Experts call for “all hands on deck” to tackle global burden of non-communicable disease

Rochester, MN, July 2, 2015 – A group of some of the world’s top doctors and scientists working in cardiology and preventive medicine have issued a call to action to tackle the global problem of deaths from noncommunicable diseases (NCDs), such as heart problems, diabetes, and cancer, through healthy lifestyle initiatives.

They say that identifying the enormous burden caused by NCDs is not enough and it is time for “all hands on deck” to pursue strategies both within and outside traditional healthcare systems that will succeed in promoting healthier lifestyles in order to prevent or delay health conditions that cause the deaths of over 36 million people worldwide each year at a cost of at least US $6.3 trillion – a cost that is projected to rise to $13 trillion by 2030.

In a policy statement from the American Heart Association (AHA), the European Society of Cardiology (ESC), the European Association for Cardiovascular Prevention and Rehabilitation (EACPR), and the American College of Preventive Medicine (ACPM), which was published simultaneously today (Thursday) in Mayo Clinic Proceedings and the European Heart Journal [1], the authors propose that organizations at every level of society, from the family unit, to companies, to industry, to government and non-governmental organizations worldwide should collaborate to create, implement, and sustain healthy lifestyle initiatives that will reverse the current upward trajectory of NCDs.

Many NCDs share one or more common predisposing risk factors, all related to lifestyle in some degree; these include cigarette smoking, high blood pressure, high blood sugar levels, high cholesterol levels, obesity, physical inactivity, and poor diet.

“All of the noncommunicable diseases that are caused by these risk factors are potentially preventable, or can be changed, through people leading healthy lifestyles,” said Professor Ross Arena, of the University of Illinois at Chicago (USA), who was chair of the policy statement authors. “The challenge is how to initiate
global change, not towards continuing documentation of the scale of the problem, but towards true action that will result in positive and measurable improvements in people's lifestyles."

The experts call for a paradigm shift in the prevention and treatment of NCDs. "The importance of promoting and leading a healthy lifestyle must take a significantly more prominent role, from the individual/family to global population level, capitalizing on all forms of preventive strategies….We must look beyond the traditional healthcare model (i.e. hospital and clinical settings) to implement healthy lifestyle initiatives. Effective communication and meaningful partnerships among stakeholders is essential," write the authors in the paper.

They suggest ways that all these different stakeholders could integrate and collaborate more effectively. These include:

- **Appointing “healthy lifestyle ambassadors”:** Organizations at every level, from families, schools, and healthcare organizations up to employers, governments, industry, and the media, should appoint “healthy lifestyle ambassadors” who will take the lead in promoting and implementing change.

- **Creating a nonhierarchical model:** All stakeholders play an equally important and valuable role, but are connected and work together, with no silos, in order to optimize flexibility and creativity.

Prof Arena said: “We are proposing a level playing field for all stakeholders; a collaborative initiative can be started through any stakeholder, and the number of stakeholders and who they would be are flexible to take account of local circumstances. Our hope is that this novel, nonhierarchical model optimizes global applicability and creativity, as successful healthy lifestyle initiatives are not one size fits all. Governments can play a role, but this nonhierarchical model does not require government involvement, although such involvement would certainly optimize any initiative and its reach.

“In addition, we are proposing the treatment of NCDs should move outside of the traditional, often reactionary, healthcare model. Prevention is the key and preventive strategies at earlier stages in the community are best, for instance at the very beginning of life. Thus, this document proposes a rethinking of healthcare delivery. Lastly, the ‘healthy lifestyle ambassadors’ will be drivers of this process, representing stakeholders and collaborating with one another. They are at the grass roots level and will provide the ‘people power’ that is needed.”

The paper identifies a number of barriers or challenges to implementing healthy lifestyles, and it suggests possible solutions. Barriers and challenges include the public perception of the “nanny state” and intrusion into private lives and individual rights; pressure applied by lobbying groups for special interests such as the food industry, leading to loss of public trust in government actions; the short-termism of governments that base their priorities on the election cycle and are unable or reluctant to take a longer view; the difficulty of adhering over the long-term to “new” healthier lifestyles; the need to continue to educate women, particularly in racial and ethnic minorities, as women are often the key decision-makers about diet and lifestyle in the family; and low participation rates in healthcare programs aimed at helping people with NCDs to improve their lifestyles, for instance, by stopping smoking.

The authors conclude that they hope their paper will motivate organizations at all levels of society to: “1) Embrace their defined roles with respect to HL [healthy lifestyles] promotion and take action that will result in meaningful and positive change; 2) officially designate one or more healthy lifestyle ambassadors who have the organizational support needed to develop and implement HL initiatives; and 3) commit to ongoing communication among stakeholders that will result in collaborative HL initiatives.”
NOTES FOR EDITORS


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