

April 26, 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:

We applaud the recent passage of the Patient Protection and Affordable Care Act (P.L. 111-148). Historic steps were taken to protect the insured and provide uninsured Americans with the health care coverage they have needed and demanded for so many years. The creation of the Prevention and Public Health Fund (Fund) opened-up a significant opportunity to improve health, save money, and reduce the demands on our health system.

The Fund is a powerful response to the vigorous research that demonstrates clear links between public health outcomes and community environments.^{1,2,3} Unhealthy environments create disparities in health and safety. Our organizations have a strong focus on advancing equity and improving community health. We share the goal of changing policies and environments to achieve the vision of healthy, safe, and equitable communities, especially in places where people suffer the most. Currently, our organizations provide policy and strategic guidance for the Convergence Partnership, a collaborative of seven major philanthropic funders and advisors encouraging multi-field, equity-focused efforts to change environments to create healthy people and healthy places.¹

A strategic framework that emphasizes prevention, wellness, and equity can significantly alleviate the social and financial costs associated with sickness and health care by keeping people from getting sick and injured *in the first place*. It is our nation's responsibility to ensure that the expenditure of these funds supports efforts that are effective and will improve health, particularly for those who experience inequities in health. It is time for a paradigm shift as our health system moves into a new chapter—strategies must move beyond clinical and secondary prevention. We strongly believe the Fund must significantly invest in community prevention, as it is a critical component for transforming our health system. Community prevention utilizes policy and environmental changes to transform community environments to enable people to thrive and live

¹ In 2006, a collaboration of funders came together to create the [Healthy Eating Active Living Convergence Partnership](#), with the shared goal of changing policies and environments to better achieve the vision of healthy people living in healthy places. The steering committee includes representatives from The California Endowment, Kaiser Permanente, Nemours, the Robert Wood Johnson Foundation, Kresge Foundation, and the W.K. Kellogg Foundation. The Centers for Disease Control and Prevention serve as critical technical advisors on the committee. [PolicyLink](#), a national research and action institute devoted to advancing economic and social equity, serves as program director for the partnership. [Prevention Institute](#), a national non-profit organization dedicated to improving community health and equity through effective primary prevention, provides policy research and analysis along with strategic support. The Convergence Partnership supports multi-field equity and social justice focused efforts to support healthy eating and active living by changing environments through strategies that encourage policy and organizational change. <http://www.convergencepartnership.org>.

healthy lives. These efforts will require not only participation from public health departments, but also others that influence health, safety, and equity, particularly community organizations. Different sectors must be engaged, such as transportation, agriculture, land use, housing, and education. Each of these sectors impacts health in significant ways—determining whether communities have access to safe healthy places to live, play, and learn. Federal initiatives like the ARRA Communities Putting Prevention to Work grants and the National Prevention Strategy can be expanded and enhanced to increase the participation of community leaders and community-based organizations to bring community prevention efforts to scale and advance efforts for healthy people and healthy places. The National Prevention Strategy could serve as the strategic framework to guide investments for reforming the health system and advancing health through community prevention.

Based on our experience working with community organizations, local and state governments, and with foundations engaged in initiatives that focus on community prevention, we have seen the benefits of investments in underserved communities for improving health and safety outcomes. The following are critical areas of consideration as decisions are made regarding the allocation of funding:

- Invest in community prevention as a core component of transforming the health system
- Prioritize policy and environmental change efforts in underserved communities
- Invest in underserved communities, providing extra support and consultation as needed to achieve equitable health and safety outcomes
- Invest in ARRA applications that remain unfunded but are poised for action, particularly those that include leadership for community organizations
- Foster innovation in the field in addition to elevating and replicating proven models of success
- Develop and enhance leadership and capacity of community-based organizations, community leaders, and government officials to design and implement community prevention strategies and engage in collaborations across fields and sectors

We highlight some key considerations below:

A New Chapter in Prevention

Funding should prioritize interdisciplinary, multi-field strategies and policies that address equity and environments as they are fundamental to achieving healthier communities across America.^{4,5,6} These types of strategies are commended by a growing evidence base, community practice, and expert recommendations. Organizations are engaging in efforts to gather the best available evidence and provide guidance about the strategies and policies that have the greatest potential to improve community environments for low-income people and communities of color. For example, the Centers for Disease Control and Prevention’s Common Community Measures for Obesity Prevention Project (COCOMO) identified and highlighted 24 strategies and associated measurements that communities and local governments can use to plan and monitor environmental and policy-level changes for obesity prevention.⁷ Most recently, the Institute of Medicine released a report, *Bridging the Evidence Gap in Obesity Prevention: A Framework to Inform Decision Making*, that “defines a new process to help decision makers use evidence when determining what actions to take as they confront the obesity epidemic and other complex public health issues.”⁸ This report endorses the perspective that if we want to see more evidence-based practice, we need to support the creation of more practice-based evidence.

Supporting proven efforts and investing in innovative practices will expand the impact of known best practices and support the development of the next generation of programs and strategies. Focusing on scalable solutions will improve health and transform underserved and vulnerable communities into more healthy communities. The following examples showcase investments that began as innovative, community experiments driven by the wisdom of community practitioners and residents and are now regarded as proven models for community change. Through rigorous evaluation, these initiatives have provided valuable insight about effective community prevention strategies to improve health and wellbeing:

-- Somerville, MA has received national attention for its successful community prevention approach. Between 2002 and 2005, the city was the center of a CDC-funded environmental change intervention designed to improve the health of early-elementary school children. Shape Up Somerville includes before-, during-, and after-school elements that increase the number of physical activity opportunities and healthy food options available to children. The results of the initiative are impressive: in its first phase, the campaign slowed rates of weight gain in 1st to 3rd graders. Since then, the city has received Healthy Kids, Healthy Communities funding from the Robert Wood Johnson Foundations to expand Shape Up Somerville. The campaign aims to reach all segments of the community, including schools, city government, civic organizations, community groups, businesses, and other people who live, work, and play in Somerville.

--The Pennsylvania Fresh Food Financing Initiative (PFFFI) is an innovative public-private partnership that focuses on increasing access to healthy foods in underserved communities. Begun in 2004, the state has invested \$30 million, which has supported \$165 million in total project investment. The initiative's 78 projects have provided more than 400,000 Pennsylvanians with healthier food choice in their communities and have created or preserved 4,860 jobs and 1.5 million square feet of food retail space. PFFFI's successful efforts are attracting attention across the country and it is now being replicated in New York, Illinois, New Jersey, Colorado, and New Orleans. This proven state program is now serves as the model for a national Healthy Food and Financing Initiative, proposed in President Obama's 2011 budget and a pillar in the First Lady's Let's Move Initiative, to improve access to healthy foods; reduce disparities and improve the health of families and children; create jobs; and, spur economic development in communities across the nation.

--The California Tobacco Control Program changed social norms around tobacco use with a comprehensive strategy that included promoting initiatives that use policy and advocacy to create smoke-free environments, reducing the availability of tobacco, curbing the advertisement and marketing of tobacco products in the retail environment, a tax on tobacco products, and supporting services for tobacco cessation. Since the inception of the California Tobacco Control Program, smoking prevalence in California has declined by 35% and per capita cigarette consumption has declined by 60.8 percent. Between 1989 and 2004, death from heart diseases and lung and bronchus cancer rates decreased in California. Additionally, the California Tobacco Control Program resulted in a savings of \$86 billion in health care costs during the same period, or 50 times the rate of return on the program's expense. Other data indicates that similar initiatives

elsewhere in the United States have also been effective in decreasing smoking prevalence and increasing positive health outcomes.

Funding innovation is a key mechanism for expanding the research and evidence base for community prevention and seeding the next wave of evidence-based practices. The Fund should set aside funding to allow opportunities for further experimentation in addition to focusing on the areas in which success is more easily achievable. There are a number of arenas in which there are promising opportunities. For example, further exploration on effective strategies to rebuild the local infrastructure of regional food systems including strengthening and fostering new partnerships among a wide range of stakeholders and experts, including businesses, farmers, schools and childcare providers, consumers, hospitals, and clinics, could help ensure that healthy and affordable foods reach everyone's table. Active transportation is another arena lending itself to innovation. Mounting research is finding a clear connection between transportation and health—how it affects air quality, injury risk, physical activity levels, and access to necessities such as grocery stores and job centers. Lastly, community violence is a significant concern, particularly for disenfranchised communities, and can undermine chronic disease prevention efforts. Emerging strategies to address neighborhood safety as a barrier to healthy food and physical activity behaviors are in the vanguard of efforts to achieve equitable health and safety outcomes and can be helpful for these community prevention efforts.

Building Capacity among Government and Community

We understand that effective community prevention design and implementation will require an infrastructure that supports the development and enhancement of leadership and capacity to ensure success. The participation and leadership of those who are most impacted by health disparities and unhealthy environments must be supported. It is their wisdom and experiences that will help build authentic and effective change.

Local and state government agencies and community organizations have varying levels of expertise and capacity. Activities supported through the Fund should provide equitable opportunities for organizations, especially those from low-income communities and communities of color, as well as those that are under-resourced and less experienced in community prevention, in order to build the leadership and capacity to successfully shape, communicate and implement prevention strategies, engage in multi-sectoral partnerships, and promote health and equity. Activities should focus on developing and implementing policy strategies that improve the health and well-being of families and communities. This includes collaborating with organizations that can provide technical assistance, training, and skills building to support prevention policy efforts in health and non-health sectors. Prioritizing those communities who suffer the most from poor health is vital for developing needed leadership and community capacity, ultimately supporting healthier and more equitable communities.


We would welcome the opportunity to discuss these issues further and to identify ways we can support this vital endeavor. Please do not hesitate to contact Larry Cohen, Executive Director of Prevention Institute (larry@preventioninstitute.org; 510-444-7738) or Judith Bell, President of PolicyLink (jbelle@policylink.org; 510-663-2333) to talk further about this letter or to schedule a meeting. Both organizations lead the implementation of the policy strategies for the Convergence Partnership.

We look forward to hearing from you and working together on this crucial effort.

Sincerely,



Larry Cohen
Executive Director
Prevention Institute



Judith Bell
President
PolicyLink

¹ Heath G, Brownson R, Kruger J, Miles R, Powell KE, Ramsey LT. The Task Force on Community Preventive Services. The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. *Journal of Physical Activity and Health* 2006; 3(1S): S55-S76.

² Hawkins C, O'Garro M, Wimsett K. Engaging employers to develop healthy workplaces: the WorkWell initiative of Steps to a Healthier Washington in Thurston County. *Prev Chronic Dis* 2009;6(2).
http://www.cdc.gov/pcd/issues/2009/apr/08_0209.htm. Accessed 6/30/2009.

³ California Center for Public Health Advocacy, PolicyLink, and the UCLA Center for Health Policy Research. Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes.

⁴ CDC's *Recommended Community Strategies and Measurements to Prevent Obesity* can be found at:
http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf.

⁵ Institute of Medicine's *Local Government Actions to Prevent Childhood Obesity* can be found at:
<http://www.iom.edu/obesitylocalgov>.

⁶ The Transportation Prescription: Bold New Ideas for Healthy, Equitable Transportation Reform in America is a guide to how healthy, equitable transportation policies can improve the quality of life for everyone, and in particular for vulnerable communities and can be found at: <http://www.convergencepartnership.org/atf/cf/%7B245a9b44-6ded-4abd-a392-ae583809e350%7D/TRANSPORTATIONRX.PDF>.

⁷ Kettel-Khan, L. K., Sobush, K., Keener, D., Goodman, K., Lowry, A., Kakietek, J., & Zaro, S. (2009). Recommended community strategies and measurements to prevent obesity in the United States. *MMWR Recomm Rep*, 58, 1-26. Retrieved March 26, 2010, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>.

⁸ Institute of Medicine's *Bridging the Evidence Gap in Obesity Prevention: A Framework to Inform Decision Making* can be found at: <http://www.iom.edu/Reports/2010/Bridging-the-Evidence-Gap-in-Obesity-Prevention-A-Framework-to-Inform-Decision-Making.aspx>