



## *Health at a Glance 2011: OECD Indicators*

### **KEY FINDINGS: UNITED STATES**

The OECD's latest edition of *Health at a Glance* shows that medical care is improving in OECD countries, but better prevention and management of chronic diseases is required to reduce costs.

#### **QUALITY OF CARE**

*The United States stands out as performing very well in the area of cancer care, achieving higher rates of screening and survival from different types of cancer than most other developed countries. The United States does not do well in preventing costly hospital admissions for chronic conditions, such as asthma or chronic obstructive pulmonary disease, which should normally be managed through proper primary care.*

Details:

- In 2009, 81% of eligible women in the United States were screened for breast cancer (OECD average 62%), and 86% for cervical cancer (OECD average 61%).
- The 5-year relative survival rate for breast cancer during 2004-2009 was 89%, the highest among OECD countries (OECD average 84%). For cervical cancer, it was 64%, slightly lower than the OECD average of 66%.
- The 5-year relative survival rates for colorectal cancer during 2004-2009 were 65% for females and 64% for males, slightly higher than the OECD average (62% for females and 60% for males).
- Avoidable hospital admissions for asthma complications and chronic obstructive pulmonary disease (COPD) are much greater in the United States than the OECD average. For asthma admissions, the rate in the United States was 121 per 100 000 adults in 2009, more than two times greater than the OECD average of 52. For COPD, hospital admission in the United States was 230 per 100 000 adults, compared with an OECD average of 198.

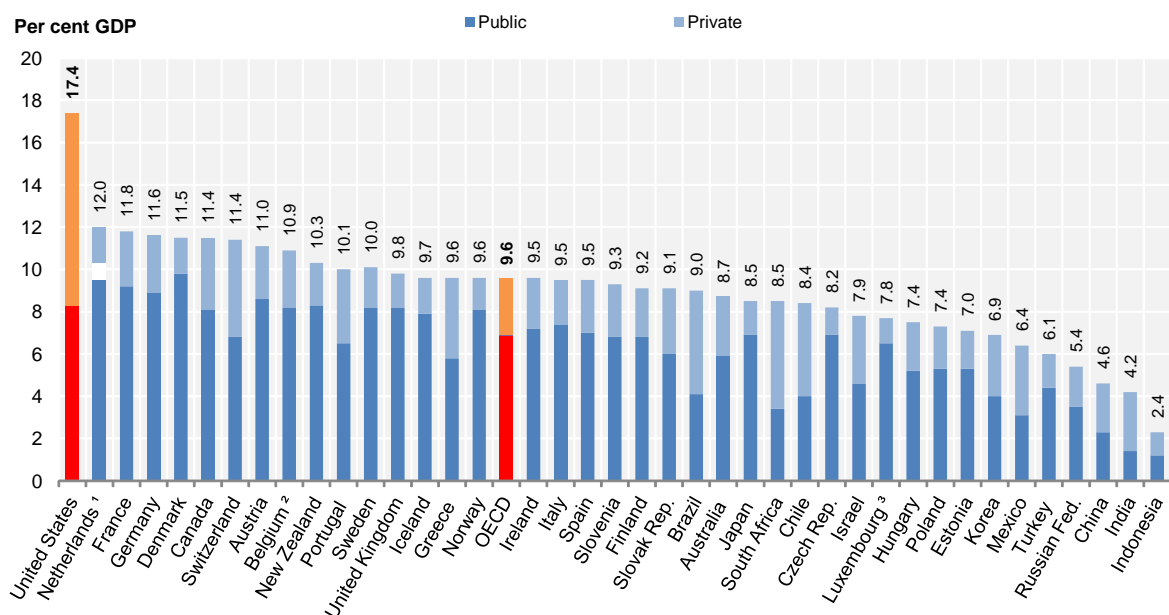
#### **HEALTH EXPENDITURE**

*The United States spent 17.4% of GDP on health in 2009, much more than the OECD average of 9.6%. Spending per person is two-and-a-half times higher than the OECD average.*

Details:

- Total health spending accounted for 17.4% of GDP in the United States in 2009, by far the highest share in the OECD. Following the United States were the Netherlands, France and Germany, which allocated respectively 12.0%, 11.8% and 11.6% of their GDP to health. The OECD average was 9.6%.
- The United States also ranks far ahead of other OECD countries in health spending per capita, with spending of 7 960 USD in 2009, two-and-a-half times greater than the OECD average of 3 233 USD (adjusted for purchasing power parity). Norway follows with spending of 5 352 USD per capita, then Switzerland with spending of 5 144 USD per capita. A separate note is providing some explanations on why health spending in the United States is so high compared with other OECD countries.
- The public sector is the main source of health funding in all OECD countries, except Chile, Mexico and the United States. In the United States, 48% of health spending was funded by public sources in 2009, a much lower share than the average of 72% for OECD countries.

## Health expenditure as a share of GDP, 2009 (or nearest year)



1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments. 2. Total expenditure excluding investments. 3. Health expenditure is for the insured population rather than the resident population.

Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>

Source: OECD Health Data 2011; WHO Global Health Expenditure Database.

- Journalists are invited to contact the OECD's Media Relations Division (tel.: 33 1 45 24 97 00 or [news.contact@oecd.org](mailto:news.contact@oecd.org)) to obtain a copy of *Health at a Glance 2011*.
- For further information about the content of *Health at a Glance 2011*, please contact Mark Pearson (tel. 33 1 45 24 92 69 or [mark.pearson@oecd.org](mailto:mark.pearson@oecd.org)) or Gaétan Lafortune (tel. 33 1 45 24 92 67 or [gaetan.lafortune@oecd.org](mailto:gaetan.lafortune@oecd.org)) in the OECD Health Division.
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