

**STATEMENT OF SENATOR EDWARD M. KENNEDY**  
Access to Prevention and Public Health for High Risk Populations  
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Millions of Americans are struggling today with the burden of rising health costs and inadequate health insurance. Our health is affected not only by our access to affordable care but also by our living conditions, healthy foods and safe environments. Children, seniors and persons with disabilities often have the most pressing health needs but also face the greatest barriers to health. It's estimated that at least 40 million Americans live with some level of disability, including 6% of children nationwide. Overall, American children lag behind almost all industrialized nations on key health indicators for children.

Increased risk for poor health may result from chronic illness, age, lack of insurance, or poverty. By 2030, one in every five Americans will be aged 65 and older. Although physical activity has multiple proven health benefits, only 21% of adults age 65 and older engage in regular leisure-time physical activities. Programs that increase seniors' knowledge of the health benefits of physical activity and help them include it in their daily lives have been shown to work and need to be strengthened.

In the years ahead, the increasing number of older Americans and their growing diversity will create unprecedented demands on public health, aging services, and the nation's health care system. As our country ages, greater investments in prevention efforts are essential not only to protect the health and quality of life for older adults, but also to control the costs of health care.

Individuals have the responsibility to eat well and stay active, but federal programs can remove obstacles that make it difficult for individuals to make healthy choices. This point is especially true for high-risk persons. People with disabilities face significant barriers in obtaining preventive services, with only 48% reporting access to local health facilities and wellness programs. These barriers may include lack of transportation and affordable housing, higher rates of unemployment, and inadequate knowledge of the health risks they face.

Initiatives such as the Making Healthy Connections Program in Boston address the specific needs of young people with disabilities as they move into adulthood and develop greater independence. In partnership with Boston Medical Center, the program educates youths and parents on how to obtain adult health services and develop independent living skills. Topics covered include personal care assistance, preparing for jobs and college, assistive technology and transportation options. This type of comprehensive care model will strengthen the connection between health services and other community resources, and reduce health costs by increasing access to care and preventing chronic disease. By adopting successful models of care for those with complex health issues, we can improve the health of millions of Americans.

A key factor for successful programs for high-risk populations is to meet people where they live, work and play, in places such as schools and community health centers. Prevention efforts focused on children are essential, since health risks accumulate a person's lifespan.

An impressive example is "Shape Up Somerville: Eat Smart Play Hard" a CDC-funded environmental approach to obesity prevention targeting 1st-3rd graders in Somerville, Massachusetts. Parents, local restaurants and after-school programs are each involved in

increasing physical activity, and spreading healthy eating messages. It's clear that Congressional action on health reform must encourage such successful initiatives for high-risk communities that cut across traditionally disjointed systems of care and services.

Those at highest risk have the most to gain from effective public health and preventive clinical programs, and the most to lose if these programs are not a central part of health reform. By investing in proven preventive services and proven public health programs, we can reduce health care costs by increasing longevity, improving quality of life, and preventing chronic disease.

An annual investment of \$10 a person each year in effective community-based programs to increase physical activity, improve nutrition, and reduce tobacco use could save the country more than \$16 billion annually within five years and would be of particular benefit to those at the highest risk of poor health outcomes.

I commend Senator Harkin for highlighting the issues of high risk populations and emphasizing the effective strategies to reduce the risk of disease must be a central part of health reform. I look forward to the testimony of today's witnesses, and I wish I could be there for this important hearing.