

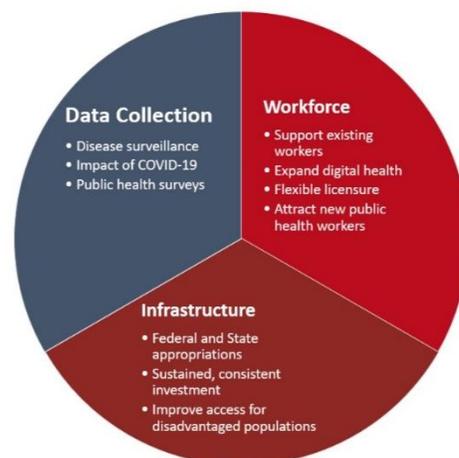


## Building and Sustaining a Robust Public Health Infrastructure

### *The American Heart Association's Position*

The American Heart Association (AHA) supports:

- Provision of strong, sustained funding for the public health infrastructure
- Expanding, enhancing, and protecting the public health workforce
- Investing in modernization of public health data collection for surveillance systems and survey technologies
- Continued funding and support for surveys such as NCHS, NHIS, and NHANES



Specifically, the AHA emphasizes:

- A robust public health infrastructure enables communities, states, and the nation to engage in critical public health activities such as the prevention of chronic illness, infectious disease, injuries, and response to public health threats and environmental hazards.
- Public Health Infrastructure has been chronically underfunded, and the effects of this neglect have been highlighted by the difficulty the US faced in responding to the COVID 19 pandemic.
- Funding supports training, recruitment, and retention of a proficient workforce, modernized data collection and management, and implementation of impactful, scalable long-term health promotion and disease prevention initiatives.
- AHA regards the expansion and modernization of our nation's public health infrastructure as a critical component of our fight against heart disease and stroke.
- Sustained federal funding is required to prevent and manage chronic disease, address social risk factors, and respond to pandemics that threaten the health and safety of Americans.
- A robust Public Health Infrastructure is crucial to addressing the significant health inequalities present in the US.

#### Fast Facts:

1. 6 in 10 adults have a chronic disease, and 4 in 10 are living with two or more chronic diseases.<sup>1</sup>
2. Those with chronic disease, such as cardiovascular disease, hypertension, and diabetes, are more likely to have negative health outcomes from infectious disease<sup>2</sup>
3. The burden of disease is growing faster than our ability to ease it, increasing strain on the health care system and negatively impacting health care costs, workforce productivity, educational outcomes, military readiness, and overall well-being.<sup>3</sup>
4. Racial and ethnic minorities are more likely to suffer from chronic conditions and develop multiple chronic conditions than their white counterparts.<sup>4</sup>
5. 90% of the nation's \$3.8 trillion in annual health care costs are for people with chronic and mental health conditions.<sup>5</sup>
6. A 2017 systematic review of public health spending in high-income countries, including the US, suggests public health interventions are "substantially cost saving ... [and] offer a considerable ROI [return on investment]".<sup>6</sup>

For more information and resources from the American Heart Association's policy research department, please visit [www.heart.org/en/about-us/policy-research](http://www.heart.org/en/about-us/policy-research).

## Policy At A Glance: Public Health Infrastructure

### References

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- <sup>2</sup> Bae S, Kim SR, Kim M-N, Shim WJ, Park S-M. Impact of cardiovascular disease and risk factors on fatal outcomes in patients with COVID-19 according to age: a systematic review and meta-analysis. *Heart*. 2021;107(5):373-380. doi:<http://dx.doi.org/10.1136/heartjnl-2020-317901>
- <sup>3</sup> Heidenreich PA, Trogdon JG, Khavjou OA, et al. Forecasting the future of cardiovascular disease in the United States: a policy statement from the American Heart Association. *Circulation*. 2011;123:933-944.
- <sup>4</sup> Ana R. Quiñones, Anda Botosaneanu, Sheila Markwardt, et al. Racial/ethnic differences in multimorbidity development and chronic disease accumulation for middle-aged adults. *PLoS One*. 2019;14(6):e0218462.
- <sup>5</sup> Buttorff C, Ruder T, Bauman M. [Multiple Chronic Conditions in the United States pdf icon](#)[PDF – 392 KB][external icon](#). Santa Monica, CA: Rand Corp.; 2017.
- <sup>6</sup> Rebecca Masters, Elspeth Anwar, Brendan Collins, Richard Cookson, Simon Capewell. Return on investment of public health interventions: a systematic review. *Journal of Epidemiology and Community Health*. 2017;71(8):827-834. doi:<http://dx.doi.org/10.1136/jech-2016-208141>