



Better Care. Healthy People/Healthy Communities.
Affordable Care.

PRIORITIES IN FOCUS

March 2016



Health and Well-Being
of Communities

CHRONIC
CONDITIONS ARE
RESPONSIBLE FOR
70 PERCENT OF
THE NATION'S
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YEAR

THE ISSUE: HEALTH AND WELL-BEING OF COMMUNITIES

Although the United States spends more on health care than any country in the world, its citizens as a whole are the least healthy in the developed world.¹ Nearly 45 percent of Americans have at least one chronic condition, and chronic conditions are responsible for 70 percent of the Nation's deaths and 75 percent of health care spending.² Many illnesses associated with chronic conditions are related to unhealthy lifestyle behaviors and can be prevented by increasing access to effective clinical preventive services and promoting community interventions that advance public health.

Public health spending has been shown to be particularly effective for lower income, and often higher need, communities, with 21 to 44 percent greater health and economic effects in low-income communities compared with the average-income community.³ Increasing public health spending and improving access to preventive care thus holds promise as a cost-efficient way to create healthier communities, reduce the personal and economic burden of chronic illnesses, and improve quality of life while reducing disparities throughout the United States.

THE NATIONAL QUALITY STRATEGY SOLUTION

The National Quality Strategy calls all stakeholders to promote health and well-being of communities across the health care system by focusing on three long-term goals:

- Promote healthy living and well-being through community interventions that result in improvement of social, economic, and environmental factors.
- Promote healthy living and well-being through interventions that result in adoption of the most important healthy lifestyle behaviors across the life span
- Promote healthy living and well-being through receipt of effective clinical preventive services across the life span in clinical and community settings

Beginning in September 2010, the Affordable Care Act required new health plans and insurance policies to cover a number of preventive services, including regular immunizations and chronic illness screenings for all adults, women, and children at no cost to the consumer.⁴ Other pieces of the law include initiatives targeted at community health outreach and prevention strategies, including the Public Health and Prevention Fund, that were designed to provide the funds for expanding and sustaining communities' abilities to promote healthy living as well as clinicians' capability to detect and prevent disease.⁵ In fiscal year 2014, the fund granted

VACCINATION PROGRAMS FOR CHILDREN BORN AFTER 1994 WOULD PREVENT 732,000 DEATHS

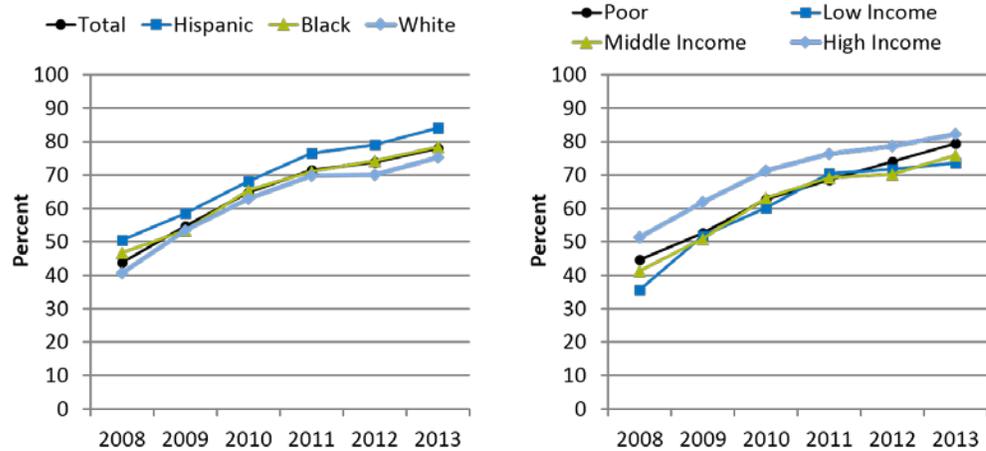
roughly \$928 million to initiatives promoting four critical priorities for promoting the health and well-being of communities: community prevention, clinical prevention, public health infrastructure and training, and research and tracking.⁶

WHERE WE ARE NOW: 2015 HEALTHY LIVING CHARTBOOK

The [2015 National Healthcare Quality and Disparities Report Chartbook on Healthy Living](#) found that, overall, measures of healthy living showed slight improvement through 2013. One area that showed rapid improvement was the adolescent immunization rate. Vaccinations improved at an average annual rate of change above 10 percent per year, both for the meningococcal vaccine delivered to adolescents ages 13–15 and 16–17 and the tetanus-diphtheria-acellular pertussis (Tdap) vaccine delivered to adolescents ages 13–15 and 16–17.

Easy and affordable access to standard vaccination programs has the potential to prevent direct and indirect costs related to illness, hospitalization, and death. A 2014 study, funded by the Centers for Disease Control and Prevention (CDC), studied vaccination rates in cohorts of children born between 1967 and 2013. CDC estimated that vaccination programs for children who were born after 1994 would prevent 322 million illnesses, 21 million hospitalizations, and 732,000 deaths at a direct cost savings of \$295 billion and societal cost savings of \$1.38 trillion.⁷

Adolescents ages 13–15 who ever received at least 1 dose of the meningococcal vaccine, by race/ethnicity and family income, 2008–2013



Source: Centers for Disease Control and Prevention, National Center for Health Statistics and National Center for Immunization and Respiratory Diseases, National Immunization Survey, 2008–2013.

¹ K. Davis, K. Stremikis, C. Schoen, and D. Squires. Mirror, Mirror on the Wall, 2014 Update: How the U.S. Health Care System Compares Internationally, The Commonwealth Fund, June 2014. Available from: <http://www.commonwealthfund.org/publications/fund-reports/2014/jun/mirror-mirror>.

² Robert Wood Johnson Foundation. "Return on Investments in Public Health: Saving Lives and Money." *Policy Highlight Brief*. December 2013. Available at: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf72446.

³ Glen Mays. "Who Benefits from Public Health Spending and How Long Does it Take: Estimating Community-Specific Spending Effects." 141st Annual American Public Health Association Annual Meeting. Boston, MA. Nov. 2013. Available at: http://works.bepress.com/glen_mays/119.

⁴ Department of Health and Human Services. "Preventive Services Covered Under the Affordable Care Act." September 2012. Available from: <http://www.hhs.gov/healthcare/facts/factsheets/2010/07/preventive-services-list.html>.

⁵ Department of Health and Human Services. "Building Healthier Communities by Investing in Prevention." February 2011. Available from: <http://www.hhs.gov/healthcare/facts/factsheets/2011/09/prevention02092011.html>.

⁶ Department of Health and Human Services. "Fiscal Year 2014 Allocation of Prevention and Public Health Fund Funds." April 2015. Available from: <http://www.hhs.gov/open/prevention/fy-2014-allocation-pphf-funds.html>.

⁷ Benefits from Immunization during the Vaccines for Children Program Era – United States, 1994–2013. *Mortality and Morbidity Weekly Report* April 25, 2014. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6316a4.htm>.