



Prevention Challenges

Val Thomas

Prevention

‘... prevention is cost-effective in both the short and longer term. In addition, investing in public health generates cost-effective health outcomes and can contribute to wider sustainability, with economic, social and environmental benefits.’

World Health Organisation, 2014

What do we mean by Prevention?

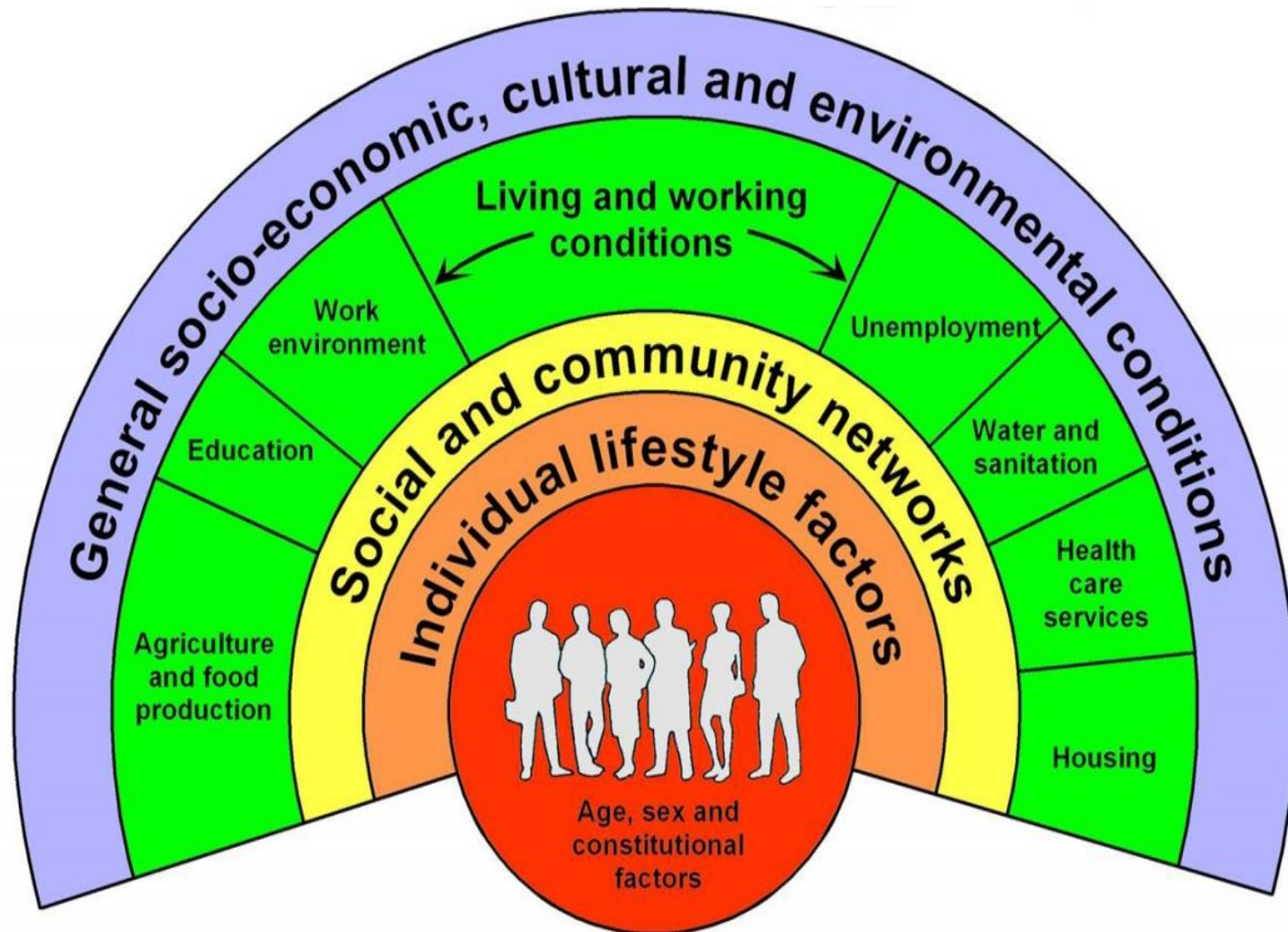
- Primary prevention: prevent the onset of disease through changing the environment, changing behaviour
- Secondary prevention: halt the progression of disease once it is established, early detection and diagnosis
- Tertiary prevention: rehabilitation of people with an established disease to minimise disabilities or complications

Donaldson & Donaldson (2003)

Public Health Outcomes Framework: Overarching Themes

- ◆ Increasing healthy life expectancy
- ◆ Reducing differences in life expectancy and healthy life expectancy between communities.

What affects our health?



Contributors to health outcomes

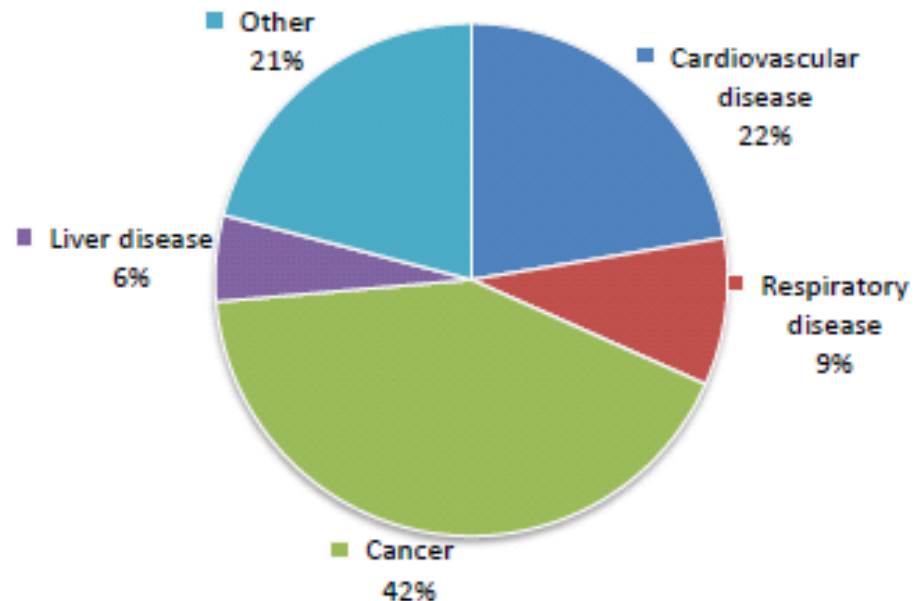
Health Behaviours 30%	Socioeconomic Factors 40%	Clinical Care 20%	Built Environment 10%
Smoking 10%	Education 10%	Access to care 10%	Environmental quality 5%
Diet/Exercise 10%	Employment 10%	Quality of care 10%	Built environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/Social Support 5%		
	Community Safety 5%		

Source: Robert Wood Johnson Foundation
and University of Wisconsin Population
Health Institute

Prevention matters

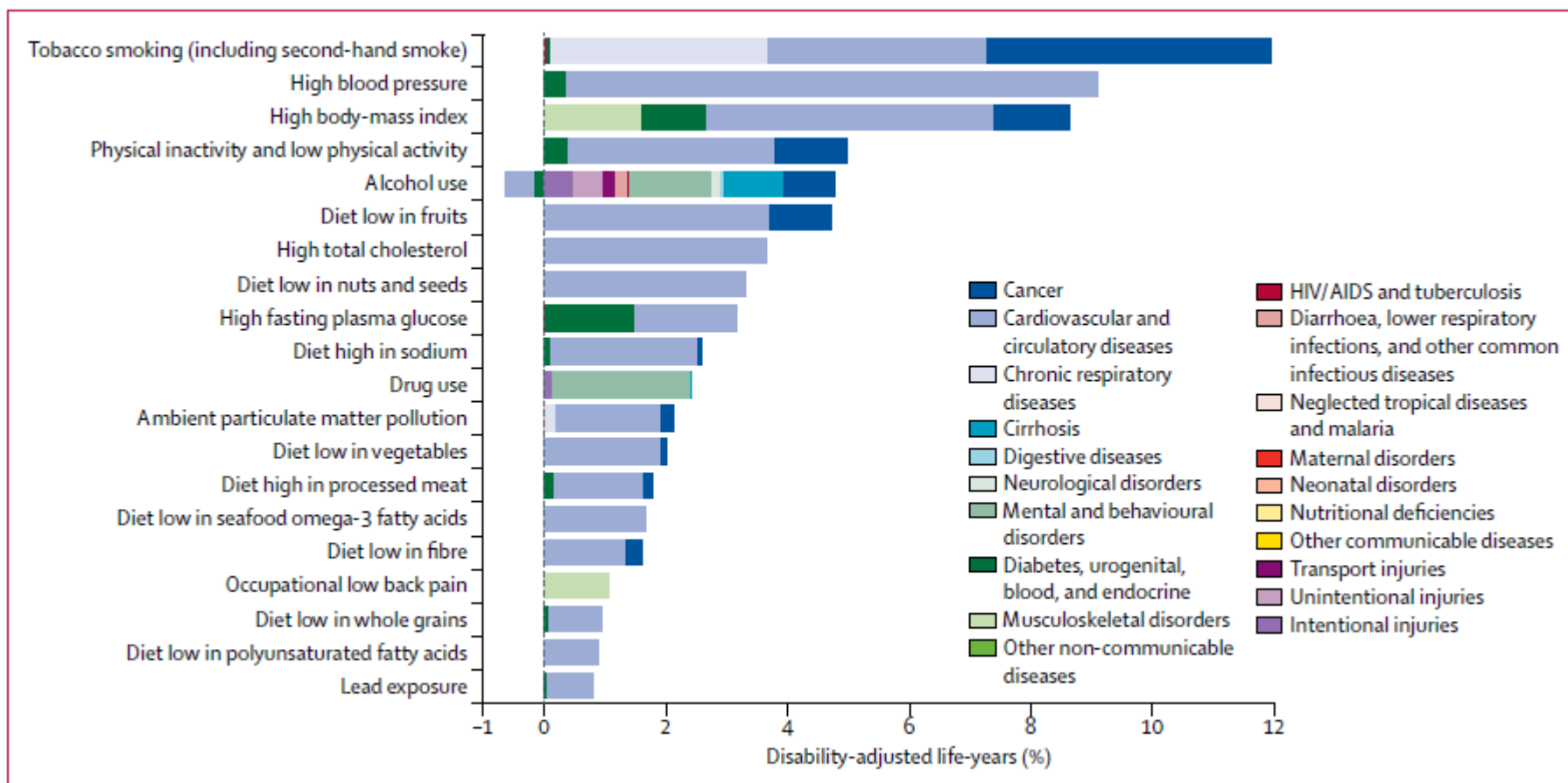
Percentage of all deaths for people aged under 75 years

% of all deaths for people aged under 75 years



For the average local authority with a population of around 350,000 this means that each year around 450 people die prematurely of cancer, 250 people from heart disease and stroke, 100 people from respiratory disease and 50 people from liver disease. (Living Well for Longer DH 2014)

Burden of disease attributable to 20 leading risk factors for both sexes in 2010, as a percentage of UK Disability Adjusted Life Years (Living well for longer DH 2014)



town

[See national County & Unitary Authority comparison table](#)

Show data for

Overall premature deaths

Cancer

Lung cancer (all ages)

Breast cancer

Colorectal cancer

Heart disease and stroke

Heart disease

Stroke

Lung disease


Liver disease


Injury

Socioeconomic deprivation 

Premature mortality outcomes

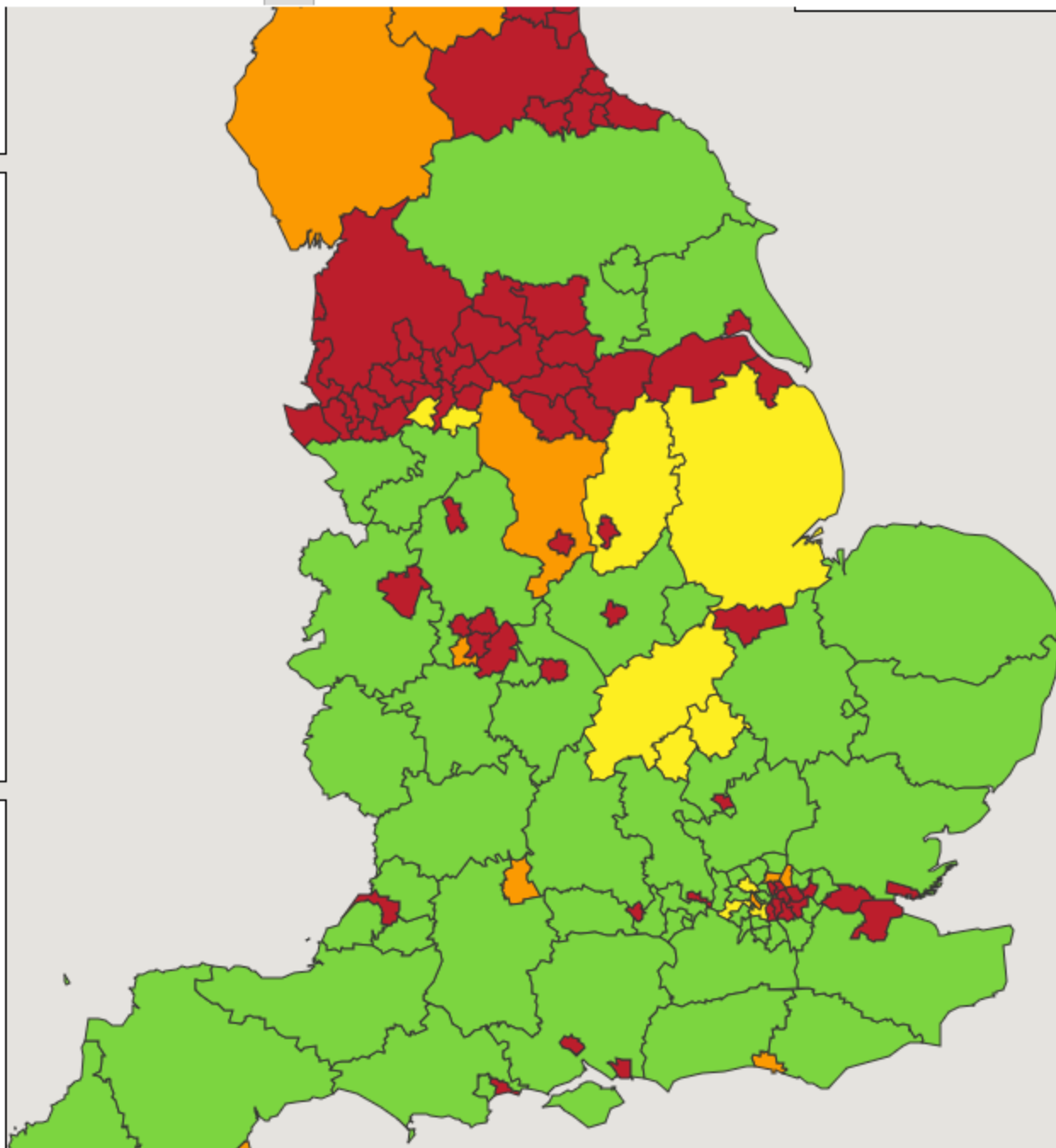
 worst

 worse than average

 better than average

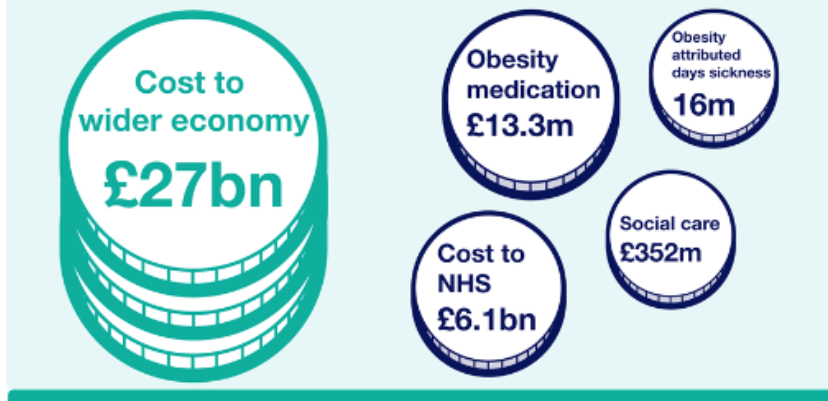
 best

 data unavailable



Costs of avoidable ill health

The annual cost of obesity



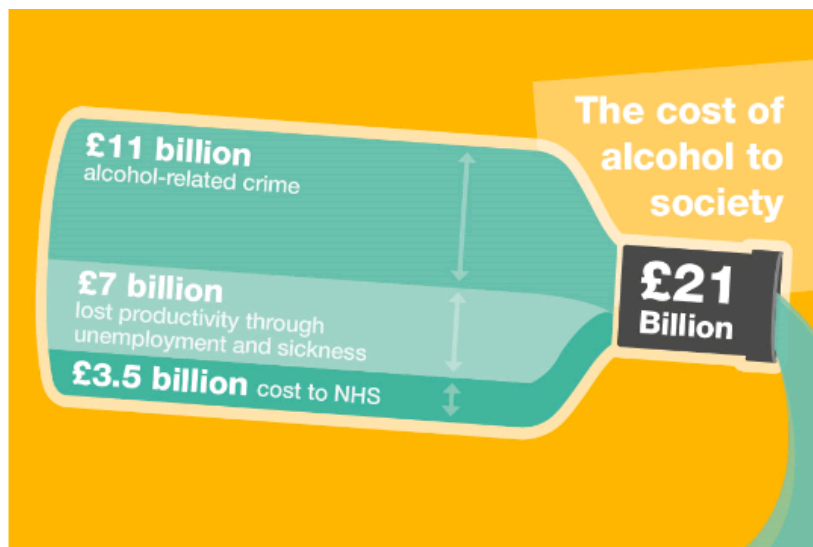
It is estimated that overweight, obesity and related morbidity will cost the NHS £9.7 billion by 2050 with wider costs to society estimated to reach £49.9 billion

Prescribing for diabetes accounted for 9.3% of the total cost of prescribing in England in 2012-13

It is estimated that in 2010-11 the cost of direct patient care for those living with type 2 diabetes in the UK was £8.8 billion and the indirect costs were approximately £13 billion

The number of NHS-commissioned bariatric surgery procedures performed for the management of obesity is increasing rapidly in England

Costs of avoidable ill health



Marmot Fair Society Healthy Lives

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention.

Health Inequalities

- There is a social gradient in health – the lower a person's social position, the worse his or her health.
- Health inequalities result from social inequalities. **Action on health inequalities requires action across all the social determinants of health.**
- To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.
- Action taken to reduce health inequalities will benefit society in many ways.

Fair Society, Healthy Lives

Life expectancy gap for men: 4.6 years

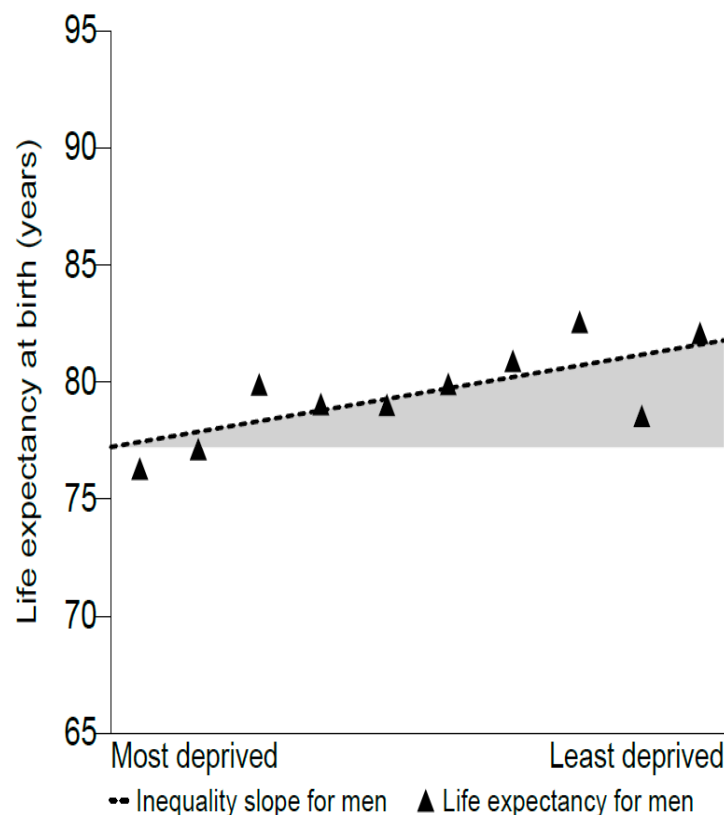
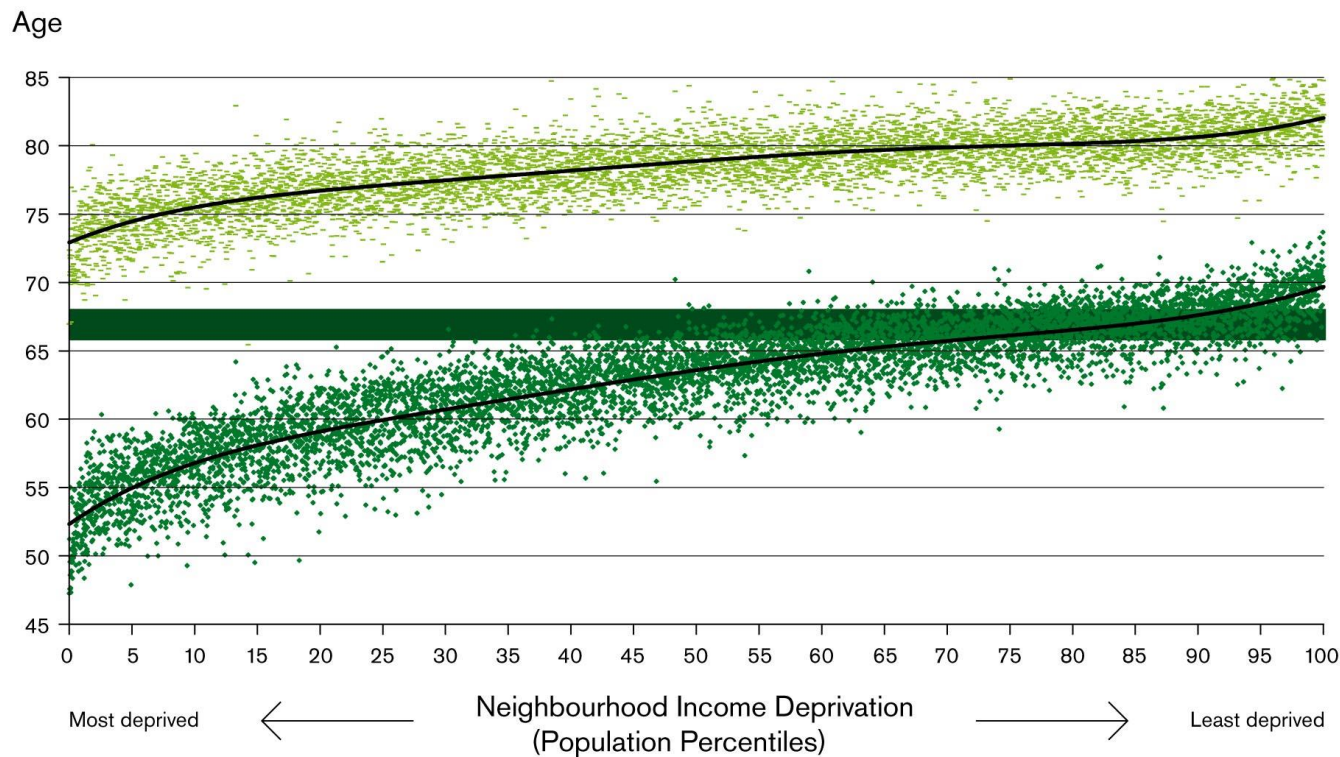


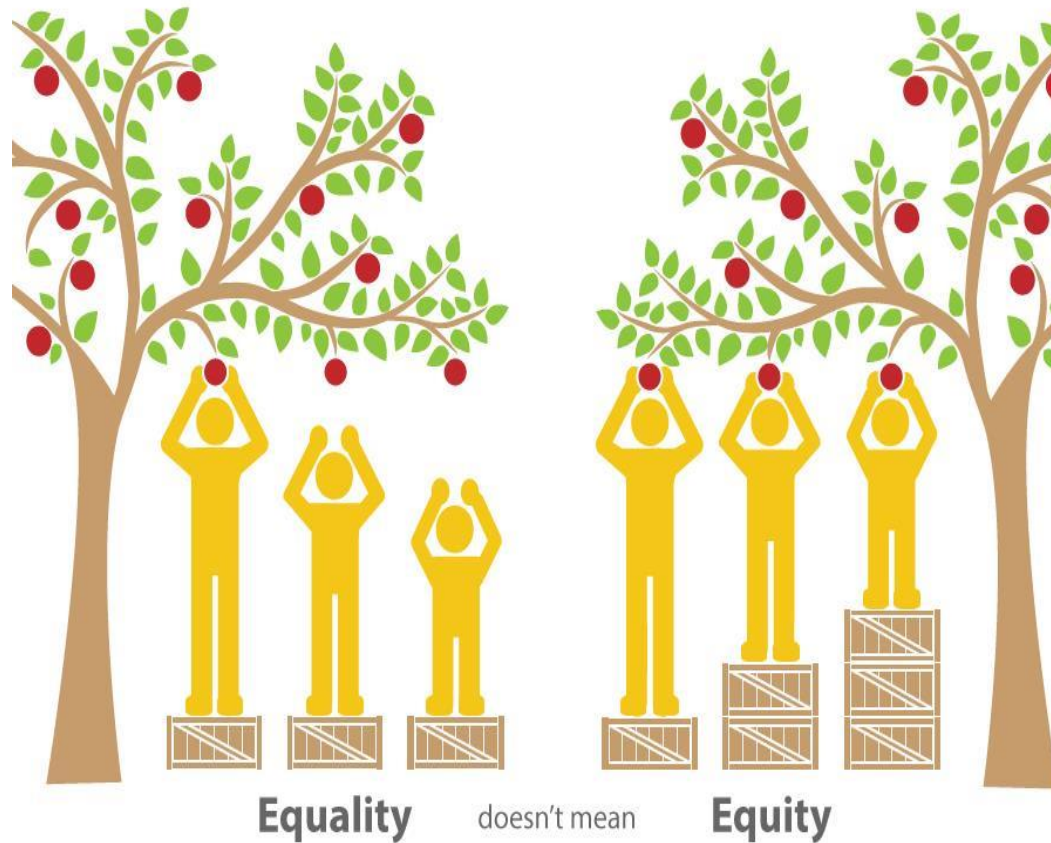
Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



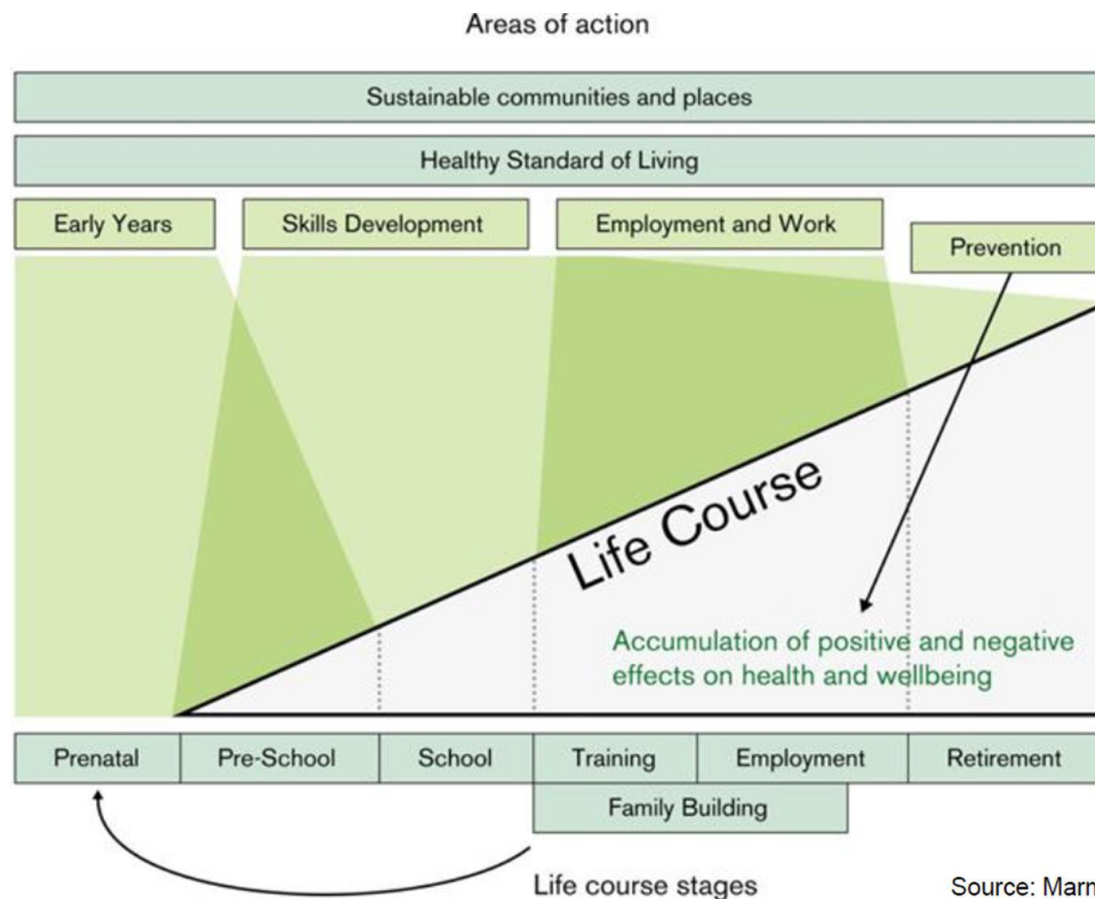
- Life expectancy
- DFLE
- Pension age increase 2026–2046

Source: Office for National Statistics⁵

Equity vs Equality



Prevention across the Life Course



Source: Marmot (2010) Fair
society healthy lives

Prevention Challenges

- Health and Housing
- Health and Work
- Health Behaviours
- New Communities

Health and Housing

“

Our home is not just a dwelling place. It should be a place of comfort, shelter, safety and warmth...it is the main setting for our health throughout our lives

”



Health and Housing

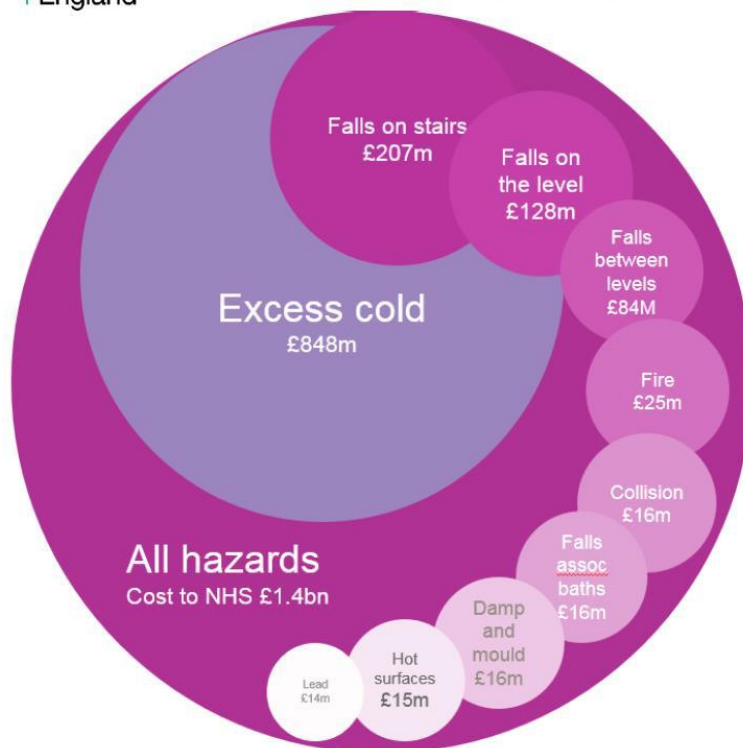
- **A healthy home:** warm, safe, free from hazards
- **A suitable home:** suitable to household size, specific needs of household members eg, disabled people, and to changing needs eg, as they grow up, or age
- **A stable, secure, home** to call your own: without risk of, or actual, homelessness or other threat eg, domestic abuse
- **Healthy communities & neighbourhoods**

Cost of Poor Housing



Public Health
England

Cost of poor housing to the NHS



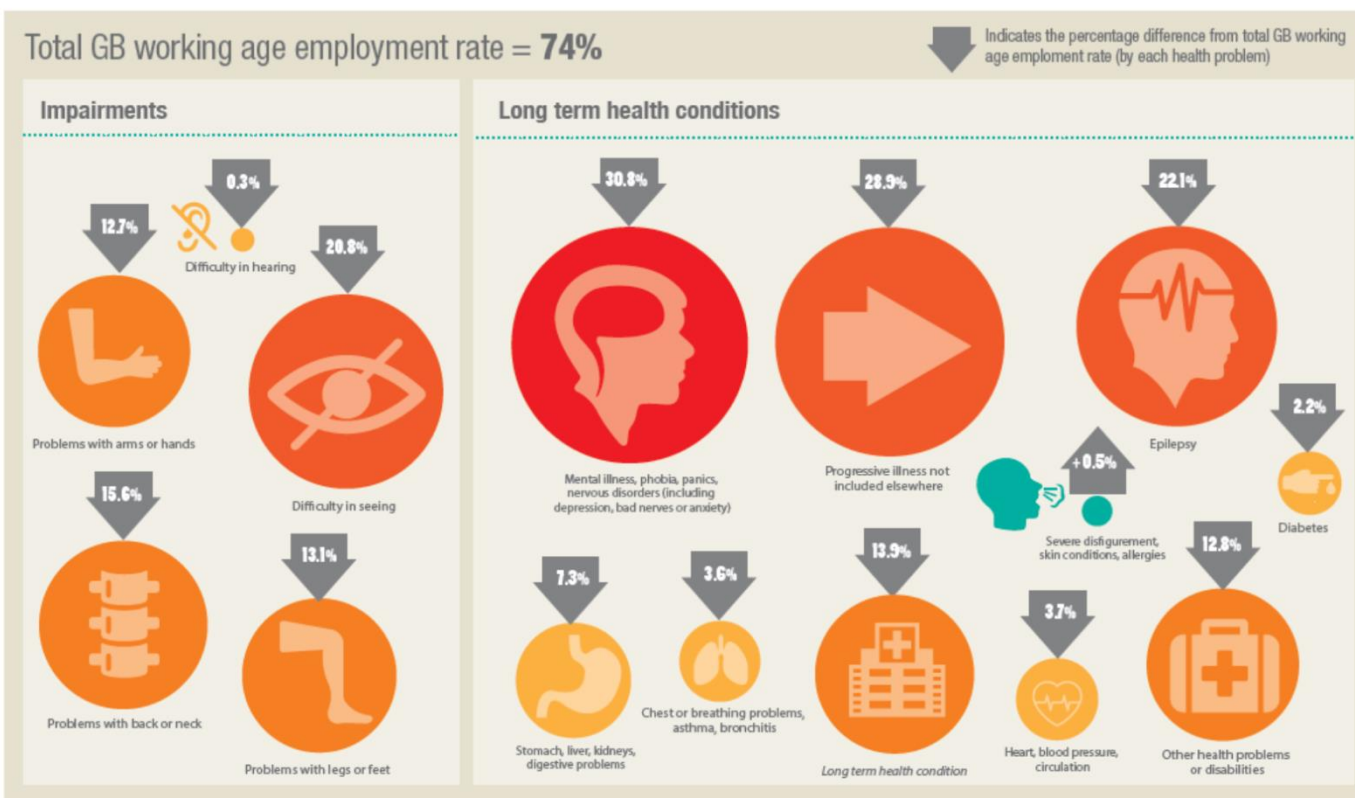
Sources: BRE (2015)
Available from
<https://www.gov.uk/government/collections/housing-for-health>

The Housing Contribution

The right home environment is essential to delivering NHS England's Five Year Forward View, and local authority plans for social care. It can:

- ◆ delay and reduce the need for primary care and social care
- ◆ prevent hospital admissions
- ◆ enable timely discharge from hospital, and prevent re-admissions
- ◆ enable rapid recovery from periods of ill health or planned admissions

Health and Health: Lower employment rates for people with illness/disability



Work and Health Programme

- ◆ Department of Work and Pensions
- ◆ Positive effect of work upon health
- ◆ Decrease in the number of people in benefits
- ◆ Evidence base for workplace health programmes especially mental health and physical activity

Health Behaviours – in later life

Men aged 40 to 60 are:

- ◆ more likely to be obese
- ◆ less likely to smoke and less likely to drink alcohol (although most do)
- ◆ more likely to suffer from a heart condition
- ◆ more likely to be diabetic
- ◆ more likely to report suffering from a mental health disorder

Women aged 40 to 60 are:

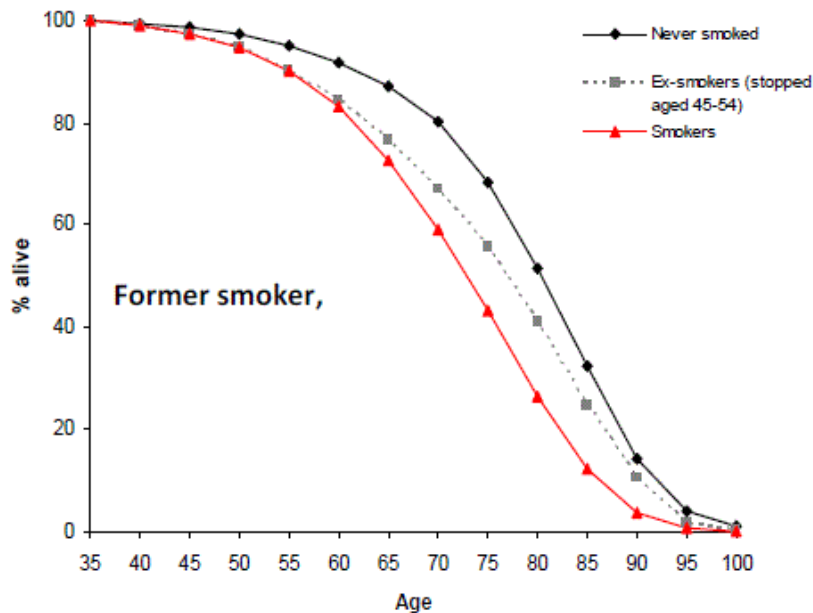
- ◆ more likely to be obese;
- ◆ less likely to smoke and less likely to drink alcohol
- ◆ more likely to be diabetic
- ◆ more likely to report suffering from a mental health disorder

Primary prevention later life

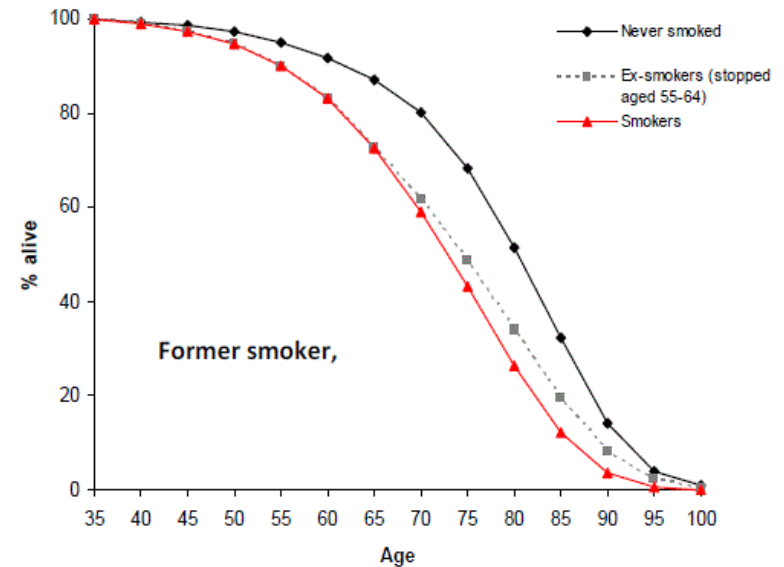
- ◆ Modification of risk factors in later life is still beneficial for health: chronic degenerative disease and ill health are not inevitable concomitants of ageing.
- ◆ A lifecourse approach recognises the impact of earlier exposures to risk factors for health, on-going behavioural choices, and the opportunities for change and support through life-stages.
- ◆ Evidence suggests that interventions which focus on encouraging healthy behaviours in 55-75 year olds may be more effective as they may be more ready, interested and intend to change than individuals in older age groups.

Its never too late!

Former smokers, stopped aged 45-54



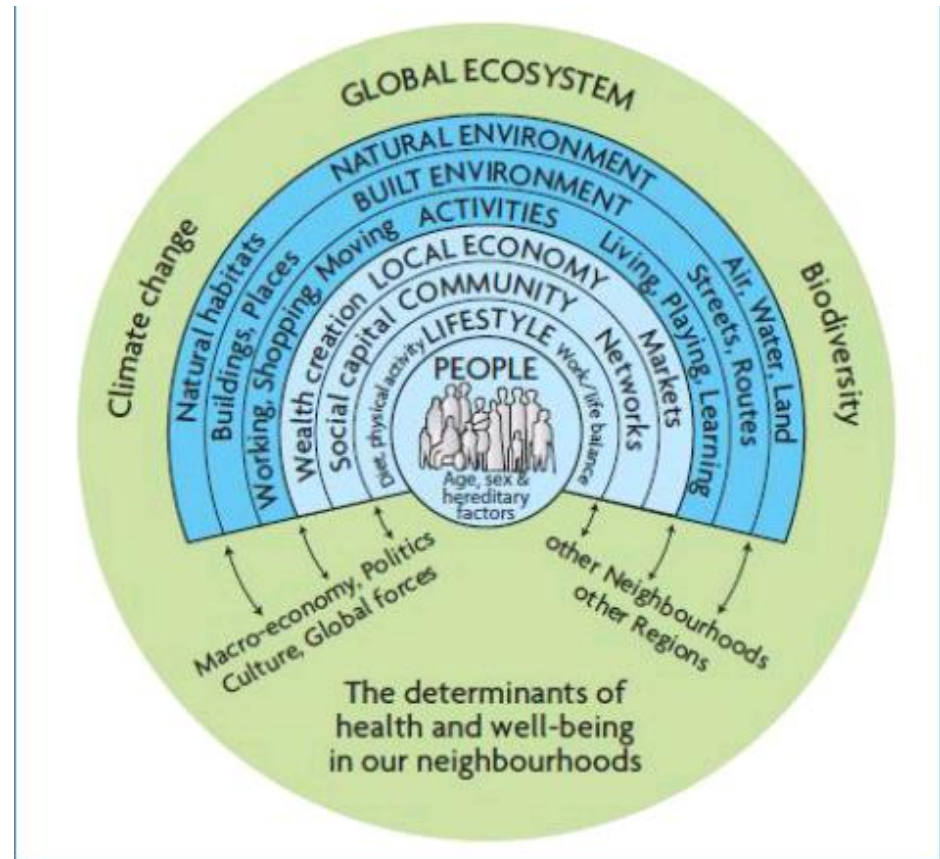
Former smokers, stopped smoking aged 55-64



New Communities

The determinants of health and wellbeing in our neighbourhoods.

Diagram by Barton, H & Grant, M, 2006, derived from Whitehead, M & Dahlgren, G, The determinants of health and wellbeing, 1991.



Social Cohesion and New Communities

The Egan Review 2004

