Enfermedad cardiovascular

Costos, gastos, situación en Argentina

Gabriel Montero

MD Universidad Nacional La Plata
Diplomado Administración Servicios Salud MS PBA
Profesor Universitario Medicina USAL
Especialista en Salud Publica UBA
Docente Salud Pública UBA
Gerente Promoción y Comercialización Hospital Italiano Buenos Aires

5º JORNADA CACI
PARA FINANCIADORES Y AUDITORES MÉDICOS

CACI

PubMed.gov

Search PubMed

Advanced

> Circulation. 1963 Sep;28:381-95. doi: 10.1161/01.cir.28.3.381.

CORONARY HEART DISEASE AMONG MINNESOTA BUSINESS AND PROFESSIONAL MEN FOLLOWED FIFTEEN YEARS

A KEYS, H L TAYLOR, H BLACKBURN, J BROZEK, J T ANDERSON, E SIMONSON

PMID: 14059458 DOI: 10.1161/01.cir.28.3.381

No abstract available

Keys et al. 1963 Circulation

15 años de seguimiento de profesionales

Journal List › HHS Author Manuscripts › PMC4159698

HHS Public Access
Author manuscript
Peer-reviewed and accepted for publication

About author manuscripts | Submit a manuscript

Lancet. Author manuscript; available in PMC 2014 Sep 10.

Published in final edited form as:

Lancet. 2014 Mar 15; 383(9921): 999–1008.

Published online 2013 Sep 29. doi: 10.1016/S0140-6736(13)61752-3

PMCID: PMC4159698

NIHMSID: NIHMS588573

PMID: 24084292

The Framingham Heart Study and the Epidemiology of Cardiovascular Diseases: A Historical Perspective

Syed S. Mahmood[a], Daniel L[illegible], R[illegible]andran S. Vasan[b,d], and Thomas J. Wang[b,e]

Author information ▸ Copyright and License information Disclaimer

Framingham Heart Study. 2013. Lancet

65 años de seguimiento epidemiológico

7 décadas de continuos avances

BRITISH MEDICAL JOURNAL

LONDON SATURDAY JUNE 26 1954

THE MORTALITY OF DOCTORS IN RELATION TO THEIR SMOKING HABITS

A PRELIMINARY REPORT

BY

RICHARD DOLL, M.D., M.R.C.P.
Member of the Statistical Research Unit of the Medical Research Council

AND

A. BRADFORD HILL, C.B.E., F.R.S.
Professor of Medical Statistics, London School of Hygiene and Tropical Medicine; Honorary Director of the Statistical Research Unit of the Medical Research Council

In the last five years a number of studies have been made of the smoking habits of patients with and without [illegible] (Doll and Hill, 1950, 1952; Levin, Gold[illegible]tionary. In addition to giving their name, address, and age, the doctors were asked to classify themselves into

Doll et al. 1954. BMJ

4 años: asociación tabaco y ECV (coronaria)

La enfermedad cardíaca EEUU

90% del costo de Salud en EEUU (u$d 3,5 trillones) es por enfermedades crónicas

La Enfermedad Cardíaca y el ACV son la 1ra causa de muerte, con 1/3 de ellas

900.000 norteamericanos mueren anualmente por enfermedad cardíaca y stroke

El costo directo es de u$d 200 billones y el indirecto (trabajo) 131 billones

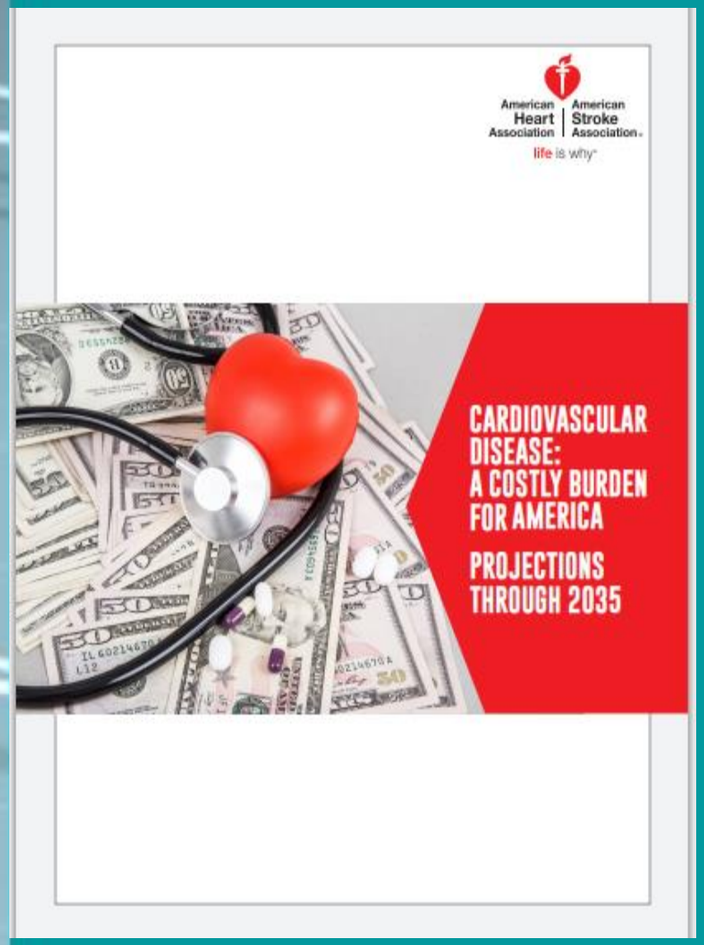
La DBT, causal de enfermedad cardíaca, ocasiona un costo de u$d 327 billones

Tabaco (u$d 170 b), sedentarismo (u$d 117 billones) y alcohol (u$d 249 billones)

CDC, marzo 2020
https://www.cdc.gov/chronicdisease/about/costs/index.htm

5º JORNADA CACI
PARA FINANCIADORES Y AUDITORES MÉDICOS

La enfermedad Cardíovascular (EC) es la principal causa de muerte



Entre 2000 y 2011 la tasa mortalidad por EC cardíaca bajó 3,7%/año y la de stroke 4,5%/año.

Desde entonces aumentó 1%: Obesidad, Alimentación, HTA y DBT2

40% de la población tiene alguna EC y el 40% de la desigualdad en expectativa de vida entre grupos sociales la causa la EC (14,6 y 10,1 a)

La Enfermedad Cardíaca es el mayor costo actualmente superando a DBT

El costo actual es en EEUU u$d 555 billones y en 2035 será u$d 1,1 trillón

La enfermedad cardíaca en Latinoamérica

El costo de la enfermedad cardiaca en América Latina supera u$d 30 mil millones

Infarto Agudo Miocardio - Insuficiencia cardíaca - Hipertensión arterial – Fibrilación auricular

Afectan a 89,6 millones de personas (27,7% de la población adulta)

Esto equivale a 6,8 millones de DALY´s (años de vida saludable perdidos)

5º JORNADA CACI
PARA FINANCIADORES Y AUDITORES MÉDICOS

CACI

Rubinstein et al. BMC Public Health 2010, 10:627
http://www.biomedcentral.com/1471-2458/10/627

BMC Public Health

RESEARCH ARTICLE Open Access

Estimation of the burden of cardiovascular disease attributable to modifiable risk factors and cost-effectiveness analysis of preventative interventions to reduce this burden in Argentina

Adolfo Rubinstein[1,2*], Lisandro Colantonio[1], Ariel Bardach[1,3], Joaquín Caporale[1,4], Sebastián García Martí[1,2], Karin Kopitowski[2], Andrea Alcaraz[1], Luz Gibbons[1], Federico Augustovski[1,2], Andrés Pichón-Rivière[1]

Abstract

Background: Cardiovascular disease (CVD) is the primary cause of mortality and morbidity in Argentina representing 34.2% of deaths and 12.6% of potential years of life lost (PYLL). The aim of the study was to estimate the burden of acute coronary heart disease (CHD) and stroke and the cost-effectiveness of preventative population-based and clinical interventions.

Methods: An epidemiological model was built incorporating prevalence and distribution of high blood pressure, high cholesterol, hyperglycemia, overweight and obesity, smoking, and physical inactivity, obtained from the Argentine Survey of Risk Factors dataset. Population Attributable Fraction (PAF) of each risk factor was estimated using relative risks from international sources. Total fatal and non-fatal events, PYLL and Disability Adjusted Life Years (DALY) were estimated. Costs of event were calculated from local utilization databases and expressed in international dollars (I$). Incremental cost-effectiveness ratios (ICER) were estimated for six interventions: reducing salt in bread, mass media campaign to promote tobacco cessation, pharmacological therapy of high blood pressure, pharmacological therapy of high cholesterol, tobacco cessation therapy with bupropion, and a multidrug strategy for people with an estimated absolute risk > 20% in 10 years.

Results: An estimated total of 611,635 DALY was lost due to acute CHD and stroke for 2005. Modifiable risk factors explained 71.1% of DALY and more than 80% of events. Two interventions were cost-saving: lowering salt intake in the population through reducing salt in bread and multidrug therapy targeted to persons with an absolute risk above 20% in 10 years; three interventions had very acceptable ICERs: drug therapy for high blood pressure in hypertensive patients not yet undergoing treatment (I$ 2,908 per DALY saved), mass media campaign to promote tobacco cessation amongst smokers (I$ 3,186 per DALY saved), and lowering cholesterol with statin drug therapy (I$ 14,432 per DALY saved); and one intervention was not found to be cost-effective: tobacco cessation with bupropion (I$ 59,433 per DALY saved)

Conclusions: Most of the interventions selected were cost-saving or very cost-effective. This study aims to inform policy makers on resource-allocation decisions to reduce the burden of CVD in Argentina.

La enfermedad cardíaca es la 1ra causa de mortalidad y morbilidad en Argentina

La ECV causa 17 millones de muertes anualmente en el mundo

Representa el 11% de la carga total de enfermedad

Estiman un aumento de 145% en Latino América en 1 década

Países desarollados aumentará 28% mujeres y 50% hombres

En Argentina las ECNT causan más del 50% de las muertes

La EC causan 34% de las muertes y 12,6% de años de vida perdidos

Estiman 263.000 eventos cardiovasculares

Postularon un modelo epidemiológico costo efectivo de 6 medidas prreventivas a nivel poblacional

Reduciría el 5% la carga de enfermedad cardiovascular

Rubinstein et al. BMC Public Health 2010, 10:627 http://www.biomedcentral.com/1471-2458/10/627

Registro argentino de insuficiencia cardíaca aguda (ARGEN-IC).

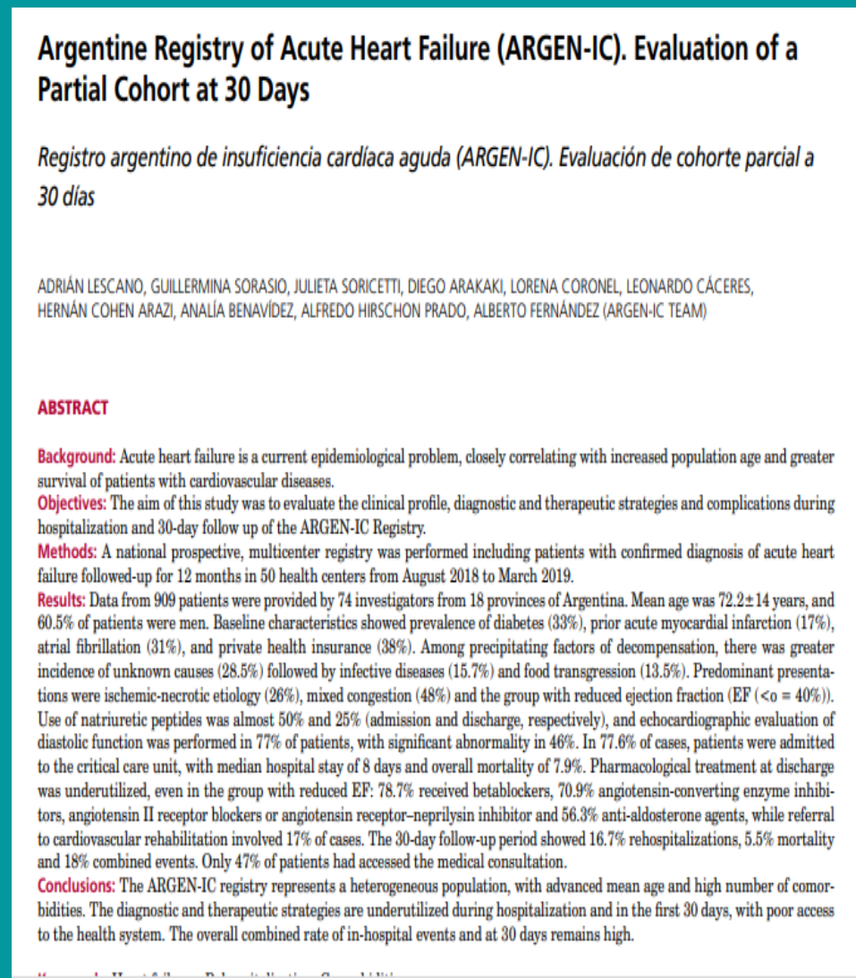
La insuficiencia cardíaca aguda es una problemática epidemiológica actual, en correlación con el incremento de la edad poblacional y la mayor sobrevida de los pacientes con enfermedades cardiovasculares

La enfermedades basales (prevalencia): DBT (33%); IAM previo (17%); FA (31%) cobertura médica de prepagas (38%)

Entre los desencadenantes:
causas desconocidas (28.5%),
infecciosas (15,7%)
transgresión alimentaria (13,5%)

Se destaca la etiología isquémico-necrótica (26%), la presentación como congestión mixta (48%) y el grupo con fracción de eyección (Fey) deteriorada.

REV ARGENT CARDIOL 2020;88:118-125.
http://dx.doi.org/10.7775/rac.v88.i2.17201



Argentine Registry of Acute Heart Failure (ARGEN-IC). Evaluation of a Partial Cohort at 30 Days

Registro argentino de insuficiencia cardíaca aguda (ARGEN-IC). Evaluación de cohorte parcial a 30 días

ADRIÁN LESCANO, GUILLERMINA SORASIO, JULIETA SORICETTI, DIEGO ARAKAKI, LORENA CORONEL, LEONARDO CÁCERES, HERNÁN COHEN ARAZI, ANALÍA BENAVÍDEZ, ALFREDO HIRSCHON PRADO, ALBERTO FERNÁNDEZ (ARGEN-IC TEAM)

ABSTRACT

Background: Acute heart failure is a current epidemiological problem, closely correlating with increased population age and greater survival of patients with cardiovascular diseases.
Objectives: The aim of this study was to evaluate the clinical profile, diagnostic and therapeutic strategies and complications during hospitalization and 30-day follow up of the ARGEN-IC Registry.
Methods: A national prospective, multicenter registry was performed including patients with confirmed diagnosis of acute heart failure followed-up for 12 months in 50 health centers from August 2018 to March 2019.
Results: Data from 909 patients were provided by 74 investigators from 18 provinces of Argentina. Mean age was 72.2±14 years, and 60.5% of patients were men. Baseline characteristics showed prevalence of diabetes (33%), prior acute myocardial infarction (17%), atrial fibrillation (31%), and private health insurance (38%). Among precipitating factors of decompensation, there was greater incidence of unknown causes (28.5%) followed by infective diseases (15.7%) and food transgression (13.5%). Predominant presentations were ischemic-necrotic etiology (26%), mixed congestion (48%) and the group with reduced ejection fraction (EF (<o = 40%)). Use of natriuretic peptides was almost 50% and 25% (admission and discharge, respectively), and echocardiographic evaluation of diastolic function was performed in 77% of patients, with significant abnormality in 46%. In 77.6% of cases, patients were admitted to the critical care unit, with median hospital stay of 8 days and overall mortality of 7.9%. Pharmacological treatment at discharge was underutilized, even in the group with reduced EF: 78.7% received betablockers, 70.9% angiotensin-converting enzyme inhibitors, angiotensin II receptor blockers or angiotensin receptor–neprilysin inhibitor and 56.3% anti-aldosterone agents, while referral to cardiovascular rehabilitation involved 17% of cases. The 30-day follow-up period showed 16.7% rehospitalizations, 5.5% mortality and 18% combined events. Only 47% of patients had accessed the medical consultation.
Conclusions: The ARGEN-IC registry represents a heterogeneous population, with advanced mean age and high number of comorbidities. The diagnostic and therapeutic strategies are underutilized during hospitalization and in the first 30 days, with poor access to the health system. The overall combined rate of in-hospital events and at 30 days remains high.

5° JORNADA CACI
PARA FINANCIADORES Y AUDITORES MÉDICOS

CACI

5º JORNADA CACI
PARA FINANCIADORES Y AUDITORES MÉDICOS

UCA

ODSA Observatorio de la Deuda Social Argentina

ESCENARIO LABORAL DEL ÁREA METROPOLITANA DE BUENOS AIRES EN TIEMPOS DE CUARENTENA

Autor:

Eduardo Donza

Frente al aumento de la pobreza infantil, UNICEF llama a fortalecer la protección social.

Informe en el marco de COVID-19

20 Mayo 2020

En Argentina, proyectan una caída del PBI superior al 10%

En marzo, el EMAE cayó un 11,5% respecto a 2019

Pymes industriales cayó 34,9% en mayo 2020

Los 1ros 5 meses acumulan una baja de 23,6%.

En mayo, en rubros "no esenciales", la baja fue 45,8%

La 1era ronda el IFE alcanzó a 8,4 millones de personas

Conurbano el 9,8% perdió empleo y 41,6% está suspendido en comparación con el 3,3% y el 32% de CABA.

Hogares pobres: 15% perdió el empleo y 52,8% suspendido en comparación con el 5% y el 33,3%, de hogares no pobres

la situación amplía desigualdades materiales, sociales y simbólicas.

UNICEF: la pobreza en la niñez llegaría al 58,6%.

7,7 millones de niños y pobreza extrema 2,1 millones.

5º JORNADA CACI
PARA FINANCIADORES Y AUDITORES MÉDICOS

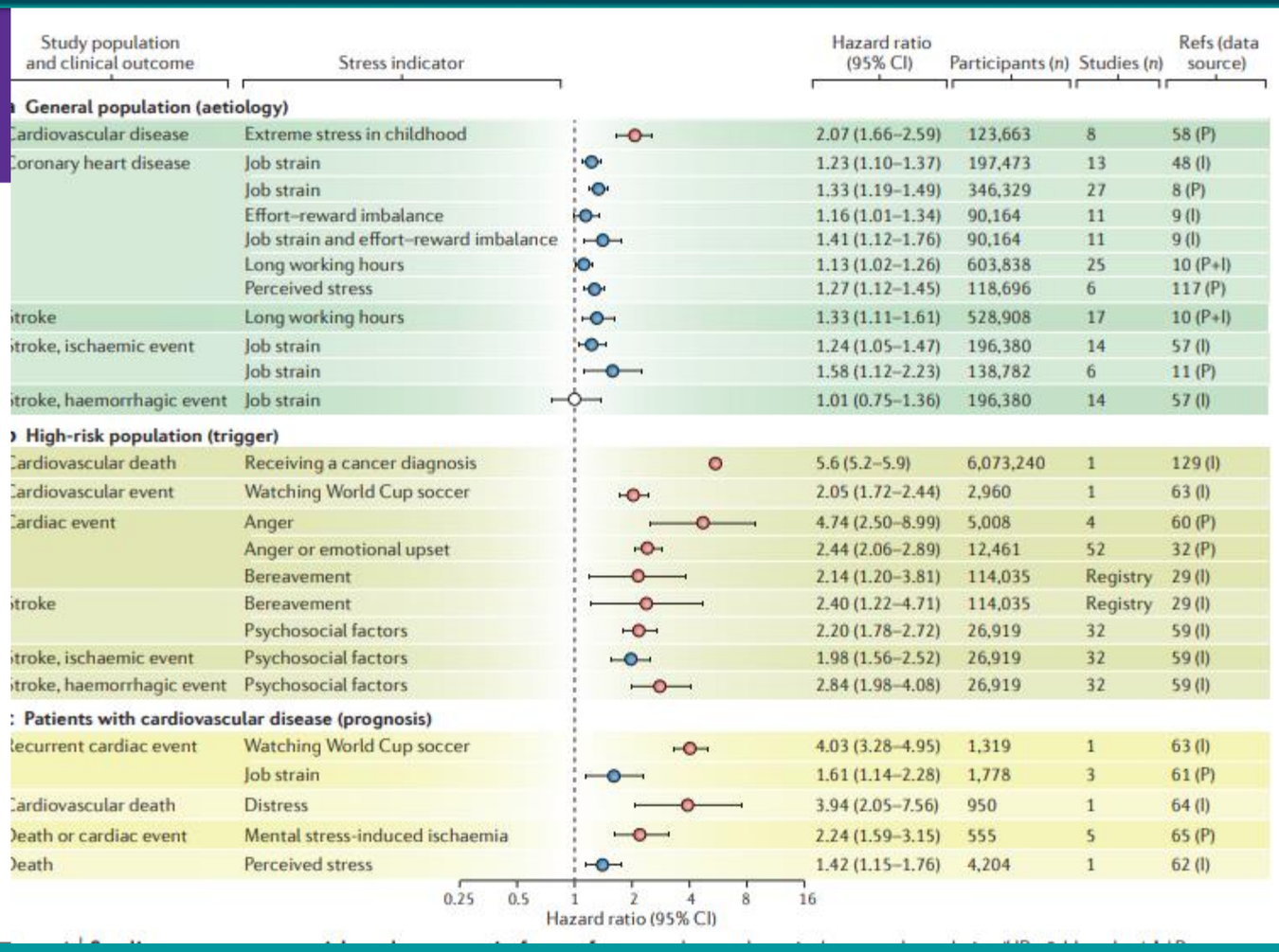
REVIEWS

PREVENTION OF CVD

Effects of stress on the development and progression of cardiovascular disease

Mika Kivimäki[1] and Andrew Steptoe[2]

Abstract | Cardiovascular disease remains the leading cause of disease burden globally, which underlies the continuing need to identify new complementary targets for prevention. Over the past 5–10 years, the pooling of multiple data sets into 'mega-studies' has accelerated progress in research on stress as a risk and prognostic factor for cardiovascular disease. Severe stressful experiences in childhood, such as physical abuse and household substance abuse, can damage health and increase the risk of multiple chronic conditions in adulthood. Compared with childhood stress and adulthood classic risk factors, such as smoking, high blood pressure, and high serum cholesterol levels, the harmful effects of stress in adulthood are generally less marked. However, adulthood stress has an important role as a disease trigger in individuals who already have a high atherosclerotic plaque burden, and as a determinant of prognosis and outcome in those with pre-existing cardiovascular or cerebrovascular disease. In real-life settings, mechanistic studies have corroborated earlier laboratory-based observations on stress-related pathophysiological changes that underlie triggering, such as lowered arrhythmic threshold and increased sympathetic activation with related increases in blood pressure, as well as pro-inflammatory and procoagulant responses. In some clinical guidelines, stress is already acknowledged as a target for prevention



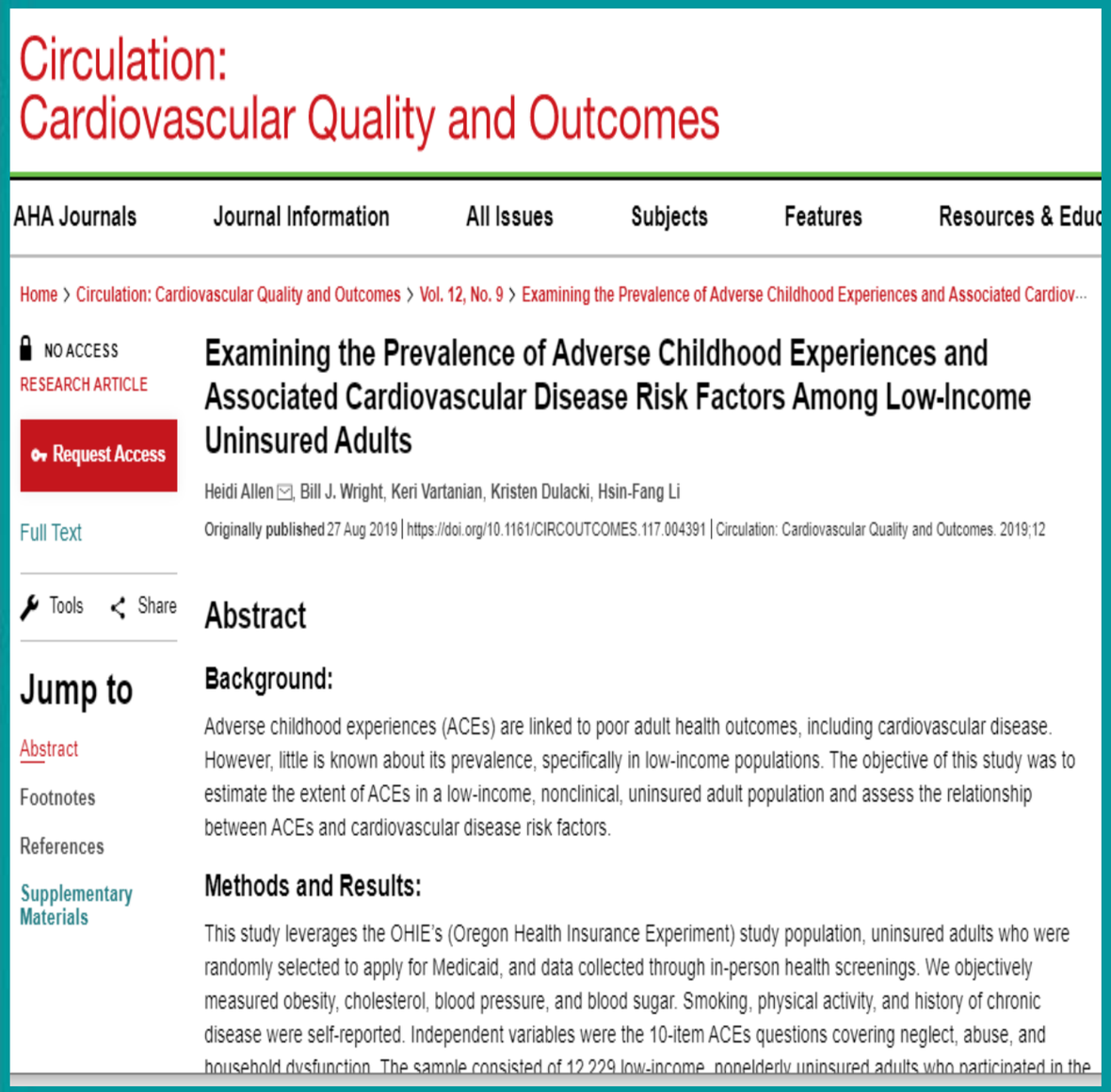
Nature Reviews. Cardiology; abr 2018. 226. Vol 15. Kivimaki et al.

Metaanálisis de los últimos 10 años muestran un importante rol del Stress en ECV

En infancia la influencia es mayor

En adultos, no se ha demostrado mayor impacto que DBT, HTA, tabaco y obesidad

Sí hay evidencia creciente del agravamiento y desencadenamiento por stress



Circulation:
Cardiovascular Quality and Outcomes

AHA Journals | Journal Information | All Issues | Subjects | Features | Resources & Educ

Home › Circulation: Cardiovascular Quality and Outcomes › Vol. 12, No. 9 › Examining the Prevalence of Adverse Childhood Experiences and Associated Cardiov...

NO ACCESS
RESEARCH ARTICLE

Request Access

Full Text

Tools Share

Jump to
Abstract
Footnotes
References
Supplementary Materials

Examining the Prevalence of Adverse Childhood Experiences and Associated Cardiovascular Disease Risk Factors Among Low-Income Uninsured Adults

Heidi Allen, Bill J. Wright, Keri Vartanian, Kristen Dulacki, Hsin-Fang Li

Originally published 27 Aug 2019 | https://doi.org/10.1161/CIRCOUTCOMES.117.004391 | Circulation: Cardiovascular Quality and Outcomes. 2019;12

Abstract

Background:

Adverse childhood experiences (ACEs) are linked to poor adult health outcomes, including cardiovascular disease. However, little is known about its prevalence, specifically in low-income populations. The objective of this study was to estimate the extent of ACEs in a low-income, nonclinical, uninsured adult population and assess the relationship between ACEs and cardiovascular disease risk factors.

Methods and Results:

This study leverages the OHIE's (Oregon Health Insurance Experiment) study population, uninsured adults who were randomly selected to apply for Medicaid, and data collected through in-person health screenings. We objectively measured obesity, cholesterol, blood pressure, and blood sugar. Smoking, physical activity, and history of chronic disease were self-reported. Independent variables were the 10-item ACEs questions covering neglect, abuse, and household dysfunction. The sample consisted of 12 229 low-income, nonelderly uninsured adults who participated in the

AHA Journals, agosto 2019.

Impacto de eventos adversos infancia

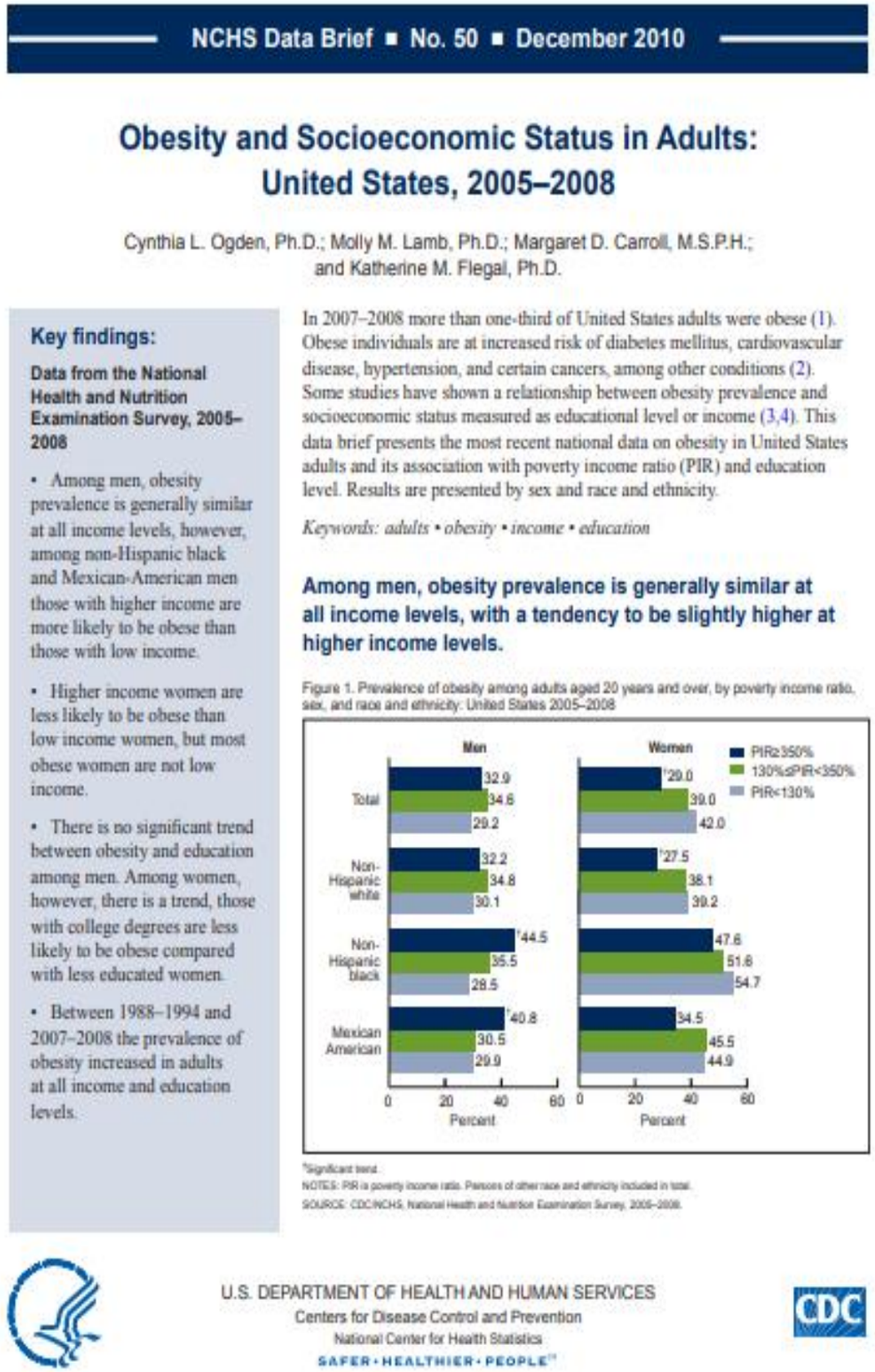
Asociación con obesidad, sedentarismo y tabaquismo

También con reporte de HTA

https://www.ahajournals.org/doi/abs/10.1161/CIRCOUTCOMES.117.004391

5º JORNADA CACI
PARA FINANCIADORES Y AUDITORES MÉDICOS

CACI



NCHS Data Brief ■ No. 50 ■ December 2010

Obesity and Socioeconomic Status in Adults: United States, 2005–2008

Cynthia L. Ogden, Ph.D.; Molly M. Lamb, Ph.D.; Margaret D. Carroll, M.S.P.H.; and Katherine M. Flegal, Ph.D.

Key findings:

Data from the National Health and Nutrition Examination Survey, 2005–2008

- Among men, obesity prevalence is generally similar at all income levels, however, among non-Hispanic black and Mexican-American men those with higher income are more likely to be obese than those with low income.
- Higher income women are less likely to be obese than low income women, but most obese women are not low income.
- There is no significant trend between obesity and education among men. Among women, however, there is a trend, those with college degrees are less likely to be obese compared with less educated women.
- Between 1988–1994 and 2007–2008 the prevalence of obesity increased in adults at all income and education levels.

In 2007–2008 more than one-third of United States adults were obese (1). Obese individuals are at increased risk of diabetes mellitus, cardiovascular disease, hypertension, and certain cancers, among other conditions (2). Some studies have shown a relationship between obesity prevalence and socioeconomic status measured as educational level or income (3,4). This data brief presents the most recent national data on obesity in United States adults and its association with poverty income ratio (PIR) and education level. Results are presented by sex and race and ethnicity.

Keywords: adults • obesity • income • education

Among men, obesity prevalence is generally similar at all income levels, with a tendency to be slightly higher at higher income levels.

Figure 1. Prevalence of obesity among adults aged 20 years and over, by poverty income ratio, sex, and race and ethnicity: United States 2005–2008

*Significant trend.

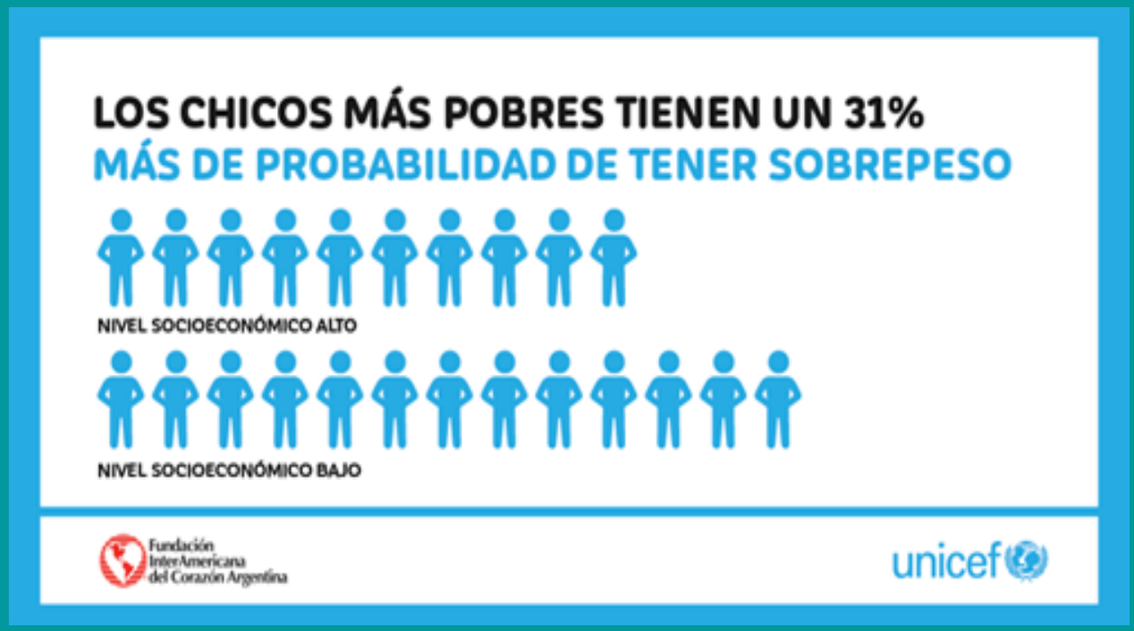
NOTES: PIR is poverty income ratio. Persons of other race and ethnicity included in total.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2005–2008.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics
SAFER • HEALTHIER • PEOPLE™

CDC

https://www.cdc.gov/nchs/data/databriefs/db50.pdf



Relación entre obesidad y causas de muerte

Enfermedades cardíacas, algunos tipos de cáncer, derrames cerebrales y diabetes tipo 2.

Impacto de la obesidad en la infancia

Los niños de grupos SES bajos mayor impacto

Circulation, Volume 105, Issue 9, 5 March 2002, Pages 1135-1143
https://doi.org/10.1161/hc0902.104353

CLINICAL CARDIOLOGY: NEW FRONTIERS

Inflammation and Atherosclerosis

Peter Libby, MD, Paul M. Ridker, MD, and Attilio Maseri, MD

ABSTRACT: Atherosclerosis, formerly considered a bland lipid storage disease, actually involves an ongoing inflammatory response. Recent advances in basic science have established a fundamental role for inflammation in mediating all stages of this disease from initiation through progression and, ultimately, the thrombotic complications of atherosclerosis. These new findings provide important links between risk factors and the mechanisms of atherogenesis. Clinical studies have shown that this emerging biology of inflammation in atherosclerosis applies directly to human patients. Elevation in markers of inflammation predicts outcomes of patients with acute coronary syndromes, independently of myocardial damage. In addition, low-grade chronic inflammation, as indicated by levels of the inflammatory marker C-reactive protein, prospectively defines risk of atherosclerotic complications, thus adding to prognostic information provided by traditional risk factors. Moreover, certain treatments that reduce coronary risk also limit inflammation. In the case of lipid lowering with statins, this anti-inflammatory effect does not appear to correlate with reduction in low-density lipoprotein levels. These new insights into inflammation in atherosclerosis not only increase our understanding of this disease, but also have practical clinical applications in risk stratification and targeting of therapy for this scourge of growing worldwide importance.

5º JORNADA CACI
PARA FINANCIADORES Y AUDITORES MÉDICOS

CACI

PubMed.gov

Search PubMed

Advanced

Review > J Am Coll Cardiol. 2016 Mar 8;67(9):1091-1103. doi: 10.1016/j.jacc.2015.12.048.

Leukocytes Link Local and Systemic Inflammation in Ischemic Cardiovascular Disease: An Expanded "Cardiovascular Continuum"

Peter Libby [1], Matthias Nahrendorf [2], Filip K Swirski [2]

Affiliations + expand

PMID: 26940931 PMCID: PMC4779182 DOI: 10.1016/j.jacc.2015.12.048

Free PMC article

Abstract

Physicians have traditionally viewed ischemic heart disease in a cardiocentric manner: plaques grow in arteries until they block blood flow, causing acute coronary and other ischemic syndromes. Recent research provides new insight into the integrative biology of inflammation as it contributes to ischemic cardiovascular disease. These results have revealed hitherto unsuspected inflammatory signaling networks at work in these disorders that link the brain, autonomic nervous system, bone marrow, and spleen to the atherosclerotic plaque and to the infarcting myocardium. A burgeoning clinical published data indicates that such inflammatory networks-far from a mere laboratory curiosity-operate in our patients and can influence aspects of ischemic cardiovascular disease that

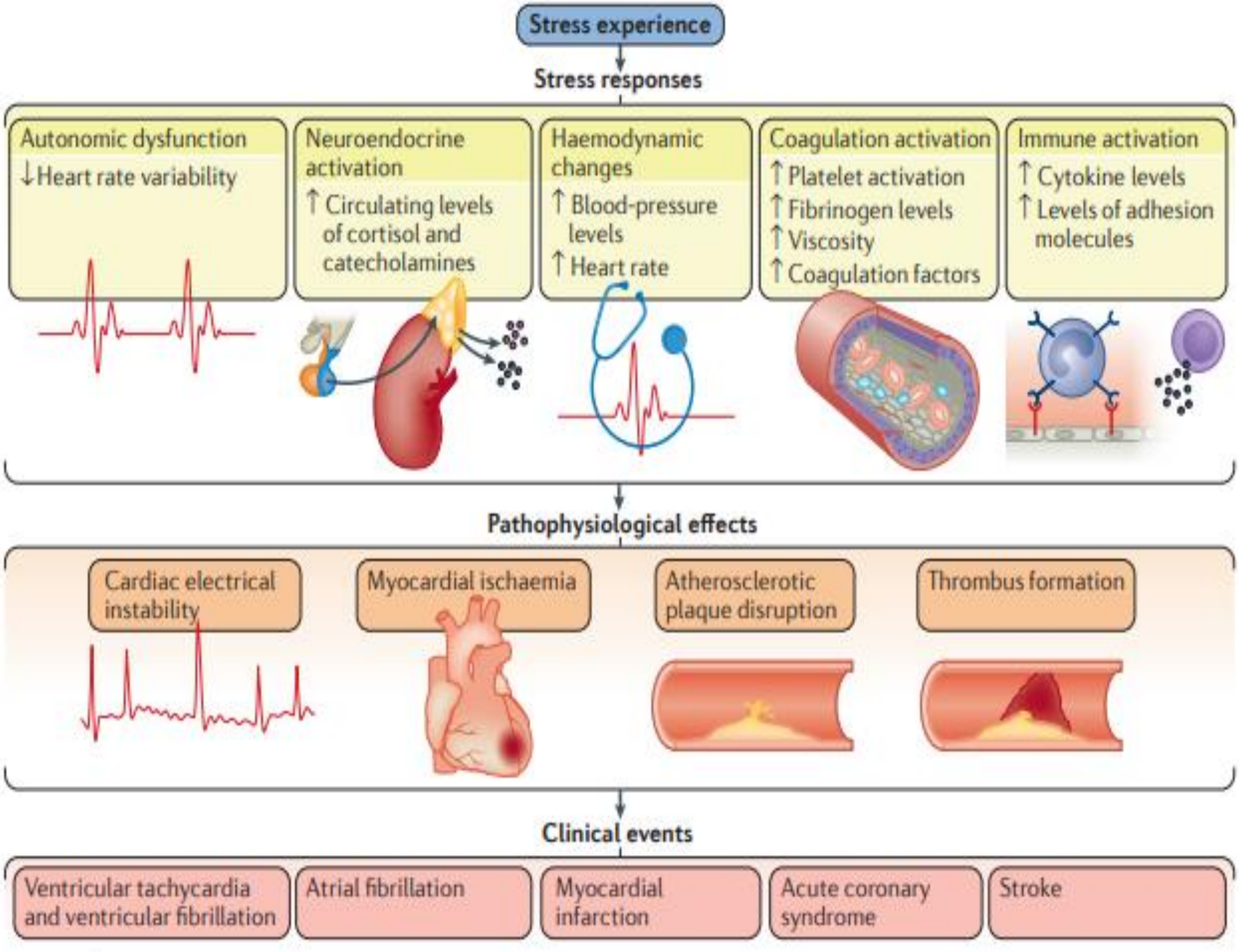
Enfoque cardiocéntrico de la cardiopatía isquémica

Placas crecen hasta bloquean el flujo sanguíneo

Investigaciones recientes revelaron redes de señalización inflamatorias

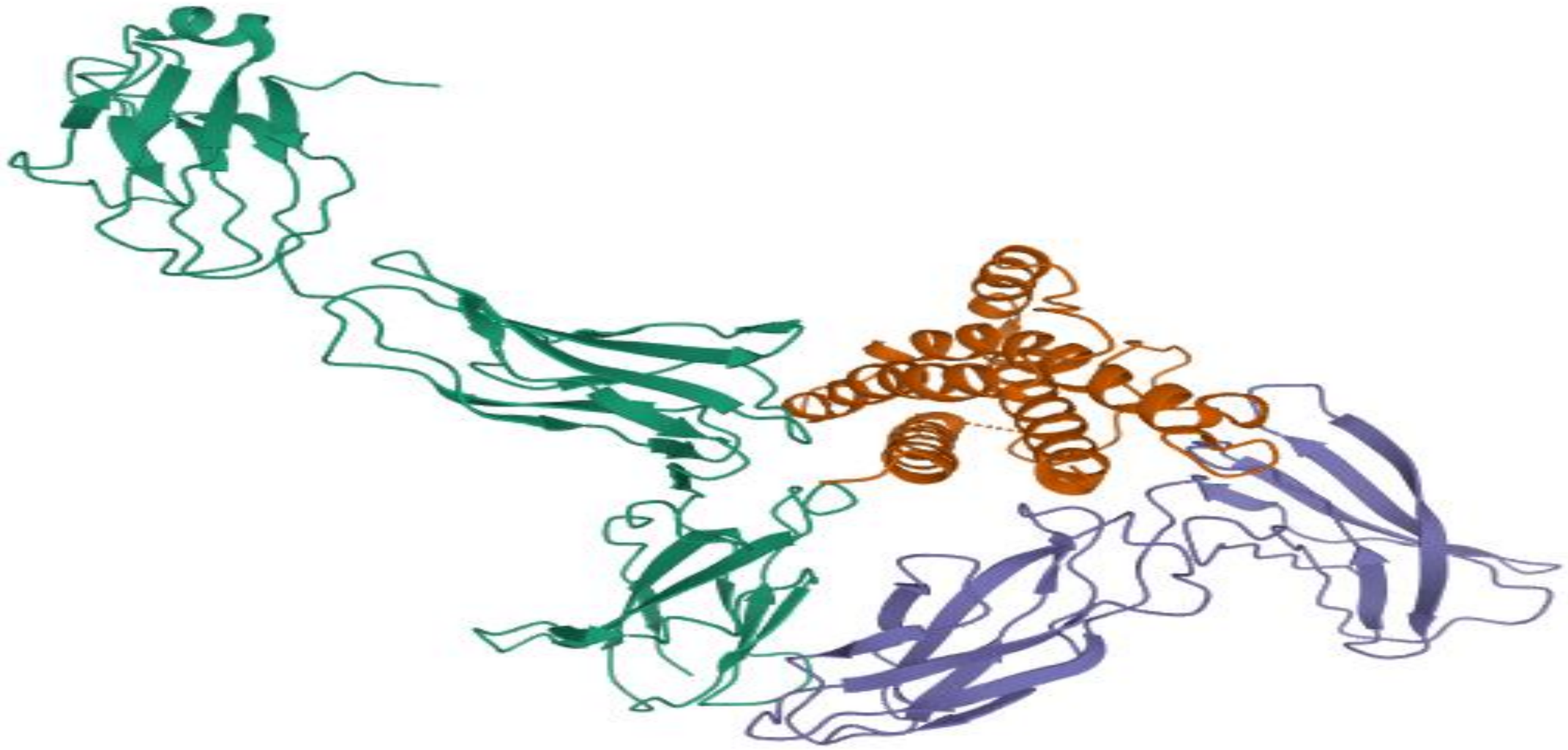
Vinculan el cerebro, el sistema nervioso autónomo, la médula ósea y el bazo a la placa aterosclerótica y al miocardio infarto.

Amplían el círculo del "continuo cardiovascular" más allá del corazón y los vasos para incluir el sistema nervioso, el bazo y la médula ósea.


Stress experience
Stress responses
Autonomic dysfunction
↓Heart rate variability
Neuroendocrine activation
↑ Circulating levels of cortisol and catecholamines
Haemodynamic changes
↑ Blood-pressure levels
↑ Heart rate
Coagulation activation
↑ Platelet activation
↑ Fibrinogen levels
↑ Viscosity
↑ Coagulation factors
Immune activation
↑ Cytokine levels
↑ Levels of adhesion molecules
Pathophysiological effects
Cardiac electrical instability
Myocardial ischaemia
Atherosclerotic plaque disruption
Thrombus formation
Clinical events
Ventricular tachycardia and ventricular fibrillation
Atrial fibrillation
Myocardial infarction
Acute coronary syndrome
Stroke

5° JORNADA CACI
PARA FINANCIADORES Y AUDITORES MÉDICOS

Smoking cigarettes increases the risk of heart disease. Mesk Photography/Shutterstock



Crystal structure of the hexameric human IL-6/IL-6 alpha receptor/gp130 complex

Boulanger, M.J., Chow, D.C., Brevnova, E.E., Garcia, K.C.

(2003) Science **300**: 2101-2104

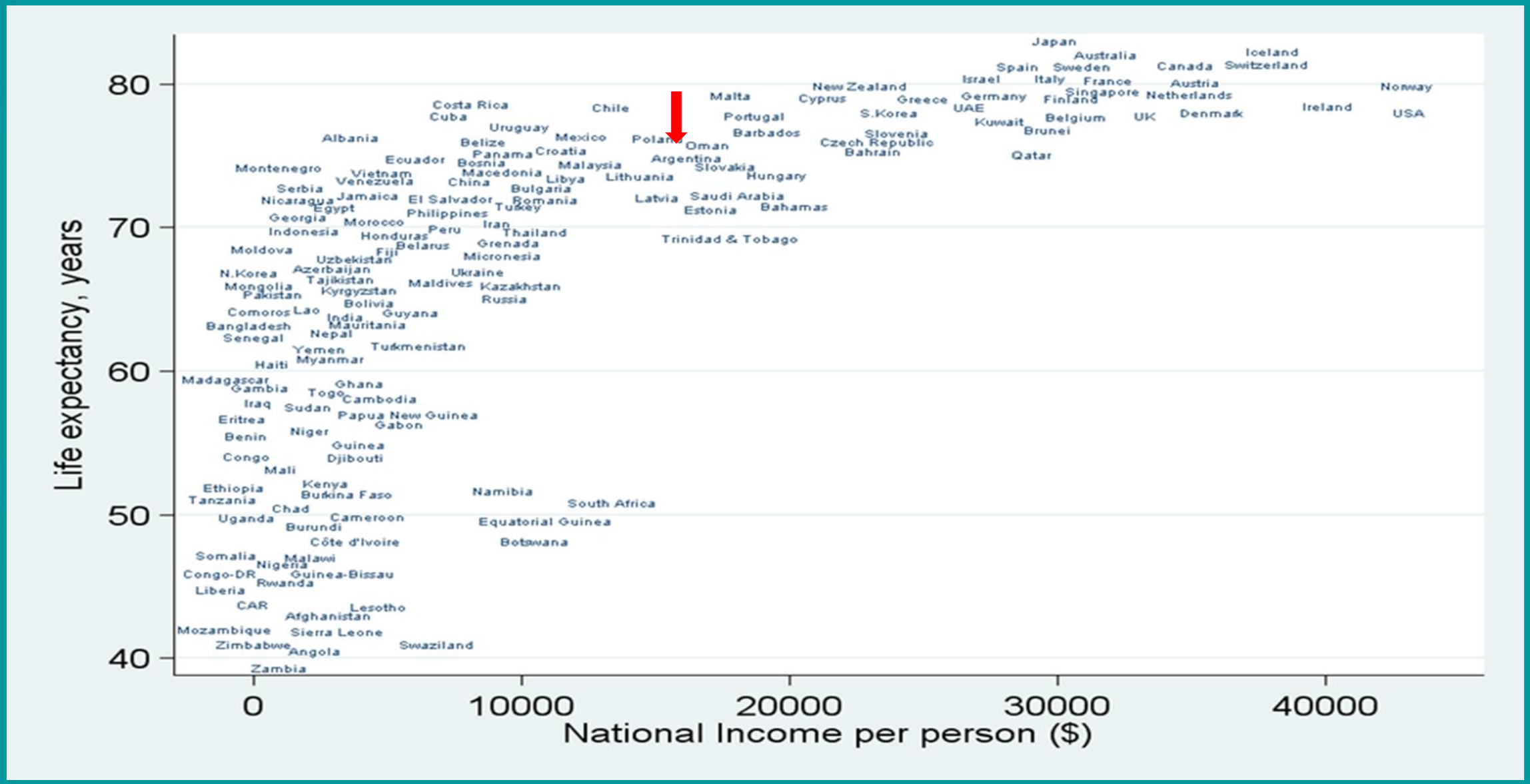
Released	2003-07-01
Method	X-RAY DIFFRACTION 3.65 Å
Organisms	Homo sapiens
Macromolecule	Interleukin-6 (protein)
	Interleukin-6 receptor alpha chain (protein)
	Interleukin-6 receptor beta chain (protein)

~~Gasto~~ Inversión en Salud. Argentina 2018

Fuente: Secretaría de Salud – Ministerio de Hacienda – INDEC. Noviembre 2019

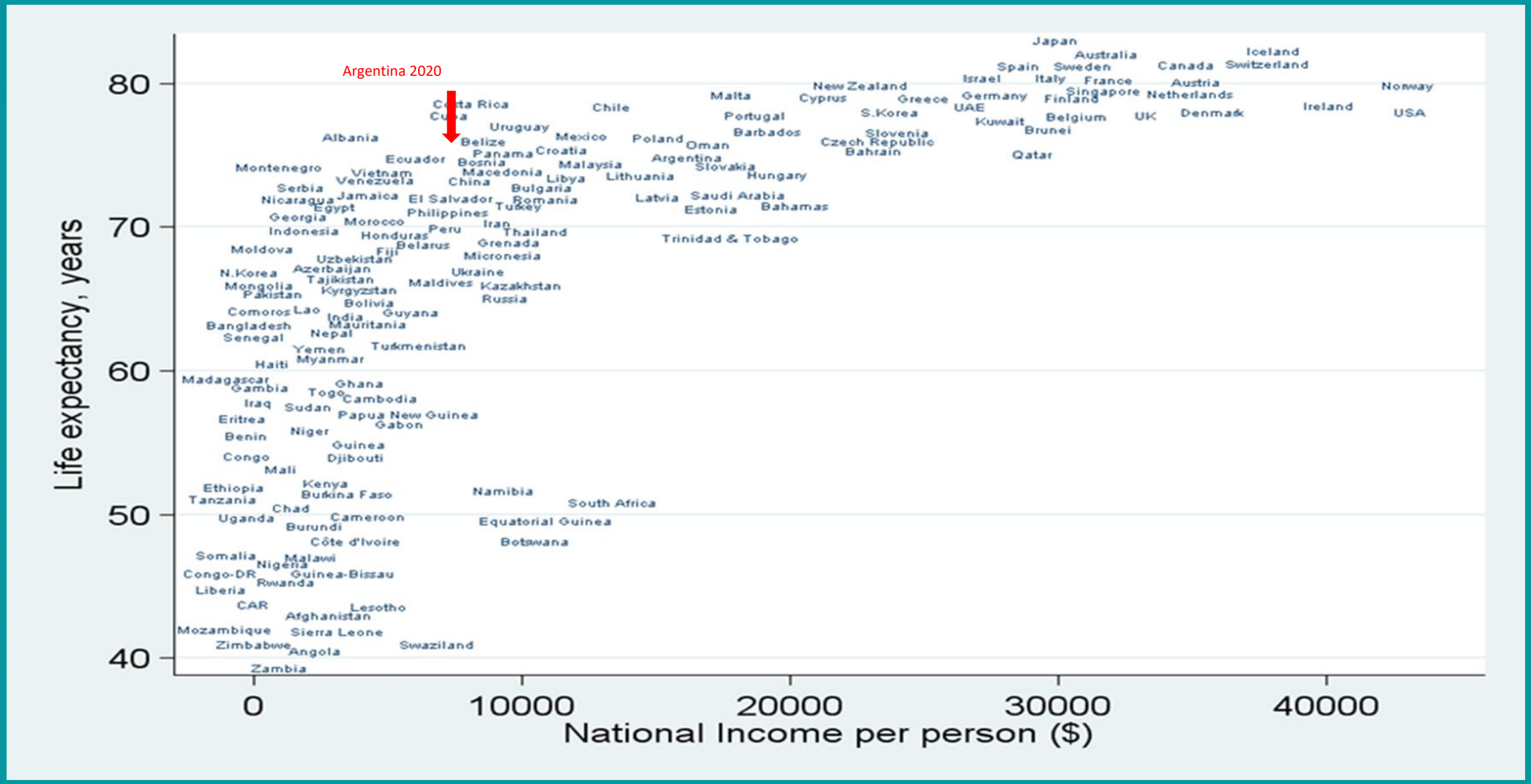
El PBI de Argentina fueen 2019 de u$d 361.500 Millones (caída 2,2%)

5º JORNADA CACI
PARA FINANCIADORES Y AUDITORES MÉDICOS



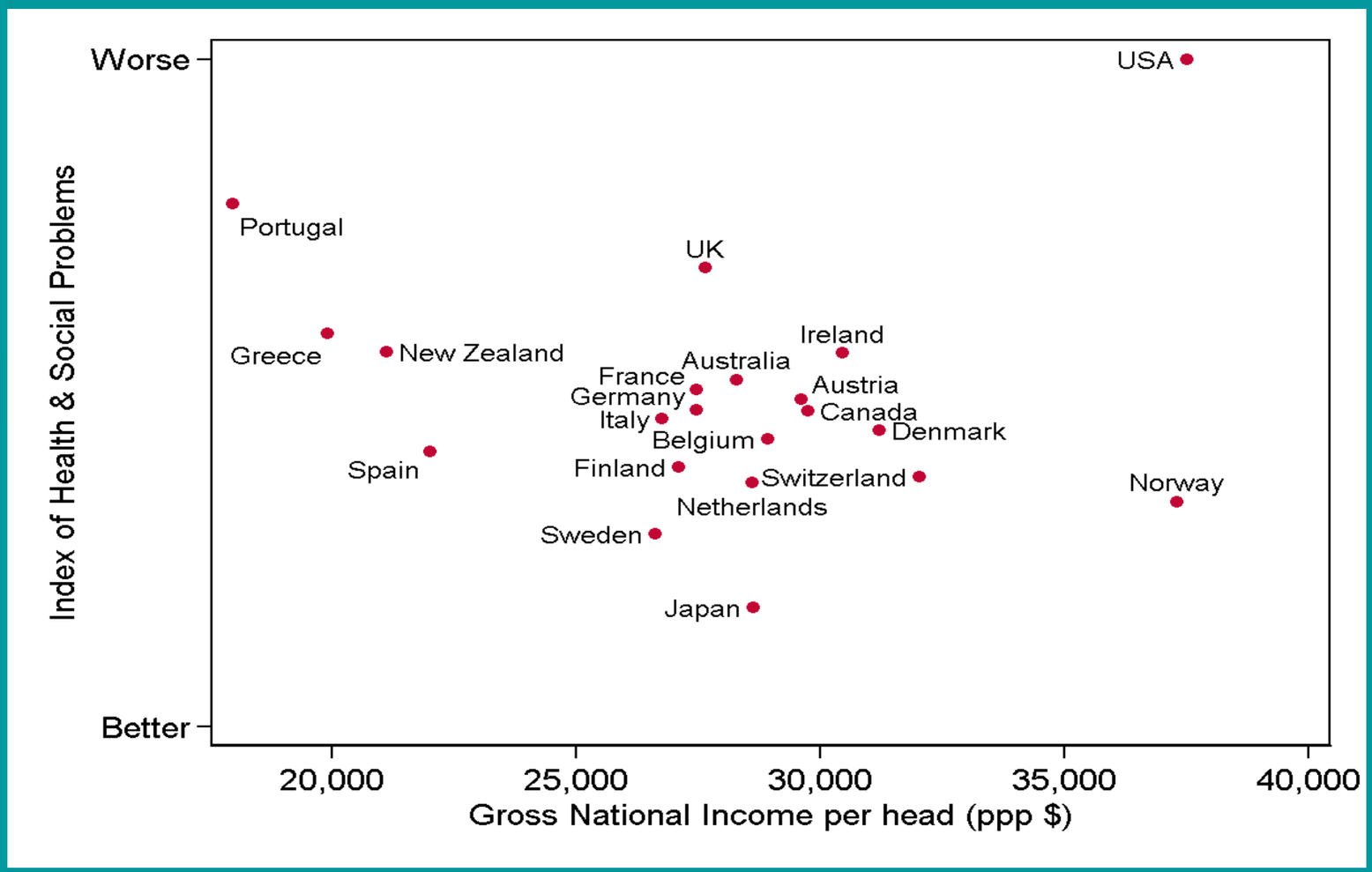
Willkinson R , Pickett K, The Spirit Level. 2011

5º JORNADA CACI
PARA FINANCIADORES Y AUDITORES MÉDICOS



Willkinson R , Pickett K, The Spirit Level. 2011

Ni la salud ni los problemas sociales correlacionan con ingreso per cápita



Indice combinado de:

- **Expectativa de vida**
- **Matem y literatura**
- **Mortalidad infantil**
- **Homicidios**
- **Población carcelaria**
- **Embarazo adolescente**
- **Confianza**
- **Obesidad**
- **Enfermedad mental – incl. drogas & alcoholismo**
- **Movilidad social**

Willkinson R , Pickett K, The Spirit Level. 2011

La correlación se da con el nivel de desigualdad

Indice combinado de:

- Expectativa de vida
- Matem y literatura
- Mortalidad infantil
- Homicidios
- Población carcelaria
- Embarazo adolescente
- Confianza
- Obesidad
- Enfermedad mental – incl. drogas & alcoholismo
- Movilidad social

Willkinson R , Pickett K, The Spirit Level. 2011

5° JORNADA CACI
PARA FINANCIADORES Y AUDITORES MÉDICOS

CACI

Muchas Gracias