



Association of Public Health Nursing (APHN) Public Health Policy 2015-2016 Position Paper

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Use and Protection of the Prevention & Public Health Fund

Created by the Patient Protection and Affordable Care Act (2010), the *Prevention and Public Health Fund* (PPHF) was established to expand and sustain funding for prevention and public health programs (HHS, 2016). It is the first mandatory revenue stream dedicated to a wide array of prevention, wellness and public health programs that improve the health of Americans. The fund can also decrease health care costs by supporting new and existing programs that promote health and decrease risk for chronic illness (American Public Health Association Center on Public Policy, 2012).

Prior to the *Prevention and Public Health Fund* creation, funding for prevention activities was unreliable leaving many public health programs unsustainable. Only 3% of the US budget was spent on public health prevention programs, while over 75% was spent on care of chronic illness (American Public Health Association Center on Public Policy, 2012). Current health care expenditures for chronic illness care has risen to 86% (CDC, 2015a). Chronic illness places a huge burden on the US health care system in terms of productivity, quality of life, resources such as provider and acute care visits, medications and equipment, and caregiver burden.

Chronic illness accounts for seven out of ten deaths in the US. One in four adults have more than 1 concurrent chronic illness, known as Multiple Chronic Conditions (MCC). Although MCC affects primarily adults, one in fifteen children live with MCC, which includes physical, developmental, mental, and behavioral disorders and learning disabilities (Anderson, 2010).

In terms of prevention, serious preventable health issues such as obesity and tobacco use can be addressed with more funding. Obesity affects over 1/3 of US adults. Obesity related health illnesses include heart disease, diabetes, stroke, and some cancers. Most of these are preventable diseases and causes of death. Although childhood obesity has decreased, it is still too high at 17% (CDC, 2015b). Obesity is costly too; medical costs for those with obesity is approximately \$1400 more per year than for normal weight individuals (CDC, 2015b).

According to 2014 statistics, approximately 17% of US adults over 18 use tobacco. More than 16 billion adults live with a smoking related illness, including cancer, heart disease, stroke, lung disease, and chronic lung diseases such as emphysema and bronchitis (CDC, 2015c). Smoking and second-hand smoke account for over 480,000 deaths in the US annually. Smoking is costly too, with a total economic cost of over \$3 billion annually; approximately \$170 billion covers direct medical care and more than \$156 billion goes to lost productivity (CDC, 2015c).



Approximately seventeen percent (17%) of the US Gross Domestic Product is spent on health care and it is expected to rise to 20% by 2020 (CDC, 2015). Despite the high cost of health care, the US has poorer health outcomes than other industrialized nations. This is in large part because of the lack of prevention and health promotion funding and programs. According to Kaiser Family Foundation (2016), the US spent approximately \$8700 per capita on health care in 2012, twice as much as similar countries like the United Kingdom, Australia, and Germany, and the most of any industrialized nation. Costs ranged from \$3289 (United Kingdom) to \$4896 (Austria). Only 2 countries besides the US are outside that range: Netherlands (\$5219) and Switzerland (\$6080) (Kaiser Family Foundation, 2016).

The *Prevention and Public Health Fund* is intended to provide a continuous investment in the public health infrastructure and workforce and community programs aimed at preventing chronic illness and improving the nation's health. It was originally designed to begin at \$500 million in FY 2010 and increase to \$2 billion per year by FY 2015 and thereafter. Although it is a mandatory fund, Congress can reduce or redirect the funding (APHA, 2012). There have been numerous efforts to reduce, repeal, and/or redirect this funding. There have also been many efforts to repeal the PPACA but none has been successful thus far. The Middle Class Tax Relief and Job Creation Act cut \$6.25 billion from the Fund over nine years, beginning with a \$250 million cut in FY 2013. These reductions were used to postpone a cut in Medicare physician payments. The continuation of the Fund at a lower rate still represents a critical investment in public health and prevention that must be protected.

Four broad categories summarize the funded public health activities to date:

1. Community programs,
2. Clinical prevention,
3. Public health workforce and infrastructure, and
4. Research and tracking.

The receiving agencies of the FY2016 funding allocations are the Agency on Aging Agency for Community Living (ACL), Centers for Disease Control (CDC), and SAMHSA (Substance Abuse and Mental Health Services Administration (SAMHSA).

Local and state health departments and programs also receive funding to strengthen the public health workforce and infrastructure and address health priorities with effective, evidence based strategies. Funding has supported prevention and health promotion activities in [every state](#).



It is imperative that *The Prevention and Public Health Fund* be protected and preserved. It is the **first** dedicated funding source intended to support, expand, and sustain prevention and public health programs in an effort to improve health, delay and prevent chronic illness, and reduce the cost burden on the U.S. health care system. APHN recommends that C/PHN's advocate for preservation of the Fund by:

- Conducting meetings with legislators on the Hill.
- Testifying at hearings to support continued funding.
- Calling, writing, or meeting with US representatives and senators.
- Contacting members of the Senate Committee on Health, Education, Labor & Pension (HELP) and the House Committee on Energy & Commerce.
- Creating a form letter for membership to use to write to legislators.

Strategy for state/local public health nursing:

- Contact state representatives and senators.
- Inform APHN on where funds should be spent at state/local level.
- Share success stories or 'letters from the field' relating how the funds improved local health.

Sources of information for this priority:

Health and Human Services: <http://www.hhs.gov/open/prevention/index.html>

FY 2016 funding: <http://www.hhs.gov/open/recordsandreports/prevention/>

FY 2015 funding:

<http://www.hhs.gov/open/prevention/fy-2015-allocation-pphf-funds.html>

FY 2014 funding:

<http://www.hhs.gov/open/prevention/fy-2014-allocation-pphf-funds.html>

Senate and House Committees that oversee the PPH Fund:

Senate Committee on Health, Education, Labor & Pension (HELP)

House Committee on Energy & Commerce

Policy Briefs:

American Public Health Association Fact Sheet Prevention and Public Health Fund

http://healthyamericans.org/health-issues/wp-content/uploads/2016/01/160127_PPHF.pdf

National Association of Counties 2016 Policy Brief: Protect Funding for Prevention and Public Health:

<http://www.naco.org/resources/protect-funding-prevention-and-public-health-1>



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