

# RESEARCH SNAPSHOT: PREVENTIVE HEALTH

An Ounce of Prevention? A Toolkit for Evaluating Preventive Health Measures

**P**reventive health programs are designed to catch costly health problems before they arise or when they are less advanced and easier to treat. However, many preventive programs fail to produce long-term savings or even long-term improvements in public health. How can

policymakers and voters predict in advance whether a preventive health measure will be effective—or cost-effective? These eight questions are a ‘toolkit’ to assist in preliminary evaluation of preventive health proposals.

## #1 Is the program narrowly targeted?

Mammograms have been discouraged for women under 50 because they result in more false positives and overdiagnosis than successful treatments. Preventive programs should be narrowly targeted at high-risk populations, in order to minimize the cost, inconvenience, and in some cases danger of subjecting healthy people to preventive procedures.

## #2 Is your message simple?

A problem like obesity is just too complicated for a slogan like ‘Slip Slap Slap’. An example of oversimplification of the obesity problem is the campaign to promote healthy weight by telling Australians to ‘Go for 2 and 5’ daily serves of fruits and vegetables. Simplicity is essential to any successful campaign, but oversimplification can backfire, as in this case: Obese Australians are actually *more* likely to meet the ‘2 & 5’ recommendation than those of normal weight.

## #3 Are the targets you are setting more easily gamed than achieved?

It is possible to double the number of survey respondents who report eating 3+ serves of fruits and vegetables the previous day by sending ‘5-a-Day’ literature to their house the week before. This is just one of the statistical manipulations and quirks that raise doubts about preventive health success stories.

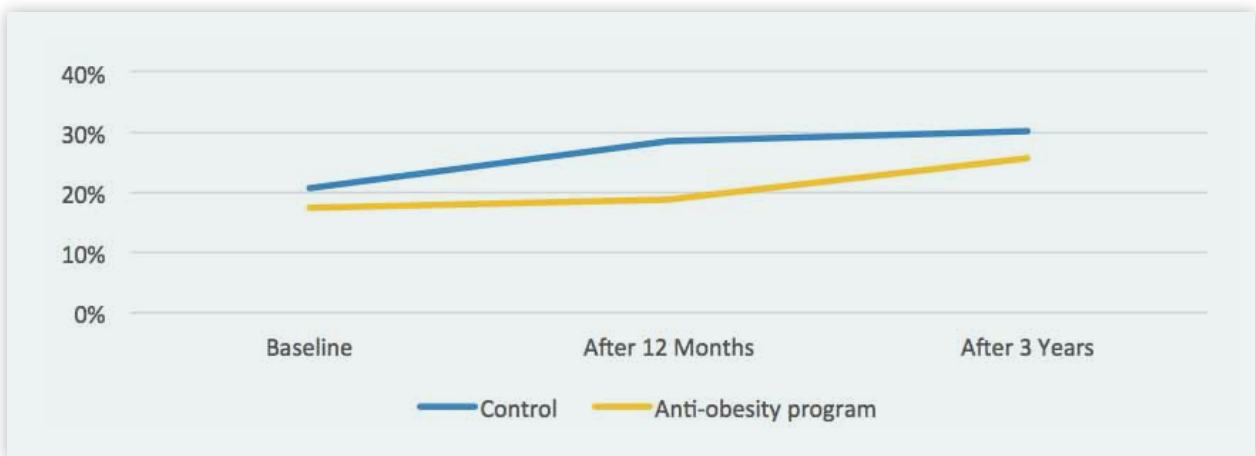
## #4 Are you setting targets that, even if achieved, won’t mean much?

Programs that succeed in the short term often see their gains disappear within a few years, as has been the case with healthy eating programs for grade school students (see Fig. 1). It is also surprisingly difficult to substantiate a link between increase in incidence of isolated healthy behaviours, like eating the recommended daily serves of vegetables, and actual decreases in body mass index (BMI).



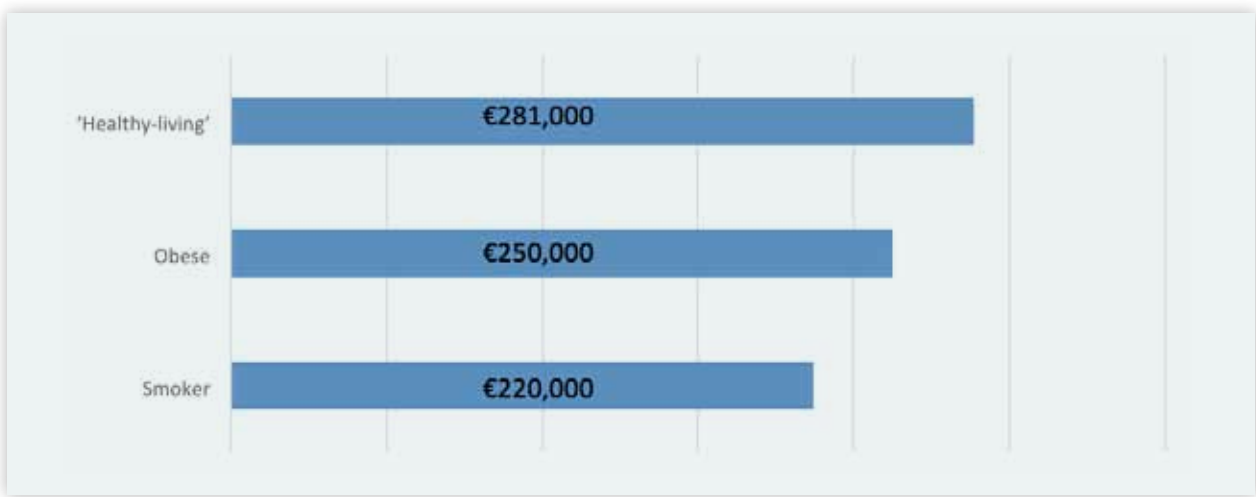
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**Figure 1: Gains disappear over time: The gap in prevalence of obesity achieved by the Christchurch 12-month anti-obesity program vanishes after 3 years**



Source: James et al. (2007)

**Figure 2: Future lifetime health costs at age 20 (Netherlands)**



Source: Van Baal et al. (2008)

## #5 Are you underestimating what the average person knows?

Preventive health campaigners talk about the need to inform the public about the consequences of not staying healthy. But is lack of information really the problem? Doctors and nurses know better than anyone the risks associated with unhealthy weight, but rates of overweight/obesity for those professions are 58% and 57%.

## #7 Is there a clear line between expenditure and payoff?

Although obesity is a factor in certain chronic illnesses that can be costly to treat, it is far from clear that obese patients have higher lifetime health costs than those of normal weight (see Fig. 2). When claiming that preventive health is a cost-saver, proponents can often glide over the crucial intermediate steps of demonstrating (a) that their program successfully reduces incidence of a given risk factor and (b) that it does so to an extent that justifies the preventive program's costs.

## #6 Are proponents using jargon, scare language, or other misleading rhetoric?

Even some public health professionals are concerned that their colleagues need to be more 'rigorously honest in their relationship with the public'. Common faults include exaggeration, pretense to scientific accuracy, and inapt comparisons to tobacco.

## #8 Is the justification for government intervention just a pretext?

There have always been activists who dislike indulgence and want the state to discourage it, whether that indulgence is drinking or smoking or eating fatty foods. These wowers have been happy to co-opt various fashionable pretexts for their interventions, like eugenics and worker productivity, and then drop these pretexts when they fall out of fashion. Policymakers must be wary of this longstanding faction and its flexibility in adopting the political jargon of the day.

You can read the full report at [cis.org.au](http://cis.org.au)