



**Written Testimony of
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Executive Director
Trust for America's Health**

**Before the House Energy and Commerce Committee
Subcommittee on Health**

June 23, 2009

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.

May 13, 2009

The Honorable Henry Waxman
Chairman
Committee on Energy & Commerce
2125 Rayburn HOB
Washington, DC 20515

The Honorable Frank Pallone
Chairman
Subcommittee on Health
2125 Rayburn HOB
Washington, DC 20515

The Honorable Joe Barton
Ranking Member
Committee on Energy & Commerce
2322A Rayburn HOB
Washington, DC 20515

The Honorable Nathan Deal
Ranking Member
Subcommittee on Health
2322A Rayburn HOB
Washington, DC 20515

Dear Chairmen Waxman & Pallone and Ranking Members Barton & Deal:

As your committees craft and consider a health reform package, the 227 undersigned organizations urge you to ensure that public health and prevention are essential elements of such legislation. We hope that health reform can serve as an opportunity to strengthen our public health infrastructure and reorient our health system towards prevention and preparedness. In particular, we request that your proposals accomplish the following goals:

Create a renewed focus on public health by establishing a **National Prevention Strategy** that sets specific goals and objectives for improving the nation's health through federally-supported prevention programs. The National Prevention Strategy would be consistent with the Healthy People 2020 goals and would identify priorities for expenditures. It could also help promote public health across all federal agencies and foster inter-agency and inter-departmental cooperation regarding health issues.

Establish a **Public Health and Wellness Trust Fund** which could be funded through a mandatory appropriation or set-aside of a portion of new revenues generated through the financing of health reform. Resources from the Trust Fund would be allocated to specific public health programs or activities as directed by the appropriations committees funding for Function 550 public health programs. The Trust Fund would support expansion of public health functions and services that surround, support, and strengthen the health care delivery system. It would finance:

- The core governmental public health functions of assessment, assurance, and policy development at the federal, state, and local levels.
- Population-level non-clinical prevention and wellness programs, which can be delivered through governmental agencies and non-governmental agencies, including

those programs that integrate community-based population prevention with systems of medical care. Programs would be evidence-based community prevention programs that target priority health outcomes as identified in the National Prevention Strategy.

- Clinical preventive services (such as screenings and immunizations) delivered in community settings or by health departments that are not covered by third party payers.
- Workforce training and development, as well as public health research.

In addition, health reform legislation should:

- Strengthen scientific research and ensure the dissemination of best practices as the foundation of evidence-based public health;
- Ensure that federal prevention and public health policy addresses health inequities and disparities;
- Improve health surveillance to enable tracking of critical health indicators and monitoring and evaluation of disease trends; and
- Ensure that investments in Health IT take into account the needs of public health; and incorporating public health emergency response

As you know, the U.S. currently spends more than any other nation in the world on health care, but we lag behind on key health indicators, such as life expectancy. We need to make a serious course correction and reorient our health system towards prevention. As you develop and debate health reform proposals, we urge you to prioritize prevention and public health.

Sincerely,

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|--|---|
| 1. 100 Black Men of Charleston, Inc. (SC) | 18. American Academy of Nursing |
| 2. 317 Coalition | 19. American Academy of Pediatrics |
| 3. Access Community Health Network | 20. American Academy of Physician Assistants |
| 4. Access Institute | 21. American Alliance for Health, Physical Education, Recreation, and Dance |
| 5. Advocates for EMS | 22. American Association for Health Education |
| 6. AIDS Action Baltimore | 23. American Association of Colleges of Pharmacy |
| 7. AIDS Action Council | 24. American Association of Occupational Health Nurses |
| 8. AIDS Foundation of Chicago | 25. American Association on Health and Disability |
| 9. AIDS Project Los Angeles | 26. American Association on Intellectual and Developmental Disabilities |
| 10. ALERT Health | 27. American College of Clinical Pharmacy |
| 11. Alliance for Healthy Homes | 28. American College of Occupational and Environmental Medicine |
| 12. All Saints Home Care and Referral Services | 29. American College of Preventive Medicine |
| 13. Alzheimer's Family Organization (Florida) | 30. American College of Sports Medicine |
| 14. Alzheimer's Foundation of America | |
| 15. Alzheimer's Foundation of Staten Island, Inc. (NY) | |
| 16. Alzheimer's Services of the Capital Area (Baton Rouge, LA) | |
| 17. American Academy of HIV Medicine | |

31. American Heart Association
32. American Lung Association
33. American Nurses Association
34. American Osteopathic Association
35. American Pediatric Society
36. American Pharmacists Association
37. American Psychiatric Association
38. American Public Health Association
39. American School Health Association
40. American Social Health Association
41. American Society of Bariatric Physicians
42. American Thoracic society
43. amfAR, The Foundation for AIDS Research
44. Arthritis Foundation
45. Assembly on School-Based Health Care
46. Association for Prevention Teaching and Research
47. Association for Professionals in Infection Control and Epidemiology, Inc.
48. Association of Child and Maternal Health Programs
49. Association of Immunization Managers
50. Association of Medical School Pediatric Department Chairs
51. Association of Public Health Laboratories
52. Association of Schools of Public Health
53. Association of State and Territorial Dental Directors
54. Association of State and Territorial Directors of Nursing
55. Association of State and Territorial Health Officials
56. Autism Society of America
57. Bazelon Center for Mental Health Law
58. Black Women's Health Imperative
59. Brain Injury Association of America
60. Breathe California
61. Bridgeway Pointe Assisted Living in Cincinnati, Ohio
62. California Center for Public Health Advocacy
63. California Conference of Local Health Officers
64. California Food Policy Advocates
65. Campaign for Public Health
66. CANN - Community Access National Network
67. CardioVision 2020 (Minnesota)
68. Caring Days Adult Day Care, A Program of Caring Congregations (Alabama)
69. Center for Behavioral Research, School of Public Health, San Diego State University
70. Center for Biosecurity, University of Pittsburgh Medical Center
71. Center for Cognitive Fitness & Innovative Therapies
72. Center for Communications, Health & the Environment
73. Center for Infectious Disease Research and Policy, University of MN
74. Center for Science in the Public Interest
75. Chenango Health Network (NY)
76. Cherokee Nation
77. Children's Dental Health Project
78. Children's Health Fund
79. CityMatCH
80. Cleveland Department of Public Health
81. Coastal Health District, Georgia
82. Commonweal (WA)
83. Community Health Councils
84. Community Health Partnership: Oregon's Public Institute
85. Community HIV/AIDS Mobilization Project (NY and RI)
86. Continuum Senior Care Management, Inc.
87. County Health Executives Association of California
88. Defeat Diabetes Foundation
89. Dementia Care Services, LLC (Texas)
90. Directors of Health Promotion and Education
91. Emergency Nurses Association
92. Environmental Health Watch
93. Epilepsy Foundation
94. Every Child By Two
95. Fall Prevention Center of Excellence
96. FamilyCook Productions
97. Family Voices
98. Fay W. Boozman College of Public Health - University of Arkansas for Medical Sciences
99. First Focus

100. Fitness Forward
101. Flint Odyssey House, Inc Health Awareness Center (MI)
102. Georgetown County Diabetes CORE Group (SC)
103. Georgia District 2 Public Health
104. Georgia Public Health Association
105. Golden Gate Designs
106. Healthcare Consortium, Inc
107. Health District 3-1 (Georgia)
108. Health Education Network of Delaware
109. Health Promotion Research Center, University of Washington
110. Hepatitis B Foundation
111. Hepatitis Foundation International
112. Hidalgo Medical Services (NM)
113. HIV Medicine Association
114. Home Safety Council
115. Housing Works
116. Howard University Center for Wellness and Weightloss Surgery
117. Human Rights Campaign
118. Immunization Action Coalition
119. Infectious Diseases Society of America
120. Institute for Agriculture and Trade Policy
121. Institute for Health and Productivity Studies, Rollins School of Public Health, Emory University
122. Institute of Public Health, Georgia State University
123. InterAmerican Heart Foundation
124. International Health, Racquet & Sports Club Association
125. Khmer Health Advocates, Inc
126. Lifelong AIDS Alliance (WA)
127. Louisiana Public Health Institute
128. Lutheran Family & Children's Services
129. March of Dimes Foundation
130. Massachusetts Public Health Association
131. Mental Health America
132. Michigan Department of Community Health, Healthy Homes University Program
133. Nacogdoches Treatment Center – Alzheimer's Day Activity Program (Texas)
134. National Alliance of State and Territorial AIDS Directors
135. National Association for Public Health Statistics and Information Systems
136. National Association of Chronic Disease Directors
137. National Association of Community Health Centers
138. National Association of Counties
139. National Association of County and City Health Officials
140. National Association of Local Boards of Health
141. National Association of People with AIDS
142. National Association of RSVP Directors
143. National Association of School Nurses
144. National Association for Sport & Physical Education
145. National Athletic Trainers' Association
146. National Birth Defects Prevention Network
147. National Coalition for Promoting Physical Activity
148. National Coalition of STD Directors
149. National Environmental Health Association
150. National Forum for Heart Disease and Stroke Prevention
151. National Health Council
152. National Health Foundation
153. National Health Science Honor Society (Eta Sigma Gamma)
154. National Hispanic Health Foundation
155. National Hispanic Medical Association
156. National Initiative for Children's Healthcare Quality
157. National League for Nursing
158. National Medical Association
159. National Network of Public Health Institutes
160. National Nursing Centers Consortium
161. National Nursing Network Organization
162. National Parent Teacher Association
163. National Recreation and Park Association
164. National Research Center for Women & Families
165. National Student Nurses' Association
166. National TB Controllers Association

167. National WIC Association
168. Nemours
169. Nevada Cancer Institute
170. New York Academy of Medicine
171. New York State Nutrition Council
172. Novo Nordisk
173. Pacific Center of Excellence in the Elimination of Disparities
174. Partners for a Healthy Nevada
175. Partnership for Prevention
176. Physicians Committee for Responsible Medicine
177. Physicians for Social Responsibility
178. Pop Warner Little Scholars
179. Prevention Institute
180. Preventive Cardiovascular Nurses Association
181. Project Lifesaver International (Virginia)
182. Public Health Foundation
183. Public Health Institute
184. Public Health-Seattle & King County
185. REACH US Lawndale Health Promotion Project, Chicago Dept. of Public Health
186. Rebuilding Together
187. Research!America
188. Researchers against Inactivity-related Disorders
189. RI Lead Techs, Inc.
190. RWJF Center for Health Policy
191. SAGE Eldercare (New Jersey)
192. San Ysidro School District
193. Save the Children
194. Shaping America's Health
195. Society for Pediatric Research
196. Society for Public Health Education
197. South Beach AIDS Project, Inc.
198. Sporting Goods Manufacturers Association
199. State and Territorial Injury Prevention Directors Association
200. Sudden Cardiac Arrest Association
201. TAKE CHARGE!!! Lifestyle Management, Inc.
202. The Access Project
203. The AIDS Institute
204. The ARK, Adult Respite Kare and Alzheimer's Family Support Services
205. The Midwest Latino Health Research, Training and Policy Center at the University of Illinois at Chicago
206. The National Alliance to Advance Adolescent Health
207. The National Coalition for LGBT Health
208. The National Nursing Network Organization
209. The New England Coalition for Health Promotion and Disease Prevention
210. The Praxis Project
211. The Society for Healthcare Epidemiology of America
212. Treatment Access Expansion Project
213. Treatment Action Group (IL)
214. Trust for America's Health
215. United American Nurses, AFL-CIO
216. United Fresh Produce Association
217. United States Water Fitness Association
218. United Way of America
219. U.S. PIRG
220. Visiting Nurse Associations of America
221. Washington Coalition for Promoting Physical Activity
222. Washington Health Foundation-Healthiest State in the Nation Campaign
223. WomenHeart: The National Coalition for Women with Heart Disease.
224. Women's Sports Foundation
225. YMCA of Greater Cleveland
226. YMCA of the USA
227. YOUR Center (MI)

May 18, 2009

Americans Overwhelmingly Support Investment in Prevention

Disease Prevention Plays a Lead Role in Health Care Reform

To: Interested Parties

From: Greenberg Quinlan Rosner Research
Public Opinion Strategies

The following analysis is based on a national research project funded by the Robert Wood Johnson Foundation and the Trust for America's Health, and conducted jointly by Greenberg Quinlan Rosner Research and Public Opinion Strategies. The national survey of 1,014 registered voters was conducted May 7th – 12th, 2009. The margin of error is +/- 3.1 percentage points at the 95 percent confidence level.

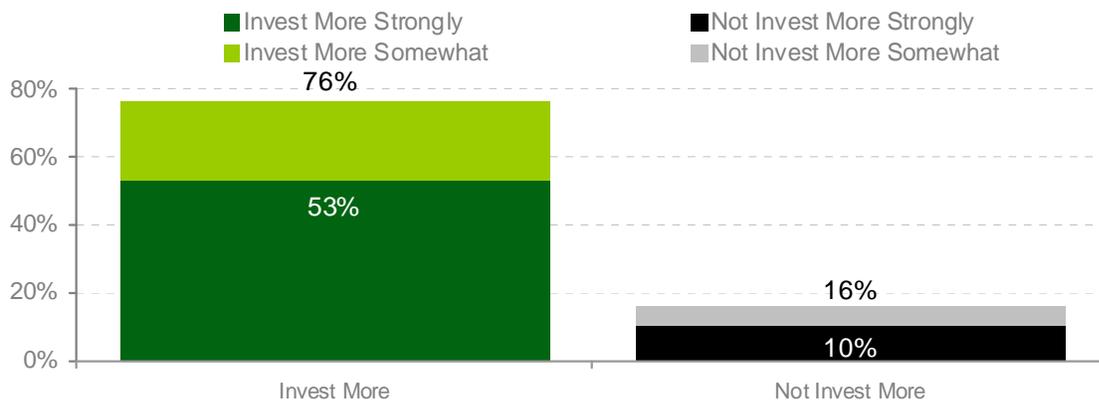
With 72 percent of American voters believing that the country is getting less healthy and 60 percent saying that the American health care system needs a complete overhaul or major reform, the national electorate is voicing a call for change to our health care system. And prevention is playing a lead role.

More than three-quarters of American voters support increasing funding for prevention, and the data shows that they clearly point to prevention's effect on reducing disease, keeping people healthy, and improving quality of life as the most compelling reason why. While a vast majority believes that prevention will in fact save us money, more than 7 in 10 support an investment in prevention regardless of whether it will save money or not.

Voters Show Strong Support For Increased Investment in Prevention

More than three-quarters (76 percent) of American voters believe the level of funding for prevention¹ should be increased, and they believe this with a high level of intensity—a 53-percent majority feel *strongly* that we should invest more in prevention.

¹ Respondents were given a description of "prevention." Please see question language on following page.



“Just so everyone has the same information, when we talk about prevention we mean providing people with information and resources and creating policies that help people make healthier decisions. Thinking about the level of funding for prevention in the United States, do you think we should invest more in prevention, or do you think we should not invest more in prevention?”

Support for an increased investment in prevention is as broad as it is deep. This support is not bound by political partisanship—86 percent of Democrats, 71 percent of Republicans, and 70 percent of Independents believe we should invest more in prevention—nor by geography (79 percent in the Northeast, 78 percent in the South, 76 percent in the West, and 72 percent in the Midwest support more prevention funding). At least 65 percent of every demographic subgroup supports increasing our investment in prevention, including conservatives and the least healthy segment of the population.²

A Sizable Shift Toward Prevention

When it comes to approaches to health and sickness, voters believe that we should be giving more emphasis to prevention rather than more emphasis to treatment by a nearly four to one ratio (59 – 15 percent). As shown in the table below, this represents a significant shift toward prevention on this measure, albeit occurring over the last two decades. In 1987, only 45 percent said we should be giving more emphasis to prevention, while 43 percent thought we should be giving more emphasis to treatment or that the balance was right.³

	May 2009	1987	Change
More emphasis to prevention	59	45	+14
More emphasis to treatment	15	11	+4
Right balance	22	32	-10

There are two approaches to health and sickness. One approach – treatment – which seeks to cure sickness, and another approach – prevention – which seeks to prevent sickness. At the moment, do you think that health care services in your area have got the right balance between treatment and prevention -- or should we be giving more emphasis to treatment, or more emphasis to prevention?

² Least healthy is defined as scoring between 0 and 5 on the health scale, and falling into at least 2 of the 3 following categories: currently a smoker, had 5 or more drinks in the past week and/or exercise a few times a month or less.

³ 1987 data from a survey by Prevention Magazine, conducted by Louis Harris & Associates and based on telephone interviews with national adult samples of 1,250. 2009 data reflects opinions of national registered voters.

Prevention Ranks As The Top Health Care Reform Priority

When given a list of current proposals being considered to reform health care, investing in prevention trumps them all, including the popular notions of providing tax credits to small businesses and prohibiting health insurers from denying coverage based on health status.

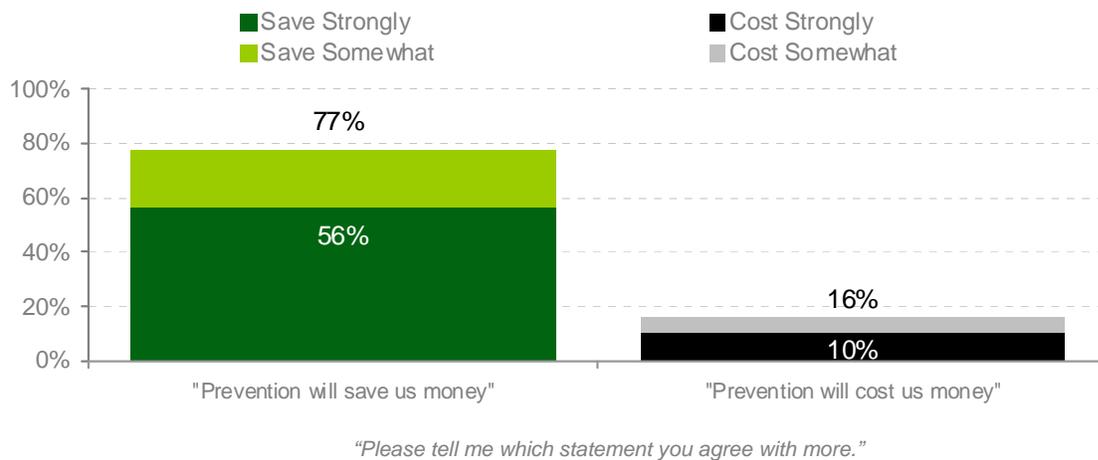
As demonstrated by the following table, when asked how important a priority each proposal is on a scale from zero to ten (where zero means not at all important and ten means very important), seventy percent rank investing in more prevention between 8 and 10, a very strong score. Nearly half the population (46 percent) rates it a 10 on this scale, and prevention receives the highest mean score rating, indicating an extremely high level of intensity.

	Mean	% 8 – 10 score
Invest in more prevention to help people stay healthy and reduce diseases such as diabetes, cancer and heart disease.	8.0	70
Provide tax credits to small businesses to help small businesses provide affordable health insurance to their employees.	7.9	66
Prohibit insurance companies from denying coverage because of age, medical history, or pre-existing condition.	7.7	66
Require all Americans to have health insurance while providing financial assistance to those who cannot afford it.	6.7	52
Require all businesses to provide health care for their employees or contribute to a fund to help pay for their coverage.	6.7	50
Give all Americans a choice of keeping their current insurance or joining a national insurance pool with a choice of private and public plans administered by the government.	6.1	43

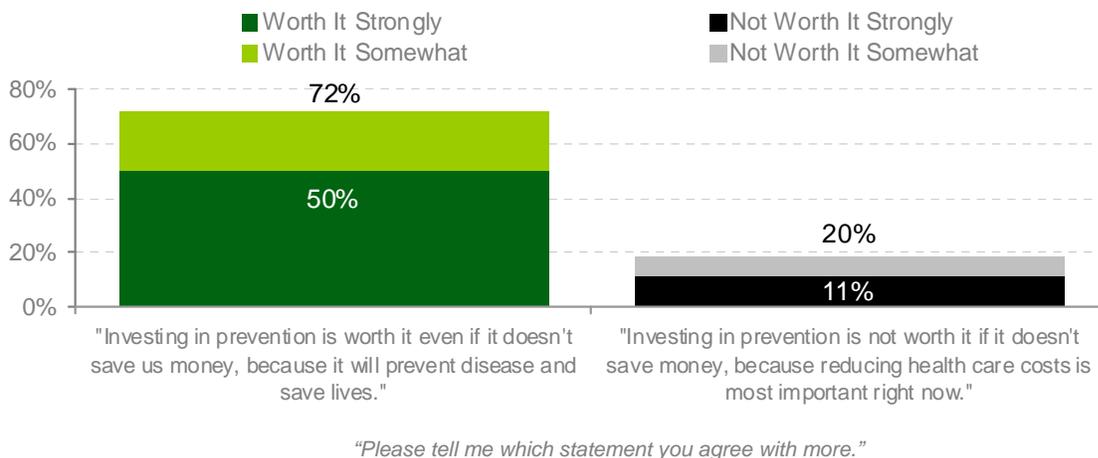
Now, I am going to read you a list of proposals related to health care. For each, please tell me, on a scale of 0 to 10, how big a priority that proposal is for you in reforming health care in our country. Zero means it is not at all an important priority.

Voters Overwhelmingly Think Prevention Will Save Money, And They Strongly Support Prevention Even If It Doesn't

By a wide margin, American voters believe that prevention will save us money, rather than cost us money. In a forced-choice exercise where voters were asked to choose the statement they agree with more, 77 percent say “prevention will save us money” against just 16 percent who say “prevention will cost us money” (see figure on following page). An outright majority (56 percent) agree with the “save us money” statement *much* more, a high level of intensity.



In a similar forced-choice exercise, an overwhelming 72 percent majority reports that “investing in prevention is worth it even if it doesn’t save money, because it will prevent disease and save lives,” including 50 percent who agree with this statement strongly. Only 20 percent agree more with the sentiment that investing in prevention is not worth it if it doesn’t save money.



This commitment to investing in prevention regardless of cost implications is largely the result of a belief among voters that human health is a better reason to invest in prevention than saving money. In a third forced-choice, 57 percent say “we should invest in prevention to keep people healthier and improve quality of life,” against 21 percent who believe that “we should invest in prevention to lower health care costs.”

The Bottom Line

American voters, from coast to coast and across the political spectrum, make it clear that not only do they view prevention as an important part of health care reform, but they are overwhelmingly in favor of increasing our investment in prevention programs. On this issue, people believe it’s less about cost and more about keeping people healthy and improving quality of life, as voters strongly support investing in prevention even if it does not save us money.