

# Preventing Chronic Disease: The New Public Health



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HEALTH REFORM

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The U.S. is facing an epidemic of chronic disease at the same time as it's facing tough decisions on where to spend limited public health dollars. Preventing people from getting sick in the first place seems a self-evidently good idea—one that may save lives in the long run.

Proven community prevention programs are one tool in the disease prevention arsenal. Successful strategies include: improving access to, and safety of, sidewalks and parks for walking, biking and other types of activity; increasing access to, and availability of, affordable fruit and vegetables; and making information about healthy lifestyles easily available.

People who engage in these types of programs can lower their risk of developing conditions like obesity and high cholesterol, which can lead to diabetes, stroke, heart disease and other deadly diseases. (See chart, "Deaths from Behavioral Causes, 2000.")

Doctors may tell patients to get

**In June 2011, the Alliance for Health Reform, with support from the Robert Wood Johnson Foundation, held a briefing on community preventive health initiatives. Panelists were: Jeff Levi, Trust for America's Health; Steven Woolf, Virginia Commonwealth University; Christine Ferguson, George Washington University, STOP Obesity Alliance; and Dennis Worsham, regional health officer, Seattle and King County. This issue brief draws from information presented at that briefing.**

## Fast Facts

- 38 percent of U.S. deaths are attributable to tobacco, diet, inactivity and alcohol misuse—all areas that can be addressed through community initiatives.
- More than 400,000 deaths annually in the U.S. can be attributed to smoking.
- The rate of obesity in 6 to 11 year olds in 1971 was 4 percent. By 2008, it was almost five times as high—19.6 percent.
- 61 percent of American adults are overweight or obese.
- Less than half of U.S. adults get the recommended amount of physical activity.
- The National Prevention and Health Promotion Strategy released in June 2011 is based on four "pillars"—building healthy and safe communities, expanding quality preventive services in both clinical and community settings, empowering people to make healthy choices and eliminating health disparities.

more exercise or stop smoking, but public health experts are coming to believe it takes policy change at the community level to change people's lifestyles.

Says James S. Marks, senior vice president at the Robert Wood Johnson Foundation and a former assistant surgeon general: "The likelihood of becoming ill or suffering an injury is really about whether someone smokes, what and how much they eat, whether they're active, the safety of a neighborhood, toxins, microbes, and conditions people are exposed to where they live, learn, work and play."

Prevention in general is popular with the public. In an opinion survey sponsored by Trust for America's Health and the Robert Wood Johnson Foundation (RWJF), 71 percent of Americans supported more money going to prevention, with 45 percent "strongly" in favor. Seventy percent said investments in prevention will save money.

**The economic rationale for community prevention is a simple one: Chronic illnesses such as heart disease, stroke, cancer and diabetes account for 84 percent of health care spending in the U.S.** Often these conditions are due to where and how people live. Thirty-eight percent of deaths in the U.S. are due to tobacco use, poor diet, physical inactivity and alcohol misuse.

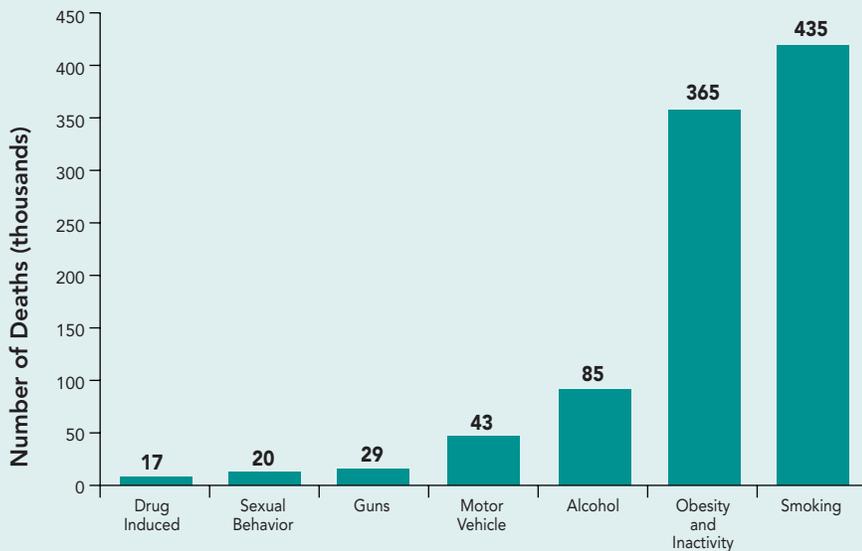
But despite a growing body of evidence for the effectiveness of prevention, only about four cents of every health dollar is spent on prevention and public health.

Jeffrey Levi, executive director of the Trust for America's Health (TFAH), says the cost of community prevention is "cheap." TFAH and others estimated that proven, community-based programs to increase physical activity, prevent smoking and other



Robert Wood Johnson Foundation

### U.S. Deaths from Behavioral Causes, 2000



Steven A. Schroeder, M.D. (2007). "We Can Do Better—Improving the Health of the American People." *New England Journal of Medicine*, 357:1221–1228, Sept. 20, pp. 1221–1228. <http://goo.gl/NZ27f>

tobacco use, and improve nutrition could save the country more than \$16 billion annually within five years.

Perhaps the most compelling figure of all is from an analysis published in August 2011. Researchers developed a computer model for health care expenditures and health outcomes. Then they estimated the degree to which three possible changes would save money and/or prevent deaths over time compared to the status quo. The three changes were: providing universal health insurance coverage, improving medical care, and improving behavioral and environmental conditions—that is, community prevention.

At both the 10 and 25 year marks, better behavioral and environmental conditions were cheaper than the other two interventions, and by year 25, they prevented more deaths. Simply put, researchers found, avoiding costly illnesses saves money over time.

But what's the bottom line economic value of community prevention? Steven Woolf is a professor of family medicine at Virginia Commonwealth University and has served on the U.S. Preventive Services Taskforce. He says that studies have shown that in

many cases, prevention saves money in the long run. But, he says, it's not necessarily the right question.

"What we really ought to be thinking about in health policy, whether it's prevention or treatment," he says, "is are we getting the most health benefit per dollar spent?"

**Woolf says cutting support for community-based efforts to control tobacco use, obesity and other health threats will ultimately increase spending, because more people will need costly care.**

As for effectiveness, there's plenty of research showing what works against chronic disease and what doesn't. A task force organized by the federal government has used that evidence to rate various community prevention approaches. So where it finds strong support for group education in diabetes management, it finds insufficient evidence for worksite diabetes education. And where there's strong evidence for the effectiveness of mass media health communication campaigns, there's insufficient evi-

dence to support additional training for health care providers.

A July 2011 study found that increased spending by local public health departments—purportedly to bolster community prevention efforts—can save lives currently lost to preventable illnesses. And a forthcoming RWJF-funded Institute of Medicine study will examine how to establish the value of community-based prevention.

As more and more prevention efforts prove effective, public and private funders are awarding grants to researchers and communities working on prevention. What follows is a breakdown of resources available for prevention and strategies to advance prevention efforts:

#### *Prevention and Public Health*

**Fund:** The Patient Protection and Affordable Care Act created the Prevention and Public Health Fund, a 10-year, \$15 billion commitment to support programs, medical screenings, and research related to public health and prevention. For 2011, \$298 million of the \$750 million in prevention funds will go toward community efforts. Grantees must show that their projects are cost-effective.

#### *Community Transformation*

**Grants:** In May 2011, the Department of Health and Human Services (HHS) released \$100 million for up to 75 Community Transformation Grants, to be used by communities to promote healthy lifestyles. Some of that money will be available for clinical prevention, but most will go for community efforts such as tobacco cessation and promoting healthier eating (see sidebar).

**The American Recovery and Reinvestment Act of 2009 (ARRA):** ARRA included \$650 million for clinical and community-based prevention programs. As part of that, 44 communities got awards in 2010 through a program called Communities Putting Prevention to Work (CPPW). Grants are for projects aimed at reducing risk factors for chronic diseases, such as phone support for people trying to quit smoking, or self-management training programs for conditions such as diabetes or high

blood pressure. Jefferson County, Alabama (Alabama ranks second in obesity) is using its \$13.3 million CPPW grant to create greenways, improve access to healthy foods and set up walking groups in low-income communities. The Centers for Disease Control and Prevention recently announced new CPPW grants for 26 urban areas and 21 rural areas for projects using multiple strategies to reduce obesity and tobacco use.

**Racial and Ethnic Approaches to Community Health (REACH):** REACH has been in existence since 1999. It's primarily aimed at reducing racial and ethnic disparities in health care. With local and federal funds, REACH recipients set up locally-appropriate programs. For example, South Carolina's REACH program offers locally-based education and support programs for diabetes. Michigan has three programs, including one aimed at three Native American tribes. The programs focus on cardiovascular disease and diabetes, and include a self-help management program and community education, and each is run separately to maximize local control.

**Medicaid:** There's community prevention in Medicaid as well—the \$100 million Medicaid Incentives for Prevention of Chronic Diseases Program. Under this program, states compete for grants to build community as well as clinical prevention programs. The community prevention programs must be aimed at getting people on Medicaid to quit tobacco use, lose weight, or lower blood pressure or cholesterol. Grant recipients must report back on the success of their efforts.

**National Prevention and Health Promotion Strategy:** In addition to providing funding for community prevention efforts, HHS also made prevention a national priority in its National Prevention and Health Promotion Strategy, released in June. The goal of the strategy is to increase the number of Americans who are healthy at age 85. The strategy is based on four “pillars”—

building healthy and safe communities, expanding quality preventive services in both clinical and community settings, empowering people to make healthy choices and eliminating health disparities.

**Let's Move:** First Lady Michelle Obama's “Let's Move!” campaign is aimed at ending childhood obesity in a generation. The prevalence of obesity in children has gone up threefold in the last 30 years, so that today, nearly

## Corner Store vs. Chronic Disease

Community prevention relies on what's available in the community. If there are busy streets and no safe places to play or walk, children and families will be less active. If the nearest store selling fruit and vegetables is three miles away and there's no public transportation to get there, people are going to have a hard time adding them to their diets.

That's where the healthy corner store comes in.

In Louisville, Kentucky, the local YMCA has been helping local stores sell more fruits and vegetables for two years. In Seattle, Washington, the help is coming from local government, through a program called Healthy Foods Here, supported by a grant from Communities Putting Prevention to Work.

If you map the places with the worst health, and map the poorest areas of the city, they're pretty much one and the same, says Dennis Worsham, regional health officer for Seattle and King County. And the food that's available in poor areas comes mostly from fast food outlets and corner stores that don't offer much produce.

To encourage healthier offerings, local health officials started with the Federal Special Supplemental Nutrition Program for Women, Infant and Children, commonly referred to as the WIC program. Many local stores weren't qualified to accept food stamps because they didn't carry the extensive list of foods required by the state. So the local officials got the WIC eligibility rules relaxed—such as a rule that required even a Halal store that serves East African immigrants to carry corn tortillas. The idea is that WIC-certified grocers could expect more customers for the new healthy foods they'd be carrying.

The health department is helping store owners learn how to order and store produce, and change their store layouts to highlight produce.

The program targets 11 poor communities in the county. Stores can apply to receive up to \$700 for handling produce—for things like buying produce scales, or baskets for display. The program offers up to \$7,500 per store for refrigerators or freezers, with owners putting up an additional \$1,500 or so in their own money. Loans are available as well.

Putting more fresh produce in corner groceries doesn't necessarily mean that people will buy it, however. In Louisville, only one of the first three stores in the YMCA-sponsored program is showing a profit selling fruit and vegetables. The owners of the first store to enroll in Seattle's Healthy Foods Here program gave up after only a few months, citing low sales.

Still, proponents say they're not going to give up—it just may take more effort. “The changes to our physical and social environments that have contributed to the epidemic were gradual and have had decades to gain momentum,” Dr. Riza Lavizzo-Mourey, head of the Robert Wood Johnson Foundation, told the *New York Times*. “We have to expect that this won't be a quick fix.”

one in three children in the U.S. is at risk of health problems. The rate in African American and Hispanic communities is closer to 40 percent. The goals and benchmarks include bringing the rate of childhood obesity down to the level it was in the late 1970s. It calls for involvement of the public and private sectors, parents and educators as well as local and national government officials.

**Private Philanthropy:** In 2007, the Robert Wood Johnson Foundation committed \$500 million toward its goal of reversing the childhood obesity epidemic by 2015. This is the largest commitment any foundation has made to the issue. The W.K. Kellogg Foundation granted Tufts University \$1.7 million to promote physical activity and provide healthy food in schools in Somerville, MA.

**Health Insurers:** Planners say partnerships are key to successful community prevention, and health insurers are beginning to get involved. One of the nation's largest insurers, United Healthcare, is paying for health-related classes with "lifestyle coaches" at some YMCAs.

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The Alliance is a nonpartisan, not-for-profit group committed to the education of journalists, elected officials and other shapers of public opinion, helping them understand the roots of the nation's health care problems and the trade-offs posed by various proposals for change.

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**Alliance for Health Reform**  
1444 I Street, NW, Ste 910  
Washington, D.C. 20005  
Phone 202/789-2300  
Fax 202/789-2233  
[www.allhealth.org](http://www.allhealth.org)

## For community prevention to really take hold, changes in policy and law may be needed.

RWJF funded a study by the Institute of Medicine (IOM), an independent non-profit organization that provides advice for policy makers, to take a hard look at public health law and policy. The IOM called for public health agencies to move beyond a focus on infectious diseases to the more global issue of how environmental factors can affect the development of chronic diseases.

Among the report's suggestions: new legislation and reports should factor in public health. The IOM report also recommends that state and local governments and private businesses join together to create "health councils" that would develop programs to improve community health. And it calls for updating public health

statutes to extend the power of health agencies, allowing them to address such problems as obesity and substance abuse.

In a second RWJF-sponsored report, the IOM recommended a series of environmental changes to battle the childhood obesity epidemic. If child-care facilities and preschools routinely offered healthy meals, and children spent less time in front of a computer or TV screen, the obesity epidemic could be slowed.

With the signing of the Budget Control Act of 2011 and the creation of the deficit reduction "super committee," many of the programs described above are now under scrutiny. In the current economic climate, the role of the private sector may be more crucial than ever.

*For the sources used in writing this issue brief, email [info@allhealth.org](mailto:info@allhealth.org) or call 202/789-2300.*

## Selected Experts

- **Annina Burns**, Centers for Disease Control and Prevention 202/245-0600
- **Christine Ferguson**, George Washington University 202/530-2343
- **Jeffrey Levi**, Trust for America's Health 202-223-9870 x24
- **James Marks**, Robert Wood Johnson Foundation 609/627-5796
- **Glen Mays**, Univ. of Arkansas for Medical Sciences 501/526-6700
- **Meg Riordan**, Campaign for Tobacco-Free Kids 202/296-5469
- **Janet Samen**, CMS Medicare Chronic Care Policy Group 410/786-9161
- **Rhonda Smith**, Centers for Disease Control and Prevention 404/639-3286
- **Steven Woolf**, Virginia Commonwealth University 804/628-2462
- **Dennis Worsham**, Public Health, Seattle and King County 206/263-8685

## Selected Websites

- **American Academy of Family Physicians** [www.aafp.org](http://www.aafp.org)
- **Centers for Disease Control and Prevention** [www.cdc.gov](http://www.cdc.gov)
- **Institute of Medicine** [www.iom.edu](http://www.iom.edu)
- **Public Health, Seattle and King County** <http://goo.gl/lwLgo>
- **Robert Wood Johnson Foundation** [www.rwjf.org](http://www.rwjf.org)
- **STOP Obesity Alliance** [www.stopobesityalliance.org](http://www.stopobesityalliance.org)
- **Trust for America's Health** [www.healthyamericans.org](http://www.healthyamericans.org)
- **Yale Rudd Center for Food Policy and Obesity** [www.yaleruddcenter.org](http://www.yaleruddcenter.org)

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