Passage of the 2010 federal health reform law (the Affordable Care Act, or ACA) provides unparalleled new opportunities for health care and public health in the United States. While much attention has focused on the critical reforms to expand coverage, protect patients, and make health care more affordable, the federal law also makes an unprecedented and substantial commitment to prevention and public health. Dedicated resources will support an upstream approach to address the underlying determinants of health. These investments are vital in helping to control the rising cost of chronic disease by building a coordinated, comprehensive prevention approach to keep individuals and communities healthy and safe.

Prevention promotes healthy behaviors and environments and reduces the likelihood of an incident, condition, or illness occurring. A healthy population is more productive and reduces the burden on health and social service systems. Proven community prevention programs show a savings of $5.60 for every $1 invested.1

Prevention in Health Reform

Spending on prevention has historically been around three percent of total health care expenditures and is expected to increase, both for clinical preventive services and community-based prevention programs. To keep people healthier and reduce the need for medical care, the federal government will dedicate $15 billion over the next 10 years to prevention through the ACA, beyond what is covered through insurance. Figure 2 shows a timeline for implementation of key prevention provisions through 2014, including:

- A dedicated Prevention and Public Health Fund with a $500 million investment in fiscal year 2010, increasing to $2 billion/ year beginning in fiscal year 2015, to support community and clinical prevention (see Figure 1).3
- Community Transformation Grants designed to help local communities implement, evaluate, and disseminate evidence-based community preventive health activities designed to reduce chronic disease, address inequities, prevent the development of secondary conditions, and develop a stronger evidence base of effective prevention programming.
- A National Prevention, Health Promotion and Public Health Council, chaired by the U.S. Surgeon General, to coordinate federal prevention, wellness, and public health activities and prepare an annual report describing a National Prevention and Health Promotion Strategy.
- A requirement that health plans provide coverage without cost-sharing for evidence-based preventive services, routine immunizations for all age groups, and additional recommended preventive care and screenings for children and women enrolled in their individual and group plans.5
- Coverage under Medicare for an annual wellness visit that includes a comprehensive health risk assessment and a personalized prevention plan with appropriate referrals.

“Prevention holds the promise of improving health and quality of life while lowering health care costs, even before universal coverage begins in 2014.”4

— Jeff Levi, PhD, Trust for America’s Health, 2010

Figure 1: The Prevention and Public Health Fund, 2010-2019

Source: www.healthcare.gov
For FY2010, $250 million of the Prevention and Public Health Fund was allocated to community and clinical prevention, public health infrastructure and training, and research and tracking. The remaining $250 million was allocated for one-time investment in primary care workforce development.

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Prevention and Public Health Stakeholder Advisory Group to be created.
All new health plans required to cover proven preventive services without cost-sharing.
$25 million childhood obesity demonstration project funding begins.

Medicare coverage of proven preventive services without cost-sharing begins.
Medicare begins covering an annual wellness visit and a personalized prevention plan without cost-sharing.
$100 million appropriated for Medicaid incentive programs for prevention of chronic diseases.

Secretary of Health and Human Services (HHS) to issue proposed regulations for nutrition labeling of standard menu items at chain restaurants.
National Health Care Workforce Commission begins reporting to Congress and the Administration on workforce issues, including public health workforce capacity.
Secretary of HHS to provide guidance to states and health care providers on preventive and obesity-related services available to Medicaid enrollees.

Changes in Medicaid—expanded coverage of clinical preventive services, immunizations, and tobacco cessation services for pregnant women; and grants to states to implement and assess incentive programs that increase healthy behaviors among Medicaid beneficiaries.
Programs to create healthier communities such as grants to small businesses to implement and evaluate comprehensive workplace wellness programs.

More details on the prevention provisions of the ACA are available at http://www.healthcare.gov/center/regulations/prevention.html. Some of the activities specified in the Act have appropriations associated whereas other activities are authorized but not appropriated; implementation of these latter provisions depends on the availability of funding.

**What Works: Building the Evidence Base**

Many efforts are underway to build a stronger evidence base for prevention. At the national level, two expert task forces review evidence and make recommendations to help inform and shape services, programs, and policies that address the causes of disease. The U.S. Preventive Services Task Force (USPSTF) reviews clinical preventive health care services and develops recommendations for primary care clinicians and health systems. The Community Preventive Services Task Force has developed the Guide to Community Preventive Services, a free online resource describing programs and policies that are systematically reviewed and found to improve health and prevent disease in communities.

**Building Healthy Communities in California**

The California Healthy Cities and Communities program promotes an inclusionary, systems approach to improving community health. During the past 20 years, it has become the largest, longest running statewide program of its kind in the nation, involving more than 75 California cities and communities. Over $43 million has been leveraged (combined dollars and in-kind support) for a return on investment of 8:1, and many programs have won state and national acclaim.

The City of Escondido, a vibrant, diverse urban community with a large Latino population, has an extensive network of neighborhood groups, primarily in under-resourced areas, and has organized to address issues of concern to residents. The Cosecha Nuestra (“Our Harvest”) program was created to address the lack of open space for gardening and recreation in apartment complexes for residents in South Escondido, an economically disadvantaged neighborhood. Cosecha Nuestra established a Community Nutrition Council that acquired land for two community gardens, which have provided an abundance of fresh fruits and vegetables from over 218 garden plots involving 600 Escondido residents. Other results included the development and opening of a greenhouse to support year-round gardening, and approval of a no-cost water policy for gardens on city property.

Building on the success of these gardens, Escondido’s Adopt-A-Lot Program allows residents, neighborhood groups, and organizations to qualify for a special no-fee City permit and land-use approval process when they “adopt” public or private vacant land on a temporary basis. This was the first municipal policy in the country to allow interim use of public and private land for community gardens and recreation. For more information, visit the website of the Center for Civic Partnerships, a program of the Public Health Institute, at www.civicpartnerships.org

**References**

3 For FY2010, $250 million of the Prevention and Public Health Fund was allocated to community and clinical prevention, public health infrastructure and training, and research and tracking. The remaining $250 million was allocated for one-time investment in primary care workforce development. www.healthcare.gov

5 Additional preventive care and screenings include those identified in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).
6 The Affordable Care Act mandates coverage of preventive services that the USPSTF recommends.
Across California, a variety of organizations are implementing and evaluating community prevention programs to help build the evidence base. Examples of two prevention efforts that could be disseminated more broadly and would benefit from investment of prevention funds, in part through the Community Transformation Grants authorized in the ACA, are highlighted as case studies (see breakout boxes).

Effective and sustainable community prevention programs:
• Seek social and health equity by addressing the determinants of health and safety
• Are comprehensive in approach and focus on policy, environmental, and systems change
• Involve collaboration across fields and areas of expertise
• Emphasize community engagement, ownership, and leadership
• Encourage and build on innovation
• Work to change societal norms
• Incorporate communications to show value

“Health reform, by itself is not transformative... We must be bold enough to use new prevention funding in ways that can help organize communities for health.”
— Robert J. Gould, PhD, Partnership for Prevention, 2010

Policy Recommendations
The following recommendations focus on ways to improve the health of all Californians, with an emphasis on creating healthy communities by seizing opportunities available through federal funding for prevention, health care delivery system reform, and health information technology. They are made in the context of a policy principle that reflects a multi-sector; multidisciplinary approach: Embrace the concept of health and equity in all policies.

1. Leverage federal dollars to improve the health of Californians. The focus on prevention in health reform provides an opportunity to leverage new and existing funding streams to improve the health of individuals and communities.
3. Focus on entire communities and being proactive rather than on individuals and being reactive. Many of today's public health challenges such as obesity, tobacco use, and violence cannot be addressed effectively by focusing solely on individuals or intervening after a health crisis has occurred. Efforts that focus on changing norms and creating healthy communities are a priority to help prevent many individual health problems. This approach requires commitment from organizations in multiple sectors including business, education, health care, housing, transportation, city planning, parks and recreation, media, and public health, as well as the engagement of residents. Community-level changes to support healthy environments so that the healthy choice is the easy choice include ensuring access to safe public transit, free, safe drinking water; and affordable, quality, healthy foods, including fresh fruits and vegetables.

4. Engage and educate state and local governments, the business community, health and health care organizations, and the public-at-large regarding opportunities for improving health through prevention. To address the desires of public and private sector organizations to improve the health of their members or employees, educational campaigns that explain the value and effectiveness of prevention (both clinical services and policy and environmental change) to foster healthy communities should be developed. Workplaces, schools, faith-based organizations, city councils, and other groups have many opportunities to influence health by developing strong wellness policies that promote the health of their employees, students, residents, or members and support community prevention efforts. With access to user-friendly information on evidence-based prevention, everyone can begin to embrace the concept of healthy communities in which all can prosper.

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