

WHERE IS HEALTH CARE GOING?

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Princeton Future

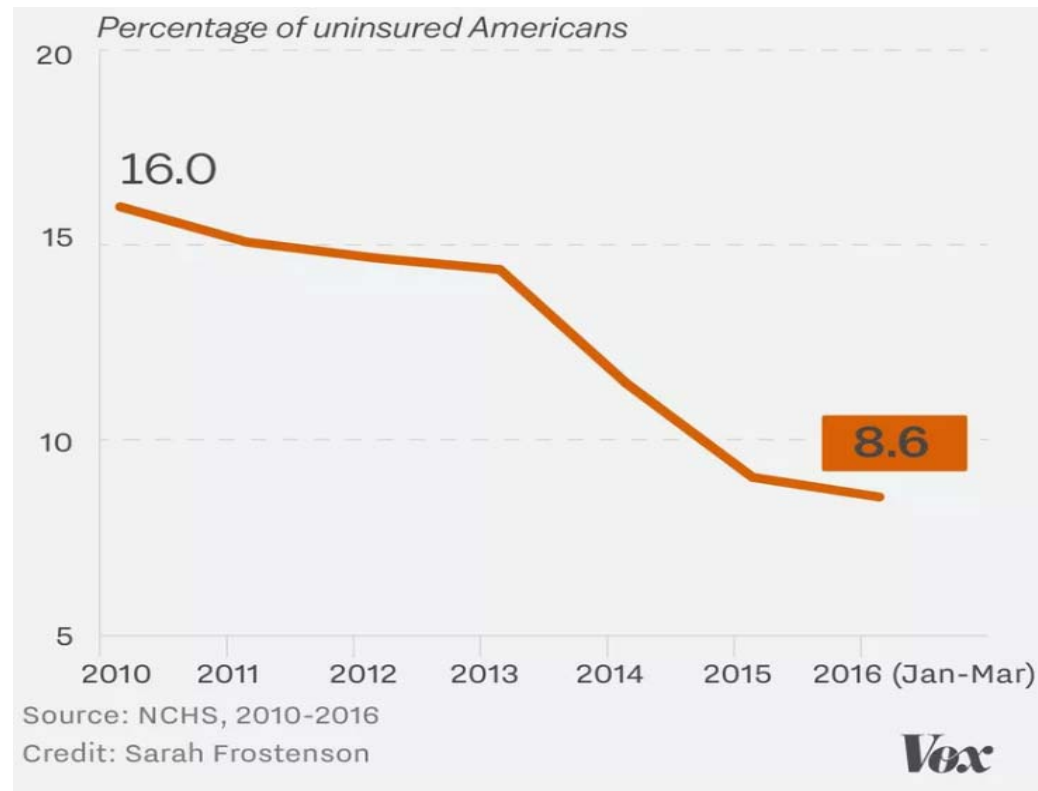
October 22, 2016

Overview

- Impact of the Affordable Care Act (ACA)
- How Healthy is our Health Care System?
Cost and Quality Landscape
- Thinking Beyond Health Care: the Social Determinants of Health

Impact of ACA

Historic reductions in uninsured rate nationally



ACA in NJ

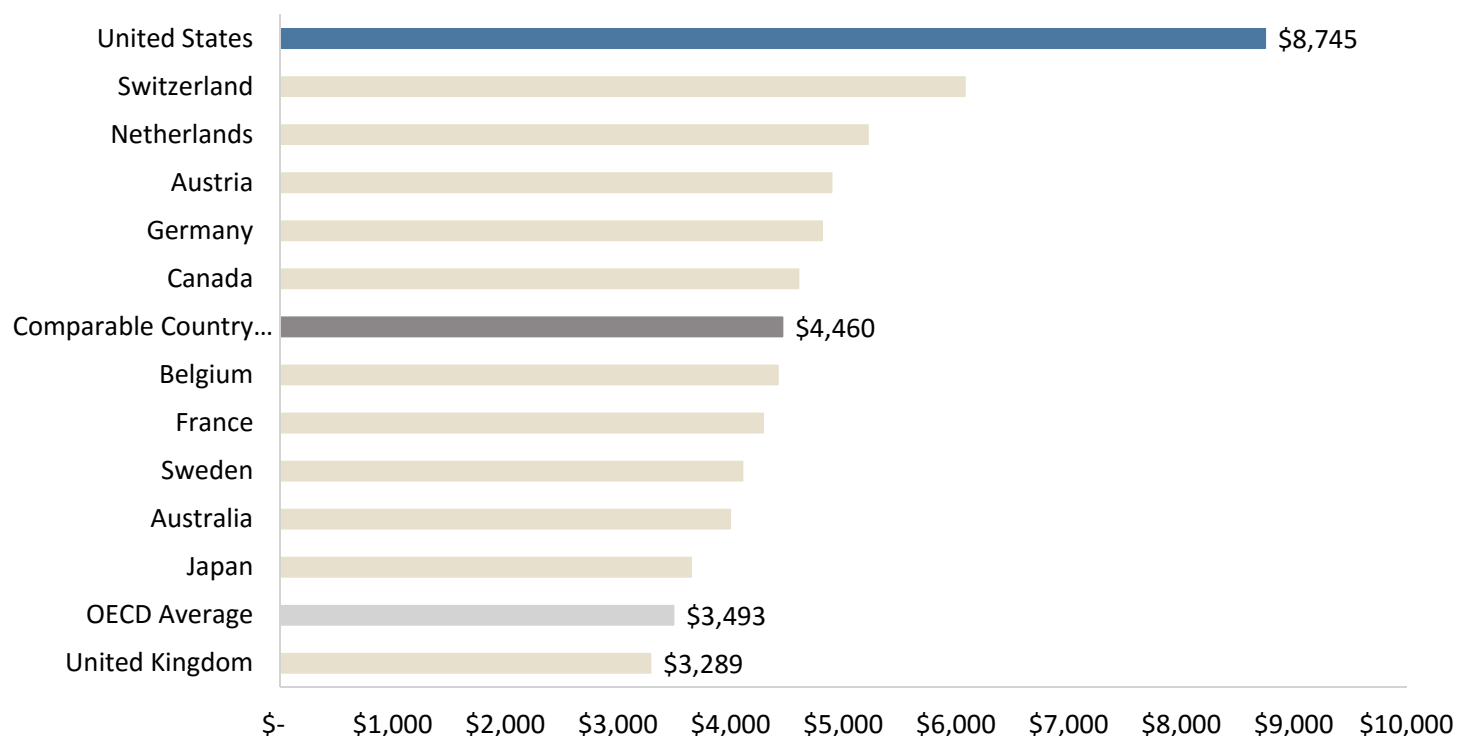
- New Jersey's uninsured rate has fallen from 17.5 percent in 2013 to 6.9 percent in 2015
- 750,000 more New Jerseyans now have health insurance coverage

Sources: CMS Effectuated Enrollment Snapshot, <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-30.html>; State of New Jersey – Leading New Jersey's Medicaid Reform, <http://nj.gov/governor/news/news/552016/pdf/20160829a.pdf>

How Healthy is our Health Care System? Cost and Quality Landscape

On average, other wealthy countries spend about half as much per person on health than the U.S. spends

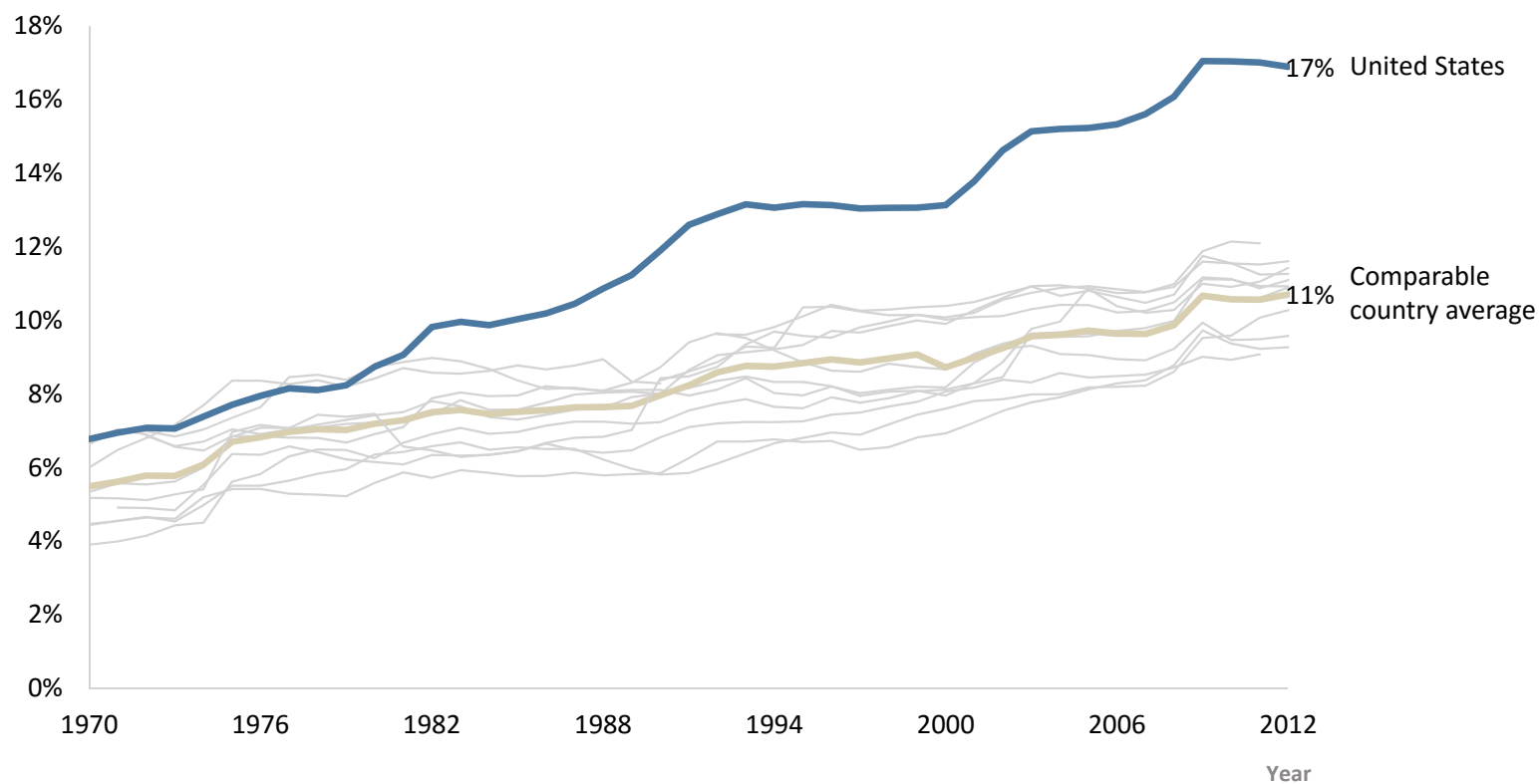
Total health expenditures per capita, U.S. dollars, PPP adjusted, 2012



Source: Kaiser Family Foundation analysis of 2013 OECD data: "OECD Health Data: Health expenditure and financing: Health expenditure indicators", OECD Health Statistics (database). doi: 10.1787/data-00349-en (Accessed on June 25, 2014). **Notes:** Because 2012 data was unavailable, 2011 were used for Australia and the Netherlands. Data for Canada and Switzerland are estimated values.

Since 1980, the gap has widened between U.S. health spending and that of other countries

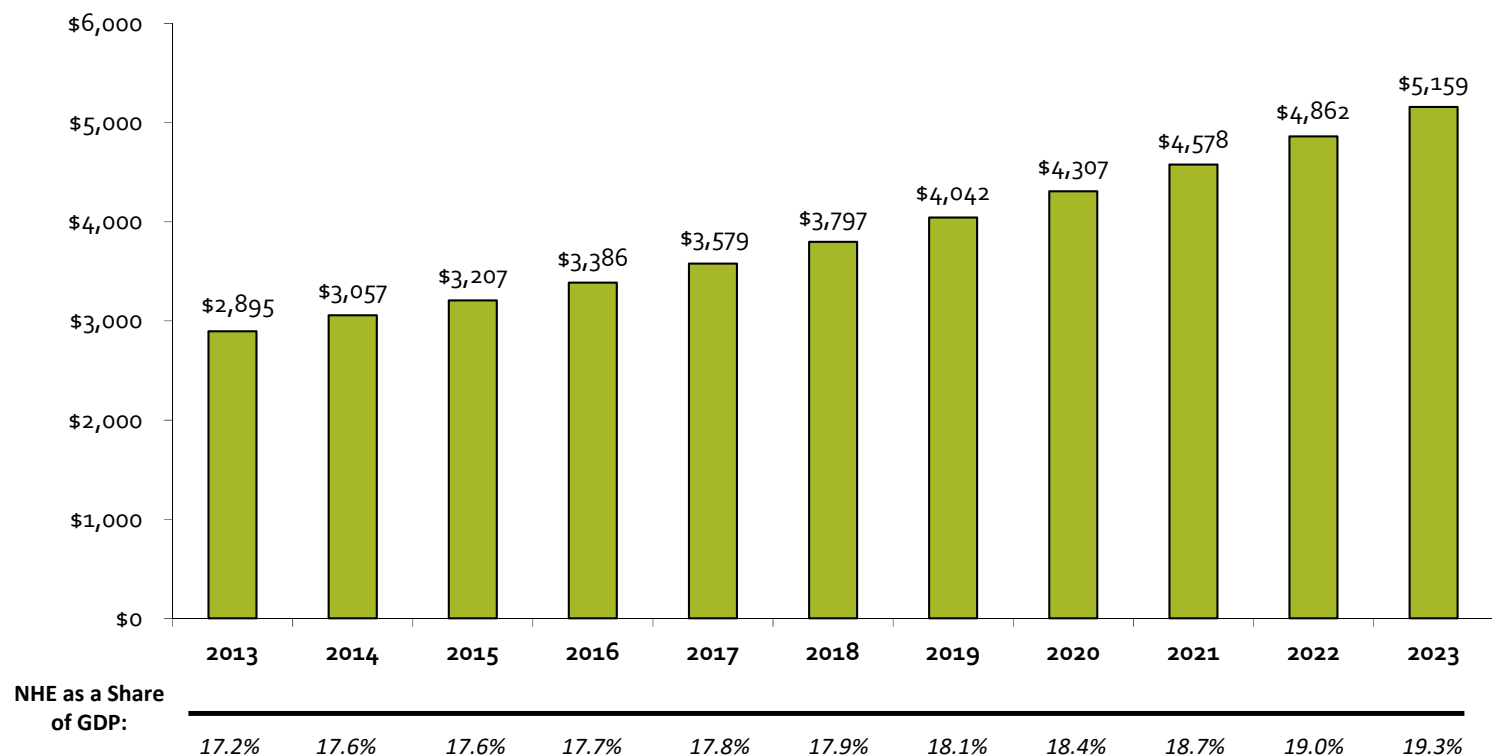
Total health expenditures as percent of GDP, 1970 – 2012



Source: Kaiser Family Foundation analysis of 2013 OECD data: "OECD Health Data: Health expenditure and financing: Health expenditure indicators", OECD Health Statistics (database). doi: 10.1787/data-00349-en (Accessed on June 25, 2014). **Notes:** Data unavailable for: the Netherlands in 1970, 1971, and 2012; Australia in 1970 and 2012; Germany in 1991; and France from 1971 through 1974, 1976 through 1979; 1981 through 1984, and 1986 through 1989. Break in series in 2003 for Belgium and France and in 2005 for the Netherlands. 2012 data for Canada and Switzerland are estimated values.

Projections of National Health Expenditures and Their Share of Gross Domestic Product, 2013-2023

Dollars in Billions:

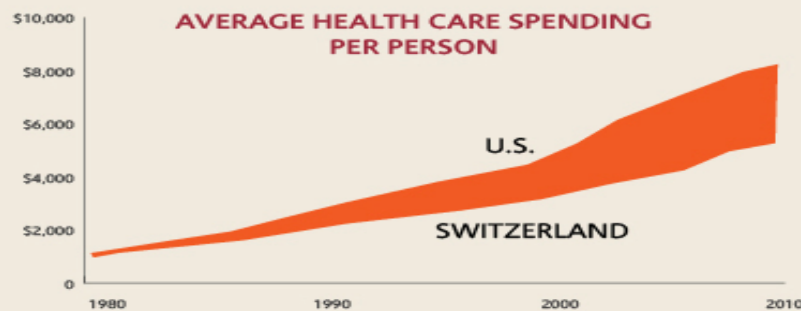


SOURCE: Kaiser Family Foundation calculations using NHE data from Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, at <http://www.cms.hhs.gov/NationalHealthExpendData/> (see Projected; NHE Historical and projections, 1965-2023, file nhe65-23.zip).



The U.S. Spends More on Health Care Than Any Other Nation

Here's What the U.S. Could Do Today
If It Spent Only as Much on Health Care Over the
Past 30 Years as the Second-Highest-Spending Country



The cumulative difference in health spending between 1980–2010 is nearly \$15.5 trillion

Note: Per capita spending amounts are adjusted for differences in the cost of living; total U.S. savings are adjusted for CPI inflation.

With \$15.5 trillion we could:

Transform our \$11.6 trillion federal debt into a \$3.9 trillion surplus



Send 175,401,721 students to a four-year college



Cover an area the size of South Carolina with solar panels



Buy everyone in the world 4 iPads

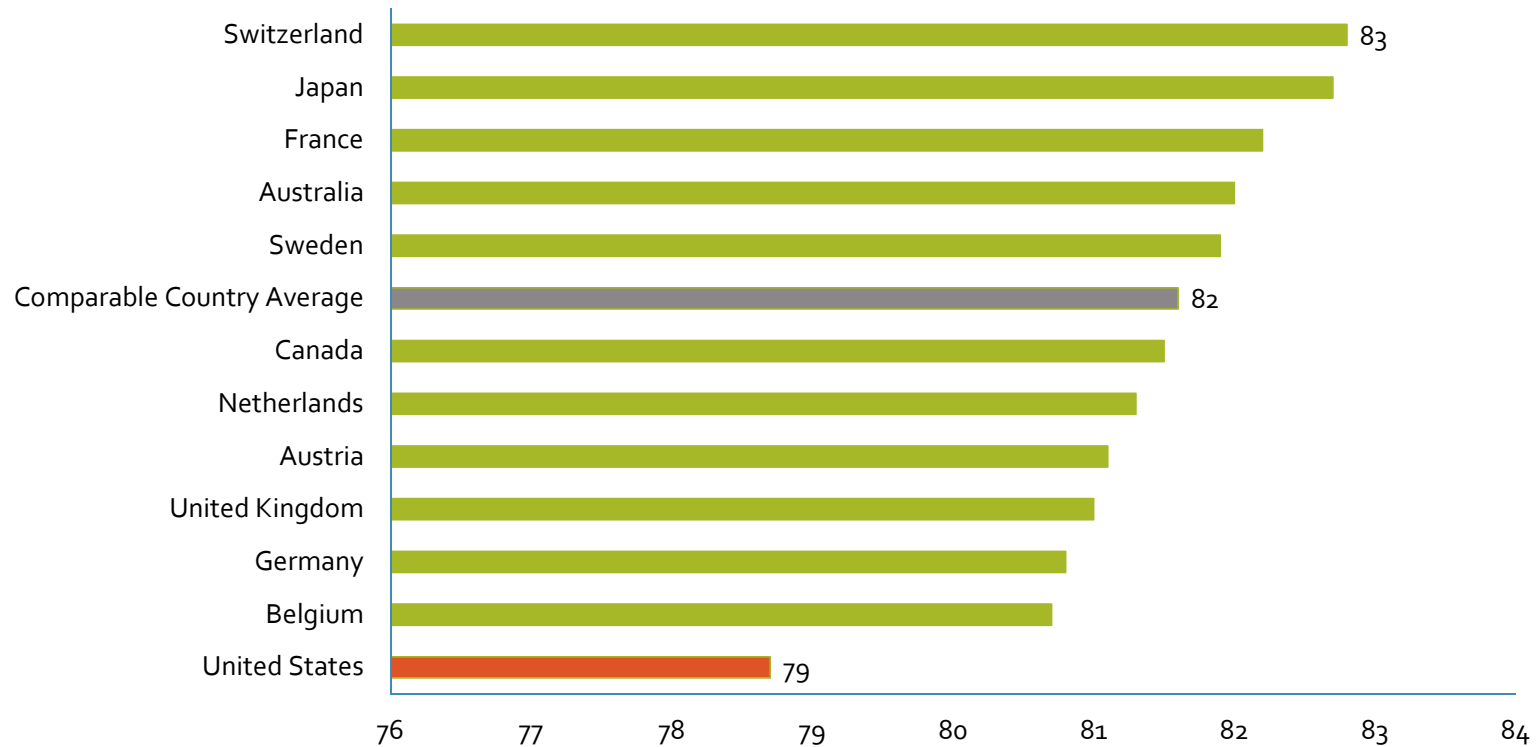


Source: 2012 OECD Health Data.



The U.S. has the lowest life expectancy at birth among OECD comparable countries

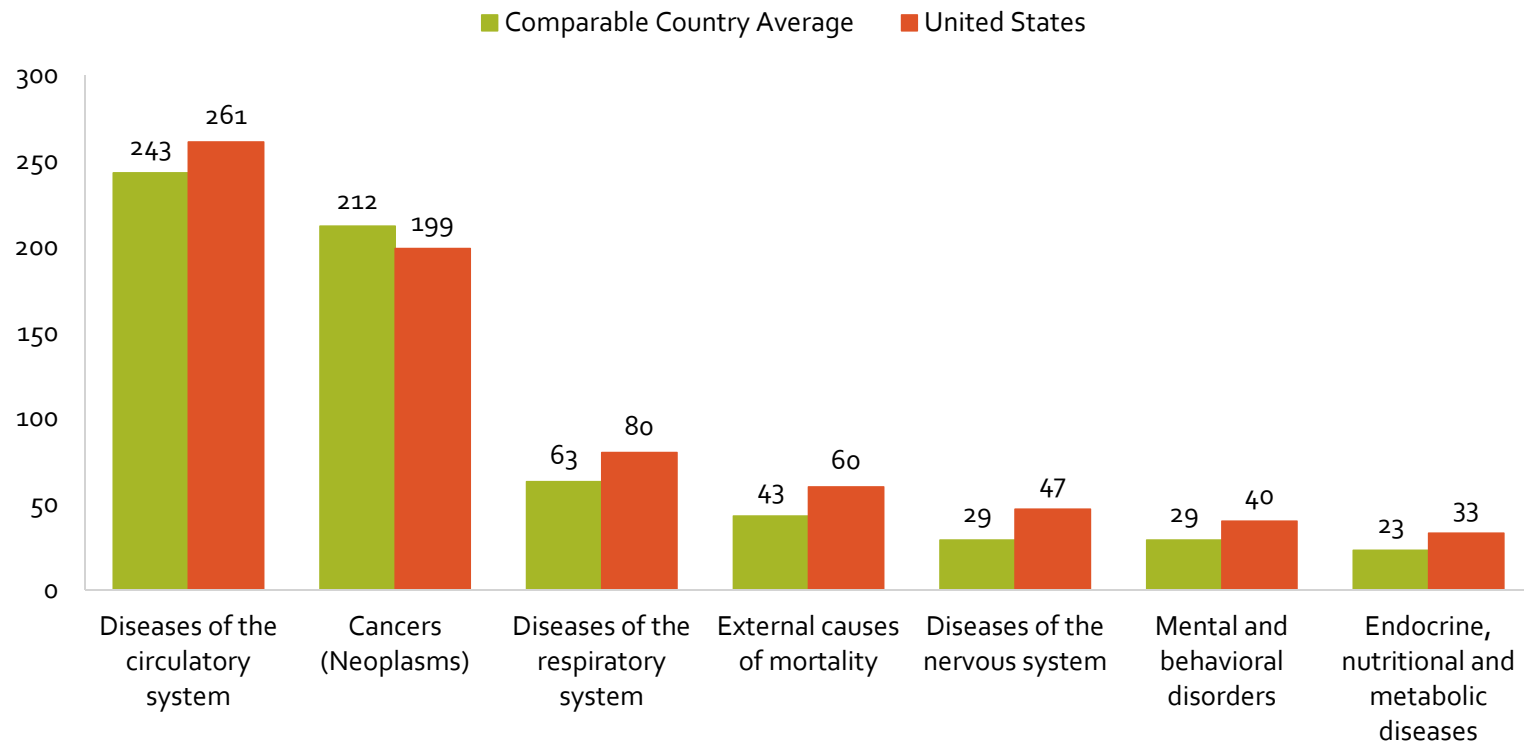
Life expectancy at birth in years, 2011



Source: Kaiser Family Foundation analysis of 2013 OECD data: "OECD Health Data: Health status: Health status indicators", OECD Health Statistics (database). doi: 10.1787/data-00349-en (Accessed on June 25, 2014).

For most of the leading causes of death, mortality rates are higher in the U.S. than in comparable countries

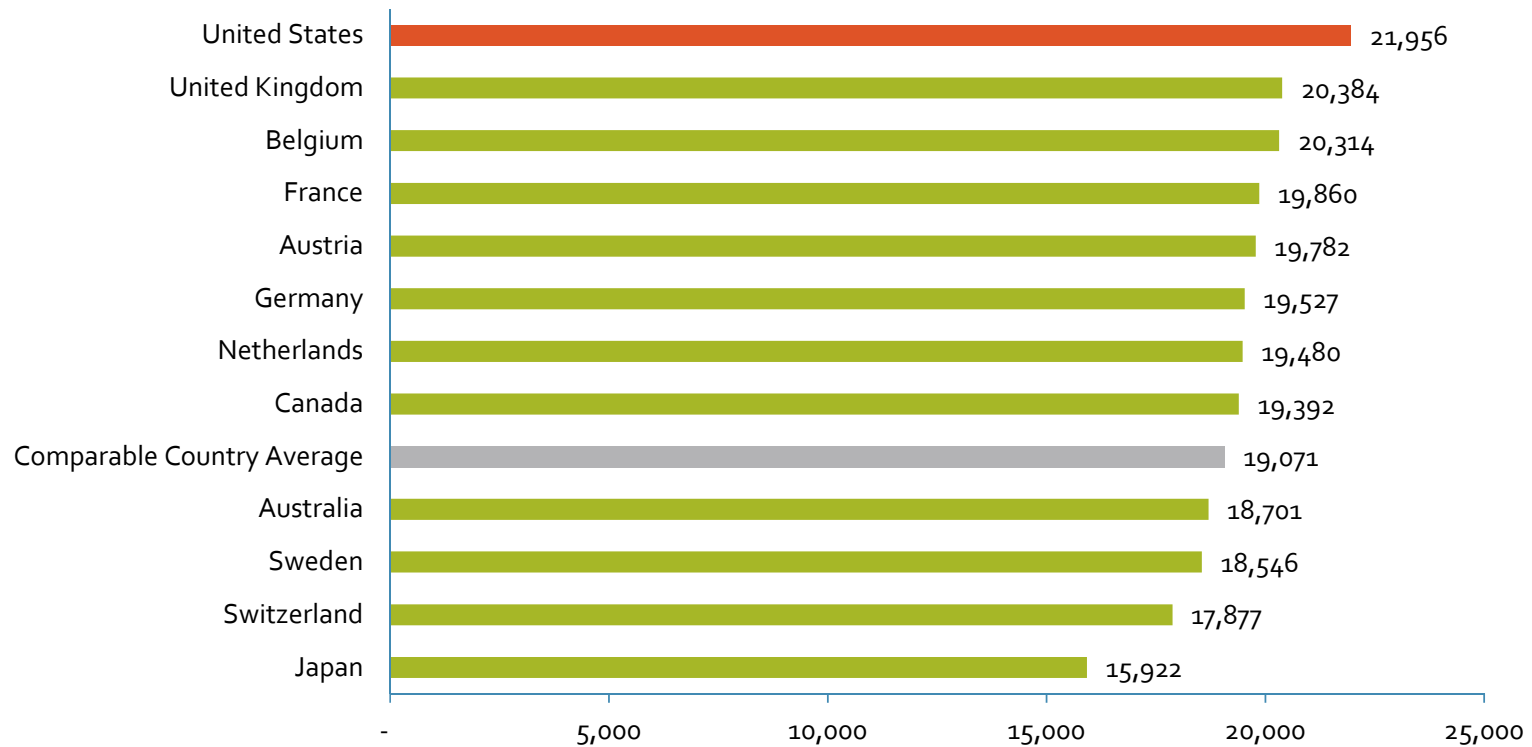
Age-adjusted major causes of mortality per 100,000 population, in years, 2010



Source: Kaiser Family Foundation analysis of 2013 OECD data: "OECD Health Data: Health status: Health status indicators", OECD Health Statistics (database). doi: 10.1787/data-00349-en (Accessed on November 6, 2014).

Disease burden is higher in the U.S. than in comparable countries

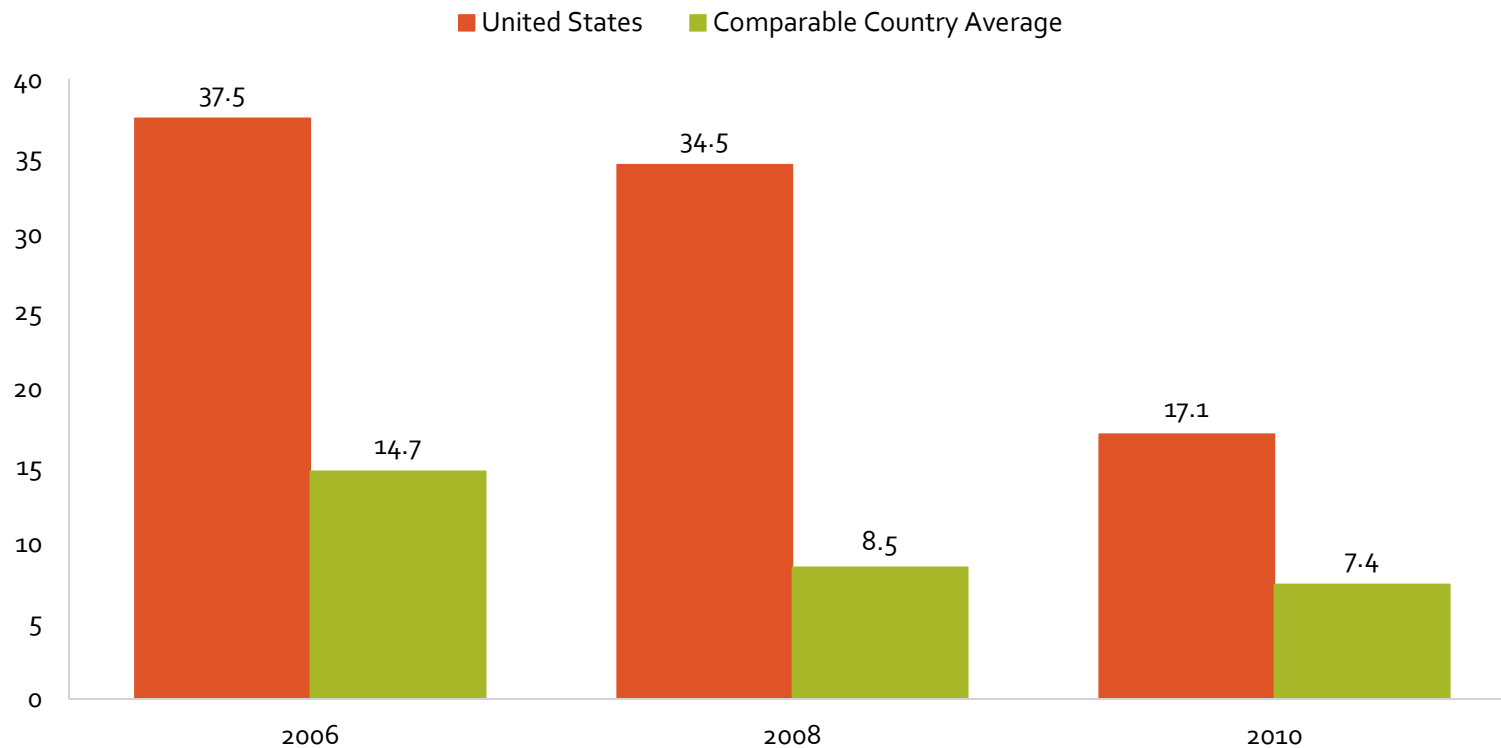
Age standardized disability adjusted life year (DALY) rate per 100,000 population, 2010



Source: Institute for Health Metrics and Evaluation. Global Burden of Disease Study 2010 (GBD 2010) Data Downloads, available here: <http://ghdx.healthdata.org/global-burden-disease-study-2010-gbd-2010-data-downloads>

Foot and leg amputations due to diabetes are decreasing in the U.S. and comparable countries

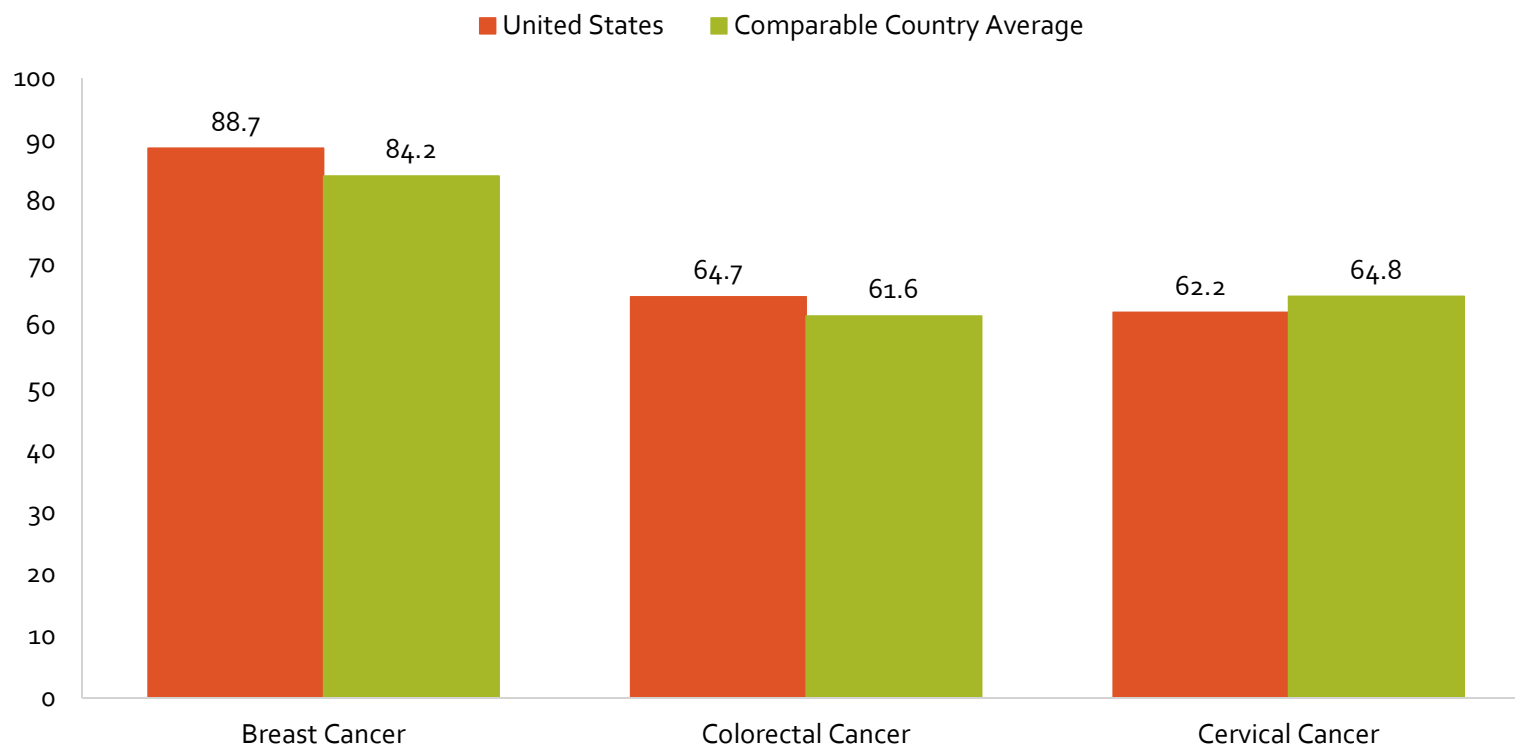
Age standardized diabetes lower extremity amputation rate per 100,000 population, ages 15 and older, in years 2006, 2008, and 2010



Source: OECD (2013), "OECD Health Data: Health status: Health quality indicators", OECD Health Statistics (database).
doi: 10.1787/data-00349-en (Accessed on March 2, 2015). **Notes:** Data for 2006 Comparable Country Average are from 2007.

Five-year survival rates for certain cancers are higher in the U.S. than in comparable countries

Percentage of age-adjusted five-year relative survival for breast, colorectal, and cervical cancer, ages 15-99, in years 2004-2009



Source: OECD (2013), "OECD Health Data: Health status: Health quality indicators", OECD Health Statistics (database). doi: 10.1787/data-00349-en (Accessed on March 2, 2015). **Notes:** Data for breast and cervical cancers are for females.

Social Determinants of Health

Health Care Does Not Always = Health

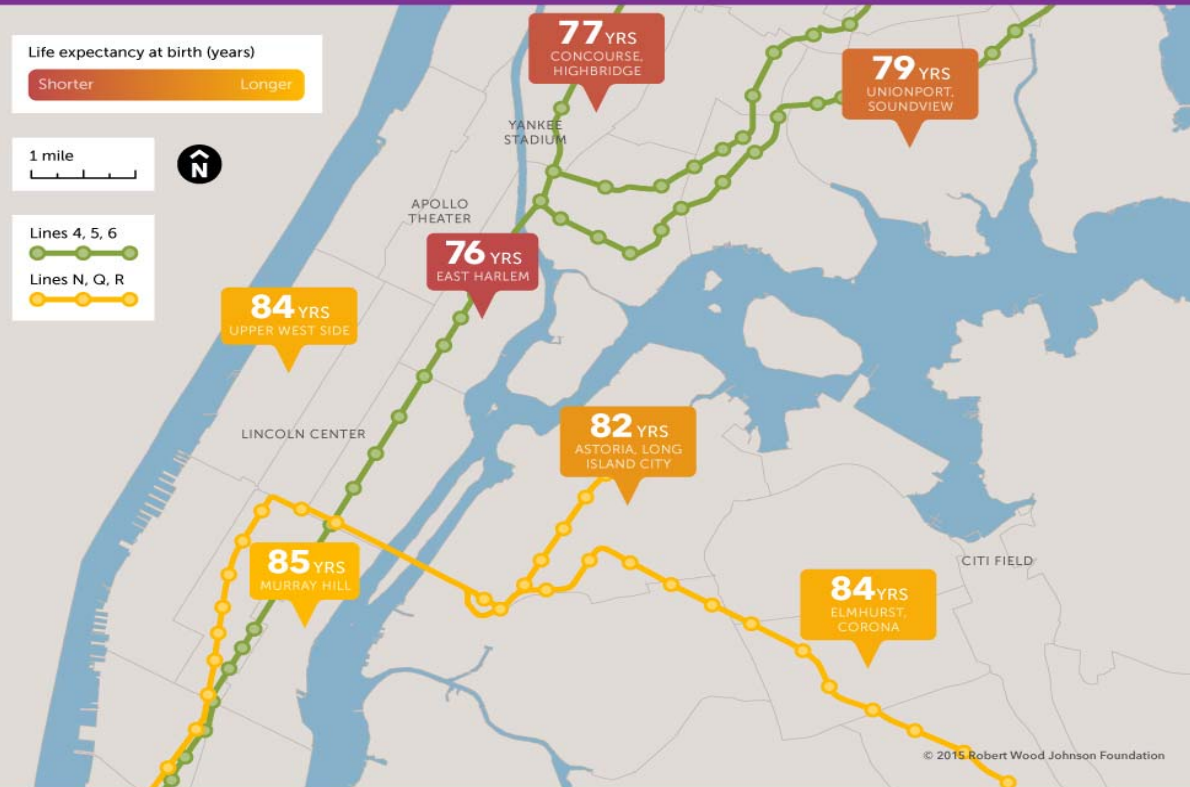
- The majority of improvements in health in our society over the last century have not been the result of medical innovation.
- Instead, we need to think about the broader social determinants of health:
 - World Health Organization (WHO) definition: the social determinants of health (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
 - Economic opportunity, education, social and community context, safe and affordable housing, neighborhood and the built environment can all have a significant influence on population health outcomes.

NEW YORK CITY

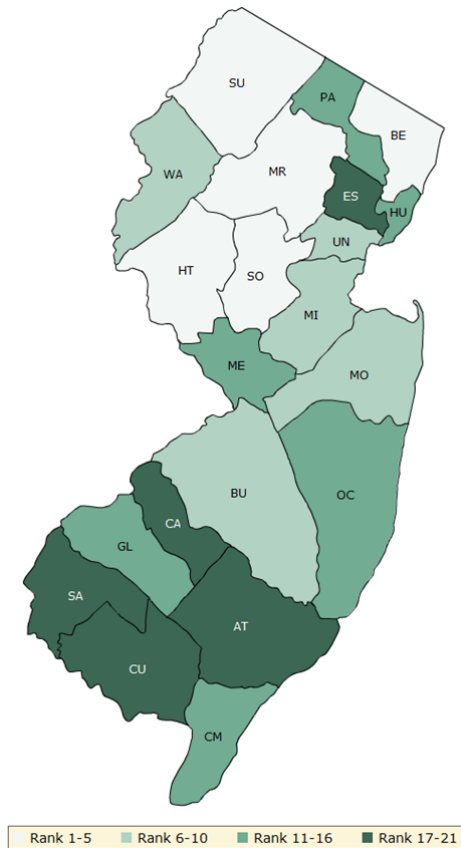
Short Distances to Large Gaps in Health

Follow the discussion

#CloseHealthGaps



New Jersey Rankings: Health Outcomes

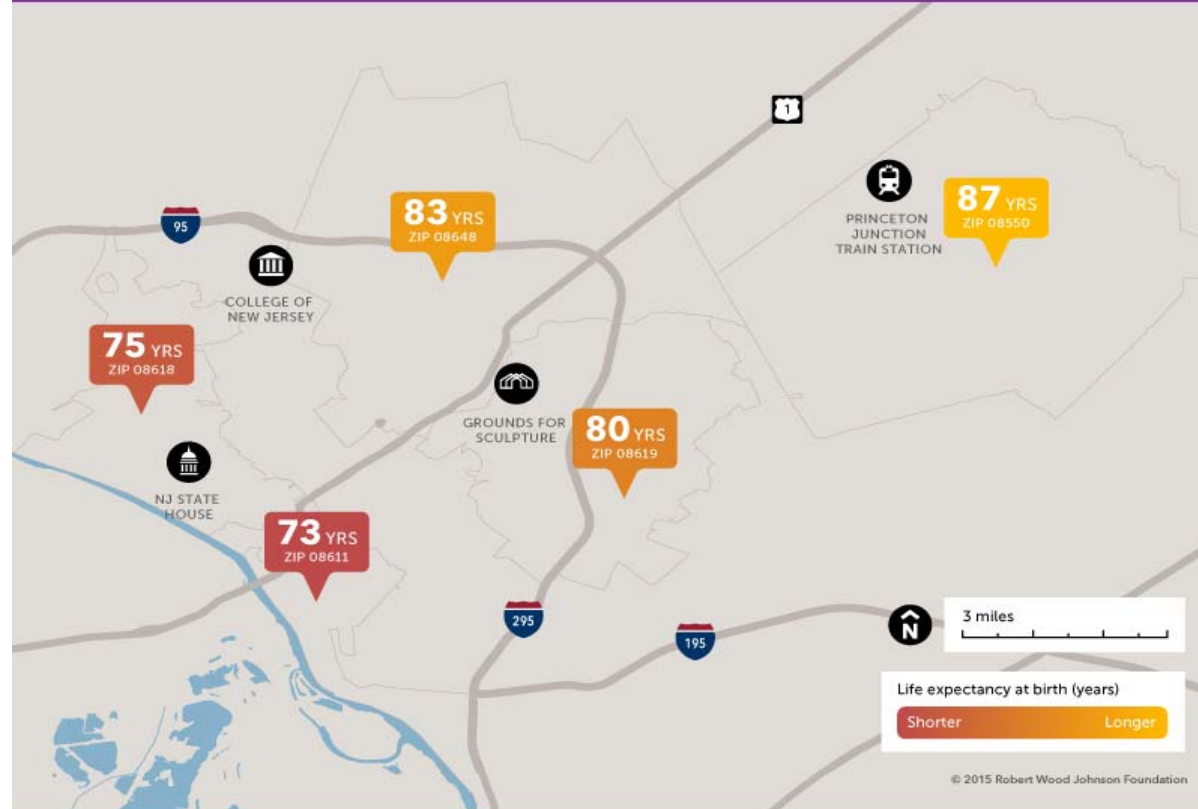


TRENTON, NEW JERSEY

Short Distances to Large Gaps in Health

Follow the discussion

#CloseHealthGaps



Why are some neighborhoods so much healthier than others?

- Gaps in health across neighborhoods stem from multiple factors:
 - Education and income are directly linked to health: Communities with weak tax bases cannot support high-quality schools and jobs are often scarce in neighborhoods with struggling economies.
 - Unsafe or unhealthy housing exposes residents to allergens and other hazards like overcrowding. Stores and restaurants selling unhealthy food may outnumber markets with fresh produce or restaurants with nutritious food.
 - Opportunities for residents to exercise, walk, or cycle may be limited, and some neighborhoods are unsafe for children to play outside.
 - Proximity to highways, factories, or other sources of toxic agents may expose residents to pollutants.
 - Access to primary care doctors and good hospitals may be limited.
 - Unreliable or expensive public transit can isolate residents from good jobs, health and child care, and social services.
 - Residential segregation and features that isolate communities (e.g., highways) can limit social cohesion, stifle economic growth, and perpetuate cycles of poverty.

How can we create social and physical environments that promote good health for all?

- To build a Culture of Health—where every person, no matter where they live, has an equal opportunity to live the healthiest life possible—we must improve people's opportunities to be healthier in the places where they live, learn, work and play.