

A matter of life and death

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At a time in which many state and local governments are slashing public health spending, comes a new study in the journal *Health Affairs* linking increased spending by local health agencies to declines in rates of community mortality from preventable causes of death.

The report provides evidence of the relationship between comparatively modest public health investments and reductions in mortality from the leading preventable causes of death, including infant mortality and deaths due to cardiovascular disease, diabetes, and cancer.

According to estimates developed by the Centers for Medicare and Medicaid Services, national health expenditures are projected to increase from \$2.7 trillion in 2011 to \$4.6 trillion in 2020. This translates into health expenditures of \$8,649 for every man, woman and child in the US in 2011. Per capita health spending is projected to climb to \$13,709 in 2020.

While the federal government's share of health spending is expected to rise from its current level of 27 percent to 31 percent in 2020, projected spending on health will rise from 17.7 percent of gross domestic product in 2011 to 19.8 percent in 2020. In other words, in less than a decade one-fifth of the nation's economy will be devoted to health.

In 2010, the vast majority of the health expenditures were for downstream, curative hospital care, physician and clinical services, prescription drugs, and the public and private administration and net costs of health insurance (\$2.3 trillion). National health expenditures also include \$200 billion in investments in biomedical research, health professions education, and health facilities construction.

In contrast, less than five percent of all health expenditures were for upstream government public health activities whose aim is the prevention of disease and disability in the first place. To put matters in proper perspective, the \$86 billion spent on public health is less than what we currently spend on administrative overhead for medical care and health insurance – one recent report estimates that US physician practices annually spend \$82,975 per physician interacting with multiple insurance plans.

Government public health activities include state and local efforts to monitor community health status, investigate and control disease outbreaks such as periodic e coli and salmonella outbreaks, and educate the public about health risks and prevention strategies. Government public health also includes the enforcement of public health laws and regulations, such as the

Nevada Clean Indoor Air Act, and inspection activities, such as restaurant and hospital surveys, that ensure the safety and quality of water, food, air, and other resources necessary for health.

Public health activities are supported through a patchwork of funding arrangements that vary widely across states and communities – funding, as is the case during the current recession, typically unstable over time. At the state level, there are considerable differences public health spending. In 2010, per capita public health spending varied by a factor of more than thirty, ranging from a high of more than \$171 in Hawaii to a low of less than \$4 in Nevada. Further disparities exist across counties and communities within states.

The Health Affairs report, “Evidence Links Increases in Public Health Spending to Declines in Preventable Death,” examines spending patterns and mortality rates within the service areas of the nation’s nearly three thousand local public health agencies over a thirteen-year period.

The study found that communities with larger increases in public health spending experienced larger reductions in mortality from the leading preventable causes of death over the past decade. Moreover, the positive relationship between increased spending and improved community health outcomes persisted after accounting for differences in access to medical resources, local economic conditions, and other community characteristics.

The report’s authors are quick to note that “more money by itself is unlikely to generate significant and sustainable health gains” since spending, per se, is no guarantee that those resources will be efficiently and effectively used by local agencies. They note that abundant evidence suggests that the quality and efficiency of public health practice has considerable room for improvement to ensure that scarce public health dollars are spent wisely.

Nonetheless, their research supports the argument that spending on local public health activities is a prudent investment and that “the recent recession-driven reductions in state and local support for public health activities are likely to have adverse health consequences over time unless they are offset with new spending.”

We live in a time in which a vocal minority of our citizenry insists that governments have no business making investments of any kind, including the nickel out of every health dollar currently spent on public health. The Health Affairs report is a powerful reminder that such investments are literally a matter of life and death.

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