

Federal Priorities for a Healthier America

The United States faces serious health crises — in large part because the health system has, for decades, 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. As a result, what exists today is more of a sick care system than a health care system.

Indeed, the \$3 trillion spent annually on health has not “bought” better health for the country.¹ While significant achievements have been made over the past several years to develop strategies to improve the health of Americans, the country has failed to invest at the levels needed to realize their potential.

In short, the path that our country has followed for decades has failed — and continuing with the status quo is unlikely to produce better results.

Fortunately, existing proven strategies show that 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 number of high-impact, evidence-based strategies — but there

has not been a significant effort to widely implement and sustain them.

The Trust for America's Health (TFAH) has identified these strategies and compiled them into a set of policy priorities for improving the health of Americans.

There has never been a better opportunity — with the shift to a value-based health system and increasing recognition for how a range of factors impact health — to align the objectives and resources of public health, healthcare, social services and community improvement efforts to advance the goals of improved health. Over the next four years, the country should prioritize ensuring communities around the country can benefit from the most effective health strategies.

The stakes could not be higher:

- **Investing \$1 in substance use prevention to realize as much as \$34 in return.** Deaths from prescription painkiller and heroin use have more than tripled in the past 15 years — and are contributing to higher death rates among middle-aged Whites^{2, 3, 4} Five of the strongest school-based substance use prevention strategies have returns on investment ranging from \$3.8:1 to \$34:1.^{5, 6, 7, 8}

- **Saving more than \$16 billion through a more active and healthy population.**

One in three children will develop type 2 diabetes in their lifetime and one in four young adults are not healthy enough to join the military; but this is preventable and not inevitable.^{9, 10} An investment of \$10 per person in proven, evidence-based community prevention programs to increase physical activity, improve nutrition and reduce tobacco use could save the country more than \$16 billion annually — a \$5.60:1 return.¹¹ In addition, the National Diabetes Prevention Program (DPP) 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. If scaled to 10 percent of Americans with chronic diseases, the program could yield an estimated \$6.6 billion in healthcare savings annually.^{12, 13, 14}

- **Connecting health and social services to cut billions in costs.**

Health and social service coordinating systems that address gaps between medical care and effective social service programs — by connecting patients in need with programs ranging from supportive housing to food assistance — could yield between \$15 billion and \$72 billion in healthcare savings a year within 10 years, according to a new analysis by TFAH and Healthspieren.¹⁵

- **Reducing the \$120 billion spent annually on preventable infectious diseases.**

Fifteen years after 9/11 and 11 years after Hurricane Katrina, when health crises such as new infectious diseases arise, the country still scrambles for emergency planning and funding. Preventable infectious diseases cost the country more than \$120 billion annually — and that cost is exponentially compounded when new diseases emerge.

- **Realizing a 7-10 percent annual return by investing in early childhood education.**

More than half of U.S. children — across the economic spectrum — experience adverse experiences, such as physical or sexual abuse, and more than 20 percent live below the poverty line, which increases their risk for “toxic stress” — living under a constant state of stressful conditions — that can contribute to a range of physical, mental and behavioral health issues. Investments in early childhood education can help mitigate against the impact of these risks and increase resilience, while also providing an annual return of 7 to 10 percent per year, and supportive nurse-family home visits for high-risk families show a return of \$5.70:1.^{16, 17, 18}

Strategies exist to address these problems — but have not been taken broadly to scale across the country. Trust for America’s Health developed a set of recommendations for federal priorities to bring strategies to address these and other health crises to scale across the country in the *Blueprint for a Healthier America: Policy Priorities for the Next Administration and Congress*.

The *Blueprint* highlights leading evidence-based strategies for improving health and policy — and models to help bring them to scale across the country. These include:

- **Supporting Better Health in Every Community:**

Federal, state and local public health programs and policies should support place-based health improvement partnerships. Doing so will help elevate a local community’s top priorities and bring key partners and assets together — from public health, healthcare, social services, philanthropies, education, businesses and faith and community groups — for a greater collective impact. A network of expert institutes in each state should provide technical assistance to these multisector collaborative partnerships. In addition, the Prevention and Public Health Fund and other community-based health improvement programs should be protected and fully funded.

- **Modernizing the Public Health System to Be Prepared for Emergencies:**

The public health system must be modernized — and sufficiently funded — so that it can handle ongoing threats and new emergencies. Too often the country has been caught off guard when a new crisis emerges, diverting attention and resources. There should be 1) greater investment to improve baseline foundational capabilities in communities around the country; 2) a standing Public Health Emergency Fund to provide additional surge funds when needed; 3) improved federal leadership, such as through



a Special Assistant to the President for Health Security; and 4) upgrades to out-of-date technology and surveillance systems.

● **Incentivizing Health Care vs. Sick Care:**

There should be increased incentives and mechanisms for healthcare insurers, nonprofit hospital community benefit programs and social investment funds to support health improvement strategies. Efforts such as healthcare investment in community-wide health improvement programs, “navigator-plus-support” health and social service integration (such as Accountable Health Communities (ACH)), Community Development Investments

Funds for Health (strategic planning and financing intermediaries) and pay-for-outcome approaches should be expanded.

● **Address Major Health Issues, Including:**

- Prioritize Healthy Early Childhoods — Including Reducing Toxic Stress and Adverse Childhood Experiences
- Support Healthy Students and Healthy Schools
- Promote Healthier Aging for Seniors
- Prevent Obesity, Improve Nutrition and Increase Physical Activity
- Stop the Prescription Painkiller and Heroin Epidemics

- Eliminate Tobacco Use
- Prioritize Prevention in the Cancer Moonshot Initiative
- End the HIV/AIDS Epidemic
- Stop Superbugs and Antibiotic Resistance
- Support Environmental Health and Justice
- Address the Health Impact of Climate Change and Extreme Weather
- Achieve Health Equity
- Reverse Rising Death Rates Among Middle-Aged White Adults
- Promote Positive Mental Health

The *Blueprint's* “How To” guide of recommendations for implementing a health improvement system that could be scaled to communities around the country include:

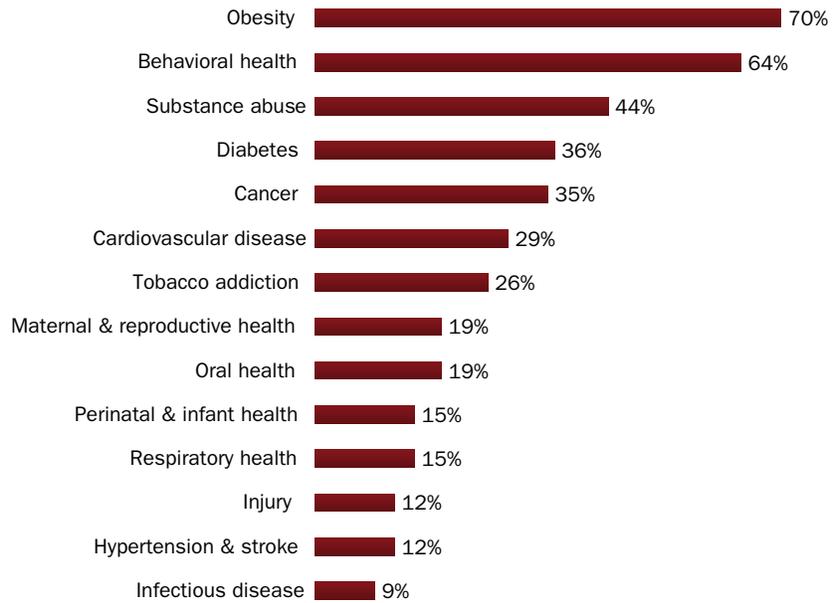
● **How to Prioritize Wide-Scale Implementation of the Most Effective Evidence-Based Health Improvement Strategies:**

The Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Substance Abuse and Mental Health Services Agency (SAMHSA), Agency for Health Research and Quality (AHRQ), Centers for Medicare and Medicaid Services (CMS) and other agencies are responsible for identifying, supporting, evaluating and improving the available strategies to improve health and reduce healthcare costs. Federal public health programs and policies should be realigned to support the ability to widely scale evidence-based programs:

● **Support Local Health Improvement Partnerships to Address Top Priorities in Communities:**

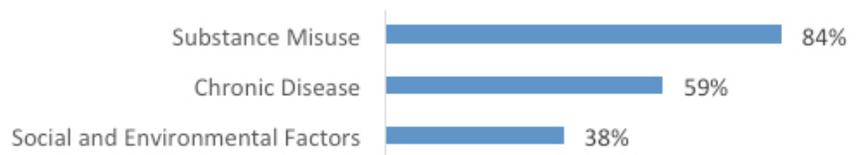
Federal public health programs and policies should focus on supporting communities as they develop and manage place-based health improvement partnerships. This flexible approach would allow local areas to prioritize their shared goals and bring the key partners, assets and funding streams from the community together to tackle the concerns. Engaging a diverse cross-sector of the community is vital to success. Effectively addressing health problems requires sustained engagement by a multisector collaboration of key leaders and institutions (healthcare, public health, social services, private businesses, philanthropies, schools, and faith and community groups) that have vested interests in improving the health and vitality of a community. Different sectors bring different strengths and expertise — and a diversification of resources — to help achieve a stronger

Priority Community Health Needs



Source: Health Research & Education Trust Review of 300 Community Health Needs Assessments.¹⁹

Top Public Health Priorities among County Officials



Source: National Association of Counties Survey (n=154), April 2016

collective impact. Efforts should have a lead partner to manage the initiative and either the lead partner — or the lead partner in collaboration with a financial manager — must prioritize how to maintain sufficient, sustained funding for the initiatives and fiduciary accountability. Estimated costs for the lead partner role (often established, experienced institutions who can serve as hands-on “integrators” for the

partnerships or intermediary coordinators — often as a grant-maker to other groups) are around \$250,000 to \$500,000 per year. A Local Health Improvement Partnership pilot grant program should be created — via community health and prevention programs at CDC and SAMHSA — to provide support planning, capacity building and implementation grants to localities.

- **Fully Fund the Prevention and Public Health Fund and Other Community-Based Health Improvement Efforts:**

The Prevention and Public Health Fund has supported key chronic disease prevention efforts at CDC and other agencies. It is scheduled to increase by \$250 million in Fiscal Year (FY) 2018; by another \$250 million in FY 2020; and eventually reach its full statutory level of \$2 billion per year. These increased funds could be used to support a range of federal health improvement efforts, including chronic disease prevention programs at CDC; place-based multi-sector initiatives; and/or multi-agency efforts to address health factors and improve outcomes. It is important these increases be used to support new and innovative efforts, to supplement existing impactful programs, and not be used to supplant cuts to existing programs. The Prevention Fund was established to provide for expanded and sustained national investment in prevention and public health programs to improve health outcomes and help restrain the rate of growth in private and public sector healthcare costs. It innovates and builds support for efficient, evidence-based approaches to improve health and reduce disease rates in communities across the country and should help support the wide-scale implementation of evidence-based health improvement strategies by local coalitions across the country. The entire budget for all chronic disease prevention activities at CDC is around \$1.2 billion (about \$4 per person per year), while more than 80 percent of the annual \$3 trillion in healthcare spending is spent on individuals with one or more chronic conditions (about \$8,000 per person per year for chronic disease).²⁰

- **Expand Outcome-Based, Cross-Agency Federal Initiatives:**

The National Prevention Strategy, and other cross-agency efforts, have helped federal agencies identify joint strategies for improving health alongside other national priorities such as academic achievement and economic development. There are a number of efforts to reduce bureaucracy and incentivize the efficiency, effectiveness and collective impact of federal programs by aligning initiatives and coordinating related grant programs with increased flexibility and fewer reporting requirements in exchange for demonstrating improved outcomes. For instance, issues like substance misuse prevention require the efforts of multiple agencies — including the Department of Health and Human Services (HHS), Department of Justice (DoJ), Office of National Drug Control Policy (ONDCP) and the Department of Education (Ed). Some precedents for aligning goals, programs and funding across programs include the Sustainable Communities Initiative (SCI) and Performance Partnership Pilots for Disconnected Youth (P3). The next Administration should greatly expand the number and scope of projects supported by the National Prevention Strategy.

- **Establish an Expert Health**

- **Improvement Institute in Every State:**

A state-based expert network is an important component for providing support to local communities, health providers, hospitals and others to select, implement and evaluate the health improvement strategies that match their local needs and resources. The state institutes would be part of a collective network — to learn from and inform national research efforts, which advance

the development and continued quality improvement of community and place-based prevention efforts. It could build on existing public health research and technical assistance centers and institutes. One model center in Pennsylvania has an annual budget of approximately \$1 million per year. The federal government should establish a pilot program for an initial set of states to develop expert institutes.

- **Incentivize Nonprofit Hospitals to Use Community Benefit Funds to Support Community Prevention:**

Nonprofit hospitals' community benefit funds totaled around \$62.4 billion in 2011.^{21, 22} In the past, only around 5 percent of the funds had been used to support community-based prevention activities, with the majority of the funds being used to support charity care. Many hospitals are expanding support for upstream community health improvement strategies — including addressing factors that influence the health of their patients, such as housing, education and transportation. The Internal Revenue Service (IRS) requires all nonprofit hospitals to conduct community health needs assessments and implementation plans in addition to issuing guidance supporting use of funds for broader community programs, but there are no official requirements for these efforts. The federal government should consider additional guidance and incentives for the use of community benefit funds to support upstream community health and other factors that impact health, similar to the Community Reinvestment Act requirements of banks and financial institutions. In addition, the IRS should clarify what “community building” efforts can be considered for support through community benefit funds.

- **Expand Innovative and Social Investments in Health Improvement Strategies:**

The federal government should continue to expand and innovate investment strategies, such as through health-focused loans from the federal Community Development Financial Institution Fund (for healthy food financing, such as building more grocery stores in lower-income neighborhoods, community health centers and other health and community development programs that have proven results for improving health) in addition to other social investing and pay-for-performance approaches.

- **Support Medicare, Medicaid and Private Insurers to Expand the Use of Health Improvement Strategies and Services:**

Value-based healthcare models are spurring many healthcare

providers and insurers to invest in innovative strategies to keep patients healthy. Medicare and Medicaid should expand support for prevention — and to help speed strong emerging programs into practice. The Centers for Medicare and Medicaid Services should leverage existing authorities and initiatives — and create additional mechanisms as needed — to incentivize healthcare, public health and social service sectors to work together. Key areas that should be addressed include:

- Incentives for increased use of preventive services and penalties where delivery rates remain low;
- Expanding coverage and use of clinical-community programs, such as: services that use lower-cost alternatives, care coordination or community-based services, and evidence-based group

diabetes and other chronic disease prevention programs;²³

- Programs and systems that help connect patients to services that address unmet social needs, such as the Accountable Health Community model being piloted by CMS that helps connect patients to services that address housing instability and quality; food insecurity; utility needs; interpersonal violence; and transportation needs — and other available mechanisms, such as state waivers, to support programs that help connect beneficiaries to social services as needed; and
- Expanding mechanisms to help support and cover community-wide health improvement programs and initiatives.^{24, 25}

- **How To Modernize the Public Health System to Be Prepared for Emergencies:**

Health emergencies are unpredictable, but regularly arise. Despite the predictability of threats, America’s public health system is not built to respond effectively and efficiently when new crises occur. Instead, the country becomes complacent, and is often caught “off guard” by new threats — such as Zika, Ebola, pandemic flu or bioterrorist threats. Attention is then immediately diverted from other pressing priorities — and emergency “supplemental” funds are needed since the current system, as is, has no built-in capacity to respond to additional surge needs or problems. Some key priorities for achieving a system that is better able to respond to new problems, while still effectively managing ongoing concerns, include:

- **Foundational Capabilities:** Requiring strong, consistent baseline public health abilities in regions, states and communities around the country by maintaining a set of key capabilities — that have been defined by the National Academy of Medicine and leading experts — and focusing on performance outcomes in exchange for increased flexibility and reduced bureaucracy. For example, to detect and contain a serious outbreak all health departments need to have the capabilities to assess health threats and priorities through surveillance, epidemiology and laboratory capacity.

- **Stable, Sufficient Emergency Preparedness Funding:** Increased and reliable funding is needed to maintain a standard set of core capabilities so they are ready when they are needed. In addition, a complementary

“at-the-ready” Public Health Emergency Fund is needed to provide surge funding (not at the expense of existing annual funding) to be able to ramp up immediately and address specific needs when an emerging threat arises. The current process of insufficient funding means there are long-standing gaps in the baseline system and emergency supplemental funding is often delayed and not able to backfill ongoing vulnerabilities in the response system.

- **Improve Federal Leadership Before, During and After Disasters:** This should include stronger leadership at the White House level, through strategies such as the creation of a permanent Special Assistant to the President for Health Security. This position would provide leadership, coordination and expertise for

a government-wide approach to preparedness, response and recovery efforts. Clear federal leadership and an agreed upon framework of responsibilities — including fully utilizing authorities in existing law — can clarify roles particularly in health emergency responses that cross federal agencies and involve domestic and international actions.

- **Invest in Science and Technology Upgrades:** The nation needs a more focused investment strategy to support modernizing core systems to keep up with science and technology advances. This approach could leverage recent scientific and technological breakthroughs that hold the promise of transforming the nation’s ability to identify and contain disease outbreaks and other health emergencies by harnessing advances in genomics; supporting real-time, interoperable surveillance that leverages the national investment in and uptake of health information technology; and developing the next generation of medical countermeasures, including antivirals and vaccines.

- **Recruiting and Training a New Generation of Public Health Workers:** Federal programs should support public health workforce development — including training for the expert scientific abilities needed to:

- Harness and use technological advances, critical thinking and management skills to serve as the Chief Health Strategist for a community;
- Build plans to address problems;
- Bring partners and resources together across health and other sectors impacted by health for increased collective impact; and



- Communicate and effectively educate the public on how to reduce risks and better protect themselves, their families and their neighborhoods.

In addition, the roles and responsibilities of federal agencies and programs must be reconsidered across public health agencies — to match modern needs, be more efficient and focus on results.

- **Refocus Hospital Preparedness for New Threats and Mass Outbreaks:** Health system preparedness for emergencies and mass casualty events is still insufficient. Efforts should be made to develop stronger partnerships among providers, hospitals, insurers, pharmaceutical and medical device companies and public health agencies that help support private-public partnerships and regionalized health models, and that engage all of the partners to invest in building a broader community response strategy.
- **Prioritize a Culture of Resilience:** Emergency planning strategies should emphasize approaches so all communities are better prepared to be able to cope and recover from emergencies, particularly focusing on those who are most vulnerable.

- **How To Address Major Health Priorities:**

There should be concerted high priority efforts to address the top health threats facing the country, including a focus to:

- **End Adverse Childhood Experiences and Toxic Stress:** More than half of U.S. children — across the economic spectrum — experience an adverse event during their childhood, such as physical or sexual abuse or substance misuse in the household.^{26, 27, 28} In addition, around one-quarter of children live below the poverty line and another quarter are in low-income families — which can increase their risk for living in unhealthy conditions or experiencing severe or prolonged periods of stress, often called “toxic stress.”^{29, 30} Nurturing, stable caretakers and relationships, positive learning experiences, and safe homes, neighborhood and environments can mitigate these factors. The federal government should continue to expand high impact programs such as support for increasing use of routine screening for health problems and other risks; expanding home visiting and parent support and education programs; integrating health and social-emotional learning in child care and early education; and providing support for family and medical leave.
- **Support Healthy Students and Healthy Schools:** Educators and parents know that healthy students are better prepared to learn and succeed in school. Healthy students are more likely to attend school, are better able to focus and are more ready to learn. The federal government should support programs and efforts that support improved health — including mechanisms provided through the Every Student Succeeds Act — via Positive Behavior Intervention and

Supports models; social-emotional learning; broad diffusion of evidence-based prevention programs; increased school health services and care coordination; school wellness policies and plans, including school nutrition and physical activity programs; and early warning systems, such as tracking chronic absenteeism and providing follow up services. This should include an emphasis on ending bullying and teen-dating/relationship violence and other efforts connected to broader positive school climate initiatives.

- **Healthier Aging for Seniors:** By 2030, almost 20 percent of Americans will be 65 years or older. Nearly 80 percent of these seniors will have hypertension, 43 percent will have heart disease, 47 percent will be obese, 39 percent will have type 2 diabetes and 30 percent die with form of dementia.^{31, 32} Medicare spending is expected to reach \$1.2 trillion by 2030.³³ Health improvement strategies should focus on healthy aging — starting before individuals reach their senior years — and also support strong prevention programs, access to services and aging in place initiatives to help Americans live as well and independently for as long as possible.
- **Stop the Prescription Painkiller Misuse and Heroin Epidemics:** Addressing the quadrupling of deaths from prescription painkiller and heroin overdoses — a result of the rapid growth in misuse — has become a top concern in communities around the country. The federal government should make the crisis a high priority by supporting policies that help prevent misuse in the first place, promoting responsible prescribing practices and Prescription Drug Monitoring Programs (PDMPs); widely scaling effective school-community

prevention programs; expanding a network of expert support institutes in states around the country; expanding the availability of rescue drugs and Good Samaritan laws; and making treatment more accessible and modernized to meet best practices.

- **Reenergize Obesity and Diabetes Prevention Efforts:** With more than one in three children overweight or obese, and one in three predicted to develop type 2 diabetes in their lifetime, the efforts to prevent obesity in children should be redoubled. While important work has been achieved and rates of obesity have largely stabilized, they remain high and have a huge economic impact. The federal government should support broader implementation of evidence-based early childhood, school-based and community approaches along with programs that address food insecurity and help all children maintain a healthy weight through good nutrition and sufficient physical activity. Comprehensive strategies that build on effective programs — such as flexible universal breakfast in school programs, Safe Routes to Schools, shared use of school facilities for after-hours recreation, healthy food financing initiatives and improved nutrition standards and licensing for child care centers — can all be expanded and work together to have a cumulative effect.
- **Eliminate Tobacco Use:** Tobacco remains the leading cause of preventable diseases, disability and death in the United States, and it is responsible for one in five deaths, nearly one-third of cancer deaths in the country and around \$170 billion in healthcare costs a year.^{34, 35} Around 16 percent of adults smoke cigarettes; and while teen smoking rates are at historic lows of around 9 percent, roughly 25 percent of teens use some form of

tobacco and around 16 percent use e-cigarettes.^{36, 37} Comprehensive smoke-free air laws, raising minimum legal sales age to 21 and tobacco taxes have helped significantly lower smoking and other tobacco use rates — and tobacco prevention and cessation programs and services, including the Tips from Former Smokers campaign, have also shown positive results in lowering use rates and increasing quit rates.

- **Emphasize Prevention in the Moonshot to End Cancer:** While treatment and cures for cancer are essential, it is important to recognize that a majority of cancer cases could be prevented through healthy lifestyle choices, recommended screening tests and vaccines. Tobacco use is responsible for nearly one-third of cancer deaths; physical inactivity, excessive alcohol consumption and/or poor nutrition are responsible for one in five cancer deaths; and increased screening and vaccinations could help avoid numerous other cancer deaths.^{38, 39} By 2020 there are expected to be an additional 10,000 annual cases of lung cancer among women, and a 30 to 40 percent increase in weight-related cancers.⁴⁰ Cancer prevention initiatives such as targeted behavior changes, screenings and vaccinations are important strategies for reducing cancer rates and mortality — along with more research into causes and cures.

- **Eliminate the HIV/AIDS Epidemic:** A number of promising policies are renewing efforts in communities around the country to reach the goal of ending AIDS. The federal government should continue to support a full spectrum approach to ending AIDS — from prevention to reducing HIV risk behaviors to ensuring access to and sustained treatment (and treatment as prevention) through pre-exposure



prophylaxis (PrEP).⁴¹ All federal and state healthcare policies should be aligned to support full access to comprehensive PrEP services as is appropriate and desired — including support for medication adherence.

- **Combat Drug-Resistant Superbugs:** The rise of antibiotic resistance is one of the most significant and difficult public health challenges in the country. More than two million Americans contract antibiotic-resistant infections each year, leading to more than 23,000 deaths, \$20 billion in direct medical costs and more than \$35 billion in lost productivity.⁴² Overuse in medicine, overuse in animal agriculture and the dearth of new antibiotics all contribute to the deadly problem of antibiotic resistance. National policymakers should continue to implement a national and international strategy to address these three challenges, including investing in research and development of new antibiotic drugs; implementing effective antibiotic stewardship programs across the healthcare and long-term care systems; limiting inappropriate use of antibiotics in food animals; and detecting and containing Superbug outbreaks.

- **Eliminate Lead Poisoning and Other Environmental Health Hazards:** Lead poisoning — due to lead paint in homes or communities and contaminated water — affects more than half a million children ages 1 to 5 around the country, disproportionately impacting racial and ethnic minorities, and low-income children.⁴³ As underscored by the 2016 water crisis in Flint, Michigan, some U.S. water systems still have dangerous levels of lead contamination. However, the leading cause of lead poisoning is exposure to lead-based paint in an estimated 24 million older dwellings, including 4 million homes with one or more young children.⁴⁴ A federal focus on targeted strategies could help eliminate lead poisoning in the United States. Since 1990, CDC, state and local initiatives have reduced lead poisoning by 70 percent. However, the 2.6 percent of children who still experience lead poisoning are at high risk for serious developmental, behavioral and cognitive delays. Lead abatement programs have shown a return of \$17 to \$221 for every \$1 invested.⁴⁵ In addition, full and sustained implementation of the Clean Air Act will continue to save lives and money.

● **Mitigate the Adverse Impact of Climate Change and Extreme Weather on Health:**

Climate change and extreme weather events put Americans at increased risk for a range of health concerns — including mosquito- and other insect-borne diseases and adverse asthma events and other respiratory concerns. For instance, changes in temperatures, pollination seasons, mold production and coastlines and increased rainfall, extreme weather events and air and water pollution contribute to a range of health risks.^{46, 47, 48} By 2050, climate change is predicted to cause an additional 250,000 deaths annually around the globe from just malaria, diarrheal disease, heat stress and under-nutrition.⁴⁹ Public health and environmental agencies should work together to implement strategies that help track concerns, coordinate risk management and communications and prioritize key public health capabilities needed to address environmental health threats.

● **Achieving Health Equity:** A person’s health, and ability to make healthy decisions, is impacted dramatically by where they live, their income, their educational attainment and their racial and ethnic status. Americans in the top 1 percent of household income live 10 to 15 years longer

than those in the bottom 1 percent.⁵⁰ And, the life expectancy for Black men is on average 4.5 years shorter than for White men; and 3 years shorter for Black women than White women.⁵¹ Racial and ethnic minorities continue to experience higher rates of morbidity and mortality than non-minorities across a range of health issues — eliminating persistent health inequalities among Blacks and Latinos could lead to reduced medical expenditures of \$54 to \$61 billion a year, and recover \$13 billion annually due to work lost by illness and around \$250 billion per year due to premature deaths (2003-2006 spending).^{52, 53} The federal government should increase support for targeted efforts to reduce inequities — such as CDC’s Racial and Ethnic Approaches to Community Health (REACH) program.

● **Reverse the Rising Death Rates among Middle-Aged White Adults:** After decades of increasing life expectancies, the death rate among middle-aged (ages 45 to 54) Whites has increased by 10 percent in the past 15 years.⁵⁴ Key contributing factors include: substance misuse (including prescription painkillers, heroin and fentanyl), suicide and liver disease (including related to

excessive alcohol use). Mental health, substance misuse and chronic disease prevention initiatives and targeted programs to increase individual and community social connectedness can help promote positive mental health and better health outcomes.

● **Promoting Positive Mental Health:** One in five adults experiences mental illness and one in five children and/or teens have a history of a serious debilitating mental disorder.^{55, 56} Around 20 percent of U.S. Veterans who served in Iraq or Afghanistan suffer from depression or post-traumatic stress disorder, and around 20 Veterans commit suicide each day.^{57, 58} Three out of five and nearly half of youth with a mental illness are unable to access needed healthcare services. The United States should invest in a broad strategy to improve mental health, including a full continuum of care, starting with stronger prevention strategies, addressing cycles of toxic stress and providing social-emotional learning programs in child care and schools; increased coverage and access to care, including long-term behavioral healthcare and more integrated physical and behavioral healthcare; and implementing modernized and evidence-based treatment approaches.

EXAMPLES OF RETURN ON INVESTMENTS FOR PREVENTION EFFORTS

Five Strongest School-based Substance Misuse Prevention Programs	3.80:1 to 34:1	Community-based Nutrition, Activity and Tobacco Prevention Programs	5.60:1	Lead Abatement Programs	17:1 to 221:1
Supportive Housing Programs for High-Need Patients	2:1 to 6:1	Community Health Worker Navigator, Referral and Case Management Programs	2:1 to 4:1	Early Childhood Education Programs	4:1 to 12:1⁵⁹
Child Asthma Prevention Programs	1.46:1 to 7:1	WIC Program Savings in Healthcare Costs for Infants	2:1 to 3:1	Nurse Home Visiting for High Risk Infant	5.70:1

Endnotes

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