

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 more than 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,

Alliance to Make US Healthiest  
All Saints Home Care And Referral Services (CA)  
America Walks  
American Academy of Physician Assistants  
American Association for Health Education  
American Association of Colleges of Osteopathic Medicine  
American Association of Colleges of Pharmacy  
American College of Clinical Pharmacy  
American College of Occupational and Environmental Medicine  
American College of Prevention Medicine  
American Federation of State, County and Municipal Employees  
American Heart Association  
American Medical Student Association  
American Nurses Association  
American Osteopathic Association  
American Psychological Association  
American Public Health Association  
American School Health Association  
Arthritis Foundation  
Asian Pacific Islander Caucus for Public Health  
Association for Professionals in Infection Control and Epidemiology  
Association of Academic Health Centers  
Association of Asian Pacific Community Health Organizations  
Association of Maternal & Child Health Programs  
Association of Public Health Laboratories

Association of State and Territorial Directors of Nursing  
Association of State and Territorial Health Officials  
Association of University Centers on Disabilities  
Bay County Health Department of Bay City, MI  
Beach Cities Health District (L.A. County, CA)  
Campaign for Public Health  
Children's Hospital and Research Center Oakland  
Coalition for Health Services Research  
Coalition of National Health Education Organizations  
Coastal Health District, Georgia  
CommonHealth ACTION  
Community Action Partnership  
Community Health Councils  
Community Health Partnership: Oregon's Public Health Institute  
Council of State and Territorial Epidemiologists  
Defeat Diabetes Foundation  
Faces and Voices of Recovery  
Family Voices  
Hawai'i Public Health Association  
Hepatitis C Association  
Hepatitis Foundation International  
HIV Medicine Association  
Home Safety Council  
Ingham County Health Department, Lansing, Michigan  
Infectious Diseases Society of America  
Khmer Health Advocates, Inc  
Michigan Association for Local Public Health  
Monroe County Public Health Department (MI)  
National Association for Public Health Statistics and Information Systems  
National Association for Sport and Physical Education  
National Association of Counties  
National Association of County and City Health Officials  
National Coalition for LGBT Health  
National Coalition for Promoting Physical Activity  
National Forum for Heart Disease and Stroke Prevention  
National Health Council  
National Health Equity Coalition  
National Initiative for Children's Healthcare Quality  
National Network of Public Health Institutes  
National Nursing Centers Consortium  
National Psoriasis Foundation  
National REACH Coalition  
National Recreation and Park Association  
National Viral Hepatitis Roundtable  
Native Hawaiian and Pacific Islander Alliance  
Nemours

North American Quitline Consortium  
Partners for a Healthy Nevada  
Planned Parenthood Federation of America  
Prevention Institute  
Public Health Foundation  
Public Health Institute  
Public Health-Seattle & King County  
Public Health Solutions  
REACH U.S. Charleston and Georgetown Diabetes Coalition  
REACH U.S. Southeastern African American CEED for Diabetes  
Research!America  
Safe States Alliance  
Samuels & Associates  
Society for Adolescent Health and Medicine  
Society for Public Health Education  
Strategic Health Policy International, Inc  
The New York Academy of Medicine  
The Youth Becoming Healthy Project, Inc.  
Trust for America's Health  
WalkSanDiego  
YMCA of the USA