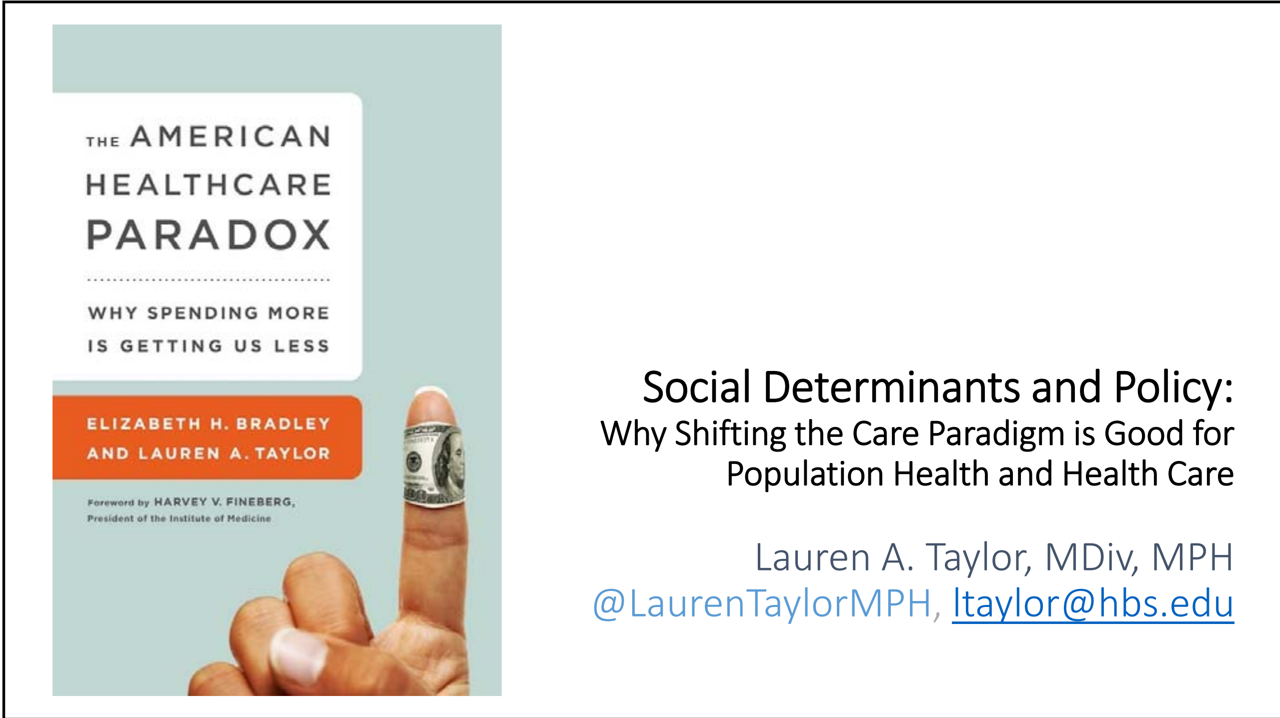
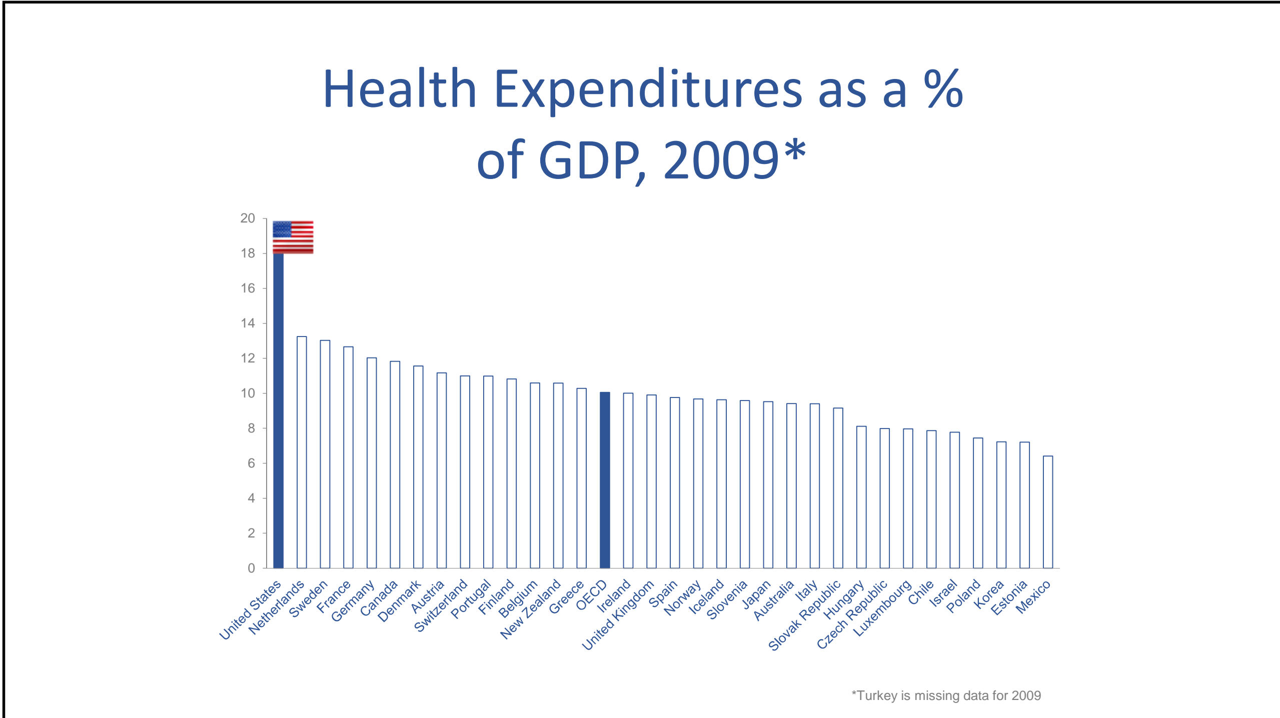
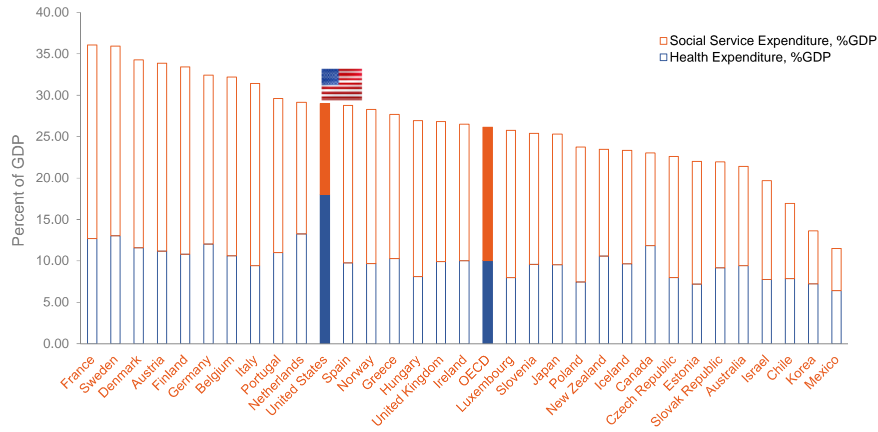

THE AMERICAN HEALTHCARE PARADOX
WHY SPENDING MORE IS GETTING US LESS
ELIZABETH H. BRADLEY AND LAUREN A. TAYLOR
Foreword by HARVEY V. FINEBERG, President of the Institute of Medicine
Social Determinants and Policy:
Why Shifting the Care Paradigm is Good for Population Health and Health Care
Lauren A. Taylor, MDiv, MPH
@LaurenTaylorMPH, ltaylor@hbs.edu

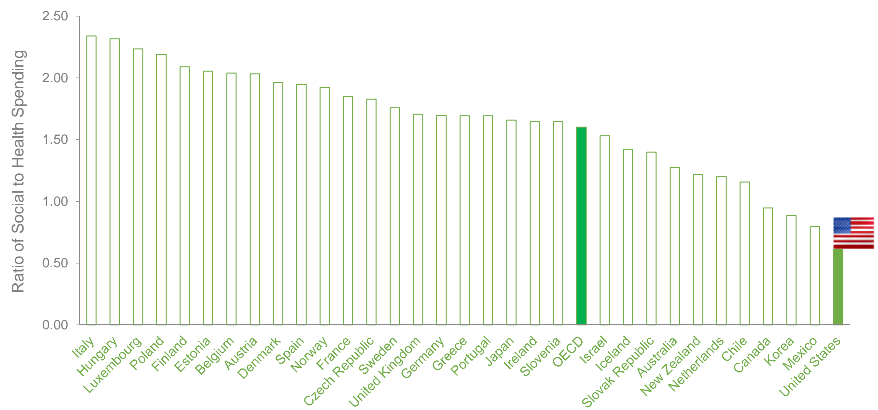

Health Expenditures as a % of GDP, 2009*
20
18
16
14
12
10
8
6
4
2
0
United States
Netherlands
Sweden
France
Germany
Canada
Denmark
Austria
Switzerland
Portugal
Finland
Belgium
New Zealand
Greece
OECD
Ireland
United Kingdom
Spain
Norway
Iceland
Slovenia
Japan
Australia
Italy
Slovak Republic
Hungary
Czech Republic
Luxembourg
Chile
Israel
Poland
Korea
Estonia
Mexico
*Turkey is missing data for 2009

Total Expenditures as a % GDP, 2009*



*Switzerland and Turkey are missing data for 2009

Ratio of Social to Health Expenditures, 2009*



*Switzerland and Turkey are missing data for 2009

Original research

Health and social services expenditures: associations with health outcomes

Elizabeth H Bradley,[1] Benjamin R Elkins,[1] Jeph Herrin,[2] Brian Elbel[3]

METHOD: Multivariable regression using OECD pooled data from 1995-2007 on 29 countries and 5 health outcomes.

FINDING: The ratio of social to health spending was significantly associated with better health outcomes: less infant, mortality, less premature death, longer life, expectancy and fewer low birth weight babies.

NOTE: This remained true even when the US was excluded from the analysis.

Ratio of social-to-health care spending*

HIGHEST QUINTILE

MEDIAN QUINTILE

LOWEST QUIINTILE

*Medicare and Medicaid spending; Data from Bradley et al, Health Affairs, May 2016.

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POPULATION HEALTH

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

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

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 fixed effects adjusted for total spending and state demographic and economic characteristics and with one- and two-year lags. We found that states with a higher ratio of social to health spending (calculated as the sum of social service spending and public health spending divided by the sum of Medicare spending and Medicaid spending) had significantly better subsequent health outcomes for the following seven measures: adult obesity; asthma; mentally unhealthy days; days with activity limitations; and mortality rates for lung cancer, acute myocardial infarction, and type 2 diabetes. Our study suggests that broadening the debate beyond what should be spent on health care to include what should be invested in health—not only in health care but also in social services and public health—is warranted.

METHOD: Multivariable regression using state-level repeated measures data from 2000-2009 with regional and time fixed effects.

FINDING: The lagged ratio of social to health spending was significantly associated with better health outcomes: adults who were obese; had asthma; reported fourteen or more mentally unhealthy days or fourteen or more days of activity limitations in the past thirty days; and had lower mortality rates for lung cancer, acute myocardial infarction, and type 2 diabetes.

LEVERAGING THE SOCIAL DETERMINANTS OF HEALTH: WHAT WORKS?

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*

FOUNDATION MASSACHUSETTS

Which social services produce better health and save dollars?

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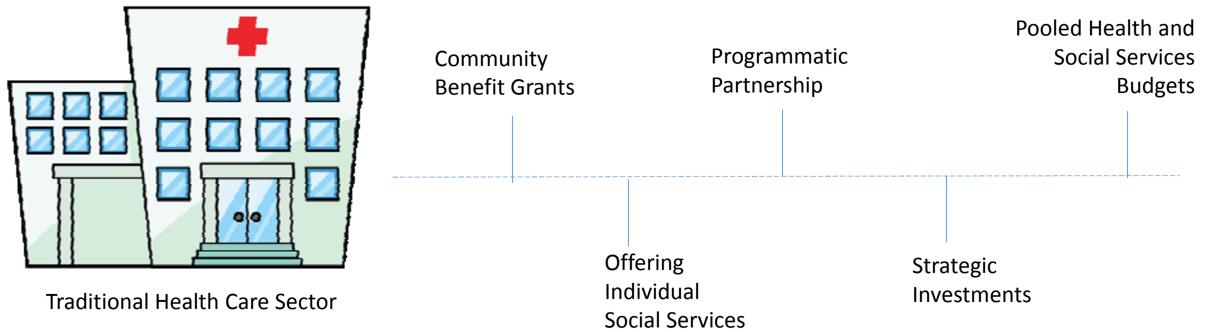
Evidence Exists for Various Integration Models



Is this all "good for health care"?

Historical & Current Fee-For-Service

Value-Based Payment & Population Health Management

Is it all worth it?

"It really was a coordinated intervention. And that was satisfying. I think it was an experience where I really got to be a physician. I think a lot of times here we are sort of playing social worker, playing psychiatrist when we're not necessarily trained to do that. We do medical care, you know? And so it was very refreshing. The patient needed an internist and she got an internist."

- Physician Interviewee

The American Health Care Paradox

Looking forward to learning from you. Questions?

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