

UNITED STATES OF AMERICA

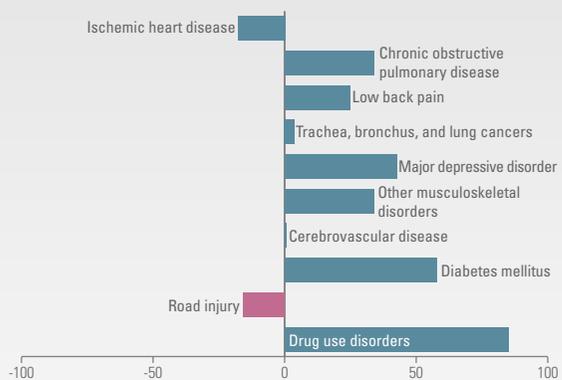
In 2011, private expenditure comprised 54% of total health expenditure, of which about 21% was out of pocket. About 84% of the population has some insurance coverage, of whom 66% through their employer or personally, and the other 22% under various federal programmes. These are administered by states that are required to offer mandatory benefits; they can add other benefits such as dental services and prescription drugs. They can charge premiums and copayments. Medicare, the programme for people older than 65 years, covers about 50% of the costs of visits and surgeries, and supplies, but not long-term care or dental care. There is a 3.9 nurses-to-physicians ratio and a 24.2 per 10 000 population density of physicians with major variation between and within the 50 states and federal district. There are programmes to attract health workers to underserved areas. Shortages are expected to be high for general practitioners and for nurses, which may continue to stimulate recruitment abroad. Regulation of professional practice is state-based and therefore varies.

POPULATION AND HEALTH

Population [all (000s); proportion under 15 (%); proportion over 60 (%)]	312.2; 20; 18	(2010)
Average annual rate of population change (%)	0.8	(2010-2015)
Population living in urban areas (%)	82	(2011)
Gross national income per capita (PPP int. \$)	48820	(2011)
Population living on <\$1 (PPP int. \$) a day (%)	-	
Total expenditure on health as a percentage of gross domestic product (%)	17.9	(2011)
General government expenditure on health as a percentage of total expenditure on health (%)	46	(2011)
External resources for health as a percentage of total expenditure on health (%)	-	
Life expectancy at birth (years) [all; female; male]	79; 81; 76	(2011)
Total fertility rate (per woman)	2.1	(2010)
Neonatal mortality rate (per 1 000 live births)	4	(2011)
Infant mortality rate (per 1 000 live births)	6	(2011)
Under-five mortality rate (per 1 000 live births)	8 [7-8]	(2011)
Maternal mortality ratio (per 100 000 live births)	21 [18-23]	(2010)
Births attended by skilled health personnel (%)	99.4	(2010)
Antenatal care coverage - at least one visit (%)	-	
Antenatal care coverage - at least four visits (%)	97.4	(2009)
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)	94	(2011)
Postnatal care visit within two days of birth (%)	-	

Top 10 causes of morbidity and mortality (DALYs)

Communicable, maternal, neonatal, and nutritional Non-communicable Injuries



Disability-adjusted life years (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) within a population. The top 10 causes of DALYs are ranked from top to bottom in order of the number of DALYs they contribute in 2010. Bars going right show the percent by which DALYs have increased since 1990. Bars going left show the percent by which DALYs have decreased.

HUMAN RESOURCES FOR HEALTH

AVAILABILITY

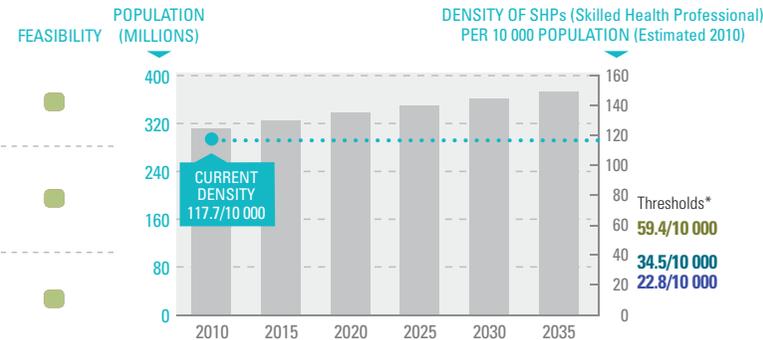
Feasibility of achieving thresholds: Most likely Somewhat likely Least likely

TO MEET THRESHOLDS BY 2035, REQUIRES:

0% increase to meet 22.8/10 000 threshold

0% increase to meet 34.5/10 000 threshold

0% increase to meet 59.4/10 000 threshold



ACCESSIBILITY

SUB-NATIONAL LOW NATIONAL AVERAGE SUB-NATIONAL HIGH

GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS

(density per 10 000 population)

Physicians 24.2 Physicians Physicians

ACCEPTABILITY

The ratio of nurses to physicians is ABOVE the OECD average.



QUALITY

Is there evidence that the country has mechanisms in place to:

ACCREDIT training institutions for:

Dentists	✓
Midwives	?
Nurses	✓
Pharmacists	✓
Physicians	✓

REGULATE:

Dentists	✓
Midwives	?
Nurses	✓
Pharmacists	✓
Physicians	✓

LICENSE/RE-LICENSE:

Dentists	✓
Midwives	?
Nurses	✓*
Pharmacists	✓
Physicians	✓

HRH GOVERNANCE

Is there evidence that the country is adopting recommended good practices on HRH:

Leadership and Partnership

Is there government leadership on health workforce policy and management?



Is there intersectoral and multi-stakeholder partnership to inform health workforce policy and management?



Policy and Management

Is existing health workforce policy and human resource management:

related to population health needs?



informed by data and strategic intelligence?



addressing pre-service education?



addressing geographical distribution and retention?



addressing health workforce performance (e.g. competence, responsiveness and productivity)?



addressing international mobility of health workers; and where relevant the WHO Code of Practice on the International Recruitment of Health Personnel?



Strategy/Plan and Finance

Is there a national HRH strategy/plan resulting from the above mechanisms?



For which period?

2010-2015

Does the strategy/plan account for the financial costs and resource requirements to implement it?



✓ = Yes ✓* = Partial ✗ = No ? = Insufficient data

*See Annex 1 for full explanation on country profile methods and sources.