International Health Statistics: What the Numbers Mean for the United States

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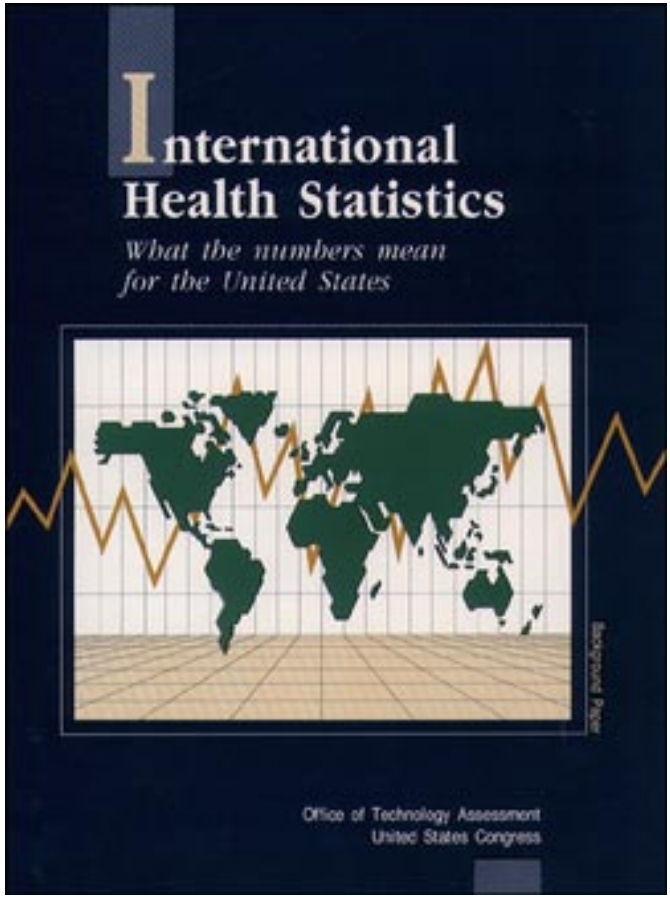

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Foreword

The United States spends more per capita on health care than any other developed country and yet ranks poorly in some key indicators of health. Policymakers have hoped that by looking to countries with better health status measures and lower spending, they might find solutions to some U.S. health and health care problems.

This Background Paper reviews how the United States compares with other developed countries on available health status measures, evaluates the validity of the data used to make such comparisons, and describes how international comparisons might be interpreted in the context of health care reform. Among the key findings of the Background Paper are that the United States generally fairs poorly relative to other developed countries on available health indicators, with higher death rates among infants, children, and young to middle-aged adults. The large differences, however, reflect much more than just differences in health care systems. Some of the most important determinants of a nation's health status fall outside the usual bounds of the health care system-including personal habits (e.g., smoking, exercise) and other factors related to socioeconomic status.

The Background Paper is part of a larger project, *International Differences in Health Care Technology and Costs. The* main report, to be published in 1994, looks at variations in expenditures and resources used in some specific areas of health care among developed countries. The House Committee on Ways and Means, Chairman Dan Rostenkowski, asked OTA to undertake this assessment.

The development of this Background Paper was greatly assisted by an advisory panel, chaired by Rosemary Stevens of the University of Pennsylvania. In addition, many other individuals provided information and reviewed drafts of the paper. OTA gratefully acknowledges the contribution of each of these individuals. As with all OTA documents, the final responsibility for the content of the assessment rests with OTA.

Roger C. Herdman, Director

Advisory Panel

NOTE: OTA appreciates and is grateful for the valuable assistance and thoughtful critiques provided by the advisory panel members. The panel does not, however, necessarily approve, disapprove, or endorse this background paper, OTA assumes full responsibility for the background paper and the accuracy of its contents.

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Abbreviations

ADA	Americans With Disabilities Act
AIDS	acquired immunodeficiency syndrome
BMI	body mass index
BSE	breast self-examination
CDC	Centers for Disease Control and Prevention (U.S. Department of Health and Human Services)
FIMR	fete-infant mortality rate
HIV	human immunodeficiency virus
ICE	International Collaborative Effort (NCHS)
ICD	International Classification of Diseases (WHO)
ICIDH	International Classification of Impairments, Disabilities and Handicaps (WHO)
IMR	infant mortality rate
IOM	Institute of Medicine
IWG	The Inter-Country Working Group on Comparative Health Statistics (NCHS)
LSOA	Longitudinal Study of Aging (United States)
MONICA	Monitoring of Trends and Determinants in Cardiovascular Diseases project (WHO)
NCHS	National Center for Health Statistics (CDC)
OTA	Office of Technology Assessment (U.S. Congress)
REVES	Réseau Espérance de Vie en Santé
SIDS	sudden infant death syndrome
SIPP	Survey of Income and Program Participation (U.S. Department of Commerce)
WHO	World Health Organization
WONCA	World Organization of National Colleges, Academies, and Academic Associations of General Practitioners/Family Physicians
YPLL	years of potential life lost