

September 10, 2009

Dear Member of Congress:

The undersigned city and metropolitan health departments from across the United States urge you to support Title III of Division C of the America's Affordable Health Choices Act (HR 3200) in any final health reform bill. The provisions of Title III, "Prevention and Wellness" address improvement of health status in the United States and prevention of disease and disability.

The America's Affordable Health Choices Act establishes a comprehensive, scientific, and accountable approach to nationwide health improvement. In particular, the Prevention and Wellness Trust and grants to fund core public health infrastructure and activities represent a long-needed innovative mechanism for financing public health and prevention. Although large cities bear a disproportionate share of the nation's poor health conditions and health disparities, our local public health agencies lack a stable source of funding to address the high disease burden in our communities, which impairs our ability to tackle emerging public health issues through prevention and health promotion. For instance, in 2007, more than half of the 54 largest cities had an HIV/AIDS mortality rate that was twice that of the US, and one quarter had a rate at least three times that of the country overall. A stable source of public health funding early in the AIDS epidemic could have limited the growth of the epidemic in these urban areas.

A strong public health infrastructure is critical to addressing emerging public health threats and promoting increased quality of life for city residents. The increasing prevalence of costly and *preventable* chronic health conditions represents a threat to America's health and economy. According to the Centers for Disease Control and Prevention (CDC), the medical care costs of people with chronic diseases account for over 75% of the nation's health care costs. The emerging epidemic of overweight and obesity is associated with \$117 billion in annual direct medical expenses and indirect costs, including lost productivity, which impairs our economic competitiveness during a period of severe economic decline. Obesity is already projected to overtake tobacco smoking as the number one source of preventable illness. On the front lines of this epidemic, city and metropolitan health departments witness firsthand the impact of childhood obesity, including the onset of conditions seen mostly in adults, such as hyperlipidemia and Type 2 diabetes in overweight children. This also has implications for current and projected medical costs, as children treated for obesity are three times more expensive for the health care system than the average child, according to recent analysis.

Prevention of obesity and chronic conditions (*e.g.*, diabetes and cardiovascular disease) through programs and policies that promote nutrition and physical activity has the ability to dramatically reduce these costs. A recent study found that the costs of obesity and physical inactivity exceed \$18 billion for the largest metropolitan areas in California. Community Prevention and Wellness Services Grants in the America's Affordable Health Choices Act will address unmet prevention and wellness needs and address rising rates of chronic disease. In addition, these grants will target health disparities and allow local health departments to focus on underserved populations. Racial disparities in health are of particular concern for large cities which often have higher concentrations of African American and Hispanic populations.

Emerging research is already showing the strong effects of prevention. For example, for each \$1 spent on preconception care programs for women with diabetes, health care costs are reduced by up to \$5.19 by preventing costly complications in both mothers and babies. The strongest case for prevention is the effectiveness of community-based smoking cessation interventions. According to the CDC, such programs are

associated with a cost of only \$2,587 for each year of life saved—far less than the cost of treating asthma, lung cancer, and other complications from smoking. More important, because they are community-based, these programs reach communities disproportionately impacted by chronic tobacco smoking.

We also urge you to support Title II of Division C of the bill concerning the health care workforce. In particular, we strongly and urgently support those provisions designed to address the public health workforce shortages that, if current trends continue, threaten the nation's capacities to protect health. Loan repayment and scholarships for public health professionals are critical to managing this problem.

The public health and prevention provisions of the America's Affordable Health Choices Act represent an unprecedented opportunity to strengthen the public health system that safeguards the public's health through city and metropolitan health departments across the country. Again, we urge your support for the Prevention and Wellness Trust and other public health provisions in any final health reform bill. Thank you for your attention to this important issue.

Sincerely,

1. Alameda County Public Health Department
2. Austin/Travis County Health and Human Services
3. Cleveland Department of Public Health
4. Columbus Public Health
5. City of El Paso Department of Public Health
6. Harris County, Texas Public Health & Environmental Services
7. Kansas City, Missouri Health Department
8. Los Angeles County Department of Public Health
9. Louisville Metro, Public Health and Wellness
10. Maricopa County, Arizona Department of Public Health
11. Marion County, Indiana Health Department
12. Minneapolis Department of Health and Family Support
13. Metro Public Health Department of Nashville/Davidson County
14. New York City Department of Health and Mental Hygiene
15. Philadelphia Department of Public Health
16. Santa Clara County Public Health Department
17. Public Health – Seattle & King County
18. Southern Nevada Health District
19. City of St. Louis Department of Health
20. Tulsa City-County Health Department