

General introduction to DYNAMO – HIA tool

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What is the health impact of

Increase price of smoking

Increase excise tax on alcohol

Ban advertising unhealthy foods

For comparisons quantification is needed

What has more impact? Intervention affecting A

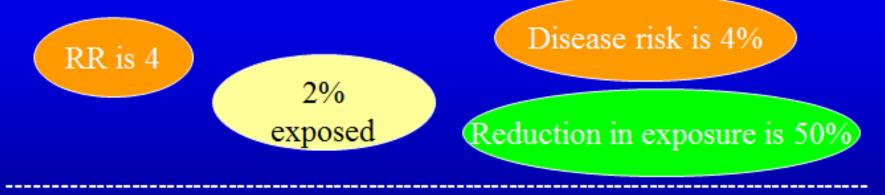


OR B



For comparisons quantification is needed

What has more impact? Intervention affecting A



OR B



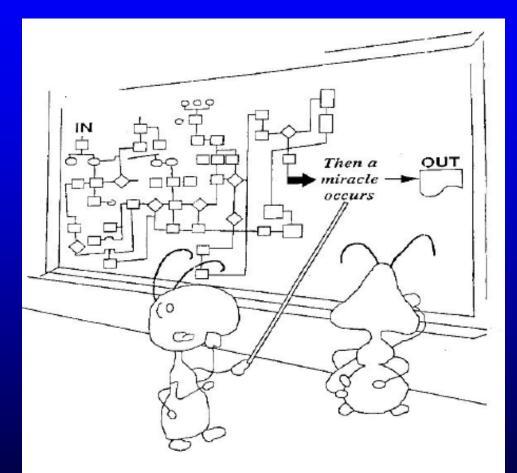
For quantification a tool is needed

Prediction of health effects due to changes in lifestyle factors is complicated by fact that:

- Effect depends on multiple factors:
 - % with risk factor
 - % with disease
 - RR
 - age distribution
- life style risk factors often affect multiple diseases
- life style risk factors often affect mortality, and hence population exposed to the policy

So where are policy makers without a quantitative model?

Without quantitative tool



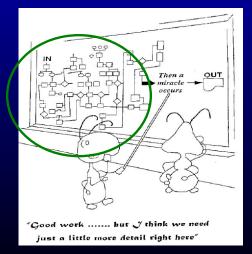
"Good work but I think we need just a little more detail right here"





DYNAMO-HIA: what does it add?

- <u>Projects how changes in risk factor distribution affect disease-</u> specific and summary measures of population health, based on causal pathway in epidemiology and Markov modeling
- <u>Organizes and stores</u> necessary input data
- <u>Syntheses</u> according to standard causal pathway







DYNAMO-HIA

DYNAMO-HIA is a ready-to-use tool to project the effects of changes in risk factor exposure due to policy measure or intervention on disease-specific and summary measures of population health

DYNAMO-HIA models multiple risk factors

- Model is generic, risk factors can be selected or added by users
- Model includes already few example risk factors







risk factors can be selected/ added by users

Model includes already 9 diseases:
 Diabetes, IHD, stroke, COPD
 Cancers: lung, breast, colorectal, oral, oesophagus

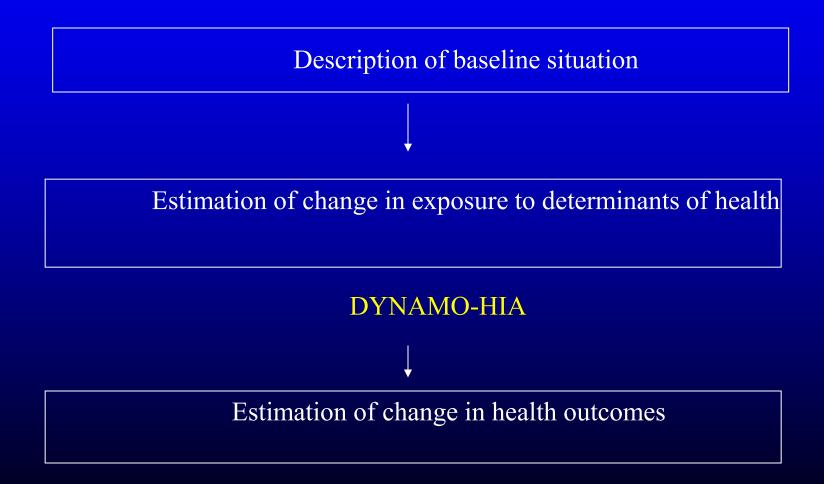
diseases can be selected/added by users

DYNAMO-HIA tool

Risk factors (e.g. smoking, BMI, alcohol) ↓ Diseases (e.g. coronary heart disease, diabetes, several cancers)

Morbidity/Mortality/LE/DALE

Scope of DYNAMO



What is needed for quantification with **DYNAMO-HIA**

- 1. Input data
 - -> large dataset in the tool
- 2. Expectations about effect of intervention/policy on risk factor exposure (also in future)
 -> USER
- 3. Computer with DYNAMO tool
 -> tool will be provided today



Data

<u>Type of data</u>

- Population numbers
- Newborns (optional)
- Incidence, prevalence and mortality for relevant diseases
- All-cause mortality
- All-cause disability (optional)
- Exposure distribution of risk factors
- RRs linking exposure to health outcomes

General:

- All data by single-year of age (0-95 years) and sex
- Flexibility in choice risk factor exposure, disease type and transitions between risk factor states



Tool starts from population-based data

It uses in calculation: Incidence of diabetes in 40 year old women with overweight

Often not available

But data need is:

- Incidence of diabetes in 40 year old women
- % overweight for 40 year old women
- RR association between overweight and diabetes

Available & Used in DYNAMO-HIA



Data already in the tool

For large number of EU countries:

- Population numbers (all MS)
- Projected Newborns (all MS)
- Incidence, prevalence and mortality for 5 cancers, IHD, stroke, COPD, diabetes (10 MS)
- All-cause mortality (all MS)
- All-cause disability (all MS)
- Exposure distribution of smoking (3 categories + time since quitting), BMI (mean, 3 categories, alcohol (5 categories) (at least 18 MS)
- RRs linking exposure to health outcomes (one set)



Large set of output measures

- Future <u>risk factor</u> prevalence by age, sex and year
- Future <u>disease</u> prevalence by age, sex and year
- Future mortality/survival by age, sex and year
- Structure of population by age, sex, diseased vs. non-diseased
- Summary <u>measures</u> of population health
 - Life expectancy
 - Life expectancy with(out) diseases
 - Disability-adjusted Life expectancy

cohort and population



Important features

- Simulates a <u>real life</u> population <u>trough time</u>
- Is based on epidemiological evidence + available data
- Provides large set of outcome measures
- Is publicly available + no programming skills needed
- Data are included for large set of EU countries

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