

# 26<sup>TH</sup> INTERNATIONAL CONFERENCE ON HEALTH PROMOTING HOSPITALS AND HEALTH SERVICES

HEALTH PROMOTION STRATEGIES TO ACHIEVE REORIENTATION OF HEALTH SERVICES:  
EVIDENCE-BASED POLICIES AND PRACTICES

BOLOGNA, ITALY | JUNE 6-8, 2018

## Evidence-based policies and practices for health promotion in disease management programs for NCDs

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HEALTH PROMOTING HOSPITALS & HEALTH SERVICES

Ospedali e Servizi Sanitari per la Promozione della Salute



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Regione Autonoma Friuli Venezia Giulia



**Non-communicable diseases (NCDs) are one of the major health and development challenges of the 21st century.**

**The human, social and economic consequences of NCDs are felt by all countries but are particularly devastating in poor and vulnerable populations.**



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## **36 million global deaths are due to NCDs:**

- diabetes**
- heart disease**
- stroke**
- cancers**
- chronic respiratory diseases**

**9 million deaths occur before the age of 60, with nearly 80% in developing countries**

**The most prominent NCDs are linked to four common risk factors: tobacco use, harmful use of alcohol, an unhealthy diet, and lack of physical activity**



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**Reducing the global burden of NCDs is an overriding priority and a necessary condition for sustainable development.**



# Health determinants

**Access to care  
(10%)**

Genetics  
(20%)

Eniroment  
(20%)

Health behaviors  
(50%)



# The Causation Pathway For NCD

## Underlying Determinants

- Globalisation
- Urbanisation
- Population Ageing

## Common Risk Factors

- Unhealthy diet
- Physical inactivity
- Tobacco & Alcohol use
- Age (non modifiable)
- Heredity (non modifiable)

## Intermediate Risk Factors

- Overweight/obesity
- Raised blood sugar
- Raised blood pressure
- Abnormal blood lipids

## Main NCD

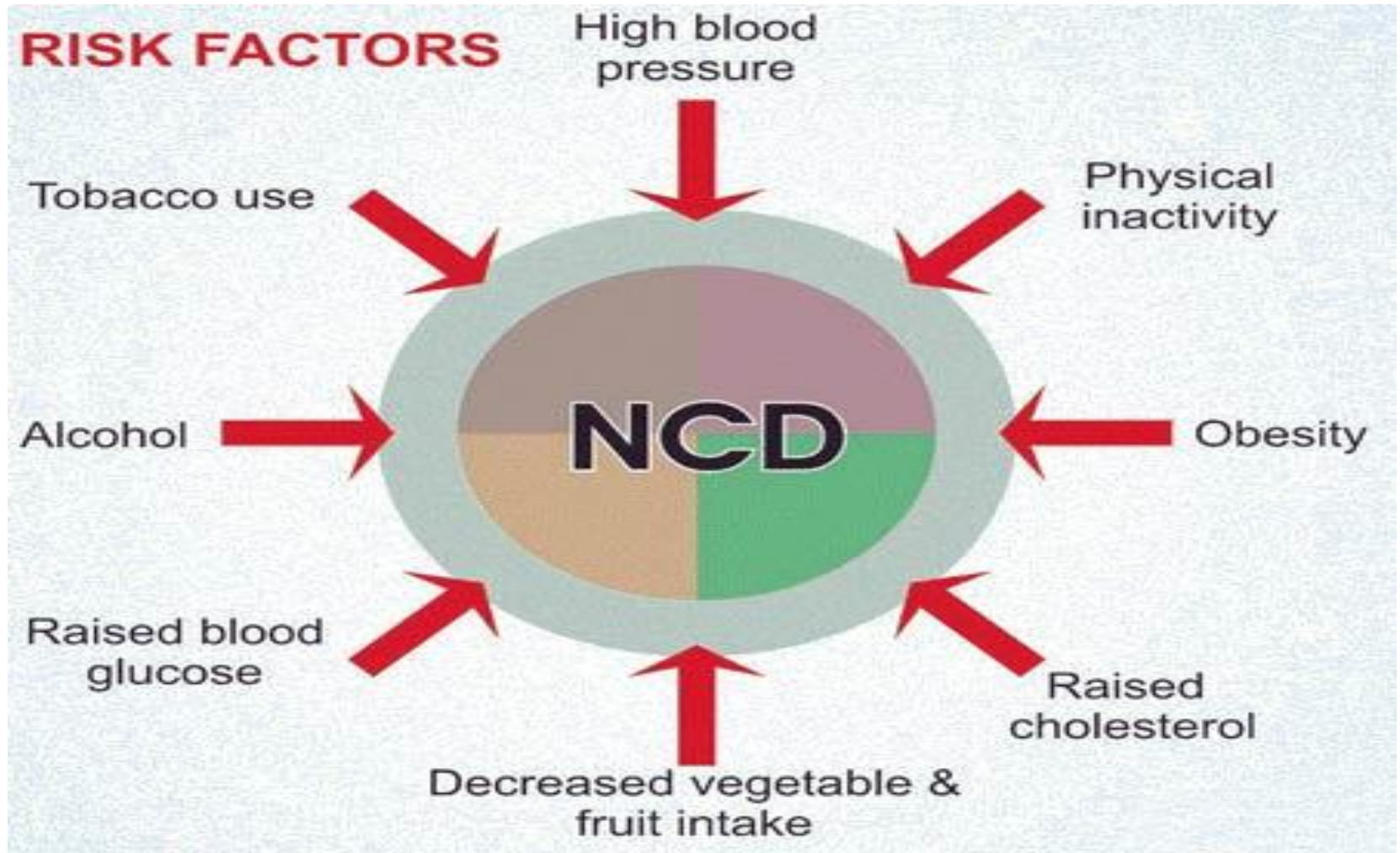
- Heart Disease
- Diabetes
- Stroke
- Cancer
- Chronic resp. diseases

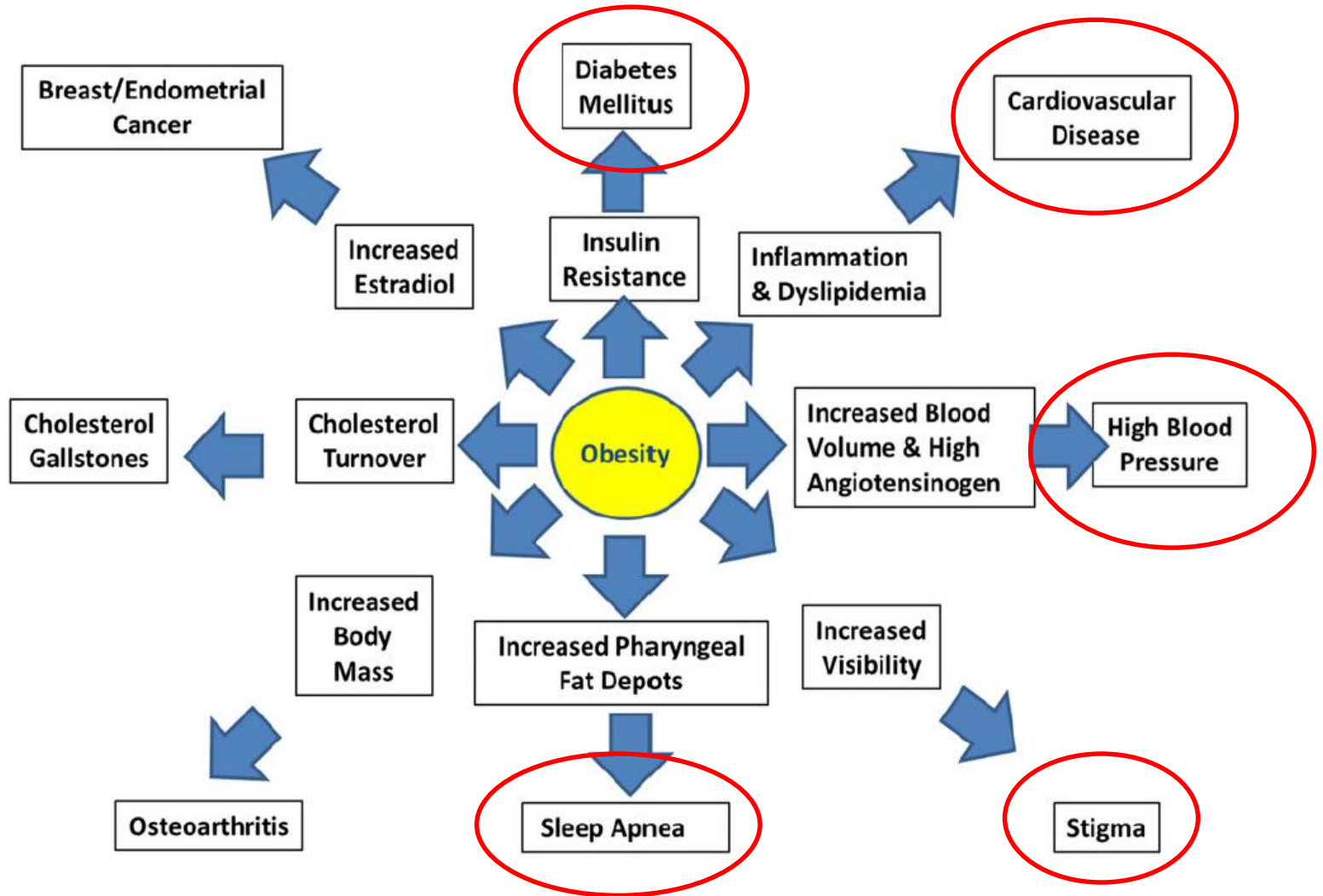


Source: Adapted from *Preventing Chronic Disease: A Vital Investment*, Geneva, WHO, 2005.



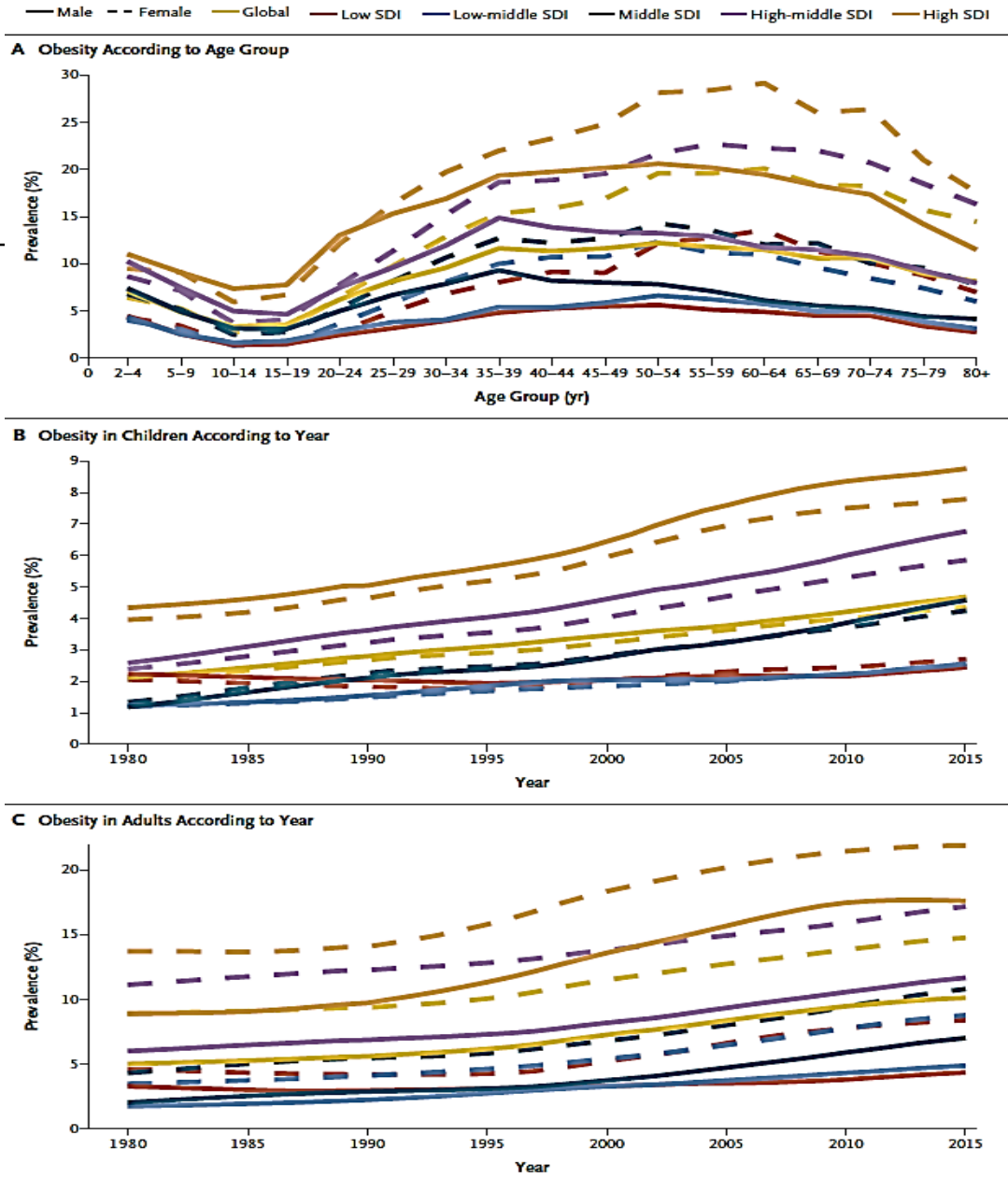
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# Health effects of overweight and obesity in 195 countries over 25 years

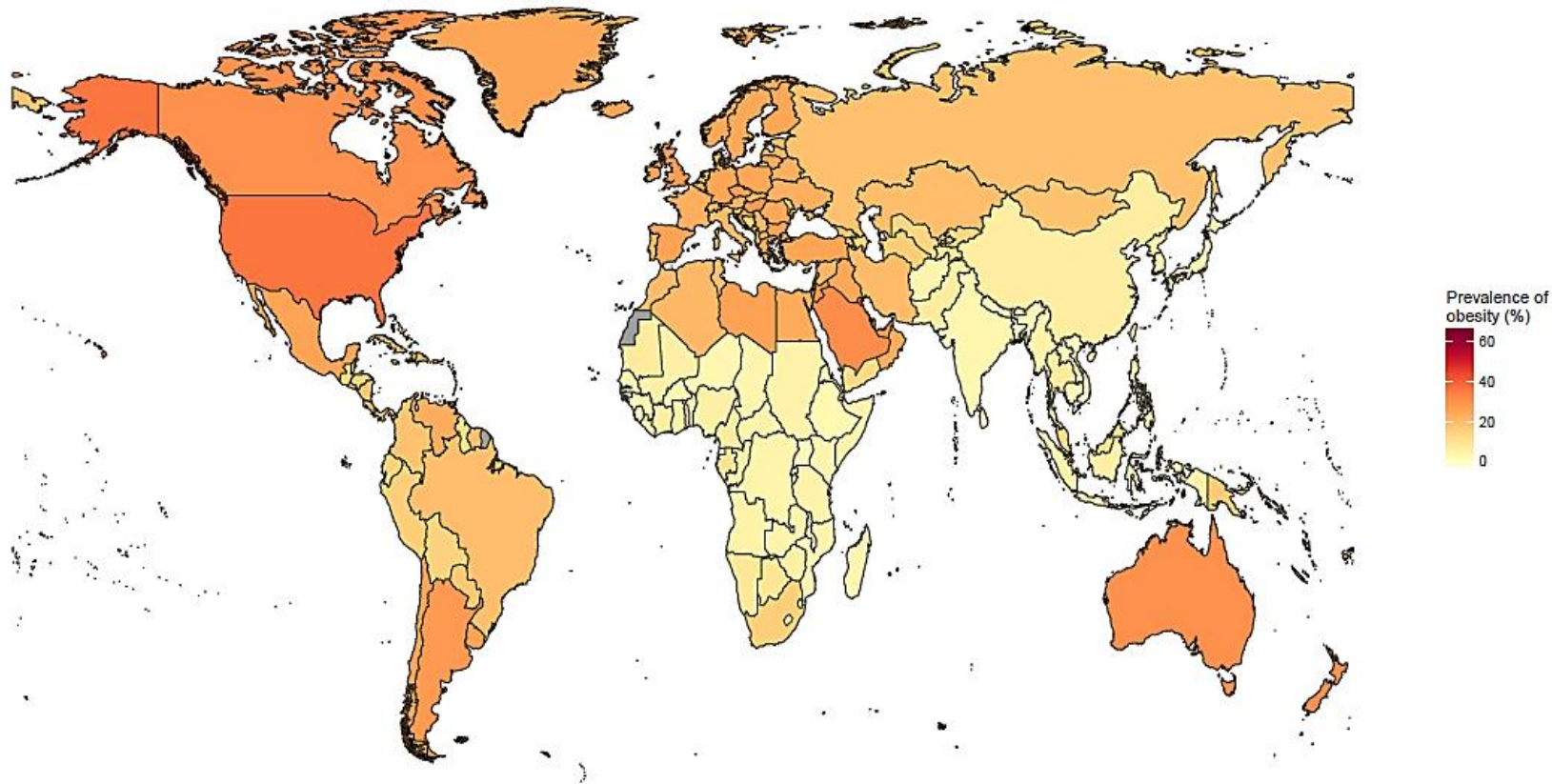


SDI= Sociodemographic Index

# Worldwide trends in BMI from 1975 to 2016: 2416 studies in 128,9 million children, adolescents, and adults

## Men-obesity

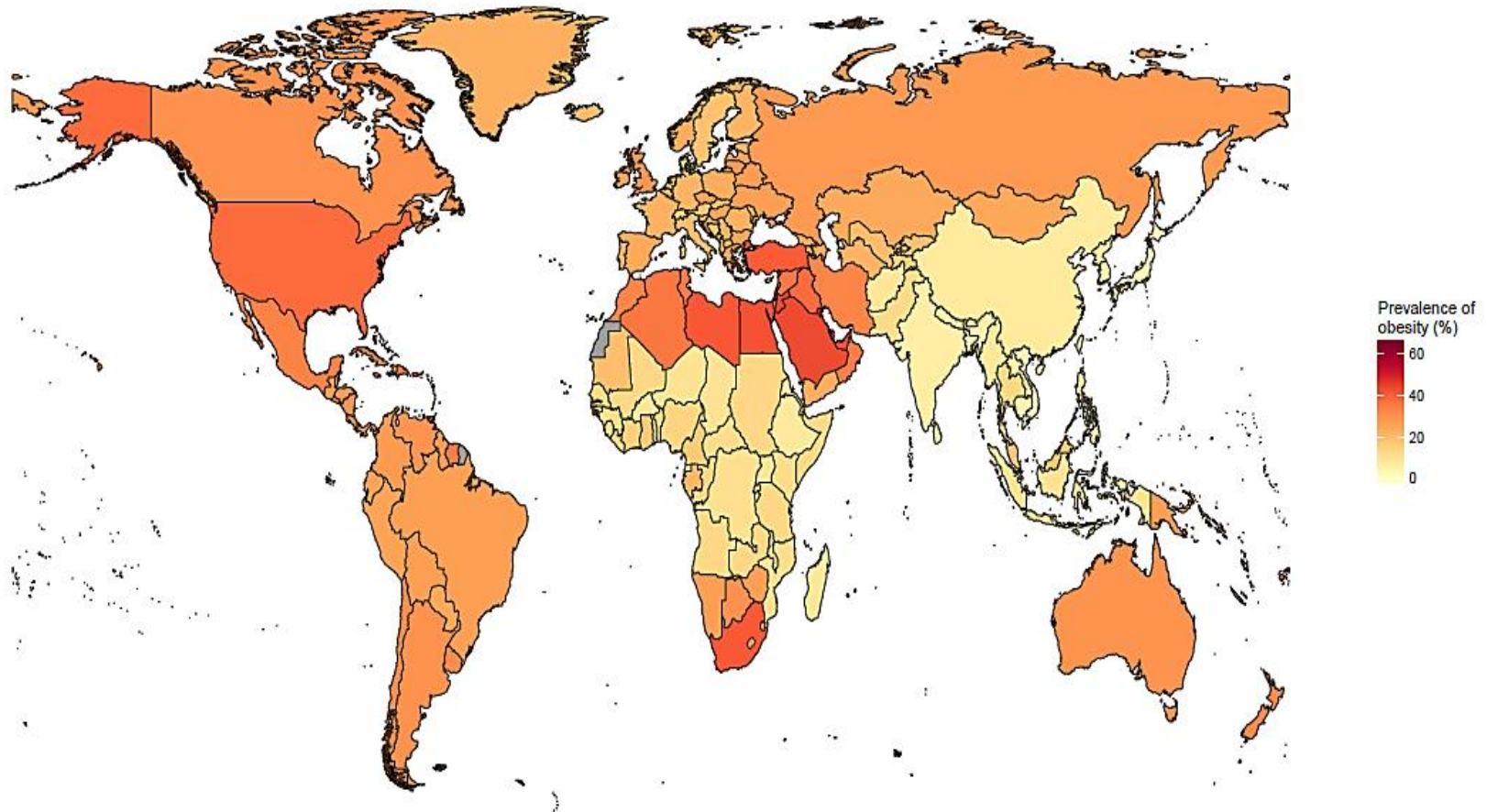
Men



# Worldwide trends in BMI from 1975 to 2016: 2416 studies in 128,9 million children, adolescents, and adults

## Women-obesity

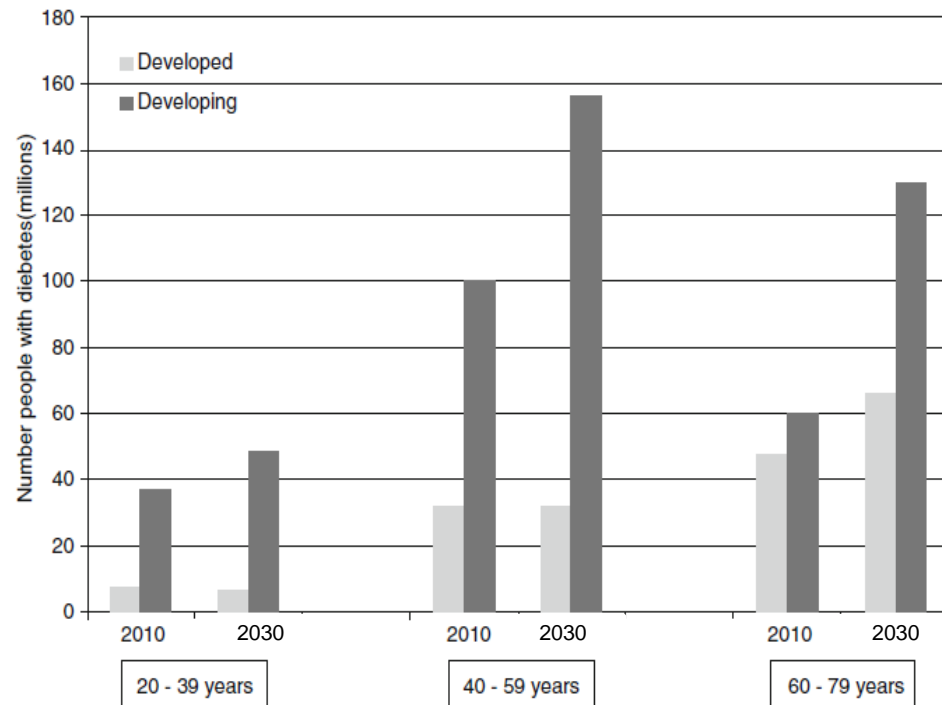
Women





### 1. The Global Burden of Obesity and Diabetes

FIG. 1. The predicted number of people with diabetes in 2030 in comparison with 2010 (adapted from: Shaw, J.E. et al., *Diabetes Res Clin Pract*, (2010). 87(1): p. 4–14).



# Obesity related Diseases

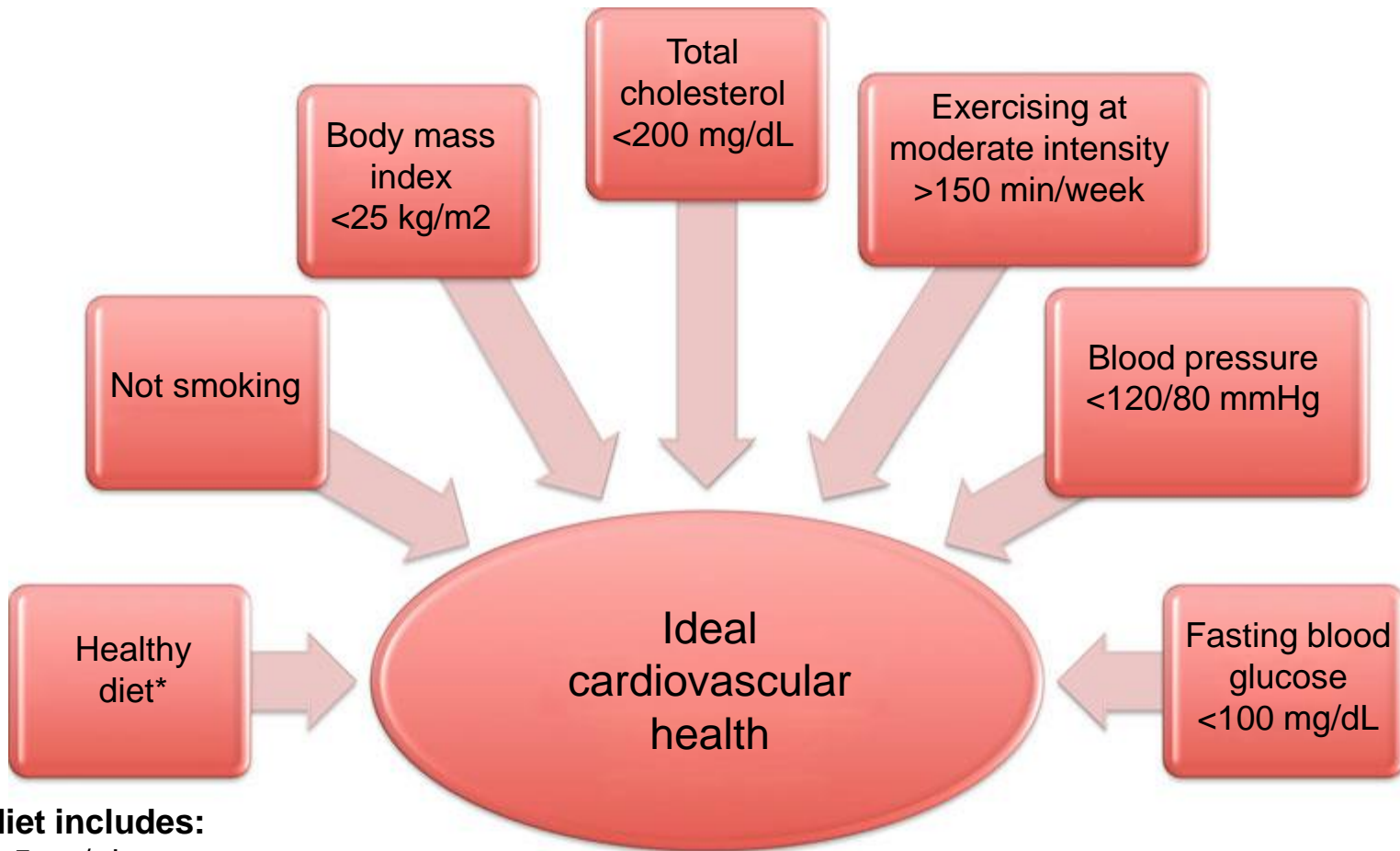
	Relative Risk
Insulin Resistance & Type 2 Diabetes	>3 times
Dyslipidemia	
Respiratory diseases & sleep apnea	
Hypertension	from 2 to 3 times
Coronary heart disease	
Hyperuricemia & gout	
Cancer (colon, uterus, breast)	
Osteoarthritis	
Hormonal disturbances % infertility	from 1 to 2 times
Polycystic ovary syndrome	
Foetal abnormalities	
Surgical risk	
Low back pain	

# AHA guidelines for the primary prevention of cardiovascular disease

Risk factor	Recommendations
Smoking	Providers should ask about tobacco use at each visit Assist by counseling and developing a plan for quitting Urge avoidance of secondhand smoke exposure
Physical activity	Recommend at least 30 min of moderate intensity physical activity on most days
Weight management	BMI goal <25 kg/m <sup>2</sup> If the patient is obese, recommend reduction of body weight by 10 % each year

# AHA guidelines for the primary prevention of cardiovascular disease

Risk factor	Recommendations
Blood pressure control	<p><b>Recommend lifestyle modifications: weight reduction and reduction of sodium intake</b></p> <p>Initiate drug therapy for patient with heart failure or diabetes if BP is <math>\geq 130/80</math> mmHg</p> <p>Initiate drug therapy if lifestyle interventions fail after 6–12 months for patients with <math>BP \geq 140/90</math> mmHg</p>
Lipid management	<p><b>If LDL-C is above goal, initiate dietary modifications</b></p> <p><b>Emphasize weight reduction and physical activity</b></p> <p>Initiate statin therapy if:</p> <ul style="list-style-type: none"> <li><math>\geq 2</math> CHD risk factors and LDL-C is <math>\geq 130</math> mg/dL or</li> <li><math>\geq 1</math> risk factor and LDL-C is 160 mg/dL or</li> <li>LDL-C <math>&gt; 190</math> mg/dL without any risk factors</li> </ul>
Diabetes management	<p><b>Initiate appropriate therapy to achieve HgA1c <math>&lt; 7\%</math> and fasting glucose <math>&lt; 110</math> mg/dL</b></p> <p>Treat other risk factors aggressively</p> <ul style="list-style-type: none"> <li>BP goal <math>&lt; 130/80</math> mmHg</li> <li>LDL-C goal <math>&lt; 100</math> mg/dL</li> </ul>
Aspirin therapy	<p>Consider initiation of low-dose aspirin in persons with a 10-year risk of CHD <math>\geq 10\%</math> after consideration of bleeding risks</p>



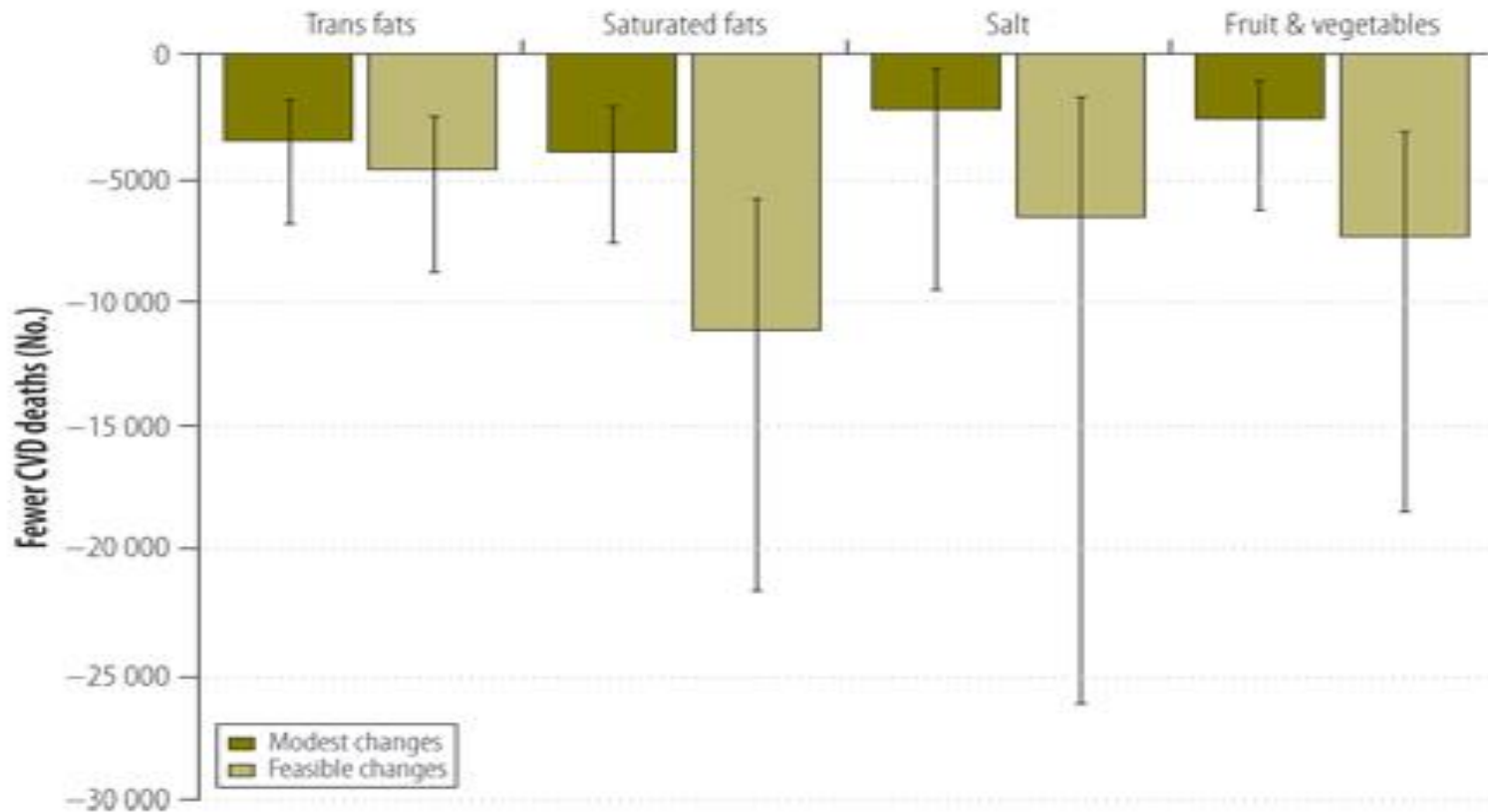
**\*Healthy diet includes:**

- Sodium <math><1.5 \text{ gr / day}</math>;
- sugar sweetened beverages <math>< 1 \text{ Lt / week}</math>;
- 5 portions (400 gr) of fruits and vegetables / day;
-





## Estimated annual reductions in deaths from cardiovascular disease (CVD) with modest and more substantial but feasible dietary improvements, United Kingdom





**Diet powerfully contributes to health inequity.**

**Low-income groups, which also suffer her highest burden of NCDs, have consistently worse diet patterns.**

**Energy-dense, nutrient-poor “junk food” remains cheap and is aggressively marketed, whereas fruit and vegetables remain relatively expensive.**



**Policy decisions can powerfully affect food availability and consumption at the national level.**

**The EU Common Agricultural Policy (CAP) has tended to increase the availability of cheap saturated fats, while raising the price and reducing the availability of healthy food such as fruit and vegetables.**

**CAP reform is urgently needed and should ideally incorporate some State member request to the EU for “Health in all policies” (including agriculture)**



**Taxing junk food and using the revenue to subsidize the fresh fruit and vegetable industry would be both feasible and cost-saving, even in an economic recession.**

**Healthier food and nutrient policies should reduce rates of CVD, diabetes, common cancers and childhood obesity.**



# Alcohol

The harmful use of alcohol is the third risk factor for premature deaths and disabilities in the world. Every year 3.3 million people worldwide die of alcohol-related causes (road injuries, CVD, liver cirrhosis, cancer, infectious diseases).

Harmful drinking is a major avoidable factor also for neuropsychiatric disorder.



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**A recent review of the evidence has identified five elements which would be useful to include on labelling for alcoholic drinks:**

- 1. A list of ingredients**
- 2. Nutritional information**
- 3. Serving size and servings per container**
- 4. A definition of “moderate” intake**
- 5. A health warning**



## **State of play in the use of alcoholic beverage labels to inform consumers about health aspects**

*Action to prevent and reduce harm from alcohol*

**This is an audit of 60 retailers across 15 European countries regarding the health-related messages on 25.730 beverage packages that inform and educate the consumers.**

**Fewer than one in five alcohol labels (17%) contained a health-related message: wine (19%), spirits (15%) and beers (14%).**





**The most common health-related message on labels was a warning about drinking alcohol during pregnancy (17%); all other message types were present on less than one in twenty labels (5%).**

**The message types least likely to appear on labels:**

- Legal age limits for purchasing or consuming alcohol**
- Warnings against drinking and driving**



**In the EU, alcohol is exempt from the obligation to list its ingredients and provide nutritional information.**

**However, an ingredient list was present in:**

**82% of beer labels**

**39% of spirits**

**32% of wines**

**Information on sulphites was present on almost all beers and spirits, and over half of wines.**

**Information on calories was rare, and no vitamins information at all was found on any labels.**



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**Europe**

# European action plan to reduce the harmful use of alcohol 2012–2020



## The 10 action point:

1. Leadership, awareness and commitment
2. Health service's response
3. Community and workplace action
4. Drink-driving policies and countermeasures
5. Availability of alcohol
6. Marketing of alcoholic beverages
7. Pricing policies
8. Reducing the negative consequences of drinking and alcohol intoxication
9. Reducing the public health impact of illicit alcohol and informally produced alcohol
10. Monitoring and surveillance



## Health service's response

**Early identification and brief advice programs in:**

- **Primary care (proper training, clinical materials)**
- **School**
- **Workplace**
- **Social welfare settings**
- **Accident and Emergency Departments**

**Specialist services for managing alcohol withdrawal and treating alcohol use disorders using evidence based behavioral and pharmacological treatment.**

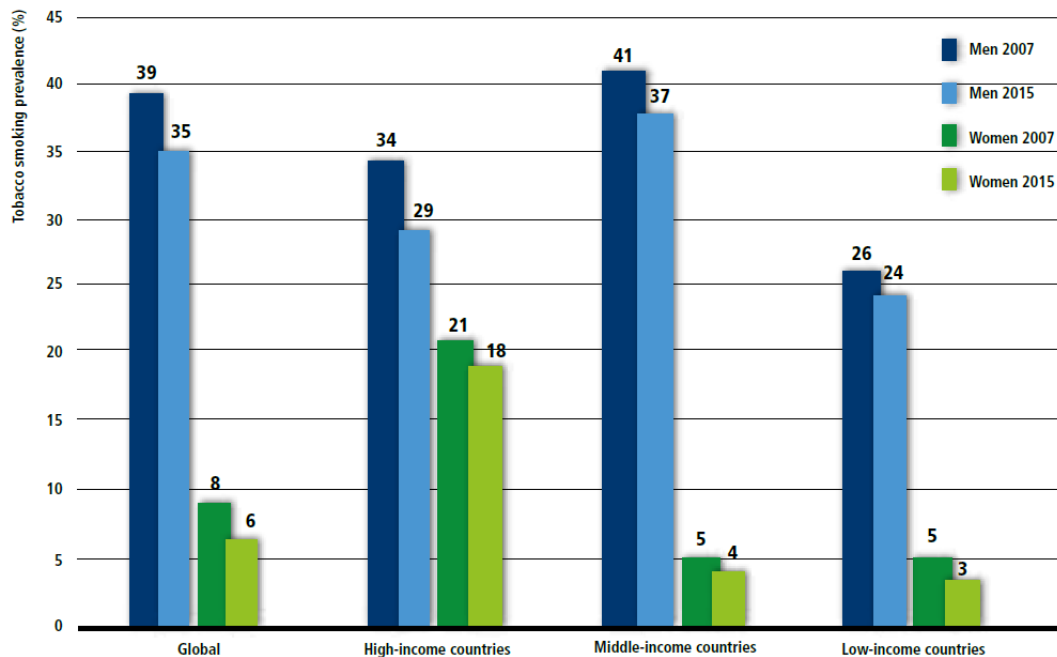
**Compulsory treatment is no longer recommended.**



# Tobacco

**Tobacco use kills more than 7 million people each year and urgent action is needed to save lives.**

**Current adult tobacco smoking prevalence, 2007 - 2015**





# Chronic obstructive pulmonary disease (COPD)

**A common preventable and treatable disease, characterized by persistent airflow limitation that is usually progressive and associated with an enhanced chronic inflammatory response in the airways and lungs to noxious particles or gases.**



# COPD

**Primary prevention is the most crucial aspect of COPD management.**

**Smoking prevention and smoking cessation are central aspects of epidemiological measurements to counteract COPD epidemics.**





# COPD – Primary prevention

**Risk factors for COPD in nonsmokers include genetics, long-standing asthma, indoor and outdoor air pollution, environmental smoke exposure, diet, recurrent respiratory infection in early childhood, tuberculosis, and exposure to toxic gases or dust in the workplace, maternal tobacco smoking.**



# **COPD – Secondary prevention**

**The 5-year early intervention Lung Health Study on 3926 smokers with mild-to-moderate COPD, showed the benefit of sustained smoking cessation on progressive lung function loss.**

Respir Med, 2009; 103 (7): 963-974

**COPD patients who quit smoking show reasonable decrease in all cause mortality, CVD, lung cancer, CHD, and death due to other factors.**

Ann Intern Med, 2005; 142 (4): 233-239



# **COPD – Terziary prevention**

**Prevention of COPD acute exacerbation is very important.**

**Influenza vaccine reduces approximately 37% of the total number of exacerbation.**

**Anti-pneumococcal (23-valent) vaccine reduces by 76% COPD exacerbation under 65 years of age and by 91% in younger people.**



- Monitor** Monitor tobacco use and prevention policies
- Protect** Protect people from tobacco smoke
- Offer** Offer help to quit tobacco use
- Warn** Warn about the dangers of tobacco
- Enforce** Enforce bans on tobacco advertising, promotion and sponsorship
- Raise** Raise taxes on tobacco

## Strong monitoring keeps countries on track to combat the tobacco epidemic.

*WHO report on the global tobacco epidemic, 2017: Monitoring tobacco use and prevention policies is the sixth in a series of WHO reports that tracks the status of the tobacco epidemic and interventions to combat it.*



## Social determinants of health are the key determinants of health equity



Adapted by: Dahlgren G, Whitehead M.  
Tackling inequalities in health: what can we learn from what has been tried? London, King's Fund, 1993



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**We recognize that a paradigm shift is imperative in dealing with NCD challenges, as NCDs are not only caused by biomedical factors but also caused or strongly influenced by behavioral, environmental, social and economic factors.**

# WHO Global NCD Action Plan



**Nine Targets for 2025**



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the **bmj**



BMJ 2015;350:h81 doi: 10.1136/bmj.h81 (Published 8 January 2015)

Page 1 of 2

## EDITORIALS

### **The political determinants of health—10 years on**

Public health professionals need to become more politically astute to achieve their goals

Ilona Kickbusch *director*

Global Health Programme, Graduate Institute for International and Development Studies, Geneva, Switzerland

**“Health is a political choice, and politics is a continuous struggle for power among competing interests” ....**

**Public health professional need to be engaged in a serious joint intellectual endeavour to bring together various headings: politics of health, global health, political epidemiology, health political science and political economy of health.**

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**Thank you very much for your  
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