Guns and butter

American College of Physicians
Leading Internal Medicine, Improving Lives

Stephen D. Sisson MD FACP

Disclosures

- None

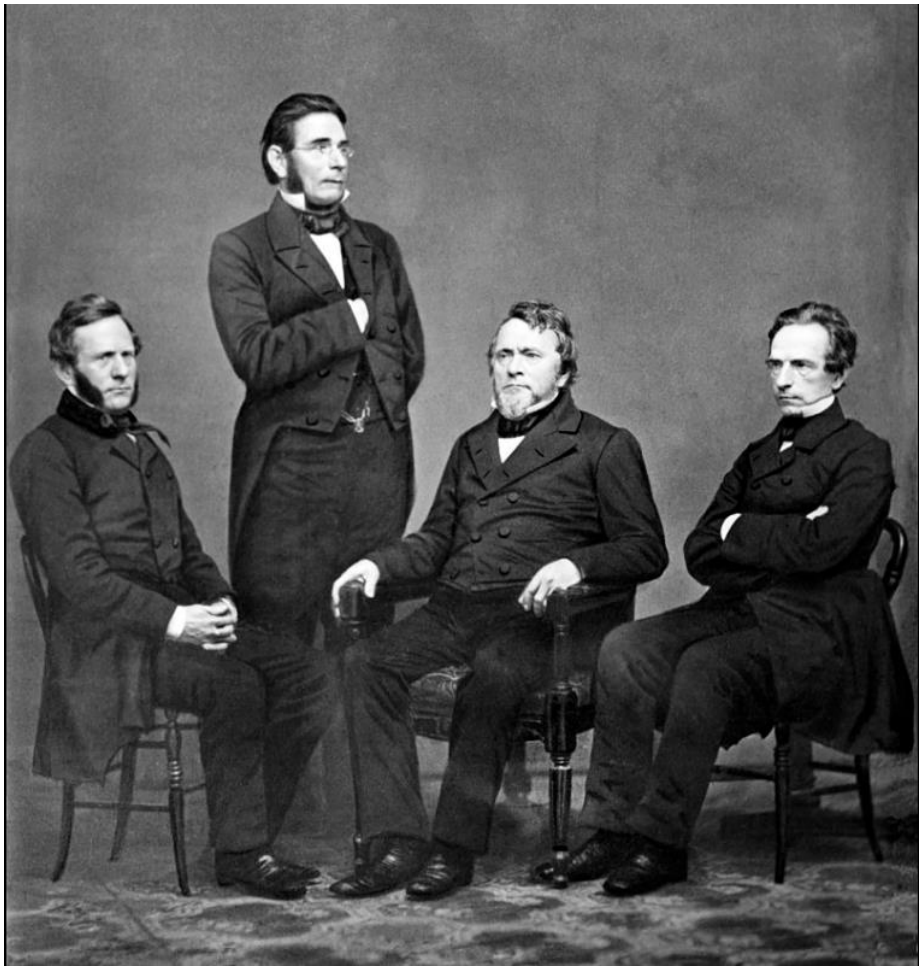
Objectives

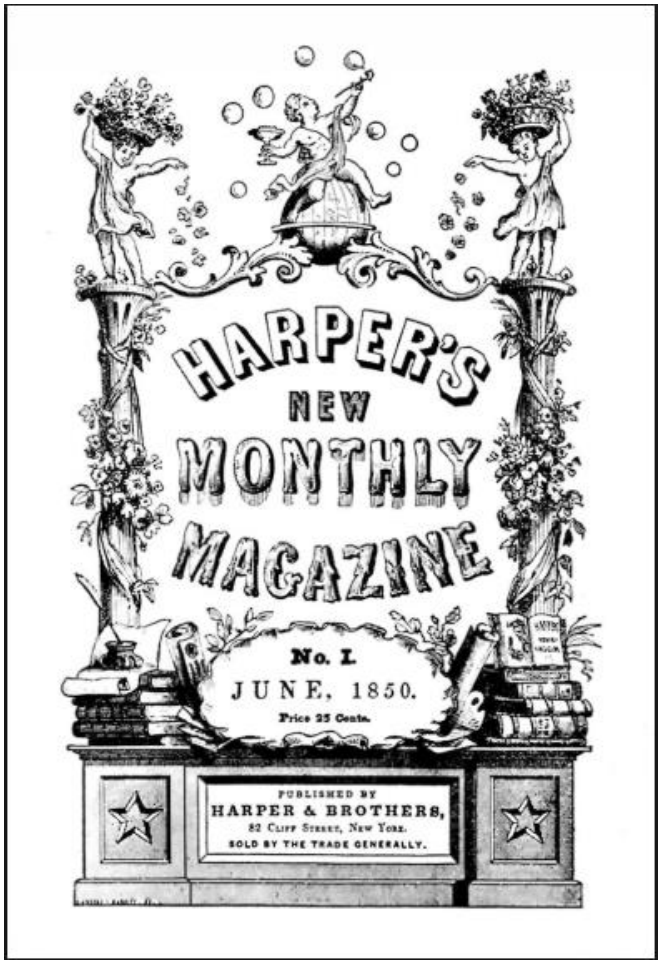
- To provoke
- To educate
- To entertain
- To inspire

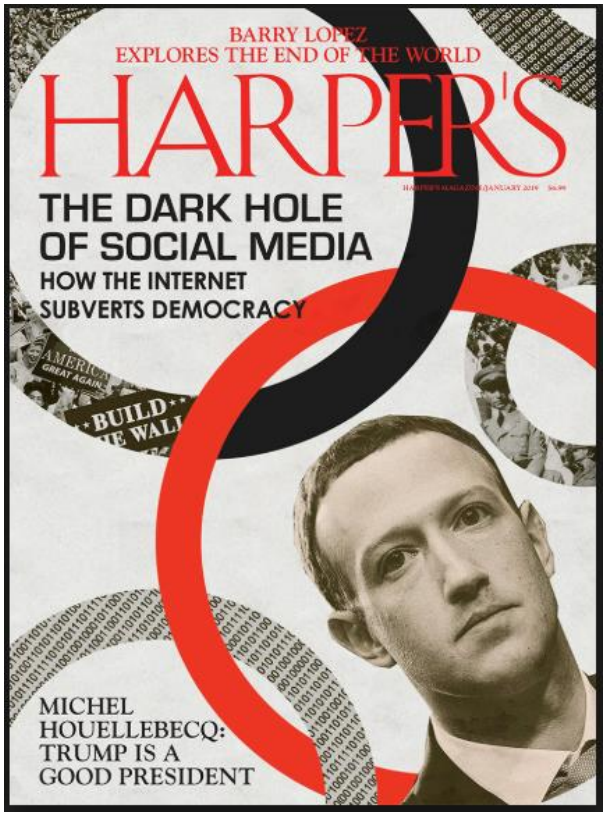
1850

- President of the US:
  - Millard Fillmore
- US population: 23,191,876 (incl. 3.2M slaves)
- Largest US city: New York (590,000)
- Second-largest US city:
  - Baltimore (169,054)

June 1850




HARPER'S
NEW
MONTHLY
MAGAZINE
No. I
JUNE, 1850.
Price 25 Cents.
PUBLISHED BY
HARPER & BROTHERS,
82 Cliff Street, New York.
SOLD BY THE TRADE GENERALLY.



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COMPANY PROFILE

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1984

HARPER'S INDEX

Chance that an American believes the country is still in a recession or depression : 1 in 2
Estimated percentage change in chief executive pay at America's publicly traded corporations in 2010 : +11
Factor by which the likelihood that a father will spank his child increases if the father is depressed : 4
By which women find proud men more attractive than happy men, according to a June study : 3
By which men find happy women more attractive than proud women : 5
Percentage by which a couple is likelier to divorce if one partner has a commute greater than 45 minutes : 40
Percentage change in the number of unmarried cohabitating couples in the United States between 2000 and 2010 : +97
Percentage of men and women, respectively, who have been photographed nude, according to a June *Playboy* poll : 27, 23
Change since 1960 in calories expended during the average workday of an American man and woman, respectively : –140, –120
Percent that working mothers "give" to their employers, according to Donald Trump : 84
Portion of employers who say they conduct criminal-background checks on potential employees : 3/4
Chance that an American adult has a criminal record : 1 in 4
Chance that a U.S. man who has been incarcerated will make it out of the bottom economic quintile within 20 years : 1 in 50
That a man who was never incarcerated will : 1 in 7
Number of Americans serving life without parole for crimes they committed when they were 14 or younger : 73
Percentage change in the number of U.S. whites under the age of 18 in the past decade : –9.8
Blacks : –2.3
Hispanics : +38.8
Percentage of applicants offered undergraduate admission to Harvard this year : 6.2
Percentage of applicants accepted for employment on McDonald's National Hiring Day in April : 6.2
Estimated percentage of the U.S. college class of 2011 who are moving back home after graduation : 85
Chance that a student in Berlin "could imagine doing sex work" to pay for school : 1 in 3
Average hourly rate he or she imagines charging : $1,300
Members of Malaysia's Obedient Wives Club, which encourages women to be "good sex workers" to their husbands : 1,050
Percentage of Americans who believe Osama bin Laden was greeted by 72 virgins in heaven, according to a Fox News survey : 3
Percentage who believe he met a "more negative end" : 80
Estimated percentage of Afghanistan's gross national product that comes from U.S. aid and other foreign sources : 97
Percentage of Egyptians who say that improving economic conditions is "very important" : 82
Who say that honest elections are : 55
Minimum number of punches thrown during a December brawl in the Ukrainian parliament : 12
Chairs thrown : 2
Amount the Chinese government is paying to create the Robert Mugabe School of Intelligence in Zimbabwe : $98,000,000
Minimum number of goose- and gull-chasing falcons laid off by John F. Kennedy Airport last year : 15
Percentage decrease in tweets by U.S. elected officials in the week following "Weinergate" : 28
Rank of "Don't Know," "None," and "Bill O'Reilly," respectively, among America's most trusted political journalists : 1, 2, 3
Value of state tax breaks approved in May for a Bible-themed amusement park in Kentucky : $43,000,000
Average percentage by which the French overestimate the Jewish population of France : 655
Percentage of French people who call themselves "somewhat or a little bit" racist : 13
Centimeters by which an electron falls short of being perfectly round : 0.00000000000000000000000001

Figures cited are the latest available as of June 2011. Sources are listed on page 72.
"Harper's Index" is a registered trademark.

- Number of goats that Chattanooga, TN has rented to roam city land and clear kudzu
  - **12**

- Number of llamas it had to rent to guard the goats from neighborhood dogs
  - **2**

- Percentage of applicants offered undergraduate admission to Harvard
  - **6.2**

- Percentage of applicants accepted for employment on McDonald's National Hiring Day
  - **6.2**

- Value of the narcotics that the US Border Patrol's 3200 agents detected this year, per agent:
  - **$123,758**

- Value of the narcotics that the Patrol's 24 drug-sniffing dogs detected this year, per dog:
  - **$4,696,574**

- Ratio of engineers to lawyers graduated each year in Japan:
  - **10:1**

- In the US:
  - **1:10**

- Estimated average number of guns legally purchased in Mexico every day:
  - **33**

- Estimated average number of guns smuggled into Mexico from the United States every day:
  - **246**

Part 1: Guns

- Amount of CDC funding spent researching firearms and health in 1995:
  - **$2.6M**

- Reduction of CDC research budget in 1996:
  - **$2.6M**

SPECIAL ARTICLE

GUN OWNERSHIP AS A RISK FACTOR FOR HOMICIDE IN THE HOME

ARTHUR L. KELLERMANN, M.D., M.P.H., FREDERICK P. RIVARA, M.D., M.P.H., NORMAN B. RUSHFORTH, PH.D., JOYCE G. BANTON, M.S., DONALD T. REAY, M.D., JERRY T. FRANCISCO, M.D., ANA B. LOCCI, PH.D., JANICE PRODZINSKI, B.A., BELA B. HACKMAN, M.D., AND GRANT SOMES, PH.D.

Abstract *Background.* It is unknown whether keeping a firearm in the home confers protection against crime or, instead, increases the risk of violent crime in the home. To study risk factors for homicide in the home, we identified homicides occurring in the homes of victims in three metropolitan counties.

Methods. After each homicide, we obtained data from the police or medical examiner and interviewed a proxy for the victim. The proxies' answers were compared with those of control subjects who were matched to the victims according to neighborhood, sex, race, and age range. Crude and adjusted odds ratios were calculated with matched-pairs methods.

Results. During the study period, 1860 homicides occurred in the three counties, 444 of them (23.9 percent) in the home of the victim. After excluding 24 cases for various reasons, we interviewed proxy respondents for 93 percent of the victims. Controls were identified for 99 percent of these, yielding 388 matched pairs. As compared with the controls, the victims more often lived alone or rented their residence. Also, case households more commonly contained an illicit-drug user, a person with prior arrests, or someone who had been hit or hurt in a fight in the home. After controlling for these characteristics, we found that keeping a gun in the home was strongly and independently associated with an increased risk of homicide (adjusted odds ratio, 2.7; 95 percent confidence interval, 1.6 to 4.4). Virtually all of this risk involved homicide by a family member or intimate acquaintance.

Conclusions. The use of illicit drugs and a history of physical fights in the home are important risk factors for homicide in the home. Rather than confer protection, guns kept in the home are associated with an increase in the risk of homicide by a family member or intimate acquaintance. (N Engl J Med 1993;329:1084-91.)

*Public Law 104–208
104th Congress

An Act

Making omnibus consolidated appropriations for the fiscal year ending September 30, 1997, and for other purposes.

Sept. 30, 1996
[H.R. 3610]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Omnibus Consolidated Appropriations Act, 1997.

DIVISION A

That the following sums are appropriated, out of any money in the Treasury not otherwise appropriated, for the several departments, agencies, corporations and other organizational units of the Government for the fiscal year 1997, and for other purposes, namely:

TITLE I—OMNIBUS APPROPRIATIONS

Sec. 101. (a) For programs, projects or activities in the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 1997, provided as follows, to be effective as if it had been enacted into law as the regular appropriations Act:

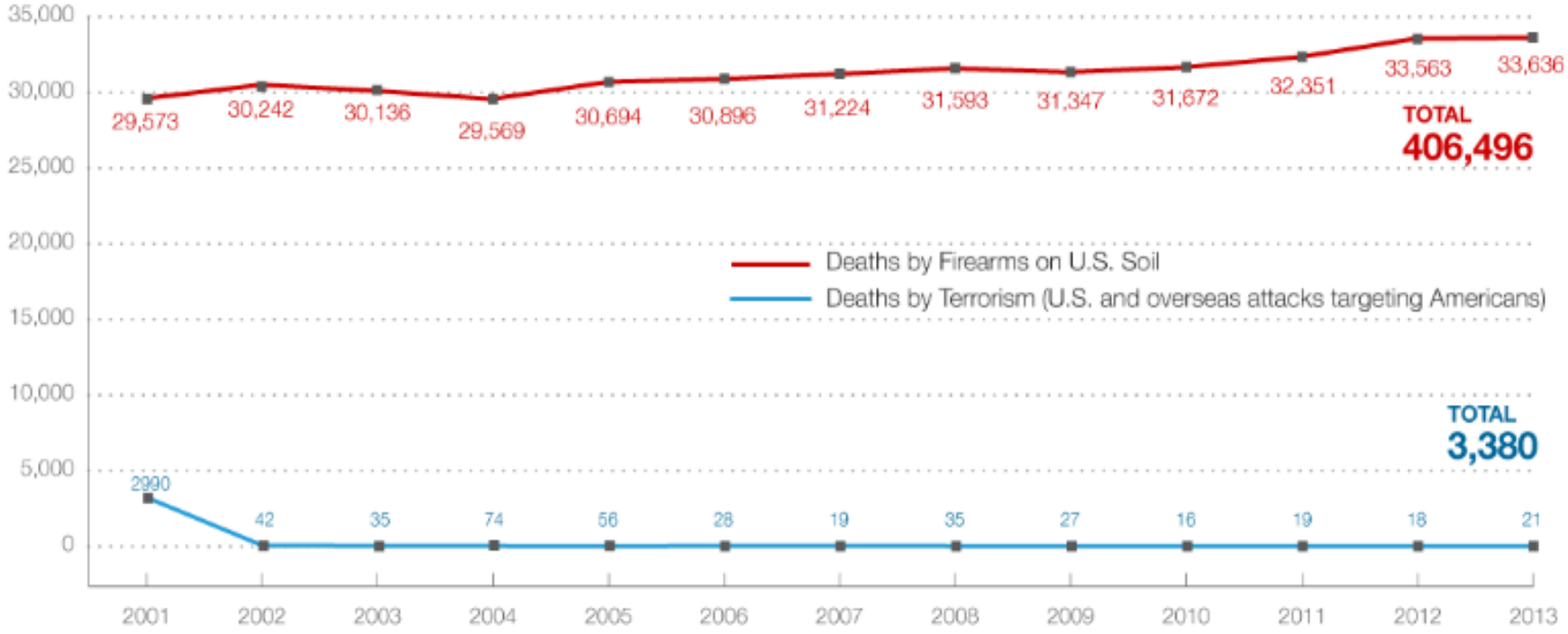
“none of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention may be used to advocate or promote gun control”

- Total number of US deaths 2001 – 2013 due to terrorism:
  - **3380**

- Total number of US deaths 2001 – 2013 due to gun violence:
  - **406,496**

NUMBER OF DEATHS CAUSED BY TERRORISM VS. GUN VIOLENCE

For every life terrorism claimed on U.S. soil (or where Americans abroad were killed by terrorists), more than 1,000 died from firearms inside the U.S. during the most recent period for which comparative data is available. The gun fatalities cover all manners of death, including homicide, accident, and suicide.



Source: Centers for Disease Control and Prevention, U.S. State Department

- Number of physicians in the US
  - **1.1 million**

- Number of guns in the US
  - **396 million**

SPECIAL ARTICLE

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CS/CS/HB 155: Privacy of Firearm Owners

GENERAL BILL by Health and Human Services Committee ; Criminal Justice Subcommittee ; Brodeur ; (CO-INTRODUCERS) Ahern ; Artiles ; Baxley ; Caldwell ; Corcoran ; McKeel ; Nunez ; Pilon ; Smith ; Stargel ; Trujillo ; Van Zant

Privacy of Firearm Owners; Provides that licensed practitioner or facility may not record firearm ownership information in patient's medical record; provides exception; provides that unless information is relevant to patient's medical care or safety or safety of others, inquiries regarding firearm ownership or possession should not be made; provides exception for EMTS & paramedics; provides that patient may decline to provide information regarding ownership or possession of firearms; clarifies that physician's authority to choose patients is not altered, etc.

Effective Date: 6/2/2011
Last Action: 6/2/2011 - Chapter No. 2011-112
Location: Became Law
Bill Text: PDF

Track This Bill
View Bill Summary
Glossary of Legislative Terms

View By Bill Version | View By Category

Bill History | Related Bills (1) | Bill Text (4) | Amendments (0) | Analyses (3) | Vote History (2) | Citations (3)

Vote History - Committee

No Committee Vote History Available

Vote History - Floor

VOTE	DATE	CHAMBER	RESULT
H 155 c2	4/26/2011 5:00 PM	House	88 Yeas - 30 Nays
H 155 c2	4/28/2011 9:46 AM	Senate	27 Yeas - 10 Nays

The NEW ENGLAND JOURNAL of MEDICINE

SOUNDING BOARD

Legislative Interference with the Patient–Physician Relationship

Steven E. Weinberger, M.D., Hal C. Lawrence III, M.D., Douglas E. Henley, M.D., Errol R. Alden, M.D., and David B. Hoyt, M.D.

Increasingly in recent years, legislators in the United States have been overstepping the proper limits of their role in the health care of Americans to dictate the nature and content of patients' interactions with their physicians. Some recent laws and proposed legislation inappropriately infringe on clinical practice and patient–physician relationships, crossing traditional boundaries and intruding into the realm of medical professionalism. We, the executive staff leadership of five professional societies that represent the majority of U.S. physicians providing a patient's medical record. Practitioners who violated the law were potentially subject to severe disciplinary action, including fines and loss of licensure. The concerns we have about this law were well explained by U.S. District Judge Marcia G. Cooke, who issued a permanent injunction on June 29, 2012, barring the law's enforcement. As Cooke noted in the opinion, "The State, through this law, inserts itself in the doctor–patient relationship, prohibiting and burdening speech necessary to the proper practice of preventive medicine, thereby preventing patients

NEJM 2012; 367: 1557-9.

- “Government must avoid regulating the content of the individual clinical encounter without a compelling and evidence-based benefit to the patient, a substantial public health justification, or both.”
- “The fundamental principles of respect for autonomy, beneficence, non-maleficence, and justice dictate physicians’ actions and behavior and shape the interactions between patients and their physicians.”

- Number of NRA followers on Twitter:
  - **756,718**

- Number of Bob Doherty followers on Twitter:
  - **4838**

POSITION PAPER

Annals of Internal Medicine

Reducing Firearm Injuries and Deaths in the United States: A Position Paper From the American College of Physicians

Renee Butkus, BA; Robert Doherty, BA; and Sue S. Bornstein, MD; for the Health and Public Policy Committee of the American College of Physicians*

For more than 20 years, the American College of Physicians (ACP) has advocated for the need to address firearm-related injuries and deaths in the United States. Yet, firearm violence continues to be a public health crisis that requires the nation's immediate attention. The policy recommendations in this paper build on, strengthen, and expand current ACP policies approved by the Board of Regents in April 2014, based on analysis of approaches that the evidence suggests will be effective in reducing deaths and injuries from firearm-related violence.

Ann Intern Med. 2018;169:704-707. doi:10.7326/M18-1530 **Annals.org**
For author affiliations, see end of text.
This article was published at Annals.org on 30 October 2018.

1. Firearm injuries are a public health issue
2. Resolution requires collaboration with the public, law enforcement, & injury prevention experts
3. Physicians have a role in addressing this with our patients
4. Firearm injury prevention should be a part of medical education at all levels
5. Physicians as individuals and through their professional societies should advocate for legislation designed to reduce firearm injury

NRA
@NRA

Someone should tell self-important anti-gun doctors to stay in their lane. Half of the articles in Annals of Internal Medicine are pushing for gun control. Most upsetting, however, the medical community seems to have consulted NO ONE but themselves. nraila.org/articles/20181...

♡ 3,283 3:43 PM - Nov 7, 2018

NRA-ILA | Surprise: Physician Group Rehashes Same Tired G...

Everyone has hobbies. Some doctors' collective hobby is opining on firearms policy. Half of the articles in the "Latest from Annals" email

nraila.org

22.8K people are talking about this

Esther Choo M
@choo_ek

We are not self-import
We are not anti-gun: w
We consult with everyo
Most upsetting, actuall
violence that is unpara

> **NRA** @NRA
> Someone should tell sel
> lane. Half of the articles
> gun control. Most upsett
> to have consulted NO C
> nraila.org/articles/20181

♡ 12.8K 10:03 AM - No

4,255 people are talkir

Dave Morris
@traumadmo

Can't post a patient photo.... so this

This is what it looks like to #stayinr
@JosephSakran

♡ 97.2K 9:37 PM - Nov 9, 2018

34.9K people are talking about this

Stephanie Bonne
@scrubbedin

Good morning! Just a reminder @NRA : #ThisISMyLane #ThisISOurLane . She didn't make it.

♡ 44.8K 8:33 AM - Nov 10, 2018

18.8K people are talking about this

Part 2: Butter

- In the US, the percentage of deaths due to genetic factors:
  - **30%**

- In the US, the percentage of deaths due to behaviors:
  - **40%**

SPECIAL COMMUNICATION

Actual Causes of Death in the United States, 2000

Ali H. Mokdad, PhD
James S. Marks, MD, MPH
Donna F. Stroup, PhD, MSc
Julie L. Gerberding, MD, MPH

Context Modifiable behavioral risk factors are leading causes of mortality in the United States. Quantifying these will provide insight into the effects of recent trends and the implications of missed prevention opportunities.

Objectives To identify and quantify the leading causes of mortality in the United States.

Design Comprehensive MEDLINE search of English-language articles that identified epidemiological, clinical, and laboratory studies linking risk behaviors and mortality. The search was initially restricted to articles published during or after 1990, but we later included relevant articles published in 1980 to December 31, 2002. Prevalence and relative risk were identified during the literature search. We used 2000 mortality data reported to the Centers for Disease Control and Prevention to identify the causes and number of deaths. The estimates of cause of death were computed by multiplying estimates of the cause-attributable fraction of preventable deaths with the total mortality data.

Main Outcome Measures Actual causes of death.

IN A SEMINAL 1993 ARTICLE, McGinnis and Foege[1] described the major external (nongenetic) modifiable factors that contributed to death in the United States and labeled them the "actual causes of death." During the 1990s, substantial lifestyle pattern changes may have led to variations in actual causes of death. Mortality rates from heart disease, stroke, and cancer

JAMA 2004; 291: 1238-45.

Table 2. Actual Causes of Death in the United States in 1990 and 2000

Actual Cause	No. (%) in 1990*	No. (%) in 2000
Tobacco	400 000 (19)	435 000 (18.1)
Poor diet and physical inactivity	300 000 (14)	400 000 (16.6)
Alcohol consumption	100 000 (5)	85 000 (3.5)
Microbial agents	90 000 (4)	75 000 (3.1)
Toxic agents	60 000 (3)	55 000 (2.3)
Motor vehicle	25 000 (1)	43 000 (1.8)
Firearms	35 000 (2)	29 000 (1.2)
Sexual behavior	30 000 (1)	20 000 (0.8)
Illicit drug use	20 000 (<1)	17 000 (0.7)
Total	**1 060 000** (50)	**1 159 000** (48.2)

*Data are from McGinnis and Foege.[1] The percentages are for all deaths.

The Case For More Active Policy Attention To Health Promotion

To succeed, we need leadership that informs and motivates, economic incentives that encourage change, and science that moves the frontiers.

by J. Michael McGinnis, Pamela Williams-Russo, and James R. Knickman

ABSTRACT: Until recently, when anthrax triggered a concern about preparedness in the public health infrastructure, U.S. health policy and health spending had been dominated by a focus on payment for medical treatment. The fact that many of the conditions driving the need for treatment are preventable ought to draw attention to policy opportunities for promoting health. Following a brief review of the determinants of population health—genetic predispositions, social circumstances, environmental conditions, behavioral patterns, and medical care—this paper explores some of the factors inhibiting policy attention and resource commitment to the nonmedical determinants of population health and suggests approaches for sharpening the public policy focus to encourage disease prevention and health promotion.

HEALTH PROMOTION

Health Affairs. 2002; 21: 78-93.

- Relative contributions of health determinants to health outcomes
- Percentage of premature death
  - Behaviors: 40%
  - Social circumstances: 15%
  - Environment: 5%
  - Genetics: 30%
  - Medical care: 10%

Health Affairs. 2002; 21: 78-93.

	Joe had his foot amputated as a complication of diabetes.
Why?	Because he did not treat his diabetes.
Why?	Because he did not think it was important.
Why?	Because he never saw his doctor.
Why?	Because it was too expensive.
Why?	Because he could only get a part-time job.
Why?	Because he never completed high school.
Why?	Because none of his friends completed high school.

Downstream determinants

Upstream determinants

Original research

Health and social services expenditures: associations with health outcomes

Elizabeth H Bradley,[1] Benjamin R Elkins,[1] Jeph Herrin,[2] Brian Elbel[3]

[1]Yale School of Public Health, Division of Health Policy and Administration, and Global Health Leadership Institute, New Haven, Connecticut, USA
[2]Yale School of Medicine, Division of Cardiology, New Haven, Connecticut, USA
[3]New York University School of Medicine, Division of General Internal Medicine; New York University Wagner Graduate School of Public Service, New York, USA

Correspondence to
Dr Elizabeth H Bradley, Yale School of Public Health, Division of Health Policy and Administration, 60 College Street, New Haven, CT 06520, USA;
elizabeth.bradley@yale.edu

Accepted 25 February 2011
Published Online First 29 March 2011

ABSTRACT

Objective: To examine variations in health service expenditures and social services expenditures across Organisation for Economic Co-operation and Development (OECD) countries and assess their association with five population-level health outcomes.

Design: A pooled, cross-sectional analysis using data from the 2009 release of the OECD Health Data 2009 Statistics and Indicators and OECD Social Expenditure Database.

Setting: OECD countries (n=30) from 1995 to 2005.

Main outcomes: Life expectancy at birth, infant mortality, low birth weight, maternal mortality and potential years of life lost.

Results: Health services expenditures adjusted for gross domestic product (GDP) per capita were significantly associated with better health outcomes in only two of five health indicators; social services expenditures adjusted for GDP were significantly associated with better health outcomes in three of five indicators. The ratio of social expenditures to health expenditures was significantly associated with better outcomes in infant mortality, life expectancy and increased potential life years lost, after adjusting for the level of health expenditures and GDP.

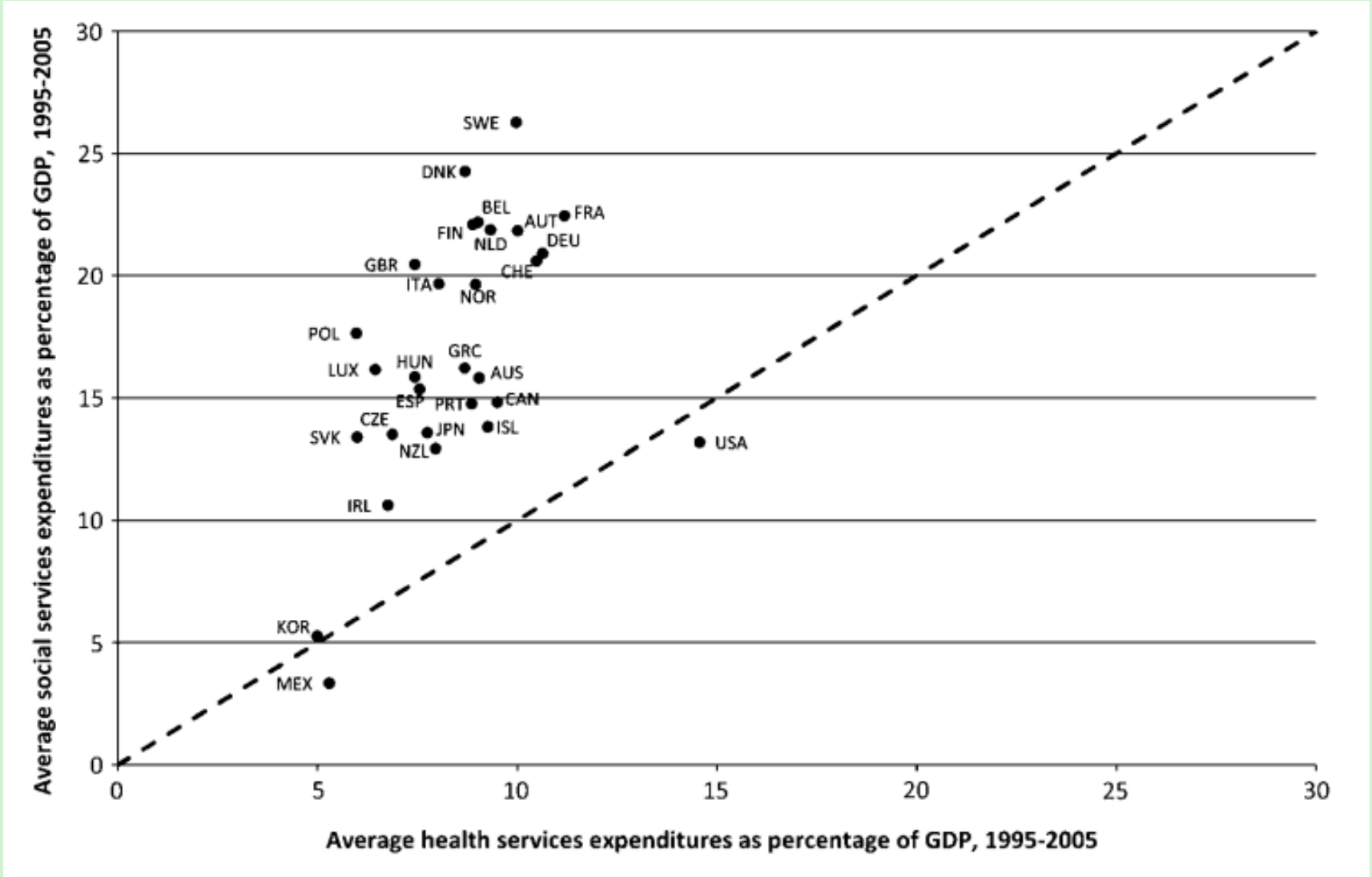
Conclusion: Attention to broader domains of social policy may be helpful in accomplishing improvements in health envisioned by advocates of healthcare reform.

infant mortality and 24th in maternal mortality among the 30 OECD countries.[4]

Previous efforts to understand the paradox of higher health care spending without necessarily better health outcomes have implicated over-reliance on private financing,[5 6] disparities in quality of care,[7 8] high medical prices[9] and too few primary care providers.[3 10–13] What has been less examined is the role of spending on social services, which may be productive for health. Social spending includes such investments as income supplements, housing, unemployment coverage and other social policy targets. Although health professionals have long recognised the importance of socio-economic, environmental and behavioural determinants of health, healthcare reforms have focused largely on spending for health services, with less attention focused on spending in potentially important social policy areas.

Accordingly, we sought to examine the associations between social expenditures and health expenditures, and a set of common health outcomes across the OECD countries. As a measure of relative investment, we also examined the ratio of social expenditures to health expenditures and its association with life expectancy, infant mortality, low birth weight, maternal mortality and potential life

BMJ Qual Saf 2011;**20:**826-831.


Average social services expenditures as percentage of GDP, 1995-2005
Average health services expenditures as percentage of GDP, 1995-2005
0
5
10
15
20
25
30
SWE
DNK
BEL
FRA
FIN
AUT
NLD
DEU
GBR
CHE
ITA
NOR
POL
GRC
LUX
HUN
AUS
ESP
PRT
CAN
CZE
SVK
JPN
ISL
NZL
USA
IRL
KOR
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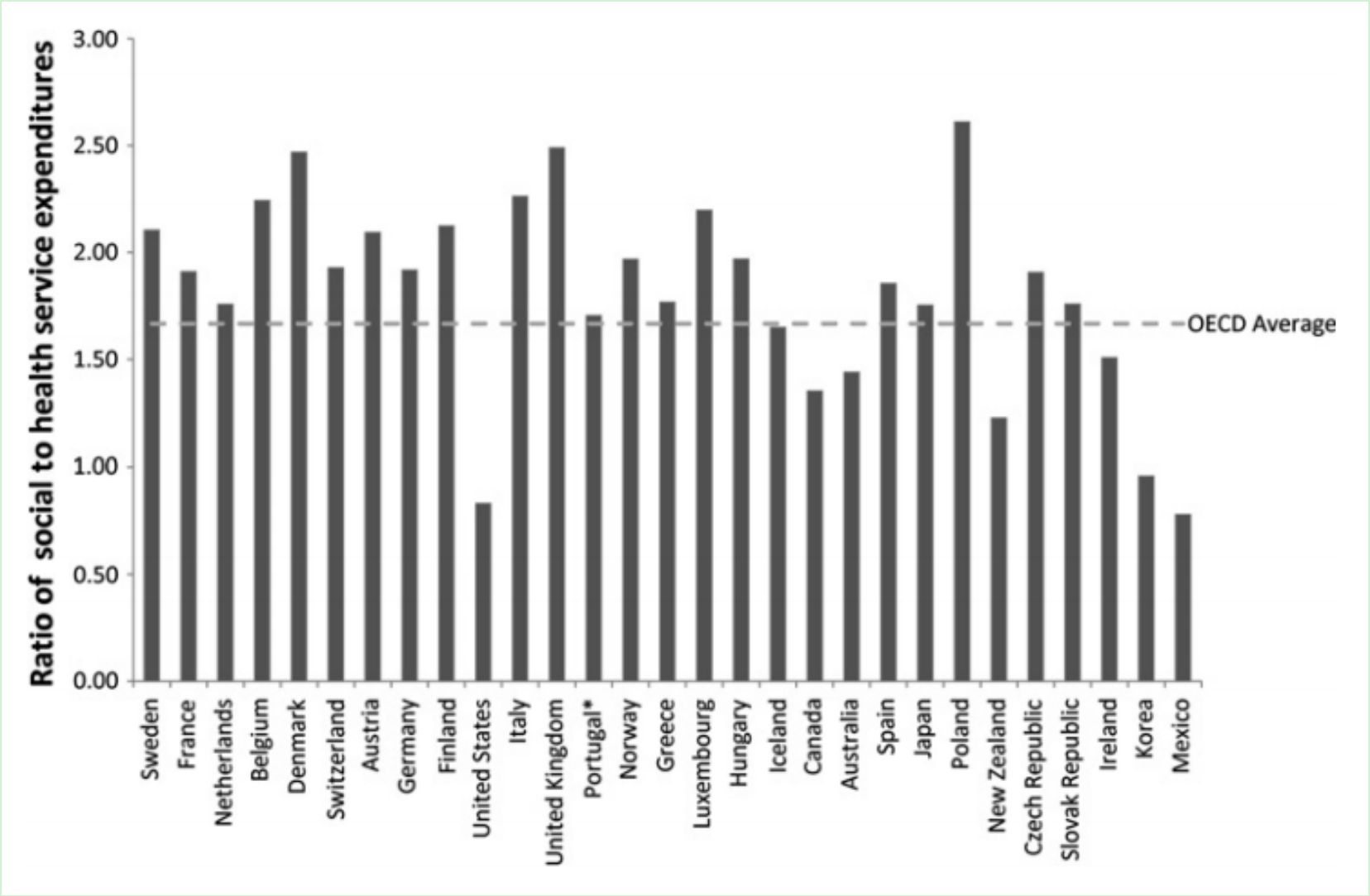
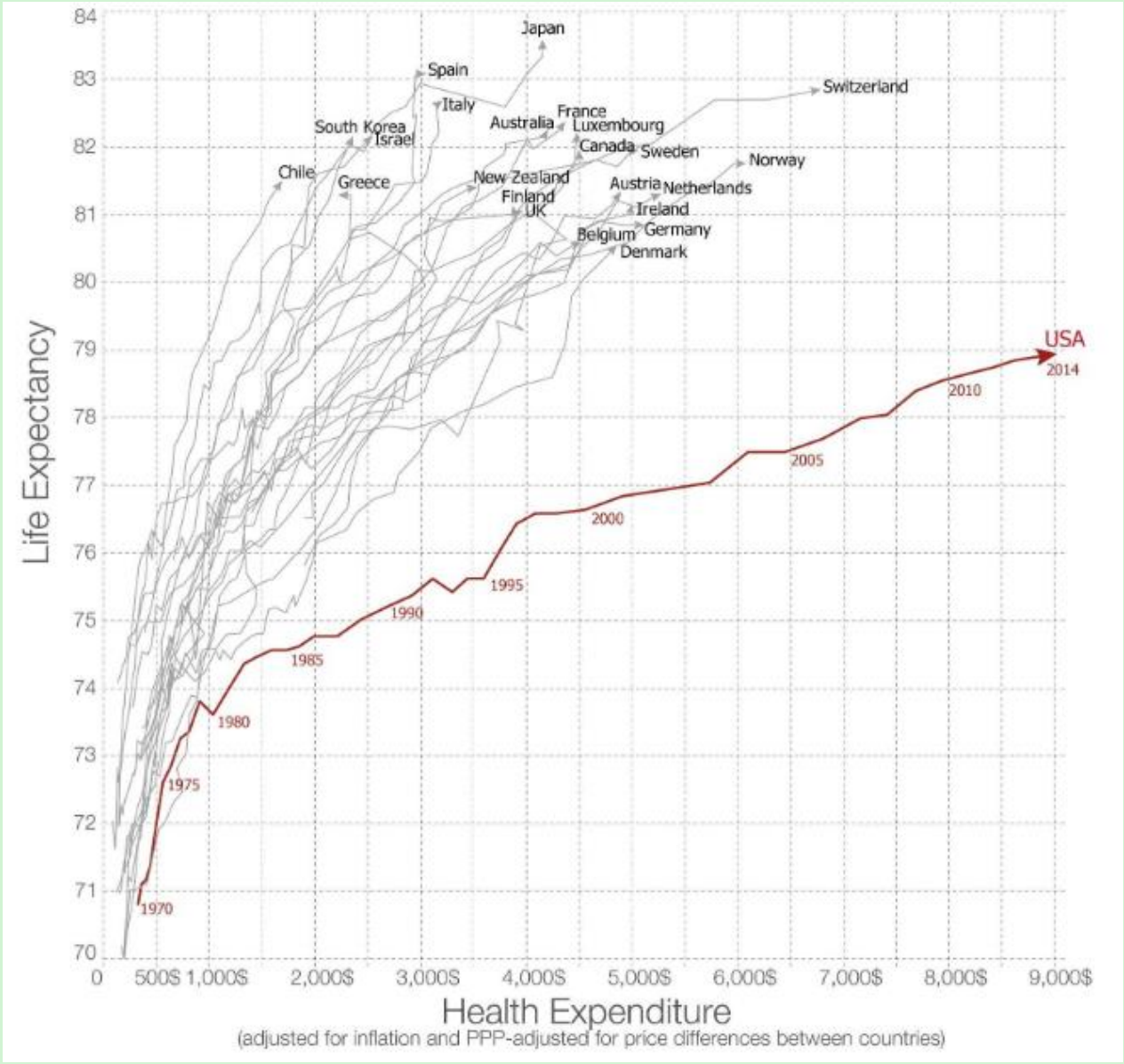

Ratio of social to health service expenditures
3.00
2.50
2.00
1.50
1.00
0.50
0.00
OECD Average
Sweden
France
Netherlands
Belgium
Denmark
Switzerland
Austria
Germany
Finland
United States
Italy
United Kingdom
Portugal*
Norway
Greece
Luxembourg
Hungary
Iceland
Canada
Australia
Spain
Japan
Poland
New Zealand
Czech Republic
Slovak Republic
Ireland
Korea
Mexico


Life Expectancy
Health Expenditure
(adjusted for inflation and PPP-adjusted for price differences between countries)
84
83
82
81
80
79
78
77
76
75
74
73
72
71
70
0
500$
1,000$
2,000$
3,000$
4,000$
5,000$
6,000$
7,000$
8,000$
9,000$
Japan
Spain
Italy
Switzerland
France
Australia
Luxembourg
South Korea
Israel
Canada
Sweden
Norway
Chile
Greece
New Zealand
Finland
Austria
Netherlands
UK
Ireland
Belgium
Germany
Denmark
USA
2014
2010
2005
2000
1995
1990
1985
1980
1975
1970

- Percentage of men living to age 65 in Bangladesh:
  - **58%**

- Percentage of men living to age 65 in Harlem:
  - **38%**

SPECIAL ARTICLE

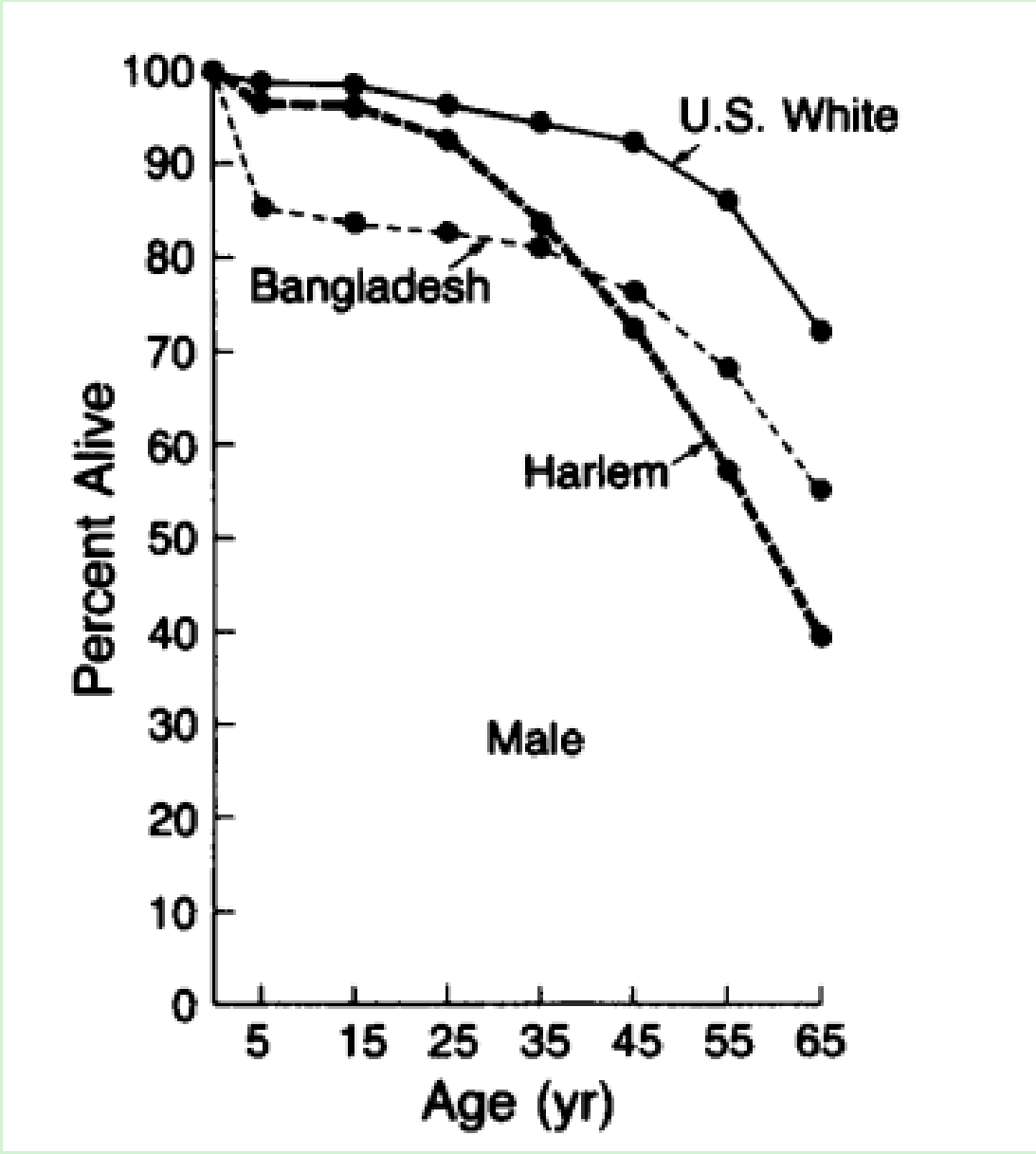
EXCESS MORTALITY IN HARLEM

COLIN McCORD, M.D., AND HAROLD P. FREEMAN, M.D.

Abstract In recent decades mortality rates have declined for both white and nonwhite Americans, but national averages obscure the extremely high mortality rates in many inner-city communities. Using data from the 1980 census and from death certificates in 1979, 1980, and 1981, we examined mortality rates in New York City's Central Harlem health district, where 96 percent of the inhabitants are black and 41 percent live below the poverty line.

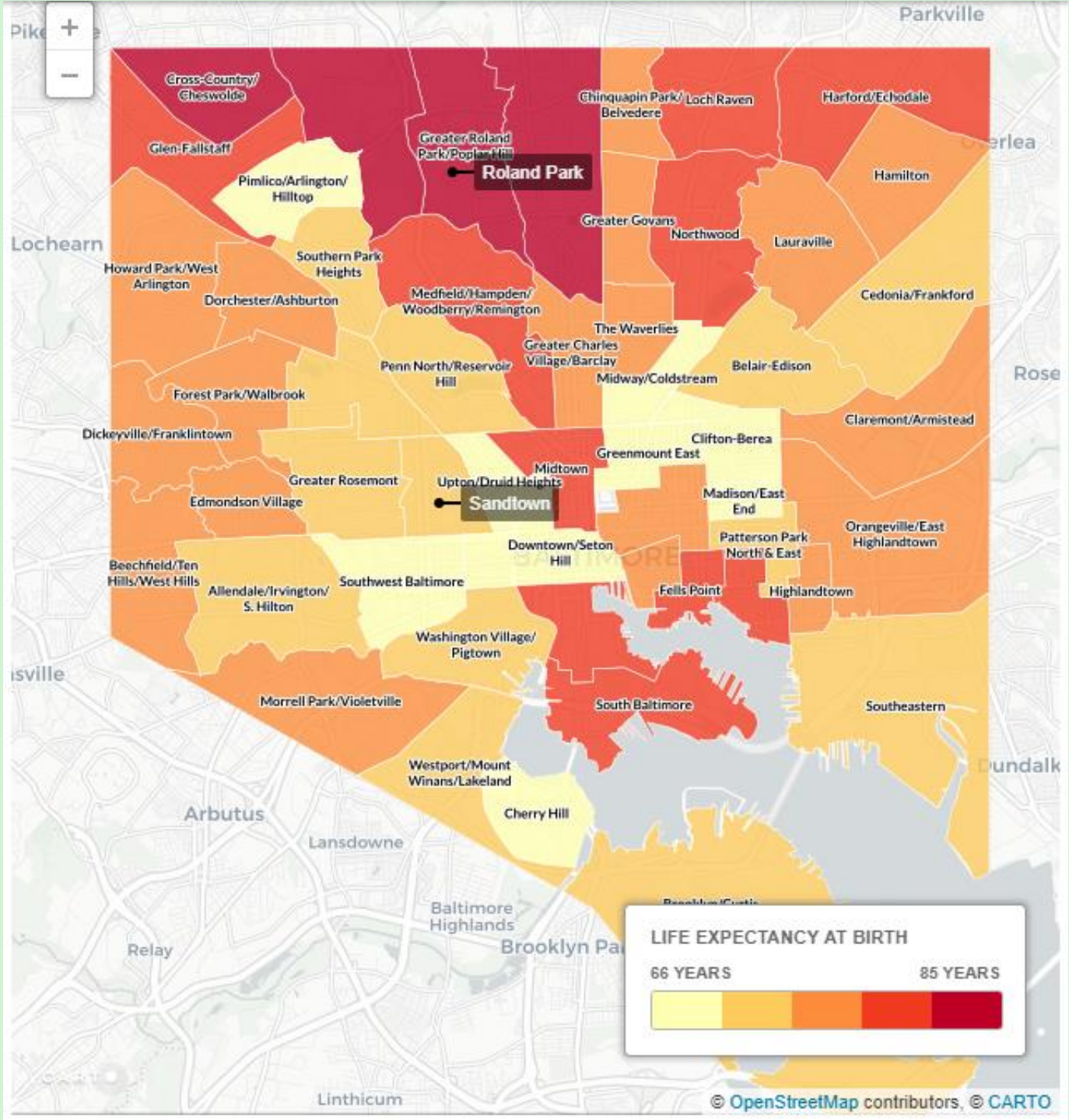
For Harlem, the age-adjusted rate of mortality from all causes was the highest in New York City, more than double that of U.S. whites and 50 percent higher than that of U.S. blacks. Almost all the excess mortality was among those less than 65 years old. With rates for the white population as the basis for comparison, the standardized (adjusted for age) mortality ratios (SMRs) for deaths under the age of 65 in Harlem were 2.91 for male residents and 2.70 for female residents. The highest ratios were for women 25 to 34 years old (SMR, 6.13) and men 35 to 44 years old (SMR, 5.98). The chief causes of this excess mortality were cardiovascular disease (23.5 percent of the excess deaths; SMR, 2.23), cirrhosis (17.9 percent; SMR, 10.5), homicide (14.9 percent; SMR, 14.2), and neoplasms (12.6 percent; SMR, 1.77). Survival analysis showed that black men in Harlem were less likely to reach the age of 65 than men in Bangladesh. Of the 353 health areas in New York, 54 (with a total population of 650,000) had mortality rates for persons under 65 years old that were at least twice the expected rate. All but one of these areas of high mortality were predominantly black or Hispanic.

We conclude that Harlem and probably other inner-city areas with largely black populations have extremely high mortality rates that justify special consideration analogous to that given to natural-disaster areas. (N Engl J Med 1990; 322:173-7.)

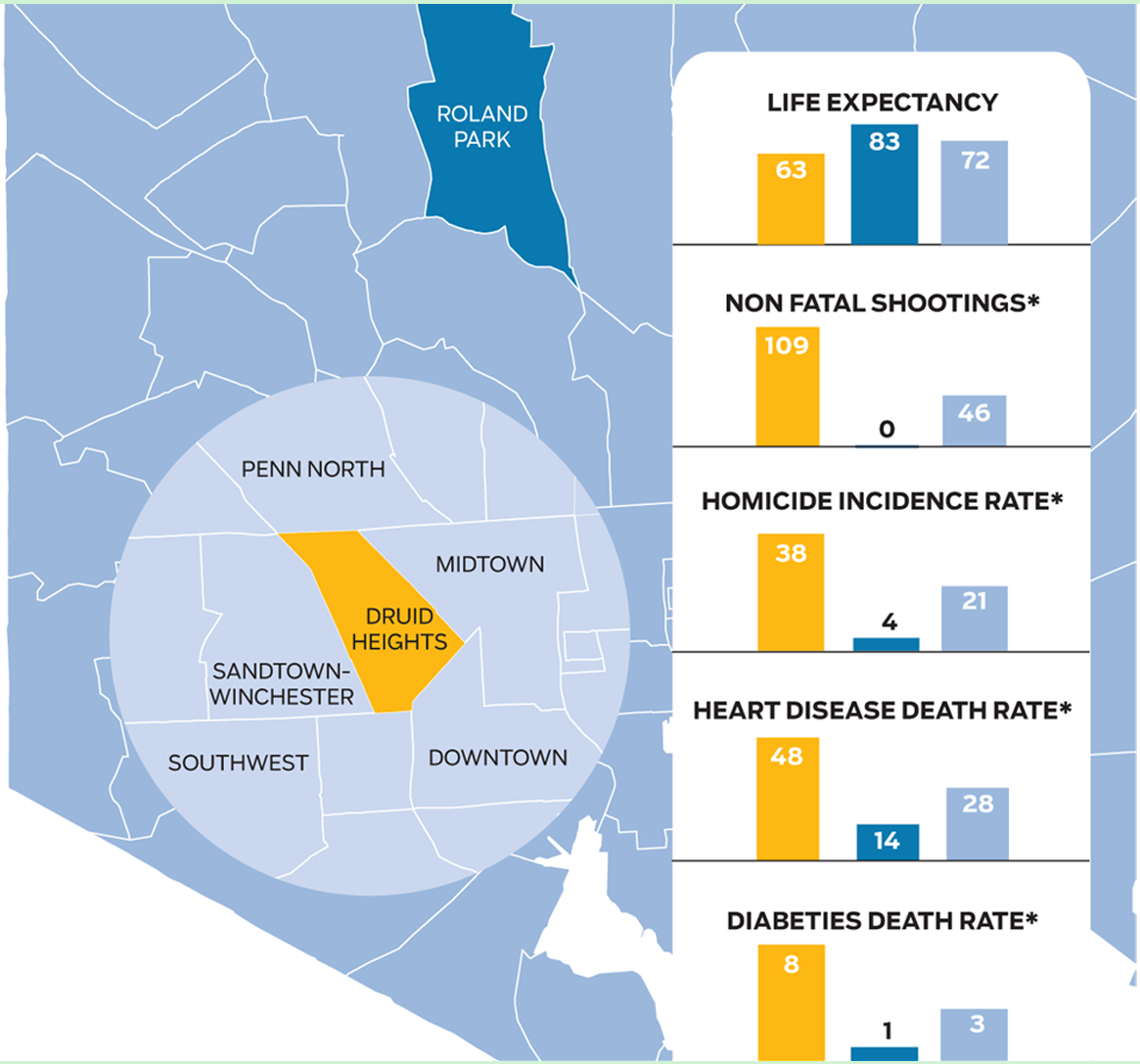

100
90
80
70
60
50
40
30
20
10
0
Percent Alive
U.S. White
Bangladesh
Harlem
Male
5
15
25
35
45
55
65
Age (yr)

- Life expectancy at birth of those born in Roland Park:
  - **85**

- Life expectancy at birth of those born in Pimlico:
  - **66**


Parkville
Cross-Country/
Cheswolde
Chinquapin Park/
Belvedere
Loch Raven
Harford/Echodale
Glen-Fallstaff
Greater Roland
Park/Poplar Hill
Roland Park
Hamilton
Pimlico/Arlington/
Hilltop
Greater Govans
Northwood
Lauraville
Lochearn
Howard Park/West
Arlington
Southern Park
Heights
Dorchester/Ashburton
Medfield/Hampden/
Woodberry/Remington
Cedonia/Frankford
The Waverlies
Greater Charles
Village/Barclay
Penn North/Reservoir
Hill
Midway/Coldstream
Belair-Edison
Forest Park/Walbrook
Claremont/Armistead
Dickeyville/Franklintown
Clifton-Berea
Greenmount East
Midtown
Greater Rosemont
Upton/Druid Heights
Sandtown
Edmondson Village
Madison/East
End
Orangeville/East
Highlandtown
Patterson Park
North & East
Downtown/Seton
Hill
Beechfield/Ten
Hills/West Hills
Southwest Baltimore
Allendale/Irvington/
S. Hilton
Fells Point
Highlandtown
Washington Village/
Pigtown
Morrell Park/Violetville
South Baltimore
Southeastern
Westport/Mount
Winans/Lakeland
Cherry Hill
Arbutus
Lansdowne
Baltimore
Highlands
Relay
Brooklyn Park
Linthicum
LIFE EXPECTANCY AT BIRTH
66 YEARS
85 YEARS
© OpenStreetMap contributors, © CARTO

Disparities in Baltimore



- Leading cause of death in US in 1850
  - **Tuberculosis**

- Of the top 10 causes of death in 1850, number that are in the top 5 causes of death in 2000
  - **0**

1850:

1. **Tuberculosis**
2. **Dysentery/diarrhea**
3. **Cholera**
4. **Malaria**
5. **Typhoid Fever**
6. **Pneumonia**
7. **Diphtheria**
8. **Scarlet Fever**
9. **Meningitis**
10. **Whooping Cough**

1900:

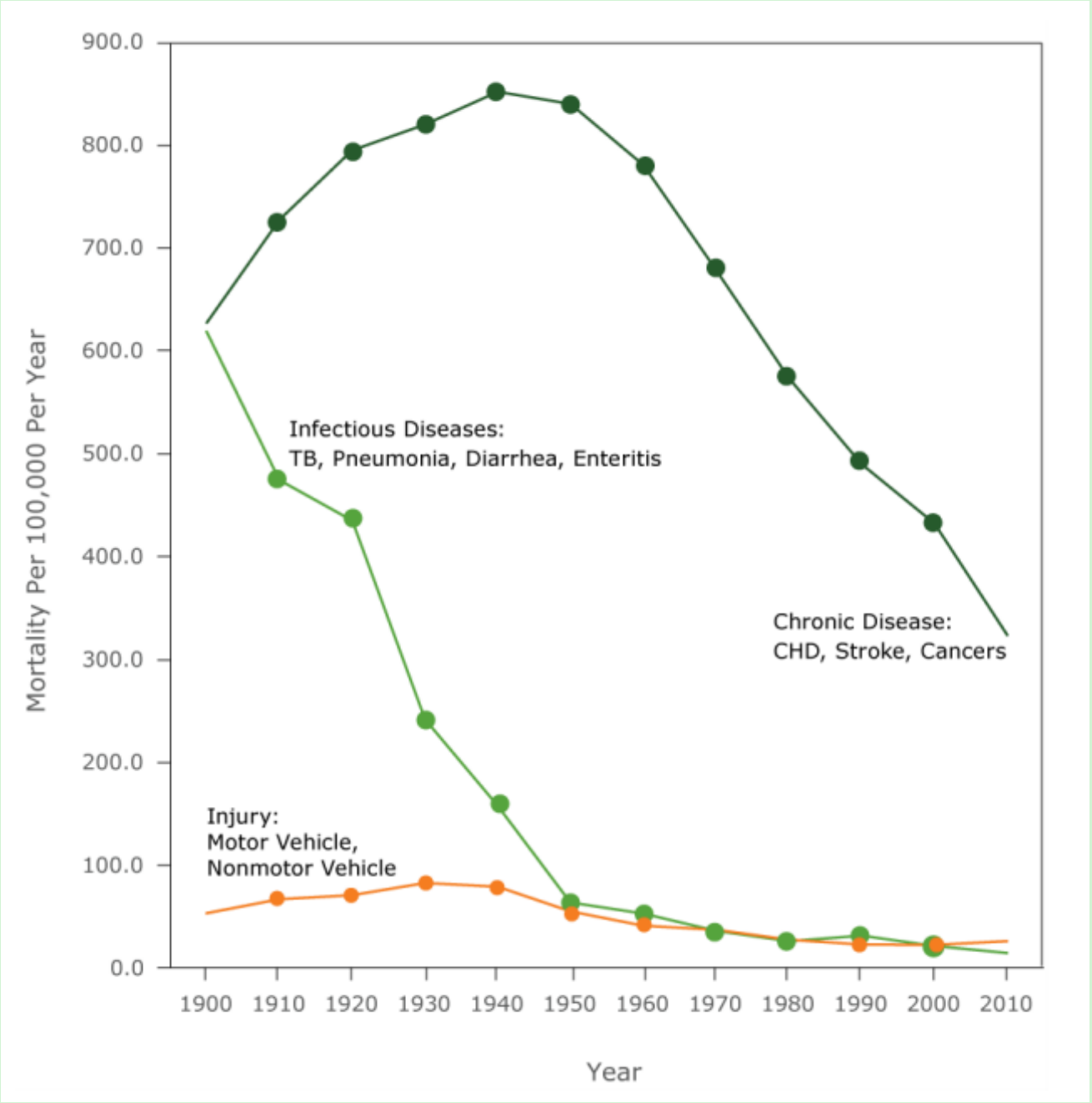
1. **Pneumonia**
2. **Tuberculosis**
3. **Diarrhea**
4. Heart disease
5. Stroke
6. Liver disease
7. Accidents
8. Cancer
9. Normal aging
10. **Diphtheria**

2000:

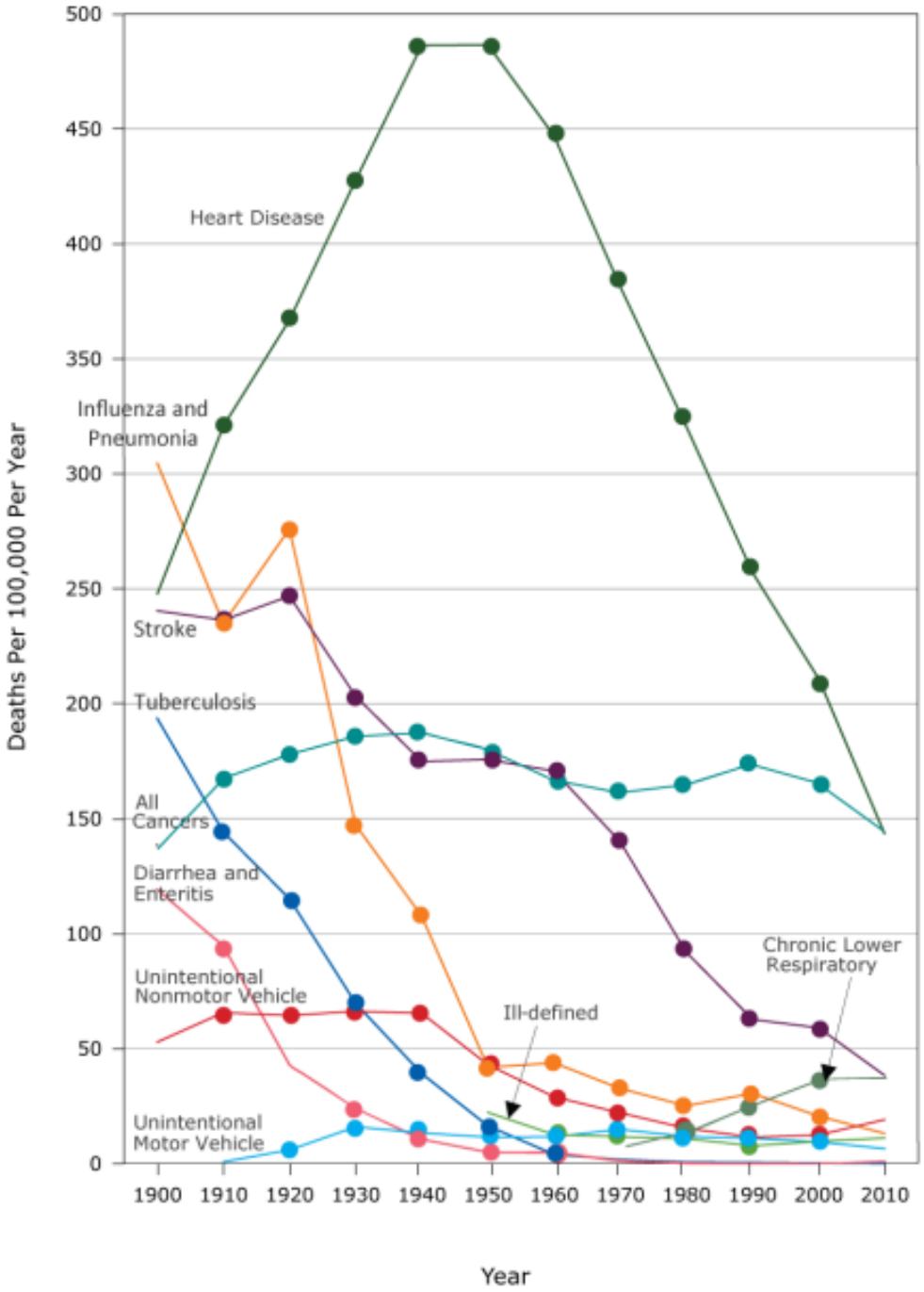
1. Heart disease
2. Cancer
3. Stroke
4. Lung disease
5. Accidents
6. Diabetes
7. **Pneumonia/Influenza**
8. Alzheimer's disease
9. Kidney disease
10. **Blood poisoning**

Epidemiologic transition theory

- Change in patterns of health and disease
  - Result from demographic, economic, and sociologic determinants
- Used to explain the shift of the leading cause of death from infectious diseases to non-communicable diseases (e.g., ASCVD; cancer)



Hahn RA et al. Prev Chronic Dis. 2018; 15: 170284.


Deaths Per 100,000 Per Year
500
450
400
350
300
250
200
150
100
50
0
Heart Disease
Influenza and Pneumonia
Stroke
Tuberculosis
All Cancers
Diarrhea and Enteritis
Unintentional Nonmotor Vehicle
Unintentional Motor Vehicle
Ill-defined
Chronic Lower Respiratory
1900
1910
1920
1930
1940
1950
1960
1970
1980
1990
2000
2010
Year

ORIGINAL RESEARCH

Annals of Internal Medicine

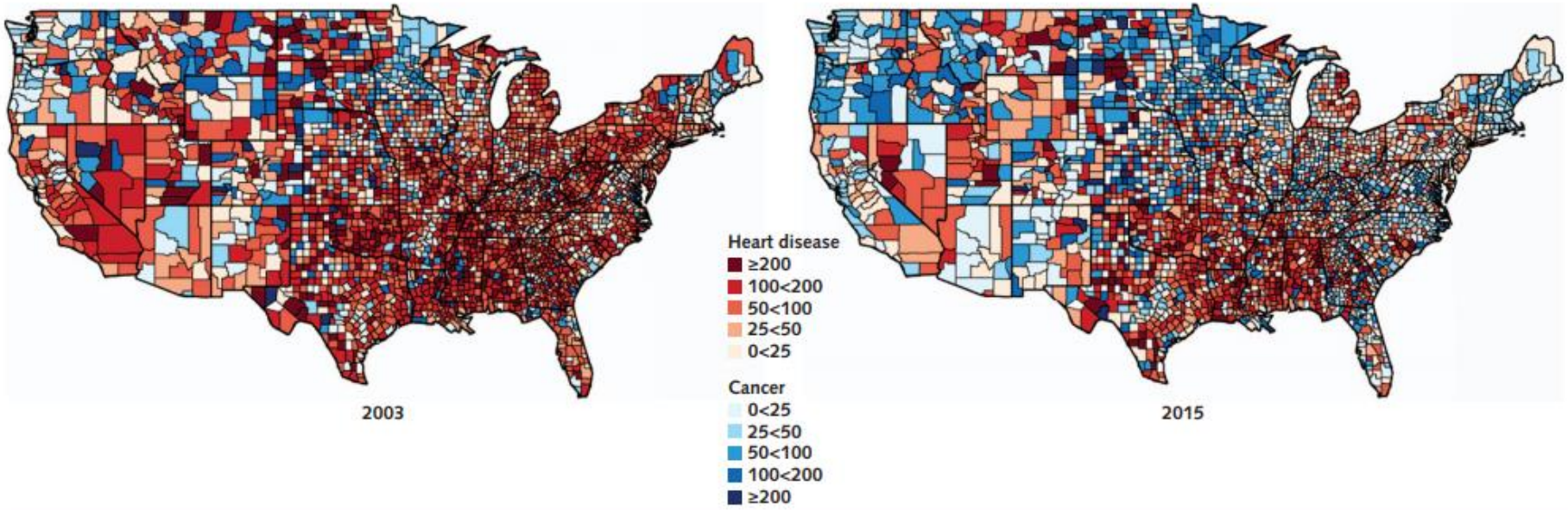
Socioeconomic Differences in the Epidemiologic Transition From Heart Disease to Cancer as the Leading Cause of Death in the United States, 2003 to 2015

An Observational Study

Katherine G. Hastings, MPH; Derek B. Boothroyd, PhD; Kristopher Kapphahn, MS; Jiaqi Hu, MPH; David H. Rehkopf, ScD, MPH; Mark R. Cullen, MD; and Latha Palaniappan, MD, MS

2018; 169: 836-44.

Figure 1. Maps of differences in age- and sex-adjusted county mortality rates for heart disease and cancer among adults aged ≥25 y in 2003 vs. 2015.



Results: Heart disease was the leading cause of death in 79% of counties in 2003 and 59% in 2015. Cancer was the leading cause of death in 21% of counties in 2003 and 41% in 2015. The shift to cancer as the leading cause of death was greatest in the highest-income counties. Overall, heart disease mortality rates decreased by 28% (30% in high-income counties vs. 22% in low-income counties) from 2003 to 2015, and cancer mortality rates decreased by 16% (18% in high-income counties vs. 11% in low-income counties). In the lowest-income counties, heart disease remained the leading cause of death among all racial/ethnic groups, and improvements were smaller for both heart disease and cancer.

Annals of Internal Medicine

POSITION PAPER

Addressing Social Determinants to Improve Patient Care and Promote Health Equity: An American College of Physicians Position Paper

Hilary Daniel, BS; Sue S. Bornstein, MD; and Gregory C. Kane, MD; for the Health and Public Policy Committee of the American College of Physicians*

Social determinants of health are nonmedical factors that can affect a person's overall health and health outcomes. Where a person is born and the social conditions they are born into can affect their risk factors for premature death and their life expectancy. In this position paper, the American College of Physicians acknowledges the role of social determinants in health, examines the complexities associated with them, and offers recommendations on better integration of social determinants into the health care system while highlighting the need to address systemic issues hindering health equity.

Ann Intern Med. 2018;168:577-578. doi:10.7326/M17-2441 **Annals.org**

For author affiliations, see end of text.

ACP supports:

- Evaluation, funding, and implementation of public policy interventions with the goal of reducing socioeconomic inequalities that have a negative impact on health
- Integration of training on social determinants of health and underlying individual, community, and systemic issues related to health inequities at all levels of medical education

Looking Ahead at What's 'Hot' in Advocacy

ACP takes aim at issues that confront physicians and patients

May 3, 2019 (ACP) – With Congress and many state legislatures in session, and the 2020 election getting closer, pushing for policies that support patients and physicians remains a top priority for the American College of Physicians.

At the College's recent annual meeting – more than 7,000 attendees gathered April 11-13 in Philadelphia – briefings were held on issues of particular concern, such as firearms violence, the rising cost of prescription drugs, and the administrative burdens physicians now face.

What can you do?

- Examine your own practice
- Advocate through social media
  - @BobDohertyACP; @AnnalsofIM;@ACPinternists
- Get involved at the local, state, and national level
  - Ask your hospital leaders how they are addressing disparities
  - Join Maryland ACP's Health & Public Policy Committee
  - Join us at Leadership Day
- Remain a lifelong member of the ACP