

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

While public health innovations have increased United States life expectancy in recent decades¹⁰³ and over the past century, there was an alarming decline in U.S. life expectancy in 2020 and 2021 (primarily due to the COVID-19 pandemic and other drivers, including drug overdose deaths). Life expectancy rebounded slightly in 2022 but still has not reached pre-pandemic levels.¹⁰⁴ The U.S. has the lowest life expectancy at birth and the highest death rates for avoidable or treatable conditions as compared with other high-income nations.¹⁰⁵

Americans experience the highest maternal and infant mortality rates among all high-income countries.

THE PROBLEM

Life expectancy across the U.S. declined in 2020 and 2021 and varies by race, ethnicity, socioeconomic status, and geography.¹²¹ Yet, while spending in the U.S. treating illness and injury continues to skyrocket, spending on public health and prevention is less than 5 percent of the total \$4.5 trillion spent annually on healthcare.¹²² On average, the community conditions of where a person lives in the U.S. impacts how healthy they can be and how long they will live.

THE SOLUTION

Promoting good health across the lifespan requires leveraging public health resources and expertise and improving coordination between public health, healthcare, social services, and other sectors. Government at all levels should partner with community-based organizations and community leaders to focus resources and tailor programs on reducing health risk factors across all age groups. Focusing efforts on those populations that disproportionately experience barriers to optimal health is an additional key to improving the nation's health.

Additionally, Americans experience the highest maternal and infant mortality and the highest rates of people with chronic health conditions of any high-income nation.¹⁰⁶ Approximately 90 percent of the \$4.5 trillion spent in the U.S. on healthcare are expenditures related to chronic or mental health conditions.¹⁰⁷ There are also persistent disparities in disease and mortality rates by age,¹⁰⁸ race,¹⁰⁹ income,¹¹⁰ geography,¹¹¹ and other factors often caused by structural disadvantages that create health disparities. Even groups previously less affected are at risk of earlier death, such as younger adults facing diet-related cancer diagnoses,¹¹² overdoses, and suicides.¹¹³

Americans are facing health struggles across the lifespan. Families, especially those with infants and young children, increasingly struggle to obtain and maintain economic stability and good health due to structural factors.¹¹⁴ Access to nutritious foods and physical activity remain a hallmark of chronic disease prevention, but food insecurity affects all ages within the lifespan, especially families with children. Lower income

areas and areas with more Black residents have fewer grocery stores, less healthy food access, and fewer opportunities for safe physical activity.^{115,116} Children and adolescents increasingly face mental health challenges due to such factors as ongoing issues related to their home and school environments,¹¹⁷ and the impact of social media.¹¹⁸ Older adults face a lack of services and investments in their health, especially in rural areas.¹¹⁹

Collectively, these trends highlight the need for health promoting interventions and policies across the lifespan and within specific populations, particularly for groups at heightened risk due to the intersection of risks. For example, an older adult who lives in an urban heat island or with limited access to transportation faces compounding barriers to health. In addition, substance misuse and mental health challenges are persistent in every community and are complicated by the growing number of Americans experiencing loneliness and social isolation and a sense of hopelessness.¹²⁰

Expanding access to effective preventive and public health services and programs.

Healthcare coverage and access are key components to improving the public's health, improving health outcomes, and preventing health conditions from worsening. However, access is inconsistent across ages, regions, and populations. Many uninsured people are non-elderly adults who have at least one full-time worker in the family, with higher uninsured rates in the South and West.¹²³ Ten states have not yet expanded Medicaid to individuals earning up to 138 percent of the poverty level.¹²⁴ Medicaid expansion is linked to reductions in mortality and improvement in mental and overall self-reported health. In addition, data shows that Medicaid expansion has several economic benefits for states and communities including job creation, particularly in the healthcare sector, which often stimulates growth in other parts of the economy.¹²⁵ A third benefit is reduced uncompensated care costs for hospitals and thus strengthened financial stability for those facilities, especially in rural communities.¹²⁶ Pandemic-era coverage policies helped drive the number of uninsured Americans to record lows in 2022, but these policies ended in 2023.¹²⁷ Millions of children and adults—disproportionately people of color¹²⁸—were disenrolled from Medicaid after becoming eligible for services during the COVID-19 public health emergency.

Relatedly, access to preventive healthcare services, such as diabetes, cancer, and depression screenings and vaccines, is an important factor to save lives and improve health. Eliminating cost-sharing for high-quality preventive care, as required by current law, has led to increases in utilization of these critical services, as even modest cost-sharing deters patients from receiving care.¹²⁹ Yet, a current legal challenge (*Braidwood Management v. Becerra*) could eliminate



Access to healthcare is one key to improving U.S. maternal health.

for millions of Americans the availability of recommended preventive services at no-cost to patients.¹³⁰ Eliminating this requirement would be dangerous, potentially leading to delayed diagnoses and life-saving care for cancer, cardiovascular disease, hepatitis B, and other conditions.¹³¹

Protecting people against health risks requires expanding effective prevention programs to reach more communities and individuals. Positively, behavioral health initiatives have received substantial federal support for state and local efforts to address infrastructure development for substance use disorder and related individual-level crises.¹³² Yet, there are still gaps in coordination and access to other services, including workforce shortages and program participation. For example, the 988 Suicide and Crisis Lifeline, a vital resource to address the nation's mental health and substance use crises, is not permanently funded by

all states.¹³³ The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides additional support for nutritious food during pregnancy and early years of development, but only about half of eligible mothers participate.¹³⁴ SNAP plays a critical role in reducing food insecurity and poverty, especially among households with children and older adults, but policy proposals being considered in Congress could create additional barriers to the resource.¹³⁵ Programs that promote positive school environments and prevent negative mental health outcomes, such as through the CDC Division of Adolescent School Health, need additional support to reach more schools. Preventing and mitigating the effects of adverse childhood experiences (ACEs) (including experiencing and exposure to violence) can drastically improve health, but CDC efforts in this space lack funding to reach students nationwide.¹³⁶

PROGRESS MILESTONES

- The first White House Conference on Hunger, Nutrition, and Health in over 50 years was held, accompanied by a National Strategy aimed at spurring federal and private sector action on reducing diet-related diseases and addressing nutrition insecurity.¹³⁷
- HHS hosted its first-ever Food is Medicine Summit, launched three new public-private partnerships, and released five Food is Medicine principles that will guide the department's work on educating the public, changing public policies, and integrating nutrition in the services it provides as part of a broader effort to reduce diet-related diseases in the U.S.¹³⁸
- In 2021, the U.S. Department of Agriculture (USDA) supported states to provide Healthy School Meals for All in schools nationwide, ensuring millions of children had access to free nutritious meals. After the COVID-19 public health emergency, eight states enacted their own policies: California, Colorado, Maine, Massachusetts, Michigan, Minnesota, New Mexico, and Vermont.¹³⁹
- USDA released an update to school meal nutrition standards to strengthen child nutrition, including new limits on added sugars and sodium.¹⁴⁰
- USDA released updates to the WIC benefit food packages to further promote positive maternal and child health outcomes. Important updates included codifying higher benefit levels for participants to purchase fruits and vegetables, in addition to offering more culturally appropriate food options in the benefit.¹⁴¹
- FDA issued voluntary guidance in 2021 to the food industry on sodium-reduction targets by 2024. The goal is a gradual reduction of sodium in commercial recipes and production. An evaluation of the first two years showed promising decreases in sodium levels, particularly in the combined packaged and restaurant food categories.¹⁴² In August 2024, FDA issued draft guidance on the second phase of voluntary sodium-reduction targets, which builds on the initial targets.¹⁴³
- FDA conducted a study to inform a proposed rule to help consumers more easily identify healthy foods by standardizing a front of package labeling system for food packages.
- In 2022, Congress passed the Bipartisan Safer Communities Act, which included significant funding for mental health and suicide-prevention services, including pediatric mental health, first responder mental health, community-based mental health services, and school-based training and services.¹⁴⁴
- In 2022, the country transitioned the National Suicide Prevention Lifeline to the 988 Suicide and Crisis Lifeline, with increases in calls and texts from 2022 to 2023 and specialized services for the LGBTQ+ population, people with disabilities, and non-English speakers. Since the launch of 988, counselors have answered more than 10 million calls, texts, and chats.¹⁴⁵
- With the support and direction of Congress, CDC established a new Behavioral Health Coordinating Unit to align and amplify the agency's mental health, well-being, substance use, and overdose activities.
- In 2022, the White House announced a *Blueprint for Addressing the Maternal Health Crisis* a whole-of-government approach to address maternal mortality and morbidity.¹⁴⁶ After two years of work the Administration announced several progress milestones including the first ever baseline health and safety requirements for maternal emergency and obstetric care in hospitals and the extension of Medicaid coverage for new mothers of infants from 2 to 12 months.¹⁴⁷ In addition, the HHS Office on Women's Health launched a national campaign to raise awareness regarding postpartum depression, highlight reliable resources, and share information on opportunities to access care.
- The U.S. Surgeon General released a new Surgeon General Advisory titled *Our Epidemic of Isolation and Loneliness*, calling attention to the public health crisis of loneliness and lack of social connection as well as the importance of reducing social isolation across the lifespan.¹⁴⁸
- The Older Americans Act reauthorization of 2020 led to the establishment of the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities (ICC), a collaboration of 16 federal agencies and led by the Administration for Community Living. The ICC received its first funding from Congress in FY 2023.¹⁴⁹ In 2024, the ICC released a report to Congress, *Aging in the United States: A Strategic Framework for a National Plan on Aging*.¹⁵⁰
- Recognizing the growth of the U.S. older adult population, *Healthy People 2030* includes new goals specific to older adults, including those related to physical activity and nutrition, preventable hospitalizations, and dementia diagnoses.¹⁵¹
- In 2020, the CDC announced the creation of the new Healthy Aging Branch within the Division of Population Health to better coordinate CDC programs on chronic disease management, mental health, brain health, emergency preparedness for older adults, COVID-19 guidance, and caregiver supports.

IMPACT STORIES

Vaccines for Children Program – 30 Years of Protecting Children from Diseases

The Vaccines for Children program was established by Congress in 1994. The program provides recommended childhood vaccines against 19 diseases at no cost to eligible children. Eligible children include those who are Medicaid-eligible, uninsured, underinsured or of American Indian or Alaska Native descent. The program helped prevent about 508 million illnesses and approximately 32 million hospitalizations in children born between 1994 and 2023. It saved an estimated 1.1 million lives during that time.¹⁵²

Washington State and Tribes Partner to Better Meet the Needs of Tribal Elders

TFAH's Age-Friendly Public Health Systems (AFPHS) initiative includes engagement with the Northwest Washington Indian Health Board (NWWIHB), a consortium of six federally recognized tribes in Washington state. Through a partnership with the Washington State Department of Health, TFAH has worked with the NWWIHB to build resources and supports for tribal elders in the six tribes that are working within the AFPHS 6Cs Framework. The 6Cs Framework provides goals and tactics for ways that public health agencies can understand and support the needs of older adults. For example, the NWWIHB created a website to share information on healthy aging with tribal elders and their families,

primarily focused on risk and protective factors for Alzheimer's Disease, which is prevalent among Native American elders. Through this project, the NWWIHB also conducted surveys of three of the tribes to assess and address the needs of tribal elders on education levels, housing (including major and minor repairs that are needed), insurance coverage, social services, and any hardships associated with aging. One tribal survey showed that over 86 percent of homes needed at least minor repairs. The surveys will allow the NWWIHB and the tribes it represents to have a more concrete picture of the challenges facing tribal elders and where additional funds and resources should be targeted.

CDC Grants to States Provide Support for Prevention Programs

CDC's Injury Center provides funding to states for programs to support overdose prevention programs through its Overdose Data to Action (OD2A) cooperative agreement. Arizona and Indiana are two of many states receiving such funding. With this funding, Arizona has increased surveillance activities to grow and strengthen ACEs prevention programs, supported overdose prevention programs, including naloxone distribution and use education, supported the expansion of comprehensive opioid management programs at Critical Access Hospitals, and has invested in tailored, community-led overdose prevention programs.¹⁵³ Palm Beach

County, Florida, uses OD2A supported data infrastructure to understand where the overdose crisis is happening and how to prevent it in high priority areas. Palm Beach is advancing youth substance use prevention and partnering with public safety and first responders to connect people at risk of overdose to care and treatment.

WIC Gives Children a Healthy Start

2024 marked the 50th anniversary of the WIC program. WIC assures healthy pregnancies, birth outcomes, and child development through nutrition programs, breastfeeding support, education on healthy eating, and referrals to healthcare and social services. Because it is such an important source of prenatal support, it is estimated that every \$1 invested in WIC saves about \$2.48 in medical, educational, and productivity costs.¹⁵⁴ The 2024 updates to the WIC food packages, including increased fruit and vegetable benefits, will further expand the health advantages of the program. The program's breastfeeding support services have had a significant impact. For example, a 2024 study examining the Minnesota WIC's breastfeeding peer-counselor program found that it was effective in increasing the proportion of WIC participants breastfeeding at three and six months, with the strongest impacts in rural communities.¹⁵⁵ Nationwide, 70 percent of infant WIC participants were breastfed after birth in 2022, up from 57 percent in 2004.¹⁵⁶

RECOMMENDATIONS

Congress should increase funding to CDC's National Center for Chronic Disease Prevention and Health Promotion to provide adequate resources to all eligible states or communities, including states that already have high rates of chronic disease. Within the Center, Congress should provide at least \$130 million in funding in FY 2025 to the Division of Nutrition, Physical Activity, and Obesity to allow effective prevention programs to reach all 50 states, U.S. territories, and tribal communities. Increased funding would also enable additional chronic disease data collection and strategies for specific communities.

Congress should expand access to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) for young children up to age 6 and women up to two years postpartum. Congress should also enhance the nutritional quality in WIC through increased fruit and vegetables benefits and increase the overall value of benefits.

Congress should enhance benefits in and protect access to the Supplemental Nutrition Assistance Program (SNAP). Within the Farm bill, Congress should protect the update to the Thrifty Food Plan, which increased pre-COVID-19 pandemic SNAP benefits by 21 percent, and continuously review the effectiveness of the benefit level. The Administration and Congress should also reject any legislative or regulatory efforts that would effectively limit SNAP eligibility, reduce the value of benefits, or create any other barriers to participating, such as imposing additional work requirements or time limits or eliminating broad-based categorical eligibility.

Congress should make healthy school meals for all permanent as a step to end child hunger and ensure access to healthy foods. Congress should also increase funding for outreach to ensure children and families eligible for school meals and Summer Electronic Benefit Transfer (EBT), referred to as SUN Bucks, are enrolled.

FDA should create a mandatory front-of-package label for packaged foods to help consumers make informed choices. The U.S. Food and Drug Administration (FDA) should swiftly move forward in implementing a mandatory front-of-package nutrition label system for packaged foods, a key recommendation from the White House National Strategy on Hunger, Nutrition, and Health. Front-of-package labels have been proven to help consumers make better choices by putting simplified, essential nutrition information on the front of packaged food products.

Congress and the Administration should support community physical activity needs through Complete Streets principles, including by funding active transportation for biking, sidewalks, and recreational trails that are safe and accessible for all age groups and people with disabilities. State adoption of active transportation principles should be a condition for receipt of federal funding for major transportation projects.

Should federal courts overturn part or all of the Affordable Care Act's preventive services requirements, Congress should act quickly to restore coverage of such services without cost sharing. A court ruling could disrupt access to life-saving preventive services, such as vaccines and cancer screenings, to millions of Americans.

Congress, the Administration, and state lawmakers should continue to expand access to and improve the affordability of health insurance. Doing so includes extending marketplace subsidies that are set to expire after 2025 and supporting incentives for the expansion of Medicaid in remaining states, which have disproportionately high numbers of people of color and families with low incomes.

Congress should create a national standard requiring employers to provide job-protected paid sick, family, and medical leave for all employees, including for the birth or adoption of a child, taking care of a sick family member, or staying home when sick themselves. Paid sick leave has public health benefits such as reducing the risk of spreading infections among employees and customers, while paid family leave is proven to improve maternal and child health.^{157,158} These policies can also reduce costs for employers and improve productivity and worker retention.¹⁵⁹

Congress should pass the Black Maternal Health Omnibus Act, comprehensive legislation to address the nation's maternal mortality and morbidity crisis. The bill comprises 13 individual bills that include support for maternal mental health, perinatal services, and research.¹⁶⁰ Congress should also continue to grow investments in programs included in the bill that address safe motherhood and improved birth outcomes.¹⁶¹

The Administration should swiftly finalize the FDA's proposed rules to prohibit menthol in cigarettes and flavors in cigars. Smoking remains the leading cause of preventable disease and death in the United States.¹⁶²

Research estimates that prohibiting menthol cigarettes would prevent 654,000 smoking attributable deaths, including 255,000 deaths in the Black/African American population, by the year 2060.¹⁶³ In addition, eliminating flavored cigars will likely deter young people overall, especially young Black people, from smoking by diminishing cigars' appeal and palatability, which will reduce the number of new smokers.¹⁶⁴

Congress and HHS should address Adverse Childhood Experiences (ACEs) by passing the Preventing Adverse Childhood Experiences Act and increasing investment in CDC ACEs program, which disseminates evidence-based strategies to prevent ACEs, promote positive childhood experiences and mitigate the impact of trauma and community violence. The Preventing Adverse Childhood Experiences Act would support critical efforts at CDC through grants for data-driven, evidence-based strategies, as well as new research on the impact of ACEs.

Congress and HHS should increase support for mental health and resiliency programs in schools through the CDC Division of Adolescent and School Health (DASH). The DASH program works to promote schools where youth can gain fundamental health knowledge and skills, connect to health services, and learn in safe and supportive environments. At least \$100 million in annual appropriations would extend DASH to roughly 25 percent of all students in all states, the District of Columbia, Puerto Rico, tribal communities, and territories. Additionally, schools need support from SAMHSA for training and programs to promote connection and

provide culturally and linguistically appropriate mental health services and screenings, such as those proposed in the Mental Health Services for Students Act.

Congress should fund the nationwide implementation of CDC's Comprehensive Suicide Prevention Program and the continuum of crisis care. An estimated \$80 million in funding would enable CDC to expand prevention activities in all 50 states, including tribal communities, the District of Columbia and U.S. territories. Passage of the Kid PROOF Act would also assist parents with tools to limit access to lethal means of suicide, and increased funding for foundational research into lethal means could help identify populations at risk of suicide and evaluate new interventions. Additional investments should bolster the continuum of crisis intervention programs and supports through SAMHSA, including by investing in improvements to the 988 Suicide & Crisis Lifeline, mobile crisis units, and expanded support for post-crisis care.

Congress should increase support for prevention and early intervention services for youth and families by passing legislation such as the Helping Kids Cope Act or the Strengthen Kids' Mental Health Act to expand the pediatric behavioral health workforce and raise Medicaid reimbursement rates for related services. In addition, Congress should set aside funds for upstream prevention approaches in SAMHSA's Community Mental Health Services Block Grant through legislation such as the EARLY Minds Act.

Congress and the Administration should fund CDC to strengthen its internal capacity for healthy aging efforts and its ability to support and sustain age-friendly public health systems in state, local, tribal, and territorial health departments. Enacting and funding the Protecting the Health of America's Older Adults Act would build on existing healthy aging work at CDC. Expanding CDC's healthy aging funding would enable CDC to further develop an age-friendly public health systems approach, focusing on multi-sector collaboration and partnerships with other health and aging services sectors. These efforts are especially needed in rural and frontier settings and areas primarily serving communities of color that have received fewer or disjointed supports due to historic underinvestment.

Congress should bolster programs that support the health of older adults and caregivers, such as by passing the Older Americans Act and funding National Family Caregiver Support programs, CDC falls prevention programs, and healthy brain programs to address dementia.

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. This effort would involve developing and sufficiently funding a research task force focused on building out evidence-based strategies to address social isolation in key populations. Activities should include collecting quality data from individuals experiencing disadvantage to better understand trends in social isolation and inform potential strategies within and across specific communities.