

GUIDE TO DATA AND SOURCES

Eurostat
OECD
European Social Survey
Eurobarometer
Global Burden of Disease Collaborative Network
WHO

Eurostat

Eurostat (2019), Database. Available at <https://ec.europa.eu/eurostat/data/database>, accessed on 29 April 2020.

Eurostat (2019), Health Statistics. Available at <https://ec.europa.eu/eurostat/web/health/data/database>, accessed on 29 April 2020.

From there, it is possible to access different databases. The navigation tree includes:

1. Self-Reported Health
2. Unmet Needs
3. Infant Mortality
4. Treatable Deaths

Self-Reported Health

Source

Eurostat (2019), European Union Statistics on Income and Living Conditions (EU-SILC). Available at http://appsso.eurostat.ec.europa.eu/nui/show.do?wai=true&dataset=hlth_silc_02, accessed on 19 September 2019.

Methodology

Difference of people perceiving their health as “very good or good” between respondents with tertiary education (ISCED 5-8) and people with less than primary, primary and lower secondary education (ISCED 0-2) in percentage points.

Example: In Denmark (2017), the share of people with tertiary education perceived their health status as “very good or good” was 17.7 percentage points higher than the share of respondents with less than primary, primary, and lower secondary education.

Unmet Needs

Source

Eurostat (2019), European Union Statistics on Income and Living Conditions (EU-SILC). Available at http://appsso.eurostat.ec.europa.eu/nui/show.do?wai=true&dataset=hlth_silc_14, accessed on 19 September 2019.

Eurostat (2015), European Union Statistics on Income and Living Conditions (EU-SILC), 2004–2014. Available at http://appsso.eurostat.ec.europa.eu/nui/show.do?wai=true&dataset=hlth_silc_14, accessed on 1 October 2015.

Eurostat (2015), European Union Statistics on Income and Living Conditions (EU-SILC), 2002–2014. Available at http://appsso.eurostat.ec.europa.eu/nui/show.do?wai=true&dataset=hlth_silc_o2, accessed on 1 October 2015.

Eurostat – European Union Statistics on Income and Living Conditions (EU-SILC) 2004–2014, accessed October 2015.

Eurostat – European Union Statistics on Income and Living Conditions (EU-SILC) 2007–2017, accessed December 2018.

Methodology

Survey question: What was the main reason for not having a medical examination or treatment? Could not afford to (too expensive); Waiting list; Too far to travel or no means of transportation; etc.

Graph displays % of respondents (as calculated and provided directly by EUROSTAT).

Infant Mortality Rate

Source

Eurostat (2019), Infant mortality rates. Available at http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=demo_minfind&lang=en, accessed on 29 April 2020.

Methodology

“The ratio of the number of deaths of children under one year of age during the year to the number of live births in that year. The value is expressed per 1000 live births.” Example: In Denmark, 3.8 out of 1000 children born alive but under one year died in 2017.

Treatable Mortality

Source

Eurostat (2019), Treatable and preventable deaths. Available at https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_cd_apr&lang=en, accessed on 30 April 2020.

Methodology

What does treatable death imply?

“Causes of death that can be mainly avoided through timely and effective health care interventions, including secondary prevention and treatment (i.e. after the onset of diseases, to reduce case-fatality).” Further, a “death is amenable if, in the light of medical knowledge and technology at the time of death, all or most deaths from that cause could be avoided through optimal quality health care.”

Example: In Denmark, 75.93 deaths per 100,000 inhabitants could have been avoided through the provision of better health care quality.

Life Expectancy

Eurostat (2019), Quality of Life. Available at <https://ec.europa.eu/eurostat/web/gdp-and-beyond/quality-of-life/data>, accessed on 29 April 2020.

Source

Eurostat (2019), Life expectancy by age and sex. Available at https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=demo_mlexpec&lang=en, accessed on 29 April 2020.

Methodology

Life expectancy at certain ages represents the mean number of years still to be lived by a person who has reached a certain exact age, if subjected throughout the rest of his or her life to the current mortality conditions (age-specific probabilities of dying). Throughout the book, life expectancy implies the mean years still to be lived for persons less than 1 year old, i.e., new-borns.

Hospital Care

Source

Eurostat (2019), Hospital beds by hospital ownership. Available at http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_rs_bds2&lang=en (accessed on 2 July 2019).

OECD

Health Expenditures

Source

OECD (2019), “Health expenditure and financing: Health expenditure indicators,” OECD Health Statistics (database), <https://doi.org/10.1787/data-00349-en> (accessed on 20 September 2019).

Methodology:

In order to obtain total governmental health expenditures, “All financing schemes” (HFTOT) measured by the “Share of gross domestic product” (PARPIB) as well as “Per capita, current prices, current PPPs” (PPPPER) were selected.

In order to distinguish between different financing schemes, the following variables were selected: “Government schemes” (HF11), “Compulsory contributory health insurance schemes” (HF12HF13), “Voluntary health care payment schemes” (HF2), “Household out-of-pocket payments” (HF3) as well as “Rest of the world financing schemes (non-resident)” (HF4). The measure was set to “Share of current expenditure on health” (PARCUR).

Hospitals

Source

OECD (2019), “Health care resources,” OECD Health Statistics (database), <https://doi.org/10.1787/data-00541-en> (accessed on 16 July 2019).

Methodology:

The following variables were used for different funding of hospitals: “Publicly owned hospitals” (HOSPPUHO), “Not-for-profit privately owned hospitals” (HOSPNPHO), “For-profit privately owned hospitals” (HOSPFRHO).

Hospital Beds

Source

OECD (2019), “Health care resources,” OECD Health Statistics (database), <https://doi.org/10.1787/data-00541-en> (accessed on 16 July 2019).

Methodology:

The following variable was used to obtain the number of hospital beds: “Total Hospital Beds” (HOPITBED). As a measure, “Per 1000” (RTOINPNB) was selected.

Physicians*Source*

OECD (2019), “Health care resources”, OECD Health Statistics (database), <https://doi.org/10.1787/data-00541-en> (accessed on 16 July 2019).

Methodology:

For the number of physicians per 1000 inhabitants, the following variable was used: “Practicing physicians”(PHYSMEDE). In case, there was no number for this variable, “Professionally active physicians” (PHYSPAPS) was selected. As a measure, “Density per 1000 population (head counts)” (DENSPPNB) was selected.

Physicians by Categories*Source*

OECD (2019), “Health care resources”, OECD Health Statistics (database), <https://doi.org/10.1787/data-00541-en> (accessed on 16 July 2019).

Methodology:

In order to differentiate between different types of physicians, the following variables were used: “Generalist medical practitioners” (EMPLGENE), “Specialist medical practitioners” (EMPLSPMP), “Medical doctors not further defined” (EMPLOTPH). As a measure, “Number of persons (head counts)” (PERSMYNB) was selected.

European Social Survey**Satisfaction with Health Services***Source*

European Social Survey Cumulative File, ESS 1-8 (2018). Data file edition 1.0. NSD - Norwegian Centre for Research Data, Norway - Data Archive and distributor of ESS data for ESS ERIC. doi:10.21338/NSD-ESS-CUMULATIVE, accessed on 7 August 2019.

Methodology

Survey Question: Please say what you think overall about the state of health services in Sweden nowadays? Rating out of 10 where 0 is extremely bad, 10 is extremely good.

Design weights applied in calculating the average satisfaction per wave in Sweden. Design and population size weights applied in estimating the average satisfaction per wave in the EU and region.

Government Responsibility to Ensure Adequate Healthcare*Source*

European Social Survey Round 4 Data (2008). Data file edition 4.5. NSD - Norwegian Centre for Research Data, Norway – Data Archive and distributor of ESS data for ESS ERIC. doi:10.21338/NSD-ESS4-2008, accessed 2 September 2019.

Source: European Social Survey: Cumulative File, ESS 1-8 (2018); ESS Round 2 (2004) - Italy ; ESS Round 3(2006) for Latvia & Romania; ESS Round 4 (2008) for Austria, Latvia, Lithuania & Romania; ESS Round 5 (2010) for Austria; ESS Round 6 (2012) for Albania & Kosovo.

Source of Rounds

European Social Survey Cumulative File, ESS 1-8 (2018). Data file edition 1.0. NSD - Norwegian Centre for Research Data, Norway - Data Archive and distributor of ESS data for ESS ERIC. doi:10.21338/NSD-ESS-CUMULATIVE, accessed on 4 August 2019.

ESS Round 2: European Social Survey Round 2 Data (2004). Data file edition 3.6. NSD - Norwegian Centre for Research Data, Norway – Data Archive and distributor of ESS data for ESS ERIC. doi:10.21338/NSD-ESS2-2004, accessed on 2 September 2019.

ESS Round 3: European Social Survey Round 3 Data (2006). Data file edition 3.7. NSD - Norwegian Centre for Research Data, Norway – Data Archive and distributor of ESS data for ESS ERIC. doi:10.21338/NSD-ESS3-2006, accessed on 2 September 2019.

ESS Round 4: European Social Survey Round 4 Data (2008). Data file edition 4.5. NSD - Norwegian Centre for Research Data, Norway – Data Archive and distributor of ESS data for ESS ERIC. doi:10.21338/NSD-ESS4-2008, accessed on 2 September 2019.

ESS Round 5: European Social Survey Round 5 Data (2010). Data file edition 3.4. NSD - Norwegian Centre for Research Data, Norway – Data Archive and distributor of ESS data for ESS ERIC. doi:10.21338/NSD-ESS5-2010, accessed on 2 September 2019.

ESS Round 6: European Social Survey Round 6 Data (2012). Data file edition 2.4. NSD - Norwegian Centre for Research Data, Norway – Data Archive and distributor of ESS data for ESS ERIC. doi:10.21338/NSD-ESS6-2012, accessed on 2 September 2019.

Eurobarometer

Relevance of Social Policy

Sources

European Commission: Eurobarometer 2002–2016. GESIS Data Archive, Cologne <https://www.gesis.org/eurobarometer-data-service/search-data-access/eb-trends-trend-files/list-of-trends/polit-issues-national>, datasets accessed last on 1 February 2019.

Methodology

Survey Question: What do you think are the two most important issues facing our COUNTRY at the moment? Plotted is the percentage of respondents who mentioned health care between 2002 and 2011 and health and social policy starting 2012. In years when the survey item was repeated in different waves, we averaged the percentage by wave and estimated then their yearly mean.

Design weights applied in calculating the average satisfaction per wave in each country.

Terciles calculated for all countries (available) and all years between 2002–2011 and 2012–2016

Saliency of Health – Health as the Most Important Problem

Sources

European Commission (2012): Eurobarometer 57.2 (Apr–Jun 2002). European Opinion Research Group (EORG), Brussels. GESIS Data Archive, Cologne. ZA3640 Data file Version 1.0.1, doi:10.4232/1.10950

European Commission (2012): Eurobarometer 59.1 (Mar–Apr 2003). European Opinion Research Group (EORG), Brussels. GESIS Data Archive, Cologne. ZA3904 Data file Version 1.0.1, doi:10.4232/1.10955

European Commission (2012): Eurobarometer 60.1 (Oct–Nov 2003). European Opinion Research Group (EORG), Brussels. GESIS Data Archive, Cologne. ZA3938 Data file Version 1.0.1, doi:10.4232/1.10958

European Commission (2012): Eurobarometer 61 (Feb–Mar 2004). European Opinion Research Group (EORG), Brussels. GESIS Data Archive, Cologne. ZA4056 Data file Version 1.0.1, doi:10.4232/1.10961

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European Commission (2012): Eurobarometer 63.4 (May–Jun 2005). TNS OPINION & SOCIAL, Brussels [Producer]. GESIS Data Archive, Cologne. ZA4411 Data file Version 1.1.0, doi:10.4232/1.10968

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European Commission (2012): Eurobarometer 66.3 (Nov–Dec 2006). TNS OPINION & SOCIAL, Brussels [Producer]. GESIS Data Archive, Cologne. ZA4528 Data file Version 2.0.1, doi:10.4232/1.10982

European Commission (2012): Eurobarometer 67.2 (Apr–May 2007). TNS OPINION & SOCIAL, Brussels [Producer]. GESIS Data Archive, Cologne. ZA4530 Data file Version 2.1.0, doi:10.4232/1.10984

European Commission (2012): Eurobarometer 68.1 (Sep–Nov 2007). TNS OPINION & SOCIAL, Brussels [Producer]. GESIS Data Archive, Cologne. ZA4565 Data file Version 4.0.1, doi:10.4232/1.10988

European Commission (2013): Eurobarometer 69.2 (Mar–May 2008). TNS OPINION & SOCIAL, Brussels [Producer]. GESIS Data Archive, Cologne. ZA4744 Data file Version 5.0.0, doi:10.4232/1.11755

European Commission (2012): Eurobarometer 70.1 (Oct–Nov 2008). TNS OPINION & SOCIAL, Brussels [Producer]. GESIS Data Archive, Cologne. ZA4819 Data file Version 3.0.2, doi:10.4232/1.10989

European Commission (2013): Eurobarometer 71.1 (Jan–Feb 2009). TNS OPINION & SOCIAL, Brussels [Producer]. GESIS Data Archive, Cologne. ZA4971 Data file Version 4.0.0, doi:10.4232/1.11756

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Global Burden of Disease Collaborative Network

Sources

Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2016 (GBD 2016) Health-related Sustainable Development Goals (SDG) Indicators 1990–2030. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2017.

Methodology

Variable 3.8.1 of the SDG Dataset measures the “Coverage of essential health services, defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population).”

WHO

Health Expenditure

Source

WHO (2019), “Global Health Expenditure Database (GHED),” Available at <http://apps.who.int/nha/database/Home/Index/en> (accessed on 21 September 2019).

Methodology

In order to obtain total health expenditures, it is necessary to select “Current health expenditure by financing schemes” under “Indicators→Health Expenditure Data→Financing schemes.” As a unit, these numbers were displayed either “in current PPP per capita” or as “% Gross domestic product (GDP).”

For further differentiation, “Government schemes,” “Compulsory contributory health insurance schemes,” “Voluntary health care payment schemes,” “Household out-of-pocket payments” and “Rest of the world financing schemes (non-resident)” need to be selected under “Indicators and data.” As a unit of expenditure, “% Current health expenditure (CHE)” needs to be selected.

Hospital Beds

Source

WHO (2019), “Global health observatory data repository,” Available at <http://apps.who.int/gho/data/view.main.HS07v> (accessed on 24 September 2019).

Methodology

This dataset gives the hospital bed density by country per 10,000 population. For comparison reasons, it was divided by 10 to obtain the density per 1000 population.

Hospitals

Source

WHO (2019), “Global health observatory data repository,” Available at <https://apps.who.int/gho/data/view.main.GDO1801v> (accessed on 24 September 2019).

Methodology

This dataset gives the physicians density per 1000 population.