Event Summary
"Making the Case for Prevention: Tales from the Field"
June 19, 2009

The Alliance for Health Reform, with support from The Robert Wood Johnson Foundation, held a briefing at the Columbus Club in Union Station, Washington, DC. This briefing addressed the importance of efforts to prevent disease, and presented three success stories showing the need to coordinate policy, clinical, and community factors.

Ed Howard, executive vice president at the Alliance for Health Reform, extended a welcome from Senators Rockefeller and Collins to those in attendance. He also thanked the panelists for their participation and the Robert Wood Johnson Foundation for sponsoring the event. Mr. Howard explained that prevention is attracting greater attention in today's health reform debates than in previous attempts at reform.

The co-moderator, **James Marks**, MD, MPH, vice president at the Robert Wood Johnson Foundation, thanked the panelists and audience for attending. Dr. Marks reminded the audience of the unusual opportunity we have as a nation to bring about reform. Dr. Marks emphasized that part of the transformation of our health care system must be more preventative health. This transformation should not just be in clinical care, but must also extend beyond medical care. Our lifestyles and environment impacts our health much more that people think it does, Dr. Marks noted, and reform efforts should tackle societal factors. In doing so, he said, we can create healthier communities and reduce health disparities.

The first panelist, **Judy Monroe**, MD, FAAFP, commissioner of the Indiana State Department of Health, reviewed prevention efforts in her state, differentiating among primary, secondary, and tertiary prevention. ("Primary prevention" means a disease or condition never occurs in the first place; "secondary prevention" means a condition is detected and dealt with before it becomes symptomatic; "tertiary prevention" means preventing the progression and complications of a disease after it has occurred.) Primary prevention is especially important but receives very little funding, she said.

Dr. Monroe described how a state's prevention efforts are important in improving economic prosperity and quality of life, helping reduce costs and attract businesses to a region. She then detailed several of Indiana's prevention programs. In particular, Dr. Monroe highlighted the Indiana Workplace Wellness Partnership as an example of how "terrific partnerships must be developed" between community, public health, clinical medicine and the workplace for successful prevention efforts. She closed by briefly describing Indiana's new "Project 18" to fight childhood obesity, led by Peyton Manning and including numerous partnerships.

The second panelist, **Alice Baker Borrelli**, director of global health and workforce policy for Intel Corporation, began her presentation with an overview on Intel's stance on health issues. Although a global company, Intel is primarily based in the U.S., Borrelli said, and they care about the health of their employees and the ongoing debate on health reform. Ms. Borrelli said that Intel has established a broad-based three-stage health and wellness program that includes an onsite health check, an online questionnaire, and options for health coaches

and disease management programs. So far, Ms. Borrelli noted, the program has garnered high satisfaction rates among their employees. In addition to taking the program global, she explained, Intel will be looking to add more primary care facilities at jobsites. Concluding, Ms. Borrelli said that Intel is very supportive of the development of an efficient electronic medical records system, and other devices to help chronic disease patients manage their illness from home.

The third panelist, **Raymond Baxter,** PhD, senior vice president for community benefit, research, and health policy at Kaiser Permanente, began by noting that prevention is not one idea but is based on many approaches and concepts. Dr. Baxter discussed how Kaiser Permanente's prevention initiatives are based on the recognition that the health of the surrounding community is a "pivotal force" in shaping the health of a workforce. He detailed efforts including screenings and community health interventions, noting that a "concentrated, aggressive, and engaged effort -- not magic -- is necessary" to achieve success. Programs such as smoking cessation, colectoral cancer screenings, chronic disease management and mammograms are all targeted interventions which have produced significant results. Dr. Baxter closed by explaining that community health interventions must be a part of the spectrum of prevention efforts, but that ultimately "your health is shaped by you."

A lively question and answer session followed.