The social dimension of Europe
The reflection paper opens up the debate by offering different ideas, proposals and options for a social dimension of Europe by 2025.


Harnessing globalisation
The reflection paper opens up a vital debate on how the EU can best harness globalisation and respond to its opportunities and challenges.


Deepening of the economic and monetary union
The reflection paper is intended to stimulate the debate on the economic and monetary union and to help reach a shared vision of its future design.

Healthier, fairer, safer

"This report describes and analyses key aspects of global health over the last decade."
"...to look back and reflect on the trends, achievements and challenges of global health over the last decade – and to explore the needs of the future."

http://who.int/publications/10-year-review/healthier-fairer-safer/en/-20022014

- In 111 countries across the globe, the majority of the population is overweight or obese
- Obesity in men 2007-2014: 180 -> 270 million
- Obesity in women 2007-2014: 280 -> 370 million
- Overweight in women 2007-2014: 780 -> 980 million

- NCD burden "falls more heavily on those in lower socioeconomic groups. Many of the risk factors are more common in these groups;..."
Adolescent obesity and related behaviours: trends and inequalities in the WHO European Region, 2002–2014

- Obesity levels have stabilised in some but increased further in other countries
- Obesity rates highest in Southern Europe and Mediterranean countries
- Increases largest in Eastern European countries, where historically rates have been lower
- Inequalities in obesity: risk highest in younger adolescents, boys, and lower socioeconomic position families

WHO Nutrition strategy: "Ambition and Action in Nutrition 2016-2025"

- Vision: “A world free from all forms of malnutrition where all people achieve health and well-being”
- Mission: "To work with Member States and partners to ensure universal access to effective nutrition actions and to healthy and sustainable diets."
- -> WHO will provide: leadership, guidance and monitoring

http://www.who.int/nutrition/publications/nutrition-strategy-2016to2025/en/

See also: "The double burden of malnutrition" & "Double-duty actions for nutrition" policy briefs

http://who.int/nutrition/publications/doubleburdenmalnutrition-policybrief/en/ &
http://who.int/nutrition/publications/double-duty-actions-nutrition-policybrief/en/
Figure 2. Action framework for ending childhood obesity
Lancet perspectives on EU & health

Editorial: "What has Europe ever done for health?"

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30812-7/fulltext?rss=yes

Comment: "If not now, when? Time for the European Union to define a global health strategy"

http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30085-2/fulltext
International Conference on Childhood Obesity – CIOI 2017
Lisbon, PT, 5-8 July 2017

http://cioi2017.com/
JRC annual conference EU4FACTS

EU for facts
Evidence for policy in a post-fact world
Annual conference of the Joint Research Centre

26 September 2017
Brussels, Charlemagne

Programme

#EU4Facts

26 September
2017, Brussels, BE

http://eu4facts.eusciencehub.com/pro/fichequest.jsp;jsessionid=14H6ruUHQEhSc1JSn1EYeBC0.gl3/
Articles in scientific (peer-reviewed) journals

- Focus on a healthy start in life & food reformulation
Meta-analysis on parent-child associations in obesity

Objective:
- To examine the strength and variation of the parent-child association in obesity and to identify factors that may influence this association

Findings:
- Overall, children of overweight/obese parents are >2 times more likely to be overweight/obese than are those of normal-weight parents
- Stronger associations were found in:
  - older children than in younger children
  - both parents than in father only or mother only
  - parental obesity and child obesity than in parental and child overweight
  - high- than in middle-income countries
- Effect of parental and household socioeconomic status not possible to assess due to lack or heterogeneity of data

Author's suggestions:
- "Families and parents should be a key target for obesity intervention efforts".

Foetal programming of the metabolic syndrome

Figure 1: Programming effects of an inadequate in utero environment on early growth and consecutive development of the metabolic syndrome.

Taiwan J Obstet Gynecol 56 (2017) 133e138; http://dx.doi.org/10.1016/j.tjog.2017.01.001
The Paternal Epigenome Makes Its Mark

- Evidence suggests that fathers have an influence on their children's health via their social influence on the behaviour of the children and the mother or environmental exposure, e.g., to secondhand smoke.
- However, more evidence emerges showing that also epigenetic changes ("epimutations") to sperms prior to preconception, including those resulting from lifestyle choices, affect offspring health.
- Early indications suggest that dietary changes and physical activity in fathers can reverse adverse effects on sperm and offspring.
- "When it comes to preconception health, fathers matter too."

Restrictions on trans fatty acids (TFA) resulted in additional declines in cardiovascular disease

Natural experiment study design:
- A difference-in-differences regression design was used to compare hospital admission rates for stroke and myocardial infarction (MI) in comparable populations in highly urban counties in New York State with and without restrictions on TFA.

Findings:
- ≥3 years after implementing TFA restrictions a significant additional decline in MI + stroke (-6.2%) and MI alone (-7.8%) and a non-significant decline in stroke (-3.6%) were observed.

Author's conclusions:
- "The NYS populations with TFA restrictions experienced fewer cardiovascular events, beyond temporal trends, compared with those without restrictions."

JAMA Cardiol. 2017 [Epub ahead of print]; http://dx.doi.org/10.1001/jamacardio.2017.0491
1990-2016 trends in the affordability of sugar-sweetened beverages in 82 countries

- The proportion of income needed to purchase sugar-sweetened beverages (SSBs) declined on average in 79 of 82 countries.
- The affordability increased more rapidly in low and middle income countries, mainly due to a more rapid income growth.

- In all studied EU countries + IS, NO, CH, affordability of SSBs increased.
- This was mainly due to income growth but also due to decreasing real prices of SSBs.

Decomposition of effects of income and price of sugar-sweetened beverages on average annual percentage change in relative-income price ('affordability') of sugar-sweetened beverages - (adapted from Prev Chronic Dis 2017;14:160406)

Prev Chronic Dis 2017;14:160406; [http://dx.doi.org/10.5888/pcd14.160406](http://dx.doi.org/10.5888/pcd14.160406)
Food groups and risk of all-cause mortality

- To synthesize the knowledge about the relation between intake of 12 major food groups with risk of all-cause mortality

- Optimal intakes of whole grains, vegetables, fruits, nuts, legumes, and fish, as well as reduced consumption of red and processed meats and sugar-sweetened beverages, can lead to an important decrease—by ≈80% (when compared to intakes from the highest risk categories)—in the relative risk of premature death

Am J Clin Nutr (2017) [E-pub ahead of print]; http://dx.doi.org/10.3945/ajcn.117.153148
Frequency of organic food consumption was prospectively associated with smaller body weight increase and lower risk of overweight or obesity

Objective:  
- To assess the association between frequency of organic food consumption and weight change

Findings:
- Over an average of 3.1 years follow-up a lower BMI increase was observed for participants with increasing frequency of organic food consumption.
- Participants in the highest quartile of organic food consumption frequency had a 23% and 31% reduced risk for overweight and obesity (considering non-overweight/obese participants at begin of the study period)
- The reduction in obesity risk was strongest among participants with the highest adherence to nutritional guidelines

Author's suggestions:
- "Upon confirmation, these results may contribute to fine-tune nutritional guidelines by accounting for farming practices in food production."

Br J Nutr (2017) 117, 325–334; http://dx.doi.org/10.1017/S0007114517000058
Inventory of surveillance systems assessing dietary, physical activity and sedentary behaviours in Europe: a DEDIPAC study

- Many initiatives, mainly at national level, identified across Europe
- Adult dietary intake and physical activity most studied
- Procedures and methodologies of existing surveillance systems vary significantly, hampering comparability of data/findings
- More integrated and harmonised pan-European surveillance systems needed to better monitor progress on health outcomes and risk factors as well as to evaluate the effectiveness of policy interventions

Eur J Public Health (2017), [Epub ahead of print]; http://dx.doi.org/10.1093/eurpub/ckx023
Genome-wide physical activity interactions in adiposity

Objective:
- To identify genetic variants whose effects on adiposity are modified by physical activity (PA)

Findings:
- PA interacts with the strongest known obesity-risk locus in the FTO gene
- The obesity risk increasing effect of the FTO polymorphism is attenuated by ~30% in physically active individuals compared to inactive individuals,
- Additional gene-PA interactions may exist, however, no additional loci sensitive to PA were identified, due to methodological constraints
- Adjusting for PA, 11 novel adiposity loci were identified

Author's suggestions:
- "Accounting for PA or other environmental factors that contribute to variation in adiposity may facilitate gene discovery."

Modelling economic and health impacts of increasing physical activity in the United States

- Estimated economic impacts of maintaining current physical activity (PA) levels (only 32% exercising sufficiently) in 8-11 children in the US amount to yearly $1.1 trillion in direct health care costs and $1.7 trillion in lost productivity over the course of their lifetimes.
- At 50% (75%) of children exercising sufficiently, overweight/obesity in youth would decrease by 4% (10%) and save annually $8.1 (16.6) billion in direct medical costs and $13.8 (23.6) billion in lost productivity.
- These figures underestimate the impact of increasing PA as the beneficial effects of PA on health independent on the effect on weight status were not accounted for.

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