



**Written Testimony of
Jeffrey Levi, PhD
Executive Director
Trust for America's Health**

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Subcommittee on Health**

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Mr. Chairman, thank you for the opportunity to testify today on the House tri-committee discussion draft of health reform legislation. Trust for America's Health (TFAH) and, I believe all our colleagues throughout the public health community, are delighted that this legislation recognizes that prevention, wellness, and a strong public health system are central to health reform. We also support the premise that without strong prevention programs and a strengthened public health capacity surrounding and supporting the clinical care system, health reform cannot succeed. We endorse this approach to health reform, which endeavors to keep people out of the doctor's office and makes what happens in the doctor's office more effective.

While my testimony today will focus on the public health provisions of the discussion draft, I must first say that universal, quality coverage and access to care are central to health reform, which in turn, provides all Americans with the opportunity to be as healthy as they can be. We believe this bill can achieve this goal -- by not just assuring coverage, but also providing access to care and a medical home. Inclusion of evidence-based clinical preventive services as part of the core benefits package with no copayments also assures cost-effective health outcomes.

TFAH has worked with 227 organizations ranging from the American Public Health Association to the YMCA to articulate the critical elements of a prevention and wellness approach to health reform. The joint statement of this group is attached to this testimony. In structuring my comments on the discussion draft, I will review the key elements in our joint statement.

First, we have urged that as part of a renewed focus on public health, Congress mandate the creation of a **National Prevention Strategy** that sets specific goals and objectives for improving the nation's health through federally-supported prevention programs. The signatories suggest that the National Prevention Strategy be consistent with the Healthy People 2020 goals and identify priorities for public health expenditures. It should also help promote public health across all federal agencies and foster inter-agency and inter-departmental cooperation regarding health issues. The discussion draft meets this central criterion by requiring the Secretary to develop a National Prevention and Wellness

Strategy that identifies clearly defined prevention objectives and a plan for addressing those priorities.

Second, the groups urged establishment of a **Trust Fund** that would be financed through a mandatory appropriation to support expansion of public health functions and services that surround, support, and strengthen the health care delivery system.

The 227 groups envisioned the Trust Fund supporting core governmental public health functions, population level non-clinical prevention and wellness programs, workforce training and development, and public health research that improves the science base of our prevention efforts. The groups also hoped that through these efforts, federal prevention and public health policy would address health inequities and disparities and improve our ability to track critical health indicators and monitor and evaluate disease trends.

We are delighted to see inclusion in the discussion draft of the Public Health Investment Fund, which will support, through mandatory appropriations, the core elements of the public health title of the discussion draft, including the Prevention and Wellness Trust. By including mandatory funding for community health centers, the discussion draft also assures a much closer link between the prevention and wellness activities that happen in the doctor's office and in the community. The discussion draft makes an historic commitment to guaranteeing for the very first time that essential public health services will be reliably and adequately funded.

Let me briefly review some of the key activities associated with the Public Health Investment Fund and our rationale for supporting them.

- **Workforce:** The focus on frontline health providers and the public health workforce places appropriate emphasis on where the need is greatest. Without an adequate primary care workforce, the impact of universal coverage will be limited. We are especially pleased to see the recognition that significant investment is needed to expand the public health workforce by incentivizing public health students to enter the public sector and to address the predicted shortfall in the workforce due to expected retirements over the next decade. According to a survey by the Association of State and Territorial Health Officials, (ASTHO), by 2012, over 50 percent of some state health agency workforces will be eligible to retire. A profile by the National Association of County and City Health Officials estimates that approximately 20 percent of local health department employees will be eligible for retirement by 2010. Assuring the development of a robust public health workforce, through creation of the Public Health Workforce Corps, which allows for loan and scholarship assistance for public health professionals in the Corps, as well as strengthening health workforce data collection, finally places public health recruitment, training, and retention on a par with the medical professions. We are particularly pleased to see the options for retraining the current public health workforce -- since a reformed health care system will place very different demands on the public health community -- and

the emphasis on preventive medicine training. Public health needs partners in the clinical setting; we need physicians better trained in preventive medicine for that partnership to succeed.

- **Community prevention and wellness programs:** The expanded investment in community prevention and wellness will be critical to the success of health reform. We now have evidence-based, proven approaches that work in the community setting to help Americans make healthier choices -- by changing norms and removing social, policy, and structural barriers to exercising those healthier choices. And we know that targeted use of these interventions can reduce health care costs. Last summer, TFAH, working with colleagues at the New York Academy of Medicine, Prevention Institute, and the Urban Institute, published a report that showed that an investment of \$10 per person in proven community prevention activities focused on smoking cessation, physical activity and nutrition could save \$5.60 in health care costs for every dollar invested. We are particularly pleased to see that the discussion draft recommends targeting these grants in Health Empowerment Zones, where multiple strategies can be used at one time. The evidence shows that use of multiple strategies targeted at particular needs in a community can be more effective, especially since the empowerment zones have higher prevalence of the targeted conditions, which increases the potential return on investment in terms of improved health outcomes and lowered health care costs.
- **Support for core public health functions:** Of special note is the recognition in the discussion draft that the strength of our nation's state and local health departments will significantly affect the success of the health reform effort. Without the capacity to monitor our health, respond to emergencies, and implement key prevention initiatives at the population level, the health care delivery system will always need to backfill for a diminished public health capacity -- at a higher price in both dollars and human suffering. Providing this core support should, however, come with expectations of a minimum standard of performance that all health departments should be able to meet. We currently have a varied set of capacities in state and local health agencies; Americans should be equally protected by public health regardless of where we live. Therefore, we are pleased to see support in this section of the discussion draft for the nascent process for accrediting public health agencies and the expectation that in awarding these funds, the Secretary would assure that core capacities of grantees is improved.
- **Improving the research base and reviewing the evidence:** The discussion draft makes a crucial investment in public health and prevention research. While we have a strong base for prevention interventions today, much more needs to be learned about the multiple approaches to non-clinical prevention, including how we can best translate science into practice and how we might best structure public health systems to achieve better health outcomes. The expansion of the roles of the task forces on community and clinical prevention will assure more rapid

translation of science into practice -- and also assure taxpayers that programs funded under this title meet a high standard of evidence.

- **Addressing inequities:** We are pleased to see that the discussion draft places a particular focus on addressing disparities in access and outcomes. From better training with regard to cultural competencies, to a targeting of resources in community prevention on those communities where disparities are greatest, we can harness what we already know will work to reduce these inequities. We must recognize that the goal of health reform is not just creating equality of coverage and uniform access; we need to assure equity in health outcomes as well.
- **Better use of information and data.** As we enter a reformed health care system, harnessing the power of health information technology for public health purposes as well as health care is going to be essential. Assuring that the American people have a true sense of our progress in achieving the goals outlined in the National Prevention and Wellness Strategy will require a commitment to collecting, analyzing, and releasing in an accessible manner, a full range of data about our nation's health. Creation of the position of assistant secretary for health information appropriately elevates the importance of accessible data in assuring a more accountable health and public health system in the United States.

Mr. Chairman, there are few times that we can be sure that we are witnessing history being made. This may well be one of them. If the public health provisions of this discussion draft become law, in the years ahead, we will witness the transformation of our health system from a sick care system to one that truly emphasizes prevention and wellness. This is what our nation needs and what the American people want. Earlier this month TFAH released the results of a national opinion survey conducted by Greenberg Quinlan Rosner and Public Opinion Strategies. A summary of the poll is attached. In that poll, we found that 76 percent of American voters believe that the level of funding for prevention should be increased; 77 percent believed that prevention will save us money and 72 percent believed that we should invest more in prevention even if it doesn't save money. Perhaps most impressive of all, when given a list of current proposals being considered as part of health reform, investing in prevention rated highest, even when compared to concepts like prohibiting denial of coverage based on pre-existing conditions.

In short, by placing this emphasis on prevention and wellness in the discussion draft, this committee is responding to a compelling call from the American people.

On behalf of our partners in the public health community, TFAH thanks you for your leadership and looks forward to working with you to see these provisions enacted into law in the months ahead.