Why health?

Data, determinants, and decision-making for better health

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Vice Provost for Interdisciplinary Initiatives

WashU Public Health

1. A fraught history of health

> " When health is absent, wisdom cannot reveal itself, art cannot manifest, strength cannot fight, wealth becomes useless, and intelligence cannot be applied. "

The Triumph of Death by Pieter Bruegel the Elder, circa 1562, oil on panel. Museo del Prado. (via WIKIMEDIA COMMONS)

In this 1625 illustration, Londoners fleeing the plague are barred by country dwellers. NEW YORK PUBLIC LIBRARY/SCIENCE SOURCE
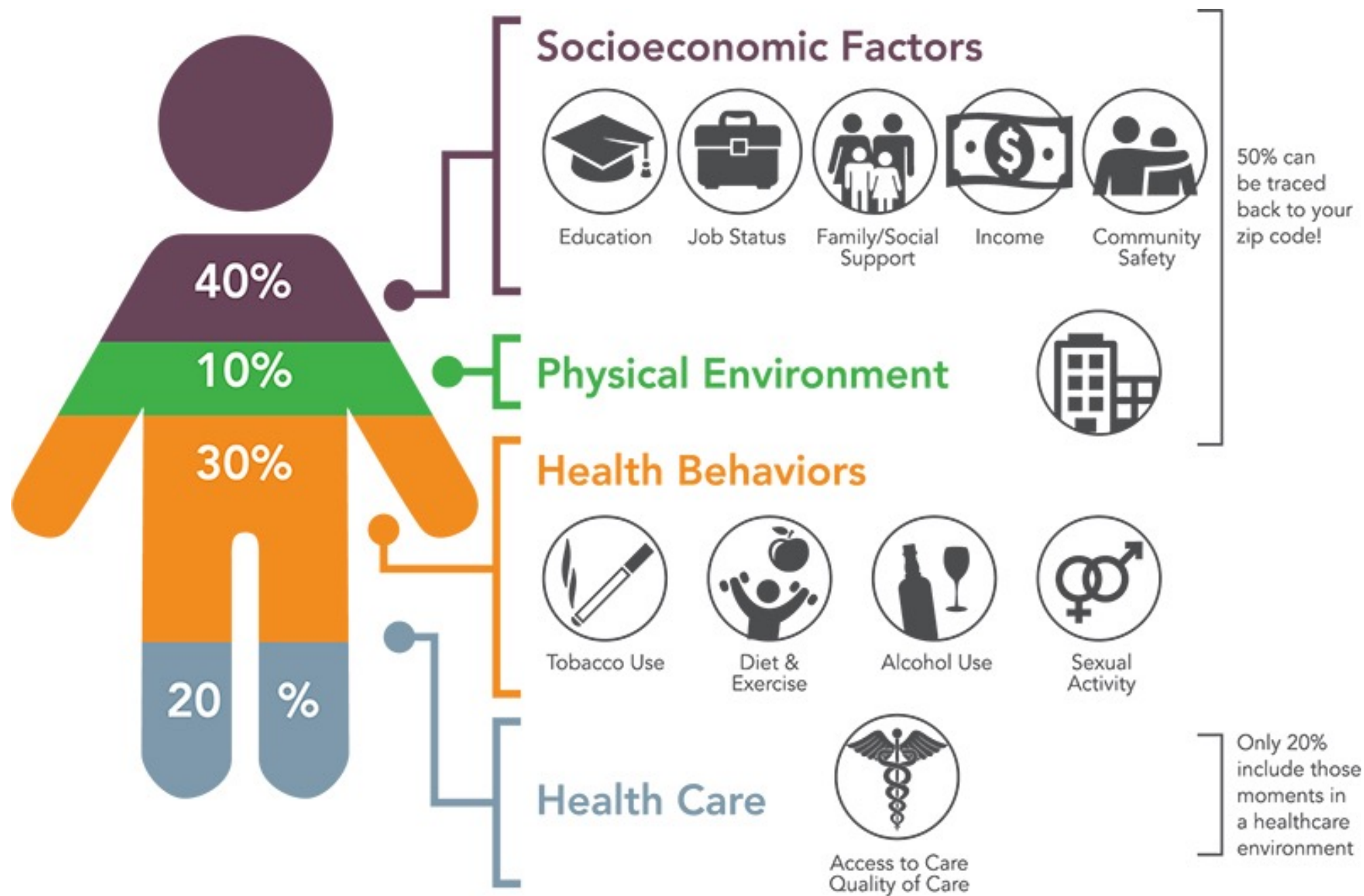

In this 14th century manuscript by the French chronicler Gilles li Muisis, residents of a town stricken by the plague burn Jews, who were blamed for causing the disease. (via WIKIMEDIA COMMONS)
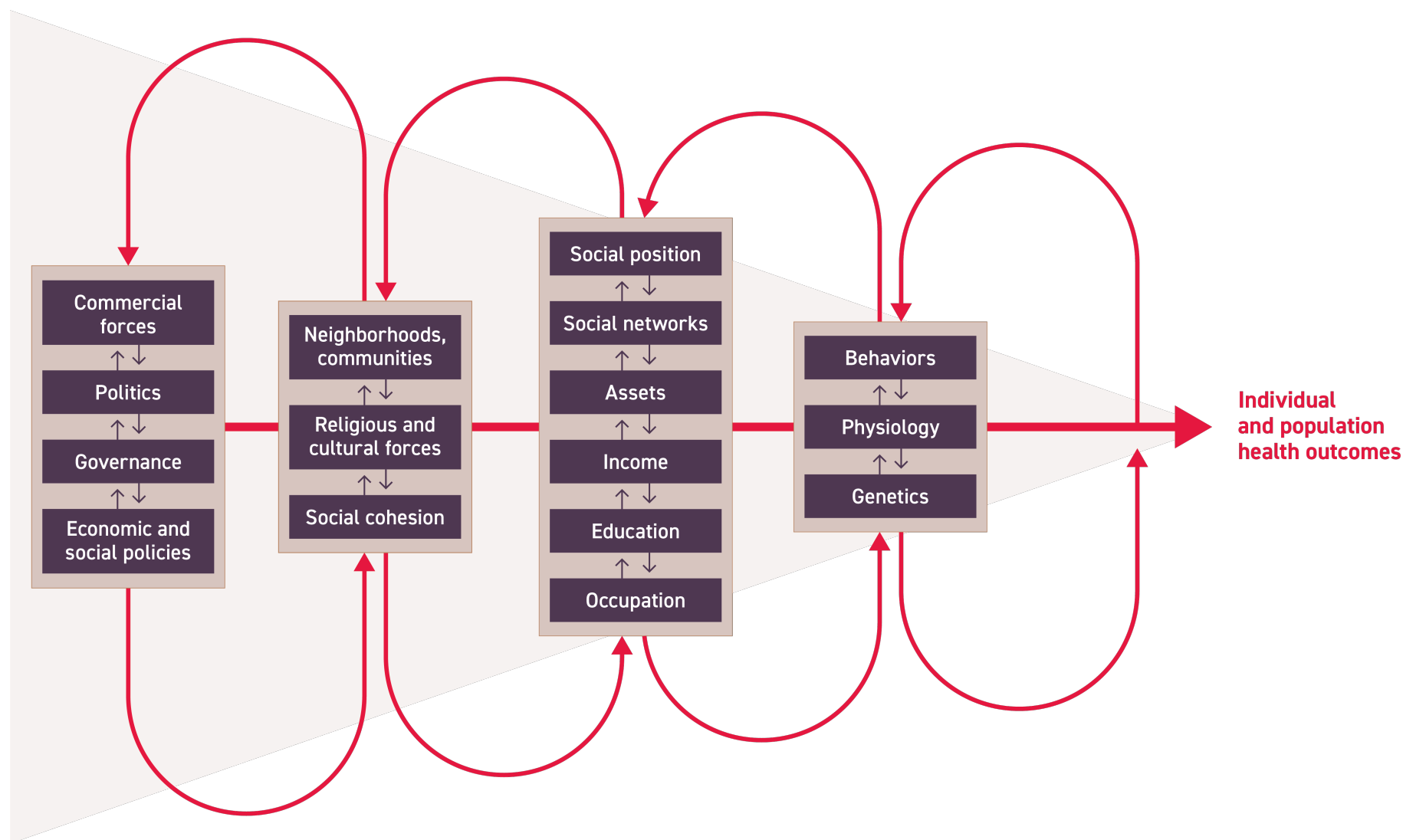
2. So, what causes health?

Socioeconomic Factors

Education

Job Status

Family/Social Support

Income

Community Safety

40%

50% can be traced back to your zip code!

Physical Environment

10%

Health Behaviors

30%

Tobacco Use

Diet & Exercise

Alcohol Use

Sexual Activity

20 %

Health Care

Access to Care
Quality of Care

Only 20% include those moments in a healthcare environment

Social determinants, life course, and health

Accumulation of risks and benefits across life course

Commercial forces ↑ ↓ **Politics** ↑ ↓ **Governance** ↑ ↓ **Economic and social policies**

Neighborhoods, communities ↑ ↓ **Religious and cultural forces** ↑ ↓ **Social cohesion**

Social position ↑ ↓ **Social networks** ↑ ↓ **Assets** ↑ ↓ **Income** ↑ ↓ **Education** ↑ ↓ **Occupation**

Behaviors ↑ ↓ **Physiology** ↑ ↓ **Genetics**

Individual and population health outcomes

Emotions, values, luck, historical legacies

3. How are we doing on health?

Life expectancy

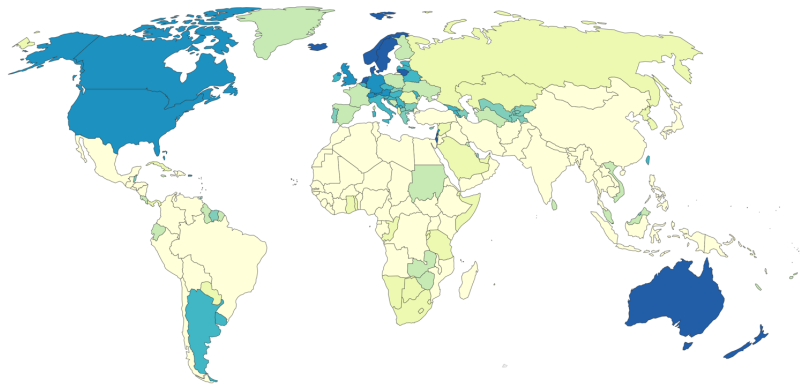The period life expectancy[1] at birth, in a given year.
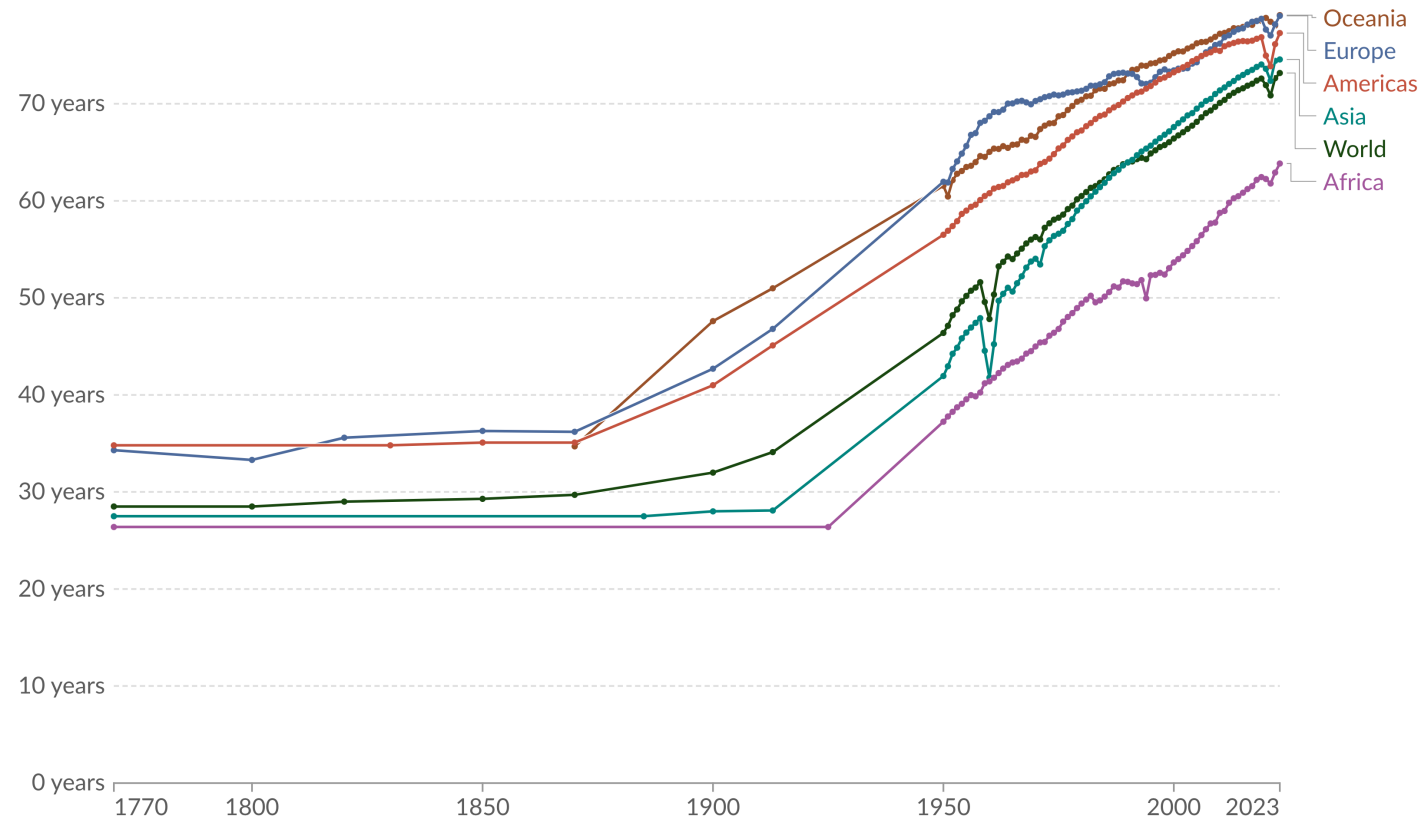
Data source: UN WPP (2024); HMD (2024); Zijdeman et al. (2015); Riley (2005)

OurWorldinData.org/life-expectancy | CC BY

1. **Period life expectancy**: Period life expectancy is a metric that summarizes death rates across all age groups in one particular year. For a given year, it represents the average lifespan for a hypothetical group of people, if they experienced the same age-specific death rates throughout their whole lives as the age-specific death rates seen in that particular year. Learn more in our articles: "Life expectancy" – What does this actually mean? and Period versus cohort measures: what's the difference?

Life expectancy, 1940

The period life expectancy[1] at birth, in a given year.

No data   40 years 45 years 50 years 55 years 60 years 65 years 70 years 75 years 80 years 85 years
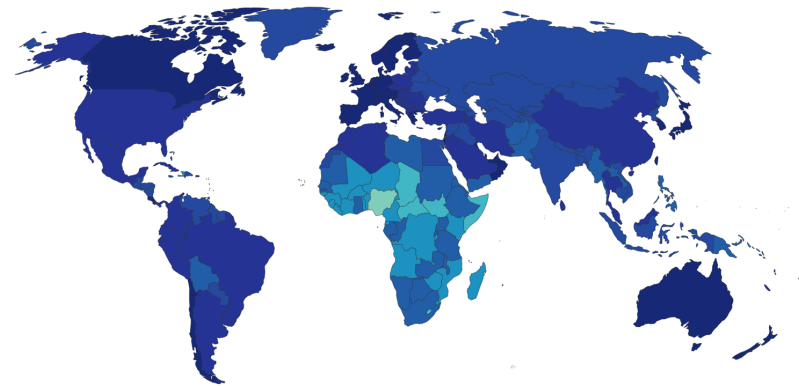
Data source: UN WPP (2022); HMD (2023); Zijdeman et al. (2015); Riley (2005)   OurWorldinData.org/life-expectancy | CC BY

1. **Period life expectancy**: Period life expectancy is a metric that summarizes death rates across all age groups in one particular year. For a given year, it represents the average lifespan for a hypothetical group of people, if they experienced the same age-specific death rates throughout their whole lives as the age-specific death rates seen in that particular year. Learn more in our articles: "Life expectancy" – What does this actually mean? and Period versus cohort measures: what's the difference?

Life expectancy, 2023

The period life expectancy[1] at birth, in a given year.

No data   40 years 45 years 50 years 55 years 60 years 65 years 70 years 75 years 80 years 85 years

Data source: Human Mortality Database (2024); UN, World Population Prospects (2024)   OurWorldinData.org/life-expectancy | CC BY

1. **Period life expectancy**: Period life expectancy is a metric that summarizes death rates across all age groups in one particular year. For a given year, it represents the average lifespan for a hypothetical group of people, if they experienced the same age-specific death rates throughout their whole lives as the age-specific death rates seen in that particular year. Learn more in our articles: "Life expectancy" – What does this actually mean? and Period versus cohort measures: what's the difference?
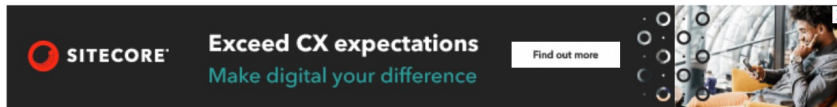
https://ourworldindata.org/health-meta

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Pfizer's Covid-19 Vaccine Proves 90% Effective in Latest Trials

Drugmaker and partner BioNTech could seek FDA authorization by end of November

The New York Times
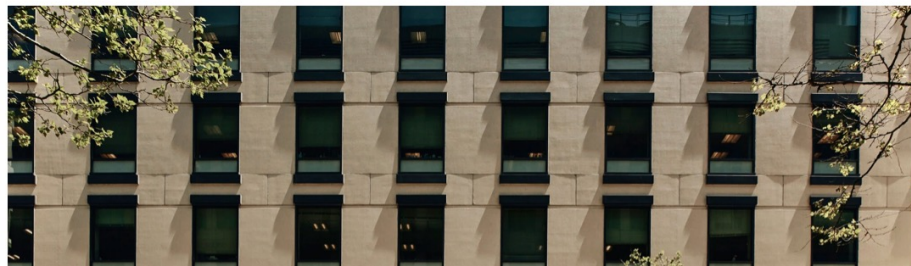
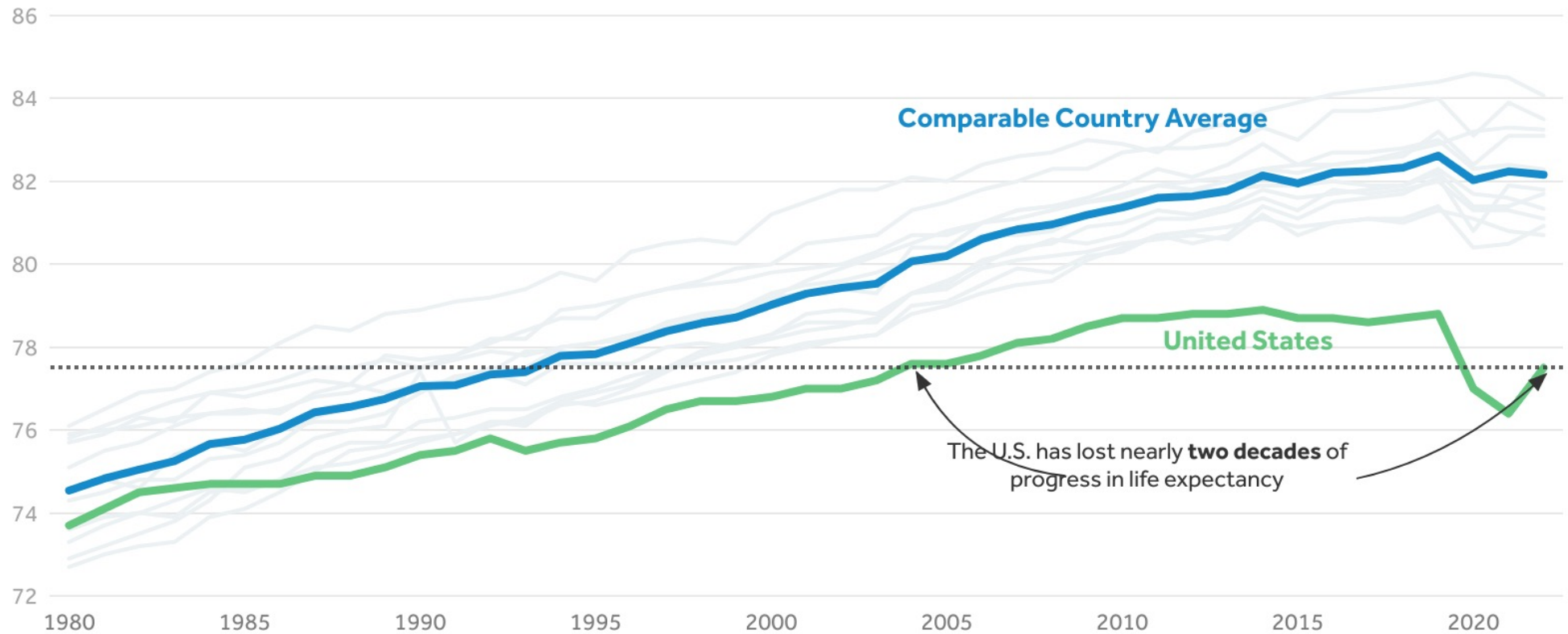The Road to a Coronavirus Vaccine | Vaccine Tracker   FAQ: Pfizer's Vaccine   After the First Vaccine   Understanding Long-Term Safety

Early Data Show Moderna's Coronavirus Vaccine Is 94.5% Effective

Moderna is the second company to report preliminary results from a large trial testing a vaccine. But there are still months to go before it will be widely available to the public.

Life expectancy at birth, in years, 1980-2022

Comparable Country Average

United States

The U.S. has lost nearly **two decades** of progress in life expectancy

Notes: Comparable countries include Australia, Austria, Belgium, Canada, France, Germany, Japan, the Netherlands, Sweden, Switzerland, and the U.K. See Methods section of "How does U.S. life expectancy compare to other countries?"

Peterson-KFF
Health System Tracker

https://www.kff.org/slideshow/life-expectancy-in-the-u-s-and-how-it-compares-to-other-countries-slideshow/

American exceptionalism

Difference between average American life expectancy, and OECD average life expectancy, 1960 –2015
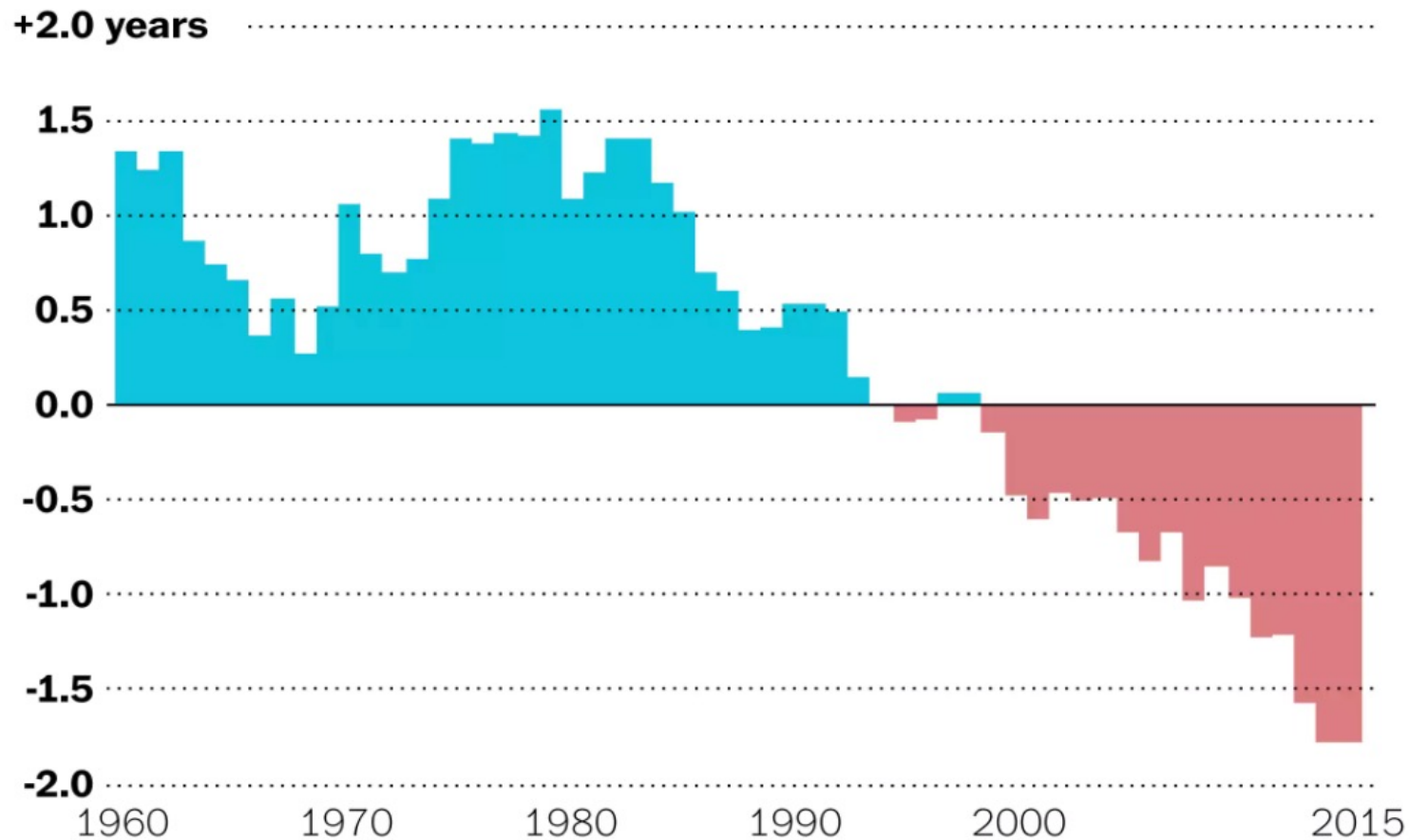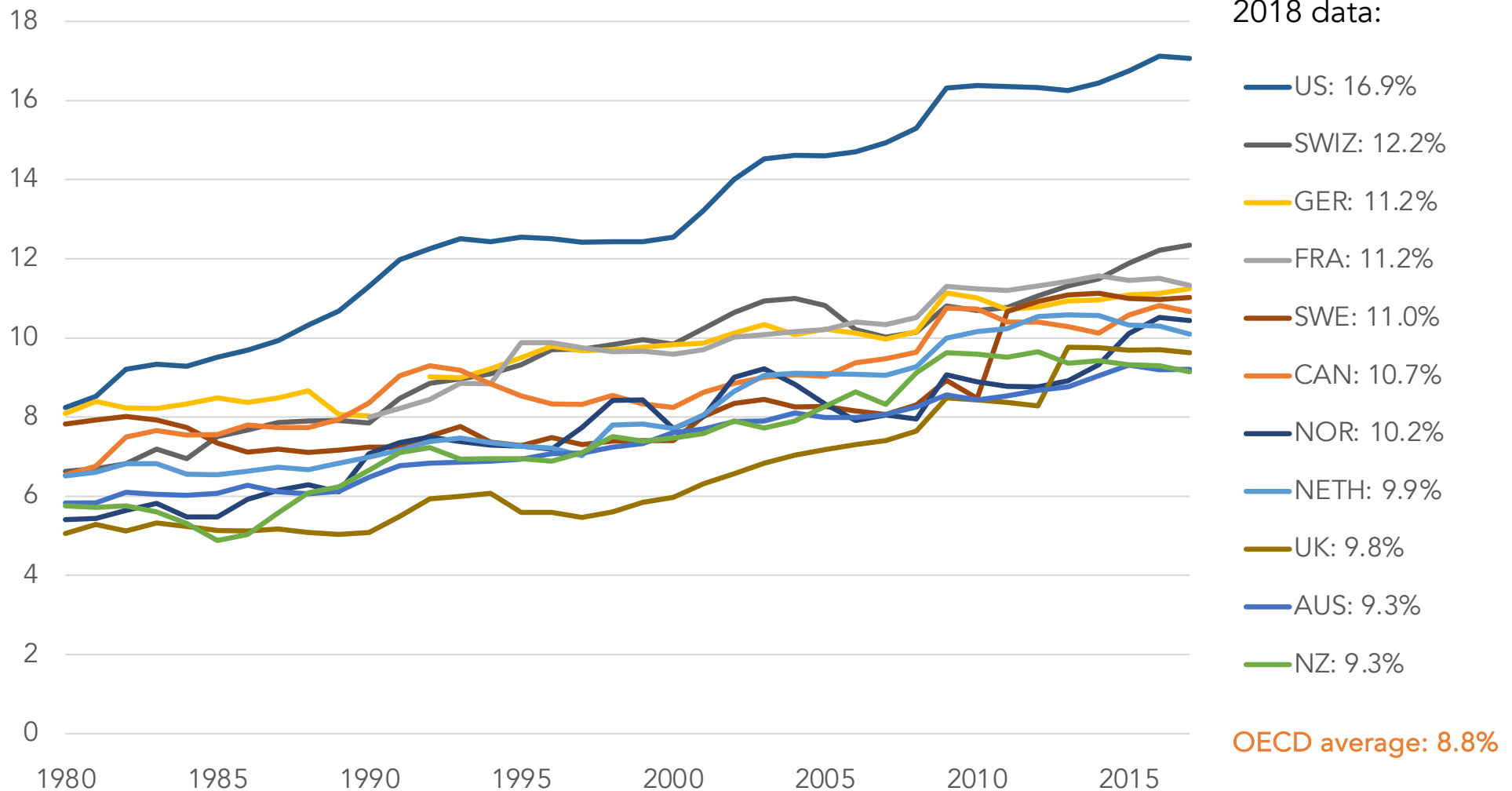
WAPO ST/**WONKBLOG**

Ingraham C. Americans are dying younger than people in other rich nations. *Washington Post*. December 27, 2017.
https://www.washingtonpost.com/news/wonk/wp/2017/12/27/americans-are-dying-younger-than-people-in-other-rich-nations/?utm_term=.d8ef8a27023a Accessed December 27, 2017.

Health Care Spending as a Percent of GDP, 1980–2018

Percent (%) of GDP, adjusted for differences in cost of living

2018 data:

- US: 16.9%
- SWIZ: 12.2%
- GER: 11.2%
- FRA: 11.2%
- SWE: 11.0%
- CAN: 10.7%
- NOR: 10.2%
- NETH: 9.9%
- UK: 9.8%
- AUS: 9.3%
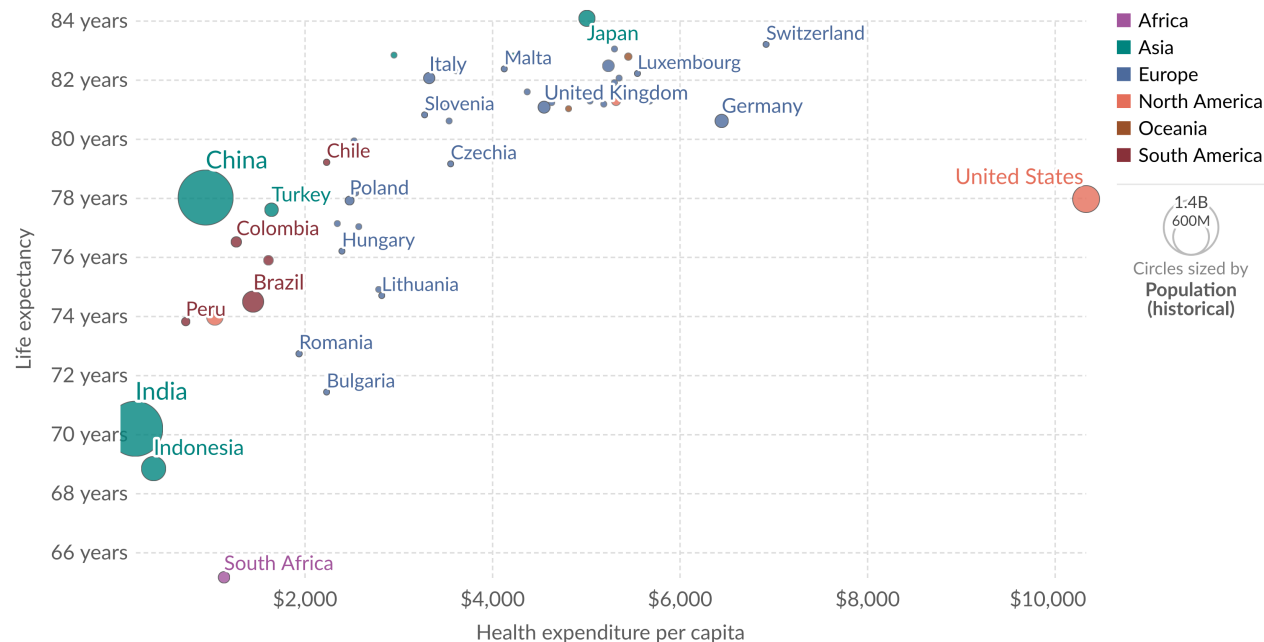- NZ: 9.3%

OECD average: 8.8%

Notes: Current expenditures on health. Based on System of Health Accounts methodology, with some differences between country methodologies. GDP = gross domestic product. OECD average reflects the average of 36 OECD member countries, including ones not shown here. * 2018 data are provisional or estimated.

Data: OECD Health Statistics 2019.

Life expectancy vs. health expenditure, 2022

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.
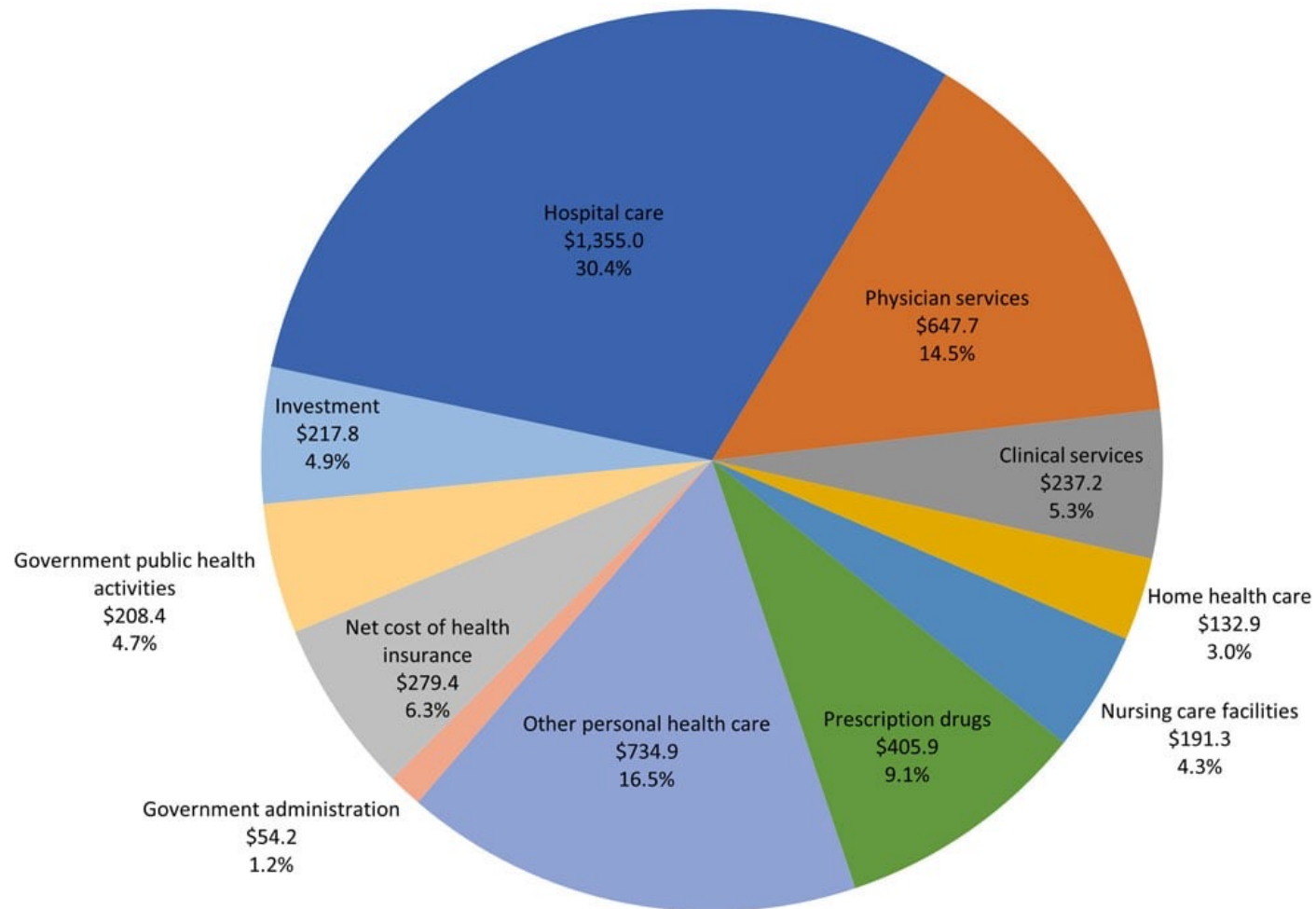

Legend:
- Africa
- Asia
- Europe
- North America
- Oceania
- South America

1:4B
600M
Circles sized by
Population (historical)

X-axis: Health expenditure per capita ($2,000 – $10,000)
Y-axis: Life expectancy (66 years – 84 years)

Countries labeled: Japan, Switzerland, Italy, Malta, Luxembourg, Slovenia, United Kingdom, Germany, Chile, Czechia, China, Turkey, Poland, Colombia, Hungary, United States, Brazil, Lithuania, Peru, Romania, India, Bulgaria, Indonesia, South Africa

Data source: UN, World Population Prospects (2024); OECD Health Expenditure and Financing Database (2023)
Note: Health expenditure data is expressed in international-$[1] at 2015 prices.
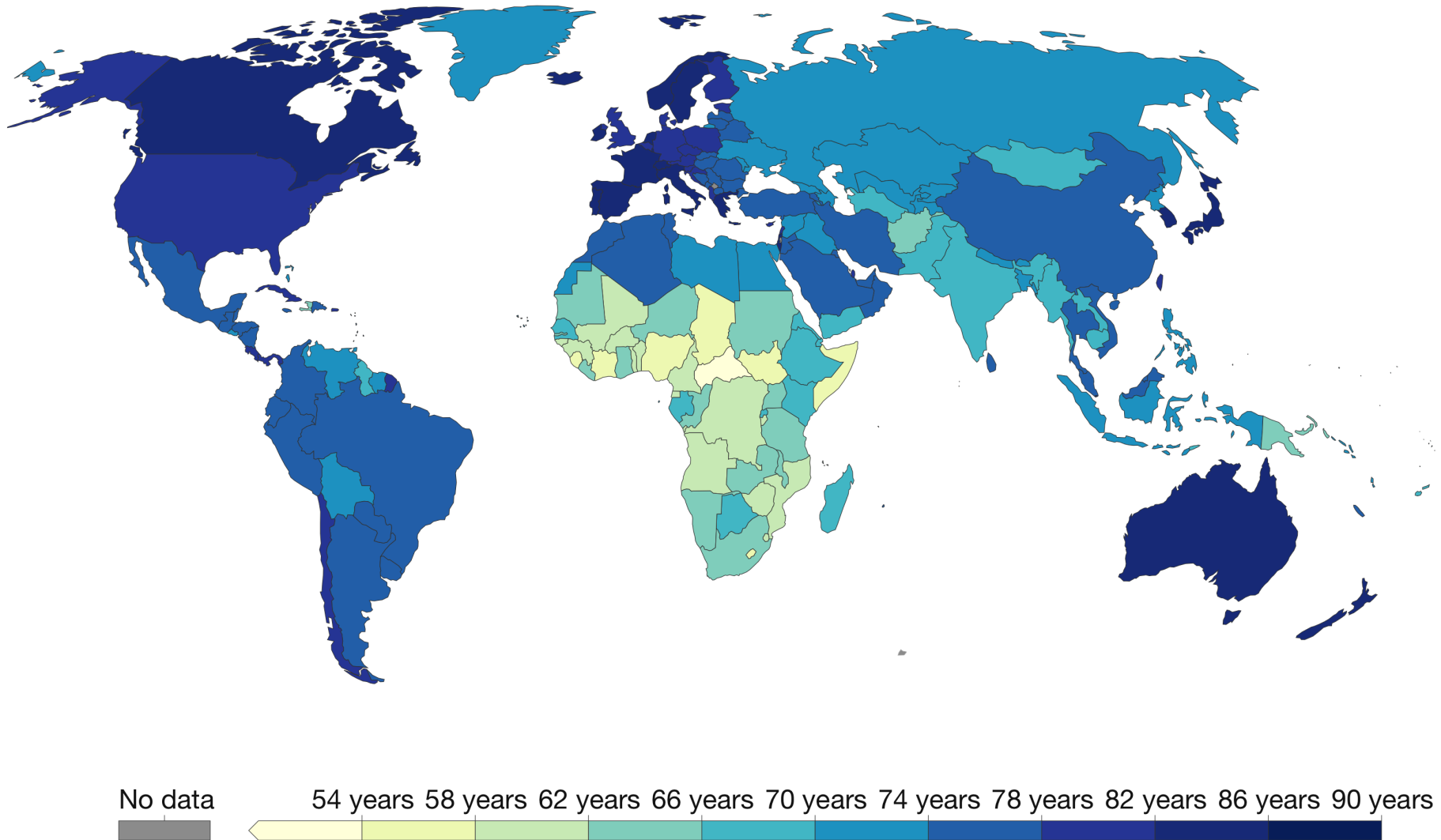OurWorldinData.org/financing-healthcare | CC BY

1. International dollars: International dollars are a hypothetical currency that is used to make meaningful comparisons of monetary indicators of living standards. Figures expressed in international dollars are adjusted for inflation within countries over time, and for differences in the cost of living between countries. The goal of such adjustments is to provide a unit whose purchasing power is held fixed over time and across countries, such that one international dollar can buy the same quantity and quality of goods and services no matter where or when it is spent. Read more in our article: What are Purchasing Power Parity adjustments and why do we need them?

https://ourworldindata.org/grapher/life-expectancy-vs-health-expenditure

The U.S. spent $4,464.6 billion on health care in 2022 where did it go?

Hospital care
$1,355.0
30.4%

Physician services
$647.7
14.5%

Clinical services
$237.2
5.3%

Home health care
$132.9
3.0%

Nursing care facilities
$191.3
4.3%

Prescription drugs
$405.9
9.1%

Other personal health care
$734.9
16.5%

Government administration
$54.2
1.2%

Net cost of health insurance
$279.4
6.3%

Government public health activities
$208.4
4.7%

Investment
$217.8
4.9%

4. How are we doing on health gaps?

Life expectancy, 2019

| No data | 54 years | 58 years | 62 years | 66 years | 70 years | 74 years | 78 years | 82 years | 86 years | 90 years |

OurWorldInData.org/life-expectancy • CC BY

Note: Shown is period life expectancy at birth, the average number of years a newborn would live if the pattern of mortality in the given year were to stay the same throughout its life.

https://ourworldindata.org/life-expectancy

Burden of disease, 2021

Disability-Adjusted Life Years (DALYs) per 100,000 individuals from all causes. DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.

No data   10,000   30,000   50,000   70,000   90,000
          20,000   40,000   60,000   80,000   100,000
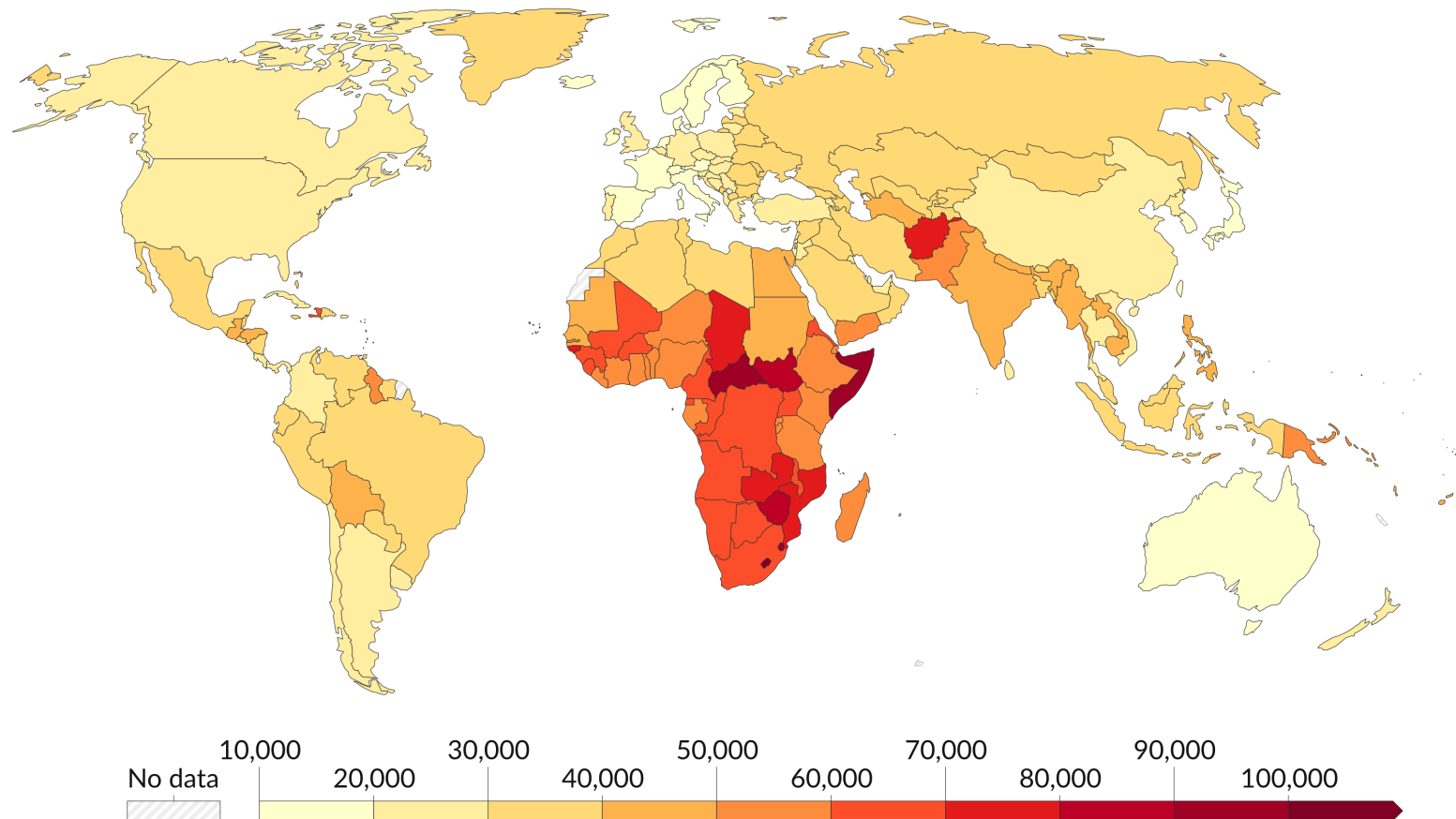
There is a 20-year gap between counties with the lowest and highest life expectancies

Life expectancy at birth (years):

66   69   72   75   78   81   84   87
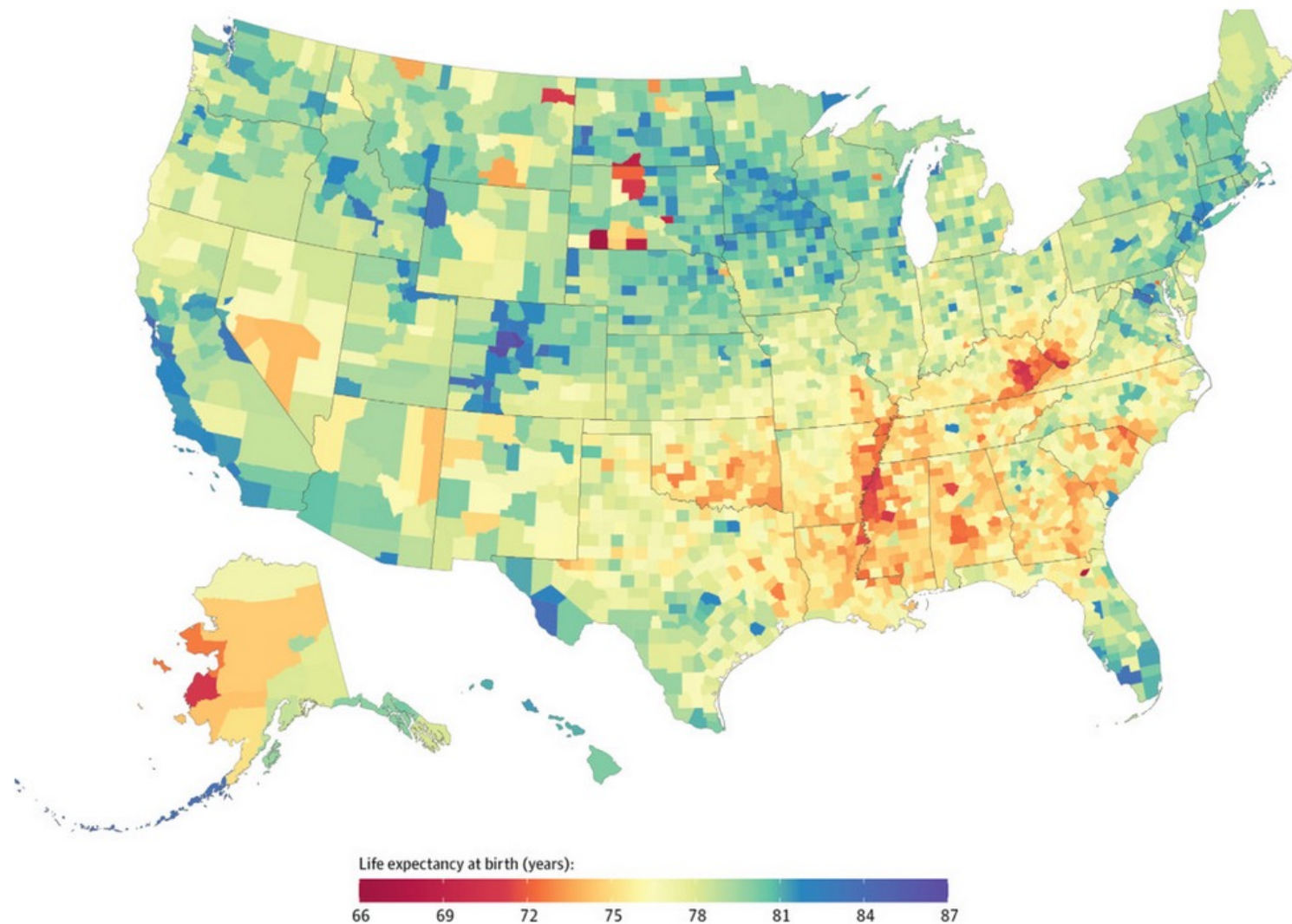
JAMA

Belluz J, Frostenson S. These maps show how Americans are dying younger. It's not just the opioid epidemic. *Vox.* May 9, 2017. https://www.vox.com/2016/12/13/13926618/mortality-trends-america-causes-death-by-county Accessed May 14, 2017.

Figure 1. Life expectancy, by race: United States, 1970–2010
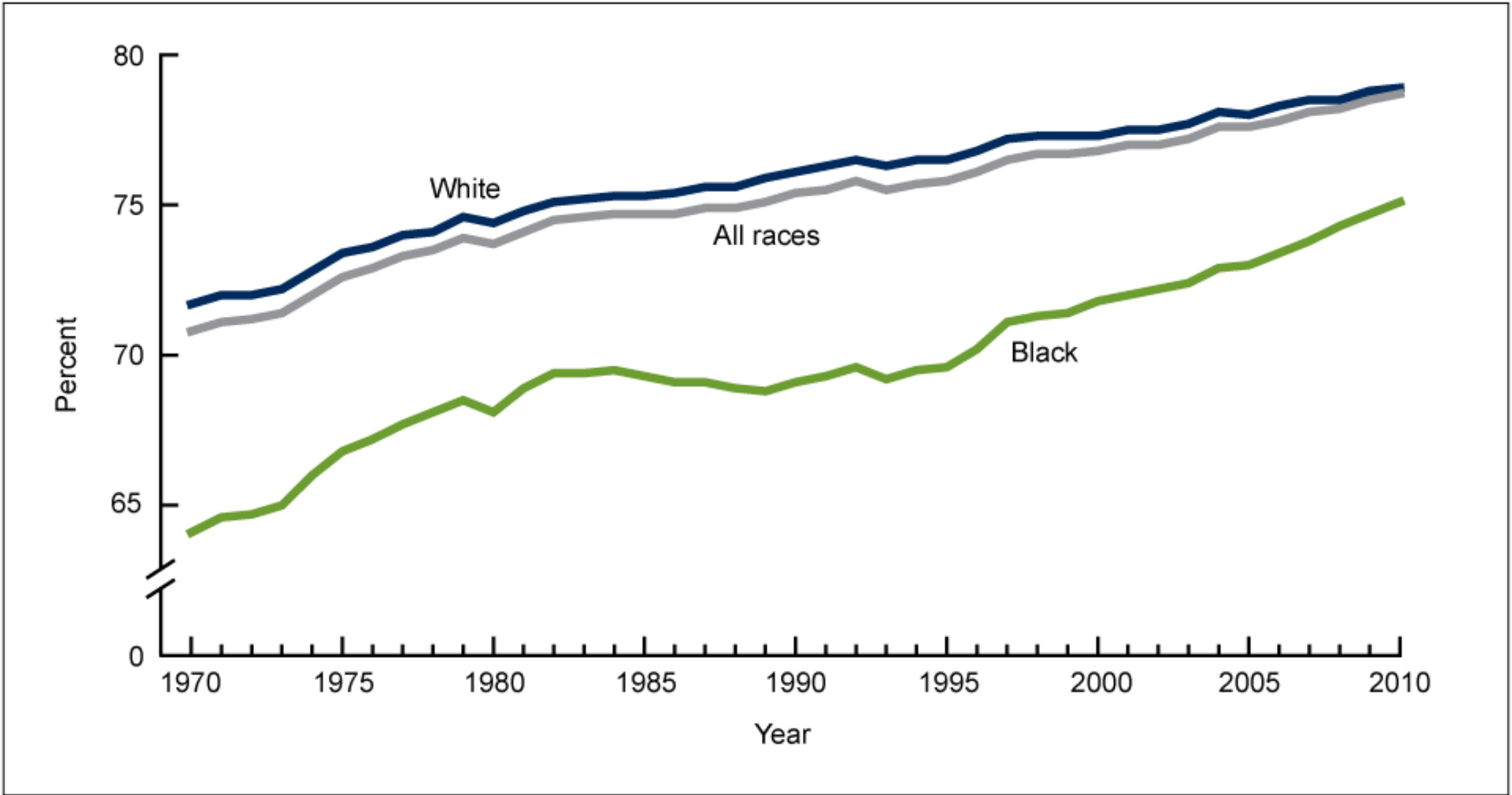
B | Trends in angina prevalence

Remainder of the population group (80%)

Highest-resources group (20%)
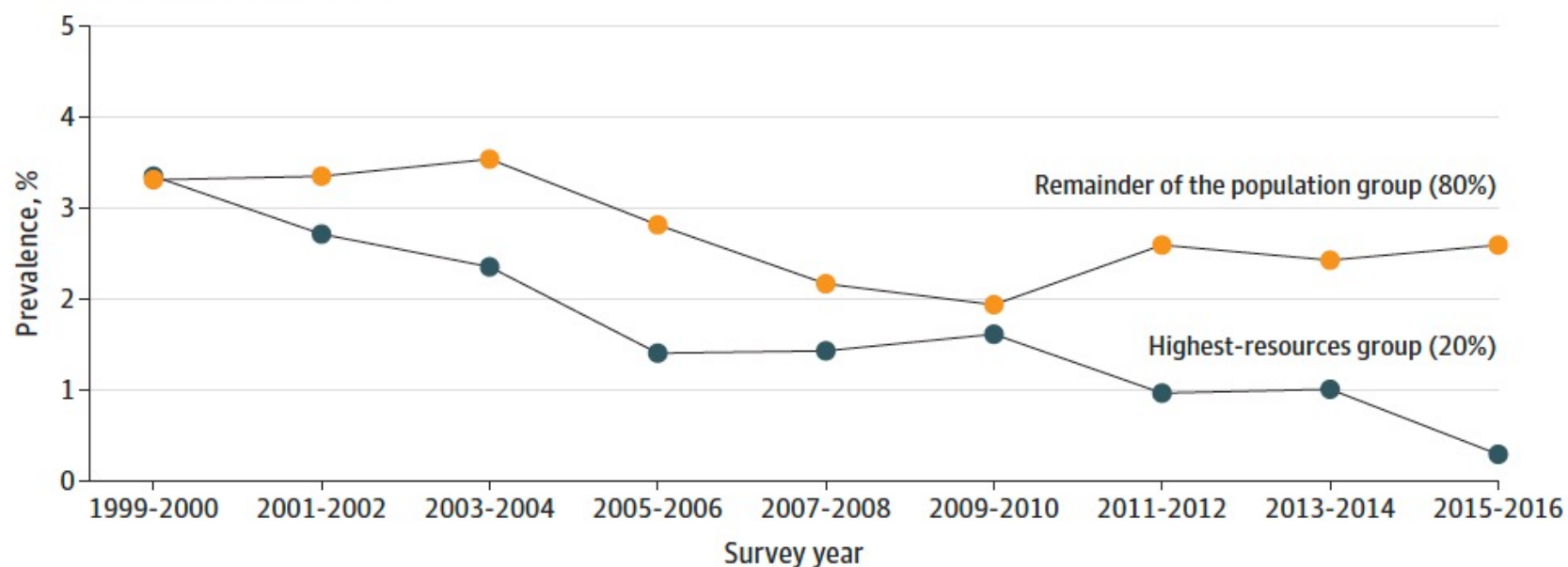
C | Trends in heart attack prevalence

Remainder of the population group (80%)
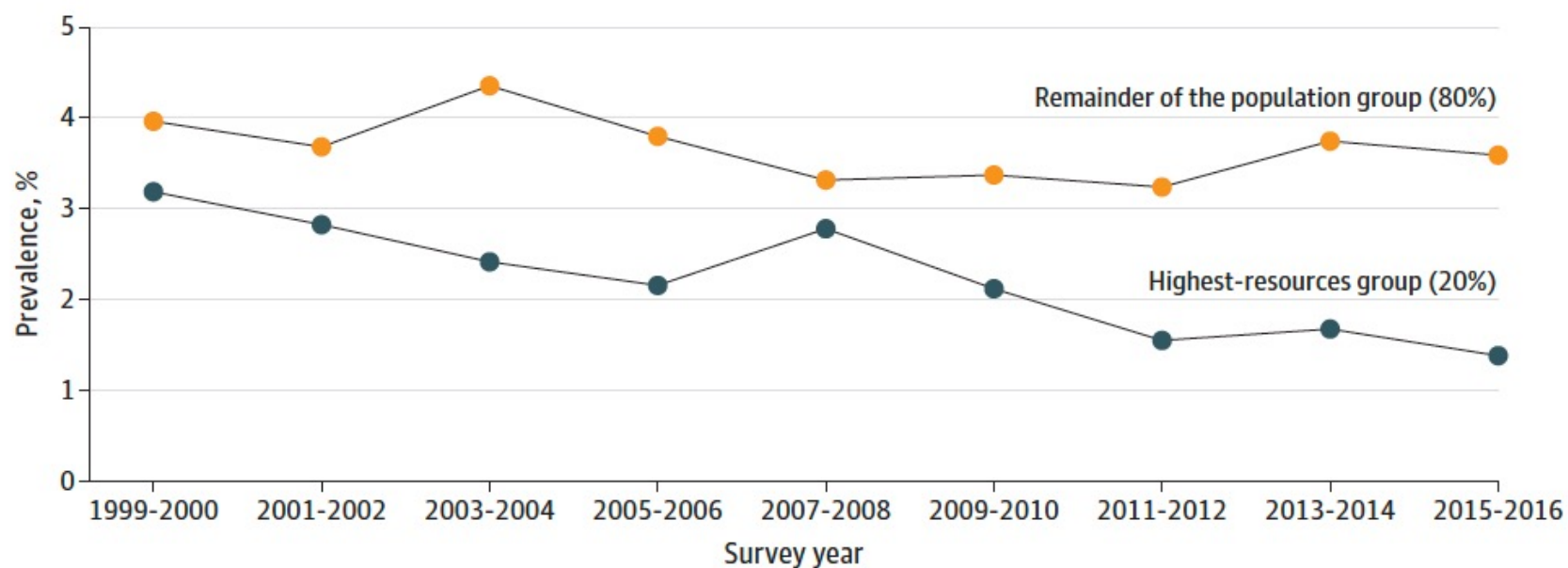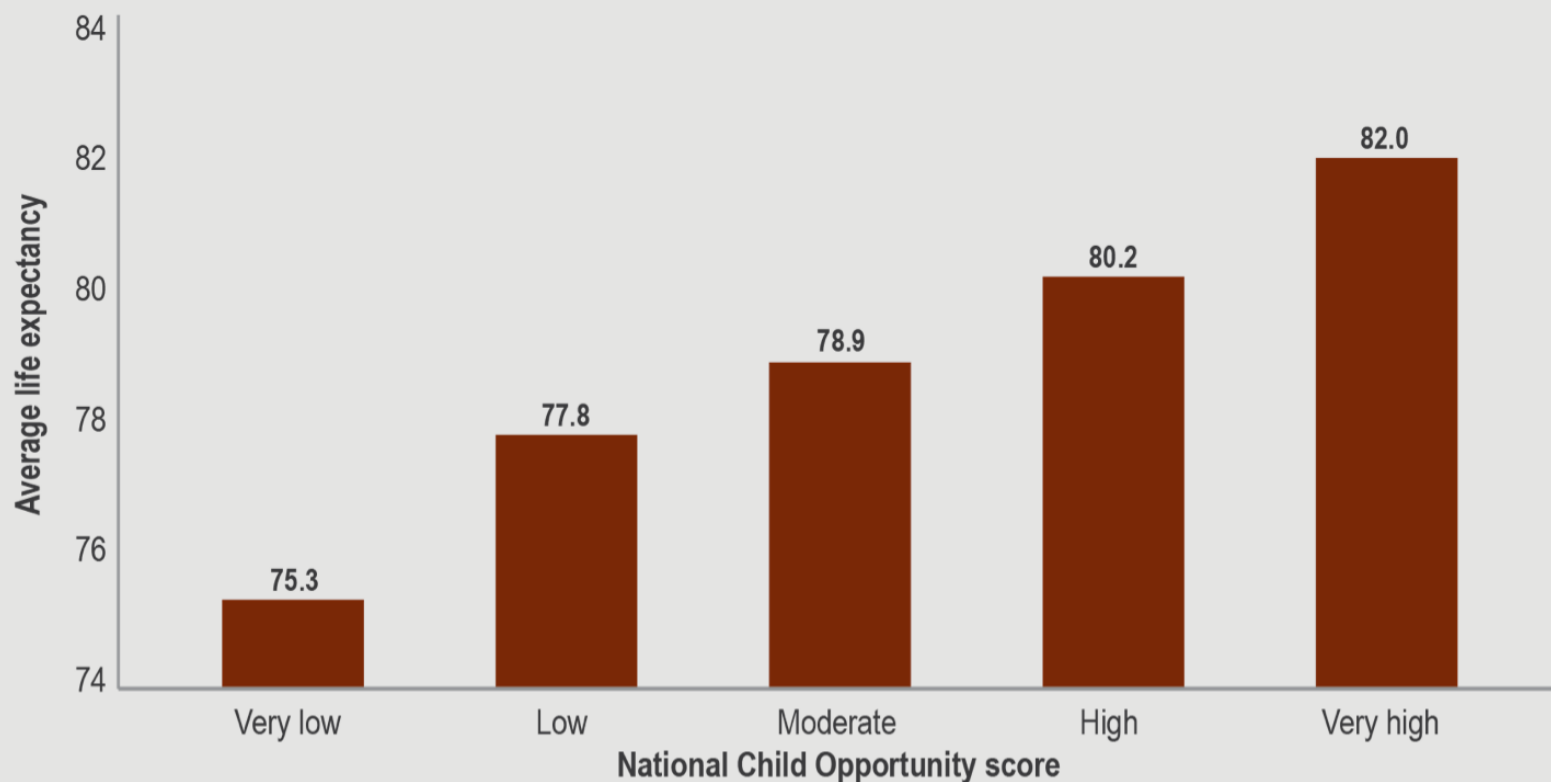
Highest-resources group (20%)

Figure 2.2 Child neighborhood opportunity level and average life expectancy at birth in the 100-largest U.S. metropolitan areas

Notes: Life expectancy is the average number of years a person can expect to live at birth for individuals born in a given neighborhood (Census tract) for the years 2010–2015. Each neighborhood is assigned to one of five opportunity levels (very low, low, moderate, high, or very high) based on its COI 2.0 score. Each opportunity level contains 20% of the U.S. child population. Average life expectancy at birth was calculated across all Census tracts with the same opportunity level weighted by the population of children 0–17 years of age in each tract.

" Health equity is…the allocation of resources according to need, in a way that preventable differences in health outcomes are minimized, and access is fair. "

Maani N, Abdalla SM, Ettman C, Parsey L, Rhule E, Allotey P, Galea S. Global health equity requires global equity. Under review.

Culyer AJ, Wagstaff A. Equity and equality in health and health care. *Journal of Health Economics* 1993;12(4):431-57. doi: https://doi.org/10.1016/0167-6296(93)90004-X

Figure 1   *Global income and wealth inequality, 2021*
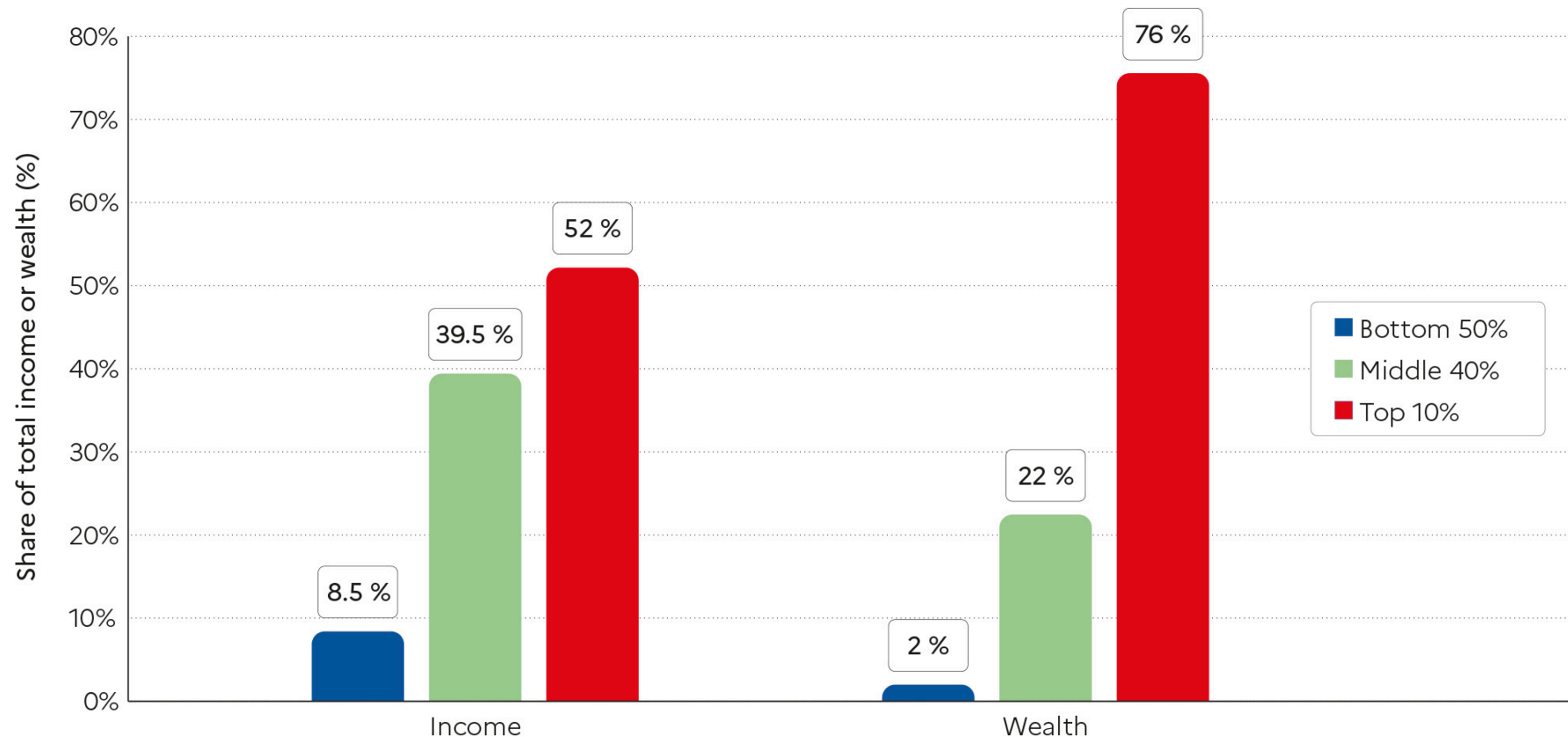
Interpretation: *The global 50% captures 8% of total income measured at Purchasing Power Parity (PPP). The global bottom 50% owns 2% of wealth (at Purchasing Power Parity). The global top 10% owns 76% of total Household wealth and captures 52% of total income in 2021. Note that top wealth holders are not necessarily top income holders. Incomes are measured after the operation of pension and unemployment systems and before taxes and transfers.* **Sources and series:** *wir2022.wid.world/methodology.*

Figure 1: Estimated Average Household Income of Older Households by Income Quintiles, 1989 to 2016

Average household income (in 2016 dollars)
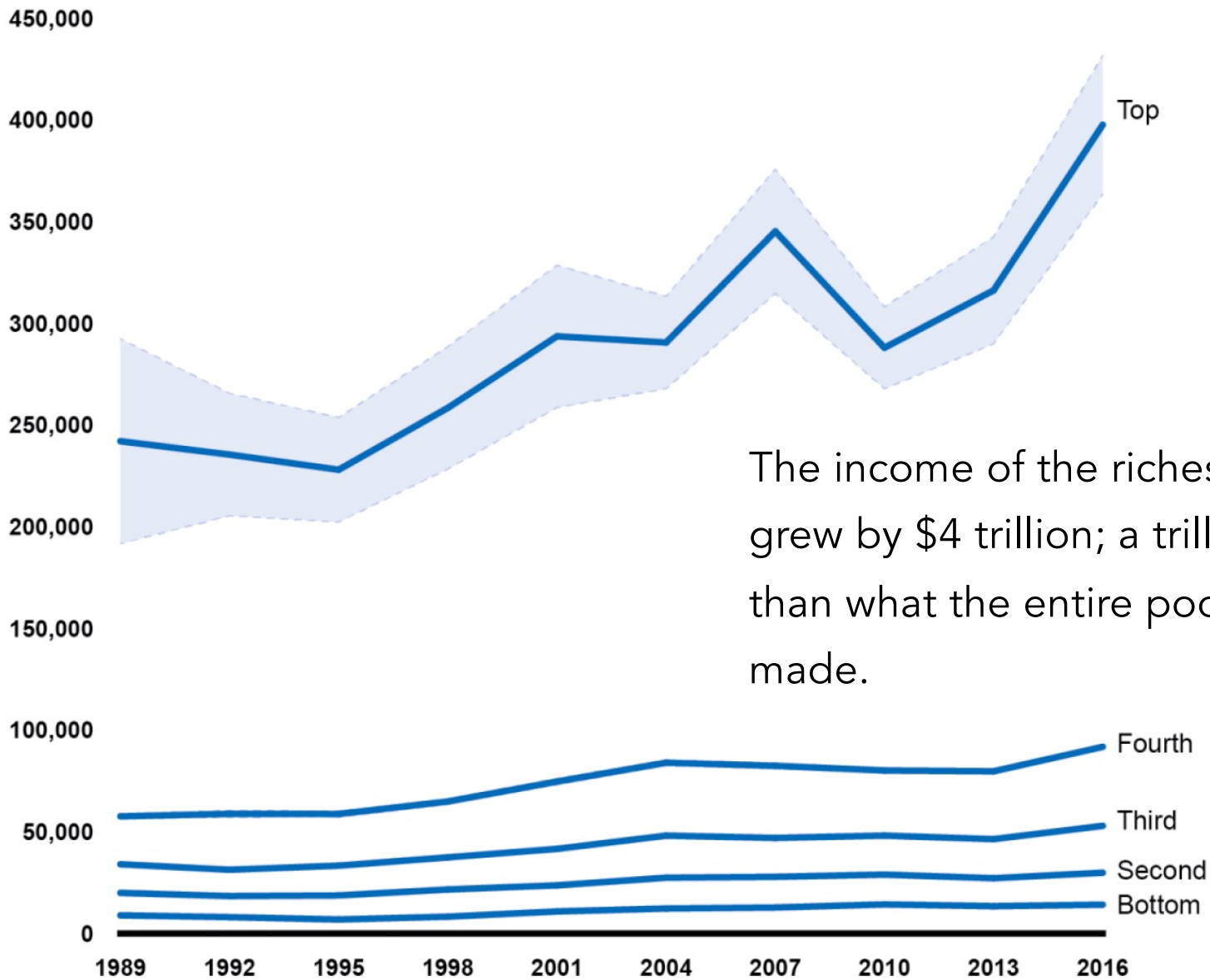
The income of the richest 20% grew by $4 trillion; a trillion more than what the entire poorest 80% made.

Top

Fourth

Third

Second

Bottom

450,000
400,000
350,000
300,000
250,000
200,000
150,000
100,000
50,000
0

1989 1992 1995 1998 2001 2004 2007 2010 2013 2016

Source: GAO analysis of 1989 through 2016 Survey of Consumer Finances data. | GAO-19-587

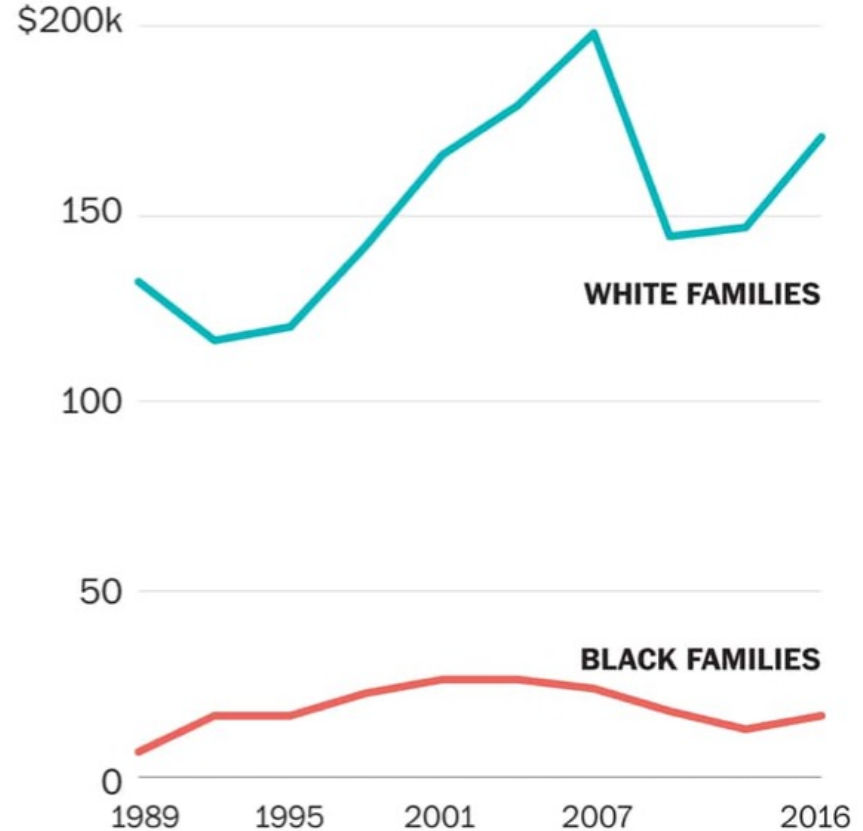# Racial income and wealth gaps

Median income and wealth of black and white families over time, in 2016 dollars

INCOME

$200k

150

100

WHITE FAMILIES

50

BLACK FAMILIES

0

1989   1995   2001   2007   2016

WEALTH

$200k

150

100

WHITE FAMILIES

50

BLACK FAMILIES

0

1989   1995   2001   2007   2016
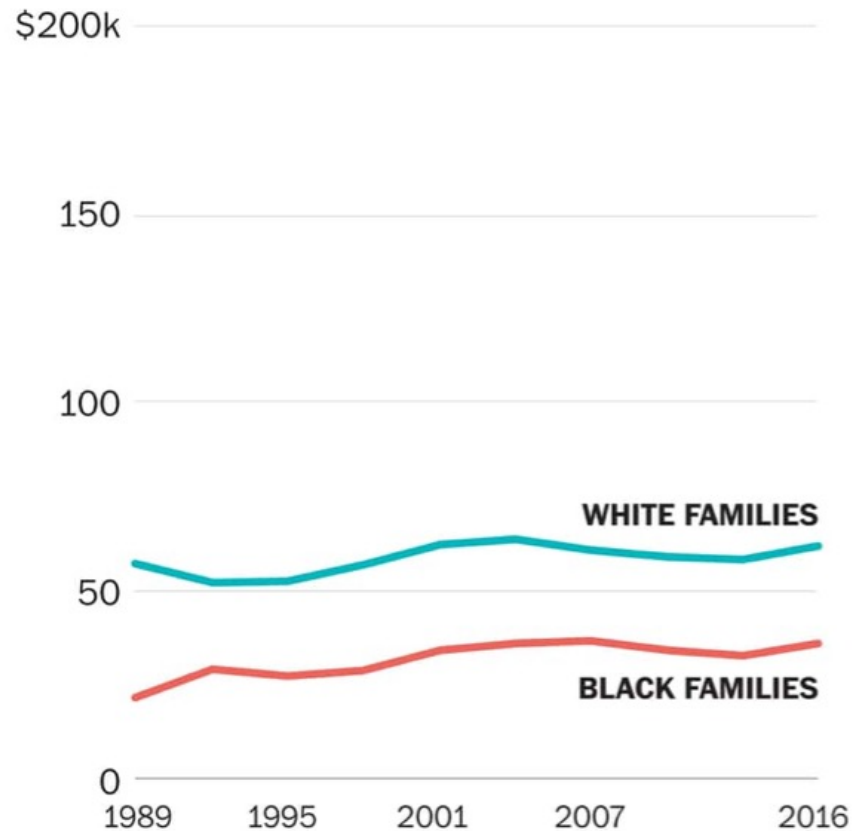
Sources: Survey of Consumer Finances

THE WASHINGTON POST

Unemployment rate, age 16 years and over

Black

White

6.5%

3.5%

1960 1970 1980 1990 2000 2010
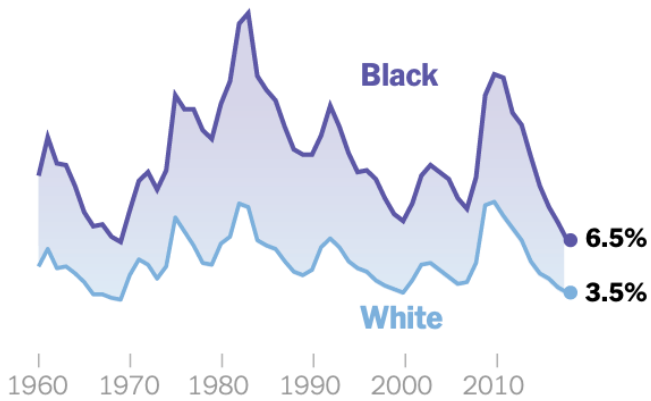
Share of people 25 years and over who completed four years of college or more

36%

26%

1970 1980 1990 2000 2010
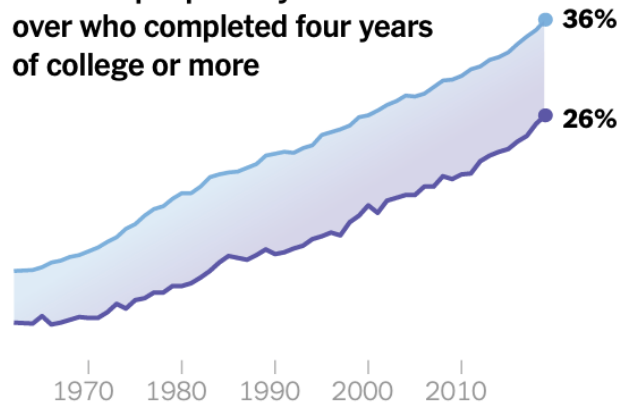
Median household income

$82K

$53K

1960 1970 1980 1990 2000 2010
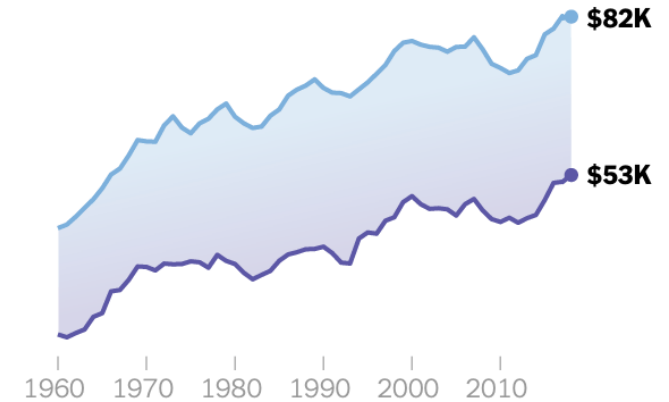
Homeownership rate

73%

42%

1990 2000 2010
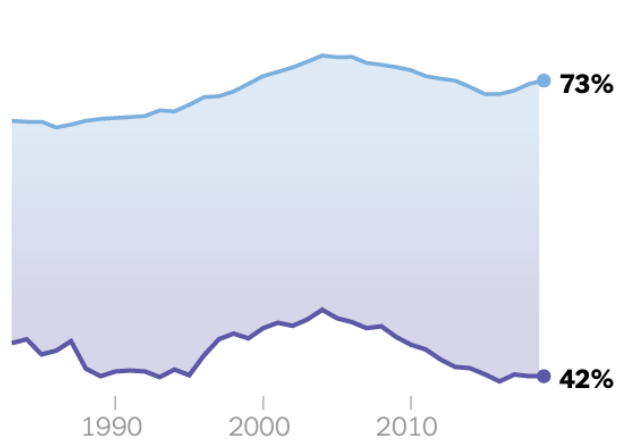
Sentenced male prisoners per 100,000 residents of the corresponding group

2,272

392

2000 2005 2010 2015

Life expectancy at birth

78.8

75.3

1960 1970 1980 1990 2000 2010
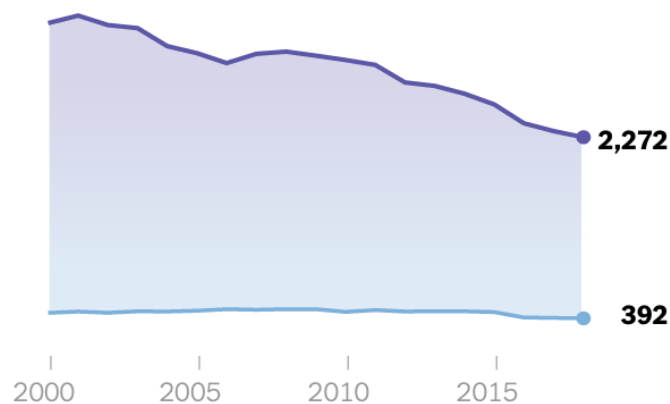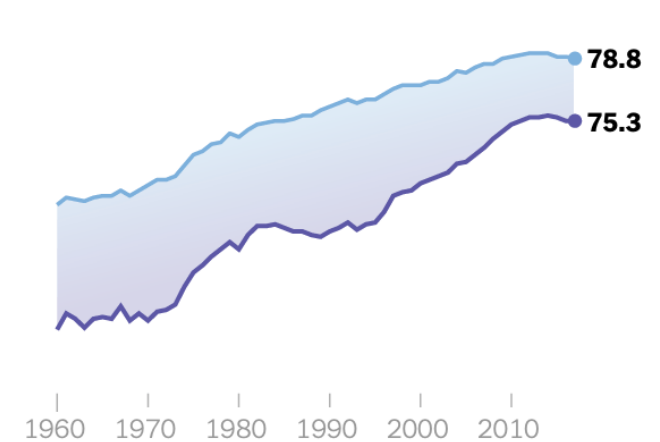
" ..the problems of any of us are the problems of all of us... "

Reid M, Abdool-Karim Q, Geng E, Goosby E (2021) How will COVID-19 transform global health post-pandemic? Defining research and investment opportunities and priorities. PLoS Med 18(3): e1003564. https://doi.org/10.1371/journal. pmed.1003564

Maternal mortality, per 100,000 births
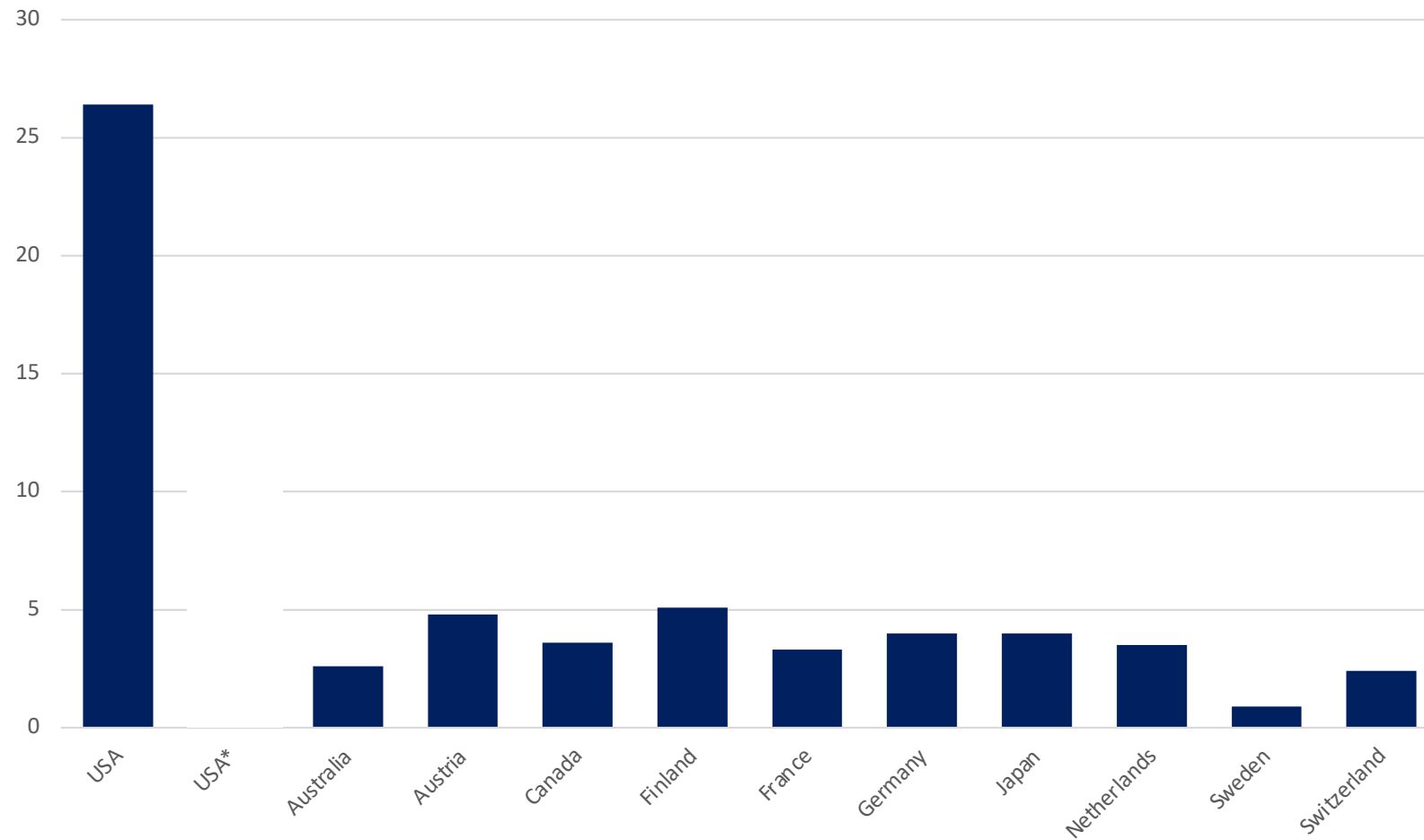
Maternal mortality, per 100,000 births, including white Americans in 1% richest counties
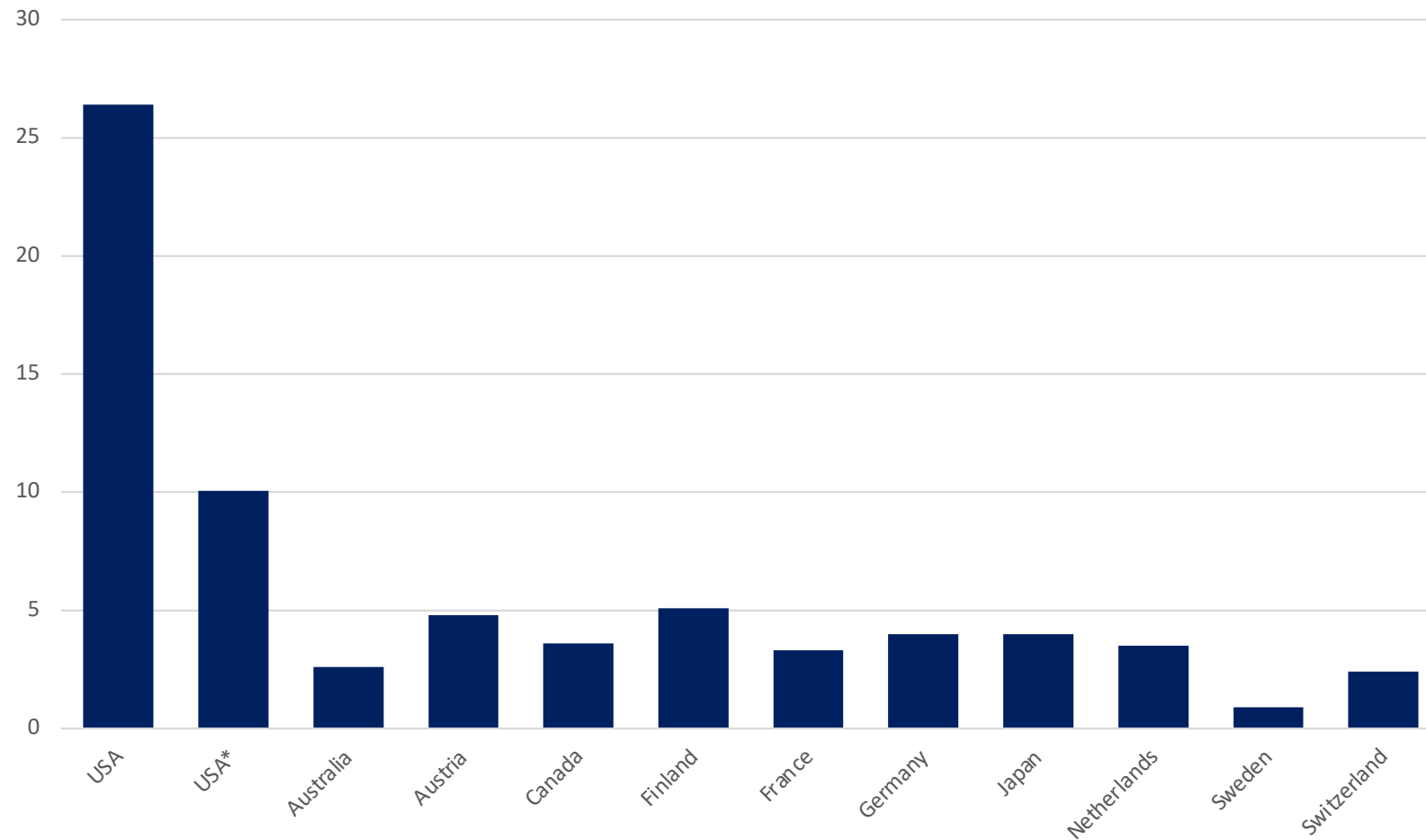
5. Covid-19 was all of this

Share of population staying at home, by income group

The wealthiest 20%
stayed at home more

National
emergency
declared

Bottom 20%

46%

35%

March

April
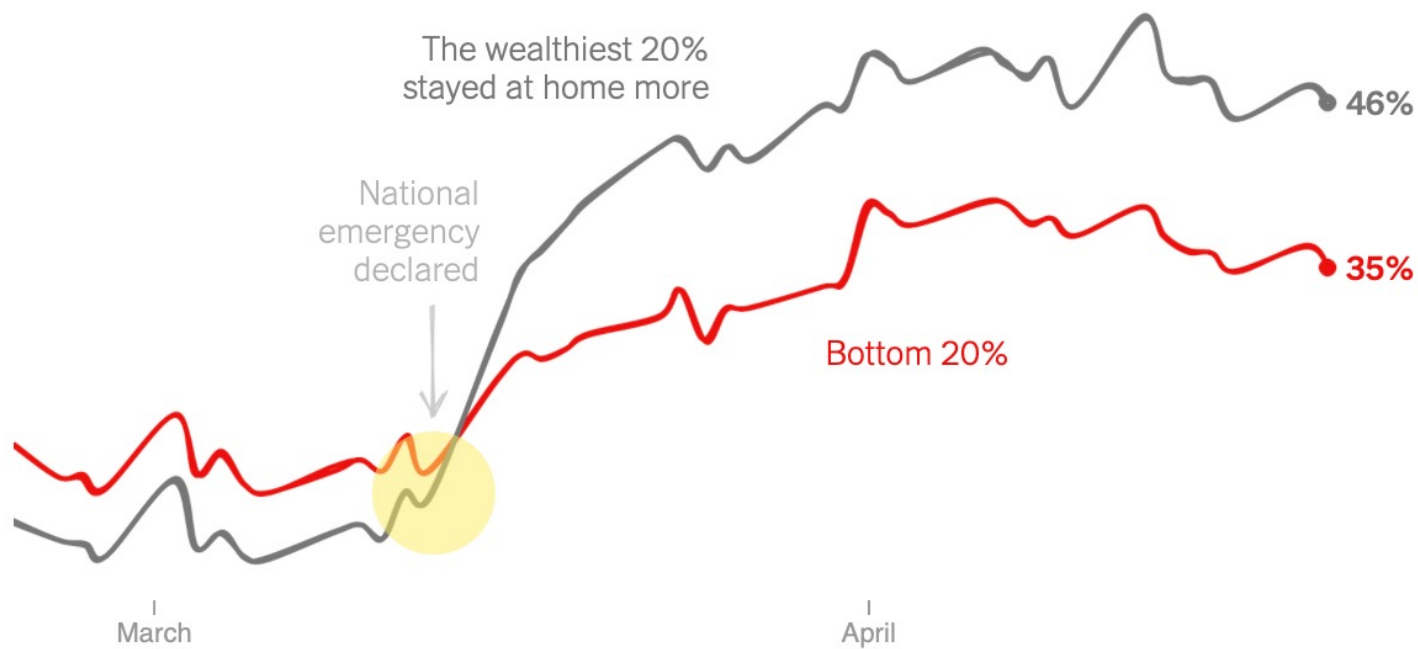
Ability to work remotely

% able to work remotely

70%

60%

50%

40%

37%

30%

20%

10%

9%

0%

20%

62%

Bottom 25   25-50   50-75   Top 25

Income quartile
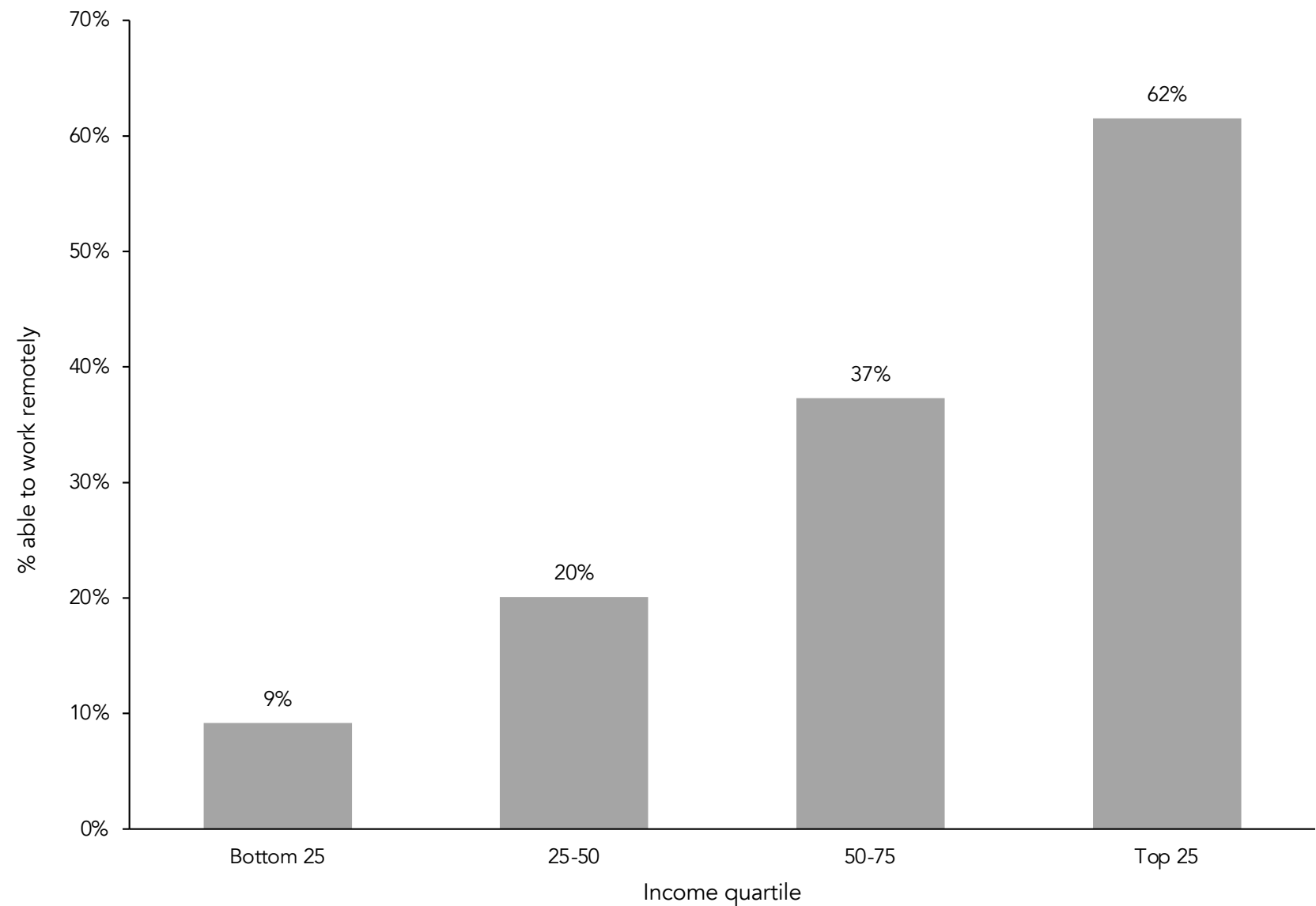
Black workers are more likely than other workers to be in front-line jobs

Black workers as a share of all workers in a given industry

Category	Percentage
Front-line workers	17.0%
All workers	11.9%

Front-line workers by industry

Category	Percentage
Grocery, convenience & drugstore workers	14.2%
Public transit workers	26.0%
Trucking, warehouse & postal service workers	18.2%
Building cleaning services workers	12.6%
Health care workers	17.5%
Child care & social services workers	19.3%

Chart | Data

Notes: The front-line industry categories used here are the categories used in the CEPR report (see Source below for more information). Sample is a 2014–2018 five-year estimate.

Source: EPI analysis of data from the Center for Economic Policy Research (CEPR) report *A Basic Demographic Profile of Workers in Frontline Industries* (April 2020).

Economic Policy Institute

Covid-19 deaths by occupation in 2020

Essential workers   **Other workers**

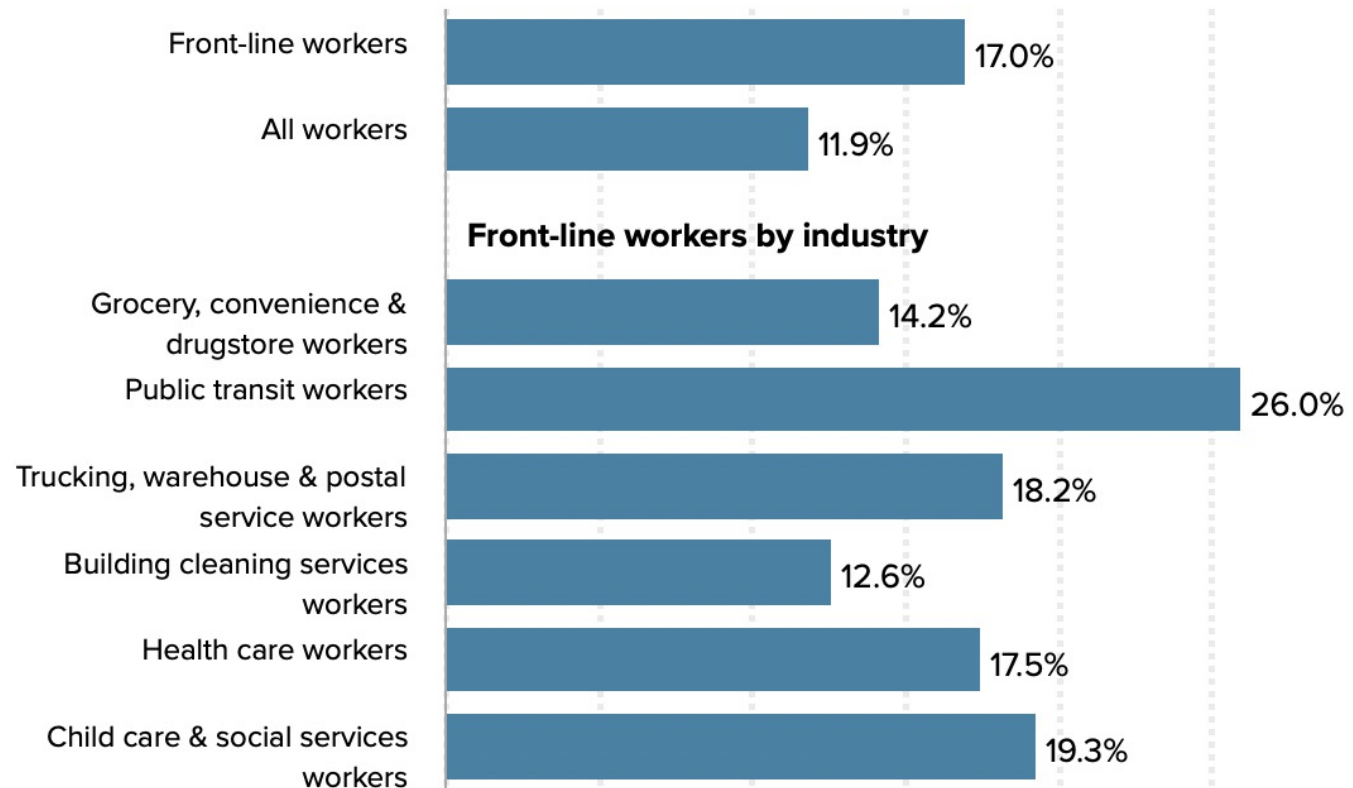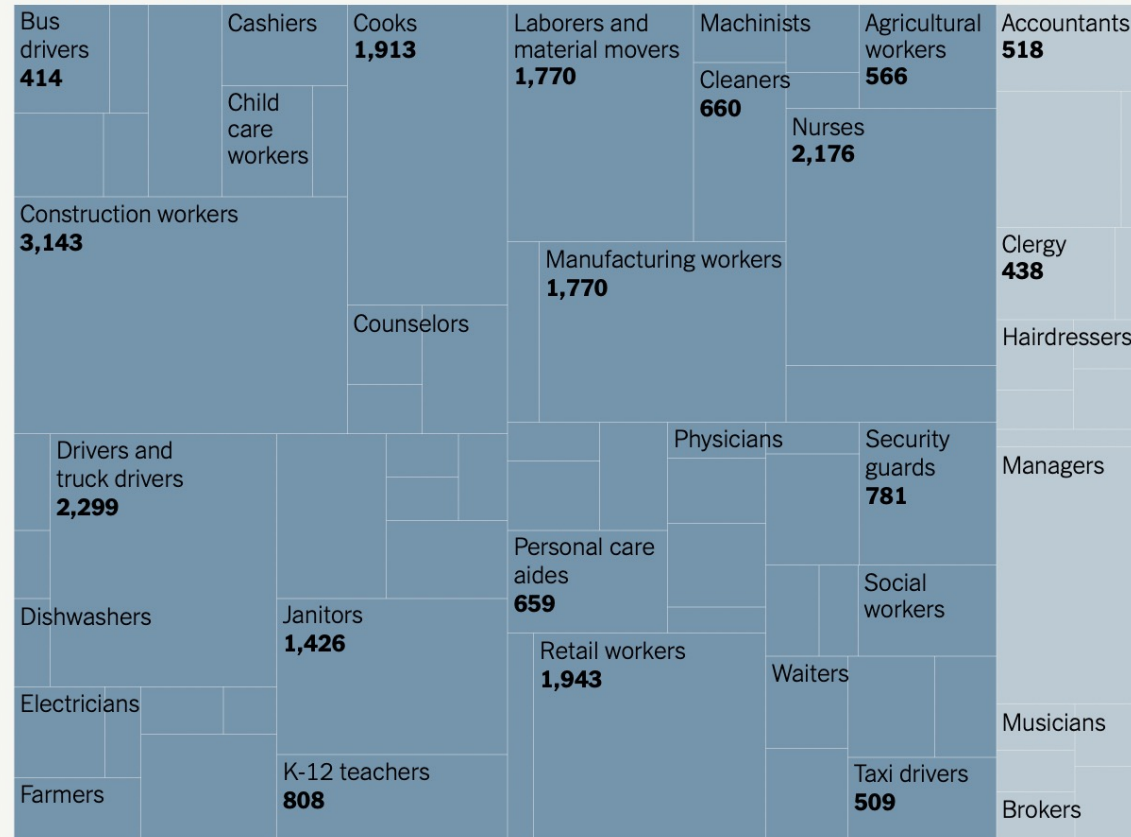|		
Bus drivers **414**	Cashiers	Cooks **1,913**

Child care workers

Laborers and material movers **1,770**

Machinists

Cleaners **660**

Agricultural workers **566**

Accountants **518**

Nurses **2,176**

Construction workers **3,143**

Counselors

Manufacturing workers **1,770**

Clergy **438**

Hairdressers

Drivers and truck drivers **2,299**

Physicians

Security guards **781**

Managers

Dishwashers

Janitors **1,426**

Personal care aides **659**

Social workers

Retail workers **1,943**

Electricians

Waiters

Musicians

Farmers

K-12 teachers **808**

Taxi drivers **509**

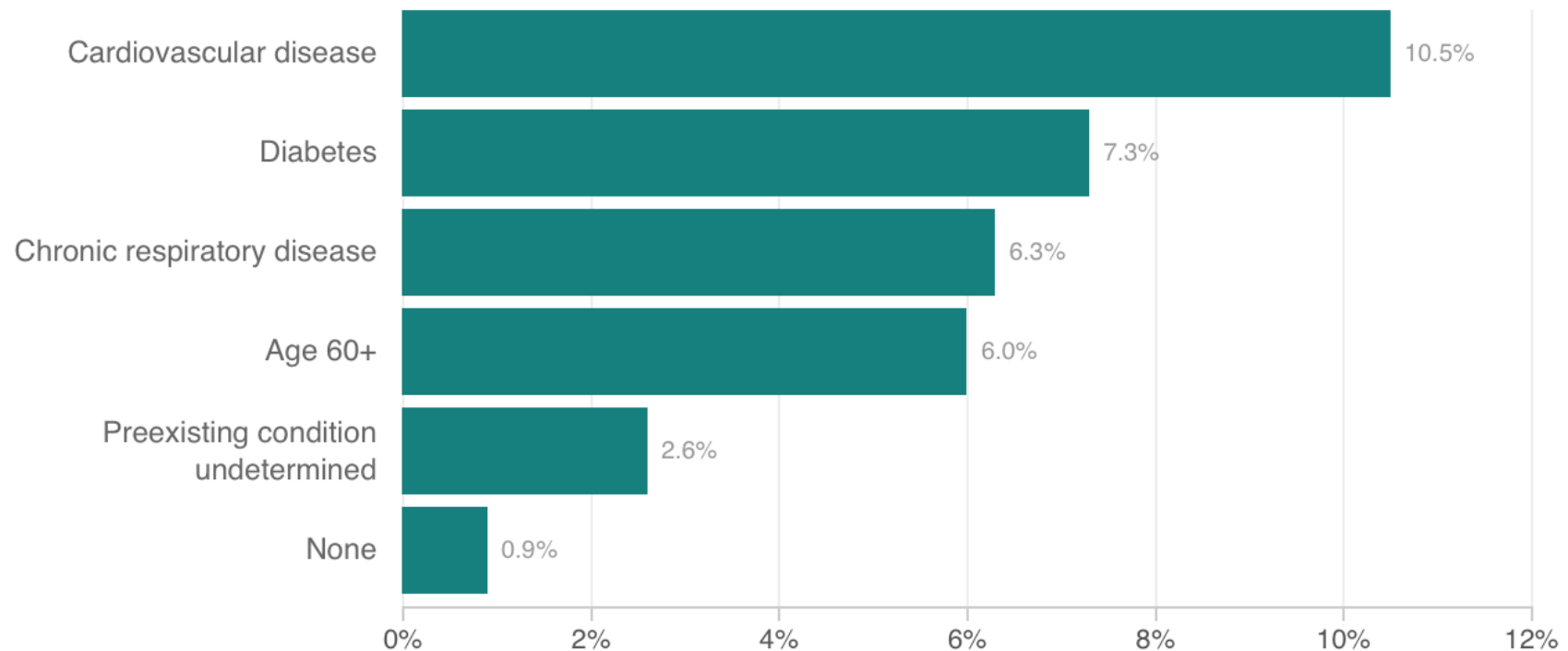Brokers

Note: Chart shows 37,905 deaths among workers age 64 and under in 46 states. Some similar occupational categories have been collapsed into larger representative categories. In some cases, similar occupations from different industries are grouped together. Not all occupations are labeled. | Source: Yea-Hung Chen et al., preprint via medRxiv

Death Rate For COVID-19 Patients In China Higher For Those With Underlying Conditions

Condition	Death Rate
Cardiovascular disease	10.5%
Diabetes	7.3%
Chronic respiratory disease	6.3%
Age 60+	6.0%
Preexisting condition undetermined	2.6%
None	0.9%

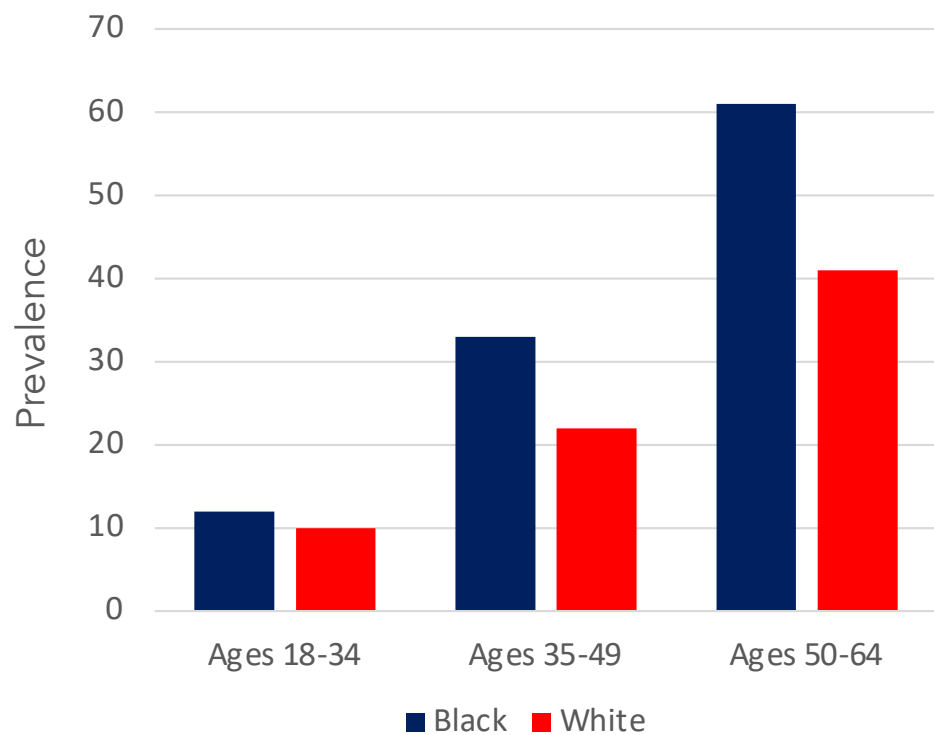0%   2%   4%   6%   8%   10%   12%

Notes: Preexisting condition death rates based on 504 deaths out of 20,812 cases.

Source: Chinese CDC

Credit: Ruth Talbot/NPR and Chris Zubak-Skees/Center for Public Integrity

High blood pressure

Diabetes

Vital Signs: African American Health. Centers for Disease Control and Prevention Web site. https://www.cdc.gov/vitalsigns/aahealth/index.html

U.S. life expectancy

85 years

80

71.8

75

70

65.2

65

Asian

Hispanic

White

All

Black

Native

2019

2020

2021
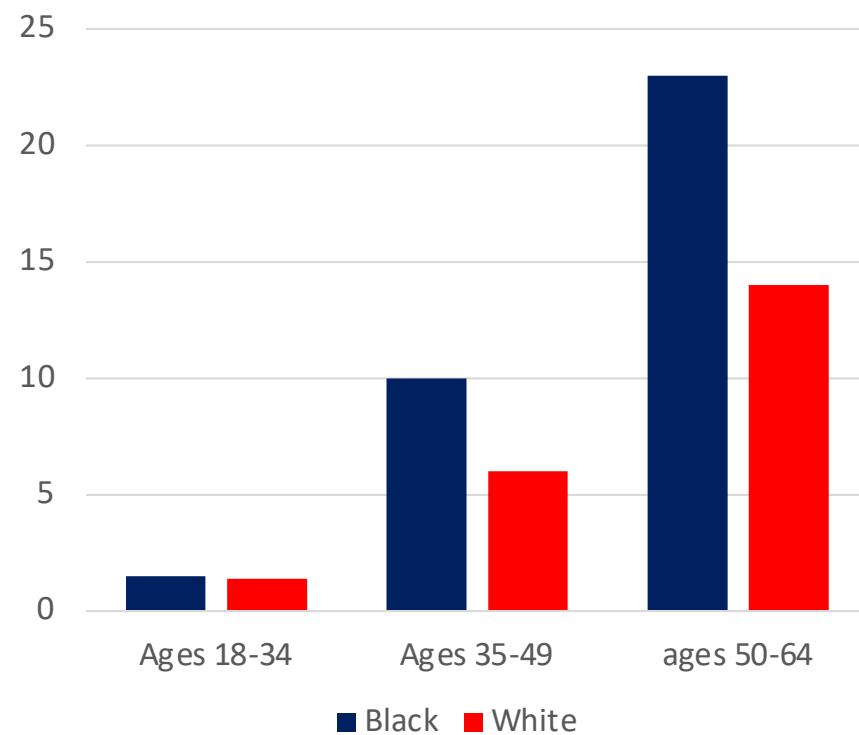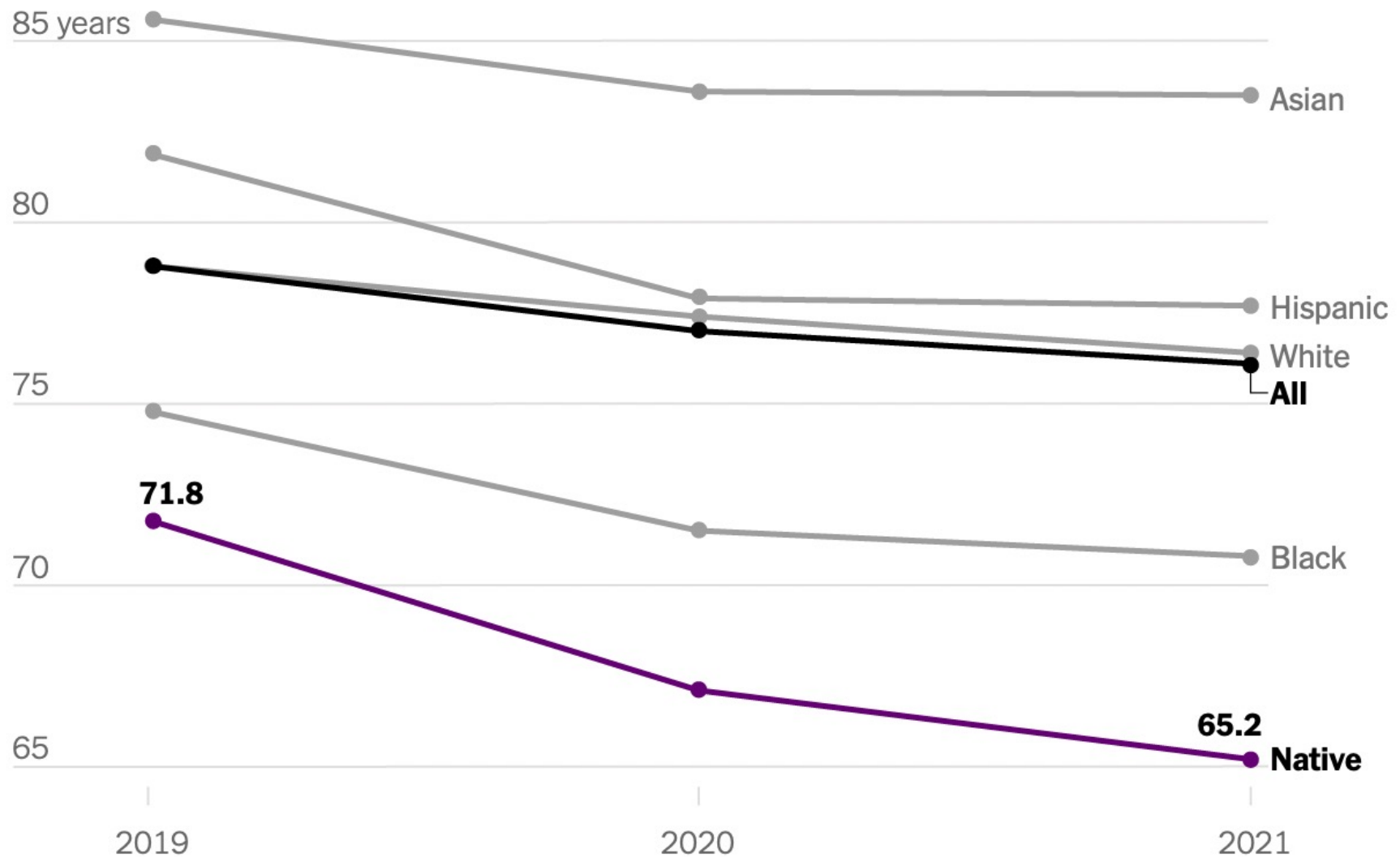
Note: Figures for white, Black, Asian and Native people exclude Hispanic people. • Source: The National Center for Health Statistics

93,331 people
died from drug overdoses
in the U.S. in 2020

80,000

Drug overdose deaths in the U.S.

60,000

Peak car crash
deaths (1972)

Peak H.I.V.
deaths (1995)

40,000

Peak gun
deaths (2017)

20,000

2010   2015   2020
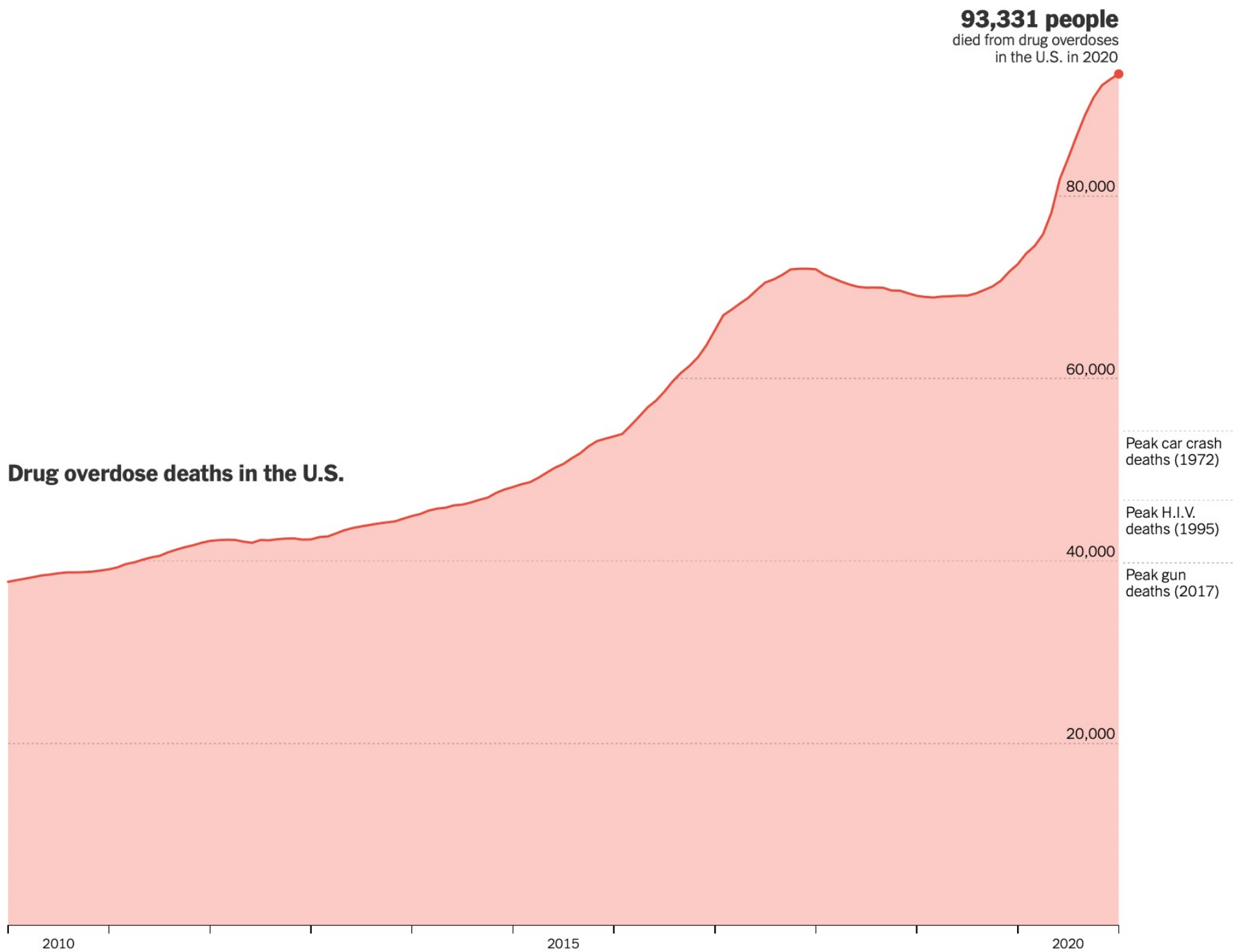
Source: Centers for Disease Control and Prevention

https://www.nytimes.com/interactive/2021/07/14/upshot/drug-overdose-deaths.html

6. Better data for more better, more equitable health

Data, social determinants, and better decision-making for health

Better approaches to data to promote health equity

Current

New
- Digital consumer footprint
- EMR, EHR
- Mobile phone
- Remote sensing
- Satellite imagery (e.g., GIS, GPS)
- Search engine (e.g., Google trends)
- Social media

Data source examples

Traditional
- Census
- Health assessments
- Paper medical records
- Surveys
- Transcripts (e.g., interviews, focus groups)
- Vital records

Ideal

Surveys
Remote sensing
Digital consumer footprint
Vital records
EMR, EHR
Satellite imagery (e.g., GIS, GPS)
Census
Transcripts (e.g., interviews, focus groups)
Paper medical records
Social media
Mobile phone
Search engine (e.g., Google trend)
Health assessments

*From governments, private entities, civil society organizations, health care systems and citizens, either actively or passively generated

Determinants, data, and decision-making for health

Current decision-making process

COMPETING PRIORITIES

SDoH

DECISION-MAKING PROCESS FOR HEALTH

DECISION-MAKING FOR HEALTH

NEW DATA SOURCES

TRADITIONAL DATA SOURCES
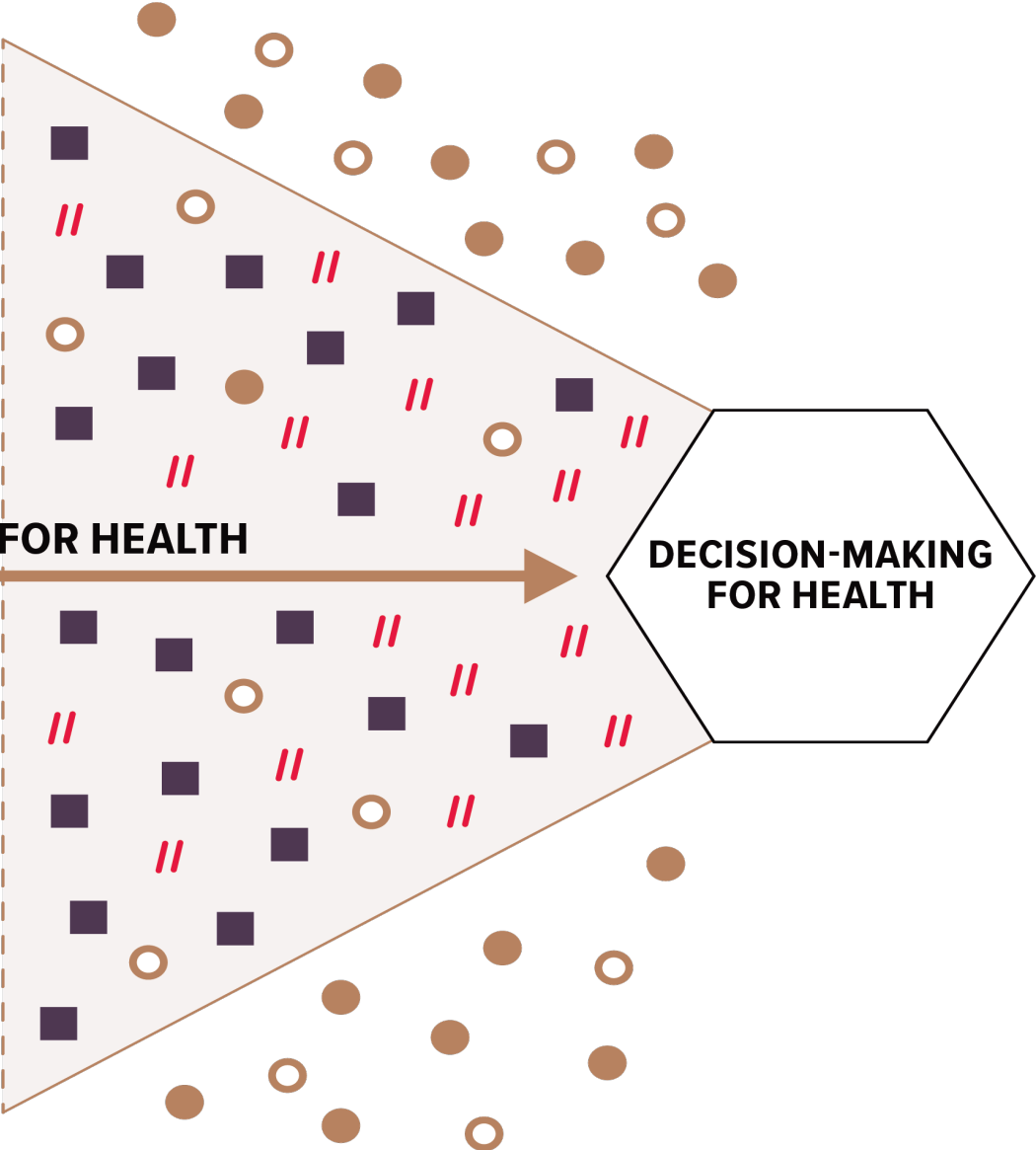
Determinants, data, and decision-making for health

Ideal decision-making process

DECISION-MAKING
FOR HEALTH

Local
National
Regional
Global
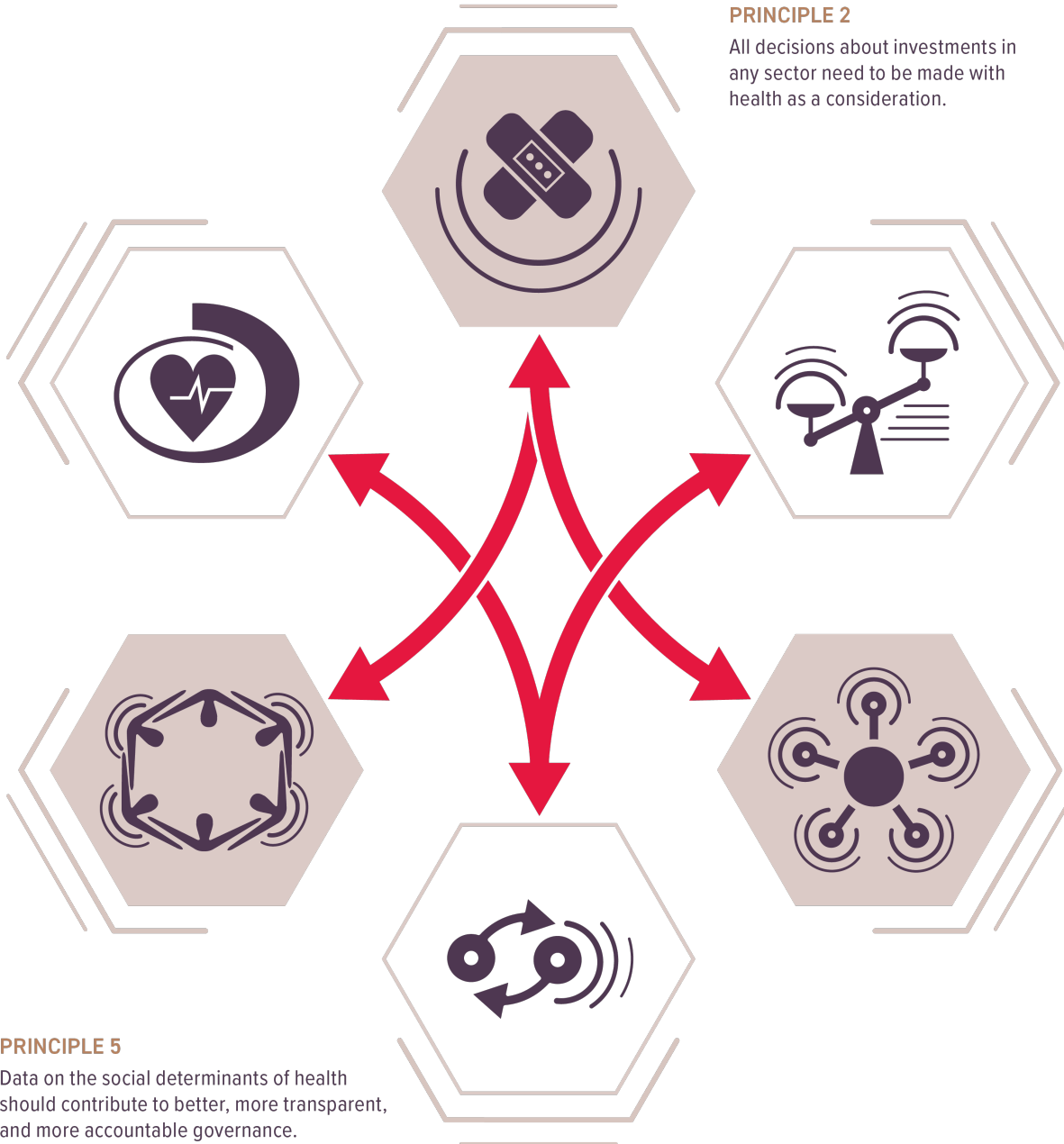
3-D Commission principles

PRINCIPLE 1

Evidence-informed decision-making to promote healthy societies needs to go beyond health care and incorporate data on the broader determinants of health.

PRINCIPLE 2

All decisions about investments in any sector need to be made with health as a consideration.

PRINCIPLE 3

Decision-making that affects the health of populations needs to embrace health equity, while also acknowledging potential trade-offs between short- and long-term costs and benefits.

PRINCIPLE 4

All available data resources on the determinants of health should be used to inform decision-making about health.

PRINCIPLE 5

Data on the social determinants of health should contribute to better, more transparent, and more accountable governance.

PRINCIPLE 6

Evidence-informed decision-making to promote healthy societies needs to be participatory and inclusive of multiple and diverse perspectives.

3-D Commission recommendations

- Relevant international, regional, national, and local entities, including funders, should systematically collect and make available, in real time, quality data characterizing the full range of determinants of health—including for example, education, housing, economics—to decision-makers and communities locally and nationally.

- National governments should develop transparent systems that collect data about the social determinants of health, and explicitly use these data in decision-making processes.

- Relevant international, regional, national, and local entities, including funders, should embed follow-through monitoring processes to ensure accountability for data-informed decision-making around health.

- Relevant international, regional, national, and local entities, including funders, should center community engagement in acquisition and interpretation of data and make such data widely available to relevant communities.

7. Improving health, narrowing health gaps

" The availability of medical care tends to vary inversely with the need for it in the population served **"**

Julian Tudor Hart. The inverse care law. The Lancet. 1971;297:405-412. https://doi.org/10.1016/S0140-6736(71)92410-X

Vaccination rates by county social vulnerability

Share of total population fully vaccinated. Circles sized by county population.

**Region** ● Midwest ● Northeast ● South ● West
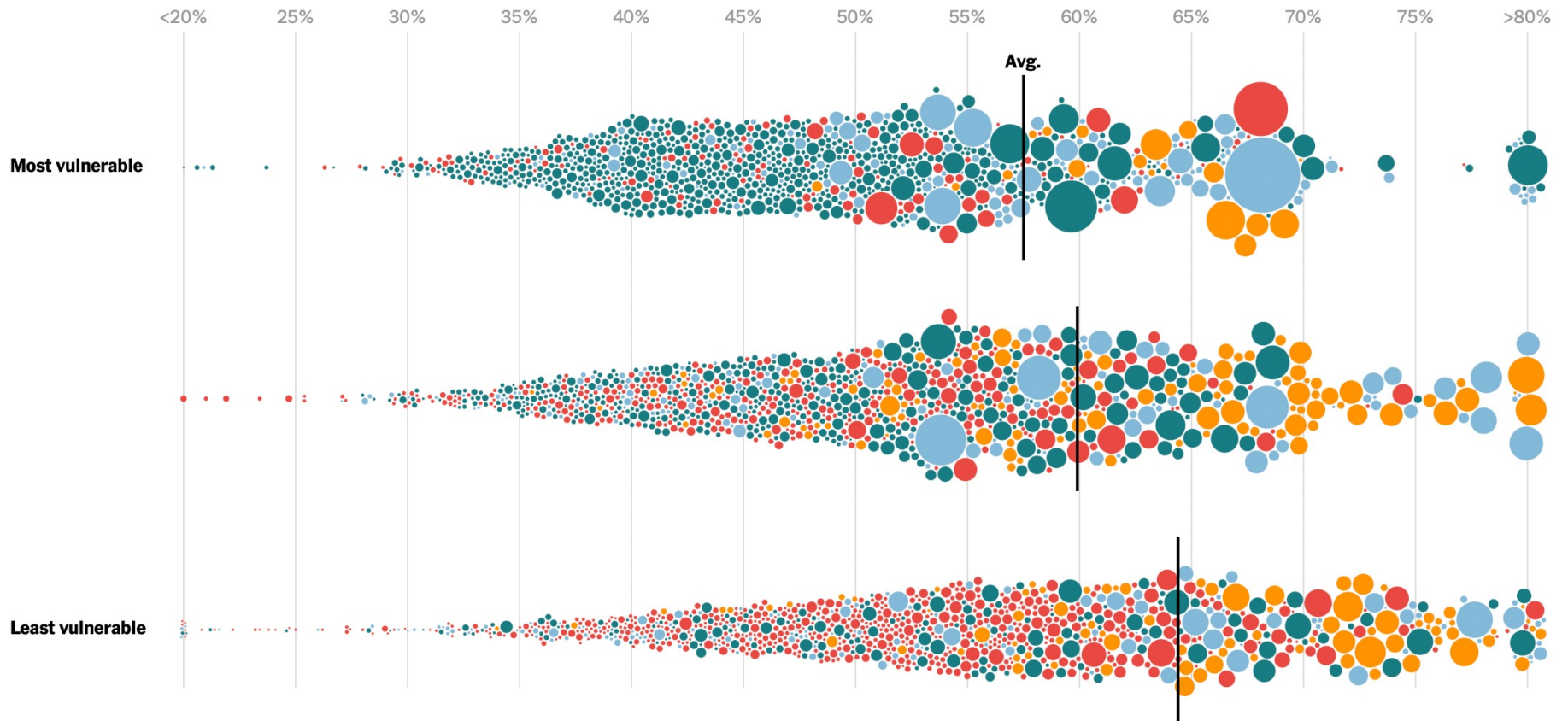
Sources: <u>Centers for Disease Control and Prevention</u>; <u>Texas Department of State Health Services</u>; <u>Colorado Department of Public Health & Environment</u>; <u>Massachusetts Department of Public Health</u>; U.S. Census Bureau | Note: No C.D.C. data available for some counties. Georgia and Vermont were excluded because more than a quarter of data is missing.

https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html

Vaccination Coverage Rates For Measles, Mumps, and Rubella

Nearly three-quarters of states fell *below* the Healthy People Target of 95% last year.
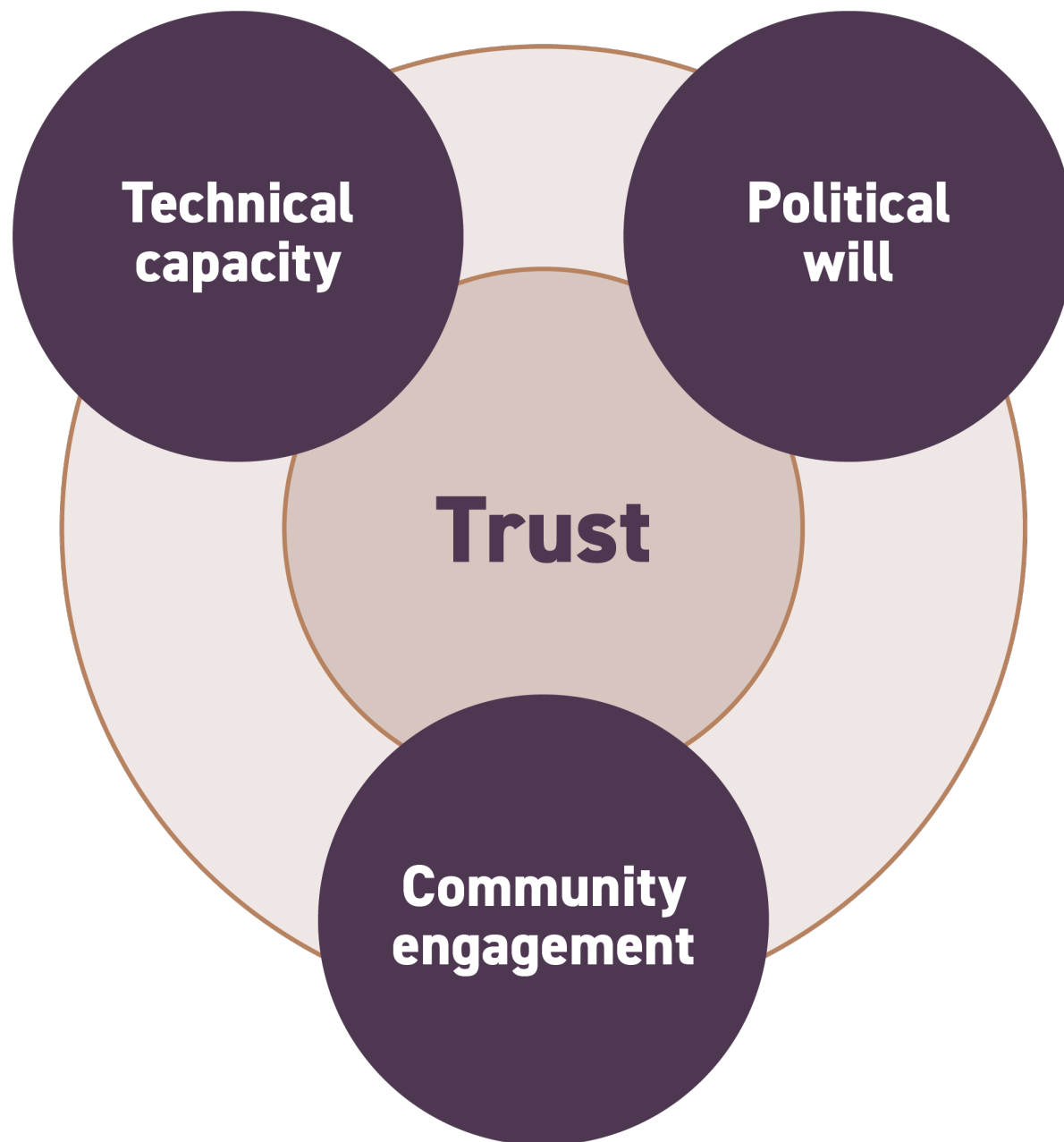
MMR vaccine rates for kindergarteners in the 2022-2023 school year:

- Below 90% (12 states and DC)
- 90% - 94.9% (24 states)
- 95% or higher (13 states)
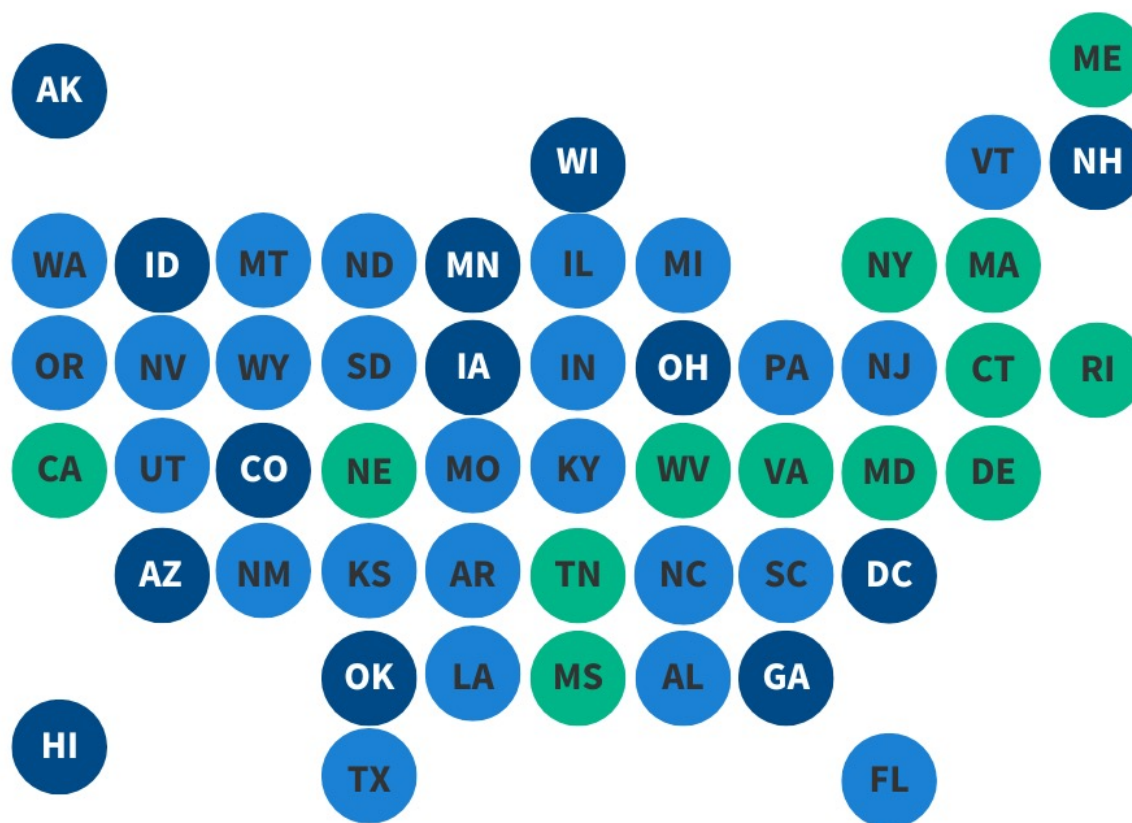
Source: Vaccination Coverage and Exemptions among Kindergartners, Centers for Disease Control and Prevention (U.S.)

Key elements for decision making

Technical capacity

Political will

Trust

Community engagement

8. Telling the story of health

Trump begins mass layoffs at FDA, CDC, other US health agencies

By **Leah Douglas**, **Marisa Taylor** and **Julie Steenhuysen**

April 1, 2025 4:44 PM CDT · Updated 5 days ago

File

While Health Secretary Robert F. Kennedy Jr. has described the cuts as a

MR. KENNEDY

Summary

POLITICS • DONALD TRUMP

Federal Webpages Go Dark as Trump Administration Removes Public Data

2 MINUTE READ

Coronavirus Disease 2019

A

Capital
3.70
As of 2/6/2025 |

Capital
Earn a $250 bonu
Checking. No fee
minimums. Term

E✳TRA
from Mor
Open and fund a
brokerage accou
to $1,000. Terms

WA
4.25
Western Alliance B
FDIC

What primarily causes your health?

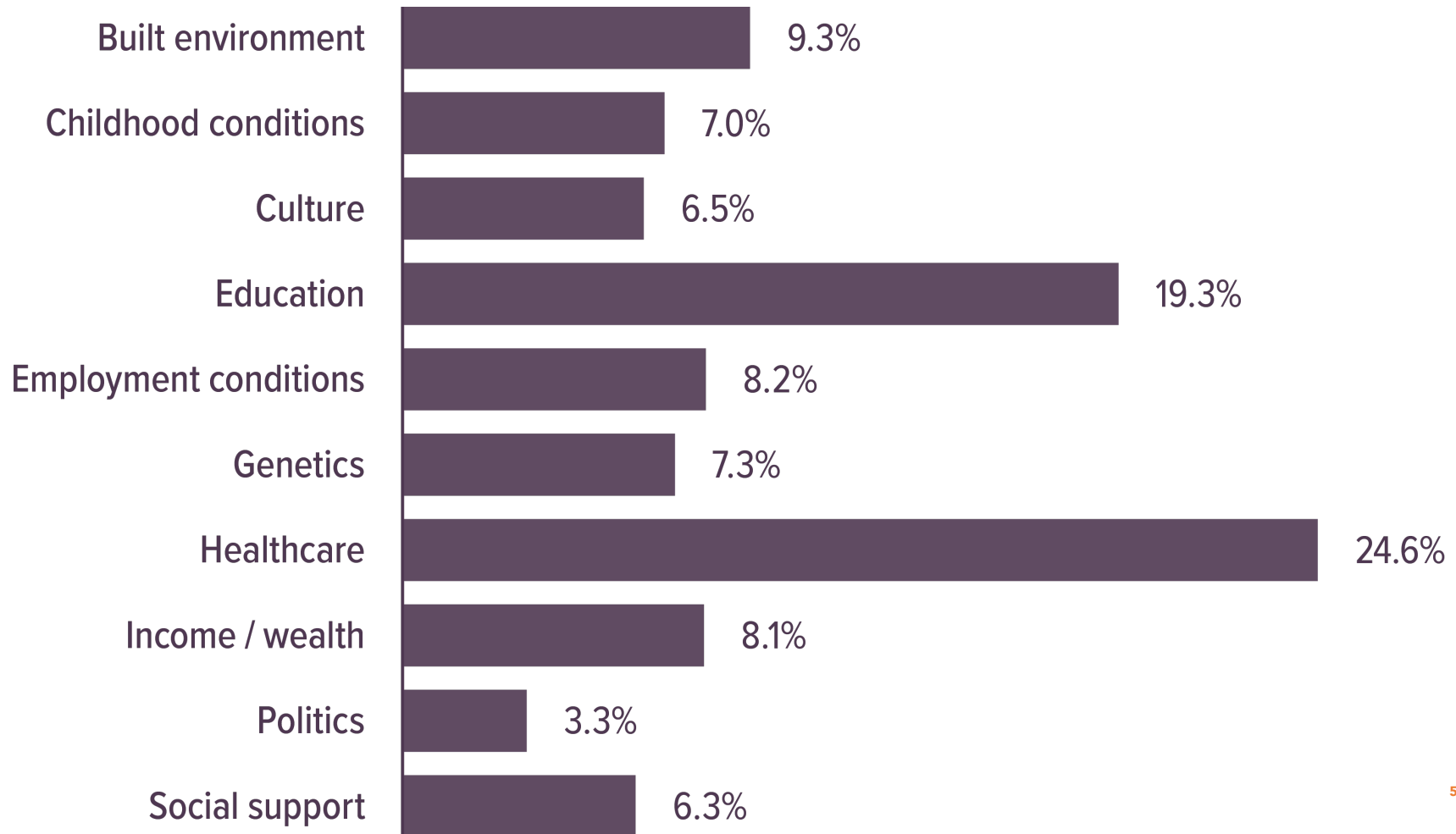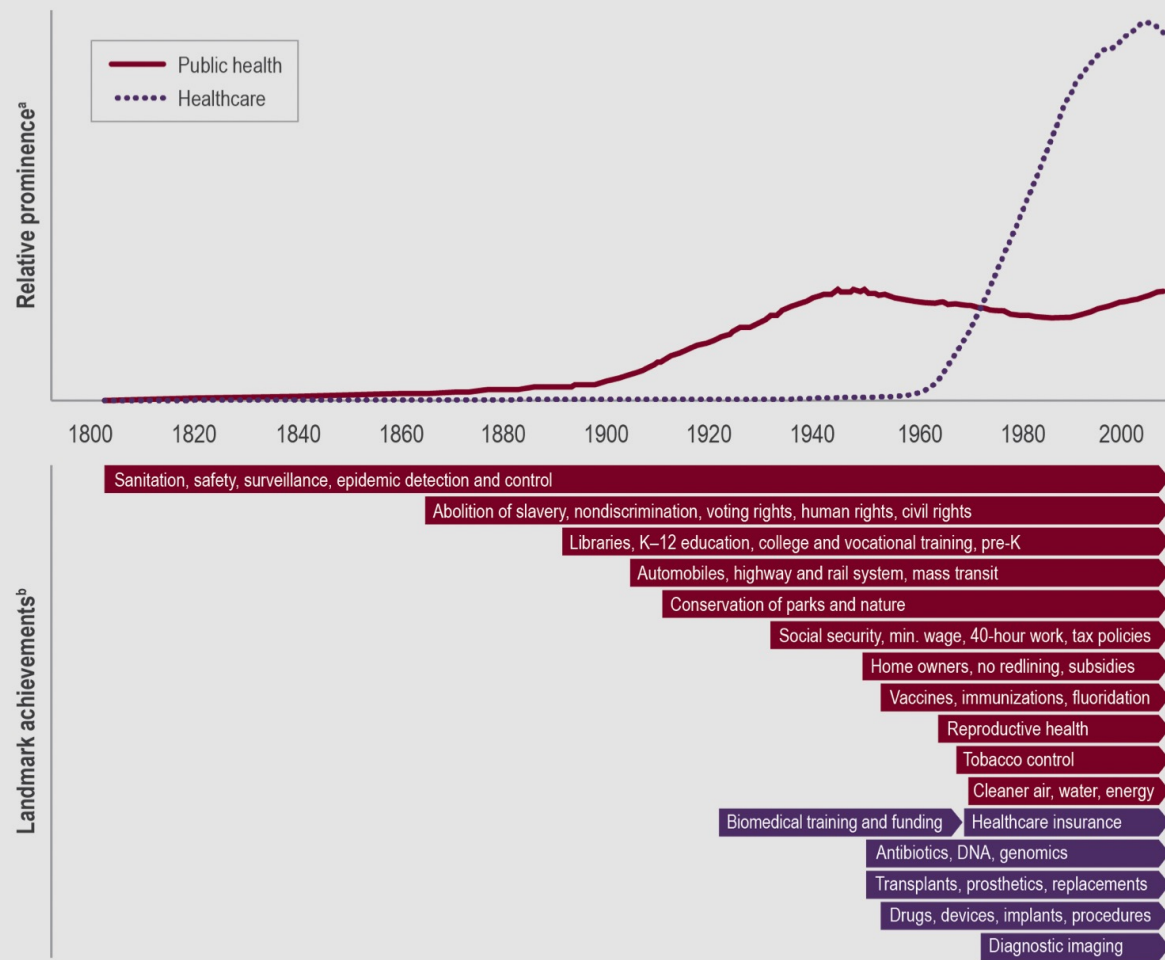| Category	Percentage
Built environment	9.3%
Childhood conditions	7.0%
Culture	6.5%
Education	19.3%
Employment conditions	8.2%
Genetics	7.3%
Healthcare	24.6%
Income / wealth	8.1%
Politics	3.3%
Social support	6.3%

59

Figure 7.1 Shifting prominence and landmark achievements in public health and healthcare, 1800–2008

Relative prominence[a]

Legend:
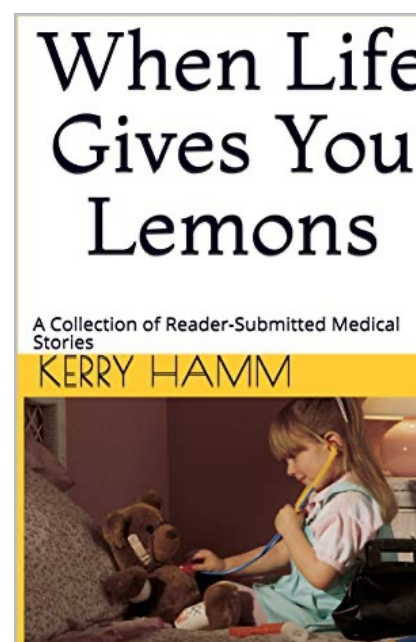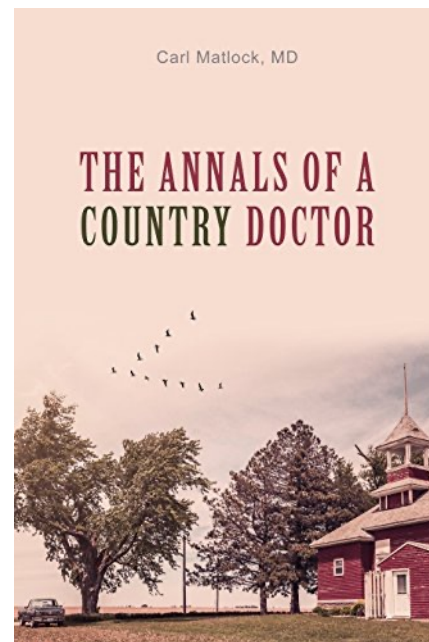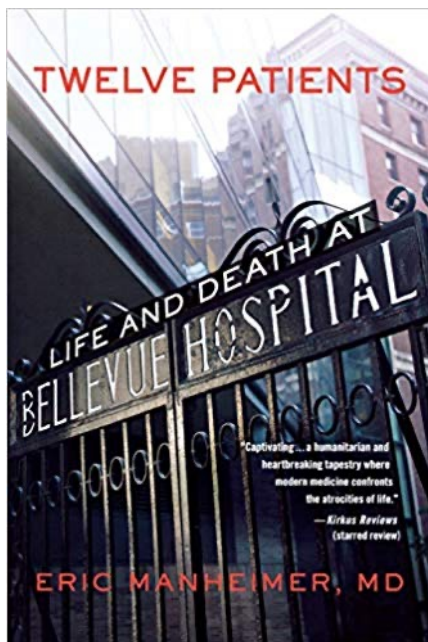- Public health
- Healthcare

X-axis: 1800, 1820, 1840, 1860, 1880, 1900, 1920, 1940, 1960, 1980, 2000

Landmark achievements[b]

- Sanitation, safety, surveillance, epidemic detection and control
- Abolition of slavery, nondiscrimination, voting rights, human rights, civil rights
- Libraries, K–12 education, college and vocational training, pre-K
- Automobiles, highway and rail system, mass transit
- Conservation of parks and nature
- Social security, min. wage, 40-hour work, tax policies
- Home owners, no redlining, subsidies
- Vaccines, immunizations, fluoridation
- Reproductive health
- Tobacco control
- Cleaner air, water, energy
- Biomedical training and funding | Healthcare insurance
- Antibiotics, DNA, genomics
- Transplants, prosthetics, replacements
- Drugs, devices, implants, procedures
- Diagnostic imaging

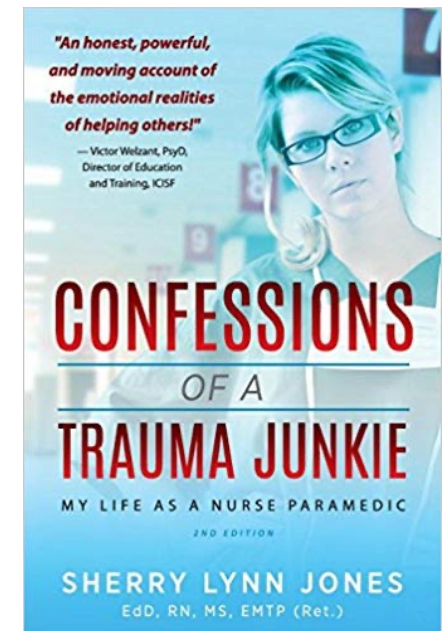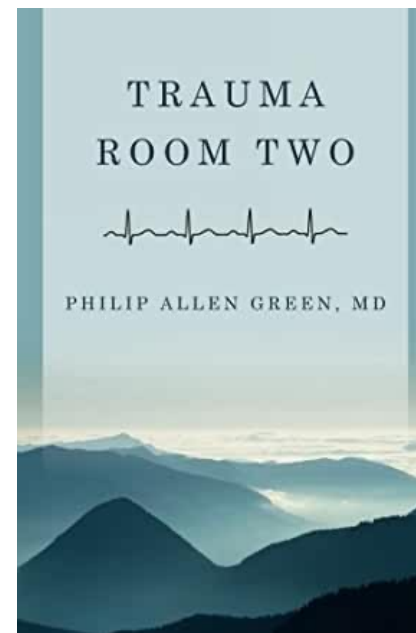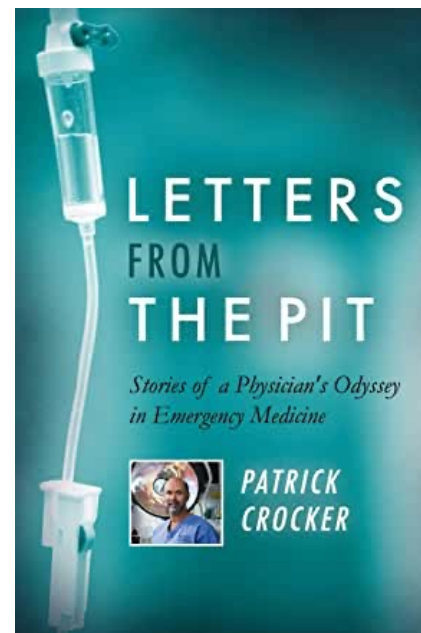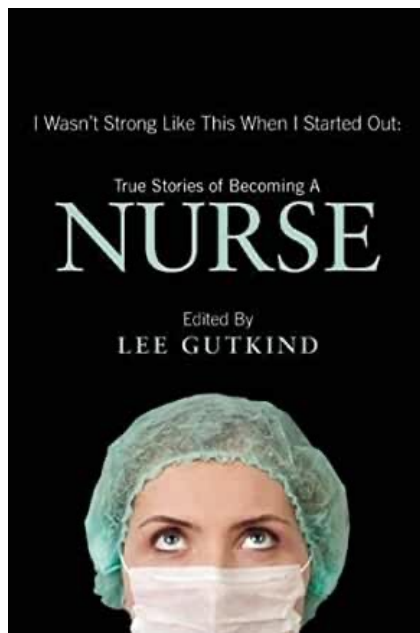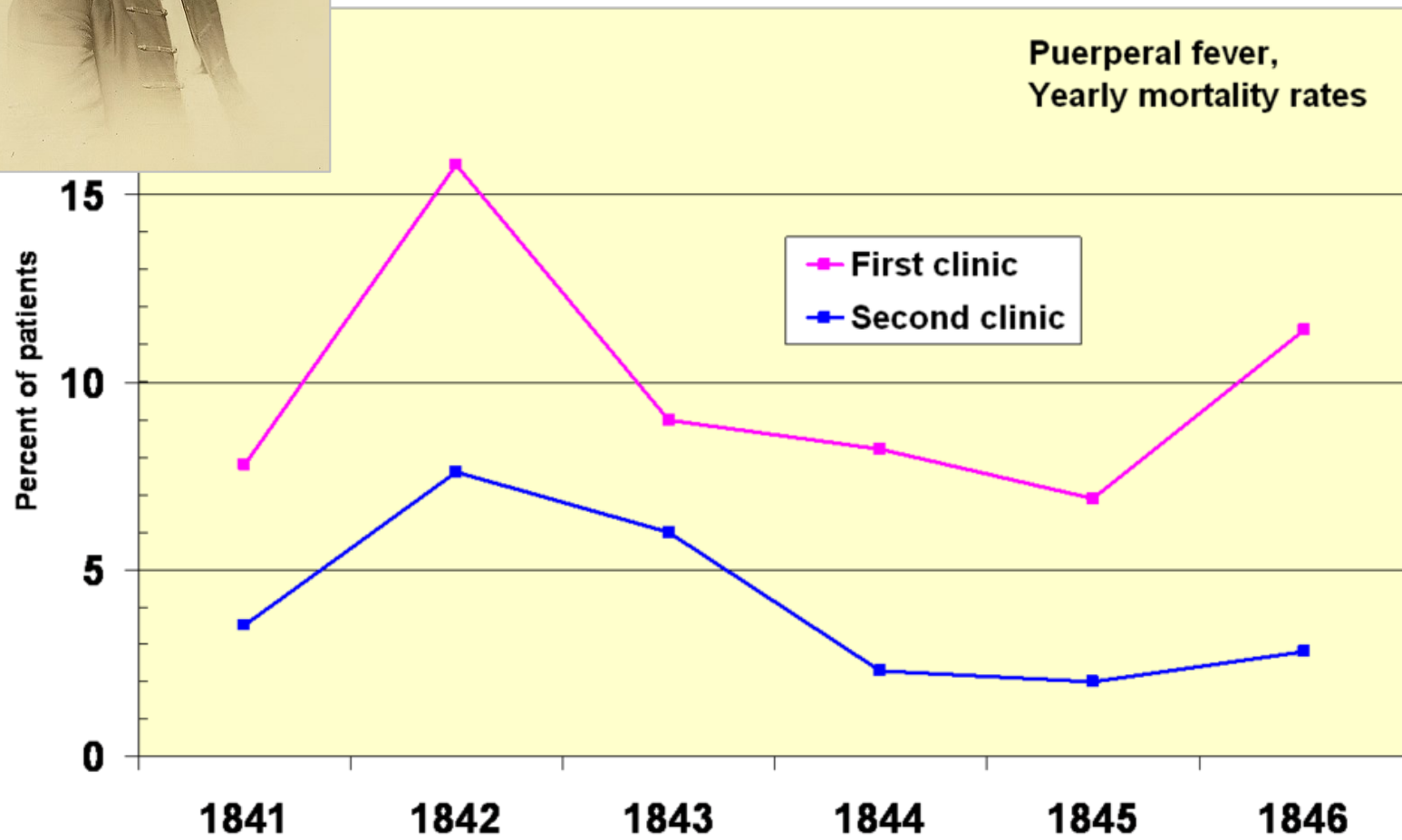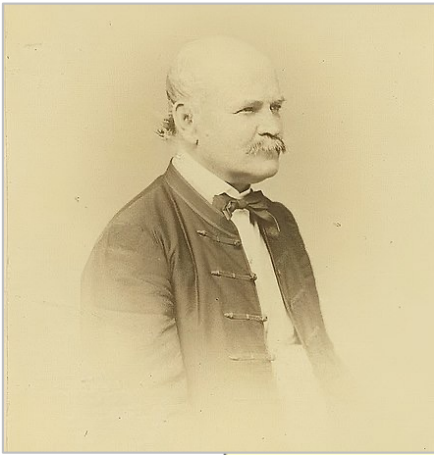[a] Relative prominence reflects the frequency that each term appears in writing over time.

[b] Many of the landmark achievements are not unqualified goods but entail risks or tradeoffs of their own.
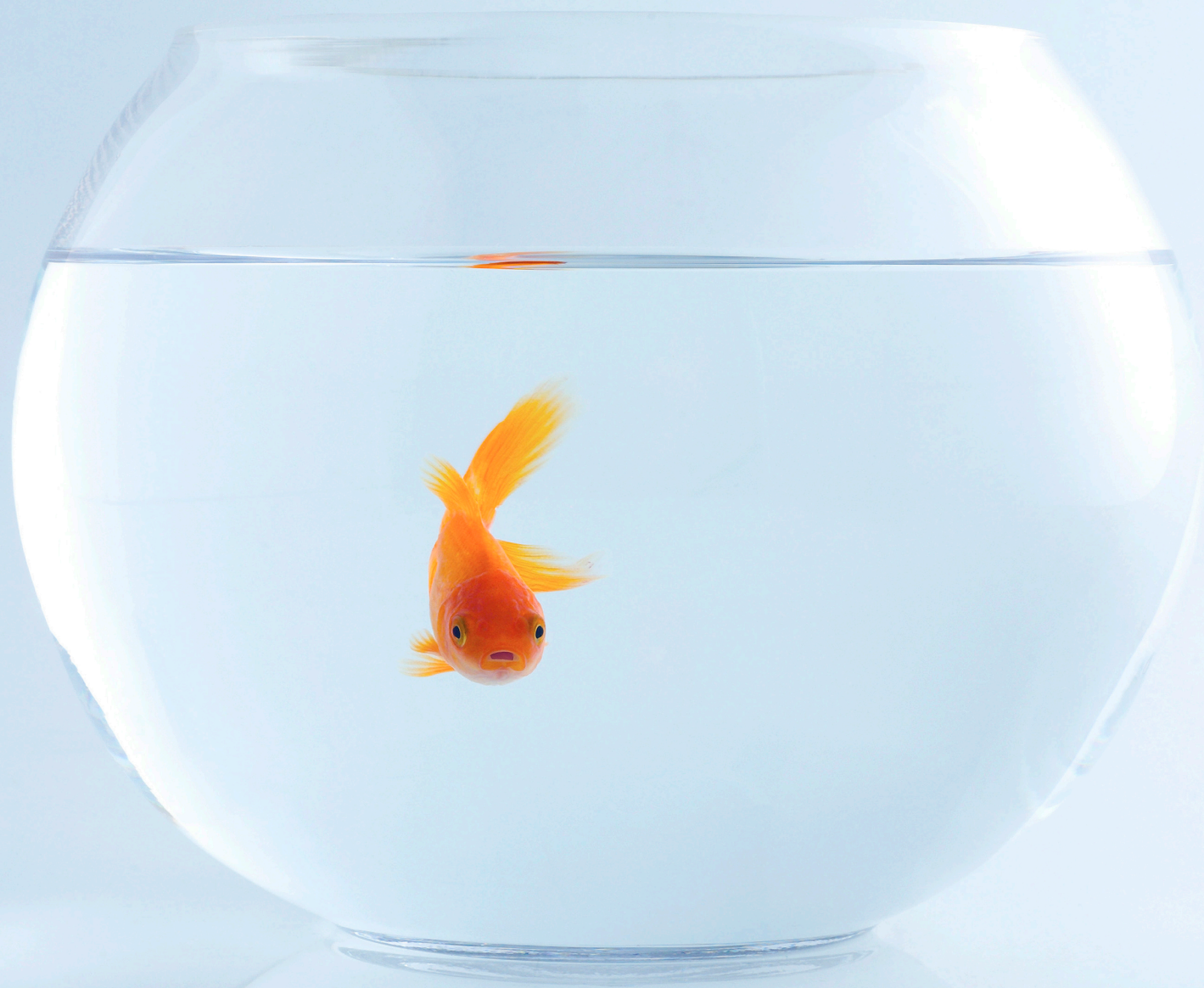
I Wasn't Strong Like This When I Started Out:

True Stories of Becoming A

NURSE

Edited By

LEE GUTKIND

LETTERS
FROM
THE PIT

Stories of a Physician's Odyssey
in Emergency Medicine

PATRICK
CROCKER

TRAUMA
ROOM TWO

PHILIP ALLEN GREEN, MD

"An honest, powerful,
and moving account of
the emotional realities
of helping others!"
— Victor Welzant, PsyD,
Director of Education
and Training, ICISF

CONFESSIONS
OF A
TRAUMA JUNKIE

MY LIFE AS A NURSE PARAMEDIC
2ND EDITION

SHERRY LYNN JONES
EdD, RN, MS, EMTP (Ret.)

TWELVE PATIENTS

LIFE AND DEATH AT
BELLEVUE HOSPITAL

"Captivating...a humanitarian and
heartbreaking tapestry where
modern medicine confronts
the atrocities of life."
— Kirkus Reviews
(starred review)

ERIC MANHEIMER, MD

Carl Matlock, MD

THE ANNALS OF A
COUNTRY DOCTOR

When Life
Gives You
Lemons

A Collection of Reader-Submitted Medical
Stories

KERRY HAMM

MIRACULOUS EXPERIENCES DOCTORS
ARE HESITANT TO SHARE WITH
THEIR PATIENTS, OR ANYONE!

PHYSICIANS'
UNTOLD STORIES

Scott J. Kolbaba, MD

with 26 Other Physicians

DISCOVER THE MIRACLES IN YOUR LIFE!

9. Learning from, improving on the past

Puerperal fever,
Yearly mortality rates

First clinic
Second clinic

" Initially it seems silly, then it seems controversial, then it seems progressive, then it seems obvious. **"**

James Colgrove

WITHIN

REASON

SANDRO GALEA

A LIBERAL
PUBLIC HEALTH
FOR AN
ILLIBERAL TIME

The healthiest goldfish.

Revisiting the question of "why health?"

We aspire to be healthy so that we can live full lives.

SANDRO GALEA
APR 29

SHARE

Let's talk about health.

How we think about health is often wrong. In fact, we often do not think about health at all when we think we are thinking about health. What we think about is disease. We worry if we have a pain somewhere. We wonder if we are maybe diabetic. We brood about the possible causes of a chronic itch. We ask ourselves, "Did I just pull a muscle?" We may believe this constitutes thinking about health. But it does not. We are, in fact, thinking about the absence of health. We are thinking about disease. This mis-think extends to the public conversation. When health is written about in the media, it is more often than not in writing about disease