

SOCIAL SERVICE SUPPORT

Better for Individuals and Health Care

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The United States spends a greater proportion of its GDP on health care than any other country in the world, yet among industrialized nations, we rank 39th for infant mortality, 43rd for adult female mortality, 42nd for adult male mortality, and 36th for life expectancy.

It is easy to use these numbers to bludgeon the health care delivery system in our country, and conclude that we should be spending a lot less on health care and at the same time, be receiving much better care. Unfortunately, the reality is much more complicated and larger than health care alone.

The U.S. spends far less than other countries in the Organization for Economic Cooperation and Development (OECD) on critical services such as housing, employment training, improved education, and income supplements. Most OECD nations spend between 20 percent and 40 percent of their GDP on health care and social services combined. Within this, the proportions vary greatly. The U.S. spends about 15 percent on each, while other nations spend two or three times more on social services.

It's a fallacy to think this has no impact on population health. Increased social spending is associated with lower infant mortality, longer life expectancy, and fewer potential life years lost. France, for example, spends 11.1 percent of its GDP on health care, and 28.7 percent on social services. Infant mortality is 3.6 per 1,000 births, compared to 6.8 in the U.S., and life expectancy is 80.3 years, exceeding ours by two and a half years.

Comparisons among U.S. populations track with weaknesses in our social service networks. High school dropouts account for 15 percent of citizens diagnosed

with diabetes—more than double the percentage of those who have more than a high school diploma. People without insurance are half as likely to have controlled hypertension than those with insurance, and it follows that as income decreases, preventable hospitalizations increase, accounting for \$6.7 billion in health care costs per year.

Meanwhile, under health care reform, hospitals with high rates of readmissions will be penalized. Once a patient is readmitted, the assumption is that the hospital is delivering bad care, but often readmissions stem from woefully inadequate social supports and not the health care provided. Fragile or absent in many communities are reliable transportation services, quality housing, flexible child or elder care assistance, and relevant job training. Numerous studies have shown that patients without adequate social services are less likely to seek preventive or maintenance care

for chronic conditions, and as a result, they show up in emergency departments at more advanced stages of disease. By blaming health care quality, however, we conveniently sidestep the real and difficult issue of poor community investment.

Improving population health and reducing hospitalizations—especially high rates of readmissions—are everyone's goals, but hospitals can only provide part of the solution. In order to lower costs, we need to invest in social support services outside of our health care institutions. By doing so, we will improve the nation's health and meaningfully bend the health care cost curve.

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