

Preface

THIS BOOK seeks to move American health policy “Beyond Obamacare” in two senses. First, for many reasons we need to get beyond the continuing political conflict over whether we should or should not have Obamacare. The Patient Protection and Affordable Care Act (ACA) has been legislated, it has passed Supreme Court review, and it is being implemented with increasing effectiveness in both “red” and “blue” states. It addresses a critical need of American health policy—to make health insurance coverage as universal as possible, both for the good of those in need of health care who have heretofore lacked insurance and for the good of public and private insurance systems, which become more cost-effective as coverage becomes more universal. There are undoubtedly many ways in which we can improve both the existing legislation and its implementation. Refining and improving the Affordable Care Act is a worthy, hopefully bipartisan, endeavor that will require getting beyond the expensive and essentially fruitless revisiting of whether Obamacare should be the established and advancing law of the land that it is.

Ultimately, and much more important, we must get beyond the view of Obamacare as all that we can or should do to deal with the serious health policy problems of our nation. Seeing our health policy problem as mainly one of increasing insurance coverage and making our health care system more cost-effective (as American health policy currently does and has largely done for decades) is to miss the essential, and truly paradoxical, nature of the serious health policy crisis in which we are ever more deeply enmeshed and which is increasingly exceptional among all similarly developed or wealthy nations. America’s lack of a system of universal health insurance or health care system remains quite exceptional among economically developed nations. But even more exceptional is the paradox that even as we continue to spend more for health care and insurance than any other nation, our levels of population health have only worsened relative to all comparably economically developed nations and are now worsening even absolutely for some por-

tions of the American population and on some health indicators for the entire population.

The first goal of this book is to clearly delineate this paradoxical crisis (chapter 1) and to show why America's solely supply-side approach to health—seeking to provide more and better health care and insurance to more and more people (Obamacare being the latest example)—has not, will not, and cannot resolve our paradoxical crisis of spending more and more on health care and insurance yet getting less and less in terms of health (chapter 2). At the margins, the ACA may slightly moderate the growth of health spending or slightly improve population health parameters, though even that remains to be seen. But like any supply-side health policy or reform, it is incapable of substantially ameliorating America's increasingly high levels of health spending and worsening population health outcomes.

To simultaneously make substantial reductions in spending while reversing the worsening of America's population health requires a focus on a demand-side health policy, one that will make the population healthier, largely by non-biomedical means, so as to reduce the need and demand for health care and hence expenditures for health care and insurance. Chapter 3 explores why we are so fixated on health care and insurance as the sole objects of health policy when, in fact, the major determinants of health lie *not* in medical care but rather in the conditions of life and work, especially changes in those conditions at the level of populations.

Conditions of life and work are highly variable across the population, yet they are largely determined by a few fundamental factors—socioeconomic position, race-ethnicity, and gender—that structure individuals' experience of and exposure to virtually all of the major risk factors for health. Thus, some people have highly favorable profiles of health and the risk factors for health, while others have highly negative ones. When we couple these factors with the biological limits on health and longevity (chapters 4 and 5), we see that the major need and opportunity for improving population health—and thereby reducing health spending—lies in improving not only the health but the conditions of life and work of those in the lower socioeconomic half of our population. Because more and more of those with the best levels of health and conditions of life are able to approach the biological limits of human health, the potential gains from providing this advantaged population, including its older members, with more medical care or improving their conditions of life and work are much more marginal.

As chapter 6 shows, we actually know a great deal about how and why demand-side health policy is generally more powerful, and certainly more cost-effective, in improving health and hence reducing health spending. And we know more all the time about the causal im-

pacts of major areas of public (and private) policy, especially social policy, on health in ways that are at least equally as cost-effective as health care, and generally more so (chapter 7). And contrary to what we might expect, healthier individuals and populations actually spend less on health care (chapter 8).

Thus, we do not get healthy by spending more and more for health care, but rather by spending more and doing more to create healthful conditions of life and work (chapter 9). This must be the centerpiece of a more demand-side health policy going forward. Such a policy would pay increased attention to the health effects of a range of “nonhealth” policies, especially those that affect the fundamental causes of conditions of life and work—socioeconomic position and other socially constructed attributes associated with race-ethnicity and gender, such as segregation and discrimination.

This is a book about health science and health policy. It is also a book about social science and social policy. Most of all, it is a book about the relationships of social science and policy to health science and policy, and vice versa. It will have succeeded at one level if it more clearly delineates the paradox of America’s growing crisis of health care and health—spending more and more on health care and insurance, yet getting less and less in terms of health. It will have succeeded at another level if it demonstrates how and why supply-side approaches to health policy and reforms—all fixated on getting more and better health care to more and more people—have not, will not, and cannot more than marginally improve the two key components of America’s growing paradoxical crisis of health care and health. At best, these supply-side approaches can have only slight impacts on restraining the growth of health expenditures or improving America’s population health parameters. This book will have succeeded at an even more fundamental level if it not only overturns the conventional wisdom that health care is the major determinant of health but also creates a new understanding that health is a function of the conditions of life and work that we experience day in and day out as individuals and as a society.

And *Beyond Obamacare* will have succeeded most completely if it has a hand in redirecting health policy to focus more on the broad range of nonhealth policies—especially those involving socioeconomic position, race-ethnicity, or gender—that shape the conditions of life and work, especially among the half or so of our population who live and work in disadvantaged conditions and whose health is consequently affected. And conversely, this book will have succeeded if it affects the formulation and evolution of nonhealth policies to account for their often unrecognized health effects as well as the non-health-related ends to which they are more explicitly directed.

Thus, in the end, the nature and quality of our health and health pol-

icy depend on the nature and quality of our broader societal policies, practices, and conditions of life and work, both public and private. The sooner and more completely we recognize and act on the basis of this fundamental insight, the sooner and more completely we will be able to resolve our paradoxical crisis of health care and health. Doing so will also contribute to alleviating many of the other fiscal, social, and political crises that confront our nation domestically and enable us to better deal with the challenges of an increasingly global world.

None of the chapters of this book is highly novel; all of their content is considered in more depth elsewhere. What is new and valuable in *Beyond Obamacare* is what the pioneering epidemiologist John Snow termed the “orderly arrangement [of established facts] into chains of inference which extend beyond the bounds of direct observation.”¹