

# Wisconsin Public Health Association

## 2010 RESOLUTION

### Benefits of Prevention-based Programs and Policies

**WHEREAS** public health infrastructure is based on a proactive model of preventing illness, disease and injury, rather than the reactive clinical model, and;

**WHEREAS** the leading causes of death in the United States and Wisconsin are attributed to preventable causes such as tobacco use, improper nutrition, lack of physical activity and injuries<sup>1</sup>, and;

**WHEREAS** preventive services (e.g., immunizations, screening tests, and counseling) are highly effective, highly cost-effective, and highly underutilized in the United States<sup>2</sup> – as an example, thirty three percent of Wisconsin residents eligible under recommended guidelines have not had a colorectal cancer screening, and twenty one percent of women over age fifty have not had a mammogram in the past two years,<sup>3</sup> and

**WHEREAS** seniors in the Medicare program have historically been required to pay out of pocket for annual wellness visits, and for portions of many preventive services; and

**WHEREAS** Healthy People 2020<sup>4</sup> and Healthiest Wisconsin 2020<sup>5</sup> have overarching goals of addressing health disparities and eliminating preventable disease, disability, injury and premature death, especially through addressing underlying social, economic and educational factors; and

**WHEREAS** low-income persons, and minority groups, such as African-Americans and Hispanics, have been found to receive substantially fewer preventive services than the general U.S. population;<sup>6</sup>

**THEREFORE, BE IT RESOLVED** that the Wisconsin Public Health Association supports effective and promising policies and programs (such as those recommended in the “What Works? Policies and Programs to Improve Wisconsin’s Health” report produced by the University of Wisconsin School of Medicine and Public Health) that seek to improve important drivers of health outcomes in 3 main health determinant areas:

- 1) Health Behaviors, such as tobacco use, physical activity and nutrition, substance misuse and dependency, injuries and violent behavior, and risky sex practices.
- 2) Healthcare and Public Health Systems, such as access to and quality of cost effective healthcare services (especially preventive services) and public health system services and infrastructure.

3) Socioeconomic and Physical Environments, including healthy child development and education, income and employment, environmental quality, housing conditions, and social connectedness.

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<sup>1</sup> Actual Causes of Death in the United States, 2000 Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH *JAMA*. 2004;291:1238-1245.

<sup>2</sup> <http://www.prevent.org/images/stories/clinicalprevention/executive%20summary.pdf>

<sup>3</sup> Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.

<sup>4</sup> Healthy People 2020 Tackling Social Determinants of Health: Input Sought From Health Work Force, Kim Krisberg Posted: 02/10/2009; *Nations Health*. 2008;38(10) © 2008 American Public Health Association,

<sup>5</sup> <http://dhs.wisconsin.gov/hw2020/pdf/hw2020brochure20090727.pdf>

<sup>6</sup> Evaluation of Health People 2000