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THE WYETH SURVEY PROJECT:  
AN ONGOING EFFORT TO COLLECT  
PUBLIC HEALTH SUCCESS STORIES

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## EXECUTIVE SUMMARY

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Thanks to the generous support of Wyeth Pharmaceuticals, The Campaign for Public Health Foundation launched a targeted national effort to collect examples of successful public health programs in June of 2009. The public health program survey was intended to be an exploratory effort. A diverse collection of surveys was received from local, state, regional, national and corporate public health programs. At the conclusion of the program in mid-August, more than fifty surveys had been received, representing locations in nearly twenty states. Additional responses continue to be collected as interested parties complete The CPH Foundation's questionnaire.

These surveys showed remarkably consistent findings and are enabling The CPH Foundation to draw attention to relevant trends in public health. First, public health departments across the United States are partnering with local communities, non-profit institutions and for-profit corporations to develop creative, cost-effective interventions to address a wide variety of public health concerns. Surveys received also highlighted the critical need for comprehensive data collection systems that could help evaluate public health efforts. Finally, surveys provided unique insights into many of the challenges facing public health due to a systemic lack of resources at the federal, state and local level. The resource challenge seems to be due in large measure to the economic downturn which is forcing states to cut back their budgets.

## METHODS

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In early June of 2009, The Campaign for Public Health Foundation launched an exploratory survey of public health programs across the nation. The purpose of this initiative was to collect concise examples of effective public health programs to be shared with the public, policy makers and public health professionals. With this in mind, the Foundation developed a short four-page survey, which was sent to voluntary health organizations, associations, corporations, as well as federal, state and local government health officials.

Our survey asked for basic program information, including the program's title, short and long term goals, methods, length and target population. Other questions requested details on funding sources, estimates of costs deferred, outbreaks averted, deaths prevented, and future program plans. A copy of this survey is attached as Appendix A of this report.

The CPH Foundation's objective was to collect a diverse representation of surveys from a variety of program categories, including: maternal and child health, infectious disease, preparedness, chronic disease, injury and environmental health from health departments located across the United States. The Foundation also strove to collect examples of public health efforts taking place in corporate settings, or under the direction of non-profits or associations.

The Foundation began its outreach efforts by emailing approximately 2,000 of the Foundation's partners, informing them of the initiative and providing them with the survey template. The Foundation then extended surveys to select public health program directors who had previously published program information online on other health websites. Finally, our organization reached out directly to several individual state and municipal health departments to encourage their participation.

## THE NEED FOR A PUBLIC HEALTH PROGRAM SURVEY

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In a July 2009 conference held in Washington, DC, CDC Director Dr. Thomas Frieden, spoke about the pyramid of interventions used to address public health needs. During the last century, the most notable advancements in public health have involved changing the context in which individuals make health-related decisions, allowing for healthy decisions to be made more easily. Traditional public health measures such as the fluoridation of drinking water, motor vehicle safety improvements, and the introduction of a tobacco tax, require relatively small effort as compared to public health interventions at the top of the pyramid. Nevertheless, these interventions had lasting positive health impacts and likely contributed quite significantly to a 35 year rise in average life expectancy over the last century.

Shifting national demographics, lifestyle changes and recent environmental events have placed new demands on the public health system. Public health is no longer a science of hygiene promotion and discrete interventions for infectious disease, but is breaking new ground in the more costly and time consuming interventions. Such interventions demand additional resources and impose significant financial challenges on public health departments around the country.

In this tight economy, one of the challenges for the public health community is demonstrating that public health promotion and prevention programs are providing value. In this financially conscious economic environment, legislators and policy makers are looking beyond improving individuals' quality of life and promoting overall wellness. There is also a need to show public health's financial impact.

Several commendable collections of public health success stories are currently available through organizations such as the National Association of County and City Health Officials and the National Association of Chronic Disease Directors. However, The CPH Foundation continued to receive requests from media outlets and legislators for concise examples of effective public health programs with specific budgetary and return on investment information. It has been our experience that these relevant and pointed examples are critically important and effective tools in conveying the importance of public health to the lay public, media and legislators.

While the funding allocated to this project could not support a major national initiative, we viewed Wyeth's support as an excellent opportunity to launch an exploratory effort to collect such relevant, concise success stories. We are very pleased with the outcomes we have had to date, and are excited that the public health community continues to show an interest in "telling their story" by filling out additional surveys. This is occurring, we are pleased to note, in spite of the fact that we no longer have a budget for outreach.

## RESULTS

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By the conclusion of this Wyeth-funded initiative in mid-August, the Foundation had received fifty surveys. Many program directors expressed regret that they lacked the time and resources to complete a survey by the August deadline. As a result, the Foundation chose to extend the initiative indefinitely, supporting the effort through limited general operating funds. The Foundation is continuing to receive responses and will publish relevant public health program stories on our website as they are received and processed.

Of the fifty surveys received, thirty-seven were considered high quality and subsequently published within the “Public Health Is” pages of the Foundation’s website, [www.cphfoundation.org](http://www.cphfoundation.org). A hyperlink list of the responses is also posted under the “Analysis” tab of our Web site where we broke down responses based on the program’s geographic type (i.e., state, regional, corporate, national). Certain surveys were not published due to a lack of outcome or cost data, misinterpretation of survey intent or insufficient responses or data.

Of the surveys published, 50% are of local programs, 40% are of state and regional programs, and 10% are of national programs. Most programs were conducted through a state or local health department. However, three programs were conducted through a non-profit organization and one was conducted by a national for-profit corporation. While this was only a broad sampling of public health efforts, these results indicate that public health successes are occurring on both a large and small scale across non-profit and for profit sectors. In total, approximately half of programs relied on federal and state funding, a third utilized local funding, a third were supported by private foundations and 10% received funding from local communities. Three programs indicated specifically that they received funding from the Centers for Disease Control and Prevention but it is likely that some of the responses indicating federal or state funds were used also involve funds from the CDC.

Our initial findings revealed this to be a very worthwhile effort. Surveys were received from a variety of public health program areas, with the greatest number representing chronic disease and maternal and child health programs. Nearly half of the highlighted surveys included concrete, quantifiable outcomes and return on investment information.

Some of the most compelling programs based on outcomes include:

- Truth®: A national youth anti-smoking campaign that kept an estimated 450,000 young people from smoking in its first four years. This is translated into \$5.4 billion in medical care costs saved in two years.
- Picture Me Healthy: A child and maternal health program in Madera, California that contributed to a rise in child immunization rates from 28 to 87% at a cost of only \$3.50 per child.
- A childhood lead poisoning prevention program in Philadelphia, Pennsylvania that helped result in a decline in prevalence rates of elevated lead levels in children from 80% to under 4% during the program’s duration.

- A comprehensive tobacco cessation and prevention program in West Virginia that provided evidence to support a \$7 return on investment for every dollar spent and a 32% smoking cessation rate as a result of the program.
- A program conducted to improve the quality of asthma care for California children. After two years the program cited a 76% reduction in hospitalizations, a 78% reduction in emergency department visits and a 67% reduction in office visits due to asthma.

Responses from several programs highlighted a general need for some public health programs to ensure systems are established to collect metrics and post-evaluation data of their efforts. Public health programs must recognize that outcomes are crucially important to continued funding. This is especially true today, given the difficult financial times faced by both state and federal governments looking for areas of the budget to trim. Emotional arguments are compelling, but ultimately they are not sufficient to guarantee continued program support by either private donors or government sources.

Most surveys had gathered some outcome data or had anticipated gathering specific outcome data after sufficient time had elapsed. Many surveys expressed regret that they lacked the necessary resources to conduct extensive post-program evaluations. Also, it was evident from reviewing the surveys that specific outcome data was easier to collect for some programs than for others.

A child car seat safety program in Florida, for example, provided 2,619 new car seats to children of low-income families and had excellent data on seats installed, numbers of families served, and so on. Still, the number of lives saved or injuries prevented by this specific program would be extremely difficult (if not impossible) to collect.

When detailing outcomes for a low income family planning and counseling program, one respondent wrote, "Our goal is to take care of as many people as possible and demonstrate the importance of having these services to our funders." The respondent added that many men and women visited their site only once, and that follow up metrics or success measurements were, therefore, hard to collect. The respondents did not indicate any plans to collect specific data for demonstrating program value beyond tracking the number of people who visited their site. While simply counting the number of visits to a prevention-focused clinic without measuring behaviors changed or specific outcomes is hardly ideal, we recognize the inherent dilemma: limited funding means there are insufficient resources available to follow up with each visitor or to better measure outcomes, particularly when the population served is transient.

Along this vein, one poison control program providing ER visitors with a poison control 800 number during an exit interview wrote expressing regret that they did not have any quantifiable data to show outcomes. They argued, "If just one person remembers we provided the number and uses it, whether it is an accidental or deliberate ingestion, we have succeeded." The respondent expressed concerns about future funding.

Quantifiable outcome data is necessary in establishing the cost-effectiveness of programs. All programs should find ways to measure their impact and to demonstrate success within the communities served. Responses indicate that such data is, in general,

difficult and expensive to obtain in the public health sector. Still, creative thinking and renewed efforts can help programs highlight the importance of their work.

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## THE FUTURE OF SUCCESSFUL PUBLIC HEALTH EFFORTS

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This survey provided clear insight into challenges facing the public health system due to a lack of resources. One notable trend that emerged was the uncertainty program coordinators felt about their programs' future plans. Fifteen percent of published survey respondents explicitly stated that they were unsure about the continuation of their programs given state and federal budget cuts. Program directors of states facing severe budget crises expressed sincere concern about the sustainability of programs. One respondent from a program conducted throughout the state of Michigan wrote "...due to the severity of Michigan's economic challenges, this program is at risk. It is unknown at this time whether the program can be sustained at the state level."

Additionally, more than half of local health departments stated that limited funding and resources present a challenge to their participation in the program. A third of the published programs funded by non-profit foundation or for-profit grant support also anticipated future reductions in funding attributable to the economic recession.

Unfortunately, the health and economic impact of such program cuts is beyond the scope of this survey.

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## CONCLUSION

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The public health community is working diligently to develop creative and cost-effective strategies to address a wide variety of community, state and national health threats with very limited (and dwindling) resources. While some public health efforts could more successfully measure or track outcomes, this small collection of surveys provides strong evidence of the significant cost savings attributable to public health efforts.

While we do not currently have the necessary funding to undertake more outreach to national public health programs, The CPH Foundation will continue to collect public health program surveys through our general operating budget and will publish these stories on our web site. With additional resources, a more extensive effort could be launched to collect a larger pool of surveys. With additional responses we would be able to draw more evidence-based conclusions about the work being done by public health programs.



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## PUBLIC HEALTH PROGRAM SURVEY

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Thanks to the generous support of Wyeth Pharmaceuticals, The Campaign for Public Health Foundation is conducting an exploratory survey of public health programs. Clear examples are often the best teaching tool when describing the need for research and science-based public health programs to the lay public, the media or to legislators. Still, few concise and comprehensive collections of public health efforts covering all programmatic areas exist. The CPH Foundation invites you to participate in this opportunity to bring attention to public health efforts across the nation and asks that you share this effort with your public health colleagues.

Please begin by checking only **one** topic area listed below that best fits the program's scope. Next, complete the following survey, supplying answers to all requested fields. Completed forms should be returned to [@CPHfoundation.org](mailto:@CPHfoundation.org) no later than **July 24<sup>th</sup>, 2009**. Surveys will be ranked based on the quality of the information provided. Incomplete responses will not be used. The CPH Foundation will publish the best examples on our Web site and will also publish a short report later this summer.

### *Contact Information*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address:

*Please check **one** of the following program areas:*

- Chronic Disease
- Environmental Health
- Global Health
- Infectious Disease
- Influenza
- Injury
- Maternal & Child Health
- Preparedness
- Vector-Borne Disease
- Other PH Prevention or Research Program

**Program Information:** Please provide specific, yet brief information for each response. Please keep answers short and concise. Estimates are acceptable, as long as the survey participant can support the estimate if details are required at a later time. Keep in mind that the CPH Foundation plans to share commendable program examples with the media, the public, federal and state legislators, and with other groups interested in this topic.

**Short Title:** (A descriptive title, rather than the program's official title, is preferred.)

**Program Location:** (Nation, state, city, county, territory, town, etc.)

**Objective and Goals:** (Include specific information on the need & rationale for the program.)

**Methods:** (How did you set about reaching specified objectives and goals?)

**Program Length:** *(Start and end dates.)*

**Number of target population reached by effort:** *(Be as specific as possible.)*

**Demographic Info:** *(Description of the population, such as income level, ethnicity, rural/urban, etc.)*

**Overall Cost:** *(per year)*

**Funding Sources:** *(Please include specific information on federal, state or local funding. REMEMBER: a program funded by a state health department MAY actually be supported through a CDC or HRSA program. Please note the original source of funding whenever possible.)*

\_\_\_\_\_ % Federal

\_\_\_\_\_ % State

\_\_\_\_\_ % Local

\_\_\_\_\_ % Other, please explain: \_\_\_\_\_

**Outcomes:** *(Top-line data and specific health outcomes achieved as a result. If this data was not or could not be collected, briefly indicate why. Please discuss if this answer is an estimate.)*

**Did you make any estimates regarding costs deferred, outbreaks averted or deaths prevented?** *(Please explain the basis for your estimates or calculations.)*

**Additional Information:** *(Briefly include any information you feel might be helpful to readers about the value of this effort.)*

**Future Plans:** *(What are the future funding prospects for this program? Are there plans in place to continue this effort, or are funds in danger of being cut back – and why?)*