



# Risk factor modelling with the Proportional Multi-State Life Table model

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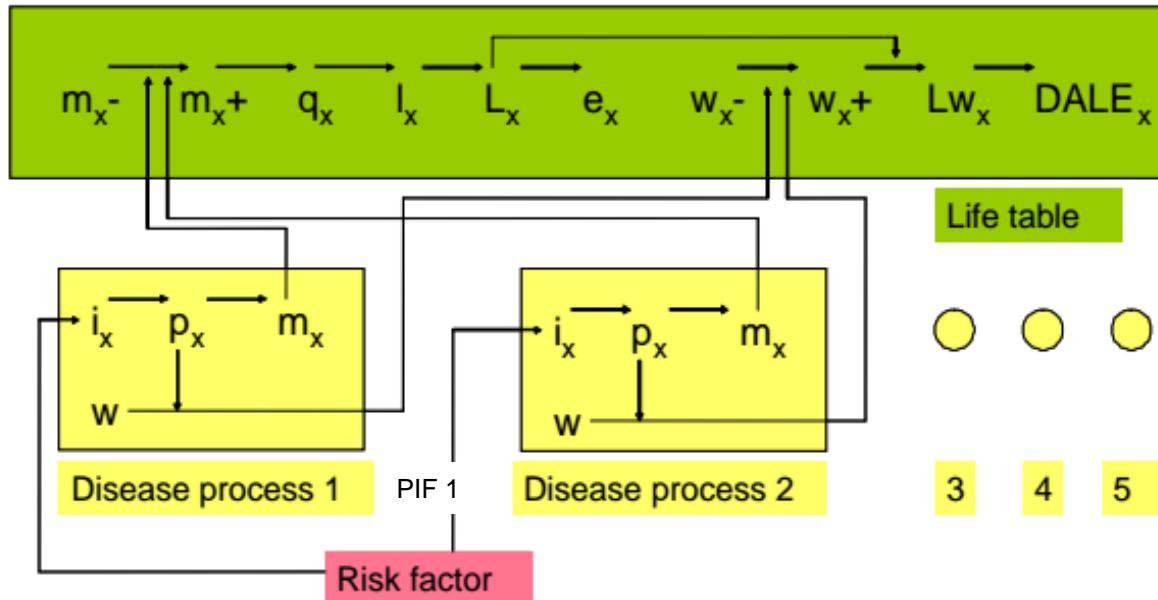
# Overview

- The proportional multi-state life table model (MSLT)
- Exposure distributions
- Potential impact fractions
- Past and present projects
- Example: taxing sugary drinks in South Africa
- Strengths and weaknesses



A/Prof Jan Barendregt  
Director at Epigear International Pty Ltd

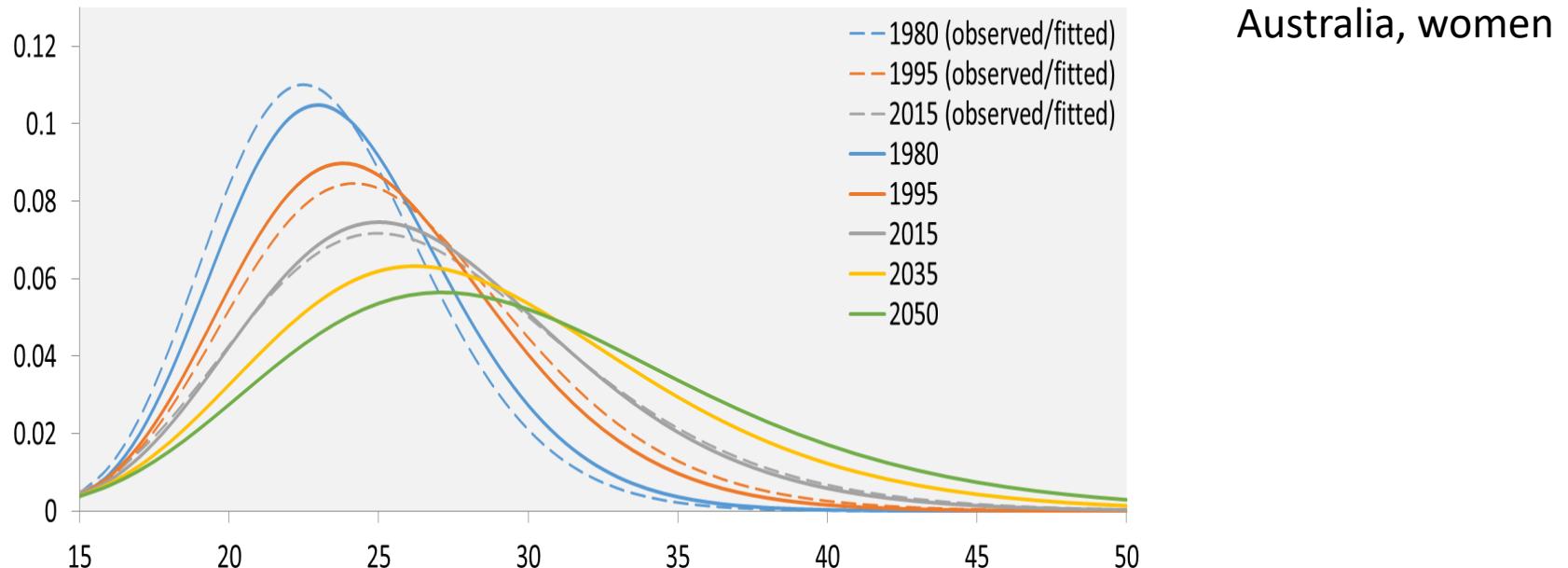
# Proportional Multi-State Life table Markov Model



Vos et al. ACE Prevention Final Report, 2010  
 Barendregt et al. *Math Popul Stud* 1998;7:29–49

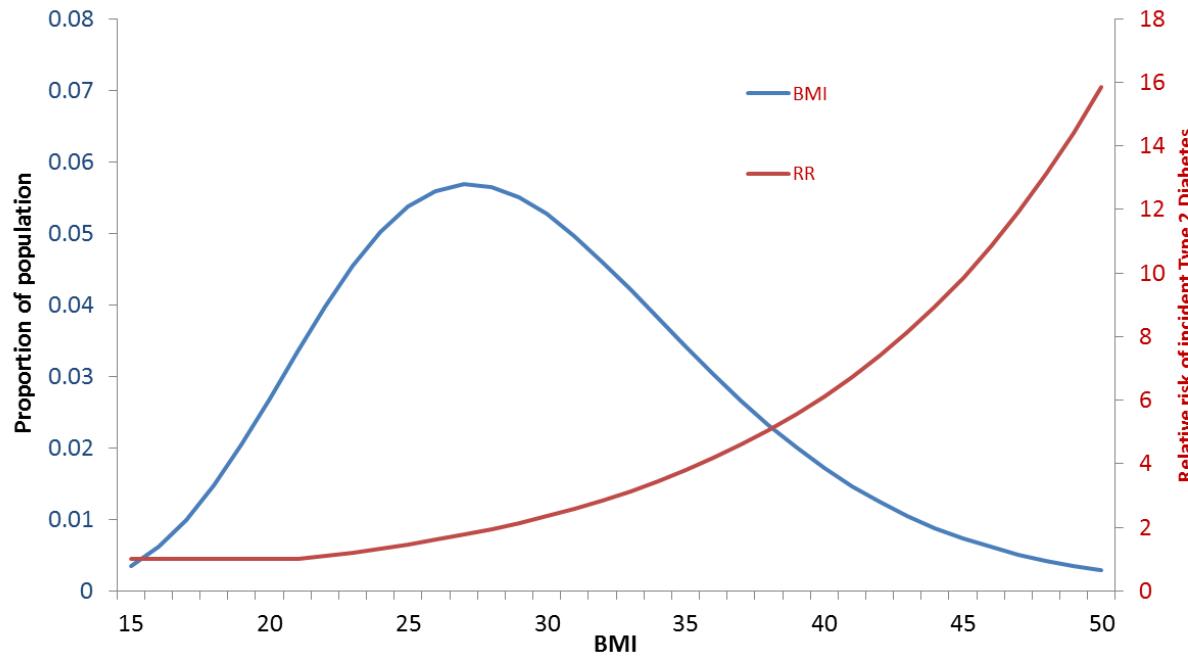
From the above table:  $x$  is age;  $i$  is incidence;  $p$  is prevalence;  $m$  is mortality;  $w$  is disability-adjustment;  $q$  is probability of dying;  $l$  is number of survivors;  $L$  is life years;  $Lw$  is disability-adjusted life years;  $e$  is life expectancy and  $DALE$  is disability-adjusted life expectancy, and where ' $-$ ' denotes a parameter that specifically excludes modelled diseases, and ' $+$ ' denotes a parameter for all diseases (i.e. including modelled diseases).

# The shifting population distribution of BMI

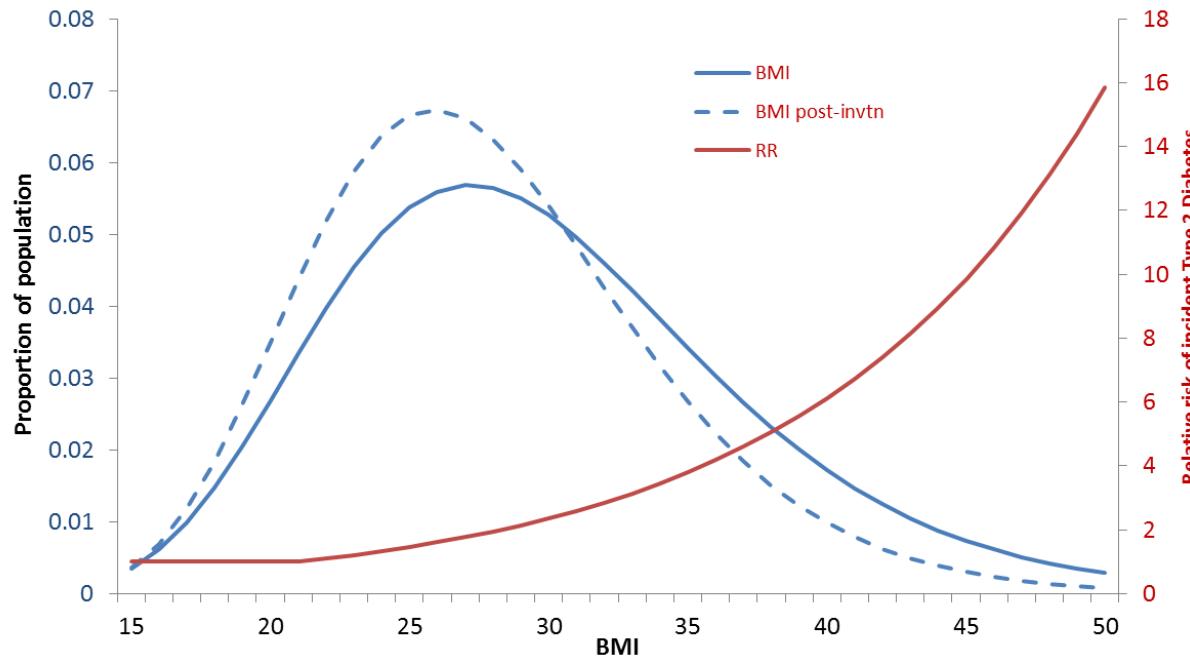


ANZOS 2016 Poster - King Wa Tam

# Intervention effects



# Intervention effects



# Intervention effects – Potential Impact Fractions

$$PIF = \frac{\int_l^h RR(x)P(x) - \int_l^h RR(x)P^*(x)}{\int_l^h RR(x)P(x)}$$

Relative risk

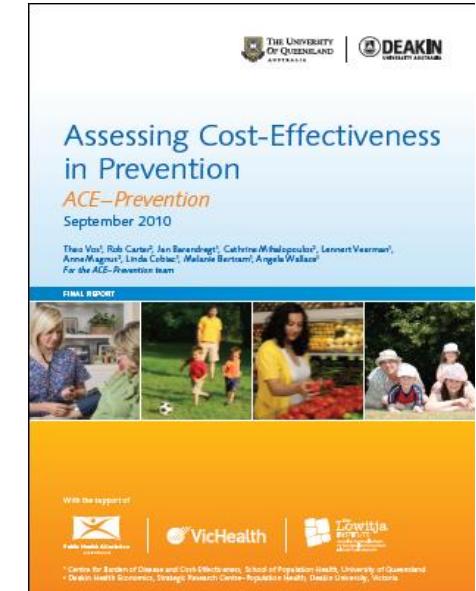
BMI distribution

Counterfactual BMI distribution

Barendregt JJ, Veerman JL. Categorical versus continuous risk factors, and the calculation of potential impact fractions. JECH. 2010;64:209-12.

# ACE Prevention

- 5-year study concluded in 2011
- 150 interventions, 123 in prevention
- Modelled population of Australia, 2003, followed lifetime
- Health sector perspective incl. costs to patients/participants
- Standardised methods
- Acknowledging other criteria in decision making

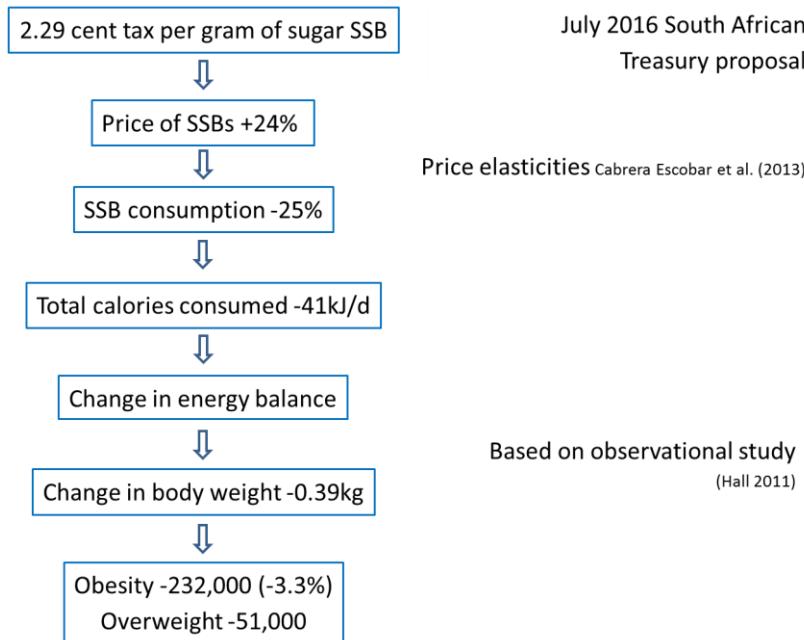


<https://public-health.uq.edu.au/assessing-cost-effectiveness-ace-prevention-study>

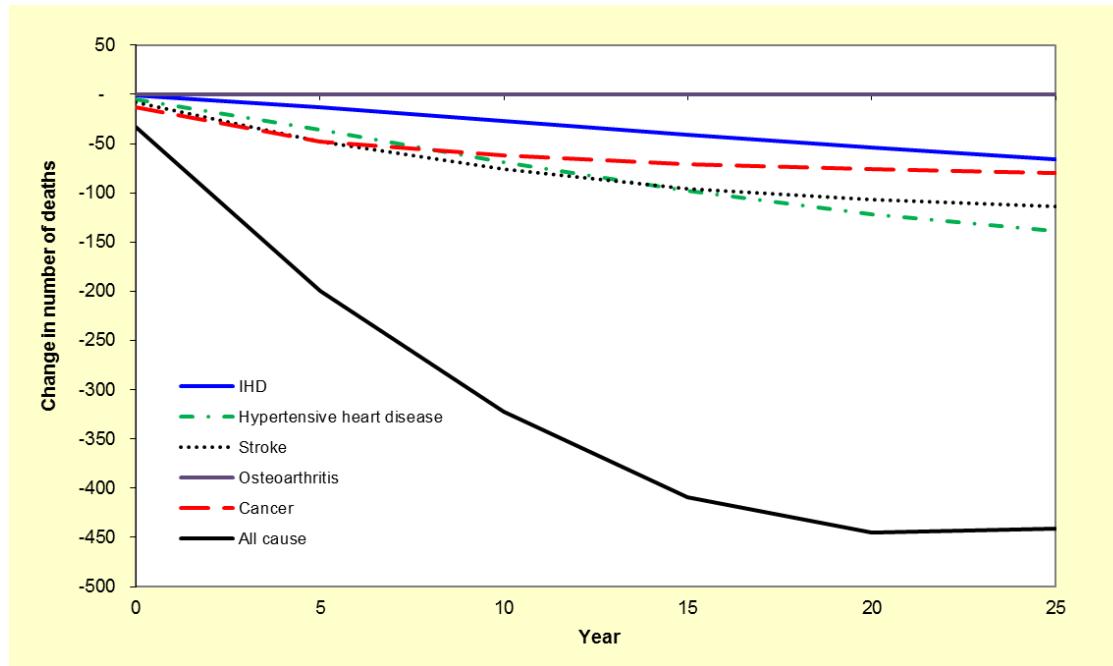
## Further work

- Australia (obesity)
- South Africa (obesity)
- NZ (tobacco, salt)
- USA (childhood obesity, e.g. Am J Prev Med. 2015 Jul;49:102-159)
- World Bank (SSB tax in China, Indonesia, Philippines, Fiji)
- Canada (obesity)
- Estonia (obesity)

# Example: taxing sugary drinks (SSBs) in South Africa

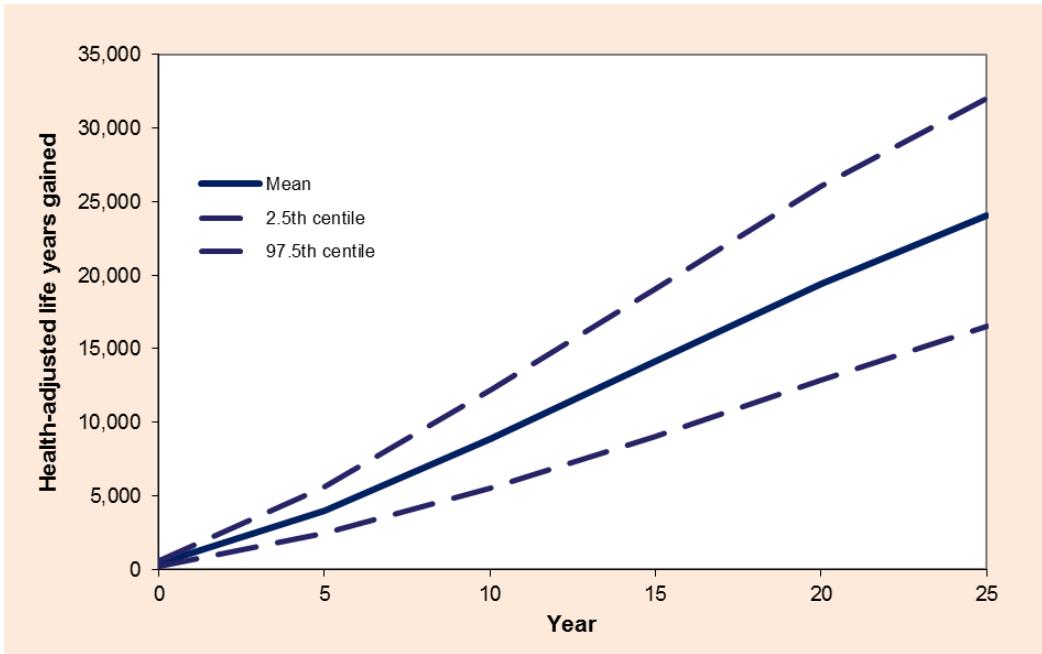


# SA SSB tax: Reduced mortality



Preliminary results

# SA SSB tax: Healthy life years gained



Lifetime HALYs:  
1.59 million  
(1.13–2.01 m)

# CALL FOR 20% LEVY ON FIZZY DRINKS

South Africa becoming a obese nation



BUSINESS DAY (Late Final)  
20 Aug 2014, p.1

Nomaswazi Nkosi  
Health Reporter

SUGAR may become the new sweet and sour of the food industry.

And it may be consumers in have to pay a tax on nature's sweet temptation by the University of the V waterstrand shows that a: sugar tax, as suggested by the department of health, sugar-sweetened beverages (SSBs) could reduce obese in adults.

Sugar-sweetened beverages include fizzy drinks (cold drinks) and sweetened juices.

According to the research paper, in South Africa 75% all deaths were attributable to excess body weight in 2009. Obesity and related diseases are among the top causes of death and their prevalence rates rival the HIV/AIDS.

The World Health Organisation estimated that with other factors related disease account for more than 2.8 million deaths annual.

Being overweight or obese increases the risk of contracting diabetes, heart disease, high blood pressure, and cancer b four to eight times.

According to Professor Karen Hofman, one of the authors of the research paper (*The Potential Imp*

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<http://citizen.co.za/231207/tax-beverages-may-reduce-obesity-wits/>

<http://www.sowetanlive.co.za/news/2014/08/20/tax-on-beverages-may-reduce-ob>

<http://businesstech.co.za/news/general/66264/sa-drinks-tax-could-promote-health>

TAMAR KAHN  
Science and Health Writer

CAPE TOWN — A 20% tax on sugar-sweetened drinks could cut the number of obese South Africans by almost a quarter of a million, saving lives and money, local research has found.

The study is important, because it adds to the limited research available to low- and middle-income countries on this contentious issue. Only a few countries have introduced taxes on sugared drinks and they have all encountered strong opposition from the soft-drink industry.

Mexico imposed a sugar tax in January. At the end of February, Coca-Cola reported a 5% drop in sales in Mexico.

"It is the responsibility of the

government to protect its population. One way to do this is through nudging people to make healthier and more affordable choices," said Dr. Witwatersrand Mercy Manymena, the lead author of the study, published by the Public Library of Science.

Obesity rates have



Coca-Cola report drop in Mexico of Feb year after tax was there. ANDRE

## Wits study supports 20% sugar tax proposal

STAR  
20 Aug 2014, p.4  
VUYO MKIZE  
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A NEW study on the suggested tax on sugar-sweetened beverages (SSBs) has added weight to the effect such taxes may have on the country's high obesity levels.

A team of researchers from the University of Witwatersrand have authored a paper entitled "The potential impact of a 20 percent tax on sugar-sweetened beverages on obesity in South African adults: A mathematical model".

The paper was published in the prestigious open-access journal PLOS ONE yesterday. It found that the prevalence of obesity and the consumption of SSBs in South Africa had risen sharply.

"Research shows that consumption of SSBs leads to weight gain in both adults and children, and reducing SSBs will significantly impact the prevalence of obesity and its related diseases," the study said.

The lead authors are Dr Lennert Veerman, Dr Lumbwana Chola, Professor Benn Sartorius, Mercy Manymena, Professor Demetra Labadarios, Aviva Tugendhaft and Professor Karen Hofman.

The paper draws reference to the 2003 SA Demographic and Health Survey as well as the 2012 National Health and Nutrition Examination Survey, which showed that in less than a decade, obesity prevalence had risen from 8.8 percent to 10.6 percent in men. In women, levels increased from 27.4 percent to 39.2 percent.

The researchers conducted a mathematical simulation model to estimate the effect of a 20 percent SSB tax on the prevalence of obesity, using 2012 as the baseline year.

They found that by instituting a 20 percent tax, in other words, a 20 percent price increase per unit of SSBs, the prevalence of obesity would drop by 25%.

## SUGAR TAX CAN FIGHT FAT – STUDY

A NEW research paper from the University of the Witwatersrand has added weight to the effect such taxes may have on the country's high obesity levels.

The research paper says

<http://www.wits.ac.za/post/tax-on-beverages-may-reduce-obesity/>

<http://www.wits.ac.za/health-briefs/2014/08/tax-on-beverages-may-reduce-obesity/>

<http://www.wits.ac.za/economy/First-sin-tax-and-revenue-growth/>

<http://www.wits.ac.za/article/tax-on-beverages-may-reduce-obesity/>

<http://www.wits.ac.za/Lifestyle/Health-and-wellness/tax-on-beverages-may-reduce-obesity/>

A TWENTY percent tax on sugar-sweetened drinks could cut the number of obese South Africans by almost a quarter of a million, saving lives and money, research has found.

The study is important because it adds to the limited research available to low- and middle-income

<http://www.wits.ac.za/sa-study/>

<http://www.wits.ac.za/s-obeity/>

820

<http://www.wits.ac.za/and-money-tools/>

<http://www.wits.ac.za/africa-wits-e-obeity/>

<http://www.wits.ac.za/taxed-drinks/>



These fizzy drinks do not contain any essential nutrients

Manymena said there were significant

in to consumers and reduce demand. The average daily energy intake per person would fall by 36 kilojoules, which would translate into 222,669 fewer obese adults.

"The cost of obesity and the complications caused by obesity-related diseases have a very serious financial impact on the family, caregivers and breadwinners," study co-author Karen Hofman said. A sugar tax would not necessarily harm the economy, she said, as beverage companies could promote alternative products such as bottled water.

The Beverage Association of SA said a "discriminatory" tax was not an "effective measure because evidence shows consumers switch to different alternatives of the same or similar foods instead".

[ahnt@bdfm.co.za](mailto:ahnt@bdfm.co.za)

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<http://tag?tag=Sugar%20tax>

# Building the case for a sugar tax in South Africa



**Nov 2013:** Evidence that a tax on sugar sweetened beverages reduces the obesity rate: a meta-analysis. *BMC Public Health*

**Aug 2014:** The potential impact of a 20% tax on sugar-sweetened beverages on obesity in South African adults: a mathematical model. *PLoS One*

**Oct 2015:** Cost of inaction on sugar-sweetened beverage consumption: implications for obesity in South Africa. *Public Health Nutr*

**Nov 2015:** Decreasing the Burden of Type 2 Diabetes in South Africa: The Impact of Taxing Sugar-Sweetened Beverages. *PLoS One*

**May 2016:** Modelling the potential impact of a sugar-sweetened beverage tax on stroke mortality, costs and health-adjusted life years in South Africa. *BMC Public Health*



Professor Karen Hofman,  
Director of PRICELESS SA  
Wits University



**Feb 2016:** Finance Minister Pravin Gordhan announces 'sugar tax'

**Jul 2016:** South African Treasury proposes tax of 2.29 cent tax per gram of sugar per litre of SSB.

# Strengths

- Multiple diseases and causes of death
- Accounts for replacing mortality and morbidity by integrating the impact of specific diseases in a life table
- Include impact on health-related quality of life at every age
- Implementation in MS Excel makes it flexible and accessible to researchers without programming skills (but also makes it somewhat error-prone)
- Basic structure is easily adaptable, and the use of data from e.g. the Global Burden of Disease enables to produce outcomes for any desired country, and a wide range of risk factors and diseases.
- Trends can be incorporated (but this increases complexity and runtime).

# Limitations

- requires add-in software for the Monte Carlo simulation (we use Epigear's Ersatz)
- Provide results at the aggregate level; estimating the impact on socio-economic differences in health requires modelling each population subgroup separately
- Clustering of diseases or risk factors not modelled

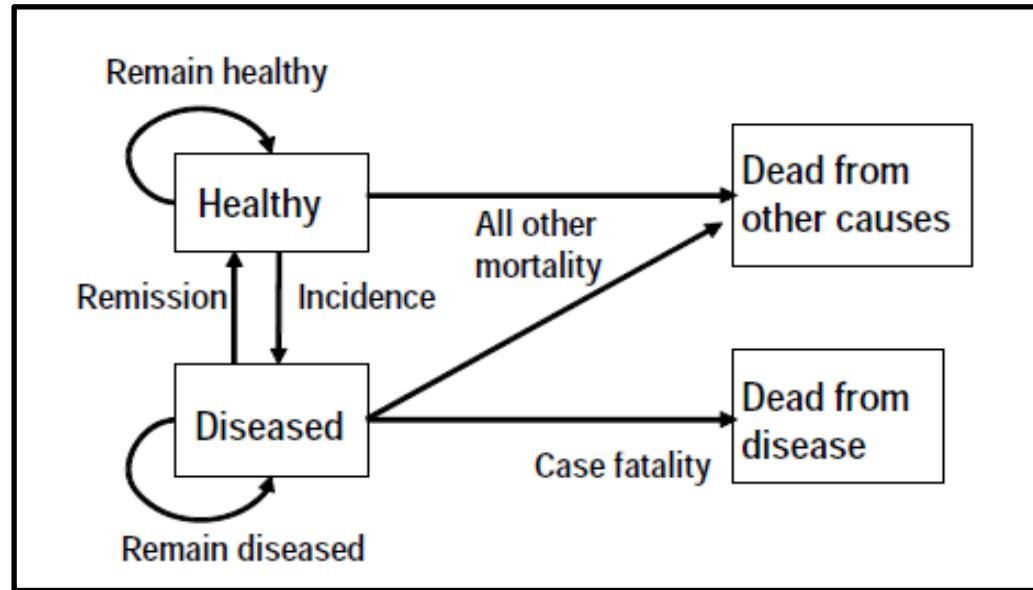
# Thank you

With thanks to Rainer Fehr, Johan Mackenbach, Fintan Hurley and Odile Mekel for organizing this workshop and for their kind invitation, and to Universität Bielefeld for the financial support that enabled me to attend this conference.



The Crystal Ball 1902 by John William Waterhouse

# DISMOD II



Source: Barendregt et al, Population Metrics, 2003