MEASURING THE PERFORMANCE OF HEALTH SYSTEMS ACROSS EUROPEAN AND NON-EUROPEAN COUNTRIES: SPECIAL CONTENT AND FEATURES OF OECD HEALTH DATABASE

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OECD health database allows broader comparison between European and non-European countries

A “small paradox”: Most OECD countries are in Europe (26 out of 36)… but most of the OECD population live outside Europe (over 60%)
OECD database includes datasets on public health and health system performance assessment

Health status

Non-health care determinants of health

Health care system performance

Quality | Access | Expenditure

Health system design, policy and context

Source: OECD, 2006; Arah et al., 2006; RIVM, 2014 (Dutch HSPA framework)
OECD database contains many of the same datasets as Eurostat and WHO-Europe databases.
But the OECD database also includes some unique datasets.

OECD Health Data collection

OECD HCQI data collection
Overview of separate and joint data collections of OECD with Eurostat and WHO

Separate

Joint

Joint

Separate

(OECD Health Data and Health Care Quality Indicators)
Why are there differences in the data across different international databases?

1. **Data collection**: When the data are collected separately by different international organisations, from different national correspondents, possibly using different sources.

2. **Data calculation**: When the data are calculated differently:
   i. using different population numbers to calculate crude rates
   ii. using different population structures to calculate age-standardised rates
   iii. using different methods to calculate averages (weighted vs unweighted)
   iv. using different currencies to express expenditure ($$$ vs €€€) or adjustments for differences in cost-of-living (PPP)

3. **Data reporting** -> When data updates are not reported at the same time by international organisations (timing issue)
Data dissemination channels


- Selected indicators also available in the OECD Data Portal

- Selected indicators also presented in Health at a Glance: Europe (every even year) and Health at a Glance: OECD Indicators (every odd year)
ACCESSING AND USING THE METADATA IN THE OECD DATABASE (AND OTHER DATABASES)
How to access metadata information in the OECD Health database?

Click on the icon to access the related metadata information (Definitions, Sources and Methods) for each indicator.
The database includes control codes to flag important issues related to data consistency and comparability:

- **B** Break in series
- **D** Deviation from the definition
- **E** Estimate/preliminary data
- **P** Provisional value (to be used only for t-1 data, i.e. 2017)

### Non-Medical Determinants of Health: Body weight

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<tbody>
<tr>
<td>Body weight</td>
<td>% of total population</td>
<td>Austria</td>
<td>32.4</td>
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<td></td>
<td>Canada</td>
<td>33.2</td>
<td>32.2</td>
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<td>Chile</td>
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<td>Denmark</td>
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<td>Estonia</td>
<td>31.7</td>
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<td>Finland</td>
<td>34.1</td>
<td>34.1</td>
<td>33.5</td>
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<td>France</td>
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**Methodology:**

- **Break in time series in 2015:**
  - **Break in 2015 onwards:** A random sample of 38000 of the population aged 20 years or older. The average response rate is 54%.
  - **1978-2014:** Annual postal survey for a random sample of the population of Finnish adults aged 15-64 years old.
  - The sample size is 5000. The average response rate was 72%.
A striking example of the need to use the metadata: Healthy life years indicator in Eurostat database

Changes in healthy life years between 2010 and 2016

In Germany, a 10-year increase in healthy life years between 2014 and 2015... because of change in question in EU-SILC.

Note: The Eurostat database indicates that there are breaks in the series in Germany (2015), Sweden (2014), Italy (2016), Luxembourg (2016), ...
Source: Eurostat Database.
For more information

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