American College of Preventive Medicine

Policy Statement on Public Health Funding

Policy Recommendation: The American College of Preventive Medicine (ACPM) advocates for policies that recognize the health and economic value of Public Health funding and promote investment in these vital capabilities. Shortfalls in Public Health infrastructure, particularly workforce funding, must be corrected to ensure lasting benefits. Contingency funding for Public Health emergencies should be established and fully funded to adequately respond to emerging threats.

Key Issues:

1) Public Health investment is greatly beneficial to the health and wellness of the American people.

2) Public Health investment is a significant generator of productivity and economic value for the American economy.

3) The economic value of Public Health investment is measurable and offers clear justification for increased Public Health funding.

4) Shortfalls in Public Health infrastructure, particularly workforce funding, must be corrected to ensure lasting benefits.

5) Contingency funding for Public Health emergencies should be established and fully funded to adequately respond to emerging threats.

Supporting Evidence:

1) Public Health investment is greatly beneficial to the health and wellness of the American people.

Every year, millions of Americans are adversely affected by preventable illness and injury.[1] Over an extended period of time, Public Health interventions have significantly influenced a wide

range of risk factors contributing to morbidity and mortality[2], positioning many of these efforts as amongst the most important health interventions of our time. These interventions have a broad impact and can be deployed in a variety of settings and contexts. For example, community-based interventions have been successfully employed to address many public health issues such as obesity, asthma, communicable diseases, injury prevention, and substance abuse.[3] In general, increasing Public Health funding improves corresponding health outcomes[4] and Public Health resources may additionally offset medical care needs by preventing or limiting disease and injury.[5] While disease treatment is unquestionably a key part of the healthcare landscape, prevention is often preferable. When given a choice between disease prevention and disease treatment, data suggest Americans tend to prefer prevention.[6]

2) Public Health investment is a significant generator of productivity and economic value for the American economy.

Investment in specific evidence-based community prevention programs can offer a greater than 5 to 1 return in decreasing costs associated with targeted morbidity[7], a number not easily replicated by other healthcare interventions. This has received significant attention from the business community through the implementation of health and wellness programs and evidence suggests that when managed properly, these programs can offer multiple benefits.[8] A recent review of multifactorial health promotion programs incorporating worksites suggest potential for clinical and cost-effectiveness.[9] Further studies show programs may provide benefit beyond medical cost savings alone, such as productivity improvement and improved job satisfaction.[10] Interest also exists among small businesses in implementing worker wellness programs when offered financial and logistical support.[11]

3) The economic value of Public Health investment is measurable and offers clear justification for increased Public Health funding.

The value of health programs may be approached by quantitative measures. The development of calculators offers the ease of understanding of value composition by stakeholders for funding purposes as well as for intervention planners; return on investment calculators have been developed by both private and governmental entities such as the Center for Healthcare Strategies and the U.S. Army.[12,13] These calculators have been used to help design new programs and assess existing programs, including financial justification for a provider incentive initiative through Arizona's Medicaid program and a disease management initiative through Pennsylvania's Medicaid agency.[14] Calculator adjustability has allowed for improvement via incorporation of stakeholder feedback[14], which enhances the value and flexibility of cost justification. Additionally, utilization of surrogate data (which may be more readily available) in place of direct outcome data (which often lags in time), may offer more timely justification for new or continued program funding[15], enhancing overall utility. Calculations incorporating

employer-centric outcomes such as worker turnover rate and absenteeism provide additional input to the value of health promotion initiatives.[16]

4) Shortfalls in Public Health infrastructure, particularly workforce funding, must be corrected to ensure lasting benefits.

Public Health Infrastructure to support Public Health initiatives, in the form of adequate workforce and informatics, are established objectives of the Healthy People 2020 Initiative by the Office of Disease Prevention and Health Promotion.[17] Funding for Public Health Infrastructure has recently been estimated to be less than half of the $24 billion required to support core Public Health functions and to ensure that all communities have the minimum package of Public Health services.[2] An estimated need for 20,000 U.S. Public Health physicians suggested a necessary 100% increase from current workforce levels.[18] An increase of at least 400 Preventive Medicine physician residents annually from recent levels is required to fill this gap.[18] The American College of Preventive Medicine (ACPM) believes that sustained public and private investment in such Public Health Infrastructure will ensure that the health and economic benefits of Public Health continue to enrich the lives of all Americans.

5) Contingency funding for Public Health emergencies should be established and fully funded to adequately respond to emerging threats.

Immediate Needs Funding is a designated fund available for the Federal Emergency Management Agency (FEMA) to disburse for emergency work that must be performed immediately and paid for within 60 days following a disaster declaration[19]. An analogous fund specifically for Public Health disasters could abrogate potential delays for provision of vital supplies and services, to mitigate or prevent disaster-related morbidity and mortality. While the CDC Foundation's U.S. Emergency Response Fund offers limited assistance with addressing Public Health disasters[20], recent funding requests by the CDC to sufficiently respond to emergencies involving the Ebola[21] and Zika[22] viruses highlight the additional need for a designated Contingency Fund. Recent requests for Public Health Disaster contingency funding have ranged in the $1.5-1.9 billion range[21,22].

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