



HEAL responses to stakeholder questionnaire on chronic diseases

The Health and Environment Alliance (HEAL) is a leading European not-for-profit organisation addressing how the environment affects health in the European Union. With the support of its over 70 member organisations, which represent health professionals, not-for-profit health insurers, patients, citizens, women, youth, and environmental experts, HEAL brings independent expertise and evidence from the health community to different decision-making processes. Members include international and Europe-wide organisations as well as national and local groups. Website: www.env-health.org

For an overview of HEAL's work on chronic diseases please see: <http://www.env-health.org/spip.php?article1464>

HEAL very much appreciates the opportunity to comment on the way forward for the EU and member states to tackle chronic diseases.

Current situation on chronic diseases in the EU

What further information and evidence should be taken into account by National Governments and the EU regarding the chronic disease situation?

For HEAL it is key that in their approach to tackling chronic diseases National Governments and the EU take into account the role that environmental pollution plays in the rise of chronic diseases, and consequently the opportunities to prevent further ill-health and disease through environmental protection measures.

According to the World Health Organisation WHO, 15-20% of all deaths in the pan-European region can be attributed to the environment.

The European Environment Agency EEA has also highlighted in their "State of the Environment report 2010" that "environment, health, life expectancy and social inequalities are linked". EEA points out that "the degradation of the environment, through air pollution, noise, chemicals, poor quality water and loss of natural areas, combined with lifestyle changes, may be contributing to substantial increases in rates of obesity, diabetes, diseases of the cardiovascular and nervous systems and cancer – all of which are major public health problems for Europe's population."

Examples of this intersection of environment and chronic disease include the role that air pollution plays in the causation and aggravation of asthma, especially in children (see e.g. the results of the [APHEKOM project](#)), the findings on traffic noise and cardiovascular disease (see [WHO burden of disease from environmental noise](#)) or the role that chemical exposure plays for diseases such as diabetes ([new CHEM Trust report on diabetes+obesity](#)) or cancer ([WHO Asturias pledge](#) – a call to action on environmental and occupational cancer prevention).

In their resolution on chronic diseases in children from Dec. 2011, EU Health Ministers acknowledged that poor indoor air quality and outdoor air pollution are a factor to be considered.

In his statement on the WHO/UN high-level meeting on non-communicable diseases, EU Commissioner Dalli also highlighted that in order to tackle chronic diseases we need to address the underlying social, economic and environmental factors. The need to consider environmental factors was also underlined in a resolution by the European Parliament from Sept. 2011.



HEAL thinks that in the further measures to be agreed upon opportunities for environmental prevention of chronic disease should receive equal priority with addressing lifestyle risk factors.

Another issue of key importance is the question of health inequalities in each country, meaning how environment, health and social situation intersect, and then agreeing on ways to reducing these inequalities.

Further information on environmental health inequalities can be found in an assessment report just released by WHO on "[Environmental health inequalities in Europe](#)", which states that "the unequal distribution of people's exposure to – and potentially of disease resulting from environmental conditions is strongly related to a range of sociodemographic determinants."

Health promotion and disease prevention: what more should be done?

What additional actions and developments are needed to address key risk factors to prevent chronic diseases?

How can existing actions on primary prevention be better focussed and become more effective?

What potential is there for broad based early detection action?

In what areas is there a particular need for additional action at EU level?

In what areas is there a particular need for action at national level ?

What will you/your organisation contribute to address this challenge?

From an environmental health perspective, the first step is to acknowledge the environment as a key risk factor in chronic disease. This opens up a range of opportunities for chronic disease prevention through environmental action.

The European Union has a strong track record and recognized leadership role in environmental health and can present examples of environmental policy changes that, by reducing chronic disease, more than pay for themselves.

Thus it is key to become involved and contribute to measures for environmental protection both at the EU as well as national level.

Opportunities for such an involvement are e.g. the review of EU air quality policy (and establishing an EU harmonized framework on indoor air), EU chemicals policy (the review of the EU Strategy on Endocrine disruptors, better and swifter implementation of REACH to phase out and substitute the most harmful chemicals, establishing a framework for the sustainable use of biocides), EU noise policy including measures to reduce noise at source (vehicle noise) or framework discussions such as those for the 7 EU Environmental Action Programme. This would also mean including the environmental perspective more centrally in the EU Health for Growth proposal.

The EU and member states should also support greater awareness raising with citizens on which role environmental pollution plays for chronic diseases and how individuals can become involved in prevention efforts, as well as which steps they can take individually to reduce exposure. This would also include that patients with chronic diseases are informed about environmental factors that could play a role in their disease (e.g. checking on the chemical contamination of a patient, addressing the quality of the indoor air in a patient's house etc.). This should also mean support by the EU to collect and disseminate best practice for protecting vulnerable groups. For example, the [Danish Environmental Protection Agency](#) has issued a leaflet for pregnant mothers and how they can reduce their exposure to chemicals.



Last but not least, with a view to integrating health in all policies, outreach should also be conducted with urban planners and architects to raise their awareness on how a healthy urban and buildings planning can contribute to preventing chronic disease. This include providing for an urban planning which promotes walking&cycling, for example for children to school, which strengthens the overall health of the population, but also contributes to reducing air pollution and mitigating climate change.

There are many win-win situations to prevent chronic disease and strengthen environmental protection, and information on good practices should be promoted.

Research

How should research priorities change to better meet the challenges of chronic disease?

In what areas is there a particular need for additional action at EU level?

In what areas is there a particular need for additional action at national level?

What will you/your organisation contribute to address this challenge?

While the body of evidence on the role of environment in chronic diseases has steadily grown, there is a continuous need to provide adequate financing for this kind of research. The new research framework programme, Horizon 2020, should include a clear section on environmental prevention of chronic diseases / environment and health.

Information, and information technology

What more needs to be done on the development of information and data on chronic disease?

In what areas is there a particular need for additional action at EU level?

In what areas is there a particular need for additional action at national level?

What will you/your organisation contribute to address this challenge?

Member States and the EU should increase their efforts to gather data on the prevalence of chronic diseases and to link it with geographic monitoring of pollutants and Human Biomonitoring. There is for example still no fully operational way to register all types of cancer for example.

Roles of Member States, the EU and stakeholders

What additional activities on chronic disease beyond the four areas described above should be considered at EU level?

How can the EU engage stakeholders more effectively in addressing chronic diseases?

How can EU Member States engage stakeholders more effectively in addressing chronic diseases?

As noted above, it is key that environmental prevention opportunities are addressed and made full use of.

Highlighting the environmental link will also bring in those stakeholders which are concerned about the environment.