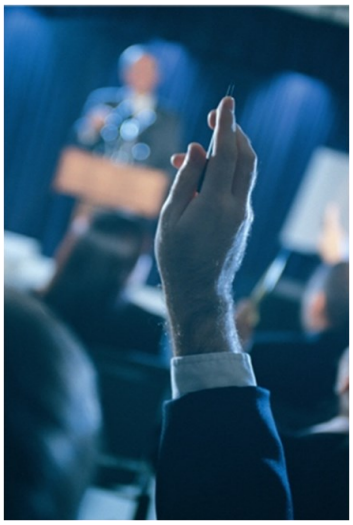
A Raised Hand BY KURT MOSLEY

A discussion on emerging healthcare trends



The Poverty of Healthcare

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My dear grandmother once told me "money is honey, but health is wealth." Truer words have not been spoken, but today wealth is becoming an important factor in the health of the American public. When discussing what makes people in the United States heathy or unhealthy, most Americans would likely say diet, exercise, obesity, social indiscretions, or genetics, but not poverty.

In the United States, we spend $3 trillion a year on health care. Half of the $3 trillion can be traced back to just 5% of the population, who are mostly chronic care patients. So the question is where do these chronic care patients come from? The majority of the time the answer is from impoverished communities.

During the debates prior to the signing of the of the Affordable Care Act, the discussions focused on lower healthcare spending in towns that are devoid of concentrated poverty. President Obama contrasted the high Medicare costs in McAllen, Texas, one of the poorest cities in the nation, to the low Medicare spending in Grand Junction, Colorado, which has very little poverty. Another report criticized the spending of the UCLA Medical Center although the report failed to mention that the UCLA Medical Center borders Los Angeles' dense urban poverty.

The problem we must recognize is that poorer patients use more health care. Poverty patients use more health care not because they want to, but because their health and social environment are usually worse than wealthier patients. Chronic care is a costly bi-product of poverty as everyday minor maladies progress into serious long-term problems.

As I see it, the problem of poverty and healthcare has been totally ignored. One lone voice in the wilderness was Senator John Edwards in 2007. Senator Edwards was seeking the democratic presidential nomination and co-authored a book Ending Poverty in America on which he based his campaign. While Edwards continued to address poverty, candidates Barack Obama and John McCain never discussed it in any of their speeches.

The late Richard "Buz" Cooper, a highly regarded oncologist and healthcare policy analyst at the University of Pennsylvania, makes the link between poverty and healthcare spending the theme of his book, Poverty and the Myths of Healthcare Reform, to be released posthumously by Johns Hopkins University Press in September 2016.

The key to resolving the issue of excessive healthcare spending starts with the United States facing the fact that the majority of the spending is a result of caring for patients that are near the bottom of our social infrastructure.

Although the United States spends more on healthcare than any other country (16.3% of our GDP), only 9.1% is spent on social services that work to keep the patient population healthy and out of the hospital. France, Sweden, Switzerland, Japan, and Germany spend almost twice as much as the United States (18% of their GDP) on social services. The heath expenditures of the same countries average around 9% of their GDP. This is not to say spending more money on social services will solve the soaring healthcare costs in the United States, but these countries have made the creation of a strong social infrastructure a national priority.

Social spending in the United States as compared to its GDP is among the lowest of all developed countries. The goal of this type of spending is to invest in the basics. Food, heat in the winter, air conditioning in the summer, clean water, housing, job training, maternal and sick leave will all help with improving income and decreasing health inequalities.

There will still be people in the United States that no amount of health care spending will cure, and as we continue to live longer costs will continue to rise. Yet, increasing social spending may decrease the rate of health care spending and allow all Americans to live more happy and productive lives.

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Kurt Mosley
VP of Strategic Alliances, Merritt Hawkins

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Follow Kurt on Twitter: @Kurt_Mosley

Kurt Mosley is the Vice President of Strategic Alliances for Merritt Hawkins and Staff Care, companies of AMN Healthcare. Mr. Mosley has over 20 years of healthcare staffing and consulting experience and addresses dozens of healthcare professional organizations each year. Cited by *U.S. News & World Report, USA Today, Modern Healthcare* and many other publications, Mr. Mosley is nationally recognized for his healthcare staffing expertise.

Mr. Mosley can be reached by email at Kurt.Mosley@amnhealthcare.com, by phone at 469-524-1446 or on Twitter, @Kurt_Mosley.