

POLICY RECOMMENDATIONS

Findings from GBD 2010 and IHME's studies of health outcomes in US counties reveal that the US lags behind many countries with similar levels of wealth and health spending. GBD 2010 found that many Americans' lives are cut short by causes such as ischemic heart disease, lung cancer, stroke, COPD, road injuries, suicide, and diabetes. Many of these premature deaths could be prevented through the reduction of key risk factors, such as healthier diets, less smoking, reduced alcohol and drug use, weight loss, and the prevention and treatment of high blood pressure and high blood sugar. As a result of population growth and aging, the US faces a rising toll of disability, especially from mental, behavioral, and musculoskeletal disorders. Across the US, there is marked variation in life expectancy with some of the worst-off counties showing little improvement in 25 years. Analyses of the nexus of obesity and physical activity at the local level suggest that some communities have made progress in improving physical activity, yet nearly all communities have seen obesity increase in the last decade.

This analysis of health patterns and trends in the US can be seen as the first step toward a blueprint for policy change. It provides clear comparisons between the US and peer countries over time and among counties within the US to highlight important health challenges that deserve further attention. When reviewing this analysis, three overarching policy considerations emerge, each with a variety of pathways that could yield improved health outcomes if matched carefully to a community's particular health profile and effectively implemented. These are changes that could occur at the federal, state, or local levels, and each would need to be considered carefully to find the right scope. We highlight some of the possible policy options below.

Focus public health initiatives and cross-sector collaboration on key modifiable risks, diseases, and injuries

- Incentivize changes in diet to increase beneficial components such as fruit, nuts and seeds, vegetables, seafood omega-3 fatty acids, whole grains, and fiber, and discourage intake of sodium, processed meat, trans fats, and sugar-sweetened beverages. Incentives and disincentives can take many forms including: subsidies, taxes, regulatory restrictions such as for salt in processed foods or bans on trans fats, or rewards for consumer purchasing. The form of incentives and disincentives should be tailored to local community contexts.
- Reinvigorate tobacco monitoring and control efforts, especially in communities that still have high levels of tobacco consumption. Control efforts could include tobacco taxation, labeling, bans on tobacco advertising and sponsorships, and expansion of clean air spaces. They also could include innovations in programs intended to help smokers quit.

- Learn from successful models in the US for promoting physical activity and, in areas that have not been successful, create a physical and social environment that encourages and rewards increases in physical activity. Efforts to promote physical activity should target both children and adults.
- Reduce harmful drinking and alcohol-related road traffic injuries through locally appropriate measures such as drunken driving enforcement, ignition interlocks for persons convicted of driving while intoxicated, alcohol taxation, and restricted sale points.
- Accelerate reductions in road traffic injuries through a range of proven interventions, including enforcement of primary seatbelt laws, traffic calming, and road engineering.
- Focus on long-term research that will address the underlying mental and behavioral disorders that can lead to suicide, while considering shorter-term measures that would restrict access to common methods of suicide, such as firearms or toxic substances like pesticides and other chemicals. Strategies to effectively reduce alcohol and drug dependence and to actively counsel those who have attempted suicide can also be effective approaches to suicide prevention.

Improve the effectiveness of primary health care in managing key causes of disability and modifiable risk factors

- Use proven intervention strategies to maximize the effective management of mental, behavioral, and musculoskeletal disorders in the primary care setting.
- Maximize the opportunity for primary care providers to help patients modify their behavior to reduce the risks associated with alcohol use, physical inactivity, and overweight and obesity, and help patients effectively manage high blood pressure, blood sugar, and cholesterol through multiple mechanisms including pharmacotherapy.
- Facilitate more effective primary care for these diseases and the mitigation of risks through careful monitoring of outcomes and rewarding progress.

Accelerate research and development for key causes of disability and behavioral risk factors

- Invest in research and development to expand the set of effective options to prevent, treat, and manage major causes of chronic disability as even optimal delivery of the available interventions for mental and behavioral disorders, musculoskeletal disorders, and other major causes of disability will leave a large and growing volume of disability in the US.
- Research the drivers of individual behavioral choice and carefully evaluate policy initiatives to modify these behavioral risks given that much of the burden of disease in the US is caused by risk factors related to individual behaviors.