



Professor Johannes Brug – Chairman’s Introduction

Diet and physical activity and the balance between them are two behaviours we are going to talk about today in relation to cancer and other diseases. When talking about planned promotion of population health we don't want to just develop a nice leaflet or video or campaign from scratch, we want to work according to strict planning procedures because meta-analyses show that this really helps to improve the chances of success.

A very basic and simple model of planned promotion of population health should start with a good epidemiological analysis of what the main health problems are and cancer is certainly one of these. You should go on with a good analysis of the behavioural risk factors. Does behaviour indeed contribute to cancer risk? Today we will hear again that diet and physical activity do indeed contribute to cancer risk. Then the next step needs to be an analysis of the determinants of those behaviours. Why do people not engage in healthy food, dietary or activity habits? And what can motivate them or get them into action to adopt a healthier lifestyle? Interventions need to be tailored as close as possible to these behavioural determinants so that these determinants change, therefore behaviour changes, so that the population health improves.

Of course interventions need to be implemented and disseminated in such a way that the target populations are indeed reached as well as possible, and preferably all steps need to be evaluated so that we will learn for the future. Diet related factors are in the top ten factors that determine health worldwide and include high blood pressure, high cholesterol, underweight, low fruit and vegetable intake, high BMI and physical inactivity. So the main determinants of population health are behaviour related.

In the last couple of decades we have seen the transition from a lean to a fat cuisine and this now really determines our population health and partly explains the obesity epidemic we are seeing. In the Netherlands the contributing factors include our famous Dutch cuisine and eating too little fruit and vegetables and fibre rich foods.

Analysing the determinants of risk behaviours is a very important step that is often forgotten. A lot of research has been going on in this field. But to try to figure out why people engage in unhealthy behaviours is much more recent. I believe it's really important to target our interventions. And some people think that this is the only determinant of food intake. But we now know that there is a little bit more to say about it.

The Knowledge, Attitudes and Behaviour Model has been used often in health care circumstances. Now we believe that if we change peoples' knowledge, if we improve peoples' knowledge, if they know what healthful and unhealthy behaviours are, they will change their attitude and that will result in healthful behaviours.

But it's not that simple. This is maybe a small basis but there is much more to say about it. For example, what we have forgotten I think, especially in the obesity epidemic is the obesogenic environment. And it depends quite a bit if you live in an environment where opportunities for physical activities are almost absent. And the opportunities to eat energy dense foods almost everywhere and always are abundant. If you live 200 km away from the nearest fast food outlet or the drive in fast food outlet is right around the corner that might make a difference.



I think there are other important determinants of behaviour. There is much more to say about it but these are three important categories: motivation, ability and opportunity. People need to be motivated to act in a healthful way. They need to have the abilities to make healthy choices. And their environment needs to offer them the opportunities. And then we need to develop and implement interventions that are tailored to those categories of determinants.

And then of course evaluation is so important. Not only to be accountable for the funds that we get to do these interventions, but also to learn for the future. If we don't evaluate our interventions in a good way we will never get to an evidence based promotion of population health. And this is the way that we should do it. We should think about theories and models. How do we think behaviour change will occur? We need to do exploratory trials in controlled situations to see if the intervention methods and strategies that we have identified indeed work in these circumstances. And then we need to do larger randomised controlled trials to find out if it really works before we do implementation research.

Unfortunately this is often not the case. We develop something and we immediately go to implementation. But not today because we will hear about all stages of this planned promotion of population health from successful case studies and interventions.