

US ranks last among other industrialized nations on preventable deaths

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The United States places last among 19 countries when it comes to deaths that could have been prevented by access to timely and effective health care, according to new research supported by The Commonwealth Fund and published in the January/February issue of *Health Affairs*. While other nations dramatically improved these rates between 1997–98 and 2002–03, the U.S. improved only slightly.

If the U.S. had performed as well as the top three countries out of the 19 industrialized countries in the study there would have been 101,000 fewer deaths in the U.S. per year by the end of the study period. The top performers were France, Japan, and Australia.

In “Measuring the Health of Nations: Updating an Earlier Analysis,” Ellen Nolte and Martin McKee of the London School of Hygiene and Tropical Medicine compare trends in deaths that could have been prevented by access to timely and effective health care. Specifically, they looked at deaths “amenable to health care before age 75 between 1997–98 and 2002–03.”

Nolte and McKee found that while other countries made strides and saw these types of deaths decline by an average of 16%, the U.S. experienced only a 4% decline. “It is notable that all countries have improved substantially except the U.S.,” said Nolte, lead author of the study. The authors also note that “it is difficult to disregard the observation that the slow decline in U.S. amenable mortality has coincided with an increase in the uninsured population, an issue that is now receiving renewed

attention in several states and among presidential candidates from both parties.”

“It is startling to see the U.S. falling even farther behind on this crucial indicator of health system performance,” said Commonwealth Fund Senior Vice President Cathy Schoen. “By focusing on deaths amenable to health care, Nolte and McKee strip out factors such as population and lifestyle differences that are often cited in response to international comparisons showing the U.S. lagging in health outcomes. The fact that other countries are reducing these preventable deaths more rapidly, yet spending far less, indicates that policy, goals, and efforts to improve health systems make a difference.”

In 1997–98 the U.S. ranked 15th out of 19 countries on the “mortality amenable to health care” measure. However, by 2002–03 the U.S. fell to last place, with 109 deaths amenable to health care for every 100,000 people. In contrast, mortality rates per 100,000 people in the leading countries were: France (64), Japan (71), and Australia (71). The other countries included in the study were Austria, Canada, Denmark, Finland, Germany, Greece, Ireland, Italy, Netherlands, New Zealand, Norway, Portugal, Spain, Sweden and the United Kingdom.

Study authors state that the measure of deaths amenable to health care is a valuable indicator of health system performance because it is sensitive to improved care, including public health initiatives. It considers a range of conditions from which it is reasonable to expect death to be averted even after the condition develops. This includes causes such as appendicitis and hypertension, where the medical nature of the intervention is apparent; it also includes illnesses that can be detected early with effective screenings such as cervical or colon cancer, and tuberculosis which, while acquisition is largely driven by socio-economic conditions, is not fatal when treated in a timely manner.

“Cross-national studies conducted by The Commonwealth Fund indicate that our failure to cover all Americans results in financial barriers that are much more likely to prevent many U.S. adults from getting the care they need, compared with adults in other countries,” said Commonwealth Fund President Karen Davis. “While no one country provides a perfect model of care, there are many lessons to be learned from the strategies at work abroad.”

Source: London School of Hygiene & Tropical Medicine

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