

Health at a Glance 2019

- Rates of death from heart attacks and strokes are below the OECD average
- The proportion of people who report being in good health is third highest in the OECD



- Gains in life expectancy have stalled, and actually fell in the last five years
- Close to half of children (43%) are overweight, the highest share among OECD countries



United States

How does it compare?



The United States spends more on healthcare than any other OECD country, both as a proportion of GDP (16.9%) and per person (USD 10 586). Spending is expected to increase with healthcare as a proportion of GDP forecast to reach 20% by 2030.

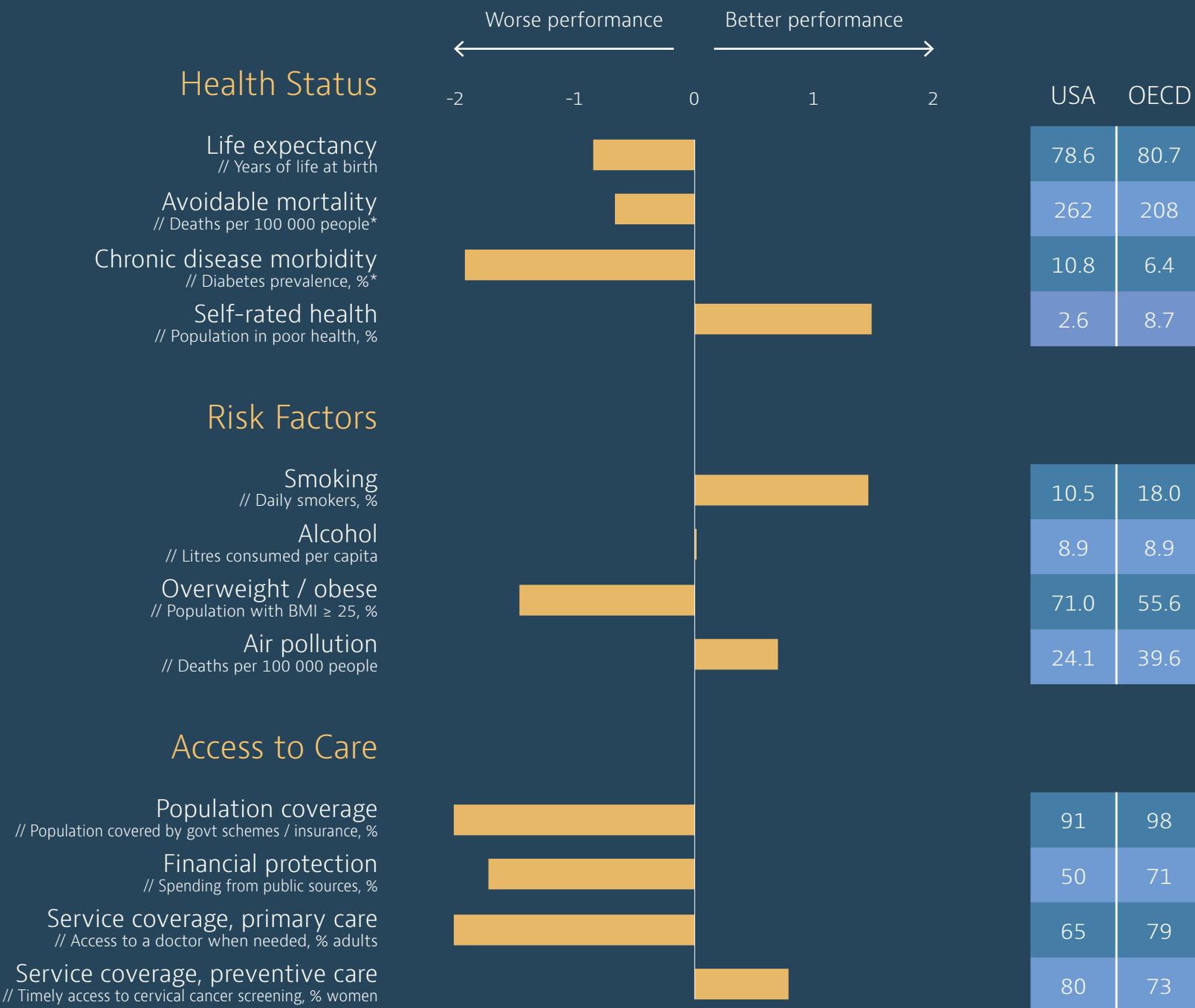
High levels of spending have not translated into people leading longer lives. Life expectancy at birth is two years below the OECD average, and actually declined by over two months between 2012 and 2017. Nevertheless, 88% of the population rate their health positively.

Hospitals in the United States provide high-quality care on average, reflected for example by relatively few deaths after heart attacks and stroke, and high cancer survival, in particular for breast cancer (90% five-year net survival). There are, however, inequalities in access to services – for example, the share of adults with a health care need visiting a doctor was the second lowest amongst OECD countries.

Almost three quarters of adults (71%) and 43% of children are either overweight or obese, both among the highest rates across OECD countries. Diabetes prevalence is 10.8%, the third highest in the OECD. Unhealthy diets and low physical activity contribute to these health problems.

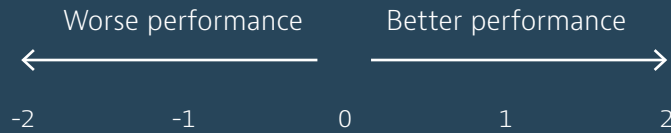


How far is the United States from the OECD average?



Quality of Care

- Safe prescribing
// Antibiotics prescribed, DDDs/1 000 people
- Effective primary care
// Avoidable asthma/COPD admissions**
- Effective secondary care
// 30-day mortality following AMI**
- Effective cancer care
// Breast cancer 5-year net survival, %*



	USA	OECD
Safe prescribing	n/a	18
Effective primary care	268	225
Effective secondary care	5.0	6.3
Effective cancer care	90	85

Resources

- Health spending
// Per capita (USD based on PPPs)
- Health spending share
// As a % of GDP
- Practising doctors
// per 1 000 people
- Practising nurses
// per 1 000 people



Health spending	10 586	3 806
Health spending share	16.9	8.8
Practising doctors	2.6	3.5
Practising nurses	11.7	8.8

Key data available for download here:
www.oecd.org/health/health-at-a-glance.htm

Notes – These charts indicate how far a country is from the OECD average, based on the standard deviation. *age-standardised. **age-sex standardised. AMI = acute myocardial infarction; BMI = body mass index; COPD = chronic obstructive pulmonary disease; DDD = defined daily dose; PPPs = purchasing power parities.



United States

How does it compare?

Health at a Glance 2019 compares key indicators for population health and health system performance across OECD members, candidate and partner countries. It highlights how countries differ in terms of the health status and health-seeking behaviour of their citizens; access to and quality of health care; and the resources available for health. Analysis is based on the latest comparable data across 80 indicators, with data coming from official national statistics, unless otherwise stated.

United States: Selected issues

Improving life expectancy

Between 1970 and 2017, life expectancy from birth in the United States increased by eight years from 71 to 79 years. This rate of growth in life expectancy is the lowest amongst OECD countries. The United States was the only country with a decline in life expectancy between 2012 and 2017 of over two months.

The causes of this decline in life expectancy are multifaceted. Principal among these are slowing improvements in survival from heart disease and stroke, and rising levels of chronic conditions and health risk factors such as obesity and diabetes. For example, nearly three-quarters of adults and just under half of all children are overweight or obese, with rates higher for males and those with lower levels of education.

The United States has also been experiencing an opioid epidemic: Since 1999, the United States recorded almost 400 000 opioid-related deaths, with an 80% increase in deaths between 2011 and 2016. Possible policies to address this crisis include improved prescribing practices; expansion of long-term medication-assisted therapy; enhanced coordination across health, social and criminal justice systems; as well as improving the public's understanding of substance abuse and treatment (*Addressing Problematic Opioid Use*, OECD, 2019).

Reducing the burden of diabetes

Less healthy behaviours have contributed to a growing number of people living with multiple chronic diseases, with rates higher for those living in the lowest income quintile compared to the highest (21% and 12%, respectively). Of particular concern is the rate of diabetes, given that the disease is associated with a large disability burden, including cardiovascular disease, blindness and kidney failure. As of 2017, over 10% of all adults live with diabetes, a share surpassed by only Turkey and Mexico. Further, the share is likely to be higher as this figure does not include undiagnosed diabetics.

Unhealthy lifestyles are the main modifiable risk factors of diabetes, and are common amongst children and adults in the United States – as evidenced by poor diets and sedentary behaviour. For example, less than two-thirds of adults consume fruit every day, with the proportion lower for men compared to women.

Policies to reduce the prevalence of diabetes can be targeted at both the population and the individual. At the population level, policies largely focus on reducing obesity rates, including those outlined within *The Heavy Burden of Obesity: The Economics of Prevention*, OECD, 2019. For example, a communication package including food labelling to communicate nutritional value, mass media campaign and advertising restrictions for unhealthy food is very cost-effective. Food reformulation to reduce calories can improve population health with a positive impact on the economy. Policies aimed at individuals are commonly provided by general practitioners and include screening to ensure early diagnosis, thereby limiting long-term damage, and the development of tailored diabetes management plans.

United States

How does it compare?

Health at a Glance 2019: OECD Indicators
www.oecd.org/health/health-at-a-glance.htm