Chapter 2

Current Operations of the Healthcare System

LEARNING OBJECTIVES

The student will be able to:

- Identify and discuss at least five major stakeholders and their roles in the healthcare industry.
- Discuss an overview of the US healthcare system operations.
- Discuss the importance of healthcare statistics.
- Compare the United States to five other countries using different health statistics.
- List at least five current statistics regarding the US healthcare system.
- Discuss complementary and alternative medicine and its role in health care.
- Define OECD and its importance to international health care.

DID YOU KNOW THAT?

- The healthcare industry employs 14 million individuals with a projected 3 million new jobs by 2016.
- Most healthcare workers have jobs that do not require a 4-year college degree but health diagnostic and treatment providers are the most educated workers in the United States.
- Healthcare employment is found predominantly in large states such as New York, Pennsylvania, Texas, and Florida.
- The working middle class adults group has experienced the most recent increase in the number of uninsured.
- The South has the highest uninsured rate nationally; the Midwest has the lowest overall uninsured rate.

INTRODUCTION

The one commonality with all of the world's healthcare systems is that they all have consumers or users of their systems. Systems were developed to provide a service to their citizens. The US healthcare system, unlike other systems in the world, does not provide healthcare access to all of its citizens. It is a very complex system which is comprised of many public and private components. Healthcare expenditures comprise approximately 16% of the gross domestic product (GDP). Healthcare costs are very expensive and most citizens cannot afford it if they had to pay for it themselves. Individuals rely on health insurance to pay a large portion of their healthcare costs. Healthcare insurance is predominantly offered by employers. There are nearly 47 million uninsured in the United States with a high percentage of people who are underinsured. This statistic may

increase because of the dramatic increase in US unemployment rates in 2009.

In the United States, in order to provide healthcare services, there are several **stakeholders** or interested entities that participate in the industry. There are providers, of course, that consist of trained professionals such as physicians, nurses, dentists, and other nonphysician providers, which are discussed in Chapter 6. There are also inpatient and outpatient facilities, which are discussed in Chapter 5; the payers such as the insurance companies, the government, and self pay individuals, which are discussed in Chapter 7; and the suppliers of products such as pharmaceutical companies, medical equipment companies, and the research and educational facilities, which are discussed throughout the textbook (Sultz & Young, 2006). Each component plays an integral role in the healthcare industry. These different components further emphasize the complexity of the US system. The current operations of the delivery system and utilization statistics will be discussed in depth in this chapter. An international comparison of the US healthcare system and select country systems will also be discussed in this chapter, which provides another aspect of analyzing the US healthcare system.

OVERVIEW OF THE CURRENT SYSTEM

As of 2008, the healthcare industry provided 14.3 million jobs and is expected to generate over 3 million wage and salary jobs by 2018 (US Bureau of Labor Statistics [BLS], 2010). Currently, the United States does not have complete access to health care services. Approximately 1 in 5 citizens do not have health insurance coverage (Pointer, Williams, Isaacs, & Knickman, 2007).

The United States spends the highest proportion of its GDP on healthcare expenditures. The system is a combination of private and public resources. Since World War II, the United States has had a private, fee-for-service system that has produced generous incomes for physicians and has been profitable for many participants in the healthcare industry (Jonas, 2003). The healthcare industry operates like traditional business industries. For those organizations designated as for profit, they need to make money in order to operate. For those entities that are designated as not for profit, their main goal is based on a particular social goal, but they also have to make money in order to continue their operations.

There are several major stakeholders that participate or have an interest in the industry. The stakeholders identified as participants in the healthcare industry include: consumers, employers, healthcare providers, healthcare facilities, government (federal, state, local), insurance companies, educational and training institutions, professional associations that represent the different stakeholders, pharmaceutical companies, and research institutions. It is also important to mention the increasing prominence of alternative therapy medicine. Each role will be discussed briefly.

MAJOR STAKEHOLDERS IN THE HEALTHCARE INDUSTRY

Consumers

The main group of consumers is the patients who need healthcare services either from a physician, hospital, or outpatient facility. The healthcare industry operates like a business. If a consumer has the means to pay out of pocket, from government sources, or from health insurance, the services will be provided. If an individual does not have the means to pay from any of these sources of funding, a service may not be provided. There is a principle of the US health care system, **duty to treat**, that means that any person deserves basic care (Pointer et al., 2007). In some instances, healthcare providers will give care to someone who has no funding source and designate the care provided as a **charitable care** or **bad debt**, which means the provider either does not expect payment after the person's inability to pay has been determined or efforts to secure the payment have failed (Smith, 2008). Businesses also take the same action. Many of them provide a community service or donate funds to a charitable cause, yet both traditional business and healthcare organizations need to charge for their services in order to continue their operations.

There are also other consumer relationships in the healthcare industry. Consumers purchase drugs either from their provider or over the counter from pharmacies. The pharmaceutical companies market their products to physicians who in turn prescribe their products to their patients. The pharmaceutical companies also market their products to hospitals and outpatient facilities to encourage the use of their drugs in these facilities. Medical equipment companies also sell their products to facilities and individual providers.

Employers

Employers consist of both private and public employers. As stated previously, the healthcare industry is the largest US employer. According to the 2006 BLS, there are several segments of employers including hospitals, nursing and residential care facilities, physicians and other healthcare practitioners, home health care, outpatient and ambulatory care centers, and laboratories. Of the 580,000 healthcare establishments, nearly 77% are physicians, dentists, or other types of healthcare practitioner offices such as chiropractors, optometrists, psychologists, etc. Hospitals only constitute 1% of all healthcare establishments but employ 35% of all workers. Although healthcare employment is found throughout the United States, healthcare employment opportunities can be more easily found in large states such as Florida, New York, Pennsylvania, Texas, and California. The following information is a summary from the BLS (BLS, 2009).

Hospitals

Hospitals provide total medical care that ranges from diagnostic services to surgery and continuous nursing care. They can provide both outpatient and inpatient care. Some hospitals specialize in treatments for cancer, children's health, and mental health. Although hospitals represent only 1% of all healthcare establishments, in 2006, 7 out of 10 hospital employees were in facilities with more than 1,000 workers. It is important to note that hospitals are an integral component of the healthcare system (American Hospital Association, 2009; BLS, 2009).

Nursing and Residential Care Facilities

These types of facilities provide nursing, rehabilitation, and health-related personal care to those who need ongoing care. These facilities represent 11.5% of all healthcare establishments. Nursing aides provide the majority of care. **Residential care facilities** provide around-the-clock social and personal care to the elderly, children, and others who cannot take care of themselves. Examples of residential care facilities are drug rehabilitation centers, group homes, and assisted living facilities (BLS, 2009).

Physicians and Other Healthcare Practitioners

Approximately 37% of all healthcare establishments are physician offices. Physicians traditionally practice as a solo practice but more often physicians are practicing in a group practice to reduce administrative costs. One of five healthcare establishments are dentists and they comprise 21% of all healthcare establishments. Dentists usually employ few workers. Other healthcare practitioners include chiropractors, optometrists, psychologists, therapists, and alternative medicine practitioners. They comprise 19% of all healthcare establishments (BLS, 2009).

It is important to note that alternative health or **complementaryand alternative medicine (CAM)** practitioners who practice unconventional health therapies such as yoga, vitamin therapy, and spiritual healing are being sought out by consumers who have to pay out of pocket for these services because they are currently not covered by health insurance companies. However, chiropractors and acupuncturists who are also considered alternative medicine practitioners are more likely to be covered by health insurance companies. Recognizing consumer interest in this type of medicine, in 1998, as part of the National Institute of Health, the **National Center for Complementary and Alternative Medicine (NCCAM)** was established. Its purpose was to explore these types of practices in the context of rigorous science, train complementary and alternative researchers, and disseminate information. More medical schools are now offering some courses in alternative medicine. In the United States, nearly 40% of adults (about 4 in 10) and over 10% of children (about 1 in 9) are using some form of CAM. Adults are most likely to use CAM for musculoskeletal problems such as back, neck, or joint pain (National Center for Health Statistics, 2008).

Home Healthcare Services

Mobile medical technology allows for more home healthcare for medical problems. These services are provided primarily to the elderly. As discussed in other chapters, more consumers prefer to remain at home for treatment. Although it only represents 3% of all healthcare establishments, this is one of the fastest growing components of the industry as a form of employment because of consumer preference and the cost effectiveness of home medical care (BLS, 2009).

Outpatient Care Centers and Ambulatory Healthcare Services

Representing 3% of all healthcare establishments, **outpatientcare centers** include kidney dialysis centers, mental health and substance abuse clinics, surgical, and

emergency centers. Ambulatory health care services, which represent 1.5% of all healthcare establishments, includes transport services, blood and organ banks, and smoking cessation programs (BLS, 2009).

Laboratories

Medical and diagnostic laboratories, which represent 2.3% of all healthcare establishments, provide support services to the medical profession. Workers may take blood, take scans or x-rays, or perform other medical tests. This segment provides the fewest number of jobs in the industry (BLS, 2009).

Government

As a result of Medicare and Medicaid, the federal and state governments are the largest stakeholders in the US healthcare system. The government at both levels is responsible for financing health care through these programs as well as playing the public provider role through state and local health departments. Veterans' Affairs medical facilities also provide services to those in the armed forces (Sultz & Young, 2006).

Insurance Companies

The insurance industry is also a major stakeholder in the healthcare industry. They often are blamed for the problems with the healthcare system because of the millions that are underinsured and uninsured. There have been many news reports highlighting the number of medical procedures that have been disproved for insurance coverage, the cost of health insurance coverage, etc. There are traditional indemnity plans such as **Blue Cross and Blue Shield** but managed care, which is also considered an insurance plan, has become more popular for cost control.

Educational and Training Organizations

Educational and training facilities such as medical schools, nursing schools, public health schools, and allied health programs play an important role in the US healthcare industry because they are responsible for the education and training of healthcare employees. These institutions help formulate behaviors of the healthcare workforce.

Research Organizations

Government research organizations such as the National Institute for Health (NIH) and the Centers for Disease Control and Prevention (CDC) are discussed in Chapter 3. They not only provide regulatory guidance but perform research activities to improve health care. However, there are also private research organizations such as **Robert Wood Johnson Foundation**, the **Pew Charitable Trust**, and the **Commonwealth Fund** that support research efforts through grants.

Professional Associations

Professional associations play an important role in healthcare policy. There are associations that represent physicians, nurses, hospitals, long term care facilities, etc. Most healthcare stakeholders are represented by a professional organization that guides them regarding their role in the healthcare industry. They also play a large role in government regulations because they often lobby at all government levels to protect their constituents. The following are examples of professional associations that represent some of the major stakeholder organizations in this industry.

- **American Hospital Association (AHA)**: The AHA is the most prominent association for all types of hospitals and healthcare networks. Founded in 1898, the AHA, which is a membership organization, provides education and lobbies for hospital representation in the political process at all governmental levels (AHA, 2009).
- **American Health Care Association (AHCA)**: Founded in 1949, the AHCA is a membership organization that represents not for profit and for profit nursing, assisted living, developmentally disabled, and subacute providers. Their focus is to monitor and improve standards of nursing home facilities (AHCA, 2009).
- **American Association of Homes and Services for the Aging (AAHSA)**: The AAHSA, which is a membership organization, represents not-for-profit adult day care services, home healthcare services, community services, senior housing, assisted living facilities, continuous care retirement communities, and nursing homes. It lobbies all government levels regarding legislation that can impact their industry and provides technical assistance for these organizations (AAHSA, 2009).

Pharmaceutical Companies

A functioning healthcare system needs medicine that is prescribed by a provider or is purchased as an over-the-counter medicine from a pharmacy. The pharmaceutical industry is integral to the success of a healthcare system. Innovative drugs have improved people's quality of life.

There are currently 200 major pharmaceutical companies that are part of one of the most profitable industries in the world. From 1995 to 2006, in the United States, prescriptions have increased to 3.4 billion annually; a 61% increase. Retail sales of prescription drugs jumped 250% from $72 billion to $250 billion, while the average price of prescriptions has more than doubled from $30 to $68 (US Census Bureau, 2009). Like health insurance companies, the pharmaceutical industry is often villainized because of the cost of some prescribed medicines that often preclude any consumers from purchasing these medications themselves without health insurance assistance. The industry's response is that it takes millions of dollars and years of research to develop an effective medicine and that is a major reason why some medicines cost so much. The pharmaceutical industry is represented by the **Pharmaceutical Research and Manufacturers of America (PhRMA**). According to PhRMA, the industry invested an estimated $65.2 billion in 2008 to discover and develop new medicines (PhRMA, 2009).

STAKEHOLDERS' ENVIRONMENT

Working Conditions

Many healthcare workers work part-time and comprise 19% of the healthcare workforce. Approximately 40% of part-time workers were employed by dentists and 30% were employed by other healthcare practitioners. The incidence of occupational and injury in hospitals were 8 cases per 100 full-time workers compared to 4.4 in private industry. Nursing care facilities have a rate of 9.8 per 100 full-time (BLS, 2009).

Projected Outlook for Employment

The healthcare industry's employment outlook is positive, despite the economic conditions. It is anticipated that there will be over 3 million new wage and salary jobs generated by 2018 which is more than any other industry (BLS, 2010). Growth will most likely be outside the inpatient hospital centers because cost containment is the major priority for health care. Health care will continue to grow for three major reasons: the aging of our population, advances in medical technology, and the increased focus on outpatient care.

HEALTHCARE STATISTICS

US Healthcare Utilization Statistics

The National Center for Health Statistics, which is part of the CDC, produces an annual report on the health status of the United States. This publication, *Health, United States, 2007*, provides an overview of healthcare utilization, resources, and expenditures. This publication examines all different aspects of the US healthcare delivery system as well as assessing the health status of US citizens. The following information was summarized from this publication.

US Demographics and Healthcare

In the United States, the number of people over 75 years of age will increase from 6% in 2005 to 12% by 2050. With people living longer, there will be an increase in chronic disease and disability. In 2005, 44% of those people over 75 years of age reported a chronic disease which limited activity. This age group will continue to access the healthcare system. In 2005, 15% of Americans were Hispanic, 12% were African American, 4% were Asian, and 1% were American Indian or Alaska Native. The different ethnic groups have different access to health care because of cultural and language differences. Hispanic or American Indians are more likely to be uninsured than other ethnic groups (CDC, 2007). Unfortunately, racial and ethnic minorities have higher disease rates including cancer, obesity, and diabetes. Seven out of 10 African Americans, ages 18 to 64 are overweight. African American males are 50% more likely than Caucasian males to have prostate cancer. Hispanic and Vietnamese women have higher rates of cervical cancer than Caucasian women (HealthReform.gov, 2009).

Access to Health Care

In 2005, more than 40 million adults did not receive healthcare services because they could not afford them. Nearly 15 million did not obtain eye glasses, 25 million did not receive dental care, 19 million did not receive their prescriptions, and 15 million did not receive any services because they could not afford them. Many rural areas have inadequate access to health care. Rural inhabitants must travel to receive services and may not receive timely emergency care. The percentage of people under 65 years of age who have no health insurance coverage is approximately 16 to 17% (CDC, 2007).

Healthcare Resources

The United States spends more on health per capita than any other country worldwide. In 2006, the total expenditure on health per capita was $6714. In 2005, national

healthcare expenditures totaled $2 trillion. Hospital spending accounts for nearly 31% of healthcare expenditures. Prescription drugs account for 10% national health expenditures. In 2005, private health insurance paid 36% of total personal health care, the federal government 34%, state and local governments 11%, and out of pocket payments were 15% (CDC, 2007).

US and International Comparison of Health Statistics

Established in 1961, the Organisation for Economic Co-operation and Development (OECD) is a membership organization that provides comparable statistics of economic and social data worldwide and monitors trends of economic development. There are currently 30 countries, including the United States, that are members of this organization. Their budget is derived from the member countries of which the United States contributes 25% of the budget. The OECD produces, on a continual basis, a health data set of the 30 member countries (OECD, 2009). The following are highlights from the 2005–2008 US health data.

Health indicators such as infant mortality rates, average life expectancy, chronic disease rates, etc., are used to evaluate the health status of a population. Other surveys conduct information regarding access to healthcare services, financing, and responsiveness to patient needs (Pointer et al., 2007). Because the United States spends the highest per capita on health care in the world, it is expected that United States health indicators would rank superior to all other countries' healthcare indicators.

2000–2006 Health Expenditures as a Percentage of the Gross Domestic Product (Tables 2-1 and 2-2, pages 29–32)

In 2006, the United States spent 15.3% of its GDP on health care, which is the highest of the 30 OECD members. The US percentage has increased from 13.2% in 2000. The average of the member countries was 8.9%. Switzerland, France, and Germany were the next three highest percentages. Korea and Turkey spend the least amount of their GDP of the 30 countries. In 2000, they spent 4.5 and 4.9%, respectively; in 2006, Korea had increased to 6.4%. Turkey did not report data in 2006 but, in 2005, the percentage was 5.7%.

The United States also spends per capita the most in relation to their member countries. In 2000, the United States spent $4570—a difference of $2144 over the 6-year period. In 2000, Switzerland was second with $3256 and Norway was third with $3039. Mexico and Turkey were last in spending per capita at $508 and $432, respectively. In 2006, Switzerland and Norway increased spending per capita by $1055 and $1481, respectively. Mexico increased its spending in 2006 by $286. Turkey did not report in 2006 but, in 2005, it had increased spending by $161. The average of the member countries was $2824. These data are important because they should reflect the health status of a country. For example, US health indicators should be at the top of the rankings because of their spending and Turkey, Mexico, and Korea would have less healthy indicators because they spend less money. These data represented in the remaining tables will indicate the health status of these countries.

Public Expenditures on Health (Table 2-3, pages 33–34)

The public sector is the main source of healthcare funding in all of the OECD countries except for the United States and Mexico, which is logical because they all have some form of universal health coverage. The Czech Republic has the highest public expenditures for health with 88%, which is a slight decrease from 2000. There were nine countries that have over 80% of their health expenditures derived from public funding. The average of public health sector funding for all OECD countries is 73% with the United States spending only 46%. Mexico was second to last with only 44% in public funding. In the United States, 36% of healthcare spending is from private insurance. These percentages represent the fact that all of these countries have a form of national health care although Canada and France both have 12% of health funding from private insurance.

2000–2006 Pharmaceutical Expenditures (Tables 2-4 and 2-5, pages 35–38)

In 2006, the United States spent 12.6% of total health expenditures on pharmaceuticals. The Slovak Republic, Korea, and Turkey spent the most with 29.7%, 25.95, and 23.1%, respectively. The US percentage was less than the average of OECD countries of 15.3%. There was a minimal increase over the 6-year period. However, in 2006, the United States was the top spender in 2006 of pharmaceuticals per capita at $843 followed by Canada, Belgium, and France. In 2000, the United States spent $534 on pharmaceuticals. The increase over the 6-year period was over $300. These statistics reflect the culture of US traditional medicine that provides drugs to resolve medical issues.

TABLE 2-1 Current Operations of US Healthcare System: Total Expenditure on Health per Gross Domestic Product

Countries	2000 Total expendit. on health, % GDP	2001 Total expendit. on health, % GDP	2002 Total expendit. on health, % GDP	2003 Total expendit. on health, % GDP	2004 Total expendit. on health, % GDP	2005 Total expendit. on health, % GDP	2006 Total expendit. on health, % GDP
United States	13.2	13.9	14.7	15.1	15.2	15.2	15.3
Germany	10.3	10.4	10.6	10.8	10.6	10.7	10.6
Switzerland	10.3	10.7	11.0	11.4	11.4	11.4	11.3 e
France	10.1	10.2	10.5	10.9	11.0	11.1	11.0
Austria	9.9	10.0	10.1	10.2	10.3	10.3	10.1
Iceland	9.5	9.3	10.2	10.4	9.9	9.4	9.1
Canada	8.8	9.3	9.6	9.8	9.8	9.9	10.0
Portugal	8.8 b	8.8	9.0	9.7	10.0	10.2	10.2
Belgium	8.6	8.7	9.0	10.5 b	10.7	10.6 b	10.3
Norway	8.4	8.8	9.8	10.0	9.7	9.1	8.7
Australia	8.3	8.4	8.6	8.6	8.8	8.8	8.7
Denmark	8.3	8.6	8.8	9.3 b	9.5	9.5	9.5
Sweden	8.2	9.0 b	9.3	9.4	9.2	9.2	9.2
Italy	8.1	8.2	8.3	8.3	8.7	8.9	9.0
Netherlands	8.0	8.3	8.9	9.4 b	9.5		
Greece	7.8 b	8.4	8.2	8.5	8.3	9.0	9.1
Japan	7.7	7.9	8.0	8.1	8.0	8.2	8.1

continues

TABLE 2-1 Current Operations of US Healthcare System: Total Expenditure on Health per Gross Domestic Product *(Continued)*

Countries	2000 Total expendit. on health, % GDP	2001 Total expendit. on health, % GDP	2002 Total expendit. on health, % GDP	2003 Total expendit. on health, % GDP	2004 Total expendit. on health, % GDP	2005 Total expendit. on health, % GDP	2006 Total expendit. on health, % GDP
New Zealand	7.7	7.8	8.2	8.0			
Spain	7.2	7.2	7.3	8.1 b	8.2	8.3	8.4
United Kingdom	7.2	7.5	7.6	7.7 b	8.0 d	8.2 d	8.4 d
Finland	7.0	7.2	7.6	8.0	8.1	8.3	8.2
Hungary	6.9	7.2	7.6	8.4	8.2	8.5	8.3
Czech Republic	6.5 b	6.7	7.1	7.4 b	7.2	7.1	6.8
Ireland	6.3	6.9	7.1	7.3	7.5	8.2	7.5
Luxembourg	5.8	6.4	6.8	7.6 b	8.1	7.8	7.3 e
Mexico	5.6	6.0	6.2	6.3	6.5	6.4	6.6
Poland	5.5	5.9	6.3 b	6.2	6.2	6.2	6.2
Slovak Republic	5.5	5.5	5.6	5.9	7.2 b	7.1	7.4
Turkey	4.9	5.6	5.9	6.0	5.9	5.7	
Korea	4.5	5.2	5.1	5.4	5.4	5.9	6.4

b, break in series; d, differences in methodology; e, estimate; expendit., expenditure; GDP, gross domestic product.

Source: From OECD Health Data 2008. Retrieved October 12, 2009, from http://www.ecosante.org/index2.php?base=OCDE&langs=ENG&langh=ENG.

TABLE 2-2 Current Operations of US Healthcare System: Total Expenditure on Health

Countries	2000 Total expendit. on health/ capita, US$ purchasing power parity	2001 Total expendit. on health/ capita, US$ purchasing power parity	2002 Total expendit. on health/ capita, US$ purchasing power parity	2003 Total expendit. on health/ capita, US$ purchasing power parity	2004 Total expendit. on health/ capita, US$ purchasing power parity	2005 Total expendit. on health/ capita, US$ purchasing power parity	2006 Total expendit. on health/ capita, US$ purchasing power parity
United States	4570	4915	5305	5682	6014	6347	6714
Switzerland	3256	3471	3719	3829	3990	4069	4311
Norway	3039	3266	3629	3840	4082	4328	4520
Austria	2859	2890	3068	3206	3397	3507	3606
Iceland	2736	2846	3156	3198	3338	3373	3340
Germany	2671	2809	2937	3090	3162	3251	3371
Luxembourg	2554	2738	3081	3582 b	4083	4153	4303
France	2542	2719	2922	2988	3117	3306	3449
Canada	2513	2731	2874	3058	3218	3460	3678
Denmark	2379	2521	2696	2834 b	3057	3179	3362
Belgium	2377	2484	2685	3153 b	3311	3385 b	3462
Netherlands	2337	2556	2833	2988 b	3156		
Sweden	2284	2511 b	2707	2841	2964	3012	3202
Australia	2265	2397	2566	2686	2885	2999	3141
Italy	2053	2215	2223	2272	2401	2496	2614
Japan	1967	2080	2137	2224	2337	2474	2578

continues

TABLE 2-2 Current Operations of US Healthcare System: Total Expenditure on Health *(Continued)*

Countries	2000 Total expendit. on health/ capita, US$ purchasing power parity	2001 Total expendit. on health/ capita, US$ purchasing power parity	2002 Total expendit. on health/ capita, US$ purchasing power parity	2003 Total expendit. on health/ capita, US$ purchasing power parity	2004 Total expendit. on health/ capita, US$ purchasing power parity	2005 Total expendit. on health/ capita, US$ purchasing power parity	2006 Total expendit. on health/ capita, US$ purchasing power parity
United Kingdom	1847	2021	2165	2259 b	2509 d	2580 d	2760
Ireland	1801	2128	2360	2515	2724	3126	3082
Finland	1794	1913	2089	2210	2412	2523	2668
New Zealand	1604	1707	1846	1856			
Spain	1536	1636	1745	2019 b	2128	2260	2458
Portugal	1509 b	1569	1657	1824	1913	2029	2120
Greece	1429 b	1669	1792	1928	1991	2283	2483
Czech Republic	980 b	1082	1195	1340 b	1388	1447	1509
Hungary	852	971	1114	1302	1327	1440	1504
Korea	747	900	945	1026	1110	1263	1464
Slovak Republic	603	665	730	792	1058 b	1130	1308
Poland	583	642	733 b	749	808	843	910
Mexico	508	551	584	628	679	724	794
Turkey	432	456	483	502	576	591	

b, break in series; d, differences in methodology; expendit., expenditure.

Source: From OECD Health Data 2008. Retrieved October 12, 2009, from http://www.ecosante.org/index2.php?base=OCDE&langs=ENG&langh=ENG.

TABLE 2-3 Current Operations of US Healthcare System: Public Expenditure on Health

Countries	2000 Public expendit. on health, TEH	2001 Public expendit. on health, TEH	2002 Public expendit. on health, TEH	2003 Public expendit. on health, TEH	2004 Public expendit. on health, TEH	2005 Public expendit. on health, TEH	2006 Public expendit. on health, TEH
Czech Republic	90.3 b	89.8	90.5	89.8 b	89.2	88.6	88.0
Slovak Republic	89.4	89.3	89.1	88.3	73.8 b	74.4	68.3
Luxembourg	89.3	87.9	90.3	89.8 b	90.1	90.2	90.9 e
Sweden	84.9	81.8 b	82.1	82.5	81.8	81.7	81.7
Norway	82.5	83.6	83.5	83.7	83.6	83.5	83.6
Denmark	82.4	82.7	82.9	83.9 b	83.8	83.7	84.1
Japan	81.3	81.7	81.5	81.5	81.7	82.7	81.3
Iceland	81.1	81.0	81.9	81.7	81.2	81.4	82.0
United Kingdom	80.9	83.0	83.4	85.5 b	86.3 d	86.9 d	87.3 d
Germany	79.7	79.3	79.2	78.7	77.0	77.0	76.9
France	79.4	79.4	79.7	79.9	79.8	79.9	79.7
New Zealand	78.0	76.4	77.9	78.3			
Austria	75.8	75.6	75.4	75.2	75.6	76.5	76.2
Ireland	73.5	74.1	76.0	77.2	78.6	79.5	78.3
Finland	73.4	73.9	74.2	73.9	74.4	75.0	76.0
Italy	72.5	74.6	74.5	74.5	76.0	76.7	77.2
Portugal	72.5 b	71.5	72.2	73.3	72.0	71.8	70.6
Spain	71.6	71.2	71.3	70.4 b	70.5	70.6	71.2

continues

TABLE 2-3 Current Operations of US Healthcare System: Public Expenditure on Health *(Continued)*

Countries	2000 Public expendit. on health, TEH	2001 Public expendit. on health, TEH	2002 Public expendit. on health, TEH	2003 Public expendit. on health, TEH	2004 Public expendit. on health, TEH	2005 Public expendit. on health, TEH	2006 Public expendit. on health, TEH
Hungary	70.7	69.0	70.2	71.9	71.3	70.9	70.9
Canada	70.4	70.0	69.6	70.3	70.3	70.2	70.4
Poland	70.0	71.9	71.2 b	69.9	68.6	69.3	69.9
Australia	67.0	65.9	66.6	66.5	66.9	67.0	67.7
Netherlands	63.1	62.8	62.5				
Turkey	62.9	68.2	70.4	71.6	72.3	71.4	
Greece	60.9 b	63.8	63.5	62.8	61.8	62.8	61.6
Switzerland	55.6	57.1	57.9	58.5	58.5	59.6	60.3
Korea	48.8	54.8	53.5	51.9	52.9	53.7	55.7
Mexico	46.6	44.9	43.9	44.1	46.4	45.5	44.2
United States	43.7	44.6	44.6	44.5	44.8	45.1	45.8
Belgium							

b, break in series; d, differences in methodology; e, estimate; expendit., expenditure; TEH, % total expenditure on health.

Source: From OECD Health Data 2008. Retrieved October 12, 2009, from http://www.ecosante.org/index2.php?base=OCDE&langs=ENG&langh=ENG.

TABLE 2-4 Current Operations of US Healthcare System: Pharmaceuticals and Other Medical Nondurables Total Expenditures

Countries	2000 Total expendit. on pharm. & other, TEH	2001 Total expendit. on pharm. & other, TEH	2002 Total expendit. on pharm. & other, TEH	2003 Total expendit. on pharm. & other, TEH	2004 Total expendit. on pharm. & other, TEH	2005 Total expendit. on pharm. & other, TEH	2006 Total expendit. on pharm. & other, TEH
Slovak Republic	34.0	34.0	37.3	38.5	31.4 b	31.9	29.7
Korea	27.3	26.2	26.6	27.3	27.5	26.4	25.9
Turkey	24.8						
Czech Republic	23.4 b	24.0	23.9	24.2	24.8	25.1	23.1
Portugal	22.4 b	23.0	23.3	21.4	21.8	21.6	21.3
Italy	22.0	22.5	22.5	21.8	21.2	20.3	20.0
Spain	21.3	21.1	21.8	23.2 b	22.7	22.4	21.7
Mexico	19.4 d	19.6 d	21.2 b	21.5	20.9	21.3	22.9
Japan	18.7	18.8	18.4	19.2	19.0	19.8	19.6
Greece	17.8 b	16.3	16.8	17.8	19.7	18.5	17.6
France	16.5	16.9	16.8	16.7	16.8	16.7	16.4
Canada	15.9	16.2	16.7	17.0	17.3	17.2	17.4
Finland	15.2	15.4	15.6	15.6	15.8	15.8	14.6
Australia	14.7	15.1	14.5	14.8	14.7	14.2	13.7
Iceland	14.5	14.1	14.0	14.5	14.6	13.4	13.1

continues

TABLE 2-4 Current Operations of US Healthcare System: Pharmaceuticals and Other Medical Nondurables Total Expenditures *(Continued)*

Countries	2000 Total expendit. on pharm. & other, TEH	2001 Total expendit. on pharm. & other, TEH	2002 Total expendit. on pharm. & other, TEH	2003 Total expendit. on pharm. & other, TEH	2004 Total expendit. on pharm. & other, TEH	2005 Total expendit. on pharm. & other, TEH	2006 Total expendit. on pharm. & other, TEH
Sweden	13.8	13.9 b	14.0	13.7	13.8	13.7	13.3
Germany	13.6	14.2	14.4	14.5	13.9	15.1	14.8
Austria	11.9	11.6	12.2	12.6	12.2	12.0	12.4
Netherlands	11.7	11.7	11.5				
United States	11.7	12.0	12.3	12.5	12.6	12.4	12.6
Luxembourg	11.0	11.5	10.3	9.7 b	8.9	8.4	
Switzerland	10.7	10.6	10.3	10.5	10.4	10.5	
Norway	9.5	9.3	9.4	9.2	9.4	9.1	8.5
Denmark	8.8	9.2	9.8	9.1 b	8.7	8.6	8.5
Belgium						17.1 b	16.9
Hungary		28.5	27.6	27.1	28.3	30.5	31.0
New Zealand							
Poland			28.4	30.3	29.6	28.0	27.2

b, break in series; d, differences in methodology; expendit., expenditure; TEH, % total expenditure on health.

Source: From OECD Health Data 2008. Retrieved October 12, 2009, from http://www.ecosante.org/index2.php?base=OCDE&langs=ENG&langh=ENG.

TABLE 2-5 Current Operations of US Healthcare System: Pharmaceuticals and Other Medical Nondurables Expenditures, Power Parity

Countries	2000 Total expendit. on pharm. & other/ capita, US$ purchasing power parity	2001 Total expendit. on pharm. & other/ capita, US$ purchasing power parity	2002 Total expendit. on pharm. & other/ capita, US$ purchasing power parity	2003 Total expendit. on pharm. & other/ capita, US$ purchasing power parity	2004 Total expendit. on pharm. & other/ capita, US$ purchasing power parity	2005 Total expendit. on pharm. & other/ capita, US$ purchasing power parity	2006 Total expendit. on pharm. & other/ capita, US$ purchasing power parity
United States	534	591	654	710	756	790	843
Italy	452	499	499	495	510	506	524
France	419	461	491	499	524	553	564
Canada	399	441	479	519	556	595	639
Iceland	396	400	442	463	487	452	439
Japan	367	391	392	428	445	489	506
Germany	363	399	423	447	440	492	500
Switzerland	349	368	382	401	416	427	
Austria	339	336	373	405	413	421	449
Portugal	337 b	361	386	390	418	439	451
Australia	334	362	372	398	424	426	432
Spain	327	346	381	469 b	484	505	533
Sweden	316	350 b	379	389	410	412	426
Norway	289	303	342	355	384	392	384
Luxembourg	280	315	318	346 b	364	349	
Finland	273	295	325	345	382	399	389

continues

TABLE 2-5 Current Operations of US Healthcare System: Pharmaceuticals and Other Medical Nondurables Expenditures, Power Parity *(Continued)*

Countries	2000 Total expendit. on pharm. & other/ capita, US$ purchasing power parity	2001 Total expendit. on pharm. & other/ capita, US$ purchasing power parity	2002 Total expendit. on pharm. & other/ capita, US$ purchasing power parity	2003 Tot. expendit. on pharm. & other/ capita, US$ purchasing power parity	2004 Total expendit. on pharm. & other/ capita, US$ purchasing power parity	2005 Total expendit. on pharm. & other/ capita, US$ purchasing power parity	2006 Total expendit. on pharm. & other/ capita, US$ purchasing power parity
Netherlands	273	298	325				
Greece	254 b	272	301	344	393	423	438
Czech Republic	229 b	260	285	324	345	364	349
Denmark	209	232	264	257 b	266	272	286
Slovak Republic	205	226	272	305	332 b	360	389
Korea	204	236	252	280	305	333	380
Turkey	107						
Mexico	99 d	108 d	124 b	135	142	154	182
Belgium						577 b	584
Hungary		277	308	353	376	440	466
New Zealand					249	278	303
Poland			208	227	239	236	248

b, break in series; d, differences in methodology; expendit., expenditure.

Source: From OECD Health Data 2008. Retrieved October 12, 2009, from http://www.ecosante.org/index2.php?base=OCDE&langs=ENG&langh=ENG.

Healthcare Resources: Physician Resources (Table 2-6, pages 40–41)

In the United States, there are fewer physicians per capita than in most other OECD countries. In 2006, the United States had 2.4 practicing physicians per 1000, which is below the OECD average of 3.1. The United States ranked 20th of the 30 OECD countries. In 2000, there were only 2.3 practicing physicians per 1000 populations. This statistic, coupled with the facts that there are not enough primary physicians in the United States and there is a shortage of physicians in rural areas, this continues to present issues for the healthcare system. In 2006, Italy, Belgium, and Switzerland had the most physicians per 1000. Mexico, Turkey, and Korea have the fewest physicians per 1000 at 3.7, 4.0, and 3.8, respectively.

2000–2005 Medical Graduates (Table 2-7, pages 42–43)

From 2000 to 2005, there was a drop in medical graduates from 27.8 per 1000 practicing physicians to 25.7 per 1000 in the United States. The United States has one of the lowest graduate rates compared to the rest of the OECD countries. The United States ranks 23rd of OECD countries. In 2006, Portugal had 20.8 and France had 16.7, which are the other two countries with low medical graduate rates. Portugal increased slightly from 19 per 1000 practicing physicians. In 2000, Ireland had the highest rate at 64.7, which dropped to 51.9 by 2006. Austria was 59.9 in 2000 and dropped to 58.1 by 2006. Turkey was the third highest in 2000 for medical graduate rates of 59.4. They also dropped to 41.1. This lower rate of medical graduates could be reflective of the difficult curriculum followed in US medical schools.

2000–2006 Hospital Beds (Table 2-8, pages 44–45)

In 2000, the United States ranked in the bottom five of the OECD countries with 3.5 hospital beds per 1000 populations. The highest during 2000 was Japan at 14.7. In 2006, the rates were 3.2 and 14, respectively, for each country. These rates may address that fact that the United States has increased their outpatient services as have other countries. The lowest hospital bed ratio is Mexico with 1.8 in 2000, which decreased to 1.7 in 2006.

2000–2005 Female and Male Life Expectancy at Birth (Tables 2-9 and 2-10, pages 46–49)

According to OECD, **life expectancy at birth and age 65 and by gender** is the average number of years that a person at that age and by gender can be expected to live, assuming that age-specific mortality levels remain constant. In 2000 in the United States, the female life expectancy at birth was 79.5 years of age, which ranked 22nd out of the 30 countries. By 2006, it had increased to 80.4, which is nearly another year of life. The number one nation was Japan at 84.6 in 2000; that country increased its rate to 85.5 in year 2005. The second country was France with 83 in 2000, which increased to 83.7 by 2005. These are interesting statistics for the United States because it spends so much of GDP on healthcare expenditures. The statistics could also reflect the sedentary lifestyle and poor diet in the United States.

US males' life expectancy at birth was lower than females but ranked slightly higher—20th out of the 30 countries. In 2000, the male expectancy was 74.1 with an increase of nearly 12 months to 75.2. The highest life expectancy of males was in Iceland at 78.4, which increased to 79.2 by 2006. These gender projections are typical of other data analyses from the CDC, the World Health Organization (WHO), and others.

2000–2005 Total Life Expectancy at Birth (Table 2-11, pages 50–51)

Japan continues to lead the life expectancy at birth with 81.2 in 2000, which increased to 82.0 by 2005. Iceland was second with 80.1 in 2000 with an increase to 81.2 by 2005. The United States remained in 10th place with 76.8 in 2000 with an increase to 77.8 by 2005. These statistics are a reflection of the gender life expectancy statistics. These statistics are often used as a comparison of countries worldwide to assess their health status.

2000–2005 Life Expectancy of Females and Males at Age 65 (Tables 2-12 and 2-13, pages 52–55)

These statistics address the quality of health care for the elderly. Although there is statistics that address life expectancy at birth and by gender, this statistic focuses on life expectancy after age 65. In 2000, Japan was the top country at 22.4 years of life expectancy for females age 65, which increased to 23.2 years in 2006. In 2000, the top nine countries included Japan, France, Switzerland, Spain, Italy, Austria, Canada, and Luxembourg and they had life expectancies of 20 years or greater for women at 65 years old. All of them increased their life expectancy by 2006. The bottom country was Turkey with an expectancy rate of 14.6 in 2000 which did marginally increase to 15 years by 2006. The United States was ranked higher than previous statistics at 18th with a life expectancy of 19.2, which did increase to 20 by 2006.

TABLE 2-6 Current Operations of US Healthcare System: Practicing Physicians

Countries	2000 Practicing physicians, density per 1000 population (head counts)	2001 Practicing physicians, density per 1000 population (head counts)	2002 Practicing physicians, density per 1000 population (head counts)	2003 Practicing physicians, density per 1000 population (head counts)	2004 Practicing physicians, density per 1000 population (head counts)	2005 Practicing physicians, density per 1000 population (head counts)	2006 Practicing physicians, density per 1000 population (head counts)
Greece	4.3	4.4	4.6	4.7	4.9	5.0	
Italy	4.1	4.3	4.4	4.1	4.2	3.8	3.7
Belgium	3.9	3.9	3.9	4.0	4.0	4.0	4.0
Switzerland	3.5	3.5	3.6	3.7 b	3.8	3.8	3.8
Czech Republic	3.4 b	3.4	3.5	3.5	3.5	3.6	3.6
Iceland	3.4	3.5	3.6	3.6	3.6	3.7	3.7
France	3.3	3.3	3.3	3.3	3.4	3.4	3.4
Germany	3.3	3.3	3.3	3.4	3.4	3.4	3.5
Netherlands	3.2 d	3.3 d	3.4 d	3.5 d	3.6 d	3.7 d	3.8 d
Spain	3.2	3.1	2.9	3.2	3.4	3.8	3.6
Austria	3.1	3.2	3.3	3.4	3.5	3.5	3.6
Hungary	3.1 e	3.2 e	3.2	3.2	3.3	2.8 b	3.0
Portugal	3.1 d	3.2 d	3.2 d	3.2 d	3.3 d	3.4 d	
Slovak Republic	3.1	3.1	3.1	3.1	3.1		
Sweden	3.1	3.2	3.3	3.4	3.4	3.5	
Denmark	2.9	2.9	3.0	3.0	3.2	3.3	

Norway	2.9	3.0	3.4 b	3.4	3.5	3.7	3.7
Finland	2.8	2.8	2.6 b	2.6	2.7	2.7	2.7
Australia	2.5	2.5	2.5	2.6	2.7	2.8	
United States	2.3	2.3	2.3	2.4	2.4	2.4	2.4
Ireland	2.2	2.4	2.4	2.6	2.8	2.8	2.9
New Zealand	2.2	2.2	2.1	2.2	2.2	2.1	2.3
Poland	2.2	2.3	2.3	2.5 b	2.3 b	2.1 b	2.2
Canada	2.1	2.1	2.1	2.1	2.1	2.1	2.1
Luxembourg	2.1 b	2.2	2.3	2.4	2.4	2.5	2.8 b
Japan	1.9		2.0		2.0		2.1
United Kingdom	1.9	2.0	2.1	2.2	2.3	2.4	2.5
Mexico	1.6	1.5	1.5	1.6	1.7	1.8	1.9
Korea	1.3	1.4	1.5	1.6	1.6	1.6	1.7
Turkey	1.3	1.3	1.4	1.4	1.5	1.5	1.6

b, break in series; d, differences in methodology; e, estimate.

Source: From OECD Health Data 2008. Retrieved October 12, 2009, from http://www.ecosante.org/index2.php?base=OCDE&langs=ENG&langh=ENG.

TABLE 2-7 Current Operations of US Healthcare System: Medical Graduates

Countries	2000 Medical graduates per 1000 practicing physicians	2001 Medical graduates per 1000 practicing physicians	2002 Medical graduates per 1000 practicing physicians	2003 Medical graduates per 1000 practicing physicians	2004 Medical graduates per 1000 practicing physicians	2005 Medical graduates per 1000 practicing physicians
Ireland	64.7	60.2	60.1	59.2	57.3	51.9
Austria	59.9	43.7	72.7	58.3	61.4	58.1
Turkey	59.4	53.6	49.0	43.9	42.2	41.1
Korea	58.0	57.2	56.6	59.5	55.6	55.7
Belgium	45.1	52.3	47.9	51.0	43.8	
United Kingdom	38.6	36.1	36.1	35.9	34.7	35.9
New Zealand	37.5	35.0	36.7	37.4	38.0	36.4
Slovak Republic	34.3	31.4	31.9	34.8	34.6	
Iceland	34.1	34.3	36.9	28.7	33.1	39.9
Spain	33.2	32.8	34.1	29.6	28.8	24.5
Norway	31.8	30.9	24.6	29.8	28.9	27.4
Finland	31.2	34.0	33.9	32.5	24.9	24.1
Germany	30.7	25.8				
Japan	30.5		30.8		29.1	
Switzerland	30.0	30.9	27.0	22.9	24.3	22.0
Australia	29.6	27.4 b	28.4	31.7	32.1	31.9
Hungary	29.5	31.5	32.0	29.7	33.3	41.0
Sweden	29.4	28.7	26.5	27.8	25.9	25.5

Denmark	28.8	35.1	39.4	43.0	44.7	45.6
Netherlands	27.8	27.0	28.8	29.2	29.1	28.8
United States	27.8	27.4	27.0	26.2	26.5	25.7
Italy	27.6	25.8	27.7	30.7	27.4	28.9
Canada	25.0	24.0	23.6	25.1	25.9	27.1
Czech Republic	23.3	21.6	20.0	24.3	23.4	22.8
France	20.3	18.5 e	16.3	19.0	17.5	16.7
Portugal	19.0	18.3	16.7	17.9	20.1	20.8
Greece		29.0				26.5
Poland						28.8

b, break in series; e, estimate.

Source: From OECD Health Data 2008. Retrieved October 12, 2009, from http://www.ecosante.org/index2.php?base=OCDE&langs=ENG&langh=ENG.

TABLE 2-8 Current Operations of US Healthcare System: Hospital Beds

Country	2000 Total hospital beds per 1000 population	2001 Total hospital beds per 1000 population	2002 Total hospital beds per 1000 population	2003 Total hospital beds per 1000 population	2004 Total hospital beds per 1000 population	2005 Total hospital beds per 1000 population	2006 Total hospital beds per 1000 population
Japan	14.7	14.6	14.4	14.3	14.2	14.1	14.0
Germany	9.1	9.0	8.9	8.7	8.6	8.5	8.3
Austria	8.6	8.5	8.4	8.3	7.7 b	7.7	7.6
Czech Republic	8.5 b	8.5	8.5	8.5	8.4	8.3	8.2
France	8.1	7.9	7.8	7.6	7.5	7.5	7.2
Hungary	8.1	7.9	7.9	7.8	7.8	7.9	7.9
Belgium	7.8	7.7	7.6	7.5	7.5	7.4	6.7 b
Slovak Republic	7.8	7.7	7.6	7.2	6.9	6.8	6.7
Finland	7.5	7.4	7.5	7.3	7.1	7.0	6.9
Ireland	6.3	6.0	5.9	5.8	5.7	5.6	
Korea	6.1	6.1	6.6	7.1	7.4	7.9	8.5
Netherlands	5.2	5.0	4.6 b	4.5	4.5	4.5	4.5
Greece	4.7	4.8	4.7	4.7	4.7	4.7	
Italy	4.7	4.6	4.4	4.2	4.0	4.0	4.0
Denmark	4.3	4.2	4.1	4.0	3.8	3.7	3.6
Switzerland	4.1	4.0	3.9	3.9	3.8	3.6	3.5
United Kingdom	4.1	4.0	4.0	3.9	3.9	3.7	3.6

Australia	4.0	3.9	3.9	3.9	4.0	3.9	
Portugal	3.9	3.9	3.8	3.8	3.7	3.6	
Canada	3.8	3.7	3.6	3.5	3.4	3.4	
Norway	3.8	3.8	3.8	3.8	3.7	3.6	3.6
Spain	3.7	3.6	3.5	3.4	3.4	3.4	
United States	3.5	3.5	3.4	3.3	3.3	3.2	3.2
Turkey	2.6	2.6	2.6	2.6	2.6	2.7	2.7
Mexico	1.8	1.8	1.8	1.7	1.8	1.8	1.7
Luxembourg					6.5	5.9	5.8
Poland				6.7	6.7	6.5	6.5

b, break in series.

Source: From OECD Health Data 2008. Retrieved October 12, 2009, from http://www.ecosante.org/index2.php?base=OCDE&langs=ENG&langh=ENG.

TABLE 2-9 Current Operations of US Healthcare System: Life Expectancy, Females at Birth

Countries	2000 Females at birth (years)	2001 Females at birth (years)	2002 Females at birth (years)	2003 Females at birth (years)	2004 Females at birth (years)	2005 Females at birth (years)
Japan	84.6	84.9	85.2	85.3	85.6	85.5
France	83.0	83.0	83.0	82.7	83.8	83.7
Italy	82.9	83.2	83.2	82.8	83.8	
Spain	82.9	83.2	83.2	83.0	83.7	83.7
Switzerland	82.8	83.2	83.2	83.2	83.8	84.0
Australia	82.0	82.4	82.6	82.8	83.0	83.3
Sweden	82.0	82.1	82.1	82.5	82.7	82.8
Canada	81.9	82.1	82.1	82.4	82.6	82.7
Iceland	81.8	82.2	82.5	82.7	82.7	83.1
Norway	81.5	81.6	81.6	82.1	82.6	82.7
Luxembourg	81.3	80.7	81.5	80.8	82.3	82.3
Finland	81.2	81.7	81.6	81.9	82.5	82.5
Germany	81.2	81.4	81.3	81.3	81.9	82.0
Austria	81.1	81.5	81.7	81.6	82.1	82.2
Belgium	81.0	81.2	81.2	81.1	81.8	81.9
New Zealand	80.8 e	81.1	81.2	81.3	81.7	81.9
Greece	80.5	81.0	81.1	81.3	81.5	81.7
Netherlands	80.5	80.7	80.7	80.9	81.4	81.6
United Kingdom	80.3	80.5	80.6	80.5	81.0	81.1
Portugal	80.2	80.5	80.6	80.6	81.5	81.3

Korea	79.6	80.0	80.5	80.8	81.4	81.9
United States	79.5	79.8	79.9	80.1	80.4	80.4
Denmark	79.2	79.3	79.4	79.8	80.2	80.5
Ireland	79.2	79.9	80.5	80.8	81.4	81.7
Czech Republic	78.5	78.6	78.7	78.6	79.2	79.2
Poland	78.0	78.3	78.7	78.8	79.2	79.4
Slovak Republic	77.4	77.7	77.7	77.8	77.8	77.9
Mexico	76.5	76.8	77.1	77.4	77.6	77.9
Hungary	75.9	76.4	76.7	76.7	76.9	76.9
Turkey	72.8	73.0	73.2	73.4	73.6	73.8

e, estimate.

Source: From OECD Health Data 2008. Retrieved October 12, 2009, from http://www.ecosante.org/index2.php?base=OCDE&langs=ENG&langh=ENG.

TABLE 2-10 Current Operations of US Healthcare System: Life Expectancy, Males at Birth

Countries	2000 Males at birth (years)	2001 Males at birth (years)	2002 Males at birth (years)	2003 Males at birth (years)	2004 Males at birth (years)	2005 Males at birth (years)
Iceland	78.4	78.1	78.7	79.7	79.2	79.2
Japan	77.7	78.1	78.3	78.4	78.6	78.6
Sweden	77.4	77.6	77.7	77.9	78.4	78.4
Italy	77.0	77.2	77.4	77.1	77.9	
Switzerland	77.0	77.5	77.9	78.0	78.6	78.7
Canada	76.7	77.0	77.2	77.4	77.8	78.0
Australia	76.6	77.0	77.4	77.8	78.1	78.5
Norway	76.0	76.2	76.4	77.1	77.6	77.8
New Zealand	75.9 e	76.3	76.7	77.0	77.5	77.9
Spain	75.8	76.2	76.3	76.3	76.9	77.0
Greece	75.5	75.9	76.2	76.5	76.6	76.8
Netherlands	75.5	75.8	76.0	76.2	76.9	77.2
United Kingdom	75.5	75.8	76.0	76.2	76.8	77.1
France	75.3	75.5	75.7	75.8	76.7	76.7
Austria	75.1	75.6	75.8	75.9	76.4	76.7
Germany	75.1	75.6	75.7	75.8	76.5	76.7
Belgium	74.6	75.0	75.1	75.3	76.0	76.2
Luxembourg	74.6	75.1	74.6	74.8	75.9	76.7
Denmark	74.5	74.7	74.8	75.0	75.4	76.0
Finland	74.2	74.6	74.9	75.1	75.4	75.6

United States	74.1	74.4	74.5	74.8	75.2	75.2
Ireland	74.0	74.5	75.2	75.9	76.4	77.3
Portugal	73.2	73.5	73.8	74.2	75.0	74.9
Korea	72.3	72.8	73.4	73.9	74.5	75.1
Czech Republic	71.7	72.1	72.1	72.0	72.6	72.9
Mexico	71.6	71.9	72.1	72.4	72.7	73.0
Poland	69.7	70.2	70.4	70.5	70.7	70.8
Slovak Republic	69.1	69.5	69.8	69.9	70.3	70.1
Turkey	68.1	68.2	68.4	68.6	68.8	68.9
Hungary	67.4	68.1	68.4	68.4	68.6	68.6

e, estimate.

Source: From OECD Health Data 2008. Retrieved October 12, 2009, from http://www.ecosante.org/index2.php?base=OCDE&langs=ENG&langh=ENG.

TABLE 2-11 Current Operations of US Healthcare System: Life Expectancy, Total Population at Birth

Countries	2000 Total population at birth (years)	2001 Total population at birth (years)	2002 Total population at birth (years)	2003 Total population at birth (years)	2004 Total population at birth (years)	2005 Total population at birth (years)	2006 Total population at birth (years)
Japan	81.2	81.5	81.8	81.9	82.1	82.0	82.4
Iceland	80.1	80.2	80.6	81.2	81.0	81.2	81.2
Italy	80.0	80.2	80.3	80.0	80.9		
Switzerland	79.9	80.4	80.6	80.6	81.2	81.4	81.7
Sweden	79.7	79.9	79.9	80.2	80.6	80.6	80.8
Spain	79.4	79.7	79.8	79.7	80.3	80.4	81.1
Australia	79.3	79.7	80.0	80.3	80.6	80.9	81.1
Canada	79.3	79.6	79.7	79.9	80.2	80.4	
France	79.2	79.3	79.4	79.3	80.3	80.2	80.9
Norway	78.8	78.9	79.0	79.6	80.1	80.3	80.6
New Zealand	78.4 e	78.7	79.0	79.2	79.6	79.9	80.2
Germany	78.2	78.5	78.5	78.6	79.2	79.4	79.8
Austria	78.1	78.6	78.8	78.8	79.3	79.5	79.9
Greece	78.0	78.5	78.7	78.9	79.1	79.3	79.6
Luxembourg	78.0	77.9	78.1	77.8	79.1	79.5	79.4
Netherlands	78.0	78.3	78.4	78.6	79.2	79.4	79.8
United Kingdom	77.9	78.2	78.3	78.4	78.9	79.1	
Belgium	77.8	78.1	78.2	78.2	78.9	79.1	79.5
Finland	77.7	78.2	78.3	78.5	79.0	79.1	79.5

Denmark	76.9	77.0	77.1	77.4	77.8	78.3	78.4
United States	76.8	77.1	77.2	77.5	77.8	77.8	
Portugal	76.7	77.0	77.2	77.4	78.3	78.1	78.9
Ireland	76.6	77.2	77.9	78.4	78.9	79.5	79.7
Korea	76.0	76.4	77.0	77.4	78.0	78.5	79.1
Czech Republic	75.1	75.4	75.4	75.3	75.9	76.1	76.7
Mexico	74.1	74.4	74.6	74.9	75.2	75.5	75.7
Poland	73.9	74.3	74.6	74.7	75.0	75.1	75.3
Slovak Republic	73.3	73.6	73.8	73.9	74.1	74.0	74.3
Hungary	71.7	72.3	72.6	72.6	72.8	72.8	73.2
Turkey	70.5	70.6	70.8	71.0	71.2	71.4	71.6

e, estimate.

Source: From OECD Health Data 2008. Retrieved October 12, 2009, from http://www.ecosante.org/index2.php?base=OCDE&langs=ENG&langh=ENG.

TABLE 2-12 Current Operations of US Healthcare System: Life Expectancy, Females at age 65

Countries	2000 Females at age 65 (years)	2001 Females at age 65 (years)	2002 Females at age 65 (years)	2003 Females at age 65 (years)	2004 Females at age 65 (years)	2005 Females at age 65 (years)
Japan	22.4	22.7	23.0	23.0	23.3	23.2
France	21.4	21.5	21.3	21.0	22.1	22.0
Switzerland	20.9	21.3	21.3	21.1	21.6	21.7
Spain	20.8	21.0	21.0	20.8	21.5	21.3
Italy	20.7	21.0	21.0	20.6	21.5	
Australia	20.4	20.7	20.8	21.0	21.1	21.4
Canada	20.4	20.6	20.6	20.8	21.0	21.1
Luxembourg	20.1	19.7	20.0	18.9	20.5	20.4
Sweden	20.0	20.1	20.0	20.3	20.6	20.6
Norway	19.9	19.9	19.8	20.3	20.7	20.9
New Zealand	19.8 e	20.0	20.0	20.1	20.4	20.5
Belgium	19.7	19.9	19.7	19.6	20.2	20.2
Iceland	19.7	20.3	20.4	20.3	20.5	20.7
Germany	19.6	19.8	19.6	19.5	20.1	20.1
Finland	19.5	19.8	19.8	20.0	20.7	21.0
Austria	19.4	19.8	19.7	19.9	20.3	20.3
Netherlands	19.2	19.3	19.3	19.5	19.8	20.0
United States	19.2	19.4	19.5	19.8	20.0	20.0
United Kingdom	19.0	19.2	19.2	19.1	19.4	19.5

Portugal	18.9	19.1	19.2	19.0	19.7	19.4
Denmark	18.3	18.3	18.2	18.5	19.0	19.1
Greece	18.3	18.7	18.8	18.9	19.2	19.4
Mexico	18.3	18.4	18.5	18.6	18.6	18.7
Korea	18.2	18.4	18.7	19.0	19.4	19.9
Ireland	18.0	18.5	18.9	19.2	19.7	20.0
Poland	17.5	17.6	17.9	17.9	18.4	18.6
Czech Republic	17.3	17.3	17.3	17.2	17.6	17.7
Hungary	16.5	16.7	17.0	16.9	16.9	16.9
Slovak Republic	16.5	16.8	16.9	16.9	16.9	16.9
Turkey	14.6	14.7	14.8	14.9	14.9	15.0

e, estimate.

Source: From OECD Health Data 2008. Retrieved October 12, 2009, from http://www.ecosante.org/index2.php?base=OCDE&langs=ENG&langh=ENG.

TABLE 2-13 Current Operations of US Healthcare System: Life Expectancy, Males at age 65

Countries	2000 Males at age 65 (years)	2001 Males at age 65 (years)	2002 Males at age 65 (years)	2003 Males at age 65 (years)	2004 Males at age 65 (years)	2005 Males at age 65 (years)
Iceland	18.1	17.6	17.5	18.1	17.9	18.0
Japan	17.5	17.8	18.0	18.0	18.2	18.1
Switzerland	17.0	17.3	17.6	17.6	18.2	18.1
Australia	16.9	17.2	17.4	17.6	17.8	18.1
Canada	16.8	17.1	17.2	17.4	17.7	17.9
France	16.8	17.0	17.0	17.0	17.7	17.7
Mexico	16.8	16.9	17.0	17.1	17.1	17.1
Italy	16.7	16.9	17.0	16.8	17.5	
Spain	16.7	16.9	16.9	16.8	17.3	17.3
Sweden	16.7	16.9	16.9	17.0	17.4	17.4
New Zealand	16.5 e	16.7	16.9	17.1	17.5	17.8
United States	16.3	16.4	16.6	16.8	17.1	17.2
Greece	16.2	16.6	16.7	16.8	17.0	17.2
Norway	16.1	16.2	16.2	16.8	17.2	17.2
Austria	16.0	16.3	16.3	16.4	16.9	17.0
Germany	15.8	16.1	16.2	16.2	16.7	16.9
United Kingdom	15.8	16.1	16.2	16.3	16.8	17.0
Belgium	15.6	15.9	15.8	15.9	16.4	16.6
Finland	15.5	15.7	15.8	16.2	16.5	16.8
Luxembourg	15.5	16.0	15.9	15.3	16.5	16.7

Portugal	15.4	15.7	15.7	15.7	16.3	16.1
Netherlands	15.3	15.5	15.6	15.8	16.3	16.4
Denmark	15.2	15.2	15.4	15.6	15.9	16.1
Ireland	14.6	15.0	15.4	15.9	16.2	16.8
Korea	14.3	14.6	14.9	15.1	15.5	15.8
Czech Republic	13.8	14.0	13.9	13.8	14.2	14.4
Poland	13.6	13.9	14.0	13.9	14.2	14.4
Slovak Republic	12.9	13.0	13.3	13.3	13.3	13.2
Turkey	12.9	12.9	13.0	13.0	13.1	13.1
Hungary	12.7	13.0	13.1	13.0	13.1	13.1

e, estimate

Source: From OECD Health Data 2008. Retrieved October 12, 2009, from http://www.ecosante.org/index2.php?base=OCDE&langs=ENG&langh=ENG.

Iceland was the lead country for males' life expectancy at age 65 with 18.1 years, which did decrease to 18 years of age by 2006. The United States ranked 12th in this category. In 2000, the male expectancy after age 65 was 16.3 years, which increased to 17.2 years by 2006. The lowest ranked countries were Turkey and Hungary, which had 12.9 and 12.7 years, respectively. These statistics support the general international statistics of female life expectancy that are longer than males. These statistics further support the quality of care provided to the elderly.

2000–2005 Infant Mortality Rates per 1000 Births (Table 2-14, pages 57–58)

According to the OECD, the infant mortality rate is the number of deaths per 1000 live births occurring among the population of a designated area during the same calendar year. In 2000, Turkey and Mexico had infant mortality rates of 28.9 and 23.3 per 1000 live births. Fortunately, by 2005, these rates decreased to 23.6 and 18.8 per 1000 live births. The lowest infant mortality rates are in Iceland, Japan, and Sweden. Their rates in 2000 were 3.0, 3.2, and 3.4, respectively. By 2005, the rates dropped to 2.4, 2.8, and 2.3, which points to the quality of prenatal care in their healthcare system. The United States ranks sixth from the bottom out of the 30 countries. In 2000, the infant mortality rates were 6.9, which remained the same for 2005. One of the criticisms of the US delivery system is the poor prenatal care received by different ethnic groups.

2000–2005 Diabetes Deaths per 100,000 Population (Table 2-15, pages 59–60)

Diabetes mellitus is a disease in which the body does not produce or properly use insulin, a hormone that is needed to convert sugar and starches that are needed for energy (American Diabetes Association [ADA], 2009). It has become a common chronic disease that can cause serious health conditions worldwide. There are different types of diabetes but a common form of diabetes, type 2, is often the result of being overweight. Although these statistics do not differentiate the different forms of this disease, it can be fatal if not addressed. In 2000, Mexico was clearly the leader of deaths due to diabetes at 90.2, which increased to 109 by 2005. The second highest rate was Korea, which reported rates of 33.7 in 2000 which decreased to 30.2 by 2005. In 2000, the United States ranked fourth in this category at 20.6, which slightly decreased to 20.3 by 2005. These high rates are a result, in part, of the increase in overweight individuals in the United States. The lowest 2000 rates occurred in Greece and Iceland at 5.5 and 5.3. In 2006, Greece's rate decreased slightly to 5.4 but Iceland's increased slightly to 5.9.

2000–2006 Overweight or Obese Percentage of Total Population (Table 2-16, pages 61–62)

An individual is considered overweight with a body mass index of 25–30 kg/m^2. An individual is considered obese with a body mass index >30 kh/m^2. The top three countries had 60% or greater of their total population either obese or overweight. In 2000, the United States had a 64.5% of either overweight or obese in their population. This has increased to 67.3%. This indicates a serious problem in the US population. The second highest was Mexico with 62.3% with an increase to 69.5% in 2006. Being overweight or obese can lead to other health problems such as hypertension, diabetes, and other major health issues. There have been recent studies indicating that overweight and obese individuals are becoming an international problem. A major reason is the change in lifestyles. People are more sedentary than in previous decades. There are also more options for unhealthy eating. Franchises such as McDonalds and Burger King have expanded worldwide and are very popular.

CONCLUSION

The US healthcare system is a complicated system that is comprised of both public and private resources. Health care is available to those who have health insurance or who are entitled to health care through a public program. One can think of the healthcare system as several concentric circles that surround the most important stakeholders in the center circle; the most important stakeholders are the healthcare consumers and providers. Immediately surrounding this relationship are the healthcare insurance companies and the government programs, the healthcare facilities, the pharmaceutical companies, and the laboratories that all provide services to the consumer to ensure they receive quality health care and support the provider to ensure they provide quality health care. The next circle consists of peripheral stakeholders that do not have immediate impact on the main relationship but are still important to the industry. These consist of the professional associations, the research organizations, and the medical and training facilities.

It is important to assess the system from an international perspective. Comparing different statistics from the OECD is valuable to assess the health of the United States.

TABLE 2-14 Current Operations of US Healthcare System: Infant Mortality Deaths per 1000 Live Births

Countries	2000 Infant mortality, deaths per 1000 live births	2001 Infant mortality, deaths per 1000 live births	2002 Infant mortality, deaths per 1000 live births	2003 Infant mortality, deaths per 1000 live births	2004 Infant mortality, deaths per 1000 live births	2005 Infant mortality, deaths per 1000 live births
Turkey	28.9	27.8	26.7	28.7	24.6	23.6
Mexico	23.3	22.4	21.4	20.5	19.7	18.8
Hungary	9.2	8.1	7.2	7.3	6.6	6.2
Slovak Republic	8.6	6.2	7.6	7.9	6.8	7.2
Poland	8.1	7.7	7.5	7.0	6.8	6.4
United States	6.9	6.8	7.0	6.9	6.8	6.9
New Zealand	6.3	5.6	6.2	5.4	5.9	5.0
Ireland	6.2	5.7	5.0	5.3	4.6	4.0
United Kingdom	5.6	5.5	5.2	5.2	5.1	5.1
Portugal	5.5	5.0	5.0	4.1	3.8	3.5
Greece	5.4	5.1	5.1	4.0	4.1	3.8
Canada	5.3	5.2	5.4	5.3	5.3	5.4
Denmark	5.3	4.9	4.4	4.4	4.4	4.4
Australia	5.2	5.3	5.0	4.8	4.7	5.0
Luxembourg	5.1	5.9	5.1	4.9	3.9	2.6
Netherlands	5.1	5.4	5.0	4.8	4.4	4.9
Switzerland	4.9	5.0	5.0	4.3	4.2	4.2
Austria	4.8	4.8	4.1	4.5	4.5	4.2

continues

TABLE 2-14 Current Operations of US Healthcare System: Infant Mortality Deaths per 1000 Live Births *(Continued)*

Countries	2000 Infant mortality, deaths per 1000 live births	2001 Infant mortality, deaths per 1000 live births	2002 Infant mortality, deaths per 1000 live births	2003 Infant mortality, deaths per 1000 live births	2004 Infant mortality, deaths per 1000 live births	2005 Infant mortality, deaths per 1000 live births
Belgium	4.8	4.5	4.4	4.3	4.3	3.7
France	4.5	4.6	4.2	4.2	4.0	3.8
Italy	4.5	4.6	4.3	3.9	3.9	
Germany	4.4	4.3	4.2	4.2	4.1	3.9
Spain	4.4	4.1	4.1	3.9	4.0	3.8
Czech Republic	4.1	4.0	4.1	3.9	3.7	3.4
Finland	3.8	3.2	3.0	3.1	3.3	3.0
Norway	3.8	3.9	3.5	3.4	3.2	3.1
Sweden	3.4	3.7	3.3	3.1	3.1	2.4
Japan	3.2	3.1	3.0	3.0	2.8	2.8
Iceland	3.0	2.7	2.3	2.4	2.8	2.3
Korea			5.3			

Source: From OECD Health Data 2008. Retrieved October 12, 2009, from http://www.ecosante.org/index2.php?base=OCDE&langs=ENG&langh=ENG.

TABLE 2-15 Current Operations of US Healthcare System: Diabetes Mellitus Deaths per 100,000 Population

Countries	2000 Diabetes mellitus, deaths per 100,000 population (standardized rates)	2001 Diabetes mellitus, deaths per 100,000 population (standardized rates)	2002 Diabetes mellitus, deaths per 100,000 population (standardized rates)	2003 Diabetes mellitus, deaths per 100,000 population (standardized rates)	2004 Diabetes mellitus, deaths per 100,000 population (standardized rates)	2005 Diabetes mellitus, deaths per 100,000 population (standardized rates)
Mexico	90.2	93.1	98.9	103.2	104.5	109.0
Korea	33.7	34.7	35.3	33.8	31.5	30.2
Portugal	20.9	25.6	28.0	27.8		
United States	20.6	20.8	20.9	20.9	20.2	20.3
Denmark	18.4	17.1				
New Zealand	18.3	17.6	17.5	18.2	17.5	
Canada	17.8	18.3	19.6	19.3	18.4	
Italy	17.7	17.2	16.4	17.9		
Hungary	16.9	13.2	16.9	18.4	16.5	24.8
Germany	15.5	15.6	16.6	16.7	16.2	16.4
Netherlands	15.4	19.5	18.1	16.5	16.3	15.8
Spain	13.9	14.0	13.8	13.8	13.2	13.3
Slovak Republic	13.7	13.6	12.8	13.5	12.7	12.0
Switzerland	13.1	13.1	12.9	14.4	12.0	10.8
Australia	13.0	12.7	13.1	13.2		
Poland	12.6	12.1	11.9	11.9	11.3	11.8
France	11.5	11.5	11.4	11.9	10.8	10.9

continues

TABLE 2-15 Current Operations of US Healthcare System: Diabetes Mellitus Deaths per 100,000 Population *(Continued)*

Countries	2000 Diabetes mellitus, deaths per 100,000 population (standardized rates)	2001 Diabetes mellitus, deaths per 100,000 population (standardized rates)	2002 Diabetes mellitus, deaths per 100,000 population (standardized rates)	2003 Diabetes mellitus, deaths per 100,000 population (standardized rates)	2004 Diabetes mellitus, deaths per 100,000 population (standardized rates)	2005 Diabetes mellitus, deaths per 100,000 population (standardized rates)
Austria	11.2	11.4	16.2	24.2	28.8	27.1
Czech Republic	11.1	9.4	9.7	10.9	10.0	10.3
Sweden	10.7	11.1	11.6	11.3	11.5	
Ireland	10.2	9.5	9.7	9.5	10.1	10.0
Norway	9.2	9.9	9.3	9.5	8.1	10.1
Luxembourg	8.5	9.6	9.3	8.9	7.1	7.4
Finland	7.9	7.1	7.2	6.9	7.0	6.6
Japan	6.1	5.8	5.9	5.8	5.5	5.7
Iceland	5.5	8.1	4.5	6.3	6.0	5.4
Greece	5.3	4.4	4.9	5.1	5.8	5.9
United Kingdom		7.6	7.5	7.6	7.1	6.7

Source: From OECD Health Data 2008. Retrieved October 12, 2009, from http://www.ecosante.org/index2.php?base=OCDE&langs=ENG&langh=ENG.

TABLE 2-16 Current Operations of US Healthcare System: Overweight or Obese Population Percentages

Countries	2000 Overweight or obese population, % of total population	2001 Overweight or obese population, % of total population	2002 Overweight or obese population, % of total population	2003 Overweight or obese population, % of total population	2004 Overweight or obese population, % of total population	2005 Overweight or obese population, % of total population	2006 Overweight or obese population, % of total population
United States	64.5 d		65.7 d		66.3 d		67.3 d
Mexico	62.3					69.2	69.5
United Kingdom	60.0 d	62.0 d	61.0 d	60.0 d	62.0 d	60.0 d	62.0 d
Hungary	51.4			52.8			
Luxembourg	50.1	51.8	51.6	52.8	52.8	53.3	
Netherlands	44.1	44.8	44.8	46.1	46.5	44.9	46.5
Finland	43.4	44.1	45.3	45.0	45.3	49.2	47.7
Sweden	42.7	42.7	44.4	42.8	42.6	44.0	
Denmark	41.7					44.6	
Italy	41.1	42.4	42.0	42.6		44.6	45.1
France	36.2		37.5		34.7		37.0
Japan	23.8 d	24.4 d	25.7 d	24.7 d	24.0 d	24.9 d	
Australia							
Austria							47.7 b
Belgium		44.4			44.1		
Canada		45.1 b		46.5		49.9	
Czech Republic			51.1			52.0 d	
Germany				49.2		49.6	

continues

TABLE 2-16 Current Operations of US Healthcare System: Overweight or Obese Population Percentages *(Continued)*

Countries	2000 Overweight or obese population, % of total population	2001 Overweight or obese population, % of total population	2002 Overweight or obese population, % of total population	2003 Overweight or obese population, % of total population	2004 Overweight or obese population, % of total population	2005 Overweight or obese population, % of total population	2006 Overweight or obese population, % of total population
Greece				57.1			
Iceland			48.3				
Ireland			47.0				
Korea		30.6				30.5	
New Zealand				60.5 d			d
Norway			42.7			43.0	
Poland					45.3		
Portugal							
Slovak Republic				47.6	50.1	51.6	
Spain		48.3		48.4			51.1
Switzerland			37.1				
Turkey				43.4			

b, break in series; d, differences in methodology.

Source: From OECD Health Data 2008. Retrieved October 12, 2009, from http://www.ecosante.org/index2.php?base=OCDE&langs=ENG&langh=ENG.

Despite the cost of the healthcare system, many of the US statistics ranked lower than other countries that spend less on their healthcare system. These statistics may point to the fact that other countries' healthcare systems are more effective than the US system or that their citizens have healthier lifestyles although obesity rates throughout the world are increasing in all of the countries evaluated.

PREVIEW OF CHAPTER THREE

The government's role in health care evolved as a regulatory mechanism to ensure that the elderly and the poor were able to receive health care. The passage of the 1935 Social Security Act and the implementation of Medicare and Medicaid increased the role of government in healthcare coverage. The chapter will focus on the different roles the federal, state, and local government play in the US healthcare system. It is important to note that these government agencies were established to enforce regulations that were implemented to protect individuals. The chapter will highlight different programs and regulations that may help you as a consumer so you will be able to understand how health care is provided and how it is regulated.

VOCABULARY

American Association of Homes and Services for the Aging (AAHSA)

American Health Care Association (AHCA)

American Hospital Association (AHA)

Bad debt and charitable care

Blue Cross and Blue Shield

Bureau of Labor Statistics (BLS)

Commonwealth Fund

Complementary and alternative medicine (CAM)

Diabetes mellitus

Duty to treat

Home health care

Infant mortality rates

Life expectancy rates

Medical and diagnostic laboratories

National Center for Health Statistics (NCHS)

Organisation for Economic Co-operation and Development (OECD)

Outpatient care centers

Pew Charitable Trust

Pharmaceutical companies

Professional associations

Residential care facilities

Robert Wood Johnson Foundation

Stakeholder

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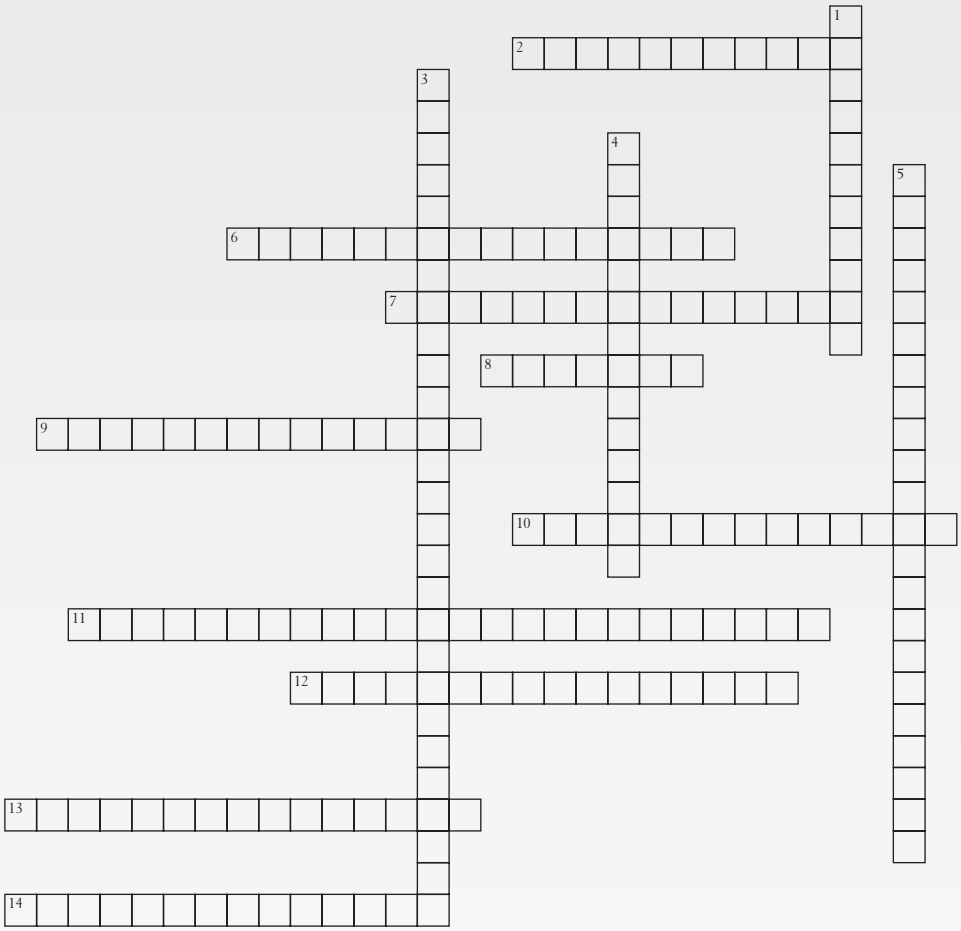
NOTES

STUDENT ACTIVITY 2-1

CROSSWORD PUZZLE

Instructions: Please complete the puzzle using the vocabulary words found in the chapter. There may be multiple-word answers. The number in the parenthesis indicates the number of words in the answer.



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STUDENT ACTIVITY 2-1

Across

2. The principle of the healthcare system that says all individuals have the right to basic health care. (3 words)
6. These types of variables include ethnicity, marital status, education, and occupational class. (1 word)
7. These facilities provide this type of care, which includes around-the-clock social and personal care to patients. (2 words)
8. The provider provides care even though they suspect that all efforts to secure payment will fail. (2 words)
9. This type of care is becoming more popular because consumers prefer this type of treatment and it is more cost effective. (3 words)
10. This industry is responsible for developing and producing medication for the healthcare industry. (1 word)
11. These associations represent physicians, hospitals, nurses, and other stakeholders and lobby for them at all government levels to ensure regulations are fair to them. (2 words)
12. This chronic condition is often the result of being overweight and can cause serious health conditions. (2 words)
13. This rate focuses on the number of deaths of a child under 12 months of age during a calendar year in a specific geographic location. (2 words)
14. The healthcare provider provides care even though they know the patient will not be able to pay. (2 words)

Down

1. An individual or organization that has an interest or participates in an industry. (1 word)
3. Examples of this type of medicine include yoga, vitamin therapy, and acupuncture. (3 words)
4. These types of centers include kidney dialysis, mental health, and substance abuse care. (2 words)
5. These types of facilities include medical, nursing, and public health schools, and allied health programs. (3 words)

STUDENT ACTIVITY 2-2

IN YOUR OWN WORDS

Based on Chapter 2, please provide a definition of the following vocabulary words in your own words. DO NOT RECITE the text definition.

Duty to treat: _____

Infant mortality rate: _____

Life expectancy rates: _____

Bad debt and charitable care: _____

Residential care facilities: _____

Complementary and alternative medicine: _____

Outpatient care centers: _____

Professional associations: _____

Residential care facilities: _____

STUDENT ACTIVITY 2-3

REAL LIFE APPLICATIONS: CASE STUDY

You have decided to become a health education teacher for a high school. One of your first class lessons will be on explaining the complexity of the US healthcare system to your students. You want to be creative so you decide to have a role play in which you select students to play the stakeholders in the healthcare system. You also want to them to understand how the United States compares to other countries. You develop two lesson plans that are outlined below. Your first lesson plan outlines the major stakeholders in the system and how they interact with each other. The second lesson plan focuses on selecting five health statistics that compare the United States to another country.

RESPONSES

STUDENT ACTIVITY 2-4

INTERNET EXERCISES

Write your answers in the space provided.

- Visit each of the Web sites listed here.
- Name the organization.
- Locate their mission statement or statement of purpose on their Web site.
- Provide a brief overview of the activities of the organization.
- How do these organizations participate in the US healthcare system?

Web Sites

http://www.rwjf.org

Organization Name: _____

Mission Statement:

_____

_____

_____

Overview of Activities:

_____

_____

_____

Importance of organization to US health care:

_____

_____

_____

http://www.commonwealthfund.org

Organization Name: _____

Mission Statement:

_____

_____

_____

Overview of Activities:

_____

_____

_____

STUDENT ACTIVITY 2-4

Importance of organization to US health care:

http://www.phrma.org

Organization Name: _____

Mission Statement:

Overview of Activities:

Importance of organization to US health care:

http://www.oecd.org

Organization Name: _____

Mission Statement:

Overview of Activities:

Importance of organization to US health care:

STUDENT ACTIVITY 2-4

http://www.bls.gov

Organization Name: _____

Mission Statement:

_____

_____

_____

Overview of Activities:

_____

_____

_____

Importance of organization to US health care:

_____

_____

_____

http://www.ahcancal.org

Organization Name: _____

Mission Statement:

_____

_____

_____

Overview of Activities:

_____

_____

_____

Importance of organization to US health care:

_____

_____

_____