

April 20, 2010

The Honorable Kathleen Sebelius
Secretary, U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW – Room 120F
Washington, DC 20201

Dear Secretary Sebelius:

On behalf of the 90 undersigned organizations, we thank you for your leadership in helping to make comprehensive health reform a reality, which we believe lays out a vision for a modernized healthcare and public health system. Together, our organizations advocated for meaningful, sustainable public health, wellness, and prevention provisions, which we feel will be the cornerstone in transforming our health system into one that truly promotes health, not just disease treatment. As you begin to work on implementation of the law, we would like to share our vision for ensuring the prevention provisions achieve the largest possible impact on disease prevention and health.

The Prevention and Public Health Fund is central to supporting the long-term transformation of the nation's public health system. The Fund alone cannot achieve this transformation, thus investments from the Fund should be used in a manner that leverages change throughout the public health system – with a move away from a stove-piped, disease-by-disease approach to one that addresses the determinants of health in a cross-cutting manner. If these grants merely supplant existing funding, no net benefit will be achieved. These funds should be used for transformational investments, helping lead the nation into a more community-oriented, accountable approach to public health. There should be flexibility built into the Fund to ensure a focus on the determinants of health in a cross-cutting manner in all places where people live, learn, work and play.

The overarching goal should be to optimize the health of everyone by creating healthier, safer, and more resilient communities through policy, systems, organizational, and environmental change. Investments from the Fund should be science-informed or evidence-based, have measurable health outcomes and policy goals, promote innovation, focus on the determinants of health and health equity, and have a significant level of accountability. In addition, funding prevention strategies may yield significant returns on investment. These savings can then be reinvested into communities and support the ongoing transformation of the public health system and community health.

The National Prevention Strategy contained in the statute should become the basis for defining the goals of a transformed public health system, identifying gaps in the current system, and how the Fund can be used to help close these gaps. The Strategy should have a particular focus on how public health investments can work synergistically with the reforming health care system so that health departments have greater capacity in areas relevant to the reform process. Additionally, there are key areas where non-governmental

public health entities, including a broad range of community groups and schools can play vital roles in helping to transform the nation's health and the broader public health system. Indeed, in a transformed system governmental public health may lead, but implementation will be across all sectors of society.

In the short term, as the National Prevention Strategy is developed over the next year, expenditures under the Fund for FY 2010 and FY 2011 should be consistent with the categories of expenditure identified by both the House and Senate. These are:

Community Prevention: A focus on community prevention is the centerpiece of a transformed public health system. The focus should be on cross-cutting approaches to reducing the risks that affect health and safety. Funds should not be limited categorically, and instead considered for clear and focused priorities and opportunities across the range of public health programs, which would include chronic disease prevention, injury and violence prevention, reproductive health, infectious diseases, emergency preparedness, mental and behavioral health, birth defects and developmental disabilities, and environmental health. In addition, while state and local health departments must be central players in community prevention, grant funding is also needed to support the work of non-governmental organizations committed to community prevention. Such efforts need to be promoted in communities of all sizes, particularly those with high need, using creative governmental and non-governmental partnerships.

Core Capacity (for both state and local health departments and others doing community prevention): All health departments should be supported in their efforts to expand the role of community prevention in addressing the health needs of their populations, but particular effort should be made to close the geographic gap in capacity to build healthier, safer, and more resilient communities. Investment in capacity building will require both steady support for fundamental functions such as epidemiology, laboratory, informatics and communication as well as flexibility so that one-time, non-recurring projects can improve the most important and most underdeveloped current capacities. This can be done through support in part of the accreditation process developed by the Public Health Accreditation Board, which is focused on building these capacities and thresholds.

Research, Development, and Dissemination of Best Practices: There is a continuing need to expand the science base of prevention, with particular emphasis on translation into practice and data to do appropriate program evaluation. In a strengthened, transformed public health system, state and local health departments will routinely be able to collect and assess sufficient data to evaluate programs as they are implemented. It also requires ramping up the capacity of the task forces on community and clinical prevention, creating the research and technical support for innovation in community prevention, and establishing the newly authorized program in public health services and systems research, with a particular emphasis on data collection and analysis.

Strong partnership and collaboration among local and state health departments and federal agencies will be essential to target new capacity-building funds in a manner that maximizes their impact in transforming the nation's public health system.

Even with accreditation, more will need to be done at the national level to build a public health workforce able to serve in health departments at varying stages of building such capacity. A number of programs targeting all levels of education and training, are authorized in the legislation that would enhance capacity at the state and local level and could be funded at least in part through this Fund.

Finally, investments should be significant in size so that we can make a significant difference. Spreading these funds among too many programs will dilute the investment and reduce the likelihood we will see real change.

We thank you for your leadership in a hard-fought battle to bring health reform to America. The President's signature, however, was only one step in an ongoing fight to help Americans lead healthier lives. We look forward to working with you to ensure the objectives of this law are achieved.

Sincerely,

1. Alliance to Make US Healthiest
2. All Saints Home Care And Referral Services (CA)
3. America Walks
4. American Academy of Physician Assistants
5. American Association for Health Education
6. American Association of Colleges of Osteopathic Medicine
7. American Association of Colleges of Pharmacy
8. American College of Clinical Pharmacy
9. American College of Occupational and Environmental Medicine
10. American College of Prevention Medicine
11. American Federation of State, County and Municipal Employees
12. American Heart Association
13. American Medical Student Association
14. American Nurses Association
15. American Osteopathic Association
16. American Psychological Association
17. American Public Health Association
18. American School Health Association
19. Arthritis Foundation
20. Asian Pacific Islander Caucus for Public Health
21. Association for Professionals in Infection Control and Epidemiology
22. Association of Academic Health Centers
23. Association of Asian Pacific Community Health Organizations
24. Association of Maternal & Child Health Programs
25. Association of Public Health Laboratories
26. Association of State and Territorial Directors of Nursing
27. Association of State and Territorial Health Officials
28. Association of University Centers on Disabilities

29. Bay County Health Department of Bay City, MI
30. Beach Cities Health District (L.A. County, CA)
31. Campaign for Public Health
32. Children's Hospital and Research Center Oakland
33. Coalition for Health Services Research
34. Coalition of National Health Education Organizations
35. Coastal Health District, Georgia
36. CommonHealth ACTION
37. Community Action Partnership
38. Community Health Councils
39. Community Health Partnership: Oregon's Public Health Institute
40. Council of State and Territorial Epidemiologists
41. Defeat Diabetes Foundation
42. Faces and Voices of Recovery
43. Family Voices
44. Hawai'i Public Health Association
45. Hepatitis C Association
46. Hepatitis Foundation International
47. HIV Medicine Association
48. Home Safety Council
49. Ingham County Health Department, Lansing, Michigan
50. Infectious Diseases Society of America
51. Khmer Health Advocates, Inc
52. Michigan Association for Local Public Health
53. Monroe County Public Health Department (MI)
54. National Association for Public Health Statistics and Information Systems
55. National Association for Sport and Physical Education
56. National Association of Counties
57. National Association of County and City Health Officials
58. National Coalition for LGBT Health
59. National Coalition for Promoting Physical Activity
60. National Forum for Heart Disease and Stroke Prevention
61. National Health Council
62. National Health Equity Coalition
63. National Initiative for Children's Healthcare Quality
64. National Network of Public Health Institutes
65. National Nursing Centers Consortium
66. National Psoriasis Foundation
67. National REACH Coalition
68. National Recreation and Park Association
69. National Viral Hepatitis Roundtable
70. Native Hawaiian and Pacific Islander Alliance
71. Nemours
72. North American Quitline Consortium
73. Partners for a Healthy Nevada
74. Planned Parenthood Federation of America

75. Prevention Institute
76. Public Health Foundation
77. Public Health Institute
78. Public Health-Seattle & King County
79. REACH U.S. Charleston and Georgetown Diabetes Coalition
80. REACH U.S. Southeastern African American CEED for Diabetes
81. Research!America
82. Safe States Alliance
83. Society for Adolescent Health and Medicine
84. Society for Public Health Education
85. Strategic Health Policy International, Inc
86. The New York Academy of Medicine
87. The Youth Becoming Healthy Project, Inc.
88. Trust for America's Health
89. WalkSanDiego
90. YMCA of the USA