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# Pro-Health 65+ Health promotion and prevention of risk – action for seniors

## Workshop Work Package 7b Economic Evaluation

Workshop in Bremen 4.- 5.03.2015  
Centre for Social Policy Research (ZeS), University of Bremen

## Health promotion and prevention – definitions & scope of the study

- Which definitions and perspectives on HPA and prevention can be distinguished?
  - What types of interventions do they include?
  - Which definitions does the whole project rely on?
- Analytical & practical questions:
  - On what type of interventions do the other WPs focus?
  - On what type of interventions do we want to focus?
  - For what type of interventions will it be possible to find economic evaluations?
  - Which analytical differentiations are helpful for the theoretical paper?

## Health promotion and prevention – definitions

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- **Health Promotion:**

*Focus:* improving health by strengthening of resources

- WHO-Definition: “Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions.”

**(HP-action means:** build healthy public policy, create supportive environments, strengthen community action, develop personal skills, reorient health services)

- **Prevention:**

*Focus:* reducing risks – avoidance of diseases or the worsening of diseases / avoidance of disease-provoking factors

## Health promotion and prevention – definitions

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- In practical work these perspectives often can not be distinguished – or the terms are used synonymously

... as in the Grant Agreement – description of WP7

“The economic analysis will focus on **health promotion activities** relevant for the elderly i.e., including activities aimed at **(chronic) disease prevention** (diabetes ), **prevention of cognitive impairments** (dementia), **prevention of mental health problems** (loneliness, depression), and **mobility impairments prevention**. **Primary prevention strategies**, e.g. to improve nutrition diet (diabetes), physical activity, health risks like smoking, and alcohol abuse and mental health prevention as well as and certain secondary prevention (e.g. screening, geriatrics care and advice) will be considered.

Special attention will be paid to selected health promotion methods, for which there is increasing evidence on their health impact on the elderly (see the detailed analyses in WP 5). “

## Health promotion and prevention – definitions

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- **Prevention – analytical distinctions**
- ***Depending on the timing of the intervention***
  - **Primary prevention** = methods to avoid the occurrence of diseases
  - **Secondary prevention** = methods to detect and address an existing disease prior to the appearance of symptoms
  - **Tertiary prevention** = methods to reduce the negative impact of symptomatic diseases

## Health promotion and prevention – definitions

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- **Prevention – analytical distinctions**
- **Proposal for the theoretical paper**
  - **Primordial prevention = health promotion actions**
  - **Primary prevention** = methods to avoid the occurrence of disease
  - **Secondary prevention** = methods to detect and address an existing disease prior to the appearance of symptoms
  - **Tertiary prevention** = methods to reduce the negative impact of symptomatic disease
  
  - **Primordial P.:** focus on underlying conditions leading to causation
  - **Primary P:** focus on specific causal factors

## Health promotion and prevention – definitions

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- **Prevention – analytical distinctions**
- **Depending on the *target group* of the intervention**
  - **Universal** → population
  - **Selective** → specific risk groups / settings
  - **Indicative** → vulnerable individuals
- **Depending on the *main approach* of the intervention**
  - **Medical** prevention → e.g. vaccinations, screenings
  - **Behavioural** prevention → information, counselling, courses
  - **Structural** prevention → influencing the context

## Health promotion and prevention – definitions

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- **Prevention – analytical distinctions**
- **Rosenbrock 2008**  
 (“primary prevention includes health promotion perspective”)

	<b>Behavioral prevention</b> (information, counselling)	<b>Structural prevention</b> (influencing the context)
<b>Individual</b>	e.g. health courses	e.g. preventive home visits
<b>Setting</b>	e.g. anti-smoking campaigns in schools	e.g. workplace health promotion as organizational development
<b>Population</b>	e.g. general health campaigns like “Eat more fruit”	e.g. HIV/Aids-campaign in Germany (campaigns that take the context into account)



## Target dimensions of health promotion activities

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- Well-being, self-rated health, subjective health
- Quality of life, life satisfaction
- Self-dependence, self-reliance independence
- Self-determination, autonomy, personal responsibility
- Coping, empowerment, enabling, self-efficacy
- Participation, social integration, social acceptance, social inclusion
- Self-confidence, self-esteem, self-respect, self-worth
- ....

## Scope of health promotion activities to focus on

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### Fields of interest according to Grant Agreement

- (chronic) disease prevention
- prevention of cognitive impairments
- prevention of mental health problems
- prevention of mobility impairments
- prevention strategies to improve nutrition, physical activity
- activities aiming at the reduction of health risks like alcohol abuse, smoking
- secondary prevention (screening programs)
- prevention in geriatric care
  
- selected health promotion methods, for which there is increasing evidence on their health impact on the elderly (→ WP 5)

## Central Questions of the Theoretical Paper

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1. What are core problems concerning economic evaluations?  
(theoretical, practical, normative & depending on the type of analysis)
2. What are problems concerning the economic evaluation of health promotion activities?
3. What are problems concerning the economic evaluations of health promotion activities especially for elderly people?  
**Does the application of health economic evaluation methods lead to an age-based rationing and especially to a discrimination of health promotion and prevention for the elderly?**
4. What special problems/implications are there concerning different target groups and different kinds of objectives (behavioural/structural)
5. Can/should HPA be measured by the same standards as curative measures?

## 2.1 Basic Forms of Economic Evaluation

- **cost-minimization-analyses (CMA)**
  - equivalent outcomes, comparison of costs only
- **extra-welfarist**
  - **cost-effectiveness-analyses (CEA)**
    - measure natural parameters, health effects, e.g. life expectancy
  - **cost-utility-analyses (CUA)**
    - measure quality adjusted life years (QALYs)
- **welfarist**
  - **cost-benefit-analyses (CBA)**
    - benefits are measured in monetary terms/units
- **decision-maker**
  - **cost-consequence-analyses (CCA)**
    - various cost components/outcomes are presented/calculated separately