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ACOs and Social Determinants of Health
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Total Expenditures as a %GDP

*Switzerland and Turkey are missing data for 2009
METHOD: Multivariable regression using OECD pooled data from 1995-2007 on 29 countries and 5 health outcomes.

FINDING: The ratio of social to health spending was significantly associated with better health outcomes: less infant, mortality, less premature death, longer life, expectancy and fewer low birth weight babies.

NOTE: This remained true even when the US was excluded from the analysis.
Ratio of social-to-health care spending*

*Medicare and Medicaid spending
METHOD: Multivariable regression using state-level repeated measures data from 2000-2009 with regional and time fixed effects.

FINDING: The lagged ratio of social to health spending was significantly associated with better health outcomes: adults who were obese; had asthma; reported fourteen or more mentally unhealthy days or fourteen or more days of activity limitations in the past thirty days; and had lower mortality rates for lung cancer, acute myocardial infarction, and type 2 diabetes.
Which social services produce better health and save dollars?

- housing for chronically homeless individuals
- integrated housing and health care for homeless families
- Women, Infants and Children (WIC)
- home-delivered meals for older Americans
- case management with home visitation by nurse practitioners for low-income individuals and low-income, first time moms

Highlights the wrong pocket problem.
Key Organizational Questions for ACOs

- How to manage both FFS to VBF agendas?
- How to screen and identify high-risk patients?
- How to provide social services – make or buy?
- How to vet potential partner organizations?