

107TH CONGRESS
1ST SESSION

H. RES. 115

Expressing the sense of the House of Representatives concerning health promotion and disease prevention.

IN THE HOUSE OF REPRESENTATIVES

APRIL 4, 2001

Mr. GREEN of Texas (for himself, Mr. SANDERS, Mr. DICKS, Mr. BURTON of Indiana, Mr. BACHUS, Mr. HINCHEY, Mr. CLYBURN, Mr. DAVIS of Florida, Mr. WAMP, Mr. LAHOOD, Mr. PRICE of North Carolina, Mr. BLUMENAUER, Mr. HOLT, Mr. DOYLE, Mr. GORDON, Mr. MORAN of Virginia, Mr. WATKINS, Mr. WICKER, Mr. FRANK, Mr. KINGSTON, Ms. HOOLEY of Oregon, Mr. BOUCHER, Mr. LUTHER, Mr. EHLERS, Mr. CASTLE, Mr. SERRANO, Mr. BALDACCI, Ms. MCCOLLUM, Mr. UPTON, Mr. COYNE, Mr. MCINTYRE, Mr. CLEMENT, Mr. SNYDER, Mr. GREENWOOD, Mr. GONZALEZ, Ms. CARSON of Indiana, Mr. BRADY of Pennsylvania, Mr. DEUTSCH, Mr. CRAMER, Mr. BLAGOJEVICH, and Ms. SLAUGHTER) submitted the following resolution; which was referred to the Committee on Energy and Commerce

RESOLUTION

Expressing the sense of the House of Representatives concerning health promotion and disease prevention.

Whereas the New England Journal of Medicine has reported that modifiable lifestyle factors such as smoking, sedentary lifestyle, poor nutrition, unmanaged stress, and obesity account for approximately 50 percent of the premature deaths in the United States;

Whereas the New England Journal of Medicine has reported that spending on chronic diseases related to lifestyle and other preventable diseases accounts for an estimated 70 percent of total health care spending;

Whereas the Department of Health and Human Services has concluded that the health burden of these behaviors falls in greatest proportion on older adults, young children, racial and ethnic minority groups, and citizens who have less education and income;

Whereas business leaders in the United States have asserted that the economic burden of medical care diverts corporate resources from investments that could produce greater financial returns, and reduces the wages paid to employees;

Whereas the Office of Management and Budget reports that the medicaid and medicare programs consume an increasingly large portion of government funding;

Whereas the American Journal of Public Health reports that the financial burden of the medicare program will increase substantially as the population ages and increasing numbers of people are covered by that program;

Whereas a viable method to control medical care costs for the nation is to enhance the health of the American people and reduce the need for medical services;

Whereas the American Journal of Health Promotion reports that a growing research base demonstrates that lifestyle factors can be modified to improve health, improve the quality of life, reduce medical care costs, and enhance workplace productivity through health promotion programs;

Whereas the Health Care Financing Administration has determined that less than 5 percent of health care spending is devoted to the whole area of public health, and a very small portion of that 5 percent is devoted to health promotion;

Whereas significant additional work is required to develop the basic and applied science of health promotion;

Whereas additional research is required to clarify the impact of health promotion programs on long term health behaviors, health conditions, morbidity and mortality, medical care utilization and cost, as well as quality of life and productivity;

Whereas the Institute of Medicine has proclaimed that additional research is required to determine the most effective strategies at the individual, organizational, community, and societal level to create lasting health behavior changes, reduce medical utilization and enhance workplace productivity;

Whereas health promotion leaders proclaim that additional research is required to develop strategies to reach all groups with special attention focused on older adults, young children, racial and ethnic minority groups and citizens who have less education and income;

Whereas health promotion leaders proclaim that significant efforts are required to develop standardized management and clinical protocols for programs and to disseminate these protocols to scientists and practitioners in health care, workplace, school, and other community settings;

Whereas health promotion leaders proclaim that information on the benefits of health promotion programs must be

disseminated to policy makers in public and private sector settings;

Whereas health promotion leaders proclaim that significant efforts are required to develop programs to enhance life-style in school, workplace, health care, and other community settings;

Whereas investments in health promotion contributes directly to current efforts of Ending Health Disparities, the Leading Health Indicators, and Healthy People 2010; and

Whereas Research!America reports that most American citizens and scientists have shown strong support for increased investment in health promotion: Now, therefore, be it

1 *Resolved*,

2 **SECTION 1. SHORT TITLE.**

3 This resolution may be cited as the “National Health
4 Promotion Resolution of 2001”.

5 **SEC. 2. SENSE OF THE HOUSE OF REPRESENTATIVES.**

6 It is the sense of the House of Representatives that
7 the powers of the Federal Government should be
8 utilized—

9 (1) to enhance the science base required to fully
10 develop the field of health promotion and disease
11 prevention; and

1 (2) to explore how strategies can integrate life-
2 style improvement programs into national policy,
3 health care workplaces, families, and communities.

