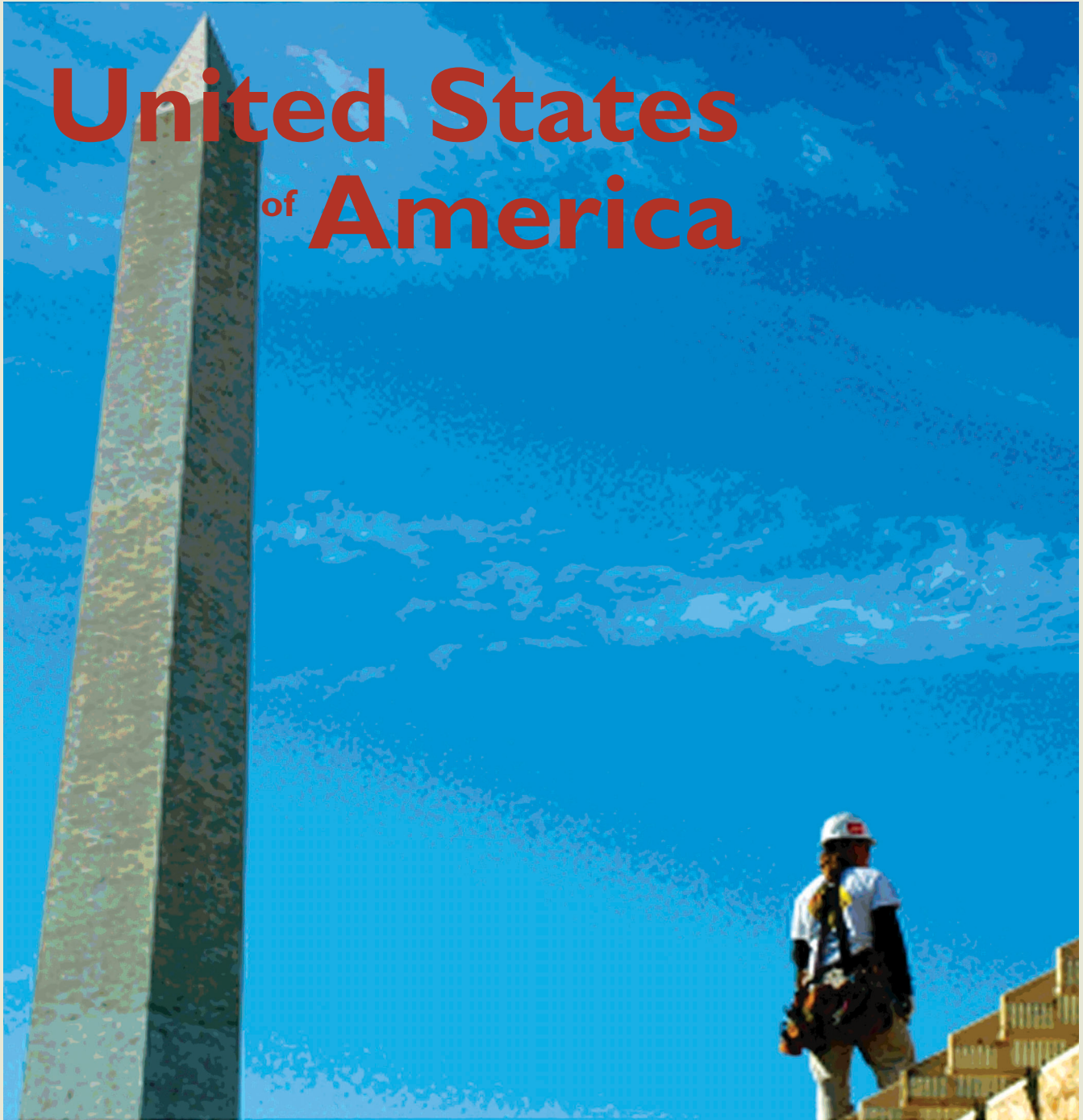


United States of America



The contiguous United States—the “lower 48” states and the District of Columbia—occupies the center of North America, bordered on the north by Canada, on the south by Mexico, on the east by the Atlantic Ocean, and on the west by the Pacific Ocean. In addition are the states of Alaska (west of Canada) and Hawaii (in the middle of the Pacific Ocean), along with several other territories in the Caribbean Sea and the Pacific. Its total land area is 9,826,675 km². It is a federal republic. The national capital is Washington, D.C., and its political subdivisions include the 50 states and the District of Columbia.

With a gross national per capita income of US\$ 46,790 in 2008, the United States is one of the world's most affluent countries. However, it has undergone a serious economic crisis since that year (precipitating the current international crisis), which has caused, among other things, unemployment, lowered family income, and increasing inequality between the wealthiest stratum and the middle class. These changes have intensified debate on how to address as fairly as possible health problems, education, human security, and the lives of people in an aging and more ethnically diverse population.

The United States' health system is quite developed and expensive, and the level of health is relatively good. However, it faces important challenges with regard to serving people's needs, especially low-income people who lack health insurance and cannot pay for health care.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

The gender-based income gap continues to narrow. Between 2005 and 2006, women's income rose from 62% to 81% of men's income.

The government, by opportunely providing major monetary support to the financial and production sectors, and strengthening government programs during the economic crisis that began in 2008, contributed to averting more serious consequences for the economy, employment, and the living conditions of lower-income individuals and families.

THE ENVIRONMENT AND HUMAN SECURITY

The Environmental Protection Agency has calculated that, thanks to regulations implemented under the Clean Air Act of 1970, 160,000 deaths and 100,000 hospital visits were prevented in 2010 alone.

HEALTH CONDITIONS AND TRENDS

In 2007, maternal mortality was 12.7 deaths per 100,000 live births and infant mortality was 6.75 deaths per 1,000 live births. The United States has reduced vaccine-preventable disease considerably by means of childhood immunization.

Selected basic indicators, United States of America, 2006–2010.

Indicator	Value
Population 2010 (millions)	308.7
Poverty rate (%) (2009)	13.4
Literacy rate (%)	...
Life expectancy at birth (years) (2010)	78.3
General mortality rate (age-adjusted rate, per 1,000 population) (2007)	7.6
Infant mortality rate (per 1,000 live births) (2007)	6.8
Maternal mortality rate (per 100,000 live births) (2007)	12.7
Physicians per 1,000 population (2009)	2.6
Hospital beds per 1,000 population (2008)	3.1
DPT3 immunization coverage (%) (2008)	96.0
Births attended by trained personnel (%) (2006)	99.5

In 2008, there were nearly 491,000 people infected with HIV in the United States. The incidence of HIV infection has been relatively stable, with approximately 50,000 new infections every year. In 2008, more than 75% of adult and adolescent HIV carriers were men. An estimated 18% of men and 32% of women who contracted HIV in 2008 did so through intravenous drug use. A reduction in pediatric HIV is associated with more HIV screening tests in young pregnant women and the use of antiretroviral drugs to prevent HIV transmission from mother to child.

Tuberculosis infection has continued to decline. In 2010, 11,182 cases were recorded (3.6 per 100,000 population). Tuberculosis infection was 11 times greater among foreign-born people than among the native-born.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

The health laws and policies proposed between 2006 and 2010 were aimed at reducing health costs, increasing the number of people with health insurance, growing the number of health care personnel, strengthening nutritional programs, facilitating the acquisition of prescription drugs, developing technology and health-related research, building infrastructure, and helping military veterans adapt to civilian life.

The American Recovery and Reinvestment Act of 2009 (ARRA) strengthens existing programs such as the National School Lunch Program (NSLP); the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Congregate Nutrition Services,

The Patient Protection and Affordable Care Act (PPACA) of 2010

The nation faces important challenges on health care costs and how to divide functions between the Government and the private sector. Some 50 million people do not have health insurance, especially those with lower incomes and worse health. The Government has contributed significant funds to strengthen and expand health management, strengthen the health infrastructure, and train health workers.

An important step toward meeting these challenges was the passage in 2010 of the Patient Protection and Affordable Care Act (PPACA). This law tries to make quality health care available to all U.S. citizens and reduce the growth of health costs.

Among other provisions, the PPACA provides that people with preexisting conditions cannot be excluded from health insurance coverage. It makes it easier to obtain prescription drugs, supports improvements in the quality and efficiency of health care, provides substantial financing to extend health insurance to more people, and requires that everyone have health insurance. The law will take effect gradually in the coming years.

which provides food and other nutrition services to the elderly in group settings; Home-Delivered Nutrition Services; and the Food Distribution Program on Indian Reservations (FDPIR). The Food and Nutrition Act of 2008 strives to use food surpluses effectively and improve nutrition in low-income homes.

Health expenditures surpassed US\$ 2.3 trillion in 2008, 73% more than in 2000, when the figure was US\$ 1.4 trillion. In 2008, per capita health expenditure was US\$ 7,681 and represented 16.2% of the gross domestic product (GDP).

Health insurance determines whether people will have access to health services. In 2007–2009, 61% of the adult population under 65 years old had private health insurance, 54% of people under age 18 had private health insurance, and 40% had some form of public insurance administered by the federal and state governments. The majority of people over age 65 also have some form of health insurance, including Medicaid (insurance for the poor) or Medicare (insurance for people over age 65).

In 2008, the health care sector was composed of 596,000 facilities, which varied in size, personnel characteristics, and structure. Outpatient health care services employed 43% of health personnel and accounted for 87% of facilities, while hospitals employed 35% of health personnel and represented 1% of facilities.

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

The government has made important investments in information technology to consolidate health data among institutions. One goal of this effort is to increase efficiency and lower the cost of Medicare and Medicaid services.

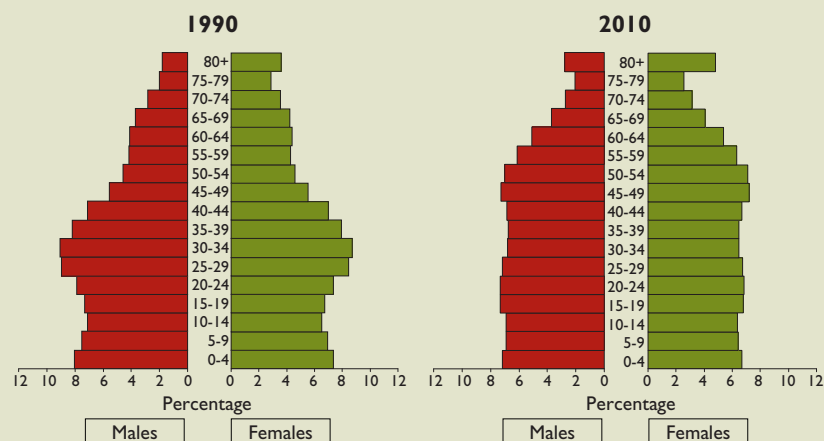
Research in rehabilitation and electronic support technologies will enhance the ability of the elderly and the disabled to manage their own care. These support devices include computers, ergonomic equipment, reclining armchairs, adjustable-height beds, stair chairlifts, hearing aids, and help-summoning devices.

MAIN CHALLENGES AND PROSPECTS

The economic crisis that began in 2008 contributed to increasing social inequalities. The average poverty rate between 2007 and 2009 was 13.4%. The rate varied by geography—ranging from 21% in Mississippi to 6.9% in New Hampshire, and 13% in urban and 15% in rural areas—and by racial and ethnic group (22% for African-Americans, 21.3% for Hispanics, and 8.4% for Caucasians).

In 2007, the level of schooling was high. However, high school dropout rates among people from 16 to 24 years old varied by ethnic group and race (6.1% for Caucasians, 11.5% for African-Americans, and 19.9% for Hispanics). Among foreign-born Hispanics, 34% had dropped out of school.

Population structure, by age and sex, United States of America, 1990 and 2010.



In 2010, 4,690 workers died from work-related accidents and every year approximately 49,000 deaths are attributed to work-related illnesses.

In 2008, there were 10.2 million motor vehicle accidents, causing 39,000 deaths. In 2007, poisoning caused 40,100 deaths (22% of total deaths from external causes). Gunshot wounds caused 31,347 deaths, or 17.7% of total trauma deaths in 2007. In 2009, 3.6 million children were abused or did not receive adequate care. In 2010, 35.6% of women reported that they had been victims of physical violence or harassment by an intimate companion at some point in their lives.

In 2005, four important hurricanes affected the United States; the most devastating was Katrina, which caused 1,836 confirmed deaths and some US\$ 81.2 billion in economic losses. In 2010, major floods in northeastern and southeastern states caused significant losses.

In 2009, dengue in Florida was reported for the first time in 75 years, and since then more than 90 cases of local transmission have been reported in that state. West Nile virus has become endemic throughout the continental United States; 1,021 cases were reported in 2010. The average annual number of reported malaria cases between 2006 and 2009 was 1,500.

The Centers for Disease Control and Prevention (CDC) calculates that between April 2009 and April 2010 there were 61 million influenza A(H1N1) cases, causing 12,470 deaths.

In 2007, there were 2,423,712 deaths (for a crude mortality rate of 7.6 per 1,000 population). Chronic, noncommunicable diseases are the leading cause, and among them, heart disease ranked first among causes (191 per 100,000 population). Malignant neoplasms (178 per 100,000) were the second leading cause. Malignant neoplasms and heart disease together accounted for almost 50% of total deaths.

In 2010, 25.6 million people 20 years old or older had diabetes mellitus; in people 65 and older the rate was 27%. Approximately 68 million (31%) adults (18 years old or older) were experiencing hypertension in 2005–2008; 70% were receiving treatment and in 46% the condition was controlled.

In 2007–2008, more than two-thirds of the United States adult population was overweight; 34% were obese and 5.7% extremely obese. More than one-fifth of adults (21%) smoked cigarettes in 2009. In 2010, 8.9% of people 12 years old or older had used illegal drugs in the previous month; among adolescents between ages 12 and 17 the rate was 10.1%.

The costs associated with morbidity and mortality from chronic, noncommunicable diseases pose the main health challenge in the United States. In 2007, 80% of deaths were due to noncommunicable diseases. Lack of physical activity and deficient diet have aggravated the overweight and obesity epidemics that affect 67% of adults over 20 years old.

Accidents, negligently inflicted injuries, and violence are important public health problems in all ethnic and racial groups, particularly for the very young and for men. In 2007, accidents and injuries were the leading cause of death of people between 1 and 44 years old. Homicide was among the five leading causes of death of people between 1 and 34 years old.

The country's inequality problems—50 million people do not have health insurance—make it harder to manage health costs and assign health roles to the government and the private sector. Inequities also affect Medicaid and Medicare funding and the special needs of the more than 20 million military veterans.

The government has addressed these issues by mobilizing huge financial resources to strengthen health data systems, optimize Medicare and Medicaid management, bolster the health infrastructure, and train health workers.

As the United States population ages, caring for the elderly will be a growing burden for individuals and the government. By 2015, the shortage of physicians will become more critical owing to the rising number of elderly people enrolling in Medicare and an overall increase in the population accessing health care because of changes in the laws governing health insurance.

One looming problem is the likelihood that the health care work force will be ever more insufficient, and that it will not be adequately organized or trained for addressing an aging population's health needs.