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Letters to Presidential Candidates

2016 and 2020

ASPPH ASSOCIATION OF
SCHOOLS & PROGRAMS
OF PUBLIC HEALTH

October 7, 2020

The Honorable Joe Biden
Biden for President
PO Box 58174
Philadelphia, PA 19102

Dear Vice President Biden:

Congratulations on securing the nomination of the Democratic Party for the office of President of the United States. Regardless of the outcome of the November 3 presidential election, the public health issues facing the United States and the world are increasingly serious and complex. They will test the President's ability to communicate effectively and to bring the country and the world together to make difficult policy choices and long-term investment decisions to achieve our shared vision of improved health for everyone, everywhere.

The Association of Schools and Programs of Public Health (ASPPH) is the voice of Council on Education for Public Health (CEPH)-accredited academic public health, representing 128 schools and programs of public health. Our mission is to strengthen the capacity of our members by advancing leadership, excellence, and collaboration for academic public health. The Association is committed to assisting our national leaders in successfully addressing public health challenges and opportunities. We welcome the opportunity to prepare for you and your staff:

- Briefings and white papers on key issues of interest by faculty experts
- Personnel suggestions as you complete your transition team and identify initial federal appointees and nominees
- Details on the Association's policy agenda and its rationale.

Presidential Leadership Needed

The current pandemic crisis has revealed a devastating set of leadership failures, the addressing of which are essential if the United States is to overcome the difficult public health challenges ahead. We believe that the country yearns for federal leadership on the public health problems we face. As both a candidate and as President you have an exceptional opportunity to reshape America's public health infrastructure and to help create a new culture of health, prevention, and preparedness. The result will be improved health, a stronger economy fueled by healthy workers, a more secure country, and renewed faith in America's leadership and ability to work together on critical issues.

*ASPPH believes it is imperative that the President of the United States value **science-based decision-making** at all levels of government. Recent efforts by political partisans and others with various agendas to distort or deliberately miscommunicate scientific research must end. The politicization of science, the rejection of evidence and advice from public health officials, and the derision of government and other scientists derail economic and social progress. As the leaders of the National Academies recently wrote, "Ending the pandemic will require decision-making that is not only based on science but also sufficiently*

transparent to ensure public trust in, and adherence to, sound public health instructions. Any efforts to discredit the best science and scientists threaten the health and welfare of us all.”

To successfully lead America’s public health effort, the Association urges you and your nominees and appointees to commit to leading the nation and world in addressing public health emergencies and in creating an environment in which public health can support optimal health for our communities and our nation. We believe the country is eager for federal leadership that:

- Respects science, peer-reviewed research, and data and their use in policy and decision making
- Nominates and appoints individuals with public health training to key leadership and advisory positions
- Communicates clearly and in concert with federal agencies and key stakeholders
- Works tirelessly to restore trust in federal science agencies and to encourage and reward federal scientists who “speak truth to power”
- Promotes transparency and respects the independence of critical scientific and regulatory bodies like the Food & Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC)
- Respects strong international organizations focused on health and advances global engagement and collaboration
- Leads a sustained national effort to eliminate health disparities and promote social justice
- Supports an investment and regulatory agenda that reflects our nation’s values and aspirations regarding health and wellness
- Treats every person with respect, regardless of political views, and seeks to be inclusive and a unifying force.

The Challenges Ahead: Opportunities to Make a Lasting and Deep Impact

With the world’s focus on the Covid-19 pandemic, it is critical that our national leaders recognize that infectious diseases are only one of many urgent public health challenges facing America. For example, non-communicable diseases (NCDs)—chronic conditions like cancer, diabetes, cardiovascular diseases, and chronic respiratory conditions—were responsible for more than 70 percent of global deaths in the years before the pandemic, and have made Covid-19 patients much more susceptible to the ravages of the virus. Regardless of the pandemic, NCDs are a challenge for all societies but are especially problematic for those in traditionally underserved communities and groups.

The Association’s policy positions (and related source documents) on various issues are available [online](#). The primary goals of the ASPPH advocacy program are to affect regulatory, legislative, and other policy issues that directly impact public health schools, programs, faculty, and students; give voice to the concerns of the academic public health community on policy issues that violate or affirm the values of our leaders, faculty, and students; and serve as a vital information resource on policy matters.

As President you will have an extraordinary opportunity to shape federal public health policy that can benefit a generation, saving lives and creating a culture of wellness. Your success will be driven by the

effective use of the Presidential “bully pulpit,” creative legislative and regulatory initiatives, and shaping the priorities of federal agencies. Areas in which you can have a major impact include:

Valuing Science and Research: We urge you to continue to value science as an input in policy making. We urge you to appoint only officials who share your appreciation for the role of research and evidence in policy. Current efforts by some to downplay the value of science as a key factor in the policy making process by censoring scientists, misrepresenting the scientific literature, and manipulating/restricting access to scientific information are intolerable. ASPPH supports the use of science and evidence to inform federal policies and emphatically opposes efforts to discredit or misrepresent scientific evidence for political gain.

ASPPH strongly condemns efforts to suppress scientific evidence and to disregard scientific studies or advice in policy making. Disregarding and/or suppressing science in policy making:

- Deprives the country of an agreed-upon set of facts from which to debate policy options
- Fails to acknowledge potential harm to public health (and their related costs) in selected policy choices
- Undermines trust in government, government employees, and policy makers
- Weakens public health surveillance that plays a vital role in alerting citizens about emerging health threats
- Restricts data that can inform and advance research
- Limits the expertise available to the country and weakens critical government institutions by pushing needed experts out of government service.

Of particular concern are the recent acts of some federal agencies, most notably the Environmental Protection Agency (EPA), to censor the scientific information used in policy decisions. Under a misleading claim of “transparency,” EPA has sought to ignore or undervalue important studies that challenge corporate interests. All federal agencies should use the best available health research to set their regulatory agendas.

Valuing science and research is particularly critical when addressing the climate change issue. ASPPH intensely believes that climate change is a public health emergency, requiring urgent action to reduce carbon and methane emissions and prevent worsening effects in the future. High-quality science is essential to help the United States and the world navigate in the climate change emergency. In addition, the public health workforce must be provided with adequate resources to identify risks and develop and implement climate adaptation action plans in communities across the country that are already experiencing health harms due to climate change.

Promoting Workforce Excellence: Graduates of public health schools and programs are provided with a solid foundation in the fundamentals of public health, both as generalists and specialists, whether they pursue a career in public health or a related career in law, medicine, government, health care systems, etc. The public health curriculum imparts a broad range of skills and knowledge to help students

understand how the world works and lays a foundation for lifelong learning. Equally important, it promotes the passion and capacity to make the world work better.

Education in public health produces critical thinkers who can identify gaps in knowledge and react quickly; in an uncertain world, it is impossible to fully anticipate the future. A diverse workforce that looks like America is essential if all Americans are to be served. A strong public health workforce directly impacts the health of the overall US workforce and their families by ensuring broad adoption of programs that improve the health of all.

Currently, federal investment in public health education is woefully limited. State, local, tribal, and territorial health agencies struggle to recruit well-prepared public health workers due to low wages and high educational debt. Support for public health education is essential and can be provided through direct awards to students and loan-forgiveness programs for those who work for governmental and non-profit public health agencies and organizations. A federal scholarship program for students from underrepresented groups is essential if the public health workforce is to be representative of all Americans. The National Institutes of Health (NIH) funds almost no training awards in public health research—a long-standing oversight.

Surprisingly, more than 80 percent of people working for state and regional public health agencies have no academic training in public health. Enhanced federal support for in-service training—often developed and taught by faculty at schools and programs of public health—is essential.

Advancing Prevention Science: Prevention science is the critical foundation for a population's health and the core responsibility of public health science: to deliver discoveries that can raise the floor and the ceiling of health for all of us. Earlier investments by the NIH and CDC now provide a springboard to launch the next generation of public health science for prevention, utilizing amazing new scientific capabilities.

ASPPH strongly believes that more research dollars should be invested in prevention—a vital public good that will benefit the United States and the world. Currently, NIH and CDC fund little public health prevention research. This is a lost opportunity: There are emergent diseases that cannot be addressed solely by clinical medicine, for which prevention is the optimal or only solution.

Addressing Health Disparities and Advancing a Diverse Workforce: America's public health challenges are complex, with many biological, environmental, and social contributors. One of the most intractable public health issues are racial and ethnic disparities in health outcomes. To address these disparities effectively, we must have workforce diverse in gender, race, and ethnicity. Given its social justice focus, the public health discipline is an attractive career path, particularly for those often underrepresented in the sciences and health professions (e.g., persons from racial/ethnic minority groups, first-generation students).

Public health professionals alone, however, cannot address the many social and economic conditions (housing, employment, food security, and education) that have a major influence on individual and

community health. Addressing these social determinants of health (SDOH) is critical to promoting wellness, improving health outcomes, and controlling health care costs. Public health schools and programs are uniquely situated to help policy makers to build collaborations across sectors to identify SDOH priorities in communities and revise policies that inhibit health.

Critical to addressing health disparities is improving our nation's surveillance systems to collect data on patients' race, ethnicity, sex, age, primary language, sexual orientation, disability status, gender identity, and socioeconomic status in line with federal standards. For example, demographic data for those who were tested, infected, hospitalized, recovered, or died from Covid-19 helps the public health workforce and policy makers identify and track those with a higher likelihood of severe illness and death.

ASPPH is deeply concerned that this and future pandemics will continue to exacerbate our nation's existing health inequities. We ask you to ensure our country has the tools it needs to respond effectively in this unprecedented crisis and assist our most vulnerable populations.

Presidential leadership in promoting a diverse public health workforce and addressing social determinants of health is essential. Presidential leadership in addressing systemic racism in the United States also is essential.

Restoring America's Leadership Role in Promoting Global Collaboration: By necessity, public health is a global effort. The current pandemic illustrates that our health is directly linked to global health. As we have seen with Covid-19, infectious diseases do not respect borders. As such, it is critical that the United States continues to serve as a global leader in public health and that it participates in world organizations focused on health and wellness. ASPPH has played a key role in organizing the Global Network for Academic Public Health, a convening body for academic public health leaders from around the world to share, learn, and collaborate, in an effort to improve and protect the health of the public and planet. ASPPH and its global colleagues have called on governments to commit to a new era of openness, information sharing, and mutual support, to combat the Covid-19 pandemic and future threats to the health of the world. We have also called for a renewed commitment to global health governance, including on-going support and engagement with the World Health Organization (WHO). We urge you to support on-going US engagement with the WHO.

Promoting Public Health Solutions to America's Complex Health Challenges: There are proven public health approaches to some of the nation's health challenges that are currently being ignored or woefully underfunded. Many of these challenges and available public health interventions are detailed in the newly released [Healthy People 2030](#) report, which identifies achievable goals and objectives that can guide the action of individuals, communities, and stakeholders to improve health.

The data is shocking: More Americans die each year from opioid overdose than died in any armed conflict since the end of World War II; on average, 130 Americans die each day from an opioid overdose; and overdose is now the leading cause of unintentional injury death in the United States, surpassing motor vehicle deaths. ASPPH has promoted a series of [public health approaches](#) to the opioid abuse issue, all of which are supported by peer-reviewed research.

Many of our public health issues require long-term strategies, but regulation and legislation are critical elements of prevention and treatment efforts. Our middle school and high school students are increasingly using new tobacco products, producing a new generation of Americans addicted to nicotine. Tobacco use remains the leading cause of preventable death and disease in the United States. More than 480,000 Americans die from tobacco use each year, and more than 16 million Americans currently are living with a tobacco-caused disease. All tobacco products should be overseen by an agency with expertise in assessing health risks and experience promulgating science-based regulation.

There are numerous other issues that require public health solutions. For example, the Association has played a leading role in seeking Congressional and Presidential support for public health research into firearm morbidity and mortality prevention. Similarly, the Association has been a strong supporter of universal health insurance and health care access. Efforts to expand access must be a national priority going forward.

ASPPH has developed an investment agenda in academic public health that is largely focused in providing new research and evidence on critical health and wellness issues facing America. The investment agenda includes new or expanded programs at the NIH, CDC, the Health Resources & Services Administration (HRSA), and other federal agencies. We believe that workforce preparation is a critical infrastructure investment.

“Build Back Better”: America’s Public Health Infrastructure: Covid-19 has ended all debate as to whether the United States has been underfunding public health and its required infrastructure. As is now evident, significant, long-term investment in public health infrastructure is critical if we are to strengthen the public health system before the next pandemic hits.

For too long, the nation has neglected basic public health capacity. More than 56,000 local public health jobs were eliminated between 2008 and 2017—nearly one quarter of the workforce. Health departments are still dependent on archaic methods of tracking diseases, including phone, fax, and paper; CDC’s funding remains just above that of FY 2008, when adjusted for inflation, leaving little room to modernize, retain skilled workforce, and address emerging threats.

The importance of strong, predictable federal investment in this system is even more vital now as the economic impacts of the pandemic are felt nationwide. State and local governmental budgets, and therefore public health budgets, are likely to be devastated. This will leave our nation even more vulnerable to emerging health risks. By building the core public health infrastructure of states, localities, tribal governments, and territories, as well as the Centers for Disease Control and Prevention (CDC), the nation will be better prepared for the next threat.

Vice President Biden, should your campaign be successful, the Association of Schools and Programs of Public Health pledges to work with you and your Administration to surmount the many public health challenges facing our country. In the interim, please do not hesitate to have your campaign and transition teams contact us if we can be of assistance.

The Honorable Joe Biden
October 7, 2020
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Sincerely,



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ACADEMIC PUBLIC HEALTH'S PRIORITIES FOR AMERICA

Advancing Public Health Education, Science and Practice
as the Basis of Improving Population Health

September 1, 2016

ACADEMIC PUBLIC HEALTH'S PRIORITIES FOR AMERICA

ASPPH's Priorities: Advancing Public Health Education, Science and Practice as the Basis of Improving Population Health

In the second inaugural address and at the end of the 45th President's first term, which of the following accomplishments will the President describe?

- The Nation has reduced infant mortality by more than half, putting the U.S. ahead of a majority of developed countries for the first time in history.
- The Nation's life expectancy has increased overall and in all population subgroups.
- The latest emerging infection was stopped in its tracks by a reinvigorated public health system now prepared to deal with the unexpected.
- The Nation's public health system has been rebuilt and is staffed by adequate numbers of well-trained professionals and the Nation is prepared for public health emergencies from pandemics to weather disasters. As a result, the American public is more secure than ever.
- With an intense focus on cancer prevention, the Cancer Moonshot has achieved the goal of accomplishing in five years what would have taken ten years in the past – and preventing thousands of deaths from smoking-related diseases.
- All agency and policy decisions, in fields ranging from agriculture to education to urban planning, consider health impacts in decision-making. This focus on upstream and social determinants of health is helping to eliminate health inequities, reduce health care costs, and improve the health and quality of life of all Americans.

The leaders of the Nation's public health schools and programs believe that the President can cite all of these accomplishments by supporting strategic investments that strengthen the Nation's public health infrastructure and global health security, advance prevention science research, train the next generation, and establish policies and systems built on evidence of what supports the best health and that advances a culture of health.

Health is of preeminent importance to all – individuals, families, and communities. It is a critical pathway to well-being and productivity, on both a personal and a societal level, and an engine of current and future economic strength. Ill health, by contrast, drains the public coffers, causes personal and family suffering, weakens communities, reduces productivity, and is a major contributor to social disillusionment.

Public health is *"the science and art of preventing disease, prolonging life and promoting health through organized efforts and informed choices of society, organizations, public and private, communities and individuals."*¹ Prevention is central to public health. Public health primarily operates at the scale of entire communities or populations, an approach that is highly effective, safe, and cost-efficient. Public health is advanced primarily through “upstream” actions such as reducing poverty, assuring high quality education and housing, and protecting the environment. Public health also functions with and through the medical care system, by identifying clinical preventive strategies and studying the effect of medical treatments. The [Association of Schools and Programs of Public Health \(ASPPH\)](#), representing more than 100 [Council on Education for Public Health \(CEPH\)](#)-accredited schools and programs of public health across the U.S., calls on the new Administration to make public health a national priority and advance the research, training, and action necessary to protect and promote health for all our citizens.

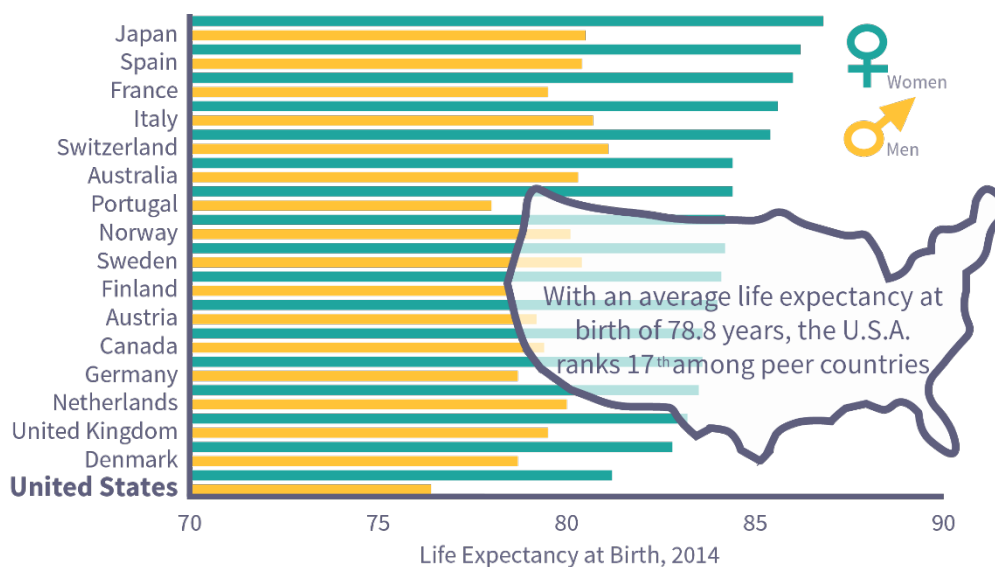
The Opportunity and the Challenge:

While the lifespan of the American people has increased markedly over the past century, and we have made great strides in clinical care, overall health in the U.S. ranks significantly behind many other developed countries.² Moreover, the U.S. population faces growing health challenges: the challenges of obesity, diabetes and other chronic illnesses, mental health, infectious diseases, and the diseases of aging, including Alzheimer’s disease. Large-scale upstream factors, from rising income inequality to climate change, also threaten the public’s health.

¹ Winslow, Charles-Edward Amory. 1920. "The Untilled Field of Public Health". *Modern Medicine* 2: 183–191. DOI:[10.1126/science.51.1306.23](https://doi.org/10.1126/science.51.1306.23) (Accessed September 1, 2016).

² Woolf, SH and Aron, L (editors), *U.S. Health in International Perspective: Shorter Lives, Poorer Health*, Washington: National Research Council (US); Institute of Medicine (US). 2013. Available from URL: http://www.nap.edu/catalog.php?record_id=13497 (Accessed September 1, 2016).

Widening disparities in health among Americans contribute to our Nation’s dismal performance in comparison with other high-income countries, where life expectancy and a healthy life span have risen faster. In 1980, the U.S. was in the middle of the pack of 25 peer nations in probability of surviving to age 50. The most recent data indicate that we now have the lowest expectation of reaching age 50 among peer countries—an astonishing fact for a country that sees itself as the greatest country in the world. Our child mortality rate is higher than those of our peers and many middle-income countries. In under 5 mortality, the U.S. ranks 43 among all countries with 7 deaths per 1,000, far worse than countries such as Slovenia, Cyprus, and Cuba, according to UN data. If the health of our people were an Olympic competition, the U.S. would bring home not a single medal.



Source: OECD, *Health Statistics 2016*

We achieve these poor results despite spending significantly more dollars per capita on medical care, and a higher proportion of Gross Domestic Product, than any other nation in the world.

America’s poor performance should come as no surprise given

the Nation’s failure to provide sustained investments in public health and prevention. Because we do not have a sustained commitment to public health, we too often are faced with preventable “public health emergencies” – for example Ebola, opioid abuse, and antimicrobial resistance. Many of these emergencies would be completely avoidable if we had adequate levels of ongoing and steady support for public health efforts. Another cost of our failure to invest in strong prevention programs are the epidemics of chronic diseases – obesity, heart disease, diabetes, and cancer – that are causing health care costs to skyrocket. Yet, the effective budget of the Centers for Disease Control and Prevention has steadily eroded. The FY 2008 appropriation for the CDC was \$6.2 billion and in FY 2016 it was \$6.3 billion (including funds from the Prevention and Public Health Fund)—a substantial decline in real dollar terms. Given inflation and the myriad new challenges facing the CDC, the agency’s budget is woefully inadequate. And given that 53 percent of state health department budgets come from Federal funds, there is no chance that state and local funds can make up for the shortfall. Moreover, a

2015 survey³ by the National Association of County and City Health Officials (NACCHO) found that 25 percent of local health departments had their budgets cut in the past year alone. Due to budget cuts, since 2008, state and local health departments have collectively lost 51,700 jobs.

By many measures, health in the United States has improved considerably over the past 100 years. The longer lives Americans now live are largely the result of public health achievements such as: high rates of vaccination, control of infectious diseases, reduced smoking, decline in deaths from coronary heart disease and stroke, safer and healthier foods, healthier mothers and babies, increased use of family planning, motor vehicle safety, and safer workplaces. Public health research was fundamental to developing each of these interventions, and to validating their effectiveness once they were implemented. But there is no doubt that our current underinvestment in public health is resulting in lost opportunities to continue this legacy of accomplishment, and reversing some hard-won gains.

Identifying and employing effective public health strategies to confront both familiar and emerging health issues are the most effective, safe, and cost-efficient ways to improve population health while reducing the growing costs of health care. The return on investments in public health is highly favorable, at least four-fold by one estimate.⁴ But without a much more ambitious investment in public health science, we will be unable to continue generating that kind of return. While resources are critical, improving the public's health also requires wise public policies that can make an immediate difference in improving the health and quality of the public's lives.

Public Health Research:

Health research can focus on the individual, as medical research does, or on broader populations, which are the primary target of public health research. These scientific approaches complement and often overlap each other.

³ Newman SJ, Ye J, Leep CJ, Hasbrouck L, Zometa C. *Assessment of Staffing, Services, and Partnerships of Local Health Departments — United States, 2015*. MMWR Morb Mortal Wkly Rep 2016;65:646–649. DOI: <http://dx.doi.org/10.15585/mmwr.mm6525a2> (Accessed September 1, 2016).

⁴ Trust for America's Health, *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*, 2009. Available from URL: <http://healthyamericans.org/reports/prevention08/Prevention08.pdf> (Accessed September 1, 2016).

Public health research goes beyond identifying what makes us sick; it also includes the discovery of factors that promote wellness. It tests interventions to see which solutions work best in specific subpopulations, in entire communities, and across the nation. Public health research tracks health trends (including disease outbreaks) to identify the need for action and to employ data and evidence to help guide resource allocations. Public health research may focus on a number of levels: individual and family behavior, organizations, social or community settings, the environment, as well as the clinical setting. It includes the scientific study of the organized societal response to diseases and risk factors. In short, public health science is in essence translational research that includes a number of disciplines and is focused on bringing scientific discoveries from the bench to communities, with the goal of promoting better health for all.

Taken together, the many dimensions of public health science point the way to new policies, health system approaches, and community-based and clinical strategies that improve health, often very cost-effectively.

The Vital Interrelationship of Public Health Research, Practice and Education:

The National Academy of Medicine recommends investing both in next-stage public health science and in opportunities to translate new knowledge into practice.⁵ The new generation of trained researchers who will drive us forward will emerge from the Nation's public health schools and programs. Academic public health was created a century ago with the mission to train scientists and practitioners in "hygiene, preventive medicine and public health, the advancement of these subjects," and to further "the whole body of knowledge and its application relating to the preservation and improvement of health of individuals and of the community and to the prevention of disease." Building on this visionary call, the science of prevention and preserving health was developed under the leadership of academic public health.

Fast forward to the 21st century, when we urgently need academic public health to advance our scientific capabilities, from basic biological knowledge about the mechanisms of disease to understanding what keeps populations healthy. Schools and programs of public health are essential to working with national and local partners to translate research into practice, to training a nimble workforce prepared to both meet emerging public health challenges and to advance public health science discoveries into meaningful policy.

⁵ Institute of Medicine, *For the Public's Health: Investing in a Healthier Future*, Washington: National Academy Press, 2011. Available from URL: http://www.nap.edu/catalog.php?record_id=13268 (Accessed September 1, 2016).

ASPPH's Specific Priorities for the New Administration

The new Administration will have an unparalleled opportunity to create a strong public health system built on a shared vision and of mechanisms for collaboration among local, state, tribal, territorial and Federal governmental agencies, as well as academic, community, corporate and private partners. All of these players should be engaged in the priority areas identified by ASPPH to protect and promote health at the population level.

Priority One: Ensure every American has the opportunity for a healthy life through initiatives that promote health, including mental health, and that:

- **Prevent disease, injury, and disability.**
- **Integrate affordable, quality medical care with public health.**
- **Eliminate health inequities and promote social justice.**

Prevent disease, injury, and disability, focusing on evidence-based interventions: ASPPH believes that much higher priority should be given to prevention research and practice. The root causes of much disease, injury, and disability lie with social and environmental determinants within communities that need to be addressed. The Federal government needs to provide leadership by identifying key metrics that should be the target for health improvements in the U.S. These should include metrics of health, such as infant mortality, obesity rates, and injury rates, as well as metrics reflecting upstream factors critical to health, such as socioeconomic status and environmental quality. Appropriate investments targeted to areas with significant opportunities for health improvement will decrease health care costs and improve health outcomes without compromising the availability of high-quality, compassionate care for those who need it. Specific initiatives supported by ASPPH include:

- Developing, evaluating and implementing improved metrics and new evidence-based interventions at the individual, organizational, and community levels, including in schools and workplaces, to address social and environmental determinants of health.
- Integrating disease prevention and health promotion into all policies, in sectors such as housing, transportation, and agriculture. This will necessarily include collaborative Federal, state, tribal, territorial, and local efforts.

Integrate affordable, quality medical care with public health: ASPPH urges the new Administration and Congress to make health care reform and expansion a continuing priority, with an eye toward ensuring that all Americans are covered by insurance. Some needed reforms

are economic, such as payment reform and managing the increasing unaffordability of many lifesaving interventions. Other needed reforms relate to clinical practice, such as reducing medical errors and practices that promote antibiotic resistance. Beyond these, prevention and public health must become national investment priorities to create healthy communities and be integrated more effectively with health care delivery—prioritizing cost-efficient primary care, preventive care, and health promotion. Currently, many clinical preventive services are underutilized (e.g. immunization, hypertension screening and control, HIV/AIDS treatment). Moreover, many healthcare providers are insufficiently aware of social and environmental determinants of health among their patient populations, and how to address them. Addressing these in combination with clinical care would yield considerable benefits in health and well-being.

Eliminate health disparities and promote social justice. We urge the new Administration to lead society’s battle against poverty, racism, inadequate education, and unwholesome environments, all of which are major contributors to disease and disability. We urge the Administration to view all government actions through the lens of health equity: will the regulatory or policy change help to reduce or will it exacerbate health inequities?

Significant health disparities exist across ethnic and racial groups. People living in poor and underserved communities carry a disproportionate burden of disease, disability, and early death. ASPPH is committed to eliminating such disparities. To meet this goal, ASPPH supports:

- Engaging government agencies at all levels in collaborative efforts in health, education, economic opportunity, housing, and environmental protection to address the social and environmental determinants of health.
- Intensifying research into the root causes of health disparities, and to discover ways to translate findings into practice and policy.
- Expanding population health efforts and working to align financial incentives to encourage clinical providers and others to collaborate with public health efforts to advance population health.
- Scholarships and training programs that enable students from underrepresented backgrounds to enter public health and other health professions, so the health workforce reflects the diversity of the U.S. population.
- Emphasis in educational programs on the needs of underserved and at-risk communities, equipping health professionals to effectively address health needs in these communities.

Priority Two: Educate the next generation of skilled, highly competent public health professionals.

A workforce prepared to provide leadership and prevent and respond to public health emergencies is the foundation of a strong public health system. The necessary personnel include, but are not limited to, public health nurses and doctors, epidemiologists, biostatisticians, health administrators and educators, policy experts, informaticians, and occupational and environmental health specialists. In addition, professionals in other fields—engineers, architects, business leaders, and many others—need grounding in public health principles, since their efforts can contribute significantly to public health.

Potential Federal investments supported by the ASPPH include:

- Legislation that supports educational loan repayment for students pursuing a degree in public health in exchange for service.
- More effective training of health care professionals – including, for example, nurses, physicians, pharmacists, dentists, physician assistants and veterinarians – in public health principles and practice through curricular revision and the promotion of dual degree training.
- Educational initiatives that introduce the concepts of public health in grade school and continue at every educational level. These initiatives will invariably lead to a higher level of health literacy throughout the country.
- Expanding the cadre of educators available in CEPH-accredited schools and programs of public health to train the next generation of educators and public health research scientists.

Priority Three: Increase investment in public health research by:

- **Rebalancing the research portfolio of the National Institutes of Health to address population-wide health threats and to advance prevention research.**
- **Identifying and expanding the public health research portfolios of the Centers for Disease Control and Prevention and other relevant Federal agencies.**

As the health needs of the American population change and the health care system evolves, we need the science of prevention to address new and ongoing public health challenges, such as obesity and chronic diseases, aging and dementia, emerging and re-emerging infectious diseases, mental illness, substance abuse, asthma and respiratory diseases, and environmental and genetic risk factors for cancer. We need to deploy research tools such as population

genetics, precision prevention, health informatics and big data.

The Nation’s health research portfolio needs to balance continued basic biomedical advances with public health research, focusing on population-level causes and interventions. Current funding emphasizes basic and applied biomedical research. This research is laudable and necessary, but does not meet the need for research in public health. Pressing questions—how to provide healthier food and motivate healthy food choices, how to design healthier communities, how to ensure that our aging population arrives at old age healthier and remains healthy, how to integrate health promotion into workplaces, which antipoverty strategies most effectively promote health, how to reduce violence most effectively, how to anticipate and protect the public from the health impacts of climate change, and more—demand answers. The available data support the conclusion that compared to other Organization for Economic Co-operation and Development (OECD) nations, the US does not adequately resource funding of public health research.

Rebalancing the research portfolio of the National Institutes of Health to address population-wide health threats and to advance prevention research. The mission of the National Institutes of Health “is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.” The NIH’s budget should be rebalanced, so continued basic biomedical research is complemented by expanded research into root causes of disease, injury, and disability, and into population-level solutions.

Identifying and expanding the public health research portfolios of the Centers for Disease Control and Prevention (CDC) and other relevant Federal agencies. The CDC plays a vital role in protecting America from health, safety and security threats, by fighting disease and supporting communities and citizens to do the same. Research is critical to the CDC’s mission, but has been underfunded and undervalued. We urge the new Administration to expand CDC’s research portfolio to match the challenges being addressed by the Agency.

The new Administration must also focus on broader population health strategies, in such sectors as urban planning, transportation, housing, environmental protection, energy, and agriculture, that promote health and well-being. These strategies are necessarily focused on building healthier communities and not necessarily focused on the individual. The portfolios of almost every Federal agency include programs and initiatives that can potentially advance public health. The corresponding research portfolios of those agencies should be expanded

to address health implications. If opportunities exist for new public health initiatives, dedicated funds should be identified.

Given the rapid explosion of new scientific knowledge and the potential for even more rapid progress, ASPPH believes it is vital that we reinvest in the public health research mission.

ASPPH calls for increased public health research investments including:

- Providing predictable and adequate public health research funding to support both the infrastructure and the investigators necessary to make scientific breakthroughs;
- Assuring that major NIH initiatives, in priority areas such as Alzheimer’s disease and cancer, include robust public health research support;
- Strengthening the representation of public health experts on NIH advisory committees and study sections;
- Supporting training the next generation of public health researchers and enhanced training of current researchers and public health practitioners;
- Expanding our global public health research efforts, given that health threats anywhere can now spread quickly thanks to modern transportation and commerce. Moreover, there are lessons that America can learn from the rest of the world about managing chronic disease and reducing health inequities;
- Supporting implementation science research that can help close the knowledge-action gap;
- Developing and applying methods to evaluate public health policies, programs and interventions;
- Sharing research findings with colleagues and the public at a faster pace; and
- Allocating the Prevention and Public Health Fund created by the Affordable Care Act toward initiatives intended to create evidence for best practices to improve health.

Priority Four: Strengthen U.S. leadership and investment in global public health.

Recognizing that the health of Americans is inexorably linked to the health of the world in which they live, ASPPH believes this Nation must exercise leadership in global public health. To ensure well-coordinated action and swift exchanges of information, American efforts should promote collaborative partnerships with governments and non-governmental organizations around the world.

To meet these goals, ASPPH calls for the following measures:

- Build global public health, and epidemiological training programs; build and staff collaborative global research programs; and strengthen international health organizations that can predict, detect, and contain infectious diseases at their source.
- America should seek to learn from the rest of the world about managing chronic disease and reducing health inequities. For example, we should aggressively explore why US health outcomes are so poor even though we expend enormous resources on medical care.
- Expand the availability of trained public health personnel worldwide, focusing their skills on prevention, health systems, and program management. The President's Emergency Program for AIDS Relief (PEPFAR) is an important model of such investment, but more is needed, not only to battle against infectious diseases and promotion of global health security but also to fight emerging epidemics of chronic diseases and injuries worldwide.
- Capitalize on the surge of interest in global health on the Nation's campuses by expanding undergraduate and graduate programs to educate and train students and provide opportunities for global service. Such programs help to train future leaders in problem-solving and bridging social and cultural divides.

The members and staff of the Association of Schools and Programs of Public Health (ASPPH) are eager to assist the new Administration in addressing the public health challenges facing America. Please contact Tony Mazzaschi, ASPPH Senior Director, Policy and Research, if we can be of assistance (tmazzaschi@aspvh.org or 202-296-1099, ext. 132).