National CVD Prevention Coordinators Workshop Report, summary of action proposals

EuroPRevent 2015 in Lisbon

National CVD Prevention Coordinators from 11 different countries discussed prevention strategies at the National CVD Prevention Coordinators Workshop on 14 May 2015

The aim of the National CVD Prevention Coordinators (NCPCs) Workshop at EuroPRevent 2015 was to debate the role of cardiologists and other health workers in promoting and implementing preventive cardiology and thereby proposing actions for improving the present state of CVD prevention. The well-attended two-hour session was opened by ESC President Professor Fausto Pinto and chaired by EACPR President Professor Antonio Pelliccia.

In preparation of the session a questionnaire had been mailed to all NCPC’s in order to identify material of main interest for their specific country. This resulted in three main topics: (i) smoking, (ii) overweight and diabetes, (iii) physical activity and hypertension.

During the first hour the participants debated one of the three topics. Thereafter the outcome of the group discussions was presented in a plenary debate and final action proposals were formulated. One proposal which raised special interest was the suggestion of a “World Day of Cardiovascular Prevention”, an idea that certainly deserves follow-up at EACPR board level and beyond.

Here is a summary of the main suggestions:

- **Smoking**: fight against smoking from early age, work with smoking cessation counselling for targeted groups, and on a population level using the price tool.

- **Overweight and diabetes**: promote health education from early age, provide a source of preventive expertise, joining forces with other organisations to speak with one voice.

- **Physical activity and hypertension**: promote education and mass media campaigns targeting both general public and CVD patients, encourage health workers to assist teachers in promoting healthy habits, establish national alliances, multidisciplinary programs and promote prescription of physical activity.
Group I: Smoking, moderator: Joep Perk
Participating countries: Portugal, Poland, Iceland, Israel, Latvia, Spain
PIC/EHN representative: Susanne Logstrup

Action proposals: the group recommended as three main points of action for all health workers:

1. On the clinical level: to strengthen to role and responsibility of health workers in providing smoking cessation counselling. Here still much can be improved!
2. On the political level: to convince the politicians to use the price tool to make cigarettes more unaffordable in all European countries. It is the prime effective tool available.
3. On the public health level: become engaged in the fight against smoking in young age, stop recruitment of new smokers. Focus on socially less affluent groups.

Group II: Overweight & Diabetes, moderator: Trine Karlsen
Participating countries: Italy, Romania, Denmark, Sweden, Ireland
PIC representative: Ian Graham

Action proposals: this group recommended the following three targets for action:

1. Reach out to children: promote better health education and at least one hour of physical activity daily.
2. Knowledge based lobbying: be a source of preventive expertise for both governmental institutions and the food industry.
3. Joining forces: collaborate with different professional disciplines and with other stakeholders such as decision makers and patient organisations, speak with one voice!

Group III: Physical Activity & Hypertension, moderator: Ana Abreu
Participating countries: France, Estonia, Kazakhstan, Ukraine, Portugal, Georgia, Czech Republic

Action proposals: this group proposed the following three areas for action:

1. For the general public and CVD patients: education, delivery of mass media campaigns, programs and interviews (engage popular stars, like football players, to speak to people about prevention). Make prevention education material available on the internet.
2. For children and adolescents: teach cardiovascular health at school and promote physical activity and sports, encourage health workers to visit schools and assist teachers in promoting healthy habits.
3. For health professionals and decision makers:
   a. Invest on links between national cardiology societies, foundations, associations and the ministry of health for implementing national strategies for CVD prevention: national alliances.
   b. Create specific multidisciplinary programs for hypertensive patients and reinforce hospitals/centers, which provide such programs.
   c. Create a physical activity friendly environment.
   d. Promote medical prescription of physical activity in the same manner as drug prescription.

NOTE:
- The next NCPC Workshop will be organised at EuroPrevent 2016 in Istanbul (5-7 May)
- If you would like to network with the National Coordinators, visit this page for more information
- Discover the “Prevention in your Country” section where CVD prevention reports from National Coordinators are published every other month