The United States spends more on health care annually than any other nation, yet ranks 36th in the world for life expectancy. Since 2000, life expectancy has been falling behind that of other top nations, particularly for women. There is huge variation across counties, with people in some counties living as long as people in the world’s healthiest countries, and people in other counties experiencing life expectancies on par with people in Bangladesh.

Pinpointing the major drivers of poor health at the community level is essential to reversing these trends. Through leading-edge science, big data, and collaboration with experts worldwide, the Institute for Health Metrics and Evaluation (IHME) at the University of Washington provides a comprehensive, detailed picture of counties’ pressing health problems.

To improve health, community leaders need information they can act on.

While there’s plenty of information about health out there, this information is often messy, incomplete, or not easily comparable. For instance, in most counties across the US, it’s difficult to assess with certainty how much death and disability high blood pressure causes in comparison to cancer, how depression compares to violence as a health problem, or how many people die early due to poor diets. Decision-makers need this information to ensure their policies and budgets are well aligned with communities’ needs. Also, the gap in life expectancy between the healthiest and sickest counties is increasing, and women in 72 counties are living shorter lives than their mothers. No one knows why. Identifying the keys to the healthiest counties’ success can inspire other counties to follow in their footsteps and give business leaders the insight they need to fund programs that boost the health of their workforce.

How does IHME provide useful information?

We leverage all available data from counties, ranging from survey and census data to death records and deidentified patient records. We have amassed one of the largest repositories of population-level health data in the world. We have developed — and are constantly revising — sophisticated statistical methods to make sense of those data. We make accurate, “apples to apples” comparisons about health between counties, across ages, and over time. We make these data available to the public through interactive data visualization tools, policy reports, and infographics.

As we search for answers, we educate.

IHME trains students, fellows, policymakers, and health workers to conduct data collection and evaluation. We aim to raise the bar for health measurement in the US and around the globe by making sure that more people understand — even contribute to — the collection and evaluation of data.

There’s growing demand for locally relevant data; other countries are soliciting our help.

The governments of countries such as Australia, the United Kingdom, and Mexico are working with us to measure and monitor the health of their populations. In Australia, IHME is collaborating with government researchers to assess health disparities between Australian Aboriginals and Torres Strait Islanders compared to the rest of the population and to examine the impact of antismoking campaigns aimed at reducing these disparities. The governments of the UK and Mexico are working with IHME to investigate how health outcomes differ across localities and will use the data to tailor interventions to the unique needs of each community.

IHME trains students, fellows, policymakers, and health workers to conduct data collection and evaluation. We aim to raise the bar for health measurement in the US and around the globe by making sure that more people understand — even contribute to — the collection and evaluation of data.
Michelle Obama uses IHME research to promote better nutrition

As part of her Let’s Move! campaign, First Lady Michelle Obama invited mayors and other local government officials to the White House to hear IHME Director Christopher Murray discuss the different factors that cut lives short and cause suffering in the US. Mrs. Obama said “[This research] makes clear that poor nutrition is the single-greatest cause of preventable diseases and ailments in this country – the single-greatest cause.”

New York Times investigates widening gap in smoking habits of the rich and poor

In the article “Smoking Proves Hard to Shake Among the Poor,” the New York Times’ Sabrina Tavernise and Robert Gebeloff used IHME’s data to explore how poor counties are falling behind rich counties when it comes to reducing smoking, especially in women.

Christopher Murray, MD, DPhil
Director of IHME, University of Washington Professor of Global Health

As a physician, economist, and expert in health metrics and evaluation, Dr. Christopher Murray founded the Global Burden of Disease approach and was the lead author of the first GBD report in 1993. He has held leadership roles at the World Health Organization and the Harvard School of Public Health.

About IHME

The Bill & Melinda Gates Foundation funded IHME at the University of Washington in 2007. Under the leadership of Christopher J.L. Murray, MD, DPhil, researchers began gathering rigorous, scientific evidence on health in countries worldwide to launch a new era of independent, objective assessments.

Transform Health

The United States invested more than $2 trillion in health in 2013, but relatively little is known about what types of investments are most effective in reducing death and suffering. IHME is devoted to building this knowledge base. Through our research, we empower decision-makers, health professionals, and concerned citizens to assess health problems in their counties and evaluate which types of programs can most effectively address them.

For more information contact

Wendy Schneider
Senior Advancement Officer
wendysch@uw.edu
+1-206-897-3860

www.healthdata.org