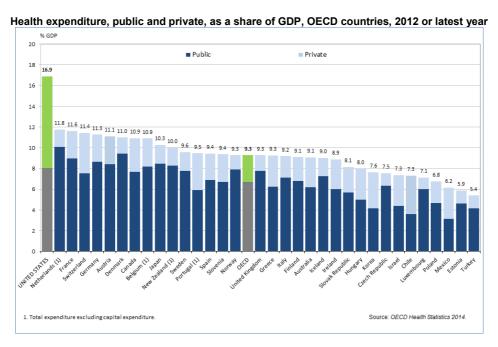
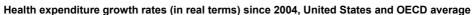


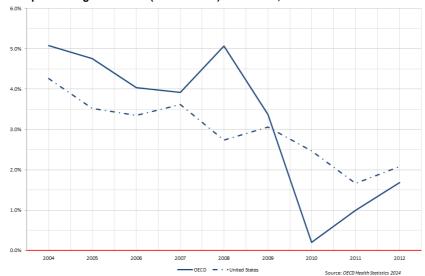
OECD Health Statistics 2014 How does the United States compare?

Health spending accounted for 16.9% of GDP in the **United States** in 2012 - the highest share among OECD countries and more than $7\frac{1}{2}$ percentage points above the OECD average of 9.3%. In contrast to most OECD countries, health spending in the **United States** is split evenly between public and private sources. In 2012, 48% of health spending in the **United States** was publicly financed, well below the average of 72% in OECD countries.



Health spending in the **United States** has been on a significant slowing trend, primarily due to price effects in the pharmaceutical and hospital sectors. The slowdown predates the economic crisis, but decelerated further to around 2% in 2011 and 2012. This lower rate growth remains higher than the OECD average which includes some European countries that made significant reductions in health spending.¹

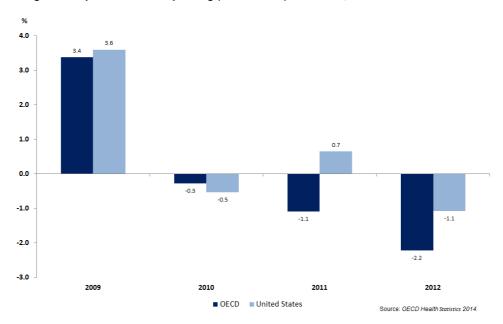




A more detailed analysis of recent health spending trends in the United States in comparison with a number of high-spending countries will be published in early July 2014 in The Lancet at http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60571-7/abstract.

In line with many other OECD countries, pharmaceutical spending in the **United States** has been on a downward trend, after years of stronger growth. The reduction of 1.1% in 2012 was mainly due to price effects caused in part by the loss of patent protection for some blockbuster drugs, and the resulting increase in the share of cheaper generics in the market.

Annual growth of pharmaceutical spending (in real terms) since 2009, United States and OECD average



Health status and risk factors

In 2011 (latest year available), life expectancy in the **United States** stood at 78.7 years, 1 ½ year less than the OECD average of 80.2 years. While life expectancy in the **United States** has increased by two years since 2000, this was less than the three year gain registered across OECD countries. This has widened the gap. The gap between the **United States** and leading countries has also widened. For example, the life expectancy for U.S. men in 2011 was more than 4 years shorter than in Switzerland (up from 3 years in 2000); for U.S. women, it was more than 5 years shorter than in Japan (fairly stable compared with 2000). The slower progress in life expectancy in the **United States** is due to gaps in health insurance coverage and proper primary care, poorer health-related behaviours and poor living conditions for a significant proportion of the U.S. population.

The **United States** has achieved remarkable progress in reducing the proportion of adults who smoke tobacco, with the rate of daily smokers coming down from 19% in 2000 to 14% in 2012. This is the lowest rate among OECD countries after Mexico, Sweden and Iceland.

At the same time, obesity rates among adults in the **United States** have increased greatly to reach 35.3% in 2012, up from 30.9% in 2000 (based on actual measures of height and weight). This is the highest rate among OECD countries. As is the case in several other countries, the obesity rate in the **United States** tends to be higher among disadvantaged socio-economic groups, especially in women. Mortality from diseases including cardiovascular diseases and many cancers increases progressively once people become obese.

Key facts for the United States from OECD Health Statistics 2014

	United States			OECD average		Rank among OECD
	2012		2000	2012	2000	countries*
Health status						
Life expectancy at birth (years)	78.7	(2011)	76.7	80.2	77.1	27 out of 34
Life expectancy at birth, men (years)	76.3	(2011)	74.1	77.5	74.0	26 out of 34
Life expectancy at birth, women (years)	81.1	(2011)	79.3	82.8	80.2	29 out of 34
Life expectancy at 65, men (years)	17.8	(2011)	16.0	17.7	15.6	20 out of 34
Life expectancy at 65, women (years)	20.4	(2011)	19.0	20.9	19.1	25 out of 34
Mortality from cardiovascular diseases (age-standardised rates per 100 000 pop.) Mortality from cancer	261.2	(2010)	395.4	296.4	428.5	17 out of 34
(age-standardised rates per 100 000 pop.)	198.7	(2010)	236.7	213.1	242.5	25 out of 34
Risk factors to health (behavioural)						
Tobacco consumption among adults _(% daily smokers)	14.2		19.1	20.7	26.0	31 out of 34
Alcohol consumption among adults (liters per capita)	8.6	(2011)	8.3	9.0	9.5	23 out of 34
Obesity rates among adults, self-reported (%)	28.6		22.8	15.4	11.9	1 out of 29
Obesity rates among adults, measured (%)	35.3		30.9	22.7	18.7	1 out of 16
Health expenditure						
Health expenditure as a % GDP	16.9		13.1	9.3	7.7	1 out of 34
Health expenditure per capita (US\$ PPP)	8745		4791	3484	1888	1 out of 34
Pharmaceutical expenditure per capita (US\$ PPP)	1010		540	498	300	1 out of 33
Pharmaceutical expenditure (% health expenditure)	12.0		11.8	15.9	17.9	26 out of 33
Public expenditure on health (% health expenditure)	47.6		43.0	72.3	71.4	34 out of 34
Out-of-pocket payments for health care (% health expenditure)	12.0		14.9	19.0	20.5	28 out of 34
Health care resources						
Number of doctors (per 1000 population)	2.5	(2011)	2.3	3.2	2.7	28 out of 34
Number of nurses (per 1000 population)	11.1		10.2	8.8	7.5	9 out of 34
Hospital beds (per 1000 population)	3.1	(2010)	3.5	4.8	5.6	25 out of 34

^{*}Note: Countries are ranked in descending order of values.

More information on *OECD Health Statistics 2014* is available at www.oecd.org/health/healthdata. For more information on OECD's work on the **United States**, please visit www.oecd.org/unitedstates.