

## Why GAO Did This Study

Preventive health activities have received attention for their potential to improve health outcomes or lower health care expenditures. While there is no widespread agreement on what constitutes preventive health activities, in this report they include clinical preventive services, such as immunizations provided in clinical settings, and community-oriented preventive health activities, such as health education media campaigns. A preventive health activity is considered cost saving if the activity costs less than the costs averted by it; an activity is cost-effective if it achieves benefits in a less costly way than alternatives. HHS, VA, and DOD administer programs that include preventive health activities.

GAO was asked to report on preventive health activities. This report provides available information and discusses the limitations of this information regarding (1) preventive health activities in programs administered by HHS, VA, and DOD and the departments' spending on such activities; (2) reported cost savings from and cost effectiveness of preventive health activities; and (3) U.S. spending on preventive health activities compared to that of other countries.

GAO reviewed documents from HHS, VA, and DOD; interviewed officials from those departments and researchers; conducted a literature review; and reviewed OECD data on national health spending.

HHS and VA provided technical comments on a draft of this report, which were incorporated as appropriate.

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## PREVENTIVE HEALTH ACTIVITIES

### Available Information on Federal Spending, Cost Savings, and International Comparisons Has Limitations

## What GAO Found

The Departments of Health and Human Services (HHS), Veterans Affairs (VA), and Defense (DOD) administer programs that include preventive health activities such as health screenings and education campaigns, but the departments reported that they do not track department-wide spending on these activities. Departments reported that determining such spending is challenging because these activities can be integrated with other health activities. For fiscal year 2011, the departments provided to GAO a mix of information related to spending for preventive health activities, and noted limitations. These limitations included incomplete estimates, estimates that included activities that were prevention-related but not specifically for clinical preventive services or community-oriented preventive health activities, and estimates that represented funding—not spending—information. Funding estimates represent amounts available to the departments at a particular time, but not necessarily actual spending. For fiscal year 2011, HHS combined estimates of spending for prevention for one agency with estimates of funding for nine other HHS agencies for a total of about \$24 billion; however, the estimate did not include the Centers for Medicare & Medicaid Services, which oversees health coverage programs for over 100 million individuals. VA and DOD estimated that, for example, fiscal year 2011 spending for clinical preventive services was about \$576 million and \$1 billion, respectively.

Researchers, reports, and articles have indicated that some preventive health activities may result in cost savings—that is, the costs averted, such as medical costs to treat a disease or condition, exceed the cost of implementing it—and a number of preventive health activities, while not necessarily cost saving, may be cost-effective—that is, the activity provides good value at low cost relative to alternative activities. For example, according to one report that synthesized the results of three reviews, two clinical preventive services—counseling on the use of low-dose aspirin to reduce coronary heart disease and childhood immunizations—were considered to be cost saving. Researchers noted, however, that estimates of cost savings or cost-effectiveness are affected by multiple factors, such as how an activity is targeted. In addition, Centers for Disease Control and Prevention officials and others reported that a lack of key data may affect estimates of cost savings or cost-effectiveness and reported taking steps toward improving available information.

Data for international comparisons of countries' spending specifically for preventive health activities are not available. Instead, data available from the Organization for Economic Co-operation and Development (OECD) combine spending on certain preventive health activities—including community-oriented preventive health activities, such as vaccination programs—with spending on other public health activities, such as disease surveillance. On the basis of these data, the United States ranked 8th among 23 OECD member countries in the percentage of total health care spending reported for prevention and public health services. However, these data have limitations. For example, they do not include U.S. spending for preventive services provided in physicians' offices or hospitals in the public and private sectors.