

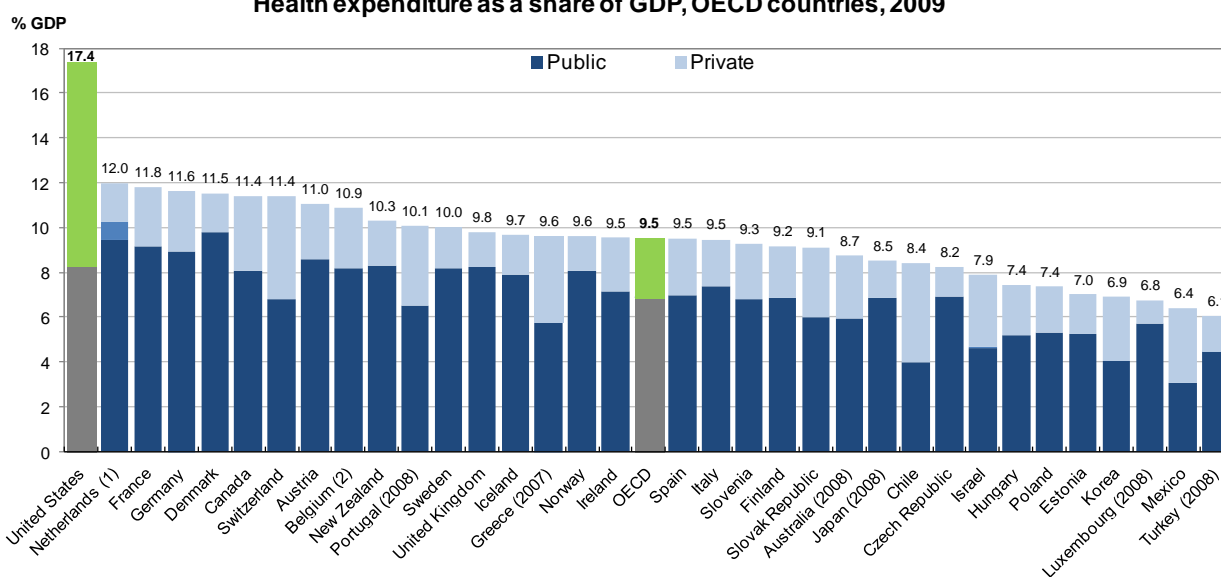
OECD Health Data 2011

How Does the United States Compare

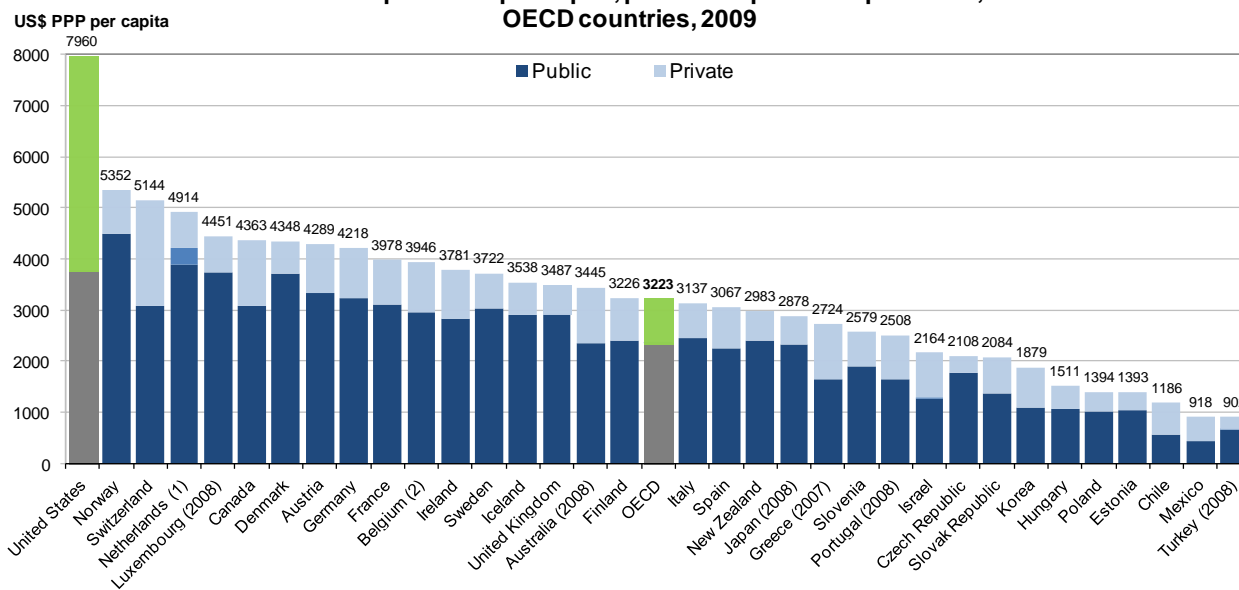
Health spending accounted for 17.4% of GDP in the **United States** in 2009, by far the highest share in the OECD, and almost eight percentage points higher than the OECD average of 9.5%. Following the **United States** were the Netherlands, France and Germany, which allocated respectively 12.0%, 11.8% and 11.6% of their GDP to health.

The **United States** spent 7,960 USD on health per capita in 2009, two-and-a-half times more than the OECD average of 3,223 USD (adjusted for purchasing power parity). Following the **United States** were Norway and Switzerland which spent over 5,000 USD per capita. Americans spent more than twice as much as relatively rich European countries such as France, Belgium and the United Kingdom.

Health expenditure as a share of GDP, OECD countries, 2009



Health expenditure per capita, public and private expenditure, OECD countries, 2009



1. In the Netherlands, it is not possible to distinguish clearly the public and private share for the part of health expenditures related to investments.

2. Total expenditure excluding investments. Source: OECD Health Data 2011, June 2011.

Data are expressed in US dollars adjusted for purchasing power parities (PPPs), which provide a means of comparing spending between countries on a common base. PPPs are the rates of currency conversion that equalise the cost of a given 'basket' of goods and services in different countries.

In most countries, health spending is largely financed out of taxes or social security contributions, with private insurance or 'out-of-pocket' payments playing a significant but secondary role. This is not the case in the **United States** which, together with Mexico and Chile, is the only OECD country where the government plays the smallest role in financing health spending. The public share of health expenditure in the **United States** was 47.7% in 2009, much lower than the OECD average of 71.7%.

However, the level of health spending in the **United States** is so high that public (i.e. government) spending on health per capita is greater than in all other OECD countries, except Norway and the Netherlands. For this amount of public expenditure in the **United States**, government provided in 2009 insurance coverage only for the elderly and disabled people (through Medicare) and some of the poor (through Medicaid and the State Children's Health Insurance Program, SCHIP), whereas in most other OECD countries this was enough for government to provide universal health insurance. Public spending on health in the **United States** has been growing more rapidly than private spending since 1990, largely due to expansions in coverage.

Private insurance accounted for 33% of total health spending in the **United States** in 2009, by far the largest share among OECD countries. Beside the **United States**, Canada and France are the only two other OECD countries where private insurance represents more than 10% of total health spending.

Resources in the health sector (human, physical)

Despite the relatively high level of health expenditure in the **United States**, there are fewer physicians per capita than in most other OECD countries. In 2009, the **United States** had 2.4 practising physicians per 1,000 population, below the OECD average of 3.1.

On the other hand, there were 10.8 nurses per 1 000 population in the **United States** in 2009, a higher number than the average of 8.4 across OECD countries.

The number of curative care hospital beds in the **United States** was 2.7 per 1 000 population in 2007 (latest year available), lower than the OECD average of 3.5 beds in 2009. As in most OECD countries, the number of hospital beds per capita has fallen over the past twenty-five years in the **United States**. This decline has coincided with a reduction in average length of stays in hospitals and an increase in day surgeries.

In the **United States**, the number of computed tomography (CT) scanners and magnetic resonance imaging (MRI) units is much greater than in most other OECD countries. There were 34.3 CT scanners per million population in 2007 (latest year available), a number that is much greater than the OECD average of 22.1. And there were 25.9 MRIs per million population, more than twice the OECD average of 12.0.

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past decades. In the **United States**, life expectancy at birth increased by more than 8 years between 1960 and 2009, but this is less than the increase of over 15 years in Japan and over 11 years on average in OECD countries. As a result of this relatively smaller gain in longevity, while life expectancy in the **United States** used to be 1 ½ year *above* the OECD average in 1960, it is now, at 78.2 years in 2009, almost 1 ½ year *below* the average of 79.5 years. Japan, Switzerland, Italy, Spain and Australia are the OECD countries with the highest life expectancy, exceeding 81.5 years in these five countries.

Infant mortality rates in the **United States** have fallen over the past few decades, but not as much as in most other OECD countries. It stood at 6.5 deaths per 1 000 live births in 2008, well above the OECD average of 4.4 in 2009. Among OECD countries, infant mortality is the lowest in some Nordic countries (Iceland, Sweden and Finland) and Japan, with rates of around 2.5 deaths per 1 000 live births.

The proportion of smokers among the adult population has shown a marked decline over recent decades across most OECD countries. Much of this decline can be attributed to policies aimed at reducing tobacco consumption through public awareness campaigns, advertising bans and increased taxation. In the **United States**, the proportion of adults who smoke daily has been cut by more than half over the past thirty years, from 33.5% in 1980 to 16.1% in 2009. This is the lowest rate among OECD countries after Sweden and Iceland.

At the same time, obesity rates have increased in recent decades in all OECD countries, although there are notable differences. In the **United States**, the obesity rate among adults - based on actual measures of height and weight - was 33.8% in 2008. This is the highest rate among OECD countries. The average for the 14 OECD countries with measured data was 21.0% around 2008. Obesity's growing prevalence foreshadows increases in the occurrence of health problems (such as diabetes and cardiovascular diseases), and higher health care costs in the future.

More information on *OECD Health Data 2011* is available at www.oecd.org/health/healthdata.

For more information on OECD's work on the **United States**, please visit www.oecd.org/us.