

THE TRUTH ABOUT THE PREVENTION AND PUBLIC HEALTH FUND

Every American should have the opportunity to be as healthy as he or she can be. But, right now, millions of Americans suffer from diseases that could have been prevented:

- Chronic diseases, such as type 2 diabetes and heart disease, are responsible for seven out of 10 deaths, 75 percent of the \$2.5 trillion spent on U.S. medical care costs and billions of dollars in lost productivity each year.^{1, 2}
- Two thirds of Americans are either obese or overweight and nearly 20 percent of Americans smoke. Obesity costs the country \$147 billion and tobacco use \$96 billion in direct healthcare costs each year.
- If obesity rates continue on their current trajectory, half of Americans could be obese by 2030, and the rise in obesity-related healthcare costs could reach between \$196 billion and \$213 billion in direct medical costs.³

While the numbers are shocking, they are not surprising. For decades, the healthcare system has been set up to treat people after they are sick rather than keeping them well in the first place. Our country has a sick care system – rather than a healthcare system.

In fact, today's kids are possibly on track to be the first generation in American history to live shorter, less healthy lives than their parents.

America's health faces two possible futures. We continue on the same track, resigning millions of Americans to major health problems that could have been avoided, or we can invest in giving Americans the opportunity to be healthier, while saving billions in healthcare costs and improving productivity.^{4, 5}

Prevention is the most effective, common-sense way to improve health and reduce healthcare costs in the United States. But, until recently, there's never been a strong national focus on prevention to deliver the results the country needs to prosper and thrive.

The Affordable Care Act (ACA), for the first time in the nation's history, created a dedicated fund for prevention.

Effective, affordable healthcare is essential for improving health, but what happens beyond the doctor's office also has a major impact on how healthy we are. There is increasing understanding of how important it is to combine good medical care with support in our daily lives to carry out a doctor's advice.

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The Prevention and Public Health Fund is the nation's largest single investment in prevention and takes an innovative approach by supporting cross-sector and public-private partnerships and collaborations to improve outcomes. The Prevention Fund will provide \$14.5 billion over the next 10 years to improve public health and prevent chronic illnesses, including obesity and related diseases, through increased screenings, counseling and care and community-based prevention programs.

The Fund supports services and programs that allow health to be improved in communities, schools, workplaces and homes by supporting healthier lifestyles and eliminating obstacles to healthy life choices. The Fund:

- Supports community-driven prevention efforts targeted at reducing tobacco use, increasing physical activity, improving nutrition, expanding mental health and injury prevention programs, and improving prevention activities.
- Provides financial support directly to states and communities, and gives them flexibility to address their most pressing health challenges.
- Invests in programs that are proven and effective. Oversight and evaluation is a key component of every Fund-sponsored program, and strict performance measures ensure accountability before federal dollars are spent.

Why The Prevention Fund Matters:

- The Fund is being used for programs at the local, state and federal level to reduce the rate of obesity and tobacco use by 5 percent within five years. Obesity and tobacco are two of the leading drivers of chronic diseases and related healthcare costs. Reducing obesity by lowering the average Body Mass Index (BMI) of Americans by 5 percent could spare millions of Americans from diseases including type 2 diabetes, heart disease and cancer, and could save \$29.8 billion in healthcare costs in five years, \$158.1 billion in 10 years and \$611.7 billion by 2030. Nearly every state that reduced BMIs by 5 percent could save between 6.5 percent and 7.9 percent in healthcare costs by 2030.⁶
- The Fund provided the investment for the U.S. Centers for Disease Control and Prevention (CDC) to run the first-ever paid national tobacco education campaign — *Tips From Former Smokers* (Tips). *Tips* encouraged people to quit smoking by highlighting the toll that smoking-related illnesses take on smokers and their loved ones. The *Tips* campaign had an immediate impact – compared with the same 12-week period in 2011, overall call volume to 1-800-QUIT-NOW more than doubled during the Tips campaign, and visits to the Smokefree.gov Web site increased by more than five times.⁷ In addition, \$21 million from the Fund was awarded to 41 states, the District of Columbia, Guam and Puerto Rico to enhance the capacity of quitlines to be sure that everyone who calls receives some form of cessation assistance.
- The Fund supports epidemiology and laboratory capacity that enables state and local health officials to respond to emergencies that put citizens' lives and

health at stake – including natural disasters, terrorist attacks, infectious disease outbreaks, and unsafe food, air and water. For example, the Fund supported epidemiology and laboratory capacity (ELC) grants, helping support Colorado’s public health laboratory and the communicable disease surveillance and reporting system responsible for limiting the spread of a nationwide Listeria outbreak that infected 146 people in 28 states and led to at least 30 deaths. The outbreak was solved in two weeks rather than the typical month-long process.

- The Fund creates job opportunities by providing training for workers and invests in up-to-date equipment and technology needed to protect communities from disease outbreaks and other health threats.
- The Fund is helping more than 100 businesses establish comprehensive workplace wellness programs to reduce the risk of chronic disease among employees and their families. When comprehensive workplace wellness programs are done well, and use evidence and practice based strategies, they can yield a return of \$3 for every \$1 spent.⁸ In 2012, the program was expanded to provide comprehensive workplace health training to an additional 500 to 700 employers nationwide.

COMMUNITY TRANSFORMATION GRANTS

Community Transformation Grants (CTG) are a central component of the Prevention and Public Health Fund and are targeted at addressing the leading causes of chronic diseases to improve the health of Americans and reduce healthcare costs over the long term. They are administered and supported by the CDC.

Awardees can use the grants to target the causes of chronic diseases by supporting tobacco-free living, active living and healthy eating, and clinical and community preventive services that prevent and control high blood pressure and high cholesterol; or developing programs that focus on disease prevention and health promotion.

CTGs are **required** to base their efforts on proven, evidence-based approaches and must meet measurable, achievable outcomes to receive federal dollars. They are developed by leadership teams of community members working together at the local level, not the federal government who may not understand a specific community’s needs. These teams represent a diverse list of sectors, including healthcare, education, business, housing and faith-based organizations.

CTGs are expected to improve the health of 130 million people - more than four out of 10 Americans. In 2011, \$103 million was awarded to 61 communities in 36 states, serving approximately 120 million Americans. In 2012, \$70 million was awarded to 40 communities, directly impacting about 9.2 million Americans. Twenty percent of all programs are in rural or frontier areas.

Why CTGs Matter:

- CTGs allow communities to work with partners from a range of sectors to design specific interventions that meet the most pressing needs of their populations.
- CTGs invest in proven, effective community-based interventions and focus on addressing the leading causes of chronic disease, such as tobacco use, obesity, poor nutrition and health disparities.
- Within five years, CTG grantees are expected to reduce the following by 5 percent: death and disability due to tobacco use; the rate of obesity (through nutrition and physical activity interventions); and death and disability due to heart disease and stroke.

How It's Working:

West Virginia is supporting local health departments to address top challenges facing their community and develop solutions. The West Virginia Department of Health is using CTG support to help local health departments in every county in the state implement targeted initiatives including: safe places in communities to work and play, Farm-to-School Initiatives to improve nutrition in school settings, Child and Day Care Center Nutrition Programs to educate and empower children to choose healthy lifestyles through physical activity and healthy food choices, and community coordinated care systems that link and build referral networks between the clinical system and community-based lifestyle programs so people can manage their health.

Oklahoma is using a CTG to work with a range of sectors to make healthier choices easier in the state. Nearly 70 percent of Oklahoma County's premature deaths are largely preventable, arising from an unhealthy lifestyle, poor diet or the use of tobacco, alcohol or other substances. The county spends about \$920 million every year to treat chronic disease. In September 2011, Oklahoma City was awarded a \$3.5 million CTG. Using a portion of those funds, the Oklahoma City-County Health Department (OCCHD) expanded the use of community health workers to ensure more people access the "My Heart, My Health, My Family" program, which provides prevention programs and services, specifically focused on cardiovascular disease. The program includes lesson plans on healthy living (e.g. portion control and the benefits of substituting water for sugar sweetened beverages) and participants receive access to free regular clinical checkups four times a year and free medication. The CTG money will also support other obesity-specific initiatives, including expanded walking and biking trails, a push to help schools offer healthy menu options and a physical education coordinator for city schools.

An Accountable Care Community (ACC) in Akron, Ohio – a CTG recipient – has brought together 70 community partners to coordinate healthcare and support inside and outside the doctor’s office for patients with type 2 diabetes. In just 18 months, the ACC has reduced the average cost per month of care for individuals with type 2 diabetes by more than 10 percent per month with an estimated program savings of \$3,185 per person per year. This initiative also led to a decrease in diabetes-related emergency department visits.

The Iowa Department of Public Health (IDPH) is providing local communities with resources to better address obesity and other health risk factors. Utilizing a \$3 million/year CTG, one key element is the Iowa Community Referral Project. The project will help ensure Iowans follow through with healthy lifestyle behaviors as a result of referral system changes between health providers and community agencies. The two components of the project include 1) A partnership with the Iowa Primary Care Association (IPCA) and selected communities where intensive training and technical assistance are provided to promote a seamless referral system, and 2) Implementation of local referral projects in the Iowa CTG intervention counties.

A CTG awarded to Broward Regional Health Planning Council’s Transforming Our Community’s Health (TOUCH) initiative is serving 1.7 million residents of Broward County, Florida to improve health, including by working with a range of partners to alleviate childhood obesity. TOUCH has brought together community-based organizations, multidisciplinary strategies and diverse communities to address the most recognizable factors contributing to childhood obesity. It is anticipated that these system, environmental and policy enhancements will positively impact the health, well-being and longevity of children.

Additional highlights of CTG program efforts in 2011 are available at:
<http://www.cdc.gov/communitytransformation/accomplishments/index.htm>.

National Public Health Improvement Initiative

The Prevention Fund is strengthening public health departments through the National Public Health Improvement Initiative (NPHII), a five-year initiative to provide support to health departments to increase their ability to respond to events requiring a coordinated intervention, improve efficiency, and increase the use of evidence-based policies. The program provides health departments with resources to make necessary systemic changes to better facilitate the delivery of public health services.

Why NPHII matters:

- Public health plays an essential role in protecting Americans' health from threats ranging from bioterrorism to infectious disease outbreaks to extreme weather events.
- Public health is responsible for identifying the biggest, highest cost health problems and developing the most effective strategies for improving health.

How it's working:

The NPHII provided the New Jersey Department of Health and Human Services Healthcare-Associated Infections (HAIs) in Ambulatory Surgical Centers (ASCs) program with support to implement a surveillance program on HAIs for licensed and certified ASCs. Ninety-nine percent of ASCs are now able to enroll, register and report HAIs to the CDC.

The Chicago Department of Public Health, with funding from the NPHII, improved food safety and sanitation at the stadiums in Chicago and the efficiency of its food safety inspectors, with a 22 percent increase in the average number of inspections per inspector.

With resources from the NPHII, the Wisconsin Department of Health Services merged four local health departments into two local health departments in 2012, with an anticipated savings of \$250,000-\$350,000 and increased efficiency and effectiveness in providing essential services while still meeting statutory requirements.

Key Facts About the Prevention and Public Health Fund

The Prevention Fund Makes the Healthy Choice the Easy Choice

- The goal of the Prevention Fund is to make healthy choices the easy choices. The Fund does not support any restrictions on the public's choice or freedoms. Investments from the Prevention Fund have provided people access to vaccines, cancer screenings, smoking quitlines, safe places to exercise and healthier food.
- The Prevention Fund empowers communities by giving them the ability to decide what their most pressing health needs are and how to address them. Businesses, schools, nonprofits, hospitals and insurers have come together to help make sure that if people want to, they can choose to be healthy.

Allocation of the Prevention Fund is the Responsibility of Congress

- In Section 4002 of the ACA, Congress was expressly given the authority to appropriate the Prevention Fund and determine how it will be spent. However, since passage of the ACA, Congress has failed to formally allocate the Fund as part of any final appropriations vehicles that included Labor-Health and Human Services (HHS) spending, in so doing handing over the authority to allocate the Fund to the Secretary.

No Prevention Fund Dollars Have Been Used for Lobbying

- For years, the CDC has communicated lobbying restrictions to its grantees via a set of instructions contained in a document, AR 12. Under that guidance, “grantees are prohibited from using appropriated Federal funds for lobbying Congress or any Federal agency in connection with the award.” Further, “As a matter of policy, CDC extends the prohibitions to lobbying with respect to local legislation and local legislative bodies.”
- CDC has expanded the AR 12 guidance to expressly prohibit “any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body,” to meet restrictions required under Section 503 of FY 2012 Labor/HHS appropriations.
- CDC has initiated extra controls to ensure grantees are restricted from ever using funds on prohibited lobbying activities and has mechanisms in place to identify any violations. No such violations have been confirmed. CDC is also providing additional training to staff working on community-based initiatives about the legal limitations in place.

The Fund Provides an Expanded and Sustained National Investment in Prevention and Public Health Programs

- According to its most recent report to Congress, the Fund will, “provide expanded and sustained national investments in prevention and public health, to improve health outcomes, and to enhance healthcare quality. To date, the Prevention Fund has invested in a broad range of evidence-based activities including community and clinical prevention initiatives; research, surveillance and tracking; public health infrastructure; immunizations and screenings; tobacco prevention; and public health workforce and training.”
- The Community Transformation Grant program prohibits grantees from using federal dollars on construction. However, CTGs can promote and assist in planning and advising on how to help leverage private funds for programs that support active living, such as bike share programs, expanding bike paths and improving the safety of crosswalks to help improve the health of that community. The Institute of Medicine, CDC and other experts have found that where someone lives, works and plays has a direct impact on how healthy someone can be – if a person lives in a neighborhood with safe places to exercise and has access to fresh affordable foods, that person will be healthier.

Prevention Fund Programs are Held Accountable

- Accountability is a key component of Prevention Fund programs. To ensure a return on investment on prevention dollars spent, CDC maintains considerable oversight of CTGs. For example, CTG-sponsored programs are required to demonstrate clear goals and objectives; define concrete, measureable outcomes; and undergo comprehensive and frequent evaluation. CDC is committed to providing assistance, monitoring and oversight of programs that will result in measureable outcomes as set forth in Section 4201 of the ACA.
- Information on use of the Prevention Fund is publicly posted. Semi-annual reports are publicly posted on the U.S. Department of Health and Human Services website - <http://www.hhs.gov/open/recordsandreports/prevention/fy2012-allocation-pphf-funds.html>.
- The five year performance goals for Community Transformation Grants are to reduce death and disability due to tobacco use by 5 percent; reduce the rate of obesity through nutrition and physical activity interventions by 5 percent; and reduce death/disability due to heart disease and stroke by 5 percent.

Endnotes

- ¹ Kung HC, Hoyert DL, Xu JQ, Murphy SL. Deaths: final data for 2005. National Vital Statistics Reports 2008;56(10). http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf (accessed July 14, 2010).
- ² Anderson G. “Chronic Conditions: Making the Case for Ongoing Care.” Baltimore, MD: John Hopkins University; 2004.
- ³ Trust for America’s Health. *F as in Fat: How Obesity Threatens America’s Future, 2012*. Washington, D.C.: Trust for America’s Health. <http://www.tfah.org/report/100/> (accessed October 2012).
- ⁴ Trust for America’s Health. *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*. Washington, D.C.: Trust for America’s Health, 2008. <http://healthyamericans.org/reports/prevention08/> (accessed November 2012).
- ⁵ Trust for America’s Health. *F as in Fat: How Obesity Threatens America’s Health, 2012*. Washington, D.C.: Trust for America’s Health, 2012. <http://healthyamericans.org/report/100/> (accessed November 2012).
- ⁶ Trust for America’s Health. *F as in Fat: How Obesity Threatens America’s Future, 2012*. Washington, D.C.: Trust for America’s Health. <http://www.tfah.org/report/100/> (accessed October 2012).
- ⁷ Tips from Former Smokers: Campaign Overview. U.S. Centers for Disease Control and Prevention. <http://www.cdc.gov/tobacco/campaign/tips/about/campaign-overview.html> (accessed July 4, 2013)
- ⁸ Altarum Institute Issue Brief. Enabling Employee Wellness: What Do We Know About What Works? January 2011.