

FACT SHEET

Prevention and Public Health – The Key to Successful Health Reform

Prioritize Prevention and Public Health in Health Reform Legislation

Small Investment Now = Big Savings Later

- Chronic conditions, such as diabetes, heart disease, and cancer, consume more than 75 percent of the \$2.2 trillion spent on health care in the United States each year - the equivalent of about 2.5 economic “bailout” packages.¹
- **Studies have shown that by spending as little as \$10 per person on proven preventive interventions could save the country over \$16 billion in just five years.**²
- The Partnership for Prevention has identified a series of clinical preventive measures that, **if fully adopted by 90 percent of the population, could save 100,000 lives a year.**³
- Chronic diseases and unhealthy behaviors affect one’s ability to work, and increase employers’ workers’ compensation and health care costs, work-related injuries, absenteeism, as well as decreased productivity.⁴
- Addressing a single risk factor (e.g., smoking) can profoundly influence outcomes across multiple diseases, from preterm birth to lung disease and cancer. Addressing obesity in today’s children can alter the prevalence of many diseases (e.g. heart disease, cancer, diabetes, arthritis) that may be encountered decades later.⁵

Public Health Infrastructure Must Be Supported For Successful Health Reform

- **The public health system is facing a critical workforce shortage.** Increasing the *public health* workforce must be included in efforts to fortify the nation’s overall health workforce. State health and local health departments lost over 11,000 jobs last year, and are projecting to lose an equivalent amount over the next year due to the economy and state budgets. If the public health system is not adequately supported, it will undermine the successes of health care reform efforts.³
- **A predictable, reliable funding stream for public health programs is required.** A strong public health system is necessary to ensure successful health reform while also working to protect and monitor the public’s health. Federal, state, and local public health departments and programs must be adequately funded to be able to fulfill their mission for protecting the health of the people.³
- **Encourage and promote interagency collaboration on the federal, state and local levels.** Prevention programs do not exist in a vacuum; interagency collaboration is needed for many public health and disease prevention programs to be effective. For example, childhood obesity prevention programs should be coordinated by public health professionals in research settings or public health departments as well as education officials in the state or local education agency.
- **Invest in public health research, including Prevention Research Centers (PRCs), and enhance research capacity to focus on population-based prevention and health equity.** Public Health research has been steadily underfunded for the past decade. Public health research on the social determinants of health is especially needed to eliminate health disparities in racial and ethnic minority communities.

Community-Based Prevention Programs Have Proven Their Success

- **Many clinical preventive interventions require a strong community-level base to be effective.** Community programs support the ability of individuals to follow medical advice and make healthy choices. For example, a doctor can encourage people to be more physically active, however, unless they have access to safe, accessible places to engage in activity, they will not be able to “fill” this prescription.³ Evidence-based community health promotion and chronic disease prevention interventions that promote policy, systems, and environmental changes can provide the supportive environment to achieve health goals.

¹Partnership to Fight Chronic Disease (2009). January 27, 2009 press release, taken from <http://www.fightchronicdisease.org/media/statements/pfcd/Stimuluspackage.cfm> on February 13, 2009.

²Trust for America’s Health (2008). *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*. June, TFAH.

³Trust for America’s Health (2008). *Principals for Incorporating Public Health and Prevention Into Health Care Reform*, taken from <http://healthyamericans.org/assets/files/Principles091208.pdf> on February 13, 2009.

⁴National Association of Chronic Disease Directors (2009). *School Resources, Worksite Resources and Community Resources*, taken from <http://www.achievecommunities.org/nacddresources.cfm> on February 17, 2009.

⁵California Department of Personnel Administration (2009). *Worksite Resources*, taken from <http://www.dpa.ca.gov/benefits/health/wellness/guide/guidetoc.htm> on February 19, 2009.

- **Community-based efforts should include performance measures and independent assessments to be able to understand cost-effectiveness and impact on health to better inform where to best invest resources.** Since community-based prevention programs are important to maintaining the health of Americans, every effort should be made to ensure the country and communities are investing in the most effective programs possible.³
- **Community-based programs take place in a variety of community settings, investments should be made in each of these settings to encourage and promote true health reform.** Community based models have been proven effective in a variety of settings from schools, to workplace sites, to community-ran interventions. Following are just a few samples of some success stories that have taken place in each of these settings.

America's Success Stories⁴

SCHOOLS

TakeTime! (Maine) - Twenty Maine schools participate in the TakeTime!, a school program that arranges for every student to be physically active for 10-20 minutes during every school day, beyond the activity provided in physical education classes. The project, developed by a workgroup led by the Maine Center for Public Health and the Muskie School of Public Service, found that students increased their daily physical activity, their classroom behavior improved and teachers increased their own physical activity levels. Contact Amy Root at 207/626-5032, (Amy.Root@maine.gov).

NRG Balance Zone Campaign (Pennsylvania) - The NRG Balance Zone Campaign is an annual program that recognizes Pennsylvania schools and community recreation centers that improve healthy eating and physical activity options for today's youth. These organizations are publicly recognized as NRG Balance Zones and are equipped with special access to online resources; professional development opportunities and implementation tools; and an application to select a membership award that provides evidence-based programming to help implement a healthy change goal in their setting. Over the past five years, the campaign has engaged more than 2,682 schools and reached 3.5 million children. Please contact Allison Topper, Executive Director for more information at atopper@psu.edu

WORKSITE WELLNESS

Healthy Utah (Utah) - Healthy Utah is an employee wellness program available to most Public Employee Health Program (PEHP) insured subscribers and their spouses. Healthy Utah offers a variety of services and resources to improve the health and well-being of its members. These services focus on weight, diabetes, cholesterol, blood pressure, stress management, nutrition, physical activity, and tobacco cessation. Rebates are also provided to employees who stop smoking, reduce blood pressure, reduce cholesterol, reduce weight, and increase physical activity. Healthy Utah has over 28,000 members who participate in one or more program services. Information is available at: www.healthyutah.org

Public Health Out Walking (Illinois) - *Public Health Out Walking* challenges IDPH employees to increase their steps to 10,000 steps a day for 12 weeks. One-third of IDPH employees completed the challenge, logging in more than 210 million steps. The top 10 walkers received awards and employees who met the challenge received ribbons. The challenge was expanded to include the Department of Human Services as the "Fit 4 Life State Agency Walking Challenge," with more than 1,400 employees from 10 state agencies participating in a six-week competitive walking challenge. Contact Jan Costello at 217-782-8862 or jcostell@idph.state.il.us.

COMMUNITY BASED

Healthier Communities Initiative (Michigan) - The Michigan Dept. of Community Health guides communities to form community health coalitions, complete web-based self-assessments of policies and environmental factors supporting healthy living, and initiate plans for community improvement. To encourage participation, 5 local health departments and 10 community organizations received grants to recruit and organize stakeholders. Regional trainings and statewide *Healthy Livable Communities* conferences are held regularly. Communities that complete the *Promoting Active Communities* assessment and remove barriers to physical activity can receive statewide recognition through a prestigious *PAC Award*. The Michigan Dept. of Community Health works with state-level partners to increase access to fruits and vegetables by connecting local communities with neighboring farms. Contact Lisa Grost at 517/335-9781, (grostl@michigan.gov)

Healthy Transportation Network Project (California) – Healthy Transportation Network Project provides local decision makers, traffic engineers, land use planners, law enforcement, fire and emergency services and community stakeholders with ways to promote and design safer walk- and bike-friendly communities via website resources, technical assistance and regional trainings. Information is available at: www.caphysicalactivity.org

Advocating for healthier people through health education on behalf of the 35,000 members of the American Academy of Health Behavior; American Association for Health Education; American College Health Association; American Public Health Association/Public Health Education & Health Promotion Section; Coalition of National Health Education Organizations; Council of Accredited MPH Programs; Directors of Health Promotion and Education; Eta Sigma Gamma; National Association of Health Education Centers; National REACH Coalition for the Elimination of Racial & Ethnic Health Disparities; Society for Public Health Education; and Society of State Directors of Health, Physical Education and Recreation.
