

CONCLUSION

The Global Burden of Disease (GBD) provides detailed data on diseases, injuries, and risk factors that are essential inputs for evidence-based policymaking. This collaborative project shows that the world's health is undergoing rapid change: non-communicable diseases and disability caused a greater share of health loss in 2010 compared to 1990 in most regions of the world.

Progress in improving health outcomes in the United States lagged far behind other Organisation for Economic Co-operation and Development (OECD) countries. Most notably, the US fared poorly in measures of life expectancy, healthy life expectancy, causes of premature death such as ischemic heart disease, lung cancer, and road injuries, and risk factors including high body mass index, smoking, dietary risks, high blood sugar, and drug use. Despite the numerous challenges it faces, the US performed well relative to its peer OECD countries in terms of premature death due to stroke, disease burden attributable to high blood pressure, and multiple causes of years lost to disability. The higher performance of other OECD countries relative to the US shows that, for many health indicators, the US has the potential to improve health through aggressive public health action.

Diving deeper into health at the county level, IHME found that the gap between US counties with the highest and lowest life expectancy is widening, and some counties have life expectancies lower than poorer countries such as Algeria and Bangladesh. Also, female life expectancy improved in just 55% of US counties between 1985 and 2010 compared to 95% for males. On a more positive note, life expectancy for females is declining in fewer counties today than in the past, and more Americans are getting the recommended levels of exercise. Rising levels of sufficient physical activity, however, are having little impact on stemming the tide of rising obesity across the country.

While the Global Burden of Diseases, Injuries, and Risk Factors Study 2010 (GBD 2010) provides key information about health trends at the global and regional levels, its tools also allow users to view data specific to 187 countries. Similar to the ways in which governments use financial data to monitor economic trends and make necessary adjustments to ensure continued growth, decision-makers can use GBD data to inform health policy. Continuous updates of GBD will incorporate the most recent data on disease patterns as well as the latest science about the effects of different risk factors on health.

Future updates of GBD will be enriched by widening the network of collaborators and conducting detailed assessments of state- and county-level burden of disease. Expanded collaboration between researchers, staff of government health agencies, and IHME on detailed burden of disease studies will ensure that GBD tools are used to their full potential to understand the different types of diseases, injuries, and

risk factors that are killing people prematurely and disabling them. These in-depth studies can serve as a starting point for state- and county-level action plans to improve health outcomes and mitigate rising health care expenditures.

IHME is seeking partners interested in conducting in-depth studies of the burden of disease in US counties. Through such partnerships, IHME can help mayors, governors, and decision-makers in state and county health departments gain insights into localized health trends to inform planning and policymaking. Detailed assessments of life expectancy, causes of premature death and disability, and risk factors at the county level can help policymakers understand how the health of their county has changed over time and how it compares to other counties. IHME is committed to building capacity for GBD analyses around the country and, to that end, will be conducting a variety of training workshops. Information on these trainings can be found on the IHME website at <http://www.healthmetricsandevaluation.org/gbd/training>.