



Building Advocacy for Policy Change to Improve the Nation's Health

An RWJF national program

From 2002 to 2012, the Washington-based nonpartisan advocacy organization, [Trust for America's Health](#) (TFAH), worked with RWJF and a broad coalition of partners in public health, health care, philanthropy, and business to build consensus and support for a modernized public health system that is effective, well-funded, and accountable to its stakeholders.

During that period, TFAH focused attention on key public health issues by sponsoring forums, educating federal, state, and local policy-makers, the media, and the general public, and producing strategic reports on topics that include emergency preparedness, the obesity epidemic, injury prevention, and the flu pandemic.

The advocacy efforts of TFAH and its coalition partners helped inform the health care reform debate and included recommendations that were ultimately incorporated into the 2010 Patient Protection and Affordable Care Act. After the passage of the legislation, TFAH also served as a watchdog, holding government institutions accountable for assuring quality public health programs and policies.

CONTEXT

Although the United States spends more than \$2 trillion annually on health care—more than any other nation in the world—tens of millions of Americans suffer every day from preventable diseases like type 2 diabetes, heart disease, and some forms of cancer. In addition, federal, state, and local public health agencies may not be fully prepared to respond to health emergencies, including bioterrorism, food poisoning, natural disasters, and emerging infectious diseases.

Terrorist threats—particularly the events of September 2001—have made the public aware of vulnerabilities in the nation's public health infrastructure, but the weaknesses in

the system extend beyond terrorism. Among the challenges highlighted in an Institute of Medicine report published in 2002 are outdated health information systems and technologies, an insufficient and inadequately trained public health workforce, antiquated laboratory capacity, a lack of real-time surveillance and epidemiological systems, and ineffective and fragmented communications networks.

These problems, the report noted, “made the nation’s health vulnerable—and not only to exotic germs and bioterrorism. The health of the public is also at risk when social and other environmental conditions undermine health, including toxic water, air, and housing; inaccurate and confusing health information; poverty; a lack of health care; and unequal opportunities for health.”¹

Modernizing the chronically underfunded and outdated public health system is essential to ensure the well-being of families and communities. By controlling the skyrocketing costs of health care through a focus on prevention, a revitalized public health system can also improve workplace productivity, U.S. competitiveness, and national security.

The Evolution of Trust for America’s Health

Trust for America’s Health (TFAH) was established in 2000 as a nonpartisan, public health advocacy operation whose mission was to improve the health of all Americans through a revitalized public health network. It focused on the fundamentals of the public health system—including disease tracking, laboratories, education, training, and early warning and communications systems.

The organization’s early work focused on environmental health and was supported by the Pew Environmental Health Commission at the Johns Hopkins School of Hygiene and Public Health. In 2000, the commission, chaired by former Connecticut Governor Lowell Weicker Jr., recommended establishing a Nationwide Health Tracking Network to investigate links between common environmental hazards, such as air and water pollution, and chronic diseases, like asthma.²

In 2001, TFAH’s launched its first advocacy project by following up on that recommendation. An investigative team, led by Shelley A. Hearne, drPH, TFAH’s first executive director, called for the federal government to fund the Centers for Disease Control and Prevention (CDC) to monitor the prevalence of asthma and other chronic

¹ Committee on Assuring the Health of the Public in the 21st Century. *The Future of the Public’s Health in the 21st Century*. Washington: National Academy of Sciences, 2002. Executive Summary available [online](#).

² *America’s Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network*. Baltimore: The Pew Environmental Health Commission at the Johns Hopkins School of Hygiene and Public Health, September 2000. Available [online](#).

diseases at the community level.³ TFAH’s advocacy informed the establishment of the CDC’s National Environmental Public Health Tracking Program, now funded at \$35 million.

“Environmental health is where we started, but we used environmental health as a prototype for what needs to be fixed in the public health system,” said executive director Jeffrey Levi, PhD.

As it evolves, TFAH has moved from an emphasis on state report cards on targeted issues, such as emergency preparedness, to a greater focus on federal policy as the lever of change. “TFAH is continuing to grow and get stronger,” said RWJF Senior Communications Officer Joe Marx. “They understand how policy gets made, which is important, and they also understand the research and can translate it for decision-makers.”

As Levi sees it, “An important lesson from our work over the last decade is that we do relatively little original research, but we have developed a way of first synthesizing and then framing and packaging the research that is accessible to policy-makers. In no small part that’s been due to polling and message testing work that RWJF supports.”

Because he has been “on the other side of table,” where policy gets made, Levi recognizes that “policy-makers have little time to study an issue. Sometimes they get an analysis from their staff, but they are overworked too. Our credibility as neutral presenter of evidence in an accessible way is the most important thing we can do because it opens the door to conversation. If we were not perceived as objective presenters of synthesized research, we would have many fewer opportunities.”

RWJF’s Interest in This Area

The efforts of TFAH to build support for public health and prevention align closely with the RWJF Public Health team’s goal of improving the impact and quality of public health. Specific RWJF objectives in this area are to:

- Translate evidence into laws and policies that protect and promote health.
- Advance public health accreditation as a means of demonstrating accountability and strengthening the public health system.
- Bring attention to the many determinants of health and increase the use of health impact assessments as a way of considering health in all policies.
- Engage leaders across health and health care, and in sectors outside of health in efforts to advance prevention and improve health outcomes.

³ *Short of Breath: Our Lack of Response to the Growing Asthma Epidemic and the Need for Nationwide Tracking*. Washington: Trust for America’s Health, July 2001. Available [online](#).

Senior Communications Officer Joe Marx notes TFAH’s work has “always been in the larger context” of public health, he says. “They are generalists [who] are not pigeon-holed with an interest only in the environment, or safety, or vaccines. They are attentive to all issues which is where RWJF’s priorities are as well.”

This model of nonpartisan, fact-based issue advocacy was first used by the Foundation in its Campaign for Tobacco-Free Kids. For more information see [Program Results](#).

THE PROGRAM

TFAH advocated for a revitalized public health system capable of protecting and promoting the nation’s health. TFAH worked closely with RWJF and a broad coalition of diverse partners to build consensus for how a modernized public health system should be structured, funded, staffed, and held accountable.

TFAH focused attention on important public health issues and policy choices by building coalitions, convening forums, providing information and technical assistance, crafting recommendations, and producing and disseminating strategic policy reports to federal, state, and local policy-makers, the media, and the general public.

From 2002 to 2012, RWJF awarded eight grants, totaling some \$20 million to support advocacy projects at TFAH and to build its organizational capacity.⁴ The eighth grant continues to 2014 to support TFAH in advocating for the effective implementation of the Affordable Care Act and protecting some of its key provisions, such as the Prevention and Public Health Fund.

For a list of other funders, see the [Appendix](#).

TFAH’s Core Activities

RWJF funds a broad sweep of activities at TFAH to advance its core message that prevention and public health are central to the well-being of families, communities, workplace productivity, U.S. competitiveness, and national security.

TFAH’s primary audience is federal policy-makers. While its reports often focus on state-level activities, the primary goal in looking at those activities is to highlight the need for the federal government to address geographic disparities in public health capacity. TFAH’s funding level does not permit extensive direct state work, according to RWJF’s Marx.

⁴ ID# 44873 (\$500,000, December 2002–November 2003); ID# 49850 (\$724,737, December 2003–December 2004); ID# 52412 (\$466,107, January 2005–June 2005); ID# 52525 (\$3,838,995, June 2005–December 2007); ID# 61977 (\$7,597,264, August 2007–October 2010); ID# 67088 (\$250,421, December 2009–September 2010); ID# 67827 (\$2,994,566, August 2010–July 2012); ID# 70002 (\$3,497,805, July 2012–July 2014).

TFAH and RWJF work in close partnership. Their co-branded reports are featured on the RWJF website, and RWJF provides assistance with message research and polling. Marx calls the benefits mutual. “They flow both ways. Their expertise to inform policy and do media, helps our work. At the same time we have a terrific communications team that helps TFAH succeed at what they do. Strategies and execution are done collaboratively. It’s a force multiplier—the sum is greater than parts.”

The information and advocacy model used by TFAH has the following components:

- **Translating existing health-related data and research:** According to Marx, “making research understandable and useful at the end of the day is what matters, not the research per se. TFAH understands the significance of the research, interprets it quickly, and disseminates it among diverse audiences, making it urgent, a priority. TFAH is a real boundary spanner.”
- **Building consensus for a stronger public health system:** TFAH holds meetings and forums where diverse stakeholders convene to discuss the best evidence available. The aim is to define a science-based policy framework for a modern, effective, well-funded and accountable public health system with a broad, multisectoral base of support.

TFAH partners with a range of public health organizations, including the National Association of County and City Health Officials (NACCHO), the American Public Health Association (APHA), and the federal Centers for Disease Control and Prevention (CDC). TFAH also works with health care providers, philanthropy, and community-based organizations, such as the YMCA, and reaches out to nontraditional partners, in sectors ranging from education to business to labor unions.

- **Producing strategic policy reports:** TFAH produces reports that focus attention on important public health issues, from emergency preparedness and obesity, to food safety and injury prevention. Typically these reports lay out policy choices and provide recommendations.
- **Conducting strategic communications and educating policy-makers.** TFAH makes sure that its reports, action agendas, polling and other information are disseminated to key stakeholders, including policy-makers, opinion leaders, and the general public. Targeted media outreach includes issuing advisories and press releases, creating Web resource materials, conducting in-person and audio media conferences and one-on-one interviews.

TFAH has used the findings to guide subsequent advocacy work, particularly in terms of engaging with local and state-based partners to ensure that members of Congress hear from people in their district about the impact of investing in public health.

TFAH also conducts lobbying with funding from other organizations.

Management

Shelley A. Hearne, DrPH, TFAH's founding executive director, was program director for advocacy projects through 2006.⁵ Levi became executive director in 2006, assuming responsibility for oversight of RWJF-funded projects at that time.

TFAH is governed by a board of directors with diverse backgrounds and expertise in public health, medicine, law, health research, business, and the environment. Lowell Weicker, Jr. was founding president of the board from 2001 to 2011. See the TFAH website for a listing of the organization's [board of directors](#).

OVERALL PROGRAM RESULTS

TFAH staff reported the following results in reports to RWJF and in interviews for this report.

Building Consensus for a Revitalized Health Care System

- **In 2006 and 2007, TFAH brought together public and private sector leaders to build consensus around an agenda for modernizing the public health system.**

Milestones in the consensus-building process included:

- **Convening the Public Health Leadership Initiative.** Seventeen leaders from health, philanthropy, business, and government held meetings in 2006 to develop a vision and framework for a revitalized public health system and to lay the groundwork for a Healthier America Summit the following year.

Participants included representatives of the American Public Health Association, Bill & Melinda Gates Foundation, American Medical Association, and University of Michigan School of Public Health, among others.

- **Developing an Action Plan for a 21st-century health system.**⁶ The Public Health Leadership Initiative produced an action plan that identified barriers and obstacles to modernizing the public health system. It concluded with a concrete set of recommendations largely directed at elected officials and policy-makers in Washington, state capitals, and local governments.

- **Sponsoring the Healthier America Summit.** In June 2007, representatives from government, public health, health care, business, media, and community and faith-based organizations gathered in Washington to discuss key public health

⁵ In 2006–2008, Hearne was a visiting professor at the Johns Hopkins Bloomberg School of Public Health and the director of their MHS program. In 2008, she became managing director of the Health and Human Services project of the Pew Charitable Trusts.

⁶ Public Health Leadership Initiative Action Plan for Healthy People in Healthy Communities in the 21st Century, March 2006.

issues, including those outlined in the Public Health Leadership Initiative’s action plan.

Attendees included four current or former state governors, White House officials, and staff of the National Institutes of Health, local governments, and corporations, including Citibank and Verizon. Participants engaged in four facilitated meetings aimed at building consensus on five public health topics: structure and financing, chronic diseases, environmental health, infectious diseases, and emergency preparedness.

— **Agreeing on a consensus statement, *Our Vision for a Healthier America*.**⁷

Work on this statement began in 2005; it was gradually formulated over time and given final definition at the summit. It was ultimately signed in October 2008 by more than 140 leading health organizations, including AARP, the American Red Cross, and the National Association of Chronic Disease Directors.

The vision rests on four guiding principles:

- Prevention of disease and injury must drive the nation’s health strategy. Instead of a “sick care” system, Americans want and need a “health care” system.
 - Americans deserve healthy and safe places to live, work, and play.
 - Every community should be prepared to meet the threats of infectious disease, bioterrorism, and natural disasters.
 - Americans deserve to know what government is doing to keep them healthy and safe.
- **TFAH commissioned a national survey to build the case for increased funding to improve the public health system.**⁸ In 2007, Greenberg Quinlan Rosner Research Inc., and Public Opinion Strategies surveyed more than 1,000 registered voters about public health priorities, and conducted focus groups. The survey found that nearly two-thirds (65%) believed federal efforts to research and prevent disease should be increased.
 - **Over time, TFAH built a coalition of some 770 organizations, initially to promote public health modernization and then to strengthen support for the Affordable Care Act.** To expand its partner base, TFAH recruited new and nontraditional allies from business, faith-based organizations, education, the Hispanic/Latino community, and disability organizations. TFAH staff also increased collaboration with traditional partners, including the National Association of Counties and the National League of Cities.

⁷ *Our Vision for a Healthier America*. Washington: Trust for America’s Health. Available [online](#).

⁸ *2007 Health Priorities*. Available [online](#).

Shaping the Health Care Reform Agenda

- **In October 2008, TFAH released *Blueprint for a Healthier America*⁹ with specific recommendations for improving the public health infrastructure by focusing on prevention and preparedness.** Building on earlier consensus-building efforts, the blueprint recommended specific federal policies to improve the health of Americans. Among these were:
 - Ensuring a stable and reliable funding stream for core public health functions and preventive services, such as immunizations and screening, public health emergency preparedness, and promoting physical activity, good nutrition, and smoking prevention
 - Setting new, realistic short-term and long-term health goals for the country
 - Investing in disease prevention as a cornerstone of health care reform
 - Creating an independent, science-driven national public health board
 - Implementing a National Health and Prevention Strategy focused on lowering disease rates, including a strategy to combat obesity
 - Increasing accountability by tying taxpayer investments to improving the health of Americans and improving coordination at the federal, state, and local levels
 - Addressing the public health workforce crisis with investments in recruitment, retention and training
 - Clearly defining public health emergency preparedness and response roles and responsibilities
 - Establishing an emergency health benefit for use by uninsured and underinsured Americans during major disasters and disease outbreaks
 - Fixing the food safety system
- **TFAH documented the business case for prevention and communicated that message to policy-makers.** *Prevention for a Healthier America*,¹⁰ a key TFAH report issued in October 2008, presents a model developed by researchers at the Urban Institute and a review, conducted by the New York Academy of Medicine, of evidence-based studies.

The studies' findings indicate that investing \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and

⁹ *Blueprint for a Healthier America: Modernizing the Federal Public Health System to Focus on Prevention and Preparedness*. Washington: Trust for America's Health, October 2008. Available [online](#).

¹⁰ Levi J, Segal LM, Juliano C. *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*. Washington: Trust for America's Health, 2008. Available [online](#).

prevent smoking and other tobacco use could save the country billions in health care costs over a 20-year period.

— Community-based prevention programs could yield net savings of:

- More than \$2.8 billion in one to two years, a return of 0.96, which means the country could recoup nearly \$1 over the cost of the program for every \$1 invested in one to two years
- More than \$16 billion within five years, a return on investment of \$5.60 for every dollar invested
- More than \$18 billion within 10 to 20 years, a return on investment of \$6.20 for every dollar invested

These estimates represent medical savings only, not the additional gains that could be achieved in worker productivity and enhanced quality of life.

— Investing in prevention also benefits health care payers:

- Medicare would save \$487 million in the first two years, rising to more than \$5 billion in five years, and almost \$6 billion in 10 to 20 years.
- Medicaid would realize an estimated \$370 million in savings within two years, more than \$1.9 billion in five years, and more than \$2 billion in 10 to 20 years.
- Savings to other insurers and the out-of-pocket costs to consumers could reach \$1.9 billion in the first two years, rising to more than \$9 billion within five years and more than \$10 billion in 10 to 20 years.

Members of Congress and other opinion leaders referenced the return on investing in community-based prevention multiple times in 2009 and 2010. Citations were made by Senator Tom Harkin (D-Iowa) on the floor of the U.S. Senate; by former President Bill Clinton during his plenary speech at a national obesity conference; and by House Energy and Commerce Committee Chairman Emeritus John Dingell (D-Mich.) during his opening statements during the health reform debate.

“More than any other single effort this document made the case for community prevention programs to policy-makers and the media and other public health advocates,” according to Levi.

- **TFAH’s reports, and the advocacy efforts associated with them, informed health care reform legislation.** TFAH reports became the springboard for advocacy efforts throughout the health reform debate. Detailed recommendations from the blueprint and other reports were ultimately reflected in public health provisions of the health care reform bills.

The message that prevention and wellness should be central to health care reform is evident in the following legislation:

- **The American Recovery and Reinvestment Act of 2009.** The fiscal stimulus bill, which totaled \$787 billion, included \$650 million to carry out evidence-based clinical and community-based prevention and wellness strategies that address chronic disease rates.

The U.S. Department of Health and Human Services used the funds to create [Communities Putting Prevention to Work](#), an initiative designed to increase levels of physical activity, improve nutrition, decrease obesity rates and decrease smoking prevalence through policy and environmental change at both the state and local levels.

- **The Patient Protection and Affordable Care Act.** The health reform legislation aims to reduce the number of uninsured, shrink the overall cost of health care, and transition from a sick care system to a health care system through a strong focus on prevention.

“This law includes the ingredients needed to ensure we get the returns that prevention offers, including a focused national prevention strategy, a reliable public health funding stream, and evidence-based programs that will be held accountable for improving health outcomes,” noted Levi.

Among the concepts and recommendations in the TFAH blueprint that were incorporated into the final provisions in the Affordable Care Act:

- **Ensuring a stable and reliable funding stream for core public health infrastructure functions and preventive services.** The Affordable Care Act created the Prevention and Public Health Fund,¹¹ originally constructed as a 10-year, \$15 billion commitment to support programs, medical screenings, and research related to public health and prevention.
- **Investing in disease prevention as a cornerstone of health reform.** The Prevention and Public Health Fund includes support for Community Transformation Grants. Similar to Communities Putting Prevention to Work, these grants help local communities address racial and ethnic health disparities and reduce chronic diseases by promoting healthy living across the lifespan and tackling the social and economic causes of poor health.

To be eligible for funding, stakeholders from multiple sectors (schools, businesses, hospitals, foundations, government, and community groups) had to propose changes in policies, programs, environment, or infrastructure. Suggested activities include increasing access to nutritious foods, creating

¹¹ Since its creation, \$2.25 billion has already been appropriated for fiscal year 2010 (\$500 million) and fiscal year 2011 (\$750 million), and fiscal year 2012 (\$1 billion).

healthier school environments, encouraging physical activity, improving community safety, and expanding worksite wellness programs.

- **Creating a national health and prevention strategy that sets realistic short- and long-term health goals.** The first National Prevention Strategy¹² was issued in June 2011 by the National Prevention, Health Promotion, and Public Health Council (National Prevention Council). Chaired by the U.S. Surgeon General, the council includes representatives from 17 major federal agencies.

Supporting Prevention-Focused Initiatives Within Health Care Reform

- **Following passage of the Affordable Care Act, TFAH and its coalition of some 770 partners advocated for the effective implementation of its prevention provisions.** Together, the partners educated policy-makers, the media, and the public about prevention and demonstrated the depth and breadth of their support.

An important focus was to protect key provisions, such as the Prevention and Public Health Fund, against the budget-cutting efforts that began shortly after passage of the Affordable Care Act. Despite cuts enacted in 2012, “a mandatory, dedicated national investment in public health remains” and is expected to grow over the next decade, says Levi.¹³

Activities included:

- **Convening meetings to reach consensus about how the Affordable Care Act could be most effectively implemented.** Between 30 and 35 public health and health reform experts discussed implementation strategies, particularly for the Prevention and Public Health Fund, at three meetings held in 2010.

Recommendations were summarized in three brief reports, which were widely disseminated via the TFAH website.^{14,15,16} Key recommendations included:

- **Focus community prevention efforts not only on chronic diseases, but on cross-cutting approaches,** such as violence prevention, that address multiple

¹² National Prevention Council. *National Prevention Strategy*. Washington: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. Available [online](#).

¹³ A law enacted in February 2012 cut the fund by \$5 billion over 10 years. Nevertheless, mandatory funding for this initiative still includes an additional \$1 billion annually between fiscal year 2013 and fiscal year 2017, \$1.25 billion annually in fiscal year 2018 and fiscal year 2019, and \$1.5 billion annually in fiscal year 2020 and fiscal year 2021. Since the fund is designed to be ongoing, \$2 billion will be allocated annually in federal fiscal year 2022 and each year thereafter.

¹⁴ *The Implementation of the Patient Protection and Affordable Care Act (P.L.111-148): A Summary of the First Consultation Meeting*. Washington: Trust for America’s Health, 2010. Available [online](#).

¹⁵ *The Implementation of the Patient Protection and Affordable Care Act (P.L.111-148): A Summary of the Second Consultation Meeting*. Oakland, CA: Trust for America’s Health, 2010. Available [online](#).

¹⁶ *The Implementation of the Patient Protection and Affordable Care Act (P.L.111-148): A Summary of the Third Consultation Meeting*. Washington: Trust for America’s Health, 2010. Available [online](#).

health risks. In addition, while state and local health departments must be central players in community prevention, grant funding is also needed to support the work of nongovernmental organizations.

- **Build core capacity in health departments through the accreditation process.** Local and state health departments have varying levels of expertise and capacity to design and manage community interventions that focus on policy, systems, organizational, and environmental change. The public health accreditation process focuses on building capacity to assure that everyone has access to a minimum set of public health services.
 - **Invest in research, development, and dissemination of best practices.** Particular emphasis should be placed on translating research into practice, as well as on using data for program evaluation, innovation, and systems improvement.
 - **Community Transformation Grants should focus on building healthier communities through policy, structural and environmental change.** The program should be national in scope with a focus on communities where clear health disparities exist. Science-informed, evidence-based, and innovative policy recommendations should be paired with community advocacy to achieve broad structural changes.
- **Disseminating information via the TFAH website.** TFAH revamped its website to inform policy-makers and the public about the prevention-focused provisions of health care reform. The [website](#) receives between 600,000 and nearly 2.5 million visitors a month.
- In August 2010, TFAH created a Web-based resource for advocates, policy-makers and the public that includes concrete, timely actions stakeholders can take to advance the prevention and public health agenda in the Affordable Care Act.
 - The *Wellness and Prevention in Health Reform Digest* provides almost daily updates, spotlighting new research, public surveys, meetings, conferences, opportunities for regulatory comment, funding opportunities, and briefings related to building the case for prevention in the Affordable Care Act.
 - Other new and updated issue briefs and other resources provided additional consumer-friendly information. These include *Health Reform: Turning Sick Care into Health Care*,¹⁷ *A Healthier America: Ten Top Priorities for Prevention*,¹⁸ and three one-page advertisements.

¹⁷ *Health Reform: Turning Sick Care into Health Care*. Washington: Trust for America's Health, 2010. Available [online](#).

¹⁸ *Ten Top Priorities for Prevention*. Washington: Trust for America's Health. These updated versions of earlier TFAH documents are available [online](#).

These were disseminated via email to TFAH's *Wellness and Prevention Health Reform Digest* distribution list, Twitter followers, and others—including the offices of every member of Congress.

- **Updating the business case for prevention.** Following up on its 2008 report *Prevention for a Healthier America*, TFAH made the economic case for public health in the context of national discussions about health care costs.
 - *Healthier Americans for a Healthier Economy*.¹⁹ This report features employers in six states (California, Indiana, Minnesota, Mississippi, Tennessee, and Texas) who are working with communities to make healthier choices easier for employees and their families while reducing the costs of doing business. The findings are being used by organizations such as the U.S. Chamber of Commerce.
 - *The New Prevention Fund*.²⁰ This report provides a state-by-state analysis of allocations under the Prevention and Public Health Fund in 2011.
 - *Bending the Obesity Curve*.²¹ The report presents data showing that by reducing average BMI by 5 percent, the country could lower health care costs by \$29.8 billion in five years, \$158.1 billion in 10 years and \$611.7 billion in 20 years.
- **Playing a leadership role on the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health.** The advisory group provided support to the National Prevention Council—including helping to develop public, private and nonprofit partnerships to leverage support for the National Prevention Strategy.

In January 2011, President Obama appointed TFAH's Levi to serve as a member of the advisory group, and, in April, U.S. Surgeon General Regina Benjamin, MD, MBA, appointed him chair.

In that role, Levi joined senior administration officials in announcing the National Prevention Strategy and communicating its goals across multiple government sectors through a “health- in-all-policies” approach.²² TFAH worked with other stakeholders on the June 2012 update of the National Prevention Strategy and was directly engaged in state tour/town hall meetings about it in Chicago, Raleigh, N.C., and Boston.

¹⁹ *Healthier Americans for a Healthier Economy*. Washington: Trust for America's Health. October 2011. Available [online](#).

²⁰ *The New Prevention Fund*. Washington: Trust for America's Health. July 2011. Available [online](#).

²¹ *Bending the Obesity Curve*. Washington: Trust for America's Health. February 2012. Available [online](#).

²² The “health-in-all-policies” strategy seeks to incorporate health considerations into all public policies (e.g., those affecting transportation, commerce, zoning, and education, as well as health).

Educating Stakeholders About Public Health

- **TFAH reports help educate policy-makers, the media, and the public about key public health issues and make the case for improving the nation’s public health system.** Every TFAH report is delivered to all members of Congress and follow-up, one-on-one meetings are held to discuss policy recommendations with officials.

“We were not just funding a report but creating a vehicle that would have the influence and impact to elevate public health issues to the top of people’s minds,” said RWJF’s Marx. “Federal policy-makers, the media, and others in Washington were the primary audiences for the reports—and they were paying attention to them.”

Reports on the following topics, and others, are available on the TFAH [website](#):

- **Emergency preparedness.** *Ready or Not? Protecting the Public’s Health from Diseases, Disasters, and Bioterrorism*²³ has been published annually since 2003. See the [Bibliography \(Reports\)](#) for links.

Like the TFAH blueprint, *Ready or Not* reports make policy recommendations that have been reflected in legislation reauthorizing the nation’s federal bioterrorism and public health and emergency programs. The reports also serve a watchdog function, alerting policy-makers and the public about shortcomings in the nation’s preparedness capacity at the federal and state levels.

For example, in a press release for the 2011 report, Levi warned: “We’re seeing a decade’s worth of progress eroding in front of our eyes. Preparedness had been on an upward trajectory, but now some of the most elementary capabilities—including the ability to identify and contain outbreaks, provide vaccines and medications during emergencies, and treat people during mass traumas—are experiencing cuts in every state across the country.”

- **Obesity epidemic.** Beginning in 2004, TFAH began publishing its *F as in Fat* annual report, which promotes an integrated strategy to address the epidemic of adult and childhood obesity. The reports provide state-by-state obesity rankings and analyze the range and quality of national and state policies and programs to address obesity.²⁴

In 2012, for the first time, the report forecast 2030 adult obesity rates in each state and the likely resulting rise in associated disease rates and health care costs.²⁵ The

²³ The first report in the series was funded by ID# 44873. For more information on this project, see the [Program Results](#).

²⁴ The 2004 and 2005 reports were supported by grants from the Robert C. Atkins Foundation, the Bauman Foundation and the Benjamin Spencer Fund. Beginning in 2006, RWJF supported the reports. In 2010, the Childhood Obesity team provided additional funding for communication activities related to the reports (Grant ID# 67498) and the title was changed to *F as in Fat: How Obesity Threatens America’s Future*.

²⁵ Levi J, Segal LM, St. Laurent R, et al. *F as in Fat: How Obesity Threatens America’s Future 2012*. Washington: Trust for America’s Health, September 2012. Available [online](#).

analysis also shows that states could prevent obesity-related diseases and dramatically reduce health care costs if they reduced the average body mass index of their residents by just 5 percent by 2030.²⁶

- **Investment in public health.** *Shortchanging America's Health: A State-By-State Look at How Federal Public Health Dollars Are Spent* has been issued annually by TFAH since 2005. Along with state-by-state data on public health and funding levels, states are ranked by per capita funds received from CDC. For example, in 2004, CDC funding ranged from a high of \$45.74 per resident in Alaska to a low of \$9.61 per resident in Indiana.²⁷

A central message of the reports is that the country is falling short in meeting its goals for reducing disease and improving health. TFAH also found geographic disparities, with rates of disease and chronic conditions such as obesity—and the amount of federal funds to address them—varying widely from state to state and community to community.

- **Food safety.** Several issue briefs defined the problem and articulated a vision for a unified federal approach to food safety. As a first step, TFAH recommended consolidating food safety activities within the U.S. Food and Drug Administration. That process has begun with the creation of the position of deputy commissioner for foods in 2009.
- **Pandemic response.** Starting in 2003, TFAH developed a series of public education reports and analyses and built a set of cross-sector partnerships in order to bring attention to major gaps in preparedness for pandemic influenza and support for recommendations. A series of issue reports, including a number supported by RWJF—for example, *Facing the Flu: From the Bird Flu to a Possible Pandemic, Why Isn't America Ready* in 2004, *Pandemic Flu: Lessons from the Frontlines* in 2009, and in *Fighting Flu Fatigue* in 2010—generated thousands of national and regional news articles including regular coverage in the *New York Times*, *Washington Post*, *Wall Street Journal*, *CNN*, *NBC*, *ABC*, *NPR*, and other outlets. TFAH brought together a working group on pandemic and all-hazards preparedness with more than 350 members ranging from public health officials to scientists to industry to community groups.

Recommendations from the reports and working group were reflected in:

²⁶ RWJF's Childhood Obesity team provided additional funding (ID# 69894) to analyze the state-level health and economic impact of reducing obesity rates.

²⁷ *Shortchanging America's Health: A State-by-State Look at How Federal Public Health Dollars are Spent*. Washington: Trust for America's Health, February 2005. Available [online](#). In 2011, the reports were renamed *Investing in America's Health: A State-by-State Look at Public Health Funding and Key Health Facts*.

- Development of the National Strategy for Pandemic Influenza in 2005 and appropriations of \$7.1 billion in supplemental funding for pandemic influenza preparedness to support the plan
- Provisions in the Pandemic and All-Hazards Preparedness Act of 2006 (PAHPA)
- More than \$8 billion in emergency appropriations during the H5N1 pandemic flu outbreak in 2008

During the H1N1 pandemic that began in 2009, TFAH provided technical expertise and advocacy support to guide the response.

A 2010 report, *Fighting Flu Fatigue*²⁸ found significant differences in H1N1 rates, with hospitalization rates for African Americans, Hispanics, and American Indian/Alaska Natives nearly twice as high as rates for Whites during the 2009–2010 flu season. The report, which was covered by the *Huffington Post*, *United Press International*, *Congressional Quarterly*, and elsewhere, is often cited to underscore both the importance of vaccines and the prevalence of health disparities.

- **Injury prevention.** In May 2012, TFAH released *The Facts Hurt: A State-by-State Injury Prevention Policy Report*²⁹ to highlight the importance of injury prevention, one of seven priorities identified in the National Prevention Strategy. The report noted that injuries, including those caused by accidents and violence, are the third-leading cause of death nationally and the leading cause of death for Americans between the ages of 1 and 44.
- **TFAH launched the Advocates for a Healthier America e-advocacy network in January 2006.** The user-friendly, online action center allows activists and advocates to help determine public health preparedness and disease prevention national priorities. A section on the TFAH [website](#) provides information on policy priorities before Congress and gives users information about how to contact their Congressional representatives.
- **TFAH organized face-to-face meetings and briefings to coincide with important events as well as with the release of policy reports and issue briefs.** For example, following passage of the Affordable Care Act, TFAH organized a series of briefings, often featuring government officials, to educate coalition partners about changes and opportunities under health reform.
- **TFAH has earned increasing media coverage since its inception.** Series, such as the *Ready or Not?* reports, generated a high degree of national media attention and

²⁸ *Fighting Flu Fatigue*. Washington: Trust for America's Health, November 2010. Available [online](#).

²⁹ Levi J, Segal LM, Kohn D. *The Facts Hurt: A State-by-State Injury Prevention Policy Report*. Washington: Trust for America's Health, May 2012. Available [online](#).

policy-maker interest, with stories in *USA Today*, the *Washington Post*, and the *New York Times*.

TFAH has also conducted radio and television interview tours, worked in collaboration with RWJF's *TV Health Series* to produce and release information for television stations across the country, and attracted broad coverage from national and regional media.

“By proving there is press interest in public health issues and that current events can be leveraged to build support for substantial change, TFAH is showing others in the public health community that their issues can be advanced with real results,” said Levi.

The Urban Institute Interim Assessment

In 2009–2010, Urban Institute analysts conducted an interim assessment of TFAH's work that focused on intermediate and early outcomes, not ultimate impacts on public health policy or on population health.³⁰ The assessment, intended for internal use by TFAH and RWJF, looked at, among other things, how many of TFAH's recommendations were implemented in the Affordable Care Act, the extent to which it is perceived as a go-to source for stakeholders, and the quality of its products.

In a 2010 report to RWJF, the Urban Institute team said that TFAH was perceived as very influential in federal policy-making. They also said that its advocacy had been visible in federal legislative proposals and executive actions, notably the public health provisions of the Affordable Care Act.

SIGNIFICANCE OF THE PROGRAM

TFAH contributed to the Affordable Care Act's focus on prevention—as manifested in the Prevention and Public Health Fund—and helped to preserve that focus despite efforts to cut support for the fund. “TFAH's recommendations were in the *Blueprint for a Healthier America* before President Obama took office for the first time,” said RWJF's Marx. “They shaped how folks who were putting together the Affordable Care Act were thinking about prevention.”

Marx credits TFAH's effectiveness to a combination of elements. “It is a credible organization that knows how to work with media, policy-makers, and other decision

³⁰ The assessment was conducted under Grant ID# 66610 (\$265,000, August 2009–May 2010). Under an earlier grant (ID# 64139, \$35,000, April 2008–October 2008), an Urban Institute team performed an evaluability assessment of TFAH's preliminary results and considered whether an in-depth evaluation of its full impacts was warranted. The evaluators concluded that such an evaluation was not yet timely and feasible but recommended an interim assessment, which they subsequently performed.

makers to make public health issues understandable as well as research and science-based. If TFAH didn't exist, we'd want to create them.”

RWJF Program Officer Abbey Cofsky, MPH, agrees. “I can't imagine public health today without TFAH. They pushed the field more than any other organization. Their fingerprints—and ours—are on the Affordable Care Act.

“The *Blueprint* has been transformative,” she added. “Although we didn't reach the destination regarding prevention, it signaled a change in the conversation. And there's serious money for prevention in the Affordable Care Act. Although it pales in comparison with dollars that are there for health care system reform and coverage, that's no small feat.”

Having a collaborative relationship with TFAH prior to passage of the Affordable Care Act allowed RWJF to act quickly when legislators moved to repeal or cut funding for some of its key provisions, such as the Prevention and Public Health Fund. “Even if we had pulled together a group, it wouldn't have been able to respond if the infrastructure, if the credibility wasn't in place,” says Cofsky. “TFAH had the capacity to respond.”

LESSONS LEARNED

- 1. Use the two core functions of public health—protection and health promotion—to broaden the appeal of your message.** Focusing on public health's role in protecting the public attracts both conservatives and liberals to the table. “We consciously pick issues of concern based on our awareness of which side of public health appeals to which audience. If the protection side appeals, we are willing to make that case. If it's health promotion, we're willing to make that case too.” (Levi, Executive Director, TFAH)
- 2. Make sure that reports that rank states on health and other indicators do not seem punitive.** State officials were initially resistant to annual report cards, such as *Fat as in Fat* and *Ready or Not*, because they were interpreted as blaming agencies or individuals in lower ranking states.

TFAH responded by clearly communicating the message that the overarching problem was federal—a lack of funding for public health—not error or incompetence at the state level. State policy-makers began to view the annual reports as tools to seek more funding and improve their programs, and looked forward to their release each year. “It's nice to be anticipated,” said Levi. (Levi, Executive Director, TFAH)

- 3. Be aware that much of the public sees personal responsibility as the driver of behavior.** Public health professionals emphasize factors beyond individual control (e.g., government policy and the built environment) as key in promoting or preventing healthy behavior. But, cautions RWJF's Marx, “You have to make a nod to personal responsibility. Most people see individual actions—they smoke too much,

eat too much—as key influences on their health. If you go to a wonkier message, about the environment, the housing you have, access to good education, you will lose your audience.” (Marx, Senior Communications Officer, RWJF)

- 4. Providing accurate, understandable information keeps advocates and policy-makers focused on their goals.** It was easy to lose sight of the urgency to act during the health care reform debate, which generated what TFAH called “informational clutter.” By establishing itself as the go-to organization on the wellness and prevention provisions of the Affordable Care Act, TFAH helped an ever-expanding network of stakeholders navigate the maze and understand the value of health care reform.

During this time of political polarization, TFAH kept a steady focus on core public health issues, continuing to produce reports, such as *Ready or Not*, that went beyond the health reform debate. “These both demonstrated the need for reform and highlighted the additional areas in need of attention regardless of the outcome of the health reform debate,” according to Levi. (Levi/TFAH, Marx/RWJF)

- 5. Work on both sides of the aisle to weather political shifts.** TFAH was able to function effectively in a highly polarized and partisan political environment by crafting and delivering a message on prevention that appealed to members of Congress in both parties. TFAH’s reputation for communicating accurate, nonpartisan information enabled them to advance their policy priorities. (Levi/TFAH).
- 6. Expand partnerships to include nontraditional partners.** TFAH actively sought to broaden the groups it worked with, reaching beyond public health to forge ties with the business, education, and faith-based communities. This diverse coalition helped TFAH make the case that support for the prevention and public health provisions of the Affordable Care Act was not limited to public health organizations. (Levi/TFAH)
- 7. Cultivate multiple funding sources as alternatives to government funding.** TFAH does not accept government funding and has multiple private sources of financial support in addition to RWJF. (See the [Appendix](#).) Because it does not depend on government grants, members of Congress and other policy-makers were more comfortable relying on TFAH as a source of unbiased information. (Cofsky/RWJF)
- 8. Pursue short-term goals, but don’t lose sight of longer-term goals.** From 2008 on, TFAH has concentrated much of its activity on advocating for health reform and its effective implementation. However, the organization’s focus remains the broader, long-term goals of strengthening the overall public health system. (Levi/TFAH, Marx/RWJF)

THE PROGRAM CONTINUES

In July 2012, RWJF awarded TFAH a two-year renewal grant³¹ so that it can continue advocating for a stronger federal commitment to prevention and public health. “Our agenda over the next four years is full implementation of the Affordable Care Act, but we are also trying to articulate a vision for a modernized public health system,” says Levi. As part of that, TFAH will lead national advocacy efforts to protect the Prevention and Public Health Fund, as well as core funding for the CDC and prevention-related programs elsewhere in government.

Educating policy-makers, the media, and the public also remains a program priority. TFAH will continue to produce and disseminate reports and briefs, including *Ready or Not?* and *Investing in America’s Health*, which showcase the strengths and weaknesses of the public health system, and make recommendations for addressing deficits.

In 2013, TFAH will prepare a transition report for the Obama administration, members of Congress, and other stakeholders that analyzes changes in the structure and function of the public health system since the 2008 *Blueprint for a Healthier America*. Specifically, the report will identify the policy recommendations that were adopted and lay out recommendations relevant to the economic and political context for the next four years.

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³¹ Grant ID# 70002

APPENDIX

Other Funders

(Current as of the end date of the program; provided by the program's management; not verified by RWJF.)

ORGANIZATION	AMOUNT
W.K. Kellogg Foundation	\$1,600,000
The California Endowment	\$1,533,000
Kresge Foundation	\$150,000
Irene Diamond Fund	\$100,000
MAC AIDS Fund	\$75,000

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