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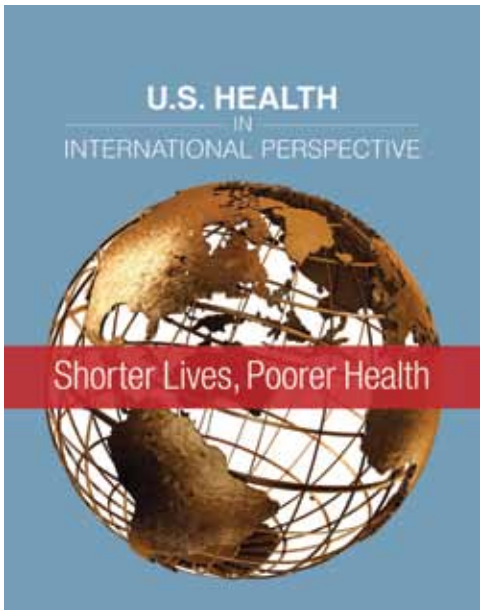
U.S. Health in International Perspective: Shorter Lives, Poorer Health



The United States is among the wealthiest nations in the world, but it is far from the healthiest. Although Americans' life expectancy and health have improved over the past century, these gains have lagged behind those in other high-income countries. This health disadvantage prevails even though the United States spends far more per person on health care than any other nation.

To gain a better understanding of this problem, the National Institutes of Health (NIH) asked the National Research Council and the Institute of Medicine to convene a panel of experts to investigate potential reasons for the U.S. health disadvantage and to assess its larger implications. The panel's findings are detailed in its report, *U.S. Health in International Perspective: Shorter Lives, Poorer Health.*

A PERVASIVE PATTERN OF SHORTER LIVES AND POORER HEALTH

The report examines the nature and strength of the research evidence on life expectancy and health in the United States, comparing U.S. data with statistics from 16 "peer countries" – other high-income democracies in Western Europe, as well as Canada, Australia, and Japan. The panel relied on the most current data, and it also examined historical trend data beginning in the 1970s; most statistics in the report are from the late 1990s through 2008.

The panel was struck by the gravity of its findings. **For many years, Americans have been dying at younger ages than people in almost all other high-income countries** (*see table on next page*). This disadvantage has been getting worse for three decades, especially among women. Not only are their lives shorter, but Americans also have a longstanding pattern of poorer health that is strikingly consistent and pervasive over the life course – at birth, during childhood and adolescence, for young and middle-aged adults, and for older adults.

The U.S. health disadvantage spans many types of illness and injury. When compared with the average of peer countries, Americans as a group fare worse in at least nine health areas:

- infant mortality and low birth weight
- injuries and homicides
- adolescent pregnancy and sexually transmitted infections
- HIV and AIDS
- drug-related deaths
- obesity and diabetes
- heart disease
- chronic lung disease
- disability

Many of these conditions have a particularly profound effect on young people, reducing the odds that Americans will live to age 50 (*see figures on next page*). And for those who reach age 50, these conditions contribute to poorer health and greater illness later in life.

TABLE: Seventeen High-Income Countries Ranked by Life Expectancy (LE) at Birth, 2007

Males			Females		
Rank	Country	LE	Rank	Country	LE
1	Switzerland	79.33	1	Japan	85.98
2	Australia	79.27	2	France	84.43
3	Japan	79.20	3	Switzerland	84.09
4	Sweden	78.92	3	Italy	84.09
5	Italy	78.82	5	Spain	84.03
6	Canada	78.35	6	Australia	83.78
7	Norway	78.25	7	Canada	82.95
8	Netherlands	78.01	7	Sweden	82.95
9	Spain	77.62	9	Austria	82.86
10	United Kingdom	77.43	9	Finland	82.86
11	France	77.41	11	Norway	82.68
12	Austria	77.33	12	Germany	82.44
13	Germany	77.11	13	Netherlands	82.31
14	Denmark	76.13	14	Portugal	82.19
15	Portugal	75.87	15	United Kingdom	81.68
16	Finland	75.86	16	United States	80.78
17	United States	75.64	17	Denmark	80.53

The United States does enjoy a few health advantages when compared with peer countries, including lower cancer death rates and greater control of blood pressure and cholesterol levels. Americans who reach age 75 can expect to live longer than people in the peer countries. With these exceptions, however, other high-income countries outrank the United States on most measures of health.

The U.S. health disadvantage cannot be fully explained by the health disparities that exist among people who are uninsured or poor, as important as these issues are. Several studies are now suggesting that even advantaged Americans – those who are white, insured, college-educated, or upper income – are in worse health than similar individuals in other countries.

WHY ARE AMERICANS SO UNHEALTHY?

The panel's inquiry found multiple likely explanations for the U.S. health disadvantage:

- **Health systems.** Unlike its peer countries, the United States has a relatively large uninsured population and more limited access to primary care. Americans are more likely to find their health care inaccessible or unaffordable and to report lapses in the quality and safety of care outside of hospitals.
- **Health behaviors.** Although Americans are currently less likely to smoke and may drink alcohol less heavily than people in peer countries, they consume the most calories per person, have higher rates of drug abuse, are less likely to use seat belts, are involved in more traffic accidents that involve alcohol, and are more likely to use firearms in acts of violence.
- **Social and economic conditions.** Although the income of Americans is higher on average than in other countries, the United States also has higher levels of poverty (especially child poverty) and income inequality and lower rates of social mobility. Other countries are outpacing the United States in the education of young people, which also affects health. And Americans benefit less from safety net programs that can buffer the negative health effects of poverty and other social disadvantages.

Comparison of United States to average of peer countries on major causes of death before age 50.

- **Physical environments.** U.S. communities and the built environment are more likely than those in peer countries to be designed around automobiles, and this may discourage physical activity and contribute to obesity.

No single factor can fully explain the U.S. health disadvantage. Deficiencies in the health care system may worsen illnesses and increase deaths from certain diseases, but they cannot explain the nation's higher rates of traffic accidents or violence. Similarly, although individual behaviors are clearly important, they do not explain why Americans who do not smoke or are not overweight also appear to have higher rates of disease than similar groups in peer countries.

More likely, the U.S. health disadvantage has multiple causes and involves some combination of inadequate health care, unhealthy behaviors, adverse economic and social conditions, and environmental factors, as well as public policies and social values that shape those conditions.

THE COSTS OF INACTION

Without action to reverse current trends, the health of Americans will probably continue to fall behind that of people in other high-income countries. The tragedy is not that the United States is losing a contest with other countries, but that Americans are dying and suffering from illness and injury at rates that are demonstrably unnecessary. Superior health outcomes in other nations show that Americans also can enjoy better health.

The health disadvantage also has economic consequences. Shorter lives and poorer health in the United States will ultimately harm the nation's economy as health care costs rise and the workforce remains less healthy than that of other high-income countries.

NEXT STEPS

With lives and dollars at stake, the United States cannot afford to ignore this problem. One obvious solution is to intensify efforts to improve

public health by addressing the specific conditions responsible for the U.S. health disadvantage, from infant mortality and heart disease to obesity and violence. Public health leaders have already identified many promising strategies to address these problems, and the nation has adopted detailed health objectives aimed at their implementation. Although these are positive steps, addressing the U.S. health disadvantage will require not only a list of goals, but also a societal commitment of effort and resources to meet them.

Little is likely to happen until the American public is informed about this issue. Americans may know about some deficiencies in the U.S. health care system, but most might be surprised to learn that they and their children are, on average, in worse health than people in other high-income countries. Greater public knowledge may require an organized media and outreach campaign to raise awareness about the U.S. health disadvantage. One goal of this effort should be to stimulate a thoughtful national discussion about what actions the country is willing to take to achieve the health gains that other countries are enjoying.

The United States may also be able to learn from other countries. Although conditions in other countries often differ from those in the United States, strategies and approaches that have helped them achieve better health outcomes are worthy of study. The NIH or a similar entity should commission a study of policies that countries with superior health status have found useful and that might be adapted for the United States. A series of more focused studies is also needed to find explanations for the specific health disadvantages documented in the report.

To learn more about the report's findings and how the United States compares to its 16 peer countries on various specific causes of death, see http://nationalacademies.org/IntlMortalityRates

Source for table and figures: Data from the Human Mortality Database, the WHO Mortality Database, and Statistics Canada, as reported in Ho, J. Y. and S.H. Preston (2011). International Comparisons of U.S. Mortality. Unpublished data analysis for the NAS/IOM Panel on Understanding Cross-National Health Differences Among High-Income Countries. Population Studies Center, University of Pennsylvania.

PANEL ON UNDERSTANDING CROSS-NATIONAL HEALTH DIFFERENCES AMONG HIGH-INCOME COUNTRIES

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FOR MORE INFORMATION... This brief was prepared by the Division of Behavioral and Social Sciences and Education and the Institute of Medicine based on the report *U.S. Health in International Perspective: Shorter Lives, Poorer Health*. The study was sponsored by the National Institutes of Health. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the authors and do not reflect those of NIH. Copies of the report are available from the National Academies Press, 500 Fifth Street, N.W., Washington, DC 20001; (800) 624-6242; http://www.nap.edu.