

NZ SSC, VUW & ANZSOG present:

PREVENTION IS BETTER THAN CURE: SO WHY AREN'T WE DOING MORE OF IT?

SPEAKER

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MODERATOR

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Lecturer
School of Government
Victoria University of Wellington

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TODAY'S TOPIC?**

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***Prevention is better than cure,
so why aren't we doing more of it?***

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See blog for full discussion:

<https://paulcairney.wordpress.com/>

What is prevention?

1. Policy

Intervening earlier to:

- improve wellbeing
- reduce inequality
- reduce costs

What is prevention?

2. Policymaking

- Joined-up government & 'wicked' problems
- Local and service-user responsibility
- 'Assets based' & doing it with you, not to you
- Long-term outcomes, not short-term targets

3. 'Evidence based'

Three reasons for limited success:

1. Ambiguity

Policymakers don't know what prevention means.

They face problems when they define it.

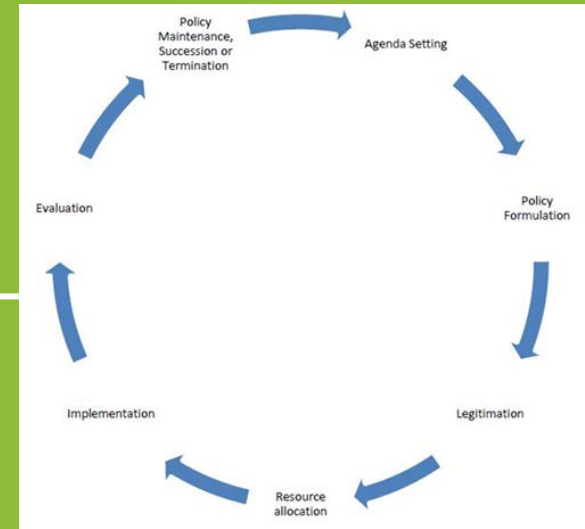
Three reasons for limited success:

2. Complexity

They engage in a policymaking system that is too complex to control.

They need to:

- localise *and* centralise.
- share *and* take responsibility
- be pragmatic *and* decisive



Three reasons for limited success:

3. 'Bounded rationality'

They are unable & unwilling to produce 'evidence based policymaking'.

Or:

- their use of evidence is pragmatic
- they have to ignore most of it
- evidence reduces uncertainty, not ambiguity

The danger of misdiagnosing this problem

**Avoid too-simple explanations:
'low political will' or 'incompetent politicians'**

Why?

New policymakers will assume they are different

... producing a cycle of despair:

(a) initial period of enthusiasm and activity

replaced by

(b) disenchantment and inactivity

and

(c) potential for this cycle to be repeated without resolution.

Pause for breath/ to avoid despair

Any questions so far?

What makes prevention so difficult to define?

1. *What problem are we trying to solve?*

Inequalities, funding, governance

What makes prevention so difficult to define?

2. On what problem should we focus?

Inequalities.

Wealth, occupation, income, race, ethnicity, gender, sexuality, disability, mental health?

Measures.

Economic, health, healthy behaviour, education attainment, wellbeing, punishment.

What makes prevention so difficult to define?

3. On what solution should we focus?

- Reduce poverty
- Reduce inequality
- Improve general wellbeing
- Reduce costs
- Increase value for money

What makes prevention so difficult to define?

4. Which 'tools' or policy instruments should we use?

Redistributive and 'structural', to reduce poverty?

Individual-focused to:

- (a) boost 'resilience' of public service users,
- (b) make or ask people to change behaviour.

What makes prevention so difficult to define?

5. How do we intervene as early as possible in people's lives?

Primary
Secondary
Tertiary

6. *How do we pursue 'evidence based policymaking'?*



	Implementation science	Story telling	Improvement method
How should you gather evidence?	Hierarchy of evidence, RCTs	Practitioner knowledge Service user feedback	Mix of evidence Trained practitioners experimenting and evaluating
How should you 'scale up' from best practice?	Uniform model Fidelity to dosage	Tell stories, invite people to learn	If you think your practice is working, keep doing it.
What aim should you prioritise?	Administer the active ingredient	Governance principles: localism, respect	Training, experimenting, feedback

What makes prevention so difficult to define?

7. How does evidence gathering connect to long-term policymaking?

Central government driven?

Agreements with or targets for local authorities?

What makes prevention so difficult to define?

8. Is preventive policymaking a philosophy or a profound reform process?

E.g. holding on or letting go?

What makes prevention so difficult to define?

9. *What is the nature of state intervention?*

Supportive?

Punitive?

Any questions so far?

Making ‘hard choices’:

**what problems arise when politics meets
policymaking?**

What problems arise?

The scale of the task becomes overwhelming, and not suited to electoral cycles.

What problems arise?

Competition for attention and money

What problems arise?

The benefits are relatively difficult to measure and see.

What problems arise?

Policy problems are 'wicked'

What problems arise?

Performance management (overall) is not conducive to prevention.

What problems arise?

Major ethical dilemmas on state intervention.

What problems arise?

One aspect of prevention may undermine the other

E.g. devolve budgets locally, reduce budgets

What problems arise?

Someone must be held to account

So, how can you share accountability?

Any questions so far?

‘The evidence’ is not a ‘magic bullet’

‘The evidence’ is not a ‘magic bullet’

Qualitative evaluation & counterfactual (FIPs)

Randomised control trials (FNP, Triple P, IY)

'The evidence' is not a 'magic bullet'

The evidence on 'scaling up' for primary prevention is relatively weak

E.g. fidelity and training

E.g. scaling up/ transferring success

'The evidence' is not a 'magic bullet'

The evidence on secondary versus tertiary early intervention presents a dilemma

E.g. clinically referred v risk predictors

E.g. focused minds v relatively suspicious

Is tertiary prevention really prevention?

Conclusion:

Prevention is part of an excellent idiom but not a magic bullet for policy problems

Vague consensus is no substitute for political choice

Understanding problems = addressing them

Beware the 'political will' conclusion



THANK YOU

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<https://paulcairney.wordpress.com/>

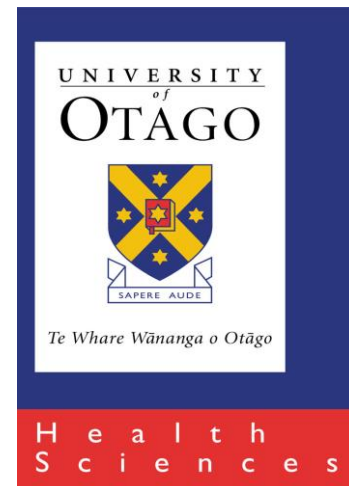
Politics of policy making

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Housing and Health Research Programme,
New Zealand Centre for Sustainable Cities

www.healthyhousing.org.nz

www.sustainablecities.org.nz

www.resilienturbanfutures.org.nz



Who has the power?

- Evidence-based or evidence-informed policy?
- Importance of networks
- Scientists can be “sifters, synthesizers & analysers”
- Framing & defining problem – prevention or palliatives?
- Profound change can take 2 or 3 decades

“Medicine is a social science and politics is nothing else but medicine on a large scale. Medicine as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution; the politician, the practical anthropologist, must find the means for their actual solution”.

Friedlander E. Rudolf Virchow on pathology education.
<http://www.pathguy.com/virchow.htm>

Public health advocacy

- Starts from recognition structural inequalities shape health
- Need to help set the agenda & frame the issue for policy-makers & public
- Robust solution-focused research
- Randomised community trials provide high quality causal evidence
- Process as important as outcomes

Housing problems

Searching for solutions

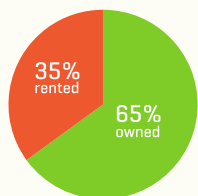
- Cold, damp & mouldy homes
- High rate of home injuries
- Health effects of leaky buildings
- Poor quality of unregulated rental housing
- Inadequate stock of accessible housing
- Decline in social housing
- Increasing rates of homelessness

Influence of insulation & heating research on policy

- **Framing** of problem around co-benefits
 - Housing & health
 - Energy efficiency
 - Climate change
 - Employment creation
 - Regional development
 - Social capital
- **Increasing focus on poor quality of rental housing**

560
NZ HOUSES

assessed from September 2015
to June 2016



HEATING HABITS



46% of households
did not
heat bedrooms
in winter

51% of children's
bedrooms
were not
heated in winter



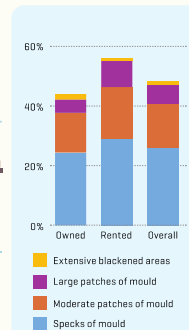
MOULD was visible in
49% of all houses

44% owned > **56%** rented

Mould was most
commonly found
in bathrooms.

**mould in
bedrooms**
almost
30% > **18%**
of rentals owner-occupied

Managing mould
Mould was more commonly
observed in houses lacking
**effective heating,
ventilation and insulation**



VENTILATION



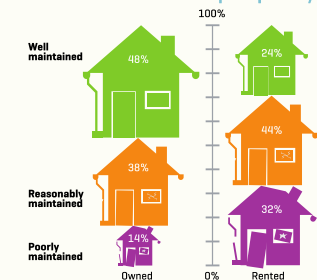
Only around
HALF

had an extractor fan
in the bathroom
venting to outside

Only around
HALF

had an extractor fan
in the kitchen
extracting to outside

HOUSE MAINTENANCE



INSULATION



53% could benefit from retrofitted insulation
in the roof space and/or subfloor

47% had less than 120mm or insufficient
coverage of insulation in the roof space

19% had insufficient coverage of
insulation in the subfloor

HEATING APPLIANCES

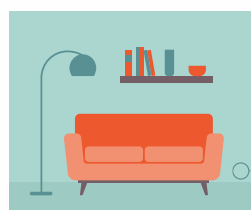
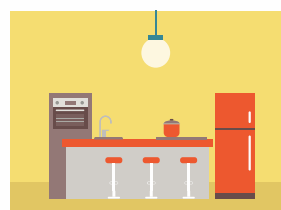
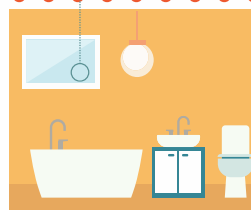
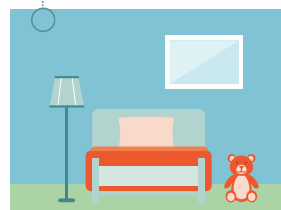


Heat pumps
40% of owner-occupied houses > **25%** of rentals

Wood burners
39% of owner-occupied houses > **23%** of rentals

Electric heaters
25% of owner-occupied houses < **33%** of rentals

Portable unflued gas heaters
4% of owner-occupied houses < **15%** of rentals



Housing, Insulation & Health Study

Cite this article as: BMJ, doi:10.1136/bmj.39070.573032.80 (published 26 February 2007)

BMJ

RESEARCH

Effect of insulating existing houses on health inequality: cluster randomised study in the community

Philippa Howden-Chapman, professor and director,¹ Anna Matheson, PhD student,¹ Julian Crane, professor and codirector,² Helen Viggers, data analyst,¹ Malcolm Cunningham, principal analyst,⁴ Tony Blakely, professor,³ Chris Cunningham, professor,⁵ Alistair Woodward, professor,⁶ Kay Saville-Smith, director,⁷ Des O'Dea, lecturer,¹ Martin Kennedy, adviser,⁸ Michael Baker, senior lecturer and codirector,¹ Nick Waipara, scientist,⁹ Ralph Chapman, associate professor,¹⁰ Gabrielle Davie, biostatistician¹

¹He Kainga Oranga, Housing and Health Research Programme, University of Otago, Wellington, PO Box 7343, Wellington South, New Zealand

²Department of Medicine, University of Otago

³Department of Public Health

ABSTRACT

Objective To determine whether insulating existing houses increases indoor temperatures and improves occupants' health and wellbeing.

Design Community based, cluster, single blinded randomised study.

INTRODUCTION

The quality of housing affects the health of the population. Improvements to housing could potentially prevent ill health, especially in sections of the population exposed to substandard housing.^{1,2} Several reviews of social interventions, and housing interventions in par-

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Study DVD www.healthyhousing.org.nz



Operation Housing Medical Students for Global Awareness



The Frequency of Media Reports of Housing and Health

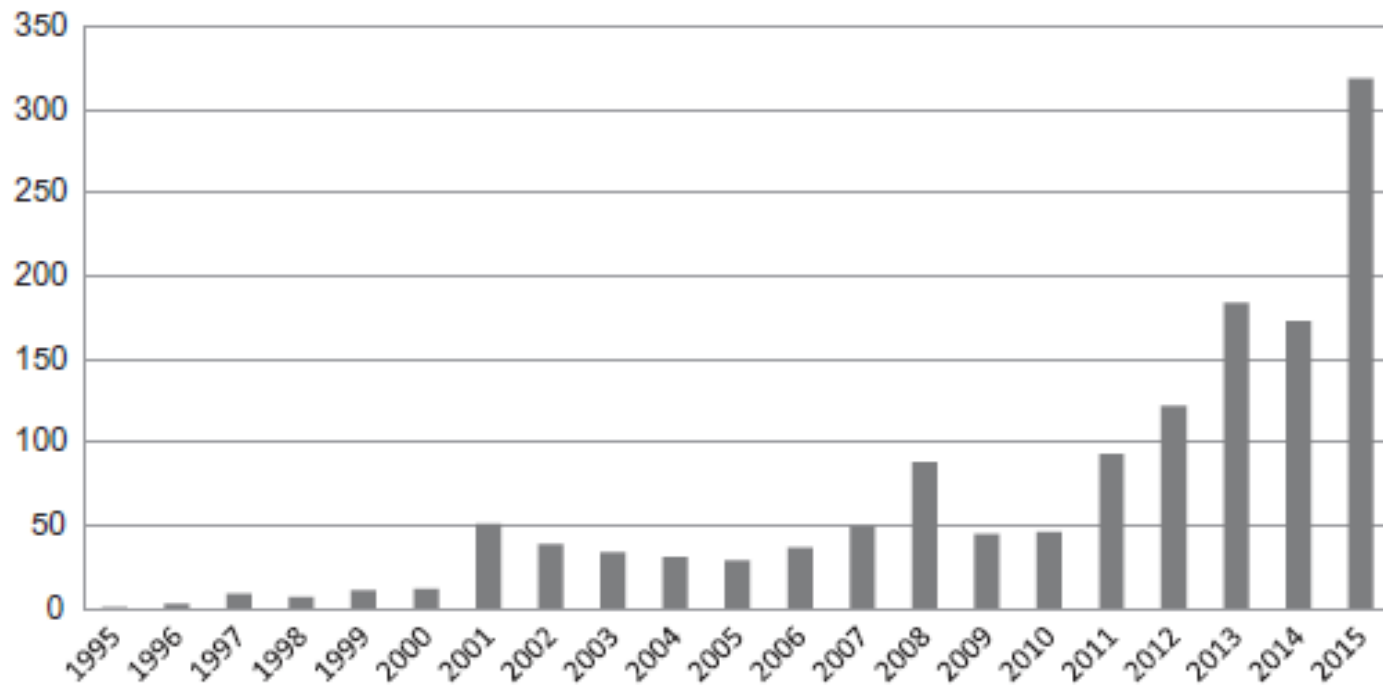


Figure 1. The frequency of media reports of healthy, unhealthy, damp or cold housing (1995–2015).

Bierre & Howden-Chapman, Telling stories: the role of narratives in rental housing policy in New Zealand, *Housing Studies*, 2017, p.9.

Warm Up NZ: Primary Prevention

- Retrofitted insulation & heating
- Inter-sectoral, multi-party, international recognition policy
- Policy piloted locally before implemented nationally
- Major impact on central, regional and local government, NGOs
- Products regulated, process audited
- Previous Labour Govt allocated 1 billion dollars Household Fund, National Govt \$383m, funding from current Labour Govt

Policy evaluation: multi-disciplinary

- 330,000 houses retrofitted
- Evaluation commissioned by govt, quasi-experimental study detailed anonymised matching of first 46,655 houses
 - significant drop in metered energy
 - significant reduction in pharmaceutical usage, length of hospitalisation, avoidable mortality for over 65s
- Benefit/cost ratio for adults 3.9:1, children & older people 6:1

Well Homes: Secondary Prevention

Well Homes is a free service that may be able to help your whānau with:



BEDS & BEDDING



CARPET



CURTAINS



HEATING



INSULATION



MINOR REPAIRS



MOULD CLEANING KITS



MSD/WORK & INCOME
ASSISTANCE



OTHER - I.E. HEALTH
OR SOCIAL REFERRALS



SOCIAL HOUSING
RELOCATION



VENTILATION

Please phone us on 0800 675 675

Summary: framing & advocacy

- Academics can facilitate translation of research to policy
- Collaborate, look for allies for framing & policy experiments
- Involve communities, local & central govt in framing from beginning
- Conduct robust independent research
- Measure co-benefits, health & wellbeing, powerful population approach
- Demonstrate both public & private benefits

Summary

- Advocacy & research can lead to important multi-party policies
- Reducing inequalities requires all-party support for medium- & long-term strategy
- Solution-based policy options still require govt to make strategic decisions, allocate \$\$ & concerted implementation
- Small country advantages facilitate state experiments

Questions?

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