



NEWS RELEASE

Embargoed for release:
12:01 a.m., Thursday
October 7, 2010



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DESPITE HIGHEST HEALTH SPENDING, AMERICANS' LIFE EXPECTANCY CONTINUES TO FALL BEHIND OTHER COUNTRIES'

Obesity, Smoking, Traffic Fatalities and Homicide Ruled Out As Causes of Failure of U.S. to Keep Up With Gains in Life Expectancy in Other Countries

New York, NY, October 7, 2010—The United States continues to lag behind other nations when it comes to gains in life expectancy, and commonly cited causes for our poor performance—obesity, smoking, traffic fatalities, and homicide—are not to blame, according to a Commonwealth Fund-supported study published today as a *Health Affairs* Web First. The study, by Peter Muennig and Sherry Glied at Columbia University's Mailman School of Public Health, looked at health spending; behavioral risk factors like obesity and smoking; and 15-year survival rates for men and women ages 45 and 65 in the U.S. and 12 other nations (Australia, Austria, Belgium, Canada, France, Germany, Italy, Japan, the Netherlands, Sweden, Switzerland, and the United Kingdom).

While the U.S. has achieved gains in 15-year survival rates decade by decade between 1975 and 2005, the researchers discovered that other countries have experienced even greater gains, leading the U.S. to slip in country ranking, even as per capita health care spending in the U.S. increased at more than twice the rate of the comparison countries. Fifteen-year survival rates for men and women ages 45 and 65 in the US have fallen relative to the other 12 countries over the past 30 years. Forty-five year old U.S. white women fared the worst—by 2005 their 15-year survival rates were lower than that of all the other countries. Moreover, the survival rates of this group in 2005 had not even surpassed the 1975 15-year survival rates for Swiss, Swedish, Dutch or Japanese women. The U.S. ranking for 15-year life expectancy for 45-year-old men also

declined, falling from 3rd in 1975 to 12th in 2005, according to the study, “What Changes In Survival Rates Tell Us About U.S. Health Care.”

When the researchers compared risk factors among the 13 countries, they found very little difference in smoking habits between the U.S. and the comparison countries—in fact, the U.S. had faster declines in smoking between 1975 and 2005 than almost all of the other countries. In terms of obesity, the researchers found that, while people in the U.S. are more likely to be obese, this was also the case in 1975, when the U.S. was not so far behind in life expectancy. In fact, even as the comparison countries pulled ahead of the US in terms of survival, the percentage of obese men and women actually grew faster in most of those countries between 1975 and 2005. Finally, examining homicide and traffic fatalities, the researchers found that they have accounted for a stable share of U.S. deaths over time, and would not account for the significant change in 15-year life expectancy the study identified.

The researchers say that the failure of the U.S. to make greater gains in survival rates with its greater spending on health care may be attributable to flaws in the overall health care system. They point to the role of unregulated fee-for-service payments and our reliance on specialty care as possible drivers of high spending without commensurate gains in life expectancy.

“It was shocking to see the U.S. falling behind other countries even as costs soared ahead of them,” said lead author Peter Muennig, assistant professor at Columbia University’s Mailman School of Public Health. “But what really surprised us was that all of the usual suspects—smoking, obesity, traffic accidents, and homicides—are not the culprits. The U.S. doesn’t stand out as doing any worse in these areas than any of the other countries we studied, leading us to believe that failings in the U.S. health care system, such as costly specialized and fragmented care, are likely playing a large role in this relatively poor performance on improvements in life expectancy.”

“This study provides stark evidence that the U.S. health care system has been failing Americans for years,” said Commonwealth Fund President Karen Davis. “It is unacceptable that the U.S. obtains so much less than should be expected from its unusually high spending on health care relative to other countries.” The good news is that the Affordable Care Act will take significant steps to improve our health care system and the health of Americans by expanding health insurance, improving primary care, and holding health care organizations accountable for their patients’ overall health and ensuring the coordination of primary care and specialty care to eliminate errors, waste of patients’ time, and wasteful duplication of tests and services.”

The article is available on the *Health Affairs* Web site at <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.2010.0073>

The Commonwealth Fund is a private foundation supporting independent research on health policy reform and a high performance health system.