

Reader's guide

H *Health at a Glance 2013* presents comparisons of key indicators of health and health systems across the 34 OECD countries, as well as for key emerging countries (Brazil, China, India, Indonesia, the Russian Federation and South Africa). The indicators presented in this publication have been selected on the basis of their policy relevance as well as data availability and comparability. The data come mainly from official national statistics, unless otherwise indicated.

Structure of the publication

The framework underlying this publication assesses the performance of health systems in the context of a broader view of public health (Figure 0.1). It is based on a framework that was endorsed for the OECD Health Care Quality Indicators project (Kelley and Hurst, 2006; Arah et al., 2006).

This framework recognises that the goal of health systems is to improve the health status of the population. Many factors influence the health status of the population, including a number that fall outside health care systems, such as the physical environment in which people live, and individual lifestyles and behaviours. The performance of health care systems also contributes obviously to the health status of the population. This performance includes several dimensions, including the degree of access to care and the quality of care provided.

Performance measurement also needs to take into account the financial resources required to achieve these access and quality goals. The performance of health systems depends on the people providing the services, and the training, technology and equipment at their disposal.

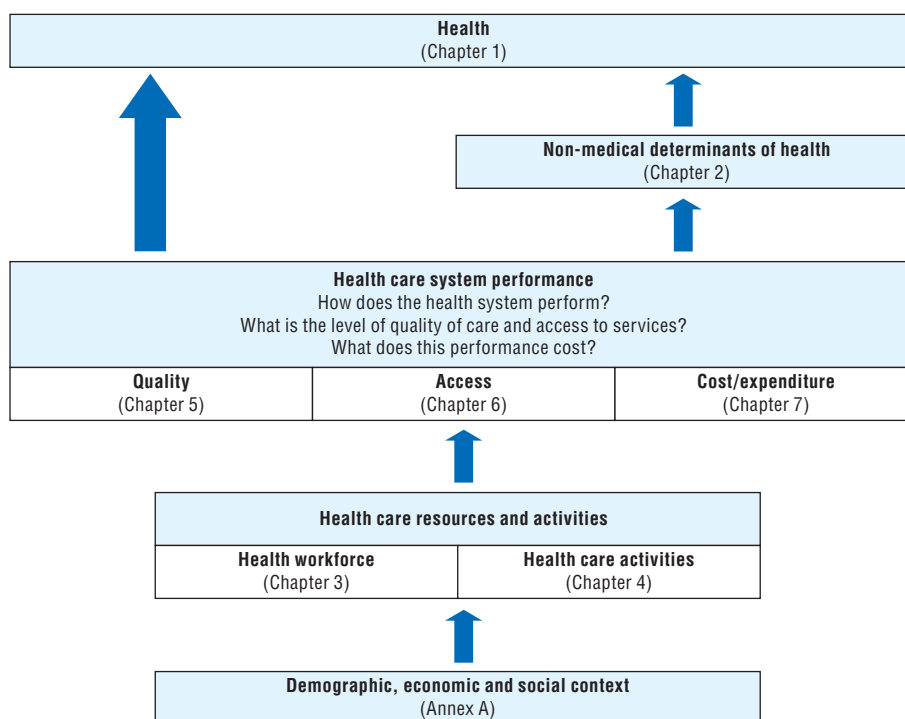
Finally, a number of contextual factors that also affect the health status of the population and the demand for and supply of health services also need to be taken into account, including the demographic context, and economic and social development.

Health at a Glance 2013 compares OECD countries on each component of this framework. It is structured around eight chapters.

Chapter 1 on *Health Status* highlights large variations across countries in life expectancy, mortality and other measures of population health status. Compared with the previous edition, this chapter includes new measures of inequality in health status by education and income level for key indicators such as life expectancy and perceived health status.

Chapter 2 on *Non-medical Determinants of Health* focuses on health-related lifestyles and behaviours among children and adults, including tobacco smoking, alcohol drinking, physical activity, nutrition, and overweight and obesity problems. Most of these factors can be modified by public health and prevention policies.

Figure 0.1. **Conceptual framework for health system performance assessment**



Source: Adapted from Kelley, E. and J. Hurst (2006), "Health Care Quality Indicators Project: Conceptual Framework", OECD Health Working Paper, No. 23, OECD Publishing, <http://dx.doi.org/10.1787/440134737301>.

Chapter 3 looks at the *Health Workforce*, providing data on the supply and remuneration of doctors and nurses in OECD countries. It also presents trends on the number of new graduates from medical and nursing education programmes, a key determinant of future supply.

Chapter 4 on *Health Care Activities* describes some of the main characteristics of health service delivery in different OECD countries. It begins by looking at consultations with doctors, and the supply and use of diagnostic technologies such as medical resonance imaging and computed tomography scanners. The hospital sector continues to absorb the largest share of health spending in OECD countries, hence a focus on the availability of hospital beds, their utilisation rate, the number of hospital discharges and average length of stay. The chapter also looks at variations in the use of high-volume and high-cost procedures, such as caesarean sections, cardiac procedures, and hip and knee replacement. It concludes by looking at the pharmaceutical market, comparing the use of certain pharmaceutical drugs and the share of the generic market in different countries.

Chapter 5 examines *Quality of Care* or the degree to which care is delivered in accordance with established standards and improves health outcomes. It provides comparisons on quality of care for chronic conditions and pharmaceutical prescriptions, acute care for life-threatening diseases, patient safety, care for mental disorders, cancer care, the prevention of communicable diseases and, for the first time, some important aspects of patient experiences.

Chapter 6 on *Access to Care* presents a set of indicators that can be used to assess to what extent OECD countries are meeting their policy goal of ensuring adequate access to essential health services on the basis of individual need. It begins by describing the proportion of population covered by public or private health insurance and the share of

out-of-pocket spending in household consumption. The chapter then discusses issues around geographic access to care, focusing in particular on the “density” of doctors in different regions in each country. Another approach to measuring access to care is to look at inequalities among different socioeconomic groups in the use of health services. Three indicators look at the use of doctors, dentists and screening rates for cancer, either by income group or education level. The last indicator relates to timely access to care, comparing waiting times for certain elective surgery in a group of OECD countries where this is considered to be an important issue.

Chapter 7 on *Health Expenditure and Financing* compares how much OECD countries spend on health, both on a per capita basis and in relation to GDP. The chapter also provides an analysis of the different types of health services and goods consumed across OECD countries, including a separate focus on pharmaceuticals. It also looks at how these health services and goods are paid for in different countries (i.e. the mix between public funding, private health insurance where it exists, and direct out-of-pocket payments). Lastly, in the context of the growth in medical tourism and international trade in health services, current levels and trends are examined.

Chapter 8 focuses on *Ageing and Long-term Care*, starting by a review of demographic trends and the rising share of the population aged over 65 and 80 in all OECD countries. The chapter presents the most recent data on life expectancy and life expectancy in good health at age 65, self-reported health and disability status, as important factors affecting the current and future demand for long-term care. This is followed by a set of indicators on older persons currently receiving long-term care at home or in institutions, on care providers (including both formal and informal caregivers), and on the capacity to provide long-term care in institutions in different countries. The final indicator reviews levels and trends in long-term care expenditure over the past decade.

A *Statistical Annex* provides additional information on the demographic and economic context within which health and long-term care systems operate.

Presentation of indicators

Each of the topics covered in the different chapters of this publication is presented over two pages. The first provides a brief commentary highlighting the key findings conveyed by the data, defines the indicator and signals any significant national variation from the definition which might affect data comparability. On the facing page is a set of figures. These typically show current levels of the indicator and, where possible, trends over time. Where an OECD average is included in a figure, it is the unweighted average of the OECD countries presented, unless otherwise specified.

Data limitations

Limitations in data comparability are indicated both in the text (in the box related to “Definition and comparability”) as well as in footnotes to figures.

Data sources

Readers interested in using the data presented in this publication for further analysis and research are encouraged to consult the full documentation of definitions, sources and methods presented in *OECD Health Statistics* on OECD.Stat (<http://stats.oecd.org/index.aspx>, then choose “Health”). More information on *OECD Health Statistics* is available at www.oecd.org/health/healthdata. Information about data sources used for non-OECD countries is available at www.oecd.org/health/healthataglance.

Population figures

The population figures presented in Annex A and used to calculate rates per capita throughout this publication come from the OECD Historical Population Data and Projections (as of end of May 2013), and refer to mid-year estimates. Population estimates are subject to revision, so they may differ from the latest population figures released by the national statistical offices of OECD member countries.

Note that some countries such as France, the United Kingdom and the United States have overseas colonies, protectorates or territories. These populations are generally excluded. The calculation of GDP per capita and other economic measures may, however, be based on a different population in these countries, depending on the data coverage.

OECD country ISO codes

Australia	AUS	Japan	JPN
Austria	AUT	Korea	KOR
Belgium	BEL	Luxembourg	LUX
Canada	CAN	Mexico	MEX
Chile	CHL	Netherlands	NLD
Czech Republic	CZE	New Zealand	NZL
Denmark	DNK	Norway	NOR
Estonia	EST	Poland	POL
Finland	FIN	Portugal	PRT
France	FRA	Slovak Republic	SVK
Germany	DEU	Slovenia	SVN
Greece	GRC	Spain	ESP
Hungary	HUN	Sweden	SWE
Iceland	ISL	Switzerland	CHE
Ireland	IRL	Turkey	TUR
Israel	ISR	United Kingdom	GBR
Italy	ITA	United States	USA

Emerging country ISO codes

Brazil	BRA	Indonesia	IDN
China	CHN	Russian Federation	RUS
India	IND	South Africa	ZAF



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