Chronic disease indicators

AHHA Primary Health Data Collaboration Network

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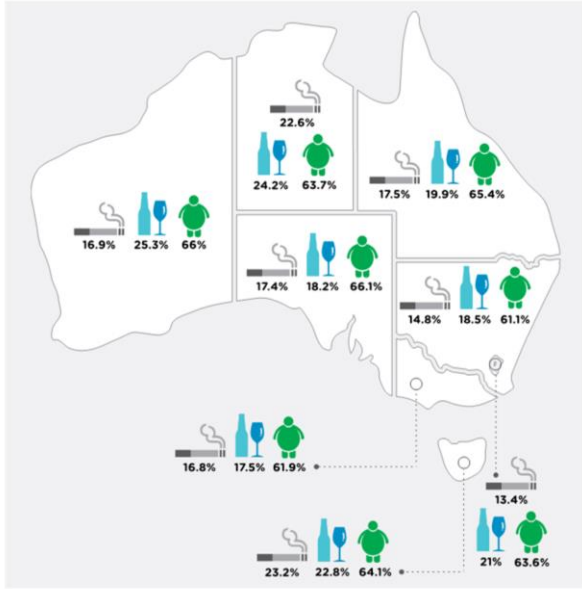
Chronic diseases – what we know well

- The predominant causes of illness, premature mortality and health system utilisation
- High personal, family and community costs
- Reduce workforce participation and productivity for the individual and for their primary carer
- Have a major adverse impact on Australia's economic prosperity with significant direct and indirect costs
- 'If chronic disease was eliminated, the full-time workforce and hence productivity could increase by 10%' (Business Council of Australia, 2011)

In May 2013, UN Member States formally adopted the WHO global monitoring framework for the prevention and control of NCDs, including nine global targets and 25 indicators, as part of a comprehensive "Omnibus" Resolution at the 66th World Health Assembly. This requires all countries to set national NCD targets; develop and implement policies to attain them; and establish a monitoring framework to track progress.

Where Australia stands

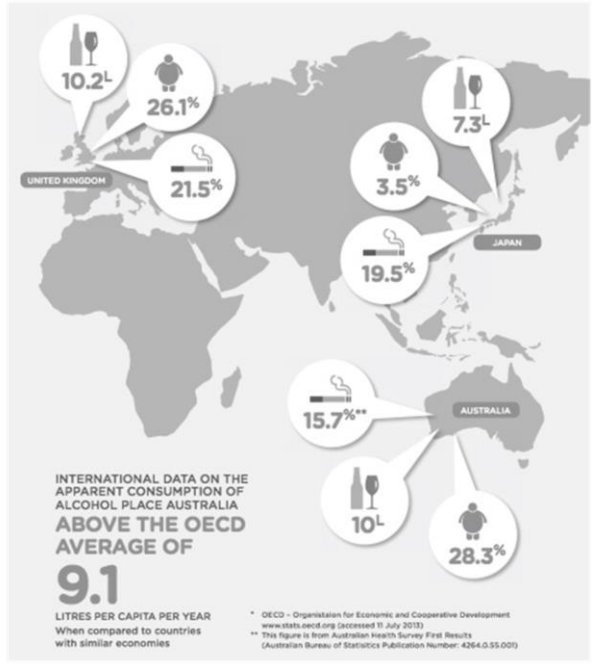
State and Territories Comparisons



Australian National Preventive Health Agency (ANPHA). *State of Preventive Health 2013*. Report to the Australian Government Minister for Health. Canberra; ANPHA, 2013.

International Comparisons

From the OECD



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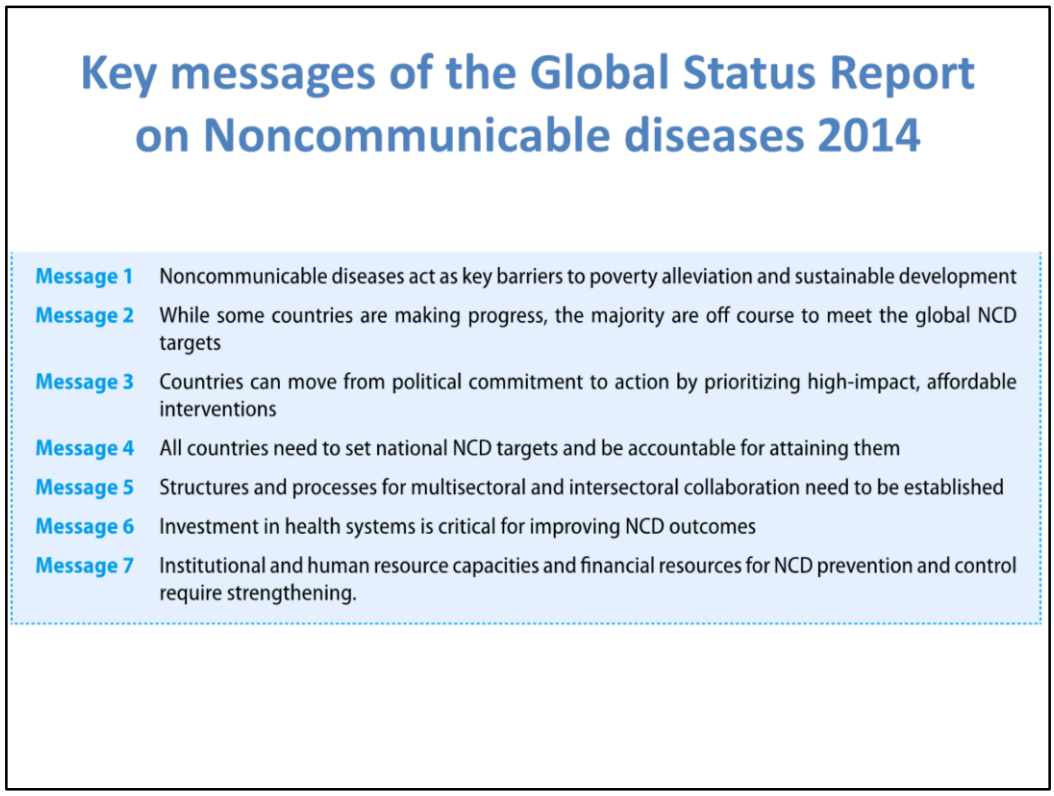


A recent progress report notes that while some countries are making progress, the majority are off course to meet the global NCD targets (WHO, 2014).

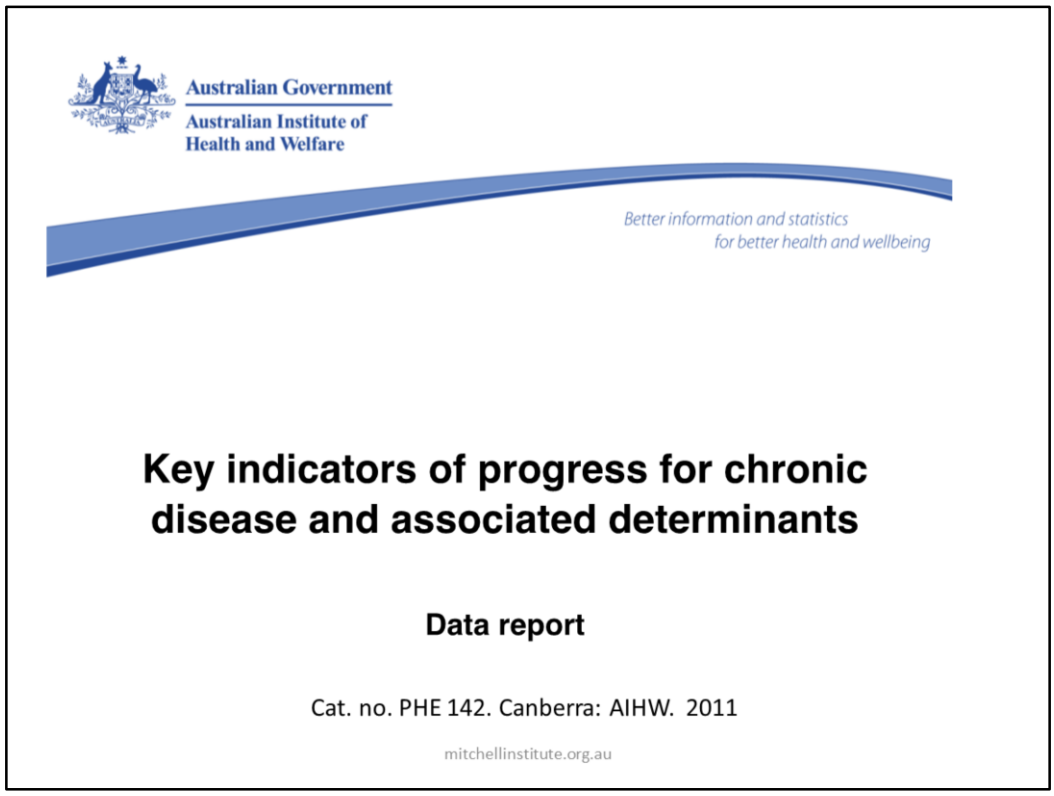
Accountability

- A performance framework can be part of healthcare improvement
- Health status and outcome targets and indicators should inform system improvement and lead to action
- Historically, Australian governments have not been required to answer for their performance in relation to prevention of chronic diseases

The AHPC is interested in promoting accountability for prevention. Currently, there is no regular public reporting against national chronic disease prevention targets, and indeed, there are no agreed targets.
Politicians, policymakers and the public tend to focus on acute healthcare, not prevention
The orientation of Australia's health policy priorities and related funding and service models is towards a 'sickness system'

We have put together a statement of commitment regarding prevention of chronic diseases, and 49 organisations have signed up to work with us (including AHHA, thank you!). We want to tailor a set of chronic disease targets and indicators for this country.

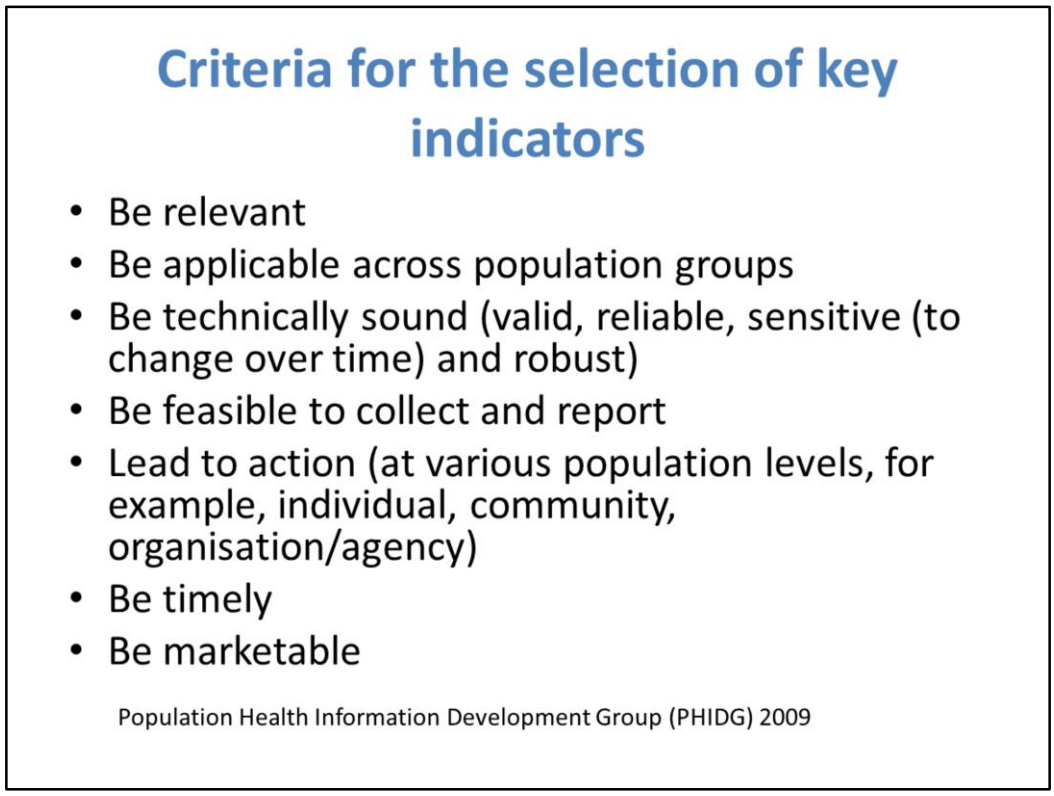
This is just a subset- but we were really pleased with the response.



There has been previous national work done in this area. This report is one example, others include the National Partnership Agreement on Preventive Health and the National Health Performance Authority Performance Assessment Framework (PAF).

Attributes of the KIP set

- covers most facets of those chronic diseases that are considered amenable to prevention.
- Thereby, provides a comprehensive set of signposts that can help identify change (negative and positive) and measure progress towards or away from goals.



We think that this is a good set of criteria for chronic disease indicators.

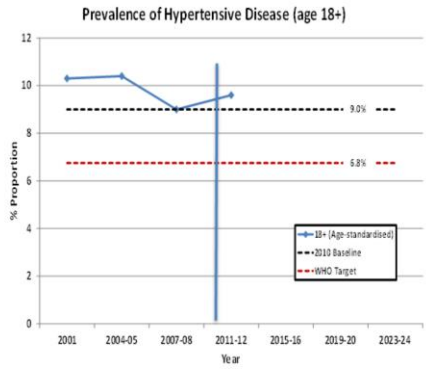
Indicators need to encompass both trends in chronic diseases and trends for their determinants and risk factors. Changes in risk factors and behaviours such as smoking, lack of physical activity and inadequate nutrition are considered important in the prevention of chronic disease. However, establishing trends for risk factors is difficult, and relies on the availability of ongoing, consistently collected national data.

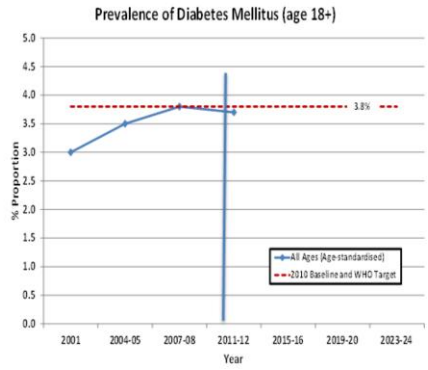
We don't have an ongoing commitment to national health surveillance at the moment, using biomedical measures such as blood samples and BMI. Our data in areas from diabetes to physical activity is poor.
[Data is still becoming available from the 2011-13 Australian Health Survey (AHS). The AHS expanded the traditional National Health Survey and National Aboriginal and Torres Strait Islander Health Survey to collect information on physical activity and nutrition behaviours, anthropometric and biomedical measures of nutrition status and chronic disease risk in the general and Aboriginal and Torres Strait Islander populations. The 2011-13 AHS was the first survey since 1995 to gather information about the nutritional status of Australians].

AHCP Baseline report

Looks at the publicly available Australian data relevant to the 25x25:

- Identifies gaps
- Outlines trends where possible

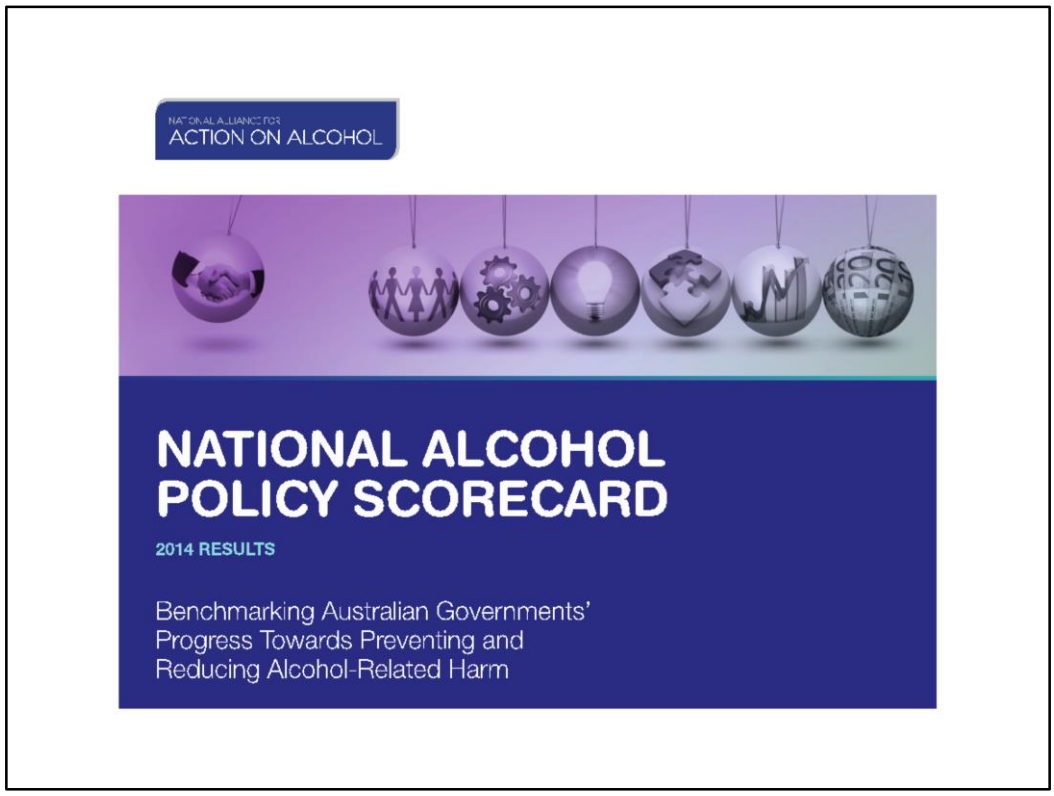




This report will be out in a few days. It looks at the data we have readily available, and how Australia is travelling, against the WHO 25 x 25. The WHO is working against a 2010 baseline, which is the redline that you can see. The vertical blue line shows 2010

One of the nine targets it to halt the rise in diabetes and obesity. Another is a 25% relative reduction in the prevalence of hypertension. Achievement of either of these targets is looking rather dubious.
We will use this report as a way of promoting discussion about the right targets for Australia. With regard to obesity, for example, the target is halt the rise in obesity. Is that the best we can aim for? Do we want to actually turn it around? Should we have a target for children?

We look forward to discussing these issues, and home that primary care will be involved.



- We also aim to produce a policy scorecard. This is an example- and included the 'fizzer' award.

- The National Alliance for Action on Alcohol (NAAA) recently released its second scorecard on national alcohol policy
- Ten alcohol policy criteria are scored by a minimum of two expert assessors in each jurisdiction
- The ACT is the overall leader, but most jurisdictions score well below 50% in alcohol policy (and nobody 'passes')

Aims of the Scorecard

- Raise awareness of progress in alcohol policy development
- Recognise good practice in alcohol policy
- Motivate governments to continue to strengthen and improve alcohol policy

"The NAAA's aim has been to achieve a balance between focusing on the positive and negative aspects of alcohol policy in Australia"

Scores by each jurisdiction in 10 policy criteria

	FED	ACT	NSW	NT	QLD
1. A whole-of-government strategic plan for the prevention and reduction of alcohol related harm (3 points)	0	★★	★★	★	★
2. Public health oriented alcohol pricing and taxation policies (3 points)*	★	½	0	½	0
3. Regulating physical availability (3 points)	0	★	★★½	★½	★
4. Modifying the drinking environment (3 points)	0	★★	★½	★	★½
5. Drink driving countermeasures (3 points)	N/A	★★	★★	★½	★★
6. Restrictions on marketing (3 points)	0	½	½	½	½
7. Education and persuasion (3 points)	0	★	★	0	★
8. Treatment and early intervention (3 points)	0	★★	★	★	★
9. Data management and research (3 points)	★½	★½	★	★½	★
10. Transparent and independent policy (3 points)	0	★	0	0	0

What now?

- Working groups for targets and indicators are being formed
- A forum is planned for November 2015
- The baseline paper will be published soon
- AHPC is keen to work with other organisations: joint efforts may be more effective
- The Federalism debate may offer opportunities in health
- More work with civil society