THE CSTE WASHINGTON REPORT

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EDITOR'S NOTE: The last Congressional Committee to act that has jurisdiction over health care reform started its mark up today, September 22nd. The bill was developed by Senator Max Baucus (D-MT), Chairman of the Senate Finance Committee, after laboring for a year with six committee Members, including three Republicans. While the bill was not openly supported by a single other Senator, including those in the work group, a statement was released soon after the unveiling of the bill by Senators Ben Nelson (D-NE), Olympia Snowe (R-ME), Joe Lieberman (I-CT) and Claire McCaskill (D-MO) saying that they "believe there is a responsibility for both sides of the aisle to work together to develop a bill that will earn strong support from the full Senate" The Baucus bill includes significant prevention provisions. Details are in this Washington Report.

The *CSTE Washington Report* is provided as an information resource for members of the Council of State and Territorial Epidemiologists on federal legislation and regulation affecting public health and epidemiology in the U.S.

HHS RELEASES INITIAL STIMULUS FUNDING ADDRESSING PREVENTION-WELLNESS – On September 17th, Secretary of Health and Human

Services, Kathleen Sebelius, announced the release of $373 million from a total of $650 million appropriated under the American Recovery and Reinvestment Act (ARRA) to address key causes of chronic diseases. The cooperative agreement funds will be provided to communities largely through the Centers for Disease Control with awards ranging as high as $10 million; $20 million for large cities. The funds will be used to increase physical activity, improve nutrition, decrease obesity, and decrease smoking. The initiative has been titled, *Communities Putting Prevention to Work*

A second round of grants totaling $160 million and directed to states will be released shortly. Of this amount, $128 million will be targeted for policy and environmental impact affecting tobacco use, improved nutrition, and obesity. Another $32 million will be released through Aging agencies to target chronic disease health management for older Americans.

"This initiative will make disease prevention and health promotion top priorities in states and communities across the country," Secretary Sebelius said. "Preventing disease is vital as a strategy to improve our nation's health and reduce health care costs."

The press release explained that *Communities Putting Prevention to Work* will change systems and environments—for example, improving access to healthy foods and opportunities for physical activity—and putting into place policies, such as clean-indoor-air laws, that will promote the health of populations. Funded entities will have two years to complete their work.

The $373 million in cooperative agreements will be awarded to communities through a competitive selection process. The cooperative agreements will support evidence-based prevention strategies for youth and adults and will promote partnerships across communities and sectors.

Funded projects will emphasize high-impact, broad-reaching policy, environmental, and systems changes in schools (K-12) and communities. For example, communities will work to make high-fat snack foods and sugar-sweetened beverages less available in schools and other community sites and to use media to promote healthy choices. In addition, funded communities will be encouraged to provide quality physical education in the nation's schools and enact comprehensive smoking bans.

"The CDC is excited to have this opportunity to help states and communities do more to deliver proven prevention strategies, in ways that reach whole communities and populations," said CDC Director, Thomas Frieden, M.D., M.P.H. "Chronic diseases linked to obesity, poor nutrition, physical inactivity, and tobacco use are the leading causes of death and disability in our nation. These additional resources will improve the quality of life for millions of Americans."

During the question and answer period with reporters, Sec. Sebelius replied to a question about the Administration's prioritization of prevention and wellness in health care reform legislation that they are high on her priority list, as well as those of the President and the First Lady.

SENATE FINANCE COMMITTEE BEGINS MARKING UP ITS HEALTH CARE REFORM BILL – The Senate Finance Committee has begun deliberation of the Chairman's Mark which was released by Chairman Max Baucus (D-MT) last week. The bill includes a number of important prevention-wellness provisions under the Medicare and Medicaid programs including elimination of co-pays for services identified as preventive by the U.S. Preventive Services Task Force, incentives for adopting healthy lifestyles, and creating healthy homes for patients covered under Medicaid who have tow or more diseases or risk factors. The bill also authorizes $1.5 billion over five years for a new home visiting program to be administered under Title V, the Maternal and Child Health Program created under the Social Security Act.

There are currently 564 amendments that will be offered to the Chairman's mark. Majority Leader Reid is pressing for conclusion of the Finance Committee's work by the end of the week and is pressing to then have the Health, Education, Labor and Pensions (HELP) Committee bill merged with the Finance Committee bill over the weekend so that the merged bill can be brought to the Senate floor next week for a full debate.

Public health advocates, including a coalition of governmental public health groups, are circulating a letter to Senators Baucus and Grassley, the lead Democrat and Republican Members of the Finance Committee, praising the Chairman's bill for its prevention provisions and urging acceptance of all the prevention-wellness and health workforce provisions in the HELP Committee bill in the final merged legislation. Those provisions are contained Titles III and IV of the bill. Imbedded within Titles III and IV are sections from Strengthening America's Public Health System Act (SAPHSA; H.R. 805/S. 1028) which CSTE has been championing. The sections authorize the Epidemiology and Laboratory Capacity grant program at CDC and several fellowship training programs including the CDC/CSTE Applied Epidemiology Fellowship Training Program.

HOUSE ENERGY AND COMMERCE COMMITTEE HOLDS HEARING ON PANDEMIC FLU – On September 15th, the House Energy and Commerce Committee held a hearing on, "Preparing for the 2009 Pandemic Flu." The only witness was HHS Secretary Sebelius who described what the nation is currently seeing in identified cases of H1N1 and how they are reported by state and local health departments, the Administration's progress on providing new vaccine to combat it and its plans for distribution, prioritization of vaccine recipients, overlap with seasonal flu, communication with the public on mitigation and the need to constantly monitor for the possibility of a more virulent mutation occurring.

REPORT FEATURING PROVEN COMMUNITY-BASED PREVENTION PROGRAMS RELEASED – On September 21st, timed for the start of the Finance Committee mark up of its health care reform bill, the Trust for America's Health (TFAH) and the NY Academy of Medicine (NYAM) released a report featuring a range of evidence-based disease prevention programs that have shown results for improving health and reducing costs in communities.

In a press release, the groups state that the *Compendium of Proven Community-Based Prevention Programs* report includes a summary and examples from an extensive

literature review that NYAM conducted of peer reviewed studies evaluating the effectiveness of community-based disease prevention programs designed to reduce tobacco use, increase physical activity, and/or improve eating habits. NYAM identified 84 articles with evidence showing how community-based prevention programs can directly reduce disease rates or disease progression. The *Compendium* report also includes examples of evidence-based community prevention programs that have helped reduce rates of asthma, falls among the elderly, and sexually-transmitted diseases.

Examples of some programs featured in the report include:

- In Pawtucket, Rhode Island, the Pawtucket Heart Health Program conducted an intervention to educate 71,000 people about heart disease through a mass media campaign and community programs. Five years into the intervention, the risks for cardiovascular disease and coronary heart disease had decreased by 16 percent among members of the randomly selected intervention population.

- Researchers at Ohio State University recruited 60 women in their forties for a 12-week walking program that took place on the college's campus. At 3 months, the intervention group saw a one percent decrease in body mass index (BMI), a 3.4 percent decrease in hypertension, a 3 percent decrease in cholesterol, and a 5.5 percent decrease in glucose.

- The Rockford Coronary Health Improvement Project in Rockford, Illinois was a community-based lifestyle intervention program aimed at reducing coronary risk, especially in a high risk group. The intervention included a 40-hour educational curriculum delivered over a 30-day period with clinical and nutritional assessments before and after the educational component, in which participants were instructed to optimize their diet, quit smoking, and exercise daily (walking 30 minutes per day). At the end of the 30-day intervention period, stratified analyses of total cholesterol, LDL, triglycerides, blood glucose, blood pressure and weight showed highly significant reductions with the greatest improvements among those at highest risk.

In 2008, TFAH released a report that found that an investment of $10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use like those featured in the *Compendium* report could save the country more than $16 billion annually within five years. This is a return of $5.60 for every $1.