

September 15, 2009

Dear Member of Congress:

The undersigned city and metropolitan health departments from across the United States urge you to support Title III of the Affordable Health Choices Act in any final health reform bill. The provisions of Title III, "Improving the Health of the American People" address improvement of health status in the United States and prevention of disease and disability.

The Affordable Health Choices Act establishes a comprehensive, scientific, and accountable approach to nationwide health improvement. In particular, the Prevention and Public Health Investment Fund represents a long-needed innovative mechanism for financing public health and prevention. Although large cities bear a disproportionate share of the nation's poor health conditions and health disparities, our local public health agencies lack a stable source of funding to address the high disease burden in our communities, which impairs our ability to tackle emerging public health issues through prevention and health promotion. For instance, in 2007, more than half of the 54 largest cities had an HIV/AIDS mortality rate that was twice that of the US, and one quarter had a rate at least three times that of the country overall. A stable source of public health funding early in the AIDS epidemic could have limited the growth of the epidemic in these urban areas.

A strong public health infrastructure is critical to addressing emerging public health threats and promoting increased quality of life for city residents. The increasing prevalence of costly and *preventable* chronic health conditions represents a threat to America's health and economy. According to the Centers for Disease Control and Prevention (CDC), the medical care costs of people with chronic diseases account for over 75% of the nation's health care costs. The emerging epidemic of overweight and obesity is associated with \$117 billion in annual direct medical expenses and indirect costs, including lost productivity, which impairs our economic competitiveness during a period of severe economic decline. Obesity is already projected to overtake tobacco smoking as the number one source of preventable illness. On the front lines of this epidemic, city and metropolitan health departments witness first hand the impact of childhood obesity, including the onset of conditions seen mostly in adults, such as hyperlipidemia and Type 2 diabetes in overweight children. This also has implications for current and projected medical costs, as children treated for obesity are three times more expensive for the health care system than the average child, according to recent analysis. In addition, racial disparities in health are of particular concern for large cities which often have higher concentrations of African American and Hispanic populations.

Prevention of obesity and chronic conditions (*e.g.*, diabetes and cardiovascular disease) through programs and policies that promote nutrition and physical activity has the ability to dramatically reduce these costs. A recent study found that the costs of obesity and physical inactivity exceed \$18 billion for the largest metropolitan areas in California. Community Transformation Grants will fill an enormous gap in the nation's capacity to implement proven strategies for reducing chronic disease rates and health inequities by changing policies, environments, programs and infrastructure in communities to create the conditions in which people can be healthier.

Emerging research is already showing the strong effects of prevention. For example, for each \$1 spent on preconception care programs for women with diabetes, health care costs are reduced by up to \$5.19 by preventing costly complications in both mothers and babies. The strongest case for prevention is the effectiveness of community-based smoking cessation interventions. According to the CDC, such programs are associated with a cost of only \$2,587 for each year of life saved—far less than the cost of treating asthma, lung cancer, and other complications from smoking. More important, because they are community-based, these programs reach communities disproportionately impacted by chronic tobacco smoking.

We also urge you to support Title IV of the bill concerning the health care workforce. In particular, we strongly and urgently support those provisions designed to address the public health workforce shortages that, if current trends continue, threaten the nation's capacities to protect health. Loan repayment and scholarships for public health professionals are critical to managing this problem.

The public health and prevention provisions of the Affordable Health Choices Act represent an unprecedented opportunity to strengthen the public health system that safeguards the public's health through city and metropolitan health departments across the country. Again, we urge your support for the Prevention and Public Health Investment Fund and other public health provisions in any final health reform bill. Thank you for your attention to this important issue.

Sincerely,

1. Alameda County Public Health Department
2. Columbus Public Health
3. City of El Paso Department of Public Health
4. Harris County, Texas Public Health & Environmental Services
5. Kansas City, Missouri Health Department
6. Los Angeles County Department of Public Health
7. Maricopa County, Arizona Department of Public Health
8. Minneapolis Department of Health and Family Support
9. Metro Public Health Department of Nashville/Davidson County
10. New York City Department of Health and Mental Hygiene
11. Public Health – Seattle & King County
12. City of St. Louis Department of Health
13. Santa Clara County Public Health Department
14. Tulsa City-County Health Department