

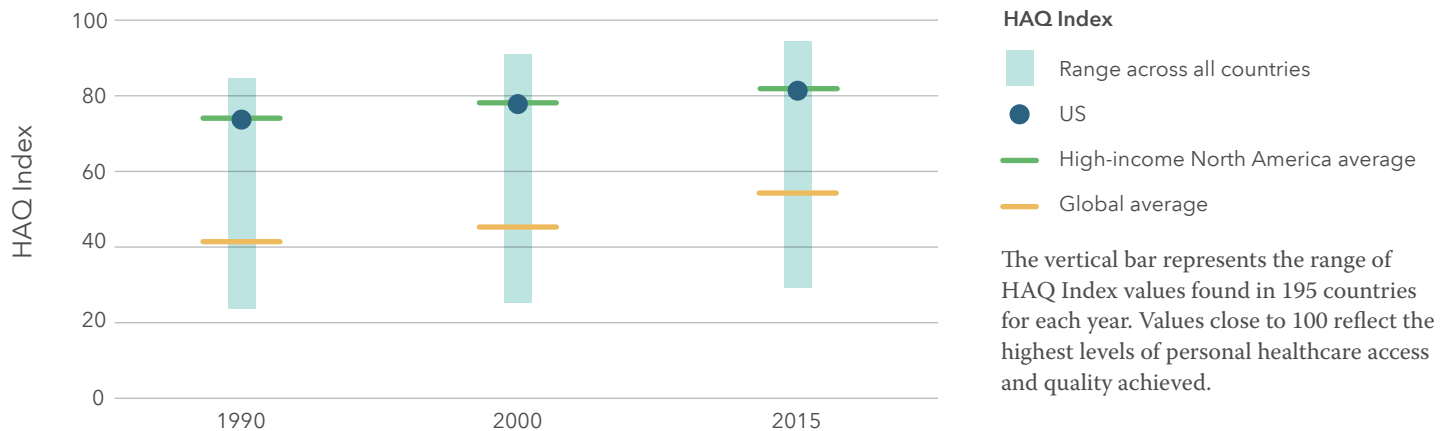
United States

Monitoring national levels of personal healthcare access and quality is critical to understanding where countries can improve health service delivery. Researchers used findings from the Global Burden of Disease (GBD) study to estimate a summary measure of healthcare access and quality, the Healthcare Access and Quality (HAQ) Index, for 195 countries from 1990 to 2015. Based on the relationship between countries' HAQ Indices and overall socio-demographic development, researchers charted an HAQ Index "frontier," or the highest access and quality countries achieved at different development levels. Key results for the US are highlighted here, while all results can be found at bit.ly/amenable-mortality.

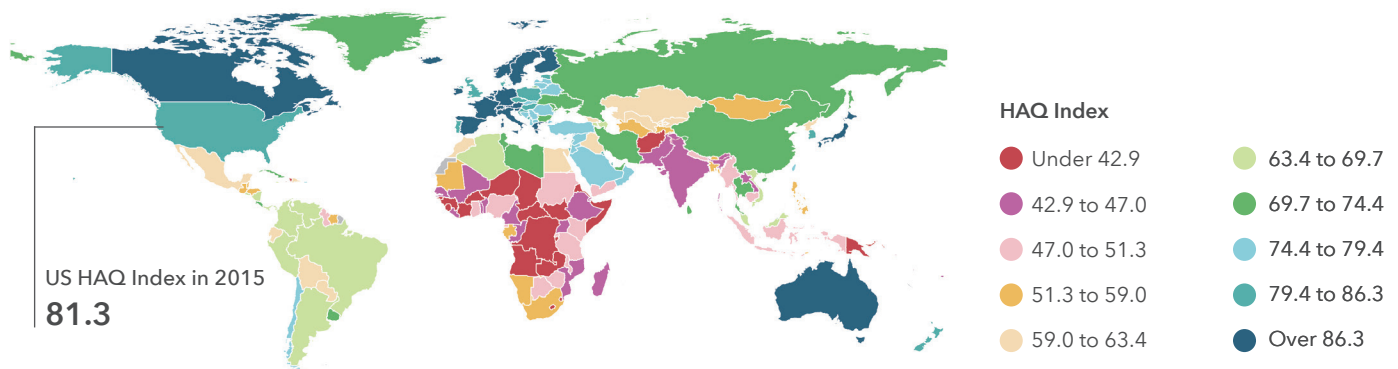
Key results on personal healthcare access and quality

- Globally, personal healthcare access and quality, as measured by the HAQ Index, improved from 40.7 in 1990 to 53.7 in 2015, on a scale of 0 to 100. For the US, personal healthcare access and quality increased from 73.7 in 1990 to 81.3 in 2015.
- Despite overall gains in personal healthcare access and quality, the gap between the highest and lowest levels increased from 1990 to 2015. Among countries in the same GBD region as the US (high-income North America), 2015 HAQ Index values ranged from 71.0 in Greenland to 87.6 in Canada.
- Given a country's resources and development, the gap between its HAQ Index and frontier represents how much untapped potential exists for improving personal healthcare access and quality.
- Globally, the gap was 20.1 in 2015, changing minimally since 1990. For the US, this gap was 14.8 in 1990 and 10.2 in 2015, reflecting progress in improving healthcare access and quality alongside gains in development.

Tracking personal healthcare access and quality in the US from 1990 to 2015



Mapping personal healthcare access and quality worldwide in 2015

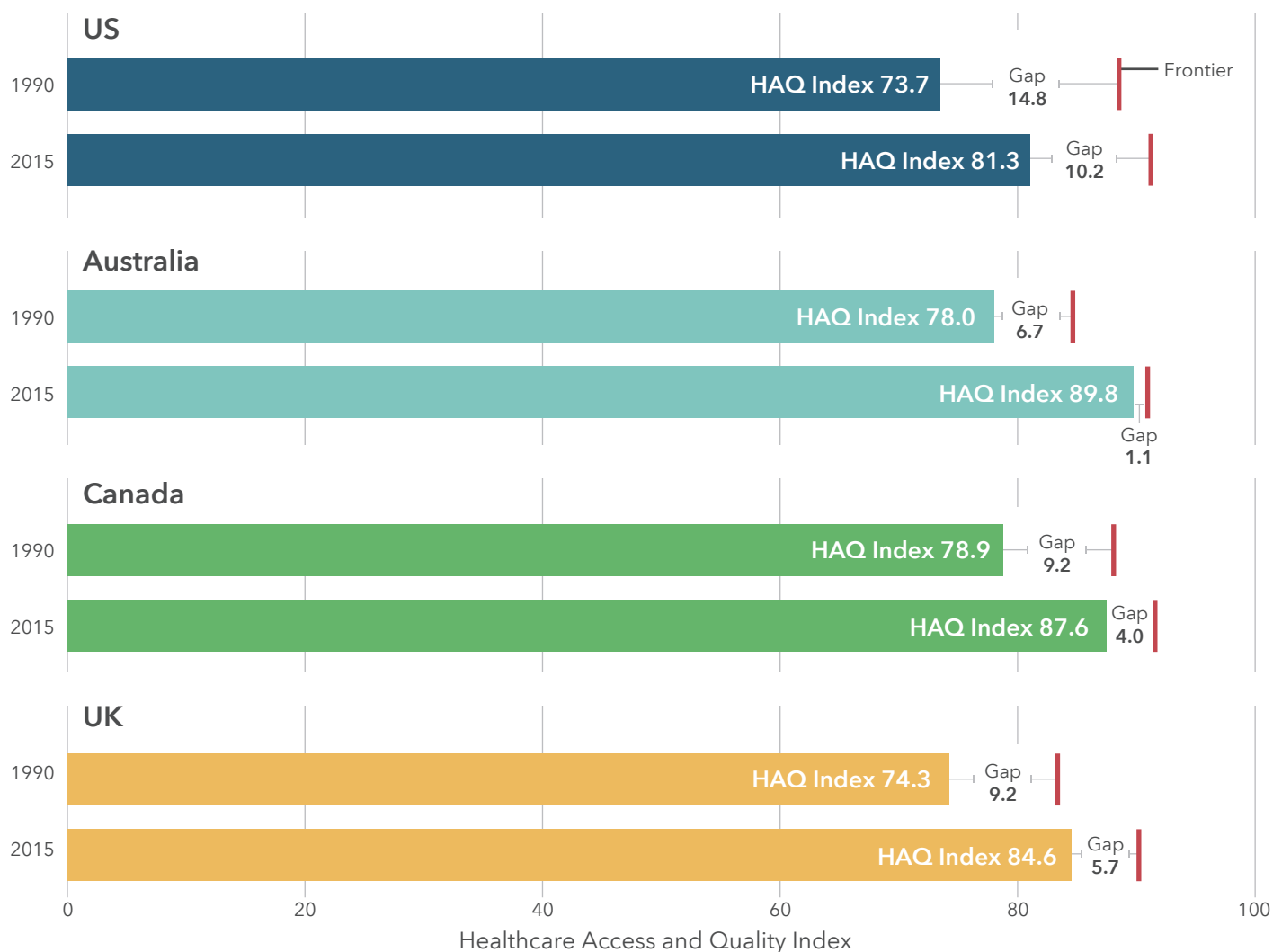


Progress in narrowing the gaps in personal healthcare access and quality with increasing development, 1990-2015

Understanding the gap between a country's HAQ Index and what could have been achieved (the HAQ Index frontier), given its socio-demographic development, has major policy implications. This gap highlights the untapped potential for improving healthcare based on a country's current resources.

Where this gap is small or exceeds levels achieved by countries of similar development, opportunities may exist for advancing

healthcare access and quality with gains in development. A large or growing gap could be viewed as a warning sign that improved healthcare access and quality is not an inevitable result of increased development. This figure shows changes in the HAQ Index frontier gap for the US and three comparator countries.



Definitions

Healthcare Access and Quality (HAQ) Index

Provides a summary measure of personal healthcare access and quality for a given location. This measure is based on risk-standardized mortality rates from causes that, in the presence of high-quality healthcare, should not result in death – also known as amenable mortality.

HAQ Index Frontier

Represents the highest personal healthcare and access achieved at a given level of development. The difference between a country's HAQ Index and its frontier is the "gap."

Source

GBD 2015 Healthcare Access and Quality Collaborators. Healthcare Access and Quality Index based on mortality from causes amenable to personal healthcare in 195 countries and territories, 1990-2015: a novel analysis from the Global Burden of Disease 2015 study. *The Lancet*. 2017 May 18. bit.ly/amenable-mortality

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