COLLABORATING FOR HEALTH

Prevention of non-communicable disease: the contribution of nurses

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About me!

- Clinical experience Ireland and UK
- Registered nurse teacher
- Chair of Council, Royal College of Nursing, UK
- World Health Organisation Copenhagen, Delhi, Geneva
- International Council of Nurses, Geneva
- C3 Collaborating for Health



C3 Collaborating for Health

- C3 Collaborating for Health is a global charity, founded by a nurse, whose vision is for a world where there are no premature or preventable deaths from chronic noncommunicable diseases (NCDs).
- C3 works with businesses, workplace health, communities and health professionals to promote healthy behaviours to address NCDs.
- With expertise in strategy consulting, convening, writing, evaluation, and partnership working, we help make it easier for people to live healthier lives.



Non-communicable disease: Facts and figures (1)

- NCDs kill 38 million people each year.
- Almost three quarters of NCD deaths 28 million occur in low- and middle-income countries.
- Sixteen million NCD deaths occur before the age of 70; 82% of these "premature" deaths occurred in low- and middleincome countries.
- Cardiovascular diseases account for most NCD deaths, or 17.5 million people annually, followed by cancers (8.2 million), respiratory diseases (4 million), and diabetes (1.5 million).
- These 4 groups of diseases account for 82% of all NCD deaths.

Source: WHO Fact Sheet 2015

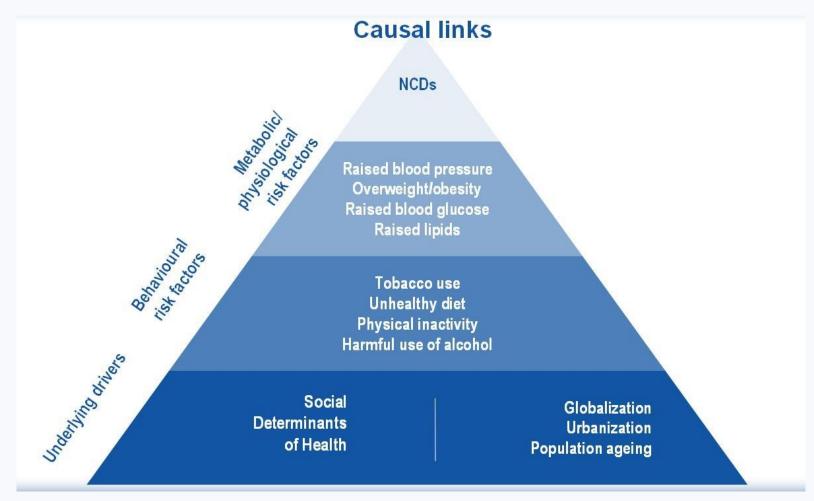


Non-communicable disease: Facts and figures (2)

- Chronic kidney disease (CKD) is more likely to develop in obese people including in those with diabetes, hypertension and heart disease.
- Obesity also causes direct kidney damage by increasing the workload of the kidneys and other mechanisms.
- 60% renal dialysis in UK is due to diabetes.
- Tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets all increase the risk of dying from an NCD including CKD.

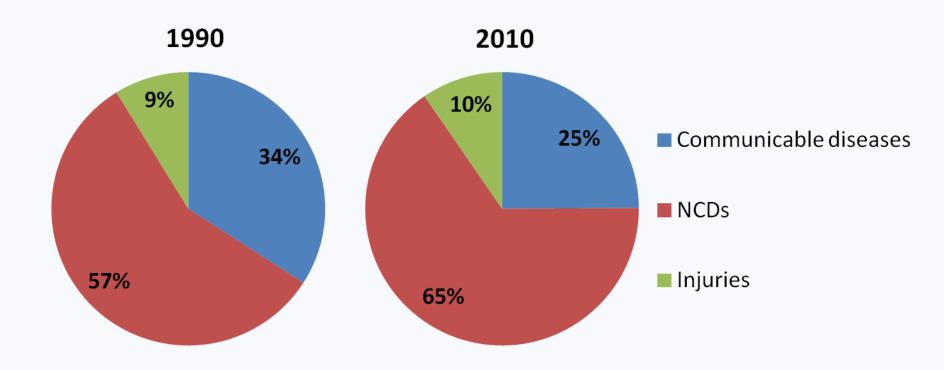


Causes of NCDs





The NCD burden: global deaths



Source: Global Burden of Disease Study 2010, The Lancet 380(9859), p. 2102, table 1.



Global policy responses

 Global action plan to reduce premature death from the four major NCDs by 25% by 2025 – voluntary targets monitored by WHO

- UN Sustainable Development Goals 2015-2030
 - Goal 3: Ensure healthy lives and promote well-being for all at all ages
 - Target 3.4 Reduce mortality from NCDs and promote mental health

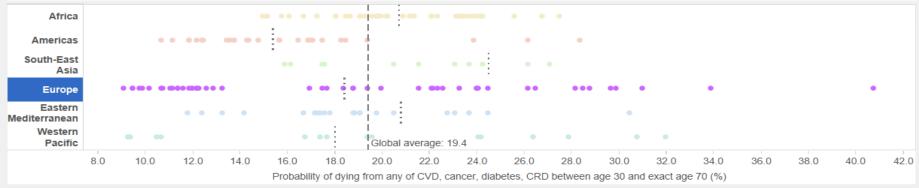


Mortality rate attributed to cardiovascular disease (CVD), cancer, diabetes or chronic respiratory disease (CRD)

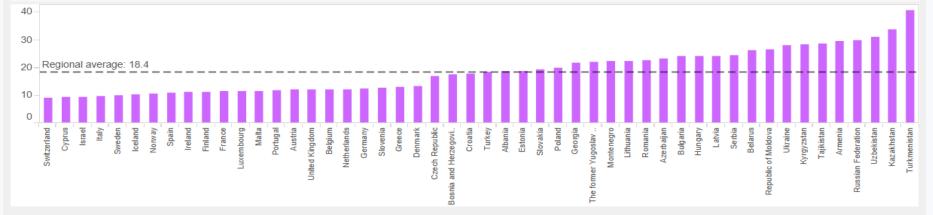
Cardiovascular diseases claimed 17.5 million lives in 2012 - 6 million of which were under age 70

Each circle/bar represents a country. The dotted grey line indicates the regional average, and the dashed grey line indicate the global average. Click on a region name to display the distribution by country (within that region) as a bar graph.

Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and exact age 70 (%), by WHO region, 2012



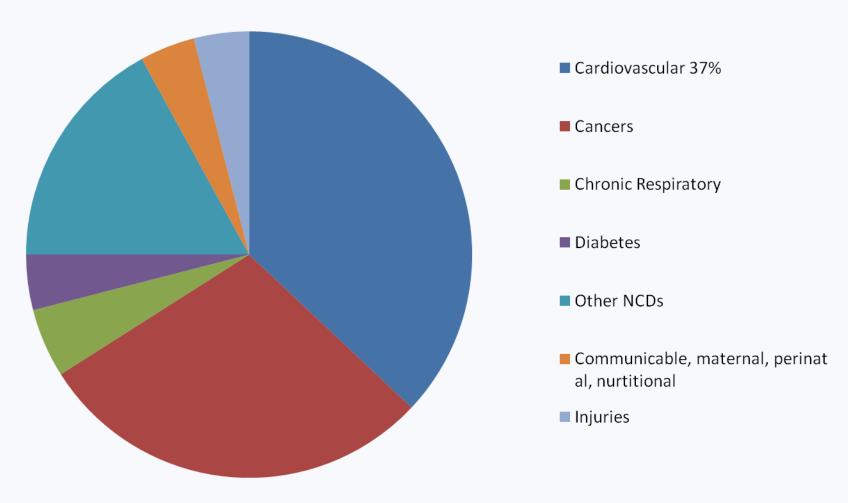
Distribution by country (in selected WHO region) mouse-over the y-axis to sort



© World Health Organization 2016 | Source : Global Health Observatory (http://www.who.int/gho)



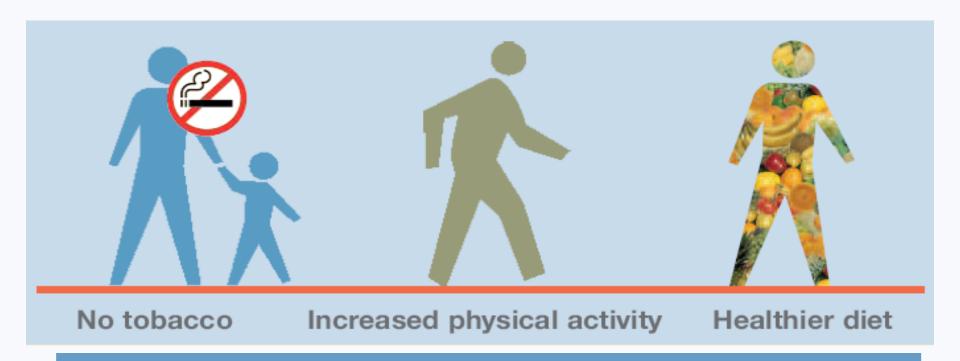
Italy: 92% of total deaths due to NCDs





We know what to do

Prevention works!



It's affordable and effective-but not always easy!



We can prevent much of the burden...

- Up to
 - 58% of cases of type 2 diabetes
 - 90% of cases of heart disease (including stroke)
 - 42 % of some cases of cancers

can be prevented or delayed by addressing the main risk factors

Source: Diabetes UK, Heart for Life, Cancer Research UK (2016)



NHS prevention initiatives and behavioural interventions

- Health checks for 40-74 years (2009)
- Making every contact count
- 5 Year Forward View (2014)
 - new models of care
 - increased focus on prevention
 - Diabetes prevention programme
 - NHS workforce health



19 million nurses and midwives

Nurses with the knowledge, skills, capacity and opportunity can:

- promote healthy behaviour
- support lifestyle change
- prevent and detect disease
- manage ill-health and prevent complications
- influence health and wellbeing across the lifespan
- work in diverse settings and with all sectors of society





Developing well

Living well

Working well

Ageing well

Dying well



Changing context of nurses work

Existing mandate

- Life-course approach
- System-wide contribution

Expanded opportunities

- High level and broad focus on prevention
- New partnerships and alliances
- New concepts of health and wellbeing
- Entrepreneurial spirit
- Technological innovation eg. ENS4Care





Addressing the risk factors

- Nurses need knowledge, skills, capacity and commitment to promote health and prevent disease.
- In Italy:
 - 29% men, 20% women smoke tobacco
 - 65% men, 52% women are overweight or obese
 - 51% men, 62% women do not meet physical activity recommendations

 Source; WHO European Health Statistics





C3 Model

- Healthy nurses
- Healthy patients and communities
- Dissemination of knowledge and skills
- Influencing and advocacy









Why does nurses' own health matter?

Healthier nurses are more productive, more alert, and safer practitioners.

Nurses may act as role models for healthy behaviour and influence patients, families, colleagues, communities and society as a whole.

Nurse



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h self-



Some C3 projects with London South Bank University

1. Nursing students' health: an intervention study

2. Healthy weight initiative for nurses (WIN.)

3. First Impressions Count



Thank you!

C3 Collaborating for Health: www.c3health.org



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