

# Funding the Absence of Disease

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Susan C. Scrimshaw, PhD

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The biggest challenge to the health of the public is the short-term view of funders and policymakers. This is caused by several factors, in particular too few public dollars and too many demands on those scarce resources. When these issues are combined with the fact that many public health measures will make a difference after, not before, the next election, it is easy to see why it takes real courage and vision to enact such measures.

With a sluggish economy, the difficulty politicians face in attempting to raise taxes, and increasing demands for spending on “unavoidables” such as fire and police protection, prisons, and our legal system, it is not surprising that something that looks as if it can be postponed, such as health services, and even higher education, is cut, and cut again.

One of the problems faced by policymakers is that, when public health measures succeed, nothing happens. It is difficult to justify spending money to prevent something which may not occur. When a public health problem does occur, it is often treated as a crisis, and more is spent on addressing it than it would have cost to prevent it in the first place. Professor Bernard Turnock’s book, *Public Health: What It Is and How It Works*, describes many of the cost savings of prevention.<sup>1</sup> For example, lung cancer treatment costs \$29,000 per patient, as compared with the relatively minor costs of stopping tobacco use. AIDS treatment costs at least \$75,000 over a lifetime. Inadequate immunization for rubella can cost \$354,000 over the lifetime of an infant affected during its mother’s pregnancy.

Not long ago, in 1989, Chicago paid the price of neglecting prevention. Because vaccinating children against measles had been neglected, there were 2,282 cases of measles and eight children died. A major vaccination campaign in response led to only 625 cases the next year, and only a handful in the past few years. Problems in both health and higher education are conveniently invisible until they reach crisis proportions. At that point, intervening is often like turning around a large ocean liner—it is both time consuming and expensive. The symptoms are clear. Ninety million Americans cannot read beyond an eighth grade level.<sup>2</sup> More than half of Americans are seriously overweight. A society in which people are not well educated is crippled in its ability to function economically and democratically. A society without an adequate

health workforce—and in which a large proportion of the population is developing chronic diseases such as diabetes—is a society headed for economic trouble.

The foundation of a healthy public is prevention. Engaging in even a few positive health behaviors can make a life-long difference for individuals. Many of these begin very early, indeed even before birth, with the mother’s health behaviors. Nearly half of the leading causes of death in the U.S. in the year 2000 were attributable to underlying behavioral causes. Tobacco use ranked first, accounting for 18 percent of deaths, followed by poor diet and physical inactivity, excessive alcohol consumption, microbial agents, toxic agents, motor vehicle accidents, firearms, sexual behavior, and illicit drug use.<sup>3</sup> Negative health behaviors not only lead to death, but they can also cause years of costly disease and disability along the way.

We have ample public health evidence of the importance of preventive approaches. The Centers for Disease Control and Prevention, along with other groups in the Department of Health and Human Services such as the Health Resources and Services Administration and the National Institutes of Health, decided eight years ago to form a Task Force to Develop Evidence-based Guidelines for Community Preventive Services. To date, the task force has published ninety-five recommendations as part of *The Guide to Community Preventive Services (Community Guide)*. Prepared by the independent task force and supported by the Centers for Disease Control and Prevention, the *Community Guide* is generally recognized as the gold standard for effectiveness reviews of population-based interventions. The *Community Guide* provides public health decision-makers with essential and readily accessible information about what works, how well, for whom, and in what settings in terms of population-based interventions designed to improve health and prevent disease, illness, and injury.

I was a member of the task force from its inception in 1996 until early 2003. Early in its existence, the priorities for topics to be examined were discussed in great detail. While specific diseases were recognized as important, and indeed, many are under examination by the task force, the decision was made to focus on overarching behaviors which affect people’s susceptibility to multiple disease entities. These include tobacco use, sexual behavior, diet, physical activity, illicit drug use, and factors in the socio-cultural environment.



Preventive work in these key behavioral areas is already underfunded and is subject to continual additional budget cuts. The tobacco settlement funds, intended to help states help victims of tobacco use and to prevent a new generation from smoking, have been used only fractionally for those purposes in most states, including Illinois.\* Schools have virtually eliminated physical activity, while providing less than healthy lunches. Funding for AIDS prevention is scarce, and education about safe sex is controversial and often not funded or carried out. Yet, the *Guide* contains recommendations for improving the health of people and communities which are based on sound scientific evidence of effectiveness. (For more information, visit [www.thecommunityguide.org](http://www.thecommunityguide.org). Also, look for *The Community Guide: What Works to Promote Health*, the first hard-copy version of the *Community Guide*, which will be published in late 2004.)

As a society, we are having trouble spending some money now to prevent spending much more in the future. Why? We have already considered several reasons: long-term savings are not seen as justifying short-term spending; budgetary constraints; and social pressures, such as bar and restaurant owners fearing the loss of business if tobacco is banned in such places. Another reason is that sometimes different sources pay for prevention and the consequences of not engaging in prevention. A cut in an outpatient clinic budget can result in higher inpatient costs, but the two are not always managed as a continuous entity.

As a society, we have not come to terms with the need for prevention and health care access for everyone. We have not understood that the large numbers of uninsured and underinsured people in the U.S. today are running risks which we often must cover. We don't turn babies out of neonatal intensive care units, yet we limit prenatal care access which could prevent some premature births.

We do turn away some adults from treatment. Like the many African and Asian AIDS patients we see on television, dying with no hope of treatment, low-income Americans may receive free cancer screening but often get no follow-up treatment for the problems detected by that screening. We know that poor people and many Latinos, African Americans, and Native Americans are dying prematurely because of lack of access to quality care, among other factors.<sup>4</sup> The costs to our society as a whole are enormous, economically, morally, and emotionally.

We need the courage to take the long view. We need the courage to fund the absence of disease, today, tomorrow, and in the years to come. Chicago's Health Commissioner, Dr. John Wilhelm, likes to recall a time when he was working with Project Hope in Northeast Brazil. The mayor of the town where Dr. Wilhelm was working installed a sewer system, instead of the visible public buildings dear to the hearts of his predecessors. The sewer system was virtually invisible, but would make a difference to the health of that community for years to come.

As a society, as policymakers, and as a public health community, we must cooperate in taking the long view to health. We must spend pennies now to save many dollars later. We must understand that a healthy society is safer for everyone, more productive economically, and a better place to live. We must invest in that future.

In Chicago today, the Departments of Streets and Sanitation, Public Health, Water Management, the Park District, and others are cooperating with new vigor in mosquito control. It costs money to pay workers to apply larvicide to prevent mosquito larvae from becoming adult mosquitoes which could carry the West Nile Virus, yet this activity is credited in part with the reduction of West Nile cases in the Chicago area in 2003, as compared with 2002. This costs around a million dollars, but only a few cases of West Nile would exceed that cost. Are people aware of fewer mosquitoes than there otherwise would have been? Probably not. Are they aware of fewer cases of West Nile Virus? Hopefully, yes. Will they thank the policymakers who appropriated the funds for the larvicide? I hope so.

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Susan C. Scrimshaw, PhD, dean

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\*In one notable exception, Arkansas used tobacco settlement money to fund a new school of public health.

#### References

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