DEMO

Health-Demography

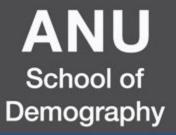
Vladimir Canudas-Romo

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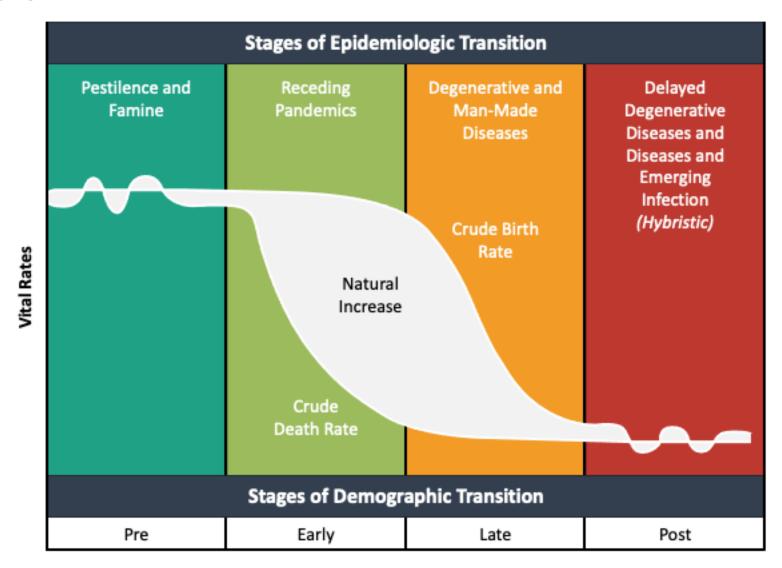


E P I D E M I O L O G I C A L T R A N S I T I O N

Omran(1971)

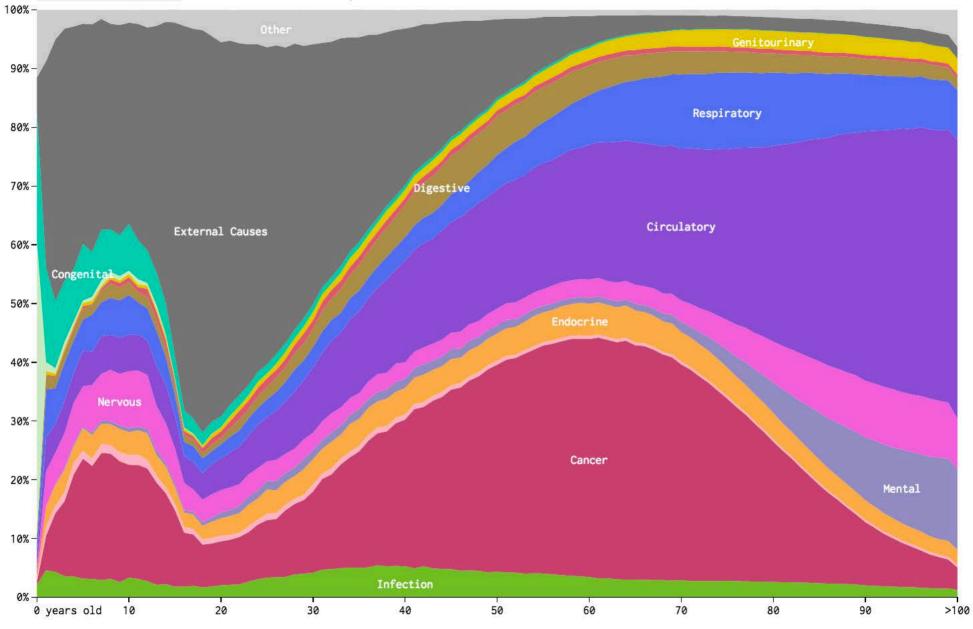
EPIDEMIOLOGICAL TRANSITION

Demographic Transition Framework



DRIVERS OF MORTALITY CHANGE

- Earlier in European countries driven by decreases in deaths due to infectious disease:
 - Medical advances no significant impact until advent of antibiotics in the 20th century.
 - Pathogenic evolution not sufficient to explain sustained decline in all diseases.
 - Standard of living sanitation control well after onset of decline, largely driven by food supply and nutrition.
- Public health measures
- Medical advances vaccines, immunisations
- Standard of living



RISK FACTORS

 Demographic Age, sex

Social factors

SES, marital status, family status.

Life history

Places of residence, occupational history.

Environment

Exposure to pollution, sources of chemical or radioactive contamination.

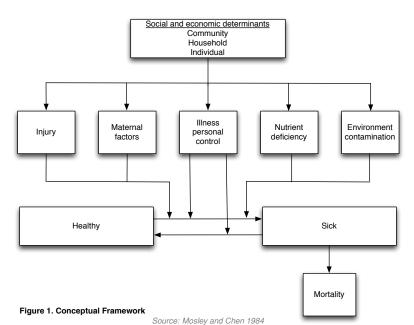
Medical history

Presence of disease, exposure to disease, trauma and injury.

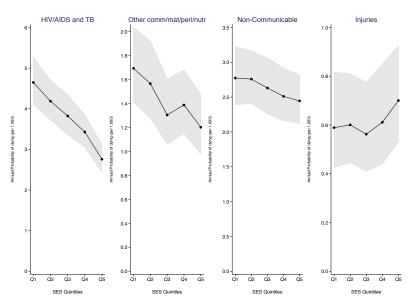
Medical care

Access to doctors, medications, screening, health services, medical technology.

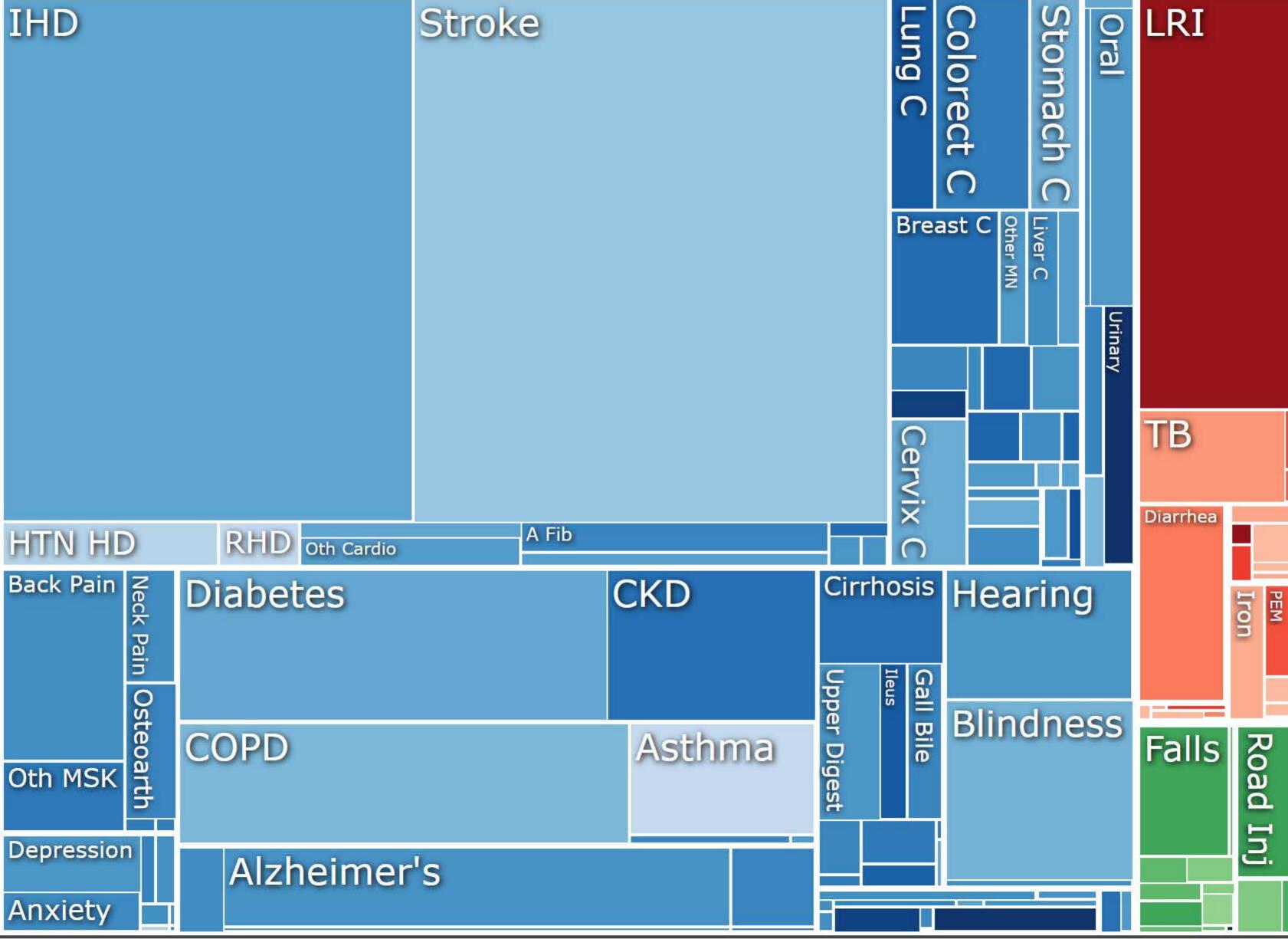
FRAMEWORKS



SOCIAL GRADIENT



Source: Kabudula et al. 2017



EPIDEMIOLOGICAL TRANSITION CONTINUED

Also variation in the pattern, pace, determinants, and consequences of the transition:

- 'Classic', with progressive mortality and fertility declines followed by socioeconomic development.
- 'Accelerated', starting later and more rapid due to socioeconomic advances but enhanced by developments in medical technologies.
- 'Delayed', where transition unfinished and largely driven by spread of medical/public health interventions.

CRITIQUES

- Linear, sequential relationship.
- Eras may overlap.
- Patterns may reverse ('counter' transition).
- · Changes may not occur fully.
- Infectious and noncommunicable disease may coexist ('prolonged' transition).

Health transition is an ongoing concept ...

