

Blueprint for a Healthier America 2016

**POLICY PRIORITIES FOR THE NEXT
ADMINISTRATION AND CONGRESS**



Blueprint for a Healthier America

Introduction

The United States faces a series of major health crises. Unfortunately, however, for decades, the health system has been set up to treat people after they are sick rather than keeping them well in the first place.

The health system has largely been driven by paying for treatment and doctor's care — and not focusing on overall health — yielding more of a sick-care system than a healthcare system.

Despite the \$3 trillion spent annually on health, it has not translated into “buying” better health for the country.²² To date, there has never been a concerted or long-term strategy to improve health in the United States.

But a different approach is possible. Much of the pain, suffering and cost of many health problems could be prevented or mitigated — with a greater focus on trying to stop problems before they happen. This new approach would improve quality of life for millions of Americans — while reducing disease rates and healthcare costs.

Experts have identified a growing set of high-impact, evidence-based strategies — but there has not been a significant effort to widely implement and sustain them.

In this Blueprint for a Healthier America, the Trust for America's Health (TFAH) presents key strategies for improving the health of Americans.

There has never been a better opportunity to align the objectives and resources of public health, healthcare, social services and community improvement efforts to advance the goal of improved health.

Over the next four years, the country should prioritize ensuring communities around the country can

benefit from the most effective health improvement strategies.

The stakes could not be higher.

- **Prescription Drug and Heroin Crises:**

Deaths from prescription painkillers have quadrupled in the past 15 years, and more than 2.1 million people misuse these drugs. The epidemic costs the country more than \$55 billion a year in healthcare, workplace and criminal justice spending.^{23, 24, 25, 26} This has also contributed to a major rise in heroin use. Fatal heroin overdoses have more than tripled since 2010 and nearly half a million people are addicted to heroin.^{27, 28, 29} Heroin use among young White adults (18- to 25-year-olds) has more than doubled in the past decade, with large concentrations in some communities and states, including Indiana, Kentucky and New Jersey.^{30, 31} Substance misuse is contributing to lower life expectancies — and higher death rates — among middle-aged Whites.³²

- **Future Health of America's Children:**

If things continue on their current track, one in three children will develop diabetes and four out of 10 will develop heart disease in their lifetime.^{33, 34} This is preventable and not inevitable. Today's children are not as healthy as they could be or should be — one in four, between the ages of 17 to 24, are not even considered healthy enough to join the military.³⁵ Without stronger local health improvement programs, they are being resigned to serious health problems that could have been avoided.

- **Infectious Disease, Disaster and Bioterrorism Readiness:** Fifteen years after the September 11, 2001 and anthrax tragedies and 10 years after Hurricane Katrina, the country is still not as ready as it could or should be for major health emergencies — whether they are manmade attacks like aerosolized anthrax or emerging infectious diseases like the Zika virus or a major new pandemic. While emergencies and new threats are inevitable, the system does not have built-in capacity to respond to new or surge needs. Instead, arising emergencies disrupt attention and funds from ongoing pressing priorities — and create cycles of relying on a series of emergency supplemental appropriations — instead of building a stronger baseline system with increased flexibility. New diseases can have a significant economic impact. Seasonal flu alone costs the country \$87 billion annually.³⁶
- **Environmental Justice:** The contaminated water in Flint, Michigan and other locations serves as a call to renew our nation’s environmental health policies. Around 434,000 children in the United States have lead poisoning — the most common source is from exposure to paint in older homes or apartment buildings among children in low-income families — putting them at high risk for serious developmental, behavioral and cognitive delays.³⁷ Millions of families live in neighborhoods that adversely impact their health and do not offer the same degree of protection from environmental and health hazards as those only a few zip codes away.^{38, 39}

But strategies do exist to address the problems — but have not been broadly taken to scale across the country. For example:

- **Reducing Substance Misuse:** Five of the strongest school-based substance use prevention strategies have returns on investment (ROI) ranging from \$3.8:1 to \$34:1 — and have demonstrated results in reducing misuse of a range of drugs, alcohol and tobacco along with other risky behaviors — while improving school achievement and future career attainment.^{40, 41, 42, 43}
- **Preventing Chronic Diseases:** An investment of \$10 per person per year in proven evidenced-based community prevention programs that increase physical activity, improve nutrition and prevent smoking and other tobacco use could save the country more than \$16 billion annually within five years — a return of \$5.60 for every \$1 invested.⁴⁴ In addition, the National Diabetes Prevention Program and strategies that link clinical and community resources have shown significant results — DPP has reduced diabetes incidence by 58 percent in persons with prediabetes and Stanford’s Chronic Disease Self-Management Programs net more than \$300 per patient in savings — and if scaled to 10 percent of Americans with chronic diseases, could yield an estimated \$6.6 billion in healthcare savings annually.^{45, 46, 47}
- **Speeding Detection and Control of Infectious Disease Outbreaks:** New scientific and technological breakthroughs — like genomics and real-time, interoperable disease outbreak tracking — are ready for use and could dramatically speed the ability to identify and respond to crises. However, these breakthroughs will only make a difference if they are scaled up and complemented with workforce training and reforms to address the gaps in the basic underlying health system.

Over Five Years the Return For Every \$1 invested is \$5.60



- Reducing Environmental Threats:** Targeted strategies can significantly reduce the impact of adverse environmental problems on health. For instance, the Centers for Disease Control and Prevention (CDC), state and local initiatives have reduced lead poisoning by 70 percent since 1990 — and lead abatement programs have shown a return of \$17 to \$221 for every \$1 invested.⁴⁸
- Addressing Social Needs that Impact Health:** An new analysis by TFAH and Healthspieren estimates that investing in Health and Social Service Coordinator Systems that address gaps between medical care and effective social service programs with a range of strategic and targeted interventions — through a “navigator-plus-support” approach — could yield between \$15 billion and \$72 billion in healthcare savings a year within 10 years, depending on how broadly these programs are supported (i.e., potentially reaching between 12 percent and 25 percent of low-income Americans — between 13 million and 28 million people).⁴⁹
- Support in Early Childhood:** Investing in good health and well-being for young children can yield lifelong benefits. For instance, quality early childhood education can provide a 7 percent to 10 percent annual return on investment based on higher school and career achievement and reduced costs in remedial education, health and criminal justice system expenditures.^{50, 51} The Supplemental Nutrition Program for Women, Infants and Children (WIC) has found that each \$1 spent leads to a reduction in healthcare costs of \$1.77 to \$3.13 in the two months after birth (between a 2:1 to 3:1 ROI).⁵² In addition, infants born into low-income families receiving rental assistance were 43 percent less likely to have hospitalizations from serious illnesses compared to infants in low-income families not receiving any rental assistance.⁵³ And nurse family home visits for high-risk families with young children has shown a return of \$5.70 for every \$1 invested.⁵⁴

EXAMPLES OF RETURN ON INVESTMENTS FOR PREVENTION EFFORTS



Endnotes

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