

Summary of Remarks by Gary Raskob, PhD

Thank you Mr. Chairman. I want to begin by thanking you and your colleagues for the opportunity to comment on the health reform options being considered by the Committee.

In the time available to me, I will focus my remarks on the importance of building health reform on a foundation of prevention and public health.

The culture of the health care system in the United States needs to be transformed from one that emphasizes treatment, often late in the natural history of disease, to a different paradigm – in short, a culture of wellness.

The public health sections of the current bill contain several provisions for improving the health of the American people. I will highlight four over-arching elements that will be key to creating a culture of wellness.

First, the bill underscores the importance of the full spectrum of prevention, from community-based primary prevention to clinical preventive services. Historically, less than 2% of each health care dollar has been spent on prevention while 75% to 95% has been spent to treat chronic diseases, many of which are preventable. Because the rising prevalence of treated diseases accounts for the majority of the growth of health care spending, efforts to prevent disease through primary prevention, what we do before an individual engages a health care provider, are critical to controlling costs.

Second, the bill recognizes the importance of the community, the school, and the workplace as critical locations for implementing prevention and wellness efforts. We applaud the provisions to provide technical assistance to businesses to establish employer-based wellness programs. ASPH supports providing tax incentives to encourage employers to adopt workplace wellness and prevention programs that are evidence-based and yield a two to threefold return on investment.

Third, the bill recognizes the need for sustained and expanded public health research, especially in the areas of prevention and public health systems, including comparative effectiveness research. Particular attention should be given to developing and translating evidence to reduce childhood obesity, smoking, and responding quickly and effectively to emerging health threats. Comparative effectiveness research should include research on a wide range of policies and interventions that affect health, including non-clinical programs and interventions, organizational and systems characteristics, and policies and regulations.

Fourth, the bill identifies the critical importance of a strong workforce. We emphasize that these efforts should address the broad public health workforce needs. The current public health workforce is significantly undersized given its responsibilities which include ensuring safe food, clean water, an immunized population, and protecting the public from emerging threats such as the H1N1 influenza virus. ASPH estimates that by 2020, the nation will need an additional 250,000 public health workers. ASPH believes that provision of scholarships, fellowships and loan repayment tied to a service obligation is an important strategy to achieve this goal.

Thank you again for this opportunity and I look forward to taking your questions.