

**Wellness and Prevention Provisions
Talking Points
October 2009**

General Talking Points in Favor of Prevention

- Overarching talking point: Health reform isn't just about cutting costs -- it's about keeping Americans safer and healthier. Investing in prevention gives all Americans the opportunity to lead healthier lives and ensures our workforce is strong and healthy enough to compete with the rest of the world. The Public Health Investment Fund and National Prevention and Wellness Strategy would lower disease rates, decrease injuries and disability, improve quality of life, and help reduce health care costs for millions of Americans.
- For too long, health care has focused on treating people after they've become sick or injured, instead of keeping them well in the first place.
- We'll never reduce health care costs until we improve the health and safety of Americans. Right now, 75 percent of all health care costs are spent on the treatment of chronic diseases, many of which could have been prevented.
- The National Prevention and Wellness Strategy included in the House & Senate bills would allow us to set clear, achievable goals for improving the health and safety of Americans.
- We know that strategic investments in evidence-based prevention programs in communities can result in a big payoff in a short time -- reducing health care costs, increasing the productivity of the nation's workforce, and helping people lead healthier lives.
- The Public Health Investment Fund included in the House and Senate bills would strategically support prevention, public health, the health workforce, and research that would directly improve the health of Americans while reducing health care costs.
- Investing in prevention gives all Americans the opportunity to lead healthier lives and ensures our workforce is strong and healthy enough to compete with the rest of the world. The Public Health Investment Fund and National Prevention and Wellness Strategy would lower disease and injury rates, improve quality of life, and help reduce health care costs for millions of Americans.

Talking Points in Favor of House Bill's Prevention Strategy & Investment Fund

- Seventy-five percent of health care costs go toward the treatment of chronic disease, and obesity alone is estimated to cost us almost \$147 billion per year. We'll never reduce health care costs until we improve the health and safety of Americans.
- The House bill, through its creation of a National Prevention and Wellness Strategy and the Public Health Investment Fund, would reorient our health system towards prevention of disease and injuries, where our focus and our dollars should be expended.
- National Prevention and Wellness Strategy - The federal government does not currently have any structure or plan that coordinates health policy across government to assess our public health status, establish national priorities, and identify health goals and objectives. The Strategy in this bill would accomplish those goals.
- The Public Health Investment Fund created in this bill would be a dedicated funding stream for public health and prevention that is needed to meet the many emerging health threats we must face, and the persistent chronic disease and injury rates that we must begin to control.
 - The Fund would allow us to build upon what we know already works and to test new approaches. It would enable us to prioritize prevention and health, not just treatment.
 - The Fund would help finance the delivery of evidence-based, community-based prevention and wellness services grants. It allows flexibility for communities to determine the right mix of interventions.
 - 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 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.
 - The funds are essential, as the nature and scope of responsibilities that public health officials are responsible for continues to grow. These responsibilities have expanded to entail emergency preparedness and response, an increasing role in food safety, and now even helping to prevent 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.
 - 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.

Talking Points in Favor of Senate Bill's Prevention Strategy, Investment Fund, Transformation Grants & Healthy Aging Pilot

- Seventy-five percent of health care costs go toward the treatment of chronic disease, and obesity alone is estimated to cost us almost \$147 billion per year. Chronic diseases cost the U.S. an additional \$1 trillion each year in lost productivity. Injuries are the leading cause of death for Americans ages one through 44 and cost more than \$117 billion per year. We'll never reduce health care costs until we improve the health and safety of Americans.
- The Senate bill, through its creation of a National Prevention and Health Promotion Strategy and the Prevention and Public Health Investment Fund, would reorient our health system towards prevention of disease and injury, where our focus and our dollars should be expended.
- National Prevention and Health Promotion Strategy - The federal government does not currently have any structure or plan that coordinates health policy across government to assess our public health status, establish national priorities, and identify health goals and objectives. The Strategy in this bill would accomplish those goals.
- The Prevention and Public Health Investment Fund created in this bill would be a dedicated funding stream for public health and prevention that is needed to meet the many emerging health threats we must face and persistent chronic disease and injury rates.
- The Fund would build upon what works, but also test new approaches to promoting prevention and wellness. It would ensure accountability by evaluating new programs that are funded and would enable us to prioritize prevention and health, instead of just treatment. But it does not earmark every dollar because the prevention needs of the nation may change over time. We need the flexibility to direct money where it will do the most good, in proven health and safety interventions.
- The Fund could support existing chronic disease and injury prevention programs – like the CDC's nutrition, physical activity and obesity program, and the school health program – which are currently only in half of states – and injury prevention programs – which are in just 30 states.
- The Fund could help fight obesity, chronic disease and injury by funding community transformation grants, which are competitive grants authorized in the bill that must focus on reducing chronic disease rates and addressing health disparities. These grants are flexible yet accountable – by requiring proven, evidence-based approaches and an evaluation.
- Baby Boomers have higher obesity rates than previous generations. The bill authorizes a healthy aging pilot program to target preventive health to the pre-Medicare population. The Fund could support healthy aging programs and help improve the health and safety of this population before they age into Medicare.
- We know that immunizations are cost-effective and save lives. The bill would expand access to immunizations, and the Fund could help support that crucial investment.
- The HELP bill also authorizes the Preventive Task Forces, which provide us with the information we need to make the best decisions about preventive health.

Q&A:
Suggested Responses to Frequently Asked Questions

How Do the House Bill and Senate HELP Bill Help Bend the Cost Curve?

- Health care spending in the U.S. is far too high, and we're spending our money on the treatment of costly and preventable diseases, instead of investing in keeping people healthy in the first place.
- Some startling statistics:
 - 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 cost the U.S. an additional \$1 trillion each year in lost productivity.
 - We are the fattest nation in the fattest period in the history of the world.
 - If we want to bend the cost curve, 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.
- The federal government spends just \$54 million on heart disease and stroke prevention; in 2009, the direct medical costs of cardiovascular disease are estimated to be almost \$314 billion.
- The federal government spends \$65.8 million on diabetes prevention; the total annual economic cost of diabetes in 2007 was estimated to be \$174 billion.
- The federal government spends \$44 million on nutrition, physical activity and obesity prevention. Obesity alone is estimated to cost us almost \$147 billion per year.
- The federal government spends \$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 prevention can be cost-effective and save lives. 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. This is a return of \$5.60 for every \$1.
- According to the Urban Institute, analyses suggest that on average, a prevented case of diabetes or hypertension without heart/stroke/kidney complications would reduce average annual spending on that adult by 11 percent, and reduced complications that would otherwise result from these diseases would reduce spending by another 25.6 percent. Increased physical activity, improved nutrition and smoking cessation can greatly reduce diabetes and hypertension risks.
- 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 and graduated teen driving laws provide a cost savings of \$600 per driver for a \$74 investment.

- The House and Senate health reform bills would make an unprecedented and overdue investment in prevention and wellness, one which is necessary to control health care costs.

What Specific Provisions in the House & Senate Bills Promote Prevention?

- Through the creation of the Prevention and Public Health Investment Fund in the House and Senate bills, we will finally have the funds to support and expand evidence-based clinical and community prevention and wellness programs and to evaluate their effectiveness.
- Through the creation of the National Prevention Strategy in the House and Senate bills, we will be able to better coordinate health policy across government and to assess our public health status, establish national priorities, and identify health goals and objectives.
- Through the investment in the Preventive Task Forces, we'll enhance our research base so that we have the best information about what works. This will help assure that we're investing in the best services and interventions that are evidence-based and cost-effective.
- The community transformation grants in the Senate bill and the prevention and wellness grants in the House bill would help prevent chronic disease through evidence-based approaches.
- Both bills have provisions prohibiting cost-sharing for preventive services with A or B ratings from the U.S. Preventive Services Task Force.
- We simply cannot control costs unless we reduce disease and injury rates and help Americans lead healthier lives. The House and Senate bills make a strong commitment to prevention, which will help save lives and prevent the onset of many costly diseases and injuries.

If prevention saves money, then why doesn't the Congressional Budget Office score it?

- CBO cannot score potential savings accrued from discretionary programs (ie CDC chronic disease prevention programs) as savings to mandatory programs (ie Medicare). Further, some of the savings resulting from prevention may occur outside of the traditional ten-year scoring window that CBO uses.
- CBO generally relies upon studies that are very large in scope and have results that can be considered scalable. Some of the studies demonstrating the cost-effectiveness of prevention interventions are too small to be considered by CBO.
- CBO notes that since prevention can extend life, other costs (such as Medicare and Social Security) will increase. Yet, “compression of morbidity” studies show that even if life is extended, years of healthy life are also extended, with chronic diseases occurring over a shorter period of time, and therefore resulting in lower costs.
- Despite the fact that CBO does not yet score saving resulting from prevention, it notes that, “Certain types of preventive services have been found to yield substantial net savings, largely because the initial costs are low and the long-term benefits are large.”
- Moreover, studies have shown the effectiveness of prevention.
 - For example, a study by Trust for America’s Health, entitled Prevention for a Healthier America, 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. Out of the \$16 billion in savings, Medicare could save \$5 billion+; Medicaid, \$1.9 billion+; and private payers, \$9 billion+ annually.
 - Similarly, several large research studies, including the U.S. Diabetes Prevention Program (DPP), have found that over HALF of new cases of type 2 diabetes can be avoided by structured lifestyle intervention programs that help individuals with PRE-diabetes to lose just 11 – 15 pounds and to participate in daily physical activity such as brisk walking.
 - Multiple prediction models have now demonstrated that a structured lifestyle intervention at the YMCA to prevent diabetes can be COST SAVING within 2 to 3 years time if the direct costs of the intervention can be reduced to \$250 - \$300 per year.
 - A recent report by the Urban Institute identifies less expensive and targeted prevention interventions with demonstrated effectiveness. Based on first year referral and program costs of \$300 per enrollee and follow-up program costs of \$150 per enrollee per year for YMCA’s DPP, Urban estimates that total savings over 10 years would be \$191 billion, with \$142.9 billion of that total reflecting savings to Medicare/Medicaid.
 - 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.

Why do we need a Prevention and Public Health Investment Fund?

We need a dedicated funding stream to promote prevention, bolster our workforce, support core public health services, and ensure that we have the data and research we need to make the best investments in prevention and public health.

Prevention

- The U.S. spends approximately \$2.2 trillion on health care each year, more than any other nation in the world; yet we lag behind other nations in key indicators of health, such as life expectancy.
- It is estimated that chronic diseases alone cost the U.S. an additional \$1 trillion each year in lost productivity, and are a major contributing factor to the overall poor health that is placing the Nation's economic security and competitiveness in jeopardy.
- A study by Trust for America's Health, entitled "Prevention for a Healthier America," 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.
- The Investment Fund could help finance the delivery of evidence-based community-based prevention and wellness services to help reorient our system towards disease and injury prevention.

Workforce

- We are experiencing severe public health workforce shortages. The U.S. has an estimated 50,000 fewer public health workers than it did 20 years ago. According to a survey conducted by the Association of State & Territorial Health Officials, the vacancy rates at state health departments range from 2 percent to 17 percent, with 41 percent of states having a vacancy rate of 10 percent or higher.
- 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. Approximately 20 percent of local health department employees will be eligible for retirement by 2010.
- The Investment Fund could help us to recruit and retain our public health workforce. 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.

Core Public Health Services

- The Investment Fund could 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.
- These funds are crucial, as the nature and scope of responsibilities that public health officials are responsible for continues to grow. Traditional responsibilities of a health department include assessing, monitoring, diagnosing and evaluating community health problems; developing, enforcing and researching policies to improve community health; educating the public about health issues; and mobilizing community partnerships to identify and solve health problems.

- Further, these responsibilities have expanded to entail emergency preparedness and response, an increasing role in food safety, and now even helping to prevent, prepare for and adapt to the health effects of climate change. Funds are needed to support these core services.

Research

- The Fund could help finance the U.S. Community Preventive Services Task Force and the Task Force on Clinical Preventive Services. The authorization and financing of these task forces would give 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.

Will the House and Senate Investment Funds' public health and prevention programs be effective and accountable?

- Accountability and effectiveness are promoted in three ways: through the requirement that new programs authorized in the bills are evidence based; through the enhancement of our research base; and through the evaluation of the programs that are funded.
- The new programs authorized in the bills, from the community transformation grants, to the healthy aging pilot in the Senate bill, to the community-based prevention and wellness services grants in the House bill, must be evidence-based. That will help ensure that we are investing in effective programs.
- The House and Senate bills also both increase the investment in prevention and wellness research, including the Preventive Services Task Forces. The USPSTF and the USCSTF are independent entities that review the scientific evidence and cost-effectiveness data related to clinical preventive services and preventive community interventions, and they develop recommendations resulting from their findings.
- The House and Senate bills would provide the Task Forces with the authority and 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, we fund programs and interventions that are evidence-based and cost-effective.
- Finally, all of the new programs authorized in the bill must be evaluated. This will help us make smarter decisions and better investments.
- Essentially, we are starting from an evidence-base, building it up, and evaluating our investments. This enables us to invest in what works so that we can promote prevention and ultimately improve health.

Isn't This Just Lots of Money for Jungle Gyms?

- First of all, this is a misconception. The Senate bill does not devote billions to infrastructure. It devotes funding through the Prevention and Public Health Investment Fund for “prevention, wellness and public health activities, including prevention research and health screenings.”
- The bill does provide authorization for community transformation grants, and part of the money for those grants could support infrastructure improvements in a community. That, however, is not the focus of this Fund.
- The built environment is inextricably linked to our health. And that is why infrastructure improvements that are evidence-based and support health and safety are a permissible use of funding for one of the programs authorized in the bill.
- Health does not just occur in a medical setting. Ultimately, health is a personal responsibility. But the built environment, especially our access to nutritious foods and safe physical activity, has a great influence on our ability to exercise that personal responsibility.
- We all know we need to move a little more and watch what we eat in order to lose weight and get healthy, but those two recommendations are next to impossible for many Americans, because there is no where for them to exercise or get active in their every day life. Allowing communities to build safe playgrounds, walking paths and sidewalks is about ensuring that every American gets a fair shot at living a healthier life.

Is there really evidence linking the built environment and health?

- Many of our nation's top foundations have come together through the Healthy Eating Active Living Convergence Partnership to collaboratively create access to healthy foods and physical activity. They assert that, "Place affects health and not all places have equal access to environments where healthy choices are available."
- The Convergence Partnership published a policy document that included a list of strategies, ranging from school-based approaches to infrastructure improvements to partnerships with restaurants and employers, to promote healthy eating and active living. Their list of strategies was based on interviews with practitioners and a literature review. Some highlights from the list:
 - Safe neighborhoods, communities and buildings support physical activity, and specific policies include: create, rehabilitate, and maintain parks, playgrounds and recreation facilities in underserved residential areas; offer quality programming to encourage and support physical activity; support walkable and bikable street design; support infrastructure improvements, such as sidewalks and bikepaths; and implement complete streets policies.
- The Task Force on Community Preventive Services concluded that there is sufficient evidence that street-scale urban design and land use policies to support physical activity in small geographic areas, generally limited to a few blocks, is effective in increasing levels of physical activity.
- The Guide to Community Preventive Services recommendations for increasing physical activity in communities also notes that there is "strong evidence" to support creation and/or enhanced access to places for physical activity combined with informational outreach activities.
- Research by CDC and others has indicated that two of the main reasons given as reasons for not exercising are lack of structures or facilities (such as sidewalks and parks) and fears about safety. Overall, CDC reports that higher levels of perceived neighborhood safety are associated with higher levels of physical activity... Thus, people are more likely to use parks, paths, and bikeways when they are easy to get to and are safe and well maintained."
- A study showed that participants in neighborhoods with high walkability had significant decreases in blood pressure and those neighborhoods with low walkability and a high density of fast food outlets were associated with increases in blood pressure. But, increases in blood pressure due to high densities of fast food restaurant outlets were diminished by highwalkable neighborhoods.
- Research has shown that areas with high walkability have lower traffic fatality rates than areas less conducive to walking.
- A study of 771 adults with type 2 diabetes found that a much larger percentage of the group walked for transport or recreation if the built environment was more inviting.

Do the Bills Prevent and Reduce Chronic Diseases and Conditions?

Obesity and other chronic diseases cost billions of dollars each year. Unfortunately, there is no magic bullet that will reduce obesity rates. It's taken years for the epidemic to develop, and it will take years and a comprehensive approach to mitigate and eventually reverse it. The House and Senate health reform bills take important steps to combat obesity and other chronic diseases:

House Bill

- Calls for a National Prevention and Wellness Strategy – This will help coordinate across government our effort to address preventable conditions and diseases, like obesity. It will set goals and benchmarks so we can measure our progress.
- Creates a Wellness and Prevention Fund which would support prevention and wellness research and delivery of community-based prevention and wellness services. There is already an ample evidence base to demonstrate the effectiveness of community prevention
- Covers Preventive Services – The essential benefits package in the House bill requires coverage of preventive services, including those services recommended with a grade of A or B by the Task Force on Clinical Preventive Services and CDC-recommended vaccines. It prohibits cost-sharing for those preventive benefits.
- Requires Nutrition Labeling of Standard Menu Items at Chain Restaurants.

Senate Bill

- Calls for a National Prevention and Health Promotion Strategy – This will help coordinate across government our effort to address preventable conditions and diseases, like obesity. It will set goals and benchmarks so we can measure our progress.
- Creates a Prevention and Public Health Investment Fund – This Fund will support prevention, wellness, and public health activities authorized by the Public Health Service Act. Many of the existing obesity and chronic disease prevention programs that do not have the funds to be fully implemented in all states could be supported by this fund, in addition to the new prevention programs authorized through this bill. A few programs to highlight:
 - Community Transformation Grants are flexible grants that must include evidence based interventions to reduce chronic disease rates and health disparities.
 - A Healthy Aging Pilot would target preventive health to the pre-Medicare population.
 - The Fund could support this program and help us improve the health of this population before they age into Medicare.
 - Preventive Task Forces – the bill would provide authorization for the Task Forces so that we can enhance our research base and have the best information about what works.
- Requires Nutrition Labeling of Standard Menu Items at Chain Restaurants – With additional information, consumers can make better, more informed choices about what they eat.
- Covers Preventive Services – The Senate bill also prohibits cost sharing for those preventive services rated as A or B by the Task Force on Clinical Preventive Services.