

Health

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Health

Identifying and definitional attributes

Item type:	Framework Dimension
METEOR identifier:	392676
Description:	The links between social and health conditions are strong. Indeed, growth in living standards and education, accompanied by better access to health care and continuing progress in medical technology, has contributed to significant improvements in health status, as measured by life expectancy. Equally important and supplementary to measures of life expectancy are people's self-assessed perceptions of their state of health. The two main dimensions of health status are mortality and morbidity.

Dimensions of this framework

- [Health care expenditure](#)

Identifying and definitional attributes

Item type:	Framework Dimension
METEOR identifier:	392684
Description:	<p>Total health expenditure measures the final consumption of health goods and services plus capital investment in health care infrastructure. It includes both public and private spending on personal health care, and collective health service (public health and prevention programmes and administration). It excludes health-related expenditures such as training, research and environmental health.</p> <p>To compare health care expenditure across countries and time, health expenditure per capita is deflated by a national price index and converted to US dollars using purchasing power parity (PPP) exchange rates.</p>

- [Height](#)

Identifying and definitional attributes

Item type:	Framework Dimension
METEOR identifier:	392683
Description:	The height data focuses on people aged 20 to 49 years old. Below age 20 height growth may still occur and above 50 people start physically shrinking. Measured height is preferred self-reported height as evidence suggests that respondents tend to overestimate their own stature. The self-reporting bias varies according to age, sex, education, mode of interview, and purpose of the survey.

- [Infant health](#)

Identifying and definitional attributes

Item type:	Framework Dimension
METEOR identifier:	392682

Description: The World Health Organisation (WHO) defines low birth weight as a birth weight below 2,500 grams, irrespective of gestational age. This cut-off is based on epidemiological observations about the increased risk of death of infant. The number of low birth weight is then expressed as a percentage of total live births. The majority of the data comes from birth registers. However, data for the Netherlands and Turkey comes from a national health interview survey.

The infant mortality rate is the annual number of deaths of children under one year of age per 1,000 live births.

- [Life expectancy](#)

Identifying and definitional attributes

Item type: Framework Dimension

METEOR identifier: 392681

Description: Life expectancy is the most general and best known measure of the health status of the population. It is defined as the average number of years that a person could expect to live if the person experienced the age-specific mortality rates in a given country in a particular year. Each country calculates its life expectancy according to somewhat varying methodologies. These methodological differences can affect the comparability of reported estimates.

- [Long-term care recipients](#)

Identifying and definitional attributes

Item type: Framework Dimension

METEOR identifier: 392680

Description: Long-term care recipients are those receiving formal paid care for an extended period of time due to issues of functional physical or cognitive capacity. Recipients are dependent on help with activities such as bathing, dressing, eating, getting into and out of bed or chair, moving around and using the bathroom. Help is frequently provided in combination with basic medical services. Long-term care can be received in an institution or at home. The international data comparability is limited.

- [Mental health](#)

Identifying and definitional attributes

Item type: Framework Dimension

METEOR identifier: 392679

Description: As part of the WHO World Mental Health Survey Initiative (WMHSI), ten OECD countries conducted large-scale epidemiological surveys between 2002 and 2005. These countries used Composite International Diagnostic Instrument (CIDI) to measure the occurrence of various types of disorders, their nature and intensity, and the treatment provided.

Disorders considered in the surveys include anxiety disorders, mood disorders, disorders linked to impulse control, and disorders due to use of alcohol and drugs. All disorders are classified as serious, moderate, or mild.

The WMHSI data cover all people aged 18 and over. However, the age limit is 16 years in New Zealand, 20 years in Japan and 18-65 years in Mexico. Sample sizes range between 2,000 and 13,000. Response rates vary between 50% and 80%.

- [Obesity](#)

Identifying and definitional attributes

Item type: Framework Dimension

METEOR identifier: 392678

Description: The most frequently used measure of being over-weight or obese is based on the body mass index (BMI). The BMI is defined as weight/ height (with weight in kilograms and height in metres). Adults with a BMI between 25 and 30 are defined as overweight and those with a BMI over 30 as obese. This classification may not be suitable for all ethnic groups and adult thresholds are not suitable for children.

For most countries, estimates of overweight and obesity rates are based on self-reports of height and weigh from health interview surveys.

- [Perceived health status](#)

Identifying and definitional attributes

Item type: Framework Dimension

METEOR identifier: 392677

Description: Most OECD countries conduct regular health interview surveys asking questions such as "How is your health in general? Very good, good, fair, poor, very poor". Despite the general subjective nature of this question, indicators of perceived health status have been found to be a good predictor of future health care use and mortality.