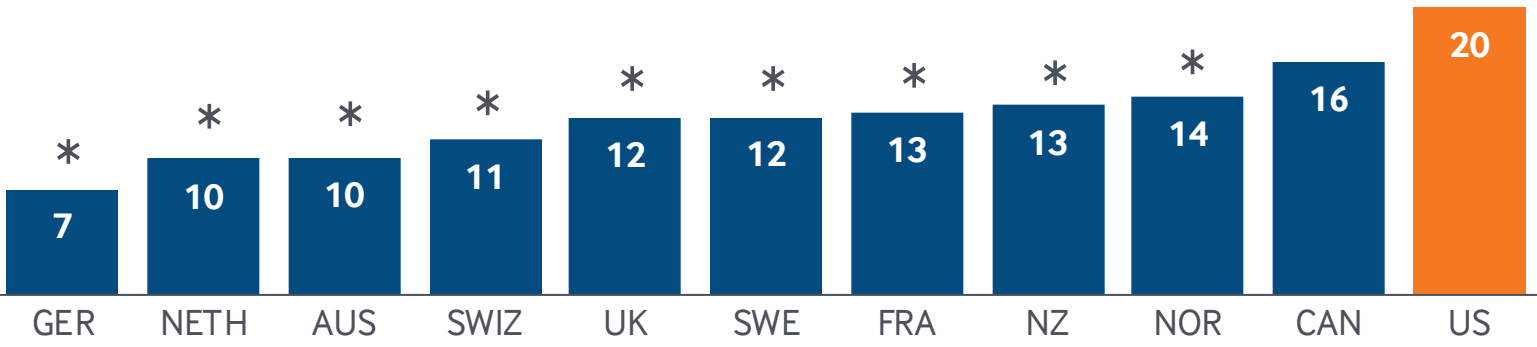


High Chronic Disease Burden Among U.S. Women

Percent of women ages 18–64 who had two or more chronic conditions[^]



Notes: [^] Having a chronic disease defined as ever being told by a doctor as having two or more of the following: joint pain or arthritis; asthma or chronic lung disease; diabetes; heart disease, including heart attack; or high blood pressure. * Statistically significant difference compared to the United States (p<.05).

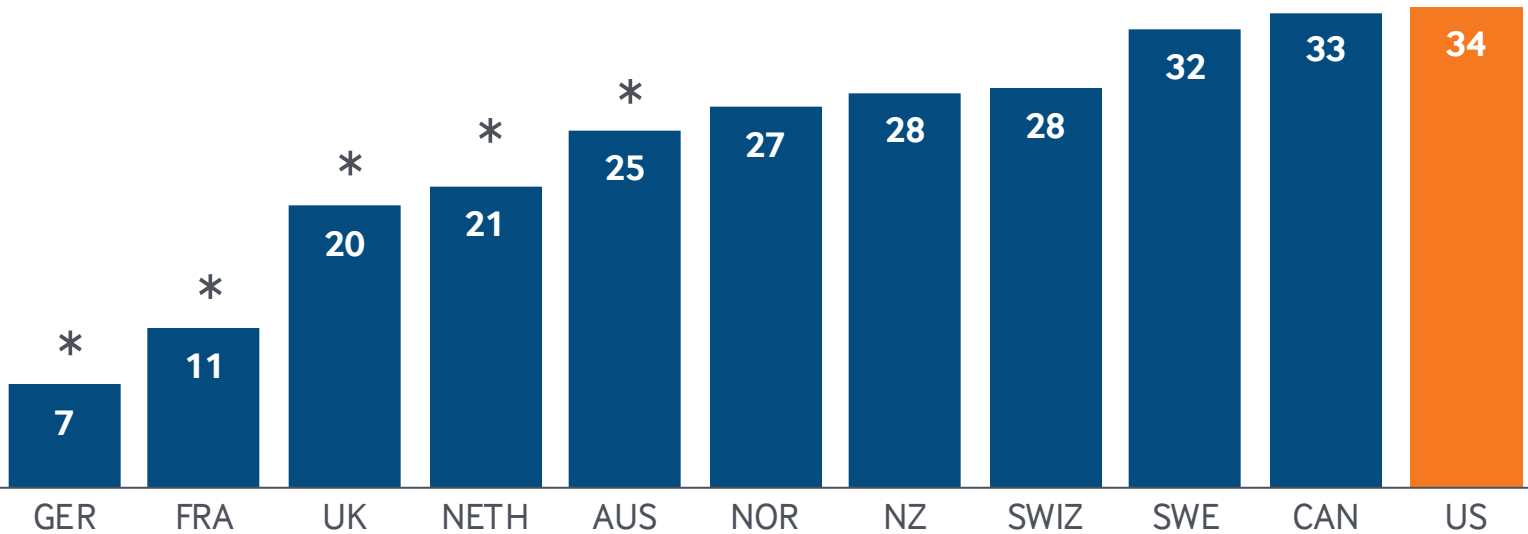
Data: The Commonwealth Fund International Health Policy Survey, 2016.



Source: Munira Z. Gunja et al., *What Is the Status of Women’s Health and Health Care in the U.S. Compared to Ten Other Countries?*(Commonwealth Fund, Dec. 2018).

U.S. Women Have the Highest Rate of Emotional Distress

Percent of women ages 18–64 who experienced emotional distress[^]



Notes: [^] Question: "In the past two years, have you experienced emotional distress such as anxiety or great sadness which you found difficult to cope with by yourself?" * Statistically significant difference compared to the United States ($p < .05$).

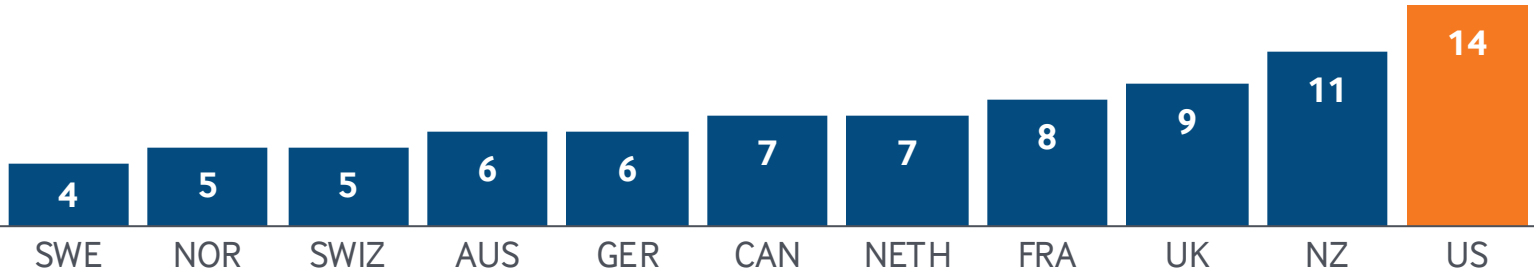
Data: The Commonwealth Fund International Health Policy Survey, 2016.



Source: Munira Z. Gunja et al., *What Is the Status of Women's Health and Health Care in the U.S. Compared to Ten Other Countries?* (Commonwealth Fund, Dec. 2018).

Maternal Mortality Rate Is Highest in the U.S.

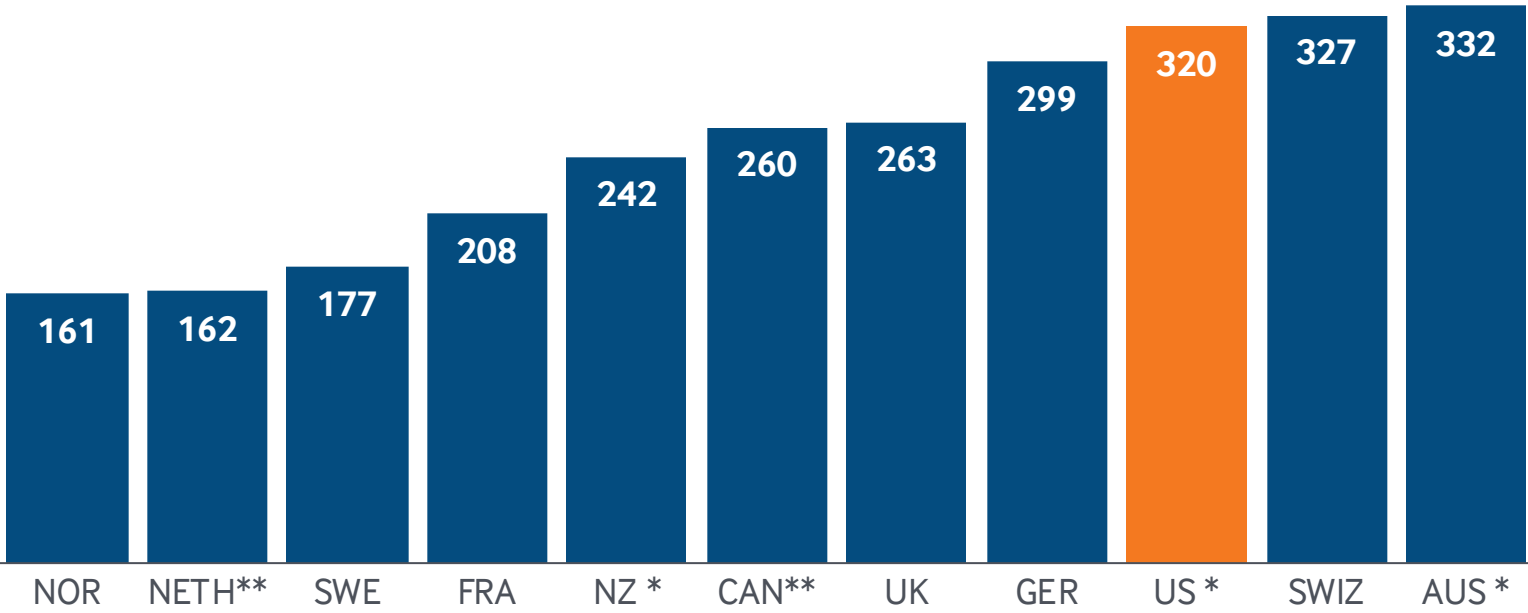
Maternal mortality ratio (maternal deaths/100,000 live births) among women ages 15–49



Data: Data reflect UNICEF estimates because of missing internationally comparable data for the U.S. National statistics are available for most countries from the OECD.

Rates of Caesarean Sections Highest in Australia, Switzerland, and the U.S.

Caesarean sections — inpatient procedures per 1,000 live births



Notes: * 2015 data; ** 2014 data.

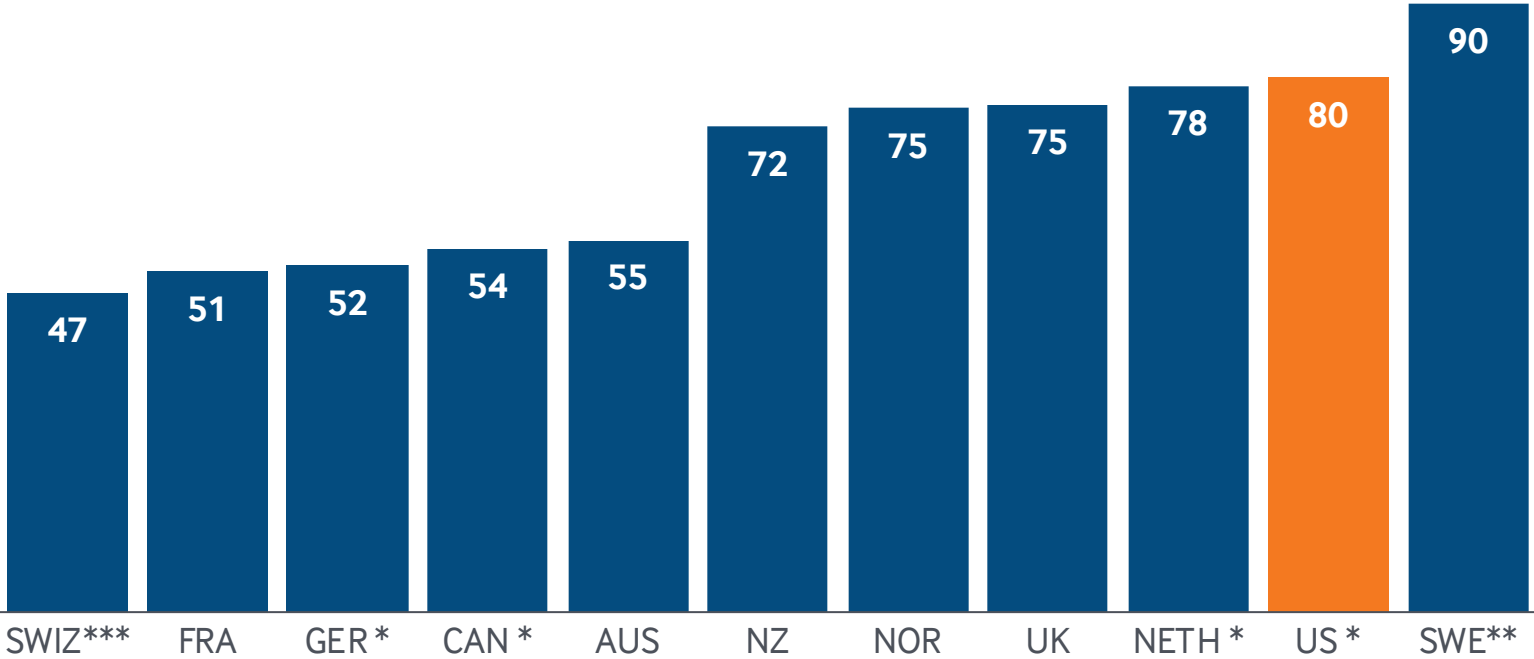
Data: Organisation for Economic Co-operation and Development, *Health Statistics* (OECD, 2018).



Source: Munira Z. Gunja et al., *What Is the Status of Women's Health and Health Care in the U.S. Compared to Ten Other Countries?* (Commonwealth Fund, Dec. 2018).

Breast Cancer Screening Rates Highest in Sweden and the U.S.

Breast cancer screening rates, percent of women ages 50–69 screened

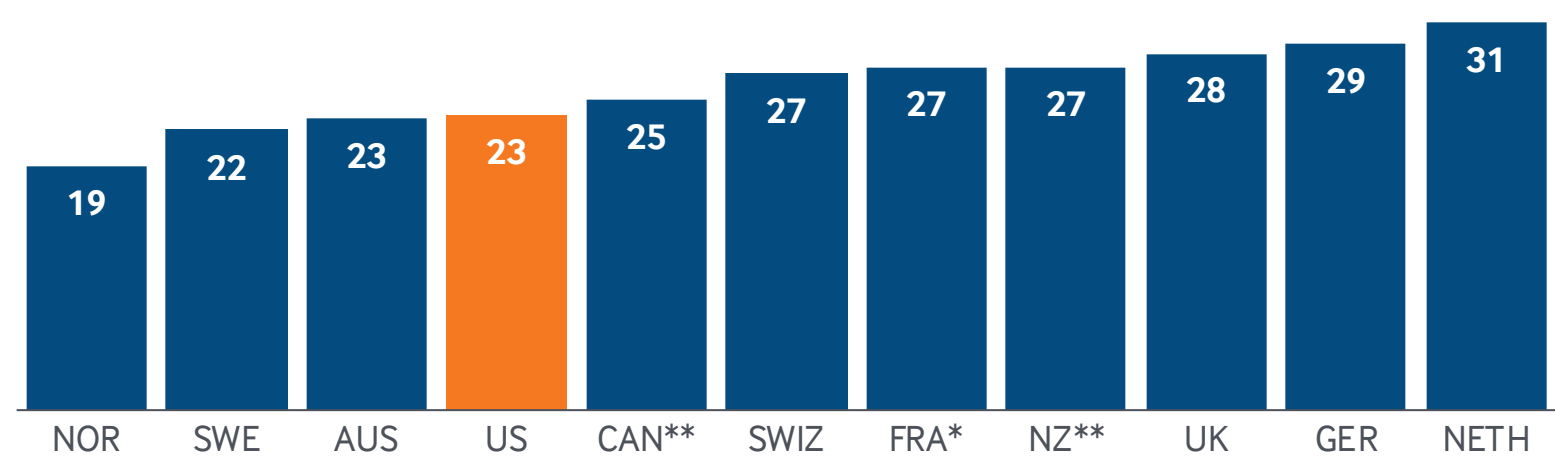


Notes: Number of women ages 50–69 who have received a bilateral mammography within the past two years (or according to the specific screening frequency recommended in each country) divided by the number of women ages 50–69 answering survey questions on mammography (for survey-based data) or eligible for an organized screening program (for program-based data). Eight countries based on programmatic data, three countries based on survey data. * 2015 survey data; ** 2014 survey data; *** 2012 survey data.

Data: Organisation for Economic Co-operation and Development, *Health Statistics* (OECD, 2018).

Lowest Rates of Breast Cancer–Related Deaths in Women Are in Norway, Sweden, Australia, and the U.S.

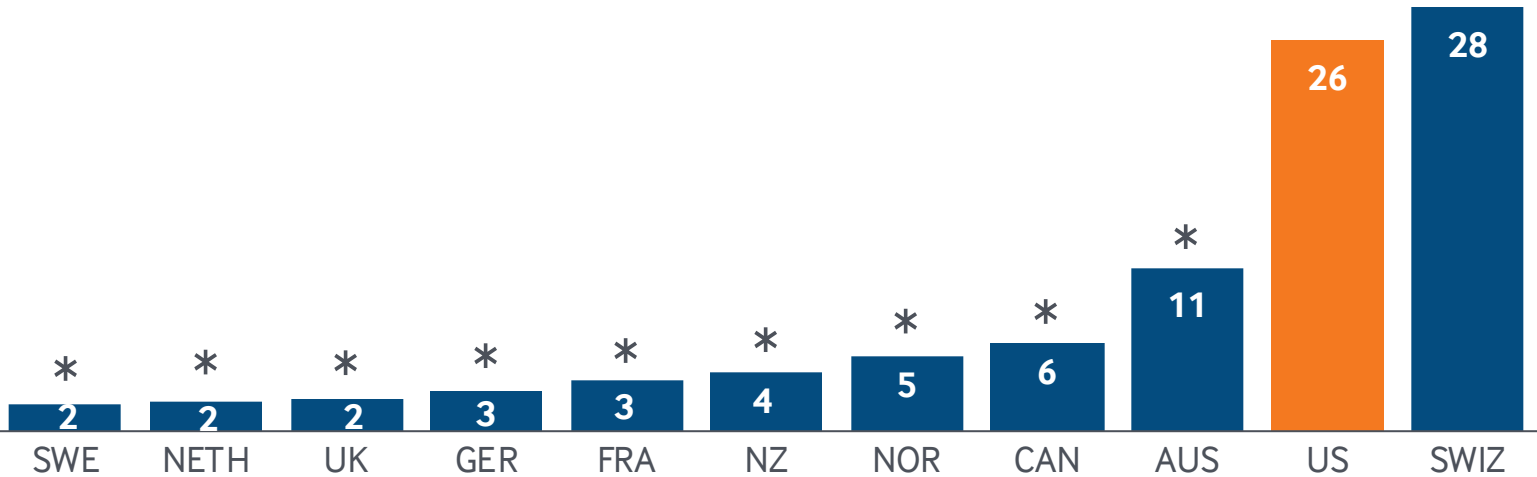
Malignant neoplasms of female breast, deaths per 100,000 females (age-standardized)



Data: Organisation for Economic Co-operation and Development, *Health Statistics* (OECD, 2018). * 2014 data; ** 2013 data.

Women in Switzerland and the U.S. Report Very High Out-of-Pocket Costs

Percent of women ages 18–64 with out-of-pocket costs of \$2,000 or more^



Notes: ^ Percent of respondents who reported that their annual (past year) family out-of-pocket spending for medical treatments or services, that were not covered by public or private insurance, was \$2,000 or more. Does not include adults who reported "don't know"/refused to respond. * Statistically significant difference compared to the United States ($p < .05$).

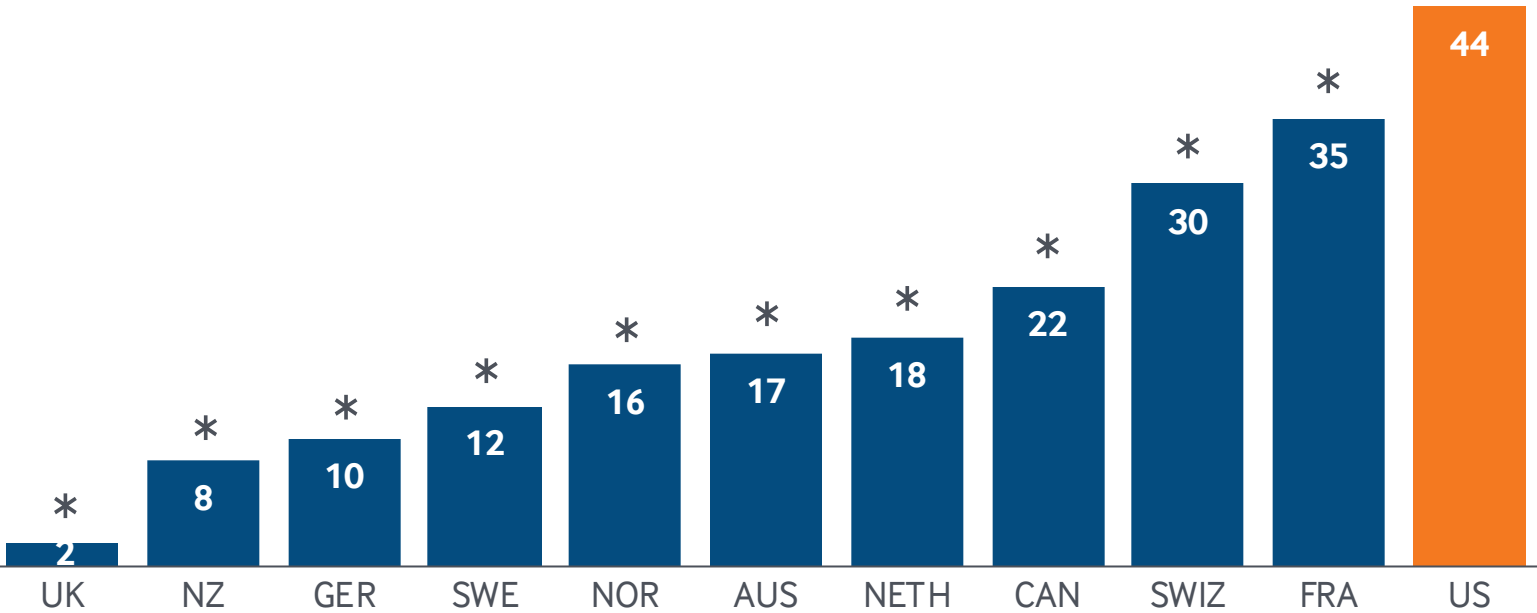
Data: The Commonwealth Fund International Health Policy Survey, 2016.



Source: Munira Z. Gunja et al., *What Is the Status of Women's Health and Health Care in the U.S. Compared to Ten Other Countries?* (Commonwealth Fund, Dec. 2018).

Nearly Half of U.S. Women Report Medical Bill Problems

Percent of women ages 18–64 with at least one medical bill problem^



Notes: ^ Medical bill problems include any of the following in the past year: 1) serious problems paying or were unable to pay medical bills; 2) spent a lot of time on paperwork or disputes related to medical bills; or 3) insurance denied payment or paid less than expected. * Statistically significant difference compared to the United States (p<.05).

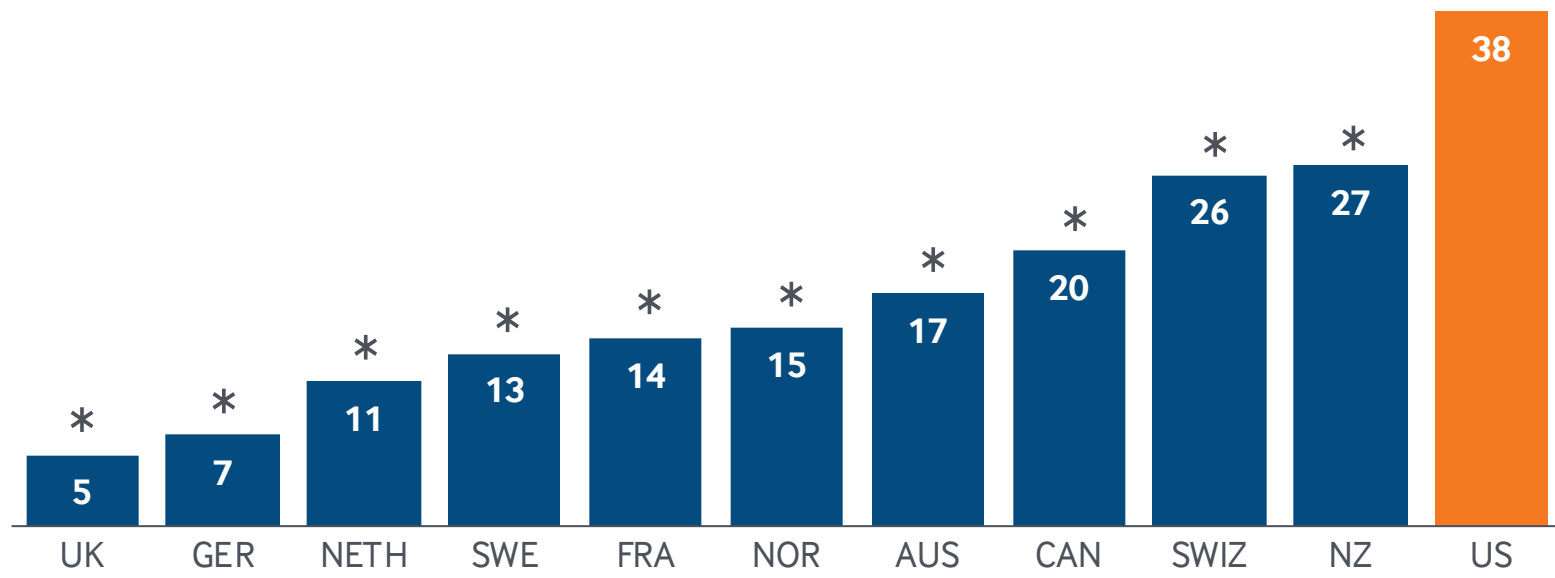
Data: The Commonwealth Fund International Health Policy Survey, 2016.



Source: Munira Z. Gunja et al., *What Is the Status of Women's Health and Health Care in the U.S. Compared to Ten Other Countries?*(Commonwealth Fund, Dec. 2018).

More Than One-Third of Women in the U.S. Skip Care Because of Cost vs. 5 Percent in the U.K.

Percent of women ages 18–64 with at least one cost-related access problem[^]

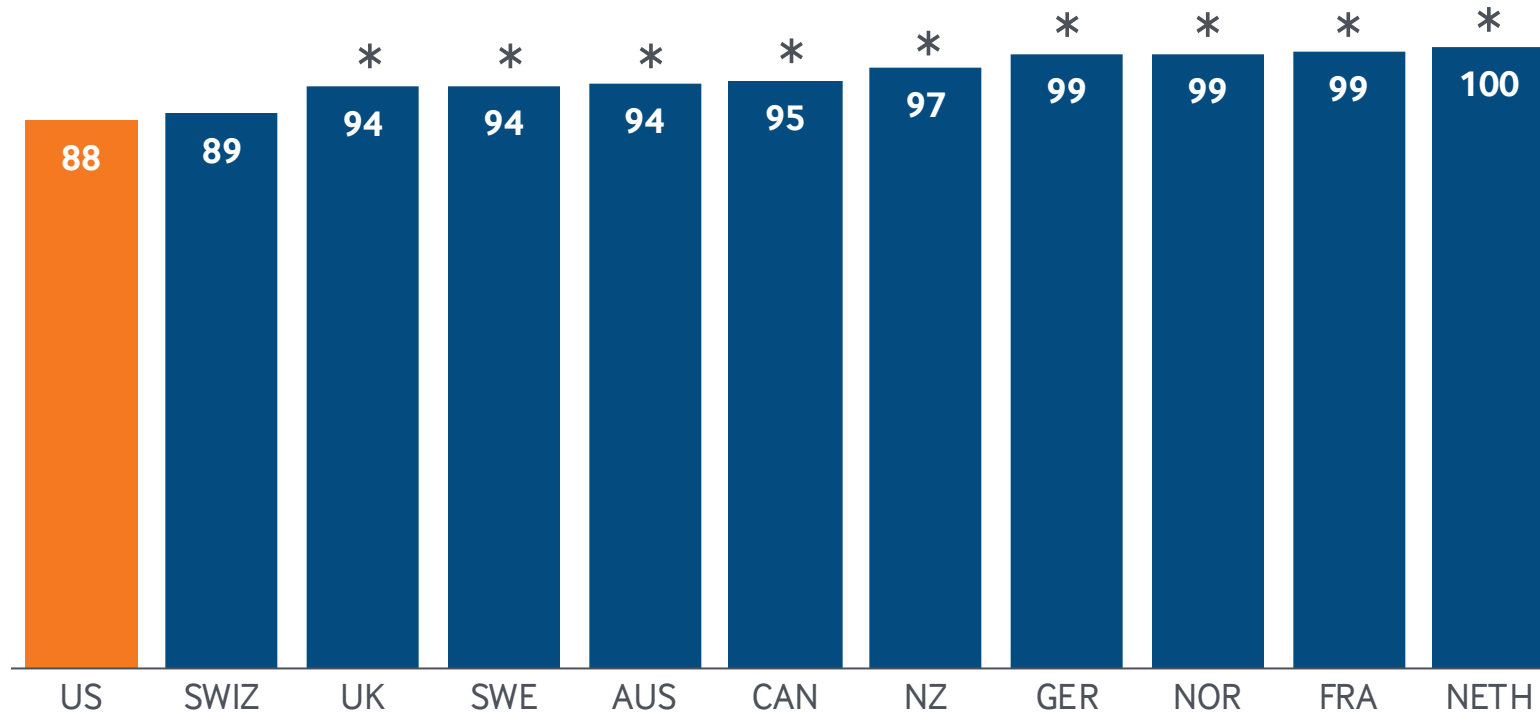


Notes: [^] Cost-related access problems include any of the following in the past year: 1) having a medical problem but did not visit a doctor; 2) skipped a medical test, treatment, or follow-up recommended by a doctor; or 3) did not fill or collect a prescription for medicine, or skipped doses of medicine, because of the cost in the past 12 months. * Statistically significant difference compared to the United States (p<.05).

Data: The Commonwealth Fund International Health Policy Survey, 2016.

Women in the U.S. and Switzerland Report the Lowest Rates of Having a Regular Doctor or Place of Care

Percent of women ages 18–64 who reported having a regular doctor/regular place of care

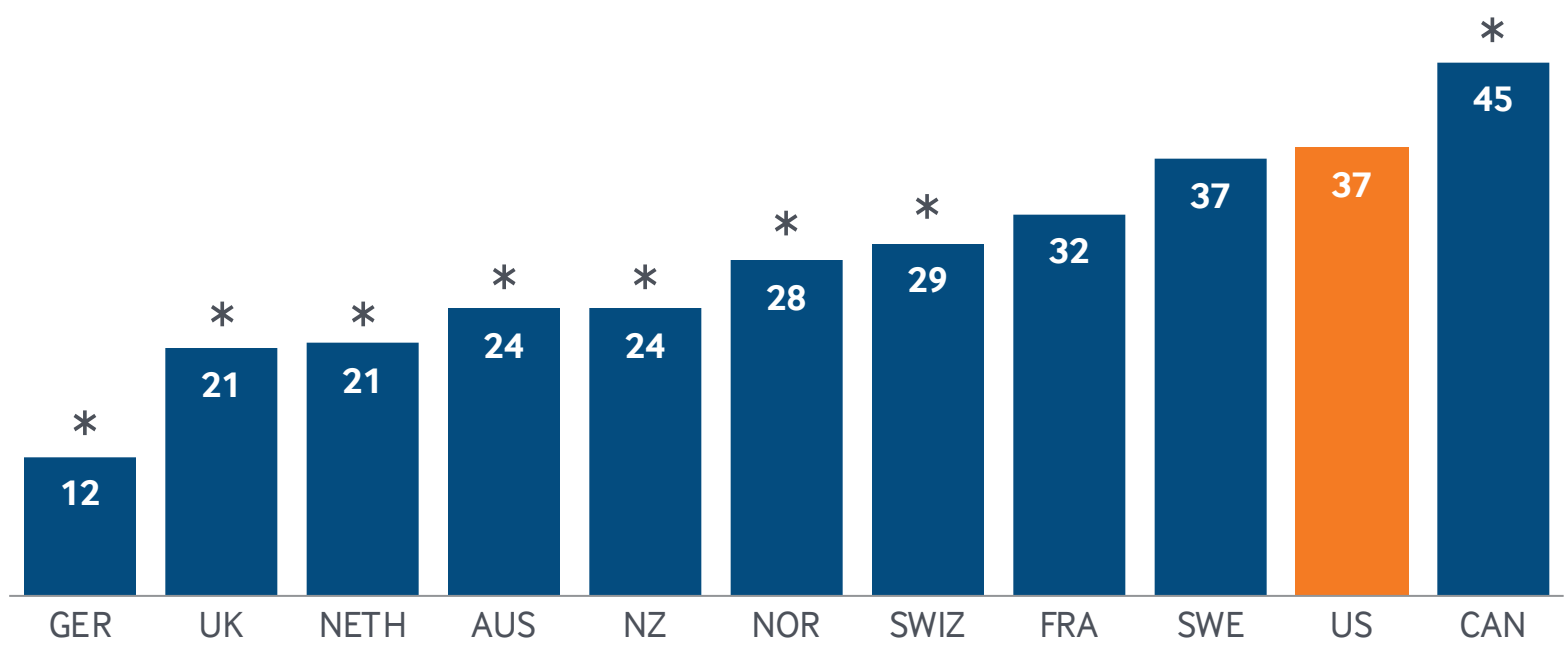


Note: * Statistically significant difference compared to the United States ($p < .05$).

Data: The Commonwealth Fund International Health Policy Survey, 2016.

In Canada, the U.S., and Sweden, More Than One of Three Women Report Emergency Department Visits in the Past Two Years

Percent of women ages 18–64 who reported going to the emergency department in the past two years

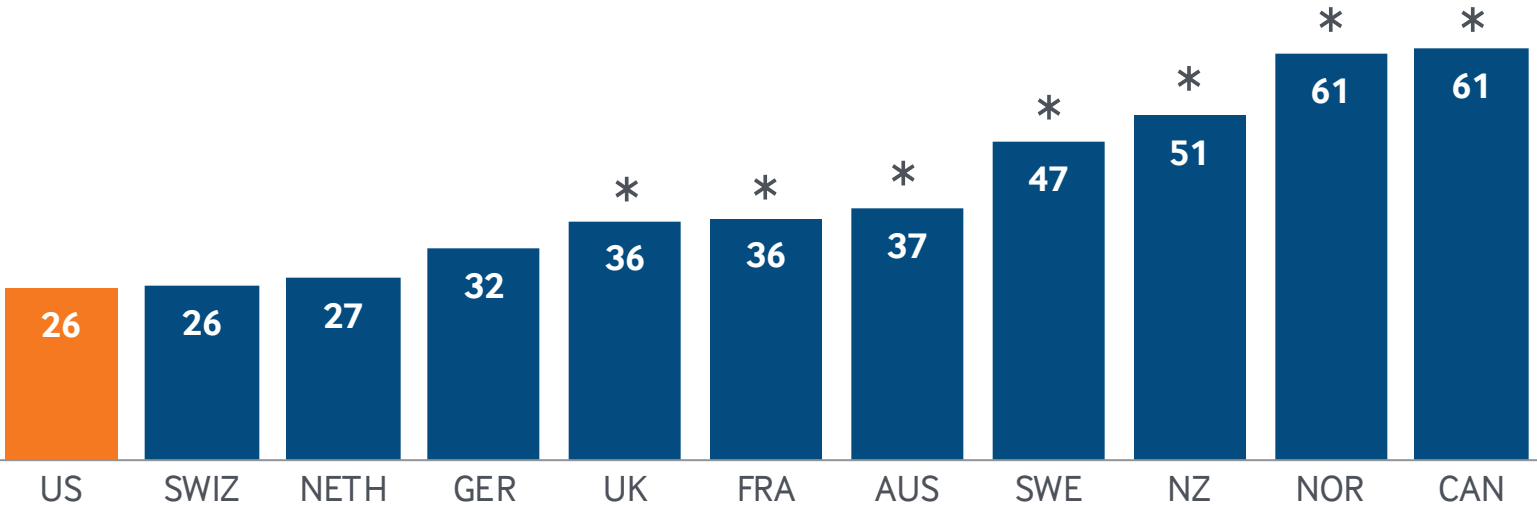


Note: * Statistically significant difference compared to the United States ($p < .05$).

Data: The Commonwealth Fund International Health Policy Survey, 2016.

Fewer Women in the U.S. Wait to See Specialists

Percent of women ages 18–64 who reported having to wait more than four weeks to see a specialist^



Notes: ^ Excludes women who did not need to see a specialist in the past two years. * Statistically significant difference compared to the United States (p<.05).

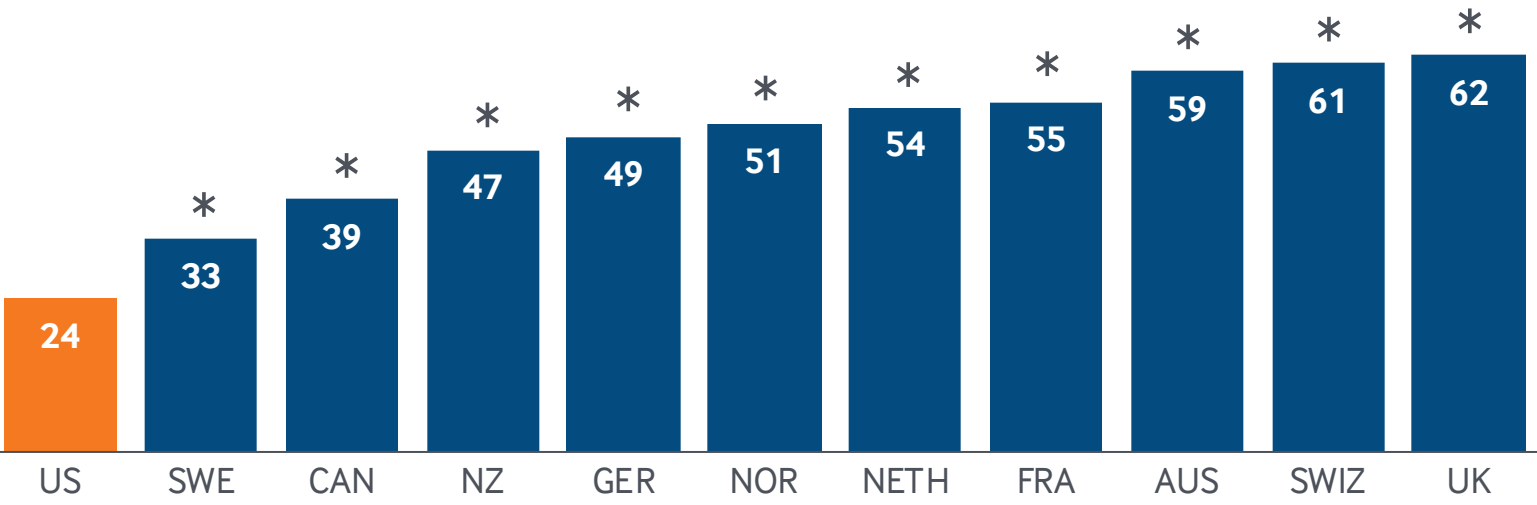
Data: The Commonwealth Fund International Health Policy Survey, 2016.



Source: Munira Z. Gunja et al., *What Is the Status of Women’s Health and Health Care in the U.S. Compared to Ten Other Countries?*(Commonwealth Fund, Dec. 2018).

One-Quarter of Women in the U.S. Rate Their Quality of Care as Excellent or Very Good

Percent of women ages 18–64 who rated their quality of medical care as excellent or very good[^]



Notes: [^] Other answer categories were “good,” “fair,” and “poor.” Excludes women who did not receive care in the past year, and women who did not have a regular doctor or place of care.
* Statistically significant difference compared to the United States (p<.05).

Data: The Commonwealth Fund International Health Policy Survey, 2016.



Source: Munira Z. Gunja et al., *What Is the Status of Women’s Health and Health Care in the U.S. Compared to Ten Other Countries?*(Commonwealth Fund, Dec. 2018).