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Without key elements, reform won't stop US slide in health outcomes

Reform regulations need to address preventable risk factors, local health disparities and ongoing performance analyses in order to lift the country's health system from its rank of 37th globally

Jan. 6, 2010—Health reform in the US could fall far short of its promise if critical steps aren't taken to make improvements that are impactful, measureable and local, say the authors of the groundbreaking study that ranked the US health care system 37th in the world.

The US is falling behind many countries in infant mortality and overall life expectancy, write Dr. Christopher J.L. Murray, Director of the Institute for Health Metrics and Evaluation (IHME) at the University of Washington and Dr. Julio Frenk, IHME Chair of the Board and Dean of the Harvard School of Public Health, in the Jan. 14 issue of the *New England Journal of Medicine*. Countries such as Australia have similar demographics but better health outcomes.

Murray and Frenk argue the health care reform debate has been too focused on insurance alone. There are fundamental policy changes that also need to be addressed in order to improve the life expectancy of Americans. A recent study by IHME and Harvard researchers showed that lowering the amount of salt in people's diets would save more than 100,000 lives annually, twice the amount that universal health insurance might save. Smoking kills half a million people and obesity accounts for one out of every 10 deaths.

"The problems of incomplete insurance coverage are very real, but as we enter the next phase of health reform and start turning law into regulations, we need to design interventions that are tailored to local realities," Murray said. "Health disparities in the US are shocking. Some counties have life expectancies similar to some of the poorest parts of the world."

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While working at the World Health Organization, Murray and Frenk authored the *World Health Report 2000*, which placed the US at 37th, well behind other major world economies like France and Germany. That report has been quoted, and criticized, throughout the health reform debate because it remains the only comprehensive ranking of world health systems. IHME currently is conducting research that will lead to a new assessment of health systems worldwide.

“If you see your country performing poorly in a ranking, you can either ignore it or you can evaluate your system and fix what isn’t working,” said Frenk, who served as Minister of Health of Mexico from 2000 to 2006. “Mexico decided it could do better, and, most importantly, it built into its health reform an ongoing analysis that allowed it to monitor its progress and continually make improvements.”

Tracking and evaluating health care reform in the years to come is critical to understanding what is working and not working and will allow the US government to adjust accordingly, the authors write.

“However much we end up spending on health reform, we want to make sure we are getting our money’s worth,” Murray said. “As the reform legislation is crafted into rules and administrative policies, periodic evaluations would help guide the reform to make sure it is having the greatest impact.”

The Institute for Health Metrics and Evaluation (IHME) is an independent global research center at the University of Washington providing sound measurement of population health and the factors that determine health, as well as rigorous evaluation of health system and health program performance. The Institute’s ultimate goal is to improve population health by providing the best evidence possible to guide health policy – and by making that evidence easily accessible to decision-makers, as they strategically fund, design, and implement programs to improve health outcomes worldwide. IHME was created in 2007 through funding from the Bill & Melinda Gates Foundation and the state of Washington.

For more information, please visit <http://www.healthmetricsandevaluation.org>

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