

Advanced Training Course 8 & 9

Deliverable 4.5

Getting research into health policy workshops with JRC & AgeUK

The final Advanced Training Courses were held at the University of Birmingham, UK on Monday 24th and Tuesday 25th June 2019. These courses were designed to teach the ESRs about skills required to get research into policy.

The ATCs aimed to;

- **Communicate science across sectors** - to stakeholders, policy makers and general public
- **Influencing policy** – knowledge of generic and nation-specific routes to influencing health policy, health impact assessment and developing policy documents
- **Communicating ideas and insights** - structuring knowledge for written and oral communication; ability to summarise for set audience, including social media, press releases and other media outlets.

The Grant Agreement (Part B) stated that the PANINI project would;

*“Development of a **health impact assessment**, from stakeholder involvement throughout PANINI, and a **policy document for healthy ageing** towards the end of PANINI. These will require all fellows and partners to input their ideas and the policy document development will act as a unifying summative activity”*

It was deemed an unfeasible task to complete with the quality and impact that all ESRs and beneficiaries wanted to achieve within the set timescale given that some projects were still collecting data, or had been converted to feasibility studies rather than full-scale RCTs. However, the development of policy messages for healthy ageing and interaction with policy makers and influencers was still a key part of this ATC.

Age UK – ATC 8

Age UK provided a very detailed timetable (Appendix A) that looked at how the ESRs could translate research into policy and practice. This included looking at working in partnership presented by Phil Ambler from Thomas Pocklington Trust and a presentation by Anthea Tinker about how to gain impact from research which showcased real-life examples. More importantly the Age UK team were able to demonstrate how research can be communicated into lay terms or for social media by highlighting the key messages that could make an impact to a person’s everyday life. Many of the ESRs stated that these communication sessions were very valuable. Age UK were also able to add some fun teaching elements that included making a healthy fruit cocktail.

The day was both practical and interactive with lessons from guest speakers on the importance of finding impactful science that can be translated to everyday meaning or media.



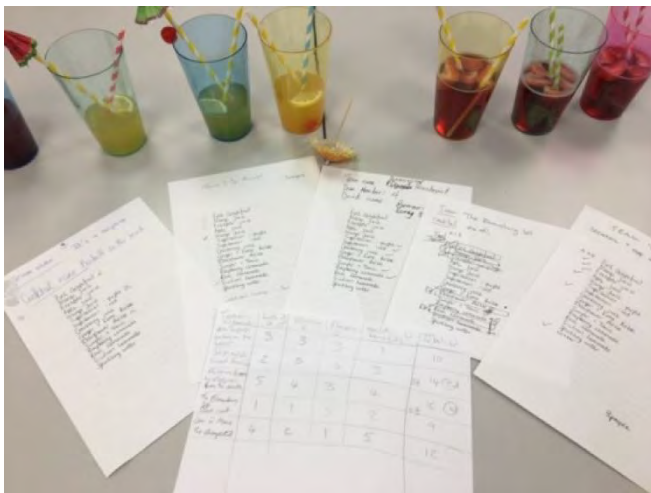


Age UK introduce the programme with breakout sessions for ESRs to present key messages from their research



I really appreciated the interactive sessions in small groups, in which we had to talk about our research and its implications, in non-scientific terms. The feedback from the Age UK staff was really good and useful.

MIXOLOGY!!



*An interactive session where teams devised a healthy fruit cocktail drink.
Judging was not easy, winning teams raise a glass*

GETTING MEDIA ATTENTION!!



Types of traditional print and broadcast media platforms

- National newspapers (tabloids, broadsheets, dailies & weekend papers)
- Regional newspapers and regional radio
- National Broadcast, TV & Radio (GMTV, ITV News, Radio 4, Sky News)
- Trade (Industry news, medical journals, opinion-formers, local government chronicles, silver trade magazines and newspapers)
- Consumer (magazines, You and Yours, Woman's own, GQ)
- Press and broadcast gathering associations

What We Want Content To Do

There are nine content pillars that form our content.
Each of these falls along a spectrum of inspiration, information and taking action.

	INSPIRE	INFORM	ACTION
CONTENT	Inspirational stories	Calculating fundraising	Calculating communities
	The work Apps UK does	Information services on health and elderly welfare for Age UK	Issues affecting older people & their work details
		Counting news and current affairs	Sign the petition
			Donate their Volunteer for us
ACTION	React and share	Read and share	Take direct action
RESULTS	Increase awareness of fundraising stories	Become a trusted source of information	Raise awareness of issues facing older people



Relevant advice on how to better communicate with the funding entities and practical tips on social media and press-releases. These skills will increase the odds of getting research funding and disseminate research findings.

Ingredients that make a good story

- Crisis/bad news/tragedy/controversy
- Topical/relevant
- New news, not been said or revealed before
- Politics/power/money
- Celebrities/animals/children
- The unusual/surprising
- Research/expert opinion
- Real life case studies
- Evidence – statistics, reports, data to back a story
- Generate emotion



Feedback from ESRs on the course at Age UK;

- Very good coverage of topics that are not in books.
- Learning how to disseminate research findings through social media was very essential. This skill will enable me to become an effective communicator to disseminate targeted messages for the needed impact through social media.
- I found the presentation about how they manage their social media to be something that is important to learn
- I really appreciated the interactive sessions in small groups, in which we had to talk about our research and its implications, in non-scientific terms. The feedback from the Age UK staff was really good and useful.
- I also learnt to think about the implications of my research findings (i.e. how it can be translated into practice and recommendation for policy).
- Additionally, the talk given by the AgeUK social media manager was really useful. It was a good complement to other sessions we had previously on social media.
- I enjoyed the time to pitch my research to AgeUK and get feedback regarding the implication for community and suggestions to improve my draft press release.
 - It was good to learn about the AgeUK activities, as I had previously very few ideas on how a charity like this works.

I very much enjoyed this day at Age UK.

I learnt how to write a press release in lay language and an attractive way.

Joint Research Council – ATC 9

Due to logistics and policy changes at the Joint Research Council this training could not be carried out face-to-face. As JRC's Sandra Caldeira wanted to fulfil her original commitment, it was agreed an online webinar could be arranged to give an EU perspective of research into policy.

Sandra gave an overview of the following;

- EU policy making & the role of the EC
- The policy cycle
- Some examples
- Current projects

It was a great insight into how the European Commission initiate laws based on scientific knowledge and research evidence. The real-life examples of research into policy (for example, school food policies) were an insightful example of how researchers' evidence was a thread of expertise from the top level executives directly to the people on the ground.

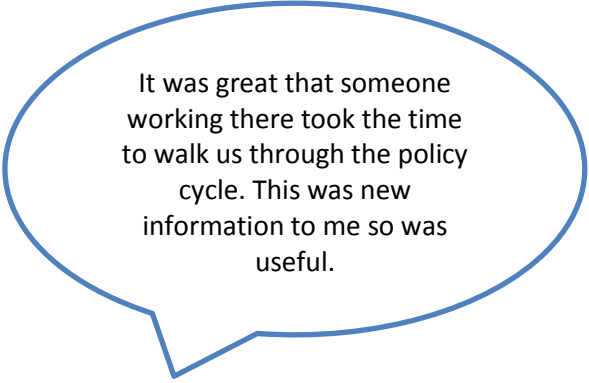
Although the presentation was marred by technical issues preventing two-way interaction, the presentation overall was welcomed by the ESRs who were able to get an international perspective of the roles research can have in the EU policies.



Feedback from ESRs on the course by JRC;

- Understanding how research translates into policies at the European Commission was vital. This helps me to think of how my research or future research could influence policies either inside or outside Europe.
- It was an interesting talk on how work the European Commission and the Research centre, with concrete examples on nutrition-related policies. Unfortunately, during the talk given by Dr. Sandra Calderia (EU Joint Research Centre), interaction was difficult because of technical issues with microphone/sound.

- We were given a comprehensive overview of how research helps in the decision making of EU institutions. This will help us to better navigate “this process” in the future whenever required. Now, I also know I can contribute to public consultations.
- Very important information for ESRs in terms of legislation and coordinating and facilitating the exchange of best practices between EU countries and health experts. Particularly, it was handy to learn about EU instruments in financing and about joint research centre to support EU policy.
- Very informative session on the structure and challenges of EU policy. Dr. Caldeira was very clear and exhaustive. The webinar session sound problems which made it difficult to follow.
- I learnt the formal procedures in translating research findings into policy in the EU and the issues to be considered when assessing impacts of policy options e.g. public health benefits, environmental impacts.



It was great that someone working there took the time to walk us through the policy cycle. This was new information to me so was useful.

In summary, Age UK and Joint Research Council focused on helping the ESRs to understand the policy cycle from a UK and EU perspective and how their research may, one day, help develop a policy document for healthy ageing. The presentations received on social media and media communication will support the ESRs going forward in making their research noticed and relevant to key stakeholders regardless of their future roles and direction.

Overall the ESRs and PANINI team thought that these ATCs were successful contributions to their ongoing careers and will add value in making their research seen, making an impact and manoeuvring through the political spheres.

Appendix A – Age UK Agenda

Monday 24th June 2019

Age UK, Tavis House, 1-6 Tavistock Square, London, WC1H 9NA

Translating research into policy and practice

All activities are in rooms Jeffrey 2 & 3 unless otherwise stated below.

Time	Activity	Who?
9.00-9.30	Arrival and registration	
9.30-9.45	Opening session Welcome and introduction to Age UK	Libby Archer, Senior Research Manager, Age UK
9.45-10.00	The health policy cycle What it is and how we use evidence in it	Tom Gentry, Senior Health Influencing Manager, Age UK
10.00-10.15	Working in partnership Research doers and research users – working together	Phil Ambler, Director of Evidence and Policy, Thomas Pocklington Trust
10.15-10.30	Gaining impact from research “How to” and high-impact research case examples	Anthea Tinker, Professor of Social Gerontology, King’s College London
10.30-10.45	Q&A with discussion panel	<i>Chair</i> - Anna Whittaker <i>Panel</i> – Anthea, Tom, Phil, Libby
10.45-11.05	Refreshment break	
11.05-11.10	Your research in policy and practice Briefing for group sessions, then move to break-out group rooms	Libby Archer
11.15-12.15	Breakout group A Room – Jeffrey 1 Each student will talk for up to 7 minutes about their research and its implications or translational value for policy and practice, including key messages for policy and practice, and pathways to impact for the research. Each presentation will be followed by up to 7 minutes of constructive challenge and discussion with Age UK team members on the student’s perspective on translation of the research, the key messages that he or she has drawn out and the pathways to impact envisaged. <ul style="list-style-type: none"> • Andrea Cabbia. <i>Ageing and lifestyle impact on skeletal muscle function.</i> • Paul Doody. <i>Physical activity interventions for frail adults.</i> • Justin Auger. <i>Intervention to reduce sitting time in older adults pre-surgery.</i> • Rizwan Tahir. <i>Mechanisms of physical exercise effects in surgical patients.</i> 	Age UK staff: <ul style="list-style-type: none"> • Tom Gentry, Health Influencing team • Michelle Roberts, Richmond Group lead • Becky Barnham, Wellbeing team
11.15-12.00	Breakout group B Room – Russell G	Age UK staff: <ul style="list-style-type: none"> • Lesley Carter, Health


	<p>Same process as group A above.</p> <ul style="list-style-type: none"> • Evans Asamane. <i>Diet and eating behaviours in ethnically diverse older adults.</i> • Suey Young. <i>Physical activity and nutrition activity to counteract sarcopenia.</i> • Dmytro Bondarev. <i>Physical activity and nutrition effects during menopause.</i> 	<p>Influencing team and lead on Malnutrition Task Force</p> <ul style="list-style-type: none"> • Alice Roe, Health Influencing team • Jill Mortimer, Policy and Research team
11.15-12.15	<p>Breakout group C Room – Woburn G Same process as group A above.</p> <ul style="list-style-type: none"> • Barbara Iadarola. <i>Genetics of nutrition in ageing.</i> • Noemi Gensous. <i>Epigenetics of nutrition in ageing.</i> • Belina Rodrigues. <i>Nutrition effects on wellbeing and cognitive function.</i> • Keenan Ramsey. <i>Shared dataset – standardisation and comparison of measures in PANINI.</i> 	<p>Age UK staff:</p> <ul style="list-style-type: none"> • Su Ray, Policy and Research team • Libby Webb, Policy and Research team • Lauren Lovejoy, Health Influencing team
12.15-12.30	<p>Breakout groups feedback For each group, one student and an Age UK team member report back on what they learnt or took from the group sessions, followed by any further comments from other students and Age UK team members.</p>	All
12.30-1.00pm	<p>Mixology! Make a tasty, healthy fruit cocktail drink.</p> <p>Divide into four teams of five people each – mixed teams of students and Age UK staff.</p> <p>Each team devises a fruit cocktail drink recipe from a range of ingredients that will be provided, and makes 3 glasses of the recipe.</p> <p>The Judging Panel will be Anna Whittaker, Libby Archer and one other person from Age UK.</p>	Students and Age UK staff, in teams.
1.00-2.00	<p>Lunch Plus..... Judging panel tastes the fruit cocktail drinks and decides 1st, 2nd and 3rd place. Announcement of winners and prize giving.</p>	
2.00-2.30	<p>Making social media sing Talk by Tom on gaining maximum impact from social media, followed by examples from the students' research projects</p>	Tom Cheley, Social Media Manager, Age UK
2.30-3.00	<p>Getting it right with the media Talk by Sara or Nikki on capturing media attention for research findings, followed by Q&A</p>	Sara Guy, Media Manager, or Nikki Lennox, Senior Media Officer, Age UK
3.00-3.15	Refreshment break	
3.15-3.20	Briefing for press release exercise	Libby Archer

<p>3.20-4.45</p>	<p>Your press release – interactive session</p> <p>Students divide into two groups, one of 6, one of 5, one group going to room Jeffrey 1 and the other to Woburn G.</p> <p>Each student has 20 minutes to imagine they are preparing a full press release for their research and write up the following key components for the release (students are not expected to write an entire press release):</p> <ul style="list-style-type: none"> • A compelling headline • What key statistics would you use in your press release? • Key messages to go into the press release – what do you really want to get over to the press, bearing in mind what the media are most likely to be interested in? • What else would you do or include to give the release oomph and increase its chances of uptake? <p>At 3.40, one group will be joined by Sara and the other by Nikki, our media experts. In each group, each student will present the above (read out) to the expert and receive feedback.</p>	<p>Sara Guy and Nikki Lennox, Age UK</p>
<p>4.45</p>	<p>Conclusion Students gather together for a round-up of the day</p>	<p>Anna Whittaker</p>
<p>5.00</p>	<p>Close and depart</p>	

APPENDIX B – JRC presentation

The European Commission's science and knowledge service

Joint Research Centre




This afternoon

- Me ☺
- EU policy making & role of the EC
- Joint Research Centre & regulatory Science
- The policy cycle
- Some examples
 - Different types of policy support (Softer/harder policies, EU vs national approaches)
 - Policy options and impact assessment
- Current projects
- You ☺

EUROPEAN COMMISSION THE EU'S POLITICAL EXECUTIVE

Initiating European laws and policies



EUROPEAN COMMISSION THE EU'S POLITICAL EXECUTIVE

The European Commission


- 1 is the political executive
- 2 acts as a college
- 3 promotes the general interest of the Union

EUROPEAN COMMISSION THE EU'S POLITICAL EXECUTIVE

The 4 roles of the European Commission


- RIGHT OF INITIATIVE
- POLICY & BUDGET IMPLEMENTATION
- GUARDIAN OF THE TREATIES
- INTERNATIONAL DIMENSION

EUROPEAN COMMISSION THE EU'S POLITICAL EXECUTIVE



JRC's Mission


"As the science and knowledge service of the Commission our mission is to support EU policies with independent evidence throughout the whole policy cycle"



The Joint Research Centre at a glance

3000 staff
Almost 75% are scientists and researchers.

Research facilities are located in 5 Member States with Headquarters in Brussels.



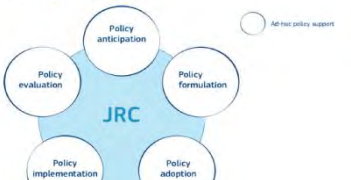
JRC Role: facts & figures

- 6 locations in 5 Member States: Italy, Belgium, Germany, The Netherlands, Spain
- Policy neutral: has no policy agenda of its own
- 42 large scale research facilities, more than 110 online databases
- 1500 core research staff, 3000 total staff
- 83% of core research staff having a PhD
- Over 1,400 scientific publications per year


DG JRC Role: facts & figures

- **Independent** of private, commercial or national interests
- **Policy neutral**: has no policy agenda of its own
- Expertise in a **wide range of areas** from economic and financial analysis through to energy, health, environment and nuclear safeguards
- **Focus** on the **priorities** of the Commission
- Provides support throughout the **whole policy cycle**

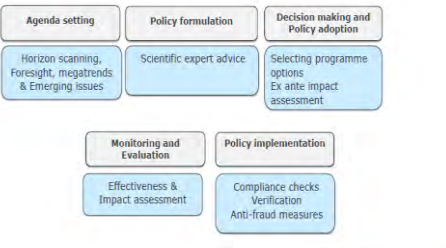
JRC and the EU policy cycle




JRC and the EU policy cycle



The JRC in the EU Policy Cycle



The JRC within the Commission



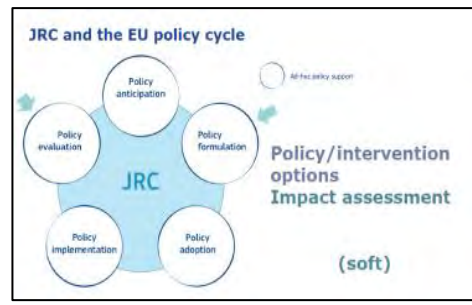
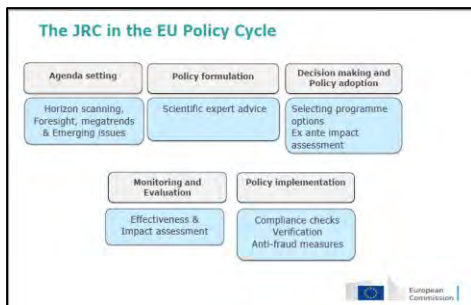
Treaty on the Functioning of the EU

Article 6
The Union shall have competence to carry out actions to support, coordinate or supplement the actions of the Member States. The areas of such action shall, at European level, be:
(a) protection and improvement of human health; (...)

Article 168
1. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities. Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health. Such action shall cover the fight against the major health scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education, and monitoring, early warning of and combating serious cross-border threats to health. The Union shall complement the Member States' action in reducing drugs-related health damage, including information and prevention.

2. The Union shall encourage cooperation between the Member States in the areas referred to in this Article and, if necessary, lend support to their action. It shall in particular encourage cooperation between the Member States to improve the complementarity of their health services in cross-border areas.

Member States shall, in liaison with the Commission, coordinate among themselves their policies and programmes in the areas referred to in paragraph 1. The Commission may, in close contact with the Member States, take any useful initiative to promote such coordination, in particular initiatives aiming at the establishment of guidelines and indicators, the organisation of exchange of best practice, and the preparation of the necessary elements for periodic monitoring and evaluation.



Policy/intervention options Impact assessment

1 Childhood Obesity Action Plan (COAP) & Joint Action Nutrition Physical Activity (JANPA)

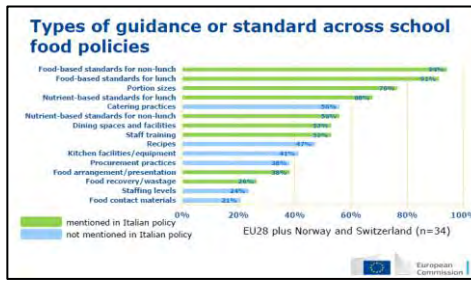
- Food-related school policies & interventions
- Public food procurement
- Increasing physical activity

School food policies & procurement of food

Documents include 'Public Procurement of Food for Health' and various school food policy examples.

School food policies across the EU

- All MS have school food policies/guidelines/recommendations
- Mandatory school food standards in 18 out of 34 policies



On evaluation of interventions and monitoring/ evaluation policies

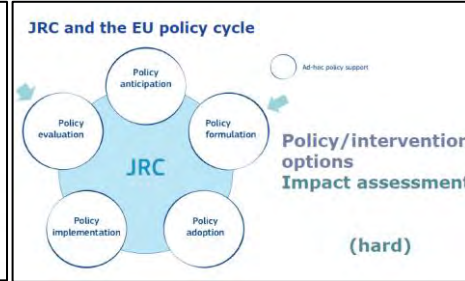
Restrictions on vending machines or marketing in schools

- Vending machines don't exist or are banned from schools
- Current/unavailable food/drink not allowed in vending machines
- Vending machines offer in line with healthy eating guidelines
- More healthful options recommended/promoted
- No vending machine restrictions specified

Policy toolkits: how to promote H2O or (F&V) in schools

Diagram showing the flow from 'Policy toolkit' to 'School food policy' and 'Food intake'.

Collage of various school food policy documents and reports.



Trans Fats in Foods and Diets of the EU population: What are the policy options?

Jan Wollgast (European Commission Joint Research Centre)
 Food Systems PhD course seminars
 Ispra, IT, 8 June 2016

Trans fats in the EU

Article 30 (7) of Regulation (EU) No 1169/2011 Food Information to Consumers

New Food Labelling Changes - EU Regulation 1169-2011

Trans fats in the EU

Article 30 (7) of Regulation (EU) No 1169/2011

"By 13 December 2014, the Commission, taking into account scientific evidence and experience acquired in Member States, shall submit a report on the presence of trans fats in foods and in the overall diet of the Union population."

The aim of the report shall be to assess the impact of appropriate means that could enable consumers to make healthier food and overall dietary choices or that could promote the provision of healthier food options to consumers, including, among others, the provision of information on trans fats to consumers or restrictions on their use; The Commission shall accompany this report with a legislative proposal, if appropriate."

Dietary sources of trans fats

- Naturally occurring in ruminant fats** -> Ruminants synthesize trans fats via microbial fermentation of ingested feed
- Industrially produced** -> main source: during hardening (hydrogenation) of liquid vegetable (and rarely fish) oils to achieve desired functional properties and added to foods

-> trans fats are formed during incomplete (partial) hydrogenation of oils/fats

Reasons for widespread use of partially hydrogenated oils (PHO)

- Flexibility and abundant options: almost any oil is suitable for hydrogenation
- PHO is generally a cheap ingredient
- Versatility in various food applications
- PHO can be tailor-made towards optimal spreadability, texture, "mouth feel", ambient stability
- Long shelf life & thermal stability (repeated heating)

Health issues linked to trans fats intake

- Increased risk for **coronary heart disease (CHD)** (e.g., Willett *et al.*, 1993; EFSA, 2010)
- "The consumption of TFA increases the risk of heart disease more than any other macronutrient..."

-> For every 2%E/day trans fats replacing carbohydrates, saturated, cis mono-unsaturated, or cis poly-unsaturated fat CHD risk increases by 24%, 20%, 27%, 32%, respectively (Mozaffarian & Clarke, 2009)

- Possibly increased risk also for: breast cancer, insulin resistance, metabolic syndrome, inflammation, endothelial dysfunction, adiposity (EFSA, 2010; Mozaffarian & Clarke, 2009)

Recommendations for trans fat intake

- EFSA (2010): "...trans fatty acids intake should be as low as is possible within the context of a nutritionally adequate diet."
- "As low as possible": Nordic Countries (2012), Netherlands (2001); USA (2005)
- <1% of energy: Germany-Austria-Switzerland (2008); WHO/FAO (2003)
- <2% of energy: United Kingdom (1991), France (2001)



Assessing the current situation by JRC

→ presence of **trans fats** in foods

→ dietary intake of **trans fats**

Observations and limitations

- Geographic coverage: 19 EU MS + CH, RS, TR
- Majority of foods sampled now 4-7 years ago
- Non-representative sample of food items;
 - > most common: biscuit, bun, cake and pastry products (35%); fats and oils; convenience, fast food, and bread products

Trans fatty acid (TFA) content in food

-> Most foods had low amounts (< 2% TFA in total fat) or no TFA at all,

HOWEVER,

-> some had moderate amounts of TFA, and

-> a few still had high or very high amounts of TFA

This analysis summarises data for 1225 food items

Observations and limitations

- 13 studies, original research and national surveys
- Geographic coverage: 9 EU MS; important gaps in E/SE
- Half of the studies are now 7-10 years old
- Representative of the national population only in 4 MS
- Some studies may not or incompletely include ruminant TFA intakes (average intakes 0.4-0.6 E%)

TFA intake in the EU - males

Average TFA intakes varied between 0.4 and 1.1 E%.

Boxplot representing TFA intake (reported as contribution to total energy intake) for males stratified by age range.

TFA intake in the EU - females

Average TFA intakes varied between 0.4 and 1.2 E%.

Boxplot representing TFA intake (reported as contribution to total energy intake) for females stratified by age range.

Population average intakes of TFA < 1 E%, however, high TFA intakes in some groups

- Population intakes at the **95th percentile (P95)** ranged from 0.8-3.3 E% in children, and 0.9-1.7 E% (2.7 E% at P97.5) in adults (EFSA, 2010)
- Approximately **10% of the population in DE** were estimated to have TFA intakes between 1 and 2 E% (BFR, 2013)
- 1-5% of the population in NL** were estimated to have TFA intakes above 1 E% (RIVM, 2011)
- Lower income groups** had higher TFA intakes (mean: 1.3 E%; P97.5: 1.8-3.1 E%) than the general population (mean: 0.7-0.8 E%) (Allen et al., 2015; Nelson et al., 2007)

Trans fats in the EU

Article 30 (7) of Regulation (EU) No 1169/2011

"By 13 December 2014, the Commission, taking into account scientific evidence and experience acquired in Member States, shall submit a report on the presence of trans fats in foods and in the overall diet of the Union population.

The aim of the report shall be to assess the impact of appropriate means that could enable consumers to make healthier food and overall dietary choices or that could promote the provision of healthier food options to consumers, including, among others, the provision of information on trans fats to consumers or restrictions on their use; The Commission shall accompany this report with a legislative proposal, if appropriate."

"Appropriate means" → policy options

- Provision of information on **trans fats** (mandatory/voluntary)
- Setting legal limits for restricting use of **trans fats**
- Other means (e.g., voluntary agreements, self-regulation)
- No (legislative) action

Key 3.2: The intervention ladder

The range of options available to government and policy makers can be thought of as a ladder of interventions, with interventions from central government and regulatory agencies at the top to interventions by individuals at the bottom. The ladder should be thought of as a ladder of options, rather than a ladder of interventions, as the interventions at the top are not necessarily more effective than those at the bottom. The ladder should be thought of as a ladder of options, rather than a ladder of interventions, as the interventions at the top are not necessarily more effective than those at the bottom.

Assessing impacts of policy options

Issues to be addressed/considered:

- Public health benefits
- Burden (costs) to food industry (SMEs)
- Technological alternatives
- Costs to the public
- Food prices
- Consumer literacy/motivation
- Health inequalities
- Environmental impacts
- Trade
- Functioning of the internal market
- Competitiveness/Innovation
- Proportionality of measure

Mapping existing measures*

Legal limits: Denmark, Austria, Hungary, Latvia, Switzerland, Liechtenstein, Iceland, Norway, Greece (only for school food), EU (on infant formulae and follow-on formulae), USA (on partially hydrogenated oils), South Africa, Singapore, Chile, Brazil, Argentina, Colombia, India, Saudi Arabia, United Arab Emirates, California, NYC, Philadelphia, British Columbia, Puerto Rico

Mandatory declaration of trans fat amounts: USA, Canada, Hong Kong, Taiwan, South Korea, Paraguay, Chile, Argentina, Uruguay, Brazil, Colombia, India, Saudi Arabia, United Arab Emirates

Voluntary provision of information on trans fats: Australia & New Zealand (becomes mandatory in combination with certain nutrition claims), Israel, China, Cuba, Malaysia

Nutrition claims about trans fats allowed: USA, Canada, Australia, New Zealand, Saudi Arabia

Voluntary agreements: Belgium, Bulgaria, Estonia, Finland, Germany, Malta, The Netherlands, Poland, United Kingdom, Canada, Costa Rica, Argentina, South Korea, San Francisco

Economic evaluation of TFA policy options

Approach & Methodology:

- Mathematical model (Markov model) to estimate the future costs and effects of 3 policy options (legal limit, mandatory TFA labelling and voluntary agreements) against no action at EU level
- Analysis of different scenarios (uncertainty in current TFA intake levels in the EU) and probabilistic sensitivity analysis addressed to test parameter uncertainty
- Taking a societal perspective including direct health care costs (government), other direct costs (interventions from government), indirect costs (incurred by patients) and loss of productivity

EU-level action towards reducing population TFA intakes can provide additional health benefits and reductions in public spending

- Both a **legal limit and voluntary agreements** would produce large enough CHD morbidity and mortality reductions
- Introducing mandatory **labelling** would also provide additional health benefits but the measure would likely not be cost-effective
- Introducing a **legal limit at EU level** would produce the **greatest health benefits** of the options considered in this study.

Reminder: A cost-effectiveness analysis provides only one element to be considered when comparing policy options!

Trans fats in the EU

Report concludes that EU action is needed to set legal limits on trans fats in food

On 3 December, the European Commission adopted a report on trans fats (TFA) in food and in the overall diet of Europeans. Based on JRC input, it suggests that setting a legal limit for industrial TFA content would be the most effective measure in terms of public health, consumer protection and compatibility with the single market. However, the implementation of such a limit would require further investigation.

Better regulation (ex ante impact assessment)

Impact Assessment in accordance with Better Regulation principles

- > This will allow the Commission to take an informed policy decision in the near future
- Establish an Commission Inter service Steering Group: agree an **Inception Impact Assessment**
- > to be published
- > open for public consultation
- > extensive stakeholder consultation included

Commission Regulation amending Annex III to Regulation (EC) No 1925/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin.

Limiting industrial trans fatty acids in food to protect consumers in the EU



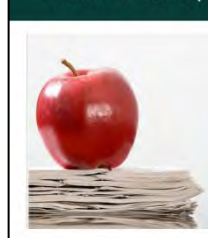

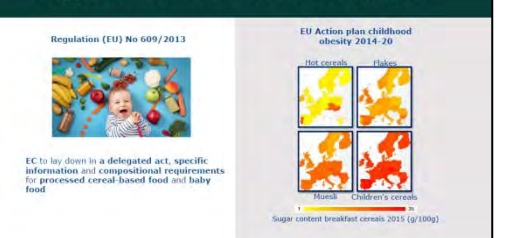

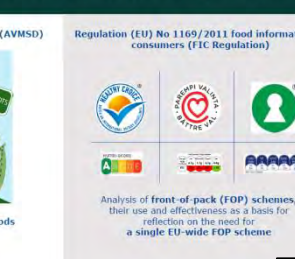
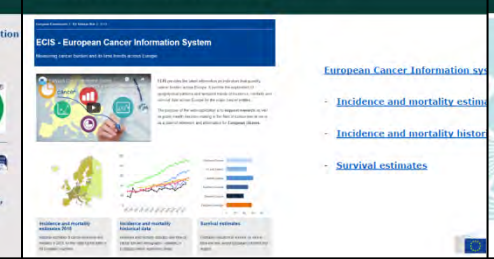

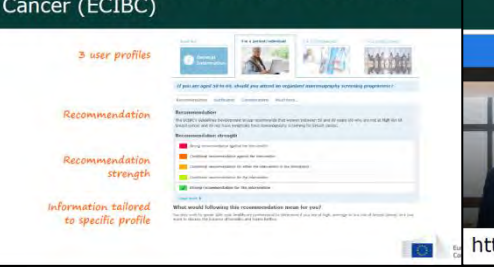
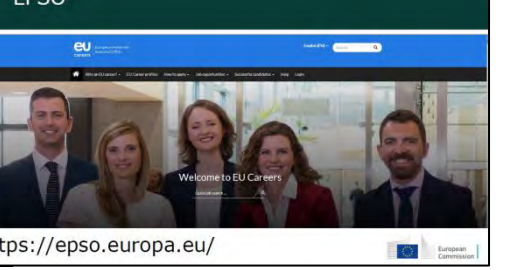
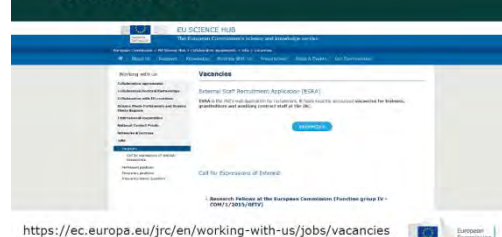
A new European regulation setting a legal limit for industrially produced trans fatty acids (TFA) comes into force.

JRC's scientific work has played an important role in the development of this Regulation.

A high intake of TFA increases the risk of heart disease. The health consequences of the excessive intake of TFA are not getting any less. As these products are used by consumers, however, steps must be taken to reduce their presence in the diet. Limiting food manufacturing and the intake of TFA is to be taken as a priority.

Trans fatty acids are a particular type of saturated fatty acids. Their intake can contribute to low-density lipoprotein (LDL) cholesterol levels, which in turn can lead to heart disease, type 2 diabetes, and other health problems.



<p>This afternoon</p> <ul style="list-style-type: none"> EU policy making & role of the EC Joint Research Centre & regulatory Science The policy cycle Some examples <ul style="list-style-type: none"> Different types of policy support (Softer/harder policies, EU vs national approaches) Policy options and Impact assessment Current projects 	<p>The JRC within the Commission</p>  <p>Vladimir Suchanek Director-General, Joint Research Centre</p> <p>Directorates: Growth & Innovation, Energy, Transport & Climate, Sustainable Resources, Space, Security & Migration, Health, Consumers & Reference Materials, Nuclear Safety & Security</p>	<p>JRC-Directorate F: Health, Consumers & Reference Materials</p> <p>~ 300 Staff Members ~50 % female Located in Geel, Belgium & Ispra, Italy</p> <p>Director: E. Anklam</p> 
<p>Health in Society</p>  <p>Health Information Health Promotion Healthcare</p>	<p>Health Promotion</p> <p>Health Promotion and Disease Prevention Knowledge Gateway</p>  <p>https://ec.europa.eu/jrc/en/health-knowledge-gateway</p>	<p>Support to food & health-related legislation</p> <p>Regulation (EU) No 609/2013</p> <p>EU Action plan childhood obesity 2014-20</p>  <p>EC to lay down in a delegated act, specific information and compositional requirements for processed cereal-based food and baby food</p> <p>Sugar content breakfast cereals 2015 (g/100g)</p>
<p>Support to food & health-related legislation</p> <p>Audiovisual Media Services Directive (AVMSD)</p>  <p>Toolkit to address marketing of foods and beverages</p> <p>Regulation (EU) No 1169/2011 food information consumers (FIC Regulation)</p>  <p>Analysis of front-of-pack (FOP) schemes, their use and effectiveness as a basis for reflection on the need for a single EU-wide FOP scheme</p>	<p>Health Information - Cancer</p> <p>ECIS - European Cancer Information System</p>  <p>European Cancer Information System</p> <ul style="list-style-type: none"> Incidence and mortality estimates Incidence and mortality history Survival estimates 	<p>Health Information - Rare diseases</p> <p>European Platform on Rare Diseases Registration (EU ERD Platform)</p>  <ul style="list-style-type: none"> > 6000 rare diseases affect around 30 million EU citizens European Platform Rare Diseases Registration JRC is running the JRC-EUROCAT (EU network on congenital anomalies) and SCPE (EU network on cerebral palsy) central registries
<p>Healthcare Quality</p> <p>European Commission Initiative on Breast Cancer</p> <ul style="list-style-type: none"> 35 European countries 70 experts and patients representatives in two working groups 113 million women potentially involved in screening, ages 45-69 90 framed PICO questions 142 internationally developed guidelines on BC care 60 evidence-based recommendations on screening and diagnosis <p>Two main objectives:</p> <ul style="list-style-type: none"> Evidence-based Breast Cancer Guidelines on screening and diagnosis Quality Assurance scheme for breast cancer services 	<p>European Commission Initiative on Breast Cancer (ECIBC)</p>  <p>3 user profiles</p> <p>Recommendation strength</p> <p>Information tailored to specific profile</p>	<p>EPSO</p>  <p>https://epso.europa.eu/</p>
<p>EU Science Hub</p>  <p>https://ec.europa.eu/jrc/en/working-with-us/jobs/vacancies</p>	<p>Stay in touch!</p> <p>ec.europa.eu/jrc</p> <p>@EU_ScienceHub</p> <p>EU Science Hub - Joint Research Centre</p> <p>Joint Research Centre</p> <p>EU Science Hub</p> <p>@scaldeira</p> <p>Sandra.caldeira@ec.europa.eu</p>	