



Health at a Glance 2015

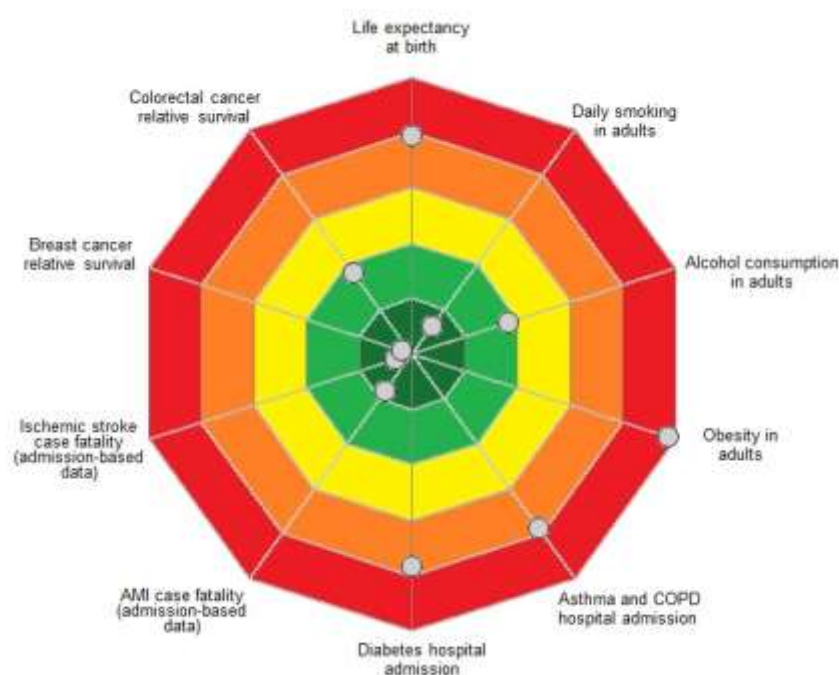
How does the United States compare?

KEY FINDINGS

- Life expectancy in the United States is lower than in most other OECD countries for several reasons, including poorer health-related behaviours and the highly fragmented nature of the US health system.
- The proportion of adults who smoke in the United States is among the lowest in OECD countries, but alcohol consumption is rising and obesity rate is the highest.
- The quality of acute care in hospital in the United States is excellent, but the US health system is not performing very well in avoiding hospital admissions for people with chronic diseases.

Life expectancy has increased in the United States, but less rapidly than in many other OECD countries, so there is now a gap of almost two years between life expectancy at birth in the United States compared with the average in OECD countries (78.8 years in the US in 2013 compared with 80.5 years for the OECD average). In 1970, life expectancy in the United States was one year above the OECD average. The gap between the United States and leading countries has also widened. For example, the life expectancy for US men in 2013 was 4.3 years shorter than in Switzerland (up from less than 3 years in 1970); for US women, it was 5.4 years shorter than in Japan in 2013 (there was no gap in 1970). This growing gap in longevity is due to many reasons, including a greater prevalence of important risk factors to health and the fragmentation of the US health system, with relatively little resources devoted to public health and primary care.

How the United States compare with other OECD countries on selected indicators of health status, risk factors to health and quality of care (2013 or nearest year)



Note: The closest the dot is to the center “target”, the better the country performs. The countries in the inner circle are in the top quintile among the best performing OECD countries, while those in the outer circle are in the bottom quintile.
Source: OECD Health at a Glance 2015 (chart design: Laboratorio MeS).

Risk factors to health in the United States: Low smoking rate, rising alcohol consumption, highest obesity rate

The proportion of adults who smoke daily has come down sharply in the United States over the past few decades (from 33.5% in 1980 to 14% in 2013) and is now among the lowest in OECD countries after Sweden, Iceland and Australia.

By contrast with many other OECD countries, overall alcohol consumption per adult in the United States has gone up since 2000. Whereas alcohol consumption per capita in the United States was more than 10% lower than the OECD average in 2000, it is now equal to the OECD average (8.8 liters of pure alcohol consumption per adult in 2013). Governments can use a range of policies to tackle harmful alcohol use, including stepping up enforcement of drink-and-driving laws, raising taxes, raising prices, and increasing the regulation of the marketing of alcohol drinks.

Obesity rates among adults in the United States are the highest among OECD countries, with 35% of adults being obese. Obesity in the United States and other OECD countries tends to be higher in low educated groups, especially among women. Obesity is a known risk factor for many health problems, and threatens progress in reducing mortality rates from cardiovascular diseases.

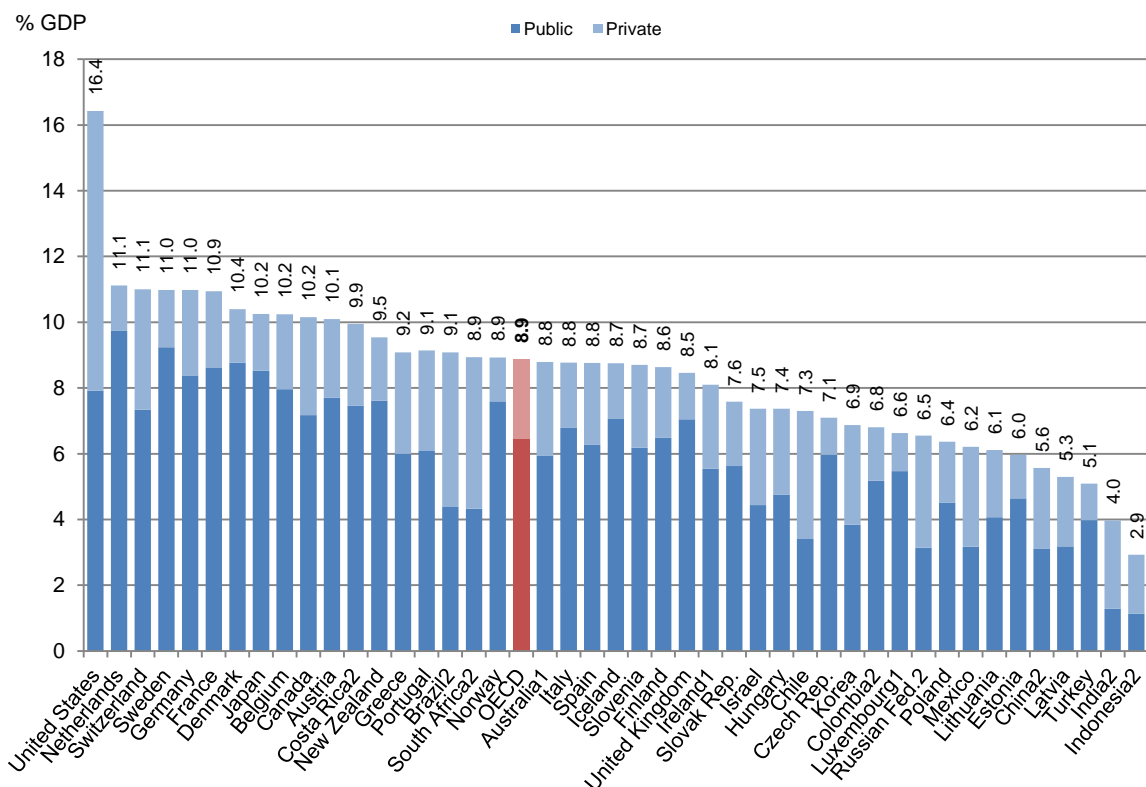
The quality of acute care in the United States is excellent, but the quality of chronic care is not so good

The US health care system performs very well in providing acute care for people admitted to hospital for life-threatening conditions like heart attack or stroke and preventing them from dying. It also does well in treating and saving the lives of most people diagnosed for different types of cancer like breast cancer and colorectal cancer. However, the United States health system is not performing very well in preventing hospital admissions for people with chronic conditions, such as asthma, chronic obstructive pulmonary disease or diabetes. Greater efforts are needed to improve the management of these chronic conditions in primary care, through regular monitoring and surveillance, involving patients in self-care, and providing them with counselling about dietary habits and the importance of regular physical exercise.

Health spending in the United States still exceeds that in other countries by a wide margin

Although health spending growth has slowed down considerably in recent years in the United States, it remains much higher on a per capita basis than in all other OECD countries, and was two-and-a-half-times greater than the OECD average in 2013. The share of GDP allocated to health spending in the United States (excluding capital expenditure) was 16.4% in 2013, compared with an OECD average of 8.9%. This share has remained unchanged since 2009, as health spending growth matched economic growth.

Health expenditure as a share of GDP is much higher in the US than in other OECD countries (2013 or nearest year)



Note: Excluding investments unless otherwise stated.

1. Data refers to 2012.

2. Including investments.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>; WHO Global Health Expenditure Database.

Health at a Glance 2015 provides international comparisons of health status, risk factors to health, health expenditure, access to care and quality of care. For the first time in 2015, the publication also includes a set of dashboard indicators summarising the comparative performance of OECD countries on these different dimensions of population health status and health system performance.

More information on **Health at a Glance 2015** is available at <http://www.oecd.org/health/health-at-a-glance.htm>.

For more information on OECD's work on the **United States**, please visit <http://www.oecd.org/unitedstates>.