






Realising Prevention

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Polio – a triumph of Prevention

The current interest in prevention

- ❑ The public are ‘fed up’ with obesity and diabetes
 

- ❑ Anthrax, terror and bird flu
 



Interest in rise and cost of care of chronic illnesses

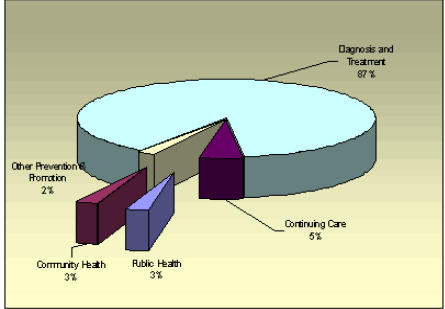
- ❑  *If we do not reform the system, if we don't tackle the preventative health challenge, then the economic consequences for Australia will be significant.*
 - Kevin Rudd before election and at 2020 Summit

International interest in prevention that addresses the social environment



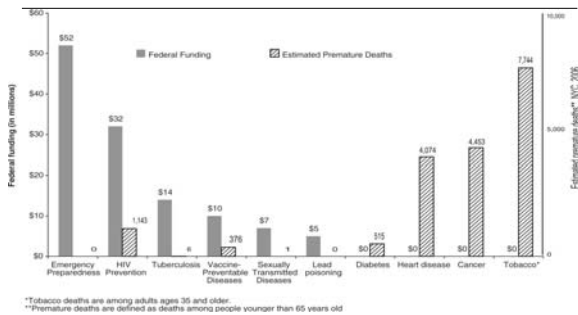



Expenditure on Prevention – Bret Hart 2004



Category	Percentage
Diagnosis and Treatment	87%
Continuing Care	5%
Community Health	3%
Public Health	3%
Other Prevention Promotion	2%

Comparison of federal funding for disease prevention with premature deaths, New York City, 2006 (pop: 8 million)



*Tobacco deaths are among adults ages 35 and older.

**Premature deaths are defined as deaths among people younger than 65 years old.

Frieden, T. R. et al. *Int. J. Epidemiol.* 2008 37:966-977

Prevention and Health Promotion

Prevention

Action taken to decrease the chance of getting a disease or condition.

For example ...**avoiding** risk factors (such as smoking, obesity, lack of exercise, and radiation exposure) and **increasing** protective factors (such as getting regular physical activity, staying at a healthy weight, and having a healthy diet).

- U.S. National Cancer Institute

Prevention types

- Primary prevention:** all activities that reduce the instances of an illness in a population and thus reduce, as far as possible, the risk of new cases appearing.
- Secondary prevention:** efforts to reduce the prevalence of an illness in a population and its duration.
- Tertiary prevention:** aims to reduce the incidence of chronic incapacity or recurrences in a population, and thus to reduce the functional consequences of an illness.



- WHO, 1948

What is in it for Me (WiiifM)?

- “People need to be offered something they value in exchange for them adopting our recommended behaviour. ‘WiiifM?’ is [a critically important question to answer when addressing] a government official, the head of an organisation...or a private individual.”



- Professor Rob Donovan – Curtin University

Quoted in the spring 2008 edition of *VicHealth Letter*

Economics of Prevention – Paul Gross

- 1. Better “health” via modern disease management processes is seen as an investment by those employers who measure the lost productivity through presenteeism and absenteeism of their chronically ill employees. This is confirmed from estimates of the rate of return on investment (ROI) for US disease management in the workforce.
- 2. Many brief experiments with better coordinated care of the seriously chronically ill suggest that while it may NOT be yet cost-saving, it could be cost-effective. This is seen in Australian and US Medicare trials of coordinated care.
- 3. Some efficiency losses in healthcare are being reduced via payment reform and by the creation of informed consumers capable of discerning high quality efficient providers of care. Pay for performance models in US, UK and Germany.
- 4. Prevention is as cost-effective as many treatments – even if it does not save money (Weinstein et al.)
- The new era of personalized medicine will see many types of genomic tests available for home use- but their costs may exceed their benefits in a national prevention strategy unless we have a better informed citizenry.
- Early evidence on the applications of genomic testing of many diseases

TAC – social marketing, partnerships and enforcement

- In 1989, 114 drivers died in Victoria with BAC over legal limit
- In 2007, down to 62, and BAC levels were lower.





- Health Promotion (WHO) is the process of enabling people to increase **control** over, and to improve, their health.
- In the U.S., health promotion is "the science and art of helping people change their lifestyle to move toward a state of optimal health."

- Wikipedia

Government interest in Prevention



National Health and Hospitals Commission

- **Terms of Reference:**
 - c. Focus on prevention to the health system
 - e. Improve frontline care to better promote healthy lifestyles and prevent and intervene in early chronic illness
- **Principle 4:** Strengthen prevention and wellness.



National Preventative Health Taskforce

- **Terms of reference:**
 - Will provide evidence-based advice to government and health providers...and support the development of a **National Prevention Health Strategy**
 - The **strategy** will provide a blueprint for tackling the burden of chronic disease and will be directed at primary prevention.



NPHT Discussion Paper – published last week



- Tackling diseases caused by **obesity, tobacco and alcohol** will help to reduce the 17-year gap in life expectancy between Indigenous and non-Indigenous Australians.
- The paper recommends a significant increase in the cost of cigarettes, a restriction on the opening hours of alcohol outlets, and shielding children from unhealthy food marketing.



The Taskforce proposes several targets which it says can be achieved by 2020. These are:

- Halt and reverse the rise in overweight and obesity;
- Reduce the prevalence of daily smoking to 9% or less;
- Reduce the prevalence of harmful drinking for all Australians by 30%; and
- Contribute to closing the 17 year gap in life expectancy between Indigenous and non-Indigenous Australians.

A National Prevention Agency



- Stake a claim for prevention
- Develop leaders and other workers
- Develop the evidence base for prevention
- Function a bit like PBAC and PBS for prevention
- Promote preventive strategies for Australia
- Serve as a visible institution.



Rudd Institute for Preventative Health

Realising Prevention through VHA



- Working with patients with serious and continuing illness
- Maintaining healthy hospitals and community centres and services – staff and the public
- Ensuring the quality and continuity of preventive care for patients leaving hospital
- Attending to the quality and safety agenda.



The 100,000 Lives Campaign



Forum
The 100,000 Lives Campaign:
 A Scientific and Policy Review

Article-at-a-Glance

Overview

Introduction

Background

Key findings

Conclusions

References

100k lives Campaign

SOME IS NOT A NUMBER, SOON IS NOT A TIME.

- 3000 hospitals

- Wash your hands!
- Any staff member can call rapid response team
- Prevent blood borne infections through CV cannula care
- Give aspirin and beta blockers early for heart attack
- Keep accurate drug records
- Prevent ventilator associated pneumonias
- Participate in weekly telecons and other communication.



Conclusion



- The agenda to achieve the best possible health for all Australians is complex, and it requires participation from many sectors – politics, business, medicine, hospital care, and education to name a few
- All health care achieves *social goals* and supports productivity, and this includes prevention. Prevention is *not* always a cost-cutting device!
- Prevention can be a dimension of hospital and community care with benefit to patients, staff and community: hospitals that focus on safety, quality (including cost-effectiveness), continuity of care, follow up of patients and community outreach are practising effective prevention.



Realising Prevention – a global challenge

