

Mitchell Institute workshop with Professor Pekka Puska **Workshop notes: Wednesday 7 May 2014**

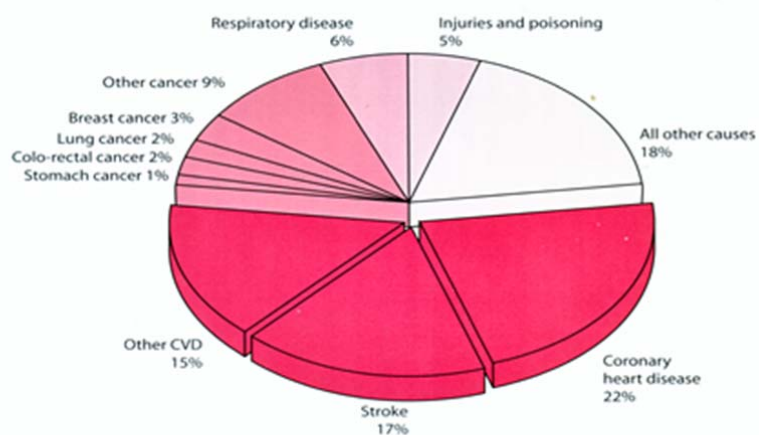
The Mitchell Institute hosted a workshop on 7 May, 2014 with Professor Pekka Puska, Finnish professor and international expert on public health and policy. The aim of the session was to gather a small group of leading academic experts, clinical leaders and policy makers to discuss the central principles of chronic / non-communicable disease (NCD) prevention and management, and to inform the strategy and development of the Mitchell Institute health policy research program which is focused on chronic disease.

Workshop presentation: Professor Puska key points

- Non-communicable diseases (NCDs) have moved to poorer and poorer countries, and within countries, NCDs and their risk factors have moved to lower socioeconomic segments of the population.
- Many countries around the world have good strategies for reducing NCDs. The problem is the implementation gap.
- NCDs represent a large proportion of the health burden (slides 1 and 2) their treatment and the related inequities in health hamper social and economic development.
- Most NCDs are preventable from a medical viewpoint. The science base is strong; we have evidence-based strategies and effective actions (e.g. the WHO Global NCD Action Plan). Problems with implementation are usually political, economic and/or social.
- Where to target interventions needs consideration: do we target the highest risk groups or take a population approach? In Finland, the majority of the burden of NCDs comes from those not in the highest risk group.
- NCD prevention strategies targeting adults (e.g. tobacco control, diabetes prevention) can have quite rapid and long-lasting effects (slide 3). Interventions to prevent NCDs in children typically take much longer to have an effect. All approaches need to be comprehensive, cost effective and sustainable. Population based prevention is key.
- There is too much pessimism about prevention of NCDs. Influencing lifestyles through health promotion and policies is usually cheap, with WHO acknowledging that even “best buy” prevention services are usually inexpensive and cost effective (slide 4).
- There is a tension between personal and public responsibility for health. Improving the health of populations requires approaches acknowledging both. From a public health perspective, reorienting and strengthening health systems and primary care is vital.
- New data is required to best design NCD action strategies. This can include the development of national targets and indicators (based on global versions), and national surveillance and monitoring systems (e.g. causes of death, cancer registers, population risk factor surveys).

- NCD prevention and control is possible and pays off. Comprehensive action, broad collaboration with dedicated leadership and strong government policy support in different areas is needed (slide 5).

Figure 1.1b Deaths by cause, women, latest available year, Europe



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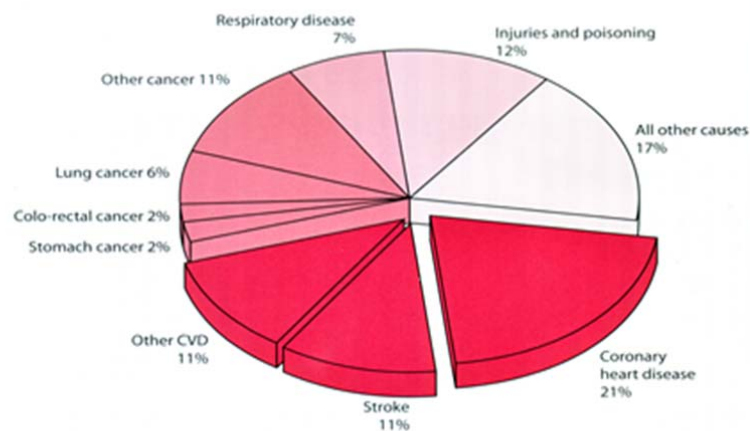
Slides 1 and 2

16.6.2014

Pekka Puska, Director General

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Figure 1.1a Deaths by cause, men, latest available year, Europe



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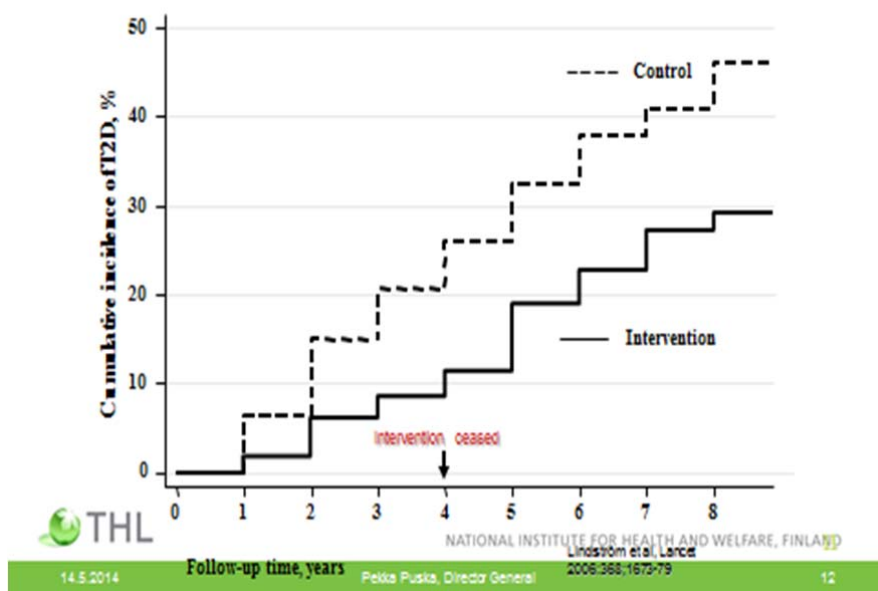
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Pekka Puska, Director General

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Slide 3

DIABETES PREVENTION STUDY, FINLAND



Slide 4

NCD prevention is not expensive

- Influencing lifestyles through health promotion and policies is usually cheap
- Even best buy basic prevention services are usually inexpensive and cost effective (WHO)
- Example: Raising alcohol tax in Finland during the last 3 – 4 years increased government revenue appr. 400 million euros and reduced alcohol consumption 10 %
- Costs of clinical medicine for treatment of CVD, cancer, COPD, diabetes etc. are very high.

Slide 5

Conclusion

- NCD prevention and control is possible and pays off
- Population based NCD prevention by appropriate policies and health promotion activities is the most effective way to improve public health
- Comprehensive action, broad collaboration with dedicated leadership and strong government policy support in different areas are needed
- Prevention through influencing NCD related lifestyles is also the way to support sustainable social and economic development



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Workshop discussion key points:

- Industry plays a crucial role, especially regarding food. Although some companies will push primarily for a focus on personal responsibility, many will be comfortable with sensible, long-term regulation. Governments are often hamstrung by needing to work with industry associations, who default to the lowest common denominator and oppose everything. Companies clearly need to make a profit, but if they can be encouraged to do so from selling healthy food, this is a win-win. It's important to engage with industry on these issues.
- Making positive public health improvements is essentially a societal change problem. The key factor is often coordinated leadership (not only political but also from within the community, in business and the media) that allows jurisdictions to leapfrog ahead in their approaches.
- The type and strength of evidence required to precipitate policy change is often different from that used in research. However, sometimes policy makers claim that "more evidence is required" (or a different type, e.g. cost effectiveness research) as an excuse for other perceived barriers (e.g. too expensive, not politically popular). Research and evidence need to take account of real world factors.
- A national coalition or leadership group on chronic diseases has great potential, particularly if this is done in the context of engaging with government, opinion leaders and the public. The ongoing process of revisiting the Commonwealth's 2005 National Chronic Disease Strategy provides a good opportunity for this work.
- The fitness, weight loss and health food industries do play a role in dealing with lifestyle diseases, although they tend to only be accessible to more affluent people. Weight loss programs can be

effective for individuals, but do not work at a population level, particularly as commercial programmes do not discriminate between high and low risk groups for whom intervention may be more or less effective. Raising awareness of the importance of healthy lifestyles is important, but it can tend to lead people to look for miracle cures rather than adopting tried and tested long-term approaches (healthy diet, more physical activity).

- Engaging with communities is an important factor in driving change, and this needs to occur at the personal level – “getting your boots deep in the mud”. In particular, identifying the groups and institutions in communities that can influence change (e.g. schools, workplaces) is key. MI’s approach to work firstly with communities (Brimbank) but also look at system-level issues is valuable. An early community “win” (either big or small) will help cement this approach, with the best option probably being something involving children (e.g. an oral health program that accounts for issues such as the abundance of sugar and dental workforce issues). MI can play a critical linking role in its work with Victoria University’s Chronic Disease Prevention and Management (CCDPM) and Brimbank City Council.
- MI and CCDPM (through VU) have a strategic position in the Melbourne’s west, where there is a high prevalence of chronic diseases. Many residents in the region come from culturally and linguistically diverse communities, which are at greater risk of developing chronic disease.
- The role of the community in health intervention projects is essential, as a setting for interventions, a target for change, an agent with developmental capacity, and a resource with a high degree of ownership and participation.

The workshop concluded with a general endorsement of the Mitchell Institute health policy program approach and participants agreed to continue contact with the MI program team and work.

About Professor Puska:

Professor Puska has had a significant influence on Finnish public health research and practice for several decades, and more recently has provided international leadership in population-based prevention of NCDs.

As Director and Principal Investigator, for 25 years from the 1970s, he led the North Karelia Project in Finland to reduce and prevent cardiovascular disease, achieving an 80 per cent reduction in cardiovascular disease mortality among the working age population, as well as a dramatic general improvement in public health. The project is widely seen as a model for successful population based prevention of cardiovascular and other non-communicable diseases.

Professor Puska was Director General of the National Institute for Health and Welfare (THL), Finland, from 2009 to 2013, and from 2003 to 2009 led the National Public Health Institute of Finland.

From 2001 to 2003, Professor Puska was the Director for Non-communicable Disease Prevention and Health Promotion at the World Health Organization (WHO) headquarters in Geneva. Professor Puska directed the WHO work on integrated prevention of NCDs targeting the main risk factors (tobacco, unhealthy diet and physical inactivity) through health promotion, national programmes, policy measures

and regional networks. This work culminated in adoption of the Global Strategy on Diet, Physical Activity and Health by the World Health Assembly in 2004.

Internationally, Professor Puska is the President of the International Association of National Public Health Institutes (IANPHI). He has also served as the Chair of the Governing Council of the WHO International Agency for Cancer Research (IARC) and as the President of the World Heart Federation.

About the Mitchell Institute Health Policy Research program - proposed structure and strategy:

The Mitchell Institute health program is focused on chronic disease and the need for a whole-of-population approach to policy, funding and services.

The aim of the health policy and research program is to propose, promote and inform a whole-of-population approach in policies, funding, institutional arrangements and service models to better prevent and manage preventable chronic disease in Australia.

The health program will focus on two specific output streams: policy papers in conjunction with expert working groups and a national coalition or forum on chronic disease prevention and reduction; and policy research projects to be undertaken in conjunction with the MI research community partner, Brimbank City Council, with the Victoria University Centre for Chronic Disease Prevention and Management (CCDPM), directed by Professor Max de Courten, the Active Living and Public Health (ISEAL Centre) led by interim coordinator Dr. Jannique van Uffelen, and the Victoria Institute for Strategic Economic Studies (VISES), directed by Professor Bruce Rasmussen.

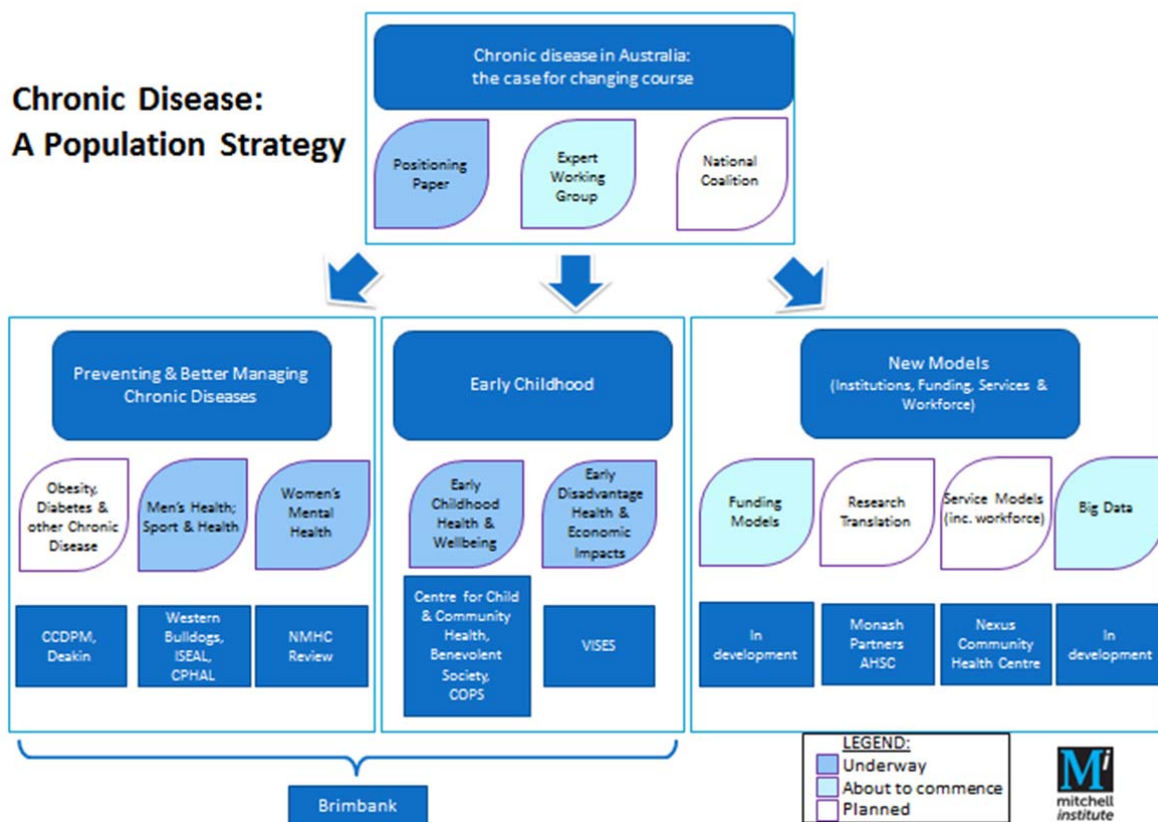
The MI health program's structure and planned outputs are outlined in the following schematic: 'Chronic Disease: A Population Strategy'. This outlines both projects and outputs that are currently underway or in development, and anticipated projects and outputs that will be initiated as resources and capacity become available.

The program of work is to be undertaken over a 2–3 year timeframe with the expectation that individual policy research projects will be designed, commissioned and undertaken in conjunction with Brimbank City Council and with VU and other university partners in 2015 - 2017. The program structure has an additional focus on influencing Commonwealth Government priorities around the 2016 Budget and on national, state and territory election cycles to 2017.

The program structure comprises four work streams:

- The case for change: positioning paper and national coalition;
- Preventing and better managing chronic diseases: project opportunities with which MI has been able to engage in order to inform this area of work (Western Bulldogs Men's Health program, women's mental health in response to the National Mental Health Commission review of mental health services) and future projects with a focus on the Brimbank community to be developed in conjunction with CCDPM and ISEAL Active Living and Public Health.

- Early childhood health and wellbeing: in conjunction with an Expert Working Group with future projects anticipated to focus on the Brimbank community and, where possible, other communities to demonstrate effective and efficient new approaches to health and chronic disease risk factors in early childhood.
- New models for institutions, funding arrangements, services and the health workforce: models that can be shown to deliver change in health service capability to improve prevention, reduction and treatment of chronic disease. Initial projects include a commissioned policy issues paper on preferred funding arrangements to deliver effective and efficient services relevant to chronic disease prevention and better management; a project partnership to undertake analysis of health administrative data relevant to the Brimbank population health outcomes and access to health services, and of Victorian patterns of access to and outcomes of health services for chronic disease management; and engagement in design, development and policy evaluation of a community health centre strategy to achieve integrated medical, nursing and allied health primary, secondary and community based health interventions and outcomes measurement for a particular geographic community.



Mitchell Institute for Health and Education Policy



About the Victoria University Centre for Chronic Disease Prevention and Management

The VU Centre for Chronic Disease Prevention and Management (CCDPM) has been established within the College of Health and Biomedicine to consolidate and expand VU research capacity in chronic disease. The Centre will work closely with the Mitchell Institute health program.

The overarching strategy of the Centre is to undertake research that is aimed at translating its findings towards the reduction of the burden of chronic disease, for both individuals and society, through prevention and better management. The Centre will also use VU's strategic position in the West of Melbourne – an area with high prevalence of chronic diseases such as cardiovascular disease, cancer, diabetes, obesity and mental illness – to study and translate research into clinically relevant interventions, community programs and meaningful policies.

CCDPM has six research focus areas: lifestyle-influenced diseases, psychosocial health and determinants, cancer and inflammation, advanced food systems, workforce research, and community-centred intervention research. In particular, the role of the community in health programs will be central to the Centre's work, with community being the setting for interventions, a target of change, an agent with developmental capacity, and a resource with a high degree of ownership and participation.

The Centre includes researchers and academics from all disciplines allied with health and chronic disease prevention and management, working across VU's internal research groups and programs. The facilities and resources available range from biomedical and cell culture laboratories, to cutting edge human metabolic testing facilities, to nutrition teaching clinics. CCDPM will also actively collaborate with external partners in industry and the community.