The US spent more than $4 trillion on health care in 2020, or almost 20% of the gross domestic product. This amount is expected to increase by more than 5% annually over the coming decade, reaching more than $6 trillion by 2028. The US spends far more than any other high-income country on its health, even as US residents live sicker, shorter lives than their counterparts in many of these countries. In no small part, the gap between national spending and achievement in population health is due to underinvestment in the forces that shape health—the social determinants of health, including housing, safe neighborhoods, and livable wages.

The mismatch between national spending on health and health itself was perhaps never more apparent than during the COVID-19 pandemic when the US had worse health outcomes than most other peer countries, in no small part due to the poor underlying health of many US residents. Even more alarming have been the extraordinary health gaps worsened by COVID-19. For example, American Indian individuals lost more than 6 years of life expectancy due to the pandemic, more than 3-fold greater than the decline among White individuals.

The prescription for addressing these shortcomings is not straightforward. The need to invest in efforts to support the social determinants of health is self-evident. Investing in social safety nets is one approach to supplement areas where national investment has long fallen short and left particular groups behind. However, more foundational shifts in national efforts to tackle other fundamental social determinants are bound to happen slowly and unevenly, recognizing the political realities that stall large-scale social and economic investments.

Acknowledging that national health may continue to fall short of its potential for some time to come need not represent a capitulation of the vision that a country that spends as much as the US does on health care should be the healthiest nation in the world. However, it does underscore the need to take the incremental steps needed to get there, taking on the hard work of building the pieces to overcome long-term deficits. For the US to address this challenge, 3 principles can guide the path toward improving health: working toward health equity, remedying historical underinvestments, and generating public buy-in on strategies.

**Working Toward Health Equity**

First, improving health and narrowing health gaps are both at the forefront of any US health investment. This means making health equity as much of a goal as improving health itself. Following the recent resurgence of social and racial justice movements, health equity has emerged as a prominent topic of public conversation, perhaps outweighing the pragmatic attention paid to what it might actually mean to achieve health equity. Efforts to narrow health gaps might not be the same as efforts to improve overall health—and that at times, these priorities may be at odds.

For example, focusing investment on people who are already engaged with the health care system may improve overall health more easily than focusing on people who are not engaged and whose health is already worse—and doing so will almost certainly widen health gaps between these 2 groups. This trade-off was evident in the approach to COVID-19 vaccines in the US, in which quick uptake of the vaccines protected persons and areas already at lower risk of infection. A strategic reconsideration of all health investments with an eye toward health equity would represent a bold
step forward nationally and in the states and cities where decisions on health investments are made, and a substantial departure from how the US has engaged in health policy during past decades.

**Structural Changes to Remedy Historical Underinvestments in Health**

Any approach to move the US beyond its disappointing state of health must also recognize and grapple with the inextricable link between health and the assets that produce it. This challenge means advancing the national conversation substantially toward recognizing that health and health gaps cannot be improved without making structural changes that remedy historical underinvestments.

This thinking should, for example, highlight the recognition that absent an investment in Black reparations, narrowing Black-White health gaps that stem from historical marginalization of Black communities in the US will be impossible. It is also important to think about the assets that improve health more broadly than income alone. Wealth, or the total economic resources that persons accumulate over time, may be as important or more important than income. Other resources, such as stable housing, safe neighborhoods, and supports for child care and for healthy aging are essential. They also represent potentially palatable investments in achieving health that circumvent the inevitable political arguments surrounding discussions of income.

**Gaining Public Trust and Buy-in**

Neither health equity nor investing in the assets that generate health to remedy historical underinvestments are achievable goals without a concerted effort to gain public trust and buy-in. This requires a nuanced engagement with the public that articulates a boldness of vision, but also shows restraint, challenging the public conversation but not losing public confidence and trust.

The difficulty of doing this has been abundantly clear during the COVID-19 pandemic. For example, emerging evidence about the utility of universal mask wearing in schools has often been at odds with what is tolerable to the general public, and jurisdictions removed mask mandates despite their potential value in reducing COVID-19 incidence. Those in medicine or public health may find it difficult to accept the imperfect adoption of strategies that could lead to better health, but it is impossible to ignore the need for public buy-in on those strategies—and that takes time and compromise. This need has always been present, but perhaps never clearer than in the current moment.

For the health care and public health establishment, the degree to which health in the US falls short of health in peer countries has been and should be a motivating force to do better, but this state of affairs is likely to persist for decades to come. What is needed is to not lose sight of the overall goal of better national health, using the 3 guiding principles of achieving health equity, remediying historical underinvestments, and gaining public trust to navigate toward this goal.
REFERENCES


