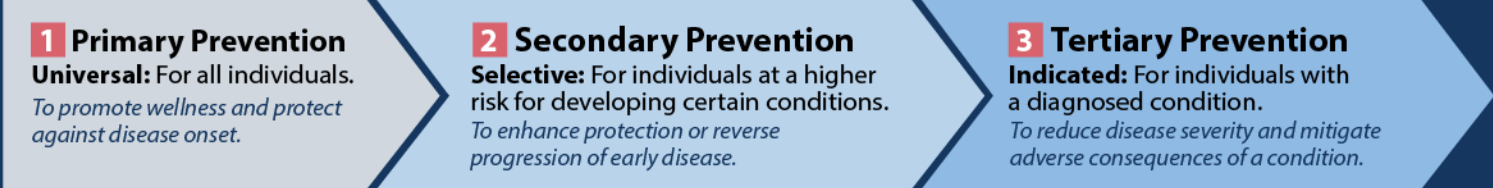


# Public Health Prevention and the Determinants of Health

Federal health policy often focuses on coverage of, and access to, health care services and the treatment of disease. However, numerous economic, social, and environmental policies within the purview of Congress—beyond those directly concerning health care services—influence individual and population health.



A public health model of health promotion and disease prevention prompts policymakers to consider when to intervene in disease progression and which populations to target based on level of risk.



Policymakers can target some of the factors that influence individual and population health, known as the *determinants of health*.



Genetics



Individual Behaviors



Environment



Social Circumstances



Medical Care

Factors related to the social and physical conditions in which people are born, live, learn, play, work, worship, and age are known as the *social determinants of health*. By supporting efforts to intervene before the onset of disease, Congress may help prevent health conditions from occurring and potentially reduce federal spending on medical treatment. The following are examples from each of the Department of Health and Human Services’ (HHS) Healthy People 2030 domains, along with related federal programs and possible policy options for Congress:

## Economic Stability

**Example:** Income levels have been shown to affect health outcomes related to chronic diseases, mental health and substance use disorders, and early mortality.<sup>1</sup>

Congress can influence the economic security of Americans through tax policy, workforce programs, or public assistance programs, among other methods. Congress determines eligibility and benefits for tax policies like the **Earned Income Tax Credit** or the **Child Tax Credit** (including refundable levels, payment schedules, and phaseout thresholds), public assistance programs such as **Supplemental Security Income (SSI)**, and certain noncash benefits like the **Supplemental Nutrition Assistance Program (SNAP)**. Congress also authorizes workforce development programs through the **Workforce Innovation and Opportunity Act** and the Department of Commerce’s **Economic Development Administration** programs.

## Education Access and Quality

**Example:** High-quality early childhood education (ECE) is linked to better long-term health outcomes, such as improved cardiovascular and mental health.<sup>2</sup>

Congress can influence early childhood education through federal grant programs such as **Head Start**, by requiring or encouraging states to expand access to high-quality ECE, or through broader tax and economic policies—like the **Child and Dependent Care Tax Credit**—that may allow families to better afford quality childcare and early childhood education options.

## Health Care Access and Quality

**Example:** Telehealth-based health care services can enhance access to care and improve outcomes related to heart failure, diabetes, obesity, asthma, and certain mental health conditions, among others.<sup>3</sup>

Congress can consider telehealth access and affordability under federal health care laws and programs (e.g., **Medicare**, laws governing private health insurance). Congress also funds programs that support the expansion of broadband access, such as the **Universal Service Fund** and the **Broadband Equity, Access, and Deployment Program**, which may further facilitate access to telehealth services.

## Neighborhood and Built Environment

**Example:** Childhood exposure to lead—even at low levels—can cause damage to the nervous system, delayed growth, or learning and speech problems.<sup>4</sup>

Congress can address lead hazards via existing laws that require federal agencies to regulate lead contaminants. Congress could also leverage grant programs that support childhood lead exposure screenings and household lead elimination, such as CDC’s **Childhood Lead Poisoning Prevention Program** and HUD’s **Office of Lead Control and Healthy Homes** programs. Congress could facilitate lead elimination through greater or more targeted use of federal home rehabilitation loan programs, such as those authorized under the **National Housing Act**, or by establishing new tax credits for lead removal for homeowners, as some states do.

## Social and Community Context

**Example:** Close interpersonal relationships and connection to community are associated with longer life expectancy and improved recovery from acute health events, such as stroke. In contrast, chronic loneliness is associated with an increased risk of dying prematurely.<sup>5</sup>

Congress can specify investments in public spaces via grant funding—such as through HUD’s **Community Development Block Grant** program or through tax credits such as the Treasury’s **New Markets Tax Credit** program. Congress could also leverage existing human services programs—via discretionary programs such as those in the **Older Americans Act** or federal health programs like **Medicaid**—to promote interventions targeting social health.

<sup>1</sup> See, for example, Raj Chetty, Michael Stepner, Sarah Abraham, et al., “The Association Between Income and Life Expectancy in the United States, 2001-2014,” *JAMA*, vol. 315, no. 16 (2016), pp. 1750-1766. <sup>2</sup> Taryn Morrissey, “The Effects of Early Care and Education on Children’s Health,” *Health Affairs*, April 25, 2019, pp. 165-171. <sup>3</sup> Annette Marie Totten, Marian S. McDonagh, and Jesse H. Wagner, “The Evidence Base for Telehealth: Reassurance in the Face of Rapid Expansion During the COVID-19 Pandemic,” Agency for Healthcare Research and Quality, AHRQ Publication No. 20-EHC015, Rockville, MD, May 2020, <https://effectivehealthcare.ahrq.gov/products/telehealth-expansion/white-paper>. <sup>4</sup> Centers for Disease Control and Prevention, Lead Exposure Symptoms and Complications, April 10, 2024, <https://www.cdc.gov/lead-prevention/symptoms-complications/index.html>. <sup>5</sup> Lisa F. Berkman and Aditi Krishna, “Social Network Epidemiology,” in *Social Epidemiology*, ed. Lisa F. Berkman, Ichiro Kawachi, M. Maria Glymour, 2nd ed. (Oxford: Oxford University Press, 2014), pp. 234-289. HHS, Healthy People 2030, <https://odphp.health.gov/healthypeople>.

## Author Information

Johnathan H. Duff  
Specialist in Health Policy

Kavya Sekar  
Specialist in Health Policy

Alexa C. DeBoth  
Analyst in Health Policy  
Alexandria K. Mickler  
Analyst in Health Policy

Sarah K. Braun  
Research Librarian  
Alice Y. Choi  
Research Assistant

---

## Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.