

EXECUTIVE SUMMARY

Five Steps to Health and Well-Being in America

2ND EDITION

A HEALTH AND WELL-BEING POLICY BLUEPRINT FOR THE PRESIDENT AND CONGRESS OF THE UNITED STATES

Has the time finally come? Is America ready—now, after decades of skyrocketing costs, uneven results, and negative trends in measures of individual and societal well-being—to address the key factors that make health care so unaffordable and ineffective at helping people and communities flourish?

We shall soon find out. Regardless of which party wields power in the coming decade, the people in power, be they Republican or Democrats, will face many choices. In each small choice, they will decide whether to double-down on a system geared to manage sickness or to invest in a system designed to improve and sustain individual and community health and well-being.

This is a call to action, and a detailed prescription, for the latter approach. It comes from what may seem, at first, like an unlikely source – a group of systems paid to care for the sick.

The Adventist Health Policy Association is a coalition of Adventist health care systems that together are the equivalent of the eighth-largest health care system in the country. There is much that unites us, including our faith and commitment to care for the body, mind and spirit of every person. But we also share a philosophy that health and well-being are inextricably connected. We recognize that the environments and social factors of the communities we live in impact our health in ways we are just beginning to understand, and we stand united in our dedication to innovation, investment and policy change to see a time when all Americans have the opportunity to live full and flourishing lives.

That is the foundation for these recommendations – these Five Steps to Health and Well-Being in America – which we hope emerging leaders will mine for ideas and inspiration in the years to come. We stand ready to help because the big picture changes, as well as the details, are what matter for those of us committed to a better way.

Problem: Our Nation Spends Too Much on “Sick” Care

There is no doubt that the United States has the most advanced technology for treating illnesses, and the greatest majority of medical advances and innovations come from our country. The challenge is that our culture and payment systems have focused on acute episodes of illness – and not on chronic disease, lifestyle and prevention.

The federal public health investment of \$1.5 federal dollars for every \$8.5 state dollars means that the challenge to keep Americans free from disease is left to the states. Subsequently, disease rates and health care costs vary widely by state. Death rates for heart disease are highest in the South and lowest in the West.

The prevalence of chronic illness and the poor health that follows explains in part why our nation spends so much on health care. In 2017, health care costs on average \$10,206 per person – the most of any nation in the world (The Organisation for Economic Co-operation and Development cites its average per-person cost at \$3,857 across member nations). In 2018, the United States spent \$3.6 trillion on health care but less than 3 percent of that spending went to public health and prevention keep Americans healthy in the first place. At the same time, funding for emergency preparedness has been cut repeatedly: for example, the Hospital Preparedness Program is the only source of federal funding to help regional healthcare systems prepare for emergencies yet its budget was cut from \$515 million in fiscal year (FY) 2004 to \$275 million in FY 2020.⁴

The high cost of medical care an unhealthy workforce also cripple the U.S. economy and its ability to compete in the global market. Each year, Americans miss 2.5 billion days of work due to chronic conditions resulting in lost productivity totaling more than \$1 trillion. Health care is the most expensive benefit for businesses and employers spent an average of over \$14,000 per employee in 2018.

The federal government’s approach to disease prevention and wellness is limited and fragmented. Multiple agencies – including the Centers for Medicare & Medicaid Services, the Centers for Disease Control & Prevention, the Administration on Aging, the Office of Minority Health, Indian Health Services, and the National Institutes of Health – oversee the nation’s health policies. But no single office coordinates federal prevention and well-being improvement efforts.

Adventist Health Policy Association believes that every person who needs health care, regardless of social or economic status, should have access to it. We believe that each person and every community has the potential to flourish and that together, with our Nation’s leaders, we can invest in measurable and sustainable well-being transformation.

Solution: Five Steps to Health and Well-Being in America

More money is not the only answer. Our current system focuses heavily on medical services rather than upstream investments in well-being creation and disease prevention. Our flawed priorities have generated an increasing financial burden on the federal budget, meaning that health care costs have emerged as an increasingly important policy priority.

By switching our focus from, “what causes disease?” to one that asks, “what creates well-being?”, we can rein in and reverse the trend of rising health care costs and the diminishing well-being of our nation. We can strengthen our economy by improving the health and well-being of our workforce, boosting productivity, and ultimately advancing health, well-being and quality of life.

It is time to shift our “downstream” health spending into an “upstream” focus that will make a profound and meaningful impact on the health and well-being of all Americans. Reshaping our health spending priorities will help our country build a stronger, healthier America.

This is how the White House and Congress can make that happen:



1. Create a National Well-Being Policy

- In order to construct a National Well-Being Policy, the President can establish a National Well-Being Council by reconvening the historic National Prevention Council. That would immediately bring together a cross-section of 20 federal agencies under the leadership of the surgeon general and encourage them to consider the ramifications all federal policies have on the well-being of Americans. Additional members can be identified with expertise in the determinants of health and the creation of well-being to ensure a focus on upstream investments and policies.
- In addition, Congress can ensure that health and well-being considerations are included in policies that involve education, transportation, criminal justice, built environment and other determinant factors not directly related to health care, because we know that health and well-being aren't found at the hospital or doctor's office but instead begin in our homes, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink.
- Congressional budget committees can commit more money to promote well-being and prevent diseases. The federal government currently spends less than \$3 for each American on prevention.

Increasing that amount to just \$10 per person could improve the nation's health and well-being and save billions of dollars in health care costs over the long term.

- The President can issue an executive order creating a White House Office of Well-Being and Prevention to coordinate policies aimed at improving our nation's levels of well-being and disease prevention. The office can coordinate well-being policies, created by the Administration and Congress, that encourage and facilitate data sharing and cross-sector collaboration to improve systems and measurably and sustainably improve well-being.



2. Connect Health Care to Well-Being

- The federal government currently provides little incentive for health care providers and insurers to invest in behavior that promotes well-being and prevents diseases. Medicare and Medicaid must help shift the emphasis of health care in America to the creation of well-being and disease prevention. Their payment systems currently are set up to reimburse treatments for chronic diseases, so preventive measures aren't emphasized. Reimbursement is based on volume rather than the overall cost and quality of care. Congress has the ability and responsibility to change that dynamic.
- Training enough primary care physicians is essential to providing care and preventative treatments to more patients. Congress can look for innovative approaches to incentivizing medical schools to train more primary care physicians, and expand medical school curriculum requirements to provide more comprehensive training and education on well-being creation and disease prevention.
- The White House and Congress must ensure that IRS-required Community Health Needs Assessments and associated Community Health Improvement Strategies are used to strategically invest in measurably and sustainably improving community well-being.



3. Strengthen the Backbone of Public Health

- The White House and Congress must ensure continued federal funding for public health training programs. Federal money for that training flows through four existing grant programs, but it is not guaranteed. So, the President and Congressional Appropriations Committee members must make that funding a priority.

- The COVID-19 pandemic revealed vast health disparities in our nation. The President and Congress must work to strengthen crucial public health infrastructure to be able to handle future pandemics or health outbreaks.
- There are efforts by health care associations to improve public health education, but the work would be more effective if Congress or the President created a national task force charged with finding ways to increase the ranks of public health workers and improve their training.
- It is essential for Congress to provide more money for training doctors to provide preventative medicine. Currently, none of the graduate medical education funding from Medicare or Medicaid are going to these programs. The Health Resources and Services Administration now provides only \$4.5 million to 10 primary care residency training programs. Congress should increase that fund and find other sources of funding to allow all 73 training programs across the nation to reach their capacity.
- Beyond physicians, there are shortages across the health care workforce spectrum, particularly in rural areas. To recruit those allied health workers, the federal government could provide important financial incentives and/or loan forgiveness for students willing to work in rural communities.
- Congress also should consider adopting a federal rather than state system for licensing allied health workers. That would make it easier for those health workers to move across state lines for jobs and would ensure skills are standardized.



4. Invest in and Prioritize Well-Being Improvement

- To respond to the national mental health crisis and make mental health care more available, especially in rural areas, Congress can remove technological and administrative barriers to tele-psychiatry. Any person needing mental health services should have access.
- Congress can provide increased federal funding for community-based resources and outpatient treatment for people in need of mental health services. Funding for crisis intervention training for law enforcement and other community services personnel must be increased.
- Dental care is an essential component of health. Diabetes and dozens of other diseases can be identified through dental checkups. Yet, Medicare excludes most dental care coverage from policies for seniors, and the

Affordable Care Act classified dental coverage as an optional benefit. Congress can close this gap in preventative care.

- The President and Congress can enhance federal programs and policies that promote community designs and build environment investments that make healthy choices easier, such as walking and bicycling.
- Congress must sustainably fund school-based health centers, which provide holistic services to students and their families.



5. Prioritize Determinants of Health Infrastructure and Investment

- Income, education and the strength of social networks all effect a person’s ability to access health care and achieve their highest levels of health and well-being, which impacts their longevity. Food security and stable, safe, affordable housing also are among the most vital determinants of health, but too many people lack these essentials. To close the gaps, Congress and the President can ensure opportunities for livable wages and expand training opportunities for Americans who are struggling.
- It is vital for Congress to help expand access to high-quality early childhood education programs, which are especially needed for children from lower socioeconomic conditions.
- Increasing the minimum wage and expanding the Earned Income Tax Credit for low-income families also could ease broad societal inequities that have a negative impact on health and well-being. The new Congress should push for those changes.
- The challenges facing our society today are only solvable through collaboration and an eco-system of alignment across agencies and sectors. The President and Congress can incentivize and influence effective multi-sector collaboration by reducing bureaucratic barriers to data sharing and requiring effective collaboration for access to federal funding.

Our nation’s health care is unaffordable, difficult to access, and doesn’t meet Americans’ needs. That can – and must – change. The President and Congress can make that happen.

The Adventist Health Policy Association proposes a Five-point health policy plan with 40 detailed strategies that focus on lifestyle choices, disease prevention and health promotion.



1
Create a National Well-Being Policy



2
Connect Health Care to Well-Being



3
Strengthen the Backbone of Public Health



4
Invest in and Prioritize Well-Being Improvement



5
Prioritize Determinants of Health Infrastructure and Investment

Promoting Wholeness
to Live God's Healing Love.

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