



**American
Heart
Association®**
Learn and Live



**AMERICAN
LUNG
ASSOCIATION®**



PREVENTION AND PUBLIC HEALTH FUND WILL PREVENT DISEASE AND SAVE LIVES

The United States has a health care system designed to treat the sick, not to prevent disease from occurring in the first place. The Prevention and Public Health Fund is a crucial component of the new health reform law's effort to remedy this weakness and transform today's sick care system into a prevention-focused health system. By providing a reliable new source of funding to implement effective prevention and public health programs like tobacco control, the Prevention Fund will avert future illness, save lives, and restrain the rate of growth of health care costs. Efforts to repeal the Prevention Fund and use the funds for other purposes are short sighted and should be opposed.

Prevention Saves Lives But Is Often Neglected

Despite spending more on health care than other nations, the United States ranks poorly on key measures of health such as infant mortality and life expectancy. An important reason is the lack of attention and resources paid to factors other than medical care that influence health. Even the best medical care can only prevent a small fraction of early deaths. Personal behaviors typically play a much larger role. Nearly 40 percent of deaths in the U.S. are attributable to behavioral patterns such as tobacco use, obesity, and physical activity.¹ Tobacco use is the leading preventable cause of death in the U.S., responsible for more than 400,000 deaths and nearly \$100 billion in health care costs each year.² More than 8 million Americans currently suffer from tobacco-related illness, and one in two long-term smokers will die prematurely from their addiction, which typically started during adolescence.³

Altering behaviors that cause poor health can be achieved by implementing effective community-based prevention programs, enacting policies that will promote healthy living, and improving access to recommended clinical preventive services. In addition to having demonstrated their effectiveness at improving health and quality of life, many preventive services have proven to be highly cost-effective, generating substantial improvements in health for a relatively low cost. Some preventive services even save money. The Trust for America's Health estimated that community-based programs to prevent tobacco use, increase physical activity, and improve nutrition could provide more than \$5 in savings for every \$1 of investment within five years.⁴

Yet many prevention programs are underfunded. While total health care expenditures in the U.S. reached \$2.5 trillion in 2009, only 3 percent was spent on government public health activities.⁵

Prevention and Public Health Fund Is A Vital Component of Health Reform

The Prevention and Public Health Fund provides an important opportunity to transform our health care system into one that values prevention of disease as much as treatment of disease. It will provide \$15 billion over the first 10 years and \$2 billion a year thereafter to national, state, and community efforts to promote health and wellness. The law requires that funds be spent on prevention, public health, and wellness activities that have been authorized by Congress and gives Congress the opportunity through the annual appropriations process to direct how the Department of Health and Human Services allocates resources in the Prevention Fund.

For Fiscal Year 2010, the Obama Administration allocated \$250 million of the Prevention Fund to enhancing the primary care workforce and \$250 million to prevention and public health programs,

including about \$18 million for tobacco prevention and cessation.⁶ The Administration recently announced that the \$750 million in the Prevention Fund for Fiscal Year 2011 will be used to fund:

- \$298 million for community-based prevention activities addressing the leading causes of death, including \$60 million for tobacco prevention and cessation;
- \$182 million to improve access to and raise awareness of clinical preventive care services;
- \$137 million to strength the ability of state and local health departments to detect and respond to infectious disease outbreaks and other health threats; and
- \$133 million to conduct research on effective prevention services and track progress.⁷

Tobacco Prevention and Cessation Programs Work

Comprehensive tobacco prevention and cessation programs prevent kids from starting to smoke and encourage and help adult smokers to quit. The Centers for Disease Control and Prevention recommends that state tobacco control programs include community-based interventions, public education efforts, and programs to help smokers quit.

The empirical evidence that these programs are effective is vast and growing. In 2007, the Institute of Medicine and the President's Cancer Panel both issued landmark reports that concluded there is overwhelming evidence that comprehensive state tobacco control programs substantially reduce tobacco use. Data from numerous states provide additional evidence of the effectiveness of comprehensive tobacco control programs.

- **Washington State.** Since its implementation in 1999, Washington's tobacco prevention efforts have reduced the adult smoking rate by one-third, from 22.4 percent in 1999 to 14.8 percent in 2009, one of the lowest rates in the country.⁸ The Washington State Department of Health estimates that the state's smoking declines have prevented 105,000 tobacco-related deaths and saved \$3 billion in future health care costs.⁹ Washington's tobacco prevention efforts have also cut overall youth smoking in half, saving additional lives and dollars.¹⁰
- **New York.** Between 1999 and 2009, smoking among high school students declined by 53.5 percent, dropping from 31.8 percent to 14.8 percent (compared to a 44 percent decline nationally).¹¹
- **Maine.** Prior to launching its Partnership for a Tobacco-Free Maine, the state had one of the highest youth smoking rates in the country. Smoking among Maine's high school students declined a dramatic 54 percent between 1997 and 2009, falling from 39.2 percent to 18.1 percent (compared to a 46.5 percent decline nationally).¹²

While we know what works, these programs have been chronically underfunded. Only two states fund their tobacco control programs at the level recommended by the CDC. Even states that have successfully implemented comprehensive tobacco control programs are having difficulty maintaining existing funding levels.¹³

The Prevention and Public Health Fund is a critical source of funding for tobacco control programs and other prevention programs that will prevent disease, save lives, and restrain the growth of health care costs over time. It is a tool to implement the programs and policies that will drive behavior change, which presents the greatest opportunity to improve health and reduce premature death. Without a reliable source of funding for non-medical prevention interventions, the nation will be unable to make substantial progress in reducing premature death and helping Americans live longer, healthier lives.

¹ Schroeder, S., "We Can Do Better: Improving the Health of the American People," *New England Journal of Medicine*, Vol. 357 No. 12, September 20, 2007.

² CDC, "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States 2000-2004," *MMWR* 57(45), November 14, 2008 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5745a3.htm>.

³ CDC, "Cigarette Smoking-Attributable Morbidity – United States, 2000," *MMWR* 52(35): 842-844, September 5, 2003. <http://www.cdc.gov/mmwr/PDF/wk/mm5235.pdf>; Peto R, Lopez AD, Boreham J, et al. Mortality from smoking in developed countries, 1950-2000: indirect estimates from national vital statistics. New York: Oxford University Press, 1994.

⁴ Trust for America's Health, *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*, July 2008.

⁵ Centers for Medicare & Medicaid Services, Office of the Actuary, <http://www.cms.gov/NationalHealthExpendData/downloads/PieChartSourcesExpenditures2009.pdf>.

⁶ <http://www.healthreform.gov/newsroom/acaprevention.html>.

⁷ <http://www.HealthCare.gov/news/factsheets/prevention02092011b.html>.

⁸ Washington State Department of Health, Tobacco Prevention and Control Program, <http://www.doh.wa.gov/tobacco/>. Data are from the CDC, *Behavioral Risk Factor Surveillance System* (BRFSS).

⁹ Washington State Department of Health, Tobacco Prevention and Control Program, http://www.doh.wa.gov/Publicat/2010_news/10-129.htm.

¹⁰ Washington State Department of Health, Tobacco Prevention and Control Program, Progress Report, March 2009. Data are from 2008 Healthy Youth Survey, <http://www.doh.wa.gov/tobacco/program/reports/tcp09progrpt.pdf>.

¹¹ National Youth Risk Behavior Survey, 1999 and 2009.

¹² National Youth Risk Behavior Survey, 1997 and 2009.

¹³ Campaign for Tobacco-Free Kids et al, *A Broken Promise to Our Children: The 1998 State Tobacco Settlement 12 Years Later*, November 17, 2010. <http://www.tobaccofreekids.org/reports/settlements>.