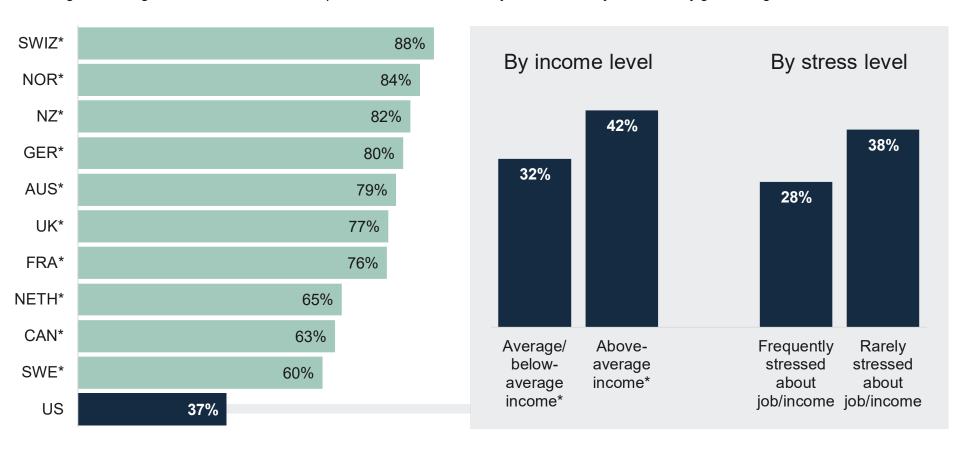
## Just over one-third of U.S. men gave a high rating to the performance of their country's health care system.

Percentage of men age 18+ who rated the overall performance of their country's health care system as "very good" or "good"



Notes: \* Either statistically significant differences compared to US for international comparisons at p<.05 level, or statistically significant difference to bar in comparison for US-only stratification analyses at p<.05 level. "Frequently" includes US men who reported being always or usually worried or stressed about having a stable job or source of income in the past 12 months; "Rarely" includes US men who reported having this stress "sometimes, rarely, or never."



## U.S. men have the highest rate of avoidable deaths.

#### Avoidable deaths per 100,000 males



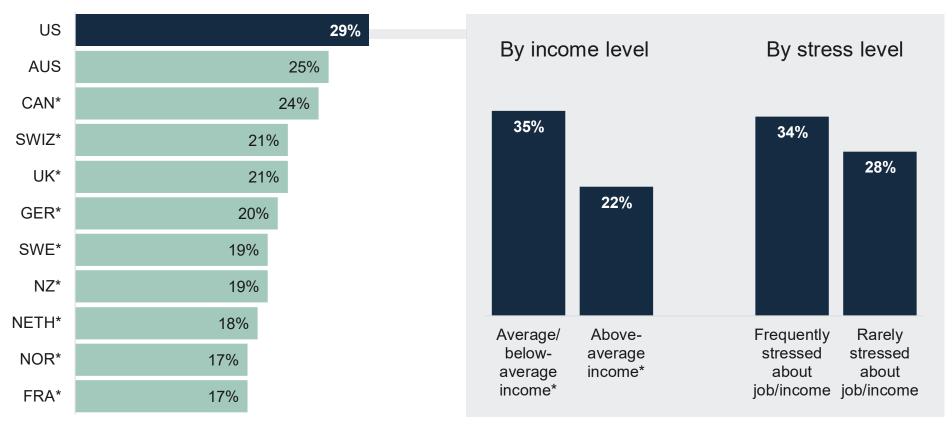
Notes: 2016 data for FRA, NZ, NOR, and UK; 2017 data for CAN, SWIZ, and US; 2018 data for AUS, NETH, and SWE; 2019 data for GER. "Avoidable deaths" are deaths which are considered preventable or treatable. The list of deaths considered avoidable is from: Organisation for Economic Co-operation and Development, <u>Avoidable Mortality: OECD/Eurostat Lists of Preventable and Treatable Causes of Death</u> (OECD, Apr. 2022), p. 11.

Data: Organisation for Economic Co-operation and Development, OECD Health Statistics 2021 (OECD, 2021).



Men in the U.S. and Australia are most likely to have multiple chronic conditions; men in the U.S. with lower incomes had higher rates of multiple chronic conditions.

Percentage of men age 18+ who reported having two or more chronic conditions



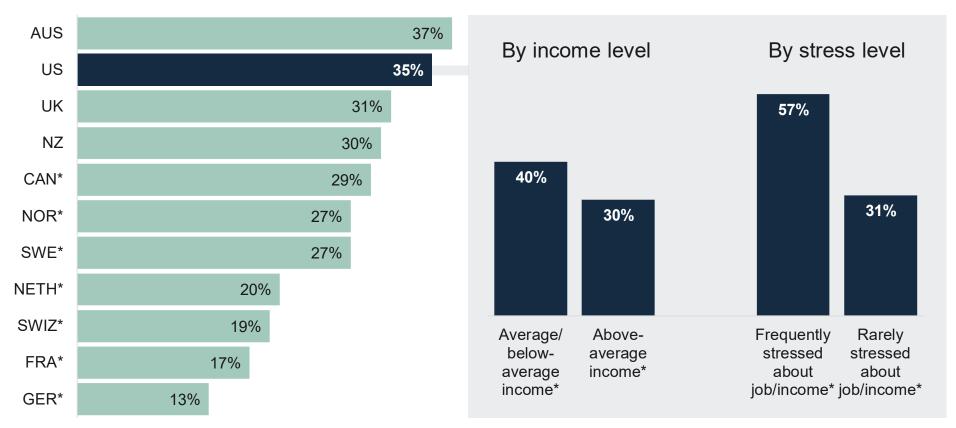
Notes: Having a chronic condition is defined as ever having been diagnosed by a doctor as having two or more of the following: asthma or chronic lung disease; cancer; depression, anxiety, or other mental health condition; diabetes; heart disease, including heart attack; or hypertension or high blood pressure.\* Either statistically significant differences compared to US for international comparisons at p<.05 level, or statistically significant difference to bar in comparison for US-only stratification analyses at p<.05 level. "Frequently" includes US men who reported being always or usually worried or stressed about having a stable job or source of income in the past 12 months; "Rarely" includes US men who reported having this stress "sometimes, rarely, or never."

Data: Commonwealth Fund 2020 International Health Policy Survey.



# Mental health care needs were highest among men in Australia and the U.S.; in the U.S., mental health needs were highest among income-insecure men.

Percentage of men age 18+ who reported having a mental health need

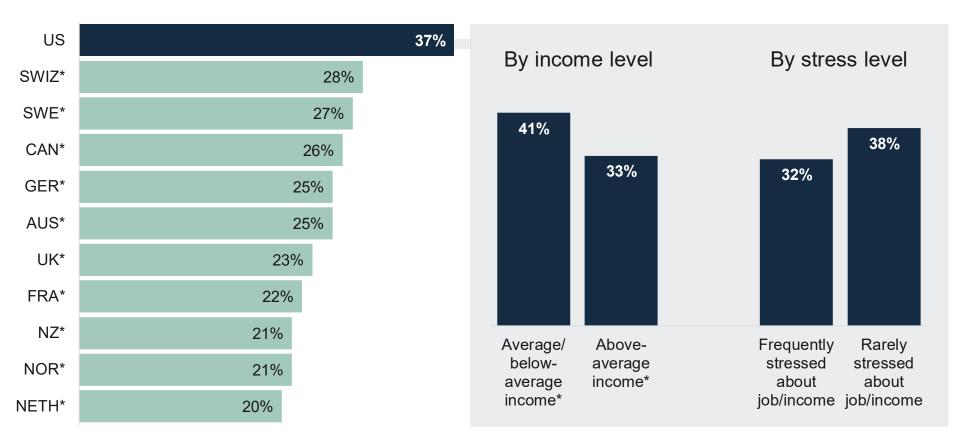


Notes: Having a mental health need is defined as responding yes to the any of the following: "Have you ever been told by a doctor that you have depression, anxiety, or other mental health condition?", "Since the coronavirus outbreak started, have you experienced stress, anxiety, or great sadness that you found difficult to cope with by yourself?", "In the past 12 months, was there ever a time when you wanted to talk to a doctor or other health professional about your mental health?". \* Either statistically significant differences compared to US for international comparisons at p<.05 level, or statistically significant difference to bar in comparison for US-only stratification analyses at p<.05 level. "Frequently" includes US men who reported being always or usually worried or stressed about having a stable job or source of income in the past 12 months; "Rarely" includes US men who reported having this stress "sometimes, rarely, or never."



# Among the countries surveyed, men in the U.S. were the most likely to report having hypertension (high blood pressure).

Percentage of men age 18+ who reported having hypertension (high blood pressure)



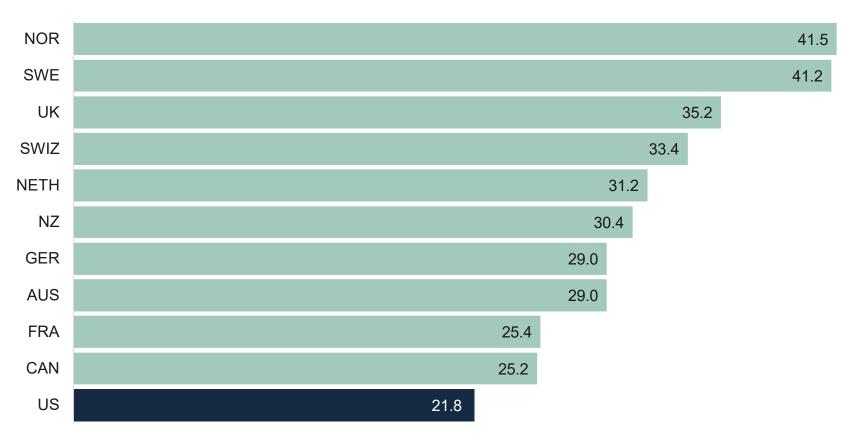
Notes: Respondents said yes to the following: "Have you ever been told by a doctor that you have or had hypertension or high blood pressure?" \* Either statistically significant differences compared to US for international comparisons at p<.05 level, or statistically significant difference to bar in comparison for US-only stratification analyses at p<.05 level. "Frequently" includes US men who reported being always or usually worried or stressed about having a stable job or source of income in the past 12 months; "Rarely" includes US men who reported having this stress "sometimes, rarely, or never."

Data: Commonwealth Fund 2020 International Health Policy Survey.



### Men in the U.S. have the lowest rate of prostate cancer—related deaths.

Malignant neoplasms of prostate, deaths per 100,000 males (standardized rates)

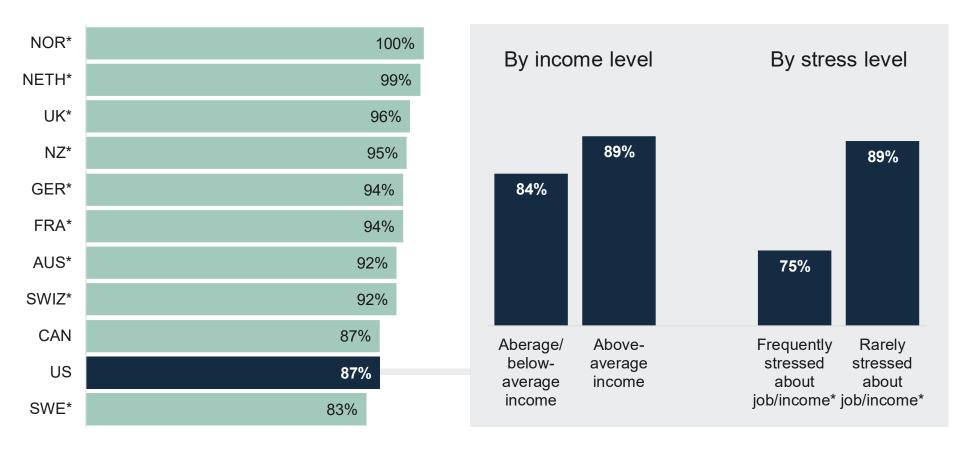


Notes: 2016 data for FRA, NZ, NOR, and UK; 2017 data for CAN, SWIZ, and US; 2018 data for AUS, NETH, and SWE; 2019 data for GER. Data: Organisation for Economic Co-operation and Development, <u>OECD Health Statistics 2021</u> (OECD, 2021).



It is less common for men in Sweden, the U.S., and Canada to have a regular doctor or place of care; men in the U.S. with income-related stress were less likely to have a regular doctor.

Percentage of men age 18+ who reported having a regular doctor or regular place of care

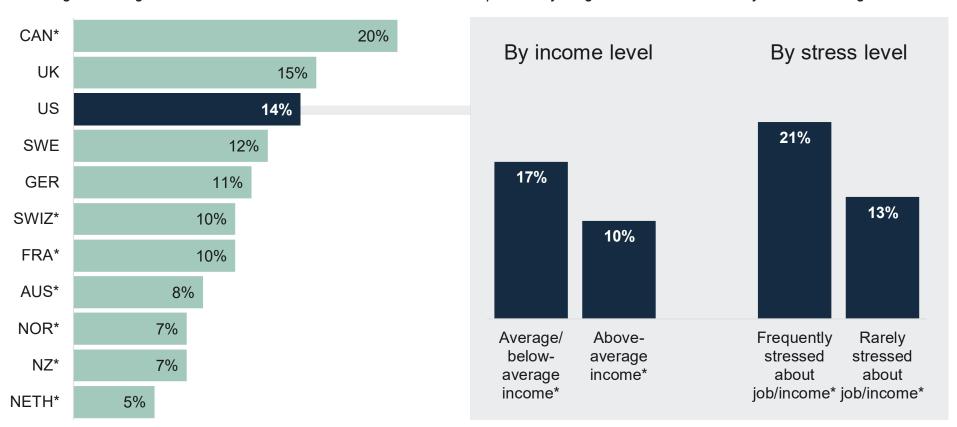


Notes: \* Either statistically significant differences compared to US for international comparisons at p<.05 level, or statistically significant difference to bar in comparison for US-only stratification analyses at p<.05 level. "Frequently" includes US men who reported being always or usually worried or stressed about having a stable job or source of income in the past 12 months; "Rarely" includes US men who reported having this stress "sometimes, rarely, or never."



Canada, the U.K., and the U.S. had the highest rate of men going to the emergency department either for care that could have been provided by a regular doctor or because they didn't have a regular doctor; in the U.S., men with income insecurity had the highest rates.

Percentage of men age 18+ who went to the ED for care that could have been provided by a regular doctor or because they didn't have a regular doctor

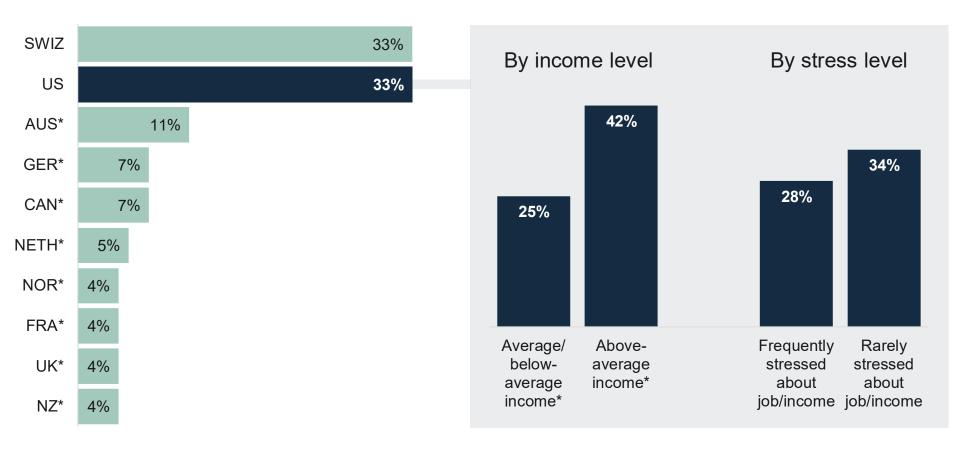


Notes: \* Either statistically significant differences compared to US for international comparisons at p<.05 level, or statistically significant difference to bar in comparison for US-only stratification analyses at p<.05 level. "Frequently" includes US men who reported being always or usually worried or stressed about having a stable job or source of income in the past 12 months; "Rarely" includes US men who reported having this stress "sometimes, rarely, or never."



Men in the U.S. and Switzerland spend more out of pocket on health care than men in other high-income countries; men in the U.S. with higher incomes had high out-of-pocket costs.

Percentage of men age 18+ who reported having out-of-pocket costs of \$2,000 or more†

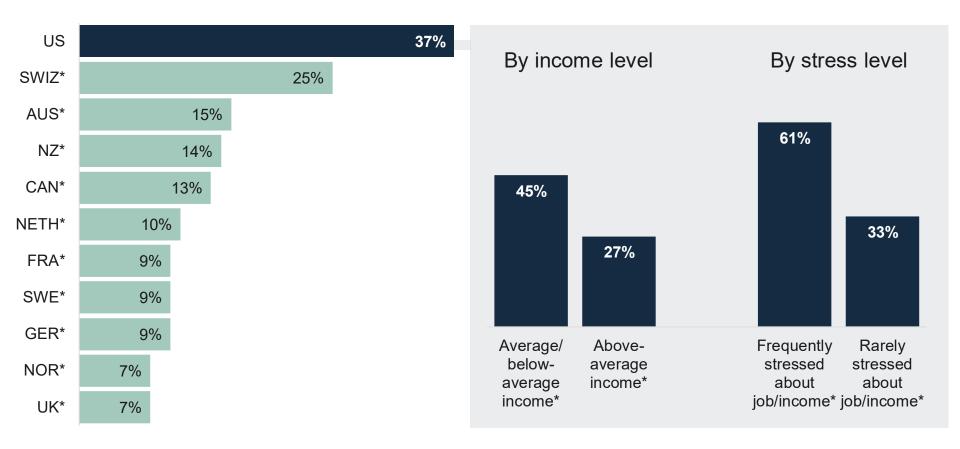


Notes: † Percent of respondents who reported that their annual (past year) family out-of-pocket spending for medical treatments or services that were not covered by public or private insurance was \$2,000 or more.\* Either statistically significant differences compared to US for international comparisons at p<.05 level, or statistically significant difference to bar in comparison for US-only stratification analyses at p<.05 level. Respondents in SWE were not asked this series of questions. "Frequently" includes US men who reported being always or usually worried or stressed about having a stable job or source of income in the past 12 months; "Rarely" includes US men who reported having this stress "sometimes, rarely, or never."



Men in the U.S. are the most likely to skip or delay needed care because of cost; men with income insecurity had high rates of cost-related access problems.

Percentage of men age 18+ who reported having at least one cost-related access problem

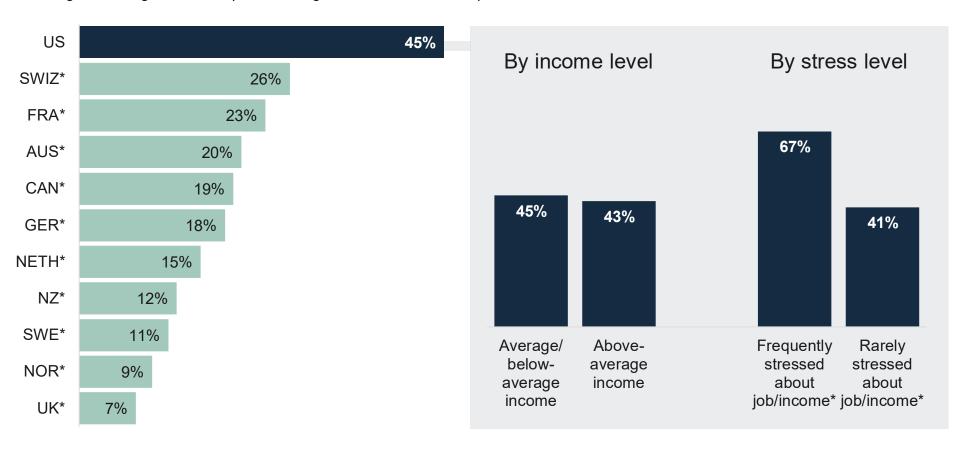


Notes: Cost-related access problems include any of the following in the past year: had a medical problem but did not visit a doctor; skipped a medical test, treatment, or follow-up recommended by a doctor; or did not fill or collect a prescription for medicine, or skipped doses of medicine, because of the cost in the past 12 months. \* Either statistically significant differences compared to US for international comparisons at p<.05 level, or statistically significant difference to bar in comparison for US-only stratification analyses at p<.05 level. "Frequently" includes US men who reported being always or usually worried or stressed about having a stable job or source of income in the past 12 months; "Rarely" includes US men who reported having this stress "sometimes, rarely, or never." Data: Commonwealth Fund 2020 International Health Policy Survey.



# About half of men in the U.S. are likely to have problems paying medical bills; men with income or job-related stress had more medical bill problems.

Percentage of men age 18+ who reported having 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. \* Either statistically significant differences compared to US for international comparisons at p<.05 level, or statistically significant difference to bar in comparison for US-only stratification analyses at p<.05 level. "Frequently" includes US men who reported being always or usually worried or stressed about having a stable job or source of income in the past 12 months; "Rarely" includes US men who reported having this stress "sometimes, rarely, or never."

