Investment for health and well-being: developing and using infographics as an advocacy tool in Wales

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1.C. Skills building seminar: Health information is beautiful: communicating health information through infographics, 10th European Public Health Conference, Stockholm, 01-04/11/2017
Rationale
Accelerating the Momentum

**Challenges**
- Demographic
- Globalisation
- Inequalities
- Health and care
- Sustainability

**Evidence**
- Effectiveness
- Cost-effectiveness
- ROI/SROI/‘Best buys’
- Wider societal benefits
- Economic growth

**Innovation**
- Science
- Technology
- Management
- Social

Immediate pressures on the public sector + Future generations - long term sustainability
Enabling

Policy Context

Enabling legislation

Sustainable Development Principle

Building resilience across the life-course and settings

Addressing wider economic, social and environmental determinants of health

Addressing harmful behaviours and protecting health

Prudent Healthcare Principles

Systems Working

Prevention

Integration

Collaboration

Involvement

Greatest need first

Reduce variation

Use evidence

Do no harm

Co-production

Only do what is needed

Only do what only you can do

The 4 principles of prudent healthcare

CARE FOR those with the greatest health need FIRST

Do only WHAT IS NEEDED

Reduce INAPPROPRIATE VARIATION

Cymru Public Health Wales

Ichyd Cyhoeddus Cymru Public Health Wales

For further information visit www.prudenthealthcare.org.uk
Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales
A. Building resilience across the life course and settings
   1. Ensuring a good start in life for all
   2. Promoting mental well-being and preventing mental ill health
   3. Preventing violence and abuse

B. Addressing harmful behaviours and protecting health
   4. Reducing the prevalence of smoking
   5. Reducing the prevalence of alcohol and substance misuse
   6. Promoting physical activity
   7. Promoting a healthy diet and preventing obesity
   8. Protection from disease and early identification

C. Addressing wider economic, social and environmental determinants of health
   9. Reducing economic and social inequalities and mitigating austerity
   10. Ensuring safe and healthy promoting natural and built environments

These areas are interrelated and interdependent, sharing common determinants and solutions.
Process & Structure

• Rapid (scoping) systematic evidence review & synthesis:
  – international + national publications
  – ‘high level’, e.g. SRs, WHO reports, etc.
  – recent
  – population health indicators, surveys...
  – disaggregated data where possible – gender, inequalities

• Expert meeting, contribution and feedback

• Both present (short-term) & future (long-term) perspective

• Wide target audience

• Not exhaustive but focusing on the priorities!

• Professional design guided by authors

• Tailored to the Welsh context (also data!)

• Presentation: executive summary, infographics, supporting evidence
Addressing Alcohol Misuse in Wales

Alcohol remains a major threat to public health in Wales

- 45% 34% 17% 14%
- Adults report drinking above the recommended guidelines
- 11-16 years of age, drink at least once a week - more than in Scotland, Ireland and England
- 1986/87 to 2010/11, alcohol consumption has increased
- Pure alcohol sold per adult per year: 9.5 litres in 1986/87, 10.6 litres in 2010/11

Alcohol remains a major cause of death and ill health with high costs to the individual, the health system, the society and economy in Wales

- Health impact: Alcohol is associated with more than 200 types of chronic disease, accidents and injuries.
- 1,500 deaths per year, 1 in 20 of all deaths.
- Alcohol hurts the poorest the most.

- Cost to overall economy: Heavy drinking increases the risk of unemployment and absences from work. 800,000 working days per year lost due to absences. 1 million working days lost due to job loss or reduced employment opportunities.

- Societal impact for Wales: Alcohol is associated with more than 6000 cases of domestic violence each year. More than £1 billion cost of harm to society each year.


The Solutions

Brief advice in primary care is cost-effective

- Every £1 spent on motivational interviewing and supportive networks for alcohol dependence returns £5 to the public sector.

'Best buys' which could reduce consumption, harm and costs if fully enforced are:

- Introducing a minimum unit price (MUP) of 50p/ unit of alcohol:
  - Wales would save: £882 million over 20 years from reduced health harm, crime and workplace absence.

  53 deaths and 1,400 hospital admissions per year with greatest impact in deprived communities amongst heavier drinkers.

- For each year of good life restored, Wales would save:
  - £385 - £1,000 - Limiting availability (outlet density, hours and days of sale).
  - £700 - £770 - Better control of advertising.

A combined strategy could save 10 to 20% of the alcohol burden on the individual, society and the economy.

Note: This infographic is part of the 'Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales report. The methods and sources of information are available in the 'Supporting Evidence' document on the Public Health Wales website. Where possible, latest figures for Wales are presented. Where unavailable, figures for Wales have been estimated from the latest UK/England/other data on unadjusted per capita basis.
Smoking in Wales

Smoking is the largest single preventable cause of ill health and death in Wales.

- Smoking causes 5% adult hospital admissions: 27,700 and 18% adult deaths: 5,450.

1 in 5 adults smoke.

Smoking rates are:
- 2½ higher in the most deprived populations
- 4 higher in the long term unemployed

1 in 5 pregnant women smoke resulting in:
- Higher risk of miscarriage, premature birth, and low birthweight
- Higher risk of sudden infant death
- 50% higher risk of lower respiratory infections and asthma
- Hospital admissions in children: 571

Childhood exposure to tobacco smoke is of concern. 1 in 5 children aged 10-11 yrs are exposed to second hand smoke at home resulting in:

The percentage of people smoking in Wales is decreasing.

- Adults who smoke: 29% in 2004/05, 26% in 2015, 18%.
- Young people (11-16 yrs) who smoke: 11% in 2002, 3% in 2013/14.

Cost to NHS Wales:
- £386 million per year: 7% of the NHS budget.

Cost to overall economy:
- £791 million per year: including costs related to health care, sickness absence, premature death, and fires.

Addressing Health Inequalities in Wales

In Wales, people in the most deprived areas live more years in poor health, compared to people in the least deprived areas.

- Percentage of life spent in poor health:
  - Least deprived areas: 11% vs. Most deprived areas: 23%.
  - Least deprived areas: 14% vs. Most deprived areas: 26%.

Health inequalities affect a country’s prospects and growth.

- Greater socioeconomic inequality = Poorer economic growth.

Estimated costs of health inequalities to the Welsh economy:
- £1.8 - £1.9 billion: productivity losses per year.
- £1.1 - £1.8 billion: lost taxes and welfare costs per year.

Health inequalities can cross generations.

Children from low income families are at a higher risk of poor health outcomes throughout their lives.

Out of 27 countries, Wales is 11th highest inequality in Europe.

A greater proportion of people living in the most deprived areas in Wales adopt unhealthy behaviours.

- Least deprived areas: 37% of young people consume 5 a day, Most deprived areas: 26%.
- Least deprived areas: 54% of people are obese or overweight, Most deprived areas: 63%.
- Least deprived areas: 23% of people are not physically active in the previous week, Most deprived areas: 40%.

Death rates due to smoking are 2 higher in deprived areas.

1 As percentage of life expected to live.
Challenges

• Complexity of evidence – availability, level (multi-national, national, sub-national, local), method (population, economic methods, etc), comparability, disaggregation, timing (published vs data collection vs estimation)
• Selection of evidence/data – target audience, most relevant, supported by robust evidence, clear, simple & easy to understand, context relevant / specific, impact (size matters)
• Visualisation of terms/concepts...
• Design consistency (graphics, colours, size/proportion, place, alignment, text)
• Ethical issues – images for smoking, obesity, inequalities, etc.
• Accuracy vs simplicity - pictures (graphics) vs text - brief vs clear
• ‘One size doesn’t fit all’
• Lack vs Multiple data (examples)
• Generalisation and practice application
• References / sources & adaptation (if any)
• Time & resources
Impact and follow up

National:

- Build on the momentum / use ‘window of opportunity’
- **Strategic & policy** use: Welsh Government, National assembly, Public Health Wales
- **Practical organisation / service** use: collaboration & joint work within the NHS & between the NHS and other sectors, e.g. PSBs
- Supports **cross-sector governance (Whole-of-Government) and investment** for health and well-being
- Using **evidence, principles & values**, statutory duty...
- Support with **methods & tools**: HIA, HiAP, Life Course, SROI...

International:

- WHO European ‘equivalent’ on ‘Investment for Health and Wellbeing’
- WHO CC
- Interest from other countries/regions, e.g. Flanders
Ensuring the well-being of current and future generations

A Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being
Hamelmann, Dyakova, 2017
1. **Business as usual** is unsustainable as it has high costs for individuals, families, communities, society, the economy and the planet.

2. **Investment** in public health policies provides effective, efficient, inclusive and innovative solutions.

3. Investment for health and well-being is a driver and an enabler of **sustainable development** and vice versa, and it **empowers** people to achieve the highest attainable standard of health for all.
Thank you!

Relevant links: