

THE COMMONWEALTH FUND

2015 INTERNATIONAL SYMPOSIUM ON HEALTH CARE POLICY

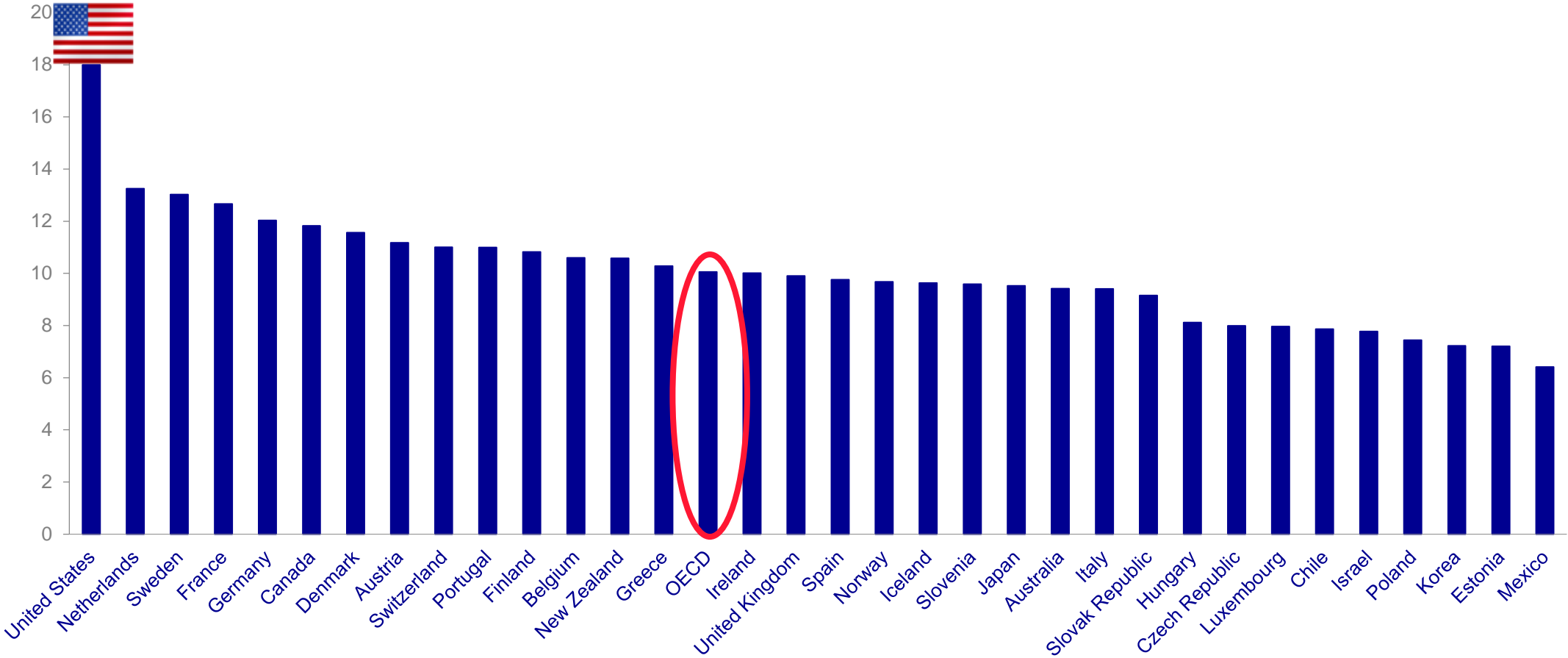
Achieving a High Performing and Sustainable Health Care System

Policies and Strategies to Bend the Cost Curve: Taking Social Determinants Seriously

Elizabeth Bradley, PhD, Professor of Public Health
Elizabeth.Bradley@yale.edu, Follow @EHBYale

Yale Global Health Leadership Institute

Health Expenditures as a % of GDP, 2009



Some Very Real Benefits



Kidney Transplants



Knee Replacements



MRIs

And yet, we have enduring challenges

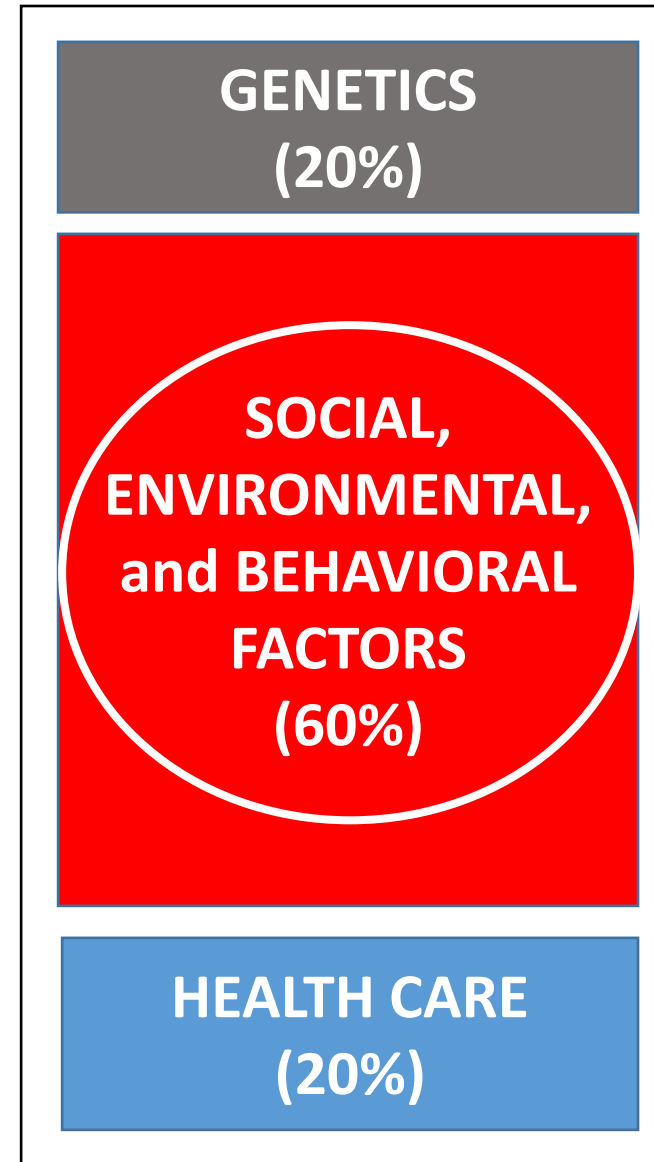
Out of 34 OECD Countries

25th in maternal mortality

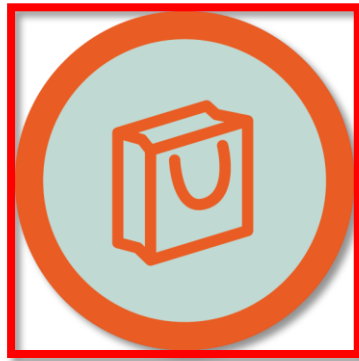
26th in life expectancy

28th in low birth weight

What determines health?



Social Services



job training
and
employment
programs



supportive
housing
& rent
subsidies



nutritional
support &
family
assistance



other social
services that
exclude health
benefits

Opportunity Costs

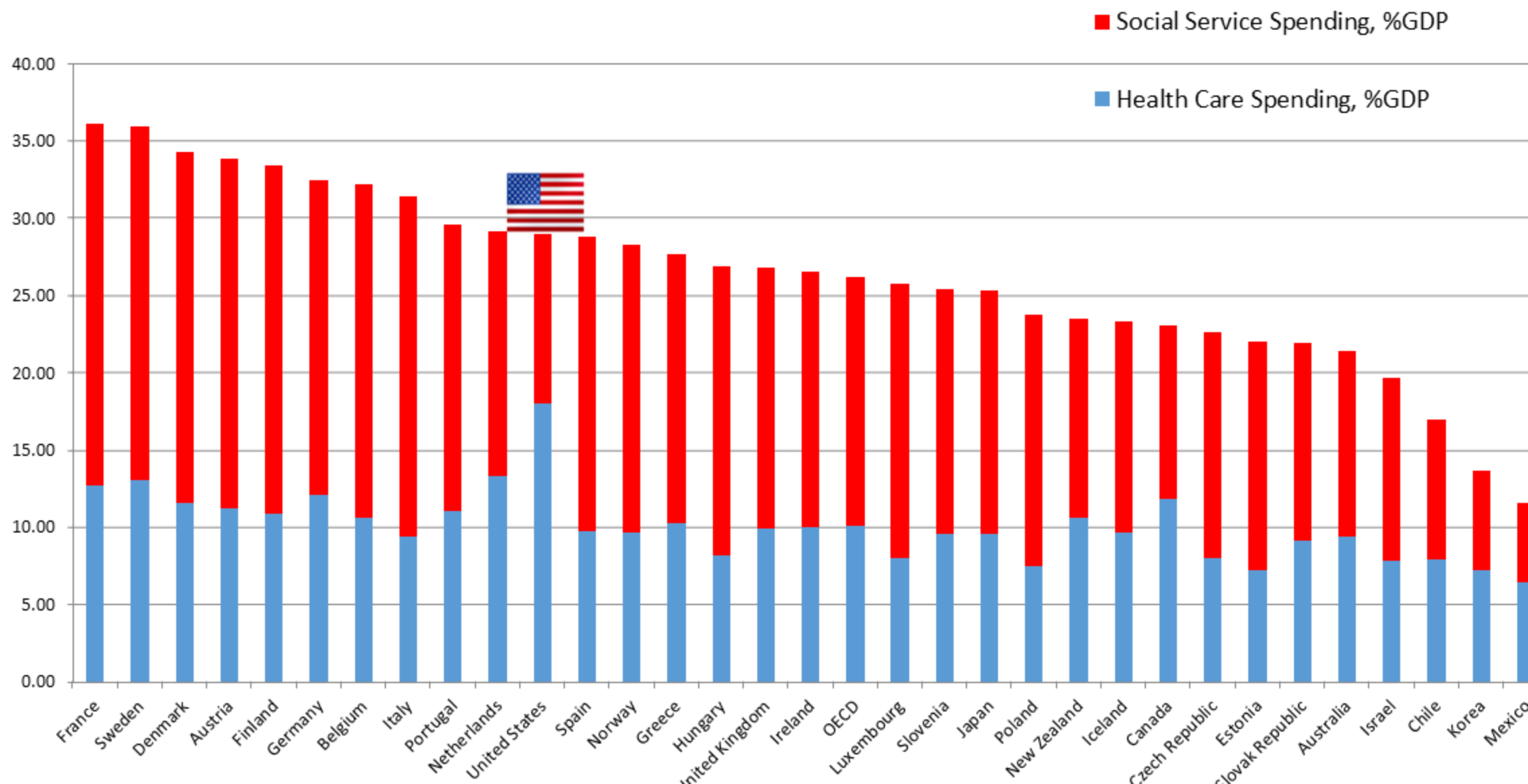
1 emergency department visit = 1 month's rent

2 hospitalizations = 1 year of child care

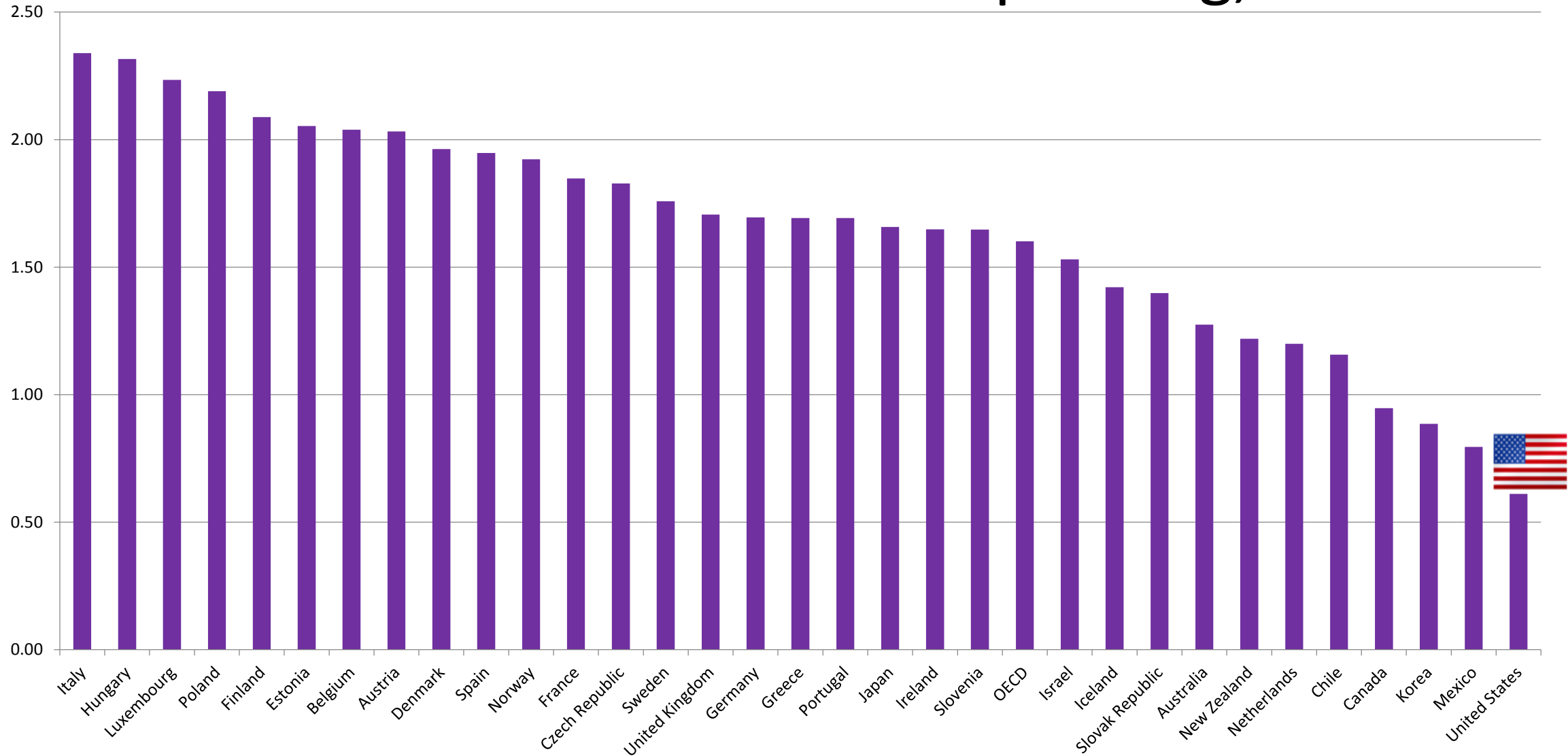
20 MRIs = 1 social worker for a year

60 echocardiograms = 1 public school teacher for a year

Total Investment in Health as a % GDP



Ratio of Social-to-Health Spending, 2009



*Switzerland and Turkey are missing data for 2009

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

LEVERAGING THE SOCIAL DETERMINANTS OF HEALTH: WHAT WORKS?

JUNE 2015

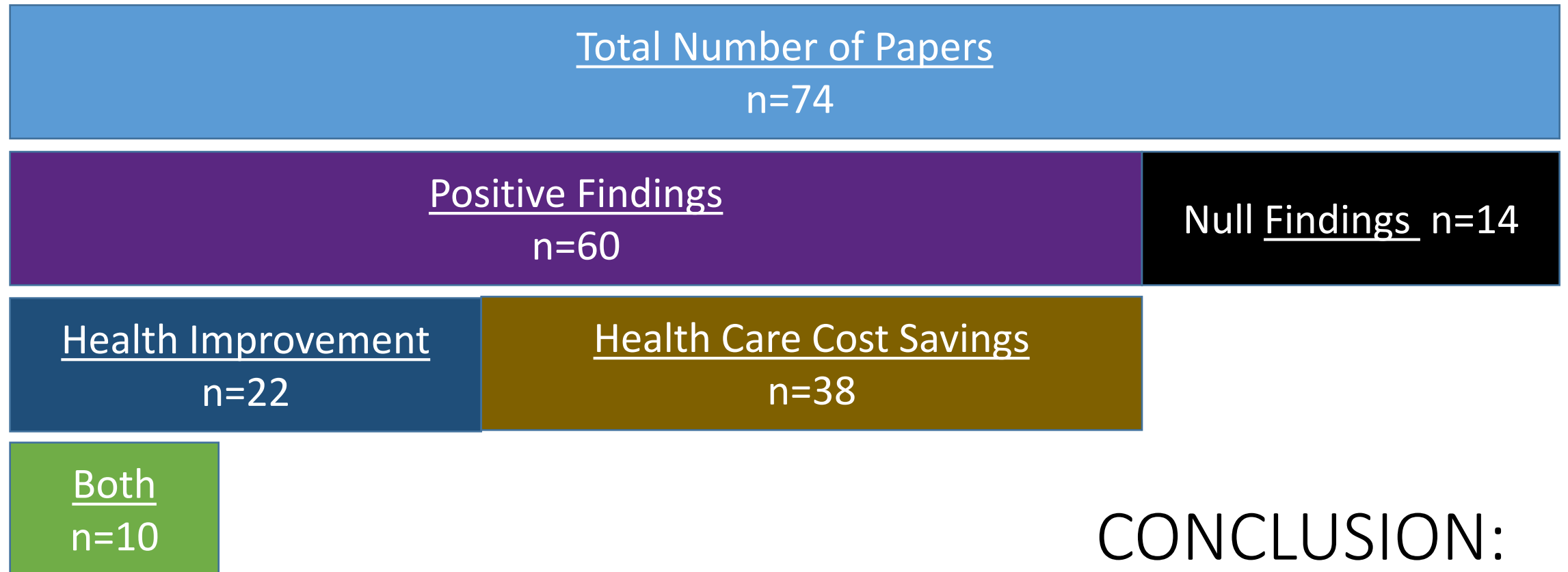


*prepared for the Blue Cross Blue Shield of Massachusetts Foundation by
Lauren A. Taylor, Caitlin E. Coyle, Chima Ndumele, Erika Rogan,
Maureen Canavan, Leslie Curry, and Elizabeth H. Bradley*

Yale Global Health Leadership Institute

What does the evidence tell us about which types of social services produce the best health-related outcomes?

Literature review



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

Supportive housing, and Integrated health care and housing



Bud Clark Commons



Minnesota Supportive Housing

Nutritional assistance for high-risk women, infants, and children as well as older adults with disabilities



Case management and community outreach



The Work Ahead

Changing Our **Mental Models**: Health and social services are distinct levers to achieve common goals.

Changing **Financial Incentives**: To promote collaboration between health care and social services.

Exposing Latent **Networks**: Connections already exist between health care and social services but are not always leveraged.

Thank you

@EHBYale

Extra



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

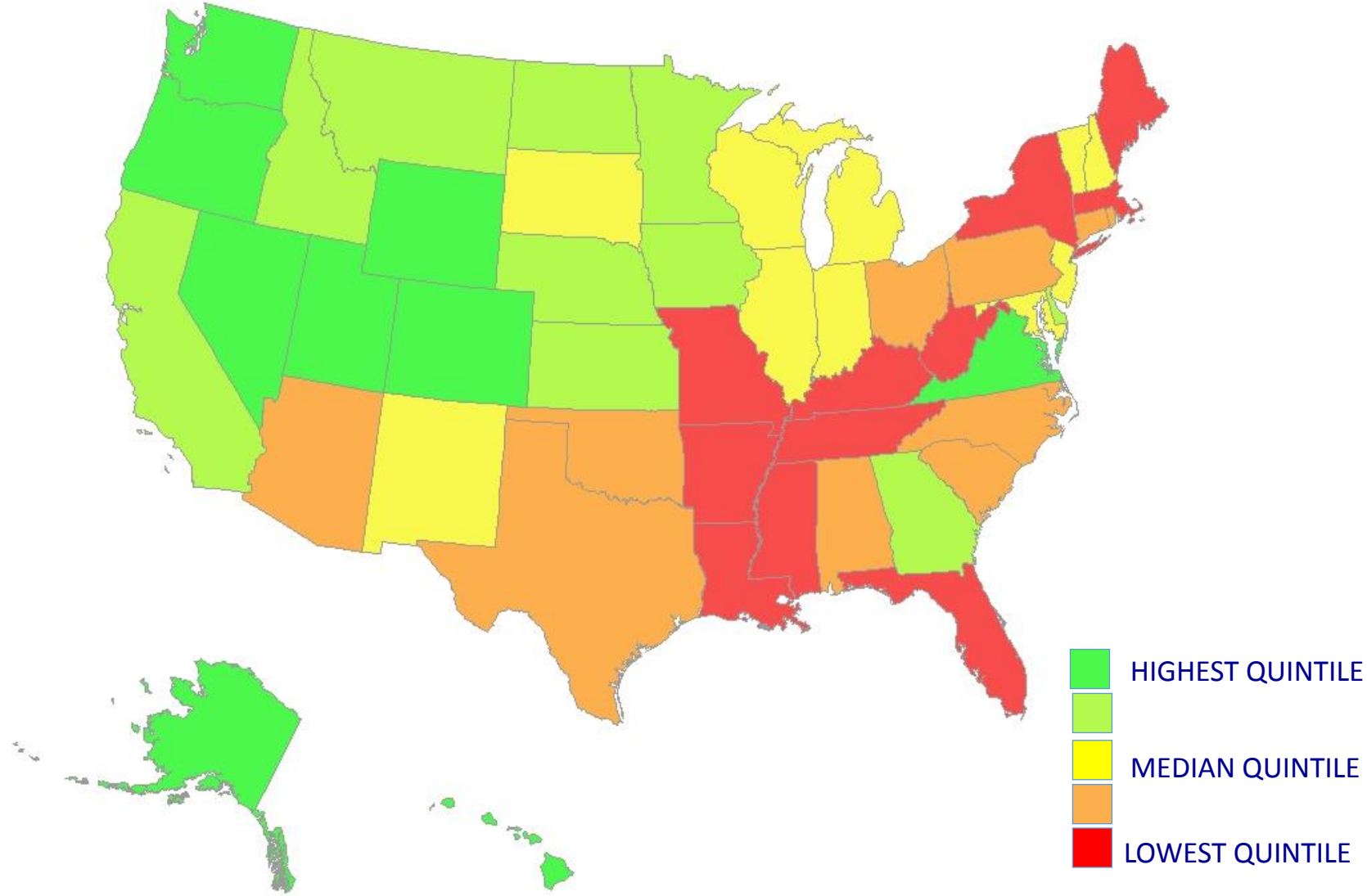
In OECD, for **\$1** spent on health care,
about **\$2** is spent on social services.





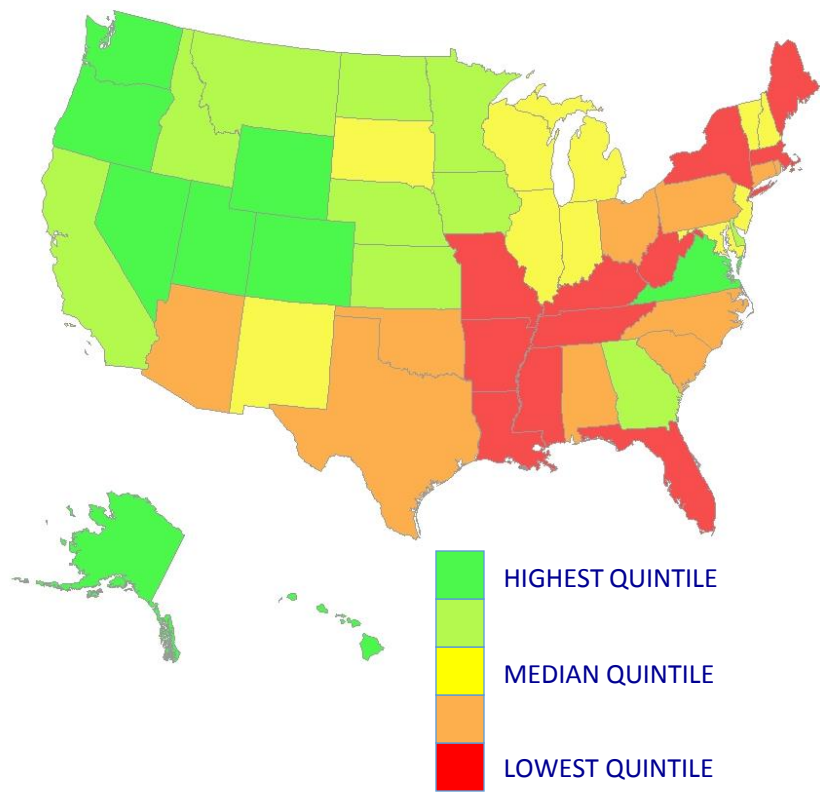
Is the same pattern found inside
the U.S. across the states?

Ratio of social-to-health care spending*

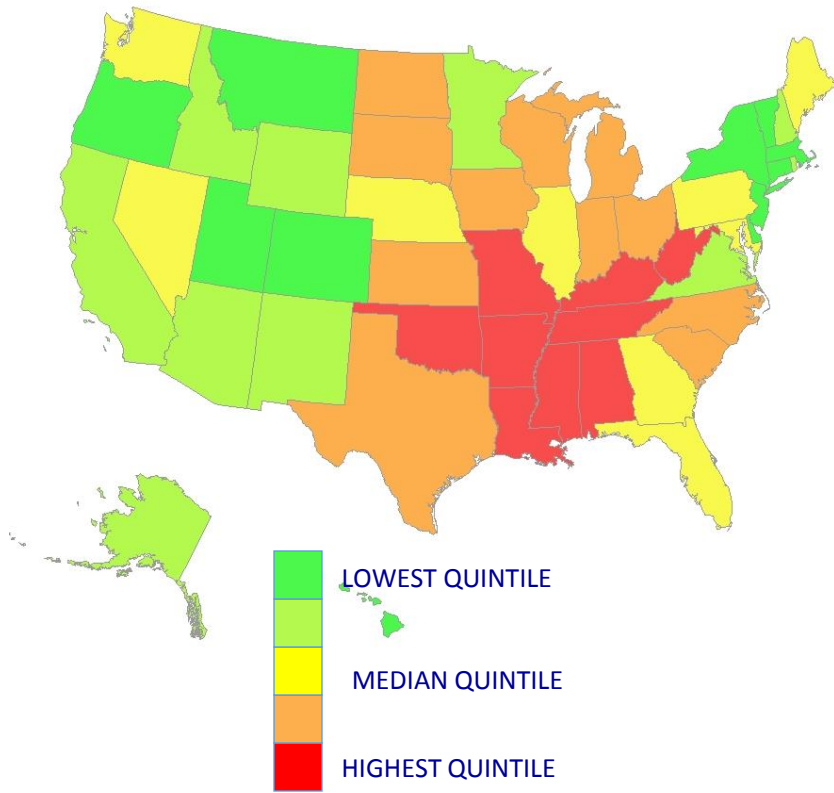


*Medicare and Medicaid spending

Ratio social-to-health spending



Percent of population that is obese



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

*Less adult **obesity**, less adult **asthma***

*Fewer adults reporting 14+ **mental unhealthy days***

*Fewer adults reporting 14+ days of **activity limitations** in last 30*

*Lower **lung cancer** and **type II diabetes mortality** rates*

*Lower **post-neonatal mortality** rates*

*Greater **physical activity** and **consumption of fruits and vegetables***

*Less **smoking tobacco***