

Prevention:

Keystone in the Architecture of Health Reform

Chronic conditions exact a tremendous personal and economic toll in the United States. More than 162 million Americans suffer from a chronic disease, such as cancer, diabetes, heart disease, hypertension, stroke, mental health and substance use disorders, and pulmonary conditions (DeVol et al. 2007). Chronic diseases are responsible for 7 out of 10 deaths among Americans each year, and account for 75 percent of the nation's health spending (healthreform.gov 2011). The cost of treating these conditions is \$277 billion annually (DeVol et al. 2007). The Trust for America's Health estimates that chronic conditions cost an additional \$1 trillion in lost productivity (Levi et al. 2011).

While the nation's public health system is responsible for improving the health of Americans, severe budget constraints at the federal, state, and local public health department level have meant that core public health functions, including programs to prevent disease and prepare for health emergencies, have been hampered (Levi et al. 2011).

The passage of the Affordable Care Act (ACA), however, significantly elevates the priority of public health and prevention efforts through new funds for health promotion activities; new requirements for health insurance companies to cover preventive services for their beneficiaries; and the development of a broad national framework for viewing health through the lens of wellness and chronic disease prevention, rather than on illness and treatment (Kirk 2009).

LAYING THE FOUNDATION FOR PREVENTION: KEY ELEMENTS

One of the first provisions of the ACA to go into effect was the clinical preventive services provision. The new requirement, which applies to employer-sponsored health insurance plans and individual policies issued after March 23, 2010, mandates that insurers provide access to key clinical preventative services – in most cases without copayment requirements – including blood pressure, diabetes, and cholesterol tests; cancer screenings; smoking cessation, healthy eating, and mental health and substance abuse counseling; vaccinations; and prenatal care and well child visits.

Beyond addressing prevention in clinical settings, the health reform law is taking extensive steps to strengthen community-based health promotion and chronic disease prevention efforts. The ACA creates the National Prevention, Health Promotion and Public Health Council, which is charged with elevating and coordinating prevention activities, and designing a focused

strategy across federal departments to promote the nation's health (healthreform.gov 2011). The council is chaired by the U.S. Surgeon General and is comprised of staff from 17 federal departments, including Health and Human Services (HHS), Transportation, Labor, Agriculture, the Environmental Protection Agency, Education, and Homeland Security. The council will: 1) provide coordination and leadership to ensure that the government is focused on improving prevention, wellness, and health promotion practices, and 2) with continual public input and support, make recommendations to the President and congress concerning major health issues confronting the nation and changes in federal policy to achieve national health promotion and public health goals, including the reduction of tobacco use, sedentary behavior, and poor nutrition. The ACA also required the formation of an Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, comprised of non-federal members who are also required to report to the Surgeon General.

PREVENTION AND PUBLIC HEALTH INVESTMENT FUND: \$750 MILLION FOR FY 2011

Funds will go toward a number of programs and activities, including:

- \$145 million for Community Transformation Grants
- \$100 million for Section 317 Immunization Program (services for under- and uninsured children)
- \$60 million for tobacco cessation activities
- \$52.5 million for the Comprehensive Chronic Disease Prevention Program
- \$45 million for public health workforce and development
- \$40.2 million for public health infrastructure
- \$20 million for the Community Preventive Services Task Force
- \$10 million for workplace wellness
- \$1 million for the National Prevention Strategy

Source: healthcare.gov 2011a

The council, with input from the advisory group, is tasked with developing a National Prevention and Health Promotion Strategy. According to the Obama Administration, the strategy will shift the nation from a focus on sickness and disease to one based on wellness and prevention. It will include a broad vision of health; recommendations; and action steps that public, private, and nonprofit organizations, as well as individuals, can take to reduce preventable death, disease, and disability in the United States.

The ACA also creates the Prevention and Public Health Fund, which promises to pump \$15 billion over the next 10 years into the public health infrastructure. The money is being rolled out quickly; \$500 million was allocated in fiscal year 2010, and \$750 million has been appropriated for 2011.

The amount allocated to the Prevention and Public Health Fund will increase each year until it levels off at \$2 billion per year for 2015-2019. The fund is a mandatory appropriation and does not depend on future actions by congress for the money to be available (Prevention Institute 2011).

COMMUNITY TRANSFORMATION GRANTS

While the ACA offers myriad opportunities for foundations seeking to advance public health and prevention, the Community Transformation Grants (CTGs) provide a particularly valuable complement to philanthropic investments. On May 13, 2011, HHS announced the availability of over \$100 million for the CTG program. Funded through the Prevention and Public Health Fund, these grants are designed to help communities implement evidence-based projects to reduce chronic diseases and promote healthy lifestyles, especially among populations experiencing the greatest burden of chronic disease. These initiatives are intended to expand and sustain community-based capacity to prevent disease, detect it early, and manage conditions before they become severe. State and local governments, tribes and territories, and state or local nonprofit organizations are eligible to apply, with at least 20 percent of the grant funds going to rural or frontier areas (healthcare.gov 2011b).

In accordance with the ACA, CTGs focus on five priority areas: 1) tobacco-free living; 2) active living and healthy eating; 3) evidence-based quality clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol; 4) social and emotional wellness, such as facilitating early identification of mental health needs and access to quality services, especially for people with chronic conditions; and 5) healthy and safe physical environments.

CTGs are one piece of a broader effort by the Obama Administration to address the health and well-being of communities. Foreshadowed by HHS' Communities Putting Prevention to Work program and guided by initiatives such as

the President's Childhood Obesity Task Force, the First Lady's Let's Move! campaign, the National Prevention Strategy, and the National Quality Strategy, CTGs represent a powerful mechanism for aligning policy and practice.

CONCLUSION

Many foundations recognize the importance of focusing on health promotion and disease prevention, with special attention to "the person and the place," in their work to improve the health of individuals and communities. And while foundations have long been active in community-based interventions to promote health and prevent disease, the ACA offers an unprecedented opportunity to access federal dollars to expand and sustain these initiatives. This infusion of federal funds also raises strategic questions for philanthropic organizations as they consider how best to target grantmaking strategies in order to maximize the impact of federal investments in health promotion and disease prevention.

SOURCES

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