OVERVIEW

Why Health Outcomes are Poor in the United States Compared to Other First-World Countries and the Way Forward

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INTRODUCTION

It is astonishing that the United States (U.S.), one of the world's economic leaders, lags behind other first-world nations in healthcare delivery and outcomes due to several reasons.[1,2] A report by The Commonwealth Fund compared U.S. healthcare spending, outcomes, and risk factors to other countries in the Organization for Economic Cooperation and Development (OECD). This comparison found that the U.S. spends more than twice as much on healthcare as most OECD countries yet has the lowest life expectancy among them.[3] Social determinants of health (SDOH), such as income, education, access to healthcare, and living conditions, are major factors influencing these poor outcomes. For example, the life expectancy for non-Hispanic Black Americans is 75.3 years, which is 3.5 years lower than that of non-Hispanic Whites (78.8 years), a gap that highlights the role of SDOH in shaping health disparities. The life expectancy of non-Hispanic Black Americans is similar to the average in nations such as the Netherlands, New Zealand, and Canada, which typically invest heavily in preventive medicine.[1]

Social determinants of health (SDOH) play a significant role in this inequality, as low-income populations and racial minorities often have limited access to quality healthcare, healthy food, and safe living environments. The U.S. healthcare system, by focusing on treating diseases after they occur rather than addressing the root causes, misses the opportunity to prevent many of these chronic conditions.[2]

The U.S. healthcare system is burdened by high administrative costs. The complexity of the financial system, with multiple insurance plans, payment structures, and reimbursement processes, adds inefficiencies to the system. These administrative burdens result in significant waste, as resources are often diverted to administrative tasks rather than patient care. A large portion of U.S. healthcare spending goes toward marketing and advertising rather than direct healthcare services. As Shi and Singh[3] note, these inefficiencies are reflected in the high cost of goods and services, inflating healthcare costs across the board. By comparison, countries like the Netherlands and Canada have simplified administrative systems, streamlining healthcare delivery and proper allocation of resources toward patient care.

To address these issues, several policy changes could be implemented to control healthcare costs and improve outcomes. A key policy recommendation is to address SDOH which has a profound impact on health outcomes, especially for underserved populations. Expanding federal funding for programs that integrate healthcare with social services, such as housing, food security, and education, could significantly improve health outcomes. For instance, some states have begun to address SDOH through Medicaid transformation initiatives, incorporating non-medical needs like housing and food access into healthcare delivery.[2] This

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has been adopted and is expanding.

Another important step would be to streamline administrative costs by simplifying the insurance and payment systems. By reducing the number of intermediaries involved in billing and insurance, the U.S. could cut down on administrative waste, making the healthcare system more efficient. Countries like Canada, which have single-payer systems, demonstrate how simplified administrative structures can reduce costs and improve access to care.[3] While this policy has been proposed, it faces significant challenges due to the complexity of the U.S. system and the various interests involved.

CONCLUSION

Therefore, it is proposed the integration and expansion of health and policies. Implementing these policy changes could improve access to quality and equitable healthcare.

REFERENCES

1. Artiga S, Hinton E. Beyond health care: the role of social determinants in promoting health and health equity. Kaiser Family Foundation. 2018 May 10;10. [PubMed]
2. Figueroa JF, Frakt AB, Jha AK. Addressing social determinants of health: time for a polysocial risk score. Jama. 2020 Apr 28;323(16):1553-4.Shi, L., & Singh, D. A. (2022) [PubMed]
3. Shi L, Singh DA. Essentials of the U.S. health care system (5th ed.). USA: Jones & Bartlett Learning; 2022.