Taking Action for Community Prevention: Protecting the Prevention and Public Health Fund

Welcome and thank you for joining our Web Forum!

If you have technical difficulties call 1-866-229-3239 for assistance

Use the Q&A function to submit questions or any technical issues

Participate in the polls by selecting your answer and clicking submit

Complete the Post-Web Forum online evaluation. We need your feedback!

The Web Forum recording and slides will be available at www.Dialogue4Health.com
POLL #1

Are you attending this Web Forum:

a) Individually
b) In a group of 2-5 people
c) In a group of 6-10 people
d) In a group of more than 10 people
Taking Action for Community Prevention: Protecting the Prevention and Public Health Fund

September 8, 2010
10:00 AM to 11:00 AM, Pacific Daylight Time
Thank you to our cosponsors:

PolicyLink
Public Health Institute
Prevention Institute
Trust for America’s Health
Take part in this conversation on the Dialogue4Health social network:

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Matthew Marsom
Director of Public Policy
Public Health Institute

As Director of Public Health Policy and Advocacy for the Public Health Institute (PHI), Matthew is responsible for designing and implementing PHI strategy for monitoring and influencing public policy, legislation and regulations affecting PHI projects and public health policy relevant to PHI interests.

Website: www.phi.org
Richard Hamburg is Deputy Director at TFAH. He oversees public policy initiatives, advocacy campaigns, and internal operations and has more than 25 years of experience as a leading health policy advocate.

Website: http://healthyamericans.org/
Larry Cohen, MSW
Founder / Executive Director
Prevention Institute

Larry Cohen is the Executive Director and founder of Prevention Institute. Prevention Institute is a national non-profit dedicated to creating systematic, comprehensive strategies that change the conditions that impact community health.

An important focus of Mr. Cohen’s work has been to develop local policies that support health and wellness and spur legislation at the state and federal levels.

website: http://preventioninstitute.org/index.html
Judith Bell

Executive Director
PolicyLink

Judith Bell, President of PolicyLink has been at PolicyLink since its founding in 1999. She has been a central leader in the development of PolicyLink as a leading voice in the movement to use public policy to improve access and opportunity for all low-income people and communities of color. Judith oversees efforts to develop and advance an array of policies to advance equity, including those focused on improving health, infrastructure, and transportation.

In addition, Judith leads PolicyLink work with the Healthy Eating Active Living Convergence Partnership, a multi-foundation initiative to support equity-focused efforts to advance policy and environmental changes for healthy people and healthy place. Website: www.policylink.org
Today’s Agenda

1. Protecting Funding for Prevention
   a. Background on threat to Prevention Trust Fund
   b. Countdown to September 14 vote
   c. Advocacy update and Call to Action
   d. Overview of lobbying vs. advocacy

2. Investing in Community Prevention
   a. The Community Transformation Grants
   b. Making the case for prevention
   c. The Principles for Prevention
   d. The National Prevention and Health Promotion Strategy

3. Q&A and Discussion
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Segment One
POLL #2

Are you, or your organization, already taking action to support and protect the Prevention and Public Health Fund?

(multiple choice, single answer)

1. Not at all active
2. Somewhat active
3. Fairly active
4. Extremely active
Overview of Prevention Trust Fund Funding

$250 million appropriated for FY 2010:
- 44 million for approved but not funded ARRA grants
- $16 million for tobacco cessation activities
- $20 million for primary and behavioral health integration
- $16 million for obesity prevention and fitness
- $20 million for Epi and Lab Capacity state grants
- $50 million for state public health infrastructure
- $15 million for public health training centers
- $30 million for HIV/AIDS
- $8 million for public health workforce
- $10 million for Community and clinical preventive services task forces
- $21 million for surveillance
Overview of Prevention Trust Fund Funding

How $750 million would be spent in FY 2011 under the Senate Appropriations Committee approved numbers:

- $21 million for surveillance
- $220 million for Community Transformation Grants
- $50 million for REACH
- $100 million for tobacco control
- $140 million for Chronic Disease block grants
- $50 million for Epidemiology and Lab Capacity
- $20 million for public health research
- $40 million for primary and behavioral mental health
- $14 million for community and clinical task forces
- $10 million for preventive research centers
Protecting the Prevention and Public Health Fund

- Why is the Prevention Fund threatened?
- Background to the Johanns amendment
- Intelligence from Capitol Hill
- What is going to happen and when?
- What action is needed now?
- Where should we prioritize our efforts?
- How can public health advocates take action?
- Where can we go for more information?
POLL #3

Which, if any, of the following advocacy tasks would you be willing to do in the next week? *(Please check all that apply)*

1. Call your Senator
2. Visit with your legislator
3. Write to your legislator
4. Respond to a TFAH/APHA advocacy alert
5. Other (please share using the Q&A feature)
6. I will not do any of the above
Protecting the Prevention and Public Health Fund

Call to Action
Protecting the Prevention and Public Health Fund

Senate switchboard at (202) 224-3121
www.healthyamericans.org/health-reform
Contact Rich Hamburg at rhamburg@tfah.org
APHA Take Action:
http://action.apha.org/site/PageNavigator/Advocacy
Lobbying vs. Advocacy
Lobbying VS Advocacy

**NOT LOBBYING**

*Clearly Advocacy – Organizations entitled to do this:*

- Publicizing your project's findings and accomplishments in reports and publications distributed to government officials, legislators, or legislators' staff.

- Tracking legislative proposals and communicating factual information about them to the general public.
Lobbying VS Advocacy

**CAREFUL**

*May be prohibited by your funding source:*

- Encouraging the general public to participate in the political process.

- Analyzing legislative proposals and providing balanced information about the arguments for and against them to the general public.

- Communicating your opinions about a specific legislative proposal to the general public.
Lobbying VS Advocacy

**LEGISLATIVE LOBBYING**

- Communicating your position supporting or opposing a specific legislative proposal to a legislator or legislative staff in oral or written communications, testimony, etc.

- Encouraging the general public to contact their legislators to support or oppose a specific legislative proposal.

**POLITICAL CAMPAIGNS**

- Non profits are prohibited by IRS from participating in a political campaign on behalf of or in opposition to a candidate for office.
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Send in your comments and questions using the D4H WebEx Q&A feature.
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Segment Two
Community Transformation Grants

“The Secretary…shall award competitive grants to State and local governmental agencies and community based organizations for the implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to:

Section 4201
Community Transformation Grants (continued)

• reduce chronic disease rates
• prevent the development of secondary conditions
• address health disparities
• develop a stronger evidence-base of effective prevention programming
• with not less than 20 percent of such grants being awarded to rural and frontier areas.”

Section 4201
Entities shall use the funds to carry out programs:

“prioritizing strategies to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health”

Section 4201
Return on Investment with Prevention

$16 Billion Annual Savings In 5 Years

Savings at 5 years

$5.60

Return on Investment

$1 Investment

Prevention is Good for Small Business

- Chronic disease costs the US one trillion dollars each year in lost productivity.

- A recently released University of Michigan study demonstrated that workplace wellness programs have long-term health and cost-saving benefit.
  - One Midwest utility company showed a net savings of $4.8 million in employee health and lost work time costs over nine years.
“The determinants of health are beyond the capacity of any one practitioner or discipline to manage… We must collaborate to survive, as disciplines and as professionals attempting to help our communities and each other.”

–Mitchel and Crittenden, Washington Public Health Fall 2000
Principles for Prevention

1. Invest in strategies that simultaneously address multiple health and safety outcomes.

2. Emphasize communities with the greatest disease and injury burden.

3. Focus on improving community environments, e.g. schools, workplaces, neighborhoods.

4. Directly engage and ensure funding for communities.

5. Complement and link to healthcare efforts, substantively reducing the burden on the healthcare system.
Principles for Prevention (continued)

6. Support interventions that protect and promote health at all stages of the lifespan.

7. Encourage multi-sectoral partnerships and collaboration to achieve health goals.

8. Create sustainable change by focusing on policy, organizational practice, and norms.


10. Provide funding for innovative approaches that will expand the evidence base.
“It’s hard for people to talk about two things at once...

...but in order to work together they have to.”

Dr. Fred Smith
Interfaith Health Program
Carter Presidential Center
Learn more about health reform advocacy at:

http://dialogue4health.org/hcr/index.html
Continue this conversation on the Dialogue4Health social network:

http://dialogue4health.ning.com/group/hcr
POLL #4

Following today’s web forum, are you more comfortable communicating the importance of community prevention and equity in health reform?

*(multiple choice, single answer)*

1. No more comfortable
2. Slightly more comfortable
3. More comfortable
4. Much more comfortable
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