

Public Health Is a Public Good

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In the world’s first modern economic treatise, *The Wealth of Nations*, Adam Smith introduced the principle of public goods—things that, in his words, “may be in the highest degree advantageous to a great society, but are, however, of such a nature that the profits could never repay the expense to an individual or small number of individuals, and which it therefore cannot be expected that any individual or small number of individuals can erect.” Lighthouses, bridges, and canals made Smith’s list. So, too, did “the most essential parts of education.”

Nearly 250 years later, Americans prize an array of public goods: our national parks, public transportation, clean air. In economic parlance, such goods are both available to and beneficial for all. Take clean air—anyone can inhale, and one person’s respiration does not deprive others of similar benefit.

Let me then be so bold as to propose another public good: population health. Smith may have been a moral philosopher, but at its core, his take on the public good was strictly economic. Public goods spur commerce; illness erodes economic productivity. On that count alone, population health demands our attention.

Consider malaria. From 1965 to 1990, more than one-third of the nations worldwide with intensive malaria had negative rates of economic growth; malaria-free countries boasted, on average, a 2.3 percent rate of growth. Closer to home, the Mailman School’s own Peter Muennig, MD, PhD, has quantified the opportunity costs that accrue when children suffer low-level lead exposure: nearly \$400 million in Flint, Michigan, alone.

Both internationally and domestically, chronic disease exerts a similarly corrosive economic effect. Fully 86 percent of all healthcare spending in the U.S. in 2010 was for people with one or more chronic medical conditions—cardiovascular and lung diseases, diabetes, cancer, and the like. Such noncommunicable diseases, or NCDs, are the leading cause of disability and death worldwide. Half of those deaths are preventable, and the costs of inaction dwarf the costs of intervention. According to the nonprofit NCD Alliance, NCDs in developing countries will cost \$7 trillion over the next 20 years, while the annual implementation costs of a set of high-impact preventive interventions is just \$11 billion. Yet NCDs receive less than 2 percent of development assistance for population health.

Evidence-based prevention science underpins the implementation of proven health promotion efforts. Yet despite its potential for well-being in the 21st century and beyond, the U.S. has failed to prioritize funding for public health research or the interventions informed by such inquiry.

Public goods—including population health—require public support and investment by every sector. The returns on investment are high and accrue to all. Accepting population health as a public good can be the basis for developing and aligning effective investments for prevention, innovation, and access to care. It’s time to support population health as a global public good—for we will all bear the consequences of inaction.



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