

Public Health and Health Reform: A Chance for Transformation

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Overview

- What's in the new health reform law with a special focus on public health provisions
- How public health became a part of health reform
- Challenges associated with implementation: can public health meet the expectation of transformation?

Key Provisions: Clinical Prevention

- First dollar coverage of clinical preventive services
 - Over time in private insurance; immediate in Medicare and Medicaid
 - Annual wellness visit in Medicare
 - US Preventive Services Task Force and ACIP
 - “Essential Health Benefits” requirements
 - Tobacco cessation for pregnant women
- CHIPRA childhood obesity demonstration projects (\$25 million)

Key provisions: Health in All Policies

- National Prevention, Health Promotion and Public Health Council
 - Chaired by Surgeon General
 - HHS, USDA, ED, FTC, DOT, DOL, DHS, EPA, ONDCP, DPC, Asst. Secretary for Indian Affairs
 - Others: VA, DOD
- National Prevention and Health Promotion Strategy
 - Due March 23, 2011

Real money through mandatory appropriations

- Prevention and Public Health Fund: \$15 billion over 10 years (permanent authorization at \$2 billion a year)
 - Supports new and existing prevention and public health programs, including Community Transformation Grants
 - \$500 million available immediately; \$750 million available in October
 - Separate fund for Community Health Centers (\$11 billion over 5 years)

Purpose of the Fund: Non-clinical prevention

- “Typically prevention and public health initiatives are subject to unpredictable and unstable funding. This means that important interventions...often go unfunded from one year to the next. The prevention and public health fund in this bill will provide an **expanded and sustained national investment** in programs that promote physical activity, improve nutrition, and reduce tobacco use. We all appreciate that checkups and immunizations and other clinical services are important. But this bill also recognizes that **where Americans live and work and go to school also has a profound impact on our health.** This is the very first opportunity in a generation – one that may never return – to **invest in modernizing the public health system.**” (Senator Harkin, December 21, 2009, Congressional Record, pp. S13661-62.)

How should this be implemented?

- Community prevention
- Public health infrastructure/capacity
 - New skills associated with policy change and community prevention
 - Accreditation
- Building the evidence base
 - Community Guide and USPSTF
 - Public Health Services and Systems Research
- Workforce

What is community prevention?

- Interventions that promote healthy environments and behaviors – making it easier for people to make healthy choices, such as:
 - Changing community norms and empowering communities
 - Coalition and social network building
 - Social marketing campaigns
 - Changing the physical and social environments
 - Organizational practices and governmental policies
 - Facilities and programs
 - Walkability – lighting, sidewalks, signs;
 - Access to healthy foods
 - Increasing individual knowledge and skills

True community-based prevention

- Community Transformation Grants
 - Requires detailed plan for policy, environmental, programmatic and infrastructure changes to promote healthy living and reduce disparities
 - Create healthier school environments, including healthy food options, physical activity opportunities, promotion of healthy lifestyles
 - Develop and promote programs targeting increased access to nutrition, physical activity, smoking cessation and safety
 - Highlight healthy options at restaurants and food venues
 - NOT limited to chronic diseases or one disease at a time
 - NOT \$7 billion for jungle gyms

Opportunity to think across stovepipes

- Physical activity and youth
 - Obesity, depression, sexual risk, educational performance
- Alcohol taxes
 - Alcoholism, motor vehicle accidents, domestic violence, STDs

Workforce (Authorizations)

- ❑ Loan repayment program for public health workers
- ❑ Training for mid-career public health workers
- ❑ Fellowships
- ❑ Epidemiology-Lab Capacity Grants
- ❑ Elimination of cap on Commissioned Corps
 - Establishment of a Ready Reserve
- ❑ Grants for community health workers

Nutrition Labeling

- National standards by March 23, 2011 set by the FDA
- Applies to chain restaurants (20 or more locations)

How did prevention – esp. community prevention -- become so important?

- Coverage is important, but what surrounds (or precedes) coverage is also important
 - Achieving good health outcomes requires healthy communities, not just healthy individuals
- Drivers of health care costs (chronic disease) can often be effectively *prevented* in the community as opposed to *managed* in the health care setting
 - Reducing costs as a critical policy outcome
- Disparities in chronic diseases related to disparities in the “health” of communities
 - Poverty, race/ethnicity and obesity
 - Poor communities provide less support for healthy lifestyles (food, physical activity)

Education of policy makers about public health capacity

- Public health infrastructure is no longer a dirty word
- Post-9/11, H1N1 experience, desire to see community prevention – together highlighted the need to invest in capacity
 - In return: expectation of minimum capacity across the country

Prevention for a Healthier America

ISSUE REPORT

Prevention for a Healthier America:

INVESTMENTS IN DISEASE PREVENTION
YIELD SIGNIFICANT SAVINGS,
STRONGER COMMUNITIES



JULY 2009
PREVENTING EPIDEMICS.
PROTECTING PEOPLE.



Trust for America's Health
WWW.HEALTHYAMERICANS.ORG



Prevention for a Healthier America: Financial Return on Investment?

With a Strategic Investment in Proven Community-Based Prevention Programs to Increase Physical Activity and Good Nutrition and Prevent Smoking and Other Tobacco Use

INVESTMENT:	\$10 per person per year
HEALTH CARE COST NET SAVINGS:	\$16 Billion annually within 5 years
RETURN ON INVESTMENT (ROI):	\$5.60 for every \$1

Public health spoke with unified voice

- Pillars for public health in health reform:
 - Universal coverage, including first \$ coverage of clinical preventive services
 - National Prevention Strategy
 - Reliable funding stream through creation of a Trust Fund (mandatory appropriation) to support:
 - Core public health functions
 - Community prevention
 - Public health workforce
 - Public health and prevention research

A natural experiment

- American Recovery and Reinvestment Act
 - \$650 million for Communities Putting Prevention to Work
 - Congressional mandate that programs be evidence based
 - Focus on policy and structural change in smoking, physical activity, and nutrition
 - Major investment in evaluation and technical assistance
 - Perceived as “down payment” on health reform

Public health is more than governmental public health

- Community prevention grants make government public health the convener – building coalitions, advocating for new policies and structures
 - Implementation may depend on a broad range of players
 - Moving beyond the stovepipes to addressing determinants of health; reducing risk-taking behavior
- Increased emphasis on Community Guide and US Preventive Services Task Force
 - Evidence-based or science-informed programs and policies

How public health relates to the health care system will change

- Health Information Technology
 - Opportunity to rethink how surveillance is done
 - Opportunity to expedite analysis of large sets of outcome data
 - Opportunity for public health to use its surveillance and epidemiology expertise to hold the reformed system accountable
- What does surveillance mean in an era where policy and community prevention are central?
- Coverage of key preventive services
 - Mandated coverage of all USPSTF A and B recommendations
 - Mandated coverage of all ACIP immunizations
 - What does this mean for direct delivery of care by public health agencies?
 - Where is the best place to deliver this care?
- Role of health departments in holding the health care system accountable

Does the public health workforce need different or enhanced skills?

- How do we provide skills to the existing workforce that reflects the new responsibilities under health reform?
 - Building coalitions for community prevention
 - Advocating for policy and structural change
 - Convening across government agencies
 - Using new data available through HIT to better define and improve the health of communities

If health reform is about health...

- Focus on building healthier communities
 - To prevent disease
 - Create a social and structural environment that makes clinical prevention and disease management more successful
- Greater funding creates higher expectations of success and new levels of accountability

For further information

- www.healthyamericans.org/health-reform
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Questions?
