Seminario "Perché il Sistema Sanitario Nazionale è Sostenibile"
Associazione Giovanni Bissoni

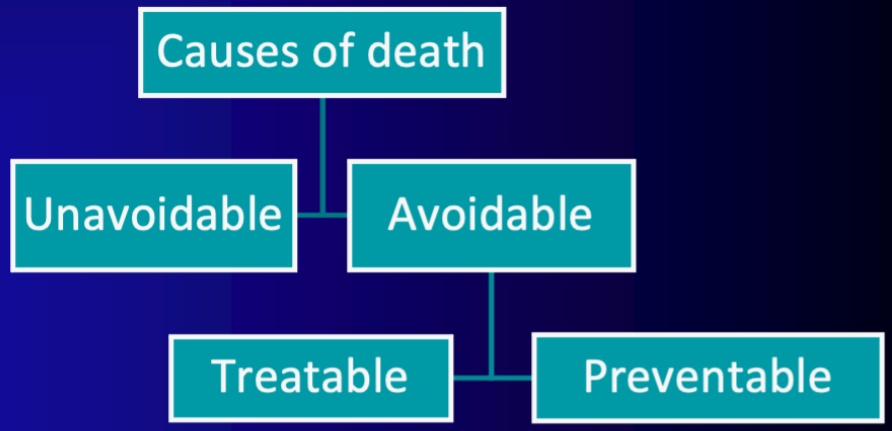
Bologna - 5 Febbraio, 2025

Come difendersi dalle malattie evitabili?

Roberto De Vogli, Ph.D., M.P.H.,
Professore Associato, Università di Padova
&
Visiting Professor, University of London
roberto.devogli@unipd.it

Malattie evitabili: cosa sono?

Condizioni di salute o malattie* che possono essere evitate o attenuate attraverso comportamenti sani e strategie di salute pubblica



* sotto i 75 anni secondo l'OECD

Salute pubblica come transdisciplina

"La scienza e l'arte di prevenire malattie, prolungare la vita e promuovere la salute attraverso sforzi organizzati della società" (OMS)

Sommario

- **Opinioni vs. prove scientifiche su:**

  malattie evitabili
  comportamenti sani
  Sistema Sanitario Nazionale (SSN)

- **L'approccio «salute in tutte le politiche»**

  Determinanti socioeconomici
  Determinanti commerciali
  Determinanti strutturali

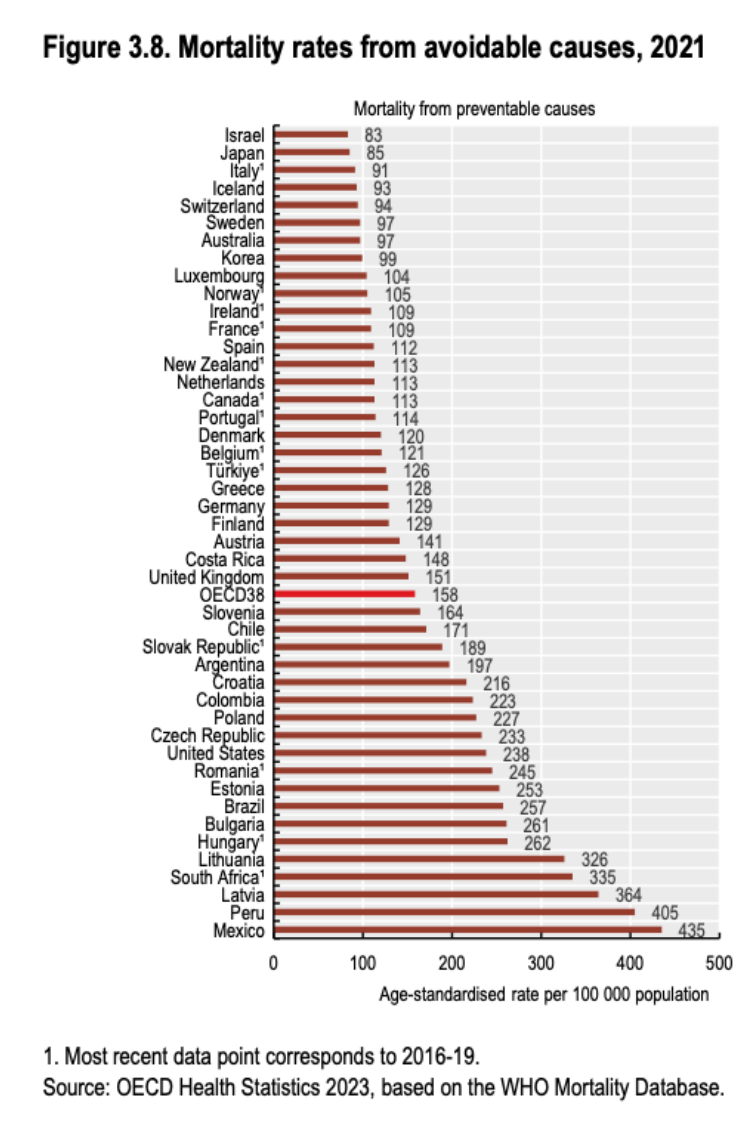
1

La morte è inevitabile: non si può cambiare il proprio destino

Nel 2021, in 26 paesi OCSE, oltre 3 milioni di morti premature potevano essere evitate (circa 1/3 dei decessi)

1

La morte è inevitabile: non si può cambiare il proprio destino



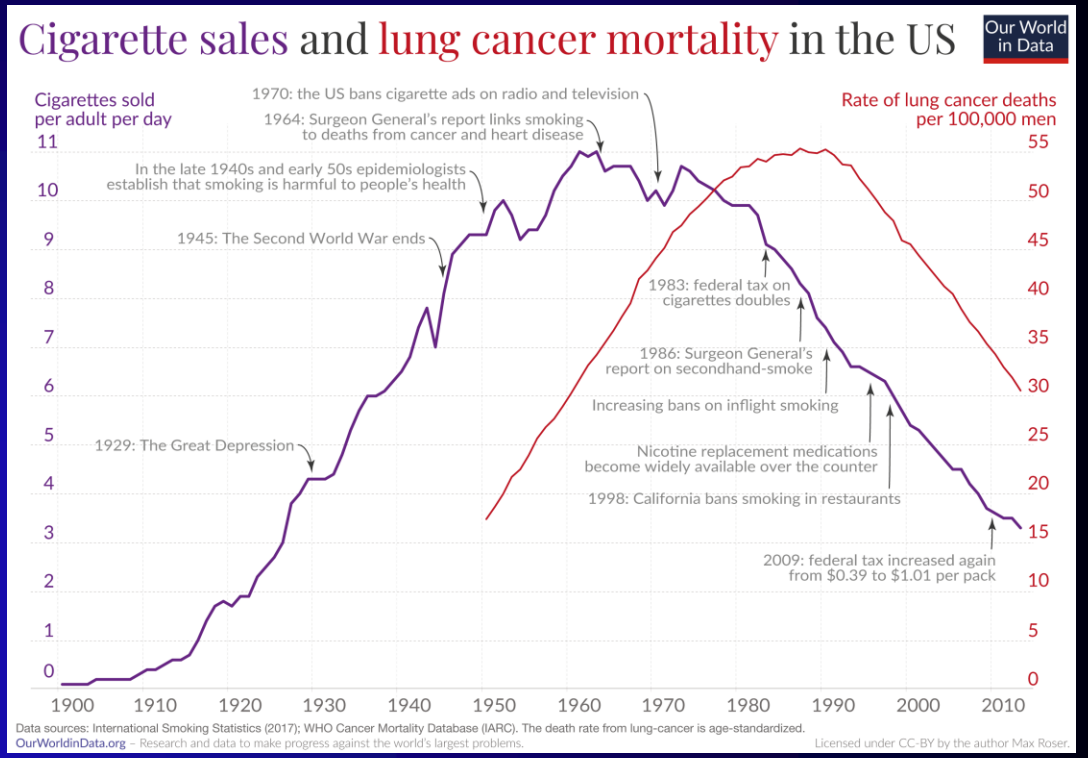
2

Le scelte sane, dopo tutto, non servono: mio nonno fumava due pacchetti di sigarette al giorno ma è vissuto fino a 96 anni!

Circa l'80-90% dei tumori al polmone è causato dal fumo di sigarette

2

Le scelte sane, dopo tutto, non servono: mio nonno fumava due pacchetti di sigarette al giorno ma è vissuto fino a 96 anni!



Malattie croniche e fattori di rischio modificabili: una tabella 4x4

	Fumo di sigaretta	Dieta insalubre	Sedentarietà	Consumo eccessivo di alcol
Malattie cardiovascolari				
Neoplasie				
Diabete				
Malattie respiratorie				

Circa il 70% delle malattie cardiovascolari sono attribuibili a fattori di rischio modificabili

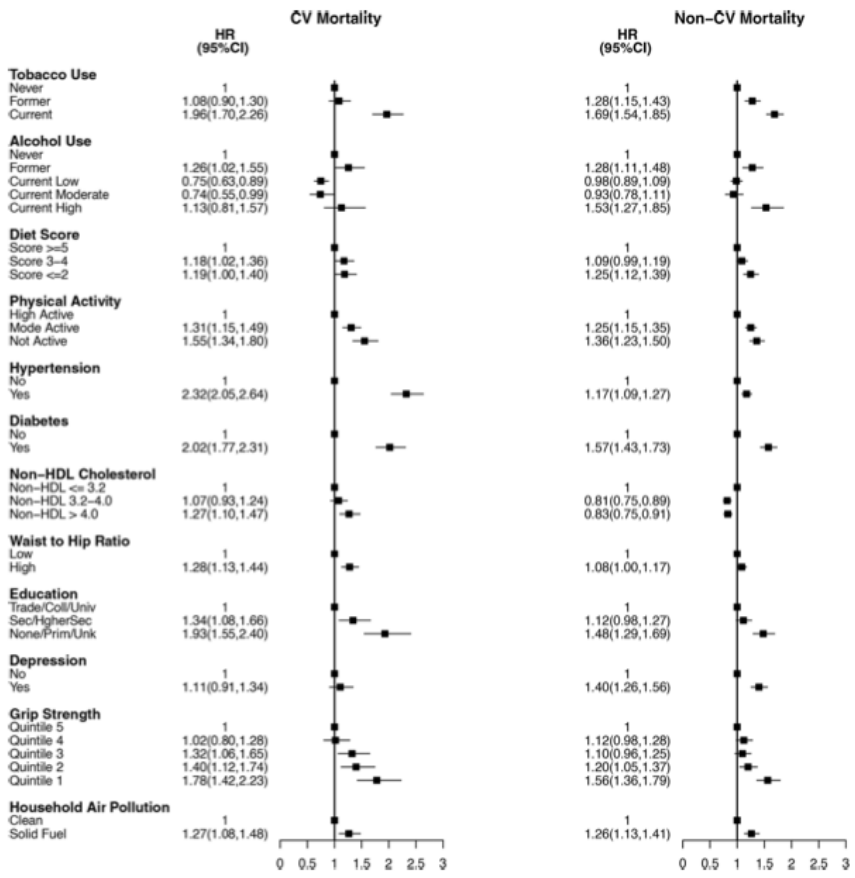


Figure 4: Population attributable fractions for CVD and mortality associated with 12 individual or clusters of modifiable risk factors.

Data are derived from PAF estimates summarized in table 4. Estimates for individual risk factors were truncated at a lower limit of 0, as this is the lowest threshold to demarcate a relationship with increased risk. HDL = high density lipoprotein, HIC = high income countries, LIC = low income countries, MIC = middle income countries, PAF = population attributable fraction

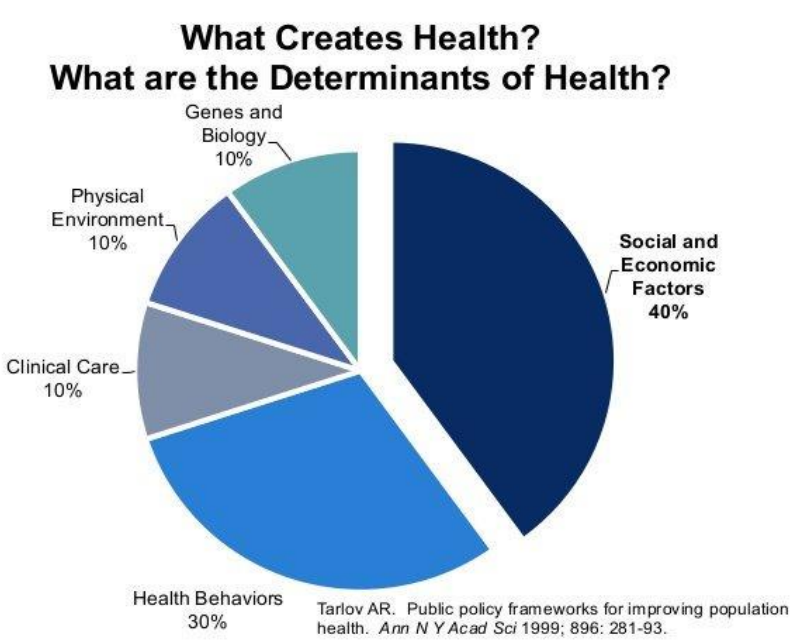
Yusuf S et al. Lancet. 2020 March 07; 395(10226): 795–80

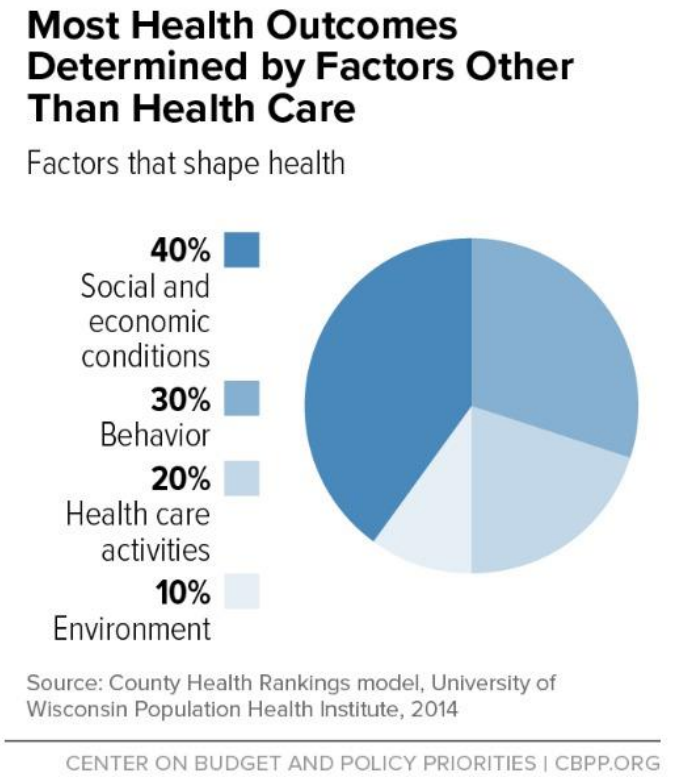
3

La salute di una popolazione dipende soprattutto dai suoi medici e ospedali

La maggior parte della salute di una popolazione è determinata da fattori esterni al sistema sanitario

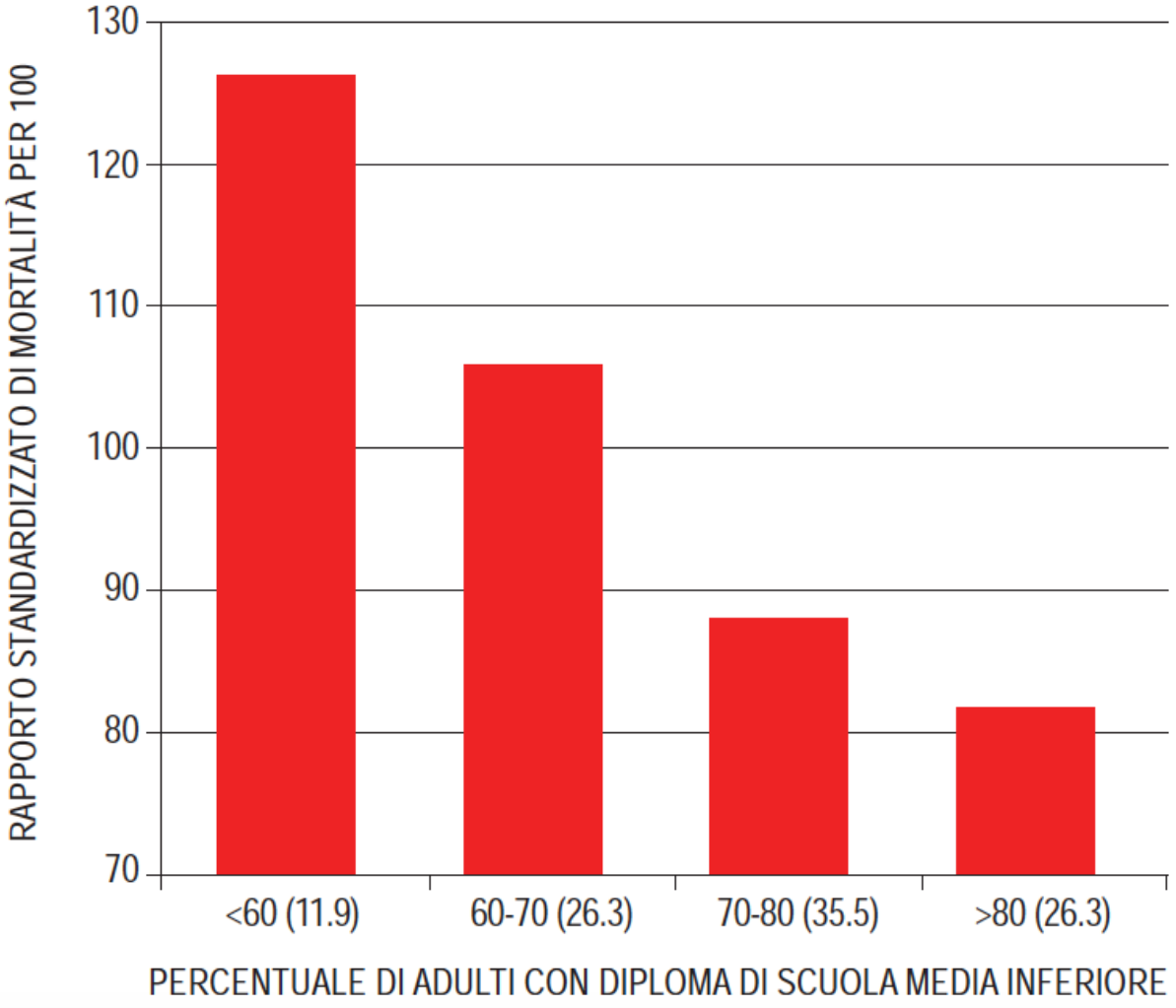
3 La salute di una popolazione dipende soprattutto dai suoi medici e ospedali





Le condizioni socioeconomiche sono il più importante determinante della salute

Fig. 7. Gradiente socio-economico dei rapporti standardizzati di mortalità per tutte le cause per 100 (1999-2003, popolazione standard 2001) per la provincia di Trento (n=476,885), usando la percentuale di adulti con diploma di scuola media inferiore nelle sezioni censuarie (n=4,471).



4

“Da noi (in Italia) spesso i poveri mangiano meglio dei ricchi”

La povertà è un forte determinante dell'obesità e di una dieta poco salutare

4 "Da noi (in Italia) spesso i poveri mangiano meglio dei ricchi"

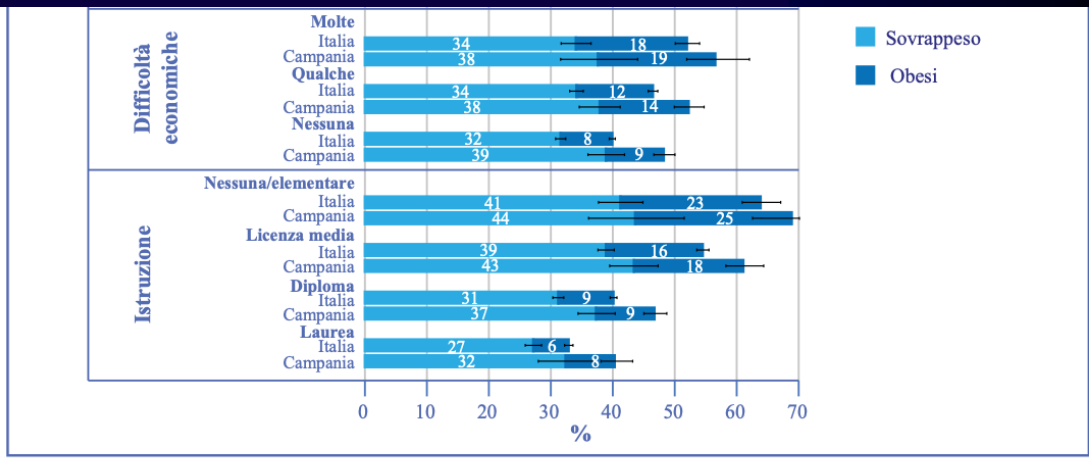


Figura 4 - Eccesso ponderale fra gli adulti di 18-69 anni per caratteristiche sociodemografiche in Campania e in Italia. Prevalenze medie annue e relativi intervalli di confidenza al 95%. PASSI 2020-2021

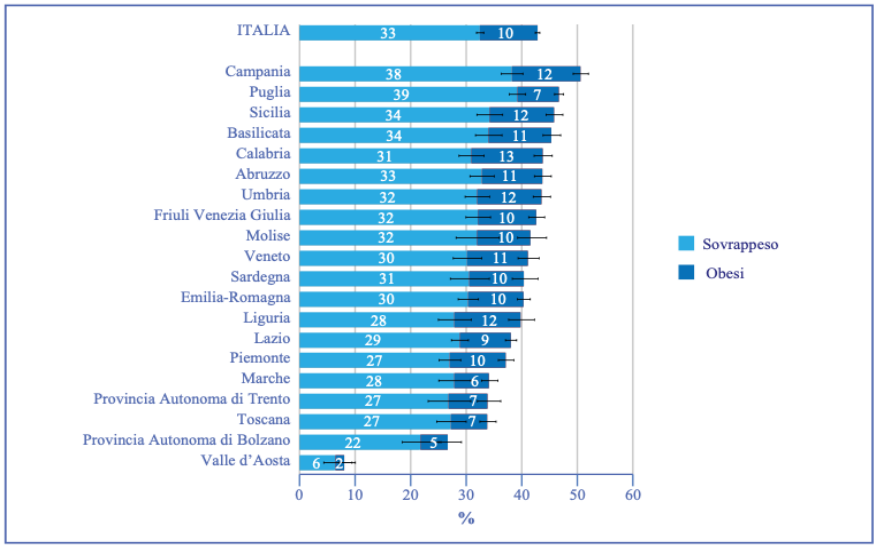
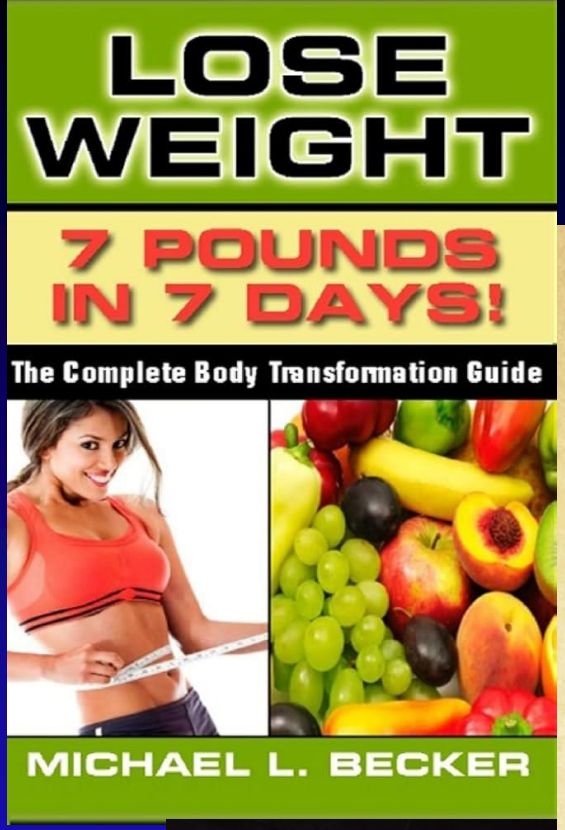


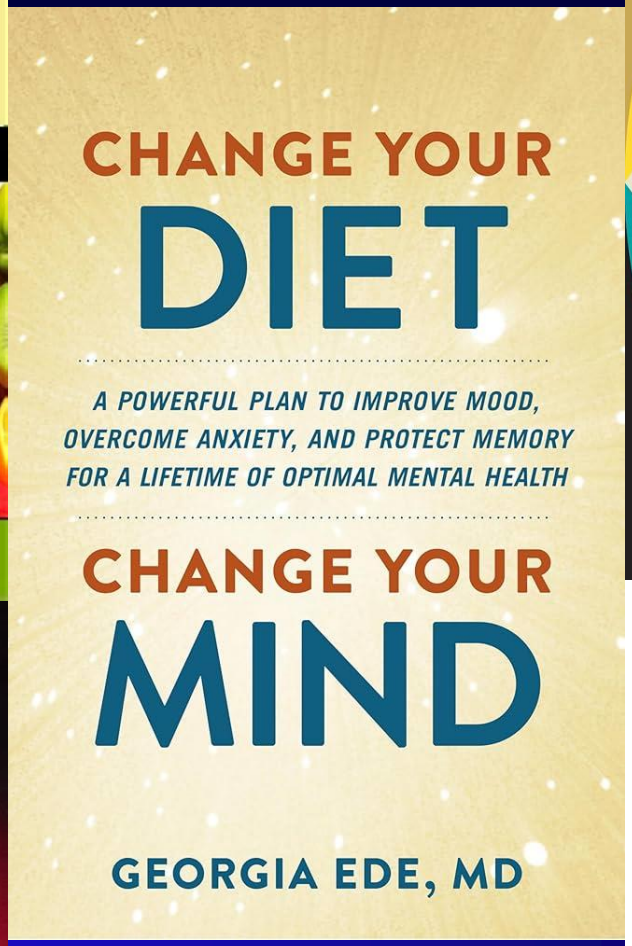
Figura 2 - Sovrappeso e obesità fra gli adulti di 18-69 anni per Regione di residenza. Prevalenze medie annue standardizzate per età e relativi intervalli di confidenza al 95%. PASSI 2020-2021

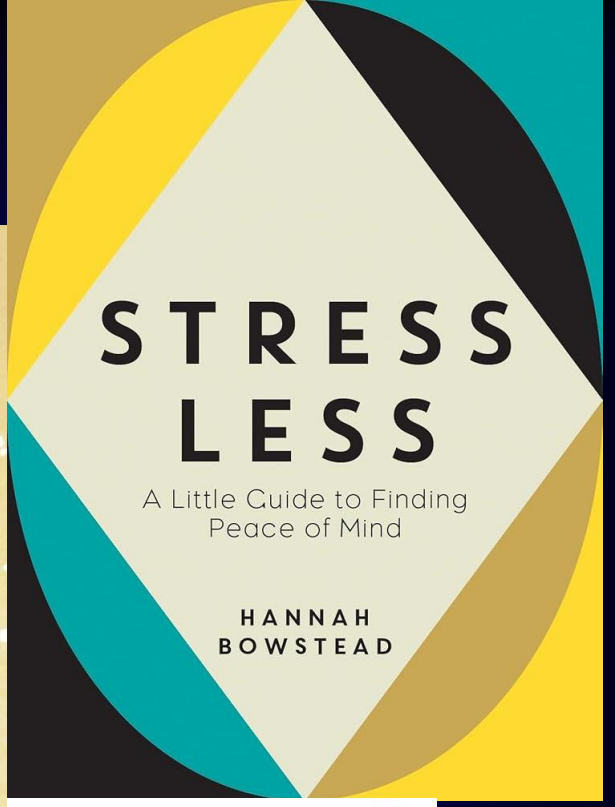
Fonte: Masocco et al., Boll Epidemiol Naz 2023;4(1)

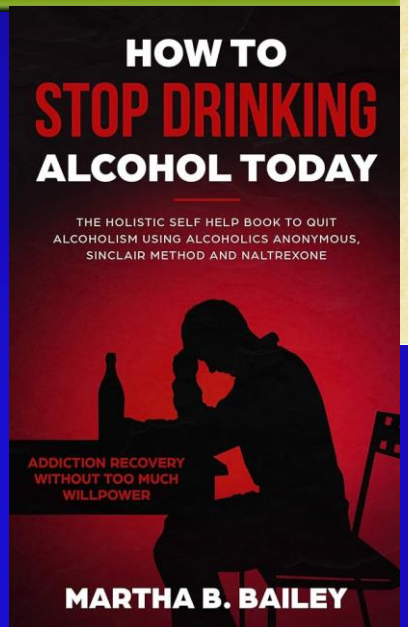
5

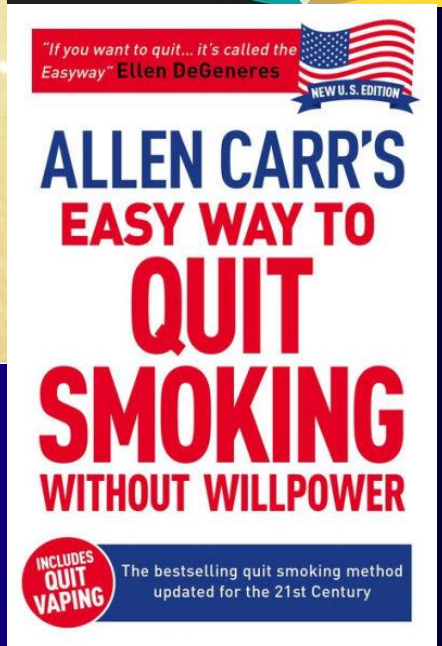
I comportamenti poco sani sono il risultato di libere scelte personali


LOSE WEIGHT
7 POUNDS IN 7 DAYS!
The Complete Body Transformation Guide
MICHAEL L. BECKER


CHANGE YOUR
DIET
A POWERFUL PLAN TO IMPROVE MOOD, OVERCOME ANXIETY, AND PROTECT MEMORY FOR A LIFETIME OF OPTIMAL MENTAL HEALTH
CHANGE YOUR
MIND
GEORGIA EDE, MD


STRESS LESS
A Little Guide to Finding Peace of Mind
HANNAH BOWSTEAD


HOW TO
STOP DRINKING
ALCOHOL TODAY
THE HOLISTIC SELF HELP BOOK TO QUIT ALCOHOLISM USING ALCOHOLICS ANONYMOUS, SINCLAIR METHOD AND NALTREXONE
ADDICTION RECOVERY WITHOUT TOO MUCH WILLPOWER
MARTHA B. BAILEY


"If you want to quit... it's called the Easyway" Ellen DeGeneres
NEW U.S. EDITION
ALLEN CARR'S
EASY WAY TO
QUIT
SMOKING
WITHOUT WILLPOWER
INCLUDES QUIT VAPING
The bestselling quit smoking method updated for the 21st Century

I comportamenti poco sani sono fortemente influenzati da fattori oltre il controllo individuale

5

I comportamenti poco sani sono il risultato di libere scelte personali

Determinanti commerciali della salute

"Strategie, prodotti e approcci utilizzati dal settore privato che possono risultare dannosi alla salute delle persone "

Kickbusch et al, 2016

Commercial Determinants of Health 1

Defining and conceptualising the commercial determinants of health

Anna B Gilmore, Alice Fabbri, Fran Baum, Adam Bertscher, Krista Bondy, Ha-Joon Chang, Sandro Demaio, Agnes Erzse, Nicholas Freudenberg, Sharon Friel, Karen J Hofman, Paula Johns, Safura Abdool Karim, Jennifer Lacy-Nichols, Camila Maranha Paes de Carvalho, Robert Marten, Martin McKee, Mark Petticrew, Lindsay Robertson, Viroj Tangcharoensathien, Anne Marie Thow

Lancet 2023; 401: 1194–213

Published Online March 23, 2023 https://doi.org/10.1016/S0140-6736(23)00013-2

See Editorial page 1131

See Comment page 1137

See Perspectives pages 1147 and 1148

This is the first in a Series of three papers about commercial determinants of health. All papers in the Series are available at thelancet.com/series/commercial-determinants-health

Department for Health, University of Bath, Bath, UK

Although commercial entities can contribute positively to health and society there is growing evidence that the products and practices of some commercial actors—notably the largest transnational corporations—are responsible for escalating rates of avoidable ill health, planetary damage, and social and health inequity; these problems are increasingly referred to as the commercial determinants of health. The climate emergency, the non-communicable disease epidemic, and that just four industry sectors (ie, tobacco, ultra-processed food, fossil fuel, and alcohol) already account for at least a third of global deaths illustrate the scale and huge economic cost of the problem. This paper, the first in a Series on the commercial determinants of health, explains how the shift towards market fundamentalism and increasingly powerful transnational corporations has created a pathological system in which commercial actors are increasingly enabled to cause harm and externalise the costs of doing so. Consequently, as harms to human and planetary health increase, commercial sector wealth and power increase, whereas the countervailing forces having to meet these costs (notably individuals, governments, and civil society organisations) become correspondingly impoverished and disempowered or captured by commercial interests. This power imbalance leads to policy inertia; although many policy solutions are available, they are not being implemented. Health harms are escalating, leaving health-care systems increasingly unable to cope. Governments can and must act to improve, rather than continue to threaten, the wellbeing of future generations, development, and economic growth.


amp
PEPSI
Mist


Junior Mints
Combos
Chiclets

OBESITY: A Weighty Issue for Children

Determinanti strutturali della salute

THE MILBANK QUARTERLY
A MULTIDISCIPLINARY JOURNAL OF POPULATION HEALTH AND HEALTH POLICY

Perspective

Keeping It Political and Powerful: Defining the Structural Determinants of Health

JONATHAN C. HELLER [*,†,‡] MARJORY L. GIVENS, [*,†] SHERI P. JOHNSON, [†] and DAVID A. KINDIG [§]

[*] *These authors contributed equally to this work;* [†] *Population Health Institute, University of Wisconsin;* [‡] *National Collaborating Centre for Determinants of Health, Saint Francis Xavier University;* [§] *Population Health Sciences, Population Health Institute, School of Medicine and Public Health, University of Wisconsin–Madison*

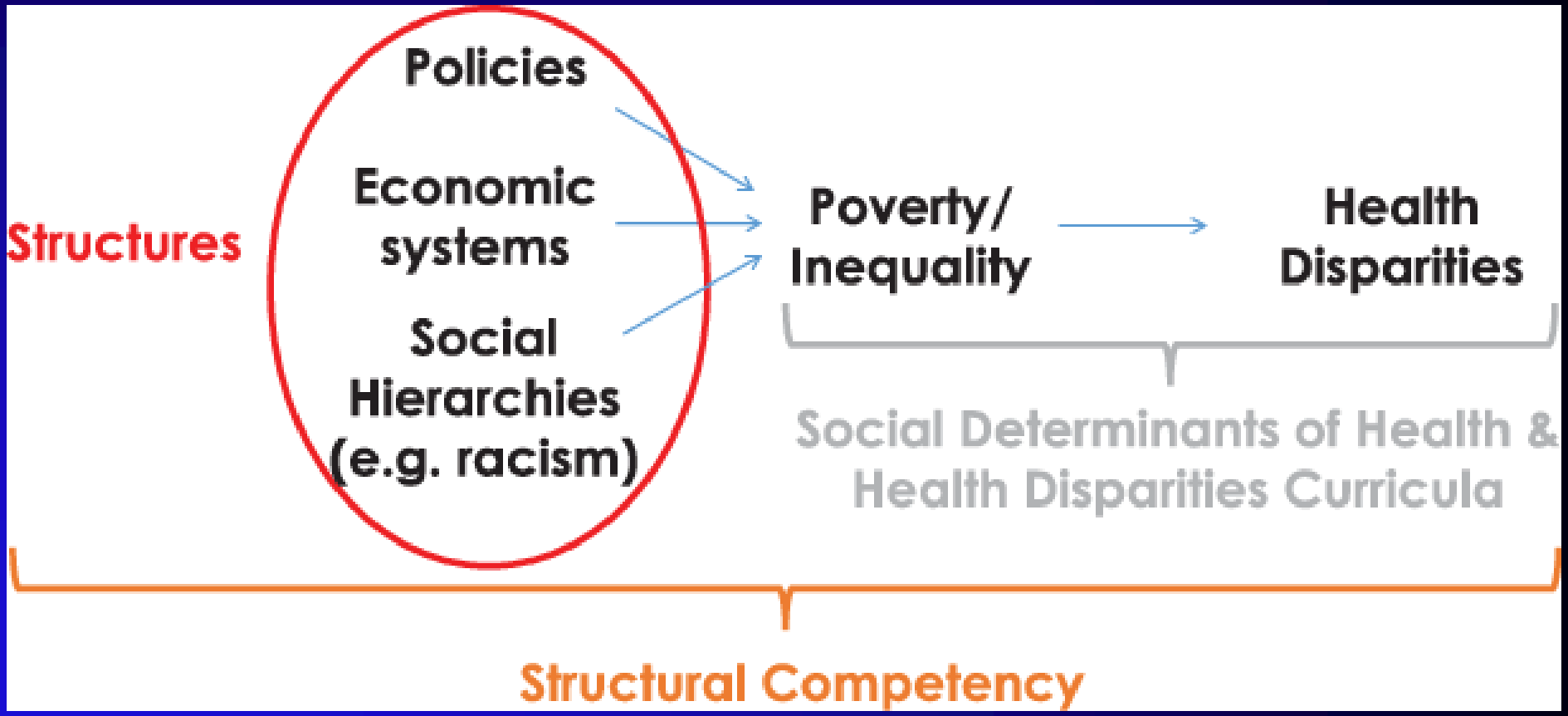
Policy Points:

- The structural determinants of health are 1) the written and unwritten rules that create, maintain, or eliminate durable and hierarchical patterns of advantage among socially constructed groups in the conditions that affect health, and 2) the manifestation of power relations in that people and groups with more power based on current social structures work—implicitly and explicitly—to maintain their advantage by reinforcing or modifying these rules.
- This theoretically grounded definition of structural determinants can support a shared analysis of the root causes of health inequities and an embrace of public health's role in shifting power relations and engaging politically, especially in its policy work.
- Shifting the balance of power relations between socially constructed groups differentiates interventions in the structural determinants of health from those in the social determinants of health.

Keywords: health equity, structural determinants of health, power.

…includono la governance, le politiche macroeconomiche, le politiche sociali e del lavoro, oltre alla cultura e le norme sociali

Per affrontare i determinanti strutturali è necessario
"andare a monte dei problem di salute"



Source: Orr et al. 2020

Economia politica della salute

Dalle “cause delle cause” della salute

Alle “cause delle cause delle cause” della salute

Politiche economiche neoliberali

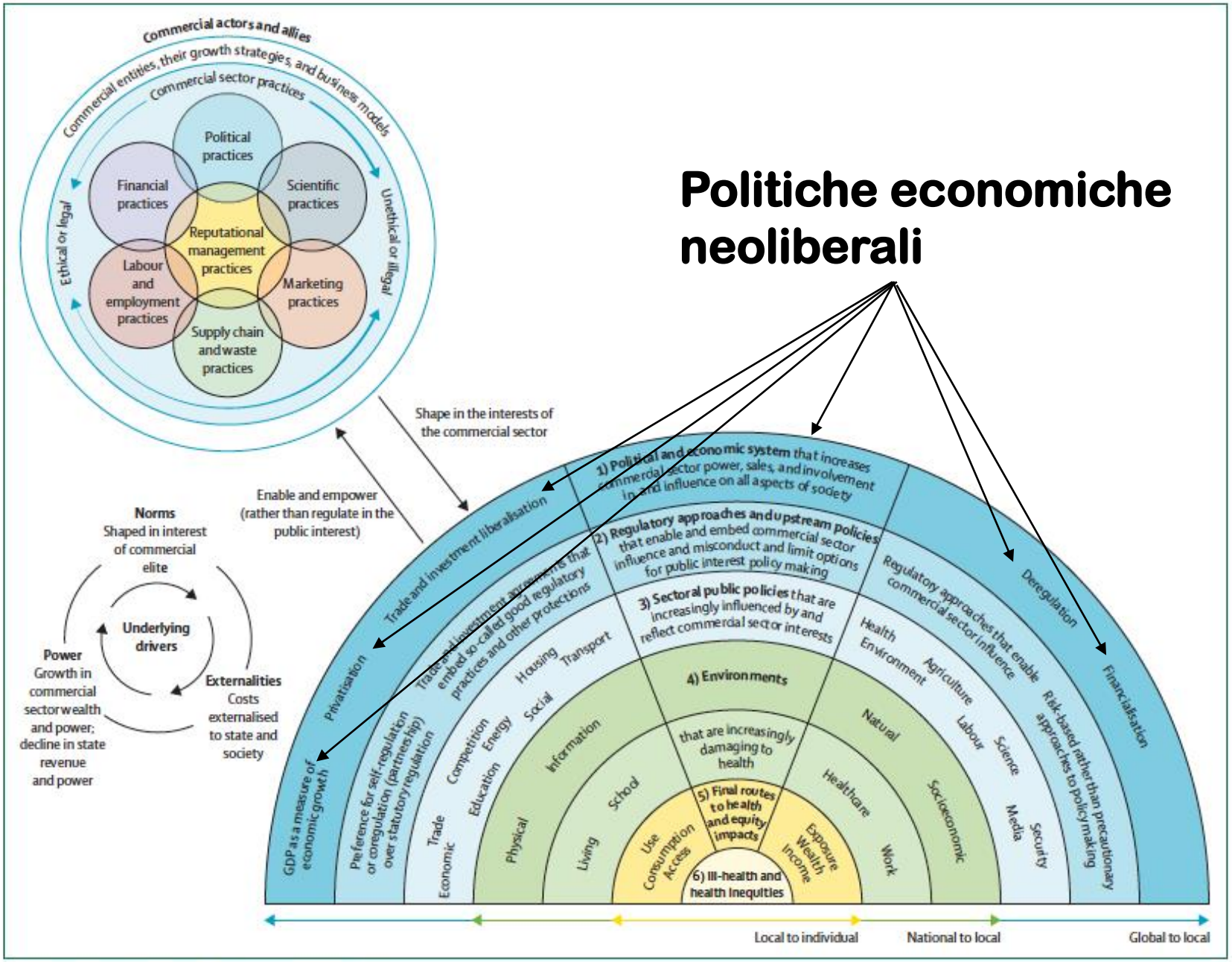


Figure 1: **Model of the commercial determinants of health**

Figure 1 illustrates our current pathological system that is damaging to health. The black arrows signal the complex interactive nature of the system: the straight arrows show how commercial actors shape political and economic systems and are, in turn, shaped by them; the circular arrows represent the escalating harms to health that can occur if norms, power, and externalities are left unchecked. Appendix (p 6) shows how this might look once rebalanced in the public interest.

The influence of market deregulation on fast food consumption and body mass index: a cross-national time series analysis

Roberto De Vogli,[a] Anne Kouvonen[b] & David Gimeno[c]

Objective To investigate the effect of fast food consumption on mean population body mass index (BMI) and explore the possible influence of market deregulation on fast food consumption and BMI.

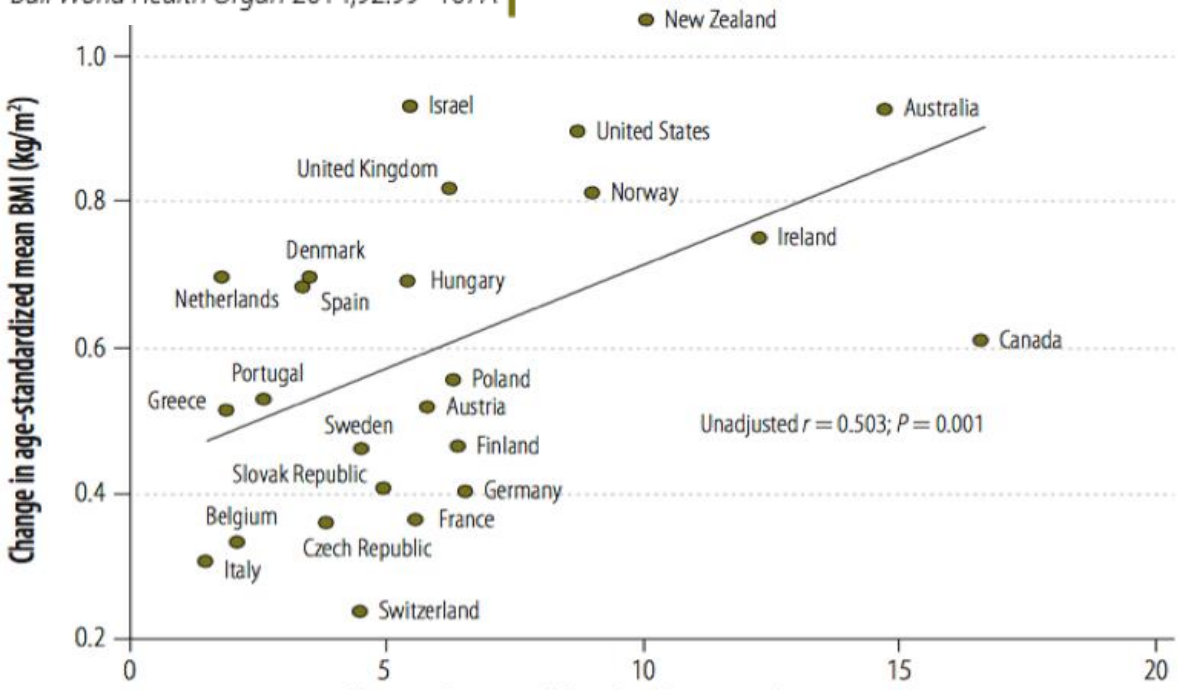
Methods The within-country association between fast food consumption and BMI in 25 high-income member countries of the Organisation for Economic Co-operation and Development between 1999 and 2008 was explored through multivariate panel regression models, after adjustment for per capita gross domestic product, urbanization, trade openness, lifestyle indicators and other covariates. The possible mediating effect of annual per capita intake of soft drinks, animal fats and total calories on the association between fast food consumption and BMI was also analysed. Two-stage least squares regression models were conducted, using economic freedom as an instrumental variable, to study the causal effect of fast food consumption on BMI.

Findings After adjustment for covariates, each 1-unit increase in annual fast food transactions per capita was associated with an increase of 0.033 kg/m^2 in age-standardized BMI (95% confidence interval, CI: 0.013–0.052). Only the intake of soft drinks – not animal fat or total calories – mediated the observed association (β: 0.030; 95% CI: 0.010–0.050). Economic freedom was an independent predictor of fast food consumption (β: 0.27; 95% CI: 0.16–0.37). When economic freedom was used as an instrumental variable, the association between fast food and BMI weakened but remained significant (β: 0.023; 95% CI: 0.001–0.045).

Conclusion Fast food consumption is an independent predictor of mean BMI in high-income countries. Market deregulation policies may contribute to the obesity epidemic by facilitating the spread of fast food.

Abstracts in عربي, 中文, Français, Русский and Español at the end of each article.

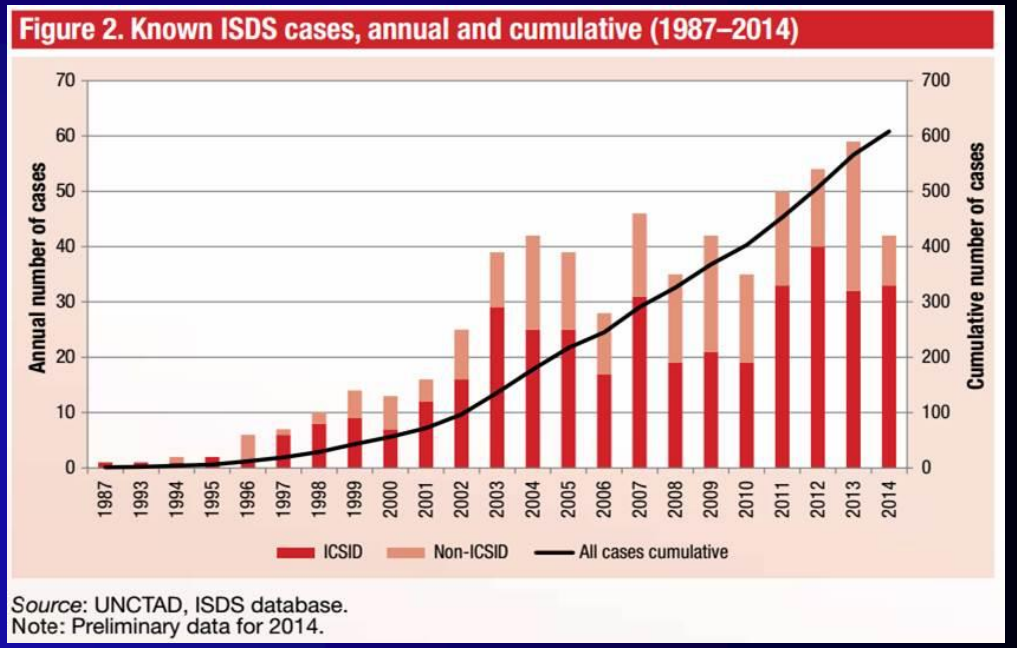
Bull World Health Organ 2014;92:99–107A



Trattati di libero commercio che ostacolano le politiche di protezione della salute

Clausole di protezione degli investitori o meccanismi di risoluzione delle controversie tra investitori e Stati (ISDS) che permettono alle multinazionali di citare in giudizio i governi se ritengono che nuove leggi danneggino i loro profitti

Restrizioni sulle politiche di regolamentazione che limitano la possibilità dei governi di introdurre nuove regolamentazioni se queste vengono percepite come una discriminazione nei confronti di determinati prodotti o imprese



Etichettatura a semaforo dei cibi

(rosso, giallo e verde per indicare i livelli di grassi, zuccheri e sale)

2013

vs.

Tassa sulle bevande zuccherate

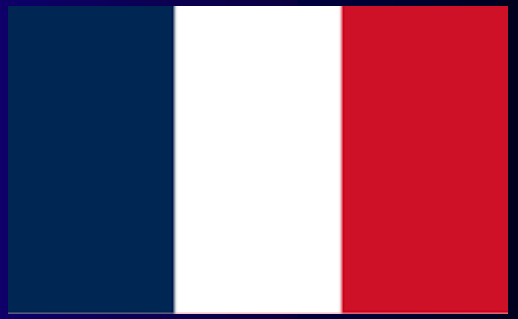
2014

vs.

Tassa sullo zucchero

2018

vs.



6 La prevenzione delle malattie evitabili costa troppo

Efficaci interventi di prevenzione costano poco e possono ridurre i costi delle cure mediche

6 La prevenzione delle malattie evitabili costa troppo

Table 1.1 Economic cost of lost output among working-age people due to ill health

Cost element	Description	Estimated cost
Sickness absence	Lost output due to sickness absence	£32bn to £41bn
Economic inactivity	Lost output due to working-age ill health which prevents work	£115bn to £148bn
Informal caregiving	Lost output due to working-age carers caring for sick people of working age	<£1bn
Total		**£148bn to £190bn**

Source: Oxera.

Table 1.2 Costs to government due to ill health among the working-age population

Cost element	Description	Estimated cost
NHS costs	Extra treatment costs for conditions affecting ability to work	£10bn
Exchequer flowbacks	Tax and National Insurance forgone due to health-related worklessness	£40bn to £51bn
Benefits payments	Cost of social security benefits related to health conditions that prevent people from working	£16bn
Total		**£66bn to £77bn**

Source: Oxera.

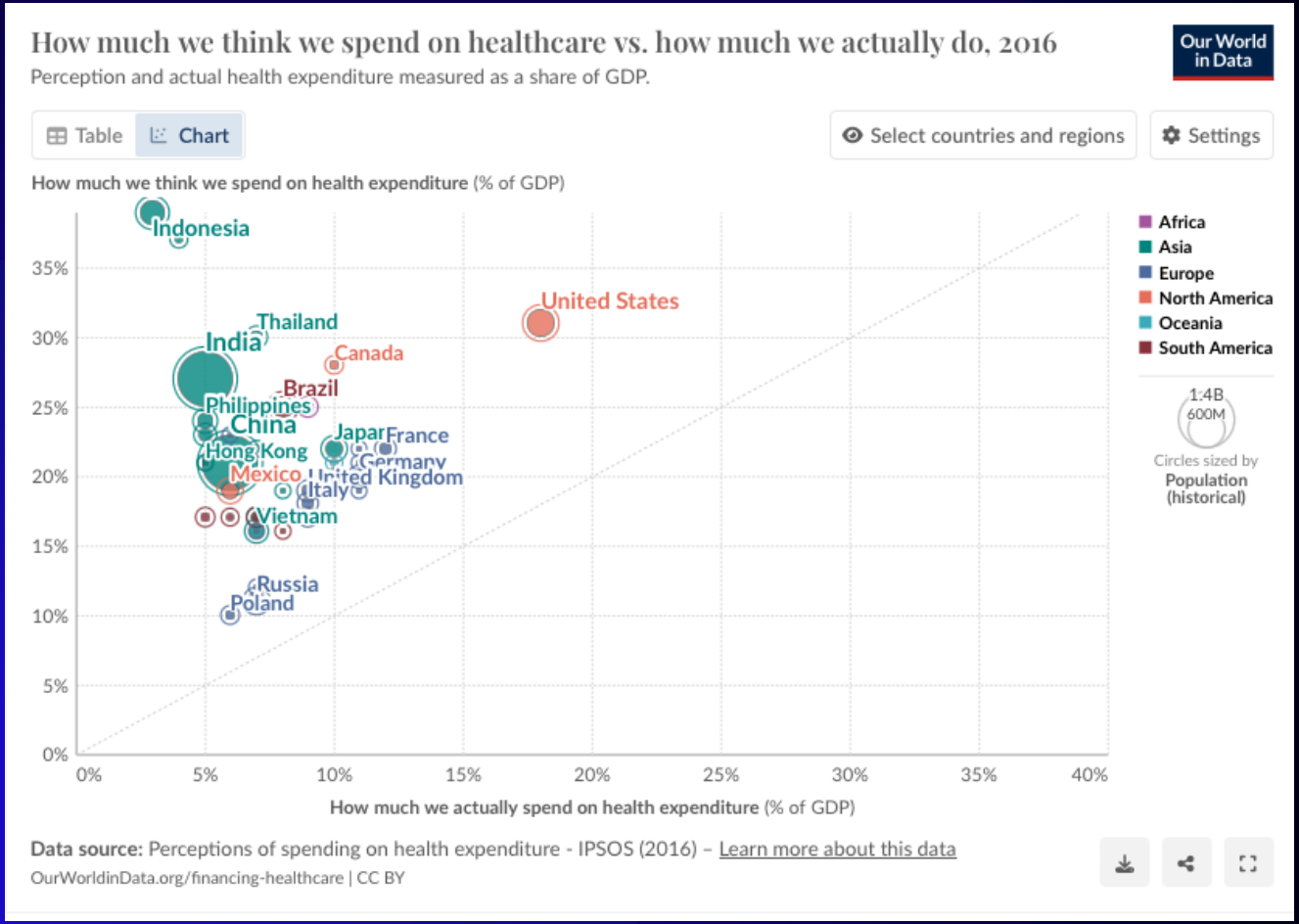
Oxera. The economic cost of ill health among the working-age population. Prepared for The Times, 2023

7 L’Italia spende troppo in sanità

Gli Italiani pensano che il loro paese devolva il 19% del PIL alla sanità quando in realtà si tratta dell'8,5%

7

L'Italia spende troppo in sanità



Fonte: Indagine "Pericoli della Percezione" (Ipsos MORI, 2016)

Sull'asse verticale, vediamo la media della spesa sanitaria annua secondo gli intervistati, come quota del PIL. Sull'asse orizzontale, la spesa effettiva stimata (anch'essa in percentuale del PIL).

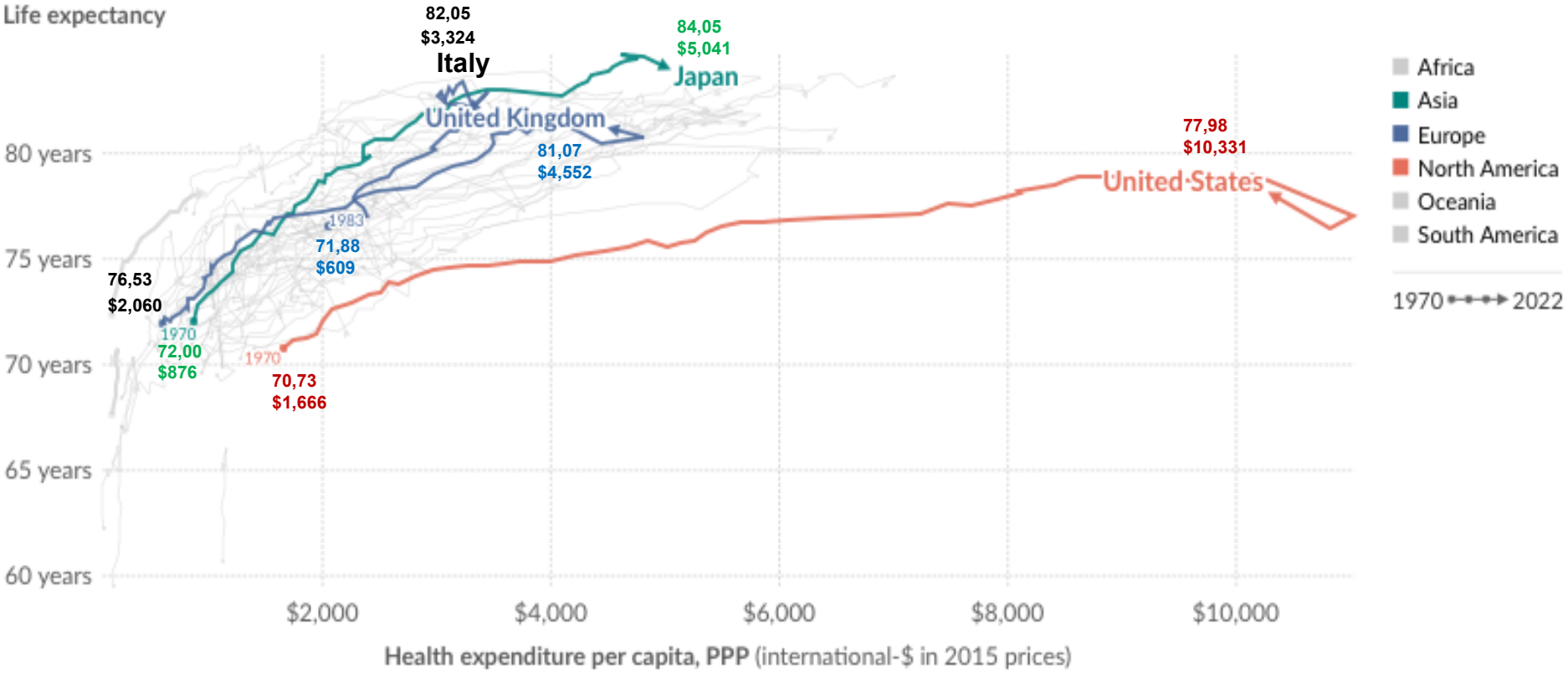
Life expectancy vs. health expenditure, 1970 to 2022

Our World in Data

The period life expectancy at birth, in a given year. Health expenditure includes all financing schemes and covers all aspects of healthcare. This data is adjusted for inflation and differences in the cost of living between countries.

Table | Chart

Select countries and regions | Settings



1970 2022

Data source: UN, World Population Prospects (2024); OECD Health Expenditure and Financing Database (2023) – Learn more about this data

Note: Health expenditure data is expressed in international-$ at 2015 prices.

Sommario

- Opinioni vs. prove scientifiche su:

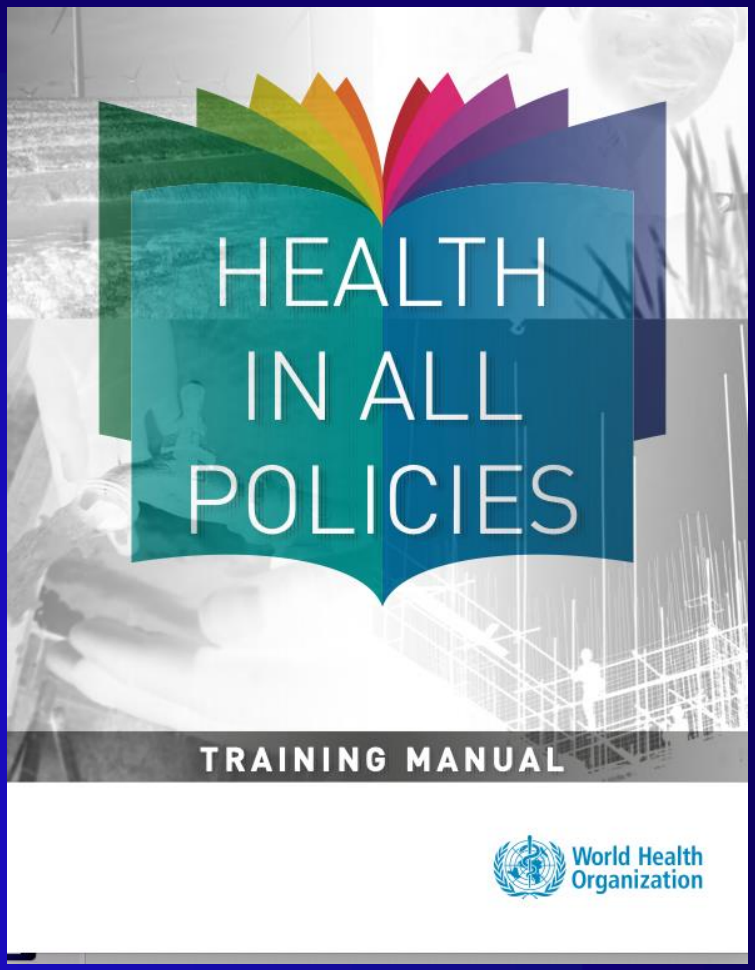
  malattie evitabili
  comportamenti sani
  Sistema Sanitario Nazionale (SSN)

- L'approccio «salute in tutte le politiche»

  Determinanti socioeconomici
  Determinanti commerciali
  Determinanti strutturali

"Salute in tutte le politiche" (OMS)

Salute come obiettivo trasversale in tutti i settori governativi



“Proposte modeste”

Determinanti socioeconomici

Determinanti commerciali

Determinanti strutturali

Politiche fiscali ed economiche (es. tassazione progressiva) e sostegni sociali alla lotta contro la povertà (welfare)

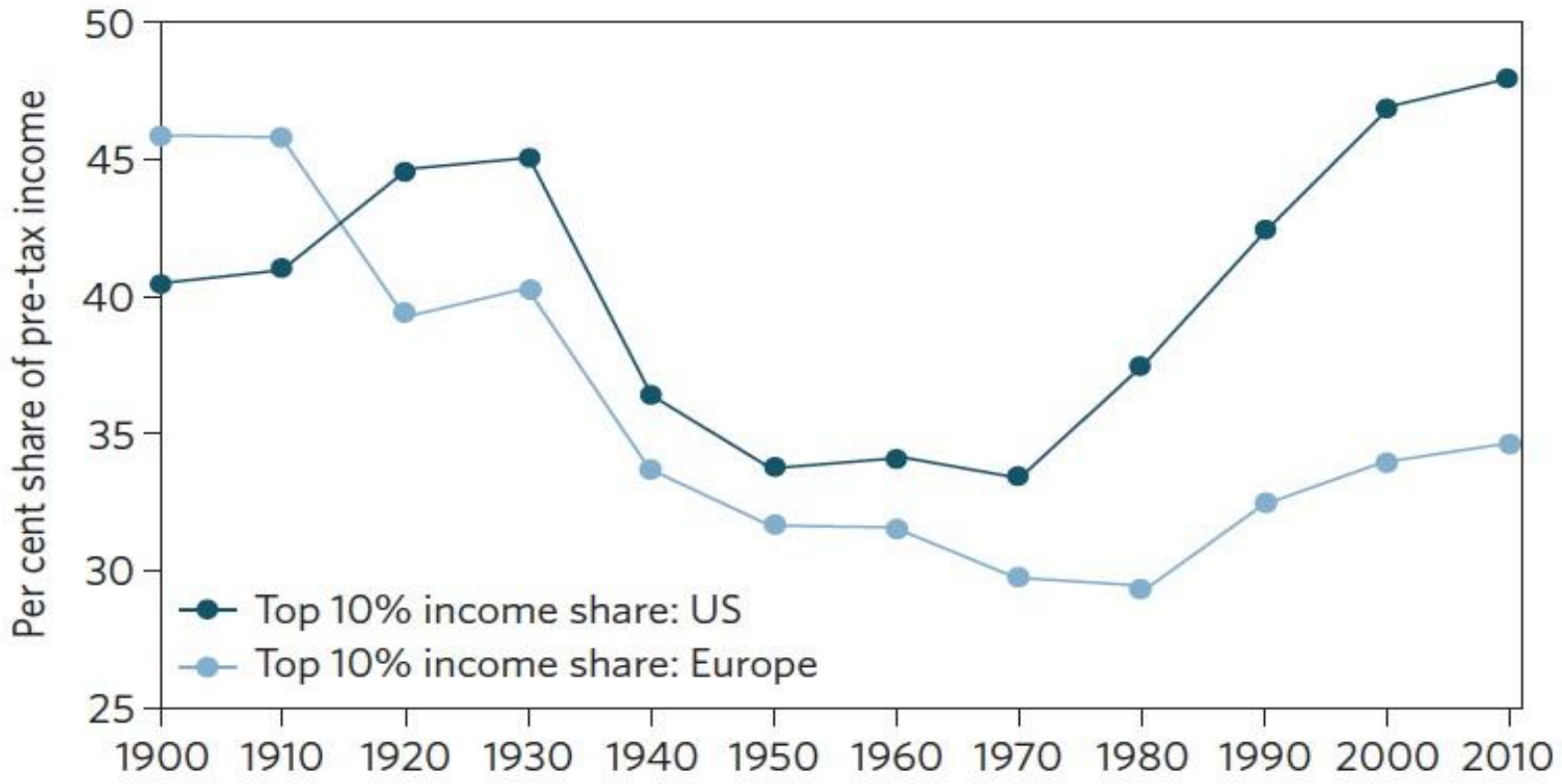
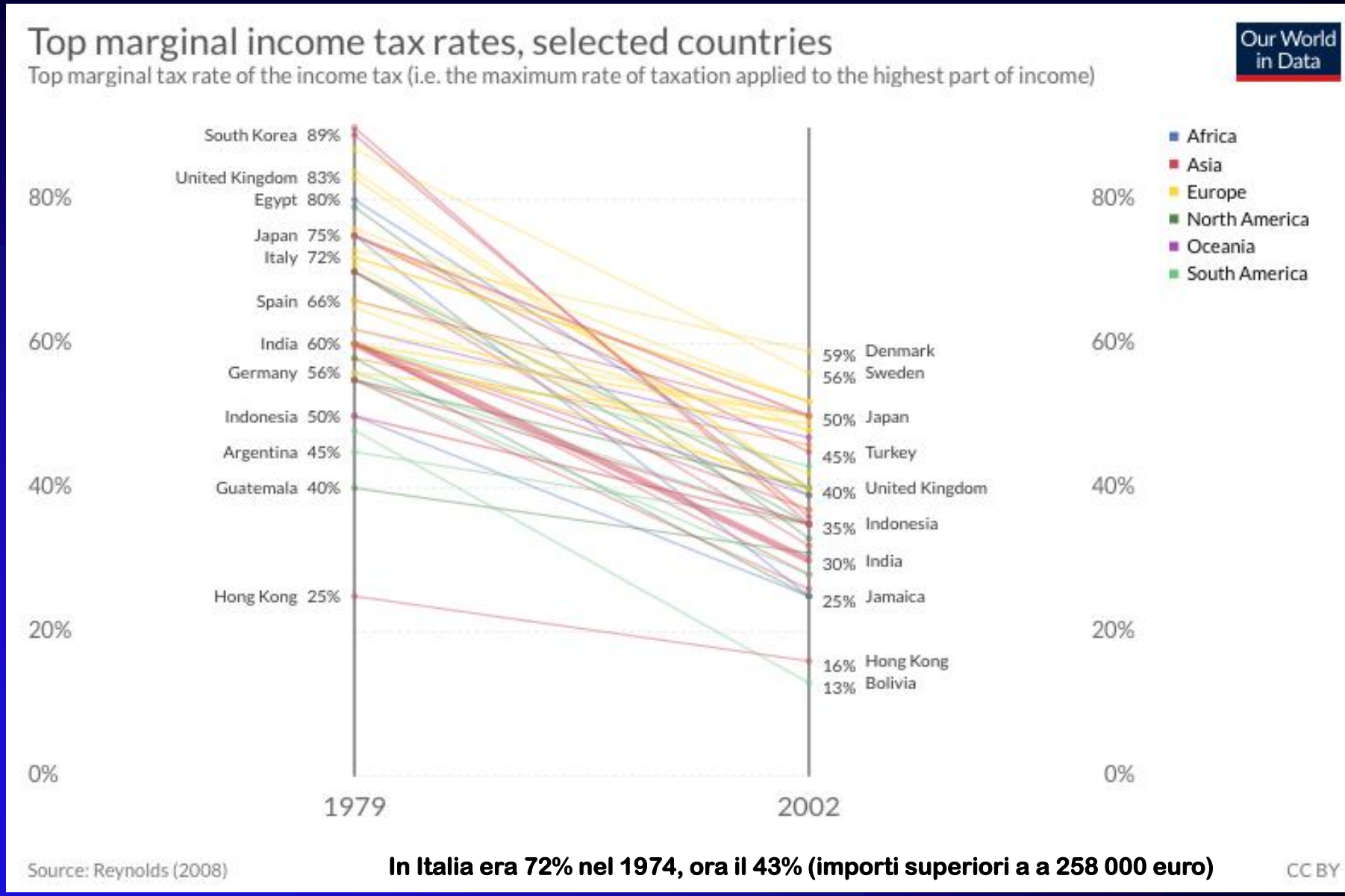


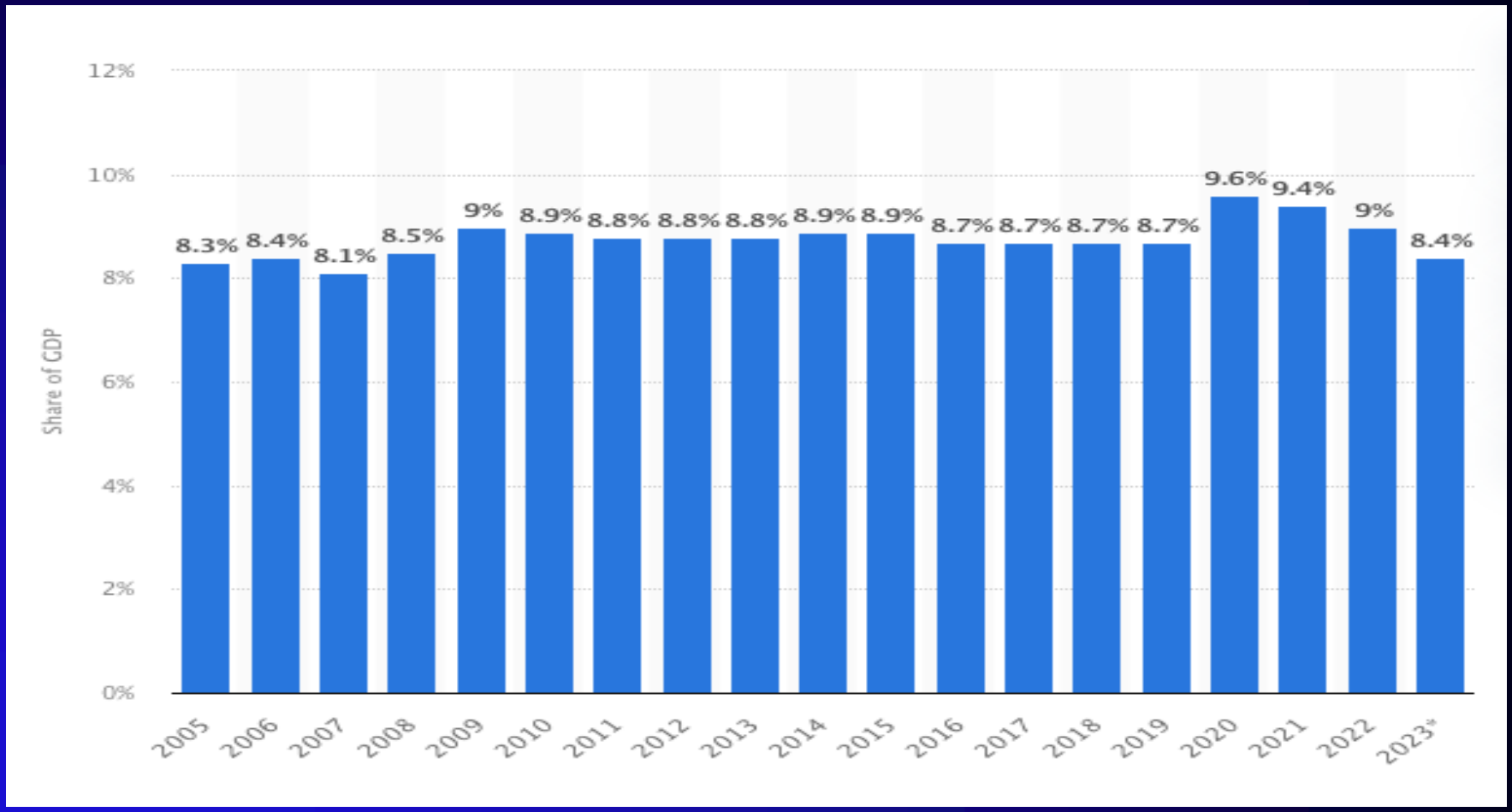
Figure 1 | Income inequality in Europe and the United States, 1900–2010. The graph shows the share of the top income decile in total pre-tax income. Figure adapted with permission from ref. 6, AAAS.

Aliquote fiscali marginali dei redditi più alti



In Italia era 72% nel 1974, ora il 43% (importi superiori a a 258 000 euro)

Investire nella prevenzione e nel nostro Sistema Sanitario Nazionale al fine di ridurre le malattie evitabili e loro costi sanitari



Spesa sanitaria in rapporto al PIL in Italia dal 2005 al 2023 (dati OCSE)

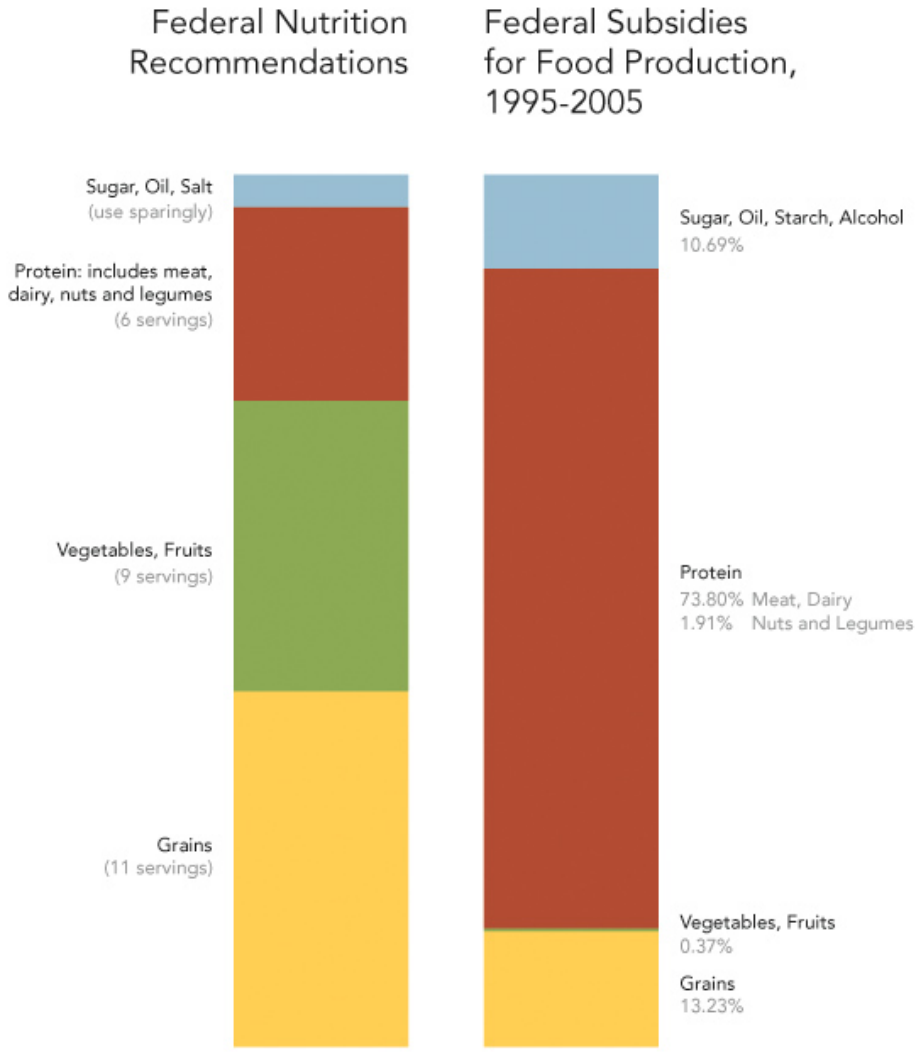
“Proposte modeste”

Determinanti socioeconomici

Determinanti commerciali

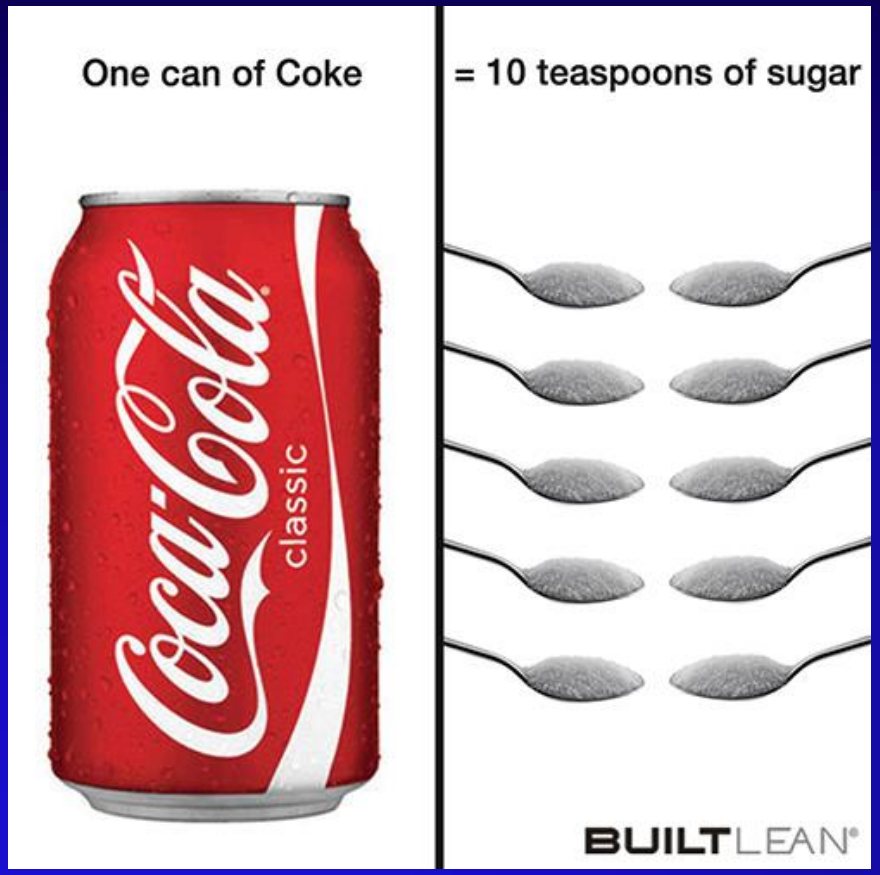
Determinanti strutturali

Sostegni economici e agevolazioni fiscali per determinanti salutari (es. frutta e verdura)



Source: US Public Interest Research Group

Tassazione determinanti nocivi alla salute (es. bevande zuccherate e cibi ultra-processati)

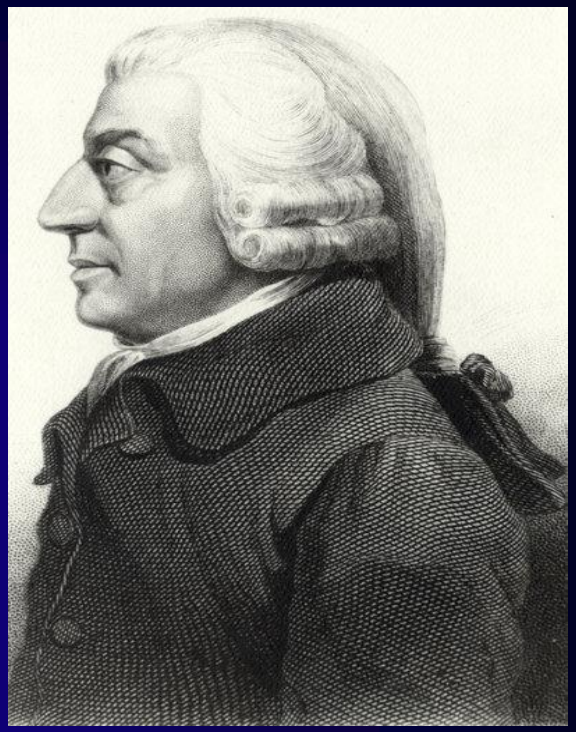


A marzo 2012 il sindaco di New York Michael Bloomberg ha proposto di limitare la dimensione delle bibite zuccherate vendute in città (0,5 litri)

The Center for Consumer Freedom (CCF)

“Zucchero, rum e tabacco, non essendo beni di prima necessità, ma di consumo quasi universale, sono prodotti particolarmente adatti alla tassazione.”

La ricchezza delle nazioni, 1776



Adam Smith

C’è posto per il settore privato nella salute, ma il settore privato deve rimanere al proprio posto

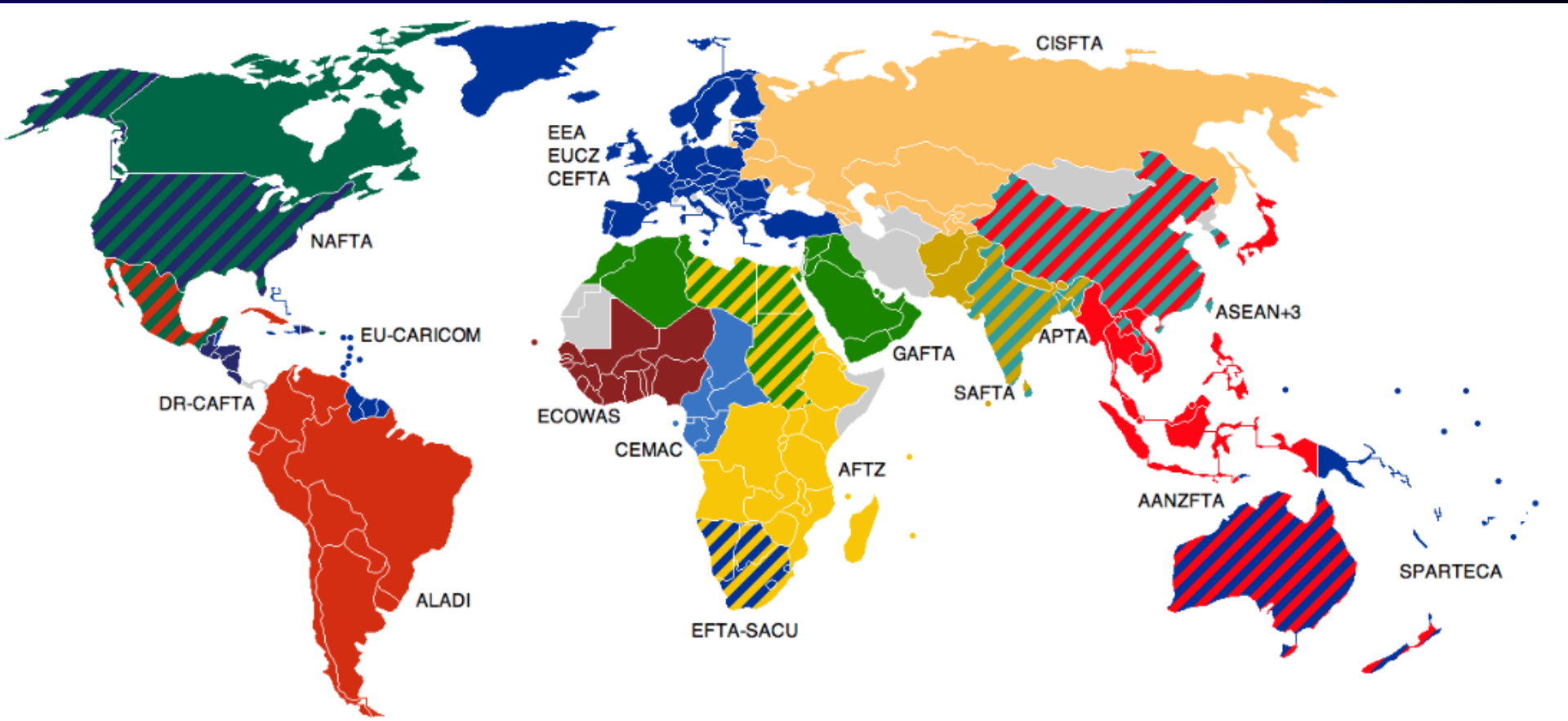
“Proposte modeste”

Determinanti socioeconomici

Determinanti commerciali

Determinanti strutturali

Valutazione d'impatto sulla salute degli accordi di libero commercio



Inside the stock exchange in Santiago, Chile, one of the first countries to adopt a form of neoliberal policies.

Neoliberalism: Oversold?

Jonathan D. Ostry, Prakash Loungani, and Davide Furceri

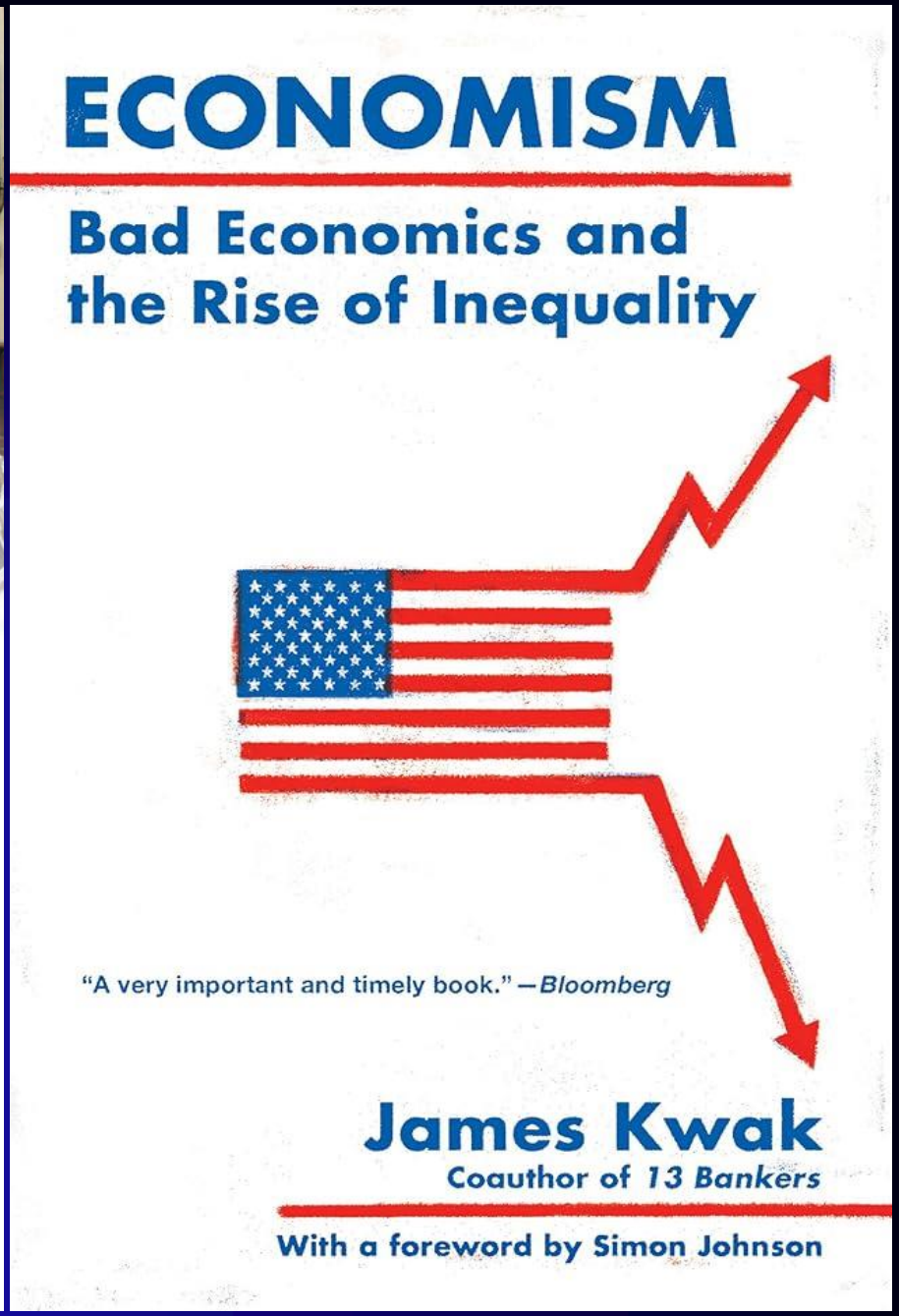
Instead of delivering growth, some neoliberal policies have increased inequality, in turn jeopardizing durable expansion

MILTON Friedman in 1982 hailed Chile as an "economic miracle." Nearly a decade earlier, Chile had turned to policies that have since been widely emulated across the globe. The neoliberal agenda—a label used more by critics than by the architects of the policies—rests on two main planks. The first is increased competition—achieved through deregulation and the opening up of domestic markets, including financial markets, to foreign competition. The second is a smaller role for the state, achieved through privatization and limits on the ability of governments to run fiscal deficits and accumulate debt.

There has been a strong and widespread global trend toward neoliberalism since the 1980s, according to a composite index that measures the extent to which countries introduced competition in various spheres of economic activity to foster economic growth. As shown in the left panel of Chart 1, Chile's push started a decade or so earlier than 1982, with subsequent policy changes bringing it ever closer to the United States. Other countries have also steadily implemented neoliberal policies (see Chart 1, right panel).

There is much to cheer in the neoliberal agenda. The expansion of global trade has rescued millions from abject poverty. Foreign direct investment has often been a way to transfer technology and know-how to developing economies. Privatization of state-owned enterprises has in many instances led to more efficient provision of services and lowered the fiscal burden on governments.

However, there are aspects of the neoliberal agenda that have not delivered as expected. Our assessment of the agenda is confined to the effects of two policies: removing restrictions on the movement of capital across a country's borders (so-called capital account liberalization); and fiscal consolidation, sometimes called "austerity," which is shorthand



C’è posto per l’economia e il libero mercato nella società e nell’ecosistema, ma l’economia e il libero mercato devono rimanere al proprio posto

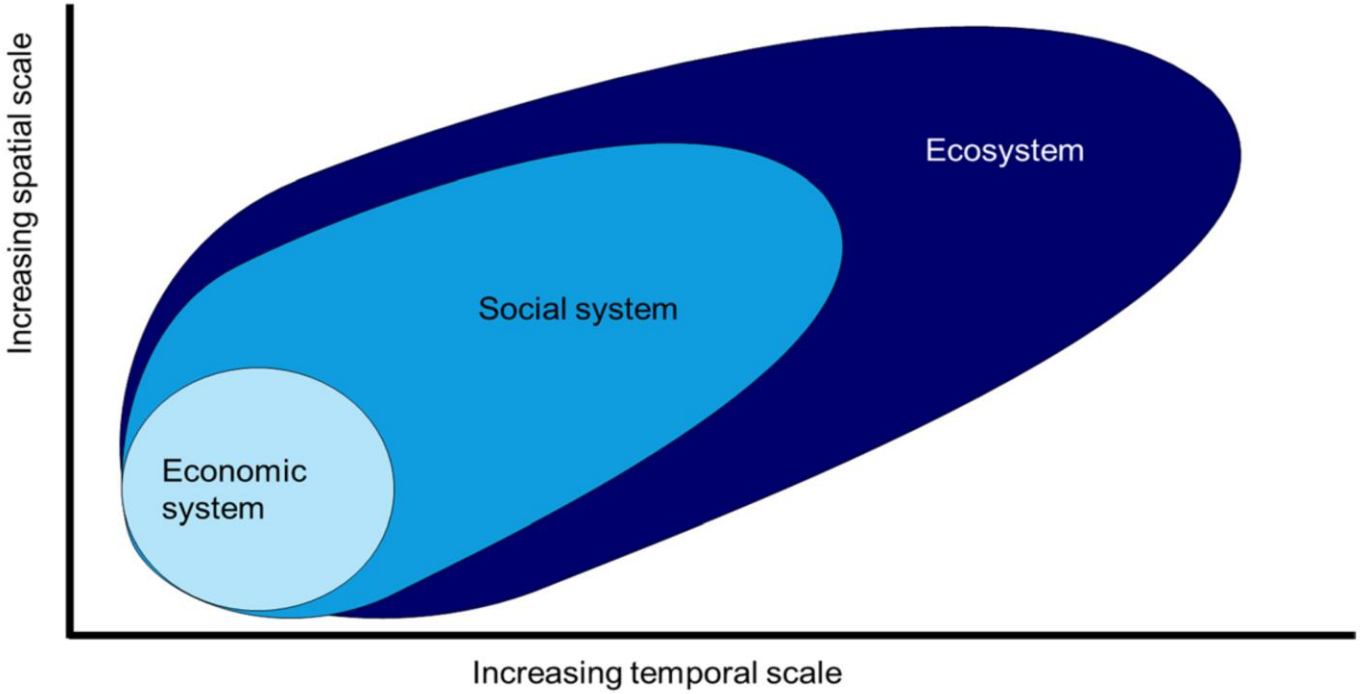


Fig. 1 Different temporal and scale dimensions of systems. *Source*: Authors, based on Gunderson and Holling (2002)


“La salute pubblica è una transdisciplina sociale e l’economia politica non è altro che promozione della salute su larga scala”