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HE RTS IN THE AMERICAS Regional Workshop

Framework of Health Gaps: measures for CVD outcome indicators

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Premise of HEARTS interventions

The scaling of a successful and an innovative hypertension control program should lead to a significant reduction of the CVD burden including morbidity, mortality and disabilities







F AMFRICA

Canadian Hypertension Education Program (CHEP) stroke

ami



year

N Campbell 2016





Kaiser Permanente, Northern California (KPNC) Cardiovascular Risk Reduction Program

KPNC vs. National and California HTN Control

Falling heart attack rates 1999-2014 - KPNC



Courtesy of M Jaffe Yeh RW. Engl J Med 2010;362:2155-165. Solomon MD. J Am Coll Cardiol. 2016;68(6):666-668.





Disease Outcome Indicators

Key elements to be considered for selecting the disease outcome indicator for the hypertension control program

- 1. The epidemiological measures
- 2. The **disease** associated with elevated blood pressure and that is sensible to changes in the hypertension control





Measures

Frequency Measures

Absolute measures

- Cases
- Deaths

Relative measures

- Incidence, prevalence
- Death rates per population (crude and age-standardized rates)
- Probability of dying (%) before reaching certain age

Measures of Health Gaps

Absolute measures

- DALYs: disability-adjusted life years
- YLDs: years lived with disability
- YLLs: years of life lost

Relative measures

- DALY rates per population
- YLD rates per population (crude and age-standardized rates)
- YLL rates per population





Measures of Health Gaps

- They quantify the gaps between current health status and the ideal health situation (aspirational measures)
- unit of measure: **time**, e.g., years

Summary measures

Disability-adjusted life years (DALYs): is a summary measure of burden of disease accounting for **disability** and **mortality**

- DALYs = YLDs + YLLs
- Years lived with disability (YLDs)
- Years of life lost due to premature mortality (YLLs)





Measures of Health Gaps: calculation

DALYs = YLDs + YLLs

 $YLDs = P \times WD$

YLDs = I x d x WD

where:

- **P** = the number of prevalent cases
- I = incident cases
- **WD** = the disability weight for the condition

YLLs = D x SLE

where:

D = number of deathsSLE = standard life expectancy

at age of death

Standard life expectancy (SLE) is defined as the life expectancy by age observed in the population experience the lower death rates





Calculating YLLs, YLL rates (crude & age-standardized)

						Standard	
	Number of				YLL rate	population	
Age	deaths	SLE	YLL		(e) = (c)/(d)	weights	ASYR
grupos	(a)	(b)	(c) = (a) x (b)	Population (d)	x 100,000	(f)	(g)=(e) x (f)
0-4	10,109	89.41	903,870	74,910,767	1,206.6	0.0886	106.9
5-9	4,844	84.52	409,448	75,955,736	539.1	0.0869	46.8
10-14	4,925	79.53	391,663	77,055,947	508.3	0.086	43.7
15-19	8,965	74.54	668,288	78,750,920	848.6	0.0847	71.9
20-24	12,334	69.57	858,048	79,725,807	1,076.2	0.0822	88.5
25-29	17,215	64.6	1,112,097	77,478,740	1,435.4	0.0793	113.8
30-34	26,836	59.63	1,600,214	73,714,765	2,170.8	0.0761	165.2
35-39	39,472	54.67	2,157,925	68,415,366	3,154.2	0.0715	225.5
40-44	64,154	49.73	3,190,381	63,794,631	5,001.0	0.0659	329.6
45-49	105,182	44.81	4,713,227	60,369,057	7,807.4	0.0604	471.6
50-54	181,543	39.92	7,247,186	57,785,174	12,541.6	0.0537	673.5
55-59	266,676	35.07	9,352,322	51,389,071	18,199.0	0.0455	828.1
60-64	342,106	30.25	10,348,705	43,427,629	23,829.8	0.0372	886.5
65-69	414,043	25.49	10,553,962	34,099,240	30,950.7	0.0296	916.1
70-74	464,968	20.77	9,657,395	24,645,889	39,184.6	0.0221	866.0
75-79	497,750	16.43	8,178,032	17,733,596	46,116.0	0.0152	701.0
80-84	527,106	12.51	6,594,092	12,003,732	54,933.7	0.0091	499.9
85+	944,280	7.6	7,176,528	11,519,802	62,297.3	0.0063	392.5
Total	3,932,508		85,113,383	982,775,869	8,660.5		7,426.9

Martinez R, et al. IJE, 2019. https://doi.org/10.1093/ije/dyy254





Level of burden of CVD by cause category

YLLs (Years of Life Lost) rates per 100 000 population by CVD categories and selected age groups







CVD category sensible to hypertension control

Fraction (%) of YLLs (Years of Life Lost) attributable to high blood pressure by cause, age and sex in Latin America and Caribbean, 2017



Stroke is the CVD cause category most sensible to high blood pressure





Resources: Data and Tools

Global Health Estimates (GHE), WHO

WHO GHE produces measures of deaths and burden of diseases for 237 diseases and injuries, 191 Member States (33 from the Americas), 3 of them at subnational level, period 2000 to present. Estimates are produced and updated in an annual basis.

Global Burden of Disease Study (GBD), IHME

GBD Study produces estimates of measures and metrics for 354 fatal and non-fatal diseases and injuries, and 84 risk factors for 195 countries (37 countries and territories of the Americas), regions and subregions for the period 1990 to present. Estimates are produced and updated in an annual basis.





WHO - Global Health Observatory

Global	Regions 🗸		تاريي	中文	English	Français	Русский	Español	Q
	Norld Health Drganization								
^	Health Topics 🗸	Countries 🗸	News 🛩	Eme	rgencies 丶	Abou	ıt Us 🗸		
Global I	Health Observatory	(GHO) data							
Monitori Welcome to gateway to h 1000 indicator Data are org the Sustaina including hea progress tow indicators to the indicators related targe Dashboard o data visualiz	ng health for the SDG the Global Health Observatory, health-related statistics for more ors for its 194 Member States. Hanized to monitor progress towa ble Development Goals (SDGs) alth status indicators to monitor wards for the overall health goal, track equity in health indicators, s for the specific health and hea ets of the SDGs.	S WHO'S Inds Inds and th- tors	d analys	ses fo	or health	n and he	alth-rela Josef alth-rela alth-rela alth-rela alth-rela alth-rela alth-rela	ated SD Transformed Transform	Gs
More about t More about \$	the Global Health Observatory Sustainable Development Goals	1 Direct and		l C	19		Tall Indeed Streeters	R 1 Volume	

Link: https://www.who.int/gho/en/





WHO - Global Health Estimates



Health Topics 🗸	Countries 🗸	News 🗸	Emergencies 🗸	About Us 🗸	
	Health statistic	s and inform	ation systems		
Health statistics and information systems	Disease burder		🗟 🖬 f 🔰 +		
Topics	The latest global, regiona	al and country-level ca	1. CAUSE-SPECIFIC MORTALITY, 2000–2016 2. DISEASE BURDEN, 2000–2016		
Classifications and indicators	year 2000, 2010, 2015 a	nd 2016 are available			
Data collection tools	Recommended citation: by Country and by Regio	Global Health Estimation, 2000-2016. Genev	3. CHILD CAUSES OF DEATH, 2000– 2017		
Data analysis tools	A summary of data sour	ces and methods is av			
Statistics	and some methods, the a released WHO estimates	2000–2016 estimates s.			
Country monitoring and evaluation	Related links		MORE INFORMATION		
Monitoring universal health	- WHO methods and da	ata sources for global	Definitions of region groupings		
coverage	GLOBAL AND BY RE	GION	Methods		
Publications					
	ause, age and sex, globally and by				

Link: https://www.who.int/healthinfo/global_burden_disease/estimates/en/





IHME - GBD Compare



Link: http://ihmeuw.org/4sk1





IHME - GBD Results Tool

Online interactive tool for selecting and downloading GBD Study estimates data sets



Home > IHME Data

GBD Results Tool

Default results are deaths and DALYs for 2017 with trends since 1990. Refer to the GBD Results Tool User Guide for help with common questions and troubleshooting. Download additional GBD 2017 results from the GHDx.

Terms defined | Codebook | Tools Overview

Base	Single	Change	PoD	Conte	ext Caus	e		-	Measure	Add/I	Remove (1)	×	-
Location	Add/Remove.	(1)	×	• Age	Add/	Remove (2)		×	Sex	Add/I	Remove (1)	×	•
Year	Add/Remove.	(28)	×	• Metri	c Add/	Remove (1)		×	Cause	Add/I	Remove (1)	×	•
Search				Permalink				Download CSV					
	MEASURE		LOCATION	SEX	AGE	CAUSE	METRIC	YEAR	VAI	-	UPPER	LOWER	\$
Deaths			Region of t	Both sexes	All Ages	Stroke	Rate	1990		53.11	53.84	5	2.50
Deaths			Region of t	Both sexes	50-69 years	Stroke	Rate	1990		L04.87	106.82	10	3.08
Deaths			Region of t	Both sexes	All Ages	Stroke	Rate	1991		52.41	53.15	5	1.89

Link: http://ghdx.healthdata.org/gbd-results-tool





Level of the Outcome Indicator Across Countries







Trends of the Outcome Indicator by Cause, Age and Sex in Selected Countries







Progress-Scorecard a method and tool for measuring the indicator progress towards its target

MEASURING PROGRESS TOWARDS TARGETS

Select the Disease Stroke

Select the Region, Subregion or Country Region of the Americas

YLLs (Years of Life Lost) Rate (Age-standardized) per 100,000 population due to Stroke, Region of the Americas

710.0 baseline 2010		66 currrer	1.9 nt 2017	-6.8% 475.7 % change 2010-2017 target 2030			7 30	-33% target 2030		
Indicator versus time progress towards the target indicator progress time progress										gress
0	10	20	30	40	50	60	70	80	90	100
21%										
				1			1			
0	10	20	30	40	50	60	70	80	90	100

Current indicator trends, baseline, current and target values



SOURCE: GBD Study 2017. IHME 2018 | DESIGNED & DEVELOPED BY RAMON MARTINEZ @HithAnalysis

MONITORING & ASSESSING TRENDS: premature mortality from NCDs

Indicator: Unconditional probability of dying at exact ages between 30 and 70 years from selected NCD cause of death

Select Cause of Death Cardiovascular diseases

Americas

Select Country Select Sex Both sexes

Panel 1. Time series, baseline (2010), and target (2025)









Panel 4. Trends Analysis Summary Metrics

Average annual percent change & 95% CI: -2.35% [-2.55, -2.15] Overall % change 2010-2025: -35.29%

The Average Annual Percent Change (AAPC) is significantly different from zero when its 95% CI does not contain zero.

An AAPC of at least -1.7% is required to reach the target of 25% relative reduction on year 2025 from baseline on year 2010.









Conclusion

- Monitoring the outcome indicator are useful for assessing the impact of the hypertension control program
- **2. Stroke** is the most sensible CVD subcategory to changes in hypertension control
- 3. Age-standardized years of life lost (YLL) rates per 100 000 population due to Stroke is a comprehensive and robust disease outcome indicator for the Hypertension Control Program



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