

**KTL**  
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**HOW WOULD POLICY-MAKERS USE EVIDENCE TO DECIDE ON OBESITY PREVENTION ACTION?**

IOTF workshop  
 18<sup>th</sup> World Conference on Health Promotion  
 Melbourne 26.-30.4.2004

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**TIME TO ACT**

- The burden: human economic
- Great public health potential
- Evidence for action
  - Medical (ethiology)
  - Intervention (experiences & results)
- Previous developments
  - Many countries
  - WHO

➔ Greatest public health gains to be achieved by effective application of the existing knowledge

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**SOUND COMBINATION OF POPULATION STRATEGY WITH HIGH RISK STRATEGY**

- 1. Population strategy:**
  - Greatest public health gains
  - Cost effective
  - Results also in other health benefits
- 2. High risk strategy:**
  - Great benefits to the persons concerned
  - Effective use of health services

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**INTEGRATED APPROACH: NOT ONLY OBESITY**

- Target: "common" risk factors
  - Tobacco use
  - Unhealthy diet
  - Physical in activity
 }
  - ➔ CVD
  - ➔ many other NCD's
  - ➔ health, healthy ageing
- Intervention integrated in the community and society structures

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**ESSENTIAL COMPONENTS**

Correct medical/epidemiological knowledge

Sound behavioural / social theory

Dose of intervention

➔

➔

➔

**EFFECTIVE INTERVENTION**

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**FOCUS ON POPULATION RISK FACTORS (RISK BEHAVIOURS) AND SUPPORTIVE ENVIRONMENTS**

**Supportive environments**

- "To Make the Healthy Choices the Easy Ones"

**Sound Health Promotion**  
 (Ottawa declaration principles)

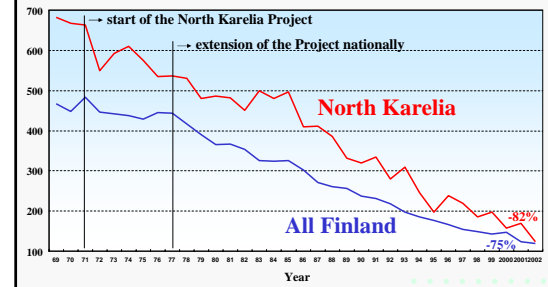
### PREVIOUS DEVELOPMENTS: WHO

- Global NCD strategy: 2000
- Framework convention on tobacco control, FCTC: 2003
- Global strategy on diet, PA and health, draft
- Global forum on NCD prevention
- Campaigns: Move for Health, Quit and Win, etc.
- WHO/EURO: CINDI, European Nutrition Action Plan, NCD Strategy Plan

### PREVIOUS DEVELOPMENTS: COUNTRIES

Example of Finland  
 "Prevention is Possible and Pays Off"

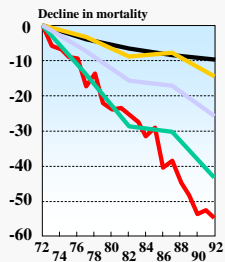
### CHD MORTALITY IN ALL FINLAND AND IN NORTH KARELIA 35-64 YEAR OLD MEN



### OBSERVED AND PREDICTED DECLINES IN CORONARY MORTALITY IN EASTERN FINLAND, MEN

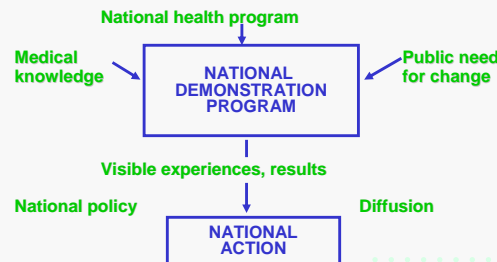
Population dietary changes explain much of the reduction in heart disease mortality in Finland.

- Observed
- Predicted
- Cholesterol
- Blood pressure
- Smoking



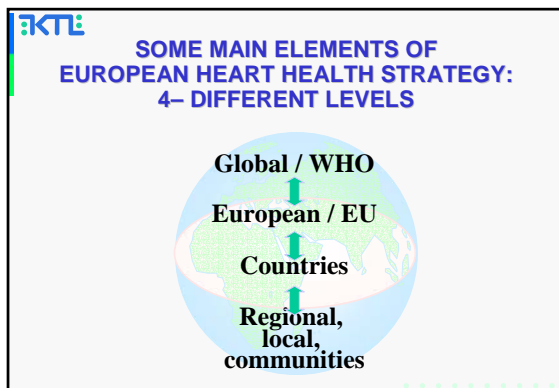
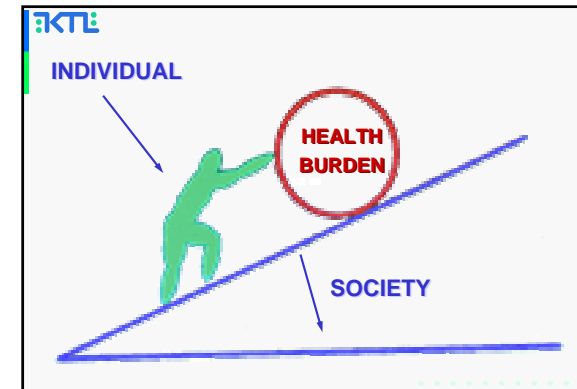
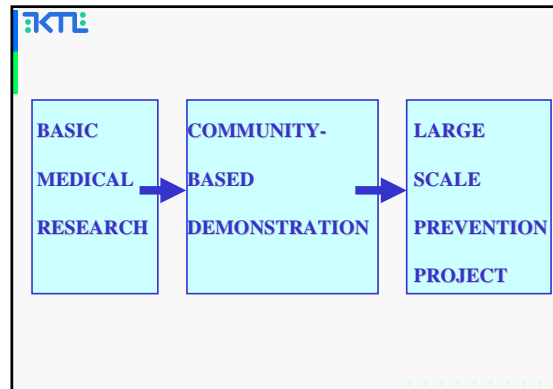
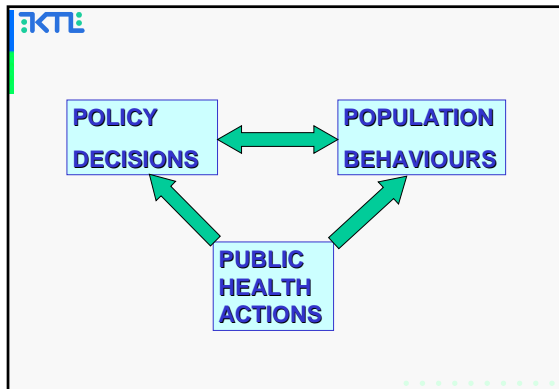
Vartiainen, Puska et al BMJ 1995

### North Karelia Project FROM PILOT/DEMONSTRATION PROGRAM TO NATIONAL ACTION



### MAIN QUESTION OF NCD PREVENTION:

NOT: WHAT TO DO?  
 BUT: HOW TO DO?



- DISCUSSION**
- Evidence based vs. theory based
  - "Nothing is so practical as a good theory"
  - Learning by doing (monitoring, evaluation)
  - Evidence based policy vs. policy based evidence
  - Flexible interventions, "path dependency"
  - Evidence on effectiveness vs. values, human rights
  - Strength of evidence vs. potential gain
  - Specific gains vs. broad gains (little harm)

**POLICY DECISIONS**

Rational Decisions based on hard evidence ? - only partly

Policy decisions are much based on "public discussion agenda", pressures from stakeholders, emotions, personal contacts and "political power"



**KEY AREAS TO PROMOTE  
POLICY, IN ADDITION TO  
EVIDENCE**

- 1) Health communication**
- 2) Partnerships**



**THANK YOU**