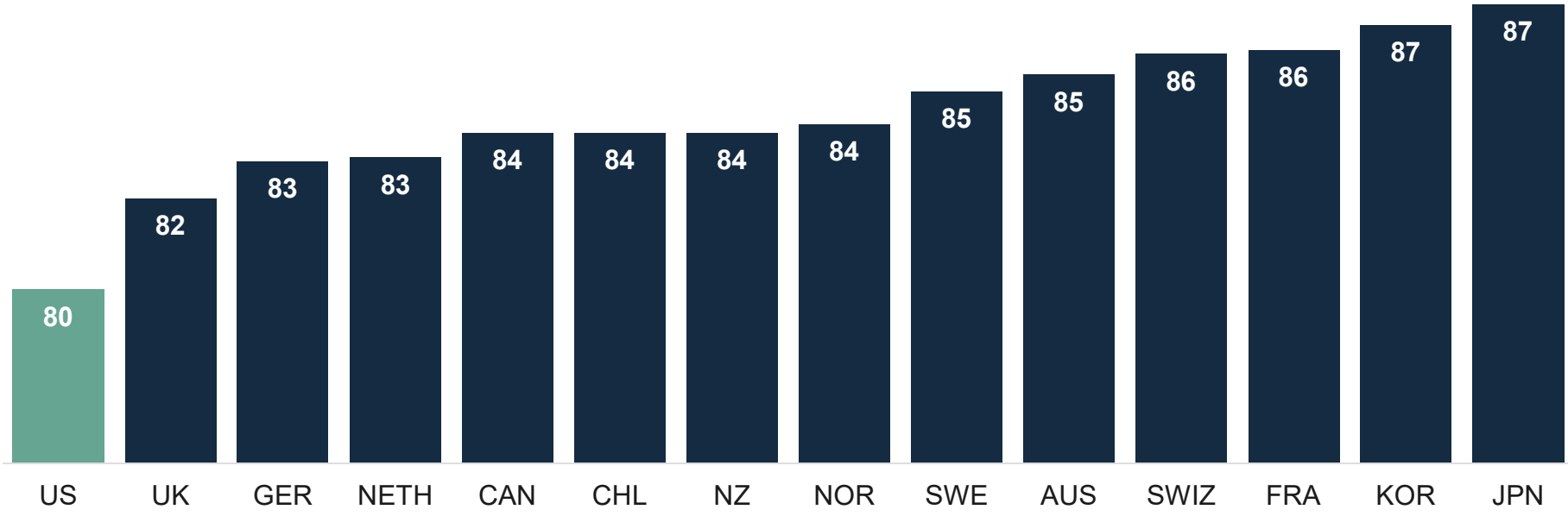


Women's life expectancy at birth is at least two years lower in the U.S. compared to other high-income countries.

Female life expectancy at birth (years)

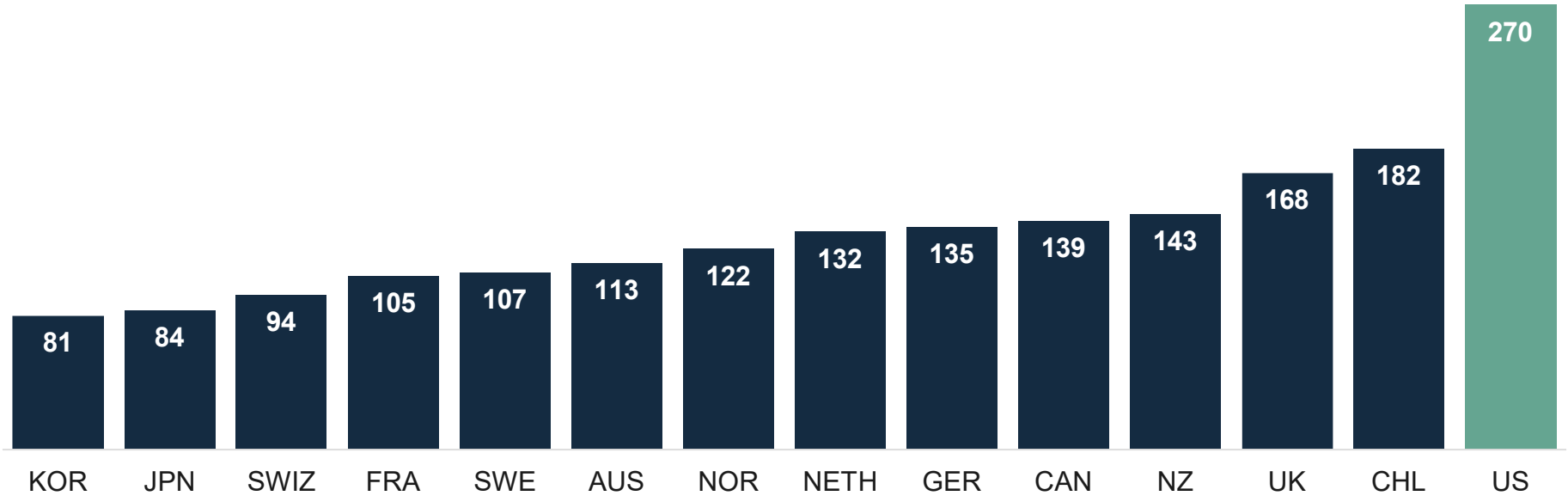


Notes: 2020 data for UK; 2021 data for CAN, KOR, NZ; 2022 data for AUS, CHL (provisional data), GER, JPN, NOR (provisional data), US; 2023 data for FRA, NETH, SWE, SWIZ.
Data: OECD Health Statistics, 2023 for all countries except US. US data: Kenneth D. Kochanek et al., *Mortality in the United States, 2022* (National Center for Health Statistics, Mar. 2024).



U.S. women have the highest rate of avoidable deaths.

Avoidable mortality deaths per 100,000 females (standardized rates)



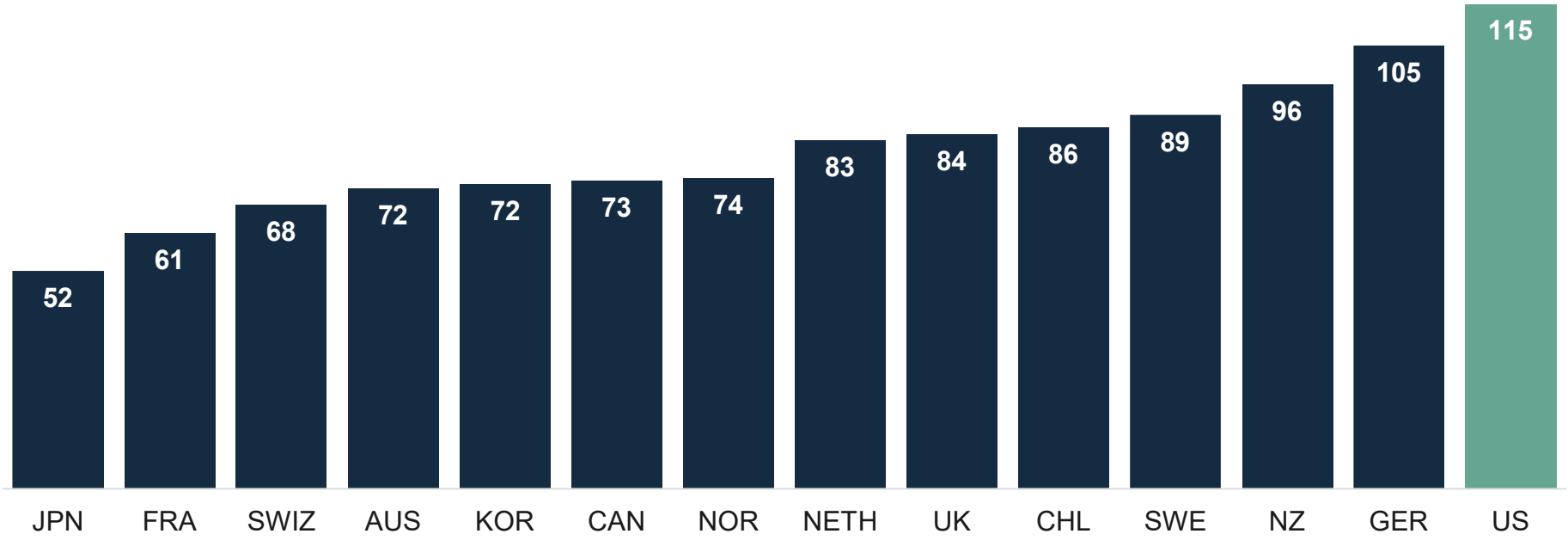
Notes: 2016 data for NZ, NOR; 2020 data for FRA, GER, UK; 2021 data for CHL, JPN, KOR, SWIZ, US; 2022 data for AUS, CAN, NETH, SWE. The list of deaths considered "avoidable" is from: Organization for Economic Co-operation and Development, "OECD Health Statistics 2024 Definitions, Sources and Methodology, Avoidable Mortality," OECD, July 2024.

Data: OECD Health Statistics 2024.



U.S. women are the most likely to die from cardiovascular disease.

Cardiovascular-related deaths (age-standardized) per 100,000 females



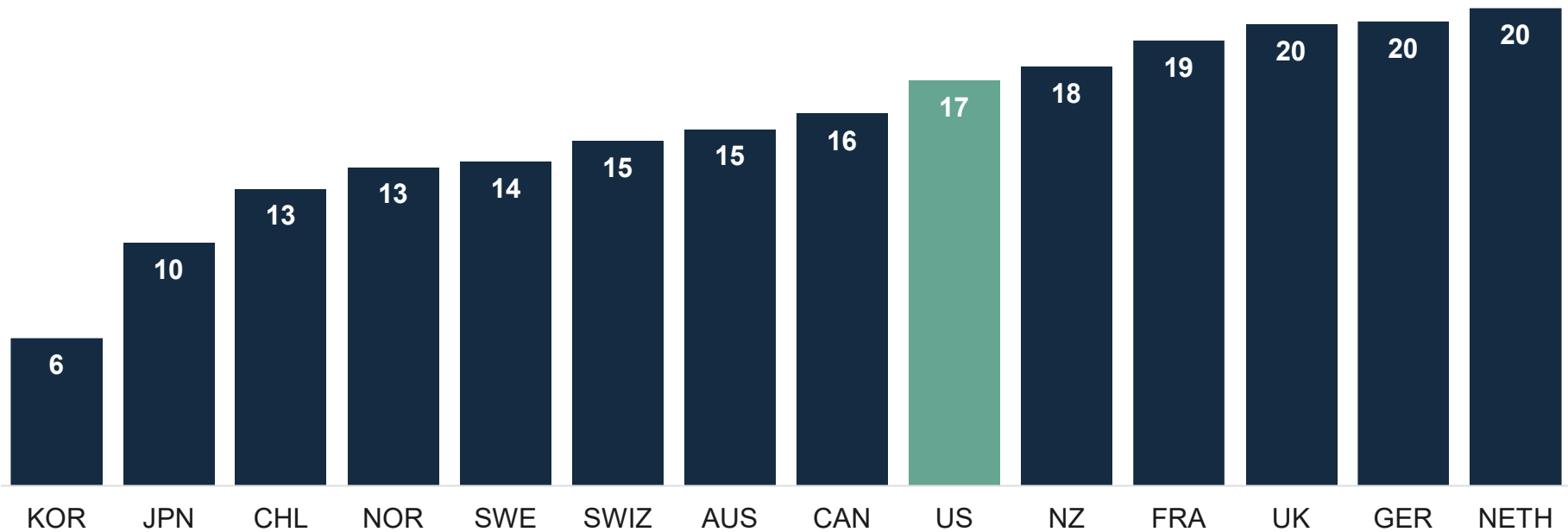
Data: Institute for Health Metrics and Evaluation (IHME), [Global Burden of Disease](#), 2021.

Source: Munira Z. Gunja, Relebohile Masitha, and Laurie C. Zephyrin, *Health Care for Women: How the U.S. Compares Internationally* (Commonwealth Fund, Aug. 2024). <https://doi.org/10.26099/7322-n764>



Women in the United Kingdom, Germany, and the Netherlands have the highest rates of breast cancer–related deaths.

Breast cancer deaths (age-standardized) per 100,000 females

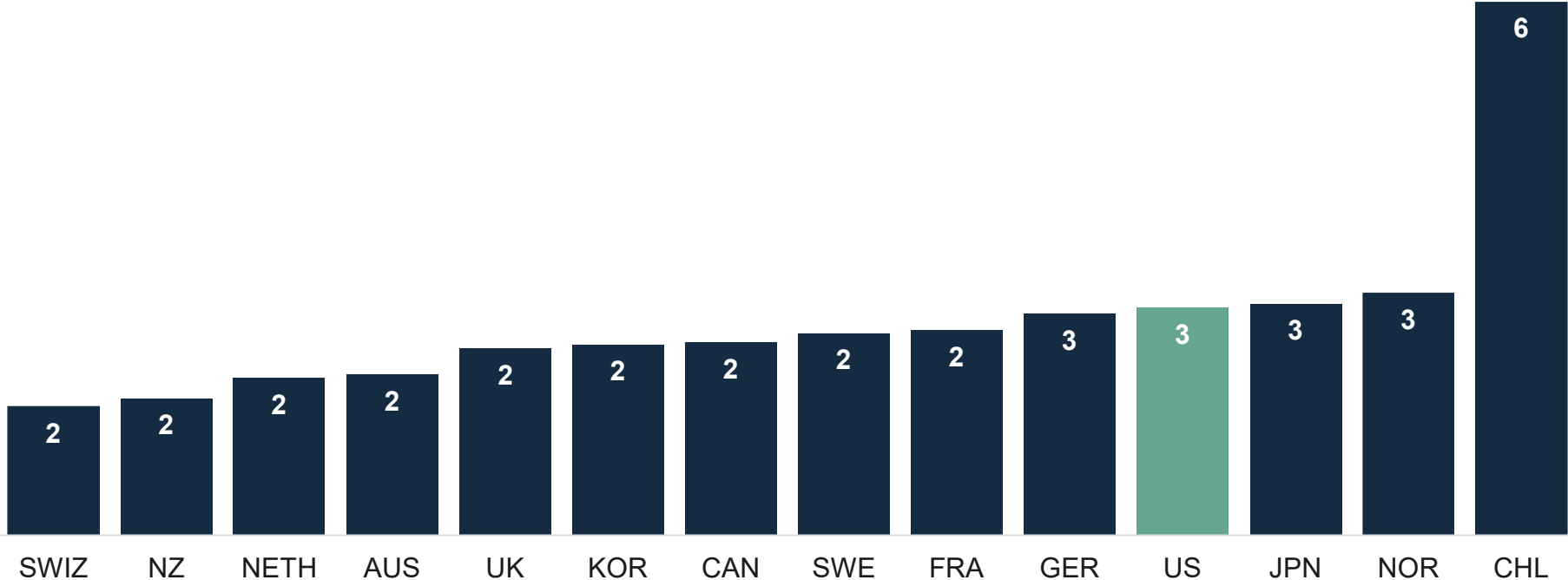


Data: Institute for Health Metrics and Evaluation (IHME), [Global Burden of Disease](#), 2021.

Source: Munira Z. Gunja, Relebohile Masitha, and Laurie C. Zephyrin, *Health Care for Women: How the U.S. Compares Internationally* (Commonwealth Fund, Aug. 2024). <https://doi.org/10.26099/7322-n764>

With the exception of Chile, cervical cancer deaths were similar in all countries.

Cervical cancer deaths (age-standardized) per 100,000 females



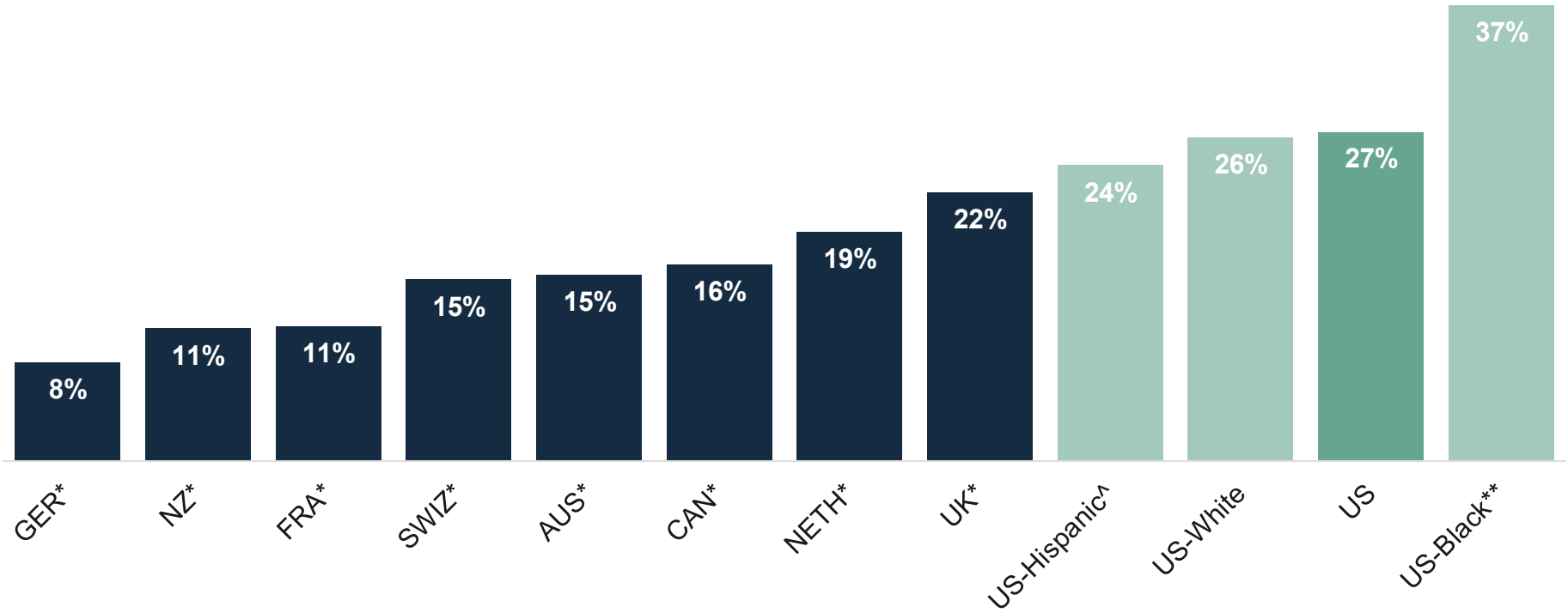
Data: Institute for Health Metrics and Evaluation (IHME), [Global Burden of Disease](#), 2021.

Source: Munira Z. Gunja, Relebohile Masitha, and Laurie C. Zephyrin, *Health Care for Women: How the U.S. Compares Internationally* (Commonwealth Fund, Aug. 2024). <https://doi.org/10.26099/7322-n764>



A greater proportion of U.S. women take four or more prescriptions regularly; Black women take multiple prescriptions at the highest rate.

Percentage of women ages 19–64 who take four or more prescription medications



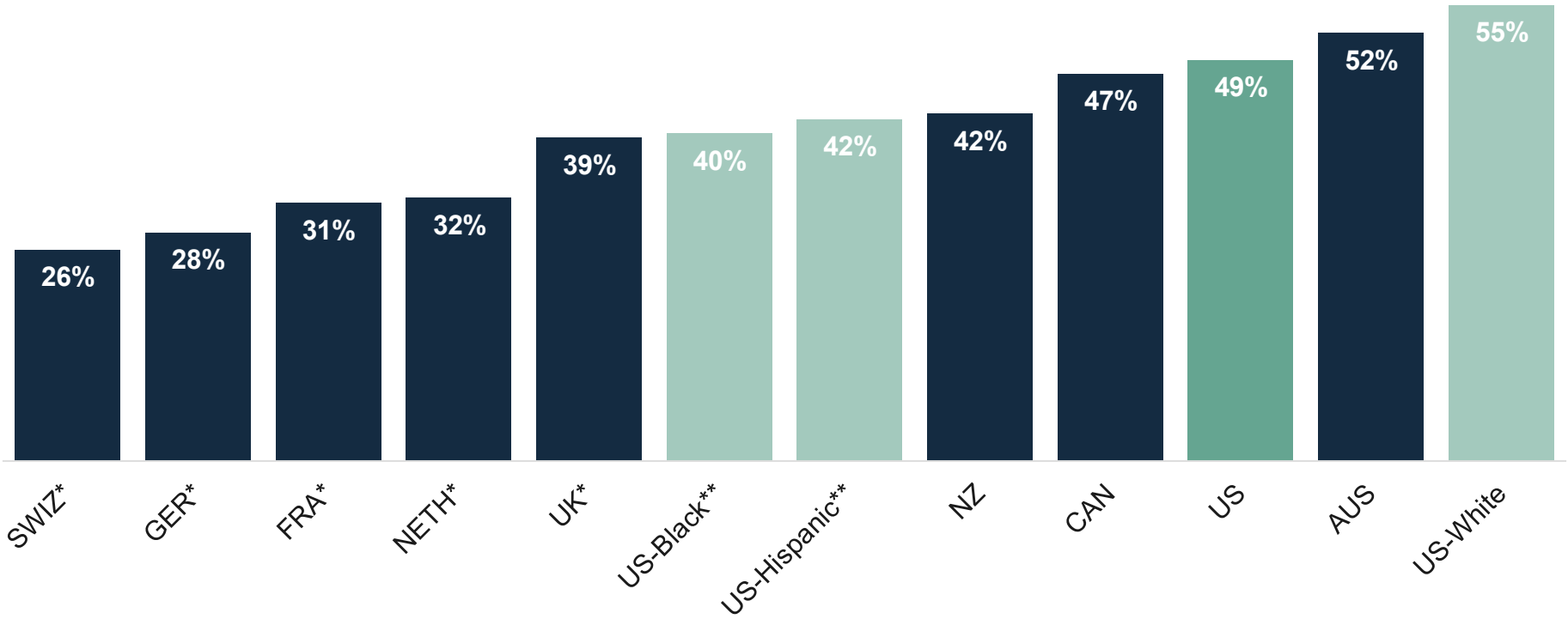
Notes: * Indicates difference between comparator country and US is statistically significant at p<.05 level. ** Indicates difference between US-Black and US-white is statistically significant at p<.05 level. ^ Indicates difference between US-Black and US-Hispanic is statistically significant at p<.05 level.

Data: Commonwealth Fund International Health Policy Survey (2023).



Half of women in the U.S. and Australia reported having a mental health care need.

Percentage of women ages 19–64 who reported having a mental health need^^



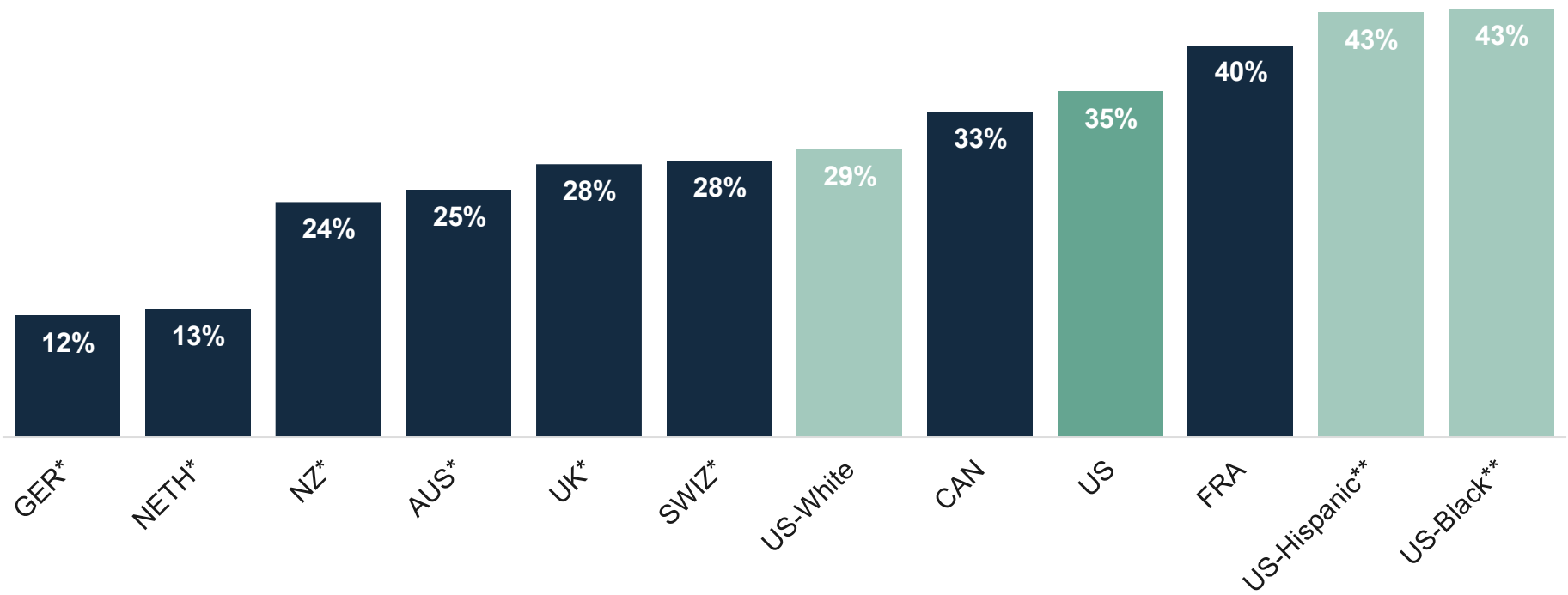
Notes: ^^ Mental health need: Respondent reported they had ever been told they had depression, anxiety, or other mental health conditions, or said in the past 12 months they received counselling or treatment for their mental health. * Indicates difference between comparator country and US is statistically significant at p<.05 level. ** Indicates difference between US-Black/US-Hispanic and US-white is significantly significant at p<.05 level.

Data: Commonwealth Fund International Health Policy Survey (2023)



Hispanic and Black women in the U.S. were the most likely to report having at least one social need.

Percentage of women ages 19–64 with at least one social service need



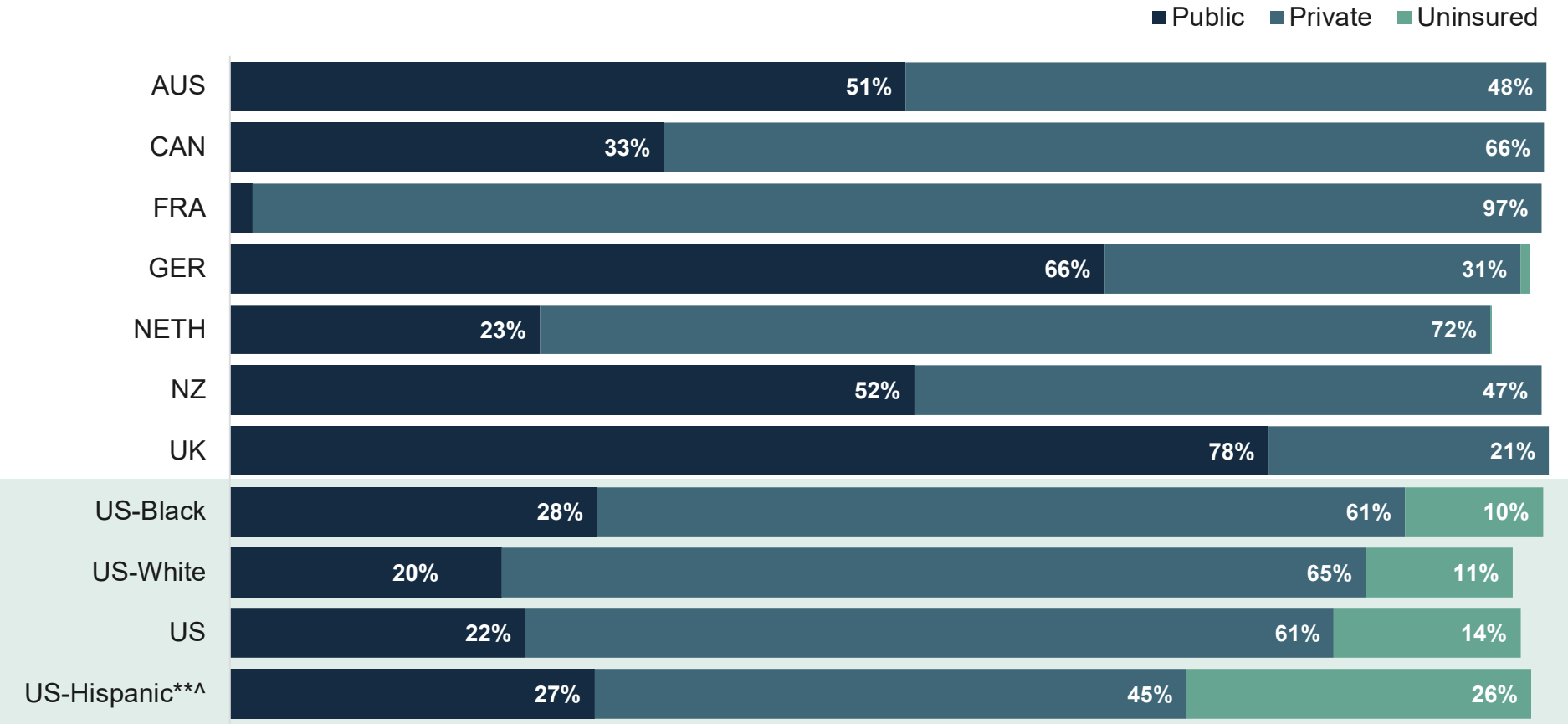
Notes: Social service needs defined as being always or usually worried about at least one of the following in the past 12 months: having enough food, having enough money to pay rent or mortgage, having a clean and safe place to sleep, having a stable job or source of income; for US-only comparison, differences were controlled by income. * Indicates difference between comparator country and US is statistically significant at p<.05 level. ** Indicates difference between US-Blacks/US-Hispanics and US-whites is significantly significant at p<.05 level.

Data: Commonwealth Fund International Health Policy Survey (2023).



The U.S. is the only country with an uninsured rate for women; over a quarter of U.S. Hispanic women reported lacking health insurance.

Health insurance breakdown among women ages 19–64



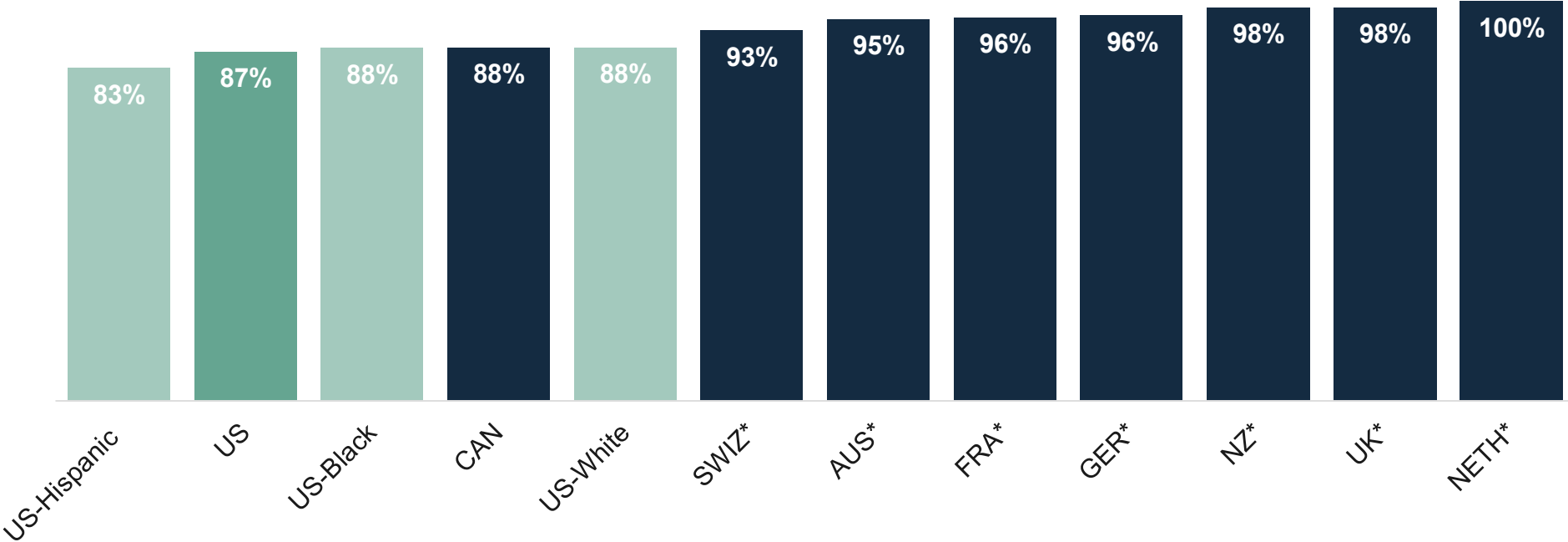
Notes: For all countries except US, “public” refers to only having public insurance and not a private plan. Segments may not sum to 100 percent because of rounding. ** Indicates difference between US-Hispanic uninsured population and US-white uninsured population is statistically significant at p<.05 level. ^ Indicates difference between US-Black uninsured population and US-Hispanic uninsured population is statistically significant at p<.05 level.

Data: Commonwealth Fund International Health Policy Survey (2023).



Women in the U.S., regardless of race or ethnicity, are less likely to have a regular doctor or place of care than women in nearly all other countries.

Percentage of women ages 19–64 who have a regular doctor or place of care

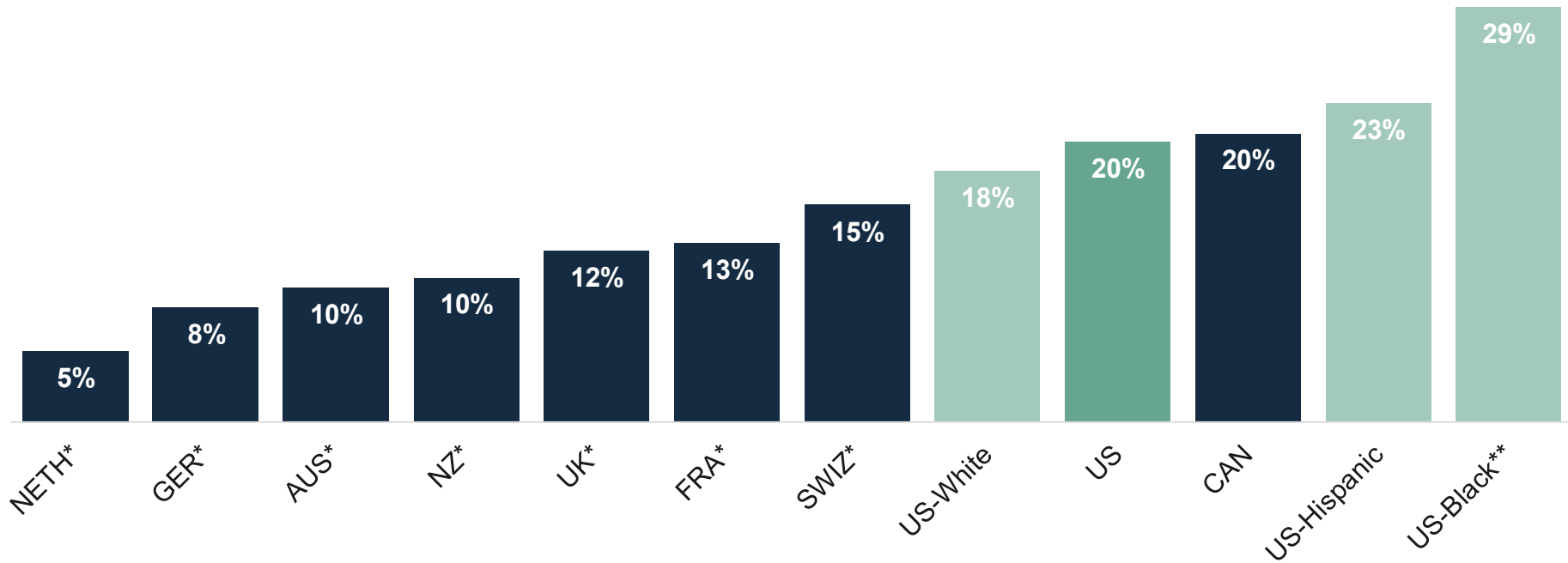


Notes: * Indicates the difference between comparator country and the US is statistically significant at p<.05 level;
Data: Commonwealth Fund International Health Policy Survey (2023)



Black women in the U.S. are the most likely to go to the ER for care that is better provided in a doctor's office.

Percentage of women ages 19–64 who used the emergency room either for care which could have been provided by a regular doctor or because they did not have a regular doctor^{^^}



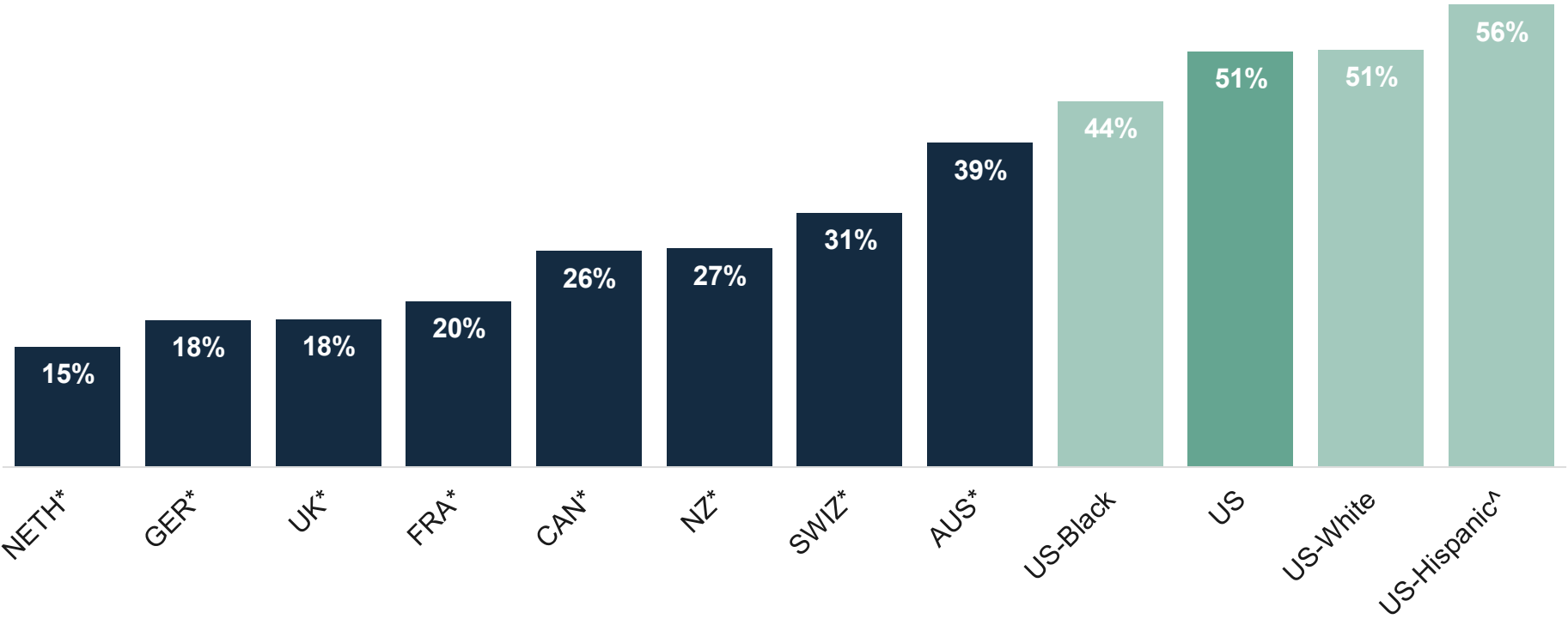
Notes: ^^ Question wording: "The last time you went to the hospital/emergency room was it for a condition that you thought could have been treated by the doctors or staff at the place where you usually get medical care, including your general practitioner's office or your regular doctor, if they had been available?" * Indicates difference between comparator country and US is statistically significant at p<.05 level. ** Indicates difference between US-Black and US-white is statistically significant at p<.05 level.

Data: Commonwealth Fund International Health Policy Survey (2023).



Women in the U.S. are the most likely to skip needed care because of the cost.

Percentage of women ages 19-64 with at least one cost-related access problem^^



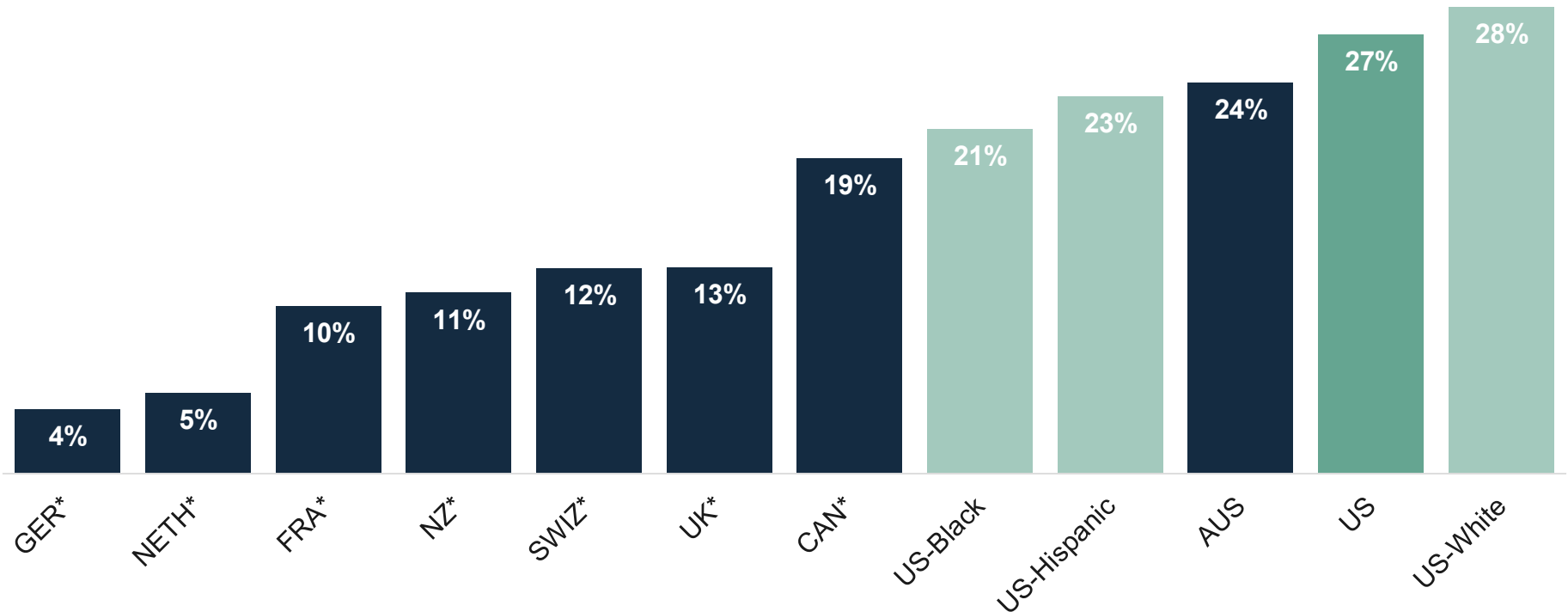
Notes: ^^ Cost-related access problems include any of the following in the past year: had a medical problem but did not visit a doctor; skipped a medical test, treatment, or follow-up recommended by a doctor; or did not fill or collect a prescription for medicine, or skipped doses of medicine, because of the cost in the past 12 months. * Indicates difference between comparator country and US is statistically significant at p<.05 level. ^ Indicates difference between US-Black and US-Hispanic is statistically significant at p<.05 level.

Data: Commonwealth Fund International Health Policy Survey (2023).



Women in the U.S. and Australia are the most likely to skip needed mental health services because of the cost.

Percentage of women ages 19–64 who skipped needed mental health services because of the cost^^



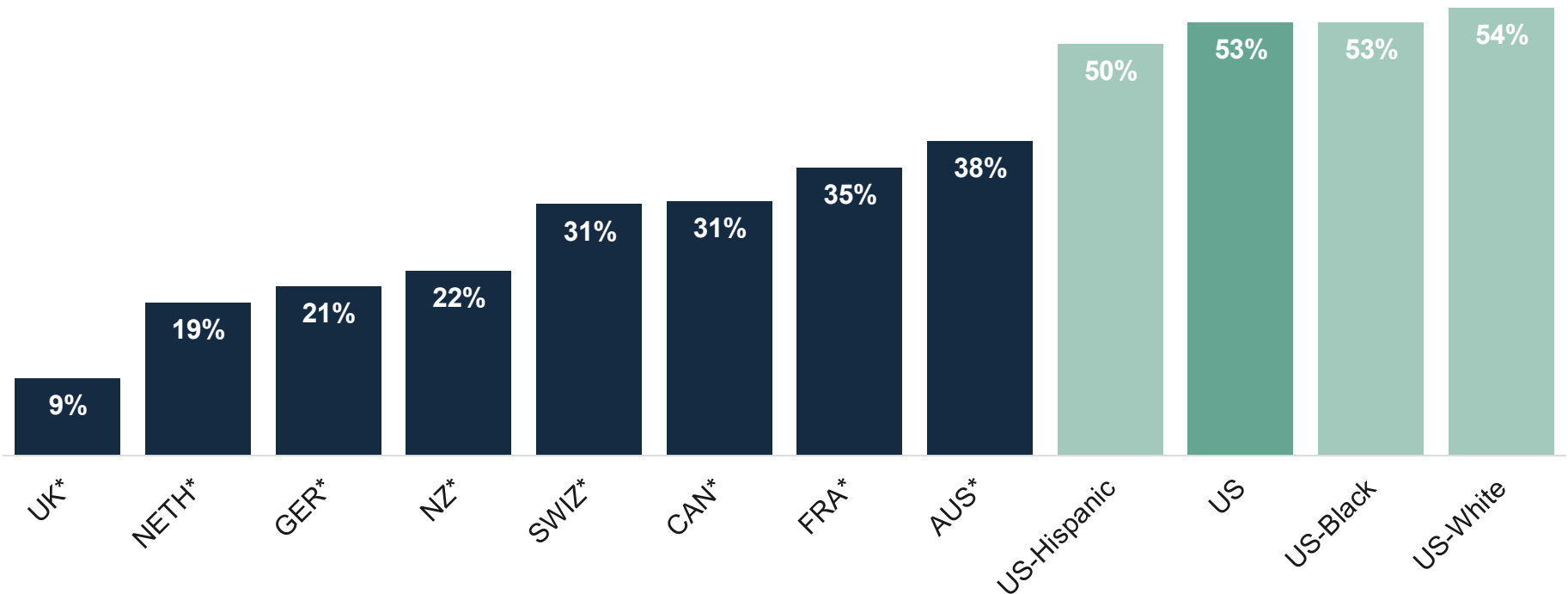
Notes: ^^ "During the past 12 months did not get mental health services when you needed them because of the cost?" * Indicates difference between comparator country and US is statistically significant at p<.05 level.

Data: Commonwealth Fund International Health Policy Survey (2023).



Women in the U.S. are the most likely to have problems paying medical bills.

Percentage of women ages 19–64 with at least one medical bill problem^^



Notes: ^^ Medical bill problems include any of the following in the past year: had serious problems paying or were unable to pay medical bills; spent a lot of time on paperwork or disputes related to medical bills; or were denied insurance payments or were paid less than expected. * Indicates difference between comparator country and US is statistically significant at p<.05 level.

Data: Commonwealth Fund International Health Policy Survey (2023).

