

Class 2 - Major Health Challenges from a Public Health Perspective

A decorative graphic consisting of several horizontal lines of varying lengths and colors (teal, light blue, white) extending from the right side of the slide.

- Morbidity and mortality worldwide
- Epidemiologic transition
- Diverse perspectives on public health

Life Expectancy

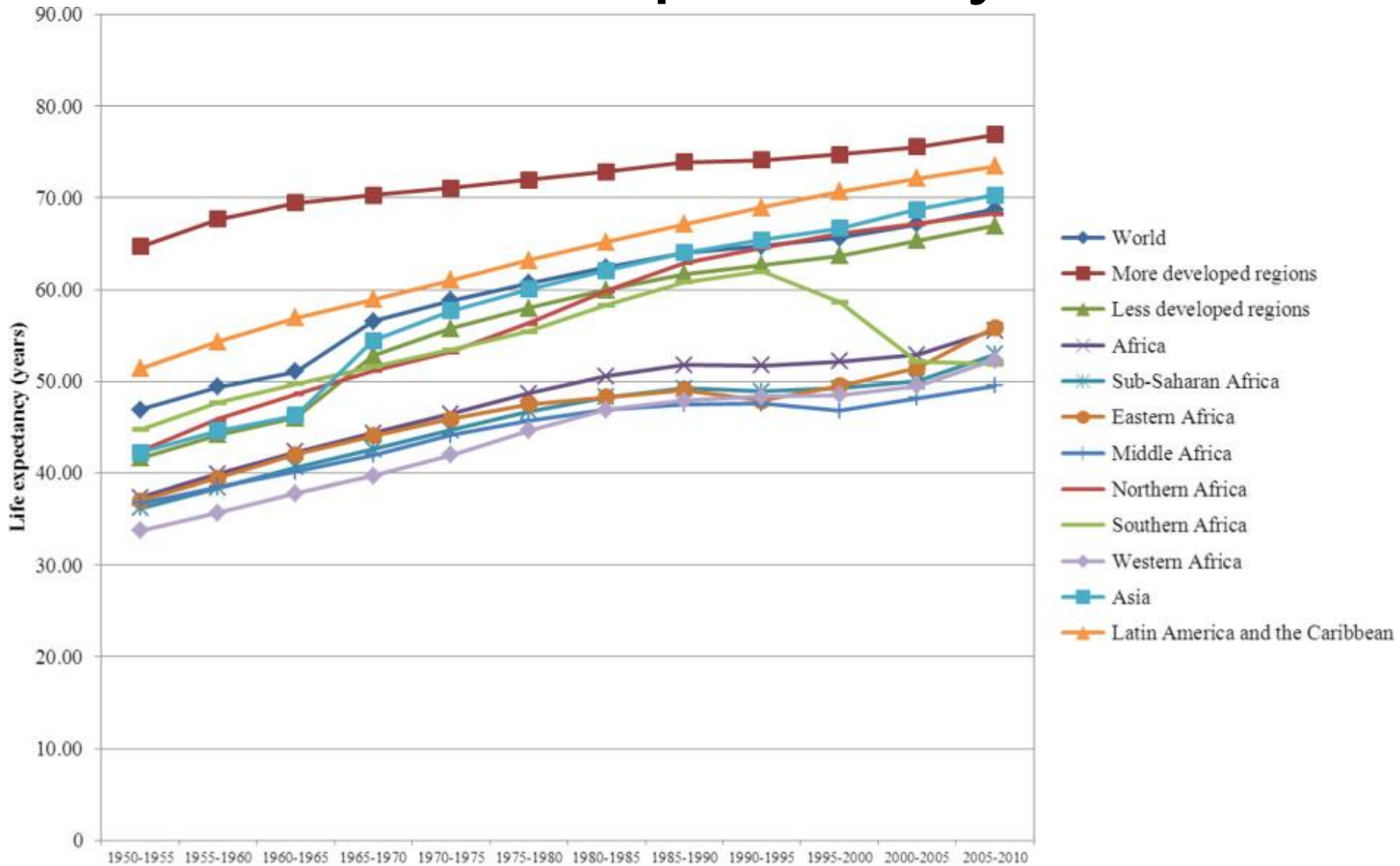


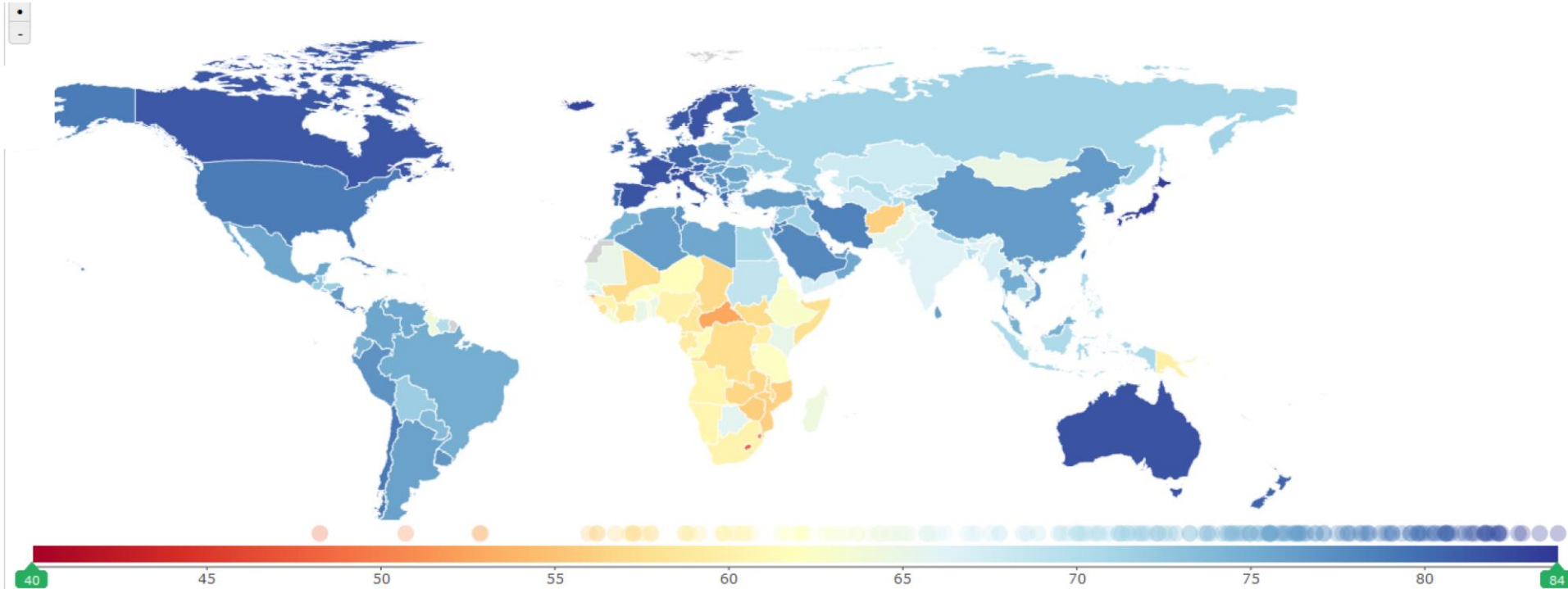
Image courtesy of Global Health Action. CC BY.

Defo, B. K. (2014). Demographic, epidemiological, and health transitions: are they relevant to population health patterns in Africa?. *Global health action*, 7.

Life expectancy

- Global life expectancy increased by 6.2 years, 1990-2013
- Healthy life expectancy increased by 5.4 years

Life Expectancy, 2013



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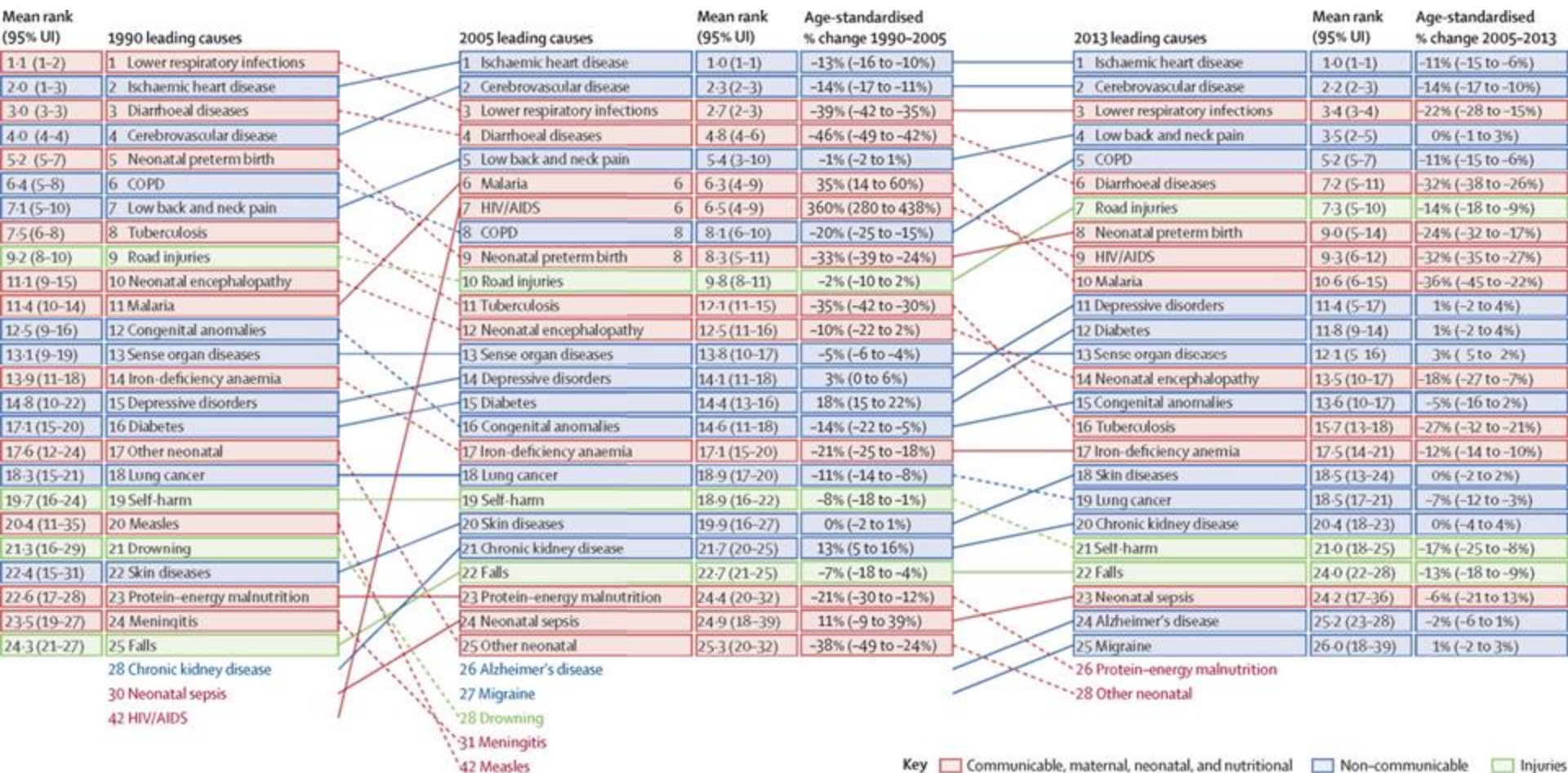
Institute for Health Metrics and Evaluation (IHME). **Life Expectancy & Probability of Death**. Seattle, WA: IHME, University of Washington, 2014. Available from <http://vizhub.healthdata.org/le/>.

Global Burden of Disease

- A loss of welfare/subjective well-being/quality of life

Figure 1 from Murray, C. J., Barber, R. M., Foreman, K. J., Ozgoren, A. A., Abd-Allah, F., Abera, S. F., ... & Abu-Rmeileh, N. M. (2015). "Global, regional, and national disability-adjusted life years (DALYs) for 306 diseases and injuries and healthy life expectancy (HALE) for 188 countries, 1990–2013: quantifying the epidemiological transition." *The Lancet*, 386(10009), 2145-2191 removed. Please visit the journal to view the image.

25 most common causes of global DALYs for both sexes combined, 1990, 2005, and 2013, with age-standardized median percentage change



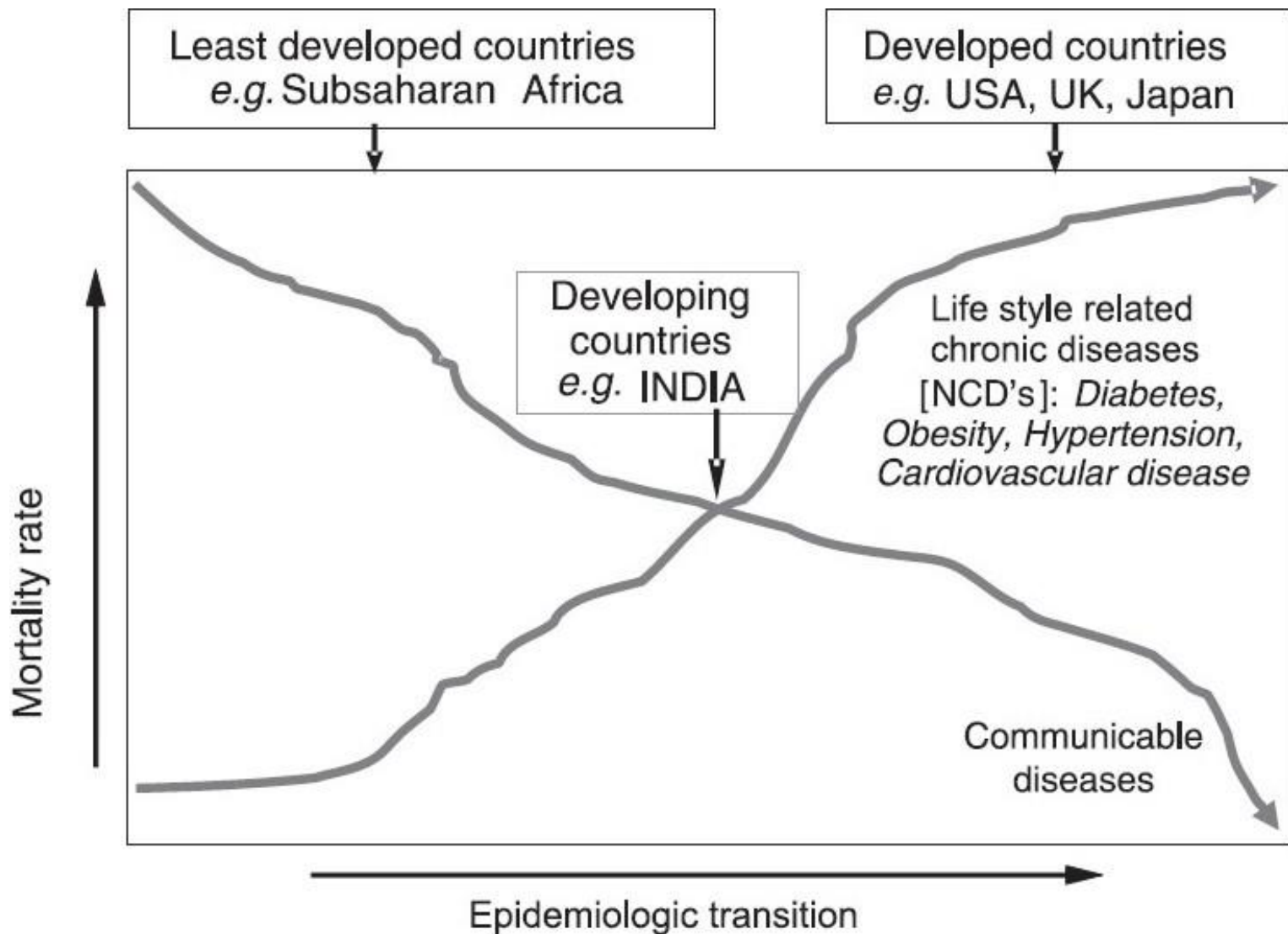
Courtesy of Elsevier, Inc., <http://www.sciencedirect.com>. Used with permission.

Murray, C. J., Barber, R. M., Foreman, K. J., Ozgoren, A. A., Abd-Allah, F., Abera, S. F., ... & Abu-Rmeileh, N. M. (2015). Global, regional, and national disability-adjusted life years (DALYs) for 306 diseases and injuries and healthy life expectancy (HALE) for 188 countries, 1990–2013: quantifying the epidemiological transition. *The Lancet*, 386(10009), 2145-2191.

Figure 2 from Murray, C. J., Barber, R. M., Foreman, K. J., Ozgoren, A. A., Abd-Allah, F., Abera, S. F., ... & Abu-Rmeileh, N. M. (2015). "Global, regional, and national disability-adjusted life years (DALYs) for 306 diseases and injuries and healthy life expectancy (HALE) for 188 countries, 1990–2013: quantifying the epidemiological transition." *The Lancet*, 386(10009), 2145-2191 removed. Please visit the journal to view the image.

Total DALYs, crude DALY rates, and age-standardised DALY rates from 1990 to 2013

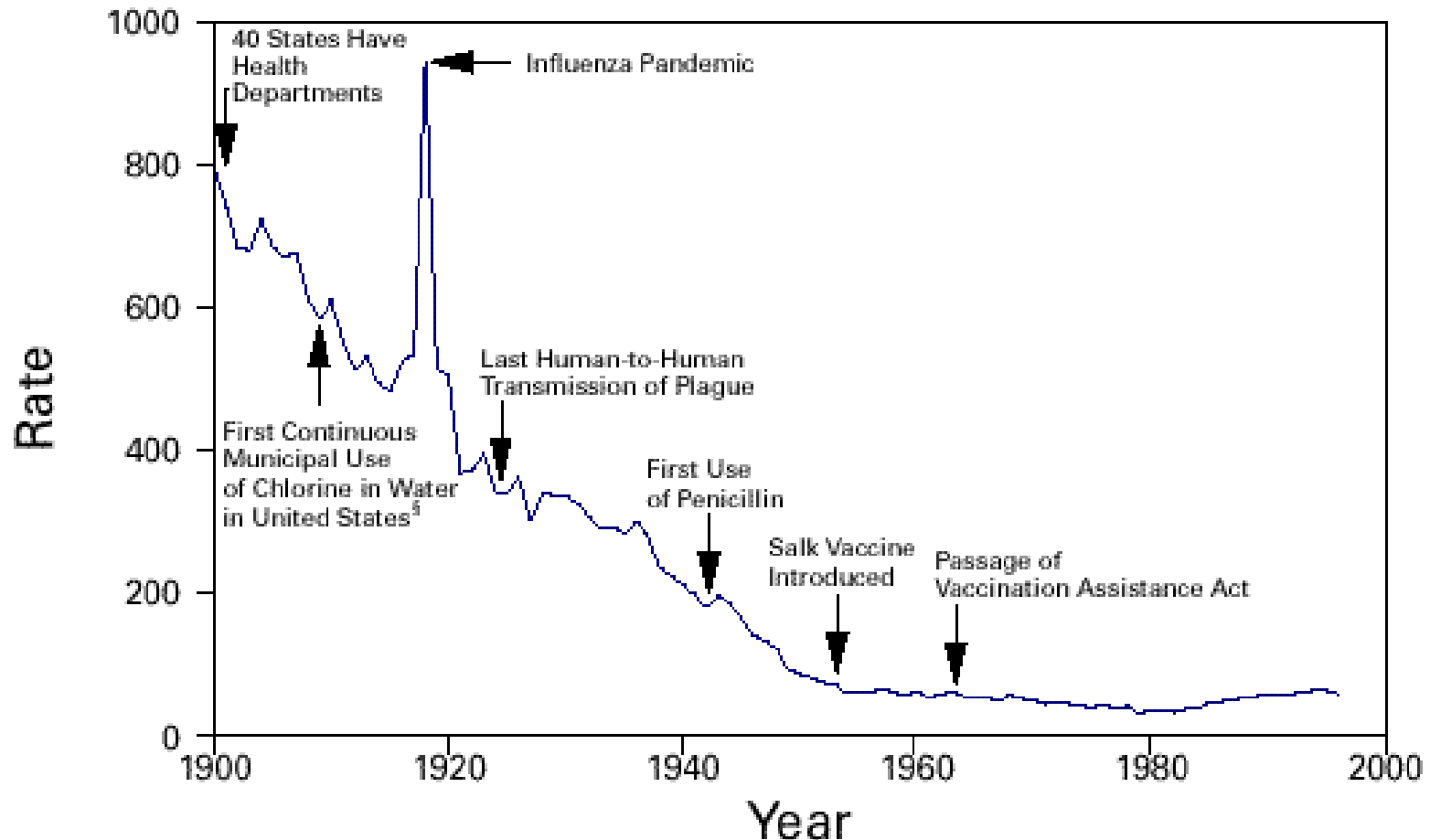
Changes in global DALYs caused by communicable, maternal, neonatal, and nutritional disorders, non-communicable diseases, and injuries shown in terms of numbers of DALYs (A), DALY rates per 100 000 people (B), and age-standardised DALY rates per 100 000 people (C). The difference in trends between A and B is caused by population growth and the difference between B and C because of changes in the percentage distribution of the population by age. Shaded areas show 95% uncertainty intervals. DALY=disability-adjusted life-years.



Courtesy of the CDC. This image is in the public domain.

Anjana, R. M., Ali, M. K., Pradeepa, R., Deepa, M., Datta, M., Unnikrishnan, R., ... & Mohan, V. (2011). The need for obtaining accurate nationwide estimates of diabetes prevalence in India-rationale for a national study on diabetes. *The Indian journal of medical research*, 133(4), 369.

FIGURE 1. Crude death rate* for infectious diseases — United States, 1900–1996†



*Per 100,000 population per year.

†Adapted from Armstrong GL, Conn LA, Pinner RW. Trends in infectious disease mortality in the United States during the 20th century. *JAMA* 1999;281:61–6.

§American Water Works Association. Water chlorination principles and practices: AWWA manual M20. Denver, Colorado: American Water Works Association, 1973.

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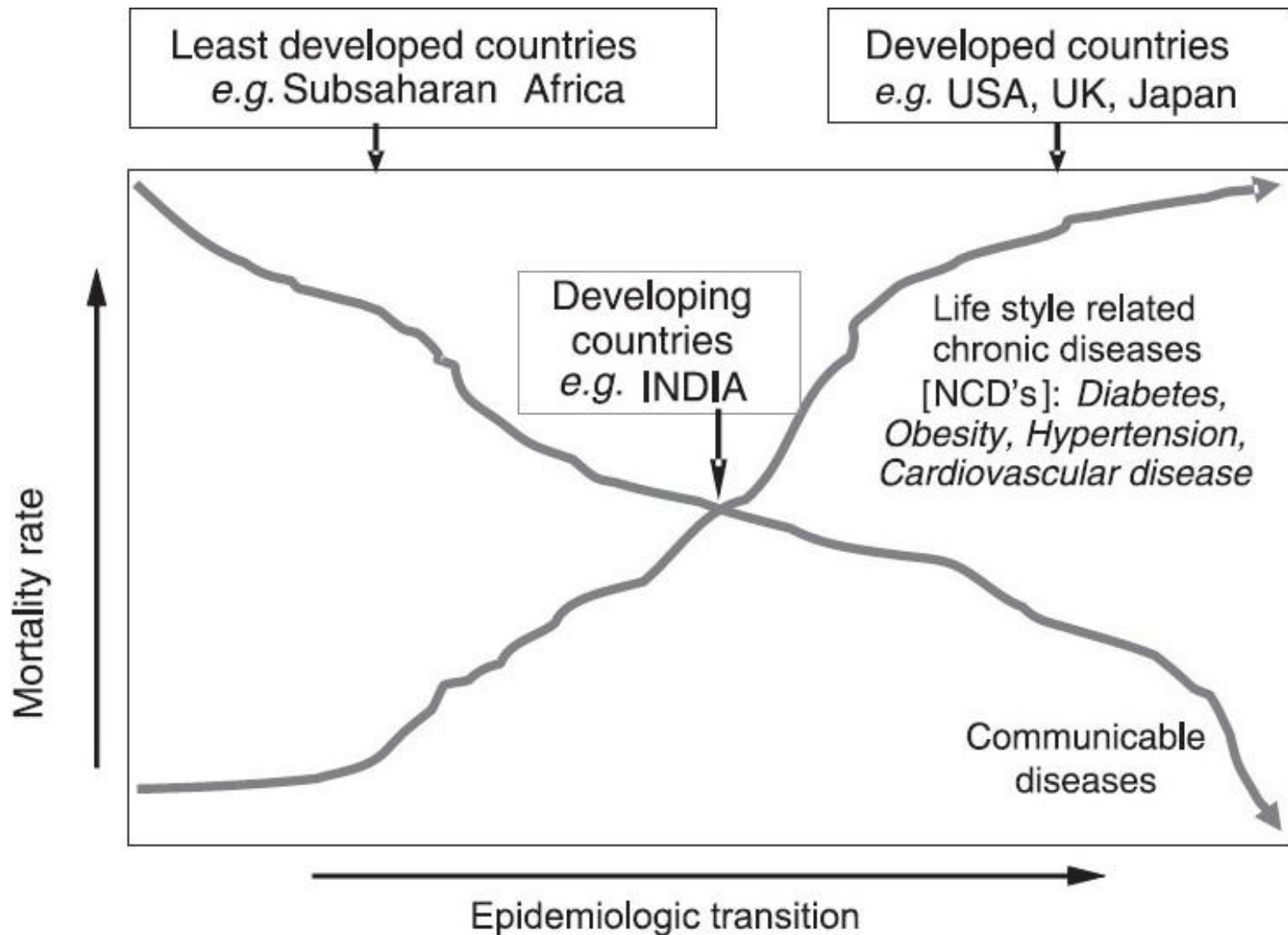
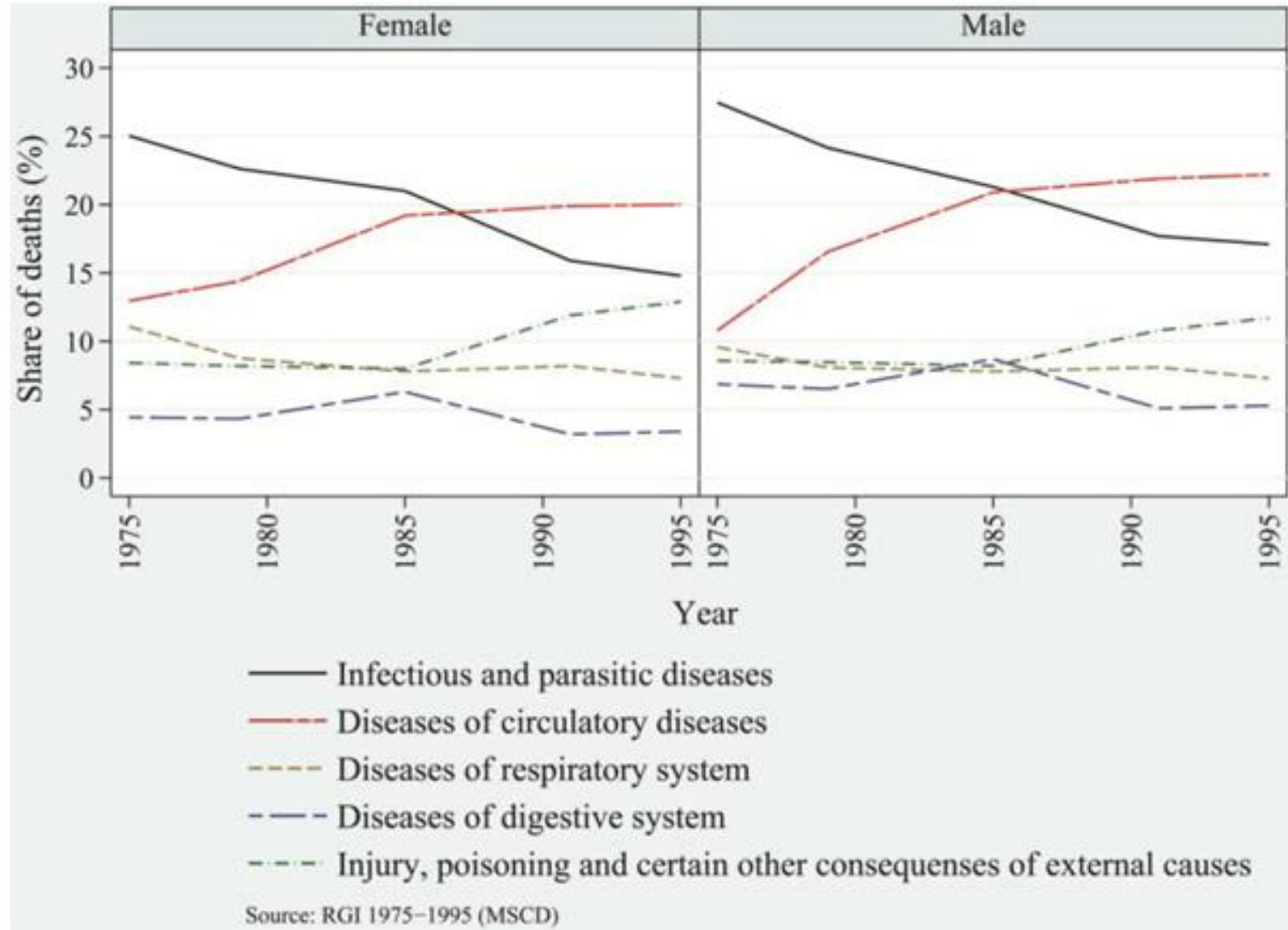


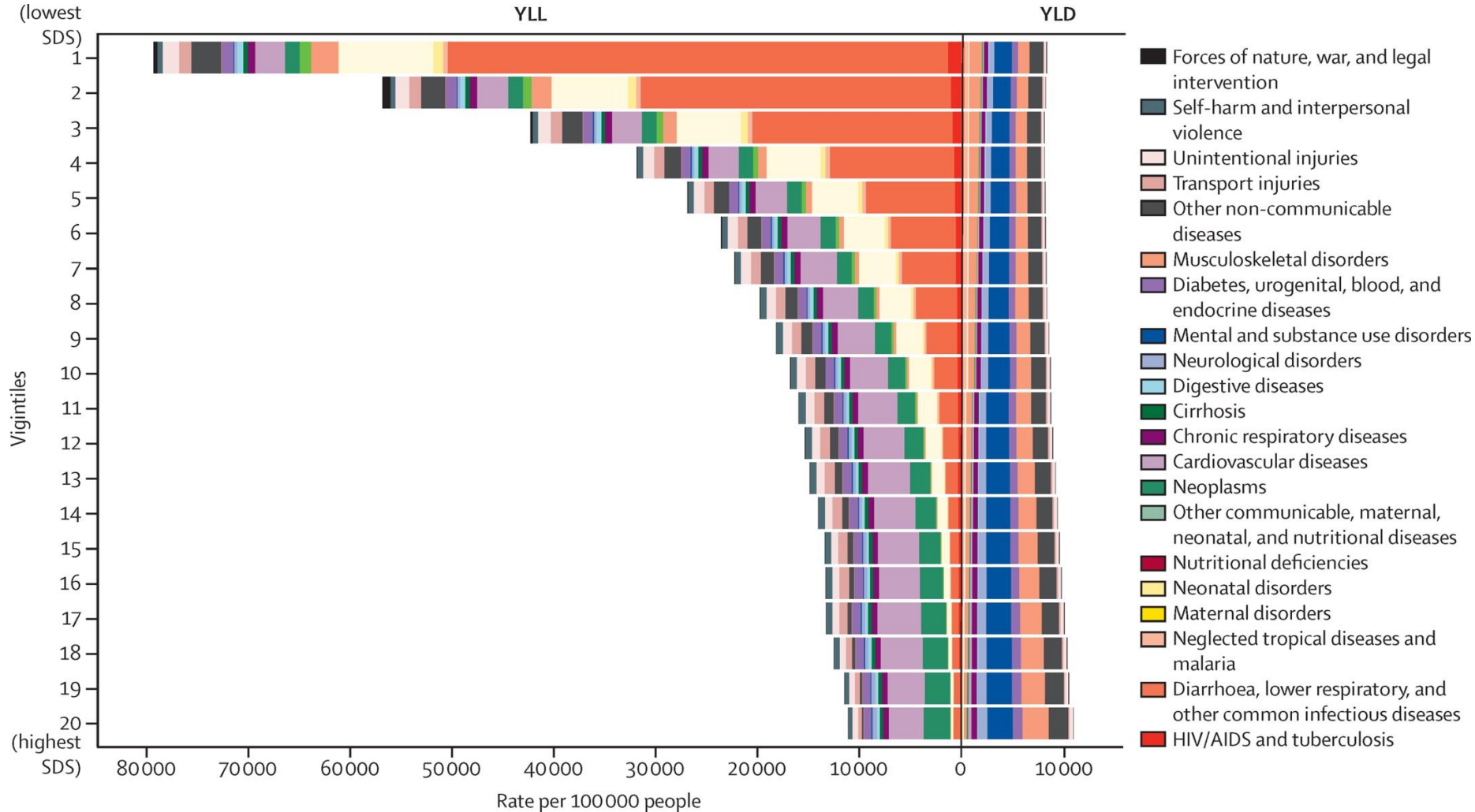
Image courtesy of Global Health Action. CC BY.

Anjana, R. M., Ali, M. K., Pradeepa, R., Deepa, M., Datta, M., Unnikrishnan, R., ... & Mohan, V. (2011). The need for obtaining accurate nationwide estimates of diabetes prevalence in India-rationale for a national study on diabetes. *The Indian journal of medical research*, 133(4), 369.

Epidemiological Transition – Urban India



Yadav, S., & Arokiasamy, P. (2014). Understanding epidemiological transition in India. *Global health action*, 7.



Courtesy of Elsevier, Inc., <http://www.sciencedirect.com>. Used with permission.

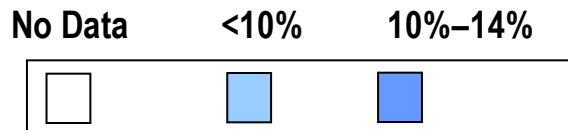
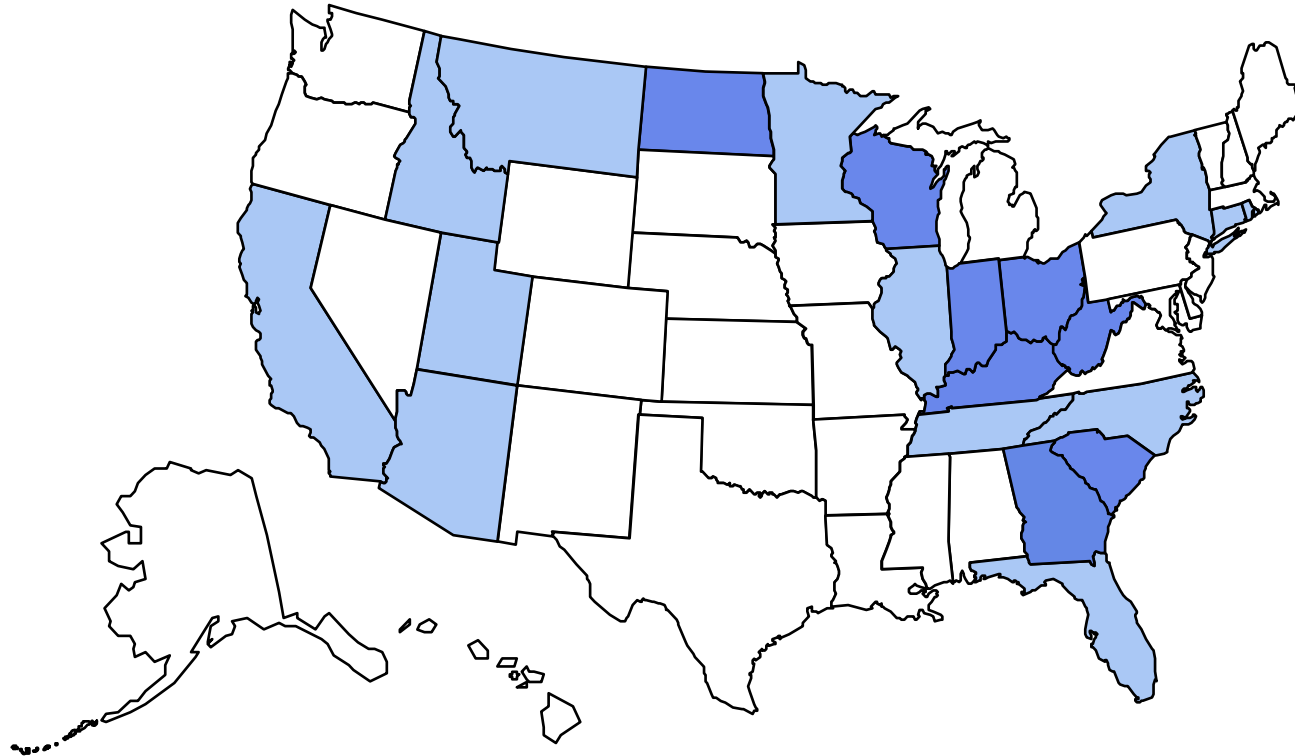
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YLL and YLD cause composition of DALY rates by sociodemographic status vigintile. The epidemiological transition based on predicted YLL and YLD rates per 100 000 people as a function of the level of sociodemographic status by vigintile and broken down into GBD level 2 causes. These predicted levels control for variation explained by year and country. YLL= years of life lost. YLD=years lived with disability. GBD=Global Burden of Disease.

Obesity Trends* Among U.S. Adults

*BM ≥ 30 , or ~ 30 lbs overweight for 5'4" person

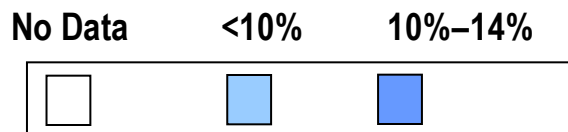
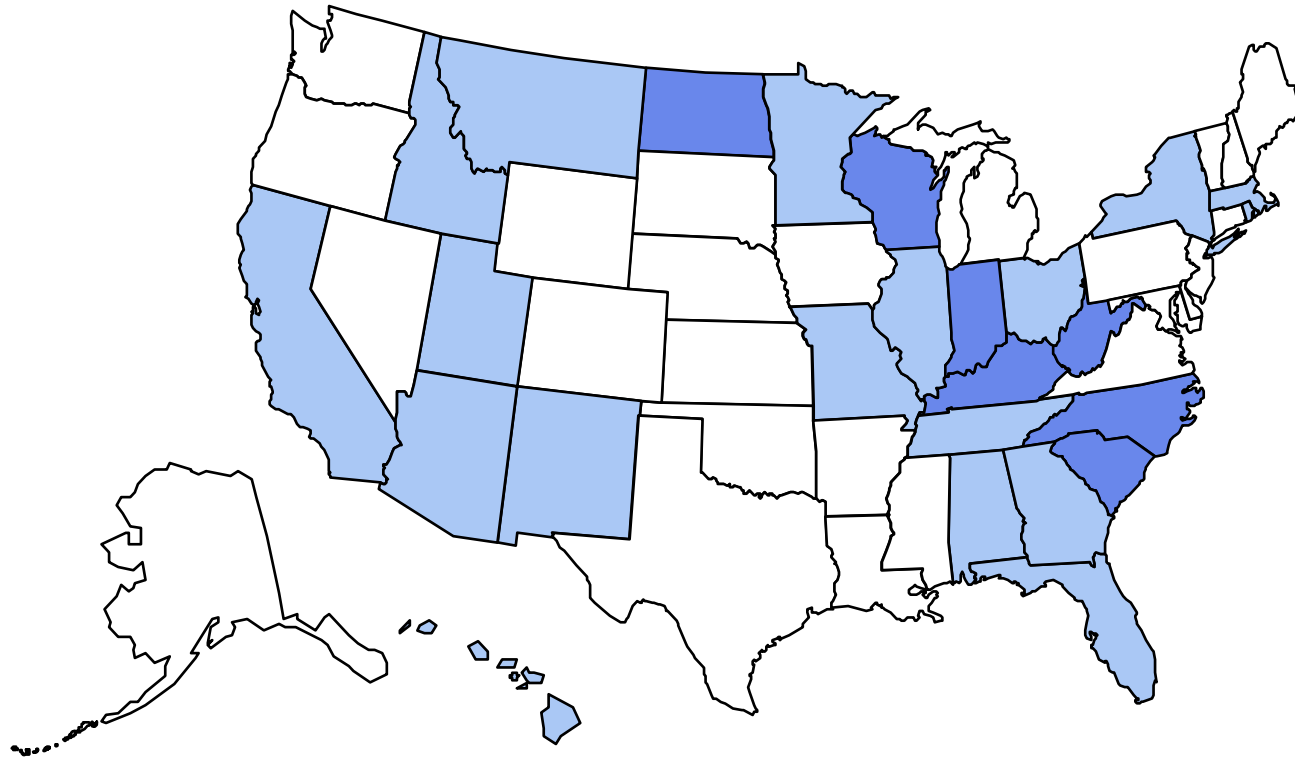
BRFSS, 1985



Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

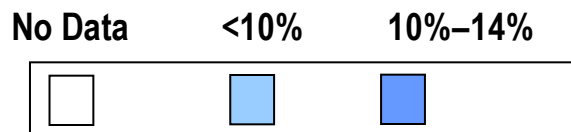
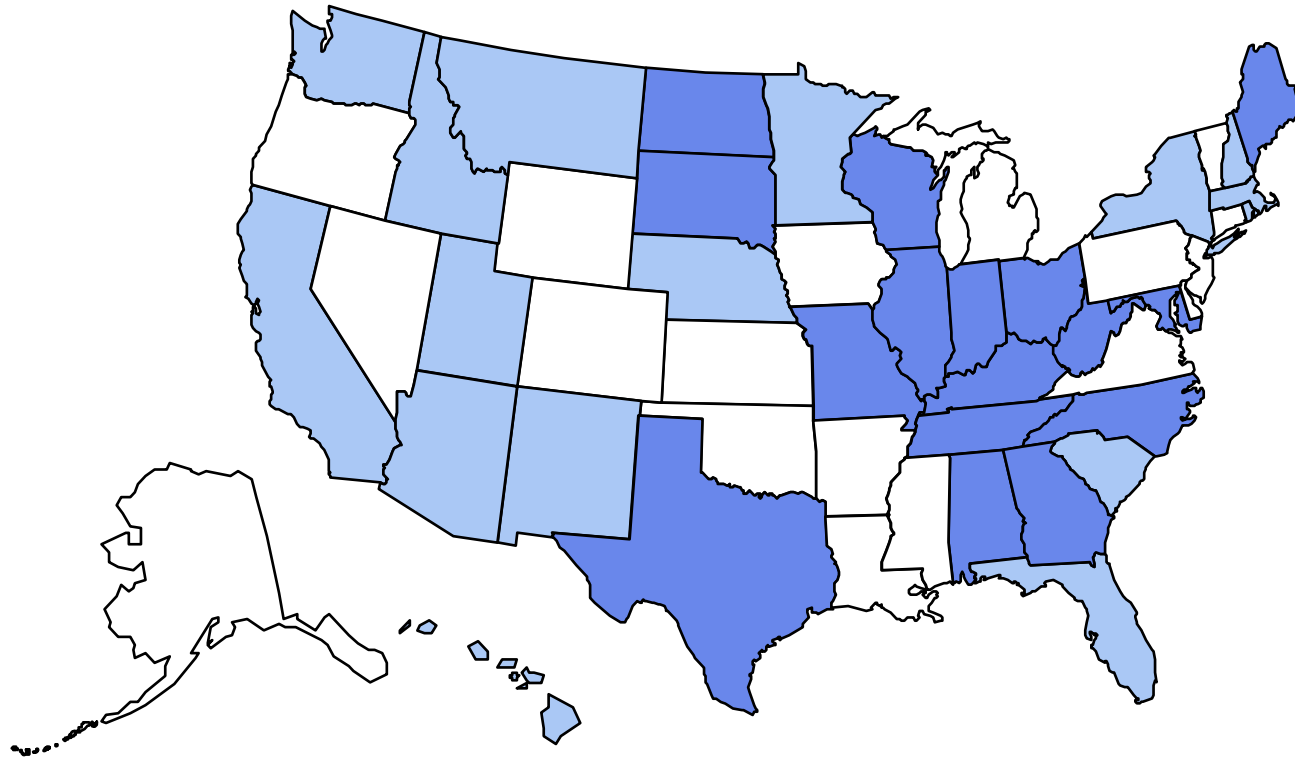
BRFSS, 1986



Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

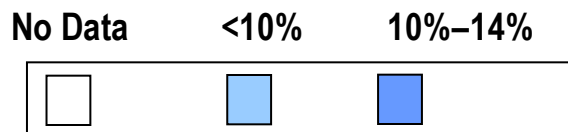
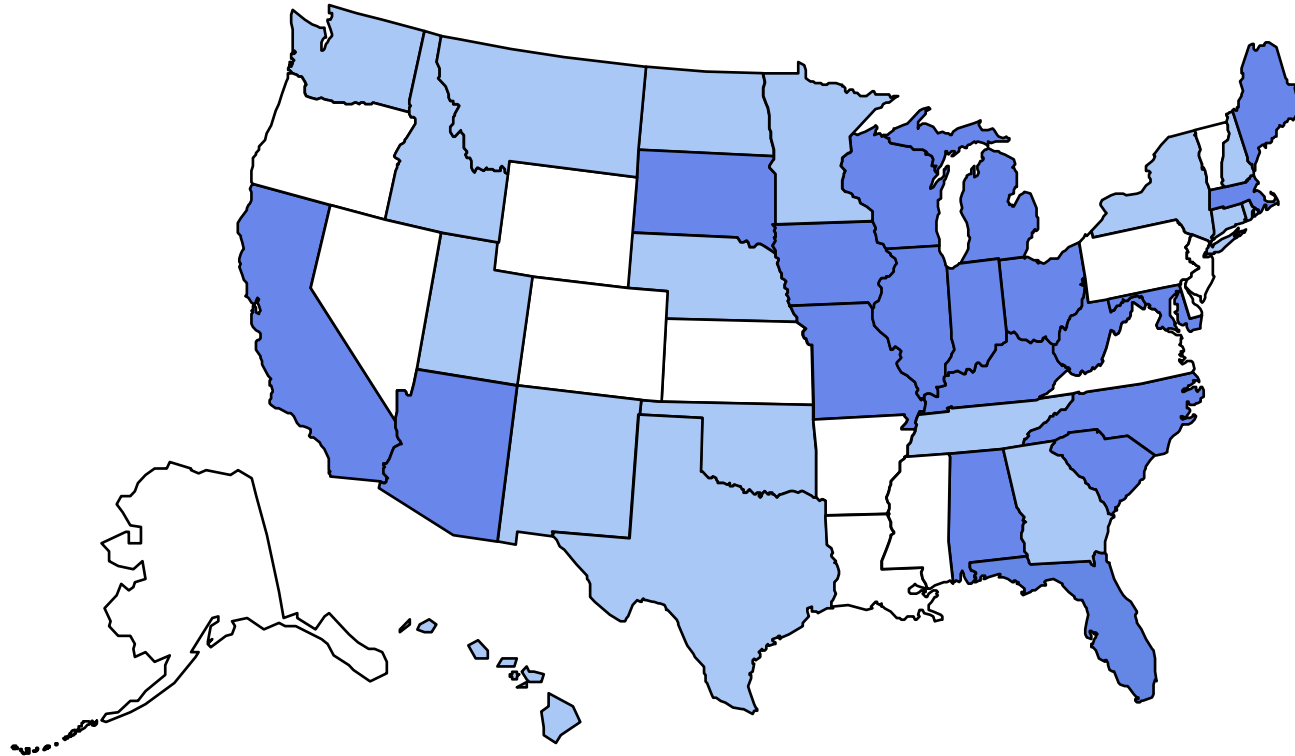
BRFSS, 1987



Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

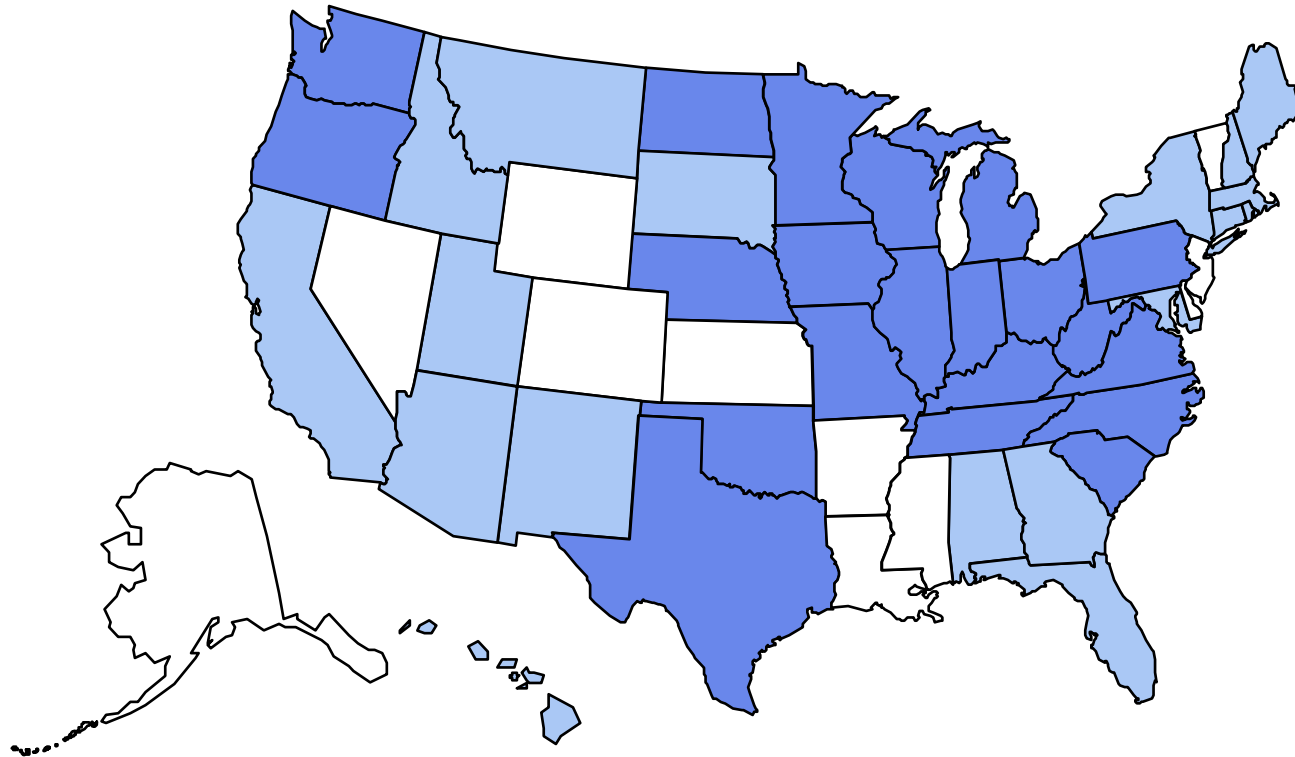
BRFSS, 1988



Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

BRFSS, 1989



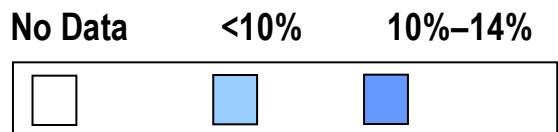
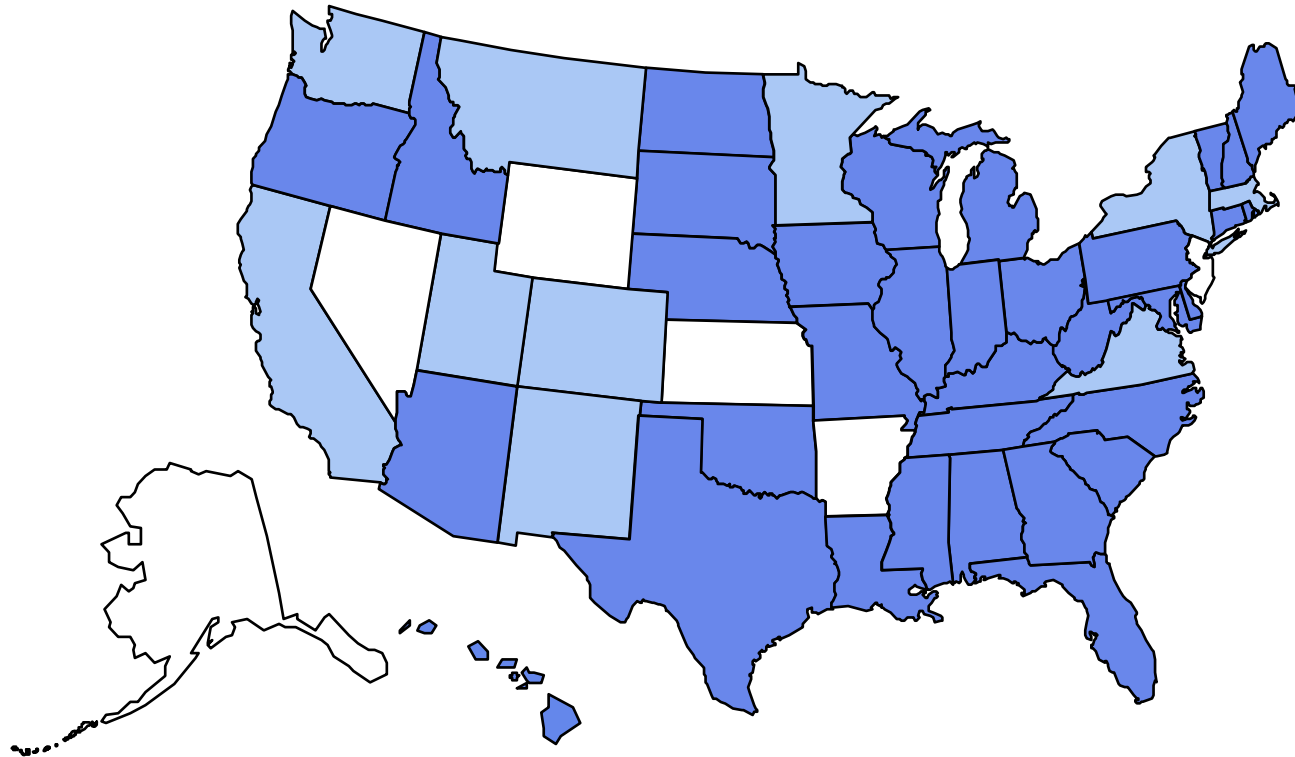
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Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

BRFSS, 1990

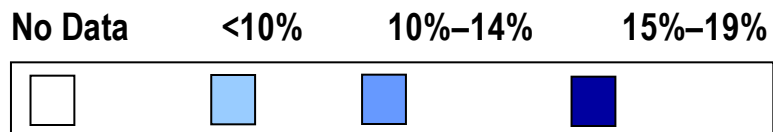
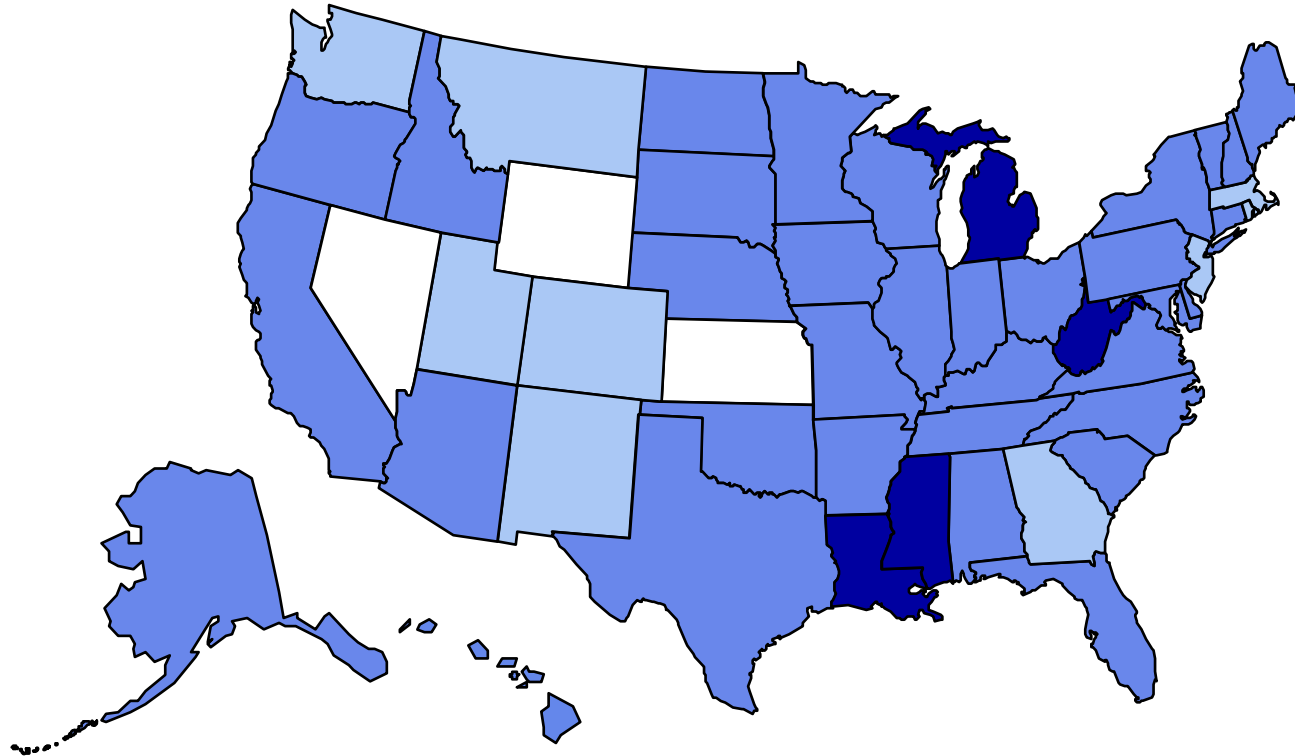


Source: Behavioral Risk Factor Surveillance System, CDC



Obesity Trends* Among U.S. Adults

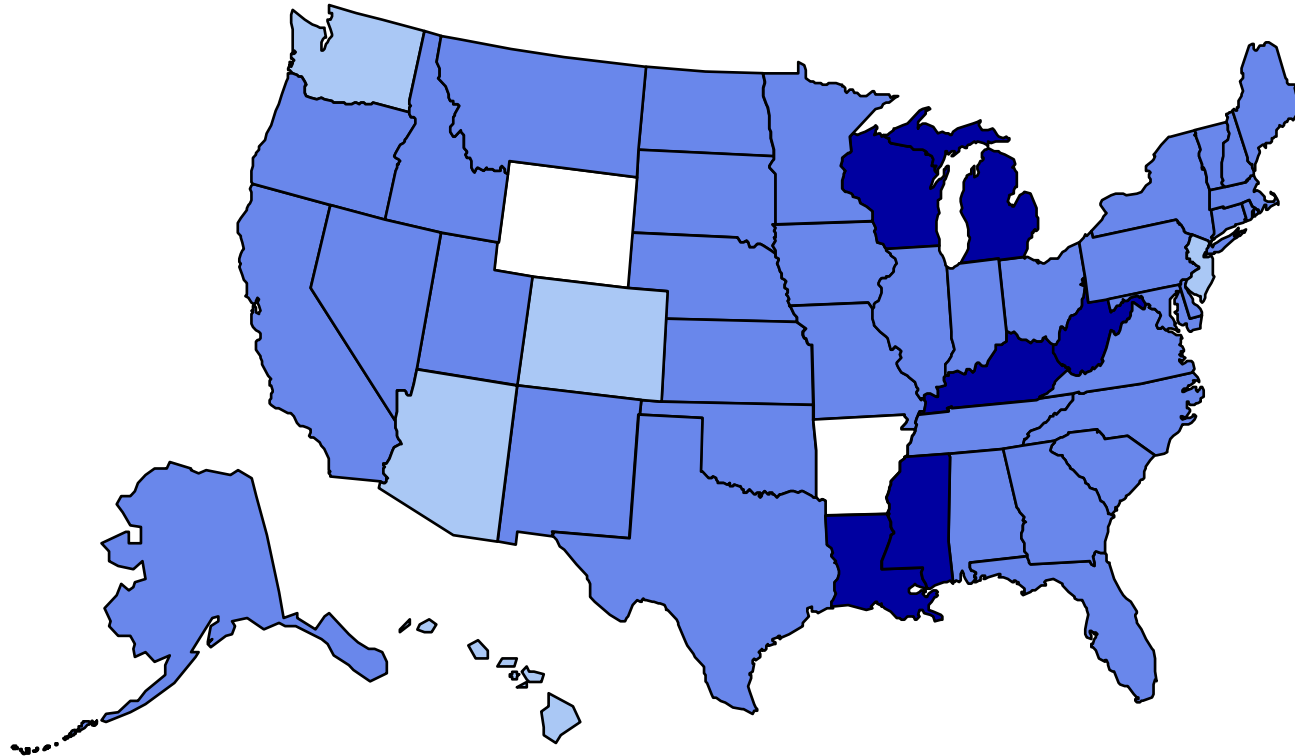
BRFSS, 1991



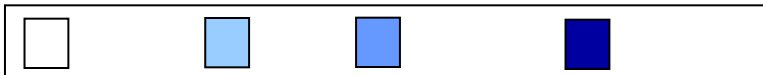
Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

BRFSS, 1992



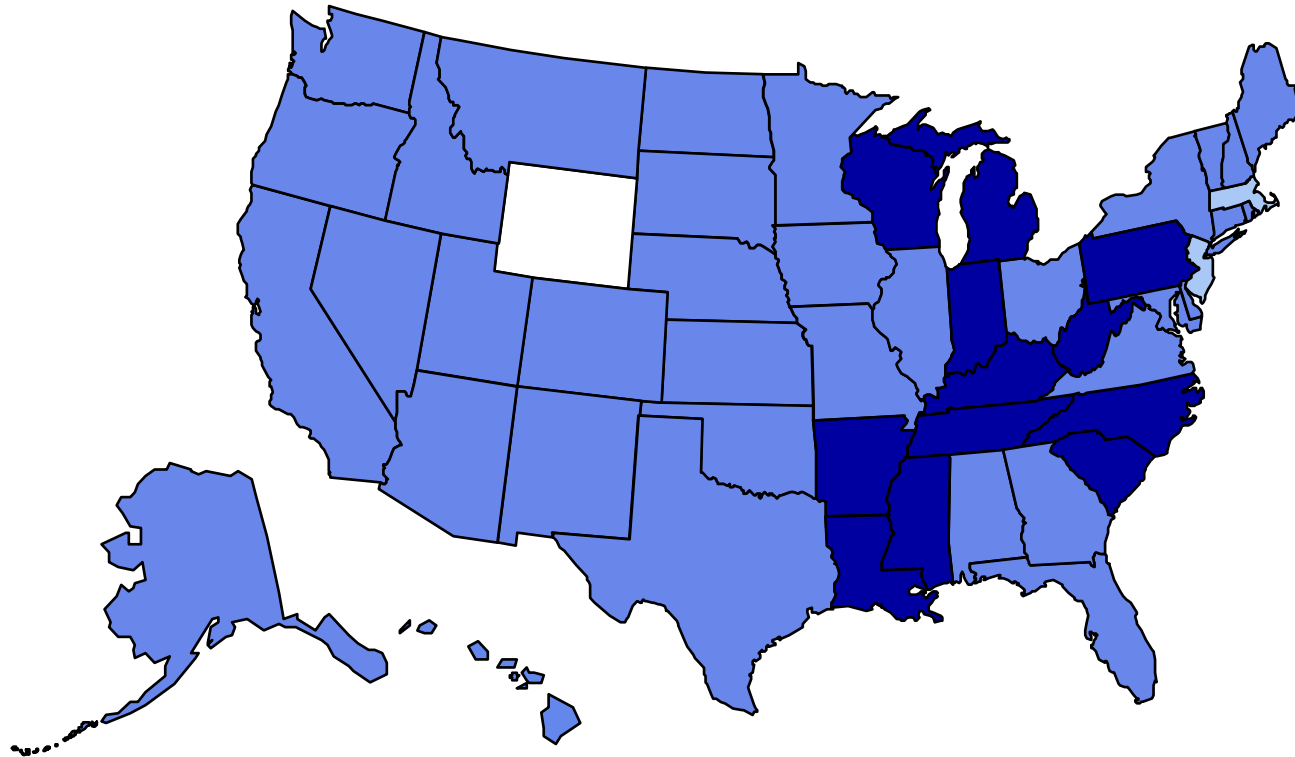
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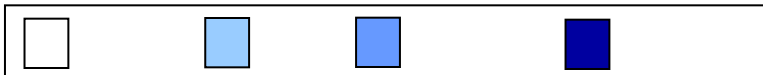
Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

BRFSS, 1993



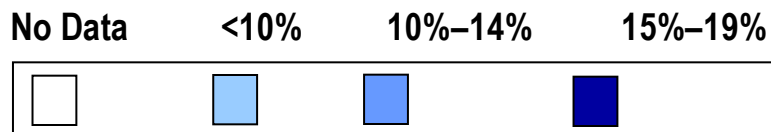
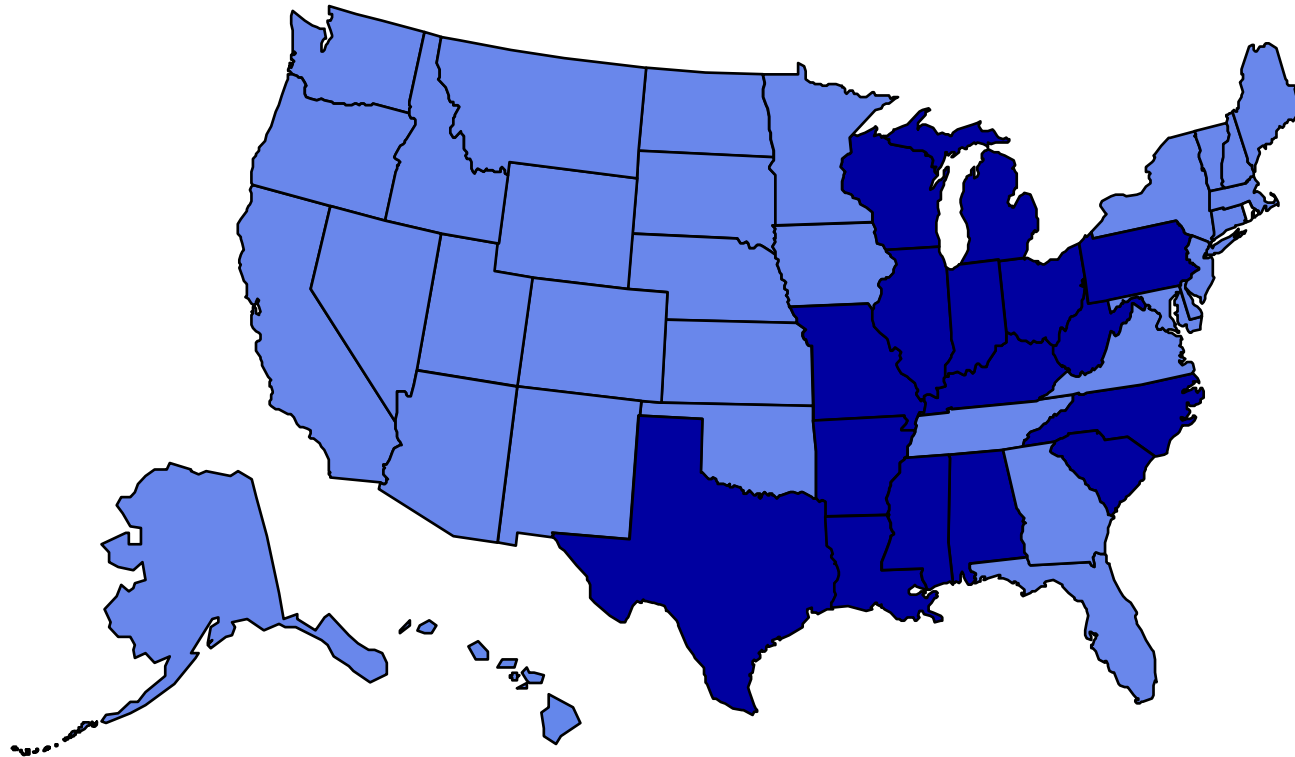
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Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

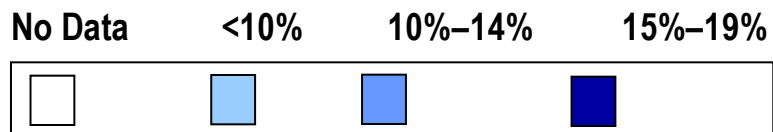
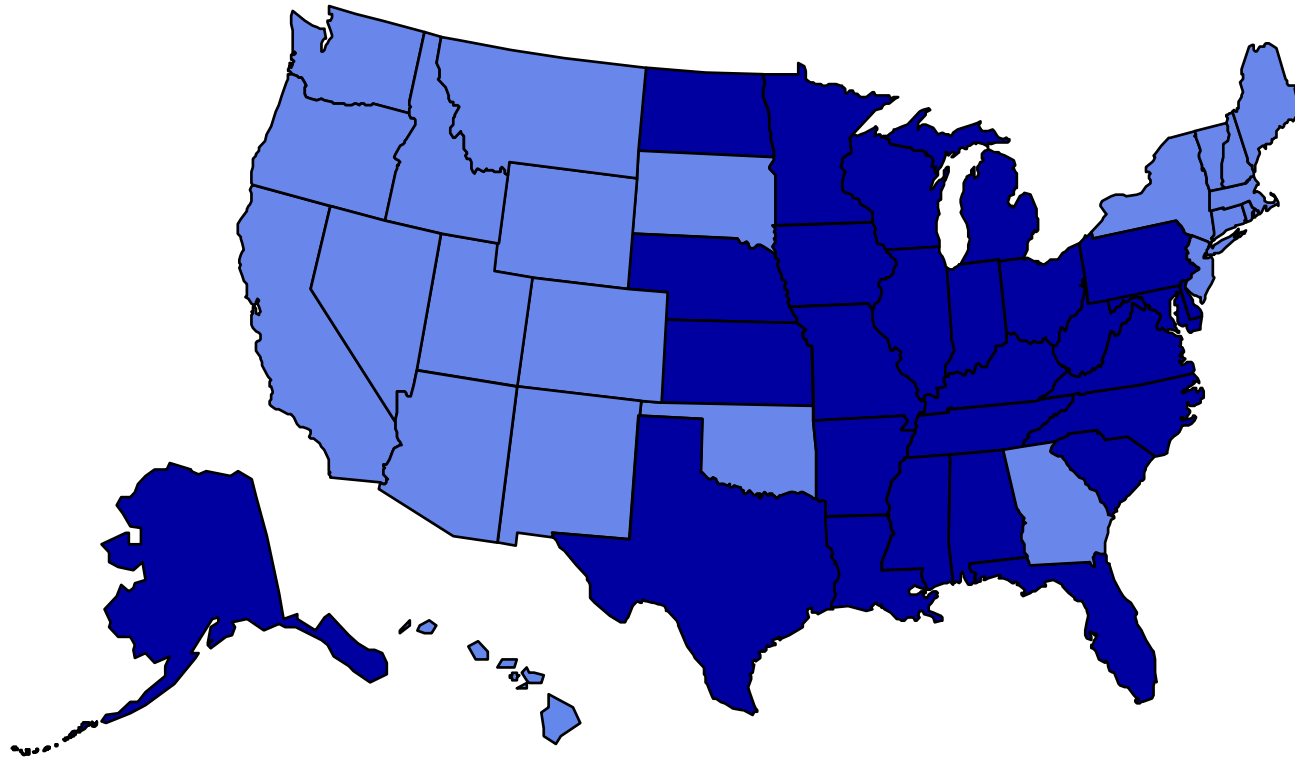
BRFSS, 1994



Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

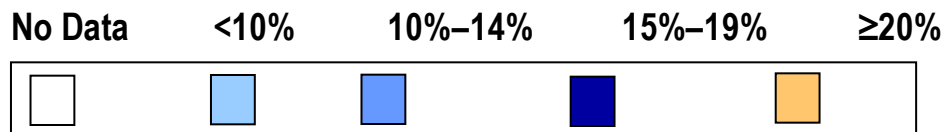
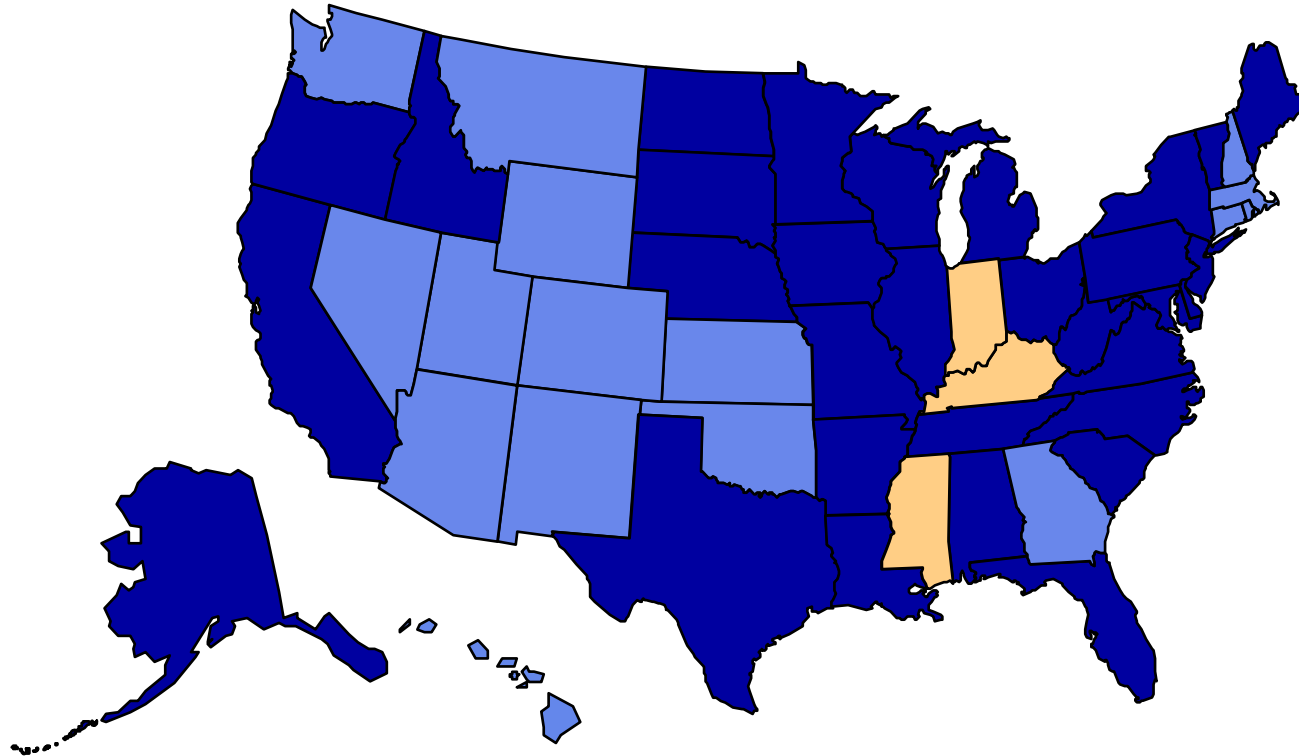
BRFSS, 1995



Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

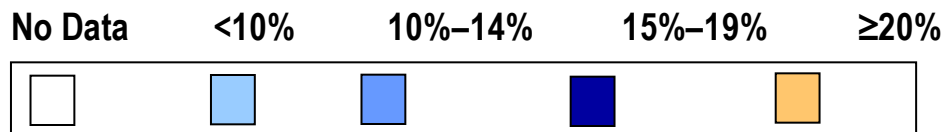
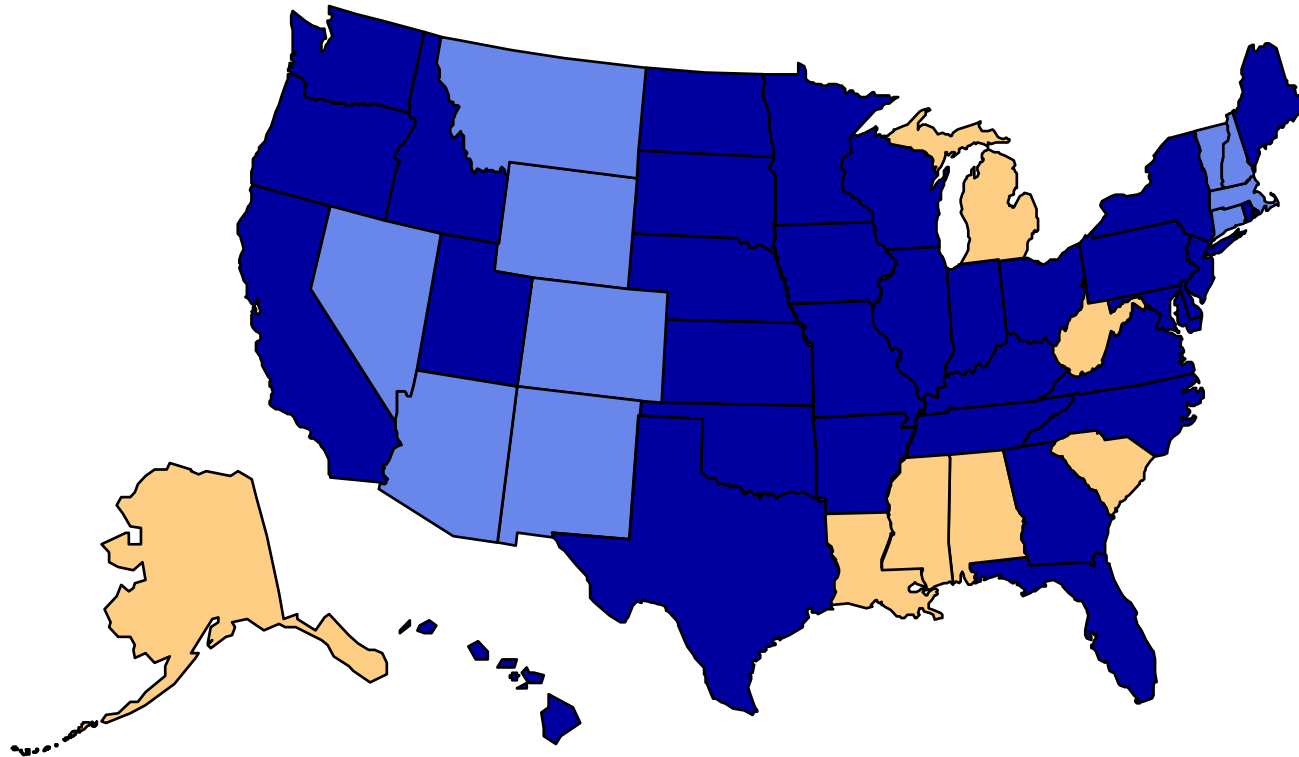
BRFSS, 1997



Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

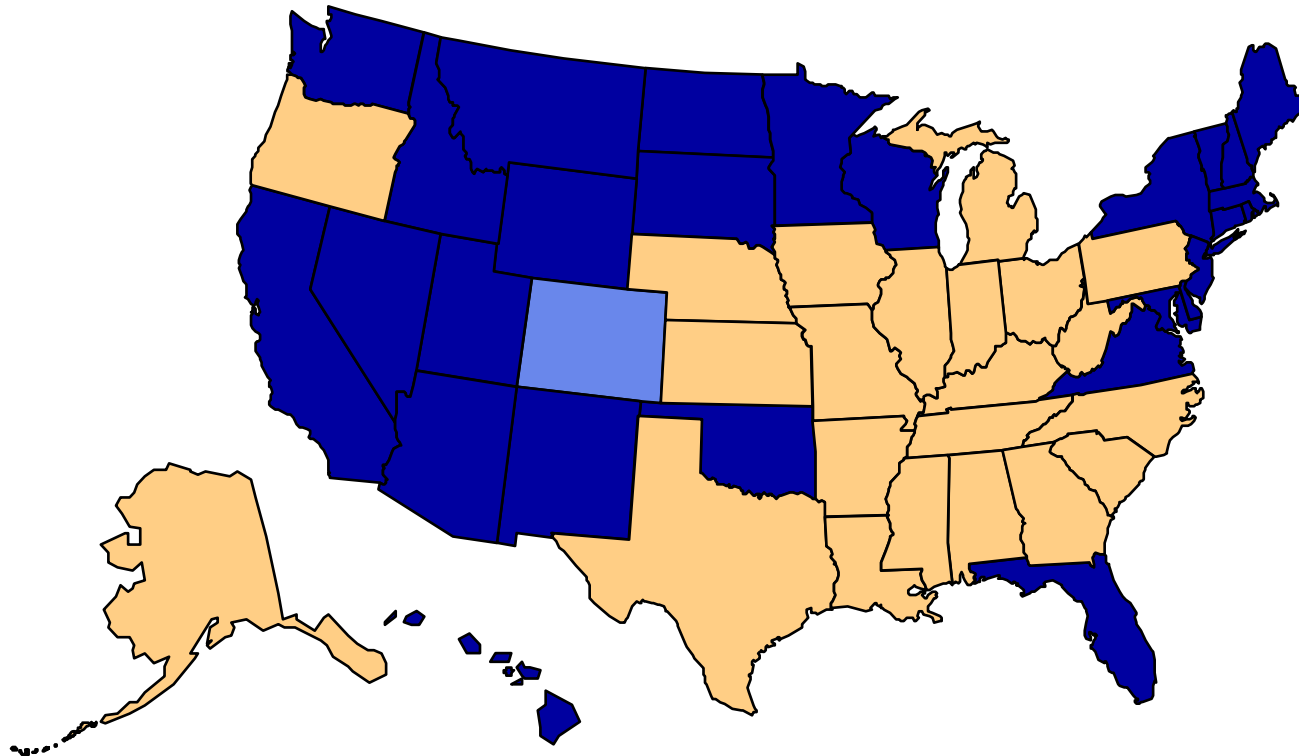
BRFSS, 1998



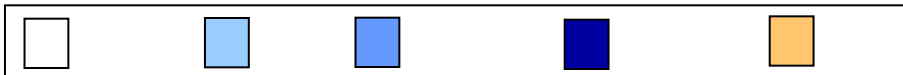
Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

BRFSS, 2000



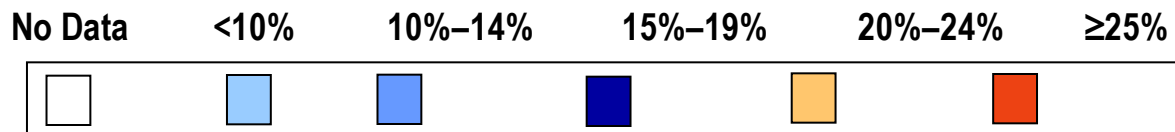
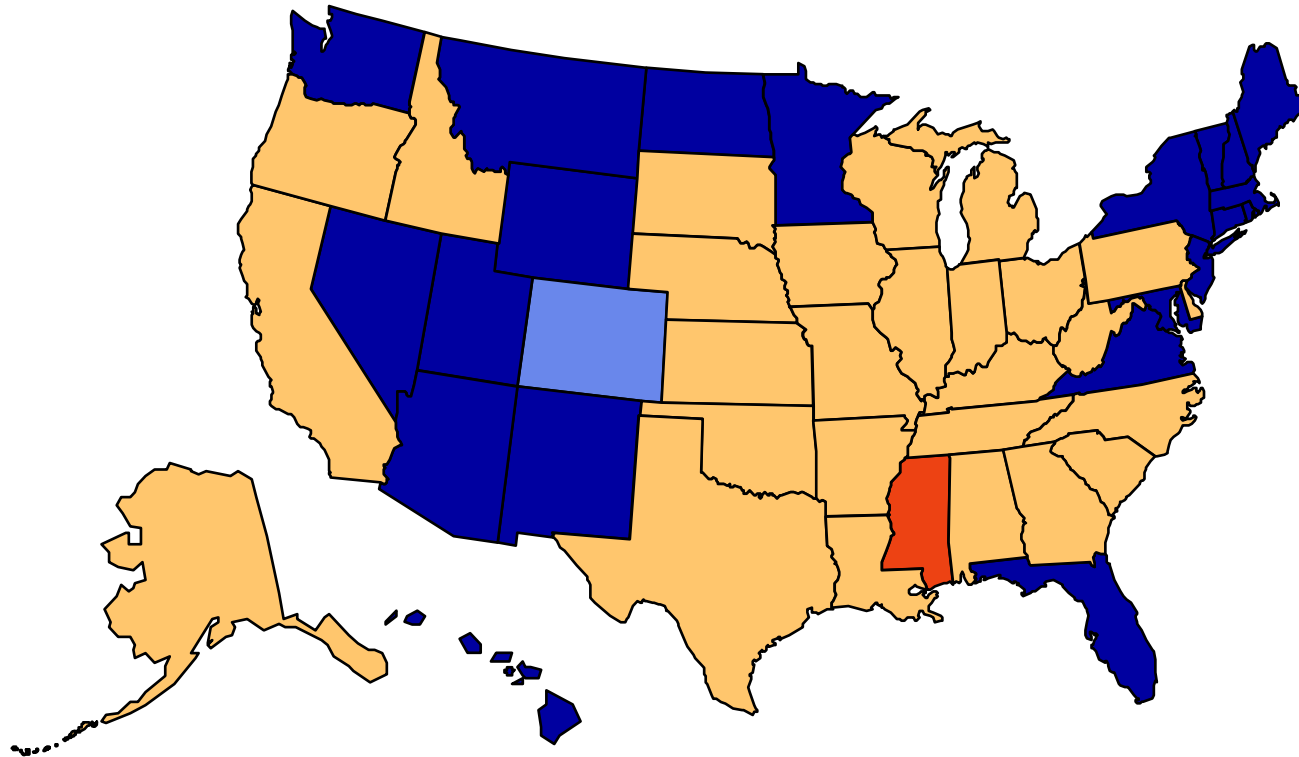
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Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

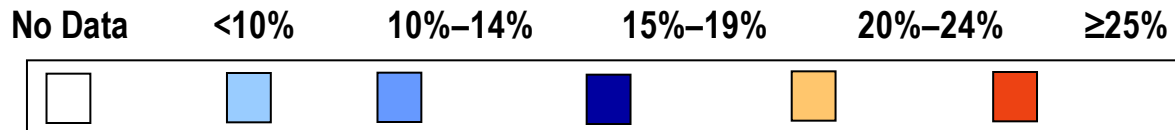
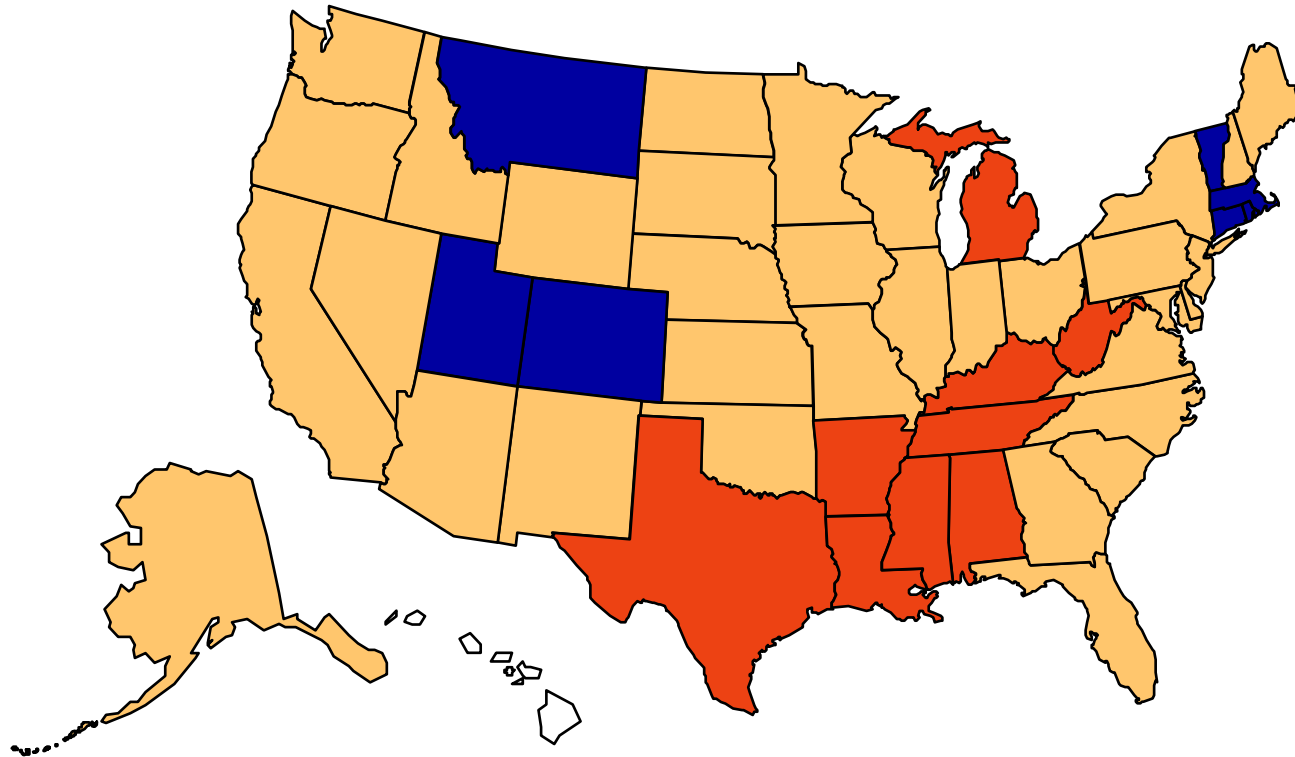
BRFSS, 2001



Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

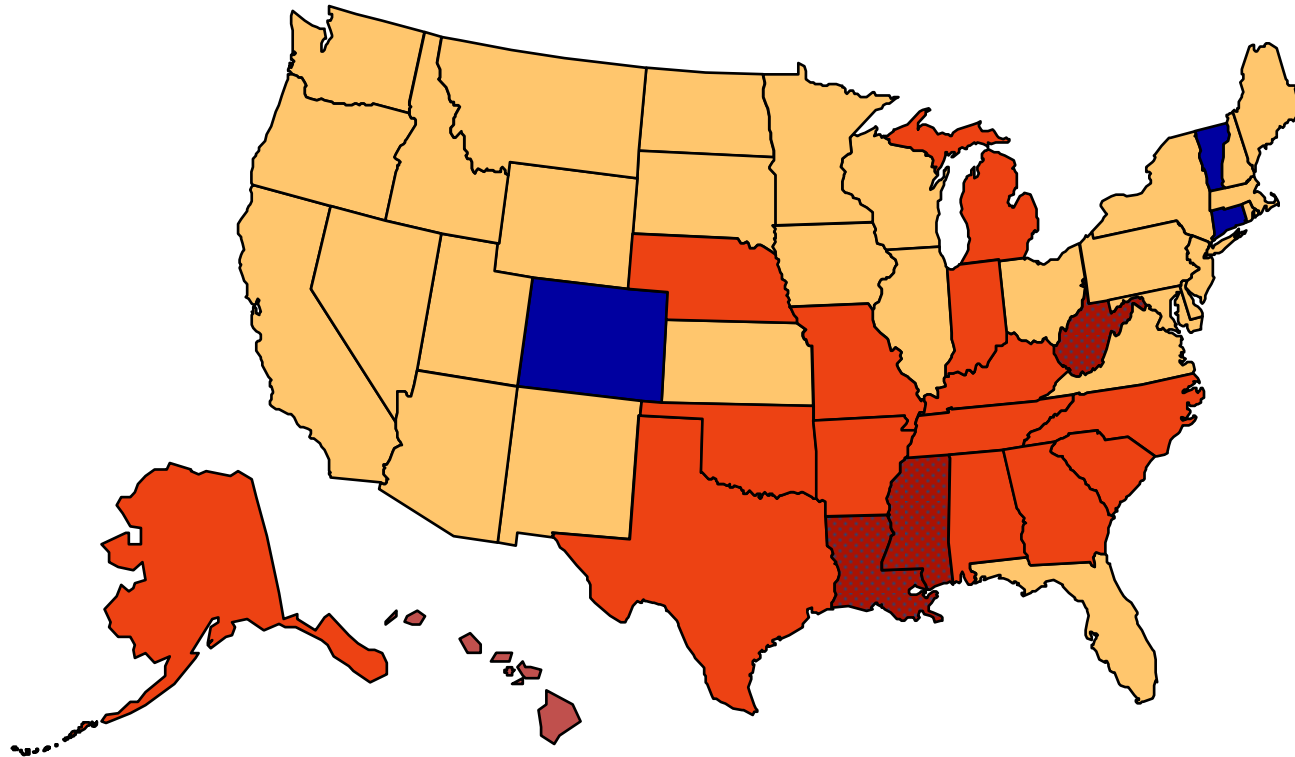
BRFSS, 2004



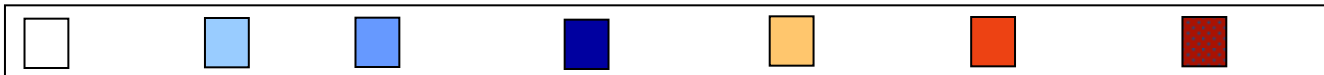
Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

BRFSS, 2005



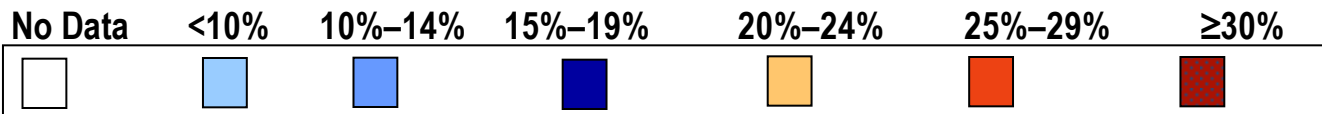
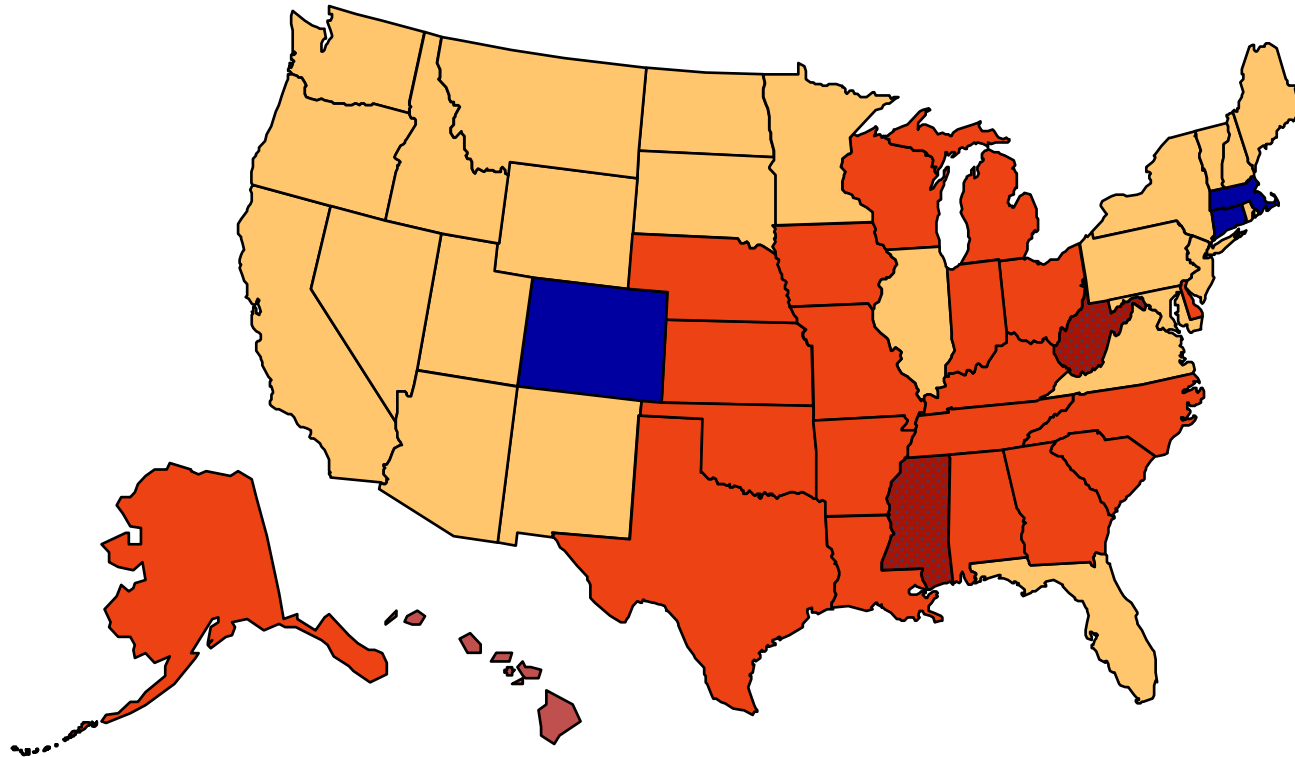
No Data <10% 10%–14% 15%–19% 20%–24% 25%–29% ≥30%



Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

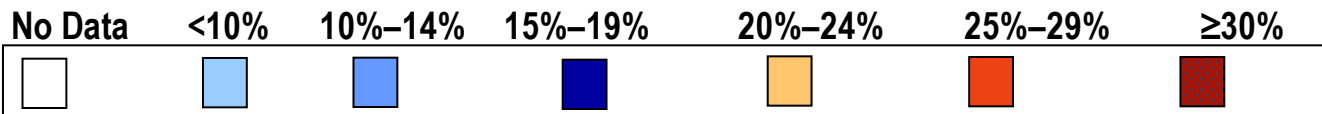
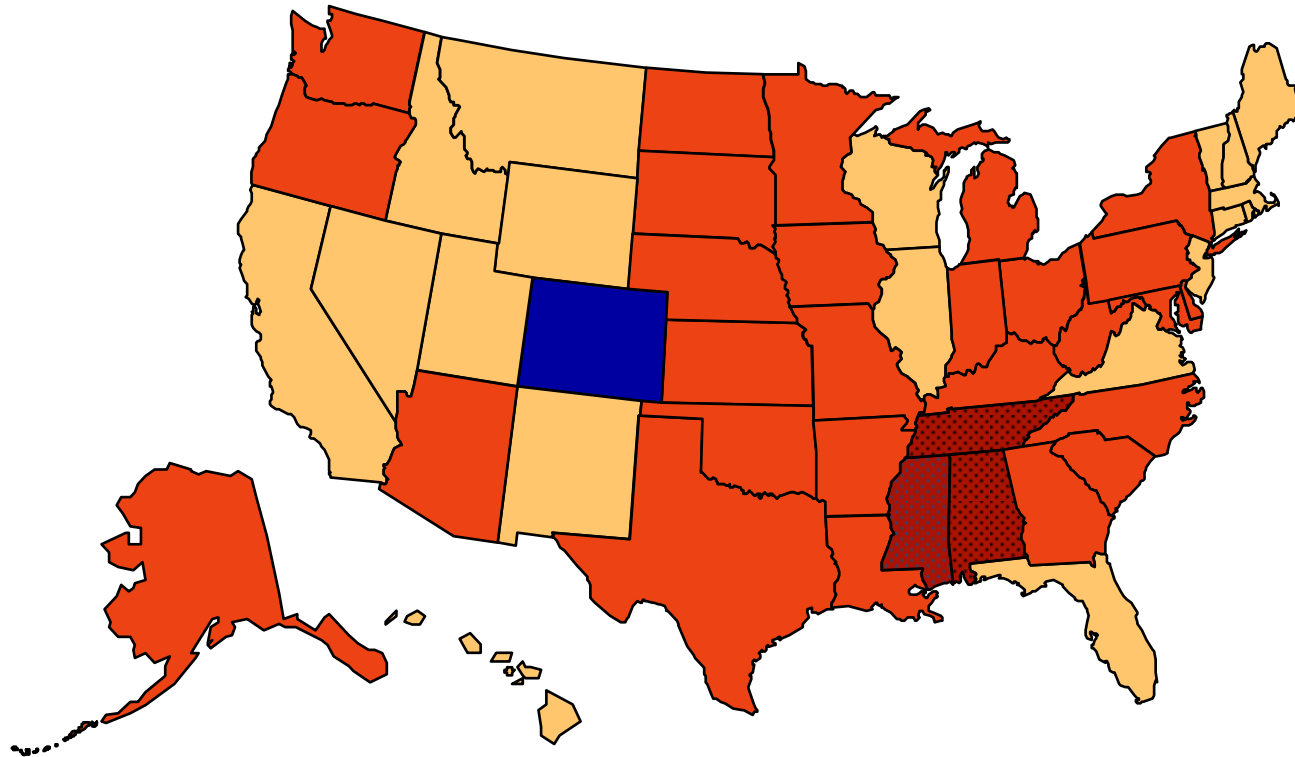
BRFSS, 2006



Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

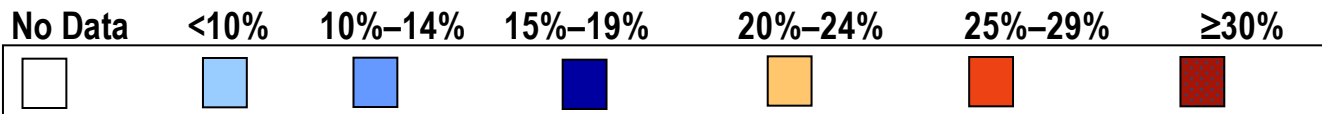
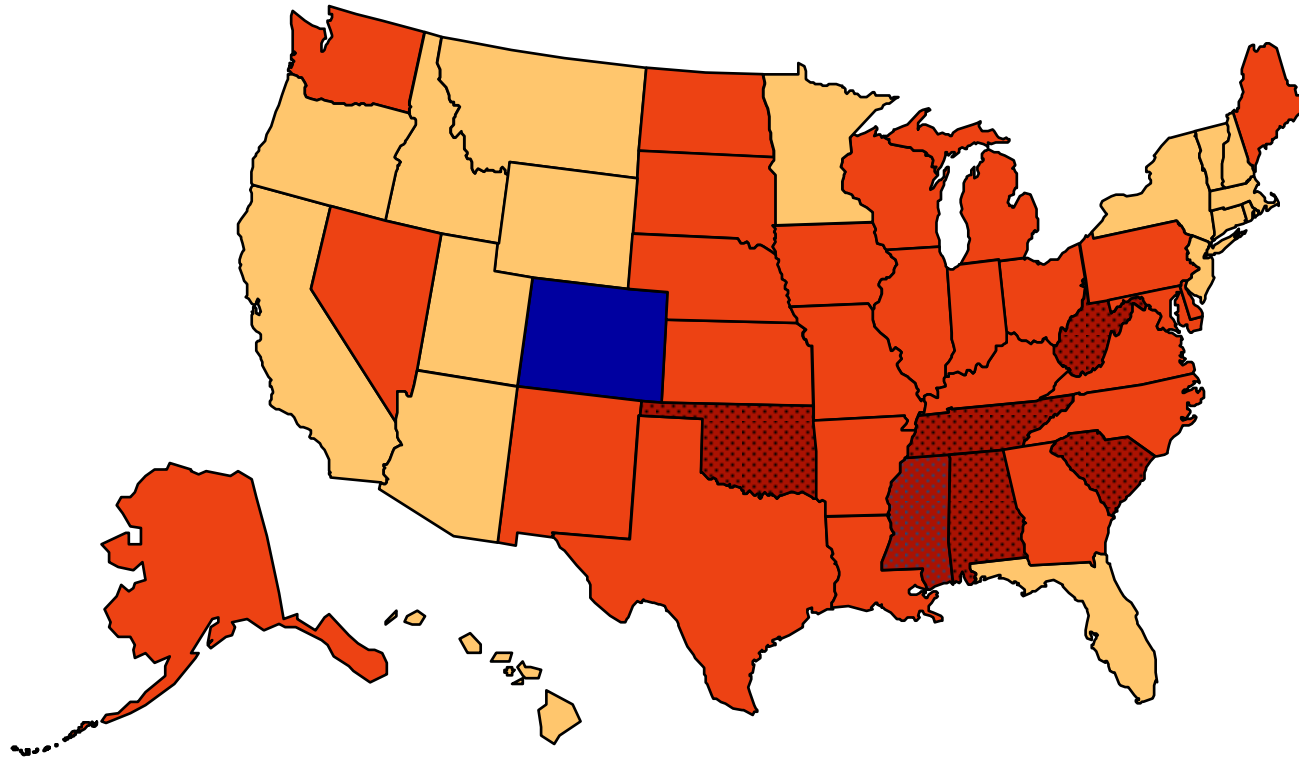
BRFSS, 2007



Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

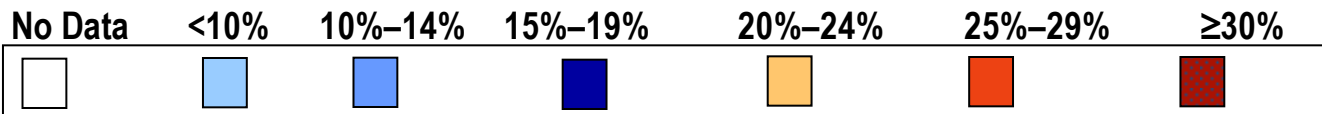
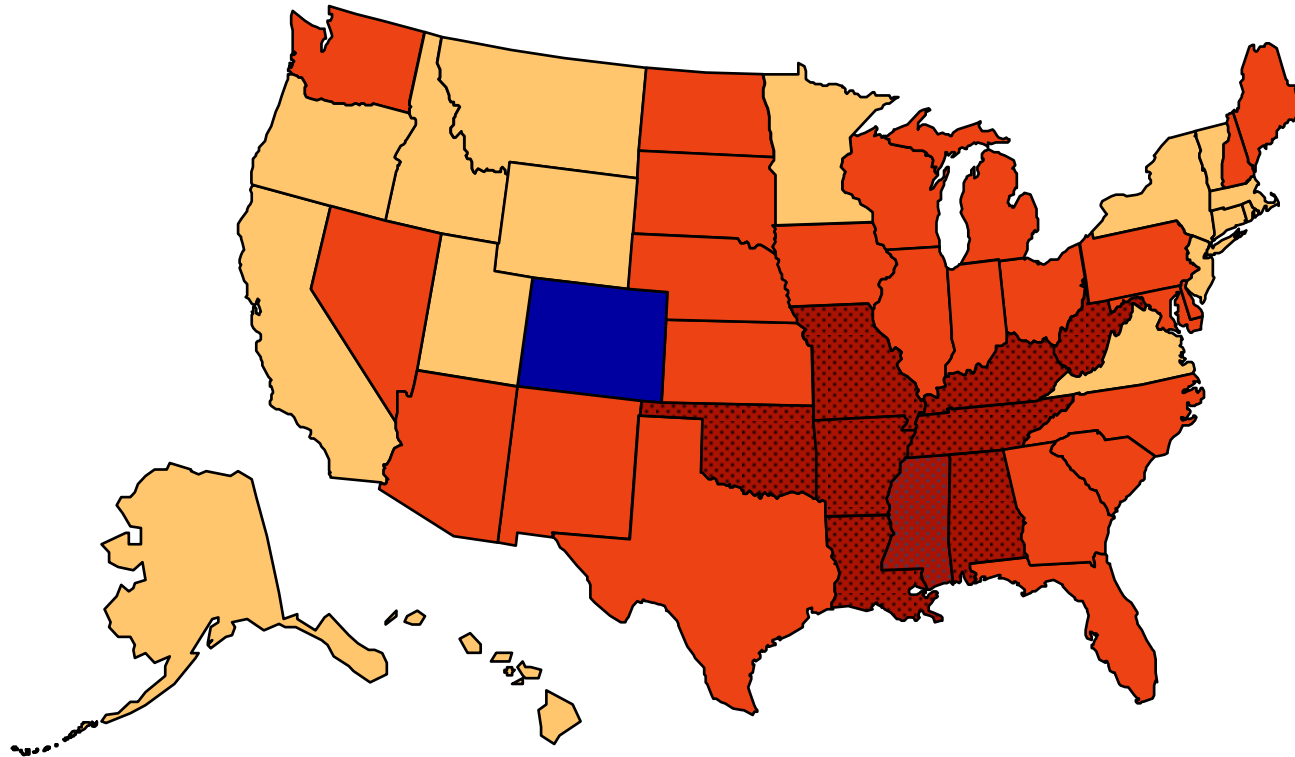
BRFSS, 2008



Source: Behavioral Risk Factor Surveillance System, CDC

Obesity Trends* Among U.S. Adults

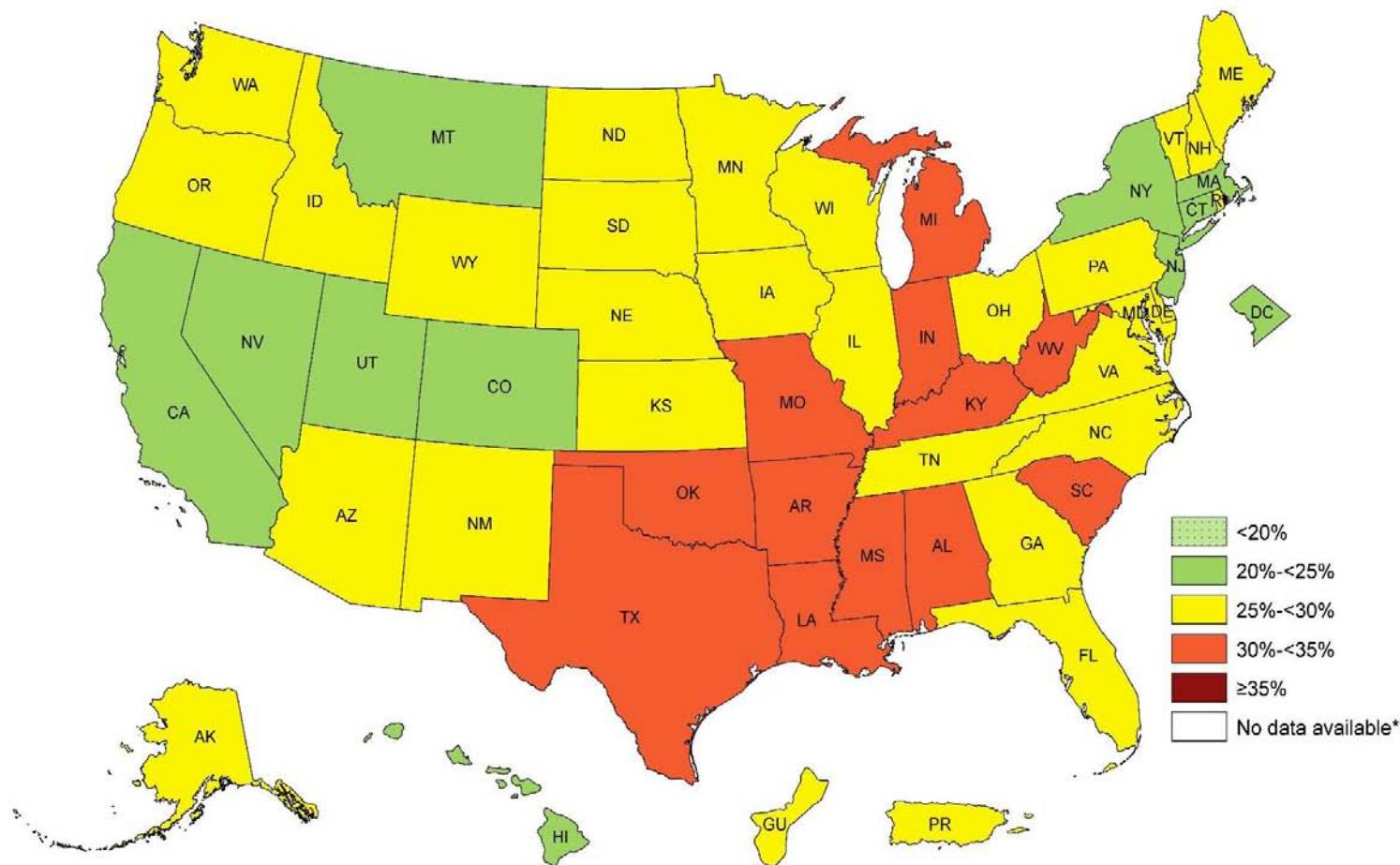
BRFSS, 2009



Source: Behavioral Risk Factor Surveillance System, CDC

Prevalence[†] of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2011

[†] Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.



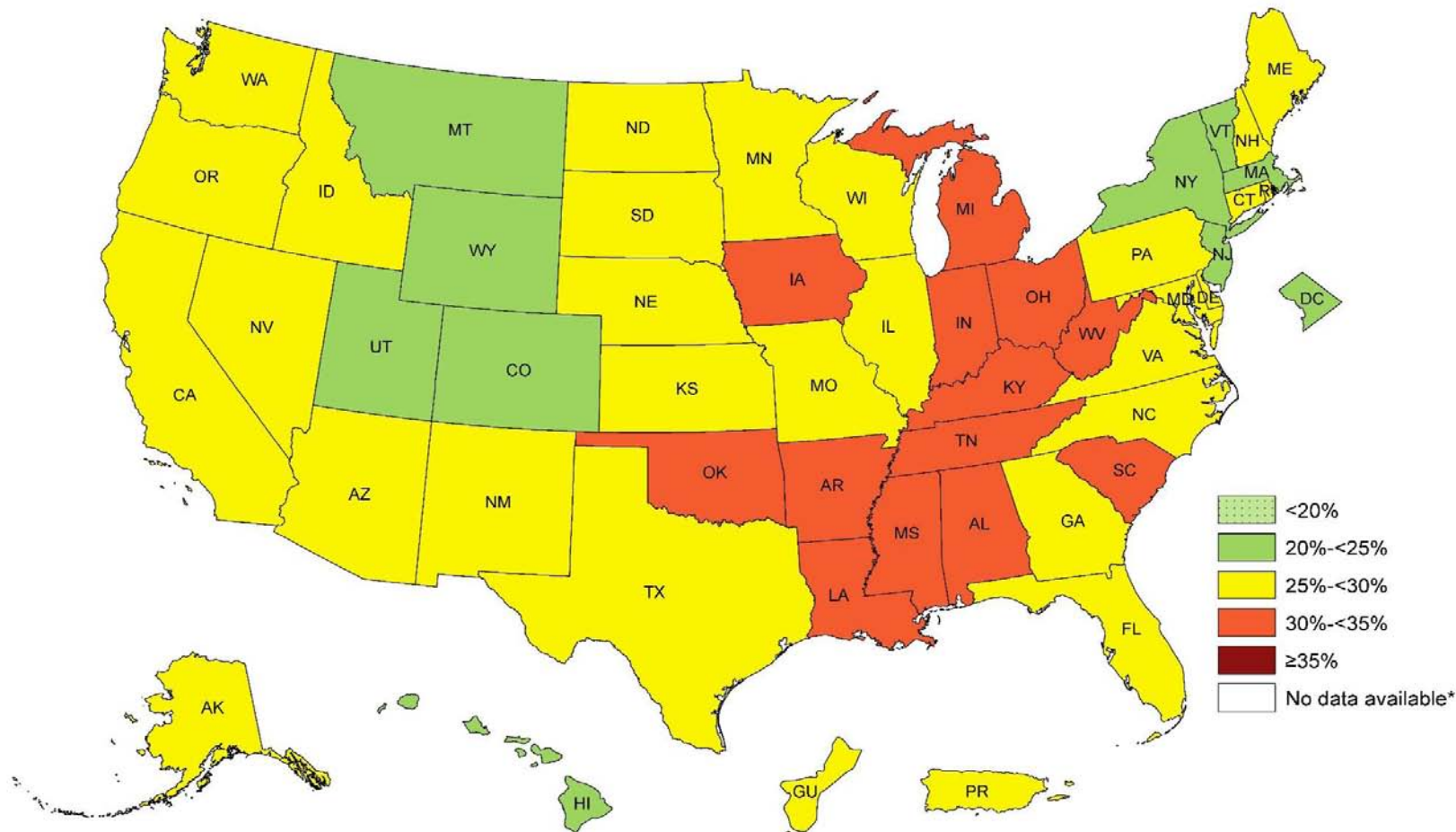
Source: Behavioral Risk Factor Surveillance System, CDC

*Sample size <50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%.



Prevalence[†] of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2012

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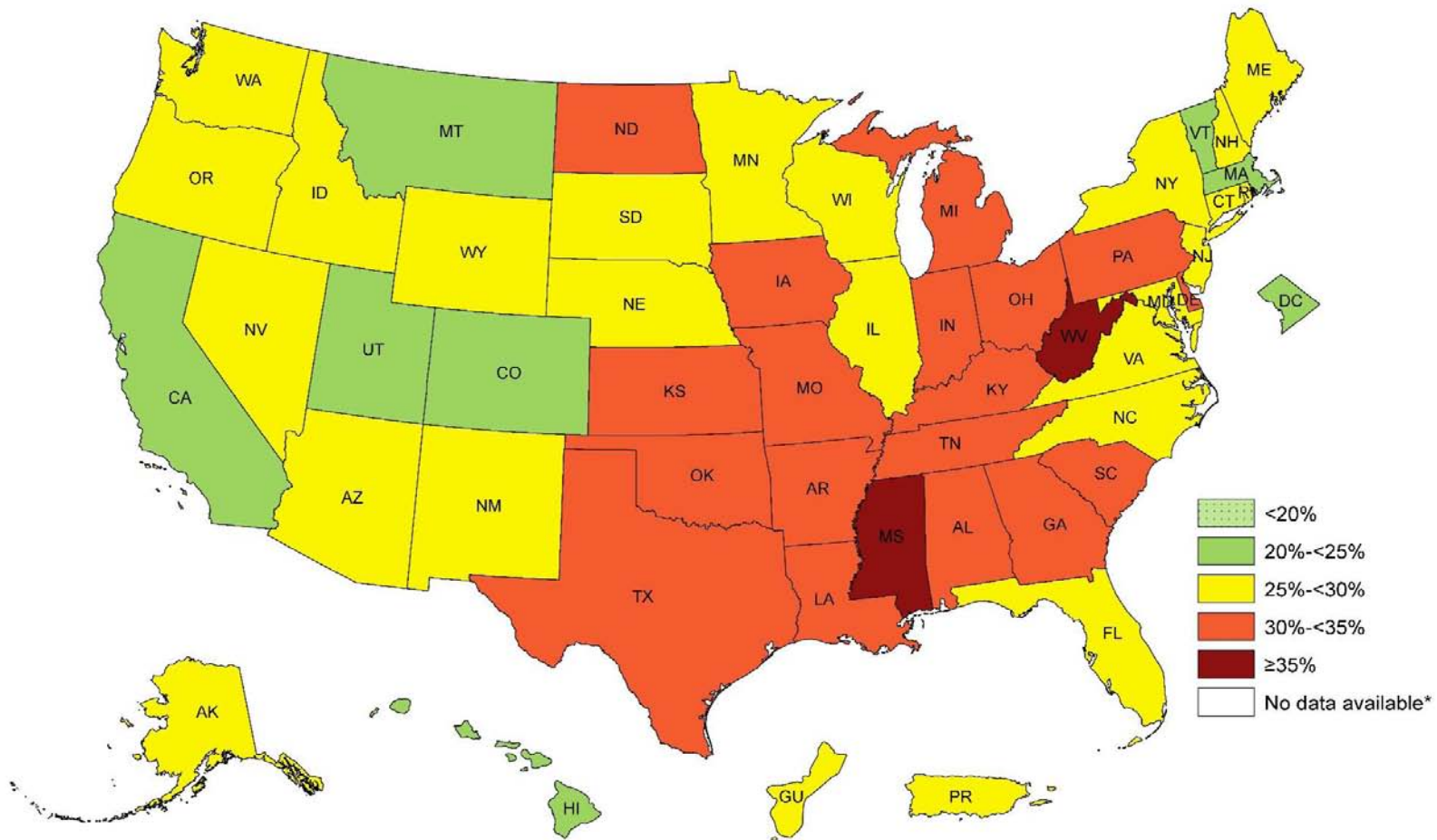
Source: Behavioral Risk Factor Surveillance System, CDC

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Prevalence[†] of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2013

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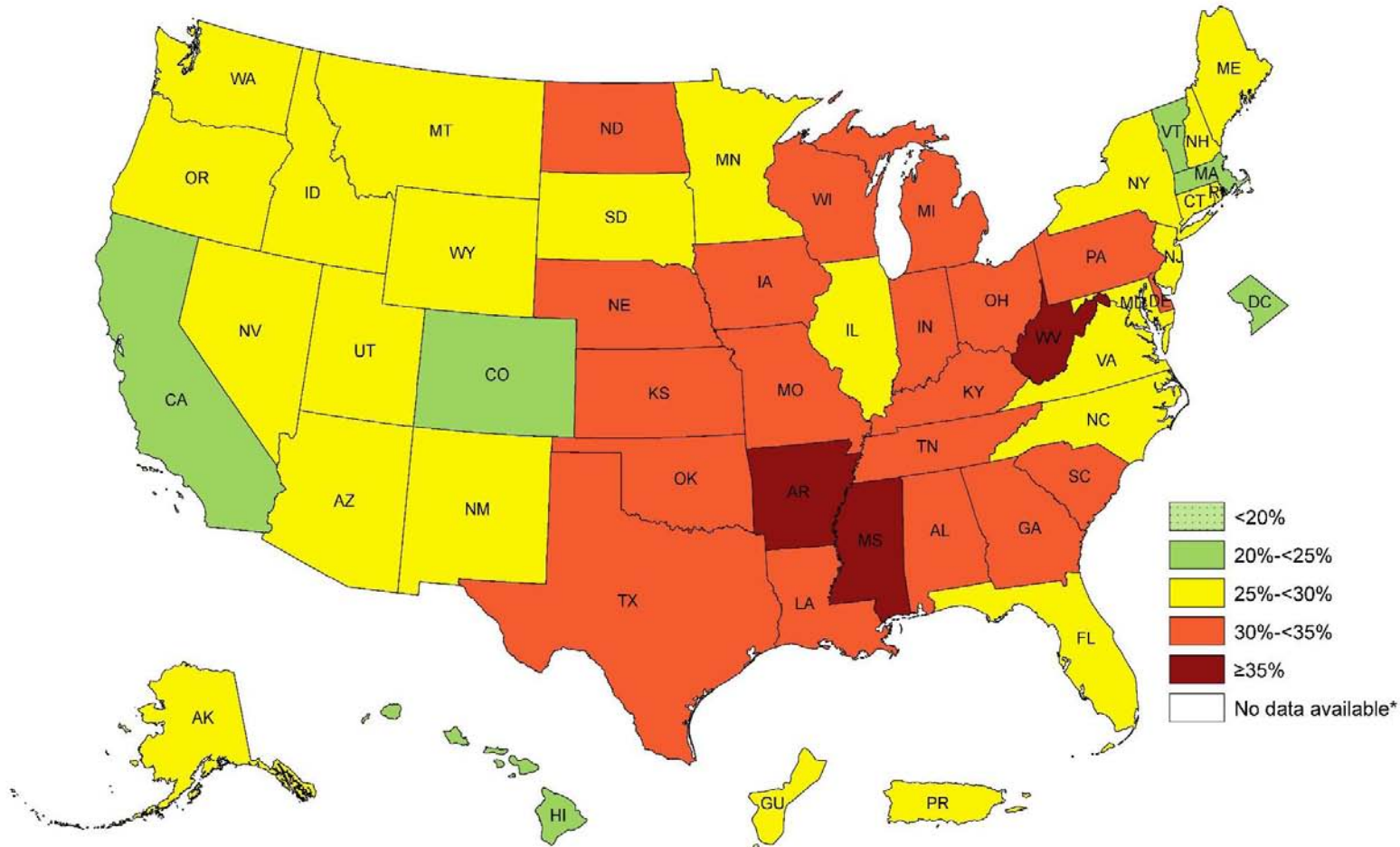
Source: Behavioral Risk Factor Surveillance System, CDC

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Prevalence[†] of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2014

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Source: Behavioral Risk Factor Surveillance System, CDC

***Sample size <50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%.**



Poor Health by Income and Race/Ethnicity

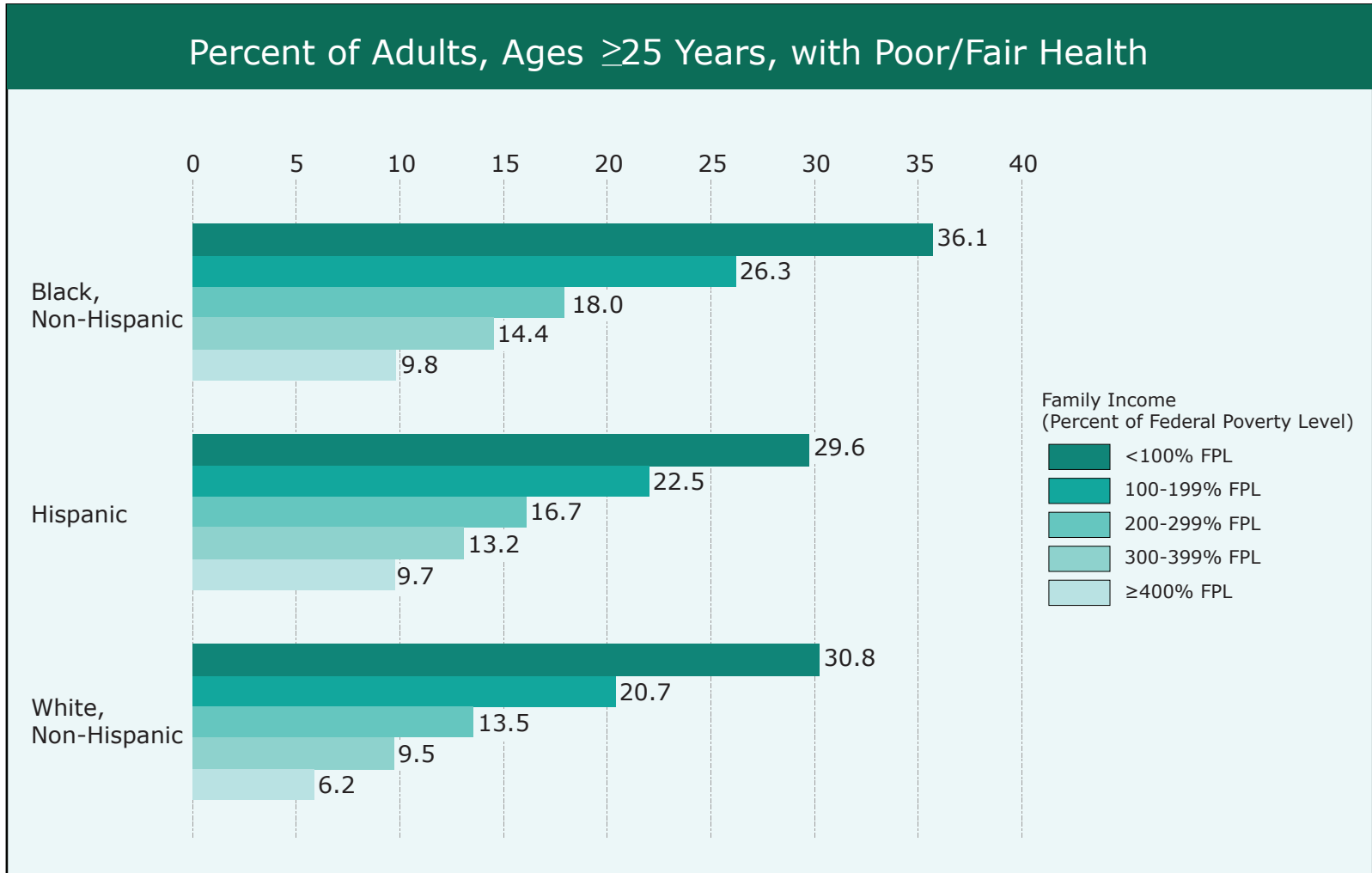
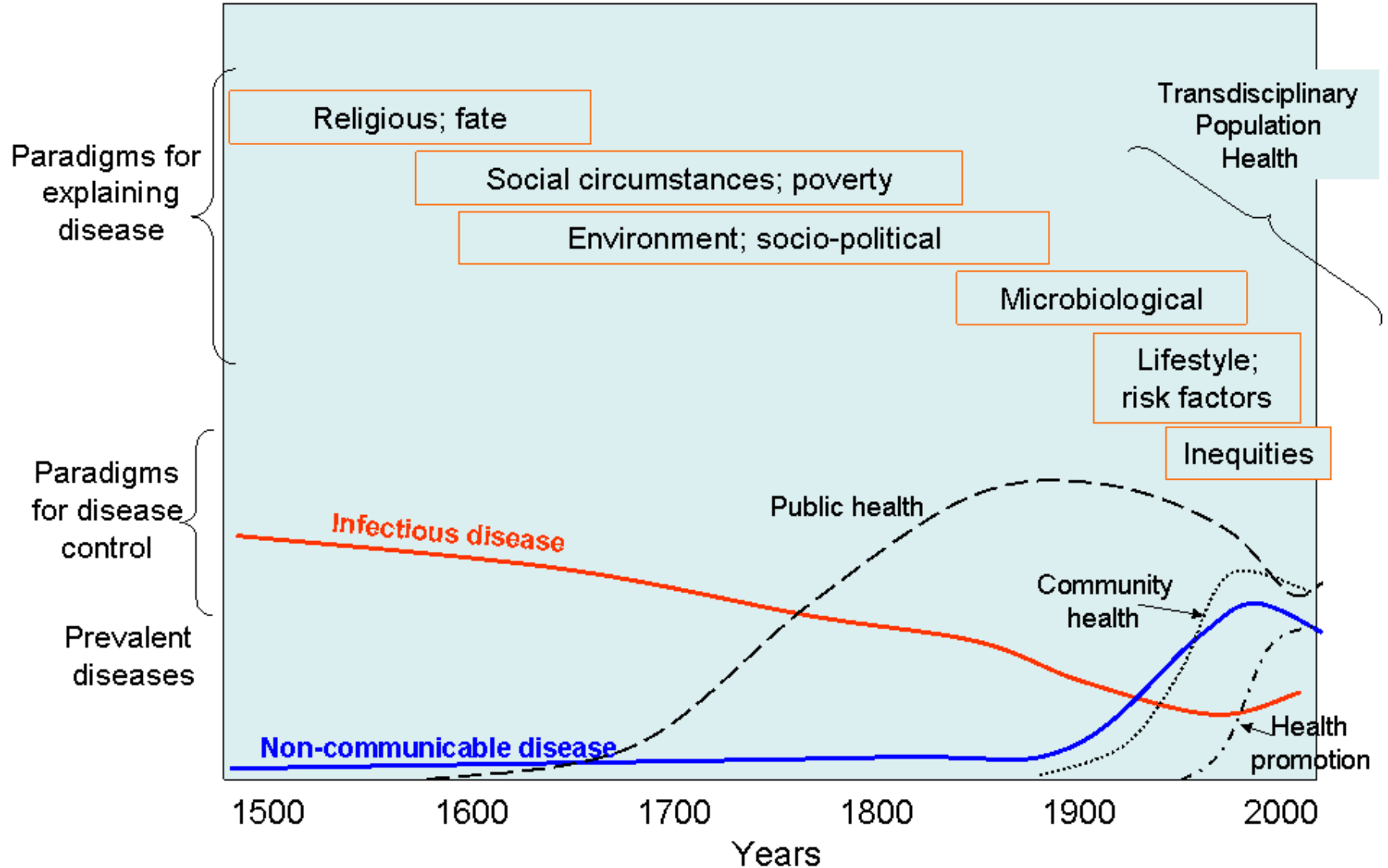


Image by MIT OpenCourseWare.

Evolution of Public Health Models



Courtesy of University of Ottawa. Used with permission.

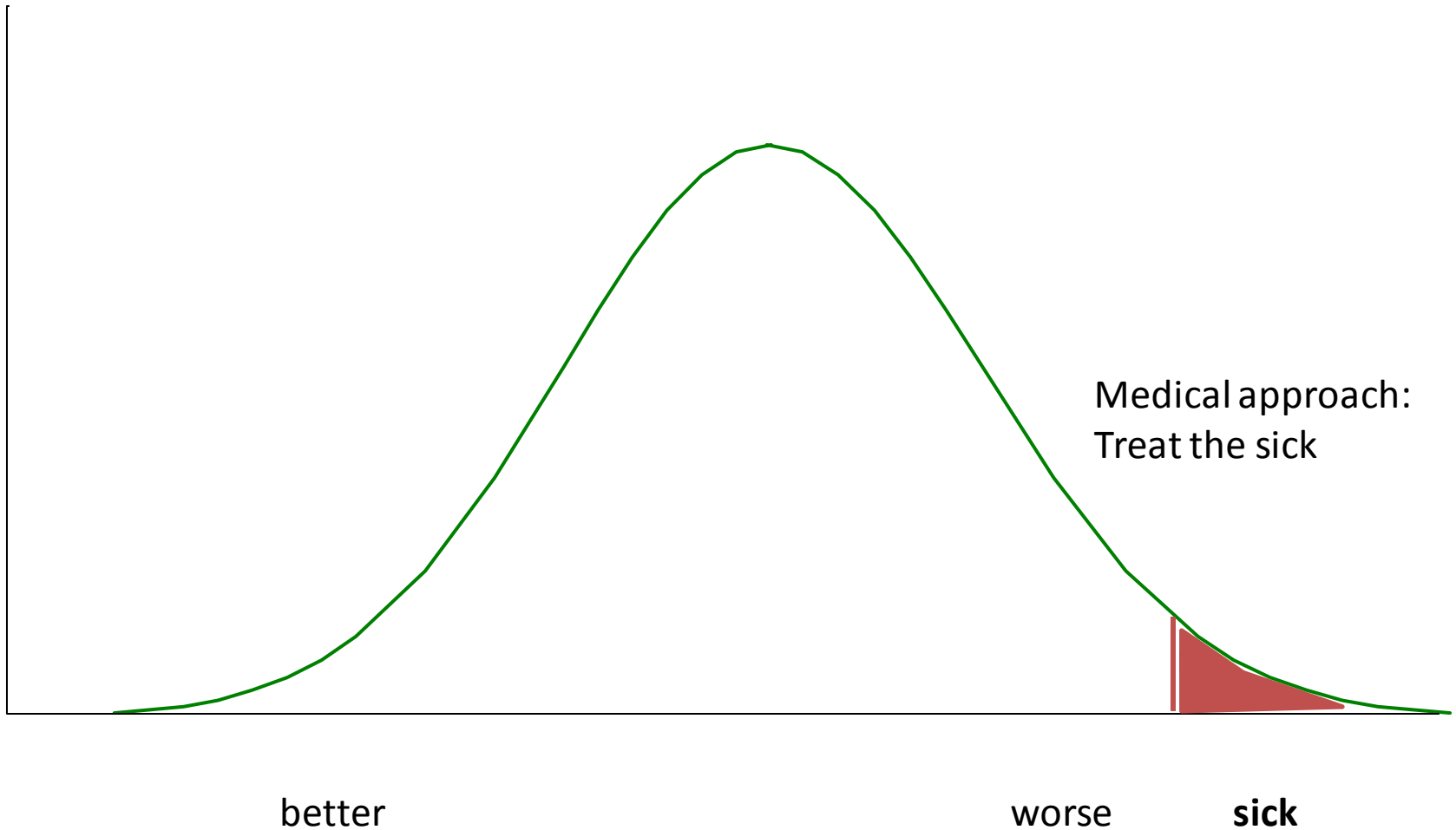
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http://www.med.uottawa.ca/sim/data/Models/Default_models_e.htm

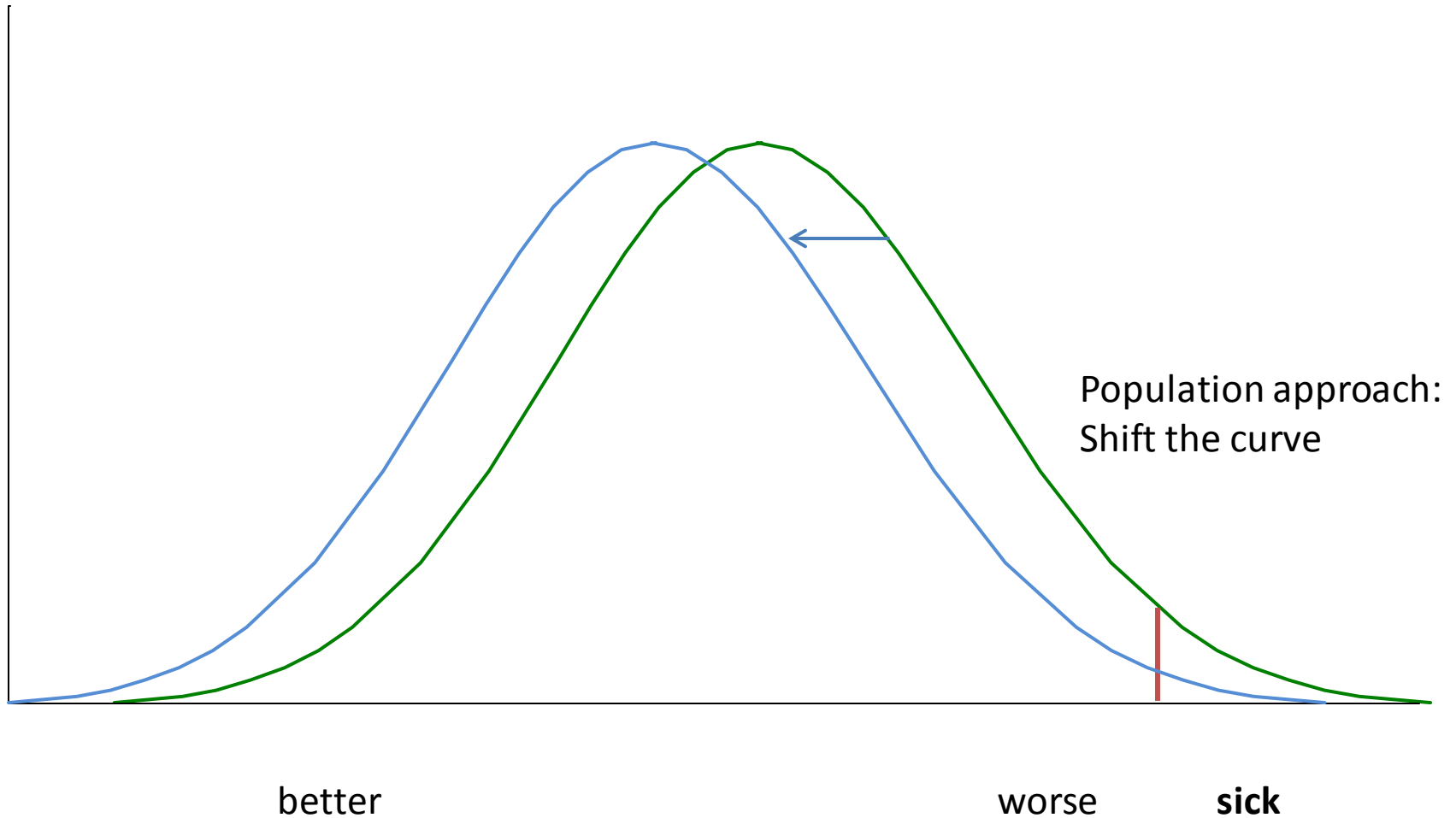
Theories of disease distribution

- Germ theory
- Lifestyle
- Psychosocial
- Social production of disease/political economy of health
- Risk factor epidemiology
- Ecosocial theory

Health + Planning



Health: a population perspective



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<https://ocw.mit.edu>

11.S941 Healthy Cities: Assessing Health Impacts of Policies and Plans
Spring 2016

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