



HEALTH PROMOTION EFFECTIVENESS

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OECD Economics of Prevention

- Developing a framework for the economics of prevention of chronic diseases
 - Understanding the mechanisms through which chronic diseases are generated
 - Discussing the scope, potential and incentives for intervention
 - Devising methods for assessing prevention programmes
- Application to 3 key behavioural risk factors, so far:
 - Diet & physical activity (Obesity prevention)
 - Harmful Alcohol Use.

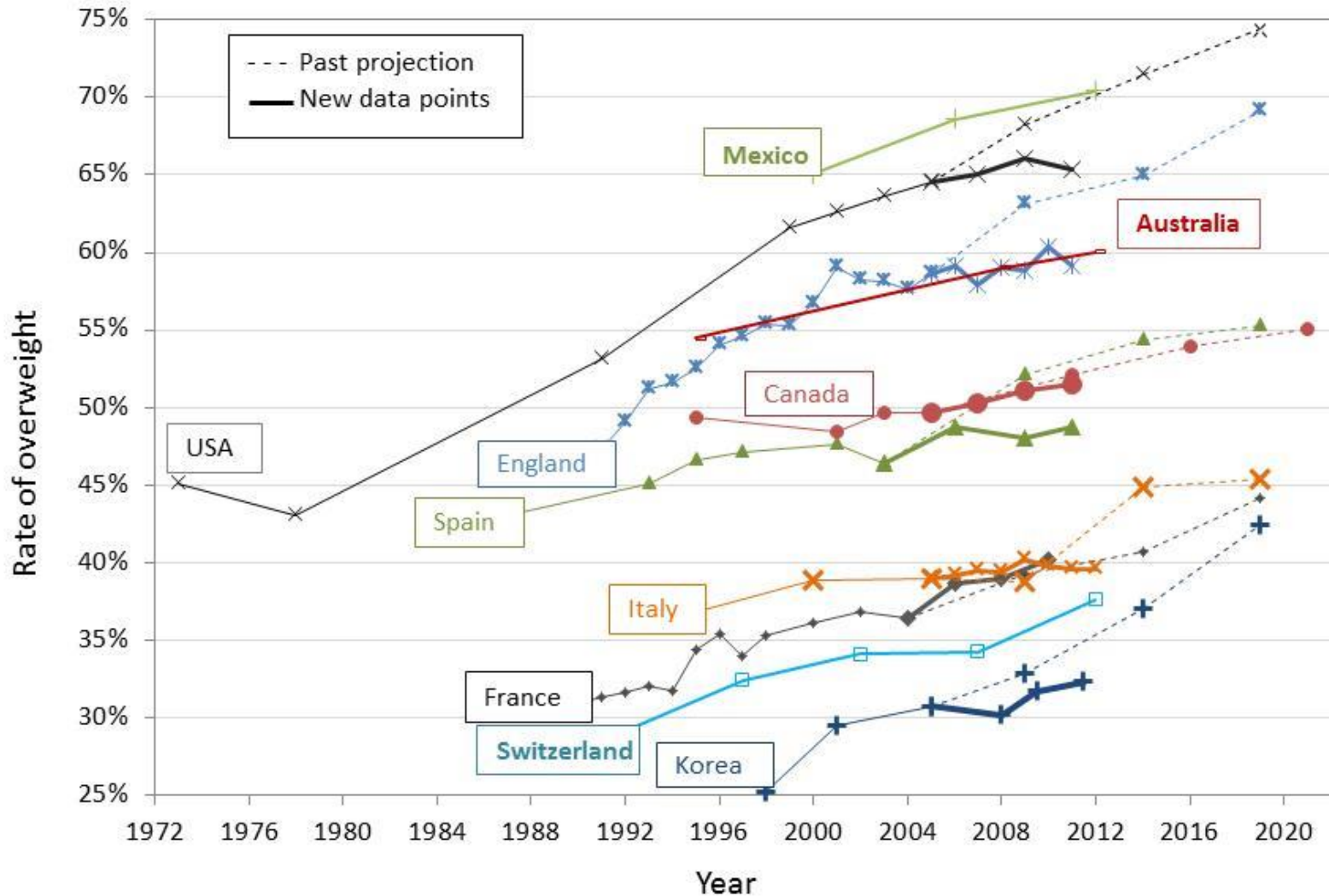


Analysis of Trends and Social Disparities

- Obesity rates have increased in the last few decades, with signs of a slowdown in recent years in a few countries



Trends and Projections for Overweight Adults





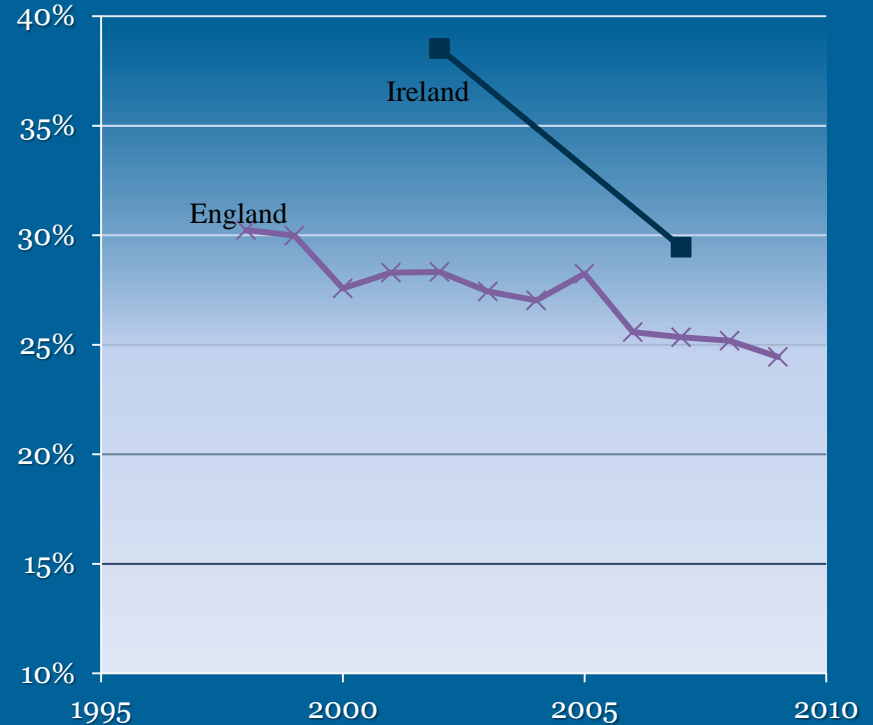
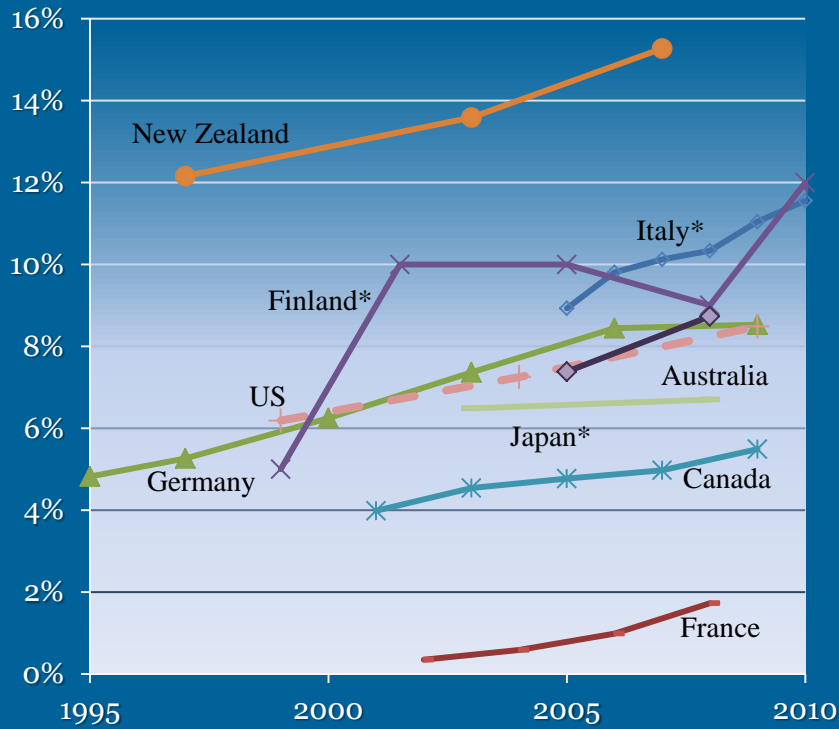
Analysis of Trends and Social Disparities

- Harmful use of alcohol has increased in young people and especially in women



Heavy episodic drinking has increased in young women

Women aged 18-24



HED at least once a month in Japan and once a year in Italy; crude weighted rates in Finland (age-standardised elsewhere)
Source: OECD estimates on national survey data.

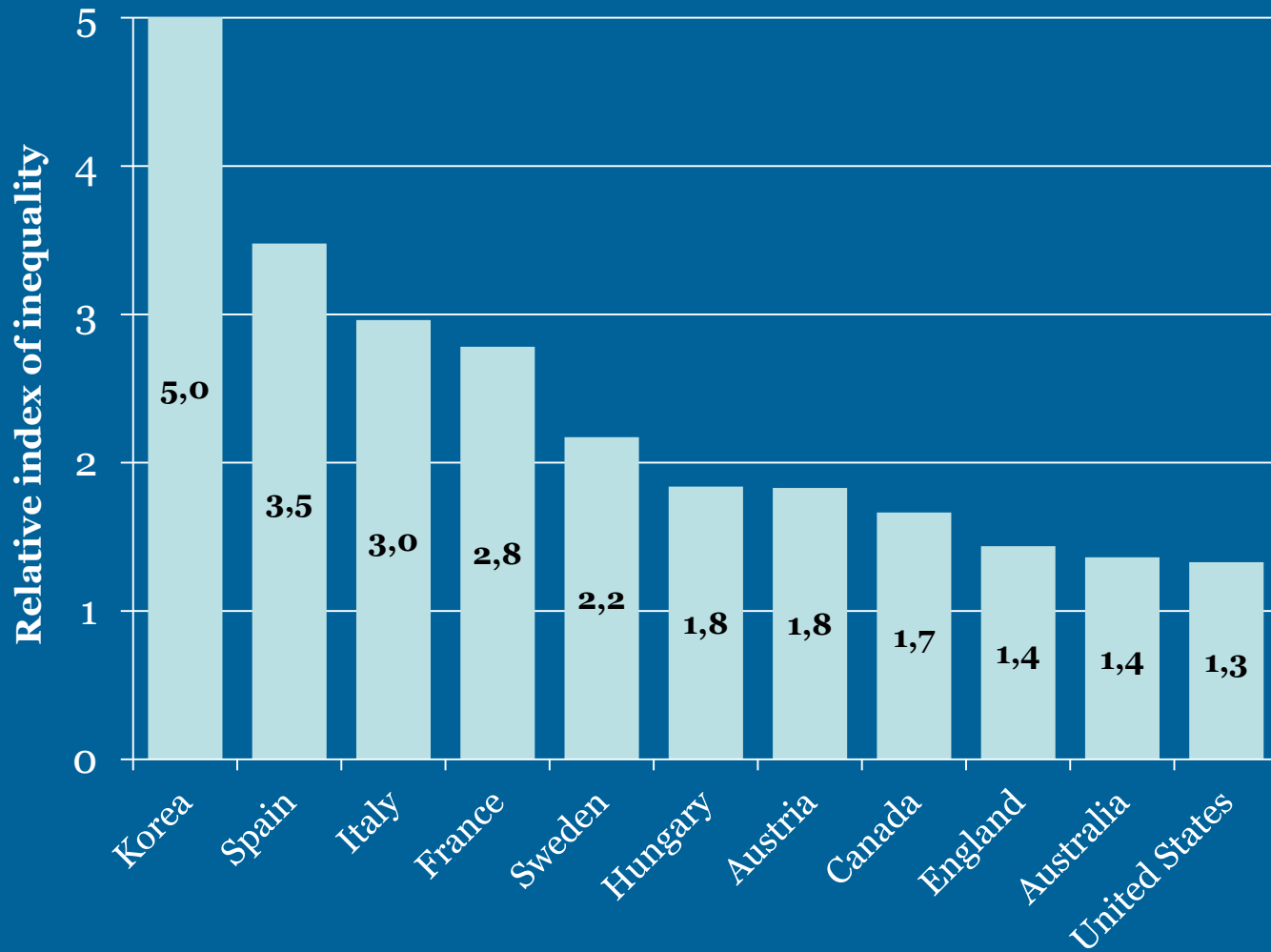


Analysis of Social Disparities

- Social disparities in obesity are marked in women



Women with lower education level are more likely to be overweight





Analysis of Social Disparities

- Men with lower SES are more likely to drink at risk, while
- Women with higher SES are more at risk.

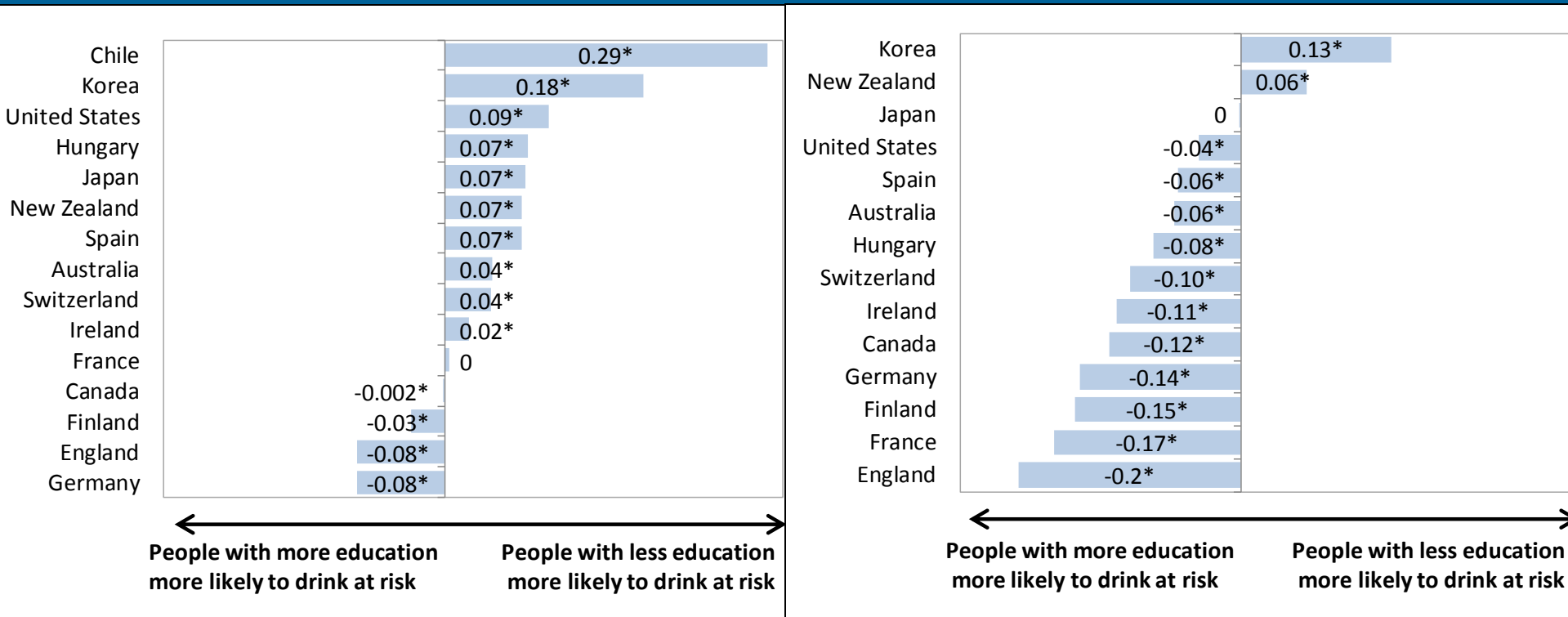


Social disparities in hazardous drinking

Concentration index by education level

Men

Women





Policy options evaluated in the OECD CDP models

	Price policies	Regulation/enforcement	Education	Healthcare
Diet, Physical activ, Obesity		Self-regul. advertisement	Mass media campaigns	Physician counselling
		Compulsory food labelling		Physic/dietic counselling
	Fiscal measures to change price (tax/subsid)	Regulation advertisement	School-based programmes	
			Worksite interventions	
Alcohol consumption	Minimum pricing	Drink drive enforcement		Brief Intervention
		Limit opening hours		Drug / psychos ther



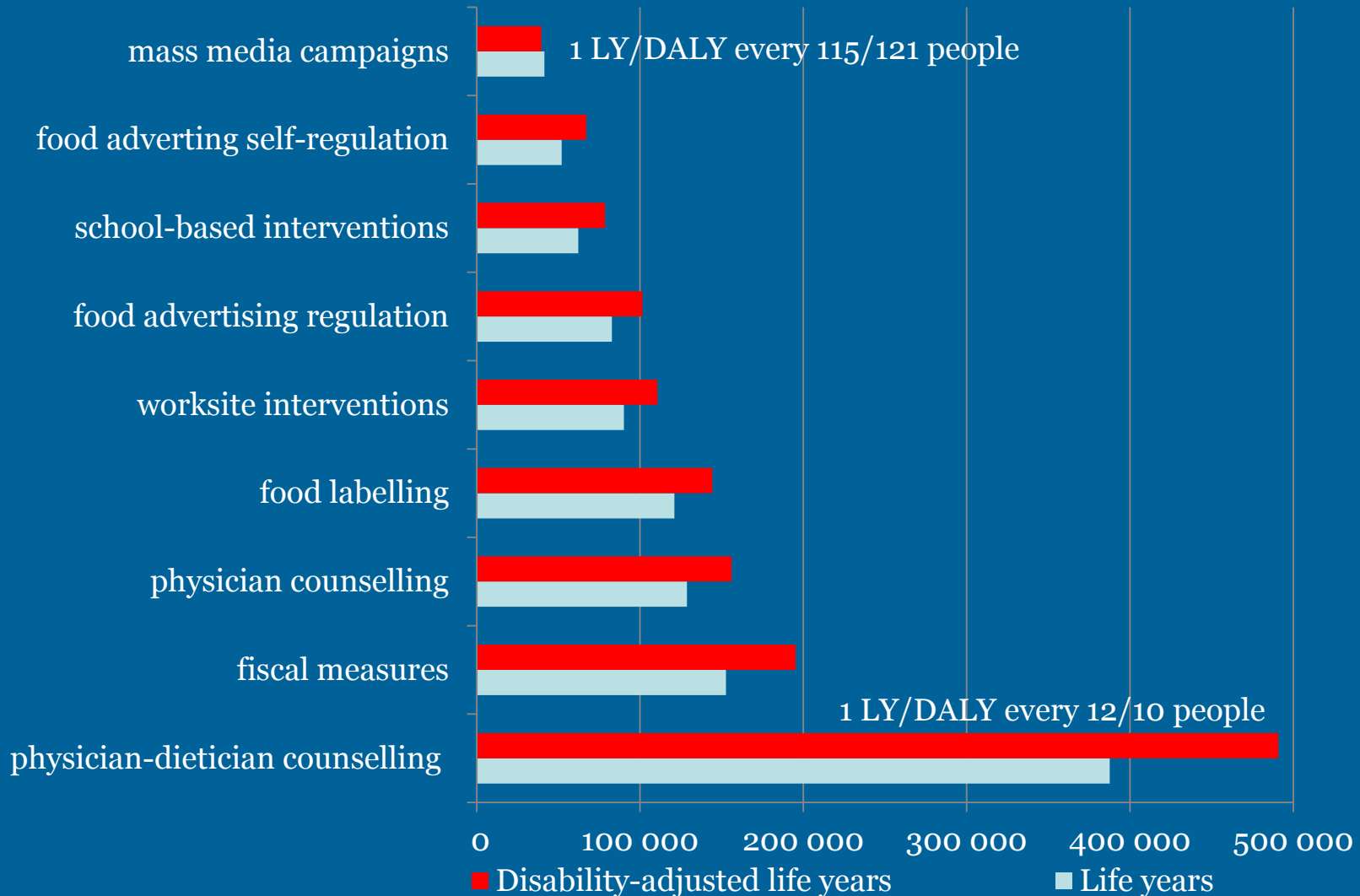
Assessment of Policy Outcomes

- Prevention policies improve health



Health Outcomes of Obesity Prevention (LY & DALY)

Average effects per year, in West-central Europe

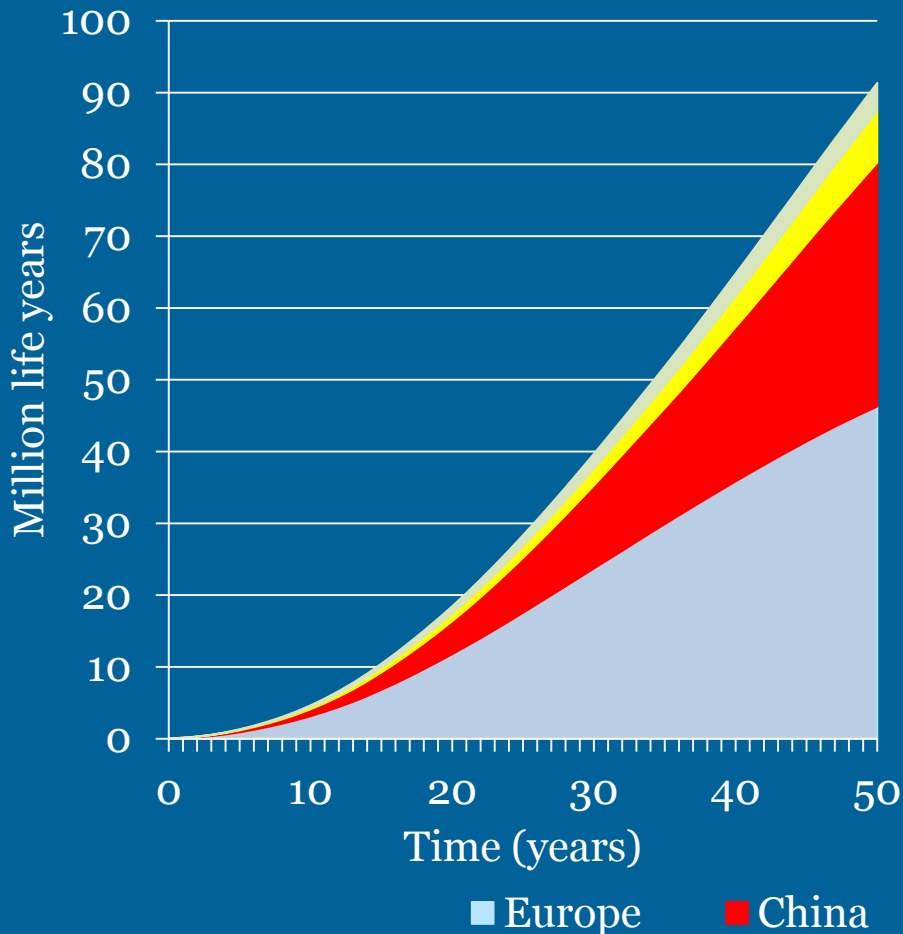




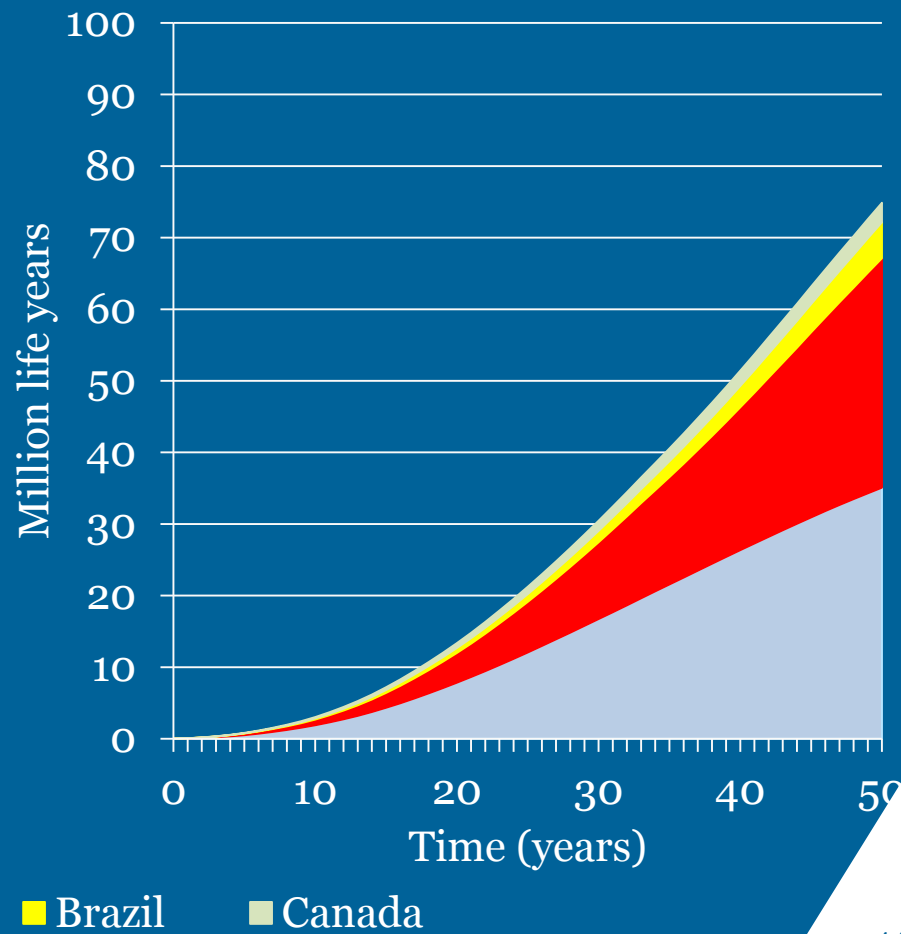
Health Outcomes Over Time (Diseases)

Years of Life Free of NCDs

Cancers (lung, colorectal, breast)



Cardiovascular diseases



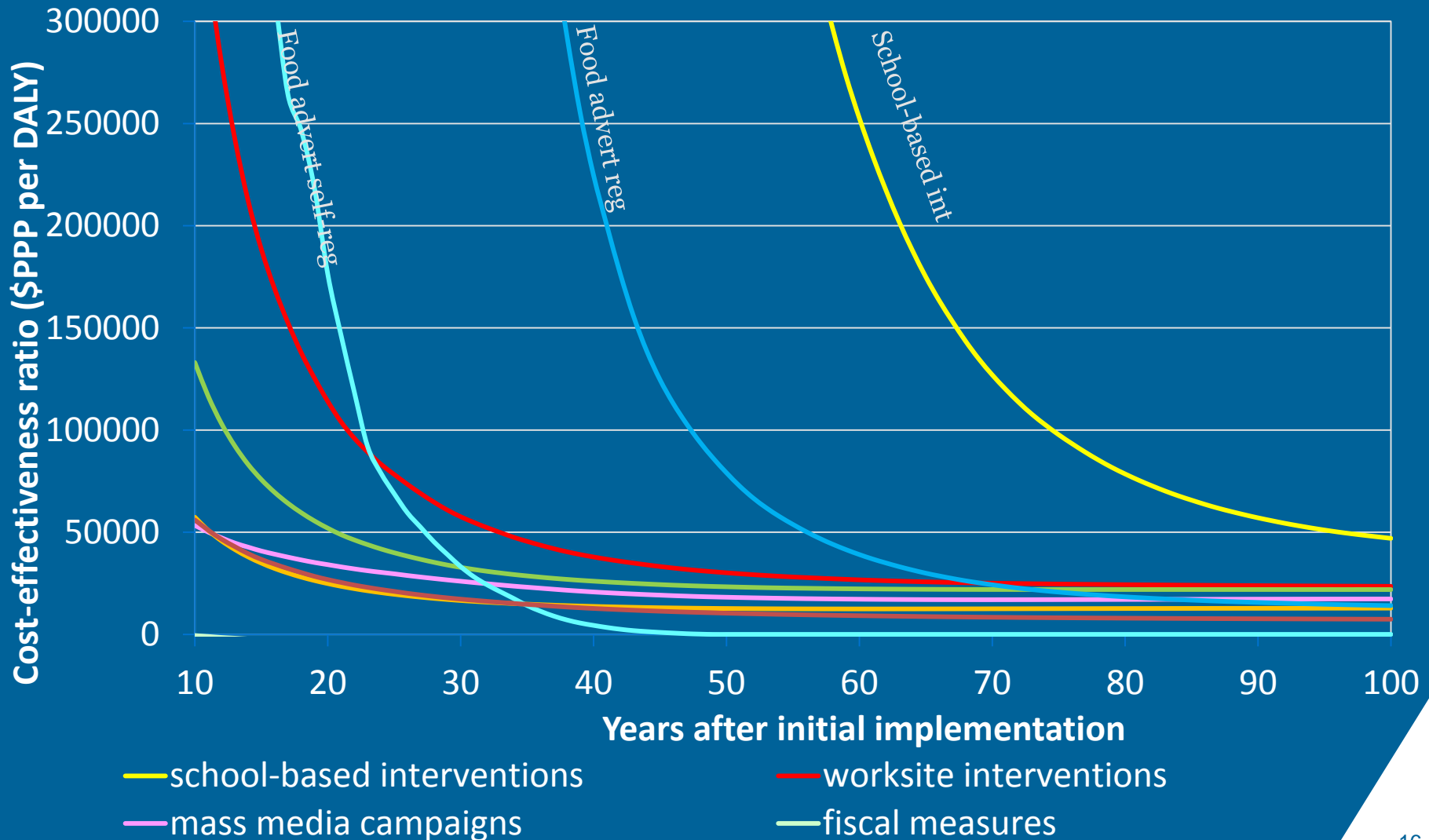


Assessment of Policy Outcomes

- Prevention policies do not always save money, but are in most cases cost-effective

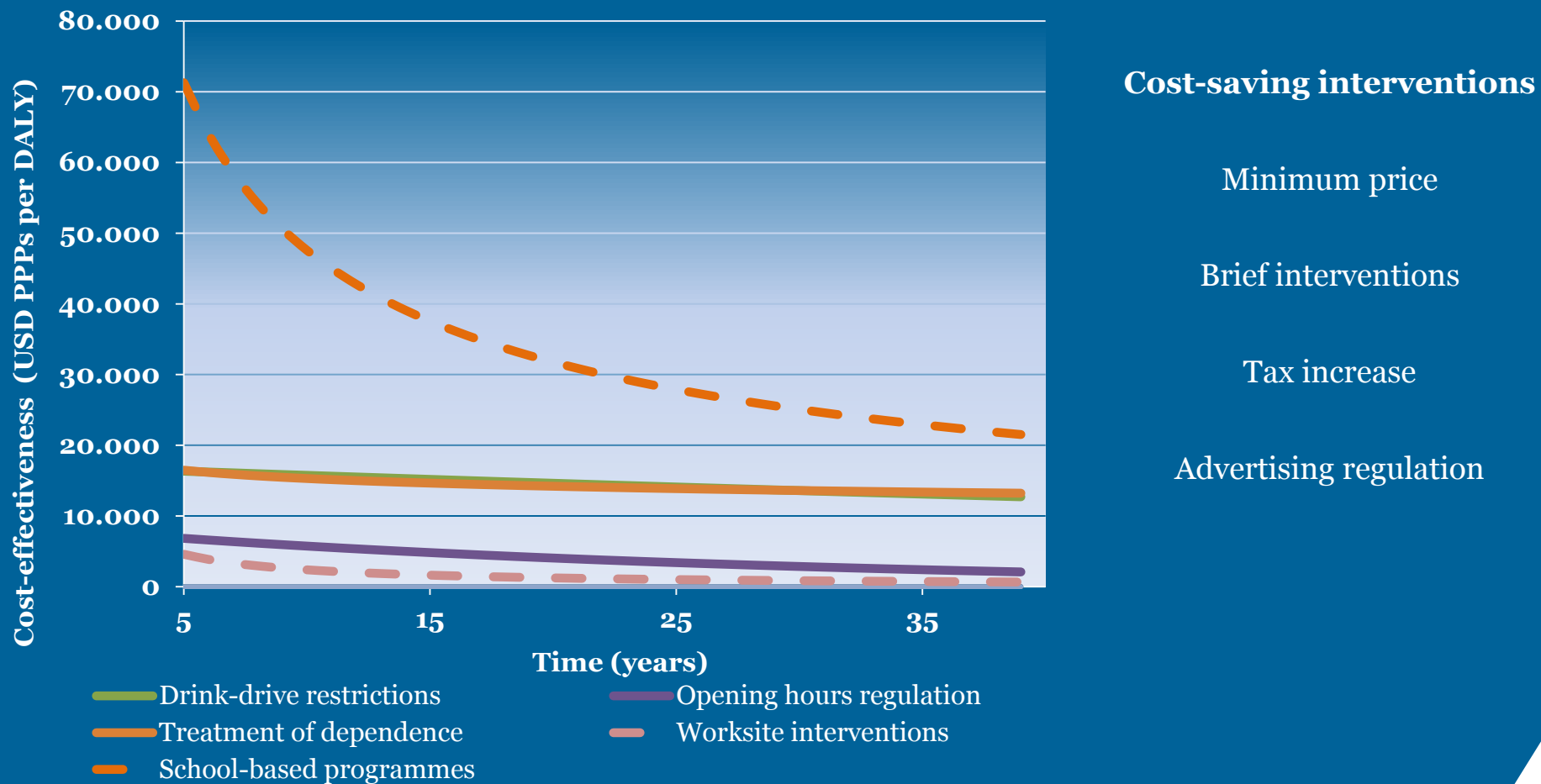


Cost-Effectiveness of Preventing Obesity-related diseases (Western-Europe)





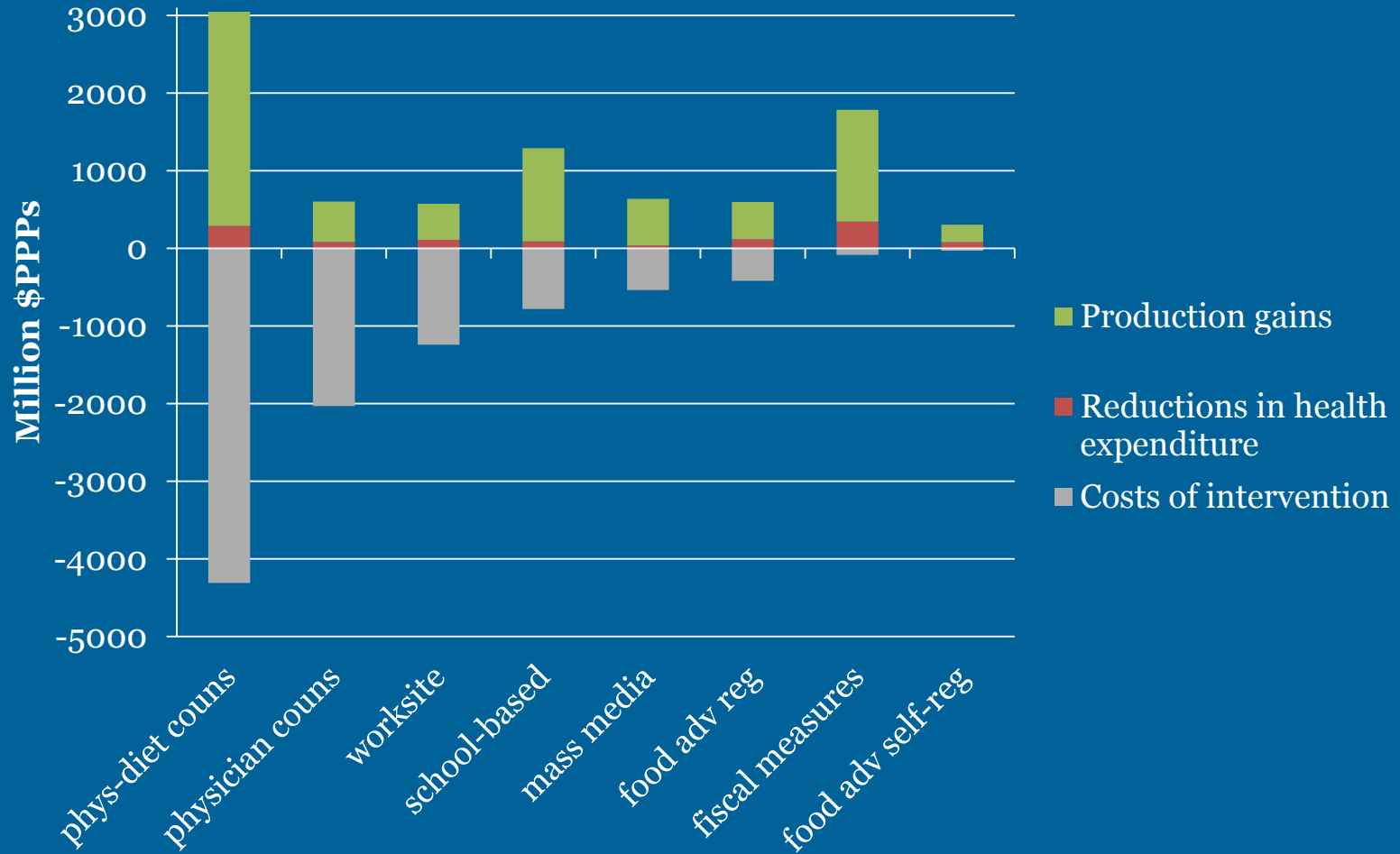
Cost-effectiveness of alcohol policies (Czech Republic)



Further analyses as dotted lines



Economic Effects of Obesity Prevention





Assessment of Policy Outcomes

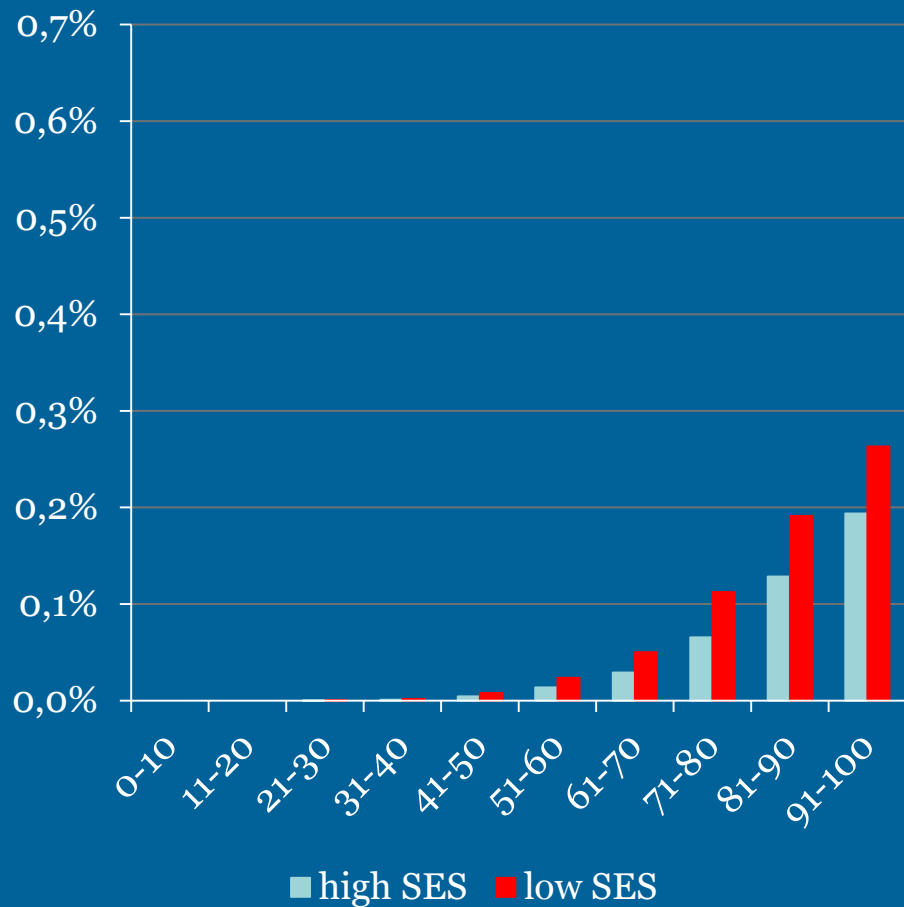
- Prevention policies can reduce health inequalities



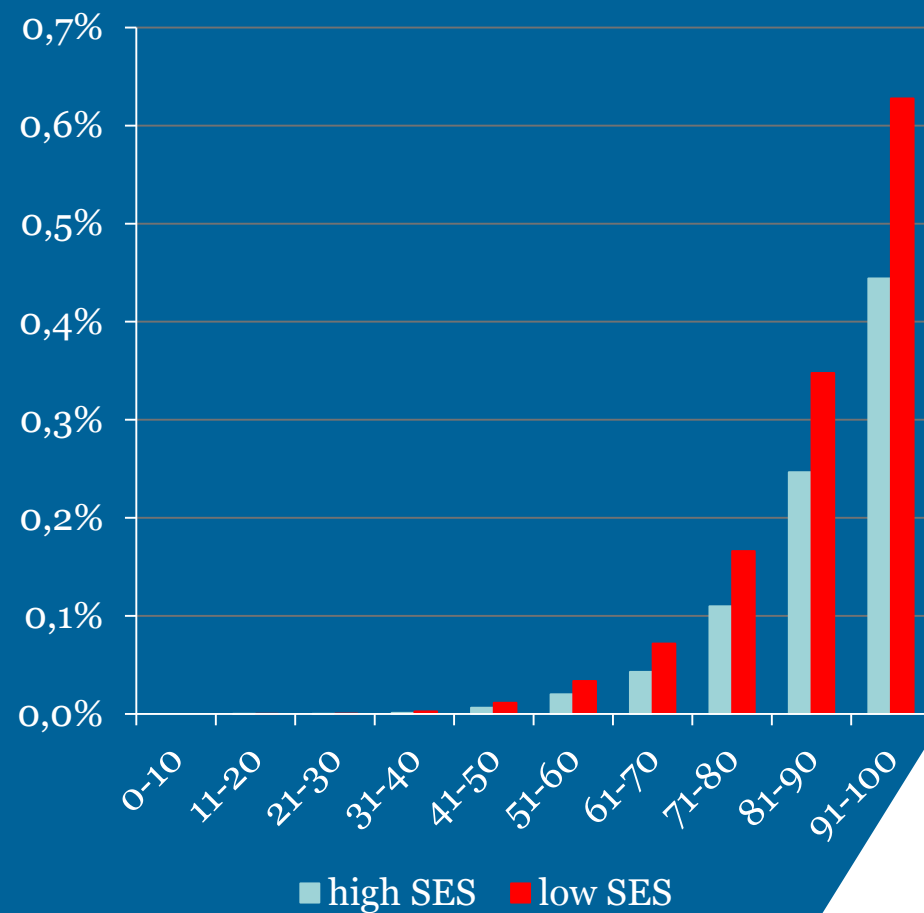
Impact on Inequalities

Life-year gain by age group

Worksite interventions



Fiscal measures





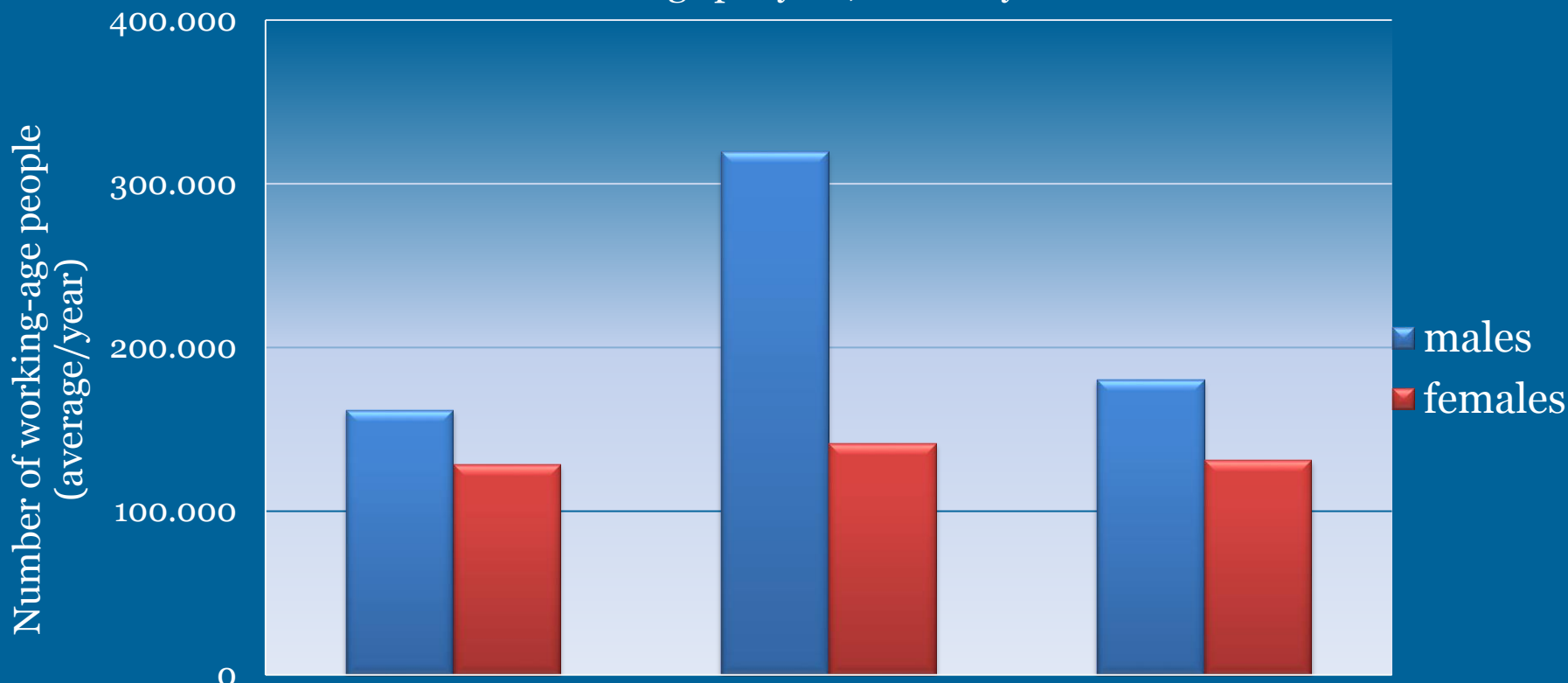
Assessment of Policy Outcomes

- Prevention policies can limit the negative labour market outcomes of chronic diseases, and thus, alleviate social inequalities.



Health Gains from Alcohol Prevention in Working-Age population

Number of people who will not incur alcohol-related diseases
Average per year, Germany



regulatory package

health care package

mixed package

regulatory package
health care package
mixed package

Tax incr, open hrs reg, advert reg
Brief int, treatm depend
Tax incr, drink-dr restr, treatm depend, open hrs reg



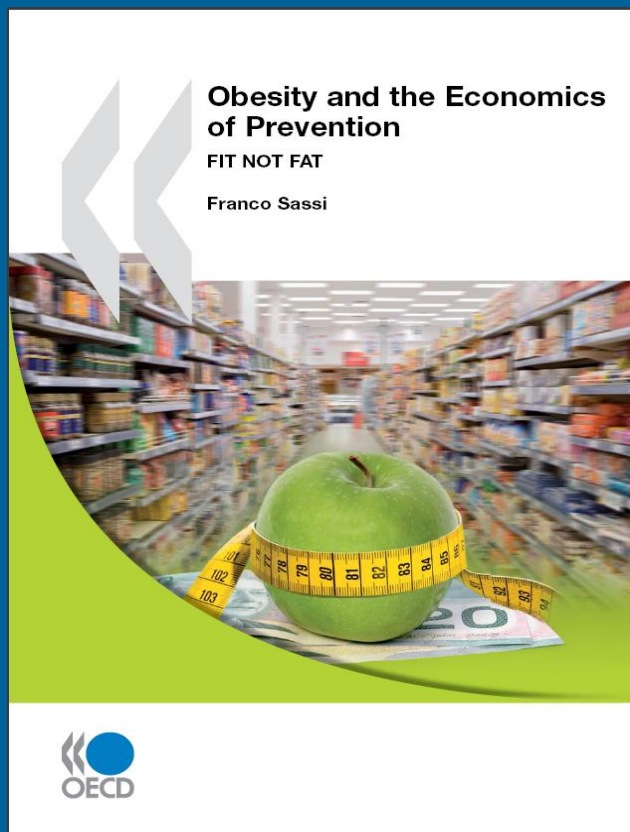
Key Policy Implications

- Prevention is an effective and cost-effective way to improve population health
- Prevention can decrease health expenditure and reduce inequalities, but not to a major degree
- Policy packages combining population and individual approaches provide best results
- Prevention can improve labour market outcomes, and alleviate social inequalities

Thank you!

More info: www.oecd.org/health/prevention

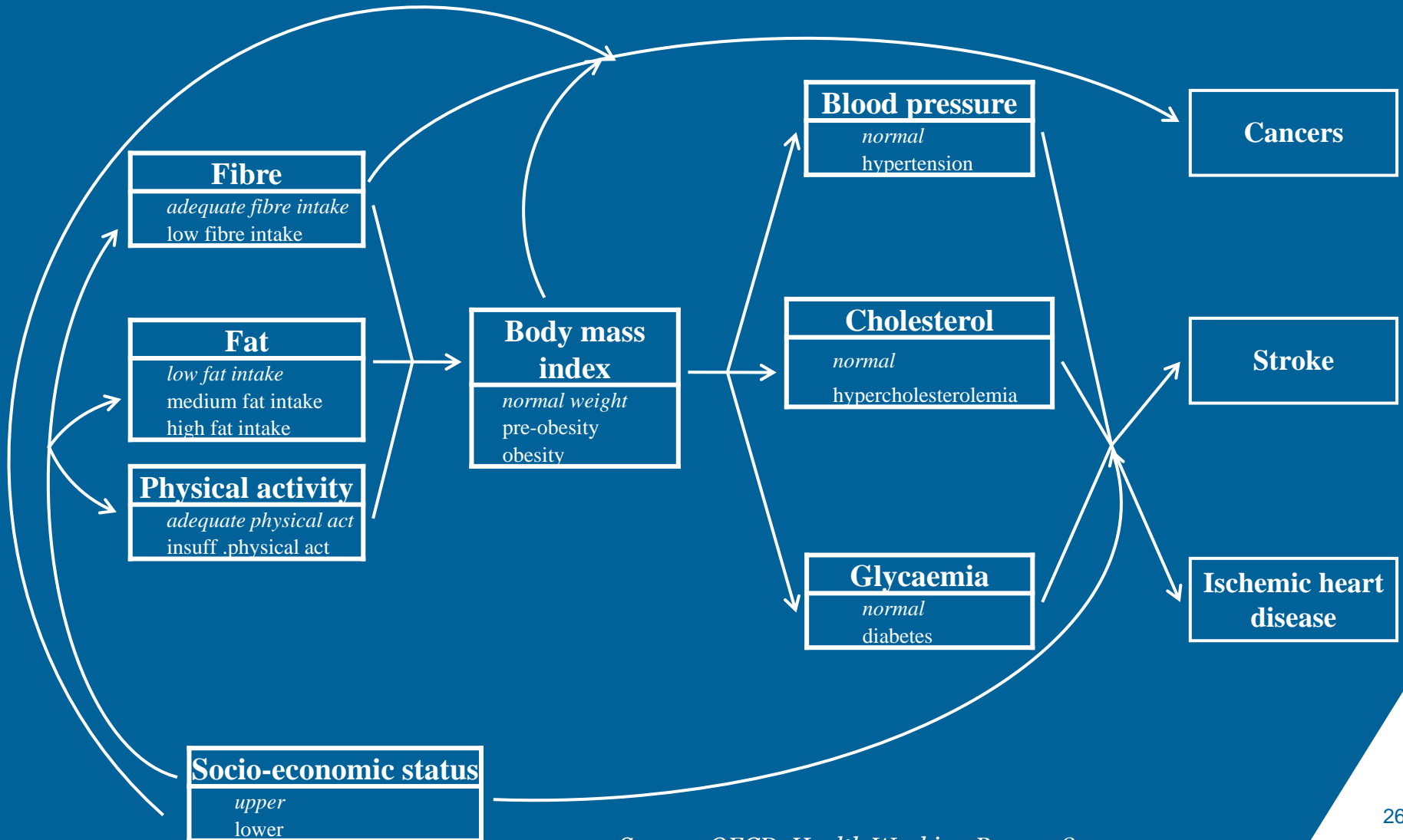
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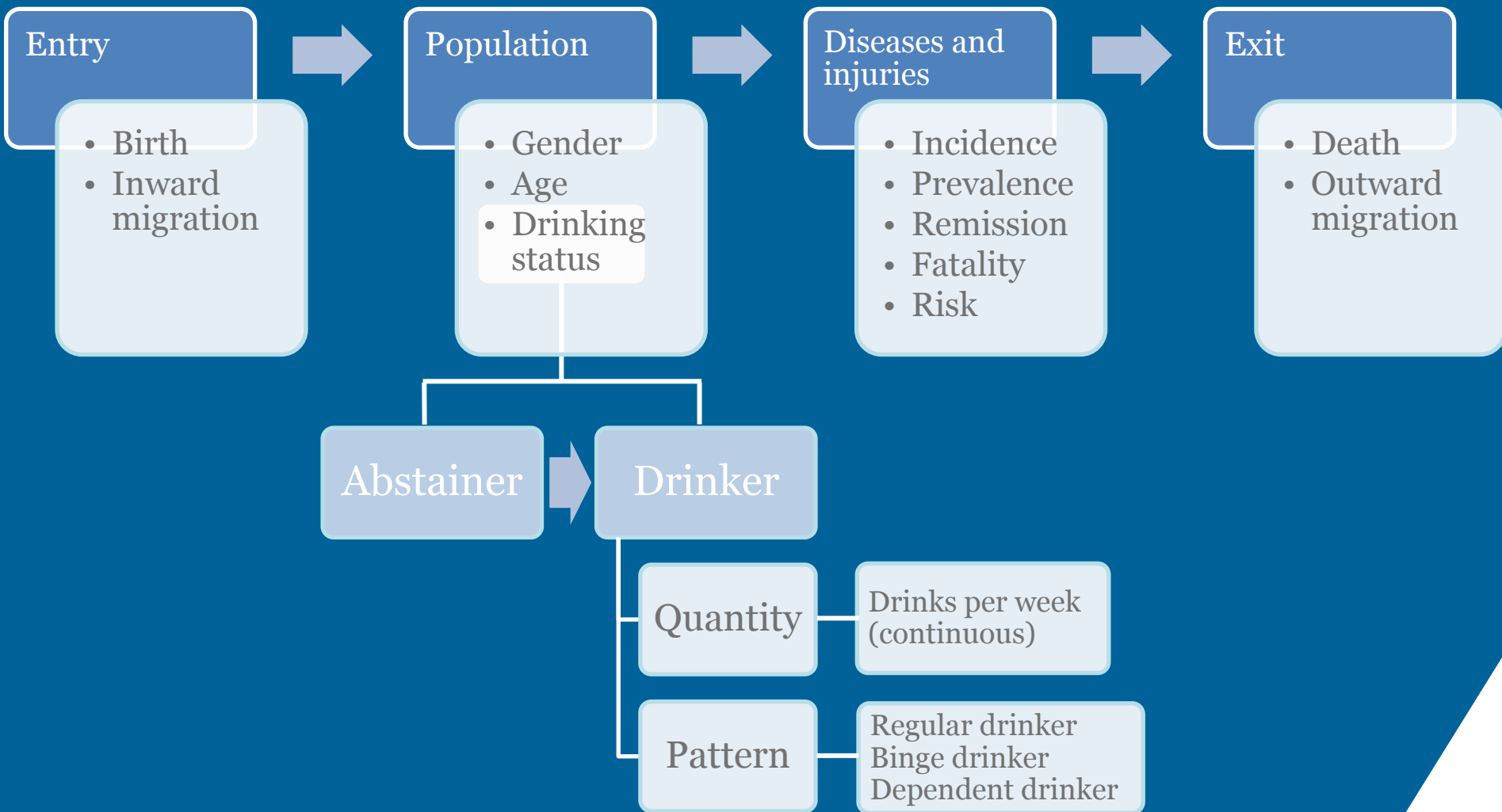


Assessment of Policy Outcomes with the OECD/WHO CDP Model





The CDP-Alcohol Model





Included Alcohol-related Conditions

