



August 7, 2009

Dear Representative,

As the leaders of several major national private foundations and health care organizations, many of us have spent decades working to enhance health. We have focused on ensuring accessible, quality, culturally competent, and affordable health care for all and on making communities healthier places to live, work, learn, and play. These efforts complement one another.

Currently, our country is engaged in broad conversations about how best to structure our health system, and we strongly believe that health systems change must include robust provisions for community prevention and health care coverage for all. Over time a focus on community prevention will improve health, save money, reduce the demands on our health system, and most important, it will lead to a nation of healthier people and healthier places to live.

Community prevention focuses on enhancing the social and physical environments of communities. Public-private partnerships to achieve such improvements are essential. Our institutions have collaborated in many different community prevention efforts, including those of the national Healthy Eating Active Living Convergence Partnership,<sup>1</sup> to accelerate and support efforts already under way, leverage our impact on the health of the communities we serve and enhance the national knowledge base of what works. Recently, we have been joined by the Kresge Foundation, which has a long history of community investment. Our joint efforts, as well as many individual initiatives of each of our institutions, focus on improving health and well-being through policy and environmental change. Over time, such improvements prevent or delay the onset of health problems, notably including those related to chronic diseases, such as obesity, diabetes, and heart disease. Thus, these changes save lives, reduce injury, illness, and disability, and help us afford as well as make health care a reality for all. They ensure better futures for our children and foster a healthy work force.

Community environments impact health in a variety of ways. Reducing toxins, ensuring access to healthy foods, providing safe places for physical activity, creating healthy and safe homes and workplaces—all have substantial bodies of research documenting their effectiveness. Place—where one lives, works, goes to school, and plays—impacts health in profound ways. Virtually all of our country’s major health victories with strong health outcomes, including tobacco control, lead poisoning abatement, road safety, and reductions in access to alcohol have been achieved through environmental and community-based approaches. This is the standard of practice—what we think of as “quality” prevention. Given the importance of reducing health

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<sup>1</sup> 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>.

inequities, community prevention efforts should focus on those communities that are most in need.

And support for prevention is strong across the nation. In a recent Greenberg Poll, prevention was rated higher than all other proposals, including providing tax credits to small businesses and prohibiting health insurers from denying coverage based on health status. Seventy percent of Americans ranked investing in prevention between 8 and 10 on a 10-point scale of importance, and 46 percent rated the importance of prevention at 10.

Each of our institutions has comprehensive initiatives that focus on community prevention in different parts of the country. These investments include cultivating community leadership, which can maximize the impact and sustainability of our efforts. For example:

*-- In Bakersfield, California, a small group of local mothers—many of them Spanish-speaking farm workers—formed a local walking group to improve their fitness levels and connect with friends and neighbors. They met at nearby Stiern Park, which was poorly lit and littered with used hypodermic needles and broken bottles. The group organized, inviting police, parks officials, and other community leaders to walk the park with them. Ultimately, the local Chamber of Commerce agreed to support park improvements, and more than 100 volunteers installed a new walking path in a single day. The Greenfield Walking Group is now a community institution. Several members have experienced significant weight loss (up to 80 pounds) and report meaningful improvements in their personal health and quality of life.*

*--In Somerville, Massachusetts, a citywide campaign called Shape Up Somerville focuses on increasing daily physical activity and healthy eating through programming, physical infrastructure improvements, and policy work. The campaign targets all segments of the community, including schools, city government, civic organizations, community groups, businesses, and other people who live, work, and play in Somerville. Campaign elements include providing healthier school food, establishing safe and walkable routes to school, and promoting more nutritious restaurant options, farmers markets, and community gardens. In its first phase, evaluation found that the campaign slowed rates of weight gain among children in first through third grades.*

*--In Delaware, a statewide campaign to Make Delaware's Kids the Healthiest in the Nation ensures that policies and practices in early education focus on healthy eating and physical activity as part of a comprehensive approach to positively impact childhood obesity in all the places children, live, learn, and play. A public-private collaboration created and implemented some of the nation's most ambitious and comprehensive childcare licensing standards around eating healthier meals, limiting screen time, and participating in physical activity. Tools were also distributed to providers for use in educating and engaging young children in these healthy habits and to facilitate implementation of these new policies in child care centers. In its first phase, social return on investment analysis indicates that every dollar invested in Delaware's child care work provides a return of \$4 in reduced health care expenditures.*

As these examples highlight, our work has demonstrated the important health impacts that community prevention efforts can provide. These examples also highlight the tremendous benefit that modest investments in underserved communities can yield in improving health outcomes. Many initiatives have included a rigorous evaluation and, in some cases, resulted in articles in peer-reviewed journals to help the field build from lessons learned. In short, this is a strong platform for the nation to build on, and with additional resources, it could bring considerable improvements in health for all Americans. It is time to scale up these efforts by including robust financial support for community prevention in any health systems reform.

We would be happy to discuss this further. For inquiries or requests, please contact Amanda Navarro, Associate Director at PolicyLink, via email ([amanda@policylink.org](mailto:amanda@policylink.org)) or phone (212) 502-6491.


Sincerely,



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