

Readers' guide

H *Health at a Glance: Europe 2016* presents key indicators of health and health systems in 36 European countries, including the 28 European Union member states, five candidate countries and three European Free Trade Association countries.

This new edition of *Health at a Glance: Europe* contains two main new features: 1) two thematic chapters at the beginning of the publication analyse in more depth the links between population health and labour market outcomes, and the need in all EU countries to strengthen primary care systems; and 2) a new chapter at the end of the publication on the resilience, efficiency and sustainability of health systems. This new chapter is designed to align more closely the content of this publication with the 2014 Commission Communication on effective, accessible and resilient health systems which proposes an EU agenda with tools and mechanisms to improve the performance of health systems in European countries.

The data presented in this publication are mostly official national statistics and have in many cases been collected through questionnaires administered jointly by the OECD, Eurostat and WHO. The data have been validated by the three organisations to ensure that they meet standards of data quality and comparability. Some data also come from European surveys co-ordinated by Eurostat, notably the European Union Statistics on Income and Living Conditions Survey (EU-SILC) and the second wave of the European Health Interview Survey (EHIS) and from the European Centre for Disease Prevention and Control (ECDC).

Structure of the publication

This publication is structured around eight chapters:

- Chapter 1 on *The labour market impacts of ill-health* draws on recent OECD methodologies to assess the labour market outcomes of selected modifiable risk factors to health (smoking, alcohol consumption and obesity) and related chronic diseases (e.g. diabetes, cancer, arthritis and mental health problems), in terms of employment opportunities, wages, productivity, sick leave, early retirement and receipt of disability or unemployment benefits. It concludes with a discussion on the potential of prevention policies and health care policies to improve the management of chronic conditions that might generate benefits both in terms of better health status for the population and better employment and economic outcomes.
- Chapter 2 on *Strengthening primary care systems* uses a number of indicators to measure access to primary care and its effectiveness and quality, either directly or indirectly through potentially avoidable hospital admissions. It identifies possible policy options that countries might consider to strengthen their primary care systems to better address the needs of ageing populations, drawing lessons from the recent series of OECD Health Care Quality Reviews and other relevant OECD work.
- Chapter 3 on *Health status* highlights the variations across countries in life expectancy and healthy life expectancy. It also presents more specific information on different causes of mortality and morbidity, including both communicable and non-communicable diseases. Wherever possible, it highlights the often substantial disparities between gender and socio-economic groups.

- Chapter 4 on *Determinants of health* focuses mainly on non-medical determinants of health among children and adults that are related to modifiable lifestyles and behaviours, such as smoking and alcohol drinking, the consumption of illegal drugs, nutrition habits, physical activity, and overweight and obesity. It also includes an indicator on air pollution, as another important factor affecting the health of children and adults.
- Chapter 5 on *Health expenditure* examines trends in health spending across European countries, both overall and for different types of health services and goods. It also looks at how these health services and goods are paid for and the mix between public funding, private health insurance, and direct out-of-pocket payments by households.
- Chapter 6 on *Effectiveness and quality of care* looks at potentially preventable deaths and amenable deaths (deaths that might have been avoided through the provision of optimal quality of care), based on the Eurostat lists of avoidable mortality. It then goes on to review more specific indicators of quality of care for chronic and acute conditions, cancers and communicable diseases, using the results from the OECD Health Care Quality Indicators data collection. The chapter also includes some indicators related to patient safety as measured by healthcare-associated infections and to tuberculosis outcomes, using data from the ECDC.
- Chapter 7 on *Access to care* presents a range of indicators related to access to care, starting with health care coverage and self-reported unmet needs for medical care and dental care. It also includes indicators on the availability of human resources, focusing on doctors and nurses (given the predominant role that they continue to play in most countries), and the availability of physical/technical resources, as well as the actual use of health services in hospital and outside hospital. It concludes by presenting trends in waiting times for some elective surgery (e.g. cataract surgery, and hip and knee replacement).
- Chapter 8 is a new chapter looking at the *Resilience, efficiency and sustainability of health systems*. It provides a small set of indicators related to how countries have responded to recent economic or other shocks on their health systems, and efforts to improve the efficiency of health systems to respond to growing needs with limited resources. It ends with some indicators related to the sustainability of health systems in terms of human resources and fiscal resources.

An annex provides some additional tables on the demographic and economic context within which different health systems operate, as well as additional data on health expenditure trends.

Presentation of indicators and calculation of EU averages

Following the first two thematic chapters, all indicators in the rest of the publication are presented in a user-friendly way over two pages. The first page provides a brief commentary highlighting the key findings conveyed by the data, defines the indicator(s) and discusses any significant national variations from that 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. For those countries that have a relatively small population (less than 1 million), three-year averages have been calculated for several indicators in the chapter on health status and effectiveness and quality to minimise random errors due to small numbers.

The average in the figures includes only EU member states and is generally calculated as a *population-weighted average* of the EU member states presented (up to 28, if there is full data coverage), unless otherwise stated. This is an important difference from previous editions of *Health at a Glance: Europe* where EU averages were calculated based on an unweighted average (which gave the same weight to all countries, regardless of their population size). There remain, however, a few cases where the average is still calculated based on the unweighted average of EU countries for various reasons, notably to ensure consistency with owners of the data and authors of related reports (for example, the indicators on risk factors among children taken from the HBSC survey in Chapter 4 still use some unweighted average).

Data and 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 charts.

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 contained in *OECD Health Statistics 2016* for all OECD member countries, including 22 EU member states and four additional countries (Iceland, Norway, Switzerland and Turkey). This information is available in OECD.Stat (<http://stats.oecd.org/index.aspx?DataSetCode=HEALTH>). For the ten other countries (Albania, Bulgaria, Croatia, Cyprus, the Former Yugoslav Republic of Macedonia, Lithuania, Malta, Montenegro, Romania and Serbia), readers should consult the *Eurostat Database* for more information on sources and methods: <http://ec.europa.eu/eurostat/data/database>.

Readers interested in an interactive presentation of the European Core Health Indicators (ECHI) indicators can also consult DG SANTE's ECHI data tool at http://ec.europa.eu/health/indicators/indicators/index_en.htm.

Population figures

The population figures for all EU member states and candidate countries presented in the annex and which are used to calculate rates per capita and the population-weighted EU averages in this publication come from the Eurostat demographics database. The data were extracted at the end of May 2016, and relate to mid-year estimates (calculated as the average between the beginning and the end of the year). Population estimates are subject to revision, so they may differ from the latest population figures released by Eurostat or national statistical offices.



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