

Access to Prevention and Public Health for High-Risk Populations

Presented by Risa Lavizzo-Mourey, RWJF President and CEO

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Robert Wood Johnson Foundation



Risa Lavizzo-Mourey,
M.D., M.B.A.

TESTIMONY BEFORE THE COMMITTEE ON HEALTH, EDUCATION, LABOR AND PENSIONS, U.S. SENATE
Washington, D.C.

Thank you to Chairman Kennedy, Ranking Member Enzi, Senator Harkin and members of the Committee for this opportunity to testify about the importance of investing in prevention and public health, particularly in programs that reach the most vulnerable among us. I am Risa Lavizzo-Mourey, president and CEO of the Robert Wood Johnson Foundation, the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans.

I still practice medicine at a federally qualified community health center, the Chandler Clinic, in New Brunswick, N.J., about 25 minutes from the Foundation's headquarters in Princeton. The clinic provides health care to thousands of the area's most vulnerable, low-income or uninsured families, from prenatal care to elder care. Many of my patients have multiple chronic illnesses, and the clinic fills a critical gap in providing them with medical care to treat those illnesses.

But I often think about how our system fails my patients, and how much better off they would be if they had not developed their illnesses—many of them preventable—in the first place. As a physician, I have a place in my heart for the advice that “an apple a day keeps the doctor away.” But, as an agent of social change, I am pragmatic enough to see the emptiness of these words if patients cannot find an apple in their home, in their schools or in their corner store.

When I see a patient with diabetes, I can check her feet and examine her eyes. I can monitor her blood pressure and her hemoglobin A1C. I can prescribe medicine to help control her disease. And I can counsel her about how important it is that she eat plenty of fruits and vegetables; cut out sugar; reduce salt and fat; maintain a healthy weight and be physically active. But, more often than not, that patient doesn't have access to affordable, nutritious foods; there aren't grocery stores in her neighborhood. She may not be able to exercise because there aren't good sidewalks, or because she doesn't feel safe walking in her neighborhood.

What I can't always do in the clinic is help my patients to manage their illnesses very effectively, or keep them from getting sick in the first place, because they're up against a daunting array of problems and challenges in their homes, their neighborhoods and their schools.

I would argue that, even if my patients had the same health insurance that I have, if they had the same access to high-quality clinical care, their health status would still be unequal, because of these persistent challenges outside of the health care system.

Certainly, as Congress considers opportunities for health reform this year, expanding health care coverage must be a priority. But increasing access to health care alone will not be sufficient. Meaningful health reform must also include efforts to improve the quality, value and equality of care; bring down spending; strengthen the public health system's capacity to protect our health; address the social determinants of health; and prevent disease and promote healthier lifestyles.

The Value of Prevention

Senator Harkin, I've often heard you say that we have a “sickcare” system, not a health care system, and I couldn't agree more that it's time to change that. During these challenging times, we also have an unprecedented opportunity for real change, and to invest more in prevention and public health efforts that can reduce illness and disease in the first place and help people stay healthy. Whether or not a person stays well in the first place has little to do with seeing a doctor. Our aim should be to keep as many people healthy and out of the health care system as possible.

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Improving preventive services makes good sense for people's health, but it can also make good fiscal sense. A recent report from the Trust for America's Health (TFAH) that the Robert Wood Johnson Foundation and The California Endowment supported found that even a small, strategic investment in proven community-based prevention programs could result in significant savings in health care costs. An investment of \$10 per person per year in programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use could save the country—Medicare, Medicaid and private payers—more than \$16 billion annually within five years. That's a return of \$5.60 for every \$1 invested.¹

Clinical preventive services—for example, childhood immunizations; screening for hypertension, diabetes and certain cancers; and counseling smokers to quit—also play a critical role in keeping us healthy, and should be a part of any comprehensive effort to improve the health of all Americans. Many of those services are cost-saving or cost-effective.²

Disease prevention and health promotion must be a priority, but this is an area that has been largely ignored and chronically underfunded by federal, state and local governments. As you consider proposals for health reform, I urge you to increase stable funding and incentives for both community-based programs and clinical preventive services. An important first step is being taken by Congress and the Obama Administration—with your leadership, Senator Harkin—in the increased investment in prevention proposed in the Economic Recovery and Investment Act. This would be an unprecedented investment in public health. We must make sure that in the context of health reform, we assure continued funding of these programs.

Prevention Programs for Vulnerable Populations

A tremendous range of promising and successful efforts to improve health and prevent disease are taking place in schools, neighborhoods and workplaces across the country, reaching the most vulnerable people where they live, work, learn and play. These are the places where health really happens, more than in hospitals and in clinics. Let me provide some illustrative programs that are improving the health of populations by engaging people at school, in their neighborhoods and at work.

Schools

Fifty-six million children attend an elementary or secondary school in the United States,³ and schools offer a prime opportunity to reach kids where they spend most of their time. The Robert Wood Johnson Foundation has a long history of investing in the expansion of school-based health centers, which now number more than 1,500 across the country and provide critical health and health care services to vulnerable children and, in some cases, their families.

Health care, mental health and dental care are critical services to provide in school-based health clinics to reach children where they spend most of their time, but equally important is making sure that children are engaged in activity during the day that is safe and promotes learning. Recess at school should

¹ Levi J, Segal LM and Juliano C. *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities* (2008). Available online at <http://www.rwjf.org/publichealth/product.jsp?id=32711>.

² Maciosek MV, Coffield AB, Edwards NM, Flottemesch TJ, Goodman MJ and Solberg LI. "Priorities Among Effective Clinical Preventive Services: Results of a Systematic Review and Analysis." *American Journal of Preventive Medicine*, 31 (1): 52-61, 2006. Available online at <http://www.rwjf.org/pr/product.jsp?id=15571>. National Business Group on Health. *A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage*, 2007.

³ Upcoming *Statistical Abstract of the United States: 2009*, Table 211. Available online at <http://www.census.gov/compendia/statab/>.

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fulfill this need, but more and more schools are cutting the duration of recess time. We also see racial and ethnic disparities in cuts to recess: 14 percent of elementary schools with a minority enrollment of at least 50 percent do not schedule any recess for first graders; that compares with 2 percent of schools with less than 6 percent minority enrollment.⁴

But often, when recess is in place, teachers, principals and schools nurses tell us how much they dread it: Recess is when the fights break out; recess is when kids get injured. We've recently invested in an \$18-million expansion of an innovative program called *Sports4Kids*, which is working to transform recess in schools across the country, using trained, full-time site coordinators who serve as coaches during recess, and throughout and after the school day. Coaches, many of them AmeriCorps volunteers, teach students simple ways—like rock/paper/scissors—to resolve conflicts and introduce them to games like four square and kickball, where everyone gets to play. Kids return to the classroom more focused, cooperative and ready to learn. Fights and injuries on the playground are down.

Schools are also a logical place to address the epidemic of childhood obesity, another important area for focusing on prevention. More than 23 million children and adolescents are obese or overweight—nearly a third of our nation's kids ages 2 to 19—and African-American, Latino, Native American, Asian-American and Pacific Islander children living in low-income communities are hit hardest.⁵ The Robert Wood Johnson Foundation is investing \$500 million over five years to reverse the epidemic, focusing on improving access to healthy foods and opportunities for physical activity in schools and communities, especially those with the fewest resources.

For instance, we are the major funder of the Alliance for a Healthier Generation's *Healthy Schools Program*, which works to improve nutrition, physical activity and staff wellness in schools nationwide. The program currently reaches more than 4,000 schools through in-person and online support—and more than 2 million students in all 50 states—with a particular emphasis on states with the highest rates of childhood obesity. Any school can sign up to join online and take advantage of free resources and tools to help create a healthier environment.

Senator Harkin, I know you're familiar with the program, and that you visited the Oak Street Middle School in Iowa this fall to see the changes, big and small, that the school has made through that program: Getting soda out of the vending machines and getting water in; offering more fruits and vegetables in the cafeteria and getting rid of fried foods; and creating programs to encourage students to walk during recess.

The Alliance also has achieved major successes at the national level, such as forging an agreement with top beverage companies that already has resulted in a 58 percent reduction in the number of beverage calories shipped to schools. A similar agreement with snack food companies is helping to get healthier foods that comply with Alliance nutrition standards into schools. These are the kind of broad-scale changes that are needed to help local schools make healthy changes.

Neighborhoods and Communities

Neighborhoods and communities also present promising opportunities to prevent obesity, for people of all ages. As I said, if people don't have access to nutritious, affordable foods, and if they don't have

⁴ National Center for Education Statistics. *Calories in, calories out: Food and exercise in public elementary schools, 2005*. Fast Response Survey System (FRSS 2005): May 2006. Available online at <http://nces.ed.gov/pubs2006/nutrition>.

⁵ Ogden CL, Carroll MD and Flegal KM. "High Body Mass Index for Age Among US Children and Adolescents, 2003-2006." *Journal of the American Medical Association*, 299(20): 2401-2405, 2008.

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opportunities to walk and play outside, it severely limits their opportunity to be healthy and to prevent and manage disease.

On average, low-income rural and urban communities have 25 percent fewer supermarkets than their wealthier counterparts. This scarcity of supermarkets coincides with a higher incidence of preventable diseases such as cardiovascular disease, cancer and diabetes. In a study of more than 10,000 people, African Americans' intake of fruits and vegetables increased 32 percent for each supermarket located in the neighborhood.⁶

In Philadelphia, The Food Trust's Supermarket Campaign is helping to increase the number of supermarkets in low-income neighborhoods, improving access to fresh food and creating new jobs in the community. The initiative brings leaders from the supermarket industry together with public health and economic development professionals to address the barriers to supermarket development, securing public funds for predevelopment and capital costs and developing a profitable business model to ensure sustainability. The Food Trust has played a critical role in forming a public-private partnership to support the Pennsylvania Fresh Food Financing Initiative. With \$30 million in funding from the Commonwealth of Pennsylvania, this exciting initiative has leveraged an additional \$90 million, thus far leading to 1.4 million square feet of new food retail space in 60 projects. The Robert Wood Johnson Foundation is supporting plans to replicate this success in Illinois, Louisiana and New Jersey.

As we consider the importance of taking prevention to where people will most benefit, the kinds of community-based programs that we think will lead to the kinds of cost savings that the TFAH report describes, we are also investing in a new program, called *Healthy Kids, Healthy Communities*. This initiative supports comprehensive approaches to combat childhood obesity in communities across the country. Nine leading sites are now working to increase local opportunities for physical activity and access to healthy, affordable foods for vulnerable children and families.

In Seattle/King County, in my home state of Washington, the Healthy Kids, Healthy Communities partnership focuses on policies that support healthy eating and active living in four public housing sites, linking public housing residents, housing authorities and community organizations to increase opportunities for physical activity and consumption of healthy foods. An additional 60 grants will be awarded for this program by the end of the year, with particular attention to communities in the 15 states with the highest rates of obesity.

Although the majority of the Foundation's work to prevent and reduce obesity is focused on children, we also have supported efforts to ensure that older adults get the physical activity they need to stay healthy. A strong body of scientific evidence shows that physical activity can contribute to older adults' improved health and functional ability, as well as reduce chronic illness and disability.⁷ Yet only 22 percent of adults 55–64, and 15 percent of adults 65 and older, exercise at least three times a week.⁸

Our *Active for Life* program focuses on delivering research-based physical activity programs to large numbers of mid-life and older adults and works to sustain such programs through existing community institutions, including community or senior centers, recreation centers, public health departments,

⁶ Morland, K, Wing, S and Diez Roux, A. "The Contextual Effect of the Local Food Environment on Resident's Diets: The Atherosclerosis Risk in Communities Study." *American Journal of Public Health*, 92(11), 2002.

⁷ For an overview, see RWJF's *National Blueprint: Increasing Physical Activity Among Adults Age 50 and Over*, March 2001. Available online at <http://www.rwjf.org/pr/product.jsp?id=15729>.

⁸ Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007. Available online at <http://www.cdc.gov/BRESS>.

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housing authorities and religious institutions. In Memphis, for example, the Church Health Center collaborates with two community partners—the Metropolitan Inter-Faith Association and New Pathways Community Development Corporation—to provide telephone counseling to motivate older adults participating in the program.

Ensuring that all children get a healthy start in life is probably one of the most important steps toward promoting health that we can take as a nation. The *Nurse-Family Partnership*—supported by a range of public and private funding sources, including RWJF—works in 28 states to pair young, low-income pregnant women and first-time mothers with nurses who provide home visits during pregnancy and through the child’s second birthday. Nurses counsel their clients about the importance of prenatal care, proper diet and avoiding cigarettes, alcohol and illegal drugs and help parents develop skills and strategies for caring for their babies responsibly. In addition, they work with the moms to develop a vision for their own future, including plans to continue their education and find work.

A 15-year study found that participants have positive outcomes in reducing child abuse and neglect, reducing behavior and intellectual problems among children, reducing arrests among children by age 15, and reducing emergency room visits for accidents and poisoning. A 2005 analysis by the RAND Corporation also found a \$5.70 return for every dollar invested in the program.⁹

Another community-based prevention program for which we have solid evidence of success is Chicago’s CeaseFire program. CeaseFire takes a public health approach to reduce neighborhood violence, working with community-based organizations to develop and implement strategies to prevent and reduce violence, with a particular emphasis on shootings and killings. CeaseFire involves outreach workers, faith leaders and other community leaders to change community norms around violence and retaliation. They also hire former offenders who operate as “violence interrupters” and who intervene directly to prevent violent incidents. Public education campaigns round out the intervention to reinforce the message that shootings and violence are not acceptable. One poster used in Chicago shows a child’s face, with the tagline “Don’t shoot. I want to grow up.” It’s very powerful, and we have the data to prove it.

An extensive evaluation by the U.S. Department of Justice shows that the program reduces shootings and killings and makes neighborhoods safer. CeaseFire neighborhoods have seen up to a 73 percent reduction in shootings and killings. CeaseFire also provides help for young people to find jobs, educational opportunities and drug counseling. Replication efforts are currently underway in other cities—Baltimore, Pittsburgh and Kansas City, Mo.—with plans for expansion to New York, Albany, Rochester and Buffalo.

Homelessness is a growing problem, exacerbated today, of course, by the mortgage finance meltdown. Roughly 70 percent of the chronically homeless in America are burdened with serious health problems, mental health issues or problems with substance abuse. For many, those concerns are the root causes of their homelessness. Simply providing four walls and a roof only offers a partial solution.

Since 1991, the Corporation for Supportive Housing has been working to respond to the need for housing that’s tightly connected to medical and social services to get and keep clients off the streets. The corporation tests the feasibility of supportive housing, raises funds to support its projects, and offers technical assistance to local and state agencies dealing with chronic homelessness. The idea is to create a secure, inviting environment where formerly homeless tenants feel safe and have a sense of dignity.

⁹ Karoly LA, Kilburn MR and Cannon JS. *Early Childhood Interventions: Proven Results, Future Promise*. Santa Monica, Calif.: RAND, 2005. Available online at <http://www.rand.org/pubs/monographs/MG341/>.

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Research shows that getting chronically homeless people into supportive housing reduces use of shelters and hospitals, and time spent in jail.¹⁰ Studies also demonstrate the cost-effectiveness of supportive housing. In Los Angeles, for example, where a single day's stay at a mental hospital averages \$607, the daily cost of incarceration is \$85, and a shelter's daily cost is \$37.50. The equivalent cost of supportive housing remains the lowest, at \$30. Cost comparison studies in Boston, Chicago, New York and other cities show similar findings.

Workplaces

When I talk about non-medical interventions that affect health, I have to mention the Robert Wood Johnson Foundation Commission to Build a Healthier America.¹¹ The Commission is chaired by Mark McClellan and Alice Rivlin, and is exploring the impact that factors like education, housing, income and race have on health. Over the last year, the Commission has held a series of field hearings: in North Carolina, the focus was on the links between early childhood development and health; in Philadelphia, on the ways that physical and social environments affect health.

In December, a field hearing in Denver focused on the relationship of work and the workplace to health. When I think of health promotion initiatives in the workplace, the first thing that comes to mind is that we know that smoke-free policies improve workers' health. A complete smoking ban in the workplace reduces smoking prevalence among employees by 3.8 percent and daily cigarette consumption by 3.1 cigarettes among employees who continue to smoke.¹² And in New York City, smoking prevalence among adults decreased by 11 percent (approximately 140,000 fewer smokers) from 2002 to 2003 following the implementation of a comprehensive municipal smoke-free law, a cigarette excise tax increase, a media campaign and a cessation initiative involving the distribution of free nicotine replacement therapy.¹³

We at RWJF are proud to have supported numerous successful smoke-free workplace initiatives. But the Commission's hearing focused more broadly on work and health, and highlighted some promising and creative workplace health initiatives.

On average, American adults spend nearly half of their waking hours at work.¹⁴ Where we work influences our health, not only by exposing us to physical environments and conditions that have health effects, but also by providing a setting where healthy activities and behaviors can be promoted. In addition to features of worksites, the nature of the work we do and how it is organized also can affect our physical and mental health. Work can provide a sense of identity, social status and purpose in life, as well as social support. For most Americans, employment is the primary source of income, giving them the

¹⁰ Culhane DP, Metraux S and Hadley T. "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing." *Housing Policy Debate*, 13(1): 107–163, 2002.

¹¹ See the Commission to Build a Healthier America's Web site <http://www.commissiononhealth.org>.

¹² Fichtenberg CM and Glantz SA. "Effect of Smoke-Free Workplaces on Smoking Behaviour: Systematic Review." *British Medical Journal*, 325(188): 174–175, 2002.

¹³ Frieden TR, Mostashari F, Kerker BD, Miller N, Hajat A and Frankel M. "Adult Tobacco Use Levels After Intensive Tobacco Control Measures: New York City, 2002–2003." *American Journal of Public Health*, 95(6): 1016–1023, 2005.

¹⁴ "Table 1. Time Spent in Primary Activities and Percent of the Civilian Population Engaging in Each Activity, Averages Per Day by Sex, 2007 Annual Averages." *Economic News Release*. Washington, D.C.: U.S. Department of Labor, Bureau of Labor Statistics, 2007. Available online at <http://www.bls.gov/news.release/atus.t01.htm>.

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means to live in homes and neighborhoods that promote health and to pursue health-promoting behaviors.

Healthy workers and their families are likely to incur lower medical costs and be more productive, while those with chronic health conditions generate higher costs in terms of health care use, absenteeism, disability and overall reduced productivity.

Workplace-based wellness and health promotion programs are employer initiatives directed at improving the health and well-being of workers and, in some cases, their dependents.¹⁵ Although most workplace-based wellness programs focus primarily on providing traditional health promotion and disease management programs on-site, some model programs integrate on-site elements with health resources outside of the workplace and incorporate these benefits into health insurance plans. While larger worksites offer more health promotion programs, services and screening programs, and policies, only 7 percent of employers in 2004 offered a comprehensive worksite health promotion program that incorporated five key elements defined in *Healthy People 2010*: health education, links to related employee services, supportive physical and social environments for health improvement, integration of health promotion into the organization's culture, and employee screenings with adequate treatment and follow up.¹⁶

But in Denver, we heard about some workplace programs with promising and impressive results. The insurance company USAA's Take Care of Your Health program centers around simple health messages to employees and their families that are reinforced by programs at several levels, including individual health risk assessments and campus-wide policies. Wellness programs—ranging from on-site fitness centers and healthier food choices in worksite cafeterias to lifestyle coaching—are integrated with disability management, a consumer-driven health plan and paid time off. Participants have achieved reductions in weight, smoking rates and overall health risk status, and the decrease in participants' workplace absences has saved more than \$105 million over three years.

Conclusion

Whether or not a person stays well in the first place has much to do with his or her daily behaviors and environment. Our aim should be to stop poor health and disease before it starts and keep as many people healthy and out of the health care system as possible. Strategic investment in disease prevention and population health saves lives, strengthens families and communities, makes for more productive workers, and reduces health care spending. By supporting policies and programs that keep us healthy, the government, the public health system, businesses, community organizations, schools and faith-based groups can do more to meet our collective responsibility to help citizens lead healthier lives.

Even though America spends more than \$2 trillion annually on health care, we do not have the healthiest people. Ninety-five percent of health spending goes toward medical care and biomedical research, and only 5 percent to public health and disease prevention. Yet public health threats like inactivity, obesity and tobacco use are putting millions of adults and children at risk for unprecedented levels of major chronic diseases—many of them preventable. By investing in prevention, we could save money and reduce the burden of preventable diseases such as heart disease, cancer and diabetes.

¹⁵ Goetzl RZ and Ozminkowski RJ. "The Health and Cost Benefits of Work Site Health-Promotion Programs." *Annual Review of Public Health*, 29: 303-323, 2008.

¹⁶ Linnan L, Bowling M, Childress J, Lindsay G, Blakey C, Pronk S, Wieker S and Royall P. "Results of the 2004 National Worksite Health Promotion Survey." *American Journal of Public Health*, 98(8): 1503-1509, 2008. Available online at <http://www.rwjf.org/pr/product.jsp?id=33434>.

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Right now, America's health care system is set up to focus on treating people once they already have a health problem. We must shift that focus to preventing people from getting sick in the first place, investing in policies and programs that make it easier for all Americans to enjoy the benefits of good health.

I am not here to ask for big new federal spending. What I believe we need is to reconfigure what we spend to build a "culture of wellness" in this country—ensuring that wellness is a consideration in the insurance policies that employers offer; in urban planning so that sidewalks are safe and inviting; in building more public-private partnerships like the Food Trust so that more people have access to the kind of grocery stores that you and I use.

The good news is that there is a lot of health promotion going on in some communities—and I've told you a lot about those. We need to work together to make sure that programs that are working are available in more communities across this country, especially communities where residents are most disadvantaged and farthest from being as healthy as they could be if they had the opportunity to make healthier choices. We at the Foundation believe that this country can be healthier and we stand ready to work with others who will help create the national "culture of wellness" that can speed our progress toward good health for all. Now more than ever, we have the opportunity for comprehensive, meaningful health reform, and we must take bold steps where we have been timid in our policies to protect and preserve health, to rebuild what we have let crumble in public health, to help our people stay healthy and our businesses stay competitive.

Review Risa Lavizzo-Mourey's presentations, commentaries, interviews and media briefings at the President's Corner of the RWJF Web site at www.rwjf.org.