Exploring Relationships Between Social Service Provision, Health Expenditure and Health Outcomes across OECD Nations: Potential Paths Forward for the U.S.

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Background Information
- The U.S. has the greatest health care expenditures of any OECD nation
  Per capita and as a % of GDP
- Yet the U.S. performs relatively poorly across many health outcomes
e.g. life expectancy and infant mortality
- Social, environmental, and behavioral factors account for as much as 60% of premature mortality in the U.S.

Research Objective
To understand how social service provision relates to health outcomes and expenditures across developed nations, and how the United States can invest in social services to better address social determinants of health.

Methods
- Review of data and publications in the OECD library and archives
- Expert interviews conducted at World Health Organization and the Institute for Futures Studies

Key Findings

OECD Library – Paris, France
The generous librarians at the OECD library curated a selection of print documents and thousands of microfiche for my review. Key findings include:
- Significant concern with supply-side cost containment from 1970-1990
- No link between cost containment and national payer organization in a 1992 comparative study
- Increased expenditures as of 1992 produced greatest return for prolonging life after age 80

World Health Organization – Geneva, Switzerland
Hours of interviews with experts at WHO yielded insights surrounding policy action on SDH, models for success across WHO member states and methodology for building a health-centric economic investment case. A key takeaway was the importance of incentivizing intersectoral collaboration by producing evidence of the co-benefits of addressing health in all policies.

Institute for Futures Studies – Stockholm, Sweden
Interviews with researchers at The Institute for Futures Studies illuminated the cultural factors underlying political support for generous social service provision in Sweden. Researchers also shared their ongoing work including models predicting the potential for similar or divergent cultural evolution in the U.S.

Next Steps
This research is the foundation for my Senior thesis, which will explore models for the U.S. to invest in social service provision in order to address social determinants of health and improve health outcomes while moderating health expenditures.

Conclusion
The OECD’s historical data demonstrated the relative novelty of demand-based approaches to health cost containment.

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