



Society for Public Health Education's

## 18TH ANNUAL ADVOCACY SUMMIT

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# REDUCING COSTLY HEALTH DISPARITIES THROUGH 3 E'S

*While Americans as a group are healthier and living longer, disparities in care and outcomes persist in both urban and rural areas. A difference in only one or two numbers of a zip code can be the difference between life and death. Health disparities are associated with an estimated \$35 billion in excess health care expenditures, \$10 billion in illness-related lost productivity, and nearly \$200 billion in premature deaths. Yet, progress can be made in narrowing the gap by strengthening efforts in three areas: Escalating the evidence base, expanding exemplary community-based programs, and increasing educational outreach (3 E's).*

1. **Sign on to S. 1903/ H.R. 3285, the Reducing Disparities Using Care Models and Education Act of 2015.** This bill requires the Department of Health and Human Services (HHS) to contract with the National Academy of Medicine to study care models and health education initiatives to reduce health disparities, existing programs and policies intended to reduce disparities, priorities for, and expansion of programs targeting disparities.
2. **Funding through the Centers for Medicare and Medicaid Innovation (CMMI) to provide for the testing of a payment and service delivery model that includes health education initiatives for reducing health disparities, consistent with the cost and quality criteria otherwise applicable to the testing of models under such section.** CMMI was established to test innovative payment and delivery system models that show promise of maintaining or improving the quality of care or slow the rate of growth in program costs in Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).
3. **\$50 million in funding to strengthen and expand effective approaches to addressing health disparities through the CDC Racial and Ethnic Approaches to Community Health (REACH) program.** Since 1999, REACH awardees have used community-based approaches to reduce racial and ethnic health disparities. \$50 million per year is needed to continue to implement evidence-based practices and public health programs that fit the unique social, economic, and cultural needs of rural and urban populations that suffer from health disparities.
4. **Funding for the CDC National Center for Chronic Disease Prevention and Health Promotion's School Health Branch to expand health education in schools.** FY 2017 funding of \$23,400,000 is needed to enable all states to fully implement recommended strategies to reduce health disparities in children and adolescents, such as childhood obesity, through health education and physical education.