

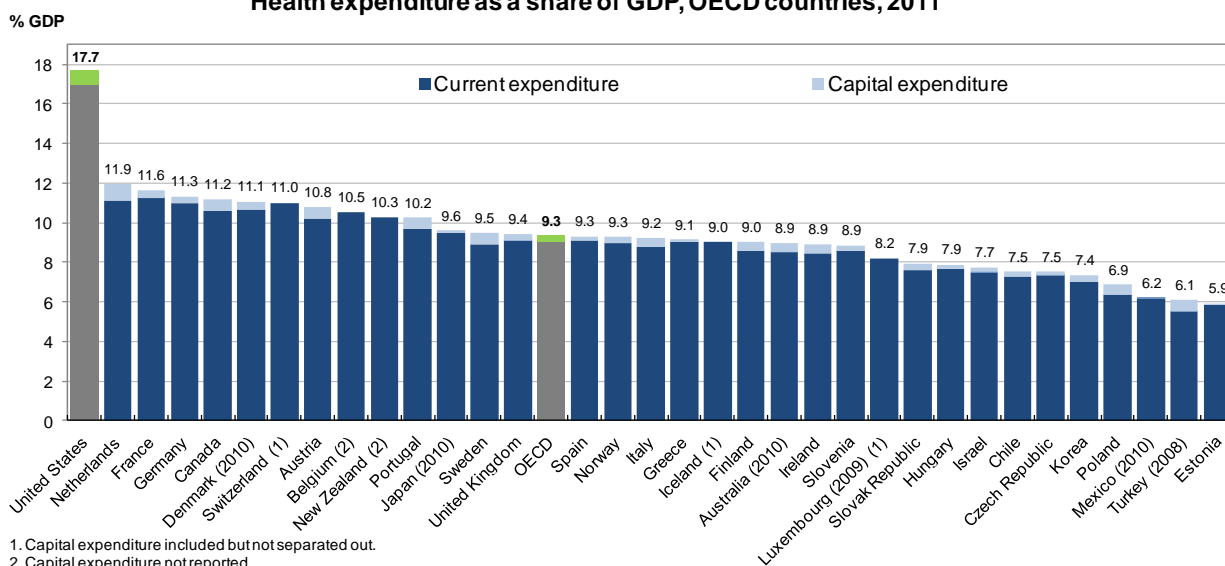
## OECD Health Data 2013

### How Does the United States Compare

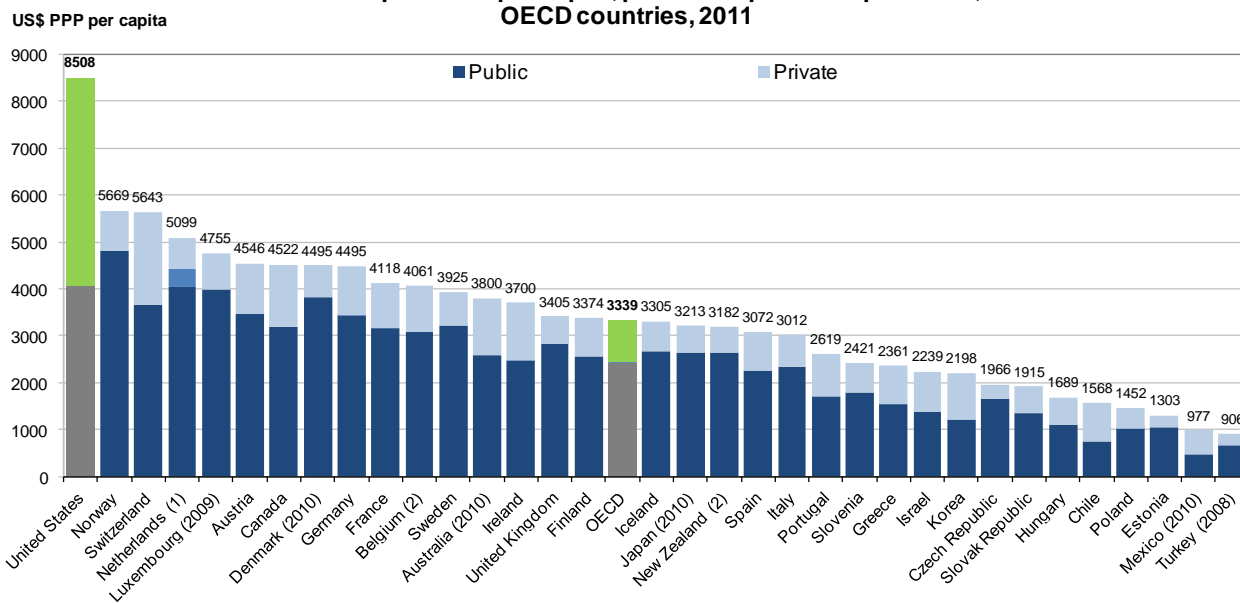
Health spending accounted for 17.7% of GDP in the **United States** in 2011, unchanged from 2009 and 2010 but by far the highest share in the OECD, and more than eight percentage points higher than the OECD average of 9.3%. Following the **United States** were the Netherlands (at 11.9% of GDP), France (11.6%) and Germany (11.3%).

The **United States** spent 8508 USD on health per capita in 2011, two-and-a-half times more than the OECD average of 3339 USD (adjusted for purchasing power parity). Following the **United States** were Norway and Switzerland which spent over 5600 USD per capita. Americans spent more than twice as much as relatively rich European countries such as France and Sweden.

Health expenditure as a share of GDP, OECD countries, 2011



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

Total health spending in the **United States** increased in real terms by 4.4% per year on average between 2000 and 2009, but this growth rate has more than halved to 2.1% between 2009 and 2011.

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. The **United States** together with Mexico and Chile are the only OECD countries where less than 50% of health spending is publicly financed. The public share of health expenditure in the **United States** was 47.8% in 2011, much lower than the OECD average of 72.2%.

However, the overall level of health spending in the **United States** is so high that public (i.e. government) spending on health per capita is still greater than in all other OECD countries, except Norway and the Netherlands. Public spending on health in the **United States** has been growing more rapidly than private spending since 1990, largely due to expansions in coverage.

### **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 2011, the **United States** had 2.5 practising physicians per 1000 population, below the OECD average of 3.2. On the other hand, there were 11.1 nurses per 1000 population in the **United States** in 2011, a higher number than the average of 8.7 across OECD countries.

The number of hospital beds in the **United States** was 3.1 per 1000 population in 2010 (latest year available), lower than the OECD average of 4.8 beds. 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 40.9 CT scanners per million population in 2011, a number that is almost double the OECD average of 23.2. And there were 31.5 MRIs per million population in 2010, nearly two-and-a-half times the OECD average of 13.3.

### **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 almost 9 years between 1960 and 2011, 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, while life expectancy in the **United States** used to be 1 ½ years *above* the OECD average in 1960, it is now, at 78.7 years in 2011, almost 1 ½ years *below* the average of 80.1 years. Switzerland, Japan, Italy and Spain are the OECD countries with the highest life expectancies, exceeding 82 years.

The proportion of smokers among the adult population has shown a marked decline over recent decades across most OECD countries. 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 14.8% in 2011. 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 36.5% in 2011, up from 15% in 1978. This is the highest rate among OECD countries. The average for the 15 OECD countries with measured data was 22.8% in 2011. 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 2013* is available at [www.oecd.org/health/healthdata](http://www.oecd.org/health/healthdata).

For more information on OECD’s work on the **United States**, please visit [www.oecd.org/us](http://www.oecd.org/us).