

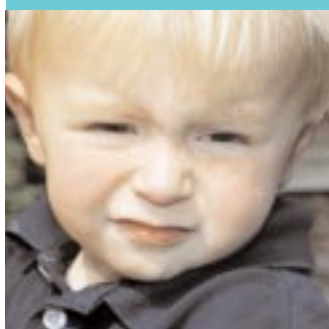


NATIONAL
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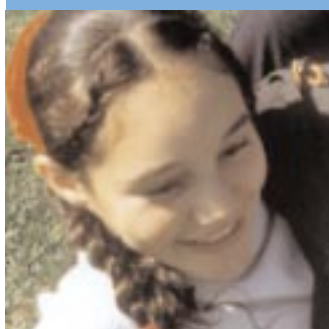


Towards a generation free from coronary heart disease

Policy action for children's and young people's health and well-being



Introduction and Summary



Young  heart
A healthy start for a new generation



Introduction

Towards a generation free from coronary heart disease

Every child born in the UK today should be able to live to at least the age of 65 free from avoidable coronary heart disease. This is the goal of a new approach to coronary heart disease prevention from the National Heart Forum to tackle the causes of the disease from its beginnings in early life. Young♥heart places children's and young people's health and well-being at the centre of a comprehensive agenda for policy action to prevent avoidable coronary heart disease by giving the new generation a healthy start in life.

We all share responsibilities towards children. As parents and as a community we have a duty to protect and to nurture them. As a signatory to the United Nations Convention on the Rights of the Child, the government has a responsibility to ensure that all children have the best possible start in life. Protecting children from avoidable disease is fundamental to fulfilling these responsibilities.

Current evidence about the major lifestyle risk factors for coronary heart disease – inadequate nutrition, physical inactivity and smoking – especially among children, is a serious cause for concern. Unless we take action now on current trends and inequalities in diet, physical activity, obesity and smoking, and make children's and young people's health a national priority, we will fail to prevent an epidemic of coronary heart disease, as well as stroke, cancer and diabetes, in 40-50 years' time.

The full policy framework document sets out:

- proposals for a **national plan for children's and young people's health and well-being**, with a particular focus on coronary heart disease prevention, and
- recommendations to develop **comprehensive national strategies** for improving nutrition, increasing physical activity, and tackling smoking among children and young people.

This summary document sets out:

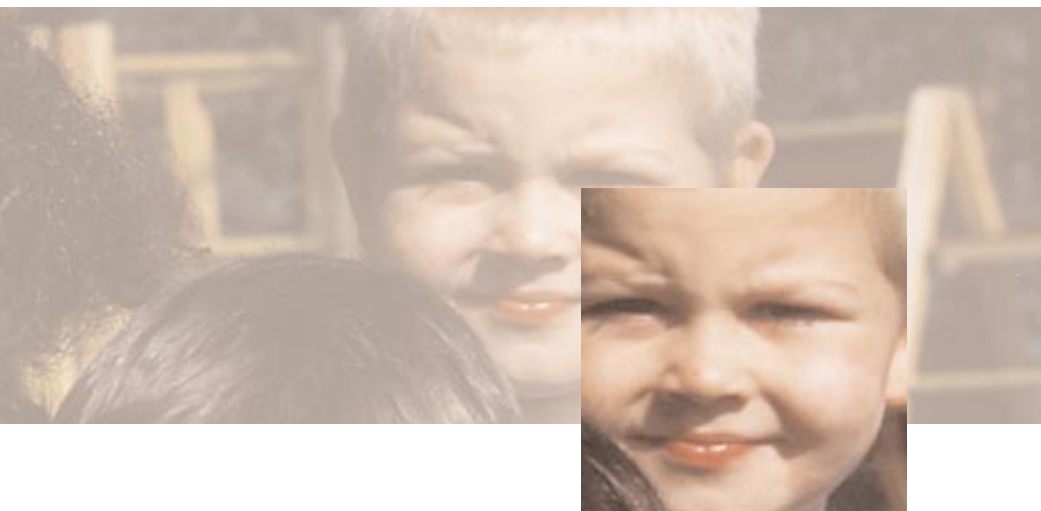
- an **introduction** to the framework, and
- the **core recommendations**.

The proposals and recommendations are based on a comprehensive scientific and policy review by the National Heart Forum.

A central recommendation is that the government should relocate the **Children and Young People's Unit** into the Cabinet office and give it a coordinating responsibility, working across government, to address the wider determinants of health. The Unit should collaborate with the national administrations for Wales, Scotland and Northern Ireland to deliver national plans for children's and young people's health and well-being.

The link between children's health and coronary heart disease risk

Heart attacks and illness from coronary heart disease seem remote from children's lives, but the key risk factors for developing coronary heart disease – raised blood cholesterol, high blood



pressure, diabetes and smoking – all develop over the life course, and most originate during childhood.

Some people have a genetic disposition towards some of these risk factors, but for most people the risk of coronary heart disease is largely determined throughout life by diet, physical inactivity (especially as it relates to weight control), and smoking. Studies have shown that the early signs of coronary heart disease are already apparent in some children and adolescents. Atherosclerosis (fatty deposits in the walls of the arteries) has been found in a small minority of children as young as 2 years old. By the age of 20, it may be present in as many as one in three young people.¹ The risk of developing diabetes and coronary heart disease is significantly increased in individuals who are overweight or obese. Children who put on excessive weight, due to a combination of a high caloric intake and low energy expenditure, are likely to be at increased risk, especially if they remain overweight as adults.

Foetal development and babies' consequent birthweight make up another very important piece of the risk factor 'jigsaw'. Studies suggest that low birthweight (particularly when followed by rapid weight gain in infancy) is associated with a number of coronary heart disease risk factors.² Birthweights show a clear socioeconomic gradient: the average birthweight of babies from low-income families is lower than that of babies born into better off families. Closing this gap demands measures that ensure adequate infant feeding and nutrition in pregnancy, and also appropriate nutrition during

adolescence to support the healthy physical development of future mothers.

The burden of coronary heart disease

Around 86,000 people in the UK suffer a heart attack before the age of 65 every year – 66,000 men and 20,000 women.³ More people die prematurely (under the age of 65) from coronary heart disease than from any other single cause of death in the UK, and many more live with the disabling effects of heart attacks and heart failure instead of enjoying a full and active adulthood.

The wider social and economic costs of coronary heart disease are enormous. Death and illness in mid-life can deny families of parents and providers, and place a huge burden of care on families and the health services. It is estimated that the annual costs to the UK economy due to coronary heart disease (across all ages) include about £8.5 billion through days lost due to death, illness and informal care of people with the disease. In addition to this, the estimated costs to the health care system are £1.6 billion, bringing the total cost of coronary heart disease to over £10 billion per year.³

Coronary heart disease trends

Data from international studies, including the World Health Organization's MONICA Project,^{4,5} suggest that where coronary heart disease mortality rates are falling, this is explained by a combination of improvements in life-saving treatments and downward trends in cholesterol levels, blood pressure and smoking. In an era of better treatments and an ageing population it is likely that there will be more people living with coronary heart disease in



their later years unless and until we succeed in preventing the disease from early life.

Children's and young people's health and well-being

Children's health and well-being are affected by a broad spectrum of social, economic, cultural and environmental influences. The Young Heart initiative places a special focus on those influences that impact directly and indirectly on children's dietary patterns, physical activity levels, and smoking behaviours.

Food poverty and 'modern malnutrition'

Many families on low incomes do not have enough money to buy food, and struggle to afford even a poor and monotonous diet. At all ages, people in poorer households have lower nutritional intakes than people in richer households and this gap has widened over the last 20 years. Pregnant women on a low income have very poor diets and this has important health implications for their babies who are more likely to be of low birthweight and less likely to be breastfed.⁶

The status of children's diets and the impact of poor nutrition on their health are causes for serious concern. The government's National Diet and Nutrition Survey⁷ exposes a pattern of 'modern malnutrition' among many British children, especially those in low-income families. Chips, cakes, biscuits and salty snacks are dominating children's diets at the expense of fruit and

vegetables, and many children are deficient in the nutrients they need for healthy growth and development.

The food that families and children are eating today is determined through a complex balance of social and cultural customs, choice, price, availability and accessibility. As long as foods which are high in fat, sugar and salt are more heavily advertised and more accessible than other more nutritious options, there will continue to be an unhealthy bias in children's diets.

Less active, less often

Studies show that children in the UK are becoming increasingly sedentary in their habits. Free time, traditionally spent on active play, is more often spent watching TV and playing computer games. Car journeys to school have doubled in the last 20 years with almost 30% of children going to school by car, compared with less than 50% walking and just 1% cycling.⁸ The total time devoted to PE lessons in schools has declined in recent years, and the time allocated to PE in secondary schools in England and Wales is now lower than anywhere else in the European Union.⁹ Low levels of physical activity together with energy-dense diets (high in soft drinks and snacks) are leading to rising rates of obesity among British children. Data from the National Study of Health and Growth shows that among 4-11 year olds, 9% of boys and 13.5% of girls are overweight and 1.7% of boys and 2.6% of girls are now obese.¹⁰



Young smokers

Government figures show that one in ten 11-15 year olds in England regularly smokes at least one cigarette a week (12% of girls and 9% of boys).¹¹ These figures reveal a slight increase in overall prevalence but, because of the fluctuation in teenage smoking behaviour since the early 1980s, it is not possible to say whether this is a new upward trend in smoking. Nicotine is highly addictive. Although half of young smokers from higher socioeconomic groups stop smoking by their 30s, three-quarters of those from low-income groups are at the beginning of a long-term, life-threatening habit. Significantly, young people who have not started smoking before they are 20 are unlikely to start.

Starting to smoke is a process that involves many factors and influences including a child's social environment, family circumstances and emotional well-being. Studies show that attitudes towards smoking start to develop while children are still very young and may be reinforced throughout childhood and adolescence.

The case for policy action

There is no one simple solution to reducing children's and young people's risk of coronary heart disease in adult life. But we do have the knowledge to take the necessary policy action, at national and at local level, to begin to tackle the many social, economic and environmental determinants for the major lifestyle risk factors – at home, at school, in the community and through the health services.

The National Heart Forum believes that the status of children's and young people's health and lifestyles, the inequalities affecting children living in poverty, and the impact of poor health on children's educational and work prospects, together create a clear mandate for 'joined up' government action. Moreover, the consequence of inaction – a future epidemic of coronary heart disease – makes action an urgent priority.

Children and young people under 16 make up one-fifth of the population,¹² yet public health initiatives aimed at children have lacked both the priority and the resources given to adult interventions. This is inequitable and can be counter-productive. Investing in child-centred strategies has the potential to yield both immediate and long-term benefits – by protecting young hearts from the damaging effects of poor nutrition on early growth and development, and by fostering and sustaining positive health behaviours throughout life.

yoUng♥heArT proposes a common health-promoting agenda for departments across government and for agencies, partnerships and organisations working at both national and local level across the public and commercial sectors. It recognises the important non-health benefits – such as improving educational standards and preventing crime – that could accrue from a shared investment in children's health and well-being. Taken as a whole, the scope of young@heart is intentionally ambitious. But it recognises the need for UK-wide policy



coordination and continued policy development and implementation by the administrations in England, Northern Ireland, Scotland and Wales. Where appropriate, the policy actions proposed in this document seek to build on current initiatives and good practice and to set out an effective health protection and health promotion remit for evolving structures such as the National Service Frameworks for coronary heart disease and for children's services.

In some instances, the National Heart Forum has used the precautionary principle, that is, recommendations are made even where the cause and effect relationships are not fully established scientifically, in order to protect long-term health. The recommendations reflect the principles and values agreed at a summit meeting of invited experts in public health, health economics, children's welfare and education and social policy held in 2001 – the need to involve children and young people in decisions that affect them, and the need to take account of inequalities in children's health, and the socioeconomic, ethnic and gender divides that lie behind these inequalities.

Priorities for action

By bringing together what we know about the causes of coronary heart disease and about the influence of the lifestyle risk factors across the life course, it is possible to identify priority actions for improving long-term health among the young. These are presented as ten key young@heart

recommendations. The criteria for identifying these priority actions are:

- actions which could have an immediate impact on health by preventing irreversible damage to young hearts – particularly those relating to maternal and infant nutrition;
- actions which could have an impact on long-term health behaviours – such as children's diets and smoking;
- actions which could contribute to reducing inequalities – such as measures to prevent and relieve food poverty among the poorest families; and measures which target the more inactive groups of young people, for example, girls and young women;
- actions which build on current policy directions and initiatives, such as child poverty measures and the Sure Start programme.

Background to young@heart

The young@heart national plan for children's and young people's health and well-being is the result of an extensive process of scientific and policy review which has brought together contributions from a wide range of experts in public health, health economics, children's welfare and education and from policy-formers in both national and local government. A full report of specially commissioned research reviews, a UK-wide policy audit, and the findings of a policy summit meeting held in June 2001, will be published by the National Heart Forum in 2002.

The initiative has been generously sponsored by the British Heart Foundation, the Nuffield Trust and the Health Development Agency. The National Heart Forum is grateful to its member organisations, individual members, and many other contributors, for the invaluable support they have given to young@heart.



Summary

The aim of the National Heart Forum's young@heart initiative is that every child born in the UK today should be able to live to at least the age of 65 free from avoidable coronary heart disease.

The scope of young@heart

Young@heart puts forward:

- proposals for a **national plan for children's and young people's health and well-being**, with a particular focus on coronary heart disease prevention, and
- recommendations to develop **comprehensive national strategies** for improving nutrition, increasing physical activity, and tackling smoking among children and young people.

A national plan must address all the different direct and indirect influences on children's and young people's health. It must engage the many opportunities for policy action across all sectors, and seek to build health capacity for families, children and young people, in the home, at school and in the community.

The young@heart proposals for a national plan are grouped into six key areas for policy action (pages 12-27):

- End child and family poverty
- Make every school a healthy school
- Build healthy communities
- Strengthen and expand public health roles
- Secure corporate responsibility for health, and
- Give a voice to children and young people.

The national plan draws on the recommendations made to develop comprehensive national strategies focused on children and young people to improve nutrition, increase physical activity and tackle smoking.

There are recommendations for action at local, national and international levels.

Young@heart also makes recommendations for future research and development. These recommendations reflect the need:

- to reinforce the case for action through modelling the impact of recommendations on NHS expenditure and workforce productivity in the future
- to develop methods and tools for delivering, monitoring and/or evaluating recommendations and for sharing best practice, and
- to conduct research into the current status of children's and young people's health and behaviours where unknown, to provide a baseline.

Taking forward the proposals

To take forward the young@heart proposals it is suggested that the government should relocate the Children and Young People's Unit into the Cabinet office and give it a coordinating responsibility, working across government, to address the wider determinants of health. The Unit should collaborate with the national administrations for Wales, Scotland and Northern Ireland to deliver national plans for children's and young people's health and well-being.

Young@heart key recommendations

Comprehensive national strategies

- There should be comprehensive national strategies to:
 - improve nutrition among children and young people, with an emphasis on healthy eating for pregnant women, and breastfeeding and healthy weaning for their babies;
 - increase physical activity among children and young people, with an emphasis on young girls, all adolescents, and children of South Asian descent;
 - tackle smoking among young people, with an emphasis on girls, young women and pregnant women, and 4-8 year olds in primary school, and interventions throughout adolescence.

A national plan for children's and young people's health and well-being

There should be a national plan for children's and young people's health and well-being which addresses six key areas:

End child and family poverty

- The Treasury should undertake a review to reformulate how it calculates minimum income standards and benefit levels, in order to ensure that families can afford the essential requisites to give their children a healthy start in life.

Make every school a healthy school

- The government should introduce a statutory requirement for all schools to develop and implement health-promoting school policies under the Education Acts.
- The requirements of the National Healthy School Standard should be strengthened and new resources provided to enable and encourage all schools to meet an enhanced national Standard. Meeting the new Standard should be included within the statutory inspection remit of Her Majesty's Inspectorates for Schools.
- National targets should be set and monitored to raise the quality and uptake of school meals, with particular emphasis on free school meals.

Build healthy communities

- There should be government investment and local action to expand the Sure Start programme to provide national coverage for all children under 4 and their families, and strengthen the child health components. These should include nutrition and food skills for parents, particularly on breastfeeding and weaning.
- There should be government investment and local action to ensure national provision of support and mentoring services for teenagers which incorporate a health and well-being element. The Connexions service in England should be expanded and should act as a model for other national services.

Strengthen and expand public health roles

- Public health training, standards, and recruitment and retention initiatives should be developed to support everyone working with children, young people and families to fulfil a core responsibility for promoting and protecting health.

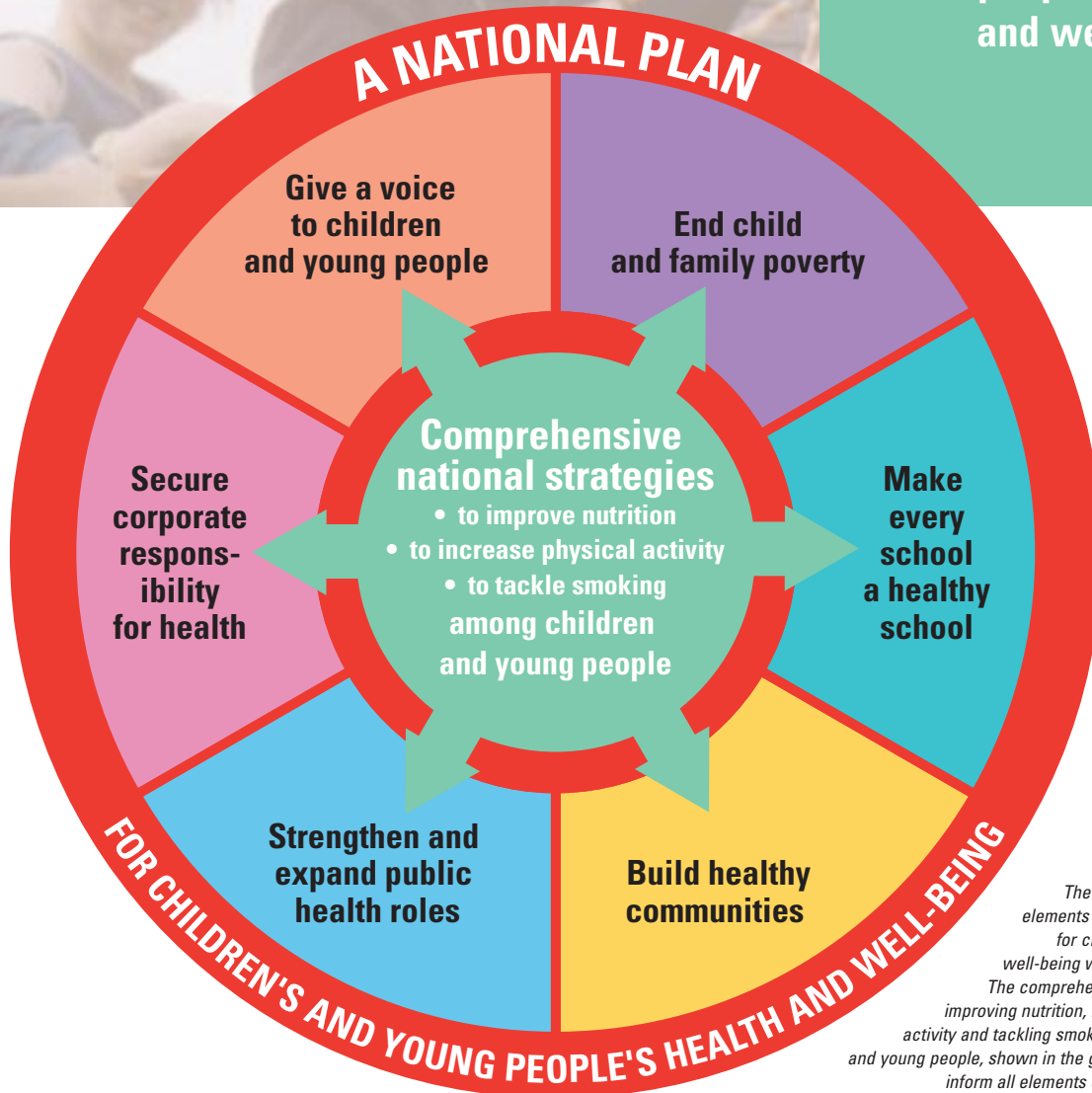
Secure corporate responsibility for health

- There should be a national inquiry to look at the impact of advertising and commercial promotions on family and child health. This should focus in particular on the food and tobacco industries and be the basis for developing appropriate interventions such as advertising regulations.

Give a voice to children and young people

- All of these policy actions should be developed and implemented with a commitment to involving children and young people and taking account of their views, so that national and local policy-making is effective, appropriate and responsive to their needs.

Policy action for children's and young people's health and well-being



The diagram shows the elements of the national plan for children's health and well-being within the red circle. The comprehensive strategies for improving nutrition, increasing physical activity and tackling smoking among children and young people, shown in the green circle, should inform all elements of the national plan.

The aim of young@heart is that every child born in the UK today should be able to live to at least the age of 65 free from avoidable coronary heart disease. An overview of the policy action which is needed in order to achieve this goal is shown above.

Taking forward a national plan for children's and young people's health and well-being

Many organisations are involved in building and sustaining children and young people's health, including government departments, health services, local authorities, schools, and commercial organisations. It is recommended that the government should give the Children and Young People's Unit a coordinating responsibility, working across government, to address the wider determinants of health (see page 9).

Taking action now – on diet, physical activity, obesity and smoking – and making children’s and young people’s health a national priority will help to give young people a healthy start in life, and ensure that the next generation is free from avoidable coronary heart disease.

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