

# Health System Scenarios

## Possible Futures for Health and Health Equity in the USA, 2017–2030



The United States faces a health crisis. The country spends almost one-fifth of its GDP on healthcare, yet of industrialized countries has one of the least healthy populations. The country also ranks poorly on health equity, with significant disparities in morbidity and mortality by race, income, and geography. The root causes of many of these disparities are differences in healthcare access, behavioral risk factors, exposure to environmental hazards, and the social determinants of health.

Better outcomes would require a significant change to how the United States views and addresses health—not only health insurance and clinical care, but also the multiple social, economic, and environmental determinants of health.

How will the United States improve health outcomes? Will it reduce the role of government and rely on the **Marketplace**? Will it bring national stakeholders together in the **Conference Room**? Or will it organize change from the bottom up, at the **Kitchen Table**?

## Marketplace



In *Marketplace*, a new federal framework for regulating and funding healthcare markets is enacted by Congress. Changes to Medicare and Medicaid narrow eligibility and reduce the extent of coverage. Small and medium-size businesses reduce or eliminate the healthcare benefits their employees receive. Medical debt and bankruptcies rise and safety net hospitals and other essential community providers experience increases in uncompensated care and in the number of people using their services. Meanwhile the use of healthcare products and services by those who can afford them grows.

By 2030, health inequities have continued to rise. Pockets of innovation have led to advancements in health and healthcare, but these are not scaled beyond those with purchasing power. Wealthy people are getting healthier, but people who are living on lower income and without adequate health insurance are ill more often and unable to get out of debt. Increasing health inequity is threatening the health of all Americans, as indicated by the country's overall declining life expectancy rate.

## Conference Room



In *Conference Room*, the combination of an unhealthy population and the rising cost of care is contributing to a slumping American economy. Corporate leaders and insurance companies, in partnership with health professionals, demand that politicians implement regulations and policies that reduce healthcare costs by incentivizing holistic approaches to health and well-being. As chronic illnesses continue to rise, influential stakeholders around the country experiment with approaches to respond to the root causes of these illnesses.

By 2030, a complex set of federal legislation and regulations exists that is designed to incentivize investments and behaviors that promote health. New laws and rules have been implemented and show signs of contributing to the reduction in chronic diseases and gains in overall health among people who were most at risk. Healthcare costs have therefore begun to stabilize or decline, depending on the region. Professionals working to drive down the costs of healthcare increasingly pay attention to the social determinants of health to make evidence-based policy decisions. Nationally, both health and health equity are gradually improving.

## Kitchen Table



In *Kitchen Table*, civil unrest and local grassroots activism are fueled by groups of marginalized and vulnerable people who are unable to access the resources they need to be healthy. Across the country, activists and community organizers experiment with different approaches to give voice to their concerns and to demand action. Multi-sector collaborations, led by local institutions, drive action at the local level.

By 2030, community organizers in some regions have successfully increased investments in and access to the social determinants of health for marginalized and vulnerable people, with successful multi-sector collaborations having reversed negative health trends on specific, urgent issues. Where local leadership and collaborations are effective, metrics of well-being adjusted life years improve, and health outcomes improve, especially health equity, indicated by more equal life expectancies between different groups. But in other places, citizen-led movements are unable to sustain themselves and conditions worsen for the marginalized and vulnerable, and health outcomes continue to decline and health inequities increase.

## How to Use the Scenarios

The value of a set of scenarios is not evaluated by whether these situations occur in the future, but rather by whether it influences strategies and decisions today. Sometimes the most significant scenario is, in hindsight, the one we are able to avoid. For scenarios to be useful in this way, users therefore must reflect on and talk about them—individually or collectively, face-to-face or virtually.

The purpose of such structured reflection on the scenarios is not to arrive at a consensus about what will happen. It is rather to engage diverse actors in conversations about what could happen, inform and inspire individual and collective strategies, illuminate possible pathways, and clarify next steps.

## Contributions

These scenarios were constructed by a team made up of people who are representative (but not representatives) of the whole system that produces individual and community health and illness in the United States. Individually, they are respected leaders of their own sectors; as a team, they have a range of backgrounds and perspectives (sectoral, ideological, professional, geographical) that enable them together to grasp the emerging system as a whole. Groups represented in the project include system leaders from public health, public policy, government, business, education, rural health, Native American health, the arts, philanthropy, healthcare, community organizing, and others.

For the full report and other materials, see:  
[www.reospartners.com/healthequity](http://www.reospartners.com/healthequity)



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