

New book compares health care in New York, Paris and London

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Why do other countries spend less on health care and yet achieve near-universal coverage and often better outcomes than the United States? This question has come up repeatedly during the health reform debate, and yet the answers still aren't clear. How much of a factor is the health care system? Population differences?

These are some of the questions addressed in *Health Care in World Cities*, a new book co-authored by Hastings Center scholar Michael Gusmano and published by Johns Hopkins University Press. The book, which compares New York, Paris, and London, provides insights into the possible effects of different health care systems on access to health care and the health of the populations.

Some of the book's findings question widespread assumptions about health care here and abroad. For example, previous studies have shown that the rate of revascularization, a type of [heart surgery](#), is four times higher in the U.S. than in other developed countries. But when the authors accounted for differences in the incidence of heart disease, they found that residents of New York (and the U.S. as a whole) had lower rates of revascularization than residents of Paris (and all of France). One reason is that large segments of the New York, and U.S., population do not have access to revascularization because they are uninsured.

Another conclusion in the book confirms earlier findings that disparities in access to health care are greater in the U.S. than in other countries. However, the authors found surprising disparities in Paris and London,

too. Although each of these cities has a wealth of health care resources, "they have shocking - some would say embarrassing - health inequalities," the authors write.

The authors hope that their work stimulates policymakers in the cities studied, and in their nations, to consider the consequences of poor access to health care and the role played by the national health policies.

"National policies that reduce financial barriers to [health care](#) and place greater emphasis on primary care improve access and reduce inequities, even in world cities that are marked by vast inequalities in wealth," says Gusmano. "The failure to address financial barriers to care in the U.S. has resulted in thousands of premature deaths and hospitalizations that could have been avoided."

The book grew out of the World Cities Project, a joint investigation of The Hastings Center, the International Longevity Center-USA, and New York University's Robert F. Wagner Graduate School of Public Service that is comparing the health, social services, long-term care, and quality of life in five of the world's largest metropolitan areas: Hong Kong and Tokyo, as well as the three cities compared in the book. Gusmano is co-director of the World Cities Project.

The book's co-authors are Victor G. Rodwin, a professor of health policy and management at New York University, and Daniel Weisz, a research associate at the World Cities Project, International Longevity Center.

Provided by The Hastings Center

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