

PARADOX IN AMERICAN HEALTHCARE: PAYING MORE AND GETTING LESS

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Acknowledgments

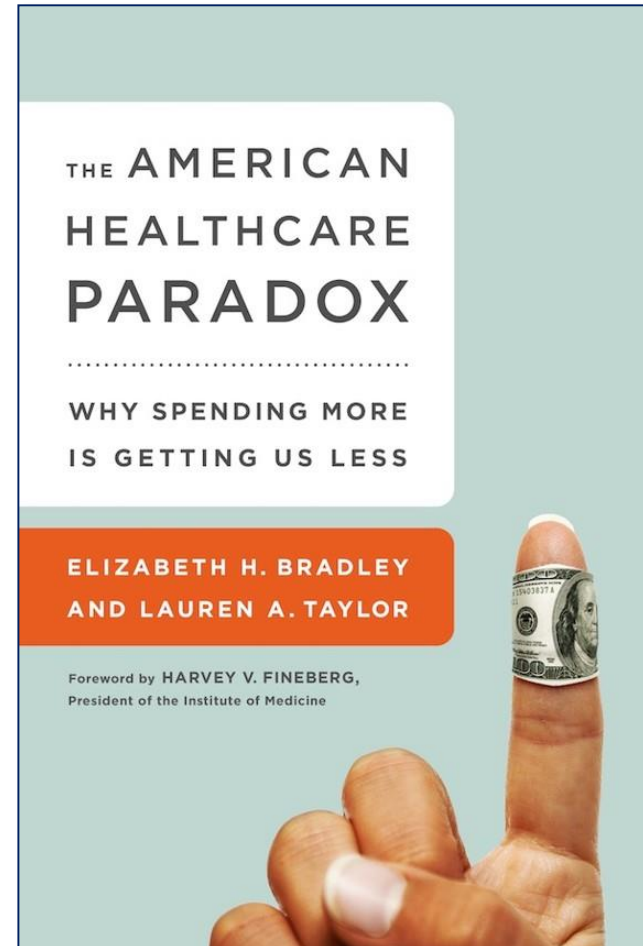
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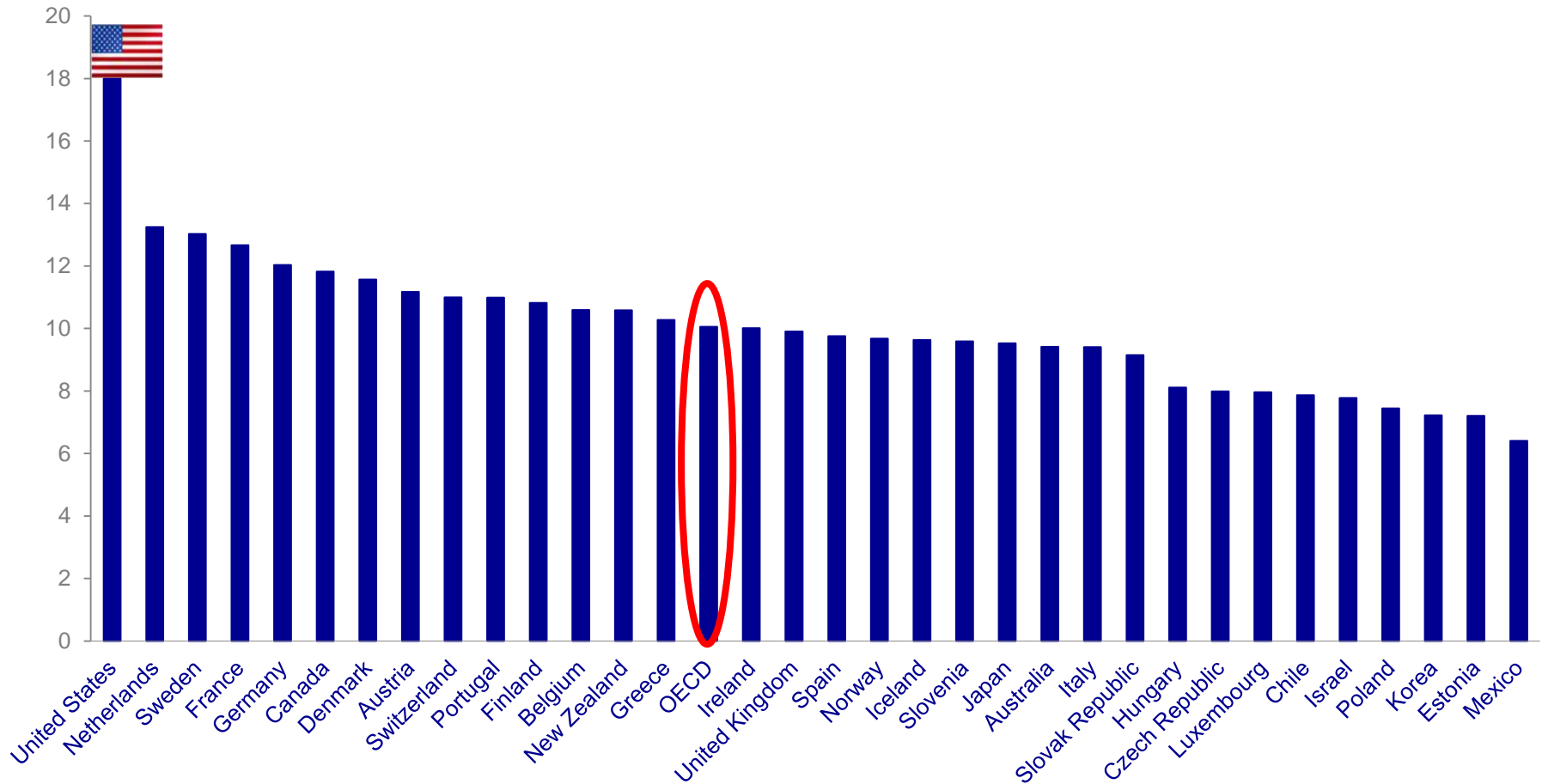
Funding

Robert Wood Johnson Foundation
The Commonwealth Fund
Blue Cross Blue Shield of
Massachusetts Foundation



Health Expenditures as % of GDP, 2009

3



Some Very *Real* Benefits



Kidney Transplants



Knee Replacements



MRIs

Enduring Challenges

5

Out of 34 OECD Countries

25th in maternal mortality

26th in life expectancy

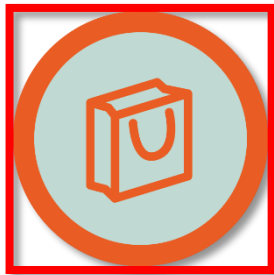
28th in low birth weight

What determines health?



Social Services

7



job training
and
employment
programs



supportive
housing
& rent
subsidies



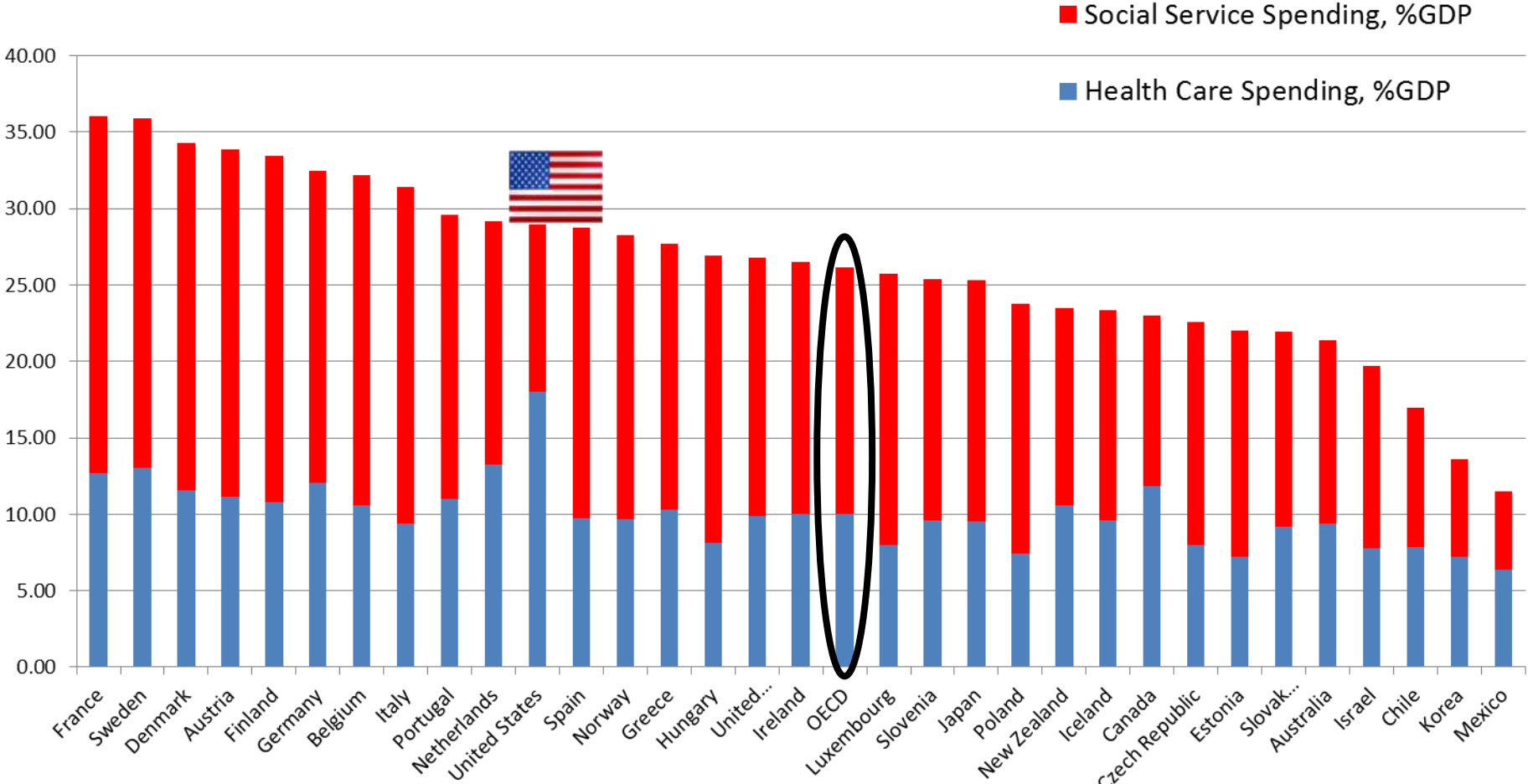
nutritional
support &
family
assistance



other social
services that
exclude health
benefits

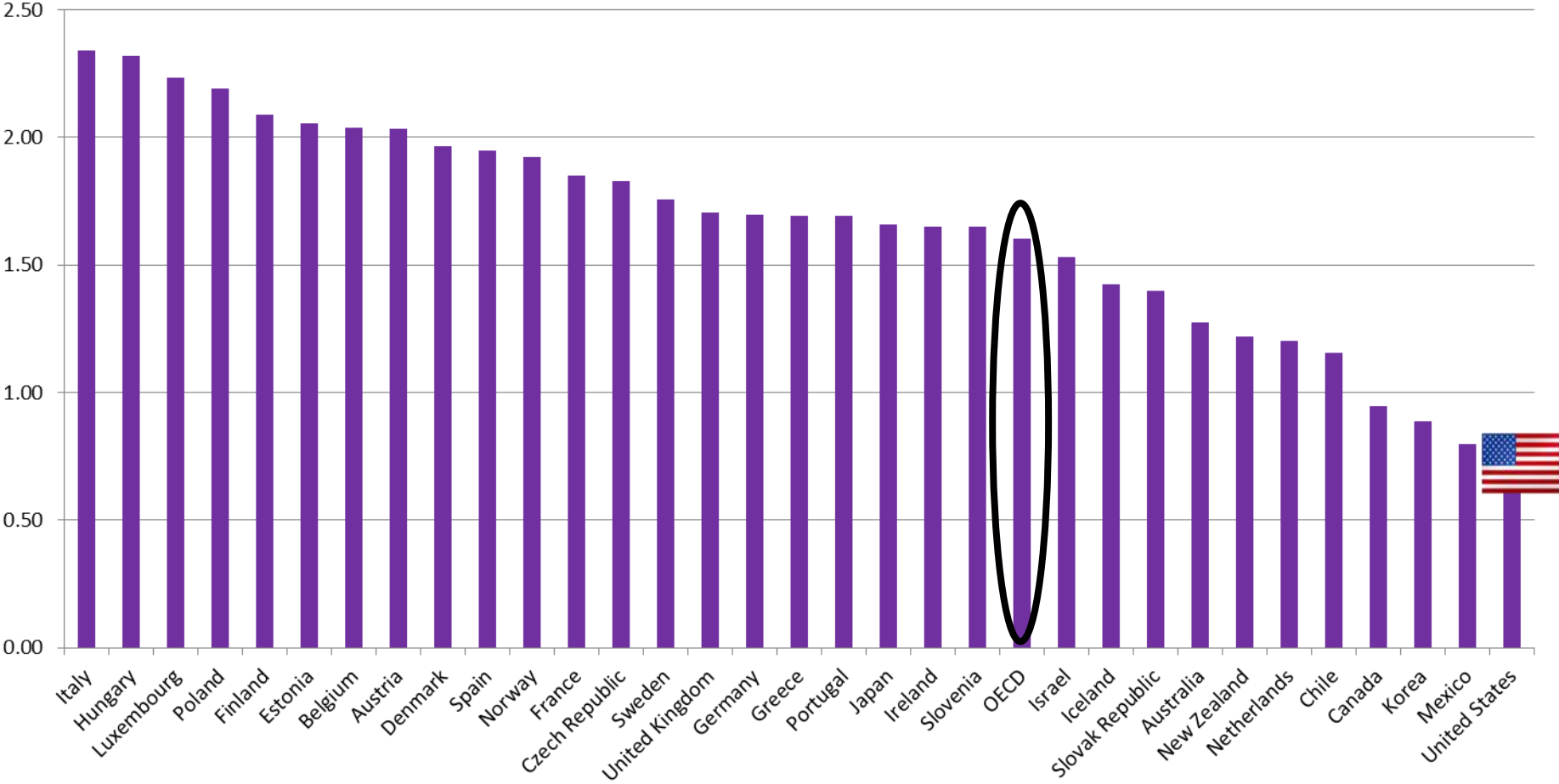
Total Investment in Health as % of GDP

Total Investment in Health as % of GDP



Ratio of Social Service to Health Care Spending

10



*Switzerland and Turkey are missing data for 2009



In the US, for **\$1** spent on health care,
about **\$0.90** is spent on social services.

In OECD, for **\$1** spent on health care,
about **\$2** is spent on social services.



Does it matter?

Countries with higher ratios of social-to-health spending have statistically better health outcomes.

Lower infant mortality
Fewer low birth weight babies
Less premature death
Longer life expectancy

And inside the US...

14

POPULATION HEALTH

By Elizabeth H. Bradley, Maureen Canavan, Erika Rogan, Kristina Talbert-Slagle, Chima Ndumele, Lauren Taylor, and Leslie A. Curry

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Variation In Health Outcomes: The Role Of Spending On Social Services, Public Health, And Health Care, 2000–09

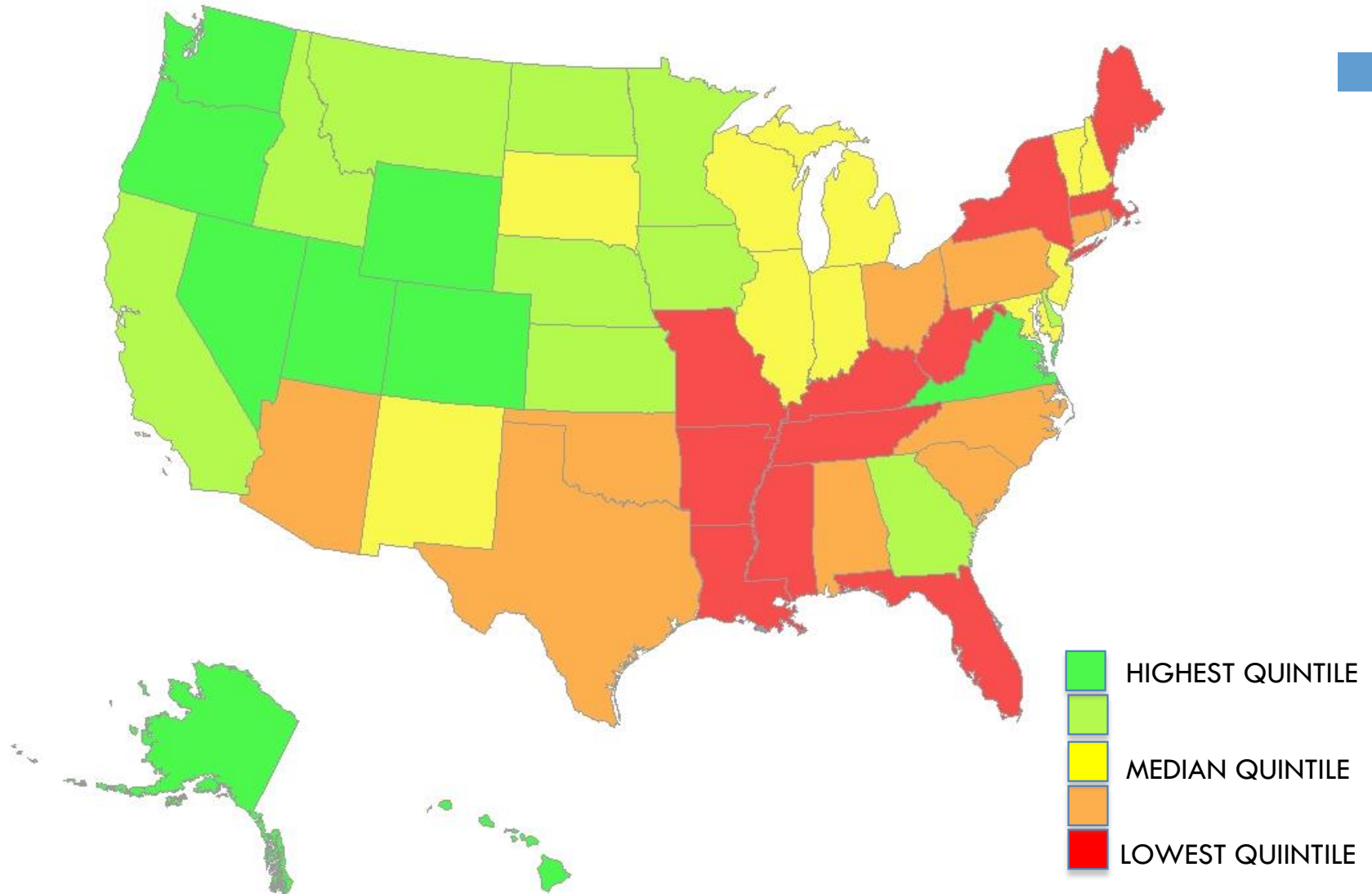
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ABSTRACT Although spending rates on health care and social services vary substantially across the states, little is known about the possible association between variation in state-level health outcomes and the allocation of state spending between health care and social services. To estimate that association, we used state-level repeated measures multivariable modeling for the period 2000–09, with region and time

Ratio of social-to-health care spending*

15



*Medicare and Medicaid spending

States with higher ratios of social-to-health spending have statistically better health outcomes.

17

Lower rates of asthma and obesity

Lower rates of limitations in daily activities per month

Lower rates of mentally unhealthy days per month

Lower mortality among those with

lung cancer, heart attacks, and diabetes

Opportunity Costs

18

1 emergency department visit = 1 month's rent

2 hospitalizations = 1 year of child care

20 MRIs = 1 social worker for a year

60 echocardiograms = 1 public school teacher for a year

LEVERAGING THE SOCIAL DETERMINANTS OF HEALTH: WHAT WORKS



RESEARCH ARTICLE

Leveraging the Social Determinants of Health: What Works?

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Abstract

We summarized the recently published, peer-reviewed literature that examined the impact of interventions in social determinants of health on health outcomes and social

JUNE 2015



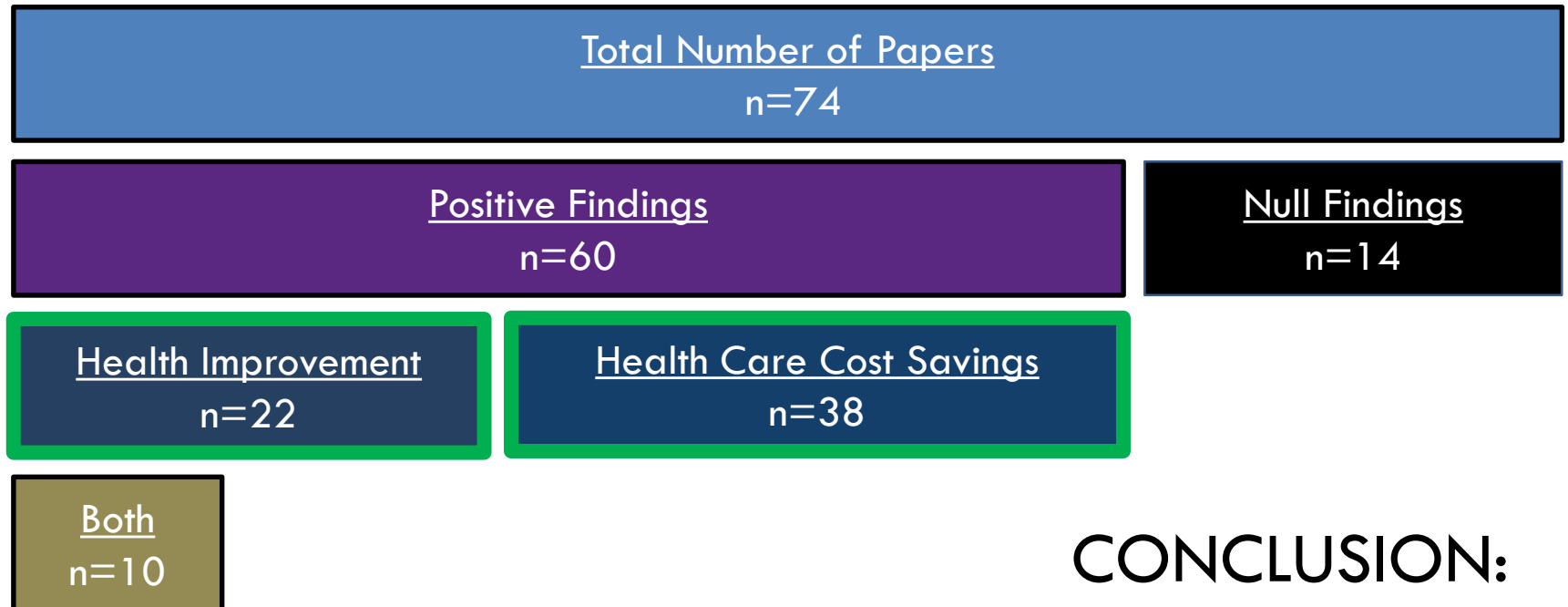
prepared for the Blue Cross Blue Shield of Massachusetts Foundation by
Lauren A. Taylor, Caitlin E. Coyle, Chima Ndumele, Erika Rogan,
Maureen Canavan, Leslie Curry, and Elizabeth H. Bradley

Yale Global Health Leadership Institute

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Literature review

20



CONCLUSION:
*The literature is **mixed**.*

Supportive housing, and Integrated health care and housing

21



Bud Clark Commons



Minnesota Supportive Housing

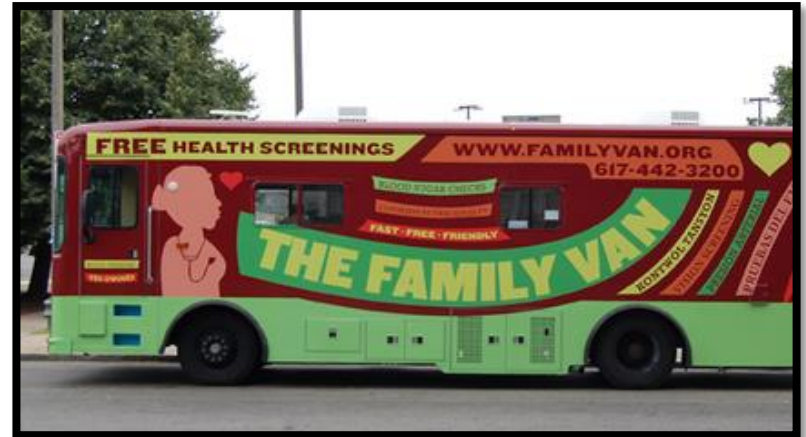
Nutritional assistance for high-risk women, infants, and children, and older adults

22



Case management and community outreach

23



What to do?

24

Spend more! 280% **Taxes? NON-STARTER** 33% GDP?

Transfer \$\$ from **Unlikely** care to social services

Incentivize collaboration on health

Mobilizing collaboration for health nationally

25

Mitigate financial incentives to medicalize health

Establish common metrics for health *and* social service providers

- % smoking, % obese, % depressed... (health)
- % on target to finish high school (education)
- % income spent on housing (income/housing)

Talk differently about health and health care

THANK YOU

Elizabeth H. Bradley, PhD

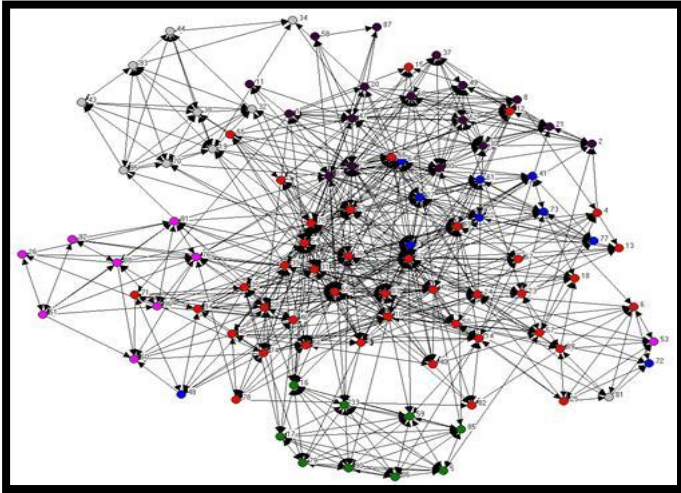
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Extra slides if asked

Preliminary findings

Network features

- Composition
- Structure of ties
- Exchanges



Strategies

- Coalition development
- Community education
- Integrated housing/health care
- Transportation
- Case management



Two Perspectives

Give a small boy a hammer and he will find that everything he encounters needs pounding.

- Abraham Kaplan



Public Health Services Defined

Description: Provision of services for the conservation and improvement of public health, other than hospital care, and financial support of other governments' health programs.

Included examples: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), protective inspection services, health related inspections, community health care programs, regulation of air and water quality, rabies and animal control, ambulance and emergency medical services (unless operated by local fire department), and hazardous waste cleanup. Also includes medical appliances, supplies, or services as part of public assistance programs as well as construction and maintenance of nursing homes, homes for the elderly, orphanages, and veterans' homes.

Social Services Spending Categories

Education (primary, secondary, and higher education)

Transportation

Environment

Public Safety

Housing

Corrections

Income Support, including: Social Security (Old-Age, Survivors, and Disability Insurance), Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and Supplemental Nutrition Assistance Program (SNAP)

Public Health Programming, including Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Protective inspection services, Health related inspections, Community health care programs, Regulation of air and water quality, Rabies and animal control, Hazardous waste cleanup