

THE NEW CENTER

Policy Paper

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How Can Americans Live Longer, Healthier Lives?

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ABOUT THE NEW CENTER

American politics is broken, with the far left and far right making it increasingly impossible to govern. This will not change until a vibrant center emerges with an agenda that appeals to the vast majority of the American people. This is the mission of The New Center, which aims to establish the ideas and the community to create a powerful political center in today's America.

THE NEW CENTER

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NEW CENTER SOLUTIONS



Improve access to healthy foods and nutrition education



Encourage comprehensive addiction treatment and prevention



Promote greater opportunities for physical activity in schools, communities, and workplaces



Make medical schools, hospitals, and research facilities more inclusive to all Americans



INTRODUCTION

The U.S. boasts some of the best medical research facilities, most educated doctors, and most advanced hospitals in the world. America has been home to [106 Nobel laureates](#) in medicine and physiology alone, which includes both native-born Americans and immigrants who developed their research in American facilities and universities. This figure far surpasses any other nation, with the U.K. in second at 34 prize recipients. When the COVID pandemic hit the U.S. in 2020, American pharmaceutical manufacturers Pfizer and Moderna developed some of the world's most effective vaccines against the Alpha variant of COVID-19, all within a year.

Over the past century, America has built an exceptional engine for healthcare and scientific innovation and should be capable of providing the best treatment in the world. So why does America have so much trouble keeping people healthy? The U.S. ranks poorly against other wealthy countries on a range of health outcomes, including rates of preventable mortality, heart disease, cancer, and neurological disorders. Despite having the [largest nominal GDP](#) of any country in the world, the United States ranks [35th](#) in terms of health outlook according to Bloomberg's Global Health Index, which measures factors like frequency of health risks (smoking, high blood pressure, etc.), access to clean water, and malnutrition.

At the height of the COVID-19 pandemic in 2020, American life expectancy declined by a [year and a half](#), the most significant one-year drop off since World War II. But even before Americans accounted for [one-quarter](#) of global COVID infections, annual growth in U.S. life expectancy had been sluggish for several years, as the nation struggled through high rates of chronic illnesses, drug overdose deaths, and suicide.

Heart disease, the leading cause of death in the U.S., claims [655,000 lives](#) and costs the country [\\$219 billion](#) each year. For many people, chronic conditions such as heart disease are avoidable through healthy lifestyle choices. The most impactful solution to enhancing American quality of life over the next decade is to prevent illnesses before they develop; the impact of preventative care is so great that an estimated [one in twelve](#) premature deaths could be avoided through regular exercise.

But Americans—more so than people in other high-income OECD countries—do not make healthy choices. At the same time, it's not so simple for individuals to fix this on their own. It is incredibly difficult to stay active when the [majority of Americans](#) work eight-hour days at sedentary jobs, and [millions of Americans](#) live closer to a fast-food chain than to a grocery store.

Comprehensive approaches to preventative care—like encouraging physical activity in schools and workplaces, promoting access to supermarkets with fresh foods, and treating drug addictions—can help avoid healthcare issues before they manifest in our clinics and hospitals. Agency-led and community-based changes could significantly reduce Americans' risks of developing devastating cancers, chronic illnesses, and neurological disorders. In this paper, the New Center outlines one critical element of healthcare that is often under-discussed when trying to prolong and improve the lives of Americans—comprehensive preventative care for chronic illnesses.

THE IMPACT OF CHRONIC ILLNESSES

According to the National Institutes of Health, the U.S.'s biggest health challenges include: chronic illnesses (primarily heart disease and diabetes), cancer, opioid addiction, and infectious diseases. Nearly [one-third of U.S. adults](#) have two or more chronic illnesses—notably higher than the OECD average. Chronic conditions are also leaving Americans vulnerable to a host of comorbidities; recent [CDC research](#) suggests that the prevalence of chronic conditions contributed to the enormous toll the COVID-19 pandemic took on the American public.

Some of the most common chronic illnesses in the U.S. are as follows:

- Heart disease is the leading [cause of death](#) in America. According to the [CDC](#), “more than 868,000 Americans die of heart disease or stroke every year—that’s one-third of all deaths. [Heart disease and strokes] take an economic toll, as well, costing our healthcare system \$214 billion per year and causing \$138 billion in lost productivity on the job.”
- Cancer is the second leading cause of death, killing almost 600,000 Americans every year. The National Cancer Institute found that the national cost of treating cancer was [\\$208.9 billion](#) in 2020 and is expected to rise to [\\$246 billion](#) by 2030. According to Trinity Health, [30-40%](#) of cancer diagnoses could be prevented through better diets and lifestyle changes.
- Diabetes affects more than 34.2 million Americans, and another 88 million ([one in three](#) adults) have prediabetes. Most people don’t know they are at risk of developing diabetes, and an expected [one in five](#) Americans will have it by 2025. Diabetes increases the odds of heart disease, stroke, kidney failure, loss of extremities, and blindness. Those diagnosed with diabetes accrue an average of [\\$16,750](#) in yearly medical expenses. Type II diabetes (which accounts for [90-95%](#) of adult cases) is preventable by screening for prediabetes and improving diet and exercise habits. Even once individuals develop the illness, these lifestyle changes can [improve blood glucose control](#) and disease expression and progression.
- Arthritis affects [22% of adults](#) in the United States and half of all people over 65. It often manifests as chronic pain in the joints and muscles, making it the [leading cause of work disability](#) in the U.S.
- Alzheimer’s disease, the most common cause of dementia (severe cognitive decline), is a progressive brain disease that affects about 5.7 million Americans, primarily those over 65. While Alzheimer’s appears to have a [genetic component](#), [one in three cases](#) are suspected to be linked to lifestyle habits like smoking and excessive alcohol consumption. The cost of treating Alzheimer’s to Medicare and Medicaid alone could reach [\\$700 billion](#) by midcentury, representing almost 20% of the entire federal budget.



60%

of American adults have a at least one chronic illness

70%

of deaths in the U.S. can be attributed to a chronic disease

90%

of healthcare dollars in the U.S. are spent on chronic disease

In some ways, the prevalence of diseases like heart disease and diabetes actually reflects the progress made within the healthcare field over the last century. In 1900, the U.S. life expectancy was 47 years old, with the [leading causes of death](#) being infectious diseases like pneumonia, influenza, and tuberculosis. The global medical community focused on treating and preventing those illnesses, with the first effective treatment for tuberculosis developed by American scientist Selman Waksman and his team of students in 1943. Because many of America's most common chronic illnesses develop slowly and eventually affect older individuals, such illnesses grew in prevalence following the development of antibiotics and growth in life expectancy.

Today, widespread chronic conditions are incredibly costly, both for the government and for individuals. According to chronic illness research from the Milken Institute, medical costs and loss of productivity estimates amounted to [\\$3.7 trillion dollars](#) in 2016. Obesity was one of the largest contributors to high costs, totaling \$1.7 trillion, or nearly half of the total cost. Around eight percent of healthcare spending was attributed to cigarette smoking, with 60% of that cost paid by tax dollars through Medicare and Medicaid. And this problem isn't going away any time soon; [empirical research](#) from Brooklyn College and Fordham University suggests that the prevalence of obesity, chronic conditions, and disease-related financial burdens is expected to rise over the next several decades.

HEALTH DISPARITY IN AMERICA

In 1962, President John F. Kennedy sent a [Special Message to Congress](#), in which he called good health “a prerequisite to the enjoyment of 'pursuit of happiness.'” Many of the health needs of the time weren't dissimilar from the issues we face today. The cost of care was high (this was especially challenging for elderly Americans, as Medicare had yet to be passed), mental illness was stigmatized, immunization rates were lagging despite the development of vaccines, and there were widespread health disparities between different parts of the country.

Kennedy concluded his message with a decisive call to action: “Whenever the miracles of modern medicine are beyond the reach of any group of Americans, for whatever reason... we must find a way to meet their needs and fulfill their hopes. For one true measure of a nation is its success in fulfilling the promise of a better life for each of its members. Let this be the measure of our nation.”

Yet, to this day, Americans across different socioeconomic backgrounds have demonstrably disparate health outcomes. Prior to the COVID-19 pandemic, Kaiser Family Foundation ([KFF](#)) [data](#) showed that people of color often had disproportionately high rates of adverse health outcomes across a range of measures, including infant mortality, pregnancy-related deaths, mental health struggles, and chronic conditions.

As of 2020, life expectancy among Black men (68.3 years) is more than [seven years lower](#) than that of White men (75.5 years). This disparity is also notable among other minorities and across different income levels, with the richest Americans living an average of [14 years longer](#) than the poorest Americans.

The pandemic has exacerbated health problems in communities that already lacked sufficient healthcare. According to [CDC estimates](#) from July 2021, American Indians and Alaska Natives were 5.3 times more likely to be hospitalized for COVID-19 than non-Hispanic Whites. Non-Hispanic Black people, Hispanic, and Latino people experienced about 4.7 times the rate of hospitalization of non-Hispanic Whites.

People living in rural areas, about one-fifth of Americans, also face higher rates of disease burden and greater barriers to care. Rural Americans are more likely to suffer from premature death from heart disease, diabetes, substance abuse, infant mortality, HIV, cancer, and a range of other health issues. These adverse outcomes can be partially attributed to the fact that rural Americans are more likely to be older, uninsured, living below the poverty line, and located far away from healthcare providers. According to the [CDC](#), rural Americans are also more likely to die from preventable illnesses:

“By 2017, 21.7% of cancer deaths in the most rural counties were potentially preventable, compared with 3.2% in the most urban counties... 44.9% of deaths from heart disease in the most rural counties were potentially preventable, compared with 18.5% in large fringe metropolitan areas... 57.1% of deaths from chronic lower respiratory disease in the most rural counties were potentially preventable, compared with 13% in the most urban counties.”

Additionally, women and people of color are historically less likely to be represented in the medical innovation process, like being subjects in medical trials or receiving funding for treatments geared toward their demographic. For example, from 1977 to 1993, the FDA [banned](#) clinical researchers from using women of childbearing age as research subjects, primarily to avoid any harm that could come to an unborn child if a research subject was unknowingly pregnant. Majority-male and male-only studies gave rise to a very poor understanding of how ailments and treatments impact women, with devastating effects. [Eight of the ten drugs](#) removed from the market from 1997 to 2000 were pulled because of unexpectedly adverse reactions in women.



NEW CENTER SOLUTIONS

The so-called “social determinants of health” are factors that arise from the place you live, study, work, and play and influence your health. A person’s environment (e.g., access to fresh foods, clean water, affordable gyms, and safe places) and socioeconomic status (e.g., income, education, and marital status) can dramatically improve or reduce their odds of good health.

The trouble with promoting preventative care for chronic illnesses is that many of the most impactful solutions come from improving Americans’ social determinants of health, which often lie outside the traditional bounds of the healthcare system.

However, when nearly 40% of U.S. deaths are caused by preventable illnesses, preventative care could be the most revolutionary reform to the American healthcare system. To accomplish these goals, America would need to overhaul its infrastructure to provide clean water and healthy foods, redouble our efforts to eliminate cigarette smoking, and ensure all Americans can achieve a livable wage to afford a gym membership, housing, and time for mental health breaks. That’s a tall order, but there are bipartisan, actionable steps that can be taken to promote a more innovative and effective healthcare system.

If America really wants to promote longer, healthier lives, it needs to ensure every American has access to:



Healthy foods and nutrition education, through the elimination of “food deserts,” health food subsidies for low-income Americans, and K-12 nutrition programs in schools.



Comprehensive treatments for addictions, by providing unbiased care and evidence-based medications for those in recovery, cutting off illicit and corporate pipelines for drug addictions, and educating young people about substance abuse prevention.



Opportunities for physical activity, by implementing workplace, community, and K-12 wellness programs, and providing Americans with local opportunities and incentives for exercise.



Inclusive medical care, by encouraging people of all backgrounds to pursue the fields of medicine and health research. This could involve emphasizing diversity in premedical programs, providing scholarships, and promoting holistic medical school admissions review processes.

HEALTHY FOODS AND NUTRITION EDUCATION

A 2017 [Tufts University study](#) estimated that more than 318,000 deaths annually are hastened by unhealthy eating, which often paves the way for chronic illnesses. Additionally, an estimated [one-third](#) of cancers are linked to poor diet. In 2019, [a study](#) funded by the National Heart, Lung, and Blood Institute estimated that Americans' poor diets contributed \$50 billion in annual healthcare costs, due to chronic illnesses such as heart disease, stroke, and Type II diabetes. And as Americans have sought to combat the rise in obesity, fad diets and treatments have taken hold—the weight loss industry is now worth more than [\\$72 billion](#) annually.

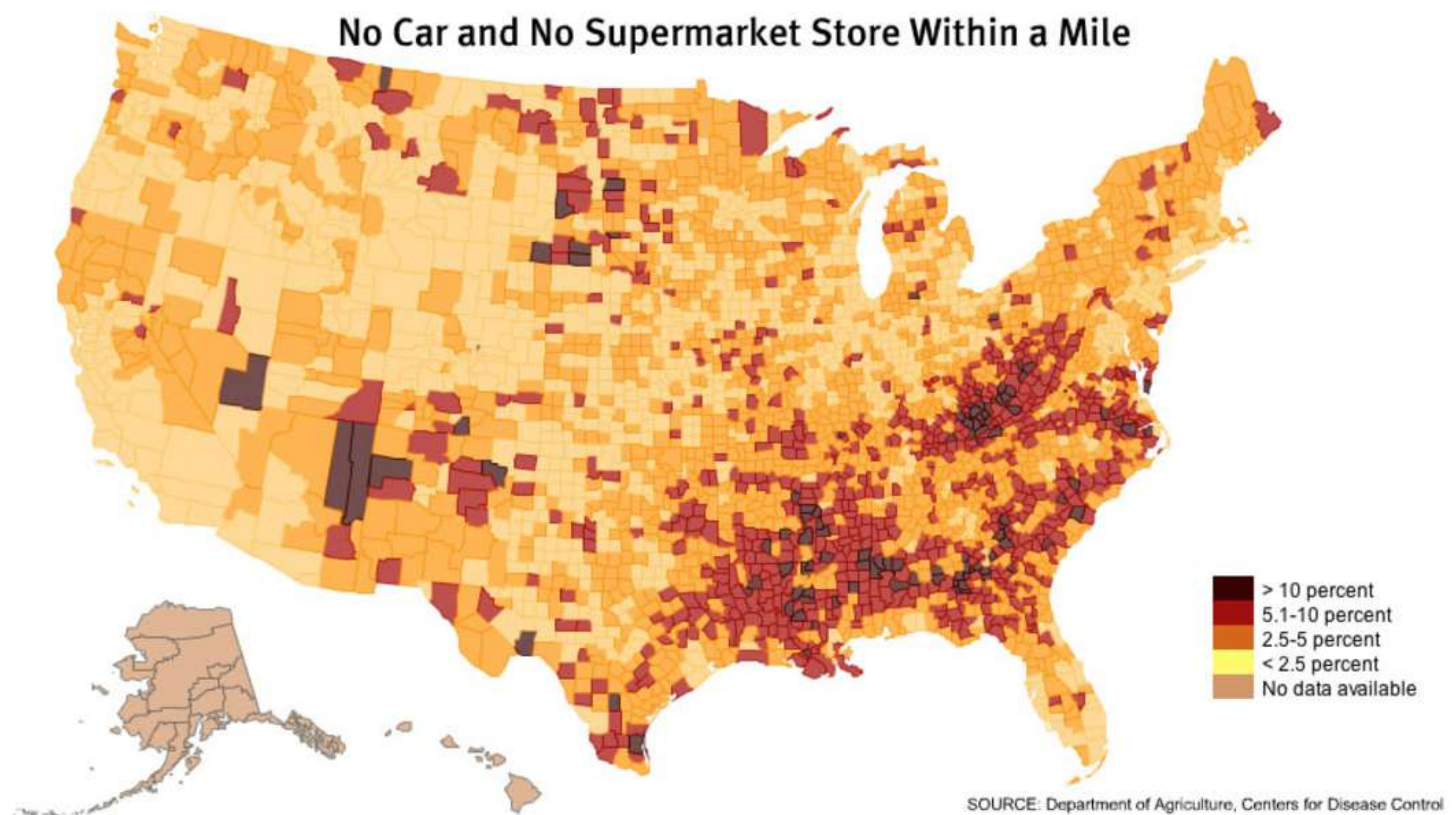
Yet, we aren't losing weight. In 2018, [42%](#) of American adults were obese, which is 12 percentage points higher than in 2000. Diet fads have largely been popularized over comprehensive nutrition education. For example, since the 1980s, low-fat and fat-free products have flooded grocery store shelves, emphasizing that lower-fat products are more likely to decrease weight and improve heart health. However, in reality, food manufacturers replace the animal fats in full-fat products with [hydrogenated vegetable oils and sugar](#), which can raise bad cholesterol, lower good cholesterol, and contribute to the development of chronic diseases.

The largest problem, however, is that Americans are simply eating more calories than they can burn. According to the U.S. Department of Agriculture, Americans ate almost 20% more calories in 2000 than they did in 1983, due in part to a boom in meat, fat, and grain consumption. There are a couple of primary sources of the rise in excess caloric intake—Americans are eating out more than ever before (the CDC estimates that [one-third of Americans](#) eat fast food or pizza every day), portion sizes are [four times larger](#) than they were in 1950, and healthier foods are often [more expensive](#) and [less convenient](#) than fast food.

We need to improve access to healthier foods and improve health education. There are many potentially impactful solutions, but a good place to start would be to:

1. ELIMINATE FOOD DESERTS

[Eighteen million people](#) in America live in “food deserts,” geographic regions that are a far distance from healthy foods like fruits and vegetables. In food deserts, people are much more likely to have access to convenience stores and fast food chains than grocery stores with a variety of fresh foods. This issue is compounded by the fact that the majority of food deserts are in the poorest socioeconomic status areas, where car ownership is lower and public transit is limited. Fast food restaurants are also abundant in food deserts, particularly in urban areas. People who live in the poorest socioeconomic areas have [2.5 times the exposure](#) to fast-food restaurants as those living in the wealthiest areas.



One innovative solution to this problem has been offered in Baltimore, Maryland since 2010. The Baltimore City Health Department allows residents to shop in “virtual supermarkets,” from which people may order groceries online and pick them up in locations around the city, such as libraries, senior centers, and apartment complexes. The city partners with grocery chains and covers the cost of the delivery, and low-income residents can pay for the groceries with Electronic Benefit Transfer cards. A [BMC Public Health survey](#) of the Baltimore Virtual Supermarket program found that “86 out of 93 survey respondents (92.5%) believed that the Virtual Supermarket likely makes it easier for them to eat healthy.”

2. MAKE HEALTHIER FOODS MORE AFFORDABLE

According to a study from the Harvard School of Public Health, the healthiest diets (i.e., ones high in fish, vegetables, and fruits) cost an average [\\$1.50 extra](#) a day than the least healthy diets (ones high in processed foods and meats.) So it is unsurprising that individuals with lower incomes are more likely to buy more affordable, but higher-calorie meals. Programs that ease the financial burden of eating healthy have shown [positive results](#) in the past, and many solutions are able to encourage healthy eating at little cost to the public.

The Medicare and Medicaid programs may be an effective means to help Americans living paycheck-to-paycheck afford healthy foods, a [2019 Tufts University study suggests](#). The study simulated the cost-effectiveness of a 30% subsidy on foods like fruits, vegetables, seafood, whole grains, and nuts, in an effort to reduce the incidence of cardiovascular disease and diabetes, improve individuals' quality-adjusted life years, and reduce government spending and patient health costs. This subsidy would provide a "healthy food prescription," whereby Medicaid and Medicare recipients would be given an electronic debit card that covered 30% of the cost of approved foods. The results indicated that the program could prevent 3.28 million cases of cardiovascular disease and 120,000 cases of diabetes, and provide 8.4 million additional quality years of life to the U.S. population. This program is also estimated to save \$100.2 billion in formal healthcare costs.

3. COMPREHENSIVE NUTRITION EDUCATION

American K-12 students receive [less than 8 hours](#) of mandatory nutrition education each year, despite multiple studies showing that students need [significant exposure](#) to health education (40-50 hours each year) to meaningfully affect dietary habits. The CDC has [recommended](#) many innovative nutrition programs that could be integrated into school curricula, including:

- Integrating nutrition into other subjects, such as helping students learn fractions by learning a recipe, or teaching biology and ecology by examining the growing process of fruits and vegetables.
-
- 2. Farm-to-School programs, whereby local farmers help supply healthy foods for school lunches, as well as integrating fresh foods into school cooking programs, farm field trips, and gardening. A study published in the [Journal of Nutrition Education and Behavior](#) found that farm-to-school programs increased students' access to fruits and vegetables during lunchtime and their knowledge of nutrition and agriculture.
- School gardens, which [have shown](#) to improve students' knowledge of nutrition, increase their willingness to try new foods, and promote positive attitudes about the foods they grow. In fact, in a [Journal of School Health review](#) of 12 studies measuring the impact of school gardens, all 12 studies found that the presence of a school garden increased students' intake of fruits and vegetables. School gardens allow students to plant seeds, grow their own foods, and taste-test the fruits of their labor. From farm field trips to classroom gardens, innovative approaches that drive excitement in students can create lasting, healthy changes in consumption behaviors and, eventually, health outcomes.



COMPREHENSIVE TREATMENT FOR ADDICTIONS

According to the CDC, nearly [21 million people](#) in the U.S. have at least one addiction to drugs or alcohol, yet nine out of ten never seek treatment. And despite advancements in treating addiction over the past twenty years, drug overdoses have more than tripled since 1990 and cost the American economy \$600 billion each year. Drug crises pile on each other, and the public health burden gets heavier each time. Before the pandemic, more than 130 people died daily—more than 47,000 people a year—from an overdose involving opioids in America. An estimated [11.4 million people](#) misused opioids in 2017, including 11.1 million prescription drug misusers and 886,000 heroin users. This issue has only gotten worse recently—according to the [Commonwealth Fund](#), “Experts predict that around 90,000 people died of a drug overdose in 2020, setting a sobering record of the highest number of deaths and largest increase in one year.”

Though recent efforts by legislators, doctors, and patients have worked to curb this epidemic, opioid-involved deaths still outpace annual deaths from HIV/AIDS, firearms, and car crashes. There are so many interlocking social and economic factors driving addiction—not to mention the sordid practice of a few pharmaceutical companies aggressively marketing drugs—that we can’t just blame individual failings. Addressing these issues calls for complex, evidence-based solutions that are specific to the type of addiction that needs to be treated. However, some underlying principles remain in curbing all forms of addiction in America:

1. LIFT THE STIGMA OF ADDICTION

Healthcare workers may harbor negative feelings towards addicts, which makes them less likely to seek treatment. A [recent study](#) from the American Society of Addiction Medicine found that emergency physicians held patients with substance use disorders in lower regard than patients with other, non-drug-related behavioral health issues. America has several effective treatments for opioid and alcohol use disorders, which could prevent many of the more than [700,000 drug overdose](#) deaths that occurred since 1999, but utilization rates are still low.

2. TREAT CURRENT ADDICTIONS LIKE TRADITIONAL ILLNESSES

Addictions should not be seen as a moral or spiritual failing, but rather, as any other illness in need of treatment. There are many medications available for the treatment of addictions which have struggled to gain popularity, either due to legal, insurance, or procedural hurdles. For example, several studies have documented the effectiveness of methadone and buprenorphine for retaining opioid addicts in treatment programs and deterring the use of illicit opioids. Despite wide evidence corroborating the drugs’ efficacy, “limited insurance coverage and a lack of qualified medical personnel” ([Pew Trusts](#)) restricts many people from accessing these vital treatments.

Medicaid and several private insurance companies either don't cover the drugs, have lengthy prior authorization requirements, or place them in the high cost-sharing tier. A huge part of treating addictions requires public and private insurance plans to cover evidence-based treatments and reduce barriers like prior authorizations and time limitations as they would for drugs to treat cancer, asthma, or similar illnesses.

3. CUT OFF THE SOURCE

Drugs come from various sources, each of which requires unique policy solutions. For example, drug smuggling efforts are concentrated in countries like [Mexico, Colombia, and China](#) and the drugs primarily pass through legal ports of entry, but because the data is incredibly [difficult to quantify](#), writing evidence-based public policy is challenging.

However, by far the [most prevalent](#) life-shortening drug within the U.S. border is nicotine. On April 29, 2021, the FDA proposed a ban on menthol cigarettes—the last available flavor additive—and all flavors in cigars. Menthol serves a dual purpose in cigarettes: it masks unpleasant flavors in tobacco products and produces a cooling effect that [suppresses the cough reflex](#), allowing smokers to inhale more deeply and increase their exposure. [Studies from the FDA](#) have shown that menthol increases the appeal of tobacco and facilitates progression to regular smoking, particularly among young people. When [88% of smokers](#) report having started smoking before the age of 18, preventing youth smoking initiation is especially critical to preventing lifelong addictions. It is vital that the FDA enacts this measure. According to a [study from researchers](#) at the University of Waterloo, the U.S. banning menthol could lead an estimated 930,000 smokers to quit within the first 13 to 17 months.

4. EDUCATE YOUNG PEOPLE

According to a [RAND study](#) of school-based substance prevention programs, drug intervention programs can be effective in deterring drug use—depending on the program. The Substance Abuse and Mental Health Services Administration (SAMHSA) [recommends](#) eliminating interventions that offer a questionable return on investment. The cost-analyzed, evidence-based new versions of the DARE program, called “Here’s Looking At You” and the “Adolescent Substance Abuse Prevention Study,” have resulted in better outcomes for students, and therefore, better cost-benefit ratios for teenage drug programs.



OPPORTUNITIES FOR PHYSICAL ACTIVITY

In 2020, the Centers for Disease Control released the results of a five-year survey of Americans' exercise and activity levels. Across all 50 states, at least [15% of adults](#) reported being physically inactive, and in some parts of the country, nearly 50% of adults self-report not exercising at all. With changes in the nature of work, people are spending more time than ever at their desks and behind computer screens. An estimated [80%](#) of today's jobs are sedentary or require little physical activity, as opposed to only 50% of all jobs in 1960.

Physical activity—even just a brisk walk each day—has a well-documented impact on health for people of all ages. Harvard Health [states](#) that there are decades of research finding that, “adding as little as half an hour of moderately intense physical activity to your day can help you avoid a host of serious ailments, including heart disease, diabetes, depression, and several types of cancer, particularly breast and colon cancers.” Exercise can also have a more [immediate impact](#); it can help improve cognition, promote better sleep, and produce more serotonin (a so-called “happy chemical” that helps regulate our moods and feelings of wellbeing). Potentially impactful solutions to promoting exercise in children and adults include:

1. ENCOURAGE PHYSICAL ACTIVITY AT WORK

According to the [CDC's review](#) of nearly 50 peer-reviewed studies, “multicomponent worksite obesity prevention programs are cost effective and improve health within 5 years.” The programs generally focus on allowing workers to take paid breaks for walking, biking, or stretching throughout the day to improve both physical activity and [productivity](#) in the workplace. A 2008 survey of almost 200 companies found that after implementing a wellness program, companies saw a [41% increase](#) in productivity, with employees working more efficiently and saving more in healthcare costs.

However, the utilization of workplace wellness programs is still lagging. The federal government and states can begin encouraging private employers to implement exercise breaks by rolling out their own programs. According to the Office of Personnel Management, federal agencies [vary greatly](#) in their implementation of wellness programs, despite federal mandates to provide certain services. And as of August 2021, the [majority of states](#) do not have legislation encouraging public employers to implement wellness programs.

Massachusetts has comprehensive public workplace programs and encourages all state employers to use their “[Worksite Wellness Program Toolkit](#),” which offers evidence-based techniques to encourage physical safety and activity, stress management, and substance abuse reduction. The state also rewards small businesses that implement a certified workplace wellness program with the Massachusetts Wellness Tax Credit Incentive, which covers 25% of the cost of wellness programs up to \$10,000 annually.

2. ENCOURAGE PHYSICAL ACTIVITY AT SCHOOL

In 1956, President Dwight D. Eisenhower established the Presidential Fitness Challenge—the annual test where children are asked to reach past their toes, do pull ups, and run a mile. The President was increasingly concerned that American children appeared to be much less fit than their European counterparts. While it was an earnest attempt to improve physical activity in childhood, the program has left a [legacy of shame](#) for students that performed poorly, and isn't a comprehensive measure of childhood health.

A 2019 [Economics of Education report](#) focused on Texas's Fitness Now program—a \$37 million endeavor to improve middle school fitness by requiring daily P.E. participation—found that the state's current curriculum had no positive impact on children's fitness levels, and may have increased levels of gym class-related truancy. In an effort to increase children's level of physical activity, many states have extended the mandatory time required in gym class. However, according to a [Cornell study](#), requiring kids to be in gym class an extra 200 minutes a week did not encourage significantly greater weight loss or physical activity during that time.

Often, the children most in need of outlets for physical activity are the most hesitant to participate in gym class, for fear of being ridiculed or picked last by their peers. [Studies have shown](#) that children who face teasing from their peers in gym class are less likely to stay physically active throughout life, with the effect being most pronounced with girls and kids with higher BMIs. Schools that are seeking to encourage healthy lifelong habits must also tend to children's psychological needs, as well as their physical ones.

The old system of gym class simply doesn't work for kids who aren't already star athletes. For example, even though childhood wellness groups like the Society of Health and Physical Educators (SHAPE) have [stated](#) that dodgeball undermines students' confidence and is not an appropriate physical education activity, it is still widely taught in gym classes. SHAPE argues that dodgeball and games like it “subverts the goal of physical education... to develop physically literate individuals who have the knowledge, skills and confidence to enjoy a lifetime of healthful physical activity.”

This means, instead of testing children on their ability to do pull-ups, school P.E. curriculums should include varied activities like aerobic dancing, karate, team and individual sports, unstructured play, and “[active gaming](#)” (allowing children to play video games like Dance Dance Revolution and Nintendo Wii). Part of encouraging life-long fitness habits is helping students to gain the skills they need to pursue fun activities. Rather than attempting a one-size-fits-all approach, allowing students to pursue their own interests raises the likelihood that they will [stay engaged during gym class](#).

According to [research](#) from SUNY Brockport, “curriculum has been found to be the most important consideration for both males and females in determining their attitude toward physical education.” Using an elective model of physical education (whereby students can choose from a list of activities to pursue) can “offer many advantages, including increased student participation, enthusiasm, and motivation.”

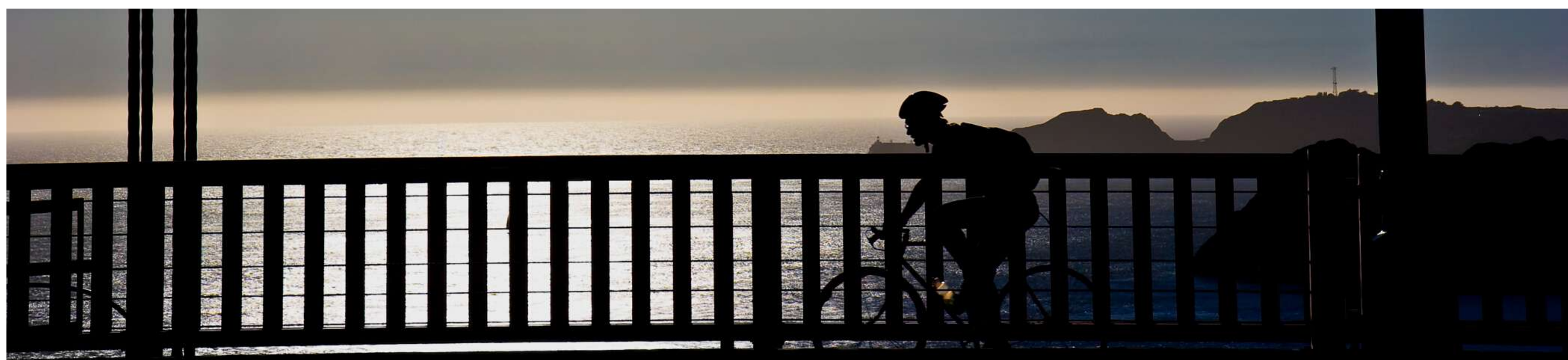
These choices can give students a sense of autonomy in their learning as well. When evaluating choice-based P.E. classes, researchers found that high school students had a more positive perception of gym class and were more likely to be active during their class block, when compared to “normal,” teacher-led physical education classes. [Research](#) from Salem State College also found that students reported wanting more choice in their physical education curriculum, as opposed to the most common model of teacher-directed curriculums. The survey found that students preferred “learning new games, skills, and activities for continued participation in adulthood,” instead of team sports-focused play.

3. IMPLEMENT COMMUNITY-BASED FITNESS PROGRAMS AND INCENTIVES

According to [research compiled](#) by the County Health Rankings & Roadmaps program, which is administered by the University of Wisconsin Population Health Institute, “there is strong evidence that fitness and exercise programs offered in community settings increase physical activity levels and improve physical fitness for participating adults and older adults particularly when these activities are offered with social support interventions.” These community programs are often provided to the public for free and are highly [cost effective](#) for communities to implement.

Hosting a variety of community programs can help attract people of all ages and backgrounds—younger adults are more likely to engage in [organized sports](#), while older adults can engage in classes like Tai Chi, which has shown to [improve balance](#), [reduce falls](#), and [enhance cognitive functioning](#) in elderly individuals. Additionally, [researchers](#) from the University of Arizona suggest that community programs should be inclusive and responsive to public feedback; for example, programs should occur in publicly desired settings, offer information through preferred forms of technology, and choose instructors that reflect the communities they serve.

Additionally, if an area doesn’t offer accessible community programs, the [Personal Health Investment Today \(PHIT\) Act](#) would help with affording a gym membership by enabling Americans to “use pre-tax dollars—flexible spending accounts (FSAs) and health savings accounts (HSAs)—to pay for health club memberships, fitness equipment, exercise videos, and youth sports leagues.” In 2018, the PHIT Act made it through the House of Representatives for the first time, but despite being a bipartisan bill, Congress adjourned before the Senate could vote. In 2019 and 2021, Representative Ron Kind (D-WI) and Senator John Thune (R-SD) reintroduced PHIT in the House and Senate (currently known as H.R.3109 and S.844.)



INCLUSIVITY IN MEDICINE

In the U.S., people of color are more likely to experience chronic disease, obesity, and premature death than their White counterparts. Black patients in particular have among the worst health outcomes, and experience disproportionately high rates of hypertension and stroke.

A 2018 [National Bureau of Economic Research study](#) also found that “approximately 60% of the difference in life expectancy between Black and White men is attributable to chronic diseases, which are amenable to primary or secondary prevention... Some examples are poorly controlled hypertension (associated with stroke and myocardial infarction), diabetes (associated with end organ disease including kidney failure), and delayed diagnosis of cancers.”

While many factors can contribute to disparate health outcomes, one clear problem is the lack of diversity among doctors and specialists. Black men and women make up around 13% of the U.S. population, but only four percent of all doctors. At the same time, a [National Bureau of Economic Research study](#) found that Black patients often fared better when they visited Black doctors.



Despite their differences, empirical analyses regarding the practice locations and patient populations of minority physicians have been remarkably consistent. Minority physicians tend to be more likely to practice in underserved areas and to have patient populations with a higher percentage of minorities than their white colleagues... Minority physicians tend to have a higher percentage of patient populations with lower incomes and worse health status and who are more likely to be covered by Medicaid.



— [Researchers](#) from the NIH for Behavioral and Social Sciences Research, UCLA School of Public Health, and the California Office of Statewide Health Planning and Development

In a 2002 survey, [18%](#) of Black high school sophomores reported that they aspired to be a doctor. This is great, because America is experiencing a dearth of doctors—there are an estimated [37,800 to 124,000](#) physician positions that will need to be filled by 2034. However, Black students are increasingly under-represented in medical school student bodies; in 1978, Black males accounted for just [3.1%](#) of all medical students, but accounted for just 2.9% of medical students in 2019.

Educational disparity starts early for Black male youths in particular. Non-Black teachers have [lower expectations](#) of success for Black students (e.g., the likelihood that they will attend college), an effect that is especially prevalent in math teachers' attitudes toward young Black males. Black teens are some of the least likely students to go to top-ranking high schools, participate in AP and STEM courses, and be admitted to “gifted” programs.

Black and Hispanic students are slightly [more likely](#) than their White counterparts to express an interest in studying science in college. Yet, Black and Hispanic males are the [least likely](#) demographic to enter into college, and are the [most likely](#) students to drop out of a four-year institution.

There is no easy solution for fixing this disparity in America's education system, but a few things are clear: America can take some common-sense steps to increase the diversity of the medical profession and address an impending doctor shortage. The Association of American Medical Colleges' (AAMC) [report](#), “Success Factors: How Black Males Navigate Pathways to Medicine,” underscores that building support networks of peers and mentors is critical to student success, which includes:

1. Encouraging students of color, including Black young men, to participate in premedical programs. Examples of these programs include Health Careers Opportunity Programs (HCOP), state-level initiatives such as the Texas JAMP program, and foundation-run programs such as the Summer Medical and Dental Education Program.
2. Providing more opportunities for medical school scholarships. The AAMC recommends “expanding programs that offer free tuition in exchange for service and that enhance programs like the National Health Service Corps.”
3. Reevaluating institutional policies. Medical schools shouldn't overemphasize standardized test scores in their admissions processes, but rather, should evaluate the student holistically. According to the [Urban Universities for HEALTH](#), holistic review processes have yielded “increased diversity, no change to student success metrics, and an improved teaching and learning environment.”



CONCLUSION

Many of the ideas in this paper sidestep the most contentious debates that have consumed Washington for years. They are targeted reforms that could help Americans live longer, healthier lives by reforming existing federal programs, scaling up initiatives that have been successful at state and local levels, and by getting more schools, businesses, and community groups engaged in promoting preventative care.

But even with these reforms, America will still have to confront the fact that tens of millions of people don't have access to basic healthcare services. In America, [one in ten people](#) forwent or delayed medical treatment in 2020 due to costs, and even now, one in ten Americans still don't have health insurance. This number is higher for certain services like dental care, where [24% of Americans](#) delayed or forwent treatment due to costs.

Every OECD country—[save the U.S.](#)—has made a national commitment to universal health coverage. At the same time, the United States spends [more than double](#) per person on healthcare than the OECD average. Additionally, only America has a steady flow of people who have [gone bankrupt](#) from medical debt. However, there are a variety of valuable proposed solutions to ensure that the remaining ten percent of Americans can secure health coverage, such as those presented by the [Congressional Budget Office](#), [Brookings](#), and the [Kaiser Family Foundation](#).

Preventative care is critical to public health and to improving the health of millions of individual Americans. It's time to move America from our sick care system to one that promotes and protects our health.



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