The Paradox of U.S. Health Care and the Price We Pay to Live Shorter, Less Healthy Lives

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Board on Population Health and Public Health Practice

Roundtable on Population Health Improvement

[1] Staff-prepared background synthesis for March 2023 symposium, Shifting the Nation's Health Investments to Support Long, Healthy Lives for All. https://www.nationalacademies.org/event/03-06-2023/shifting-the-nations-health-investments-to-support-long-healthy-lives-for-all-a-symposium

A Decade in Review: Health Care in the United States

In 2012, the National Academies' Institute of Medicine (IOM) released the report, *For the Public's Health: Investing in a Healthier Future*, which declared the U.S. health care financing system to be terribly misaligned. According to the report, the nation's poor health and "costly medical care consumption reflect a failure of the nation's health system as a whole—medical care, governmental public health, and other actors—to support strategies that advance population health." (IOM, 2012: 20). The report showed that such failure is indicative of inefficiencies, inflexibilities, and insufficiencies in both funding and infrastructure. "The United States gets the health outcomes that it chooses to pay for," the report noted; therefore, the problem with the U.S. health care lies in its failure to invest wisely, consistently, and faithfully in population health (IOM, 2012: 48). In this, the report called for less pouring of resources into individualized treatment of disease and greater emphasis on population-based prevention and wellness, public health research and development, and health legislation and policy.

A year later, the 2013 IOM report, *U.S. Health in International Perspective: Shorter Lives, Poorer Health*, expanded on the troubling state of population health in the United States. It centered on the "U.S. health disadvantage" displayed by the American population through shorter lives; higher prevalence, severity, and mortality rates of disease; and poorer well-being when compared to other high-income nations (IOM & NRC, 2013: 21). In a cross-national assessment of health and well-being among high-income countries, research revealed that the United States consistently fared worse than its peers across multiple measures of health such as life expectancy, chronic disease burden, risky behavior, and mental health. Poor health outcomes were also observed along the life course, from childhood to adolescence and well into adulthood (IOM & NRC, 2013:87-88). In presenting the nation's shortcomings on a global scale, the report not only identified the "U.S. health disadvantage" but also noted that it was growing; if left unaddressed, the U.S. would continue to fall far behind its peers.

A decade later in 2023, the U.S. has little to show for progress on the key metrics of spending and health despite the National Academies reports' recommendations to bolster population health. The nation therefore remains where it stood ten years ago as its poor health outcomes, the underfunding of public health, and the ever-increasing cost of U.S. health care come into consideration yet again. In assessing the current landscape of population health in the United States, it is evident that the high price this country pays for health does not to improve its outcomes in lost lives and poor health.

It Was The Best of Times, It Was The Worst of Times

Today, the United States continues to rank far below other high-income countries across measures in health outcomes as well as in health care affordability, administrative efficiency, access, and equity (Schneider et al., 2021). At the same time, it pours more money into its health care system than any other nation in the world (Gunja et al., 2023). Most recent data from 2021 reveals that the U.S. spent $4.3 trillion on health care, accounting for 18.3% of its gross domestic

product (GDP) (CMS, 2023). Thus, with all its money, the U.S. has largely failed to preserve and improve the health of its people as it presents the poorest health outcomes when compared to international high-income peers (Gunja et al., 2023).

Health Outcomes and Quality of Life

The United States presents the some of the highest mortality rates, worst health outcomes, and poorest health system performance among all OECD countries.[2] Considering mortality, the U.S. has the lowest life expectancy at birth, falling three years below the OECD average (Gunja et al., 2023). Moreover, life expectancy in the U.S. worsens as the country has yet to rebound from the effects of the COVID-19 pandemic unlike most of its peers (Gunja et al., 2023). Additionally, the country ranks highest in annual preventable deaths, and preventable mortality continues to increase at a rate unlike any other OECD country (Gunja et al., 2023). Infant mortality and maternal mortality also remain the highest among OECD nations (Gunja et al., 2023). Furthermore, when infant and maternal mortality are stratified by state, states with the highest rates trail behind what the nation considers middle-income countries like Thailand, Ukraine, or Sri Lanka (CDC, 2022b; The World Bank, 2020).

In addition to high mortality rates, the United States presents the highest obesity prevalence, chronic disease burden, depression rates, and number of deaths by suicide among OECD nations (Gunja et al., 2023). Amidst these health challenges, the U.S. remains the only high-income country that does not guarantee health coverage, with 8.6 percent of its population uninsured (Gunja et al., 2023). Somehow the nation manages to spend nearly twice as much as the average OECD country on health care, and overall, rank last in health care system performance (Gunja et al., 2023; Schneider et al., 2021). Ultimately, these statistics, combined with rising income inequality and decreasing social progression over the past decade, uncover a declining quality of life in the United States (Haynie, 2020; Semega & Kollar, 2022).

A Country of Paradox

Perhaps it is a symptom of American exceptionalism to believe that this system, veiled by wealth, modern technology, and leading experts, is better than others. Indeed, the United States excels in many ways: it is the wealthiest nation by GDP, with five of the world's top ten hospitals, some of the best health care technologies and innovations, and the majority of Nobel prize winners in physiology and medicine. However, with poorly managed health care; widening social, economic, and racial disparities; underfunded communities; a self-interested culture; and ultimately, a less healthy and happy people – the paradox of the U.S. health care system comes into view.

[2] The Organization for Economic Co-operation and Development (OECD) is an international organization with 38 member countries that promote economic growth, development, and sustainability. The majority of OECD membership includes high-income nations. https://www.oecd.org/about/

The Curious Case of the U.S. Health Care System

Despite all its health care spending, America's return on investment is a negative one. If this was any other business, one would expect this capitalist-centric society to immediately redirect its investments or redesign its business plan. Nevertheless, the U.S. has yet to restructure its traditional health care system, thus remaining trapped in a paradox where it spends more money on health care but produces worse health outcomes.

Medical Care Spending

To be fair, the traditional U.S. health care system comes with layers of great complexity, which makes its case an altogether curious one. Due to the nation's history and culture, health care in the United States is not organized under a single, unified system (Malâtre-Lansac, 2019). Rather, it is fragmented across local, state, federal, and private sector levels, which involve multiple stakeholders who possess competing interests. Moreover, when factors such as geography, politics, or power dynamics are considered, communication, consistency, and shared understanding become increasingly difficult and less attainable. In addition, unchecked drug and medical device prices, administrative and advertising costs, and medical billing propel health care spending to an even greater degree (Malâtre-Lansac, 2019). Overall, between the lack of cohesion and financial restraint, sits a lack of accountability. The system's players are too focused on the "bottom line" to streamline coordination or establish greater control (Berwick, 2023; Malâtre-Lansac, 2019). This fixation on profitability, in turn, leads to a "willingness to tolerate large gaps in income, total wealth, educational quality, and housing" in the U.S., which produce "unintended health consequences;" in this, the United States' spirit for entrepreneurism eclipses its desire for egalitarianism (Schroeder, 2007).

Social Spending

The U.S. health care system not only displays a lack of accountability within itself, but to those it claims to serve. While the United States exceeds the OECD average on social spending and remains comparable to many of its peers, it invests less overall in its populations and communities (OECD, 2023; Papanicolas et al., 2019). When social spending is broken down, money is found to be primarily allocated to elderly populations in the form of pensions, home health, and residential services (Tikkanen & Schneider, 2020). The country's spending on social services like early childhood education or parental leave is about one-third that of other countries (Cabrera et al., 2022; Tikkanen & Schneider, 2020). Furthermore, the U.S. spends approximately one-quarter the amount on unemployment benefits compared to these same countries (Tikkanen & Schneider, 2020). When spending on social services is considered in this way, it becomes clear that the nation falls short in investing in its children, youth, and working age adults, thus failing to impact an entire generation of people during the majority of their lives.

Ultimately, the United States' failure to invest in its people is rooted in the very culture of the nation. Like entrepreneurism, values such as independence, hard work, and self-

determination are the driving force behind so much of what America does. Some proof of this is found in the fruitless debate for universal health coverage or the fight against Medicaid expansion, where challengers to these ideas suggest that health care is something to be earned (Malâtre-Lansac, 2019). In this nation, it seems that leaders can only agree to invest in the health care system at the point where people directly encounter it.

Health Disparities

When America invests in health care it fails to do so for everyone, everywhere, at every time. Health disparities exist overwhelmingly within communities of color through every stage of life – from birth to death, leading the U.S. to rank last in health equity among all OECD peer nations (Schneider et al., 2021). Starting at birth, U.S. infant mortality rates are not only the highest among OECD nations but are even greater when stratified by race and ethnicity. People of color – specifically Hispanic, Native American, Pacific Islander, and Black citizens – experience higher infant mortality rates than White citizens (CDC, 2022a). Moreover, these rates, specifically those for Black Americans, persist even when controlling for socioeconomic status (Geronimus et al., 2006). This curious case of its own suggests that additional elements are at play like systemic racial discrimination and exclusion – or "weathering" – which deteriorates the health of mothers and their children over generations, leading to higher maternal mortality, higher infant mortality, and shorter life expectancy at birth (Geronimus, 1992; Geronimus et al., 2006; Hill et al., 2022a; Hill et al., 2022b).

In addition, multiple chronic diseases disproportionately affect people of color, including diabetes, obesity, stroke, heart disease, and cancer – all of which are leading contributors to death in the U.S. (Thorpe et al., 2017). A complex interplay of social, environmental, economic, and cultural determinants of health create structural inequities, which then give way to health inequities (NASEM, 2017: 100). Structural inequities in education, income, employment status, insurance coverage, housing, neighborhood environment, among other aspects of society present major barriers to health care access for minorities.

When people of color do encounter the health care system, they are traditionally neglected and ignored. Research repeatedly shows that institutional bias and discrimination are fundamental drivers behind racial differences in diagnosis, prognosis, and treatment (Tong & Artiga, 2021). People of color experience more negative patient-provider interactions, along with disparities in pain management and empathy. Additionally, minorities, especially Black and Hispanic patients, are more likely to report experiences of providers refusing to believe them, to provide treatment, or to issue pain medication (Ndugga & Artiga, 2021; Tong & Artiga, 2021). This systemic racism therefore perpetuates a cycle of marginalization in which certain populations live less healthy lives, birth less healthy children, and suffer disproportionately from premature death.

Lessons from COVID-19

When the COVID-19 pandemic hit the United States in March 2020, the United States was neither coordinated, nor prepared, nor efficient in its response. The American response – or lack thereof – led to hospitalizations and deaths, burnout and mental health crises, and protests and riots. Fundamentally, each of these consequences revealed the same brokenness within the U.S. public health system identified by the IOM report, *For the Public's Health*, a decade ago.

The nation had to learn that short-term funding does not address long-standing systemic weakness (Trust for America's Health, 2022). Funding for public health and emergency preparedness drastically decreased over the past few decades, where essential national programs provided by the Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services faced a one-fifth and two-thirds reduction in funding since FY 2002, respectively (Trust for America's Health, 2022). Two decades later, chronic underfunding in this area showed. In its immediate allocation of resources to these programs during the pandemic, the U.S. paid a great price for temporary solutions that could not fully address major deficits in its public health and health care system such as providing basic public health services, replacing old data systems, and strengthening the health care workforce (Trust for America's Health, 2022).

Although U.S. health care spending increased by 9.7 percent in 2020, reaching $4.1 trillion, only 5.4 percent of money targeted public health and prevention, and states were largely left to depend on their own financing and resources (Alfonso et al., 2021; Trust for America's Health, 2022). Thus, rather than mitigating its problems, the U.S. highlighted them. Health disparities grew as low-income and communities of color disproportionately suffered from higher COVID-19 incidence, hospitalization, and mortality rates. In addition, the country's fragmented public health infrastructure struggled to meet demands for greater technology modernization and interoperability, better surveillance and reporting, improved national health security, and more coordinated management. Moreover, hospitalizations, death, and tragedy overwhelmed the health care workforce, resulting in a second pandemic of burnout and an exodus of approximately 20 percent of health care workers in just two years (Levine, 2021). Furthermore, excess mortality in the U.S. ranked the highest of other high-income countries, increasing by 22.9 percent between March 2021 and January 2021 (Woolf et al., 2021). These deaths were only in part explained by COVID-19, exacerbated by poor socioeconomic conditions, systemic racism, weak health care policy, unhealthy physical and social environments, and deficiencies in U.S. health care (Woolf, 2022). Today, three years later, these areas continue to be some of the greatest challenges for U.S. health care and public health systems.

The Price We Pay

Essentially, the problems stemming from the U.S. health care system are rooted in the fact that the nation does not invest in its people and communities, it simply funds them. And when it does, there are conditions and limitations. Investment—particularly a well-balanced

portfolio of investment—requires preparation, education, time, commitment, accountability, partnership, and a sense of care (IOM, 2012: 14). Investment runs deep like the problems the U.S. health care system faces. As it currently stands, the U.S. health care system is failing the American people and desperately needs to be reimagined. The nation must shift its priorities in health care away from the focus on treatment of individuals, maximization of profits, and fulfillment of personal priorities, and toward the investment in populations, promotion of health, and empowerment of communities. Research has shown that, to do so, the U.S. must disrupt its current institutions, habits, and beliefs to promote progress. Indeed, this may be an expensive and challenging undertaking, but it is an investment that, ultimately, will build stability, sustainability, and wealth in health, life, and dollars for the nation.

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