



# NEW HORIZONS FOR A HEALTHY AMERICA: RECOMMENDATIONS TO THE NEW ADMINISTRATION

THE COMMISSION ON U.S. FEDERAL LEADERSHIP IN  
HEALTH AND MEDICINE: CHARTING FUTURE DIRECTIONS

A project of the *Strengthening America's Future Initiative*  
at the Center for the Study of the Presidency and Congress



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**A Report of the**

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**A project of the Strengthening America's Future Initiative  
at the non-profit, non-partisan  
Center for the Study of the Presidency and Congress**

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NEW HORIZONS FOR A HEALTHY AMERICA: RECOMMENDATIONS TO THE NEW ADMINISTRATION  
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## PREFACE

We are at a turning point for health in America. Individuals, families, businesses, and communities across the nation are calling for a more affordable, equitable, effective health care system, and our country's leaders are responding. During its first months in office, the new Administration has taken significant steps toward improving health in America and has underscored the importance of scientific research. Through the power of Executive Order, President Obama has lifted restrictions on Federal support for embryonic stem cell research and has established a White House Office on Health Reform. With the *American Recovery and Reinvestment Act*, critical investments have been made in Medicaid and COBRA expansion, biomedical and comparative effectiveness research, health information technology, and prevention and wellness programs. The Administration's proposed budget demonstrates a strong commitment to biomedical and translational research, disease prevention, and to improving affordability, choice, quality, and access in health care services.

These advances, however, mark only the beginning of what must be a wide-ranging, coordinated effort to improve health and health care across the United States. Amid the many voices advocating for transformation of our health system, Federal leaders must search for harmony rather than dissonance, crafting a comprehensive national strategy for improving health. This strategy must include a call to action to the American people, empowering them to make healthy choices, and must mobilize all sectors of society—from government to private corporations—to contribute to a shared vision for a healthier future. This work is as difficult as it is urgent. But it can be done. And it *must* be done. Good health is a cornerstone for renewing American economic prosperity and ensuring our national security in the years to come.

In this report, the *Commission on U.S. Federal Leadership in Health and Medicine: Charting Future Directions* offers a slate of innovative recommendations designed to address the need for a coherent, multi-agency national strategy for advancing health policies and initiatives across America. First convened in November 2008, the Commission aims to serve as a resource outside of the Federal government to the new Administration and the American public for strengthening our nation's health system. Comprised of members from diverse sectors, including the health policy community, academia, research, media and the private sector, the Commission is committed to non-partisan analysis of the key health challenges and opportunities of our time.

*New Horizons for a Healthy America* proposes strategic steps for ensuring health in all policies, enhancing national investments in scientific research, emphasizing the power of prevention and health promotion, implementing health information technology, paying for value in medical services, and promoting global health. The Commission hopes that these proposals are of use to Federal leaders, the American public, policymakers, and a broad range of stakeholders throughout the United States as they work to chart a path toward a healthier America—a path that takes us from peril to the promise of better health. It is a path from which we cannot afford to swerve. The future of our nation depends on it. And the time for action is now.

Susan J. Blumenthal, MD, MPA  
Commission Co-Chair

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Commission Co-Chair





## SUMMARY OF KEY RECOMMENDATIONS

Good health is essential to the economic prosperity and social wellbeing of the American people. Individually, we are less productive when we are ill; collectively, our nation is less secure when burdened with the high cost of disease. Today, both our health and economic security are threatened. Throughout the history of the United States, health has often been among the first casualties of national economic hardship.<sup>1,2</sup> As the Obama Administration continues its work, the current economic recession is further jeopardizing a U.S. health system already in crisis. Over half of American households report reducing, delaying, or skipping medical care in the last year due to financial pressures.<sup>3</sup> Additionally, without significant health insurance reform, the numbers of uninsured Americans could swell from over 45 million today to 54 million by 2019.<sup>4</sup> These alarming trends are certain to further stress our already broken health system. U.S. spending on health care (16 percent of GDP)<sup>5</sup> far outpaces that of any other industrialized nation,<sup>6</sup> and yet we rank just 49<sup>th</sup> in life expectancy worldwide.<sup>7</sup> Moreover, an estimated 30-50 percent of our national health expenditures are wasted through the overuse, underuse, and misuse of medical and administrative services.<sup>8,9</sup> With patients in our nation's clinics and hospitals receiving the recommended treatment only 55 percent of the time,<sup>10</sup> we spend far too much on *health care* for far too little *health* in return.<sup>11</sup>

Americans urgently need—and deserve—a better health system. A *health system* is much broader than a *health care system*; it refers not just to the organization, financing, and delivery of medical care but also to disease prevention and health promotion activities in a variety of sectors, including agriculture, housing, and transportation, among others.<sup>12</sup> Throughout the history of health reform in the United States, policymakers and Federal leaders have often focused too narrowly on the financing and distribution of medical services. This report emphasizes a wider spectrum of actions needed to become the healthiest nation in the world. In particular, we must adopt a *comprehensive health system perspective*, inclusive of health care as well as the many other key determinants of Americans' health, including socioeconomic, structural and environmental factors, and the health behavior of individuals.

Now is the time to transition to a new model for achieving effectiveness, efficiency, equity, and value in all arenas of the U.S. health system. This transition cannot be accomplished, however, through fragmented, short-term investments and reforms. A 21<sup>st</sup> century strategy for health reform must harness the power of all sectors of American society—from public health education and outreach to medical services, science, agriculture and transportation—to prevent and treat disease as well as to promote healthy lifestyles. Past U.S. Presidents, Secretaries of the U.S. Department of Health and Human Services (HHS), Surgeon Generals, and other Federal leaders have used challenging times as occasions for visionary leadership to advance health and medicine in America. The Obama Administration has an extraordinary opportunity to extend this legacy in the 21<sup>st</sup> century. The *Commission on U.S. Federal Leadership in Health and Medicine: Charting Future Directions*, an independent initiative of the non-profit, non-partisan Center for the Study of the Presidency and Congress (CSPC), has developed the following initial slate of strategic recommendations for the new Administration to consider as it works together with the American people and Congress toward a high-performance health care system and a healthier nation in the months and years ahead.



### **1. Issue a Presidential Call to Action for a “Healthy U.S.”**

In order to mobilize the nation to build a 21<sup>st</sup> century health system, the Administration, working with the Congress, should set a bold framework for action for health in the United States (*Healthy U.S.*) that emphasizes comprehensive health promotion, disease prevention, and the delivery of high quality medical care. This call should include a set of *national targets* for health improvement, and should seek to align the interests of public and private sector organizations as well as individuals and communities across the country, providing mechanisms and opportunities for all Americans to play significant roles in promoting a *Healthy U.S.* A White House State of the Union on the health status of our nation should be issued annually.

### **2. Establish “Health in All Policies.”**

Health-related activities crosscut over forty different Federal agencies.<sup>13</sup> To ensure that all sectors and stakeholders contribute to improving Americans’ health in the years ahead, the President should challenge the Secretaries of each of the Executive Departments to develop and implement innovative strategies and policy programs within their agencies for advancing the nation’s health. To build a unified effort, the President should establish a Federal Health Coordinating Council with senior membership from all Federal agencies.

### **3. Design and Implement a Comprehensive *National Disease Prevention and Health Promotion Initiative*.**

The most important measure of our nation’s health system is its capacity to prevent disease and promote healthy lifestyles. In order to achieve a *Healthy U.S.* in the 21<sup>st</sup> century, we need a *national strategy* for developing a culture of wellness across the country. With an emphasis on preventing and curbing the use of tobacco and combating the obesity epidemic, an effective Initiative can save the U.S. health system billions of dollars and significantly improve Americans’ health and productivity. This Initiative should have strong and sustained Presidential support and sufficient funding for building a comprehensive national health education campaign and for revitalizing and focusing the “Healthy People 2010” objectives coordinated by HHS for 2020. It must also involve and engage the American people at every turn, utilizing the tools of 21<sup>st</sup> century social media and fostering active community participation.

### **4. Develop an Innovative Plan for Improving Value and Decreasing Costs in the U.S. Health Care System.**

Nearly one-third of Americans are enrolled in at least one of the Federal health insurance programs,<sup>14</sup> including Medicare, Medicaid, the State Children’s Health Insurance Program (SCHIP), veterans’ and military health programs, and the Federal Employees Health Benefits Program (FEHB). These Federal programs should serve as a laboratory for quality-enhancing and cost-saving innovations in administrative functions, provider payments, preventive interventions, and more effective organization and coordination of clinical care, including chronic disease management. A cross-agency Federal Task Force should be established and charged with developing a comprehensive plan to improve value and decrease health care costs throughout the Federal health insurance programs. This Task Force should explore mechanisms for aligning the results of comparative effectiveness research with strategies to “pay for value” in the years ahead, by rewarding innovation in the efficient delivery of quality care. Most importantly, it should also develop mechanisms for swiftly and effectively disseminating these results to health care practitioners across the nation. Furthermore, this Task Force should evaluate the feasibility of establishing a Federal Health Board to harmonize administrative functions and provide innovative guidance across the Federal health insurance plans.



## 5. **Harness Information Technology and New Media to Improve Health.**

The information tools of the 21<sup>st</sup> century are essential for increasing quality of care and decreasing costs in medical services, as well as for creating a more participatory health system through which individual Americans, businesses, and communities can access the health information they need. The \$19 billion investment in health information technology (HIT) in the *American Recovery and Reinvestment Act* (ARRA) is a critical step toward achieving this goal, but Federal leaders must ensure that the HIT superhighway is implemented with interoperability and with full protections for patient privacy. Effective use of HIT will facilitate collection of health outcome data to help guide quality improvement as well as help reduce medical errors. Additionally, HIT and new media must be deployed in the collaborative work to achieve a *Healthy U.S.*, especially for the national health education campaign and the promotion of healthy lifestyles. A *Healthy U.S.* website should be established that provides a knowledge bank for consumers, businesses, and communities seeking trustworthy health information and best practices. This website should provide toolkits for building healthy communities and include interactive resources to encourage individuals' participation across the nation.

## 6. **Encourage Smart Investments in Innovative Medical and Public Health Research Focused on the Health Needs of the 21<sup>st</sup> Century.**

The Administration should undertake a comprehensive assessment of existing research programs across the Federal government, and outline a 21<sup>st</sup> century strategy for future directions. Effective investments in biomedical, behavioral, epidemiologic, translational, and health services research are essential for advancing health and medicine across America. Today's economic hardships must not hinder tomorrow's innovation and progress. The short-term increases in research funding provided in ARRA should be complemented by long-term research strategies, increased investments, a commitment to innovation, and a roadmap for the recruitment and the career development of a new generation of American scientists.

## 7. **Develop a Long-term, Strategic “Marshall Plan” for Global Health.**

Americans' health cannot be secure in an unhealthy world where 2 million people cross national borders every day.<sup>15</sup> With global health activities crosscutting multiple Federal departments and agencies, the Administration should work to define a comprehensive strategy for U.S. support of health programs in focus countries worldwide. This strategy should set overall goals for international disease prevention and control; develop evidence-based, sustainable interventions; ensure investments in global public health infrastructure; and design outcome-based evaluations to monitor progress. It should also utilize health diplomacy as a tool for promoting global peace and development.

**E**ach of these key recommendations, in tandem with other proposals throughout this report, is integrally connected to the others. With “Health in All Policies” as a strategic framework for multi-agency initiatives, comprehensive health reform in the coming years must be both wide-ranging and coordinated if it is to be effective. The status quo in the American health system—in any sector or Federal health-related agency—is not an option. Working with the American people, Federal leaders must respond to the challenges in our nation's health system with urgency, optimism, innovation, and determination. In so doing, we can set ourselves firmly on the path to a healthier future for people in America and around the world.



## INTRODUCTION: FROM CHALLENGE TO OPPORTUNITY

*“We have a great deal to do together. Our ultimate goal has been set for us by society—the best level of health for all people up to the limits of our national potential. Toward this end we need to achieve access to high-quality health care for all and create an environment that fosters rather than impedes human fulfillment....It is manifest that the Federal government cannot do this job alone.... Total health achievement requires total commitment of health resources.”*

—William H. Stewart, 10<sup>th</sup> U.S. Surgeon General, 1967<sup>16</sup>

America is entering a new era of health and medicine. Advances in medicine and technology in the last half century have revolutionized the diagnosis, treatment, and prevention of many diseases. The fruits of such advances, however, are not being enjoyed by all Americans. Although the United States spends almost twice as much per capita (16 percent of GDP)<sup>17</sup> on health care than most other industrialized countries,<sup>18</sup> in just over two decades the U.S. has dropped from 11<sup>th</sup> to 49<sup>th</sup> in overall life expectancy compared to other nations.<sup>19</sup> The factors contributing to our health system’s relative decline are well known: dramatically escalating health care costs; a lack of quality, efficiency, equity, and effectiveness; the growing burden of chronic diseases; over forty-five million uninsured Americans and millions more who are underinsured;<sup>20</sup> and inadequate funding for research and public health programs, among others. This state of affairs is unsustainable, and public expectations for improvement are high.<sup>21</sup>

LIFE EXPECTANCY OF SELECTED COUNTRIES, 2009		
Rank	Country	Years
1	Macau	84.36
2	Andorra	82.51
3	Japan	82.12
7	Australia	81.63
8	Canada	81.23
9	France	80.98
10	Sweden	80.86
11	Switzerland	80.85
14	Iceland	80.67
18	New Zealand	80.36
19	Italy	80.20
23	Spain	80.05
24	Norway	79.95
26	Greece	79.66
27	Austria	79.50
30	Netherlands	79.40
31	Luxembourg	79.33
32	Germany	79.26
33	Belgium	79.22
36	United Kingdom	79.01
37	Finland	78.97
40	Korea, South	78.72
44	Denmark	78.30
46	Ireland	78.24
47	Portugal	78.21
<b>49</b>	<b>United States</b>	<b>78.11</b>
60	Czech Republic	76.81
70	Mexico	76.06
74	Poland	75.63
79	Slovakia	75.40
105	Hungary	73.44
121	Turkey	71.96

SOURCE: Data adapted from CIA World Factbook, <<https://www.cia.gov/library/publications/the-world-factbook/rankorder/2102rank.html>>

Figure 1. *Despite spending almost twice as much as other nations on health care, the U.S. ranks only 49<sup>th</sup> in average life expectancy.*

As the Obama Administration continues its work, these critical national challenges can serve as unique opportunities for action. Now perhaps more than ever, visionary Federal leadership is needed to improve the health of our nation and world. In response to national needs, past U.S. Presidents have charted new directions for our country’s health and science institutions. President Abraham Lincoln established the National Academy of Sciences; President Harry S. Truman’s foreign policies inspired the creation of the United States Agency for International Development (USAID); President Lyndon B. Johnson signed legislation that established Medicaid and Medicare; and President William J. Clinton sponsored the State Children’s Health Insurance Program (SCHIP).<sup>22</sup> In his first term, President Obama can build on these legacies, working with Congress and offering transformational leadership to move us toward new horizons for a healthy America.

But he cannot act—much less succeed—alone. Government leaders must partner with the American people in a shared vision and a spirit of cooperative responsibility. In the coming months,

*Now perhaps more than ever, visionary Federal leadership is needed to improve the health of our nation and world.*



Federal leadership in health and medicine must be as much about building coalitions and inspiring concerted effort across the public and private sectors as about Federal institutions leading by example. As Surgeon General William Stewart noted over forty years ago, and as President Obama re-emphasized in his speech to a joint session of Congress on February 24, 2009, *we know what we must do*.<sup>23</sup> The goals of ensuring high quality, affordable health care for all and of fostering healthier communities across the U.S. have already been set for us by the American people. Our task is to identify and implement the ways and means for achieving these goals. To this end, the nation must work diligently, collaboratively, and urgently, marshaling all Federal, state, and community resources with a spirit of innovation and a focus on smarter, more effective investments in U.S. health and medicine.

This report is offered as a compilation of strategic, actionable items for the new Administration to consider as it works with the American people, Congress, and the private sector to promote a high-performance health care system and a healthier America in the months and years ahead. Members of the *Commission on U.S. Federal Leadership in Health and Medicine: Charting Future Directions* (see Appendix)<sup>24</sup> firmly believe that the coming year will provide a key opportunity—unparalleled in the past two decades—for wide-ranging reforms in the health care delivery system as well as for stronger emphasis on prevention and public health. While this report is not a comprehensive roadmap to such wide-ranging transformation, the initial proposals presented in this document emphasize several critical focus areas in health and medicine without which any reform will likely fall short. With these recommendations, the Commission aims to serve as a resource for independent, non-partisan analysis as the nation works to achieve a healthier future for people in the United States and worldwide.



## 1. PRESIDENTIAL CALL TO ACTION FOR A “HEALTHY U.S.” – TOWARD A HEALTHIER NATION AND A HIGH-PERFORMANCE HEALTH CARE SYSTEM

The Commission recommends that President Obama, within the first nine months of taking the oath of office, issue a Presidential Call to Action for a “*Healthy U.S.*” that will chart new directions for Federal leadership and governance in health and medicine through national disease prevention and health promotion programs, re-engineering the U.S. health care system, enhanced investments in medical and public health research, and a new vision for global health.

In a 1962 speech in Houston, Texas, President John F. Kennedy announced, “We choose to go to the moon... not because it is easy, but because it is hard, because that goal will serve to measure the best of our energies and skills, because that challenge is one that... we are unwilling to postpone, and one which we intend to win.”<sup>25</sup> Faced with an economic crisis and significant obstacles to achieving healthier people in healthier communities today, President Obama should respond to rising concerns over the future of health in the United States with a bold declaration of national goals for transformation. As President Kennedy knew, what we *can* do should be decided by what we *must* do; determination is an indispensable ingredient of progress. All Americans deserve to live in healthy communities, and all Americans deserve to obtain high quality, affordable care when they experience illness. But one of the most significant challenges facing the U.S. health sector is its extensive fragmentation. With so many stakeholders, it is often difficult to establish initiatives and guidelines that will be implemented by all participants. President Obama should therefore seek to mobilize and *align the interests* of a broad range of health and medicine stakeholders—public and private—by developing a set of *national health system targets* and instituting innovative incentives for each set of stakeholders to play a role in meeting them. With a proposed objective of a “*Healthy U.S.*”, this mission should emphasize comprehensive health promotion, disease prevention, and the coordination of high quality health services, bringing our country closer to delivering the preventive, curative, and long-term care that Americans need and deserve. A White House State of the Union on the health status of our nation should be issued annually.

*A Healthy U.S. must go beyond the immediate need to reform medical care in America’s clinics, hospitals, community health centers, and doctors’ offices. It must take a comprehensive health system perspective.*

The President’s Call to Action to achieve a *Healthy U.S.* must go beyond the immediate need to reform medical care in America’s clinics, hospitals, community health centers, and doctors’ offices. It must take a *comprehensive health system perspective*. A *health system* is much broader than a *health care system*; it refers not just to the organization, financing, and delivery of medical care but also to health promotion and disease prevention activities in a variety of sectors, including agriculture, housing, and transportation, among others.<sup>26</sup>



A *Healthy U.S.* means communities built to promote healthy lifestyles. It means an agricultural system structured to encourage the production of healthy foods and the maintenance of healthy diets. Homes, workplaces, and public buildings are constructed with physical activity in mind, and environmental policies support clean air and water as well as smoke-free public spaces. A *Healthy U.S.* boasts a health system that protects small and large communities alike from mass illness and responds effectively to public health emergencies.

In the coming years, a *Healthy U.S.* will sustain a health care system that delivers quality, effective, and affordable interventions to heal the sick and support the healthy. The backbone of this system is a team of doctors, nurses, and allied health personnel well trained and fully equipped to provide the best care to anyone in need, wherever they live. This team provides dignified, coordinated care for older Americans, and first-rate services for those who have been injured or have contracted disease in service to our country. In a *Healthy U.S.*, scientists have full resources to address both commonplace and emerging diseases; providers and patients are linked to innovative and interoperable health information technology systems; and hospitals and clinics are incentivized to innovate in the organization of integrated health services.

These—and no less—must be our nation's goals. Just as the mission of putting an American on the moon was accomplished in a context of extraordinary odds, so achieving a high-performance health system and a healthier America in the years ahead is not beyond our nation's means. National achievement depends, rather, on the strength and endurance of our collective will. The President, in partnership with the Congress, must call the American people and all sectors of our society to realize this vision for a healthier future throughout the United States.



## 2. FEDERAL LEADERSHIP AND GOVERNANCE IN HEALTH AND MEDICINE

*“The health and vitality of our people are at least as well worth conserving as their forests, waters, lands, and minerals, and in this great work the national government must bear a most important part.”*

—President Theodore Roosevelt, 1910<sup>27</sup>

In order to begin to accomplish this mission for a *Healthy U.S.*, the Federal government must lead by example.<sup>28</sup> A comprehensive plan to strengthen America’s health future will require concerted policy-making in health and medicine across over forty Federal agencies.<sup>29</sup> Our towns, our cities, and our states throughout the nation would greatly benefit from strategic Federal initiatives to prioritize and support the goal of building a *Healthy U.S.* during the years ahead. In a time when the public’s trust in government has significantly eroded, restorative leadership from Federal health agencies and the Congress can help rebuild public confidence by transforming national challenges into opportunities for improving health. To this end, the Commission recommends the following:

- **Establish “Health in All Policies” throughout the U.S. Government.**

Health in America is not merely the province of the public and private health care sectors. Agriculture, education, housing, the workplace, the environment, national security, and diplomacy are just a few of the many spheres in which policies are made and executed that have significant influence on the nation’s health. In recognition of this fact, members of the European Union have declared their commitment

*Health in America is not merely the province of the public and private health care sectors. Agriculture, education, housing, the workplace, the environment, national security, and diplomacy ...[all] have significant influence on the nation’s health.*

to ensuring that all government policies will advance, rather than undermine, the public’s health.<sup>30</sup> Utilizing this comprehensive health system perspective, the Obama Administration should lead the United States in an effort to do the same and more. Support for “Health in All Policies” is essential to mobilizing effective health initiatives across more than forty Federal departments and agencies, including the U.S. Departments of Health and Human Services (HHS), Agriculture (USDA), Defense (DoD), Transportation (DOT), Veterans Affairs (VA), Education (ED), Labor (DOL), and Interior (DOI), as well as the Environmental Protection Agency (EPA) and the U.S. Department of State. In order to ensure unity of effort and policy synergies across the Federal government, a Federal Health Coordinating Council should be established with senior membership from all Federal agencies.

- **Challenge the Secretaries of each of the Executive Departments to propose innovative strategies to promote the health of the nation using their existing resources and authority.**

“Health in All Policies” will require specific, innovative initiatives with multi-agency coordination. The Obama Administration has appointed Cabinet leaders committed to a new vision for America. The President should challenge his Cabinet to enhance existing programs within the Federal agencies as well as to develop novel efforts for building healthy communities



across the nation in collaboration with governors, mayors, and the private sector. Examples of past successes include the USDA Fresh Fruit and Vegetable Program and the DOT's Transportation Enhancements (TE) Activities Program.<sup>31,32</sup>

- **Strengthen the Office of the U.S. Surgeon General with increased resources and authority to educate the American public about critical health issues.**

In recent decades, the role and responsibilities of the U.S. Surgeon General have become a matter of significant debate. While some past Surgeon Generals have been highly influential and effective, others have remained largely unknown to the American people. In some cases, years have passed without an appointed Surgeon General in office. The Obama Administration should *clarify the role* of the Surgeon General, delineating clear expectations for America's top doctor in the years ahead. The Surgeon General should be delegated greater authority and additional resources. Specifically, the Commission emphasizes that the Surgeon General must be empowered to strengthen the U.S. Public Health Service (USPHS) Commissioned Corps. The Corps should be expanded to include a global division to provide expertise, technical assistance and rapid response on international health issues. Moreover, in keeping with President Obama's national call to service, a mechanism similar to ROTC should be considered for the U.S. Public Health Service Commissioned Corps to foster recruitment of talented young people into this Federal uniformed health service. In addition to visionary leadership for USPHS, the Surgeon General must play a more visible role both in health education and in setting an example for health professionalism throughout the United States, using the bully pulpit, new media, and comprehensive reports to the American people to raise awareness of critical public health issues and to advocate for evidence-based medicine.

- **Identify and implement the essential steps for improving community health.**

President Obama has spoken extensively of the need for demonstration projects via partnerships across the public and private sectors in policy arenas from energy to community development. The national goal to achieve a *Healthy U.S.* will require similar investments in innovative community efforts to enhance health through nutrition, smoking prevention and cessation, and physical activity programs. To this end, the Commission welcomes the important investments made in the *American Recovery and Reinvestment Act (ARRA)* of 2009 toward "community-based prevention and wellness strategies."<sup>33</sup> It is imperative, however, that the results from "healthy community" demonstration projects be shared widely with local and state leaders throughout the United States, providing critical information about strategies to protect and improve public health. The website for monitoring ARRA investments, [www.recovery.gov](http://www.recovery.gov),<sup>34</sup> for instance, could link to the *Healthy U.S.* website where results from these community health demonstration projects would be posted alongside the existing knowledge base on best practices in community health, so that guidelines for building effective programs are available for replication and customization in communities across the country.



### 3. TOWARD A NATIONAL DISEASE PREVENTION AND HEALTH PROMOTION INITIATIVE

Two decades ago, U.S. Surgeon General C. Everett Koop, in his acceptance speech for the American Public Health Association's Award for Excellence, warned that public health services were "still essentially using the disease-monitoring model," which, while somewhat successful, was only sufficient for "non-prevention activity in public health."<sup>35</sup> Regrettably, his words remain true even today. For too long, disease prevention and health promotion initiatives have been underfunded and underutilized in our towns, cities, and states. Over 75 percent of health care costs in the United States are due to chronic diseases.<sup>36</sup> Patients with multiple chronic conditions annually account for 96 percent of total Medicare expenditures.<sup>37</sup> Since many of these conditions are linked to preventable factors such as tobacco use, obesity, and lack of physical activity, strategic Federal investments in prevention and the promotion of healthy lifestyles could save the U.S. health system billions of dollars each year and improve Americans' overall quality of life.<sup>38</sup> It is estimated, however, that current Federal support for prevention accounts for only 1 to 3 percent of total U.S. health expenditures.<sup>39</sup> In fact, this percentage for prevention has not changed since 1934.<sup>40</sup>

But it must change *now*. Achieving a high-performance health care system is not enough to ensure a healthier future for America. The most important measure of our health system is its capacity to prevent disease and promote wellness in all Americans. The \$1 billion Prevention and Wellness Fund established by ARRA in the U.S. Department of Health and Human Services is an important step in the right direction, but it is imperative that these and future investments be tied to a *clearly-defined national strategy for advancing America's health* in the 21<sup>st</sup> century.<sup>41</sup> Ongoing efforts to build an effective *National Disease Prevention and Health Promotion Initiative*, such as "Healthy People 2010" (coordinated by HHS),<sup>42</sup> have been hindered by insufficient funding; a lack of sustained support from the White House; and the challenge of fostering concerted nationwide action toward over 460 targets for disease prevention, control, and other critical public health issues.<sup>43</sup>

The Commission therefore strongly recommends that the Obama Administration commit *unprecedented attention and sustained resources* to developing and implementing a comprehensive *National Disease Prevention and Health Promotion Initiative*, as several other industrialized nations, such as Japan,<sup>44</sup> have recently done. In order to build such an Initiative as an integral part of achieving a *Healthy U.S.*, the President and HHS should launch a well-funded nationwide health education campaign, with President Obama and the First Lady serving as role models to inspire the development of a national culture of wellness. The Initiative should also revitalize and strengthen "Healthy People 2010" for 2020. A national strategy for meeting fifteen to twenty desired health indicator targets<sup>45</sup> should be linked *with clear and actionable tactics* that mobilize communities and other stakeholders across America to participate in the health education campaign and to build effective community health demonstration projects funded by the ARRA Prevention and Wellness Fund as well as other sources. This strategy must be supported by a comprehensive, user-friendly *Healthy U.S.* website where individuals, businesses, communities, schools, and public and private sector organizations can access trustworthy disease prevention and health promotion information as well as current best practices in community health. While many website health resources currently exist in the public and private sector, the *National Disease Prevention and Health Promotion Initiative* will require a one-stop shop online for streamlined information, communication, and community participation.



Such an Initiative should also include, but not be limited to, the following actions:

- **Strengthen Federal, state, and local public health infrastructure.**

“Public health,” wrote the early U.S. Public Health Service epidemiologist Edgar Sydenstricker, “goes far beyond the primary instincts of the individual. It embodies a social attitude, it results from social volition, and it finds expression in a range of activities.”<sup>46</sup> Working in communities across America, public health agencies are often best poised to bring together diverse stakeholders in common purpose for disease prevention and health promotion.<sup>47</sup> Cross-cutting *Healthy U.S.* initiatives must move forward with a reinforced, redesigned public health infrastructure. Strengthened public health agencies at the state and local levels across the United States can partner with HHS on the “Healthy People 2010” initiative for 2020 with increased capacity to build successful and sustained prevention and health promotion interventions.

*Strategic Federal investments in prevention and the promotion of healthy lifestyles could save the U.S. health system billions of dollars each year and improve Americans’ overall quality of life.*

- **Government buildings and employee programs should lead the way in wellness initiatives.**

Over the past decade, some businesses across the nation have successfully reduced health care expenditures by instituting comprehensive workforce wellness programs.<sup>48</sup> Government agencies should lead in these important efforts by encouraging the use of stairwells in Federal buildings, requiring healthier foods in all Federal cafeterias, meetings and conferences, as well as instituting health promotion and disease management programs for Federal workers. A competition could be instituted across Federal departments led by the Cabinet Secretaries to underscore the importance of such initiatives, with a cross-agency website created to track results and offer health education information and support. Not only would such Federal programs help create a model for further private sector innovations in workplace wellness, but they would also promote a healthier Federal workforce, leading to potential cost savings in the Federal Employees Health Benefits Program (FEHB), the Military Health System (MHS), and other programs in which Federal workers are enrolled.

- **Build an effort to achieve a “Smoke-Free America” by 2020.**

Nearly 21 percent of American adults smoke cigarettes.<sup>49</sup> Tobacco use is the number one cause of preventable mortality in America, linked to at least 443,000—or approximately one out of every five—deaths each year.<sup>50</sup> This translates into over 8,000 deaths per week, an astonishing toll of preventable mortality for the wealthiest nation in the world. Additionally, it is estimated that tobacco use is responsible for over \$190 billion in direct medical costs and lost productivity in the U.S. annually.<sup>51</sup> Comprehensive state anti-tobacco programs, like the state of California’s, have been shown to save billions of dollars.<sup>52</sup> As long as tobacco use remains the leading cause of morbidity and mortality in America, no program for wide-ranging health care reform and disease prevention can achieve its goals without taking a strong stance on tobacco. With the Office on Disease Prevention and Health Promotion (ODPHP) in HHS and the Office on Smoking and Health at the Centers for Disease Control and Prevention (CDC)



playing leadership roles, the Administration should implement a coordinated, comprehensive plan for smoking prevention and cessation across America. A wide-ranging tobacco prevention and cessation campaign, aligning all Federal agencies in a unified effort with private sector organizations, will in the long-term significantly reduce health care costs related to chronic disease morbidity throughout the nation, as well as improve Americans’ overall life expectancy and quality of life. The President should also use the bully pulpit to educate and motivate as well as to encourage the U.S. ratification of the international Framework Convention for Tobacco Control (FCTC).

- **Significantly increase the Federal excise tax on the sale of tobacco products, and apply the additional revenue toward disease prevention and health promotion programs.**

A comprehensive and coordinated effort to achieve a Smoke-Free America begins with disincentivizing the use of tobacco products. Raising the price of cigarettes has been shown to successfully reduce overall tobacco consumption.<sup>53</sup> Increasing the Federal excise tax would not only discourage the use of tobacco across the nation, but would also provide much needed revenue to finance critical efforts in disease prevention and health promotion. An increase in this tax should be sought above the levels already delineated in the *Children’s Health Insurance Program Reauthorization Act of 2009*, the revenue from which will fund the expansion of SCHIP.<sup>54</sup>

- **Combat the obesity epidemic by expanding the DOT’s Transportation Enhancements Activities Program with increased support for pedestrian and bicycling infrastructure.**

Physical activity is essential to healthy living and to the reduction of the chronic disease burden in America.<sup>55</sup> In the 21<sup>st</sup> century, unhealthy diets and lack of exercise have risen to second—below tobacco use—in overall causes of mortality in the United States.<sup>56</sup> If current trends continue, an estimated 86% of Americans could be overweight or obese by 2030, escalating obesity-related medical costs to almost \$1 trillion.<sup>57</sup> The goals of achieving a *Healthy U.S.* and of instituting “Health in All Policies” require Federal, state, and local strategies to improve the way we build and enhance our transportation routes with greater attention to promoting physical activity. Since 1991, the Transportation Enhancements (TE) initiative in the DOT has made funding available to states through the Surface Transportation Program (STP) to “help expand transportation choices and enhance the transportation experience.”<sup>58</sup> Expansion of pedestrian and bicycling infrastructure, however, are just two among twelve possible enhancements for which states can allocate funds. Federal policies should require that exercise-related and health-promoting programs be included in every transportation project supported by the DOT, as well as provide additional incentives for states to implement them. It is also imperative that Federal investments in transportation infrastructure through the *American Recovery and Reinvestment Act* foster health and wellness by constructing more pedestrian and bicycle paths.

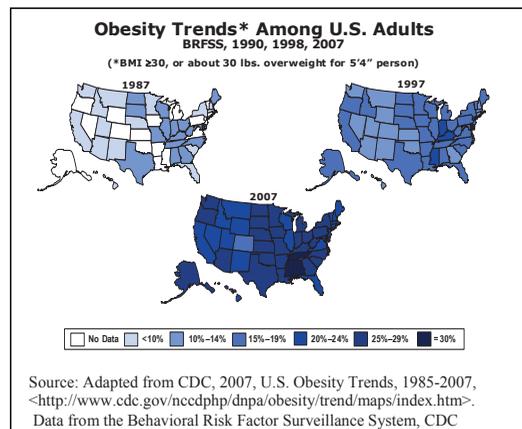


Figure 2. The rates of obesity have increased dramatically over the past 20 years, leading to an alarming rise in chronic disease and health care costs in the United States.



- **Improve and expand existing federally supported programs in public schools that promote healthy diets and lifestyles in children.**

Approximately 17 percent of children and adolescents in the United States are obese.<sup>59</sup> Since 1991, the percentage of high school students in America who attended daily physical education classes dropped from approximately 41 percent to 30 percent; just 53 percent of high school students across the country participate in physical education at least once every week.<sup>60</sup> If these trends continue, this may be the first generation that is not as healthy as their parents. We must expand and strengthen programs in our nation's schools that will build healthier futures for America's children. The U.S. Departments of Agriculture and Education should work in concert to further enhance the Nutrition Standards and Meal Requirements for school breakfasts, lunches, and snacks. Schools should be required to re-introduce regular physical education and wellness programs into all grades, using lessons learned from effective models such as "Jump Up and Go",<sup>61</sup> "Planet Health,"<sup>62</sup> and "Eat Well and Keep Moving."<sup>63</sup> Additionally, Congress, DOT and the ED should consider increasing support for the Safe Routes to School (SRTS) Program, collaborating with the Safe Routes to School National Partnership of over 350 nonprofit organizations.<sup>64</sup>

- **Establish a Task Force charged with a comprehensive review of HHS (including the Food and Drug Administration), USDA, and other agency policies regarding nutritional quality.**

From sugary beverages to high-sodium foods, there is a close association between the kinds of foods and beverages that Americans consume and the growing burden of chronic diseases.<sup>65</sup> Any successful national prevention initiative must include a comprehensive reappraisal of U.S. food and agricultural policies. The President's recent announcement of plans to create a Food Safety Working Group is an important step in the right direction.<sup>66</sup> But there is also an urgent need to address pressing concerns about the nutritional quality of foods consumed in the United States. A cross-agency task force should consider at least the following topics pertaining to promoting nutritious diets: (1) disincentivizing the overconsumption of sugary beverages; (2) developing a plan for a gradual reduction in the amount of sodium in processed foods; (3) excluding soda and other sugar-sweetened beverages from the Supplemental Nutrition Assistance Program (SNAP) and other Federal programs while incentivizing the purchase of whole grains, fruits and vegetables;<sup>67</sup> (4) a comprehensive re-evaluation of U.S. agricultural subsidy programs, with special attention to increasing support for whole grains, fruits, and vegetables; and (5) an initiative to strengthen and simplify food labeling policies on products as well as for food served in restaurants and other venues.



#### 4. RE-ENGINEERING THE U.S. HEALTH CARE SYSTEM

“In the past,” wrote President Harry S. Truman in 1945, “the benefits of modern medical science have not been enjoyed by our citizens with any degree of equality. Nor are they today. Nor will they be in the future—unless government is bold enough to do something about it.”<sup>68</sup> Despite many efforts over the past half-century since Truman’s address, our nation has yet to achieve universal, high quality, and affordable health care for all Americans. Yet today, with our economy in severe recession and with the United States facing an over \$1.2 trillion budget deficit for 2009,<sup>69</sup> concerns about the costs of comprehensive health care reform are on the rise. But as President Obama himself recently emphasized, to ask whether or not we can afford the task of re-engineering our health care system is to ask the wrong question.<sup>70</sup> Good health is *essential* to economic prosperity and social well-being. Individually, we are less productive when we are ill; collectively, our nation is less secure when burdened by the high cost of disease. And yet Americans are not receiving enough value for their health dollar. Despite spending far more per capita on health care than any other industrialized nation, Americans receive the recommended care only 55 percent of the time.<sup>71</sup> Such inefficiency calls for urgent action and bold vision from Federal leaders and the private sector. At this critical point in our nation’s history, we *must* make our health system more affordable, more equitable, and more effective. Americans *deserve* better health care, and our struggling economy *requires* it.

Recognizing that comprehensive reform will require a sustained, carefully considered effort, the Commission proposes the following initial recommendations for re-engineering our health care system in the years ahead. In order to transition the U.S. health care system to a model based on *quality, effectiveness, efficiency, value, and equity*, the new Administration should:

- **Commit to achieving universal coverage by the end of the President’s first term in office.**

“Of all the forms of inequality,” declared Martin Luther King, Jr., “injustice in health care is the most shocking and most inhumane.”<sup>72</sup> The social and economic cost of rising unemployment includes swelling numbers of uninsured and underinsured Americans.<sup>73</sup> Moreover, stark disparities in access to quality health care persist among lower income populations as well as among racial and ethnic minorities.<sup>74</sup>

The number of Americans without health care coverage is unconscionable. Although expanding eligibility for enrollment in Medicaid and SCHIP and providing states with Federal assistance for these programs with funding from ARRA in 2009 is essential, this stopgap measure must be strengthened by a more extensive effort to solve the underlying challenge of providing coverage for all Americans. The Commission stresses that any initiative to enhance health care delivery that neglects to make this bold commitment can only lead to partial success. The Commission supports the Obama Administration’s proposal to establish a National Health Insurance Exchange (NHIE) and a new national plan to help achieve the goal of universal, affordable, and quality coverage for all Americans.<sup>75</sup>

*“Of all the forms of inequality,” declared Martin Luther King, Jr., “injustice in health care is the most shocking and most inhumane.”*



- **Establish a Task Force with direction from the White House Office of Health Reform, including membership from HHS agencies (e.g. CMS, AHRQ, the Indian Health Service), the VA, MHS, and the Office of Personnel Management (FEHB), charged with developing a cross-agency plan to improve value as well as to reduce costs and waste in the Federal health insurance programs.**

The health care system remains one of the most inefficient sectors in the United States. Although there are many contributors to escalating health care costs in America, administrative and operational waste is among the most significant.<sup>76</sup> An estimated 30-50 percent of all U.S. health expenditures are wasted through the overuse, underuse, and misuse of health services.<sup>77</sup> Aspects of Federal health plans like Medicare Part D are responsible for part of this waste.<sup>78</sup> There are, however, no silver bullets for incentivizing quality-enhancing measures or for reducing ineffective and redundant practices in federally funded insurance programs. Patchwork, short-term policies will not be sufficient to successfully transform our inefficient, fragmented system.

Two of the leading causes of inefficiencies in both public and private sector insurance plans include administrative duplication and an outdated provider payment system.<sup>79</sup> Currently, Federal health programs reimburse clinical services with minimal attention to the relative

*Americans deserve better health care, and our struggling economy requires it.*

value of those services in producing better outcomes. The elimination of waste and the improvement of value in health care must therefore go hand-in-hand. Nearly one-third of Americans are insured by one of the many health insurance programs administered or financed by the Federal government.<sup>80</sup> These public plans can serve as a laboratory for quality-enhancing and cost-saving innovations in administrative functions; provider payment structure and incentives;

and the effective organization and coordination of clinical care, especially in chronic disease management. A Federal Task Force comprised of leading experts from all of the Federal health insurance programs (with private sector input) should be formed to identify, review, and implement mechanisms for simplifying and harmonizing administrative functions across the Federal plans and for improving value in the health care system. Successful innovations in the public sector might then serve as a model for private sector reforms. To this end, the Task Force should consider the following:

- ▶ **A shift from the current payment paradigm toward “Paying for Value,” in which provider payments are informed by translational research from a Comparative Effectiveness Institute.**

There is a dearth of data on the effectiveness of many medical interventions and other aspects of clinical care. In the course of his campaign, President Obama repeatedly spoke of the need for a Comparative Effectiveness Institute (CEI) that would serve as a resource for information on the comparative effectiveness of drugs, devices, and other medical interventions and would compile clinical best practices and quality measures. The \$1.1 billion provision in ARRA for comparative effectiveness research is an important step in the right direction, but Commission members emphasize that enhancing comparative effectiveness research means little if the results of this research are not swiftly and efficiently disseminated to health care practitioners, as well as aligned with reimbursements for some clinical services in the future. The Federal Task Force should study options for creating a CEI, which could compile and disseminate the results of comparative effectiveness research



from AHRQ, the National Institutes of Health (NIH), and other scientific institutions—as well as conduct its own studies—creating a knowledge base to fuel a transition to paying for evidence-based value in Federal health insurance programs in the future. Initially, while such work is being considered, demonstration projects in the public and private sectors should be supported with financial incentives for improving value through the implementation of evidence-based clinical practices. In order to improve quality of care for all Americans, including reducing medical errors and eliminating ineffective health services, public and private plans across America should identify strategies to move to paying for the medical *value* of services provided, rather than merely reward their provision. Medicare, Medicaid, SCHIP, FEHB, the VA, and the MHS could serve as models, leading this paradigm shift to paying for value in the years ahead.

► **The feasibility of establishing a Federal Health Board to increase quality, effectiveness, and efficiency in public health insurance programs.**

A Federal Health Board (FHB) has been proposed as a mechanism to harmonize administrative functions, help reduce inefficiencies in the provision of clinical care, and provide a unified model for safety reporting of medical errors across the Federal health insurance plans. A FHB, for instance, could address the persistence of dramatic variations in Medicare spending between different regions of the country, which are linked primarily to differences in the nature and quality of care provided.<sup>81</sup> Various models for a FHB have been discussed, including developing it as a semi-autonomous agency (modeled on the Federal Reserve), or establishing it as a new center within an existing agency, such as the Center for Medicare and Medicaid Services (CMS) or AHRQ in the U.S. Department of Health and Human Services.<sup>82</sup> Although a FHB might serve to improve the quality of care and decrease waste in the Federal health insurance programs, the nature of its potential authority and functions remain unspecified and—in some models for its establishment—controversial. The Federal Task Force on improving value, decreasing costs, and reducing waste should explore the advisability of establishing a FHB and its possible functions and jurisdiction, leading a focused effort to produce expert recommendations within nine months on a FHB’s potential scope and location.

• **The Federal government must invest in and incentivize an interoperable health information technology (HIT) superhighway in the private and public health care sectors.**

The enhancement of quality health care, the dissemination of best practices, and the reduction of medical errors and waste will require widespread application of information technology built on an infrastructure that can collect, apply and share medical information, while protecting patient privacy. The \$19 billion provision for HIT in ARRA provides crucial investments toward this goal. The Commission stresses, however, that in order for the quality-enhancing and cost-saving capabilities of HIT to be fully realized, these investments should adhere to the following principles: (1) HIT infrastructure must protect the privacy and security of individual health information while ensuring access to critical information when and where it is needed, both for patient care and for de-identified use in medical and public health research. In order to achieve this, HIPAA privacy rules must be applied to all participants in health information management, including vendors of online services, as well as to health personnel and hospitals; (2) HIT procedures should be informed by national and regional investments that have been made over the past five years in standards, certification, technology and governance so that rapid and smooth progress can be made; and (3) HIT incentives must focus on rendering electronic health records *interoperable*. With regard to interoperability, Federal leaders must ensure that ARRA’s \$19 billion investment produces a highly connected, user-friendly system rather than



islands of disconnected HIT software, as research has indicated that quality enhancements and cost savings are only likely if interoperability is achieved across providers.<sup>83</sup> In order to ensure the success of these investments, the Office of the National Coordinator for HIT in HHS must ensure the effective functioning of the HIT Standards and Policies Committees, and create an innovative and efficient process for execution of HIT policies and oversight of patient privacy concerns.

As noted previously, the current focus on interoperable electronic health records should be complemented by initiatives to further harness the power of new media to improve Americans' health. This should include developing interactive clinical decision support and other features that bring cutting edge information and tools to providers and patients instantaneously. Furthermore, HIT and new media must also be an integral feature of strengthening America's public health infrastructure. Just as health care providers should be able to access their patients' records quickly and efficiently, so public health practitioners should have the health status of the communities they serve electronically within the click of a button.

- **The Secretary of the U.S. Department of Health and Human Services should extend the use of existing waiver authorities in Medicaid and enhance the research-oriented demonstration programs in Medicare to give integrated care organizations more freedom to innovate in payment arrangements and chronic disease management.**

Historically, experimentation has been one of the hallmarks of American progress. Even in the midst of economic hardship, health care and insurance providers across the country are innovating, especially in disease management for patients with several chronic conditions.<sup>84</sup> Despite the fact that some of this work has demonstrated significant promise in reducing health expenditures, much of this innovation is occurring in the private sector without government incentives and without the capacity to bring successful developments to scale. Now is the time for the Federal government to provide strong leadership in encouraging new initiatives through waiver programs in Medicare and Medicaid, as well as through financial incentives to integrated care organizations that achieve agreed-upon spending targets. In particular, the Medicare demonstration program would benefit from enhanced efforts to encourage quality-enhancing and cost-saving transformation in the organization of health care delivery, especially for chronic disease management.

- **Develop a strategic plan to address the disparities in health care resources as well as shortages in the health and medical professions.**

An integral part of universal coverage is *universal access* to health care providers, clinics and hospitals. This cannot be achieved, however, without addressing the disparities in medical resource distribution and shortages in the health care workforce across America.<sup>85,86</sup>

*The tools of 21st century health and medicine in the United States will prove ineffective without skilled hands to utilize them in both rural and urban areas.*

The tools of 21<sup>st</sup> century health and medicine in the United States—like health information technology, comparative effectiveness research, and paying for value—will prove ineffective without skilled hands to utilize them in both rural and urban areas. The Commission emphasizes that re-engineering the U.S. health care system



must include expanding and better deploying America's health professional workforce. Given an insufficient supply of rural and community health clinics and diminishing numbers of primary care physicians and nurses, we must strengthen our commitment to developing the institutional and human capital on which quality health care services depend. The Federal government, in partnership with states, communities, academia, and the private sector, should explore new strategies, incentives, and other mechanisms to ensure a more equitable balance of resources and expertise throughout the U.S. health system, including the recruitment of a new generation of health professionals.



## 5. ENHANCING INVESTMENTS IN MEDICAL AND PUBLIC HEALTH RESEARCH

*“It is clear that we have not done enough... for medical research and education in view of our enormous resources and our national interest in health progress. The money invested in research pays enormous dividends.”*

—President Harry S. Truman, 1945<sup>87</sup>

Federal commitment to medical and public health research is essential to the future of all Americans’ health. Currently, the NIH, the primary Federal agency for conducting and supporting medical research in all fields, has an annual budget of approximately \$29 billion,<sup>88</sup> and has been flat funded for the last five years. By comparison, this investment is approximately equal to the cost of 15 B-2 bombers.<sup>89</sup> With the enactment of the *American Reinvestment and Recovery Act*, President Obama has signaled his commitment to significantly strengthening research infrastructure and investments in the United States. As the President remarked at the Act’s signing on February 17, 2009, “From the National Institutes of Health to the National Science Foundation, this recovery act represents the biggest increase in basic research funding in the long history of America’s noble endeavor to better understand our world.”<sup>90</sup> The Commission strongly affirms these investments, but also underscores that these and other resources must be linked to *national strategies for research and development* with visionary targets and sustained increases in funding beyond the two years of ARRA.

- **The Obama Administration should undertake a comprehensive assessment of existing research programs and initiatives throughout all Federal agencies related to health and medicine, and develop a plan for charting new directions and progress in 21<sup>st</sup> century research.**

The Administration will need an inventory and assessment of current research efforts underway in order to stimulate innovative health research across institutions in HHS, DoD, the National Science Foundation, the VA, and other agencies. Such an inventory would assist the Administration in developing a research plan for the 21<sup>st</sup> century that will synergize investments across agencies and contribute to new understanding of the causes, treatment and prevention of diseases and conditions that now and in the future pose the greatest threats to the American public, that foster disease prevention and health promotion, and that address emerging disease concerns.

- **A visionary plan for 21<sup>st</sup> century investments in research should include increased funding for research at the CDC and AHRQ.**

Current levels of funding for research at CDC are inadequate, especially for disease prevention, surveillance, and for the threats posed by emerging and chronic diseases.<sup>91</sup> Similarly, Federal support for the increasingly important fields of health services and comparative effectiveness research at AHRQ has been insufficient. The Commission commends the short-term funding increases for AHRQ (\$300 million) and CDC (\$300 million) authorized in the *American Recovery and Reinvestment Act*, and recommends that these investments mark the beginning of a long-term strategic revitalization of these critical institutions.<sup>92</sup> Significant increases in resources for CDC and AHRQ are needed to support disease prevention and comparative effectiveness research in the years ahead.

- **Long-term funding for the NIH should be increased (in real terms ahead of inflation) to support pioneering research as well as mechanisms to foster the career development and work of a new generation of scientists.**



The Commission emphasizes that supporting the best medical science and biotechnology research is essential for our economic growth, for job creation and for building human capital in the health sciences, as well as for developing new treatment and prevention strategies.

*Supporting the best medical science and biotechnology research is essential for our economic growth, for job creation and for building human capital in the health sciences...*

The \$10.4 billion increase in the budget for the National Institutes of Health in the *American Recovery and Reinvestment Act* marks an important recognition of the role that scientific research plays in stimulating the economy.<sup>93</sup> We must utilize these and future investments to encourage the career development of scientists of all ages as well as “new ideas research” to ensure America’s continued health leadership in the 21<sup>st</sup> century. To this end, the Administration should consider a national initiative to support a “New Generation of Health Innovators” that will recruit and support new scientists to help chart future directions in medical and scientific research.

- **The U.S. Department of Health and Human Services should increase the focus on “social determinants of health” in America and should support research and targeted investments to reduce health disparities.**

Public health research has long established that important determinants of health and disease include socioeconomic status, race and ethnicity, education, geography, and gender. Shameful and profound health disparities persist in the United States.<sup>94</sup> In recognition of the significance of non-biomedical factors that contribute to disease, many industrialized countries have supported research on, and interventions to address the social determinants of health. The United Kingdom’s Black Report of 1980 and the subsequent work of the World Health Organization’s Commission on the Social Determinants of Health (CSDH) have helped to define this field over the past two decades.<sup>95,96</sup> Regrettably, U.S. health institutions have been comparatively slow to address and rectify health inequalities in our nation. As a critical component of the pursuit of “Health in All Policies” and of the *Healthy U.S.* initiative, the Obama Administration should address the social determinants of health in America by supporting research and fostering public health interventions to eliminate disparities in disease burden, premature mortality, and access to care.

- **Declare a war on chronic diseases and promote healthy aging.**

Research will provide the greatest return to the American people by increasing the understanding of, and developing new therapeutic and preventive interventions for the diseases that most affect the American public. It is estimated that nearly two-thirds of the exponential growth in U.S. health expenditures is due to unhealthy lifestyles among Americans, leading to chronic illnesses such as cardiovascular disease, diabetes, stroke, and some types of cancer.<sup>97,98</sup> An unprecedented, concerted effort among public and private organizations is needed to prevent, more effectively treat, and manage chronic illnesses. Furthermore, by 2050, more than 20 percent of the American population will be age 65 or older.<sup>99</sup> With neurodegenerative conditions such as Alzheimer’s and Parkinson’s diseases disabling America’s seniors at alarming rates, the Administration, working with Congress and the private sector, must accelerate progress in fighting these illnesses. This will require strengthening America’s commitment to funding innovations in their prevention, treatment, and management, including long-term care. Moreover, innovative healthy aging programs are urgently needed to ensure quality of life for our nation’s seniors.



## 6. A NEW VISION FOR GLOBAL HEALTH

The mission to ensure good health knows no borders; indeed, the goal of better health can bring nations together as well as provide a foundation for social and economic development. Over the last decade, significant advances have been made in advancing the United States' efforts to improve health worldwide, through the establishment of the President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the President's Malaria Initiative, among others. Nevertheless, investment in global health remains one of the more underutilized tools in public diplomacy and foreign policy.<sup>100</sup> Of all industrialized nations, the United States spends the least (as a percentage of GNI) on international development and global health.<sup>101</sup> The Commission believes that the Obama Administration can significantly boost America's moral standing in the world and strengthen our national security by supporting innovative programs to prevent and combat disease as well as strengthen health systems worldwide. To this end, the Commission recommends the following:

- **Develop a long-term, strategic “Marshall Plan” for global health that sets overall goals for international disease prevention and control, streamlines and synergizes U.S. investments both across Federal agencies and international health organizations, and develops outcome-based evaluations to monitor progress.**

A unified, strategic U.S. government plan for global health and development in the Federal government can help developing nations achieve health and prosperity. An important first step to a Marshall Plan for global health in the 21<sup>st</sup> century will be re-engineering USAID to increase its effectiveness, agility, and impact. Additionally, Commission members

emphasize that disease-specific, “vertical” campaigns in global health will be most successful when integrated into a comprehensive vision for the improvement of health services, public health and preventive interventions in target countries. As the U.S. Marshall Plan achieved for Europe six decades ago, we must move U.S. initiatives away from the model of “emergency response” toward capacity-building for long-term, sustainable progress. The plan should make use of the developing science of global health delivery and cultivate bipartisan Congressional input and support.

- **Implement “Health in All Policies” throughout the Federal agencies involved in international development and foreign affairs.**

Programs to improve global health exist in many different Federal agencies, and coordination between them is critical to maximizing the impact of each dollar the United States invests in health programs around the world. While a Science Advisor exists in the White House and the U.S. Department of State, there is no similar role for a health advisor in the U.S. Department of State. The Commission recommends the appointment of a new Global Health Advisor in the State Department charged with enhancing coordination of global health activities concerning

*The Administration can significantly boost America's moral standing in the world and strengthen our national security by supporting innovative programs to prevent and combat disease as well as strengthen health systems worldwide.*



pandemic influenza and other emerging infectious diseases, bioterrorism, women's health, the use of health information technology and social media for expert knowledge exchange, among other critical issues. Working with senior leadership in USAID and HHS, a health expert within the State Department could also promote public-private partnerships to advance peace through health; develop a toolbox for utilizing health as an instrument of foreign policy for U.S. diplomats serving overseas; and foster exchanges and dialogue on critical health issues internationally. In order to increase the strategic use of initiatives in health and medicine as foreign policy tools, this new advisor might sit on the National Security Council as well.

- **The Commission strongly supports the expansion and enhancement of existing Federal investments in global health, including PEPFAR, the President's Malaria Initiative, and programs in USAID.**

These programs have already had a marked impact on the burden of disease in the countries where they have been implemented. They can, of course, be improved. Prevention initiatives in PEPFAR, for instance, must be strengthened with evidence-based programs. The Commission also encourages the adoption of the Institute of Medicine's recent recommendations for improving PEPFAR.<sup>102</sup> Moreover, using the model of the Marshall Plan, investments that focus on single diseases must also be more closely coordinated with broader efforts to strengthen health infrastructure in developing nations. Enhanced cooperation between PEPFAR and other programs in the State Department, USAID, and HHS could strengthen the impact of U.S. government investments for improving health worldwide.



## CONCLUSION: A COMPREHENSIVE APPROACH TO ACHIEVING A HEALTHY U.S. From Fragmentation to Integration

America's health crisis does not have either a single cause or a silver bullet solution. Just as there are often many factors in the cause and spread of disease, so also must our leaders mobilize all sectors of American society to improve health and reduce the social and financial costs of illness across the country. The United States has one of the most fragmented health systems in the industrialized world, and has largely neglected disease prevention and health promotion. The *Commission on U.S. Federal Leadership and Health and Medicine: Charting New Directions* recommends that now more than ever we need a bold, unified vision and a comprehensive, strategic plan for strengthening American health and medicine throughout the next decade.

“We choose to go to the moon, not because it is easy, but because it is hard.”<sup>103</sup> President Kennedy's determination took America to the moon because it was a defining challenge—as he put it—“that we are unwilling to postpone, and one which we intend to win.” Today, the mission for Americans' health is clear and urgent. The President and the American people have declared that we cannot afford to neglect the U.S. health system during this time of national crisis. Our nation has a unique opportunity to move our health system from peril to promise, but it will not be easy. Our complex, fragmented health system cannot afford a fragmented reform effort. A national strategy for a 21<sup>st</sup> century *Healthy U.S.* begins with the goal of “Health in All Policies,” where all Federal agencies and the U.S. Congress work together on a shared mission to improve our nation's health. As all the resources of the Federal government are marshaled, the contributions and collective will of the American people must also be mobilized. President Obama and his Administration must build effective, enduring partnerships between individuals, businesses, schools, communities, scientists, medical and public health experts, philanthropists, and government. From an engaged public to a coordinated Federal effort; from a new generation of scientists to community health workers and public health practitioners; from agriculture and transportation policies to promote healthy living to a more effective, efficient health care system; and from the assurance of universal coverage to a Marshall Plan for global health, we must make extensive use of all of the tools in our national toolbox to build healthier communities across America. With visionary and committed Federal leadership in partnership with all Americans, our nation can move boldly toward reaching new horizons for a *Healthy U.S.* in the years ahead.



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## APPENDIX: COMMISSION MEMBERS AND STAFF

*The views expressed in this non-partisan analysis do not necessarily reflect the views of the institutional affiliations of any or all of the members of the Commission. The Commission is a forum for framing strategic and innovative ideas to help guide future directions for U.S. health and medicine. This is not a consensus document; individual members of the Commission endorsed the general policy direction, assessments, and the vast majority of recommendations in this report, though not necessarily every finding. The Commission is an initiative of the non-profit, non-partisan Center for the Study of the Presidency and Congress’s Health and Medicine Program.*

### COMMISSION CO-CHAIRS:

Susan J. Blumenthal MD, MPA	Director, Health and Medicine Program, Center for the Study of the Presidency and Congress; Former Assistant Surgeon General of the United States; Former Deputy Assistant Secretary for Women’s Health, U.S. Department of Health and Human Services; Rear Admiral, USPHS (ret.)
Denis A. Cortese, MD	President and CEO, Mayo Clinic

### COMMISSION MEMBERS:

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David J. Brailer, MD, PhD	Chairman, Health Evolution Partners; First and Former National Coordinator for Health Information Technology, U.S. Department of Health and Human Services; Founder and former Chairman and CEO, CareScience Inc.
Lawrence Brilliant, MD, MPH	Chief Philanthropy Evangelist, Google.org
William R. Brody, MD, PhD	President, The Salk Institute; Former President, The Johns Hopkins University



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Susan Dentzer	Editor-in-Chief, <i>Health Affairs</i> ; Health Correspondent, <i>The News Hour with Jim Lehrer</i> , Public Broadcasting Service
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### COMMISSION STAFF:

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*The Commission on U.S. Federal Leadership in Health and Medicine* aims to address one of the most pressing challenges of our time: reforming and revitalizing the U.S. health care system and promoting and protecting Americans' health. As Robert F. Kennedy once said, "Few will have the greatness to bend history itself; but each of us can work to change a small portion of events, and in the total of all of those acts will be written the history of this generation." We hope that this collaborative work and the recommendations it has produced will help to foster a spirit of opportunity, innovation, and cooperation as the President and Congress work with the American people to achieve a healthier nation. Together, perhaps we will find a way to bend history.

Susan J. Blumenthal, MD, MPA  
Project Director and Commission Co-Chair  
Director, Health and Medicine Program



## CENTER FOR THE STUDY OF THE PRESIDENCY AND CONGRESS

President: David M. Abshire, Ph.D.

The Center for the Study of the Presidency and Congress, founded in 1965, is a non-profit, non-partisan 501(c) (3) organization. The Center serves as the institutional memory of that high office, and applies the lessons of history to the challenges faced by the President and Congress.

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- Promote leadership in the Presidency and the Congress to generate innovative solutions to current national challenges;
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Health is vital to the economy, productivity, and national security of the United States. From the beginning of our nation's history, Presidents have played a significant role in steering a course of action for the health of the Nation. Applying lessons from previous Presidents and Administrations, the Health and Medicine Program of the Center for the Study of the Presidency and Congress (CSPC) frames health care challenges and opportunities for the President and Executive Branch of government, and crafts recommendations to enhance public policymaking.

The program examines such health issues as re-engineering the health system to increase access, effectiveness, equity, efficiency and decrease costs; health disparities; the chronic disease epidemic; funding for biomedical research; medical ethics; the impact of globalization with the threat of bioterrorism and emerging diseases such as avian flu and obesity; and the potential for health diplomacy and peace-building through health.

The program is currently coordinating the *Commission on U.S. Federal Leadership in Health and Medicine: Charting Future Directions*. This initiative aims to generate innovative strategies and actions for the new Administration and the American public to consider for accelerating progress in science and medicine to improve the health of people in the United States and worldwide.



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