

# A Thought Experiment in Wellness: Suppose the United States Matched Norway

| Stephan A. Schwartz |

Last November, I had just returned from Scandinavia where I had gone to present an experimental research paper, but ended up in an embarrassing conversation with Swedish and Norwegian engineers and scientists about guns, murders, and suicides. Shortly after I returned, in the second Democratic Debate I heard Senator Bernie Sanders make a comment comparing Norway and the United States. Those two experiences prompted me to select 12 social outcome measures directly relating to social wellness and compare the two nations; I called the essay, *A Tale of Two Countries, and a Question*.<sup>1</sup> Doing the research and writing it made a big impact on me because the research in all 12 categories showed the United States had notably inferior social outcomes when compared to Norway.

The first question I think one has to ask is this: Norway is a small homogeneous culture; do its social outcomes have any relevance to the vast, diverse, militarily powerful republic of states that make up the United States? I think it is a fair question. And if we rely on data I think the answer becomes clear: Yes. These are two democratic societies that have different models upon which to base social policy. Both nations have developed policies that could be applied

to countries large or small, homogenous, or diverse. That said, can we know which is cheaper, more efficient, and more effective at producing wellness from the individual, to the family, to the community, to the nation, to the planet?

So let me take you through what I found, and you can reach your own conclusions. Here's the thought experiment: Suppose the United States equaled Norway's social outcomes, recognizing that Norway's outcomes are not necessarily the best, simply that they are better than those of the United States in all categories. What would be the effects of that in terms of both economics and wellness?

The 12 social outcomes I looked at before were:

- Infant Mortality
- Maternal Mortality
- Healthcare
- Average University Cost
- Eldercare
- Median Household Income
- Obesity
- Heart Disease
- Self-Assessed Happiness
- Gun Murders
- Gun Accidents
- Gun Suicides

This time I will use only the first six, to illustrate what I uncovered. The other six just replicate the same findings. So in order:

## INFANT MORTALITY

Norway has 2.8 deaths per thousand live births per year.<sup>2</sup> The United States has

6.1 deaths per thousand live births.<sup>3</sup> Based on the 2014 United States data that is 23,440 dead babies. If our mortality rate were the same as Norway's there would 15,069 boys and girls who would not die and would live past their first birthday. And think of the tens of thousands of mothers, fathers, and siblings who at Norway's rate would not be emotionally scarred for life by such a loss.

Norway also has a very strong pre and post-natal safety net; to most poor American mothers it would be like a fantasy. You get everything it takes to feed, clothe, and care for your child for its first year. You get benefits like access to healthcare, home visits, and you have no disruption of your income. Norwegian parents do not wake up at 2 AM to change a diaper, while stressing about whether there is enough money to pay the rent in the morning. By government statute, "The total benefit period for parental benefit in connection with a birth is 49 weeks at 100% coverage, and 59 weeks at 80% coverage. The quota for paternity leave and maternity leave is 10 weeks each."<sup>4</sup>

And as a result of financial security one particularly notable aspect of Norwegian society is that both parents, even if separated or divorced, continue a close connection with their child. Between 85% and 90% of Norwegian children have seen their non-resident parent in the last 12 months, and 70–75% in the last month.<sup>5</sup> As a result a number of the social issues that arise from dysfunctional families are either absent or greatly reduced compared to United States rates, thus saving billions of dollars in social and prison costs.

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In the United States we just cut millions of people off the Supplemental Nutrition Assistance Program (SNAP) food program. Consider Alabama, as but one example. An already deeply impoverished state, “after the first three months of 2016, ... 32,672 participants in Alabama were recently told they had not met the employment threshold and would be withdrawn from the SNAP system. Starting April 1 (2016), no more money will be added to their electronic benefit transfer card they could use to buy food at the grocery store.”<sup>6</sup> As a result of this kind of policy in 2014, over 48 million Americans lived in food insecure households, including 32.8 million adults and 15.3 million children.<sup>7</sup>

And with each hungry impoverished child there blossoms again the toxic flower of ill-health, poor educational attainment, and a host of other disorders, the cost running in the tens of billions nationwide. Just consider one aspect: prenatal nutrition. The National Healthy Start Association compiled the data and reported, “Significant savings can accrue from enabling mothers to add a few ounces to a baby’s weight before birth.

An increase of 250 g (about 1/2 pound) in birth weight saves an average of \$12,000 to \$16,000 in first year medical expenses. Prenatal interventions that result in a normal birth (over 2500 g or 5.5 pounds) saves \$59,700 in medical expenses in the infant’s first year. The long-term cost of low birthweight infants includes re-hospitalization costs, many other medical and social service costs, and when the child enters school, often large special education expenses. These public expenses can go on for a lifetime.”

This is how the United States looks to the Australian Department of Social Services which undertook a major assessment of individual national health systems. Speaking of child support they noted:

“Census figures for ... the US show ... The average (mean) amount awarded was \$5,044 and the average amount received was \$3,160.45% of parents received the full amount due.

“Because child support awards are made by courts rather than by an

administrative procedure, the process is subject to the delays and expenses of the court system. Many parents find it difficult to have their awards adjusted when their circumstances, or those of the child or the child’s other parent, change. In addition, courts appear to be reluctant to reduce awards if the payer’s income is reduced. Even imprisonment often does not result in a zero liability. These factors appear to lead to cases where payers accrue large debts that they truly do not have the means to pay, for which they are often imprisoned. It is difficult to see how this is in the best interests of children.”<sup>8</sup>

The data is very clear: The Norwegian approach is both cheaper, more productive of social wellness, more efficient, and more enduring.

### **MATERNAL MORTALITY**

The maternal mortality rate, which is defined as “includes deaths during pregnancy, childbirth, or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, for a specified year.”<sup>9</sup> The actual number is hard to pin down because cause of death is not always easy to establish but in the United States it is generally agreed somewhere between 6 and 800 women die during or shortly after delivery.<sup>10</sup> The Norway rate is 5 maternal deaths per 100,000 live births.<sup>11</sup> In the United States it is 17.8 (2011) per 100,000, more than three times higher.<sup>12</sup> Think of the hundreds of mothers who, if we did as well as Norway, would now go home from the hospital; think of the families where Mommy is still alive, and tucking you in.

### **HEALTHCARE**

According to the World Health Organization’s Ranking of the World’s Health Systems Norway is 11th and the United States is 37th.<sup>13</sup> Norway spends 9.6% of its gross domestic product (GDP) on healthcare.<sup>14</sup> In contrast the United States spends 17.6% of its GDP.<sup>15</sup> In 2013 that came to \$2.9 trillion (\$2,900,000,000,000). The total United States GDP was nearly \$17.5 trillion (\$17,419,000,000,000). I write these

numbers out because they are so preposterously large.

If we could just get down to Norway’s percentage of GDP expenditure on healthcare, while rising up to equal their standards of healthcare, it would cost us a bit less than \$1.68 trillion (\$1,672,224,000,000). That is a savings of a bit more than \$1.2 trillion (\$1,227,776,000,000) and we would improve our healthcare by a factor of three.

### **AVERAGE UNIVERSITY COST**

In Norway college is free to the student.

According to the National Center for Education Statistics, for the 2013–2014 academic year, the average annual price for undergraduate tuition, fees, room, and board was \$15,640 at public institutions, \$40,614 at private nonprofit institutions, and \$23,135 at private for-profit institutions. Charges for tuition and required fees averaged \$6,122 at public institutions, \$29,648 at private nonprofit institutions, and \$13,787 at private for-profit institutions.<sup>16</sup>

Ask any college student what they think of graduating as a kind of indentured servant to their debt. I won’t even bother to cite a statistic on that.

And here’s the thing: In the United States there are 12.2 million college students under 25, and 8.2 million over 25.<sup>17</sup> That’s over 20 million people; what do you think is the cumulative depressive effect of that many people having that much financial stress?

I have come to believe the relevant questions in this debate are does a better educated democratic society produce greater wellness at every level, than a less educated one? Is it realistically possible to make college free? The answer is a resoundingly yes on both counts. In the first place 22 countries now do so, and they have less money than we do. So money is not the real issue in the debate unless someone is prepared to say Americans aren’t smart enough to figure out how to do what 22 other countries are already doing.

To achieve free public college Senator Bernie Sanders has offered one very specific approach, “The cost of this \$75 billion a year plan is fully paid for by imposing a tax of a fraction of a percent

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