against CVD from different angles in an interesting partnership.

Though no problems were found for establishing alliances, we discovered that some partners work more slowly than the Spanish Heart Foundation. Specifically, when working with public institutions we had to fight against the problem of bureaucracy. For instance, we could not correctly arouse the interest of the university students due to a lack of information from our partner in the activity, the University, which did not inform people correctly about the activities and workshops. We must change the point of view in this case and apply more pressure to increase effectiveness.

The tobacco initiatives, on the other hand, have not worked very well so far. The tobacco policies are not effective due to the pressure the tobacco companies apply against legislation.

As many of our partners (whether in permanent alliances or linked to projects) are at the same time in partnership or maintaining agreements for collaboration with other institutions also related to cardiovascular diseases, we will be able to develop a wider network of alliances in Spain and therefore to further expand our prevention activities.

**Best practice models in Europe**

- **‘Healthy Breakfasts’ campaign**
  - Targeted at children aged 6 to 12, its purpose is to give information about CVD prevention in schools, with a free offer of a healthy breakfast to the children and their parents. The fact that this campaign has been repeated in spite of the huge amount of work that its development represents, and the desire of our partners to carry it out again, shows that children are a good target to work with and that this campaign is correctly addressed and managed.

- **Publications**
  - We have publications such as quick cooking recipes, physical exercise recommendations, brief guides with general rules to implement a healthy lifestyle, brochures with healthy nutrition rules for children and housewives, etc. We had to make a larger print-run than planned due to the high and continuing demand from the general public and from the members of our national alliances.
Training course for school teachers

- Aimed at primary and secondary school teachers, the ultimate goal of the course is to reach young people. We intend to inform them about a healthy lifestyle that will help to prevent CVD in later life. The collaboration of the Ministry of Education and Culture, the Spanish Society of Cardiology and the Medical School of Madrid worked very well and the degree of satisfaction obtained in this activity was very high.

Comic strip book

- The comic was sent to 200 public schools, depending on the Ministry of Education and Culture to coach children on CVD prevention and on the pursuit of healthy lifestyles. The book informs children aged 7 to 12 of the importance of prevention and encourages them – with guidance from the teacher – to practice one of the recommendations made each day for one week. These cover topics such as ‘the heart in ten beats’, healthy nutrition (with a healthy meal served by the school on the same day), physical activity with a gym class that gives special consideration to heart benefits, tobacco use, a talk on health issues especially addressing children, etc.

Once the follow-up of the campaign was done, the answers received from the Ministry and the schools participating allowed us to determine that this campaign was very well received. Besides congratulations for the idea, we have received several requests to repeat it.

Barriers to be addressed

We consider that a higher dissemination of the CVD prevention message through the media would help to enhance the effect of the activities developed among the general public.

Policy recommendations adopted

**Tobacco**: for the moment the only measures taken to reduce tobacco consumption are informative campaigns against tobacco, an increase in the price and more restrictive non-smokers areas (which are not always respected). We recommend the adoption of more restrictive measures, like increasing the age for buying tobacco, as in Spain we have a high level of smokers among young people. Having effective directives from the EU will help to force Spanish politicians to adopt them.

Together with the Ministry of Agriculture, the Ministry of Education, the Association for the Development of the Mediterranean Diet and the Spanish Society of Cardiology, among other partners, we intend to spread the message of recovering/maintaining nutritional habits based on the Mediterranean Diet (‘Rural women campaign’, ‘healthy breakfasts’, TV campaigns, publications, etc.).

Through different programmes we try to promote the regular practice of physical activity and therefore to fight against a sedentary lifestyle, especially among children (training course for teachers, sport meetings for elderly people, World Heart Day, etc.).
National action plans

- Training course for school teachers
- ‘Healthy breakfast’ campaign
- World Heart Day: recreational open doors journey with activities for all the family to promote the regular practice of physical activity together. All the members of the family will be able to spend the day together while at the same time they enjoy leisure sports. Games and activities will be specially designed for the date.
- Sport meeting for elderly people
- ‘Rural women’ campaign
- TV campaigns
- Publications
- Design and distribution of publicity material to promote and create healthy habits in children
- Cooking classes and a clown show for children: to provide nutritional information and to show children in an entertaining way how the human heart is and give them the basic recommendations on CVD prevention
- These campaigns will be developed in both 2000 and 2001 to enhance their effectiveness
EHHI Country Report on National Alliances and Their Activities
Spain

7.12.1. Aims and Objectives of National Alliance(s) Created

The Spanish Heart Foundation (SHF), prior to the EHNI project start, had already agreements with different institutions related to CVD prevention, like the Spanish Society of Cardiology (SSC) (all the members of the SSC are also members of the SHF, which gives us and our projects scientific support and prestige) and the Ministry of Health, among others. We also maintained agreements with some institutions in order to conduct joint projects.

Following the basic aim of the EHNI project, we have increased and strengthened these alliances and agreements, developing a wide national net which allows us:

- to concentrate the efforts of different institutions related to CVD prevention;
- to pursue prevention efforts in accordance with needs arising in respect of specific CVD risk factors (hypertension, tobacco, lipid disorders, etc.);
- to conduct joint projects;
- to awaken concern about CVD prevention in national and local governments and local institutions.

Different alliances have been created with:

- Spanish Society of Cardiology:
  permanent alliance that guarantees the support and participation of cardiologists in the campaigns carried out by the SHF.
- Ministry of Education and Culture:
  to inform teachers about the importance of preventing CVD since the childhood and adolescence
  to support the campaigns developed by the SHF at schools
- Ministry of Health:
  CVD (in general) prevention campaigns
- Ministry of Agriculture:
  to promote healthy nutritional habits based on Mediterranean diet products.
- Sport Council:
  joint promotion of regular physical activity as CVD prevention measure.
- Official Medical School
- National Committee on Tobacco Prevention
- Spanish Society of Arterioscleroses
- Spanish League against Hypertension
- Spanish Society of Internal Medicine
- Spanish Society of General Practice
- Education councils from different cities
- Health councils from different cities
- Spanish Federation for the Rural Women
Association for the Development of the Mediterranean Diet
Familiar Hypercholesterolemie Association
Extra-Mural Cardiology Group
Private health care companies
Laboratories
Food companies
Scientific and professional companies involved in CVD prevention
Regional associations of Health Foundations
University Complutense of Madrid
Patients of Cardiology’s Associations
Cardiology Nurses’ Association

7.12.2. Membership of the Alliance(s)

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7.12.3. Aims and Objectives of Each Alliance Member

Sociedad Española de Cardiología

The main aims of the Spanish Society of Cardiology are to improve cardiological studies, to promote scientific progress, to collect and disclose research results and to organise conferences and up to date training.

Ministerio de Agricultura, Pesca y Alimentación

National ministry with jurisdiction over food. It promotes studies on agriculture production, works toward an appropriate supply and demand, and supports and fosters Spanish agricultural products for national and external consumption.

Ministerio de Sanidad

Public Health Service. Supplies public health assistance and promotes research, studies and activities regarding health.

Consejo Superior de Deportes

Public service. The Sport Council promotes regular physical activity through the development of courses and activities.

Fundación Hipercolesterolemia Familiar

Created in 1997 by a group of 20 patients, relatives, doctors and nurses, in 1999 they already had 2,000 members. Their main objective is to spread useful information to prevent hypercholesterolemia and to recognise its first manifestations. They have fostered the creation of lipids units in the main hospitals in Spain. They are currently developing a genetic map in Spain and at the same time they are promoting the movement to create an organisation of patients with inherited cholesterol in Europe.

National Committee on Tobacco Prevention

It was created in Paris during the IX World-wide Conference ‘Tobacco or Health’. Its aim is to join efforts for reducing or at least controlling tobacco consumption, acting in different areas. It has more than 40,000 members.

Sociedad Española de Medicina de Familia y Comunitaria

Association of MDs with the purpose of promoting, improving and supporting the professional role of general practitioners.

Sociedad Española de Medicina Interna

The main aim of this society is to promote scientific progress, collecting and disclosing research results and facilitating relationships and contacts between researchers.
Extra-Mural Cardiology Group

Its purpose is to convey the message of CVD prevention among cardiologists working outside hospitals in direct relationship with patients and who therefore may transmit CVD recommendations directly to patients and may establish prevention measures in health care centres.

Liga Española contra la Hipertensión Arterial

Objectives: reducing CVD through HTA control and enlarging scientific Spanish research in this field.

7.12.4. Major Studies, Guidelines or Publications Issued by Alliance Members

Ministerio de Agricultura, Pesca y Alimentación

- *La alimentación en España* (‘Nutrition in Spain’), 1998. In 1996 a programme of control and follow up of nutrition in Spain – at home and outside – was created, trying to adjust supply and demand through the reorientation of agriculture production in order to balance the diet of Spaniards. This book completes the statistical studies.
- *Se puede lograr: una Europa libre de tabaco* (‘a Europe without tobacco: it can be reached’), 1992. This book by the Ministry of Agriculture urges progressive reductions in tobacco consumption.

Ministerio de Sanidad y Consumo

- *Guía de Prevención Cardiovascular* (‘CVD prevention guide’), 1996. This guide, focused on risk factors, gives clear and understandable answers to the most common questions and teaches in a simple way how to prevent cardiovascular problems.

Sociedad Española de Medicina de Familia y Comunitaria

- *La enfermedad cardiovascular en la mujer*. (‘Woman CVD’), 1998, Rodríguez Artalejo, F. - It informs and shows women how to prevent CVD risk factors.
Sociedad Española de Medicina Interna

- *Prevención primaria de accidentes cardiovasculares. ('Primary prevention of cardiovascular incidents'), 1994. Published in collaboration with the Spanish Society of Arterioscleroses and Spanish league against Hypertension, this leaflet gives recommendations on CVD prevention for the general public.*

Sociedad Española de Arteriosclerosis (SEA)


Fundación Hipercolesterolemia Familiar


Liga Española para la Lucha contra la Hipertensión Arterial (LEHTA)


Comité Nacional para la Prevención del Tabaquismo, CNPT.

- *Libro blanco sobre el tabaquismo en España, 1999. Made for better knowledge of tobacco consumption, teaches teenagers to help them avoid starting to smoke, helps people quit smoking and demands respect for passive smokers.*

Comunidad Autónoma de Madrid, CAM

- *La actividad física en la población adulta de Madrid (‘Physical activity among the adult population in Madrid’). Part of a study developed by the Madrid government on CVD related habits, this publication contains the opinion of the adult population (> 25 years old) concerning physical activity: what do they consider ‘physical activity’ is, why should it be done, why not, suggestions for increasing its practice, etc.*
- *Factores que explican el comportamiento alimentario de la población escolar (‘factors explaining nutritional behaviour of school children’). Gives information on cultural and nutritional habits of school children between 6 and 16 years old.*
- *La cultura del tabaco y el alcohol entre los jóvenes de la CAM. (‘Culture of tobacco and alcohol among young people in Madrid’). Reflections on the causes of consumption of tobacco and alcohol among young people in Madrid.*
- *La diabetes del adulto en la CAM (‘Adult Diabetes in Madrid’). In understandable language, this small book gives answers to the most common questions about diabetes and provides useful information to prevent diabetes and to recognise the first symptoms of this disease.*
12.5. Projects and Initiatives Aimed at CVD Prevention, as Initiated or as Participated in by Each Individual Alliance Member

Projects and initiatives relevant to CVD prevention since April 1998.

Sport Meeting for Elderly People

**Purpose:** Promote physical activity through different games. Scenarios: Classical Greece (1998), Middle Ages (1999) and Human Evolution (2000).

**Duration:** One day (25 April 98). Repeated the 13th March 1999 and programmed for April 8, 2000.

**Partners:** Sport Council, Municipal Sport Institute.

**Target group:** Elderly people, particularly the most disadvantaged socially and economically.

**Description:** Different activities for practising physical exercise through games in different scenarios (for example, in 1999, the Middle Ages: the city, the farm, the castle, tourney place, songs and dances, etc.) along the day, with a Mediterranean healthy food picnic and a free taking of the pulse and arterial pressure.

**Output:** Two brochures with recommendations on physical activity: ‘Pon en forma tu corazón’ (*get your heart in shape*) and ‘Ejercicio físico y corazón: Decálogo’ (*Physical activity and heart: Decalogue*). The first explains why should we exercise, at any age, and its effects on the heart (‘Why don’t you practice exercise? Why should you? Why is it healthy for the
heart? Starting is so easy!’), and the latter answers in ten points the most common questions about practising exercise regularly.

**Housewives Campaign: ‘The heart of your family is up to you’**

**Purpose:** Educate housewives, the ‘heart of the family’, to keep traditional nutritional habits and showing them how to change the incorrect habits of their families to healthy behaviour.

**Duration:** June-July 1998.

**Partners:** Ministry of Agriculture, Spanish Society of Cardiology, Food Manufacturers’ Association and Housewives’ Association.

**Target group:** Housewives. We target women, because they are ‘the heart’ of the family; they carry the responsibility for the preparation of the family’s meals, in particular the meals for their children; and therefore must be well informed.

**Description:** After a talk given by a cardiologist on healthy nutrition and CVD risk factors, a healthy meal was consumed. This activity was carried out into 10 different provinces, nation-wide.

**Output:** A brochure was edited and distributed on the occasion.

**Heart Week 1998**

**Purpose:** Spread information on CVD prevention to the general public.

**Duration:** One week (13-18 October).

**Partners:** Ministry of Health, Ministry of Agriculture, local authorities, Local Sport Council, Association for the Development of the Mediterranean Diet, Patients Associations, Cardiology Nurses Association, private pharmaceutical and food companies, etc.

**Target group:** General public.

**Description:** In a big tent in a central square of Madrid, information was provided on CVD prevention and on healthy foods. Several activities were carried out: lectures and conferences given by cardiologists, nutrition experts, psychologist, etc, with free access for the public. The last day the ‘Healthy Heart Walk’ combined both cultural and physical activity: 20,000 people participated in an 8 km walk, stopping in historical places of the capital. Special activities developed for children were:

- **cooking classes**: a cardiologist provided nutritional information and afterwards children prepared their own food, consumed in a happy party at the end of the activity.
- **clown show**: a clown showed children in a funny way how the human heart is and gave them the basic recommendations on CVD prevention.
- **physical activity**: gym class in the open air, and a healthy heart walk the last day – called ‘physical activity day’.
- **drawing and redaction competition**: the award was delivered to the winner of the ‘healthy breakfasts’ drawing competition (see item 6).

During the Spanish Heart Week, various regional associations developed activities to reinforce the message of CVD prevention; these included special examinations of blood pressure, conferences, and even a concert that was recorded live and will be distributed on CD ROM.

**Output:** The book *Healthy cooking for busy families* was presented to the public in October. It is an illustrated book with nutritional advice and healthy and fast cooking recipes for busy families to prepare a healthy meal.
Projects prior to this date: the Heart Week was already celebrated in Spain before the start of the EHHI project.

Participation in the Congress of Preventive Cardiology and Rehabilitation

**Purpose:** To distribute the EHHI brochure and explain the objectives of the project and the importance of creating alliances.

**Duration:** 23-24 April 1999, in Córdoba (south of Spain).

**Target group:** Cardiologists.

**Description:** Stand with EHHI information. Participation in the Day of Physical Activity (joint with the Municipal Sport Council) and the Day of Cholesterol and Blood Pressure.

Collaboration at the National Workshop of Extra-Mural Cardiology

**Purpose:** To convey the message of CVD prevention among cardiologists working outside hospitals, who are therefore in direct contact with the general public.

**Duration:** 14-15 May 1999, in Oviedo (north of Spain).

**Partners:** Regional Association in Asturias and the Extra-Mural Cardiology Group.

**Target group:** Cardiologists working outside hospitals.

**Description:** The SHF had an information stand, where participants’ blood pressure and cholesterol levels could also be measured. A lecture was given about CVD risk factors.

Rural Women Campaign: ‘Put Your Heart Into It’

**Purpose:** To counter socio-economic inequalities, which have been shown to augment the risk of CVD, the SHF developed this campaign particularly in rural regions having few opportunities to be informed regarding CVD prevention, spreading the message of keeping the traditional healthy eating habits – even when these have already changed among the urban population – as a CVD prevention way.

**Duration:** June-July 1999.

**Partners:** Ministry of Agriculture, Spanish Society of Cardiology, local Governments and the Spanish Federation for the Rural Women.

**Target group:** Rural housewives.

**Description:** 25 cardiologists of the Spanish Society of Cardiology held presentations in small cities throughout Spain. After the cardiologist’s talk, a healthy meal was consumed.

**Output:** A brochure was edited and distributed on the occasion (‘put your heart into it’).

1999

**Purpose:** Spread information on CVD prevention to the general public.

**Duration:** One week (19-24 October 1999)

**Partners:** Many members and institutions of the EHHI national alliance participated in the 1999 Heart Week: the Ministry of Health, the Ministry of Education and Culture, the Ministry of Agriculture, the Sports Council, Local Government, the Spanish Red Cross, health care companies, general practitioners, paediatrics, the Association for the Development of the Mediterranean Diet, the Spanish League against Hypertension, laboratories, the Familiar Hypercholesterolemia Association, the Spanish
Nurses Association in Cardiology, patients’ associations and the National Committee against Tobacco.

**Target group:** General public.

**Description:** In a large tent on the central square of Madrid, information was provided on CVD prevention and on healthy foods; moreover, visitors had the opportunity to take a free examination of their cholesterol level and blood pressure, and to learn of their cardiovascular risk profile. More than 10,000 visitors were received. Special themes of the 1999 Heart Week were CVD and stroke prevention in women and physical activity. The CPR (cardio-pulmonary resuscitation) demo practice (‘Learn to Save a Life’) was one of the novelties of the year, and was given special support by cardiologists from the Spanish Society of Cardiology. Cardiologists, nutrition experts, and psychologists gave public seminars on this technique.

Several activities were carried out: lectures and conferences given by cardiologists, nutrition experts, psychologists, etc, with free access for the public, and aerobic activities (gym, the ‘Healthy Heart Walk’ with more than 20,000 participants, etc). Special projects during the Heart Week focused on children in particular and comprised:

- **Cooking classes**, with a cardiologist providing nutritional information. Children made their own, often funny and colourful dishes, which they ate afterward at a children’s party. This activity was so popular that it had to be repeated.
- **Drawing classes** (‘How is Your Heart’) where children learnt to draw their heart following an explanation given by a cardiologist. There was an exhibition of all drawings in the tent on Madrid’s central square.
- **Aerobic activities**: Physical Activity Day, practice demo of soft gym.

**Output:** The book *Mujer, femenino singular* informs women of risk factors and shows them how to prevent CVD and improve their family’s health. Published in October 1999.

Projects prior to this date: the Heart Week was already celebrated in Spain before the start of the EHHI project. However, the number of participants has increased as many members and institutions of the national alliance participated in the 1999 Heart Week.

**Participation in the XXXV National Congress of the SSC**

**Purpose:** To promote CVD prevention research the SHF awards grants.

**Duration:** The Congress was held in Sevilla from 13-16 October 1999.

**Target group:** Researchers, cardiologists.

**Description:** The SHF grants were awarded in support of special research projects for CVD prevention. The SHF had an information stand and profited from the congress to provide information about the EHHI project and to distribute the brochure among the participants.
Spanish Heart Foundation in the Schools

Purpose: To coach children on CVD prevention and on the pursuit of healthy lifestyles.
Duration: One week, October 1999.
Partners: No information supplied.
Target group: Children aged 7 to 12.
Description: A comic strip book was distributed to 200 public schools, which informs them of the importance of prevention and which encourages them – with guidance from the teacher – to practice one of the recommendations made by the book each day of the week. These cover topics such as ‘The heart in ten beats’, healthy nutrition (with a healthy meal served by the school on the same day), physical activity with a gym class that gives special consideration to heart benefits, tobacco use, a talk on health issues especially addressing children, etc.
Output: The comic was edited by the Spanish Heart Foundation and carries the EU and EHHI logos. The schools’ response was very positive, as was the feedback from the Ministry of Education.

TV campaign ‘Woman and Heart’

Purpose: Call upon women in particular to realise the importance of CVD prevention.
Duration: January-February 2000. This campaign received much praise and will be repeated in July and August 2000.
Partners: No information supplied.
Target group: General public and women in particular.
Description: A well-known actress and singer informed women about the importance of CVD prevention. The spot was broadcast on all TV channels, national and local, private and public.

Spanish Heart Foundation Publications

- Corazón y Salud (Heart and Health): Published quarterly by the Spanish Heart Foundation, the magazine is written for the general public, with a vocabulary that is easy to understand. From the beginning of the project, it has been sent to the members of the national alliance: ministries, local governments, parliamentarians, scientific societies, hospitals, the Sport Council, schools, and heart patients’ associations. The April 2000 issue has increased its number of pages and has a larger print run.
- The book Mujer, femenino singular informs women of risk factors and shows them how to prevent CVD and increase their family’s health. Published in October 1999.
- The book Muévete corazón (Move up, Heart) was edited with the joint sponsorship of Sanitas (one of the main medical assurance Societies in Spain) and Puleva (one of the biggest Lacteal companies), and was presented in March 1999 with the collaboration of the Spanish Society of Cardiology. Its purpose is to promote CVD prevention through regular physical activity. 50,000 copies of the book have been printed and distributed to the Royal House, government representatives, general practitioners, cardiologists, nurses’ associations, nutrition experts, epidemiologists, sport institutions, housewives’ associations, schools, etc.
- The launch of the book Hipertensión y Corazón (Hypertension and Heart) took place on 2 March 2000, in the presence of health officials and media. The book’s aim is to make
the general public better informed of hypertension and how to prevent it. The publication was coordinated by an expert of the Hypertension Section of the Spanish Society of Cardiology.

- ‘Un corazón sano para toda la vida’ (a healthy heart for all of life) is a fast guide to prevent CVD, with the rules to carry out a healthy lifestyle.
- ‘Aprende a salvar una vida’ (learn to save a life): a fast guide to learning basic CPR (card-pulmonary resuscitation).

7.12.6. Projects Initiated by the Alliance(s)

Relevant projects, initiatives, processes or other activities since April 1998 include:

‘Healthy Breakfast’ Campaign

Purpose: Inform about CVD prevention in schools.
Duration: From 14 April to 10 May 1998. It was repeated from 8 April until 10 May 1999, and will again be carried out from 26 April to 4 May 2000.
Participants: Spanish Society of Cardiology and the Ministry of Agriculture.
Target group: Children aged 6 to 12, their parents and teachers and parents’ associations.
Last year it took place in 58 public schools, nation-wide, with the participation of 6,000 children and the collaboration of 60 cardiologists, paediatrics and nutrition experts, in small provinces where there are limited opportunities to be informed about CVD prevention.
Description: After a talk given by a cardiologist, a healthy breakfast is distributed for free, consisting of fresh fruit juices, olive oil, bread, honey and milk products. A few days later, the pupils have to make a report on the breakfast, including a drawing competition, in order to make them remember the talk and think about the healthy breakfast; the winner of the drawing competition will spend a day in an entertainment park with his/her parents.
The winner of the competition is chosen during the Heart Week.
The novelty of this year’s campaign will be a talk by a cardiologist especially addressed to parents.
Output: This campaign has been very popular among children, parents and teachers, and we have received requests from many schools for other campaigns.
A brochure with funny drawings was edited and distributed on each occasion among the children.
Projects prior to this date: this campaign was already carried out in Spain before the start of the EHHI project. Thanks to the project, since 1998 we have been able to develop it further, increasing the number of schools and provinces and with higher dissemination of the CVD prevention message in media.
Workshops at the University

**Purpose:** Inform about CVD risk factors and prevention.

**Duration:** 4-8 May 1998.

**Participants:** Ministry of Health and the Complutense University.

**Target group:** University students and teachers.

**Description:** Workshops and lectures were organised for university students with a special focus on sport. Each session ended with a walk for all the students participating.

**Output:** A competition of slogans and designs was made, and a brochure was edited with the slogan *tobacco, alcohol, lack of exercise and cholesterol: they will break your heart*.

TV Campaign ‘Move Your Heart’

**Purpose:** Promote regular practice of physical activity as a method of CVD prevention.


**Participants:** Spanish Society of Cardiology and the Sports Council.

**Target group:** General public.

**Description:** A well-known Spanish singer informed the general public about the benefits of regular practice of sports for health.

Training Course ‘The Prevention Of Cardiovascular Diseases In Childhood And Adolescence’

**Purpose:** Informing young people about a healthy lifestyle that will help to prevent CVD in later life.

**Duration:** 2-11 February 1999.

**Participants:** Spanish Society of Cardiology (sections for Prevention Cardiology and Rehabilitation), Ministry of Education and Culture, and counted with the collaboration of the Medical School of Madrid.

**Target group:** Aimed at primary and secondary school teachers, the ultimate goal is to reach young people.

**Description:** Training course for teachers; it counted with the participation of cardiologists, epidemiologists, biochemist nutrition experts, school medicine experts, sport doctors, psychologists and paediatrics, who made a special point of CVD prevention.

**Output:** The inauguration of the course took place into the Ministry of Education and Culture, with the assistance of different authorities of the Ministry and the President of the Spanish Society of Cardiology, among others. The course was so successful that we have received several requests for new courses from different schools.
7.12.7. Evaluation of Projects

TV campaigns ‘Move your heart’ and ‘Woman and Heart’.

A media studies company performed the evaluation.

Criteria used in the assessment: GRP’s by target. We analysed whether the message was correctly communicated and we achieved a higher spread of it.

Rating based on formal evaluation: both campaigns received much praise and therefore have been/are going to be repeated.

‘Healthy Breakfasts’ campaign

Evaluation is made by a professional market studies agency, which puts together the final output of the data obtained for the results to be analysed by the Management Committee of the Spanish Heart Foundation and the Spanish Society of Cardiology. Then the Ministry of Agriculture performed its own evaluation.

Criteria used in the assessment: the children fill in a questionnaire that allows evaluation of their knowledge before and after the activity.

Rating based on formal evaluation: both evaluations, the one made by the SHF from the agency data output and the one made by the Ministry, are very positive. The fact that this campaign has been repeated though its development represents a huge amount of work, and that our partners continue to want to carry it out again shows that children are a good target to work with and that this campaign is correctly addressed.

Publications

The print run of our publications being planned for 25,000 copies, we had to make a larger print-run up to 50,000 copies due to their high and continuous demand.

Training course for school teachers

The Ministry of Education and Culture performed the evaluation.

Criteria used in the assessment: the teachers participating in the course have to fill in a questionnaire on their opinion, suggestions, etc, in order to improve the programme of the course for next editions. The Ministry evaluates the answers and the degree of satisfaction obtained.

Comic strip-book

The comic was sent to public schools, depending on the Ministry of Education and Culture. Once the follow-up of the campaign was done, the answers received from the Ministry and the schools participating allow us to determine that this campaign was very well received. Besides the congratulations for the idea we have received several request to repeat it.
7.12.8. Priorities in CVD Prevention, as Identified by the National Alliance(s)

As seen in the precedent item (7), most of the campaigns carried out have worked well and we and our partners are repeating the most successful ones, such as TV campaigns, the ‘healthy breakfasts’ campaign, the training course for teachers and publications.

We found it very difficult to transmit the CVD prevention message to young people. Especially when working with the university students we could not correctly arouse their interest. This was also due to a lack of information from our partner in the activity, the University, which did not correctly pass on information about the activities and workshops. The problem in this case was the bureaucracy. We must change the point of view in this case and make more pressure.

Following the foundational aim of the project, we are working with children as we consider the best way to stop CVD is by starting in the youngest population, but also as you could have seen we work in socio-economic inequalities which have been shown to augment the risk of CVD: the most disadvantaged, socially and economically, sectors of population, such as elderly people, public schools and the rural population.

We try to increase yearly the number of provinces touched by our nation-wide campaigns, although the effort to be done is logically higher, with the hope to spread the CVD prevention message as much as possible.

We also work with women (housewives and rural women campaigns) because we consider they are the ‘heart’ of the family, and the education and nutrition of the family and especially of children depends upon women. They must teach their children to develop a healthy lifestyle and have correct nutritional habits starting in childhood, and for that reason the cardiologists of the Spanish Society of Cardiology move to small cities spreading our messages.

The tobacco initiatives, on the other hand, have not worked very well for the moment. The tobacco policies don’t work due to tobacco companies pressure against legislation. For the moment the only measures taken are informative campaigns against tobacco, an increase in the price and more restrictive non-smokers areas (which are not always respected). We recommend the adoption of more restrictive measures, like increasing the age for buying tobacco, as in Spain we have a high level of smokers among young people. Having effective directives from the EU will help force Spanish politicians to adopt them.

Priority areas to work on are:

- nutrition (teach children to have correct nutritional habits based on the Mediterranean Diet);
- a less sedentary lifestyle (promote the regular practice of physical activity specially among children, what we tried to do through different activities, such as the course for teachers, trying to change the curricular school activity in this area);
- tobacco (we will continue working on it through university workshops, cardiologist’ talk during the breakfast campaign and other campaigns);
- hypertension (a big health problem in Spain, since more than 25% of the population have high blood pressure levels).
National Heart Alliance of Sweden

European Heart Health Initiative
Final Report

Country Report on National Alliances
and Their Activities

by
Swedish Heart Lung Foundation
EHHI Programme
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National Heart Alliance in Sweden

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Establishment and development of the National Alliance

No CVD alliance for prevention work ever existed in Sweden prior to the European Heart Health Initiative (EHHI). There are however some alliances built up around risk factors and health determinants like the Swedish Network for Tobacco Prevention and the YFA where occupational groups have gathered around the theme of physical activity.

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.

In September 1998 the coordinator contacted five important players in the field of CVD preventive work in Sweden. During the first meeting a number of possible members of the alliance were suggested by the alliance members. These were asked to join the alliance and the meeting was held in January 1999.

At a later stage- when the alliance decided to promote CVD among young people, the alliance was further extended to organisations linked to the health of children and youth.

The alliance adopted children and youth as the main and only target group. The members stressed the importance of encompassing a well defined field of action and a clear target group in order to deliver a clear message. First of all this was considered a very important field from a medical standpoint. It was also felt that all organisations involved in the alliance already worked with other aspects of CVD prevention except for target groups children and youth. This made the priority group easier to gather around as the alliance did not interfere with the specific field any one organisation had chosen to work in.

To formalise the alliance, a working group drew up a proposal for the cooperation of the alliance. It was found that given the workload of the individual members the only possibility of forcing the work of the alliance was to appoint a person who would work full time with projects, lobbying etc. initiated by the alliance. A ambitious agenda for the next two years was also drawn up as well as a proposal to give the alliance a formal name and logo.

This was presented to the members at a meeting but was considered too expensive for the members to accept.

Instead we 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. In cases where individual organisations need moral support, rather than financial support for the sake of greater impact, the alliance members should first turn to the alliance. One example of the latter is lobbying. A debate article by the Heart Lung Foundation in a national newspaper about the reduction in hours spent on sports education would probably have a better chance of being published, find more readers and attract a greater political interest if five other organisations signed the article.

At the alliance’s next meeting in June the Swedish Heart-Lung Foundation will suggest the support and cooperation from the members during next year’s school campaign of Pelle Pump which we expect to attract at least 60 000 pupils. The Pelle Pump campaign will be divided into three different events. One is the workbook and teacher’s guide and the second is the class competition, both with the Heart-Lung Foundation as sender.
The third event will be 10 local conferences in close connection to Saint Valentine’s Day and the start of Pelle Pump. Invitations to these conferences will go to teachers taking part in Pelle Pump, to headmasters, school nurses and to instructors for physical training in schools. During this one-day conference the different aspects of the importance of physical activity, dietary issues, smoking prevention etc. for children/youth will be presented by representatives from members of the alliance or their local networks.

Considering the fact that most of the participants hardly knew each other before the first alliance meeting, the first three meetings took on the nature of mapping CVD prevention as it is conducted by the members at present and also discussed the question of areas in which the alliance could be most efficient. Not until after the third meeting in spring 1999 did we agree on children and youth. For this reason it is too early to evaluate the work of the alliance.

We did not discuss this at the alliance meeting. The alliance’s last meeting was before Christmas and at that point I was not aware of the extent of the questions for the final report. I also find it difficult to summon the members from all over Sweden to a meeting only to discuss these questions. Some of the questions we have however taken up such as:

The one and only priority area for the Swedish alliance is children and young people.

Main achievements of the national heart alliance

The main achievement has been that we have started from scratch and brought together a number of people and organisations who had known of one another’s existence but never sat down at the same table before. Another achievement was that we at the Swedish Heart Lung Foundation reacted very quickly to the pan European theme, children and youth, and launched our school campaign with the help of two alliance members only a year after the EHII start.

Effective programmes and interventions

We do not have any specific prevention projects in the CVD area (yet see section 8).

Barriers that must be addressed

Prevention has to be integrated into the health system in Sweden and be provided with earmarked money. Prevention should be put at a more prominent place in the education for medical professionals and the time spent with patients should be extended in order to spend time with preventive talk (Swedish GPs see more patients/year than any of their colleagues in Europe).

Policy recommendations

Prevention has to be integrated into the health system in Sweden and be provided with earmarked money. Prevention should have a more prominent place in the education for medical professionals and the time spent with patients should be extended in order to spend time talking about prevention.
National action plans

National action plans include another year with the school project Pelle Pump, where the alliance will take part in local conferences targeted at school professionals.
7.13.1. Aim and Objectives of the National Alliance

The alliance’s overall objective is to contribute to better public health. This will be achieved not only through a commitment on behalf of each individual organisation to work in the field of heart-health promotion, but also through joint initiatives concerning risk factors for CVD. The main target for the alliance will be primary prevention among children and young people.

7.13.2. Membership of the Alliance

The National Institute of Public Health
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Doctors against Tobacco
7.13.3. Aims and Objectives of Each Alliance Member

The National Institute of Public Health

A state agency under the Ministry of Health and Social Affairs, whose main tasks are to promote health and prevent diseases. Its strategic vision is to contribute to and facilitate equal opportunities for good health for all.
Karolinska Institute

Sweden’s only university for medicine. Apart from training programmes, KI is responsible for 40 percent of all medical research at universities throughout Sweden.

Association for Heart-Lung Rehabilitation

An interest organisation for heart and lung patients with the aim of providing a better quality of life through self-help groups, information, courses and financial support for rehabilitation.

42,000 members in 160 local associations.

Doctors against Tobacco

Works with lobbying, information and campaigns against tobacco both at national and international level.

Swedish Cardiac Society

Society for doctors specialised in cardiology. Their ongoing activities is mainly restricted to arranging cardiac conferences and providing information in the field of cardiology.

The National Corporation of Swedish Pharmacies

Exclusive right to distribute pharmaceuticals via the retail trade. State-owned company.

900 outlets and 10,000 employees.

Korpen- Swedish Sport for All Association

One of 63 special sports alliances within the Swedish National Sports Alliance. Korpen brings together 1.5 million participants interested in exercise and sport, taking part in all sport and exercise activities at an amateur level (‘Exercise for all’).

SIOS

An umbrella organisation for all immigrant organisations in Sweden. Health has not been on their agenda before but as a consequence of recent studies about the differences in health between immigrants and the rest of the population SIOS has now started to direct attention to matters of health.

Medical Society of Sports Medicine

Association for doctors and others with an academic degree in medicine or subjects related to sport. Their purpose is to supply information and education to their members through scientific meetings and courses. Issues Scandinavian Journal of Medicine and Science in Sports - Svensk Idrottsmedicin.
Swedish Heart Lung Foundation

Non-governmental, non-political foundation with the aim of combating heart and lung diseases. HLF is the largest independent supporter of medical research in this field in Sweden. Also initiates and supports preventive projects.

A Non-smoking Generation

Information to children aged 13-16 about a non-smoking lifestyle. This they achieve through offering schools non-smoking teachers employed by NSG who make regular visits to pupils in the sixth through ninth years in school. NSG also is an important lobbyist.

The National Board of Health and Welfare

A Swedish government agency responsible for the supervision, evaluation and monitoring of social services, health care and medical services, dental care, environmental health and the control of communicable diseases. Swedish Association for the Study of Obesity (SFO)

A department of the Swedish Medical Association. Comprises 200 members with medical backgrounds such as doctors, dieticians and nurses, half of whom are involved in scientific research in the field of obesity. Issues newsletter Kilovis, arranges meetings and conferences and works as a lobby organisation.

7.13.4. Major Studies, Guidelines or Publications Issued by Alliance Members


The National Board of Health and Welfare is commissioned by the government to issue national guidelines for good medical practice. The aim is to strengthen each patient’s right to an equivalent health care regardless of which geographical part of Sweden the patient lives in. This means that regional and local caretaking plans should match the national guidelines which the NBHW issue’s regarding for instance the level of medical staff qualifications and education, economical resources allocated to specific illnesses etc.

This national document covers guidelines concerning primary prevention and secondary prevention as well as best practice concerning medication and surgical treatment for different CVD conditions. Issued in three different versions, it provides guidance to the medical profession, political decision makers and patients.

- Smoking Cessation Methods, SBU (The Swedish Council on Technology Assessment in Health Care) and National Institute of Public Health, 1998.

Seven different methods of smoking cessation were studied in the literature: counselling of smokers; treatment involving nicotine replacement agents; cognitive behavioural therapy; hypnosis; acupuncture; and drug therapy other than nicotine.
The study shows that the seventh method, basic questions regarding smoking habits asked by health services staff, followed by clear recommendations to stop smoking and advice on nicotine replacement agents, is the most cost effective method.


The study presents the theoretical background concerning the effects of antioxidants in the body, related primarily to cardiovascular diseases and cancer.

The study concludes that there is no scientific evidence to show that supplemental antioxidants beyond those found in a balanced diet including fruits and vegetables would prevent disease. On the contrary, studies have shown that high doses of beta carotene and vitamin E-supplements have caused serious negative effects in smokers.


This study was carried out by Karolinska Institutet with the support of, among others, the Public Institute of Public Health. It aimed at measuring the burden of a number of diseases (cancer, CVD, physical disability etc.) by taking two factors into consideration: years lost caused by untimely death and years lived with a disability caused by the disease; this is the – Disability Adjusted Life Years (DALY) method constructed by WHO (*Investing in Health*, 1993). The primary aim of this report was to use DALY as a basis for future political decisions in the field of health. According to this report – as could be expected- CVD in Sweden constitutes the heaviest burden of disease in terms of DALYs.

### 7.13.5. Projects Aimed at CVD Prevention by Alliance Members

**The National Institute of Public Health**

*Sätt Sverige i rörelse- start moving*

The National Institute of Public Health was commissioned by the government in 1998 to look into the possibilities of encouraging Swedes to engage in more physical activity. Following the report *Physical activity – good for your health and also enjoyable*, it was suggested that the National Institute for Public Health should proclaim 2001 as the year of physical activity.

A number of governmental and non-governmental organisations are engaged in the project, which is probably the biggest action ever in this field in Sweden. The goal is to encourage an interest in physical activity among those who are inactive as well as encouraging communities to provide support structures to ensure easy and attractive access to physical activity for their inhabitants.

The activity will be launched in January 2001 and last for one year. The Swedish Heart-Lung Foundation, Swedish Cancer Society and Stockholm University College of Physical Education and Sports are involved as well as 12 other organisations.
Karolinska Institutet

CVD cohort study

In 1998 Karolinska Institutet initiated an epidemiological study concerning CVD risk factors. This cohort study encompasses 4,244 persons (2,046 men and 2,198 women) aged 60 in 1998, and will be followed for at least 15 years. This is the biggest cohort which has been followed in Sweden with respect to CVD risk factors.

Swedish Heart- Lung Foundation (SHLF)

School campaign ‘Pelle Pump’

The Pelle Pump campaign was launched on the 14th of February 2000. The aim was to highlight the importance of heart-healthy behaviour at an early age, with schools as a natural arena for this task.

During six weeks 70,000 schoolchildren took part in the campaign. First and foremost the children were offered a free workbook based on ‘Artie Beat’ which was kindly offered SHLF by the British Heart Foundation, and a teacher’s guide. Four lessons were dedicated to the heart and lungs and to chapters about the importance of eating right, doing exercise and not smoking. In addition a roadshow toured Sweden and visited 100 schools offering fun physical activities, music and fruit. The campaign ended in a competition urging the participants to write down the most enjoyable break activity. The winner was granted schoolyard play equipment and rollerblades for each pupil in the winning class.

As mentioned above, the alliance decided at an early stage to promote heart health among children. Two of the alliance members together with the SHLF took a very active part in the Pelle Pump project. This commitment involved for instance participation in the steering group for Pelle Pump, the responsibility for the medical content of the workbook as well as acting as spokespeople at press conferences.

An extensive evaluation of the campaign is currently being done but will not be ready for publication until September.

Projektet vägkrogen- Healthy food at road restaurants

This project started in 1999, targeting professional chauffeurs as an exposed group for running the risk of CVD. The aim of the project is to educate and motivate restaurants along main routes to offer at least one heart healthy choice low in fat. The goal is to cut the consumption of fat by 25% for at least 80 certified ‘Vägkrog’ restaurants by the end of 2001. HLF has engaged four people in this project, one as a project coordinator and three working in the field educating restaurants on how to prepare heart healthy food choices.

The activity will last until 2001.

Heart Book - secondary prevention

In collaboration with the Swedish Society of Family Physicians and the Swedish Society of Cardiology, the Heart-Lung Foundation supports a Heart Book which is issued to every patient on discharge from a hospital where he/she has undergone acute myocardial, coronary
surgery or angioplasty. The patient should bring along the Heart Book on return visits to his/her doctor, at which time risk factors, medication, new cardiac events etc. will be filled in for at least five years. Apart from data obtained for purposes of medical research, the quality assurance programme also measures the ability of each county council to force?? a successful programme for CVD secondary prevention.

The programme has been adopted by 70% of Swedish hospitals. The project is financed for another year and there is strong reason to believe that it will continue beyond that (see enclosure).

Stop smoking - telephone counselling

The Swedish Heart-Lung Foundation together with the Cancer Foundation, County Council of Stockholm and two alliance members, the National Corporation of Swedish Pharmacies and the National Institute of Public Health, started the Stop Smoking Line in September 1998. A smoking cessation telephone line is operated by professional stop smoking nurses. The caller is offered a tailor-made programme for his or her smoking cessation. Follow-up calls are made at the caller’s request.

A recent evaluation of the project showed that 25% out of 500 callers had remained smoke free for one year after the first call. The planned duration of the project is three years.

Stop smoking campaign for in-patients

Starting in 2000, patients in CVD wards were offered smoke free counselling while in hospital. A specially trained nurse offers individual help to those patients who have recently had a heart incident.

Supporting this initiative are the Heart-Lung Foundation together with one of the alliance members, Doctors against Tobacco.

The aim is to make smoke free counselling a ‘standard procedure’ for in-patients, so it is expected to continue for an unlimited period of time. There is an ongoing study which will reveal the extent to which such counselling is already carried out – as far as is known that is the only evaluation which has been initiated.

7.13.6. Projects Initiated by the Alliance

As a result of the EHII, the Swedish Heart-Lung Foundation staged a one-day conference on Social Inequalities in CVD in February 1999. One hundred fifty participants, primarily representing the medical profession but also including politicians, gathered for this conference, which was the official launch of the EHII to the general public. Two members of the alliance took part in the conference as speakers. (See enclosure)

As a result of the alliance giving children and youth priority, the SHLF launched the school project Pelle Pump as described above. The campaign was supported by the members of the alliance. See ‘School campaign- Pelle Pump’ under 5 and enclosure). Enclosure)

Twenty people accepted the invitation to participate in the Winning Hearts Conference in Brussels on Saint Valentine’s Day, seven of whom were representatives from the alliance.
a dinner prior to the conference they had the opportunity to get to know each other and also to meet one of Sweden’s MEPs concerned with public health. The conference was followed up with a newsletter (enclosed) distributed to the exclusive list of invitees.

7.13.7. Evaluation of Projects

In cases where an evaluation has been carried out and published, this has been described under the presentation of each project.

7.13.8. Priorities in CVD Prevention

CVD within the health care system

The national government of Sweden has no actual power to steer the locally governed county councils that are in charge of healthcare. The government, through the National Board of Health and Welfare, issues guidelines for the treatment of different illnesses in order to standardise healthcare in Sweden. The degree to which the county councils respond to these guidelines are however very disparate. An evaluation of the National Guideline for CVD referred to earlier, performed in May 2000, gave a very discouraging picture when it comes to the implementation of the guidelines on a local level.

The conclusions are that in terms of prevention work within the healthcare sector there is much to be done. It is verified in SBU’s ‘Smoking Cessation Methods’ that an individually targeted recommendation delivered by the healthcare system is one of the most effective methods of smoking cessation and can be provided within the framework of routine patient care. This is probably not only applicable for smoking but also for other risk factors for CVD. Considering the fact that Sweden is leading in the field of preventive healthcare within the healthcare system for mothers-to-be and for children, preventive action should also be a priority within the primary healthcare system for other age groups.

In order to integrate the preventive dialogue into daily counselling it is also important to motivate nurses, but convincing doctors is more crucial. According to a study made by the National Board of Social Health and Welfare, one obstacle of bringing up the lifestyle subject is that the doctors do not have the necessary knowledge in the field of preventive work. This is not surprising as medical education for doctors does not include more than a few hours of compulsory training in preventive medicine. Therefore it is of great importance that the subject plays a more prominent and prestigious role in medical training.

In the report Community Intervention-Cardiovascular Disease (1997) SBU came to the conclusion that the community intervention projects reviewed in this report (mainly outside of Sweden) have not demonstrated any significant effects on risk factor levels or disease incidence beyond those observed in the population at large.

Despite these discouraging results there have been successful CVD preventive programmes in Sweden. The most recent one is carried out by the county council Västerbotten in the north of Sweden. Starting in 1990 it has been very successful in terms of lowering the incidence of myocardial infarction. The conclusion from Norsjö was that primary healthcare played the most important role in motivating the inhabitants towards a healthier life style. By asking simple question about the patient’s lifestyle the nurses/doctor started a process. The process
was supported by other important actors in the society such as the food stores and local papers in that area.

**Public Health**

Since the very beginning, the National Institute of Public Health, which implements the government’s public health policy, has dealt with determinants of health rather than being disease oriented. This national standpoint has influenced and still does influence the public health work in the communities of Sweden. There are a number of initiatives in the field of smoking and physical activity whilst disease oriented initiatives have been rather few and far between.

There is reason to believe that determinants of health rather than a disease orientation will be even more emphasised in the future. A National Public Health Committee was appointed by the Government in 1997 to suggest a national public health strategy lasting to 2010. A preliminary report has been presented aiming at determinants of health and with a single most important goal to narrow the health gap in the population. The bill is expected to be presented to the Parliament in the spring of 2001.

It is difficult to draw any conclusions on CVD projects or campaigns as we do not have very many to refer to. As I wrote we have had one very successful CVD prevention campaign in the north region of Sweden (Ref. Partnership for Health- on the role of primary healthcare in a community intervention programme. Dissertation by Lars Weinheall, Umeå Univ. 1997.) The main outcome was to lower the incidence of myocardial infarction by 36% during a period of ten years primarily by individual efforts (through the primary healthcare system) and community efforts.

By bringing up the subjects of smoking, exercising and lowering the intake of fat etc. the primary care centre in Norsjö has played an important role in CVD prevention. The report from SBU which I also referred to proved that simple questions about smoking asked by the health staff was the single most effective way of smoking cessation. Considering the fact that 60-70% of all Swedes contact the primary health care unit once a year this seems to be a very important forum where CVD prevention should be brought up.

Taking the long view I think it is even more important to operate among children and young people. We all know that habits which could have an influence on future health very often are established at an early age. In the grown-up smoking population, 90% are recruited before the age of 19. Most children who are overweight at the age of 12 will remain so for the rest of their lives. One recent study in Sweden proves that children who have been physically active are more apt to continue with this habit as a grown up. These are some of the reasons why I believe it is so important to start with CVD prevention at an early age, for instance by prohibiting smoking at restaurants and cafés (which is where many young smokers meet), to highlight the school as a very important conveyer of a healthy lifestyle by making the physical activity a daily activity on the scheme, serving fruit daily etc.

This also applies in the rest of Europe I believe, and if we are looking at projects where a European cooperation can add value I think we should try to work with this target group.
National Heart Alliance of the United Kingdom

European Heart Health Initiative
Final Report

Country Report on National Alliances
and Their Activities

by
National Heart Forum
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Construction of National Alliance

The National Heart Forum (NHF) 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 with the purpose to work with and through its members to reduce disability and death from coronary heart disease in the UK.

The NHF alliance has grown from a membership of 35 to 44 since the commencement of the EHHI project. There has also been a further expansion of the alliance specifically linked with the EHHI’s theme of children and a life course approach to heart disease prevention; whereby the NHF and its members have linked with several other organisations concerned with children’s health, but who have not become official NHF members – these organisations include the National Children’s Bureau, Child Poverty Action Group, Sustain, Kids Club Network etc.

Priority Areas

The NHF identified as its three main priority areas for effective intervention: Physical Activity, Diet and Nutrition, and establishing children’s commissioners in the UK. European cooperation adds value to each of these areas in three distinct ways.

**Physical activity**: Physical activity is regarded as ‘the best buy in public health’. Physical inactivity is a major risk factor for CHD. By increasing levels of physical activity, risk from CHD can be significantly reduced. In the UK people are increasingly becoming more sedentary. It is for these reasons that the NHF identified physical activity as a key area. Many of the Member States have better levels of physical activity among their populations and have also implemented successful awareness campaigns to increase physical activity. The added value the NHF gains from working within the EHHI network has been through the exchange of information and best practice through sharing successes and failures.

**Diet and Nutrition**: Again, as poor diet and nutrition are major factors in the development of CHD, the NHF identified this area as both a national and European priority. The added European value gained from working through the EHHI has been gained on several different issues within this area. A main activity has been the establishment of a national and European food agencies – where the NHF was able to work through its national alliance to establish a nutrition remit for the UK’s food standards agency, and to use and share experience gained there with the members of the EHHI and the establishment of the European food authority. Another activity has been the establishment of a fruit scheme in schools. A few schools in the UK offer pupils a piece for fruit at break time, but because of the heart health benefits of fruit and vegetable consumption, the NHF is campaigning for a piece of fruit to be offered to all school children throughout the UK. The NHF has been working with and through the members of the EHHI to exchange models of best practice, evidence of effectiveness and to gather information on this issue to assist this campaign.
**Children’s Commissioner:** Many of the factors influencing the development of heart disease start in childhood. Therefore it is important to take a life course approach to heart disease prevention. Indeed, this is the main theme of the EHHI, and also the focus for the NHF’s work over the next few years. Because of this focus and the EHHI declaration that every child should have the right to live till the age of 65 without heart disease, the NHF is backing a campaign to establish children’s commissioners in the UK, and in particular, to ensure that the commissioner has a clear health remit for children. Most European countries have some form of children’s commissioner and the NHF is using these examples as models for UK commissioners.

**Main Achievements**

Since the establishment of the EHHI, the main achievement of the UK’s alliance has been the implementation of the Young@Heart initiative within the NHF. The success here has been to engage all the NHF’s alliance members in this large project focusing on children and a life course approach. The project is made up of three elements:

- research review into what interventions in childhood work;
- development of a policy summit and policy recommendations for government to ensure a life course approach;
- and thirdly, finding out children’s view and raising awareness of the importance of this approach through the NHF alliance action plan.

Other achievements of the NHF alliance which have been obtained over the last three years include the UK government’s prioritisation of heart disease – which the NHF and its members have worked hard to achieve. In addition there is the publication of the National Service Framework for CHD, which sets out blueprint for standards of care across the UK. The NHF has also worked hard at ensuring that the new Food Standards Agency has a nutrition remit.

**SWOT Analysis**

The strengths of the NHF is the diversity of membership and the expertise and experience that membership brings to the NHF. The NHF alliance is enhanced by its central coordinated and core staff, overseen by a very strong executive committee of very committed experts in the field. As such the NHF has no weaknesses, although as with many health NGOs, limited resources can sometimes restrict the further successes which could be attainable with more staff. By having such a large and diverse membership the opportunities which arise through the alliance are vast. Threats to the success of the NHF alliance would be the rising opportunities with limited resources to address them adequately.

**Overview of Policy Recommendations**

**Smoking**

Below each policy measure is listed, together with evidence of its effectiveness, its costs and cost-effectiveness, strengths & opportunities and weaknesses & threats.
Fiscal

**Real increases in tobacco tax annually**

Canterbury Report, 6 Royal College of Physicians 7

Price elasticity about -0.5 for consumption. Also associated with substantial falls in prevalence.8 Available evidence suggests the poor, children and the young are at least as price sensitive as average, although specific UK research is limited. Direct effects borne by smokers and industry. High cost-effectiveness.

- Strong evidence: effective policy. Well rehearsed and simple policy, well accepted by professional groups, and generates government revenue.
- Opportunities include: annual budget, potential new supporters of policy, more research on effectiveness among children, and potential for upward harmonisation of tax across the European Union (EU).
- Diminishing returns as prevalence falls, ultimately limited by smuggling incidence; organised industry response.
- Increasing social divide may make tax less acceptable as policy.

Legal/Regulatory

**Ban tobacco advertising, sponsorship and promotion**

Canterbury Report 6

Probable effects on adult consumption and teenage prevalence.9,10 Some direct costs in preparing and implementing legislation. May have some indirect costs if average prices fall.

Overall cost-effectiveness dependent on realised fall in consumption.

- Simple message, with high professional, public and parliamentary support.
- Symbolic: sets example, indicates government commitment to reducing smoking.
- One-off policy; would be best as part of overall strategy.
- Ban on advertising without promotion would lead to increased sponsorship.
- Should be accompanied by a requirement for generic packaging.11
- Media and sports dependence can lead to opposition.
- Undermining by industry through new avenues, e.g. films, brand-stretching and Internet.

**Restrict smoking in workplaces**

Royal College of Physicians 12

Up to 10% fall in consumption may occur; long-term decline in prevalence also possible.13 Direct costs dependent on type of policy. Potential for savings to industry in longer term from increased productivity and lower sickness absences. Cost- effectiveness of different programmes in UK requires further research.

- Widely accepted in larger places of work, especially among office workers.
- Introduction of restrictions may stimulate increased quitting activity and provision of cessation advice by employers.
- Health and Safety Commission Approved Code of Practice on smoking in the workplace, for implementation of health and safety legislation.\(^1\)
- Less widely accepted in smaller workplaces employing manual workers.

**Restrict smoking in public places, e.g. restaurants, pubs and trains**

Royal College of Physicians\(^7,12\)

Associated with reduced smoking in some US states, but direction of causality uncertain.\(^14\) In the UK, 42% of people now take the availability of a non-smoking area into account when choosing a restaurant; one in five people do so when choosing a pub.\(^1\) Implementation varies across sectors. Provision of separate smoking sections involves costs but in non-smoking areas or where there are complete bans, the costs of cleaning and fire insurance fall. Other ‘non-health’ benefits to non-smokers.

Cost-effectiveness dependent on effects.
- Majority agreement that smoking should be restricted in public places.\(^1\)
- Increasingly acceptable in public transport; further evidence of effects of passive smoking may promote additional restrictions.
- Public Places Charter agreed by hospitality trade, and national industry led scheme, in the White Paper on tobacco.\(^1\)
- Complete bans less acceptable in pubs; portrayed as ‘health fascism’ by tobacco industry apologists.

**Stop sales to under 16-year-olds**

Royal College of Physicians\(^7\)

Vigorous local activity can reduce sales locally; if so, it may have a small delaying effect on children’s recruitment to smoking.\(^15\)

Direct costs can be considerable. Population impact is unknown, but may have additional effects on community. Cost-effectiveness needs to be demonstrated.
- Can generate valuable publicity; popular with national politicians.
- Requires a licensing scheme for tobacconists, funded by the tobacco industry.\(^15\)
- High level of enforcement difficult to achieve nationally; also requires removal of vending machines.\(^15\)
- Increasing tendency of children to purchase from older friends; also possibility of creating ‘forbidden fruit’ effect.\(^15\)

**Social policies to address low income smokers**

National Heart Forum\(^16\)

Relatively slow decline in smoking among disadvantaged groups suggests that broader policies to combat inequality are required.\(^4,29\) Direct costs could be substantial but so could benefits. Likely to have wider benefits than just health gain. Directed at equity rather than cost-effectiveness per se.
- Disadvantaged groups are especially susceptible to smoking-related disease.
- National health strategies, and the White Paper on Tobacco, focus on reducing inequalities.\(^18,1\)
- Social Exclusion Unit provides opportunity.
- Requires cross-government commitment to reducing income inequality.
**Education/Information**

**Paid and unpaid mass communications – preventing teenage smoking**

Royal College of Physicians \(^7\)

Controlled trials overseas have had mixed results.\(^12\) High direct cost; effectiveness not guaranteed.

- Can reach large numbers of teenagers very rapidly.\(^15\)
- Acceptable to policy makers and professionals: government funding commitment.
- Controlled trials needed.
- High cost; effectiveness not guaranteed.\(^2\) Successful approaches in overseas campaigns may not be effective in the UK.
- High saturation of health message already; maintenance and new messages needed.

**Mass communications – cessation campaigns**

Royal College of Physicians \(^7, 12\)

Can enhance natural quit rate by up to 5%.\(^13\) High direct costs but high reach. Not fully evaluated but could produce similar cost per life year saved as individually directed cessation programmes.

- Can reach 90% of smokers within three months and can work well with other interventions such as tax increases.
- Support with local cessation services.
- Can target low income smokers.
- Government commitment.
- Costly.

**Mass communications – media advocacy and unpaid publicity**

Elasticity of -0.5 for consumption; linked with major declines in prevalence. Major effect is on public opinion.\(^13\) Direct costs in terms of professional time can be high. Benefits could include enhancing the benefits of other policies. Generally thought to be cost-effective.

- High reach, with direct influence on climate of public opinion, and provides strong basis for other initiatives.
- Potential of many agencies: existing motivation; government’s White Paper on tobacco, with specific policy measures, provides a focus.\(^16\)
- Can demand substantial resources for creation of ‘peg’.
- Dependent on priority of agencies; media support and coverage depend on new messages.
- Tobacco industry lobbying of media industry.

**Health education in schools**

Royal College of Physicians \(^7\)

Sophisticated programmes can delay recruitment to smoking for several years but not indefinitely.\(^15\)

Cost-effectiveness dependent on benefits of delayed onset.

- Highly acceptable to parents, politicians and press; might be more effective in combination with mass media campaigns.\(^2\)
Effective programmes are difficult to implement on a large scale, so effectiveness is limited in practice.\textsuperscript{15} 
Tobacco is rarely perceived as a high priority in schools.

**Pack information, including health warnings and tar and nicotine content**

Royal College of Physicians\textsuperscript{12}

Possibly some influence with adolescents;\textsuperscript{13} support from smokers.\textsuperscript{20} Cost borne by manufacturers and smokers.

- Essential for ethical reasons; gives clear message and has existing support.
- Need for increased prominence and size.
- Size and familiarity of message are limiting factors.
- Industry resistance to increasing size of warnings.

**Service Provision**

**Nicotine Replacement Therapy (NRT)**

Significantly enhances effectiveness of GP advice, especially with more addicted smokers.\textsuperscript{21} Direct costs to those attempting to give up or to the NHS. Cost-effectiveness in the range of £600 to £2,000 per life year saved. Patches less cost-effective than brief advice, both to GP and smoker.\textsuperscript{22}

- Simple ‘medical’ intervention which tackles cessation and addiction among individuals.
- Seven out of ten smokers want to give up.\textsuperscript{1}
- Support by manufacturers and pharmacists: sales motive.
- NHS to bear costs for short prescriptions for low income groups: government commitment in White Paper.\textsuperscript{1}
- Tackles cessation only, and requires individual desire to quit.
- Best as part of overall strategy.
- NHS cost concerns.

**Smoking cessation advice in NHS, primary care and clinics**

Royal College of Physicians\textsuperscript{12}

Brief advice from GP leads to up to 5% quit rate;\textsuperscript{23, 24} advice clinics achieve 10%-25% in one year.\textsuperscript{25} High cost-effectiveness compared to most other health service interventions – in the range of £14 to £100 per life year saved. Longer and more elaborate GP interventions achieve higher quit rate, but are less cost-effective.\textsuperscript{22}

- Politically acceptable, and potentially high reach through NHS.
- NRT focus, and private profit-making clinics provide opportunities.
- White Paper priority.
- Limited by low reach in practice: less than half of smokers report receiving advice from their GP;\textsuperscript{5} smokers’ advice clinics not popular with smokers.
Telephone ‘quitline’ services and advice
Royal College of Physicians\textsuperscript{12}

Quit rate of 19\% at six months in Scotland with mass campaign.\textsuperscript{25} Cost-effectiveness not yet evaluated.

- High demand and potentially high reach: depends on cost to smoker and advertisement of number; complements mass campaign.
- New communications technology may provide opportunities.
- Dependent on individual initiative, and on advertising; effectiveness depends on mass campaign.

Nutrition

Fiscal

Revise Common Agricultural Policy (CAP) to promote health and subsidise healthy foods
Canterbury Report\textsuperscript{6}

The CAP has facilitated the switch from butter to margarine by maintaining price differentials.\textsuperscript{48} Current CAP policies have had a negative effect on fruit and vegetable consumption.\textsuperscript{49} Involves considerable administrative resources to negotiate. Revising subsidies may involve changes in transfers rather than a net increase in resources. Given the market distortions created by the CAP, revision may be important to ensure cost-effectiveness of other policies.

- Structural, universal access, long-term and pan-European, so avoids local negotiations.
- Opportunities include: growing food awareness and concerns in Europe; CAP negotiations; Article 152 in the Amsterdam Treaty on public health competence; and EU food standards agency.
- Long-term policy goal: need to negotiate European bureaucracy, and convince other EU member states.
- Globalisation of food trade, and vested interests, including farmers and manufacturers, are threats to change.

Grading and payment systems to encourage production of leaner meat
Canterbury Report\textsuperscript{6}

Small but significant reductions in fat content of meat in last 12 years.\textsuperscript{50} Financial incentives have reduced the subcutaneous fat in pig meat by 30\% in the last ten years. The fat content of carcass beef and sheep has also been reduced during this period but not so dramatically.\textsuperscript{51}

Costs - which are uncertain - fall on taxpayer and possibly meat consumers. The majority of meat consumers may be willing to pay. If not priced competitively, may lead to an increase in imports which would reduce the effectiveness and hence cost-effectiveness of policy.

- Structural: widens availability of ‘recommended’ products, with normative effect.
- Industry experience, and existing breeding programmes: small but significant reductions already achieved.
- Opportunities include consumer and retailer influence and demand, and establishment of Food Standards Agency.
- Production costs, including technology and longer term breeding programme, and maintenance of eating quality of leaner meat. Reductions limited by biological feasibility and production economics.

- Public resistance to new technologies and genetic manipulation, and consumer confidence in meat safety, are threats.

**Competitive pricing for ‘healthier’ foods**

Canterbury Report

In Norway, a combination of fiscal and regulatory strategies designed to affect relative prices of preferred ‘healthy’ foods has contributed to a 30% increase in consumption of vegetables, a 17% increase in fruit consumption, and a 13% decrease in total fat intake, between 1970 and 1993. Costs depend on consumer reaction. If demand is strong, it may reduce the need for subsidy over time. Cost-effectiveness of policy unknown.

- Removes cost considerations from healthy food choice (important for low income groups), to facilitate positive shifts and experimentation in choice; ‘mainstreams’ products.

- Concentration of UK food industry, and Food Standards Agency, are opportunities.

- Impact may only be for the time of the intervention, with limited long-term change.

- Lack of short-term financial incentive, and risk of reduced short-term profits, and possible effects on quality.

- Food retailing siting trends may lead to increased price disparities.

**Legal/Regulatory**

**Minimum nutritional standards for catering, including school meals**

National Heart Forum

Positive effect on food choice and nutrient composition possible in the short term. Passive intervention to reduce fat in school meals resulted in decrease in saturated fat content in total diet of 3% of energy over one year. Promotion of healthy items at point of sale leads to increased sales of 2% to 12% of total sales. However, in catering, changes in food accessibility or price have substantial short-term effects, but these are not sustained beyond the intervention. Likely to be cost effective.

- Well-rehearsed policy measure; national nutritional guidelines for catering exist, and can be monitored.

- Passive and active interventions possible, with local flexibility of implementation.

- Importance increases with increases in eating outside the home.

- Government proposals for compulsory school meals standards is an opportunity.

- Nutritional standards need to be compulsory and monitored.

- Training of caterers needed in preparation and presentation: needs inclusion in catering courses, e.g. NVQs.

- Threats include competitive tendering with financial focus; perceived costs of healthier meals; cash cafeterias and breadth of choice; centralisation of catering supplies; and lack of training.
Regulations on food advertising to children

National Heart Forum\textsuperscript{54}

Food advertising has an effect on purchase requests made by children to parents.\textsuperscript{57} Artificial ‘view then choose’ experiments demonstrate the effect of food advertising on choice.\textsuperscript{57} For a voluntary code, the major costs fall on industry. Overall impact on health behaviour is uncertain but some non-health benefits arise from consumers gaining more accurate information.

- Wide reach; important symbolic policy.
- Could lead to more balanced advertising to children, with new advertisers.
- National Food Guide as guide: recommends that fatty and sugary foods should make up only about 8\% of a healthy, balanced diet; on children’s TV, 60\% of adverts are for such foods.\textsuperscript{58}
- Overseas models of restrictions on food advertising are opportunities.
- Extent of advertising ‘hidden’ from majority of adults as much of it is shown on children’s TV.
- Industry resistance.
- Lack of regulatory power.

Clear, comprehensive and meaningful nutrition labelling

Canterbury Report\textsuperscript{6}

Non-numeric labelling is better understood than numeric. Verbal is the most readily understood and most effective.\textsuperscript{59} US research indicates that although consumers prefer verbal labelling, they perform better when nutrients are expressed as a percentage of RDAs (recommended daily amounts).\textsuperscript{60} Costs mainly borne by food manufacturers and retailers. To be effective and cost-effective, there may be a need for additional information campaigns on how to use labels to improve health.

- Well rehearsed and accepted policy, with wide potential reach, enabling consumers to make an informed choice; can improve public nutrition education.
- Important with increased emphasis on pre-prepared foods.\textsuperscript{58}
- Can be used by retailers to promote products.
- Consumer interest in calories not nutrients, and difficulty in interpretation of labels. Needs support by education or leaflets to simplify.
- Effective labelling format not implemented: continued focus on numeric rather than graphic labelling obscures message.
- Need for regulation of nutrient and health claims.
- Manufacturers’ resistance.
Physical Activity

Fiscal

Fiscal and tax incentives to encourage switch from cars to bicycles and public transport

National Heart Forum\textsuperscript{73}

Cost and availability of car parking is an important influence on the decision to commute by car, and reduction aids a shift to cycling.\textsuperscript{81, 82} Company cars receiving free fuel do on average 20\% more commuting miles than company cars that do not.\textsuperscript{81} The import tariff on cars in Denmark, where no significant domestic car manufacturing exists, contributes to the high rates of cycling.

Costs borne by those not gaining health benefits from policy. Some costs to those switching to less preferred transport. Environmental benefits. Health benefits and hence cost-effectiveness uncertain.

\begin{itemize}
  \item Structural, universal measure, giving a clear message. Has environmental as well as health gains, and support from environment and transport groups. Generates revenue.
  \item Traffic reduction targets, and national cycling and walking strategies are opportunities.
  \item Conflicts with car culture and manufacturers’ interests; tax increases unpopular.
\end{itemize}

Local pricing policies for local facilities: subsidised access

National Heart Forum\textsuperscript{73}

Reducing access costs to facilities has a significant impact on overall visits; but main impact is more frequent use by existing users, rather than encouraging new participants. Pricing is a relative rather than an absolute barrier.\textsuperscript{83} For swimming, removal of prices led to reduced age profile of pool users, an increase in women attending, and a shift towards lower socio-economic groups among women. No impact on retired and unemployed participant numbers.\textsuperscript{84}

Direct costs administering and targeting the scheme. Net costs may be low if there is an overall increase in use of facilities. May be cost-effective if there is an increase in the numbers undertaking physical activity.

\begin{itemize}
  \item Existing policies of subsidised access; well-rehearsed. Implementation flexible and easy; can be tailored to target specific groups and activities.
  \item Healthy Living Centres and lottery funding provide opportunities.
  \item Relatively low prices of local authority facilities already; sport perceived as relatively cheap.
  \item Indoor facilities recover less than half their costs already.\textsuperscript{83} Potential loss of revenue may be a barrier, particularly for commercial interests.
  \item Needs sustained publicity to support; uncertain attraction to new groups.
\end{itemize}
Legal/Regulatory

National physical activity strategy, with Cabinet commitment

National Heart Forum

Comprehensive strategies that target environmental and social factors influencing physical activity, as well as individual strategies, will be most effective. Australian strategy with targets was launched in 1994; process evaluation currently being undertaken.

Direct costs involve administrative input and continued support from politicians and civil servants. The impact on the effectiveness of other national policies is likely to ensure cost-effectiveness.

- Provides national leadership and demonstrates commitment; has potentially wide impact on policies at all levels.
- Development work on UK strategies done.
- Opportunities include Minister for Public Health, national health strategies and the White Paper on integrated transport policy with sustainable development focus.
- Competing policy priorities, need for resource commitment, and lack of Cabinet status for public health are threats, particularly as the goal runs counter to trends.
- Transport focus rather than health focus for strategy may be a threat.

National targets for physical activity

National Heart Forum

No specific evidence of effectiveness; however, targets with set dates are considered important to clarify goals, focus efforts, provide yardstick and judge effectiveness. People want quantified goals for measurement of individual achievement.

Cost-effectiveness of target-setting unproven.

- Targets provide a common goal, are motivational, and a means to monitor progress; monitoring tools available.
- New health strategy is an opportunity.
- Existing target to double cycling by year 2002 and double again by 2012.
- Local walking and cycling targets promoted in White Paper on transport.
- Variable quality of data on trends, particularly among children, and costs of data collection for monitoring.

Transport policies to support traffic calming, and safe environments for walking and cycling

National Heart Forum, British Medical Association

With York city council’s cycling and pedestrian strategy, journeys by bike fell only from 22.1% in 1981 to 20.3% in 1991, compared to a national fall from 4.0% to 3.2%; pedestrian journeys rose from 22.9% to 24.1%. Transport policies can create safer environments. Road accidents involving children fell by an average of 67% in 200 20mph schemes. Revision of traffic law in Denmark in the late 1970s, including speed limits and street layout changes in residential streets, with priority for pedestrians, led to a 78% fall in serious injuries.
Involves costs. Health benefits from accident prevention as well as potential to increase physical activity. Transport policies have been found to be cost-effective compared with most health care interventions in the United States.84

- Long-term; Policy Planning Guidance 13 in place, supporting current initiatives. Local Agenda 21 initiatives and local regeneration programmes, and lottery funding, provide opportunities.
- White Paper on transport, local transport plans, and national cycling strategy provide framework.79
- Long-term planning process, involving negotiation and costs, may be a barrier.

**Town planning to encourage physical activity, including facilities for walking and cycling**

National Heart Forum73, British Medical Association89

Observational studies show an increase in habitual physical activity associated with positive environmental changes in a community, e.g. cycle paths, well-lit streets, parks, easier access to recreational facilities.95, 96 Evidence shows that where cycling facilities are provided, people use them. In Groningen, town planning included installation of cycle station with safe facilities, hire and repair, car-free central area, plus car parking fees. Journeys by bike increased by 20% to 57% in seven years.97

Cost-effectiveness depends on effectiveness, but could be similar to traffic calming measures.

- Benefits to trade: 49% of pedestrianised areas report improvements in trade, 2% report worsening; retail turnover increases by an average of 25%.98
- Scope for improvement: only 2.3% of all trips are by cycle in the UK, compared with 11% in Germany, and 18% in Denmark.99
- White Paper on transport provides Opportunity.79
- Current retailing trends may be a barrier.

**Education/Information**

**Mass media campaign**

Significant increases in awareness of health message and high campaign awareness, but limited if any effect on behaviour, particularly among younger people.100, 101 Australian campaign found increases in reported walking Prevalence among older people, but there was a decline in effectiveness with repeated campaigns.102, 103 Mass media effective for awareness raising, reinforcing lifestyle changes, and supporting community and individual interventions. Participation is higher if the campaign event is linked to a traditional structure or community event.95, 104

High cost if undertaken on a large enough scale to have population impact. Could generate wider benefits in terms of effectiveness of other activities. Need to explore cost-effectiveness of different approaches, given the complex messages.

- Well tried health education technique with mass reach; could build on previous national campaign. Important support for other interventions.
- ‘New’ message on moderate physical activity needs to be conveyed; need to target messages for clarity.
- New media, including Internet, may provide novelty value.
- Broad, complex physical activity message: less effective, needs targeting. Difficult to capture public’s attention on physical activity.101
- Paid advertising costly, with limited duration of effect; needs support by local interventions.
- Growth of multiple media channels reduce audience.

Minimum time for physical activity in school curriculum
National Heart Forum

Activity experiences and/or physical fitness during childhood influence adult activity habits; physical activity levels track from childhood to adolescence and into adulthood. Studies also indicate a link between sporting participation during childhood and adult physical activity levels. Focus on enjoyment and on activity which can be continued in later life and which is popular with adults is important. Different preferences for boys (games-based) and girls (individual-type activities).

Potential costs in terms of opportunity costs of a drop in other educational activities. Benefits are difficult to estimate.

- National statutory policy which would receive wide support.
- Combine with active schools policies to cover teaching and hidden curriculum, to promote consistent messages, and address attitudes and knowledge.
- National government healthy schools initiative provides an opportunity and framework.
- Competing priorities in the school curriculum, particularly with academic league tables: over 50% of children have less than two hours’ PE each week.
- Need a focus on choice and sustainable activities; sharp decline in physical activity levels on leaving school.
- Threats include lack of follow-through beyond school, and limited resources (including staff time for coordination, and loss of school playing fields).

Advice on physical activity by primary care team (including referral schemes)
Canterbury Report, Royal College of Physicians

Evidence does not support ‘prescription for exercise’ schemes which refer patients to a leisure centre; facility-based interventions are not necessarily effective. Less than 1% of a practice list are referred to such schemes. Home and community strategies may be more effective. A review of trials finds it is possible to increase activity among sedentary people, and maintain the increase at sufficient frequency and intensity to achieve long-term health gain. Sustained high levels of participation are possible if the intervention: is a home-based programme; is unsupervised, informal exercise; involves frequent professional contact; involves moderate intensity exercise; or if walking is the promoted exercise. Interventions that encourage walking but do not require attendance at a facility are most likely to lead to sustainable increases in overall physical activity. As for smoking advice, if it results in some change in activity, it would be very cost-effective despite low individual effectiveness. More involved schemes including exercise prescriptions can involve more direct costs.

- Build on current enthusiasm for prescriptions for exercise, but focus on unsupervised, informal exercise of moderate intensity, with frequent professional contact. Regular follow-up improves maintenance of initial increases.
- Advice can be individualised; computerised health registers allow targeting of high risk groups, including cardiac patients.
- Behavioural techniques such as signing contracts may be effective.
- National Service Framework, Primary Care Groups and Healthy Living Centres provide opportunities.
- Provides symbolic message about the health benefits of physical activity.
- Competing priorities at practice and locality level.
- Many health professionals do not have adequate training on (nor interest in) the benefits of physical activity, or advice-giving.

**Information on local facilities provided for example by local authorities, health authorities, primary care**

Canterbury Report\(^6\)

The Minnesota Heart Health Program found highest participation and cost-effectiveness were achieved by maximising the use of existing community facilities in combination with information leaflets.\(^{104}\)

Likely to be highly cost-effective.

- Wide coverage for low cost; can be targeted and updated; and promotes choice and local variety. Can link with local campaigns and events.
- Greater market-driven approach, lottery funding, and the Internet and other new media provide opportunities.
- Information cannot be individually tailored, but take-up depends on stage of change.

**Service Provision**

**Increase provision of accessible and affordable, multi-use exercise facilities**

National Heart Forum\(^73\)

Accessibility, convenience and safety of facilities and locations in the community affect physical activity levels; geographical and time constraints are important.\(^{111}\) Improved provision of and access to facilities can lead to increased participation rates.\(^{112}\) High provision of accessible facilities, plus low prices, may also reduce social class differences in participation.\(^{113}\) Convenience particularly influential on children’s activity levels.\(^{70, 114}\) Some changes in accessibility can be brought about by low cost interventions, e.g. better use of existing facilities. New investment more costly to procure.

- ‘Traditional’ provision, which can be combined with subsidies and information, and can promote variety and choice.
- Swimming very popular, with consistent increases (across age and social groups) after local investment in pools.
- Lottery funding provides opportunity.
- Provision of facilities is costly, and is affected by local government cuts.
- Sports facilities are of limited appeal to non-exercisers; increased emphasis on play rather than exercise in pools.

**Workplace facilities and financial incentives**

National Heart Forum,\(^73\) British Medical Association\(^89\)

Workplace physical activity programmes can enhance fitness, reduce absenteeism, increase productivity, and reduce employers’ health care costs.\(^{71, 115}\) The Minnesota Heart Health Program found increases in self-reported physical activity levels in the intervention group: existing community settings where people spend much of the day, such as workplaces and schools, were most effective, and most cost-effective.\(^{108, 116}\) Few workplace schemes to promote travel to work by cycling.\(^{117}\) A combination of financial incentives and facilities led to a 60% increase in cycling, increases in walking, and 700 fewer cars on site, at Southampton University Hospital Trust.\(^{118}\) A US review estimated that the total financial benefit of exercise
Programmes to companies was $513 per worker per year. Benefits to employers may be lower in the UK than the United States because employers in the UK do not carry the burden of health care. However, such initiatives are likely to be cost-effective from society perspective.

- Has symbolic benefits, and benefits both employees and employer.
- ‘Captive audience’: can tailor, sustain, and combine with other interventions.
- Scope for employers, including health authorities and trusts, to include cycling provisions and incentives.
- New government emphasis on healthy workplaces may provide stimulus.
- Only reaches the employed, with further self-selection of the physically active. Low popularity in the UK: 6% of workplaces in England (mainly large companies); low participation and high drop-out. Perceived resource costs - time and money; short-term contracts and insurance liabilities may be threats.

**School sports facilities, including fields and pools, available for wider community use, outside school hours**

National Heart Forum

Extra-curricular activities, and suitable community facilities, are important for physical activity participation. Use of existing community settings, such as schools, is effective. Involves costs but at a community level may be more cost-effective than investment in new facilities.

- Build on current enthusiasm for ‘prescriptions for exercise’, but focus on unsupervised, informal exercise of moderate intensity, with frequent professional contact. Regular follow-up improves maintenance of initial increases.
- Advice can be individualised; computerised health registers allow targeting of high risk groups, including cardiac patients.
- Behavioural techniques such as signing contracts, may be effective.
- National Service Framework, Primary Care Groups and Healthy Living Centres provide opportunities. Provides symbolic message about the health benefits of physical activity.
- Competing priorities at practice and locality level.
- Many health professionals do not have adequate training on (nor interest in) the benefits of physical activity, or advice-giving.

**Safe routes to schools schemes**

National Heart Forum

A Danish scheme led to an 85% fall in child pedestrian and cyclist accidents, and nearly two-thirds of children cycle to school. A survey of 10,000 UK children found that 30%-40% wanted to cycle to school, but less than 10% were able to do so. Traffic calming eases parental fears: those saying they would allow their children to travel independently to school rose from 22% before traffic calming to 33%; those allowed to visit a local shop rose from 27% to 43%. Evidence suggests a strong link between restrictions on children’s mobility and physical activity outside home at weekends.

Environmental and health benefits. Likely to be cost-effective.

- Wide coverage for low cost; can be targeted and updated; and promotes choice and local variety. Can link with local campaigns and events.
Greater market-driven approach, lottery funding, and the Internet and other new media provide opportunities.

Information cannot be individually tailored, but take-up depends on stage of change.

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National Action Plan

Below is a list of some of the NHF alliance members’ activities focusing on children and a life course approach to heart disease prevention. Other NHF alliance members have been and will be participating in activities based on this theme, but the full details of these are not yet available.

ASH Scotland

Since devolution ASH Scotland have been monitoring activities of the Scottish Parliament concerning smoking - recent debates include tobacco sales to underage children and the role of negative advertising. ASH Scotland has produced an information leaflet on tobacco – in both English and Gaelic – to be distributed to school children throughout the year.

British Diabetic Association

The BDA has a range of activities aimed at children throughout year 2000 to raise awareness of diabetes and to fundraise - many of which use the BDA’s children’s character Frankie Frog. These include sponsored quizzes like ‘Frankie Frog’s 40 Fantastic Facts’ and sponsored swims called ‘Splashathon’, which also encourage physical activity. The BDA also produces schools packs containing classroom information on diabetes for teachers and children, and arranges for trained volunteers to give talks to school children about diabetes.

British Heart Foundation

In spring 2000 BHF is publishing its new children’s cookbook Artie Beat’s Healthy Cookbook with 45 fun recipes to cook with children.

The BHF has been working with Sport England on the Active Schools project which was extended to secondary schools in April 2000.

The BHF also produced an Active Schools Resource Pack designed for use in primary schools to help primary school teachers who want their pupils to experience the benefits of physical activity both within and outside the National Curriculum.

The theme of the BHF’s Heart Week this year (11-18 June 2000) was children and physical activity. During the week the BHF launched its report Couch Kids, the Growing Epidemic: Looking at Physical Activity in Children in the UK and the information leaflet Get Kids on the Go aimed at convincing parents to encourage children to do more physical activity.

Also due to be launched in 2000 is the Heart Works Video for 11 to 14 year olds, which focuses on the main risk factors of heart disease.

In Scotland the BHF is funding Heart Start for Schools, an emergency resuscitation course especially adapted for school children.

Meanwhile, throughout the year the BHF will continue running ongoing children’s activities which includes the Artie Beat Club, mailings for teachers, etc.
British Medical Association

To mark the millennium the BMA is organising the Millennium Festival of Medicine in collaboration with other supporting organisations, including the BHF and the NHF. Events will be held throughout the year, some of which will focus on children. One such event was Ride for Health, supported by the NHF. This took place on 24th and 25th June and aimed to promote riding for health benefits to children and adults across the UK.

The BMA will also be pursuing the recommendations put forward by the Science Committee in its recently published report *Growing up in Britain*. One of its main recommendations is the appointment of a children’s commissioner.

British Nutrition Foundation

In June 2000 the BNF will be holding a conference on Nutrition and Schoolchildren, which will identify areas of health and nutritional concern among school children. In September 2000 the BNF will hold a conference on Nutrition and Health in Younger Women.

The BNF will also be launching a CD-ROM for primary school children, a teaching aid for children on food and nutrition. Under the Department of Health’s Healthy Schools Initiative, the BNF will be providing all schools within Health Action Zones with a Nutrition Pack containing an information booklet, leaflets and activities on nutrition.

CASH

CASH launched a special information leaflet for children in February 2000. In addition to this CASH is currently planning other activities focusing on salt in children’s diets, although these are still in development.

Chartered Institute Of Environmental Health

The CIEH is not specifically focusing on children but much of its work programme for 2000 does encompass children and a life course approach. This includes the safer routes programme, which focuses on healthy forms of transport policy.

Community Practitioners’ and Health Visitors’ Association

The CPHVA Annual Professional Conference 2000 which incorporates the School Nurse Annual Conference will be held in October 2000. Many of the conference sessions will focus on children. Subjects include: child poverty, health promotion in schools, healthy schools and the sure start initiative.

Faculty of Public Health Medicine

The cardiovascular working group of the FPHM, of which the NHF is a member, has recently published an Obesity Toolbox. This gives evidence of effective interventions at local level for action in the community, schools, homes and the workplace. Following on from this, the Faculty, together with the NHF, will be developing and sending out questionnaires to all Directors of Public Health on obesity and physical activity for children to assess the usefulness of the Toolbox and to identify strategies in place at local level to tackle or prevent obesity.
In July 2000 the Faculty’s Annual Scientific Meeting hosted a session on child health, focusing on interagency working and using research in practice.

**Family Heart Association**

The FHA published an educational booklet in spring 2000 which is targeted at children with raised blood cholesterol levels. They are also hoping to commission a research project with Oxford University focusing on children.

**Health Promotion Agency Northern Ireland**

In January 2000 the Agency launched its *Millennium Babies* project. The project provided the first 2000 new babies of the millennium a special pack to welcome them into the 21st century and give them the healthiest possible start in life.

In March the Agency launched a public information campaign on smoking, aimed at 12 and 13 year olds.

Also in March 2000 the Agency re-launched its *Nutritional Factfile: Factsheets on Diet and Health*. This was distributed to all post-primary schools, colleges of further education, dieticians and health promotion units.

**King’s Fund**

A current major project for the King’s Fund is *Imagine London*. As part of this project the King’s Fund will be holding a children’s parliament to obtain their views of healthy life in the city.

**National Association of Teachers of Health Economics & Technology**

NATHE continues to press government for food to be a compulsory part of Design and technology at key stage three.

**Scottish Heart and Arterial Disease Risk Prevention**

SHARP has developed an educational package to be distributed to all secondary school children aged 15-17 in 2000. It contains information on cardiovascular disease, risk factors and diet and includes written questions and practical projects. It aims to broaden knowledge about risk factors but also to influence lifestyles.

**Sport England**

Sport England continues to develop *Active Schools* (in collaboration with the British Heart Foundation) as the foundation of its commitment to involve more people, particularly young people, in sport. The organisation has developed quality accreditation programmes which provide schools with a set of quality targets to ensure they deliver the highest standards of physical education and sports provision.

**Dr Peter Whincup, individual NHF member**
Dr Whincup has recently completed field work in a study of the cardiovascular risk profile of 2,500 adolescents (aged 13-15) in ten centres across Britain with widely differing rates of adult CHD (School Heart Health Study). This study will help to inform the NHF’s research review.

Scottish Executive, Health Department

The Scottish Executive is now at the final stage of selecting three National Health Demonstration Projects, two of which are Heart of Scotland, on CHD prevention, and Starting Well, on promoting the health and well being of children aged 0-5. The third project, Healthy Respect, focuses on young people and sexual health and is anticipated to produce a long-term CHD benefit through its impact on the cycle of child poverty and teenage parenthood.
7.14.1. Aims and Objectives of National Alliance

The mission of the National Heart Forum is to work with and through its members to reduce disability and death from coronary heart disease in the UK, by:

- Identifying and addressing areas of consensus and controversy, and stimulating action in new areas;
- Coordinating activities and creating active partnerships between interested organisations;
- Making policy recommendations on coronary heart disease prevention;
- Coordinating action to reduce risk through information and education, advocacy, policy development, service provision and research.

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7.14.3. Aims and Objectives of Each Alliance Member

Age Concern England

Age Concern cares about all older people and believes later life should be fulfilling and enjoyable. In our role as the National Council on Ageing, we bring together the network of 1400 local Age Concern organisations and over 100 national organisations in the UK (including the main professional bodies and pensioner organisations), making us the leading charitable movement in the UK concerned with ageing and older people.

At national level, we take a lead role in campaigning to influence government policy and bring about lasting change, in the provision of information and advice, research, training, grants. Age Concern coordinates a number of initiatives which promote healthier lifestyles, provide older people with opportunities to give the experience of a lifetime back to their communities, and encourage interaction between the young and old in order to break down stereotypes. We also work closely with partner organisations in Europe and internationally.
ASH Action on Smoking and Health

ASH is a London-based charity providing information on all aspects of tobacco and campaigning to reduce the unnecessary addiction, disease and premature death caused by smoking.

ASH Scotland

The Scottish sister charity to ASH (see above)

British Association for Cardiac Rehabilitation

The aims of BACR are to: promote a greater awareness and understanding of cardiac rehabilitation throughout the healthcare system; facilitate communication and support among multidisciplinary professionals concerned with the rehabilitation of cardiac patients; set national standards for cardiac rehabilitation and monitor the evaluation of these standards; develop training programmes encompassing a multidisciplinary philosophy; promote and facilitate research; and liaise with other national and international organisations working in this field.

British Cardiac Society

Membership organisation of consultant level physicians or surgeons with an interest in research or practice or cardiology, cardiac surgery or related subjects. The Society organises a variety of conferences, meetings, research seminars and courses as well as carrying out research and analysis.

British Diabetic Association

The British Diabetic Association aims to: campaign for the interests of people with diabetes and those close to them; ensure care for all these people; fund research and development into diabetes; and inform the general public about diabetes.

British Dietetic Association (BDA)

The BDA is a professional association of state registered dieticians. The BDA offers its members profession representation, encourages professional development and represents dieticians in the public arena.

British Heart Foundation (BHF)

The BHF is a medical research charity that funds heart and circulatory research in the UK. Through funding research, providing patient support and information, the aim of the BHF is to play a leading role in the fight against heart disease so it is no longer a major cause of disability and premature death.

British Medical Association

The British Medical Association is a professional association of doctors, representing their interests and providing services for its 122,000 plus members. The membership includes almost 4,000 from overseas and 11,500 who are medical students. More than 80% of British
doctors are members. The BMA is: an independent trade union; a scientific and educational body; a publishing house; and a limited company, funded largely by its members.

**British Nutrition Foundation**

The Foundation promotes the wellbeing of society through the impartial interpretation and effective dissemination of scientifically based nutritional knowledge and advice. It works in partnership with academic and research institutes, the food industry, educators and government. It influences government, the professions, the media and all in the food chain. It is an independent, registered charity which raises funds from the food industry, government and other sources.

**Chartered Institute for Environmental Health (CIEH)**

The CIEH is a non-governmental organisation responsible for the training and professional development of Environmental Health Officers in the UK. Its primary objective is the promotion of environmental health issues for the benefit of the public. The CIEH represents the view of its members on environment and public health issues.

**Child Poverty Action Group (CPAG)**

CPAG promotes action for the relief, directly or indirectly, of poverty among children and families with children. It works to ensure that people on low incomes get their full entitlements to welfare benefits. CPAG campaigns for improved benefits and policies for low-income families in order to eradicate the injustices of poverty. Its three main aims are to: extend free school meal provision; ensure that children who are entitled to a free school meal actually get one; and support the ongoing campaign for minimum nutritional standards for school meals.

**Community Practitioners' and Health Visitors' Association**

The CPHVA is an autonomous professional section of the Manufacturing, Science and Finance union. The CPHVA represents 18,000 health visitors, school nurses, practice nurses and registered nurses working in the community in England, Wales, Scotland and Northern Ireland.

**Consensus Action on Salt and Hypertension (CASH)**

CASH is a group of specialists concerned with salt and its effects on health. CASH has been working with the food industry since 1996 to bring about a reduction in salt in processed foods.
CORDA (Coronary Artery Disease Research Association)

CORDA is a charity funding specialised research into early diagnosis of disease by non-invasive means and into ways of arresting the disease process once it has been detected and assessed. CORDA has developed a magnetic resonance tool.

Design And Technology Associates (DATA) formerly NATHE

Formerly the National Association of Teachers of Home Economics and Technology, DATA is the largest single body representing and supporting teachers of food technology and home economics. Through contact with government, official agencies, examination boards and industry DATA aims to support the position of food and textiles within the National Curriculum and develop the professional standards of its four thousand members.

Family Heart Association

The Family Heart Association is a patient information charity working to help prevent premature coronary heart disease. The FHA specialises in blood lipid disorders, including inherited high cholesterol and dietary and other lifestyle aspects of these conditions. The FHA is committed to the early detection in the community of families with genetic disorders and those prone to premature angina and heart attack for other reasons, and participates in the post-registration training of nurses. Service to patients, public professions and the press include: publication, meetings, helplines and advocacy.

Health Development Agency (HDA)

The Health Education Authority has been replaced by the HDA to help implement the government’s public health strategy. Its role will include maintaining the evidence base for public health action, developing and implementing public health action, developing and implementing public health standards, and advising on the capability and capacity of public health professionals.

Health Promotion Agency for Northern Ireland

The HPANI works to improve people’s health in Northern Ireland through a wide range of activities which seek to enhance people’s health and wellbeing and prevent ill-health. With regard to health promotion it advises the Department of Health and Social Services in Northern Ireland; undertakes activities; sponsors research and evaluation; provides training and professional development; prepares, publishes and distributes material; and provides regional information and advice.

King's Fund

The King’s Fund is an independent health care charity working for better health in London. It also works nationally and internationally. It gives grants to individuals and organisations, and carries out research and development work to bring about better health policies and services. The Fund develops people and encourages new ideas.

It also offers conference facilities, bookshop, library and information services, courses and a press and public relations service.
National Association of Governors and Managers

NAGAM was established to press for the development and reform of school and college government. Its objectives are to: improve the contribution made by school government to the quality of education; foster closer association between schools and communities; encourage a wider range of people in the local community to take an interest in the government of schools; and to further these objectives by organising and sponsoring meetings and publications.

NHS Confederation

The NHS Confederation is the membership body for all National Health Service organisations. Members include NHS hospital trusts, health authorities, health boards and health and social services boards. The Confederation is dedicated to improving health policy and practice. Its aims include: informing the debate on the wider health agenda and the impact of policy on health; promoting relations between the NHS and its partners; leading the debate on the organisation of the NHS; informing the development of high quality services; and improving governance and accountability within the NHS.

Northern Ireland Chest, Heart & Stroke Association

The purpose of the N.I. Chest Heart and Stroke Association is to prevent and alleviate chest, heart and stroke illnesses through programmes of research, rehabilitation, counselling, advocacy, welfare services and health promotion.

Nuffield Trust

The Nuffield Trust promotes independent analysis and informed debate on UK health care policy through its extensive programme of activities, with the aim of contributing to enabling the people of the UK to enjoy better health and receive quality and effective health care. Its main areas of activity are invited meetings, publications, grant programmes, and fellowships.

The Nuffield Trust’s purpose is to communicate evidence and encourage an exchange around developed or developing knowledge in order to illuminate recognised and emerging issues. The objectives are to:

- create better equipped decision-makers, including government ministers, legislators, administrators, managers, clinicians, industrialists and community groups; and
- better inform research, legislation, public administration, education, training and community efforts.

The intention is to organise evidence around issues rather than disciplines; to offer integrated knowledge and advice targeted at a specific problem or problems; to overcome disciplinary divides by providing a readily accessible source of advice for decision makers.

Primary Care Cardiovascular Society

The aims of the PCCS are to improve the care and outcome of patients with cardiovascular disease through the exchange of knowledge, and the promotion amongst clinical practitioners of research, education and development relating to cardiovascular disease in general, and community cardiovascular medicine in particular. The PCCS acts as a forum for debate and discussion on topical issues in cardiovascular medicine. A key activity will be the translation of research and new evidence based medicine reviews into guidelines and protocols that GPs can use in their daily surgeries. Provides information and education in the field of primary care cardiovascular disease – newsletter, web site and e-mail.
The Pharmaceutical Society of Great Britain

The PSGB is a professional body for pharmacists working in hospitals, industry, academia and retail. It aims to safeguard the public with respect to the dispensing and distribution of medicine and regulating and promoting the profession of pharmacy.

Royal College of General Practitioners

The RCGP is the academic organisation in the UK for general medical practitioners. Its aim is to encourage and maintain the highest standards of general medical practice and act as the ‘voice’ of general practitioners on education, training and standards issues. In practice, the RCGP is a network of around 18,000 doctors who are committed to improving patient care, developing their own skills and developing general practice.

Royal College of Nursing

The RCN is the world’s largest professional union of nurses. The RCN is run by nurses for nurses; it campaigns on the part of the profession, and is a leading player in the development of nursing practice and standards of care. It is a provider of higher education and promotes research, quality and practice development through the RCN Institute. It is also a registered charity.

The RCN promotes the interests of nurses and patients by working with government, MPs, other unions, professional bodies and voluntary organisations. It is the voice of British nursing both at home and abroad, with representatives on a number of European, Commonwealth and international bodies. The RCN also represents the UK on the International Council of Nurses.

Royal College of Paediatrics and Child Health

The purpose of the RCPCH is to serve the public in the field of child health. It objectives are to advance the understanding, treatment and prevention of disease in childhood, to further the study of child health and to promote excellence in paediatric practice.

Royal College of Physicians of Edinburgh

The Royal College of Physicians of Edinburgh is a professional body representing the medical profession in Scotland

Royal College of Physicians of London

The Royal College of Physicians of London is a professional body representing the medical profession in London.
Royal College of Psychiatrists

The Royal College of Psychiatrists aims are to: advance the science and clinical practice of psychiatry and related subjects; promote study and research work in psychiatry and related subjects and publish the results of this work; improve public knowledge of psychiatry and the work of psychiatrists; and maintain and improve standards of care for those with mental health problems and disabilities.

Royal College of Surgeons of England

The Royal College of Surgeons of England is an independent professional body committed to promoting and advancing the highest standards of surgical care for patients. The College’s purpose is to:

- supervise training: provides educational courses and practical workshops; examines trainees to ensure the highest professional standards;
- promote and support surgical research in the UK;
- support audit and evaluation of clinical effectiveness; houses a current and historical information resource centre for surgeons;
- act as an advisory body to the Department of Health, health authorities, Trusts, hospitals and other professional bodies;
- and collaborate with other medical and academic organisations in the UK and worldwide.

Royal Institute of Public Health & Hygiene and Society of Public Health

The RIPHH & SPH is a not-for-profit non-governmental organisation. The aim of the Royal Institute is to promote the advancement of public health and hygiene for people of all ages at home, school, work and recreation through:

- the advancement and development of all questions or matters relating to or having for their object the benefit of the public health and hygiene in all its branches and especially personal, domestic and industrial hygiene;
- the advancement of public education relating thereto;

and to promote and provide means for the theoretical and practical investigation and study of all branches of public health and preventive medicine and hygiene and for the publication of the results of such investigation and study.

SHARP (Scottish Heart and Arterial Disease Risk Prevention)

The Scottish Heart and Arterial disease Risk Prevention (SHARP) is an organisation established by a group of doctors, nurses, scientists and dieticians to raise awareness both of the problem and possible remedies.

Society of Health Education and Health Promotion Specialists

Membership of the society is made up of health education officers, coordinators and health promotion officers working within the National Health Service. The Society aims to:

- advance good practice in health education;
- promote and develop health education and associated activities; and
- gather and represent the views of members.
Sport England

Sport England's objective is to lead the development of sport in England by influencing and serving the public, private and voluntary sectors. Its aim is to get: more people involved in sport; more places to play sport; and more medals through higher standards of performance in sport. Sport England's role is two-fold. Primarily, it is responsible for developing and maintaining the infrastructure of sport in England. Secondly, it is responsible for distributing National Lottery funds. In addition, it is responsible for five National Sports Centres.

This provides the overall strategic framework for Sport England's programmes and sets national targets for all our key areas of activity. In addition to the publication of the strategy, a related document promoting 'the value of sport' within the wider policy agendas of social, economic and environmental change has also been published.

The Wellcome Trust

The Wellcome Trust is the world's largest medical research charity. Its mission is “to promote and foster research with the aim of improving human and animal health”. Its support for medical research is laying the foundations for the healthcare advances of the next century. Its investment in the UK university system is helping to maintain the UK's world class science base. And its commitment to international health is helping to bring benefits to citizens of some of the world's most impoverished countries.

As an endowed charity, free of any commercial imperatives and independent of government, the Wellcome Trust can pursue its philanthropic objectives from a balanced, rational, long-term perspective.

Trades Union Congress

The TUC has a membership of over eight million employed people. Its main aims are:

- to combat injustice in the workplace and promote social justice;
- to argue for fairness and equality of opportunity;
- to encourage economic growth by working together with employers and government in what is known as “social partnership”;
- to provide unions with high quality information, research and education programmes and to develop new services for unions and their members;
- to help promote the growth of union membership.

UK Public Health Association (UK PHA)

The UK PHA is the result of a merger of the Public Health Alliance and the Association for Public Health in March 1999. The UK PHA aims to bring together health professionals, local councils community activists and members of the public to promote the nation’s health by targeting poverty and health inequalities. It will also tackle transport, housing, employment, food and environmental issues. There are nine regional groups in England and separate arms for Scotland, Wales and Northern Ireland.
7.14.4. Major Studies, Guidelines or Publications Issued by Alliance Members

**National Heart Foundation**


CHD is the leading single cause of death in the UK. Although death rates from the disease have been declining since 1970s, the social gap in CHD is widening, and the disease is increasingly associated with social disadvantage and deprivation. The report examines the social class patterns in CHD and its risk factors. It assesses the factors and determinants underlying these health inequalities; and sets out strategies and policy options to reduce the social class gap in CHD, offering ideas for action at national, community and individual levels.


This report examines current and future trends in CHD and its risk factors. It assesses new research into the cause of the disease and the implications for policy. It considers the effectiveness of population policies, individual behaviour change interventions and medical therapies to reduce heart disease risk. It explores social demographic, political and economic trends, and their implications. It sets out a new agenda for preventing CHD with clear priorities for the next decade and beyond.


The proposals in this paper build on evidence that population policies, implemented at local level, can be effective in improving health. They provide a concrete means by which public involvement in public health can be achieved, enhancing the impact of health improvement programmes.


This document proposes new structures to strengthen public health a national level.

**British Heart Foundation**


This is the first publication which brings together all the currently available sources of information about how much death and ill health is caused by CVD across Europe, and the underlying risk factors for the disease. It provides the most recent European statistics related to the incidence, prevalence, causes and effects of the disease. It aims to show the extent to which CVD is the major health problem in Europe; where in Europe the problem is the greatest; the variability in efforts to treat and prevent CVD across Europe as shown by difference in levels of treatment, prevention and risk factors over time.
Department of Health


This White Paper spells out a balanced package of measures aimed at reducing the 120,000 deaths presently caused by smoking every year. The White Paper sets targets to reduce the number of smokers by 105 million by 2010 and promises £100 million to tackle smoking. Initiatives set out in the paper include those targeted at children, smoking cessation programmes, clean air charters and collaborative international action.


Aimed at professionals such as practice nurses and suitable health promotion students and those interested in preventive cardiology.

British Nutrition Foundation


Health Education Authority

*From Rhetoric to Reality: Participatory Approaches to Health Promotion with Young People*. Health Education Authority: 1999

A report on the principle and practice of involving young people in participating at all stages of health promotion initiatives.


The bulletin aims to inform at educational and clinical practice levels, to identify possible research areas, and to assist with healthcare planning and commissioning.


This WHO booklet presents current evidence for public health professionals to focus on social determinants of health

ASH


A long-term survey examining the claim for the possibility of the development of a safe cigarette, and the perceived failing of this approach, which recommendations for policy improvements proposed to manufacturers.
Department of Health


This document sets out the UK government’s public health strategy for England. It puts forward proposals to improve the nation’s health and tackle health inequalities to save 300,000 lives by 2010. It introduces new targets for reducing death from CHD and stroke, cancer, accidents and suicide.

British Hypertension Society


The guidelines recommend formal estimation of ten year CHD risk using the CHD risk chart issued by the Joint British Societies.

Department of Health


Aimed at children and adults, the pack includes educators’ guide, record book, comic, magazine etc. to promote eating five portions of fruit and vegetables a day.

British Heart Foundation


Series of 18 indexed booklets offering essential basic information to patients and families on topics such as risk factors, heart conditions, heart medicine and surgical techniques, with all technical terms defined.


Video demonstrating appropriate life support techniques based on the latest UK Resuscitation Guidelines.

Royal College of Physicians

*Nicotine Addiction in Britain*. Royal College of Physicians.

This report calls for nicotine to be treated as an addictive drug and for nicotine addiction to be treated as a major medial and social problem.

Health Development Agency


This is a guide to help promote local walking and cycling initiatives.
BHF


The chart allows the calculation of absolute CHD risk for people who have no existing atherosclerotic disease.

RCPG

*Heart Pack.* RCPG (Scotland), SHARP and SIGN.

No summary available

SHARP

*Eating for Life* (workbook). SHARP.

To accompany the *Eating for Life* video which is to become part of the curricula in secondary schools in Scotland.

Food Commission

*Children’s Food Examined.* Food Commission. 2000

This report looks at children’s food and shows that for every health product targeted at children there are more than ten unhealthy products.

Nuffield Trust


The report looks at the difference aspects of nutritional care, reviewing the scientific literature, management handbook and policy documents and proposes the need for closer coordination for food provision and nutritional care at all levels within hospital trusts.

British Heart Foundation


BHF leaflet giving a week-by-week guide to promoting physical activity through daily walking, linking to the sponsored walk event, Walk about UK.
Department of Health


This series of documents sets out a programme aimed at transforming the prevention, diagnosis and treatment of CHD in the UK. It is a blueprint for action to reduce incidence of coronary heart disease, and modernise the National Health Service by driving up standards and cutting variations in services. It sets out a wide-ranging ten-year programme of modernisation. The NSF will be key to achieving the Government target of cutting CHD and stroke by 40%.

Audit Commission


This report shows that standards of care for patients with diabetes varies significantly across the UK. It makes a series of recommendations for local, regional and national action to improve services. This report will inform the National Service Framework for Diabetes due to published in 2001.

British Diabetic Association


This survey examines the direct and indirect cost of type 2 diabetes and the impact on patients’ quality of life. The survey confirms that investment in the prevention of complications, rather than their treatment, is the key to improving patient’s lives and reducing the burden on the NHS.

Encouraging Walking: Advice to Local Authorities. Department of the Environment, Transport and the Regions

This is a walking strategy for local policy-makers in England. It offers guidance and best practice examples of effective cooperation between transport and health departments.

National Heart Forum


The tool kit gives a brief overview of the size of the obesity ‘epidemic’ in the UK and outlines the evidence base for key intervention at community, group and individual levels. It provides a practical framework for developing a local action plan to tackle obesity and overweight, with an emphasis on a partnership approach targeting those at greatest need. It also lists the most useful current background documents and websites.

7.14.5. Projects and Initiatives Aimed at CVD Prevention, as Initiated or Participated in by Alliance Members

Walking the way to health

Purpose: Promote walking as a way of building health.
Duration: Spring/Summer 1999 ongoing.
Partners: British Heart Foundation and the Countryside Commission.
Target group: Sedentary people (adults).
Description: A range of schemes to get people to take up walking. The initiative offers advice on setting up schemes, a free newsletter and training courses. Local GPs can become involved by recommending health walks as part of a patient’s treatment, particularly for those who are unfit or at high risk of coronary heart disease. Funding was available for 200 schemes to serve one million people.

Get a life, get active

Purpose: Increase the level of physical activity for health benefit.
Duration: Spring/Summer 1999 ongoing.
Partners: Health Promotion Agency Northern Ireland.
Target group: Sedentary people (adults).
Description: Public information campaign, a community grant scheme to fund local activities including cycling, walking, dancing and a variety of sports.

Free School meals for children who need them

Purpose: Increase the level of physical activity for health benefit.
Duration: March 1999 ongoing.
Partners: Child Poverty Action Group, UNISON, GNB, NHF, Sustain (and many more supporters).
Target group: Policy makers and the general public.
Description: Information campaign to raise awareness of the importance of extending entitlement to school meals and improving the take-up and nutritional quality of existing services.

Are you doing your bit?

Purpose: Campaign to promote walking and cycling.
Duration: September 1999 ongoing.
Partners: Health Education Authority, Department of the Environment, Transport and the Regions.
Target group: General public.
Description: Several initiatives on physical activity and coronary heart disease.

Active Health Programme

Purpose: Self-improvement community initiative.
Partners: HPANI.
Target group: General public.
Description: Food and nutrition, and physical activity strategy for Northern Ireland. In the form of collaborative workshops and conference.
**Cardiovascular Risk Pack**

**Partners:** Scottish Heart and Arterial Disease Risk Prevention (SHARP), Scottish Intercollegiate Guideline Network (SIGHN).

**Target group:** General public.

**Output:** Video on Secondary Prevention of CHD.

**Ride for Health**

**Purpose:** Promote health benefits for health; demonstration of life support techniques.

**Duration:** 24-25 June 2000.

**Partners:** British Medical Association, the National Heart Forum and other members of the Millennium Festival of Medicine.

**Target group:** General public.

**Description:** National promotion and community participation event focusing on cycling. Ride for Health marks and celebrates the official opening of 5,000 of national Cycle Network in the UK.

### 7.14.6. Projects Initiated by the Alliance

**young@heart Alliance Project**

The NHF alliance has adopted the EHII theme of children and young people for the new millennium. The young@heart project will take a life course approach to tackling coronary heart disease, in particular social inequalities in coronary heart disease and the high rates seen in certain ethnic groups.

**Aims**

- To ensure that every child born into the new millennium has the right to live until at least the age of 65 free of avoidable coronary heart disease.

**Objectives**

- To assess the potential for reducing coronary risk from early life and through interventions in childhood;
- To develop recommendations on policies and actions at national and local level to tackle the origins of coronary heart disease in early life;
- To advocate the implementation of national and local policy and to stimulate action to ensure a child’s right to a healthy heart.

**The initiative will comprise four elements:**

- **Review of Evidence**

  Written overview on how factors in early life affect later cardiovascular risk, and current patterns and trends.
Year 2000 Activities
A range of initiatives on the young@heart theme of children and young people among NHF members and other partners.

Policy Summit
A two-day expert meeting for 80-100 people in spring 2001, informed by the review of evidence.

Policy Declaration
A concise report - a Declaration for Children’s Hearts - from the Policy Summit, for wide dissemination.

Review of Evidence of Factors in Early Life and Effect on Later Cardiovascular Risk
This written review will detail evidence on factors in early life and how these influence later cardiovascular risk, including the effect of interventions and current policies. It will bring together evidence, drawing from existing reviews on specific risk factors as far as possible, and highlight particularly problematic areas for policy.

Objectives:
- to summarise trends in health behaviours and cardiovascular risk factors among children and young people in the UK, with brief international comparisons;
- to summarise evidence on the relationship between risk factors and health determinants from early life and later risk of coronary heart disease, including tracking of risk factors;
- to assess the influences on and determinants of children’s health behaviours and lifestyles, with particular reference to social class differences in later health.

The research review is being steered by Professor Klim McPherson and managed by Dr Alison Giles, Policy Development Officer with the National Heart Forum.

Experts in their field shall be approached to provide insight into the broader determinants of children’s and young people’s health.

The review will acknowledge that children do not exist in a vacuum, and seek to identify and examine all of the elements which influence young people’s behaviours and therefore their health, including current Government policy, socioeconomic circumstances as well as the more biological factors such as in utero circumstances. These will be looked at against a background of the current trends and prevalence in cardiovascular risk factors and behaviours in young people.

Trends and prevalence in cardiovascular risk factors and behaviours
Dr Giles is currently writing the section of the review on patterns and trends in cardiovascular risk factors and behaviours, including:

- Diet
- Smoking
- Physical activity
- Blood pressure
- Blood cholesterol
- Obesity
Similarities and differences with other countries
Explanations, where known, for the trends.
Experts in their field shall be approached to provide insight into the broader determinants of children’s and young people’s health which will cover, for example, such areas as:

**Link between early life and children’s lifestyles and later heart disease**
- foetal and maternal influences
- cardiovascular risk factors and tracking, and evidence of influence on later health

**Material life circumstances**
- poverty
- education
- housing

**Influences on children’s health and lifestyles**
- peer
- family
- local / community
- national
- international

**Effective interventions to modify children and young people’s risk factors and behaviours**

**Policy Summit: Expert Meeting**
This would be a two-day Policy Summit meeting – bringing together up to 100 invited national and possibly international experts in public health and heart disease prevention, social policy, education and children’s development and rights.

**Objectives**
- to bring together 80-100 experts from different sectors to appraise research evidence and debate and put forward policy options;
- to raise awareness of and discuss the issues affecting the lifestyles of children and young people and their later risk of coronary heart disease;
- to agree policy recommendations and make a Declaration for Children’s Hearts.

The review of research evidence will feed into the summit, and form a background paper or papers. In addition, views of children and young people, on their own health, health policies and possibly the health of their parents would feed into the summit, to be juxtaposed against the research review. The summit would also draw from international experience of trends in behaviour and lifestyles, and successful policies and initiatives, including European examples. Papers would be prepared in advance.
7.14.7. Priorities in CVD Prevention Based on Evaluation

Contemporary NHS investment strategies for coronary heart disease focus on behavioural factors among adult sections of the population. Primary health care plays a major role in health behaviour change strategies. In the 1990s a number of policies were introduced to facilitate this, from the introduction of fees to run health promotion clinics in 1990, to a cash-limited banding scheme which focused on risk factors for cardiovascular disease in 1993, to a more flexible scheme in 1997 overseen by local health promotion committees. Practice nurses have increased in number since the NHS reforms and have taken on new responsibilities for health promotion. Local coronary heart disease strategies have tended to include a range of public education approaches, for example Look After Yourself courses, prescriptions for exercise, healthy eating sessions and smoking cessation initiatives.

It is difficult to achieve sustained behaviour change through interventions aimed at individuals. In general, evaluations of interventions have shown, at best, modest effects. On balance, these interventions are most effective with better motivated and advantaged people.

The OXCHECK Study and the British Family Heart Study in primary care found that health checks and nurse counselling about behaviour change produced changes in cardiovascular risk that were small, and neither study achieved changes in smoking prevalence. The greatest changes were observed in the high risk groups, which also received the most intense interventions. Recent studies of the cost-effectiveness of these two trials found that the small changes were achieved with modest cost and concluded that nurse-conducted health checks can be more cost-effective than other health service interventions.

Systematic reviews of evaluations of single factor interventions in primary health care have found evidence of effectiveness. Brief interventions such as GP advice to stop smoking are effective in getting about 2% of smokers to quit for at least a year. Brief interventions with heavy alcohol consumers result in a short-term 24% reduction in self-reported alcohol consumption. A meta-analysis of dietary interventions (i.e. provision of advice and/or support material) found that it was possible to reduce blood pressure in people with mildly raised blood pressure levels and estimated that a reduction of about 1.2mm Hg in diastolic pressure could be achieved by such advice and maintained over 9 to 18 months. Likewise, it found that it is possible to reduce serum cholesterol in people with mildly raised serum cholesterol levels by 0.2mmol/l over a similar period. The combined effect of these changes in serum cholesterol and blood pressure, if maintained, could result in an estimated fall in coronary heart disease incidence of 14%. A review of the effectiveness of physical activity intervention studies among the general public found some evidence that previously sedentary adults could increase their activity levels and sustain that increase, through interventions which promoted activity and which could fit into an individual’s daily routine.

A number of relatively small trials of multiple and single risk factor interventions among people who already have clinical disease such as high blood pressure, angina, heart attack or diabetes, have shown substantial benefits. In the workplace and in primary care, these multiple risk factor interventions have only small, and statistically insignificant, effects on risk factors and overall coronary heart disease mortality. Compared with the general population, people with disease are much more likely to change their behaviour in response to the type of health promotion interventions currently available, and thereby reduce their risk of fatal coronary heart disease events.

Evaluations of interventions based in the workplace show mixed results. The UK arm of the WHO Factories Study achieved a 4% reduction in the net risk factor score through dietary advice, stopping smoking, weight reduction and exercise initiatives, and treatment of high blood pressure.
blood pressure. Workplace fitness programmes have had low participation rates and high drop-out rates and have found that participants tend to be those who are already physically active. A systematic review of workplace-based healthy eating interventions over ten years found that three of the four good quality workplace studies showed a positive effect on blood cholesterol (of 2.5%-10%) or dietary fat intake (of 1%-16% of energy). One review concluded that it is possible to bring about change in coronary heart disease risk factors with workplace interventions that tend to be “more intensive, involve a menu of intervention types and take account of assessment of the social organisation of the workplace”.

School-based approaches have shown either modest effects or disappointing results in terms of behavioural outcomes. A review of interventions to encourage healthy eating, using mainly educational approaches, found a number of studies which reported reductions in dietary fat intake of the order of 2%-6% of energy intake in the intervention groups. Six studies which focused on nutrients other than fat showed no overall effect on intake of dietary fibre or fruit and vegetables. Others have concluded that school-based health education alone is not effective in persuading young people not to smoke; at best such interventions can delay onset of smoking by about five or six years.

There is some evidence that more advantaged people take up these interventions more avidly. For example, people in non-manual occupations are more likely to attend health checks than those in manual jobs. Children from more advantaged backgrounds are more likely to respond to school-based initiatives.

As discussed previously, considerable evidence points to the role of wider social and environmental factors in the aetiology of coronary heart disease. Findings from the Whitehall study of civil servants indicate that differences by employment grade in smoking, blood pressure, obesity and exercise accounted for about half the grade differences in mortality. Similarly, a prospective study in Alameda County in the United States, which controlled for behavioural factors such as smoking, drinking and exercise, reported that the poorest groups had death rates 1.5 times those of the richest. There is emerging evidence that retardation of growth during critical periods of development in foetal life and infancy may be linked to the development of cardiovascular disease in adult life. A number of studies have found a role for psychosocial factors in coronary heart disease risk: for example, work stress, feelings of control over one’s destiny, and marital status and change in marital status. Others have shown that inequality in the distribution of income at a population level contributes to poor health outcomes including the occurrence of cardiovascular disease, and that the degree of cohesiveness of a society and the extent to which individuals feel part of and have ownership of the social group in which they live or work, have implications for individual health.

The implications of these social and environmental factors have only recently begun to be explored within UK health policy. The Minister of State for Public Health has indicated an approach which addresses determinants of health beyond the individual. The public health White Paper Saving Lives: Our Healthier Nation, published in 1999, signals a commitment to improving health through public policy, community and local action, as well as personal responsibility. There are a number of examples at a local level of health promotion policy development and practice which take account of wide determinants of health and health behaviour. These move away from the focus of stimulating or facilitating individual behaviour change within the health services, to managing social systems such as the workplace, schools and communities.

Individually focused approaches in health promotion need to be complemented with models which explain the wider social context within which health is experienced and health behaviours understood. One tool which may help advance our understanding of the social factors in a community which influence health is the concept of social capital. Social capital is a resource for health promotion. It is produced by the interactions and reciprocal activities
between individuals and the state and local community. The resource flows through social relationships and formal and informal networks.

Putnam’s 20-year study in Italy explored the link between communities with strong civic ties and regional government performance. He concluded that the difference in performance can be largely attributed to the strength of the civic community. He found that the characteristics of regions of high civic communities were that: there are many clubs and societies; citizens in the regions read about community affairs in daily newspapers; there is a high degree of trust, acceptance of equality, and solidarity; and civic engagement, cooperation and honesty are valued. In contrast, ‘uncivic’ regions present the antithesis of the above. They are hierarchical; responsibility is not shared; networks, both formal and informal, are sparse; and there is little political participation from the masses. Laws are broken and corruption is widespread.

Kawachi et al. and Wilkinson suggest that the extent of social capital in a community (however it is measured) is likely to affect health. Kawachi et al. in the United States have shown that aspects of social capital may indeed link smaller income differences to lower mortality rates - the results suggest that where income differences are smaller, people experience their social environment as less hostile and more hospitable. A reduction in investment in social capital appears to be one of the pathways through which growing income inequality exerts its effect on population-level mortality. In terms of health promotion interventions it has been hypothesised that social capital may be built through community interventions.

An international review of approaches to improving health through community partnerships found that the recurring themes of good social relationships, social and civic activities were seen to be fundamental to influencing the health behaviour of individuals, the health status of populations and the broader social and environmental contexts of health. Research carried out by the Health Education Authority in collaboration with the London School of Economics has explored notions of social capital and health in two communities in England. This work will help identify appropriate social indicators for health promotion at a community level and identify new community-based methods for promoting health. However, the production of social cohesion and social networks and ‘health’ through social capital should not be viewed as a convenient way to ameliorate problems, the provenance of which lies in deeper structural conditions within society.

Further needs in CVD prevention

Social, political and economic trends clearly have important implications for developing coronary heart disease prevention strategies. Such strategies will need to be broad-based, and directed not only at the traditional modifiable risk factors, such as nutrition, physical inactivity and smoking, but also at promoting access to lifestyles that can reduce the incidence of coronary heart disease and improve health. This approach should include policies that encompass such issues as:

- childhood development;
- education and skills training;
- employment and the workplace;
- quality of the physical environment;
- community development; and
- income distribution.

Health is a pivotal area of policy, so assessment of the health impact of all policy proposals must be integrated within the policy-making process. Essential to the success of reducing coronary heart disease is the commitment to improved health by all the key agencies of
government, in partnership with local government and the health professions, and with the research, industrial, consumer and voluntary sectors.

Although the market-oriented approach to the economy is likely to continue, the experience of the UK is that markets will function according to the regulatory environment that is set. Therefore, setting standards for health can directly impact upon healthier lifestyles, and healthier lives. Those with responsibility for health, at all levels, and in both the public and private spheres, need to be challenged to act within an ethos of public responsibility.

Coronary heart disease is a vital marker of health status, with a substantial body of research behind it, and sharing factors in common with many other diseases. However, coronary heart disease is preventable, and policy has an important role in averting the levels of death and disability that coronary heart disease can cause. Coronary heart disease therefore is an important indicator of the success of public health policy, not just in terms of modifying individual lifestyles, but also in modifying the structural conditions that can give rise to the disease.

**European Added Value**

Please refer to the Overview of Policy Recommendations in the UK Executive Summary.
8. Evaluation of Project

8.1 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 EHHi, whereas in 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 sample 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 it 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.

9. Conclusions

The conclusions drawn are grouped under and related to the two main objectives of the EHHI. In addition, they refer to the list of expected results as set out in the project application.

**Strengthen European cooperation to promote effective action and interventions to reduce the incidence of Cardiovascular Disease throughout Europe**

Although one of the performance indicators was the number of alliances, the importance of EHHI lies not in the number of alliances alone but rather in the quality of the work done by these alliances. In some of the countries participating in the EHHI the concept of working together in alliances was if not new then certainly an unexplored activity. A large number of alliances were created, and already existing alliances were strengthened, during the EHHI. In addition, these alliances carried out many high-quality projects, and initiated planning for future cooperative projects as well.

The alliances that have been created have overcome a number of barriers. An alliance can be seen as a threat to existing independent organisations and there is the potential for concern by all members regarding conflicts of interest. Competition between organisations for status and access to limited resources can make it difficult to focus, which in turn makes it difficult to identify target groups and measure outcomes.

A lack of resources is also a major barrier. When resources are sought, conflicting expectations may hinder the progress. Due to this perceived competition, organisations considering participating in alliance sometimes fear a loss of autonomy with an attendant negative effect on their specific goals.

In the overall evaluation, it must be concluded that the actual establishment of such new alliances has been a tremendous achievement, demanding 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 aspects.

For alliances to work, though, it is clear that a smoothly functioning structure is crucial. 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 the 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.

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 them to be self-financing at some later stage.
In order to improve information exchange among the national alliances, a regular EHHI newsletter was created. This newsletter, together with the traditional EHN newsletter, served the general purpose of providing news on EU policy developments and publishing activities of the national alliances or alliance members. In the process a need was perceived for more targeted information and more analysis. In addition, with a view to reaching a wider audience, the newsletter should have a better layout, be printed rather than simply duplicated and, if at all possible, be in more than one language. Increased use of the electronic media should also be encouraged.

The meetings that took place during the EHHI project proved very valuable in enhancing the sharing of experiences. It is obvious that meeting face to face with colleagues from other countries inspires the participants. Often, national programmes or campaigns are created following meetings and the initiators of the programmes/campaigns frequently go home with comments that allow them to modify their original concepts and thus improve effectiveness. Since its inception in 1992, EHN has held annual workshops with heart foundations' representatives attending from an increasing number of countries. EHHI has made it possible to expand these workshops and to bring their results out to the enlarged EHHI network, which consists of numerous organisations and individuals throughout Europe.

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

Activities to raise awareness among policy makers were welcomed by them. Information about the activities undertaken to raise awareness among policy makers was widely disseminated. For instance the MEP screening and Winning Hearts conference with the simultaneous release of the European Cardiovascular Disease Statistics received extensive press coverage across Europe. It is hoped that the message of these events will be reinforced with the policy makers through the attention given by the media.

The survey carried out among European parliamentarians was clearly the most direct way of reaching them. The survey results were very encouraging because they showed that politicians knew where the major health burdens are and also correctly identified the underlying health determinants. However, the politicians surveyed were selected because of their presumed knowledge of health issues. 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.

To address health professionals, the joint ‘European Societies Recommendations on Prevention of Coronary Heart Disease and Clinical Practice’ was published in the European Heart Journal. Since their publication, concerted efforts have been made to implement these 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. It is hoped that this effort will stimulate the medical profession to improve patient care.

The general public was reached though activities carried out by the alliances or alliance members, not least the organisations acting as national coordinators. It is too early to draw any conclusions about these wide-reaching activities. However, the vision formulated and set out in the Winning Hearts declaration 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’ becomes a life-course approach to heart health, and a way to establish a baseline from which to measure future progress.
The final assessment is that the EHHI project has deployed maximum efforts to raise awareness among policy makers and health professionals as well as the general public. 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 both national alliances but also to improved cooperation among Europe-wide organisations involved in health promotion and disease prevention.

10. Recommendations

Below are a number of recommendations set out to cover project and policy recommendations.

10.1 Project 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 and other media;
- developing broad health promotion activities and prevention actions;
- supporting targeted prevention programmes or courses with an objective of ensuring 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.
10.2 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 by the alliances include:

France

France listed the following recommendations:

- Give higher priority to education on CPR and education on healthy lifestyles at school
- Display automatic defibrillator in public areas like train stations, airports, etc.
- Create greater public awareness among the French general public for CVD prevention through a higher level of media support (especially TV)
- Reinforce fight against tobacco
- Include a specific course on CVD prevention in medical studies.

Finland

In Finland, the action plan for promoting heart health crystallised the evidence for the fight against CVD and made 118 recommendations for action. The following recommendations were chosen as the starting point for the Finnish Alliance.

- Develop, launch and monitor the Heart Symbol in food labelling, to encourage the food industry to develop healthier foods, and make decision makers more responsive to health views.
- Improve canteen food to make it healthier and tastier and pay more attention to fat quality and quantity, sodium and fibre contents.
- Direct recommendations for health-enhancing physical activity at schools, day care centres, sport and exercise organisations, and the decision makers in the communities.
- Explore how to decrease psychological and social risk factors in order to improve Finnish heart health, particularly for people in lower socio-economic groups.
Ireland

The Irish National Alliance adopted recommendations on specific risk factors.

Smoking

The National Heart Alliance position statement on smoking is attached. The following is a summary of measures which the National Heart Alliance has called on the government to implement:

Prevention
- an agreed annual 5-10% price increase above the rate of inflation; removal of tobacco from the Consumer Price Index
- an increase to 18 of the minimum legal age for tobacco purchasing
- enforcement of legislation on sales to children.
- introduction of licences to sell tobacco
- a ban on vending machines
- protection of children from passive smoking in restaurants, shopping centres, and at sporting and leisure events by extending legislation as necessary
- education programmes which target children before regular patterns of smoking behaviour are established

Cessation
- research and development of smoking cessation programmes specifically for young people
- Nicotine Replacement Therapy to be made available free of charge to smokers

Physical Activity

The National Heart Alliance Position Statement on Physical Activity is currently being developed. One main focus will be to:

- ensure safe play areas as well as walking and cycling routes throughout the country.
Spain

Spain pinpointed specific recommendations in the areas listed below:

Tobacco

- increase the age for buying tobacco

Nutrition

- maintain nutritional habits based on the Mediterranean diet

Physical Activity

- support measures to promote the regular practice of physical activity through training courses for teachers, sports meetings for elderly people, World Heart Day, etc.

Sweden

The Swedish Alliance agreed that:

Prevention has to be integrated into the health system in Sweden and be provided with earmarked money. Prevention should have a more prominent place in the education for medical professionals and the time spent with patients should be extended in order to spend time talking about prevention.

United Kingdom

The UK national alliance drew up an especially comprehensive list of recommendations. The alliance included an analysis of effectiveness as well as cost effectiveness, strengths and weaknesses, opportunities and threats for each policy measure recommended.

Smoking

Below each policy measure is listed, together with evidence of its effectiveness, its costs and cost effectiveness, strengths and opportunities and weaknesses and threats.

Fiscal

- **Real increases in tobacco tax annually**

  Canterbury Report, Royal College of Physicians

  Price elasticity about -0.5 for consumption. Also associated with substantial falls in prevalence. Available evidence suggests the poor, children and the young are at least as price sensitive as average, although specific UK research is limited.
Direct effects borne by smokers and industry. High cost effectiveness.

- Strong evidence: effective policy. Well rehearsed and simple policy, well accepted by professional groups, and generates government revenue.
- Opportunities include: annual budget, potential new supporters of policy, more research on effectiveness among children, and potential for upward harmonisation of tax across the European Union (EU).
- Diminishing returns as prevalence falls, ultimately limited by smuggling incidence; organised industry response.
- Increasing social divide may make tax less acceptable as policy.

**Legal/Regulatory**

- **Ban tobacco advertising, sponsorship and promotion**  
  Canterbury Report  
  Probable effects on adult consumption and teenage prevalence. Some direct costs in preparing and implementing legislation. May have some indirect costs if average prices fall.

  Overall cost effectiveness dependent on realised fall in consumption.
  - Simple message, with high professional, public and parliamentary support.
  - Symbolic: sets example, indicates government commitment to reducing smoking.
  - One-off policy; would be best as part of overall strategy.
  - Ban on advertising without promotion would lead to increased sponsorship.
  - Should be accompanied by a requirement for generic packaging.
  - Media and sports dependence can lead to opposition.
  - Undermining by industry through new avenues, e.g. films, brand-stretching and Internet.

- **Restrict smoking in workplaces**  
  Royal College of Physicians  
  Up to 10% fall in consumption may occur; long-term decline in prevalence also possible. Direct costs dependent on type of policy. Potential for savings to industry in longer term from increased productivity and lower sickness absences. Cost effectiveness of different programmes in UK requires further research.
  - Widely accepted in larger places of work, especially among office workers.
  - Introduction of restrictions may stimulate increased quitting activity and provision of cessation advice by employers.
  - Health and Safety Commission Approved Code of Practice on smoking in the workplace, for implementation of health and safety legislation.
  - Less widely accepted in smaller workplaces employing manual workers.

- **Restrict smoking in public places, e.g. restaurants, pubs and trains**  
  Royal College of Physicians  
  Associated with reduced smoking in some US states, but direction of causality uncertain. In the UK, 42% of people now take the availability of a non-smoking area into account when choosing a restaurant; one in five people do so when choosing a pub. Implementation varies
across sectors. Provision of separate smoking sections involves costs but in non-smoking areas or where there are complete bans, the costs of cleaning and fire insurance fall. Other ‘non-health’ benefits to non-smokers.

Cost effectiveness dependent on effects.

- Majority agreement that smoking should be restricted in public places.
- Increasingly acceptable in public transport; further evidence of effects of passive smoking may promote additional restrictions.
- Public Places Charter agreed by hospitality trade, and national industry led scheme, in the White Paper on tobacco.
- Complete bans less acceptable in pubs; portrayed as ‘health fascism’ by tobacco industry apologists.

**Stop sales to under 16-year-olds**

Royal College of Physicians

Vigorous local activity can reduce sales locally; if so, it may have a small delaying effect on children’s recruitment to smoking.

Direct costs can be considerable. Population impact is unknown, but may have additional effects on community. Cost effectiveness needs to be demonstrated.

- Can generate valuable publicity; popular with national politicians.
- Requires a licensing scheme for tobacconists, funded by the tobacco industry.
- High level of enforcement difficult to achieve nationally; also requires removal of vending machines.
- Increasing tendency of children to purchase from older friends; also possibility of creating ‘forbidden fruit’ effect.

**Social policies to address low income smokers**

National Heart Forum

Relatively slow decline in smoking among disadvantaged groups suggests that broader policies to combat inequality are required. Direct costs could be substantial but so could benefits. Likely to have wider benefits than just health gain. Directed at equity rather than cost effectiveness per se.

- Disadvantaged groups are especially susceptible to smoking-related disease.
- National health strategies, and the White Paper on Tobacco, focus on reducing inequalities.
- Social Exclusion Unit provides opportunity.
- Requires cross-government commitment to reducing income inequality.
Education/Information

- **Paid and unpaid mass communications – preventing teenage smoking**
  Royal College of Physicians

  Controlled trials overseas have had mixed results. High direct cost; effectiveness not guaranteed.
  - Can reach large numbers of teenagers very rapidly.
  - Acceptable to policy makers and professionals: government funding commitment.
  - Controlled trials needed.
  - High cost; effectiveness not guaranteed. Successful approaches in overseas campaigns may not be effective in the UK.
  - High saturation of health message already; maintenance and new messages needed.

- **Mass communications – cessation campaigns**
  Royal College of Physicians

  Can enhance natural quit rate by up to 5%. High direct costs but high reach. Not fully evaluated but could produce similar cost per life year saved as individually directed cessation programmes.
  - Can reach 90% of smokers within three months and can work well with other interventions such as tax increases.
  - Support with local cessation services.
  - Can target low-income smokers.
  - Government commitment.
  - Costly.

- **Mass communications – media advocacy and unpaid publicity**

  Elasticity of -0.5 for consumption; linked with major declines in prevalence. Major effect is on public opinion. Direct costs in terms of professional time can be high. Benefits could include enhancing the benefits of other policies. Generally thought to be cost effective.
  - High reach, with direct influence on climate of public opinion, and provides strong basis for other initiatives.
  - Potential of many agencies: existing motivation; government’s White Paper on tobacco, with specific policy measures, provides a focus.
  - Can demand substantial resources for creation of ‘peg’.
  - Dependent on priority of agencies; media support and coverage depend on new messages.
  - Tobacco industry lobbying of media industry.

- **Health education in schools**
  Royal College of Physicians

  Sophisticated programmes can delay recruitment to smoking for several years but not indefinitely.
Cost effectiveness dependent on benefits of delayed onset.

- Highly acceptable to parents, politicians and press; might be more effective in combination with mass media campaigns.
- Effective programmes are difficult to implement on a large scale, so effectiveness is limited in practice.
- Tobacco is rarely perceived as a high priority in schools.

**Pack information, including health warnings and tar and nicotine content**

Royal College of Physicians

Possibly some influence with adolescents; support from smokers. Cost borne by manufacturers and smokers.

- Essential for ethical reasons; gives clear message and has existing support.
- Need for increased prominence and size.
- Size and familiarity of message are limiting factors.
- Industry resistance to increasing size of warnings.

**Service Provision**

**Nicotine Replacement Therapy (NRT)**

Significantly enhances effectiveness of GP advice, especially with more addicted smokers. Direct costs to those attempting to give up or to the NHS. Cost effectiveness in the range of £600 to £2,000 per life year saved. Patches less cost effective than brief advice, both to GP and smoker.

- Simple ‘medical’ intervention which tackles cessation and addiction among individuals.
- Seven out of ten smokers want to give up.
- Support by manufacturers and pharmacists: sales motive.
- NHS to bear costs for short prescriptions for low income groups: government commitment in White Paper.
- Tackles cessation only, and requires individual desire to quit.
- Best as part of overall strategy.
- NHS cost concerns.

**Smoking cessation advice in NHS, primary care and clinics**

Royal College of Physicians

Brief advice from GP leads to up to 5% quit rate; advice clinics achieve 10%-25% in one year. High cost effectiveness compared to most other health service interventions – in the range of £14 to £100 per life year saved. Longer and more elaborate GP interventions achieve higher quit rate, but are less cost effective.

- Politically acceptable, and potentially high reach through NHS.
- NRT focus, and private profit-making clinics provide opportunities.
- White Paper priority.
- Limited by low reach in practice: less than half of smokers report receiving advice from their GP; smokers’ advice clinics not popular with smokers.
- **Telephone ‘quitline’ services and advice**
  Royal College of Physicians

  Quit rate of 19% at six months in Scotland with mass campaign. Cost effectiveness not yet evaluated.
  - High demand and potentially high reach: depends on cost to smoker and advertisement of number; complements mass campaign.
  - New communications technology may provide opportunities.
  - Dependent on individual initiative, and on advertising; effectiveness depends on mass campaign.

**Nutrition**

**Fiscal**

- **Revise Common Agricultural Policy (CAP) to promote health and subsidise healthy foods**
  Canterbury Report

  The CAP has facilitated the switch from butter to margarine by maintaining price differentials. Current CAP policies have had a negative effect on fruit and vegetable consumption. Involves considerable administrative resources to negotiate. Revising subsidies may involve changes in transfers rather than a net increase in resources. Given the market distortions created by the CAP, revision may be important to ensure cost effectiveness of other policies.
  - Structural, universal access, long-term and pan-European, so avoids local negotiations.
  - Opportunities include: growing food awareness and concerns in Europe; CAP negotiations; Article 152 in the Amsterdam Treaty on public health competence; and EU food standards agency.
  - Long-term policy goal: need to negotiate European bureaucracy, and convince other EU member states.
  - Globalisation of food trade, and vested interests, including farmers and manufacturers, are threats to change.

- **Grading and payment systems to encourage production of leaner meat**
  Canterbury Report

  Small but significant reductions in fat content of meat in last 12 years. Financial incentives have reduced the subcutaneous fat in pig meat by 30% in the last ten years. The fat content of carcass beef and sheep has also been reduced during this period but not so dramatically. Costs - which are uncertain - fall on taxpayer and possibly meat consumers. The majority of meat consumers may be willing to pay. If not priced competitively, may lead to an increase in imports which would reduce the effectiveness and hence cost effectiveness of policy.
  - Structural: widens availability of ‘recommended’ products, with normative effect.
  - Industry experience, and existing breeding programmes: small but significant reductions already achieved.
  - Opportunities include consumer and retailer influence and demand, and establishment of Food Standards Agency.
- Production costs, including technology and longer term breeding programme, and maintenance of eating quality of leaner meat. Reductions limited by biological feasibility and production economics.
- Public resistance to new technologies and genetic manipulation, and consumer confidence in meat safety, are threats.

- **Competitive pricing for ‘healthier’ foods**

Canterbury Report

In Norway, a combination of fiscal and regulatory strategies designed to affect relative prices of preferred ‘healthy’ foods has contributed to a 30% increase in consumption of vegetables, a 17% increase in fruit consumption, and a 13% decrease in total fat intake, between 1970 and 1993. Costs depend on consumer reaction. If demand is strong, it may reduce the need for subsidy over time. Cost effectiveness of policy unknown.

- Removes cost considerations from healthy food choice (important for low income groups), to facilitate positive shifts and experimentation in choice; ‘mainstreams’ products.
- Concentration of UK food industry, and Food Standards Agency, are opportunities.
- Impact may only be for the time of the intervention, with limited long-term change.
- Lack of short-term financial incentive, and risk of reduced short-term profits, and possible effects on quality.
- Food retailing siting trends may lead to increased price disparities.

**Legal/Regulatory**

- **Minimum nutritional standards for catering, including school meals**

National Heart Forum

Positive effect on food choice and nutrient composition possible in the short term. Passive intervention to reduce fat in school meals resulted in decrease in saturated fat content in total diet of 3% of energy over one year. Promotion of healthy items at point of sale leads to increased sales of 2% to 12% of total sales. However, in catering, changes in food accessibility or price have substantial short-term effects, but these are not sustained beyond the intervention. Likely to be cost effective.

- Well-rehearsed policy measure; national nutritional guidelines for catering exist, and can be monitored.
- Passive and active interventions possible, with local flexibility of implementation.
- Importance increases with increases in eating outside the home.
- Government proposals for compulsory school meals standards is an opportunity.
- Nutritional standards need to be compulsory and monitored.
- Training of caterers needed in preparation and presentation: needs inclusion in catering courses.
- Threats include competitive tendering with financial focus; perceived costs of healthier meals; cash cafeterias and breadth of choice; centralisation of catering supplies; and lack of training.
Regulations on food advertising to children

National Heart Forum

Food advertising has an effect on purchase requests made by children to parents. Artificial ‘view then choose’ experiments demonstrate the effect of food advertising on choice. For a voluntary code, the major costs fall on industry. Overall impact on health behaviour is uncertain but some non-health benefits arise from consumers gaining more accurate information.

- Wide reach; important symbolic policy.
- Could lead to more balanced advertising to children, with new advertisers.
- National Food Guide as guide: recommends that fatty and sugary foods should make up only about 8% of a healthy, balanced diet; on children’s TV, 60% of adverts are for such foods.
- Overseas models of restrictions on food advertising are opportunities.
- Extent of advertising ‘hidden’ from majority of adults as much of it is shown on children’s TV.
- Industry resistance.
- Lack of regulatory power.

Clear, comprehensive and meaningful nutrition labelling

Canterbury Report

Non-numeric labelling is better understood than numeric. Verbal is the most readily understood and most effective. US research indicates that although consumers prefer verbal labelling, they perform better when nutrients are expressed as a percentage of RDAs (recommended daily amounts). Costs mainly borne by food manufacturers and retailers. To be effective and cost effective, there may be a need for additional information campaigns on how to use labels to improve health.

- Well rehearsed and accepted policy, with wide potential reach, enabling consumers to make an informed choice; can improve public nutrition education.
- Important with increased emphasis on pre-prepared foods.
- Can be used by retailers to promote products.
- Consumer interest in calories not nutrients, and difficulty in interpretation of labels. Needs support by education or leaflets to simplify.
- Effective labelling format not implemented: continued focus on numeric rather than graphic labelling obscures message.
- Need for regulation of nutrient and health claims.
- Manufacturers’ resistance.
Physical Activity

Fiscal

- Fiscal and tax incentives to encourage switch from cars to bicycles and public transport

National Heart Forum

Cost and availability of car parking is an important influence on the decision to commute by car, and reduction aids a shift to cycling. Company cars receiving free fuel do on average 20% more commuting miles than company cars that do not. The import tariff on cars in Denmark, where no significant domestic car manufacturing exists, contributes to the high rates of cycling.

Costs borne by those not gaining health benefits from policy. Some costs to those switching to less preferred transport. Environmental benefits. Health benefits and hence cost effectiveness uncertain.

- Structural, universal measure, giving a clear message. Has environmental as well as health gains, and support from environment and transport groups. Generates revenue.
- Traffic reduction targets, and national cycling and walking strategies are opportunities.
- Conflicts with car culture and manufacturers’ interests; tax increases unpopular.

- Local pricing policies for local facilities: subsidised access

National Heart Forum

Reducing access costs to facilities has a significant impact on overall visits; but main impact is more frequent use by existing users, rather than encouraging new participants. Pricing is a relative rather than an absolute barrier. For swimming, removal of prices led to reduced age profile of pool users, an increase in women attending, and a shift towards lower socio-economic groups among women. No impact on retired and unemployed participant numbers.

Direct costs administering and targeting the scheme. Net costs may be low if there is an overall increase in use of facilities. May be cost effective if there is an increase in the numbers undertaking physical activity.

- Existing policies of subsidised access; well rehearsed. Implementation flexible and easy; can be tailored to target specific groups and activities.
- Healthy Living Centres and lottery funding provide opportunities.
- Relatively low prices of local authority facilities already; sport perceived as relatively cheap.
- Indoor facilities recover less than half their costs already. Potential loss of revenue may be a barrier, particularly for commercial interests.
- Needs sustained publicity to support; uncertain attraction to new groups.
Legal/Regulatory

- **National physical activity strategy, with Cabinet commitment**

  National Heart Forum

  Comprehensive strategies that target environmental and social factors influencing physical activity, as well as individual strategies, will be most effective. Australian strategy with targets was launched in 1994; process evaluation currently being undertaken.

  Direct costs involve administrative input and continued support from politicians and civil servants. The impact on the effectiveness of other national policies is likely to ensure cost effectiveness.

  - Provides national leadership and demonstrates commitment; has potentially wide impact on policies at all levels.
  - Development work on UK strategies done.
  - Opportunities include Minister for Public Health, national health strategies and the White Paper on integrated transport policy with sustainable development focus.
  - Competing policy priorities, need for resource commitment, and lack of Cabinet status for public health are threats, particularly as the goal runs counter to trends.
  - Transport focus rather than health focus for strategy may be a threat.

- **National targets for physical activity**

  National Heart Forum

  No specific evidence of effectiveness; however, targets with set dates are considered important to clarify goals, focus efforts, provide yardstick and judge effectiveness. People want quantified goals for measurement of individual achievement.

  Cost effectiveness of target-setting unproven.

  - Targets provide a common goal, are motivational, and a means to monitor progress; monitoring tools available.
  - New health strategy is an opportunity.
  - Existing target to double cycling by year 2002 and double again by 2012.
  - Local walking and cycling targets promoted in White Paper on transport.
  - Variable quality of data on trends, particularly among children, and costs of data collection for monitoring.

- **Transport policies to support traffic calming, and safe environments for walking and cycling**

  National Heart Forum, British Medical Association

  With York city council’s cycling and pedestrian strategy, journeys by bike fell only from 22.1% in 1981 to 20.3% in 1991, compared to a national fall from 4.0% to 3.2%; pedestrian journeys rose from 22.9% to 24.1%. Transport policies can create safer environments. Road accidents involving children fell by an average of 67% in 200 20mph schemes. Revision of traffic law in Denmark in the late 1970s, including speed limits and street layout changes in residential streets, with priority for pedestrians, led to a 78% fall in serious injuries.
Involves costs. Health benefits from accident prevention as well as potential to increase physical activity. Transport policies have been found to be cost effective compared with most health care interventions in the United States.

- Long term; Policy Planning Guidance 13 in place, supporting current initiatives. Local Agenda 21 initiatives and local regeneration programmes, and lottery funding, provide opportunities.
- White Paper on transport, local transport plans, and national cycling strategy provide framework.
- Long-term planning process, involving negotiation and costs, may be a barrier.

**Town planning to encourage physical activity, including facilities for walking and cycling**

National Heart Forum, British Medical Association

Observational studies show an increase in habitual physical activity associated with positive environmental changes in a community, e.g. cycle paths, well-lit streets, parks, easier access to recreational facilities. Evidence shows that where cycling facilities are provided, people use them. In Groningen, town planning included installation of cycle station with safe facilities, hire and repair, car-free central area, plus car parking fees. Journeys by bike increased by 20% to 57% in seven years.

Cost effectiveness depends on effectiveness, but could be similar to traffic calming measures.

- Benefits to trade: 49% of pedestrianised areas report improvements in trade, 2% report worsening; retail turnover increases by an average of 25%.
- Scope for improvement: only 2.3% of all trips are by cycle in the UK, compared with 11% in Germany, and 18% in Denmark.
- Current retailing trends may be a barrier.

**Education/Information**

- **Mass media campaign**

Significant increases in awareness of health message and high campaign awareness, but limited if any effect on behaviour, particularly among younger people. The Australian campaign found increases in reported walking prevalence among older people, but there was a decline in effectiveness with repeated campaigns. Mass media effective for awareness raising, reinforcing lifestyle changes, and supporting community and individual interventions. Participation is higher if the campaign event is linked to a traditional structure or community event.

High cost if undertaken on a large enough scale to have population impact. Could generate wider benefits in terms of effectiveness of other activities. Need to explore cost effectiveness of different approaches, given the complex messages.

- Well tried health education technique with mass reach; could build on previous national campaign. Important support for other interventions.
- ‘New’ message on moderate physical activity needs to be conveyed; need to target messages for clarity.
- New media, including Internet, may provide novelty value.
- Broad, complex physical activity message: less effective, needs targeting. Difficult to capture public’s attention regarding physical activity.
• Paid advertising costly, with limited duration of effect: needs support by local interventions.
• Growth of multiple media channels reduce audience.

• Minimum time for physical activity in school curriculum

National Heart Forum

Activity experiences and/or physical fitness during childhood influence adult activity habits; physical activity levels track from childhood to adolescence and into adulthood. Studies also indicate a link between sporting participation during childhood and adult physical activity levels. Focus on enjoyment and on activity which can be continued in later life and which is popular with adults is important. Different preferences for boys (games-based) and girls (individual-type activities).

Potential costs in terms of opportunity costs of a drop in other educational activities. Benefits are difficult to estimate.

• National statutory policy which would receive wide support.
• Combine with active schools policies to cover teaching and hidden curriculum, to promote consistent messages, and address attitudes and knowledge.
• National government healthy schools initiative provides an opportunity and framework.
• Competing priorities in the school curriculum, particularly with academic league tables: over 50% of children have less than two hours’ PE each week.
• Need a focus on choice and sustainable activities; sharp decline in physical activity levels on leaving school.
• Threats include lack of follow-through beyond school, and limited resources (including staff time for coordination, and loss of school playing fields).

• Advice on physical activity by primary care team (including referral schemes)

Canterbury Report, Royal College of Physicians

Evidence does not support ‘prescription for exercise’ schemes which refer patients to a leisure centre; facility-based interventions are not necessarily effective. Less than 1% of people in a practice list are referred to such schemes. Home and community strategies may be more effective. A review of trials finds it is possible to increase activity among sedentary people, and maintain the increase at sufficient frequency and intensity to achieve long-term health gain. Sustained high levels of participation are possible if the intervention: is a home-based programme; is unsupervised, informal exercise; involves frequent professional contact; involves moderate intensity exercise; or if walking is the promoted exercise. Interventions that encourage walking but do not require attendance at a facility are most likely to lead to sustainable increases in overall physical activity. As for smoking advice, if it results in some change in activity, it would be very cost effective despite low individual effectiveness. More involved schemes including exercise prescriptions can involve more direct costs.

• Build on current enthusiasm for prescriptions for exercise, but focus on unsupervised, informal exercise of moderate intensity, with frequent professional contact. Regular follow-up improves maintenance of initial increases.
• Advice can be individualised; computerised health registers allow targeting of high risk groups, including cardiac patients.
• Behavioural techniques such as signing contracts may be effective.
• National Service Framework, Primary Care Groups and Healthy Living Centres provide opportunities.
• Provides symbolic message about the health benefits of physical activity.
- Competing priorities at practice and locality level.
- Many health professionals do not have adequate training on (nor interest in) the benefits of physical activity, or advice giving.

**Information on local facilities provided for example by local authorities, health authorities, primary care**

Canterbury Report

The Minnesota Heart Health Program found highest participation and cost effectiveness were achieved by maximising the use of existing community facilities in combination with information leaflets.

Likely to be highly cost effective.

- Wide coverage for low cost; can be targeted and updated; and promotes choice and local variety. Can link with local campaigns and events.
- Greater market-driven approach, lottery funding, and the Internet and other new media provide opportunities.
- Information cannot be individually tailored, but take-up depends on stage of change.

**Service Provision**

- **Increase provision of accessible and affordable, multi-use exercise facilities**

National Heart Forum

Accessibility, convenience and safety of facilities and locations in the community affect physical activity levels; geographical and time constraints are important. Improved provision of and access to facilities can lead to increased participation rates. High provision of accessible facilities, plus low prices, may also reduce social class differences in participation. Convenience particularly influential on children’s activity levels. Some changes in accessibility can be brought about by low cost interventions, e.g. better use of existing facilities. New investment more costly to procure.

- ‘Traditional’ provision, which can be combined with subsidies and information, and can promote variety and choice.
- Swimming very popular, with consistent increases (across age and social groups) after local investment in pools.
- Lottery funding provides opportunity.
- Provision of facilities is costly, and is affected by local government cuts.
- Sports facilities are of limited appeal to non-exercisers; increased emphasis on play rather than exercise in pools.

- **Workplace facilities and financial incentives**

National Heart Forum, British Medical Association

Workplace physical activity programmes can enhance fitness, reduce absenteeism, increase productivity, and reduce employers’ health care costs. The Minnesota Heart Health Program found increases in self-reported physical activity levels in the intervention group: existing community settings where people spend much of the day, such as workplaces and schools, were most effective, and most cost effective. Few workplace schemes to promote travel to work by cycling. A combination of financial incentives and facilities led to a 60% increase in cycling, increases in walking, and 700 fewer cars on site, at Southampton University Hospital Trust. A US review estimated that the total financial benefit of exercise programmes to
companies was $513 per worker per year. Benefits to employers may be lower in the UK than the United States because employers in the UK do not carry the burden of health care. However, such initiatives are likely to be cost effective from society perspective.

- Has symbolic benefits, and benefits both employees and employer.
- ‘Captive audience’: can tailor, sustain, and combine with other interventions.
- Scope for employers, including health authorities and trusts, to include cycling provisions and incentives.
- New government emphasis on healthy workplaces may provide stimulus.
- Only reaches the employed, with further self-selection of the physically active. Low popularity in the UK: 6% of workplaces in England (mainly large companies); low participation and high drop-out.
- Perceived resource costs - time and money; short-term contracts and insurance liabilities may be threats.

**School sports facilities, including fields and pools, available for wider community use, outside school hours**

National Heart Forum

Extra-curricular activities, and suitable community facilities, are important for physical activity participation. Use of existing community settings, such as schools, is effective.

Involves costs but at a community level may be more cost effective than investment in new facilities.

- Build on current enthusiasm for ‘prescriptions for exercise’, but focus on unsupervised, informal exercise of moderate intensity, with frequent professional contact. Regular follow-up improves maintenance of initial increases.
- Advice can be individualised; computerised health registers allow targeting of high risk groups, including cardiac patients.
- Behavioural techniques such as signing contracts may be effective.
- National Service Framework, Primary Care Groups and Healthy Living Centres provide opportunities. Provides symbolic message about the health benefits of physical activity.
- Competing priorities at practice and locality level.
- Many health professionals do not have adequate training on (nor interest in) the benefits of physical activity, or advice-giving.

**Safe routes to schools schemes**

National Heart Forum

A Danish scheme led to an 85% fall in child pedestrian and cyclist accidents, and nearly two-thirds of children cycle to school. A survey of 10,000 UK children found that 30%-40% wanted to cycle to school, but less than 10% were able to do so. Traffic calming eases parental fears: those saying they would allow their children to travel independently to school rose from 22% before traffic calming to 33%; those allowed to visit a local shop rose from 27% to 43%. Evidence suggests a strong link between restrictions on children’s mobility and physical activity outside home at weekends.

Environmental and health benefits. Likely to be cost effective.

- Wide coverage for low cost; can be targeted and updated; and promotes choice and local variety. Can link with local campaigns and events.
- Greater market-driven approach, lottery funding, and the Internet and other new media provide opportunities.
Information cannot be individually tailored, but take-up depends on stage of change.

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

- Promoting Healthy Eating: The Role of the European Heart Network (November 1992)
- The Eurodata Conference: Measuring the Burden of Cardiovascular Disease in Europe (May 1994)
- The European Union: Action for CVD Prevention (August 1994)
- The European Heart Health Initiative: An Expert Report on European Action in the Field of CVD Prevention (February 1997)
- Tobacco Use: The Dramatic Effect on Cardiovascular Disease in the European Union and Priorities for Action (April 1998)
- Food, Nutrition and Cardiovascular Disease Prevention in the European Union (June 1998)
- Physical Activity and Cardiovascular Disease Prevention in the European Union (December 1999)
- European Cardiovascular Disease Statistics (February 2000)

Below we state some of the key policy recommendations included in the EHN papers and also included in the press packs which were prepared for the Winning Hearts conference on 14 February 2000.

**Nutrition**

**Develop a Food and Nutrition Policy for Europe**

The EU should integrate the policy with agriculture, economic and other EU policies to ensure that the activities of the EU operate to the benefit, rather than to the detriment, of European public health. The policy should include quantified dietary goals. The EU should specifically include nutrition within the responsibilities of the proposed European Food Authority.
Improve Mechanisms for Auditing the Impact of EU Policies on the Health and Nutrition of European Consumers

The EU should ensure that the Common Agriculture Policy (CAP), the single market and any proposed changes in policy or legislation are included in such auditing mechanisms.

Make Provision through the CAP for the Promotion of Healthy Food Choices

The EU should make provisions in the CAP for the promotion of fruit, vegetables, bread, other cereal products, and potatoes.

Take More Account of Nutritional Considerations in EU Legislation on Food Labelling and Advertising

The EU should for example permit Member States to develop consumer-friendly graphical labelling systems.

Propose European Legislation on the Use of Health and Nutrition Claims

Promote a Unified Approach to the Promotion of Healthy Living in Europe

The EU and the Member States should ensure that health education and promotion campaigns aim to reduce the risk of chronic diseases in general, in particular CVD.

Tobacco

Ban tobacco advertising

The EU must pursue a policy which allows for a total ban on all forms of tobacco advertising and promotion

Regulate the manufacture, presentation and sale of tobacco products

The EU must pursue the adoption of a Directive that ensures that the content of tobacco products is strictly regulated and monitored and that tobacco labelling has:

- Increased size of lettering
- Clearly visible warnings
- Information on smoking cessation assistance

Increase Taxation of Tobacco

The EU should change the existing minimum excise rates and duty structure on tobacco as follows:

- Upward approximation of tobacco taxes
- Remove the 55% ceiling on specific duty
- Set a minimum tobacco tax level in ECU as well as a percentage
- Require EU Member States to increase total tobacco taxes annually so that they rise by more than the rate of inflation and more than any increase in national income.
- Increase taxes on other manufactured tobacco (hand rolling tobacco etc.) to the same level as, or higher than, those on cigarettes.

**End EU Tobacco Subsidies**

The EU should phase out tobacco subsidies through a programme of crop substitution and income support.

**Physical Activity**

**Develop EU Policy**

The EU should develop a policy on health that enhances physical activity and should develop a broad strategy for implementation in a range of sectors. This should be linked to other policies that affect opportunities for physical activity, such as economy and finance, employment, transport, environment, regional policies, education and tourism.