## Prescription for healthier population: spend more on social services [1]

A one-cent increase in social spending for every dollar spent on health care increases life expectancy and cuts premature death, study shows

**Author:** Monsebraaten, Laurie **Source:** Hamilton Spectator

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## **EXCERPTS**

If provinces want a healthier population, they should spend less on health care and more on social services, new Canadian research suggests.

"Spending more on health care sounds like it should improve health," said Daniel Dutton, a post-doctoral scholar at the University of Calgary's School of Public Policy.

"But our study suggests that is not the case and social spending could be used to improve the health of everyone," said Dutton, lead author of a study published Monday in the Canadian Medical Association Journal.

Dutton and his fellow researchers looked at health and social spending in nine provinces over 31 years from 1981 to 2011 and compared it to three population health measures: potentially avoidable death, life expectancy and infant mortality (Data from P.E.I. and the territories was unavailable.)

They discovered that when social spending increased relative to health spending, premature death went down and life expectancy increased. There was no statistical impact on infant mortality.

"More social spending was associated with a more positive outcome. Life expectancy went up and potentially avoidable mortality went down," Dutton said in an interview. "Places where social spending didn't keep up with health spending missed out on those gains."

At a time when close to 40 per cent of provincial budgets are spent on health care, the research shows shifting even a small amount of that money to social programs such as social housing, welfare or child care, could reap statistically significant health benefits.

"If governments spent one cent more on social services per dollar spent on health by rearranging money between the two portfolios, life expectancy could have experienced an additional 5-per-cent increase and potentially avoidable mortality could have experienced an additional 3-per-cent decrease in one year," Dutton said.

Since most beneficiaries of increased social spending would be those with the lowest incomes — and consequently shortest life expectancies — "they might see larger-than-average-gains," the study says.

 $Average\ per\ capita\ spending\ on\ social\ services\ was\ \$930, compared\ with\ \$2,900\ for\ health\ services, the\ study\ shows.$ 

"Relative to health care, we spend little on social services per person," Dutton said, noting provincial health care budgets increased 10-fold over the study period compared to social spending.

"So redistributing money to social services from health care is actually a small change in health care spending."

As the study notes, past research suggests additional spending on health has little impact on population health outcomes. And yet governments continue to be pressured to spend more in this area.

"This information can help decision-makers in deciding where to spend marginal dollars to improve health, especially in the face of competing claims from multiple stakeholders," the study says.

For example, when a province tries to control costs by offering a physician payment schedule that includes claw backs for top-billers, the findings could undermine any physician claims that such a move would harm health outcomes for patients, the study says.

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Paul Kershaw, associate professor with the University of British Columbia's School of Population and Public Health said the study builds on decades of science that shows good health does not begin with medical care, but with where we are born, grow, play, work and age — the so-called social determinants of health.

"These results add to evidence that should impel governments to seek better balance between medical and social expenditures," he said in a commentary also published in the CMAJ on Monday.

To date, Canadian studies in this area have looked at the health impacts of spending in specific social areas, such as how supportive housing has a positive effect on mental health outcomes, Kershaw said. This is the first study that takes a holistic approach by looking at all the money spent on health versus all the money spent on social services.

"It is actually asking the question: Does spending on health care make us healthier or does spending on social programs make us healthier? That is what's novel about this study," said Kershaw who was not involved in the research.

"It's a very clever question to ask. And we haven't really presented it to our Canadian decision-makers or the Canadian public in such a stark (way). And this study does it," he said in an interview.

Kershaw, whose own commentary argues for health in all policies in Canada, said he hopes politicians take Dutton's study to heart.

"We also need to be changing hearts and minds among Canadians," Kershaw added. "So when we are thinking about what we want to have someone offer us next in an election campaign, that more money for medical care shouldn't be the thing we are most excited about."

Toronto Star

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