



# WHAT ARE THE KEY HEALTH DISADVANTAGES ACROSS HIGH-INCOME COUNTRIES?

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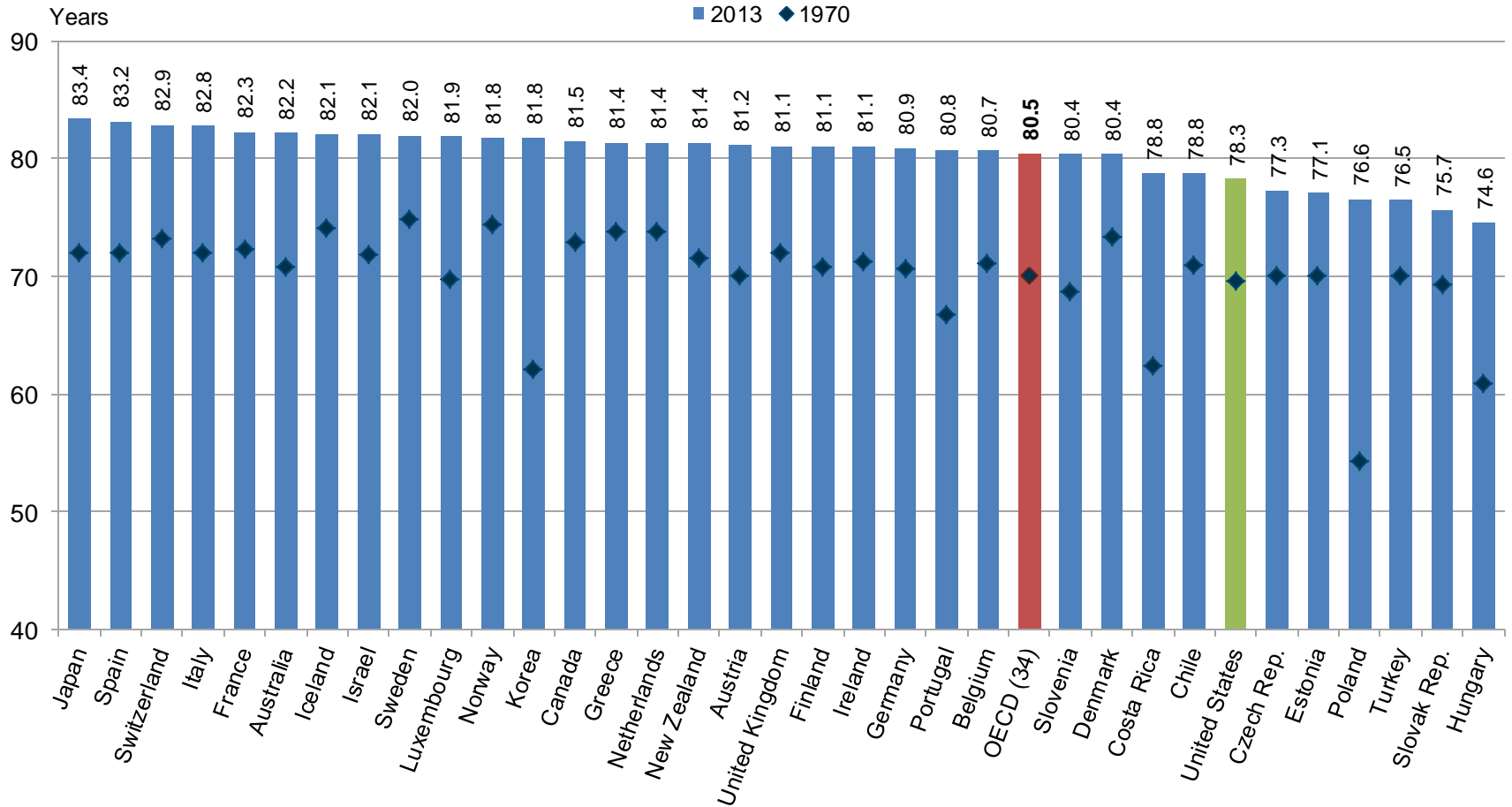


# HEALTH OUTCOMES:

LIFE EXPECTANCY, MORTALITY,  
AND DISEASES



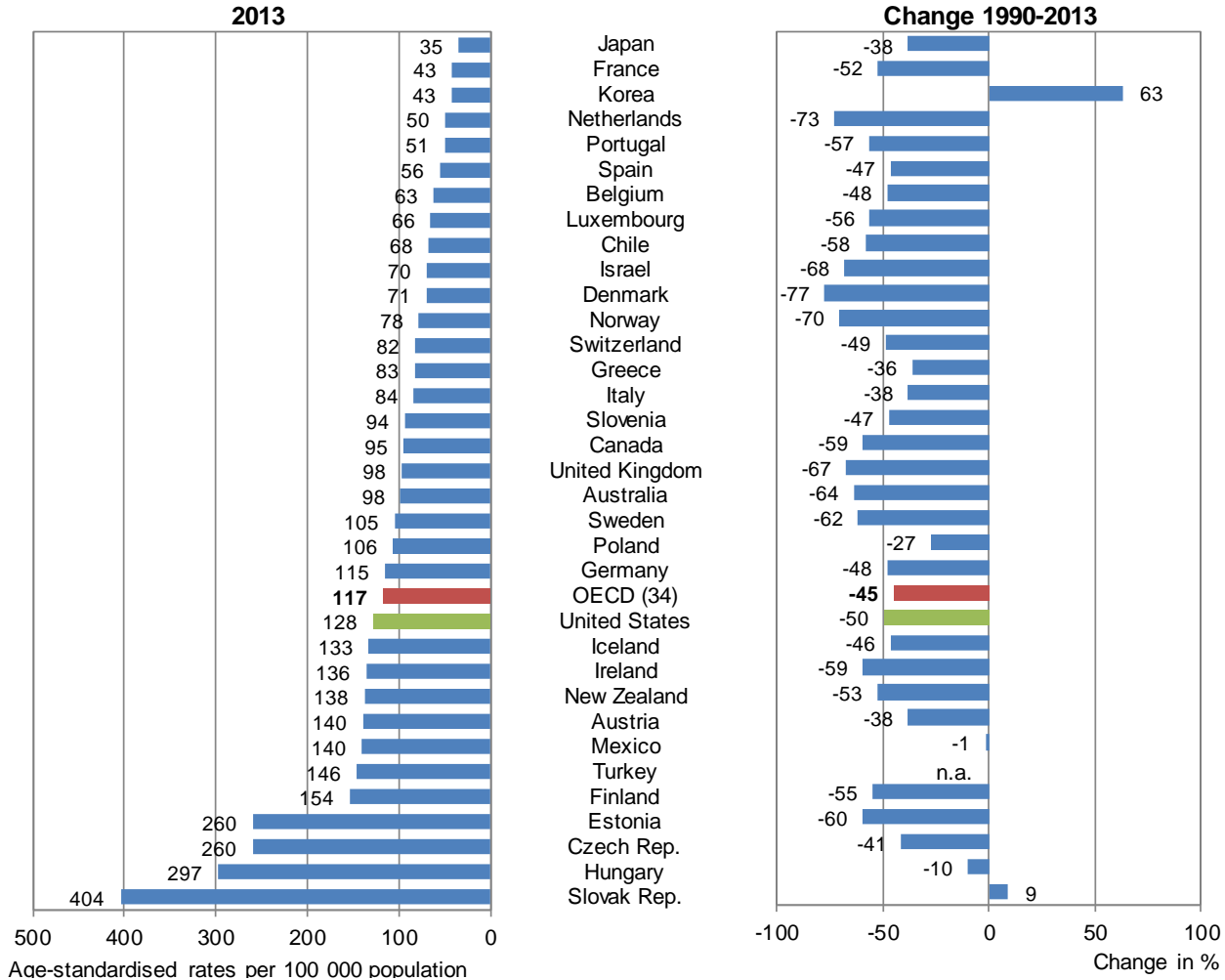
# The US has a shorter life expectancy than other peer OECD countries





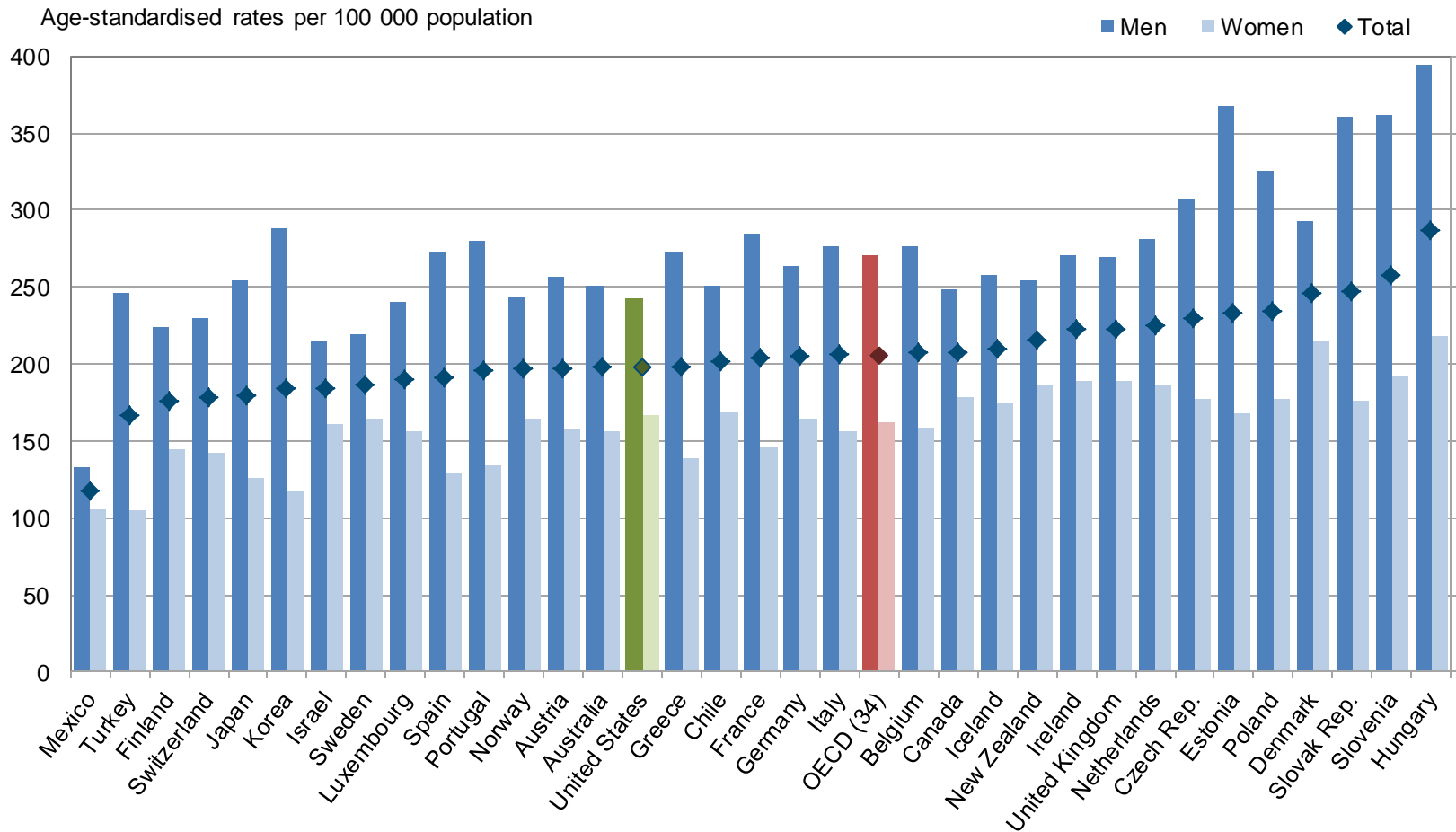
# Mortality from cardiovascular diseases has diminished in the US like in most countries

## Mortality from Ischemic Heart Disease





# Mortality from cancer is low in the US reflecting progress in cancer screening and survival

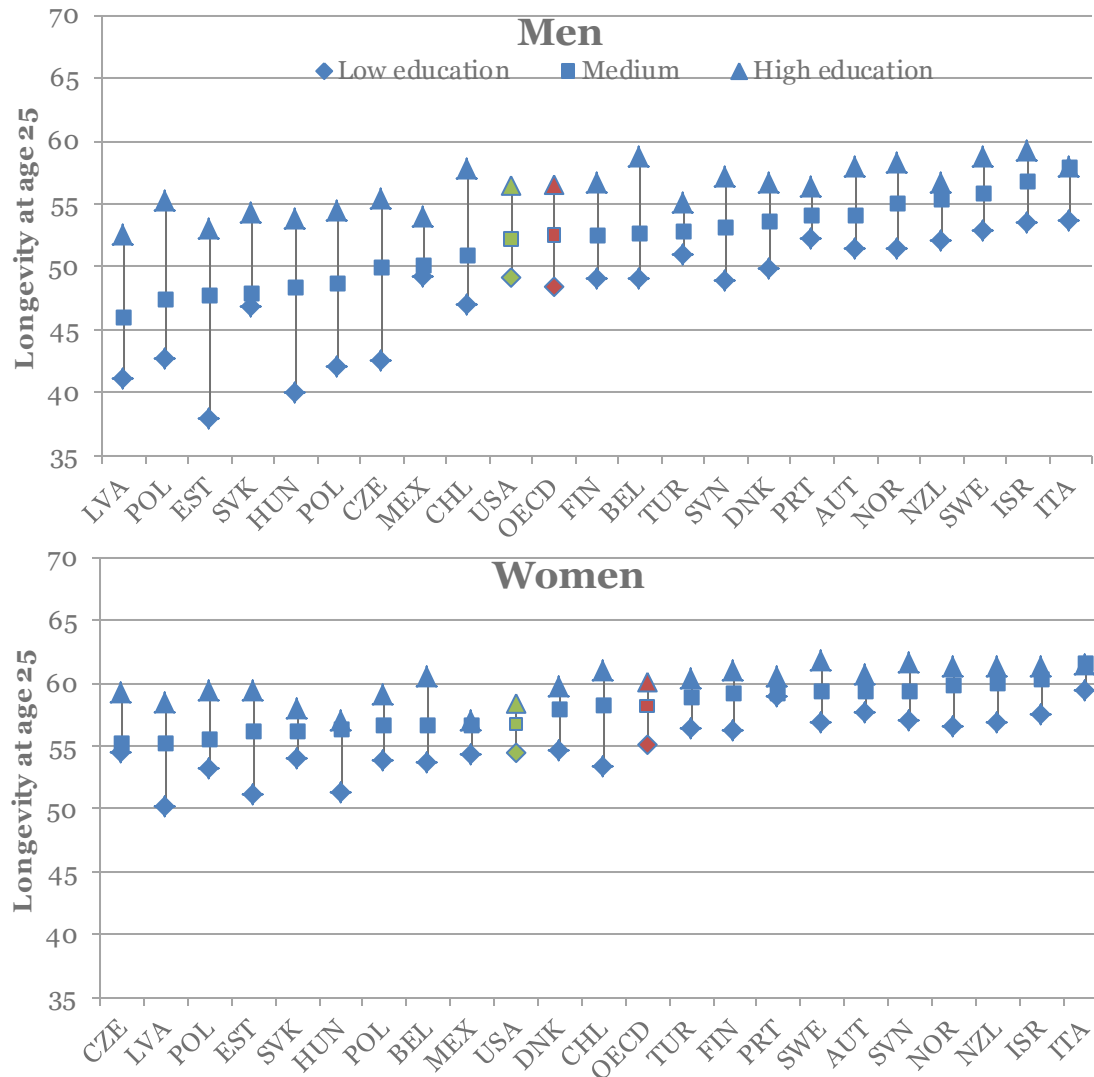




BEYOND AVERAGES



# High-educated people live longer than low-educated people in all countries, but the magnitude of the gap differs across countries





# MAIN CONTRIBUTORS TO LIFE EXPECTANCY GAINS

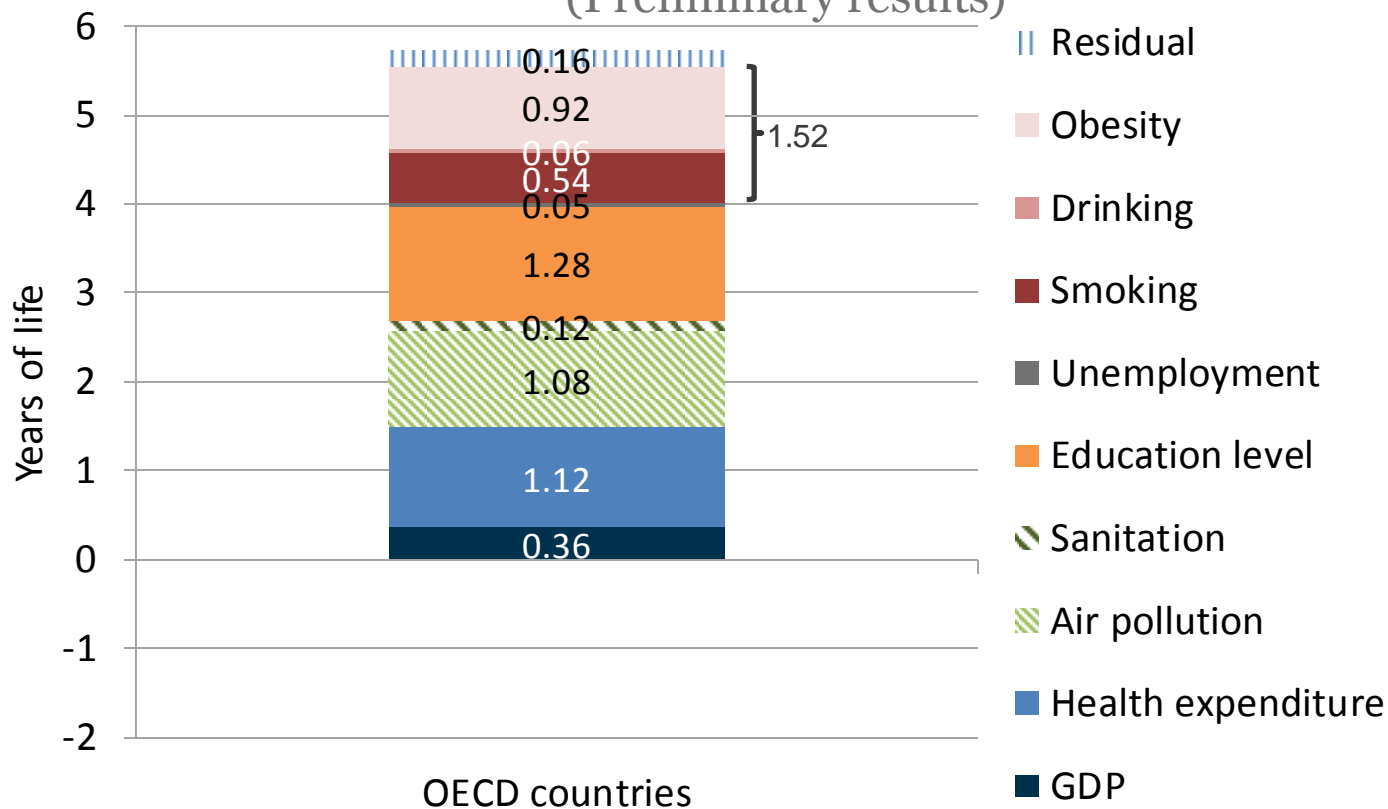




# Lifestyles, Education and Health expenditure are the main contributing factors of the gain in life expectancy over 1990-2013

Contributions to life expectancy gains at birth between 1990 and 2013

(Preliminary results)



Source: OECD Data and Estimates, James et al (2016) (OECD Health working paper, forthcoming)

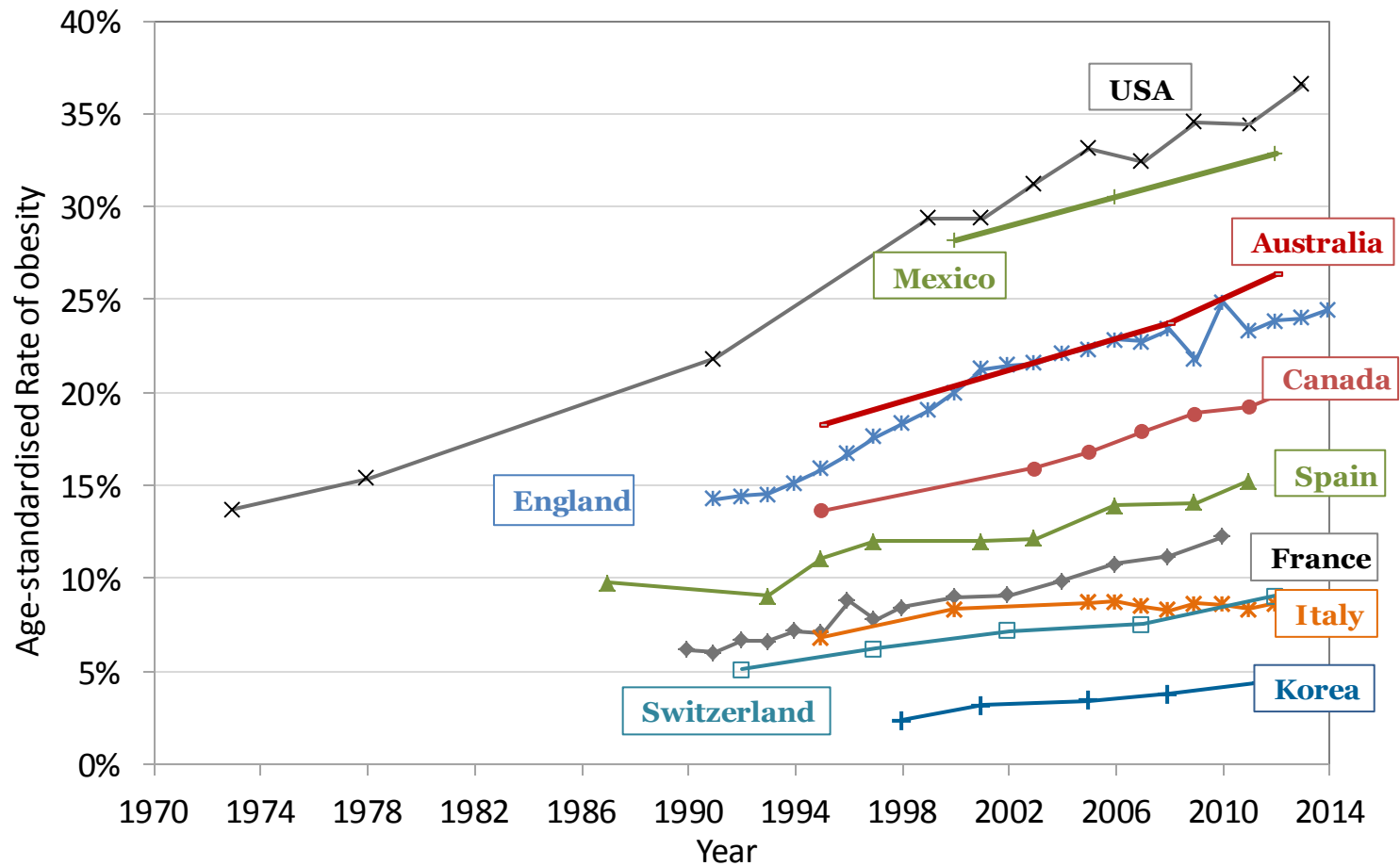


# LIFESTYLE RISK FACTORS:

OBESITY, SMOKING, AND ALCOHOL  
USE



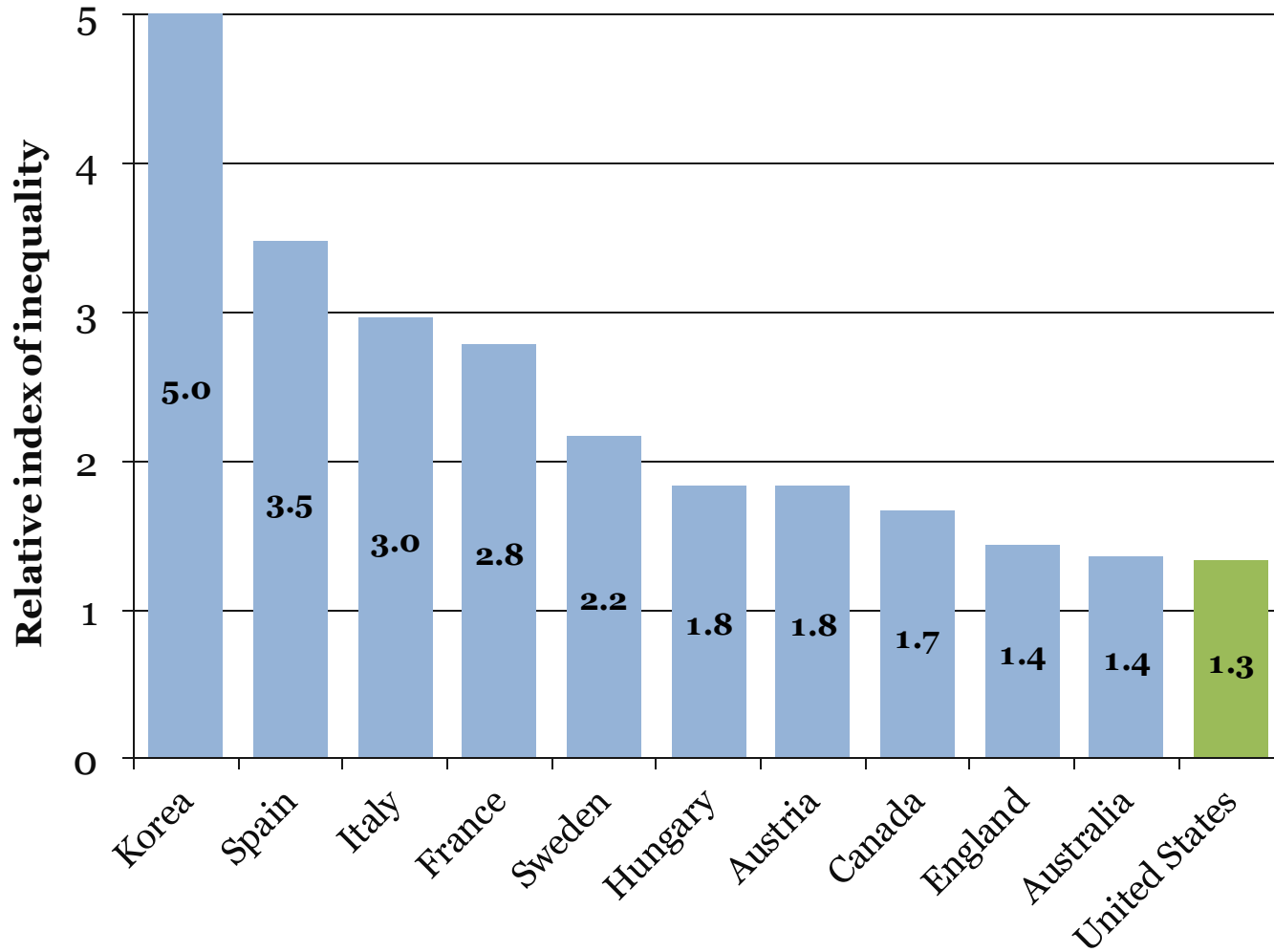
# The US has the highest obesity rate, while all countries have seen obesity growing



Source: OECD Obesity Update 2014, OECD estimates for recent data.

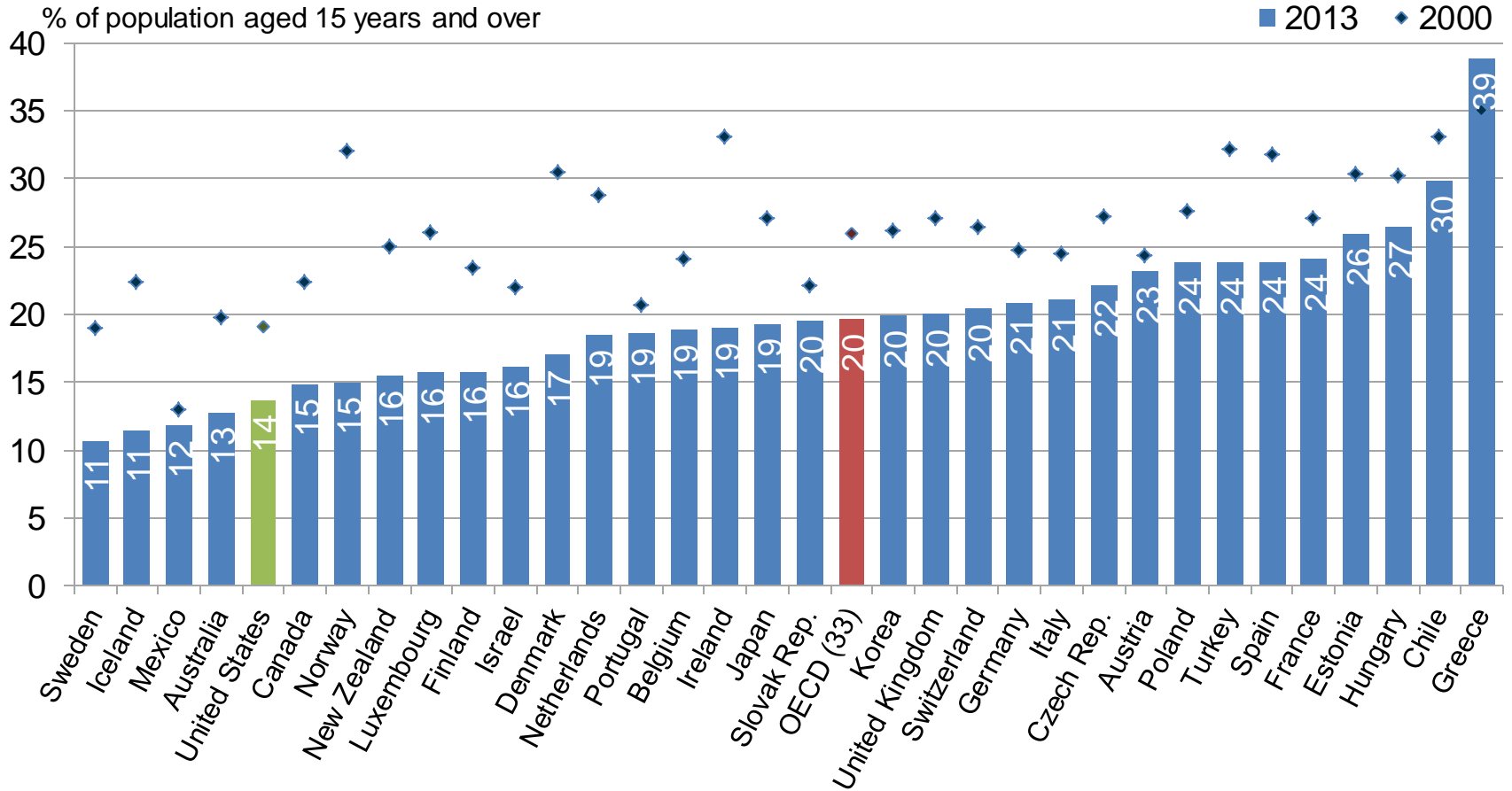


# Women with lower education level are more likely to be overweight in all countries



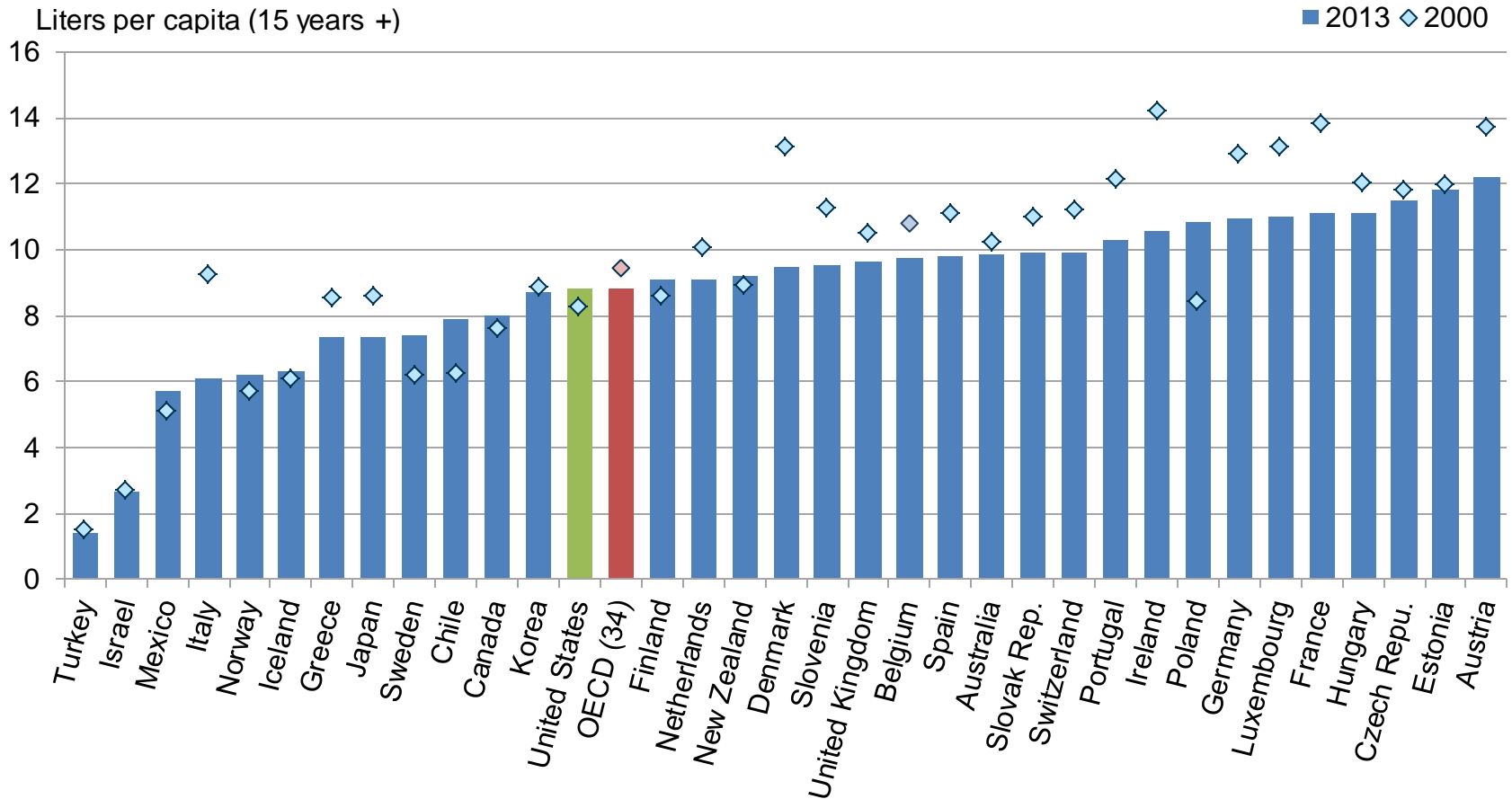


# The US has low smoking rates compared to other peer OECD countries





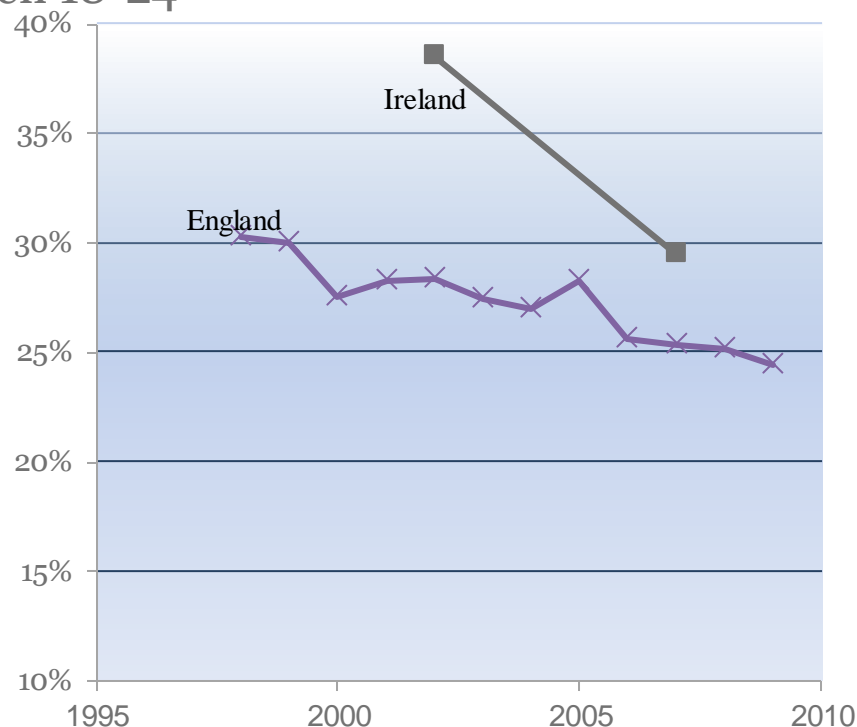
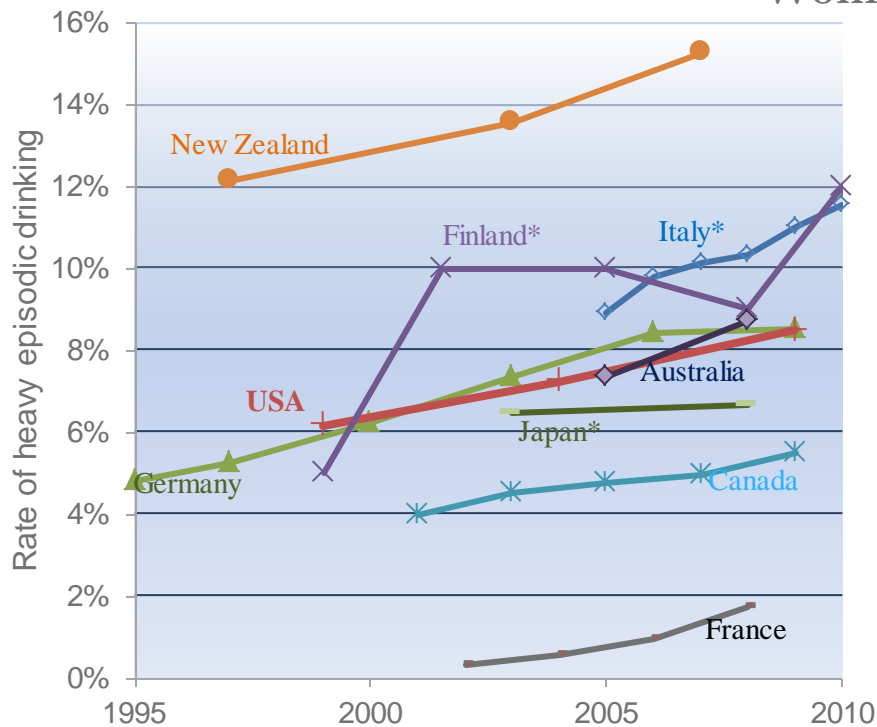
# Alcohol consumption has diminished in many countries...





# ... but risky drinking is on the rise in most countries

Heavy Episodic Drinking a least once a week,  
Women 18-24



HED at least once a month in Japan and once a year in Italy; crude weighted rates in Finland (age-standardised elsewhere)  
Source: OECD estimates on national survey data.



# ACCESS TO HEALTH CARE:

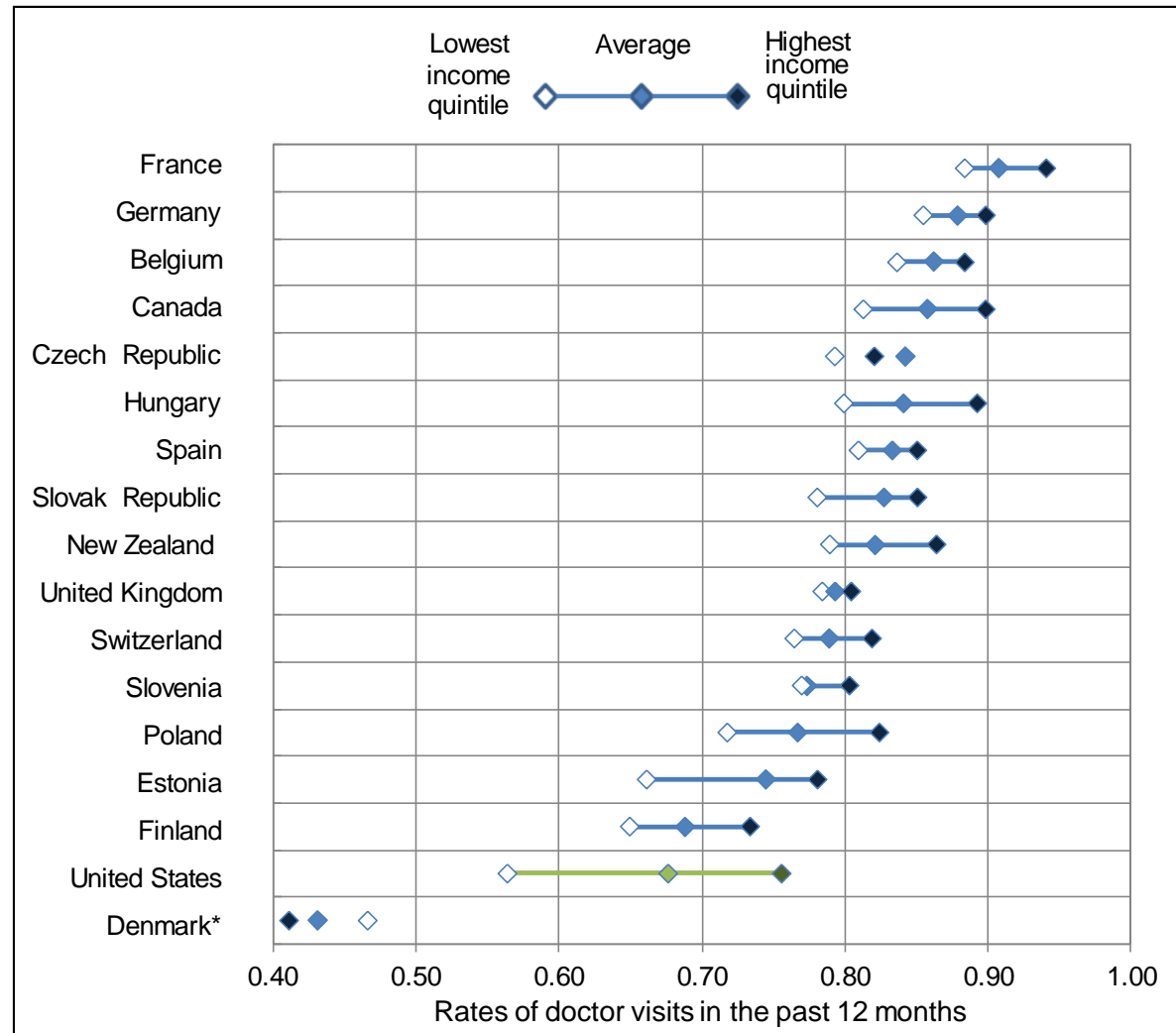
HEALTH CARE UTILISATION  
AND UNMET CARE NEEDS





# Inequities in doctor consultations are stronger in the US than in other OECD countries

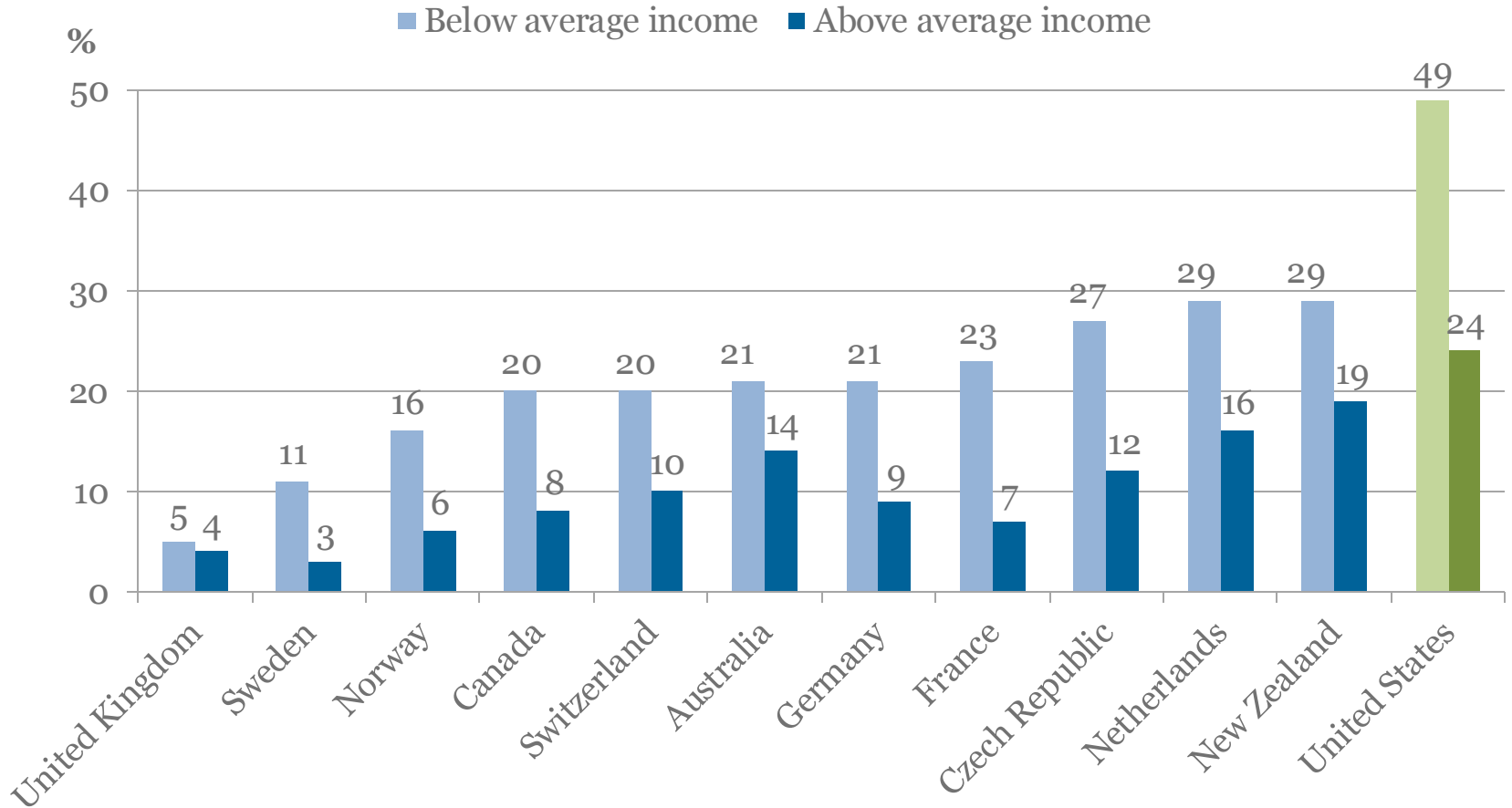
- Average probability of doctor visits varies
- High-income people more likely to visit a doctor compared to low-income people, for the same level of need, in most countries
- Stronger inequity in the US



(\*) in past 3 months in Denmark



# Unmet care needs due to financial reasons are greater in the US than in other peer countries



Source: 2013 Commonwealth Fund International Health Policy Survey, complemented with Czech data (2010)

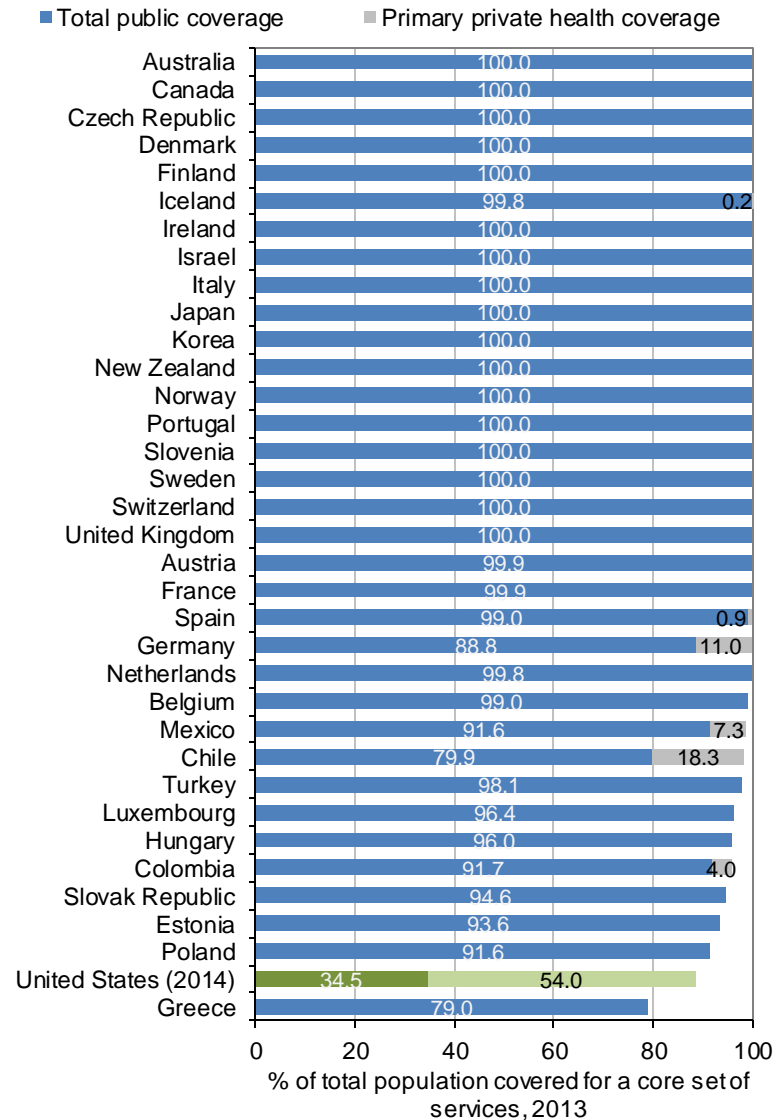


# HEALTH SYSTEM CHARACTERISTICS

HEALTH COVERAGE AND FINANCING

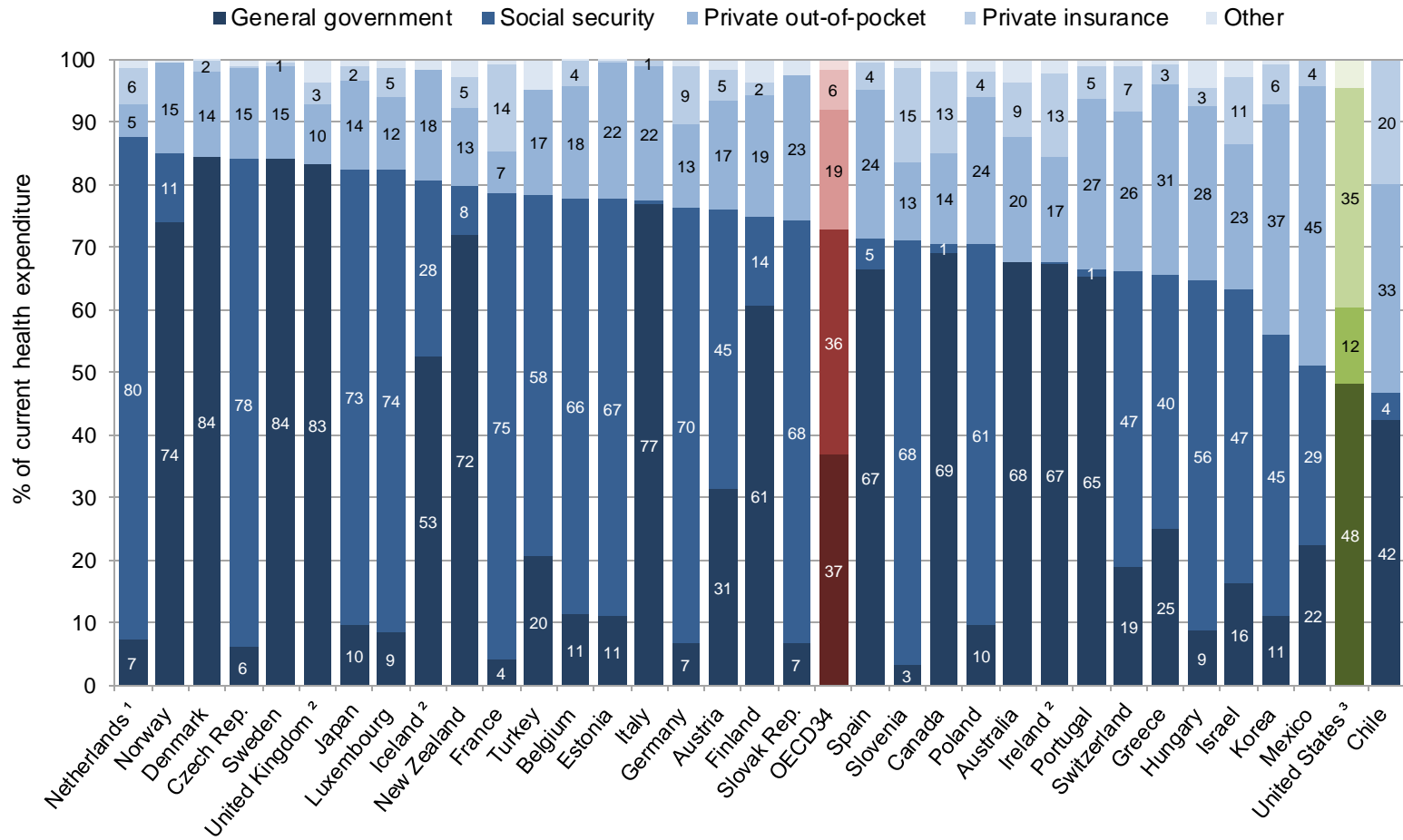


# All OECD countries have universal (or nearly universal) health coverage, except Greece





# While most health spending is publicly financed in nearly all OECD countries, the share of private out-of-pocket spending varies widely



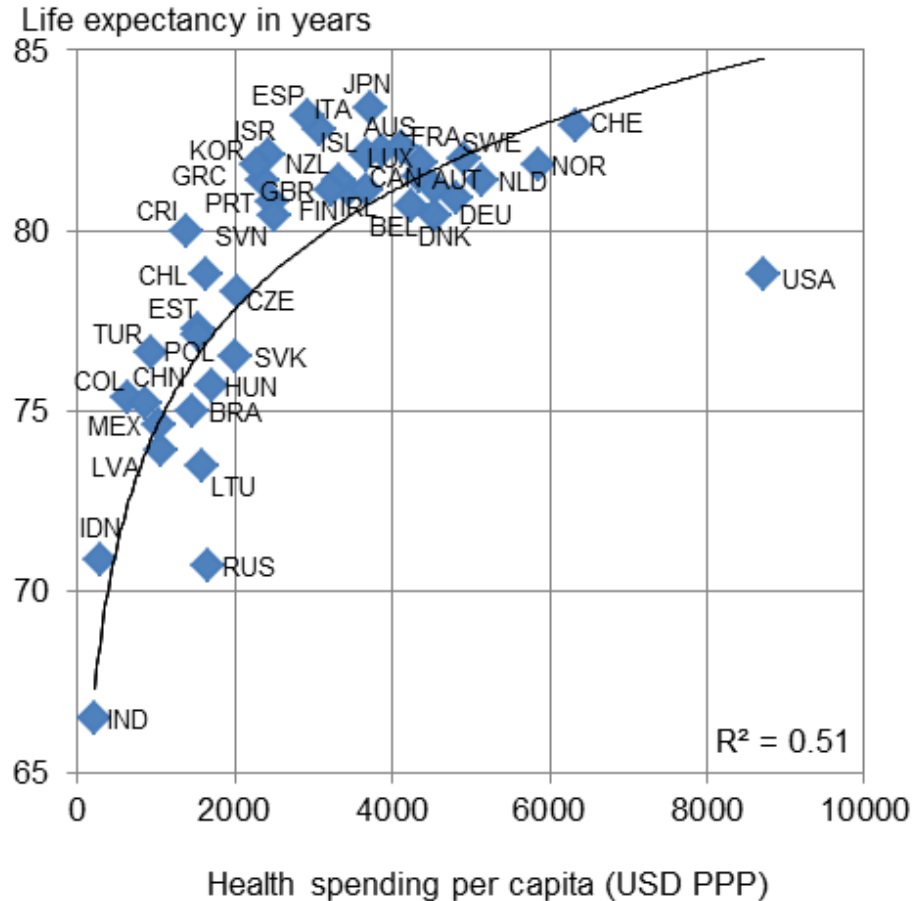
1. The Netherlands report compulsory cost-sharing in health care insurance and in Exceptional Medical Expenses Act under social security rather than under private out-of-pocket, resulting in an underestimation of the out-of-pocket share.

2. Data refer to total health expenditure (= current health expenditure plus capital formation).

3. Social security reported together with general government.



# Strong association between health expenditure and health outcomes





Thank you

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