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Altarum Institute Sustainable Health Spending
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5 points re: health care + social services

1. Programmatic-level health care savings from SDOH interventions
2. National health care savings from social service investments
3. Health outcomes improvements from social service investments
4. New means of sustainably financing social service investments
5. Open policy question: how to fund social services going forward?

Good evidence showing health outcomes improvements associated with social determinants investments.

By J. Mac McCullough and Jonathan P. Leisher

Government Spending In Health And Nonhealth Sectors Associated With Improvement In County Health Rankings

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ABSTRACT There is little evidence to demonstrate the impact on local health outcomes of spending that occurs outside the health care sector. We leveraged novel data from the US Census Bureau to measure the independent impact of a community's health and nonhealth expenditures on a broad measure of overall health—the County Health Rankings—over time. Using lagged longitudinal models that accounted for correlations of health outcomes and expenditures within counties, we found significant positive associations between expenditures and County Health Rankings for seven of the fourteen expenditure categories examined: community health care and public health, public hospitals, fire protection, K-12 education, corrections, libraries, and housing and community development. These areas of social spending have modest but detectable positive associations with population health, whether or not they primarily target health. Achieving improved health outcomes through a culture-of-health ethos should involve the consideration of public expenditures in both health and other social service areas.

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By Elizabeth H. Bradley, Maureen Canavan, Erika Rogus, Kristina Talbert-Sagie, Chima Ndamaka, 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: total unhealthy days; days with activity limitation; days with activity restriction; rates for lung cancer, acute myocardial infarction, and stroke; and days spent in hospital. Our study suggests that broadening the definition of health care to include what is spent on health care to include what is spent on social services—not only in health care but also in social services—is warranted.

A growing body of literature has explored the extent to which governmental expenditures on public health are associated with population health outcomes.¹ A 10 percent increase in local public health spending has been linked with reductions in mortality of 1.1-6.9 percent.² A long-term \$10 increase in per capita public health spending has been shown to increase the proportion of people reporting that they are in good, very good, or excellent health³ and to reduce all-cause mortality by 9.1 deaths per 100,000 people.⁴ However, important challenges remain in linking public health expenditures to population health outcomes. Specifically, communities that have good health outcomes may simply have more resources to invest in public health. A few previous studies have explored the contribution of expenditures outside the public health sector to population health outcomes.^{5,6} There

is widespread acknowledgment that population health outcomes are determined by more than just governmental public health expenditures.^{6,7} One recent study, addressing the state level, found that a higher ratio of social services to health spending was associated with better state health outcomes.⁸ A state-level study found that higher health care spending was also associated with better health outcomes.⁹ While all of these studies suggest a potential link between spending and health outcomes, they do not provide granular enough data to make it clear which types of spending might be most effective in making and staying healthy requires the "social and physical spaces at which people live, learn, and



Are better health outcomes related to social expenditure?
 A cross-national empirical analysis of social expenditure and population health measures

Jennifer Rubin, Jirka Taylor, Joachim Krapels, Alex Sutherland, Melissa Felician, Jodi Liu, Lois Davis, Charlene Rohr

are remain a significant concern given health policy makers' growing interest in the role of social determinants in influencing the health of individuals and populations. Extensive evidence demonstrates a clear relationship between a variety of social determinants and health outcomes.¹⁰ Poor environmental conditions, low incomes, and inadequate education have consistently been associated with poorer health in a diverse set of populations. Taken together, social, behavioral, and environmental factors are estimated to contribute to more than 70 percent of some types of cancer cases, 80 percent of cases of heart disease, and 90 percent of cases of stroke.¹¹ Furthermore, several studies have aimed to

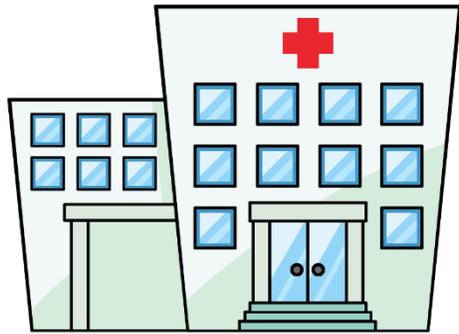
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Paper forthcoming late summer/early fall:

Nichols LM, Taylor LA. Social Determinants as Public Goods: A New Approach to Financing Key Investments in Healthy Communities. *Health Affairs*. Date TBD.

- Conceptualize SDOH investments as public goods
- Propose a new financing model, wherein stakeholders confidentially “bid” on what SDOH investments would be worth to them
- Describe a 12-step implementation process for bidding on and implementing jointly-funded projects
- Not all SDOH will be attractive to health care – will not get us to “the Promised Land”

Open policy question: How to fund “new” social service investments?



Through health care delivery system

- Politically pragmatic
- May bloat health care spending figures
- Equity and efficiency concerns



Through social service delivery system

- Is there the political will?
- Can health care lend it's political capital to the cause?