

## **General Talking Points in Favor of the Public Health Investment**

- The Public Health Investment Fund created in this bill would be a dedicated funding stream for public health and prevention that is needed to address the many emerging health threats we face, and the persistent chronic disease rates that we must begin to control. It will enable us to finally prioritize prevention and public health.
  - The Fund will bolster our healthcare workforce, enhance our investment in community health centers, support jobs in state and local health departments, support effective prevention and public health programs, and fund prevention research.
  - The Fund would help finance the delivery of community-based prevention and wellness services grants. Research has shown that effective community level prevention activities focusing on nutrition, physical activity and smoking cessation can reduce chronic disease rates and have a significant return on investment.
  - The Fund would also support core public health infrastructure to help state, local and tribal health departments meet their responsibilities and would ensure accountability by requiring that states address needs including those identified through accreditation.
  - These resources are essential, as the nature and scope of responsibilities that public health officials are responsible for continues to grow. We rely on health departments to provide immunizations, protect our food and water supply, conduct surveillance, detect and monitor emerging infectious diseases, help prevent disease, and prepare for and respond to natural disasters, acts of bioterrorism and other public health emergencies like the recent H1N1 outbreak. These responsibilities have expanded to entail an increasing role in food safety, and now even helping to prevent, prepare for and adapt to the health effects of climate change.
  - The Fund authorizes and finances the U.S. Community Preventive Services Task Force and the Task Force on Clinical Preventive Services. It gives them the resources they need to do their job – that is, to provide the health community and policy makers with the information they need to make the best decisions about preventive health. This will assure that as we expand our investment in prevention, that we fund programs and interventions that are evidence based and cost effective.
  - Through the creation of a Public Health Workforce Corps and preventive medicine and public health training grant programs, the bill would help to address the persistent workforce shortages that we're experiencing in state and local health departments and would also promote a preventive approach to medicine. The Investment Fund would provide the resources to support these critical programs.
- If this health reform bill really is about protecting and promoting health, then we cannot miss out on this opportunity to invest in prevention and public health. We need to enact the Public Health Investment Fund so that we can support the people and the programs that prevent disease and save lives.

## **Talking Points in Favor of the Investment Fund & the Public Health Workforce Corps**

- The Public Health Investment Fund and the Public Health Workforce Corps will provide critical resources that are needed to support the public health workforce.
- Each and every day, we rely on public health professionals to protect us from threats to our health and prevent disease. They detect emerging pathogens, respond to disease outbreaks like H1N1, respond to natural disasters and acts of terrorism, protect our food and water supplies, immunize our children, help prevent disease, and so much more.
- Yet, our public health system has been, and continues to be, severely underfunded, and that compromises the ability of public health professionals to protect all of us.
- Despite the critical functions that public health professionals perform, we are facing widespread shortages.
  - The U.S. has an estimated 50,000 fewer public health workers than it did 20 years ago.<sup>i</sup>
  - A survey by the National Association of County and City Health Officials documented the loss of 7,000 local health department jobs in 2008. The situation has only gotten worse in the first half of 2009, when local health departments lost approximately 8,000 staff positions in a six-month time period.<sup>ii</sup>
  - These shortages will be exacerbated by retirements. Twenty percent of the average state health agency's workforce will be eligible to retire within three years, and by 2012, over 50 percent of some state health agency workforces will be eligible to retire.<sup>iii</sup>
  - Approximately 20 percent of local health department employees will be eligible for retirement by 2010.<sup>iv</sup>
- In addition to workforce shortages, we are also facing budget cuts at the state and local level. As a result, over the past 12 months, 55 percent of local health departments have made cuts to important public health programs, such as maternal and child health, environmental health, and emergency preparedness.<sup>v</sup>
- At the state level, 76% of health departments made budget cuts in FY 2009, according to the Association of State and Territorial Health Officials.
- These cuts are harmful to our health and do not make economic sense. For example, one state cut the scope of its childhood vaccination program. Yet, we know that every dollar spent on routine childhood vaccination in the U.S. saves over \$16 in medical and societal costs.
- Another state eliminated its teen pregnancy prevention program. According to the National Campaign to Prevent Teen Pregnancy, the U.S. saved about \$6.8 billion in health care, public assistance and other costs in 2004 alone, due to the decline in teen birth rates. Eliminating teen pregnancy prevention programs could reverse this success.<sup>vi</sup>

- Other states have made cuts to chronic disease prevention programs. Yet, a study by Trust for America's Health found that investing \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use, could save the country more than \$16 billion annually within five years.
- To address the critical staffing and funding shortages that health departments are facing, we need the Public Health Investment Fund and the Public Health Workforce Corps. These provisions, taken together, would establish and fund loan repayment and scholarship assistance for individuals who meet education requirements and agree to serve full-time as public health professionals for a period of time. The Investment Fund would also support core public health activities to ensure that health professionals have the tools they need to fight disease and protect health.
- The Public Health Workforce Corps and the Public Health Investment Fund will help support states during these difficult economic times by investing in the people and programs that are critical to preventing disease and saving lives. They are critical provisions to reforming our health care system.

## **Talking Points in Favor of the Prevention & Wellness Trust**

- Health care spending in the U.S. is far too high, and we're spending too much money on the treatment of costly and preventable diseases. Establishing a Prevention & Wellness Trust would help us to finally prioritize prevention and invest in keeping Americans healthy in the first place.
- In the U.S., we spend \$2.2 trillion on health care annually. Seventy-five percent of all health care costs are spent on the treatment of chronic diseases, many of which could have been prevented. Chronic diseases are estimated to cost us an additional \$1 trillion each year in lost productivity.
- If we're serious about improving health, reducing injury and saving lives through health reform, then we need to reduce chronic disease rates by preventing the onset of disease before it is too late. But we don't spend nearly enough on disease prevention.
  - In 2009, the federal government spent just \$54 million on heart disease and stroke prevention programs at the Centers for Disease Control and Prevention (CDC); the direct medical costs of cardiovascular disease are estimated to be almost \$314 billion per year.
  - In 2009, the federal government spent \$66 million on diabetes prevention programs at the CDC; the total annual economic cost of diabetes in 2007 was estimated to be \$174 billion.
  - In 2009, the federal government spent \$44 million on nutrition, physical activity and obesity prevention programs at the CDC. Obesity alone is estimated to cost us almost \$147 billion per year.
  - In 2009, the federal government spent approximately \$145 million to prevent injuries and violence. In 2000, the direct medical costs of injuries and violence were estimated to be more than \$117 billion, with another \$289 billion in productivity losses.
- Yet, we know that injury and disease prevention programs can be cost-effective and save lives.
- On the clinical side, a study from Partnership for Prevention found that increasing the use of five of the most targeted, effective preventive care services could save more than 100,000 lives each year in the U.S.
- There are many examples that demonstrate the effectiveness of community-based prevention programs. The New York Academy of Medicine published a compendium highlighting successful community prevention interventions. The CDC has also published booklets highlighting successes from the REACH program, a CDC-funded national program whose goal is to eliminate racial and ethnic health disparities. The YMCA published a booklet highlighting successes from the Steps to a Healthier US program, which received funding from the CDC. And the Society for Public Health Education published an entire issue of the journal *Health Promotion Practice* focusing on successful community prevention programs.

So we know that prevention programs funded by the government and the private sector have already achieved results.

- These prevention programs can also be cost-effective.
- A report from Trust for America's Health entitled *Prevention for a Healthier America* concluded that an investment of \$10 per person per year in proven, community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use could save the country more than \$16 billion annually within 5 years.
- Several large research studies, including the U.S. Diabetes Prevention Program, have found that over half of new cases of type 2 diabetes could be prevented through evidence-driven, community-based prevention programs. An analysis by the Urban Institute estimates that a targeted national program modeled on the Diabetes Prevention Program approach could result in total savings over 10 years of \$191 billion – and 75 percent of this would be savings to Medicare or Medicaid.
- According to the Pacific Institute for Research and Evaluation, there are significant cost savings for proven childhood injury prevention strategies. Every \$46 dollar child safety seat saves \$1900 in medical costs, future earnings and other resource costs, and quality of life costs. Similarly, a \$33 smoke alarm provides cost savings of \$940.
- Childhood vaccines are also cost-effective. For every \$1.00 spent on an individual vaccine:
  - Diphtheria-Tetanus-acellular Pertussis (DTaP) saves \$27.00;
  - Measles, Mumps, and Rubella (MMR) saves \$26.00;
  - Perinatal Hepatitis B saves \$14.70;
  - Varicella saves \$5.40; and
  - Inactivated Polio (IPV) saves \$5.45.
- Through our previous investments in prevention and public health programs, and through the efforts of the Prevention Task Forces, we have learned a lot about what works. Yet there is still a lot we need to learn and scant funding for this research. The Prevention & Wellness Trust would also support the research necessary to provide the health community and policy makers with the information they need to make the best decisions about preventive health. This will assure that as we expand our investment in prevention, that we fund programs and interventions that are evidence based and cost effective.
- We cannot control health care costs unless we reduce disease and injury rates and help Americans lead healthier lives. Through the creation of the Prevention & Wellness Trust, we will finally have the funds to support and expand evidence-based clinical and community prevention and wellness programs and research.
- We have a choice – we can continue on our current path, one where our unhealthy nation is being overwhelmed with the costs of treating disease. Or we can forge a new way forward. Prevention & Wellness Trust will steer us on the right track toward a future in which preventing disease and saving lives is the central focus of our health care system.

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<sup>i</sup> Association of Schools of Public Health. 2008. <http://www.asph.org/document.cfm?page=1038>

<sup>ii</sup> NACCHO. Survey of Local Health Department Job Losses and Cuts. September 2009.

<http://healthyamericans.org/assets/files/NACCHOJobLoss.pdf>

<sup>iii</sup> “2007 State Public Health Workforce Survey Results,” Association of State and Territorial Health Officers, 2008.

<sup>iv</sup> “2005 Profile of Local Health Departments,” National Association of County and City Health Officials (NACCHO)

<sup>v</sup> NACCHO. Survey of Local Health Department Job Losses and Cuts. September 2009.

<http://healthyamericans.org/assets/files/NACCHOJobLoss.pdf>

<sup>vi</sup> ASTHO. Impact Of Budget Cuts On State Public Health. <http://www.astho.org/Research/Data-and-Analysis/ASTHO-Budget-Cuts-Survey-Results/>