A Strategy for Using the Prevention and Wellness Recovery Funds
To Demonstrate the Impact of Evidence-Based Prevention

The $650 million included for prevention and wellness programs in the American Recovery and Reinvestment Act (ARRA) provides a unique opportunity to prove that a well organized, evidence-driven initiative can achieve measurable progress in combating the leading drivers of chronic disease. The funding available is not sufficient to support a national initiative around all chronic disease interventions if it is to deliver quantifiable health impact over the two fiscal years funding is available. The most effective and efficient use of this valuable, but limited, funding is to support a limited number of priorities deeply rather than provide low levels of support to multiple priorities areas -- low levels of support that cannot generate measurable results.

Partnership for Prevention suggests a framework to meet the Administration's goal of implementing a population-based prevention strategy that is national in scale and whose impact can be meaningfully quantified during the two-year funding period. Partnership's proposal aims to ensure that prevention and wellness funds (1) support those evidence-based interventions that are known to be most effective in promoting health and preventing disease, and (2) help expand the evidence base for community prevention.

Specifically, Partnership proposes that DHHS allocate the prevention and wellness funds as follows:

- A majority of funding to undertake a national 50 state tobacco cessation initiative, including support for state-based tobacco quitlines and the marketing of those quitline services. Funding could also be considered to supplement (matching funds would be required) the Legacy's national "truth" campaign to reduce youth tobacco use. Tobacco control is the appropriate target for funding because it already has a robust evidence base and existing infrastructure and it causes a huge burden of chronic disease.
- Sufficient amount to fund 2 - 4 states to support intensive prevention demonstration programs in nutrition, physical activity and obesity prevention. The focus should be on policy and population-based interventions.
- Up to $50 million in competitive grants to support evidence-based community interventions to address important chronic disease risk factors.
- One-time funding of $50 million to support and expand the Task Force on Community Preventive Services' work to develop, evaluate and disseminate the evidence base regarding effective community preventive services. The funding would allow the Task Force to address all high priority topics and interventions currently needed by communities.

Partnership is an independent organization committed to increasing the national priority for prevention. Partnership does not stand to benefit financially from this proposed initiative.

Among the leading behavioral risk factors for chronic disease, only tobacco use – which is the nation's principal cause of preventable death - has an established community prevention infrastructure in all 50 states and an extensive body of validated, science-based best practices. With that in mind, Partnership proposes that the majority of the prevention and wellness funds be invested in evidence-based tobacco cessation programs (e.g., media campaigns, telephone quitlines, smokefree policies) in all 50 states over the next 18-24 months.

The CDC estimates that every $100 million spent on comprehensive, evidence-based tobacco cessation programs will result in 125,000 individuals quitting tobacco use. Productivity increases by $1,200 each year for each worker who quits using tobacco. For example, if HHS invested $500 million in ARRA funds in tobacco cessation programs, worker productivity would be increased by up to $750 million each year starting immediately.

The timing is critical for an initiative that focuses on reducing the use of tobacco. The recent increase in the Federal tobacco tax will, in and of itself, reduce tobacco consumption. The tax increase, which manufacturers have already begun to pass on to consumers, is already significantly increasing demand for tobacco cessation assistance. At the same time that States are reporting unprecedented increases in calls to quitlines, however, they are cutting or eliminating these critical tobacco cessation services. A substantial investment in the existing state-based quitline infrastructure and marketing of cessation services, combined with existing tobacco tax increases and other cessation activities, could result in one million people quitting tobacco use in the next two years.

Additional funds should be committed to comprehensive obesity prevention demonstration programs in 2 – 4 states to lay the foundation for a national obesity prevention initiative beginning in FY 2011 and to build the evidence base for other chronic disease interventions. While obesity is the second-leading cause of preventable death, the evidence base for preventing obesity is not yet sufficient to determine the most effective interventions and define best practices that can be replicated and scaled nationally. Even investing the entire $650 million in obesity programs in all 50 states would be so modest an allotment per state and would be so inadequately guided by good science that it could not ensure measurable health outcomes at the end of the two-year period. In this regard, obesity is in a similar position to that of tobacco control in the early 1990s. However, robust funding of a 2 - 4 state obesity prevention demonstration would replicate the strategy used successfully to learn about effective tobacco control interventions and lead to a sound science base that will allow a successful and measurable effort that could then be scaled nationally.

Partnership also recommends allocating $50 million for competitive community grants to implement proven policy and population-based interventions to prevent and reduce important risk factors and chronic diseases. The intent would be to demonstrate that these evidence-based interventions could be replicated widely and ultimately taken to a national scale.

Finally, Partnership recommends allocating $50 million of one-time funding to disseminate existing evidence reviews of community preventive services and to support new evidence reviews that would inform the work being done under the Prevention and Wellness funding. This work would be conducted by the CDC-based Task Force on Community Preventive Services, which has a well-established infrastructure and independent expertise to conduct these evidence reviews.

A national effort of this magnitude would have a profound and measurable impact on tobacco use while expanding the body of much-needed research to inform best practices on obesity, nutrition and physical activity, and other policy and population-based chronic disease interventions.