

DOWNLOAD PDF U.S HEALTH IN INTERNATIONAL PERSPECTIVE SHORTER LIVES POORER HEALTH

Chapter 1 : US Health in International Perspective

U.S. Health in International Perspective presents detailed evidence on the issue, explores the possible explanations for the shorter and less healthy lives of Americans than those of people in comparable countries, and recommends actions by both government and nongovernment agencies and organizations to address the U.S. health disadvantage.

The impetus for this project came from a recently released NRC report that documented that life expectancy at age 50 had been increasing at a slower pace in the United States than in other high-income countries. The charge to our panel was to probe further and to determine whether the same worrying pattern existed among younger Americans, to explore potential causes, and to recommend future research priorities. As readers who know this issue can appreciate, this is a daunting and complex charge. The questions put to the panel involve many fields, including medicine and public health, demography, social science, political science, economics, behavioral science, and epidemiology. They require the examination of data from many countries, drawn from disparate sources. The panel was given 18 months for the task, enough time to pull back the curtain on this issue but not to conduct a systematic review of every contributory factor and every relevant study or database. This report serves only to open the inquiry, with the invitation to others to probe deeper and with the disclaimer that the evidence cited here can only skim the surface of highly complex issues. Page xii Share Cite Suggested Citation: Health in International Perspective: Shorter Lives, Poorer Health. The National Academies Press. We are especially grateful for guidance and contributions from Robert M. Kaplan, director, and Deborah H. Ronald Abeles and Ravi Sawhney, both formerly with NIH, were also instrumental in conceiving of this project and seeing it get off the ground. Several postdoctoral and graduate students worked intensively with a number of panel members to produce unique and compelling data analyses that appear throughout this report. We thank these contributors: Several other individuals at the home institutions of panel members contributed to their analyses for this report. We also thank the authors of two background papers the panel commissioned: Russell Viner, University College London, for an assessment of cross-national differences in adolescent health and the importance of adolescence Page xiii Share Cite Suggested Citation: In particular, the panel thanks Sheldon H. Smeeding, Institute for Research on Poverty, University of Wisconsin—Madison, for their advice on interpreting poverty statistics and Clemencia Cosentino de Cohen for her advice on interpreting data on educational attainment. We also thank J. Michael McGinnis, senior scholar at the IOM, for the valuable advice he offered this panel and for serving as a discussant at a crucial panel meeting. This report would not have been possible without the support of NRC staff. I first thank Laudan Aron, our study director, who toiled over every page of this document. The panel also thanks Wendy Jacobson and Robert Pool for assistance with background research and writing; Danielle Johnson for administrative and logistical support and formatting of references, figures, and tables; Alina Baciú, Amy Geller, and Keiko Ono, for assembling the bibliography; Amy Geller, Hope Hare, and Rose Marie Martinez for assistance with graphics; Kirsten Sampson Snyder for guiding the report through review; Eugenia Grohman for editing; Yvonne Wise for managing the production process; and Sara Frueh, Patricia Morison, Lauren Rugani, Christine Stencel, and Steve Turnham for help with communications. The purpose of this independent review is to provide candid and critical comments that will assist the institution in making its published report as sound as possible and to ensure that the report meets institutional standards for objectivity, evidence, and responsiveness to the study charge. The review comments and draft manuscript remain confidential to protect the integrity of the deliberative process. We thank the following individuals for their review of this report: Dana Gleib of Georgetown University also provided a focused mid-project technical review of the commissioned data analysis conducted by Jessica Ho and Samuel Preston for Chapter 1. Although the reviewers listed above provided many constructive comments and suggestions, they were not asked to endorse the conclusions or recommendations, nor did they see the final draft of the report before its release. Appointed by the NRC and the IOM, they were responsible for ensuring that this report underwent an

DOWNLOAD PDF U.S HEALTH IN INTERNATIONAL PERSPECTIVE SHORTER LIVES POORER HEALTH

independent examination in accordance with institutional procedures and that all review comments were carefully considered. Responsibility for the final content of this report rests entirely with the authoring panel and the institution. Finally, I would like to thank my fellow panel members for their wisdom, collegiality, and energy in producing this important report. Every member was immensely helpful, but I wish to specifically acknowledge Samuel Preston, Alberto Palloni, Paula Braveman, and Ana Diez Roux for their first drafts of Chapters 1, 2, 6, and 7, respectively. This report is truly an ensemble effort. I hope that readers will notice the interdisciplinary collaboration reflected in the pages of this document. The panel members, all highly regarded experts in their fields, contributed wonderful insights and the literatures of their disciplines to give our discussions and data analysis the holistic perspective this topic deserves. I am indebted to these colleagues, who despite many demanding responsibilities, gave generously of themselves and operated under a very demanding timeline. I am sure I speak for the panel and staff in collectively thanking our spouses and families for the disruption in lives this undertaking required. Our panel was unprepared for the gravity of the findings we uncovered. We hope that others will take notice. Our charge was to give advice to the scientific community, and this report fulfills that charge by outlining ways that the NIH, other research agencies, and investigators can collect new data and advance understanding of the causes of cross-national health disparities.

Page xv Share Cite Suggested Citation: A broader audience—most importantly the American public—should know what this report says.

DOWNLOAD PDF U.S HEALTH IN INTERNATIONAL PERSPECTIVE SHORTER LIVES POORER HEALTH

Chapter 2 : Real Numbers: Shorter Lives, Poorer Health | Issues in Science and Technology

The U.S. health disadvantage cannot be attributed solely to the adverse health status of racial or ethnic minorities or poor people, because recent studies suggest that even highly advantaged Americans may be in worse health than their counterparts in other countries.

Institute of Medicine Report: Health in International Perspective: The report finds that this health disadvantage exists at all ages from birth to age 75 and that even advantaged Americans – those who have health insurance, college educations, higher incomes, and healthy behaviors – appear to be sicker than their peers in other rich nations. Woolf, professor of family medicine at Virginia Commonwealth University in Richmond and chair of the panel that wrote the report. What concerns our panel is why, for decades, we have been slipping behind. Among these countries, the U. Many of these health conditions disproportionately affect children and adolescents, the report says. For decades, the U. Nearly two-thirds of the difference in life expectancy between males in the U. These findings build on a Research Council report that documented a growing mortality gap among Americans over age 65. People in the U. Root Causes This health disadvantage exists even though the U. The report examines the role of underlying social values and public policies in understanding why the U. For example, Americans are more likely to engage in certain unhealthy behaviors, from heavy caloric intake to behaviors that increase the risk of fatal injuries, the report says. Americans still fare worse than people in other countries even when the analysis is limited to non-Hispanic whites and people with relatively high incomes and health insurance, nonsmokers, or people who are not obese. The report recommends an intensified effort to pursue established national health objectives. It calls for a comprehensive outreach campaign to alert the American public about the U. In parallel, it recommends data collection and research to better understand the factors responsible for the U. The study was sponsored by the National Institutes of Health and U. Department of Health and Human Services. They are private, independent nonprofit institutions that provide science, technology, and health policy advice under a congressional charter granted to NAS in 1970. For more information, visit <http://www.nas.edu> Report at a Glance Figure: Causes of Death for U.

Chapter 3 : U.S. Health in International Perspective - NCBI Bookshelf

The United States is among the wealthiest nations in the world, but it is far from the healthiest. U.S. Health in International Perspective: Shorter Lives, Poorer.

Chapter 4 : U.S. Health in International Perspective: Shorter Lives, Poorer Health | ReThink Health

ings are detailed in its report, U.S. Health in International Perspective: Shorter Lives, Poorer Health. A Pervasive Pattern of Shorter Lives and Poorer Health.

Chapter 5 : U.S. Health in International Perspective: Shorter Lives, Poorer Health

That is the question posed to the panel that produced this report, U.S. Health in International Perspective: Shorter Lives, Poorer Health. The group included experts in medicine, epidemiology, and demography and other fields in the social sciences.

Chapter 6 : Report Brief : Health and Medicine Division

U.S. Health in International Perspective: Shorter Lives, Poorer Health. Panel on Understanding Cross-National Health Differences Among High-Income Countries, Steven H. Woolf and Laudan Aron, Eds. Committee on Population, Division

DOWNLOAD PDF U.S HEALTH IN INTERNATIONAL PERSPECTIVE SHORTER LIVES POORER HEALTH

of Behavioral and Social Sciences and Education, and Board on Population Health and Public Health Practice.

Chapter 7 : International Health Data

4 u.s. health in international perspective With these important exceptions, Americans under age 75 fare poorly among peer countries on most measures of health.

Chapter 8 : Population Health Forum, Health Olympics monitor - Home

U.S. Health in International Perspective: Shorter Lives, Poorer Health. Read the report brief that summarizes the main findings.

Chapter 9 : U.S. Health in International Perspective: Shorter Lives, Poorer Health - PNHP's Official Blog

U.S. Health in International Perspective: Shorter Lives, Poorer Health 4 U.S. HEALTH IN INTERNATIONAL PERSPECTIVE With these important exceptions, Americans under age 75 fare poorly.