

EXECUTIVE SUMMARY

Our Public Health System is at an Inflection Point. It is Critical That We Act.

Every person in America should have the opportunity to live a healthy life regardless of who they are or where they live. Achieving this goal requires communities supported by a robust public health system at every level – national, state, local, tribal, and territorial – as well as policies that promote health and well-being. This transition document provides a policy blueprint for the next Administration and Congress that, if adopted, will safeguard the health, economic, and national security of our nation.

Throughout our history, the nation’s public health system has protected and promoted individual and population health by preventing illness and injuries. Public health professionals assess and monitor health. They detect, track, and respond to infectious disease outbreaks, ensure that the water we drink and the food we eat are safe, promote healthy behaviors, and respond to public health emergencies such as natural disasters.

Examples of successful public health initiatives include programs to ensure that all children are vaccinated against vaccine-preventable diseases. Among children born between 1994 and 2023, routine childhood vaccinations made available through the Vaccines for Children program will have prevented approximately 508 million illnesses.¹ A second example is public education campaigns encouraging smokers to quit. The Centers for Disease Control and Prevention’s (CDC) Tips from Former Smokers campaign has helped approximately 1 million people stop smoking, preventing an estimated

129,000 early deaths and saving approximately \$7.3 billion in smoking related healthcare costs.²

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In addition, when food-borne illnesses or measles cases are detected in a community, public health swings into action to stop the outbreak from spreading and protect the local population and economy. During the COVID-19 pandemic, the nation’s public health ecosystem was foundational to ensuring that the COVID-19 vaccine reached the public, including communities that faced barriers to vaccine access and acceptance. It is estimated that vaccinations against COVID-19 prevented more than 18.5 million U.S. hospitalizations and 3.2 million deaths, saving at least \$1 trillion in healthcare spending.³ This success depended in part on public health’s

efforts to communicate the vaccine’s safety and effectiveness and to enable vaccine access in every community.

Americans are living longer thanks in part to public health.

Improved life expectancy is one of the most significant public health accomplishments in the United States. Life expectancy for a person born in 1900 was 47.3 years. Based on 2022 data, U.S. life expectancy has now reached 77.5 years of age,⁴ but this can vary, in some cases widely, based on where a person lives or their race.⁵ The largest contributing factors to the increase in life expectancy are rooted in public health interventions and efforts, including improved sanitation, improved nutrition, tobacco use prevention, stronger infectious disease control (including vaccinations), and addressing preventable injury (e.g., seat belts).⁶ Even within these advancements, disparities persist, with some groups experiencing fewer or slower improvements in health outcomes.

WHAT ARE THE CORE ATTRIBUTES OF A ROBUST PUBLIC HEALTH SYSTEM?

A strong public health system ensures its entire community is safe and healthy by preventing and containing health hazards. With appropriate capabilities in place, a robust public health system can save lives and reduce public spending. Providing high-quality, data-driven public health protections in every community requires a strong foundation of public health infrastructure and essential services.

Foundational public health capabilities are the cross-cutting skills and capacities needed to support basic public health protections, as well as other key programs and activities for promoting community health and achieving equitable health outcomes. When public health professionals talk about infrastructure, they are referring to these foundational capabilities. These include:

1. Assessment and surveillance;
2. Community partnership development;
3. Equity;
4. Organizational competencies;
5. Policy development and support;
6. Accountability and performance management;
7. Emergency preparedness and response; and
8. Communications.⁷

These foundational capabilities are necessary to protect health across the lifespan and across key public health areas: communicable disease control; chronic disease and injury prevention; environmental public health; maternal, child, and family health; and access to and linkage with clinical care.⁸

This strong foundation also enables health departments to provide essential services tailored to the health needs of the communities they serve. Experts have agreed that every health department should have the resources, workforce, and systems in place to deliver 10 Essential Public Health Services:⁹

1. Assess and monitor population health status, factors that influence health, and community needs and assets;
2. Investigate, diagnose, and address health problems and hazards affecting the population;
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it;
4. Strengthen, support, and mobilize communities and partnerships to improve health;
5. Create, champion, and implement policies, plans, and laws that impact health;
6. Utilize legal and regulatory actions designed to improve and protect the public's health;
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy;
8. Build and support a diverse and skilled public health workforce;
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement; and
10. Build and maintain a strong organizational infrastructure for public health.

Successful public health systems promote community conditions that support optimal health for all and work to remove systemic barriers that have resulted in poor health and health disparities. In addition, a strong public health system comprises federal, state, tribal, territorial, and local health agencies working within an ecosystem that also includes coordination and partnerships with the healthcare system, public safety and emergency response agencies, human service and charity organizations, education and youth development organizations, recreation and arts-related organizations, faith-based organizations, community-based organizations, economic and philanthropic organizations, and environmental agencies and organizations.

Too many Americans are still suffering from preventable health problems.

While people are living longer in the United States, the nation still ranks lowest for life expectancy among all other high-income countries and has the highest rates of avoidable deaths.¹² Five of the 10 leading causes of death in the U.S. are or are strongly associated with preventable and treatable chronic conditions.¹³ Ninety percent of the country's \$4.5 trillion in healthcare spending are expenditures related to chronic or mental health conditions.¹⁴

TERMS USED IN THIS REPORT

Public health — “What we as a society do collectively to assure the conditions in which people can be healthy” (Institute of Medicine, 1988). The term encompasses a broad range of activities from the neighborhood to the national level that protect the health of individuals, families, and communities.

Health equity — Health equity means that everyone has a fair and just opportunity to be as healthy as possible.¹⁰

Public health system — The public health system is the constellation of governmental and nongovernmental organizations that contribute to the performance of essential public health services for a defined community or population.¹¹

On aggregate, people are living longer than in past decades, but many are living with preventable chronic conditions and diseases, such as obesity, diabetes, coronary heart disease, hypertension, and substance use disorder. In fact, an

estimated 129 million Americans have at least one chronic condition, and 42 percent have two or more.¹⁵ Many of these conditions are linked to social, economic, and environmental challenges such as economic instability, lack of access to affordable housing and reliable transportation, and lack of access to affordable nutritious foods.¹⁶ The nation is also facing other growing health threats, such as mental health and substance misuse crises,¹⁷ high rates of maternal mortality,¹⁸ emerging and reemerging infectious diseases,¹⁹ and more frequent and severe natural disasters.²⁰

Compounding the nation's public health crisis are avoidable population health differences rooted in structural factors such as race-based or gender-based discrimination, economic inequality, and geographic inequality along rural versus urban/suburban lines. Historic and contemporary policy choices around housing, community development and investment, public health, and healthcare have led to communities that produce inequitable health and well-being outcomes. Addressing these challenges at the individual level does not change or alter the community or environmental context that contributes to poor health. Lasting change therefore requires a population-level, public health approach through a strong public health system.

Funding cuts and challenges to public health authorities threaten Americans' health.

Despite its critical role in the health of the nation, the public health system is at an inflection point. One reason is the lack of sustained investment in its infrastructure,



Data infrastructure and interoperability are critical to an effective public health system.

capabilities, and workforce.²¹ Due to being under resourced, the public health system has been unable to sufficiently modernize many core capabilities, such as data infrastructure and disease detection systems and to scale proven solutions to meet our population health challenges.²² Congress has already rescinded dollars appropriated in recent years to shore up disease detection and workforce programs. The nation is thus in the austerity phase of the familiar “boom-and-bust” cycle of public health funding, which will lead to a loss of expertise and cutting of successful programs.

Furthermore, public health’s ability to protect communities is at risk as policymakers and courts have proposed or enacted policies that undermine the role of public health or preventive healthcare. Recently, some state legislatures have proposed or acted to restrict the authority of public health officials to respond to an emergency.^{23 24} Some states have also made it easier for parents to opt

children out of school vaccination requirements without medical or religious exemptions.²⁵ These shifts have serious consequences for the health and safety of communities.²⁶

Another area of concern relates to calls to limit the mission and scope of the work of the Centers for Disease Control and Prevention (CDC). CDC is the nation’s health promotion and protection agency. Its role, scope, and expertise are unique across the federal government, and its most important contribution is its ability to create and safeguard good health rather than treat disease. The CDC workforce has a unique and comprehensive skill set with expertise in epidemiology and across the spectrum of the public health endeavor, from disease detection and tracking to emergency response planning and activation, to educating the public about and enabling health promoting behaviors. Changing the CDC scope and mission to one that is less comprehensive would undermine its mission to save lives and protect people from health threats.

Finally, the public health system and its practitioners are being undermined by surging health misinformation and disinformation, contributing to both distrust in public health officials and burnout among the public health workforce. The consistent and intentional spread of misinformation and disinformation around public health issues inclusive of and beyond COVID-19 and vaccinations, is widespread and is spurring distrust in and hampering the effectiveness of public health professionals. Modern technology and communication tools make it ever more challenging to prevent the spread of false information. Agencies are further hampered by the lack of resources dedicated to the public health communications workforce and related strategies and efforts.

Despite these challenges, we have seen significant recent progress in improving population health. Congress has invested in the first cross-cutting public health infrastructure grant program, launched in 2022, to ensure health departments meet their community's most pressing needs. The launch of the 988 Suicide and Crisis Lifeline in July 2022 has provided a lifesaving resource for millions of Americans in crisis.²⁷ And expanded Supplemental Nutrition Assistance Program (SNAP) benefits, in addition to updated nutrition standards in school meals and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program, have ensured more families get the healthy meals they need to thrive.

This *Blueprint Report* provides a roadmap for the Administration and Congress taking office in January 2025 to improve the health and well-being of the nation. It additionally highlights recent progress in public health policy demonstrating that when Congress and the Administration act in support of public health, the return is improved preparedness and strengthened individual and community health and safety. The report pairs notes on public health progress with stories of public health's impact in communities across the nation, demonstrating the value of our public health ecosystem.

Because our health is not solely the domain of public health departments, this report also includes policy recommendations to address structural drivers of diseases and health disparities. Protecting Americans from today's crises – chronic disease, mental health challenges including the overdose epidemic, and infectious disease outbreaks – as well as tomorrow's unknown threats requires this kind of comprehensive approach.

The report's recommendations are a result of convenings with experts, practitioners, and community members as well as research to determine key evidence-based policies to support six priority areas. These action steps will improve the nation's preparedness for future threats, improve overall health for all Americans, decrease preventable healthcare spending, and reduce health disparities—making the United States a more resilient, healthy, and secure nation.

2024 Blueprint Priority Areas and Highlighted Recommendations

This report includes recommendations across six priority areas to protect and strengthen public health, prevention, and our nation's health security. The following are highlighted recommendations. A full list and explanation of the recommendations is included in each of the report's chapters.

Priority 1: Invest in Infrastructure and Workforce to Ensure Our Public Health System Can Meet the Challenges and Opportunities of the 21st Century.

- Congress should protect and increase overall funding for CDC to strengthen public health and save lives nationwide.
- Congress should ensure continuous improvement of public health infrastructure.
- Congress should invest in public health data modernization and enact the Improving DATA in Public Health Act to better detect and contain health threats.
- Congress and U.S. Department of Health and Human Services agencies should support efforts to bolster recruitment, retention, and resilience of the public health workforce.

Priority 2: Strengthen Prevention, Readiness, and Response to Health Security Threats.

- The White House should maintain coordination and leadership around public health emergencies and biodefense.
- Congress should expand public health emergency preparedness funding for state, tribal, local, and territorial jurisdictions.
- Congress and the Administration for Strategic Preparedness and Response (ASPR) should strengthen the emergency readiness of the healthcare delivery system.
- Congress should enact legislation to ensure access to vaccines for uninsured and underinsured adults.

- The White House and Congress should renew the nation's global health security commitment.
- Congress should support nationwide efforts to protect against environmental and climate-related health threats through the National Center for Environmental Health (NCEH) and the Agency for Toxic Substances and Disease Registry (ATSDR).
- Congress and the Administration should support interagency efforts to address the impact of extreme heat on health.

Priority 3: Promote the Health and Well-being of Individuals, Families, and Communities Across the Lifespan.

- Congress should increase funding to CDC's National Center for Chronic Disease Prevention and Health Promotion.
- Congress should enhance benefits in and protect access to the Supplemental Nutrition Assistance Program (SNAP).
- Congress should make healthy school meals for all permanent.
- Congress should create a national standard requiring employers to provide job-protected paid sick, family, and medical leave for all employees.
- Congress and HHS should address Adverse Childhood Experiences (ACEs) by passing the Preventing Adverse Childhood Experiences Act and increasing the investment in the CDC ACEs program.
- Congress should fund the nationwide implementation of CDC's Comprehensive Suicide Prevention Program and support SAMHSA's efforts to bolster the continuum of crisis care.

- Congress and the Administration should fund CDC's internal capacity for healthy aging efforts and its support to build and sustain age-friendly public health systems in state, local, tribal, and territorial public health departments.
- Congress and the Administration should support a national strategy for increasing social connectedness to reduce the effects of social isolation and loneliness across the lifespan.

Priority 4: Advance Health Equity by Addressing Structural Discrimination.

- Federal agencies should regularly update and report progress on agency equity plans, ensuring metrics are inclusive of and extend beyond tracking disparities.
- Congress and the Administration should ensure accurate and complete data collection to report health-related information by race/ethnicity, age, sex, disability, language, sexual orientation, gender identity, and geography.
- Federal health agencies should focus funding on populations at elevated risk for chronic disease and poor health outcomes due to the impact of structural discrimination and disinvestment.
- The Administration and Congress should respect and honor the sovereignty of Tribal Nations by rectifying the funding shortfalls to support programs identified as a result of Executive Order 14112 - Reforming Federal Funding and Support for Tribal Nations to Better Embrace Our Trust Responsibilities and Promote the Next Era of Tribal Self-Determination.

Priority 5: Address the Non-Medical Drivers of Health to Improve the Nation's Health Outcomes.

- Congress should increase funding to \$150 million for the Social Determinants of Health program at CDC and pass the Improving Social Determinants of Health Act.

- The Administration should continue to build on the Centers for Medicare & Medicaid Services' (CMS) efforts to support Medicaid, Medicare, and CHIP program coverage of patients' health-related social needs.
- CMS and Congress should explore opportunities to expand the capacity of healthcare providers and payers to screen and refer individuals to social services.
- Congress should amend tax laws to increase economic opportunity for families by expanding access to the Child Tax Credit and Earned Income Tax Credit.

Priority 6: Enhance and Protect the Scientific Integrity, Effectiveness, and Accountability of the Agencies Charged with Protecting the Health of all Americans.

- The Administration and Congress should maintain the existing structure of federal health agencies, which have specific roles and expertise in protecting the nation's health.
- The Administration should protect the scientific integrity of public health agencies and leaders.
- Congress and HHS should invest in and prioritize effective public health communications and reducing the spread of misinformation and disinformation.
- HHS programs and grantmaking agencies should encourage meaningful community partnerships in jurisdictions.
- Lawmakers and courts should reject laws that weaken or preempt public health authorities, which could threaten basic public health protections, such as outbreak detection, vaccination, and response.