

Peterson-Kaiser Health System Tracker

Measuring the costs and performance of the U.S. health system

02.09.2016 | METHODS

What do we know about social determinants of health in the U.S. and comparable countries?

Comparable country health consumption data were obtained from the health expenditure and financing file in the Organization for Economic Co-operation and Development (OECD) Health Statistics database. Data were accessed on February 8, 2016. Additional OECD health data were obtained from the social protection indicators file on February 8, 2016; the health status file on December 15, 2015 and January 12, 2016; the non-medical determinants of health file on January 21, 2016; .

Comparable countries for comparison were identified based on economic similarity because national health spending strongly correlates with GDP. Comparable countries met the following criteria for at least 1 of the past 10 years:

- Above median total GDP among all OECD countries
- Above median GDP per capita among all OECD countries

The comparable country averages were calculated using the simple (unweighted) average of comparable OECD countries (not including the U.S.), for which data are available. In some cases, when data for a given year were not available in a given country, the next closest year was used.

Median age data were obtained from the Central Intelligence Agency (CIA) World Factbook. Data were accessed on February 8, 2016.

Gini coefficient and percent of population over the age of 65 were obtained from the World Bank World Development Indicators database. Data were accessed on December 16, 2015.

Life expectancy by race in the United States was obtained from the Centers for Disease Control. Data were accessed on January 12, 2016.

Data for self-report of good health by income quintile were obtained from *Perceived health status by income level, 2013 (or nearest year)*, in Health at a Glance 2015, OECD Publishing, Paris.

The percentage of the U.S. population insured in 2014 is from a Kaiser Family Foundation analysis of 2014 U.S. Census data.

Data for cost-related barriers to health care among the elderly were obtained from a Kaiser Family Foundation analysis of the 2000-2012 National Health Interview Surveys, which are produced by the National Center for Health Statistics at the Centers for Disease Control and Prevention.

Per capita cigarette consumption rates were obtained from The Tobacco Atlas, produced by the World Lung Foundation and the American Cancer Society. Data were accessed on January 5, 2016.

Data regarding the age-standardized prevalence of insufficient physical activity among adults and disability adjusted life years (DALYs) attributable to the environment were obtained from the World

Health Organization Global Health Observatory data repository. Data were accessed on November 22, 2015.

All other data for DALYs were obtained from the Institute for Health Metrics and Evaluation Global Burden of Disease Study.

Adult obesity prevalence by race and by poverty level were obtained from the CDC/National Center for Health Statistics report on “Health, United States, 2014: With Special Feature on Adults Aged 55–64.”

Mortality rates for causes of accidental death were obtained from the 2013 CDC Detailed Tables for the National Vital Statistics Report (NVSR) “Deaths: Final Data for 2013.”

Public opinion poll findings on prescription painkiller abuse are from a November 2015 Kaiser Family Foundation Health Tracking Poll.