

## **Health Reform Focuses on a Strategic Investment in Effective, Evidence-Based Prevention**

Health reform provides the opportunity to help improve the health of Americans by supporting disease prevention. Smart, strategic investments in proven prevention programs can have a real payoff in dollars, workforce productivity, and quality of life.

The House and Senate HELP bills *only* support prevention programs that have been shown through scientific research to improve health and save lives -- and in many cases, these programs have the added advantage of also lowering health care costs by helping people avoid developing preventable diseases, like type 2 diabetes and hypertension, and which cut down on their need for expensive care and trips to the doctor's office.

The health reform bills would require the government to develop a strategy to invest in prevention in the most effective, targeted way possible and require programs to produce accountable, measurable results for improving the health of Americans.

There has been a lot of discussion about the effectiveness and potential cost-savings of many different types of prevention, but it is important to remember the actual proposals in the health reform bills are focused, strategic, targeted, and limited to the highest-impact, most effective disease prevention approaches and programs. The Congressional Budget Office (CBO) has noted that, "Certain types of preventive services have been found to yield substantial net savings, largely because the initial costs are low and the long-term benefits are large."

It is common sense that prevention can improve health and save money. In a poll conducted by Greenberg Quinlan Rosner Research and Public Opinion Strategies, 77 percent of Americans agree with that statement that "prevention will save us money." And, 72 percent of Americans agree with the statement that "investing in prevention is worth it even if it doesn't save us money, because it will prevent disease and save lives."

The House and Senate HELP health reform bills under consideration include proposals for:

- 1. A National Prevention and Wellness Strategy** (House version) or a **National Prevention and Health Promotion Strategy** (Senate HELP version). This would include identifying the biggest health crises facing the country, such as the obesity epidemic, and specific goals that would result in measurable improvements.
- 2. A Wellness and Prevention Fund** (House version) or a **Prevention and Public Health Investment Fund** (Senate HELP version). This would provide resources to invest in evidence-based programs that have shown real results in lowering disease rates. The Senate HELP bill requires that the Fund would only include supporting prevention, wellness, and public health activities authorized by the

Public Health Service Act. The House version of the bill includes specific requirements for prevention programs supported by the Fund to be evidence-based.

- **Community-based Disease Prevention.** Hundreds of programs around the country have been shown to effectively reduce rates of preventable diseases through targeted efforts like smoking quit lines, obesity counseling, and making nutritious foods more affordable in communities. The Senate HELP bill includes funding for “community transformation” grants and the House bill calls for “prevention and wellness” grants that would help leverage the successes of existing evidence-based disease prevention programs or establish evidence-based programs in new areas that currently do not receive funding. Many of these programs are targeted at children and families, seek to address health disparities, and often work with schools and community-based organizations.
- The *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities* report, which included a review of evidence-based studies by The New York Academy of Medicine and an economic model developed by the Urban Institute, found an investment of \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use, the country could save the country more than \$16 billion annually within five years. This is a return of \$5.60 for every \$1. The evidence shows that implementing these programs in communities reduces rates of type 2 diabetes and high blood pressure by five percent within two years; reduces heart disease, kidney disease, and stroke by five percent within five years; and reduces some forms of cancer, arthritis, and chronic obstructive pulmonary disease by 2.5 percent within 10 to 20 years.
- Urban Institute found that a prevented case of diabetes or hypertension would reduce average annual spending on that adult by 11 percent, and reduced complications that could result from these diseases would reduce spending by another 25.6 percent. Increased physical activity, improved nutrition and smoking cessation have also been shown to greatly reduce diabetes and hypertension risks.
- Several large research studies, including the U.S. Diabetes Prevention Program (DPP), have found that over half of new cases of type 2 diabetes could be prevented through evidence-driven, community-based prevention programs. An analysis by the Urban Institute estimates that a targeted national program modeled on this approach could result in total savings over 10 years of \$191 billion – and 75 percent of this would be savings to Medicare or Medicaid.

- A number of peer reviewed studies, including in *Milbank Quarterly* and *Epidemiology & Community Health*, have found that lifetime health care costs of smokers is significantly higher than for non-smokers. So, smokers might die sooner, but they still have higher health costs over the course of their life than their non-smoking peers.
- A 2005 review of scientific studies in *Health Affairs* found that obese and non-obese people have similar life expectancies, and because higher health costs are not offset by reduced longevity, over the course of a lifetime, an obese person is much more expensive for the health care system. Obese people have “fewer disability-free life years and experience higher rates of diabetes, hypertension, and heart disease.”
- The success or failure of disease prevention programs does not rest on whether any one single individual can stop smoking or exercise more. It’s about investing to improve the health of Americans in communities across the board, making it easier for people to make healthier choices. Not all will, but many will, and that’s how we have an impact.
- **Preventive Care Services.** The bills would ensure that millions of additional Americans will receive clinical preventive care that will help improve their health, potentially spare them from developing major diseases, and in many cases, these services also are either cost-effective or result in cost savings. A number of specific preventive services have been shown to be effective at reducing rates of disease, such as some cancer screenings and immunizations. For instance, if a person is screened and found to be pre-diabetic and receives care to avoid developing full-blown diabetes, they gain in quality of life and would avoid a future of expensive diabetes treatment. The bills focus on preventive services that have been shown to be the most effective at improving health and are cost-effective or produce cost-savings. The House and Senate HELP bills include provisions prohibiting cost sharing for preventive clinical services that are recommended with a grade “A” or “B” by the Task Force on Clinical Preventive Services. Many of these services are low-cost, even when implemented on a large scale, such as aspirin therapy and tobacco cessation counseling. The Senate HELP bill would create a temporary Right Choices Program that would provide low-income, uninsured adults with access to preventive services. The Program would provide to these individuals a chronic disease health risk assessment, a care plan, and referrals to community-based resources until universal coverage is made available through the health benefits Gateway. The Senate HELP bill also encourages clinical prevention through expanded access for uninsured low-income Americans and school-aged children, as well as greater access to oral health services.

- Vaccines are one of the most effective preventive measures for improving health and reducing health care costs. For every \$1 spent on an individual vaccine: Diphtheria-Tetanus-acellular Pertussis (DTaP) saves \$27; Measles, Mumps, and Rubella (MMR) saves \$26; Perinatal Hepatitis B saves \$14.70; Varicella saves \$5.40; and Inactivated Polio (IPV) saves \$5.45.
- A study from the Partnership for Prevention found that increasing the use of five of the most targeted, effective preventive care services could save more than 100,000 lives each year in the United States. In addition, they estimate that:
  - 45,000 additional lives would be saved each year if we increased to 90 percent the portion of adults who take aspirin daily to prevent heart disease. Today, fewer than half of American adults take aspirin preventively.
  - 42,000 additional lives would be saved each year if we increased to 90 percent the portion of smokers who are advised by a health professional to quit and are offered medication or other assistance. Today, only 28 percent of smokers receive such services.
  - 14,000 additional lives would be saved each year if we increased to 90 percent the portion of adults age 50 and older who are up to date with any recommended screening for colorectal cancer. Today, fewer than 50 percent of adults are up to date with screening.
  - 12,000 additional lives would be saved each year if we increased to 90 percent the portion of adults age 50 and older immunized against flu annually. Today, 37 percent of adults have had an annual flu vaccination.
  - 3,700 additional lives would be saved each year if we increased to 90 percent the portion of women age 40 and older who have been screened for breast cancer in the past 2 years. Today, 67 percent of women have been screened in the past 2 years.
- **Targeting preventive health programs for seniors.** Millions of Americans enter Medicare with health conditions that could have been lessened or prevented. In the end, Medicare- and taxpayers – bear the cost burden of providing for people who could be significantly healthier or have their existing conditions better managed. The Senate HELP bill includes strategic provisions for a Healthy Aging Pilot, which would aim to improve the health of the pre-Medicare population (55-65 year olds) through preventive screenings and community-based prevention programs and could reduce their lifetime medical costs.

- By 2030, 20 percent of the U.S. population (71 million Americans) will be 65 or older, and Medicare-eligible. Age-related diseases are projected to increase the nation's health care costs by 25 percent during this period. Eighty percent of America's seniors live with at least one chronic disease that could lead to premature death or disability.

**3. Increasing Scientific Research in Prevention.** The bills would increase the investment in prevention and wellness research, including bolstering the U.S. Preventive Services Task Force to help assess and evaluate the research. With improved research, we will ensure that investments in prevention are being targeted at the highest impact community-based disease prevention programs and preventive care services that yield the most cost-effective and health improvement results – those that receive an A or B ranking based on objective data and evidence. This would help ensure accountability and also modernization of programs as new research findings are discovered.

**4. Workplace Wellness Programs.** Large and small businesses around the country have started programs to help improve the health of their employees to help reduce health care costs and increase worker productivity. The Senate HELP bill includes a campaign to promote workplace wellness, technical assistance from the CDC to encourage implementation by employers, and greater research and evaluation as to best practices in the area.

- According to the Partnership for Prevention, a review by the U.S. Centers for Disease Control and Prevention (CDC) found that well-designed, evidence-based programs in workplaces can lead to long-term health and productivity improvements.
- A review by Heaney & Goetzl of 47 peer-reviewed studies over a 20-year period found that workplace programs were successful in achieving long-term behavior change and risk reduction among workers.