Trust for America's Health
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Prevention and Public Health: 911 for America's Health

Prevention is one of the most commonsense and effective ways to improve America's health. Nearly three-quarters (73 percent) of Americans support increasing investments to improve the health of communities.

The Affordable Care Act (ACA) expanded regular access to preventive services to most Americans – offering more health-promoting care and promising better health through the avoidance of illness and injury and the costs associated with treating them. Trust for America's Health (TFAH) believes repealing the law in part or in whole without a comprehensive alternative that emphasizes prevention would endanger the lives, health, and economic well-being of Americans.

An ACA repeal without a replacement plan could result in over 30 million Americans losing healthcare coverage and access to key protections, including preventive services. Such evidence-based, focused prevention efforts and services reduce disease and bring down healthcare costs. The lack of a replacement plan also jeopardizes coverage for those with preexisting conditions and eliminates the potential for coverage for millions who currently remain uninsured.[i,ii]

It could also destabilize and burden the healthcare system. Hospitals, doctors and state and local governments could feel the financial pressures of an estimated increase of $1.1 trillion in uncompensated care between 2019 and 2028. The current efforts within the healthcare system to improve the quality care and expand value-based reimbursement could be dismantled.[iii]

The stakes are particularly high because the country faces a series of major health crises – from prescription drug deaths that have quadrupled in the past 14 years to the indications that one in three children are on track to develop type 2 diabetes when they are adults.[iv,v] Life expectancy rates have dropped in America for the first time in two decades, with rates declining the most among middle-aged, middle class Whites.[vi,vii] And we continue to see the risks associated with new infectious disease epidemics such as Zika and Ebola. The ACA includes important measures that can reduce the risks associated with these health crises; not only offering treatment after people become sick but whenever possible keeping them well in the first place.

The following are some top prevention priorities in the ACA that support better health for Americans:

- Prevention and Public Health Fund: Created under the ACA, the Prevention Fund is the first mandatory funding stream dedicated to improving the public's health. The law requires that the funds be used "to provide for expanded and sustained national investment in prevention and public health programs to improve health and

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Preventing Epidemics.
Protecting People.

help restrain the rate of growth in private and public health care costs."[viii] Currently, it accounts for 12 percent (or nearly $900 million annually) of the U.S. Centers for Disease Control and Prevention's (CDC) budget. It includes more than $625 million per year that fund state and local public health efforts such as supporting health security and fighting infectious disease epidemics like Zika and preventing unnecessary illness and deaths from diabetes and heart disease. States are also given flexible block grants from the Fund to support their key public health needs. The use of evidence-based, effective public health efforts like the ones supported by the Fund can result in health care savings of as much as $5.60 for every dollar spent.[ix, x] In addition to the longer-term negative impact on health care costs, the loss of the Fund would result in immediate budget cuts ranging from $2.2 million for Wyoming to more than $61 million for California.[x]

- Access to Clinical Preventive Services: The ACA extended the ability of hundreds of millions of Americans with either private or public health insurance to regularly access the top-rated, evidence-based preventive services at no cost.[xii] Individuals have no-cost access to more than 15 effective preventive services including, such as screening and preventive care for high blood pressure and cholesterol, type 2 diabetes, obesity; screenings for colorectal cancer, depression and substance misuse. The services to be covered were determined by a process involving the nation's leading scientists and doctors in the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices.[xiii] With increased access there has been an uptick in the use of such preventive services. For instance, the number of adults getting blood pressure and cholesterol screenings and flu vaccinations has increased. And young adults have more regularly received health promoting and preventive services.[xiv, xv]

- Maternal and Women's Preventive Services: Pregnant women have access to screenings ranging from gestational diabetes to Rh incompatibility and hepatitis B. Routine preventive care also covers other no or low cost evidence-based services, such as screening and counseling for domestic and interpersonal violence for all women, breast cancer screening for women over 40 and osteoporosis screening for at risk women over 60.[xvi]

- Children's Preventive Services: Children have access to more than 25 priority preventive services, such as for developmental disabilities and autism, lead poisoning, oral and dental health, hearing, obesity and depression among adolescents, and no cost coverage for all recommended vaccinations.
    - Seniors' Preventive Services: The 57 million seniors and disabled Americans enrolled in Medicare can receive covered recommended effective preventive services and annual well care visits with no cost sharing.

- CMS Innovation Center (CMMI) Initiatives to Improve Health: CMMI has supported innovative programs and practices in states to help improve the health of Medicaid and Medicare beneficiaries and the broader population – such as efforts aimed at preventing childhood obesity and prescription drug and other substance

misuse. CMMI demonstrated the health and cost effectiveness of the Diabetes Prevention Program (DPP) - a multi-session lifestyle intervention offered by YMCAs and other community organizations. As a result Medicare will soon provide this benefit to its enrollees. In addition, CMMI has developed an Accountable Health Community (AHC) model aimed at reducing costs and improving health by systematically identifying obstacles to health such as food or housing insecurity – and linking patients to community services that can address these needs.[xvii,xviii] Such approaches could yield between $15 billion and $72 billion in healthcare savings a year within 10 years.[xix]

- Menu Labeling for Individual Choice Information: Americans consume around one-third of their calories and spend nearly half of their food budgets eating out.[xx,xxi] When eating out consumers regularly underestimate calories and fat and children eat nearly double the number of calories that they consume when eating at home.[xxii, xxiii, xxiv, xxv, xxvi] The ACA included restaurant menu labeling requirements for chain restaurants (with 20 or more locations) and similar food establishments to clearly post the calorie count for each standard item on their menus to help Americans make informed personal choices about the nutritional content of what they order which can help curb obesity and many other chronic diseases.

- Nonprofit Hospital Community Benefit Funds: Nonprofit hospitals distribute more than $62 billion in community benefit funds as a condition of eligibility for tax-exempt status.[xxix, xxx] In the past, only around 5 percent of the funds had been used to support community-based prevention activities: the vast majority were used to support charity health care services. The ACA required nonprofit hospitals to conduct community health needs assessments (CHNA) with local partners to better understand and address the health needs in their neighborhoods. As more Americans gained insurance coverage and fewer required charity care, many hospitals have re-directed community benefit funds to address the needs identified by the local cities and towns – sometimes with more “upstream” or community-wide preventive approaches.

- Lower-Cost Approaches to Disease Management: The ACA authorized some key evidence-based approaches to support improved health with lower cost approaches, which often combined doctor’s care with support in people’s daily lives provided by community health workers, social workers or other professionals. For instance, the Diabetes Prevention Program mentioned above – which has been shown to reduce rates of type 2 diabetes by more than half for at-risk individuals – has been adopted by a number of states and private providers and is slated for broad coverage under Medicaid effective January 1, 2018.[xxxi] And more than 19 states and Washington, D.C. have established Medicaid Health Home programs to help improve and coordinate health services for enrollees with complex chronic or mental health conditions.[xxxii, xxxiii]

EXAMPLES OF RETURN ON INVESTMENTS FOR LEADING PREVENTION EFFORTS (formulas indicate health care and other societal dollars saved for every dollar invested in the effort)	
Five Strongest School-based Substance Misuse Prevention Programs	3.80:1 to 34:1
Community-based Nutrition, Activity and Tobacco Prevention Programs	5.60:1
Lead Abatement Programs	17:1 to 221:1
Supportive Housing Programs for High-Need Patients	2:1 to 6:1
Community Health Worker Navigator, Referral and Case Management Programs (Such as the Diabetes Prevention Program)	2:1 to 4:1
Early Childhood Education Programs	4:1 to 12:1
Child Asthma Prevention Programs	1.46:1 to 7:1
WIC Program Savings in Healthcare Costs for Infants	2:1 to 3:1
Nurse Home Visiting for High Risk Infants	5.70:1

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