PREVENTION OF

cardiovascular disease, diabetes and chronic kidney disease

TARGETING RISK FACTORS

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Summary

This is the first report to present a systematic approach to monitor prevention in Australia. Using a new conceptual framework, this report focuses on prevention of the modifiable risk factors for the three closely related conditions of cardiovascular disease, diabetes and chronic kidney disease. These diseases account for around a quarter of the burden of disease in Australia, and just under two-thirds of all deaths. The risk factors discussed include smoking, high blood pressure, high blood cholesterol, obesity and physical inactivity. Drawing on data from a wide range of sources, the report covers three aspects of prevention: the prevalence of the risk factors, initiatives aimed at the whole population and services provided to individuals.

Main findings

Risk factors (Chapter 2)

Most of the risk factors are common:

- physical inactivity, overweight and obesity, and high cholesterol affect over 50% of adults
- smoking and high blood pressure affect 20–35% of adults.

The prevalence of some risk factors is increasing, notably obesity, which rose from 11% of adults in 1995 to 24% in 2007–08. Indigenous Australians and people from lower socioeconomic groups are particularly affected more than others.

Population-level interventions (Chapter 3)

There are many population-level interventions aimed at these risk factors. The most commonly used are public awareness campaigns and community interventions such as school-based programs. Interventions are delivered by many groups, including the Australian, state and local governments, as well as by non-government organisations. However, there is currently a lack of systematic data available on these interventions.

Individual-level services (Chapter 4)

Almost half a million health checks, which can be used to identify these risk factors, were done through Medicare in 2007–08 and the rate is increasing. Medications also play an important role in managing the risk factors. Around a fifth of all medicines supplied in the community in 2007 were for lowering blood pressure, and another 8% were for lowering cholesterol.

Next steps

There is clearly a need for ongoing monitoring in the area of prevention. However, better data are needed, in particular those based on measurement rather than self-reported data, as well as systematic data on population-level initiatives.
Prevention of cardiovascular disease, diabetes and chronic kidney disease
1 INTRODUCTION

Background

Prevention of disease or ill health is a major aim of the health care system. Despite this, monitoring prevention has not previously occurred in a structured way in Australia. Some information relevant to prevention is contained in various documents (for example AIHW 2004, 2008c,d; Britt & Miller 2009; Queensland Health 2008) but a detailed assessment of prevention services and the related outcomes has not previously been undertaken. Internationally, the World Health Organization has focused on the importance of prevention (WHO 2005). Despite this, very few countries appear to be systematically tracking their progress in the area, particularly in the services aimed at prevention.

Expenditure on prevention is low compared with other health care activities. Some information on expenditure by the health system on ‘public health’ is available (AIHW 2008j), where public health covers communicable disease control, selected health promotion, organised immunisation, environmental health, food standards and hygiene, screening programs, prevention of hazardous and harmful drug use, and public health research. While this definition of public health does not include all aspects of prevention, such as preventive care in general practice, it does give an indication of the relative expenditure on prevention-type activities. The analysis shows that expenditure on public health accounted for 1.9% of total health expenditure in 2006–07, having increased by 5.6% per year between 1999–00 and 2006–07.

Increased focus on prevention

Prevention has been receiving increased attention in Australia in recent years. This attention has been in a number of areas, including policy discussions and health service planning. However, there has not been a great deal of attention on how Australia monitors its efforts in prevention. There have been calls for the development of performance indicators for prevention services and evaluation of programs (Oldenburg & Harper 2008; Russell et al. 2008), but less about monitoring more broadly, including analysis of prevention services.

The National Preventative Health Taskforce was established in 2008 to provide advice to governments and health providers on prevention, with a particular focus on tobacco, alcohol and obesity. The major discussion paper compiled by the taskforce (NPHT 2008) stressed the importance of monitoring and surveillance but did not include details about how this should be done. An options paper (Moodie et al. 2008) prepared for the National Health and Hospitals Reform Commission proposed a national prevention agency, whose role would include the ‘development of national capacity in surveillance of chronic diseases’, along with other functions. The commission’s final report (NHHRC 2009) also proposed a national prevention agency. The recently released final report of the National Preventative Health Taskforce (NPHT 2009) outlines the National Preventative Health Strategy. The report reiterates the importance of ongoing data, surveillance and monitoring to support the proposed increased focus on prevention.