

How does the United States compare?

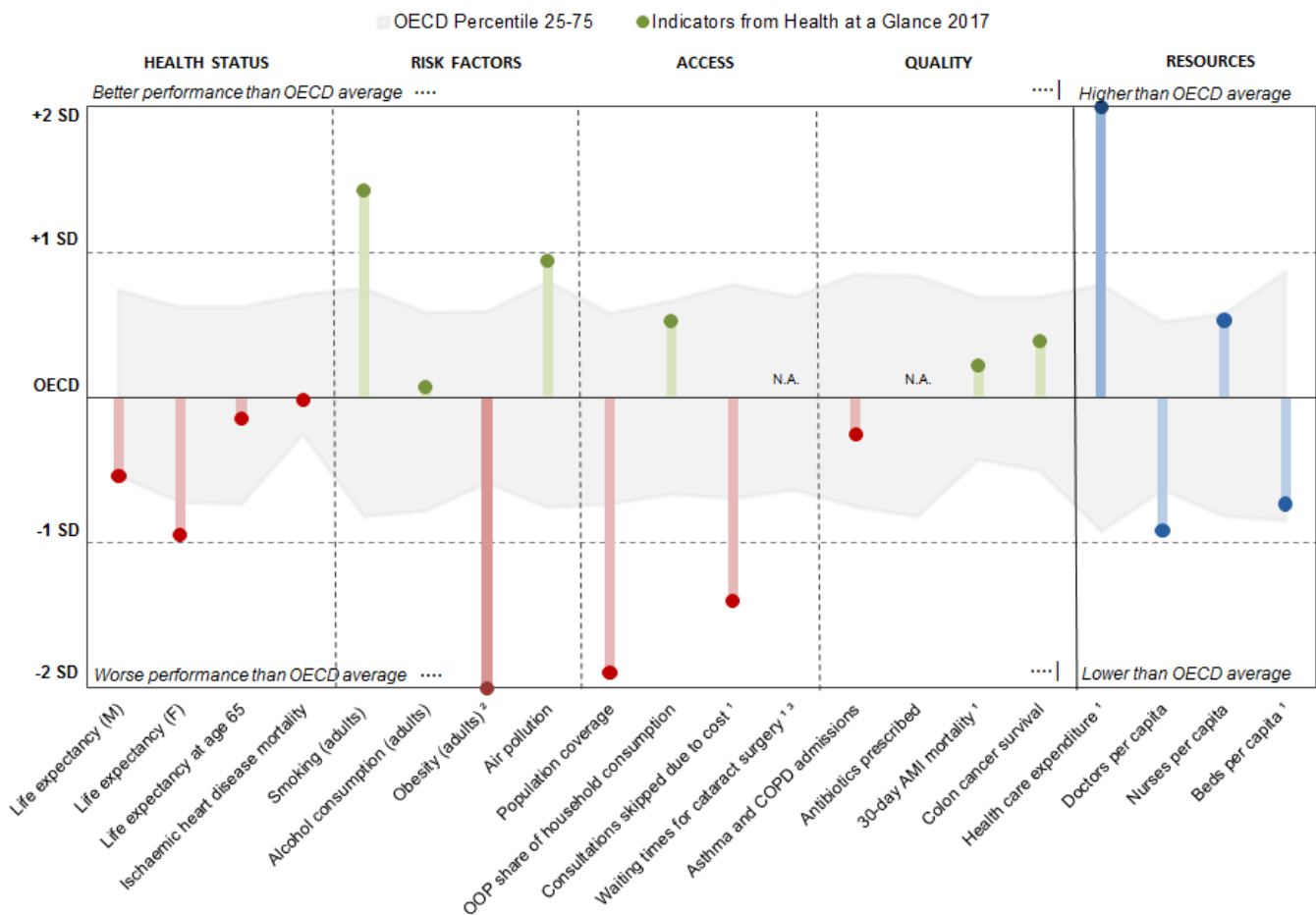


Health at a Glance provides the latest comparable data and trends on the performance of health systems in OECD countries. It provides striking evidence of large variations across countries in health status and health risks, as well as in the inputs and outputs of health systems. This edition contains a range of new indicators, particularly on risk factors for health. It also places greater emphasis on time trend analysis. Alongside indicator-by-indicator analysis, this edition offers snapshots and dashboard indicators that summarise the comparative performance of countries, and a special chapter on the main factors driving life expectancy gains.

Overview of health system performance in the United States

Life expectancy in the United States is slightly lower than the OECD average, despite very high levels of health spending. High obesity rates are also a major public health concern, though risk factors like smoking, alcohol consumption and air pollution have been better controlled. The figure below shows how the United States compares across these and other core indicators from Health at a Glance.

United States – Relative performance compared to the OECD average



¹ Standardisation of interquartile range excludes outliers (at least ± 3 standard deviations from the average) that cause biased statistical distributions. ² Includes measured and self-reported obesity rates. ³ Values for Australia and Canada are reported in median (rather than mean) number of days. AMI = acute myocardial infarction (heart attack), COPD = chronic obstructive pulmonary (lung) disease, OOP = out-of-pocket payments.



How does the United States compare?

- **Health status:** life expectancy at birth was 78.8 years in 2015. While life expectancy used to be one year above the OECD average in 1970, it is now almost two years below the average.
- **Risk factors:** the United States has the highest prevalence of obesity in the OECD (38% of adults, compared with an OECD average of 19.4%), and second highest overall share of population overweight or obese (70%). On a more positive note, daily smoking rates are low (11.4% compared to an OECD average of 18.4%), as is air pollution (mean annual exposure to PM_{2.5} of 8.4 µg/m³ versus an OECD average of 15.1 µg/m³).
- **Access:** the United States trails many other OECD countries in access to care indicators. Despite an increase in coverage from 85.6% in 2013, it is still not universal with only 91% of the population covered by insurance (the second lowest coverage rate after Greece). Further, 22% of Americans skipped consultations due to cost (compared to an OECD average of 9.1%).
- **Quality:** for most quality of care indicators, the United States performs close to the OECD average.
- **Resources:** health spending averages \$9 892 per person (adjusted for local costs), much higher than in all other countries (the OECD average is \$4 003). Conversely, the number of doctors per person are relatively low (2.6 per 1 000 people compared to an OECD average of 3.4), as are numbers of hospital beds (2.8 versus 4.7 beds per 1 000).

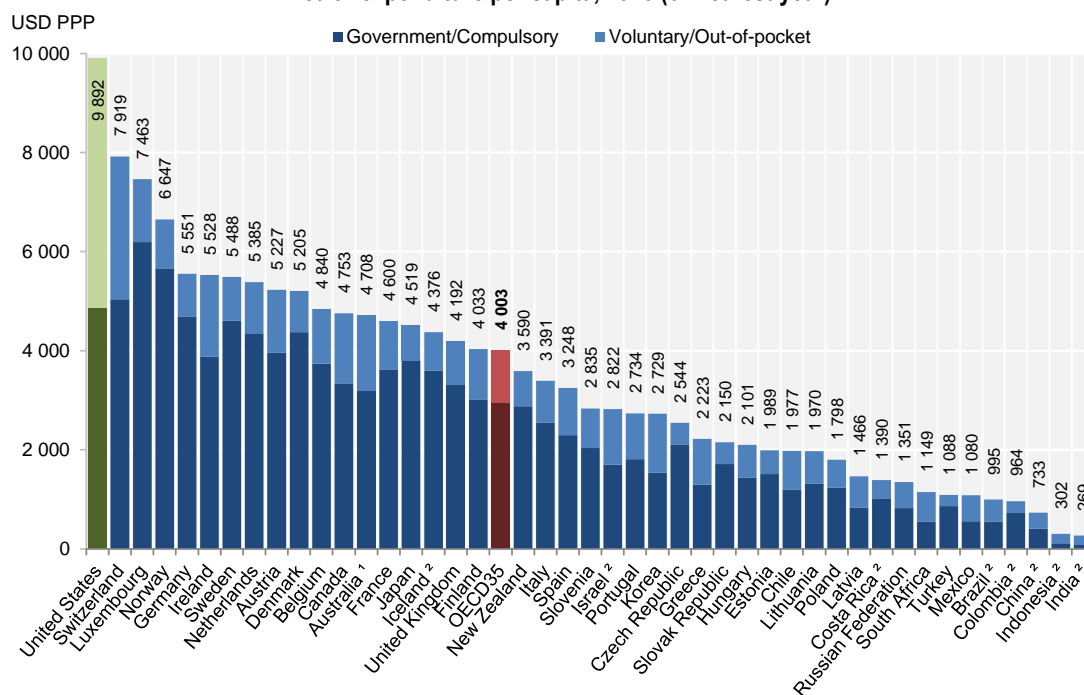
Selected policy issues

The United States spends far more on health than all other OECD countries, but lags behind in commensurate life expectancy gains

Health spending averages \$9 892 per person in the United States, almost two-and-a-half times the average of the 35 OECD countries (\$4 003) and 25% above Switzerland, the next highest spender (adjusted for local living standards). Compared with the other G7 countries, the United States spends almost 80% more than Germany and more than twice as much on health care per person as Canada, France and Japan. Health spending amounted to 17.2% of GDP, more than eight percentage points above the OECD average. Furthermore, health spending grew by 4.1% in real terms in 2015, the fastest rate in ten years.

Notwithstanding these increases in spending, life expectancy gains have been relatively modest over the past decades. While life expectancy in the United States used to be one year above the OECD average in 1970, it is now almost two years below the average. Many factors can explain these lower gains in life expectancy, including a fragmented health care system, unhealthy lifestyles and broader social determinants. Further, the overuse of opioids (prescribed and non-prescribed) is an emerging health threat that could cause more premature deaths unless urgent and bold actions are taken.

Health expenditure per capita, 2016 (or nearest year)



How does the United States compare?

Despite high spending, many Americans still lack access to care

High cost of health care is a barrier to access for many Americans, with important shares of the population uninsured or under-insured. Indeed, 22% of the population skipped consultations and 18% did not purchase prescribed medicines due to cost in 2016. The access problem is particularly marked for poorer families, with 43% of low-income adults reporting unmet care needs because of the cost of care.

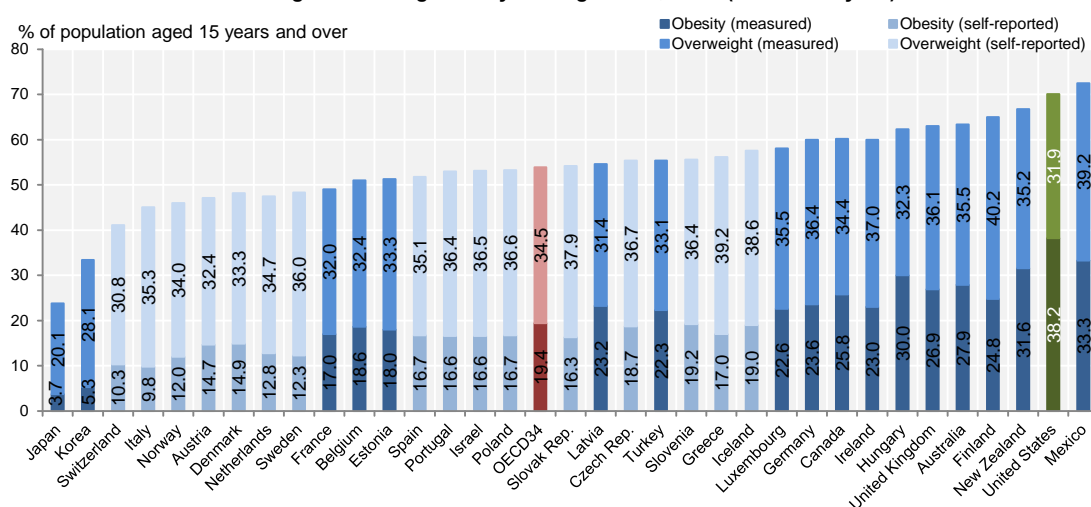
Introduced in 2010 with major revisions coming into force in 2014, the Affordable Care Act has sought to address the issue of underinsurance and foregoing needed care and medicines. Coverage has increased, with the share of the uninsured population falling from 14.4% in 2013 to 9.1% in 2015. ACA is currently under review and the impact on coverage and costs of possible changes will depend on changes in health insurance markets.

Obesity rates in the United States are the highest in the world, and increasing

The United States has the highest prevalence of obesity in the OECD (38% of adults, compared with an OECD average of 19.4%), and the second highest overall share of population being overweight or obese (70%). Obesity rates have grown by 65% since the 1990s, resulting in a high health and economic burden. Obesity is a known risk factor for many health problems, and threatens progress in reducing mortality rates from cardiovascular diseases. It also disproportionately affects lower-educated populations.

Governments can use a range of policies to tackle overweight and obesity, including prescription of physical activity, stepwise reduction of added sugar in processed foods, and other fiscal and regulatory policies.

Overweight including obesity among adults, 2015 (or nearest year)



Further reading

OECD (2017), *Tackling Wasteful Spending on Health*, OECD Publishing, Paris. <http://dx.doi.org/10.1787/9789264266414-en>.

OECD (2017), "Obesity Update", OECD Publishing, Paris. <http://www.oecd.org/els/health-systems/Obesity-Update-2017.pdf>.

James, C., M. Devaux and F. Sassi (2017), "Inclusive growth and health", OECD Health Division Working Paper, OECD Publishing, Paris (forthcoming).

Health at a Glance 2017 website: <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>.

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