

Ounce of prevention is worth a pound of cure — stop ignoring preventative care

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For now, it appears the Affordable Care Act (ACA) and Prevention and Public Health Fund will remain intact. This should give policymakers and advocates time to reflect on the proactive steps that should be taken to improve health and reduce costs. And, we are heartened to see there might be a bipartisan group of legislators exploring ways to improve the ACA.

In these efforts, we must go beyond the central ACA debate which focused on the importance of insurance coverage in guaranteeing access to medical care.

While access is undeniably important, prevention, which could prove even more valuable to the nation's health and economy, was overlooked.

Our healthcare policies have ignored prevention, even though it's far better and less expensive to avoid an illness or injury than to deal with the consequences.

We could invest in prevention by building on successes such as, increasing immunizations, encouraging physical activity or putting child proof tops on medicines. Also, we can implement support efforts that stop illness or injury from occurring. That would allow to better stabilize our healthcare system while at the same time creating a more thriving work economy. Investments in prevention just make common sense, save money, and are backed by research.

For example, the Diabetes Prevention Program a multi-session, behavioral-change intervention offered in community settings — cuts participants' risk for developing type 2 diabetes by 58 percent and reduces healthcare spending.

A few years ago, our organizations produced a study on the impact of investing nationally on community-wide strategies that would reduce chronic disease- diabetes, heart disease, cancer and others. It predicted that for every dollar we spend, we would see a more than five-to-one return on investment. A recent Centers for Disease Control and Prevention (CDC) study confirmed this. CDC highlights 14 other sure bets in its HI-5 Initiative each of which improve health quickly.

With all of this in mind, we offer some proposals for policymakers to consider.

Create financial incentives for healthcare payers and providers to prioritize prevention

This can be done via the Centers for Medicare and Medicaid Services (CMS), which often sets the standard for commercial payers. One example is its Accountable Health Communities (AHC) initiative, which provides grants to health systems around the country to focus on the often overlooked health-related social and economic needs of patients that make them more vulnerable to illness and injury.

Clinicians witness daily the impact of inequality and unhealthy community environments and grow frustrated when they realize the many obstacles their

patients have in following through on their treatment plans. The AHC sites screen patients for these risks and refer them for their housing, job training or food security needs. Such efforts should be continued and allow for community-wide approaches, in addition to one-on-one patient care, such as healthcare/community partnerships to advance job-training.

Give states and localities more flexibility to advance health in ways that make sense for them

Community-oriented funding support from federal agencies, such as CDC's Racial and Ethnic Approaches to Community Health (REACH), which supports local efforts to implement community appropriate programs, must continue. And, public health programs should be able to collaborate with their local communities to select the highest priority concerns and most effective strategies that improve their community members' health. Grants that ignore the voices of local communities and states are less likely to succeed. Federal grants should also allow states waivers to braid resources from a range of different funders to maximize effectiveness and reduce duplicative efforts.

Commit greater resources to prevent and treat behavioral health conditions

It is critical that our society strive to reduce the likelihood, frequency and intensity of behavioral health challenges including substance misuse and the opioid epidemic. Currently, we often wait until after a crisis occurs and then try to rapidly ramp up resources and services.

Alternatively, we need support to understand and prevent the conditions that lead to these problems. There are specific preventive interventions that work including prescribing of opioids appropriately and addressing the community conditions that contribute to elevated stress and to hopelessness.

Prevention efforts have succeeded at local, state and national levels under both Republican and Democratic leadership. They are grounded in shared values — including health, opportunity, dignity, fairness and respect. In a deeply divisive political climate, it is important that we not abandon these shared values.

As such, bipartisan efforts to find effective solutions for healthcare in this country would do well to focus on prevention. In reality, the prevention of illnesses, injuries and premature death is truly bipartisan.

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The views expressed by contributors are their own and are not the views of The Hill.