Prevention Authority Concept Paper

John K. Roman[1] and Sharon Kingston[2]

In the social science and public health literatures, there is little controversy that evidence-based prevention practices can reduce costs and improve outcomes at the population-level as compared to current remediation-based public policy. There is also widespread agreement that prevention is insufficiently funded. The impediment to widespread adoption of cost-effective prevention practices is two-fold. First, two- and four-year election cycles prioritize short-term outcomes over distal outcomes. Second, partisan budget processes prioritize targeted outcomes over diffuse outcomes, since targeted outcomes create clear winners which are easily marketable in the political sphere. We propose an infrastructure solution to this problem, through the development of a blueprint to establish state, county and municipal Prevention Authority's to facilitate widespread adoption and implementation of demonstrated prevention strategies and concepts.

The Power and Challenge of Prevention

We define prevention to include policies, programs, practices, or other interventions that have been demonstrated through rigorous research and evaluation to effectively reduce risk conditions and/or increase protective factors related to the goals of society. The classic example of an effective prevention program is the vaccine, which are population-level interventions that target undifferentiated risk. As is generally true for prevention programs, the benefits of vaccinations are maximized when the vaccine reaches a sufficient prevalence that the so called 'herd immunity' protects even those few left unvaccinated. This logic can apply to early childhood education (public pre-school in the Perry Preschool model), human development such as pre- and peri-natal child and maternal health (following the Nurse Family Practitioner model), juvenile justice (as in the Multi-Systemic Therapy model) and education, public health, violence prevention and poverty.

By contrast, today's typical remediation-based public policy follows a one- or two-year funding sequence, with short-term renewal following reauthorization and cyclical appropriations. The key barrier to achieving population-level outcomes from this legacy policy architecture derive from its' implicit assumption that haphazard investments will somehow coalesce into an evidence-based strategy. A generation of trial and error in policymaking reveals that in order for prevention science-based practices to be scaled proportionate to the problems they address, intentional structures must be established with active, not passive engagement. Further, those structures must be boundary-spanning to break silos and facilitate transdisciplinary oversight and implementation.

How Does a Prevention Authority Work?

At the municipal, county and state levels, jurisdictions have overcome these barriers to developing and implementing long-term, population-level investments by removing *infrastructure* projects from operational budget cycles to capital budgeting. For most jurisdictions, it is conventional practice to create quasi-governmental 'Authorities' to manage infrastructure projects of this sort: common

[1] Dr. Roman is a Senior Fellow in the Economics, Justice and Society Center at NORC @ the University of Chicago and is the co-Chair of the National Prevention Science Coalition to Improve Lives.
[2] Dr. Kingston is an Associate Professor of Psychology at Dickinson College and is a member of the Board of the National Prevention Science Coalition to Improve Lives.

examples include housing, water and sewer, sports and entertainment, and transportation authorities. These authorities are authorized through conventional legislative processes, however, revenues are generally not appropriated in an annual or biannual budget cycle. Instead, authorities participate directly in capital markets, generally through the issuance of a public bond. Bondholders are generally compensated from dedicated revenue streams produced by the capital investments including rents (housing), tolls (transportation) and fees (water and sewer). Among many positive externalities of this financing architecture is the prioritization of projects and oversight under local control.

An Infrastructure Authority is typically authorized by an act of a state legislature, and given a defined mission, oversight, and fiduciary roles and responsibilities. The limits on what qualifies as an appropriate mission for a special Authority is determined by the legislative process and there appear to be few broad Constitutional restraints. There are countless examples of authorities that access capital markets through traditional debt-financing by municipal bond offerings. Of particular interest to the development of a Prevention Authority blueprint are analogs that seek to finance investments in people rather than brick and mortar 'capital' projects. The distinction is critical because investments in social infrastructure require new thinking about securitization—defining the mechanisms through which revenue is raised to compensate investors in the bond or other debt financing. Clearly, securitization of tolls on a new highway financed by municipal bonds issued by a Transportation Authority is a more straightforward funding mechanisms than a future stream of benefits from a healthier community.

Fortunately, innovation in this space abounds, particularly in the impact investment sector. Impact investing is broadly defined as a new financial sector with a double bottom-line goal of achieving social welfare outcomes will achieving profitability. The most notable example of an quasi-governmental 'Authority' in this space is the International Finance Facility for Immunization (IFFIm) which funds the Global Alliance for Vaccines and Immunisation (GAVI), a partnership of 11 nations and the World Bank and UN—worldwide, GAVI has immunized more than 700 million children. In the United Kingdom, the Big Society Trust was established by, but is independent of, the UK government, and manages Big Society Capital. Big Society Capital leverages a fund developed from unclaimed bank accounts to invest in evidence-based programs typically implemented by philanthropy.

There are numerous examples of unsuccessful efforts to fund prevention through more traditional mechanisms and the need for a Prevention Authority. In January of 2017, Philadelphia implemented a broad tax on soda ('the Philly Beverage Tax'), which has generated more than $60 million annually. The stated purpose was to fund prevention programs—early childhood education and community schools and to improve libraries and recreation centers across the city through the Rebuild Initiative. As of the fall of 2019, almost 70 percent of the revenue (over $116 million) collected from the Philly Beverage Tax remains unspent in the general fund, mainly due to partisan bickering. Despite evidence that the Beverage Tax has achieved at least one objective—reducing the consumption of sugar among poor children—the City Council is considering legislation to end the tax.

A prevention authority could provide a bridge between big evidence-based ideas and their solution. For example, the Surgeon General of California has called for screening of all children entering school to determine if their ACEs (Adverse Childhood Experiences) score obligates prevention services. The challenge is the cross-sector nature of a solution at the "true intersection of health care and education." Traditional approaches that blend or braid funding may help in procurement, but ultimately an infrastructure solution, such as a Prevention Authority, may prove to be a more sustainable solution.