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Delivering prevention in an ageing world

Inspiring and engaging people with prevention

Prevention
Health and care
Immunisation
Inequalities
Diseases and conditions
Life expectancy
International

Consultation paper

Acknowledgements

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Executive summary

For some time now, governments have been showing their commitment to the prevention agenda – but commitment is no longer enough. We need action. Across the G20, people are living longer, but not necessarily healthier, lives. We know that, left unchecked, the situation will get worse. We need to identify solutions for delivering preventative healthcare in an ageing world.

Through conversations with stakeholders over the last two years, we have identified three different groups that we must inspire and engage with to achieve this. We must engage policymakers with the prevention agenda; inspire healthcare professionals to promote preventative services and activities; and encourage individuals to take up and continue preventative treatment and activities.

We have identified several ways in which we can reach these groups.

To inspire and engage with policymakers we must:

1. **Make prevention visible** by celebrating our collective achievements and demonstrating the very real impact of prevention
2. **Build a coalition of the willing:** a group of stakeholders who are strong advocates for investing in prevention and who can help to create clear, consistent messaging to influence governments, including health and finance ministers
3. **Use quick wins and engage local policymakers to encourage reluctant governments to invest,** to help create space for, and greater acceptance of, longer-term preventative healthcare investments

To inspire and engage with healthcare professionals we must:

1. **Close the gap between public health and primary healthcare** to tackle some of the biggest health concerns countries face
2. **Support and maximise the role of allied healthcare professions** by demonstrating to policymakers the vital role they play, and can play, in delivering prevention
3. **Share patient data to facilitate better coordinated care** so that healthcare professionals can provide the best preventative healthcare to their patients

To inspire and engage with individuals we need to:

1. **Change the messenger** for preventative healthcare messages, using trusted sources that won't discourage marginalised groups from seeking preventative treatment
2. **Ensure that all healthcare professionals promote prevention,** from first point of contact to last, to help instil a culture of prevention throughout people's lives
3. **Use behavioural economics to improve uptake** of preventative healthcare and help individuals overcome their cognitive bias

As part of the conversation we wish to continue, we have specific questions for you on how we should achieve these aims. The most important are:

- How do we encourage greater national investment in longer-term preventative strategies? What examples of good practice can we learn from? How were national policymakers influenced to take action in these cases?
- What are the biggest barriers facing healthcare and allied professionals to delivering preventative healthcare, and how can they be supported? What needs to change, and who do we need to influence?
- How else can we instil a culture of prevention across people's lives? Who do we need to influence to make this happen? Which countries have been most successful in achieving this and how?

We'd also like to hear from you if you think there's anything we've missed:

- What other mechanisms and levers could we use to inspire and engage with policymakers, healthcare professionals, and individuals? Are there other actors we should be engaging or inspiring?
- Can you share other examples of interventions that have successfully inspired policymakers, healthcare professionals or individuals, or engaged them with the prevention agenda?

We invite your thoughts and feedback. Please respond to the consultation **here** before Friday, 23 April 2021. Thank you for your help – it's vital to our programme.

We want to hear from you

The International Longevity Centre is running *Delivering prevention in an ageing world*, an international programme of work supported by Home Instead Senior Care, GSK, Pfizer, Seqirus, MSD, and Gilead. Our aim is to discover how G20 countries can deliver preventative healthcare throughout people's lives.

Following *Prevention in an ageing world,* a year-long programme that sparked conversations from Abu Dhabi, Taipei, Austin, Geneva, Sydney and London all the way to the G20 Health Ministers, the message is clear: it's never too late to prevent. And the health and economic costs of failing to invest in preventative interventions across the life course are simply too high to ignore.

We're reaching out to stakeholders around the globe to understand not only **why** we should prioritise prevention, but **how** we can deliver it.

The *Delivering prevention in an ageing world* programme reflects the urgent need for G20 governments to match commitment with action, by:

- **Democratising access to prevention** to reduce health inequalities
- **Inspiring and engaging with policymakers, healthcare professionals and individuals** to invest, promote and take action on prevention
- **Using technology effectively** to improve access to preventative healthcare, improve uptake rates, reduce barriers and empower patients.

This consultation paper is the second in a series of three that aim to engage with health and policy experts on ways to deliver prevention.[1] Our paper lists the key actors we've identified as crucial to ensuring action is taken. Our upcoming expert roundtable will be an opportunity for you to respond.

But the conversation mustn't end there. We want to engage with as many experts as possible during our consultation process. We want to know how else we can inspire policymakers, healthcare professionals and individuals, and engage them with the prevention agenda. We want to find more examples of good practice from G20 countries. And we want to know whom else we need to engage to deliver prevention.

We invite your thoughts and feedback. Please respond to the consultation **here** before Monday, 31 May 2021.

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Delivering prevention in an ageing world

Across the G20, people are living longer, but not necessarily healthier, lives. We know that, left unchecked, the situation will get worse. Investing in prevention is central to addressing this challenge. We know that:

- Prevention works: it substantially improves society's health and wellbeing by reducing morbidity and increasing the number of years spent in good health:
  - The global disease burden could reduce by 40% over the next 20 years with preventative health interventions[2]
  - There's a positive relationship between investing more in public health spending and increasing healthy life expectancy[3]
- Prevention is cost-effective: it provides value for money and returns on investment in both the short- and long-term, and contributes to the sustainability of our healthcare systems:[4]
  - Immunisation, screening programmes, and health checks are known to be both cost-effective and cost-saving[5]
  - Access to, and proper use of, medications not only improves population health but also reduces unnecessary economic burdens on healthcare systems[6]
- The benefits of prevention extend beyond healthcare systems; it also benefits economies by helping people continue to work and spend in later life:
  - In Europe, people who report being in good rather than poor health are over four times more likely to be in work between the ages of 50-65 and over 10 times more likely between the ages of 65-74. Moreover, increasing preventative health spend by just 0.1 percentage points can unlock a 9% increase in annual spending by people aged 60 and over, and an additional 10 hours of volunteering[7]
  - By investing in preventative services for cardiovascular disease, type 2 diabetes and lung cancer, better-off countries can prevent an estimated productivity loss among those aged 50-64 of USD 649 billion each year.[8]

But for preventative services to deliver these benefits in full, we urgently need policymakers, healthcare professionals, and individuals to accept and/or act on the prevention agenda.

Inspire and engage

Never too late: Prevention in an ageing world, our flagship report from 2020[9], argued that if preventative healthcare efforts are to be effective, it is crucial to actively progress the prevention agenda.

Preventative interventions are still often the first to be cut and the last to receive investment. On average, OECD countries spend less than 3% of their health expenditure on public health and prevention activities. And prevention spending has decreased in many countries over the last few years.[10] Many healthcare systems are overstretched and under-resourced, making them ill-equipped to proactively address the rising health burden.[11] And communities and individuals face multiple barriers to taking up preventative treatment, particularly underserved older adults.

Nevertheless, we have seen that when people come together, they can drive change to protect and promote population health – both during the COVID-19 pandemic and when faced with other public health threats.

We know we are unprecedentedly close to polio eradication thanks to joint efforts by the international community, with national governments and private/public actors coming together under the Global Polio Eradication Initiative.[12] We've seen pockets of good practice as some G20 countries have integrated healthcare systems to deliver better, more seamless care.[13] And we've seen that using religious and community leaders to help deliver prevention messaging greatly contributed to minimising the spread of Ebola in West Africa, and of HIV in the UK and the US.[14]

Through conversations with health and policy stakeholders over the last two years we've identified that the key groups we must target are:

- Policymakers: to engage with the prevention agenda
- Healthcare professionals: to promote preventative services and activities
- Individuals: to start and continue preventative healthcare activities

This consultation paper suggests ways to target these groups. We have specific questions for you to help us understand how best to inspire and engage with them, and to understand the challenges and opportunities for delivering prevention in an ageing world.

Policymakers

Our report, *Never too late: Prevention in an ageing world,*[15] showed that we need policymakers to understand the wider economic benefits of taking action on prevention. To do this we must communicate with them in a common language that resonates with political and policy-making audiences, both in healthcare and beyond, including for example in finance ministries. This section offers solutions to some of the barriers identified by our stakeholders for this group.

Make prevention visible

Our stakeholders have said that to gain the ear of policymakers we must make prevention more visible.

A common barrier they reported was lack of engagement with the prevention agenda, which is largely due to difficulties seeing preventative healthcare at work. For example, individuals who haven't experienced a vaccine-preventable disease can't understand the positive impact of vaccination. This is known as the prevention paradox: the success of preventative efforts is invisible, giving the appearance that these efforts have no value.[16] This effect can make it very difficult to demonstrate the vital role of prevention.

In addition, most preventative interventions improve health across a population rather than making substantial improvements to individual lives. One of the reasons that policymakers invest in curative treatment rather than prevention is that patients that have been cured of a disease are living success stories, whereas those benefitting from prevention are not always identifiable.

This means we must demonstrate how preventative interventions improve people's day-to-day lives. And we must remind policymakers consistently that the impact of prevention is everywhere. We must celebrate our collective achievements and bring evidence and expertise on the impact of prevention to public policy discussions. Doing so will significantly strengthen our case for investing in preventative health.

Build a coalition of the willing to deliver key messages and engage with policymakers

> *"I think we might benefit from building a coalition of the willing. A group of really strong advocates for prevention who are able to kind of feed some top-line messaging [that we] can use whenever we have a chance … with ministers of finance or anything like that. That's … one of the ways in which we can ensure that we're confident in the … hard-hitting messages."*
> Vanessa Peberdy, IFPMA, Associate Director: NCD Policy, Advocacy and WHO Engagement

If we want policymakers to take action on the prevention agenda, we need to build a coalition of the willing.

Our stakeholders told us that lack of action by governments, is partly due to the lack of a strong, unified voice. Our messaging is fragmented and coming from different and disparate sources. A coalition of the willing brings together a group of stakeholders who are strong advocates for investing in preventative healthcare and who are able to communicate its key messages. These messages can be used by the wider community of prevention advocates to communicate the importance of prevention to national and international policymakers.

Building a coalition requires collaboration. We must identify the key preventative healthcare messages and be consistent in our messaging. This will make it much easier to demonstrate to governments, including health and finance ministers, why they should invest in prevention.

Collaboration isn't always easy. It requires bringing together stakeholders with differing or opposing interests. For example, one barrier to collaboration is the communicable disease (CD) and non-communicable disease (NCD) dichotomy. This can create the appearance that CD and NCD efforts have competing interests and result in poor public health strategies. Interactions between CDs and NCDs are complex; both affect each other. Their interdependence only grows as people age, putting them at greater risk of co-morbidities.[17] The interdependence has been particularly evident during the pandemic: for example, having chronic obstructive pulmonary disorder increases one's risk of experiencing severe illness from COVID-19.[18]

But bringing together stakeholders with different interests makes a stronger case for investment, encouraging a more integrated approach that can make preventative healthcare efforts more clinically effective as well as cost-effective.

Tackling mental health and substance disorders by building a coalition of the willing: USA

- Public and private stakeholders created a coalition to address mental health and substance use disorders in California and make accessing mental health services easier
- They formed a neutral non-profit organisation to widen their reach and engage with decision-makers
- This resulted in funding for a community hub to improve access to mental health services

300 public and private community stakeholders formed a coalition to address mental health and substance use disorders in Orange County, California. Their shared goal was to clarify the existing pathways to accessing mental health services.

The coalition established a neutral non-profit organisation, Mind OC.[19] This served as a platform to bring even more stakeholders together to help achieve their objective, increase awareness, and secure funding.

Those stakeholders agreed to build community wellness hubs: physical buildings where people could easily access care. Mind OC received investments from a number of public and private organisations. It built its first community hub in 2019.[20]

Use quick wins and engage local policymakers to encourage reluctant governments to invest

Our stakeholders told us that we should focus on quick wins if we want to encourage reluctant governments to invest in preventative health.

Unlike curative treatment, which is about helping people today, preventive treatment is about helping people in the future; it can take decades before we see the full impact of a preventative health intervention.

Our stakeholders told us that as governments work within much shorter timescales, they're less likely to invest in prevention if they're unlikely to reap the benefits, or if they feel they can't justify the cost. This reluctance can be a barrier to investment in preventative interventions.

By focussing on quick wins, we can help create space for, and greater acceptance of, longer-term investments. Falls prevention, programmes for smoking and alcohol cessation during pregnancy, interventions to protect the mental health of people with chronic diseases, safer sex programmes, and programmes to address physical inactivity are effective at improving health outcomes in the short-term. They're also cost-effective, and in some cases even cost-saving.[21]

We can also strengthen the case for prevention by making the wider economic case for quick wins as well as for longer-term solutions. This includes measuring the knock-on economic impact on healthcare systems of preventing one specific disease (for example by showing that improving flu or pneumococcal vaccine uptake among at-risk populations helps prevent future complications that might require additional healthcare resources).

Additionally, our stakeholders mentioned that we should engage with regional and local policymakers. They're likely to be more responsive, especially to longer-term health investments. Success in prevention interventions at a local level could also help to incentivise adoption of similar interventions at a national level.

Consultation discussion

Engaging policy-making audiences, within healthcare and beyond, is important for greater investment in preventative healthcare. The solutions our stakeholders have identified offer different ways to strengthen the case for investing in prevention.

Our top priority question is:

> **How do we encourage greater national investment in longer-term preventative strategies? What examples of good practice can we learn from? How were national policymakers influenced to take action in these cases?**

Our stakeholders said that celebrating our successes and demonstrating their very real impact on people's lives will make prevention more visible in public policy discussions.

1. How do we make preventative health more visible? Do you have examples, or evidence of past and ongoing successes, that we can draw from?

Our stakeholders also said that we must build a coalition of the willing to help develop clear, consistent prevention messages to communicate the importance of preventative healthcare.

2. How do we create a coalition of the willing?
3. What are the potential competing interests of different stakeholders that might hamper building a coalition, and how might these be overcome?
4. Do you have knowledge of how our case study example created a coalition of the willing, and they used it to create a platform for change? Do you know of any similar examples?

Using quick wins can encourage reluctant governments to begin investment in longer-term preventative interventions. And engaging with regional and local policy makers to create successful local longer-term interventions could open doors to greater investment on a national level.

5. Is this approach useful in encouraging greater investment, and has it been successful in encouraging governments to invest in longer-term interventions?

We've suggested ways to get policymakers engaged with the prevention agenda. But we also want to develop our understanding of what works when it comes to getting policymakers to act on prevention.

6. How else can we get policymakers engaged? Do you have examples of existing good practice?
7. How can we get finance ministers engaged with the prevention agenda? What can we learn from New Zealand, where the government developed a wellbeing budget?

Healthcare professionals

Our report, *Never too late: Prevention in an ageing world,*[22] argued that we must better equip and train healthcare professionals to deliver preventative services. Healthcare systems must be appropriately staffed and supported, and healthcare professionals must be trained to deliver preventative health throughout people's lives. Our stakeholders identified solutions to some of the key barriers for this group, from closing the gap between public health and primary healthcare, to better data sharing.

Close the gap between public health and primary healthcare

> ***"I would argue that you need a local agenda for prevention, because it's the local public health professionals who will know the local threats to public health and what the particular needs of local communities are."*** Helen Donovan, Royal College of Nursing, Professional Lead: Public Health Nursing

Stakeholders identified insufficient integration of public health and primary healthcare delivery as a potential barrier to greater prioritisation of preventative health within healthcare systems.

In particular, our stakeholders said that primary healthcare professionals are often prevented from investing time and resources on prevention efforts by other tasks. This means that primary healthcare services are often focussed on treating illnesses as they arise, rather than on their prevention. This approach is outdated, and ill-equipped to meet the health needs of individuals and communities, particularly with the rise in NCDs and an ageing population.

Greater integration of public health and primary healthcare would require restructuring of primary healthcare services and training healthcare professionals to properly deliver preventative interventions. But it could reduce the heavy burden on primary healthcare settings around the world, giving a significant return for investment in integration.

A community approach to preventative health can better address individual and community needs; our case study is just one example of how local agents can help close the gap between public health and primary healthcare systems.

Public health and primary care integration through community health agents: Brazil

- Brazil's Family Health Strategy (FHS) teams use community health agents to bridge the gap between primary care and public health efforts
- Community health agents deliver a range of community-based preventative health services, particularly in poorer-than-average regions
- Approximately 265,000 community health agents serve 62% of the population. The programme has been linked to reduced mortality for certain diseases, better disease management, and a reduction in inequalities in access to primary care

Brazil's FHS delivers community-based primary care through interdisciplinary FHS teams. Community health agents form a crucial component. Their primary role is to bridge the gap between the FHS primary care functions and public health efforts.

Community health agents are selected by local health communities and trained by Brazil's Ministry of Health; this includes training them to identify risk factors for NCDs. They're usually assigned to work in the area where they live. Their role is geared towards seeking out problems before patients approach an FHS health centre for help.

They conduct regular monthly visits and deploy a wide range of services, including ensuring all members of each household are up to date with their healthcare appointments, have their prescribed medication, and comply with medication schedules. They also identify risk factors for chronic disease, such as smoking or hypertension, and help educate individuals on health promotion, signposting them to local services. Finally, they also deliver immunisation campaigns and contact tracing.

Approximately 265,000 community health agents serve 62% of the population. The programme has been linked to reduced mortality from cardiovascular and cerebrovascular diseases, a large reduction in hospitalisations, and reduced rates of complication from diabetes. The programme has also played an important role in reducing inequities in access to, and use of, healthcare services.[23]

Support and maximise the role of allied healthcare professions

> *"We should better involve allied health professionals and free up other healthcare professionals to do other things. For example, if medical assistants are trained to be able to provide immunisations, let them give immunisations, and let the doctor and the nurse focus on other things."* Elizabeth Sobczyk, the Gerontological Society of America, Director: Strategic Alliances

Our stakeholders said that we should support allied healthcare professions by giving them better help to offer the preventative services they deliver now, and by maximising their role in additional areas. This will improve prevention effectiveness and efficiency as well as reduce curative healthcare costs.

As much of the preventative work undertaken by these allied services happens at a community level, policymakers are often unaware of how much these professionals already achieve in this area. It's important to make it clear how allied professionals are already helping, so that policymakers can better support them.

We're also missing opportunities to maximise the role of allied services. There are pockets of good practice where, for example, podiatrists have been identifying risk factors for cardiovascular disease and diabetes, and physiotherapists have been helping people with long-term conditions improve their health through physical activity. But these types of practice are not widespread.[24]

Allied healthcare professions are a valuable resource, whose roles in the healthcare system should be better supported and maximised. We know that they can also help alleviate the burden on healthcare systems. But many countries don't have suitable policies and infrastructure in place to support using their skills effectively, so they continue to be underused.

Share patient data to facilitate better coordinated care

> *"There needs to be seamless access to patient data across the private and the public health system. We need to remember and bear in mind that the patient's health record, or the patient's data, is their own. It doesn't belong to a specific profession. It doesn't belong to a sector or system. It's from the patient's data that well-grounded and well-informed decision-making in terms of the patient's care comes. All professionals that provide care to this patient need to have access to this information."* Gonçalo Sousa Pinto, International Pharmaceutical Federation, Lead: Practice Development and Transformation

Our stakeholders raised lack of patient data sharing across healthcare teams as a barrier to healthcare professionals delivering better and more efficient care to individuals, particularly older adults. If all healthcare professionals have access to patient data and history, and know if each individual is at risk of illness, has been tested or screened for conditions, has comorbidities, or is taking medications, they can provide better preventative advice and care.

Data sharing can be a useful tool in delivering preventative health but continues to be a missed opportunity. We need to change the way we view the role of healthcare delivery; we must break down silos, foster collaboration and trust between healthcare professionals, and recognise that multiple actors, including professionals from both the public and private sector, can provide care to the same patient.

That said, when advocating for greater sharing of data, we must not forget that the data belongs to the patient, rather than a specific healthcare profession, sector, or system and that what should come first is the health needs of the patient. Indeed, data privacy concerns must be central to the conversation.

Patient data sharing across healthcare professions: Austria, Belgium, France, Estonia and the Netherlands

- Several countries have created medical history databases that healthcare professionals from different services can access remotely
- These help healthcare professionals deliver better, more tailored, preventative healthcare
- Sharing data has helped to create more integrated healthcare systems

Austria takes data from GP surgeries, hospitals, pharmacies, laboratories, and radiology services, and allows it to be shared over a secure network. The network also has an electronic prescription system that automatically identifies medicine clashes and allows pharmacists to check whether treatments are being followed correctly. It also enables users to check medical reports and share X-rays and test results with doctors.

In the Netherlands, over 95% of pharmacies share patient data with healthcare professionals, including whether the patient has any intolerances, allergies or contraindications. Pharmacists can also request additional data from the GP as well as prescriptions issued by specialist doctors.

France and Belgium share patient data, including whether patients are taking any non-prescription medicines. While participation in the Belgian system is voluntary, 97% of community pharmacists are signed up and there are patient records for around 70% of the population.

Some countries, such as Estonia, allow patients to carry an identity card which stores their medical history. Patients are in control of their data, and are allowed to access it, as well as share it with other healthcare professionals.[25]

Consultation discussion

Our stakeholders have suggested several ways to strengthen and reorient our healthcare systems. These approaches will better equip, train, and support professionals from healthcare and allied services to deliver preventative healthcare.

Our top priority question is:

> **What are the biggest barriers facing healthcare and allied professionals to delivering preventative healthcare, and how can they be supported? What needs to change, and who do we need to influence?**

We have identified a need to close the gap between public and primary healthcare, to better meet the health needs of individuals and communities. Our case study suggests that this would also reduce the burden on healthcare systems and reduce inequalities in access.

8. What barriers do countries face in integrating public health with primary healthcare and how can they be overcome?
9. How else can countries integrate public health with primary healthcare? Which countries have had success and how did they achieve this?
10. How can we encourage other countries to use community health agents? Would they work in other country settings?
11. Which preventative health strategies should be implemented nationally and which locally?

Supporting and maximising the role of allied healthcare professionals could contribute to the delivery of effective, efficient preventative healthcare. But many haven't noticed these professionals' efforts so far, and their skills are underused.

12. How can we influence policymakers to better support and maximise the roles of these professionals? What barriers do they face?
13. What other preventative services are these professionals delivering that are currently going unnoticed by policymakers? How can they be better supported?

14. How else can we further maximise the role of these professionals? Do you have examples of this?

15. Do reimbursement/rivalry between professions, or other barriers prevent allied healthcare professions from taking a more active role in delivering preventative healthcare?

Using patient data to facilitate better coordinated care is crucial to help all healthcare professionals provide better preventative treatment. Our case study demonstrates that several countries have been able to overcome the barriers.

16. How can we encourage greater data sharing across public and private healthcare systems? Who else within the healthcare system should have access to patient data?

17. What is preventing healthcare professionals from working together more efficiently? How can these barriers be addressed?

18. How do we address data privacy concerns and how can we ensure patients are empowered to own their own data?

Individuals

If we want to see improvements in health we must inspire and engage individual patients, to encourage them to take up preventative interventions and services. Our report, *Never too late: Prevention in an ageing world,*[26] argued that we need to shift the conversation from negative messaging that tells people to 'do better', to positive messaging emphasising what they might gain. Our stakeholders have suggested some additional barriers that might prevent individuals from taking up preventative healthcare, along with potential solutions.

Change the messenger

Our previous report identified the use of messages that fail to resonate with older people. Our stakeholders also told us that when the individuals and communities targeted don't trust those delivering the message, this forms an additional barrier.

For example, some individuals and communities have had negative experiences with the healthcare sector or their government in the past; messages or educational campaigns coming from those actors are unlikely to improve engagement. Engaging with these kinds of groups is crucial because they're much more likely to have little or no contact with the healthcare system, and to have poorer health outcomes.

Prevention messaging must come from a variety of trusted sources, including community or religious leaders and members, and other institutions or individuals that are trusted within the community.

Changing the messenger is also likely to address concerns over vaccine hesitancy, which our stakeholders stressed needs urgent attention in the midst of the pandemic.[27]

Working with religious leaders to deliver prevention messaging during the Ebola epidemic: West Africa

- Religious leaders played a key role in delivering health messaging to at-risk communities during the Ebola epidemic in West Africa
- As trusted members of society, they greatly contributed to minimising the spread of the disease, by helping communities take up preventative health measures
- They helped communities overcome their fear of attending healthcare facilities and helped change burial practices to be more in line with safer health practices

During the 2014-2015 Ebola epidemic, there were significant barriers to take-up of preventative health measures for many communities; these included religion, culture, tradition, fear and the legacy of civil wars in Liberia and Sierra Leone.

Religious leaders were seen as trusted and respected members of communities. They played an important role as agents of social change to help prevent the spread of the disease.

They did this by delivering key health messages via multiple channels, such as religious services, text messaging and radio. Example messages helped communities overcome doubts about whether the Ebola outbreak was real (rather than a political or financial ploy by governments), and addressed the fear of attending healthcare facilities for treatment (many believed these facilities were infecting healthy people). Most crucially, religious leaders helped change burial practices, which had significantly contributed to the spread of the disease. Because religious leaders supported new burial practices, communities felt they could safely and properly bury their families and loved ones.[28]

Ensure that all healthcare professionals promote prevention

Another barrier to engaging with individuals and communities is that the message is fragmented, and comes from only a few healthcare professionals, often those directly involved in delivering that specific service.

To instil a culture of prevention throughout everyone's lives, the prevention message must come from all healthcare professionals.

We must consider how individuals interact with and navigate the healthcare system, and train all those involved with promoting prevention. This includes, for example, receptionists, who are often the first point of contact.

The message can be delivered in more than one way. For example, ensuring that all professionals in healthcare and allied services are vaccinated against the flu and COVID-19 is a good way to send the message that they value prevention as an important way of improving health. Looking beyond the healthcare system, the prevention message should also be promoted by all those involved in delivering care.

Use behavioural economics to improve uptake

Adopting behavioural techniques to improve uptake can be particularly useful in helping shape individual attitudes and behaviours towards preventative health.

Several studies have found that 'anchoring' affects our behaviour regarding disease risk. Anchoring is a psychological term that describes the common human tendency to rely too heavily on initial information they've learned when making decisions.[29] For example, one study found that women who underestimate their risk to breast cancer continue to do so even after receiving results showing they are at greater risk than expected.[30] Another found that those with poor numeracy skills are more likely to overestimate how much mammography screening can reduce their risk of breast cancer, and less likely to adjust their risk perception once they received the correct figures, than those with high numeracy skills.[31]

Such behaviour can prevent us from seeking appropriate preventative treatment. Healthcare systems, third sector organisations, and other institutions that we commonly rely on for

information about disease risk can help, by shaping messaging that accounts for our cognitive bias. This can include presenting data on the benefits of preventative measures in a clear and simple manner.

People also have a tendency to overvalue the present and undervalue the future. This is known as hyperbolic discounting. Studies have found that this can affect our decisions about healthy behaviours and lifestyle choices. Some providers have responded to this by introducing more immediate penalties for unhealthy behaviours (such as higher insurance premiums for smokers). Other interventions include offering small but consistent rewards for engaging in healthy behaviours such as entering them into a daily lottery, with participation based on weight loss achievement; other programmes have individuals put their own money at stake in 'deposit contracts'.[32]

Anticipating underlying behaviours through a variety of behavioural techniques can be a powerful tool to encourage individuals to engage with prevention, particularly at a national level.

Consultation discussion

For prevention efforts to be successful we must get individuals and communities to engage with the take-up of preventative health services and interventions.

Top priority question:

> **How else can we instil a culture of prevention across people's lives? Who do we need to influence to make this happen? Which countries have been most successful in achieving this and how?**

Our stakeholders say that in order to overcome barriers to uptake, particularly among underserved communities, we must use sources they trust to deliver prevention messaging. Our case study demonstrates the powerful role this can have in delivering key prevention messages.

19. How do we encourage healthcare systems and policymakers to collaborate with trusted sources to help deliver messaging? What are some of the barriers that currently prevent collaboration?

20. How else can we deliver preventative messaging to improve uptake? Do you have examples of case studies we can learn from?

To engage individuals we must also instil a culture of prevention throughout our healthcare system by involving all healthcare professionals in the promotion of prevention, from first point of contact to last.

21. How can we successfully encourage all healthcare professionals to promote prevention? What are the key barriers, and how might they be overcome?

Awareness of behavioural economic principles, such as anchoring and hyperbolic discounting, can be a useful tool in encouraging more people to engage with prevention.

22. Do you know of any successful examples, particularly of national preventative interventions, where behavioural techniques have been used to shift people's health behaviours?
23. How do we encourage policymakers to implement behavioural techniques in their preventative health strategies at a national level?

We want to hear from you

We'd also like to hear from you if you think there's anything we've missed:

- What other mechanisms and levers could we use to inspire and engage with policymakers, healthcare professionals, and individuals? Are there other actors we should be inspiring or engaging?
- Can you share other examples of interventions that have successfully inspired policymakers, healthcare professionals or individuals, or engaged them with the prevention agenda?

We invite your thoughts and feedback. Please respond to the consultation **here** before Friday, 23 April 2021. Thank you for your help – it's vital to our programme.

References

[1]International Longevity Centre, 2021. *Delivering prevention in an world: Democratising access to prevention consultation paper* https://ilcuk.org.uk/democratising-access-to-prevention-consultation-paper/

[2]McKinsey & company, 2020. *Prioritizing health: A prescription for prosperity* at https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/prioritizing-health-a-prescriptionfor-prosperity

[3]International Longevity Centre, 2021. *Health matters: Why we must commit to delivering prevention in an ageing world.* https://ilcuk.org.uk/health-matters-why-me-must-committ-to-delivering-prevention-in-an-ageing-world/
[4]World Health Organisation, 2014. *The case for investing in public health.* https://www.euro.who.int/__data/assets/pdf_file/0009/278073/Case-Investing-Public-Health.pdf

[5]International Longevity Centre, 2020. *Never too late: Prevention in an ageing world.* https://ilcuk.org.uk/wp-content/uploads/2020/02/ILC-Prevention-report.pdf

[6]Ozawa, S., Shankar, R., Leopold, C., and Orubu, S. 2019. Access to medicines through health systems in low- and middle-income countries. *Health Policy and Planning 34.* https://academic.oup.com/heapol/article/34/Supplement_3/iii1/5670624; Cutler, R., Fernandez-Llimos, F., Frommer, M., Benrimoj, C., and Garcia-Cardenas, V., 2017. *Economic impact of medication non-adherence by disease groups: a systematic review. British Medical Journal* 8(1).https://bmjopen.bmj.com/content/8/1/e016982

[7]International Longevity Centre, 2020. *Health equals wealth: The global longevity dividend.* https://ilcuk.org.uk/wp-content/uploads/2020/10/ILC-Health-equals-wealth-The-global-longevity-dividend.pdf

[8]International Longevity Centre, 2020. *Never too late: Prevention in an ageing world.*
https://ilcuk.org.uk/wp-content/uploads/2020/02/ILC-Prevention-report.pdf

[9]International Longevity Centre, 2020. *Never too late: Prevention in an ageing world.*https://ilcuk.org.uk/wp-content/uploads/2020/02/ILC-Prevention-report.pdf

[10]OECD, 2018. *OECD Stat.* https://stats.oecd.org/viewhtml.aspx?datasetcode=SHA&lang=en#; OCED, 2017. *How much do OECD countries spend on prevention?* https://www.oecd-ilibrary.org/docserver/f19e803cen.pdf?expires=1614721367&id=id&accname=guest&checksum=04AFEFA0BD5E96D21D814F37122C7C81

[11]Chatham House, **2015.** https://www.chathamhouse.org/sites/default/files/field/field_document/20150923GlobalHealthArchitectureSchaferhoffSuzukiAngelidesHoffman.pdf

[12]Polio Global Eradication Initiative, 2020. *Our Mission.* https://polioeradication.org/who-we-are/our-mission/

[13]WHO, 2018. *Primary health care: closing the gap between public health and primary care through integration.* https://www.who.int/docs/default-source/primary-health-care-conference/public-health.pdf

[14]Hargreaves, J., and Davey, C., 2020. Three lessons for the COVID-19 response from the pandemic HIV. *The Lancet.* 7(5). https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(20)30110-7/fulltext

[15]International Longevity Centre, 2020. *Never too late: Prevention in an ageing world.*
https://ilcuk.org.uk/wp-content/uploads/2020/02/ILC-Prevention-report.pdf

[16]Fineberg, H., 2013. The paradox of disease prevention: Celebrated in principle, resisted in practice. *Clinical Review & Education.* 310(1). https://www.jhsph.edu/research/centers-and-institutes/mid-atlantic-public-health-training-center/_documents/040814_Fineberg_JAMA_ParadoxOfDiseasePrevention_2013.pdf

[17]One, T., and Unwin, N., 2015. Why the communicable/non-communicable disease dichotomy is problematic for public health control strategies: implication of multimorbidity for health systems in an era of health transition. *International Health Oxford Journals.* 7(6). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4638105/

[18]Centers for Disease Control and Prevention, 2021. *People with certain medical conditions.* https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#copd

[19]Providence, 2020. *'A coalition of the willing': Revamping an entire system of care.* https://blog.providence.org/community-involvement/a-coalition-of-the-willing-revamping-an-entire-system-of-care

[20]Be Well Orange County, 2021. *Overview.* https://bewelloc.org/overview/#

[21]McDaid, D., 2018. *Using economic evidence to help make the case for investing in health promotion and disease prevention.* https://www.euro.who.int/__data/assets/pdf_file/0003/380730/pb-tallinn-02-eng.pdf; Merkur, S., McDaid, D., Sessi, F., 2015. *The economics of health promotion and disease prevention: the way forward.* http://eprints.lse.ac.uk/62754/

[22]International Longevity Centre, 2019. *Never too late: Prevention in an ageing world.* https://ilcuk.org.uk/wp-content/uploads/2020/02/ILC-Prevention-report.pdf

[23]Macinko, J., and Harris, M., 2015. Brazil/s family health strategy – delivering community-based primary care in a universal health system. *International Health Care Systems - Perspective.* https://spiral.imperial.ac.uk/bitstream/10044/1/28067/2/NEJM%20Brazil%20perspective%20Macinko%20Harris%202015%20.pdf

[24]Gov.UK, 2019. *Allied health professionals have a major role to play in prevention.* https://publichealthmatters.blog.gov.uk/2019/05/09/allied-health-professionals-have-a-major-role-to-play-in-prevention/; Hicks, L., et al., 2019. Empowering podiatrists to perform pulse checks for opportunistic atrial fibrillation detection during annual diabetes foot checks. *Open Heart.* 6(1). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6443127/

[25]Torjesen, 2018. Access to patient records: Britain lags behind other countries. *The Pharmaceutical Journal.* https://pharmaceutical-journal.com/article/feature/access-to-patient-records-britain-lags-behind-other-countries

[26] International Longevity Centre, 2020. *Never too late: Prevention in an ageing world.* https://ilcuk.org.uk/wp-content/uploads/2020/02/ILC-Prevention-report.pdf

[27]WHO, 2019. *Ten threats to global health in 2019.* https://www.who.int/newsroom/spotlight/ten-threats-to-global-health-in-2019

[28]Featherstone, A., 2015. *Keeping the faith: The role of faith leaders in the Ebola response.* https://www.researchgate.net/publication/340249127_Keeping_the_Faith_The_Role_of_Faith_Leaders_in_the_Ebola_response

[29]Science Daily, 2021. *Anchoring bias in decisionmaking.* https://www.sciencedaily.com/terms/anchoring.htm

[30]Senay, I., and Kaphingst, K., 2009. *Anchoringandadjustment bias in communication of disease risk*. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2668745/

[31]Senay, I., and Kaphingst, K., 2009. *Anchoringandadjustment bias in communication of disease risk*. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2668745/

[32]Hostetter, M., and Klein, S., 2013. In focus using behavioural economics to advance population health and improve the quality of health care services. https://www.commonwealthfund.org/publications/newsletter-article/focus-using-behavioral-economics-advance-population-health-and

About the ILC

The International Longevity Centre UK (ILC) is the UK's specialist think tank on the impact of longevity on society. The ILC was established in 1997, as one of the founder members of the International Longevity Centre Global Alliance, an international network on longevity.

We have unrivalled expertise in demographic change, ageing and longevity. We use this expertise to highlight the impact of ageing on society, working with experts, policy makers and practitioners to provoke conversations and pioneer solutions for a society where everyone can thrive, regardless of age.

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