

<p>Preconference workshop of the EUPHA section on Chronic Diseases Wednesday Nov 10, 2010; 17.00-20.00 hours</p>
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Chronic disease control in Europe: examples of good practice

Organizer: EUPHA section on Chronic Diseases

Chair: Iveta Nagyova, EUPHA section on Chronic Diseases

Reason for the workshop

Today chronic diseases represent a leading threat to human health and development. An estimated 86% of deaths and 77% of the disease burden is caused by chronic diseases, which embody a broad group of conditions linked by common risk factors, underlying determinants and opportunities for intervention. While recent achievements made at country and global levels are encouraging, the burden of chronic diseases is still predicted to grow unless more decisive action is taken.

Objectives of the workshop

The purpose of this preconference workshop is to highlight examples of good practice regarding the progress being made in chronic diseases prevention and control from both the European as well as national perspectives. The workshop aims to provide a clear and comprehensive picture of the state of the art of major and chronic diseases information in Europe. It also aims to provide insight into the areas for future action identified by the public health experts and how this relates to EU policy priorities or national priorities.

Layout of the workshop

In the first part the workshop representatives from DG SANCO will explain the place of the Task Force on Major and Chronic Diseases within past and current EU policies. The second part of the meeting will be devoted to main outcomes of the Dutch Public Health Status and Forecast Report 2010. An audience discussion will conclude the workshop. The discussion will be stimulated by several challenging propositions from the presentations.

ABSTRACT 1:

EU activities in the field of Major and Chronic Diseases

Nick Fahy, Health Information Unit, DG SANCO, Luxembourg, Luxembourg

Marieke Verschuuren, Centre for Public Health Forecasting, National Public Health Institute (RIVM), Bilthoven, the Netherlands

In the 1990s the EU worked on several 'sectoral' health programmes, on issues such as cancer, communicable diseases, health monitoring and health promotion. In 2003 the first integrated Programme for Community Action in the field of Health was launched, which included three strands: health threats, health determinants and health information. Within the latter, projects working in the same field were grouped together in Working Parties and Task Forces (TF), providing projects to share experiences and stimulate synergy between them. One of these TFs was the T F on Major and Chronic Diseases (MCD). Its major product was the Major and Chronic Diseases Report 2007, which was published in April 2008. In 2008 the 2nd Health Programme came into force. It will run until 2013. It is organized around the same 3 main topics as the previous Programme. In this presentation, a representative from DG SANCO will explain the place of MCD within past and current EU policies. Issues that will be addressed include; MCD in the Health Programmes, and, linked to that, MCD in major policy documents such as the Health Strategy 2008-2013; activities related to MCD under the previous, current and next EU Presidency; Eurostat data collection activities in the field of MCD. A representative of the scientific secretariat of the former TF on MCD will provide the participants with

an overview of past and current MCD projects. Major goals and achievements of projects working on cancer, cardiovascular disease, respiratory disease and diabetes will be highlighted in more detail. The structure of the SANCO and the Executive Agency's (EAHC) websites will also be explained, showing the participants what kind of information is available on the projects and where this can be found.

ABSTRACT 2:

Prevalence and prevention of chronic diseases in the Netherlands; the public health status and forecast report 2010

Nancy Hoeymans, Matthijs van den Berg, Fons van der Lucht

National Institute for Public Health and the Environment (RIVM), Bilthoven, the Netherlands

In the Netherlands, the largest part of the burden of disease is caused by chronic diseases. The Dutch public health status and forecast report 2010 shows that psychiatric diseases, cancer, cardiovascular diseases and diseases of the musculoskeletal system account for 65% of the total burden of disease. Interestingly, the prevalence of diseases is rising, whereas the prevalence of disabilities is decreasing. These opposite trends prove that an increase in disease is not necessarily followed by an increase in disability. Improving population health is therefore not only preventing diseases, but also reducing negative consequences of diseases in terms of disabilities or participation in society.

In order to be able to improve population health, information on determinants is needed. The last decades, these determinants are mainly sought in the field of life style factors, as smoking, eating unhealthy, and putting on too much weight. However, it is getting more and more apparent that life style can only be changed when environmental and social determinants are taken into account. Unfortunately, we do not have models to show their important contributions. To date, our models still point to smoking and obesity as the most important determinants of ill health, each reducing health expectancy with 5 years. Environmental factors also play a role in reducing negative consequences in people who already face a disease, as do psychosocial factors.

As is true for determinants, also health promotion is focussed mainly on life style. However, our overview led to the conclusion that very few interventions aimed at changing life style are proven to be effective. On the other hand, interventions aimed at changing the environment are generally more effective, but not often implemented. Alcohol intake, for example, is easier changed by changing taxes or the density of points of sale, than by convincing people to change their behaviour. One of the recommendations of the public health status and forecast report is therefore to target interventions also at the environment, for example by reducing availability and affordability of unhealthy products.