Transforming Public Health: Health Reform and the National Prevention Strategy

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Overview

- Affordable Care Act pushes for transformation in how we think about prevention, public health, and health care – together and individually
- National Prevention Strategy as a guidepost for a Health in All Policies approach
- Specific initiatives guided by ACA and NPS
- A new way of thinking about health?
Nothing less than transformation

- US life expectancy rates among lowest in developed world
- US health care costs are highest in the world
- Current focus is on sick care
- Prevention has been seen as biomedical
  - Our biggest problems – from HIV to obesity – haven’t had biomedically-based solutions…and we shouldn’t be waiting for them
  - Need to think about context of choice and risk
    - What are structural solutions rather than biomedical or strictly behavioral ones

But health happens outside the clinic

- Primary and secondary prevention have clinical and community components
- If we are going to contain costs – and that’s what so much of reform is about – we need to address the biggest cost drivers – tobacco and obesity
- Health doesn’t happen by addressing one disease at a time
- This requires mobilizing all sectors and all parts of the government…health is not just created by health departments
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

<table>
<thead>
<tr>
<th>INVESTMENT:</th>
<th>$10 per person per year</th>
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<tr>
<td>HEATH CARE COST NET SAVINGS:</td>
<td>$16 Billion annually within 5 years</td>
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<td>RETURN ON INVESTMENT (ROI):</td>
<td>$5.60 for every $1</td>
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Bending the Obesity Cost Curve

This is about length and quality of life AND money ($158 billion by 2022)
National Prevention Council: Setting a Larger Table -- Policy Matters

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<tr>
<th>Bureau of Indian Affairs</th>
<th>Department of Labor</th>
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<td>Corporation for National and Community Service</td>
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<td>Department of Housing and Urban Development</td>
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The National Prevention Strategy

- Extensive stakeholder and public input
- Aligns and focuses prevention and health promotion efforts with existing evidence base
- Supports national plans (including disparities)
National Prevention Strategy

- Announced in June 2011
- Product of participation of all 17 federal agencies
- Weaving prevention into all aspects of life
- Recognizing a role for all public and private stakeholders

National Prevention Strategy: Vision

Working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness.
Healthy and Safe Community Environments

- Clean air and water
- Affordable and secure housing
- Sustainable and economically vital neighborhoods
- Make healthy choices easy and affordable
Clinical and Community Preventive Services

- Evidence-based preventive services are effective
- Preventive services can be delivered in communities
- Preventive services can be reinforced by community-based prevention, policies, and programs
- Community programs can promote the use of clinical preventive service (e.g., transportation, child care, patient navigation issues)

Empowered People

- People are empowered when they have the knowledge, resources, ability, and motivation to identify and make healthy choices
- When people are empowered, they are able to take an active role in improving their health, supporting their families and friends in making healthy choices, and leading community change
Elimination of Health Disparities

- Health outcomes vary widely based on race, ethnicity, socio-economic status, and other social factors.
- Disparities are often linked to social, economic or environmental disadvantage.
- Health disparities are not intractable and can be reduced or eliminated with focused commitment and effort.

Priorities

- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Mental and Emotional Well-being
- Reproductive and Sexual Health
- Injury and Violence Free Living

Five Causes Account For 66% of All Deaths

- Heart Disease: 27%
- Cancer: 23%
- Chronic Lower Respiratory Disease: 6%
- Stroke: 5%
- Unintentional Injuries: 5%

NPC Action Plan – June 2012

- All agencies will:
  - Identify opportunities to consider prevention ad health within their departments
  - Increase tobacco free environments
  - Increase access to health affordable food
    - Encourage partners to do the same
- Each agency now developing own implementation plan

Diffusion of the NPS

- State and local initiatives
  - Plans, councils
- Guidance for private sector initiatives
  - Catholic Health Association
  - Pacific Business Group on Health
Prevention and Public Health Fund

- **Prevention and Public Health Fund**: now $12.5 billion over next 10 years (reaching full $2 billion level in FY2022)

Prevention Fund: Broad support from multiple sectors

- Over 760 local, state and national organizations, including hundreds of traditional public health groups, but also:
  - Unions – AFT, SEIU, AFSCME
  - Medical providers – American Academy of Pediatrics, American College of Cardiology, American Nurses Association, National Association of School Nurses
  - National advocacy groups – AARP, USPIRG, Families USA
  - Policymakers – US Conference of Mayors, National Association of Counties
  - Faith-based groups – National Council of Jewish Women, United Church of Christ, Ascension Health, Justice and Witness Ministries
1 in 3 Americans are reached by Community Transformation Grants (CTGs)

$900 million over 5 years

- Building capacity to implement evidence- and practice-based policy, environmental, programmatic, and infrastructure changes to prevent chronic disease
- Supporting implementation of interventions across five broad areas:
  - Tobacco–Free Living
  - Active Living and Healthy Eating
  - Community-Clinical and Other Preventive Services
  - Social and Emotional Wellness
  - Healthy and Safe Physical Environment

CTG Implementation Awards (35) and Capacity Building Awards (26)

- Providing sub-awards across multiple sectors in local communities
- Implementing broad, sustainable strategies to achieve population-wide health improvements
- Reducing disparities in access to/use of
  - healthy environments
  - preventive and other health care services
- Expanding the evidence base
Community Transformation Grants: Multi-sectoral partnerships

- Over 68% of CTG implementation funds ($63.1 million) will be sub-awarded to targeted local partners across many sectors. Approximately:
  - 45% of targeted partners are community-based organizations
  - 20% of targeted partners are from the education sector
  - 7% of targeted partners represent non-health state and local government agencies
  - 5% of targeted partners are local affiliates of national organizations

CTG National Networks: Acceleration Grants

- **Goal:** Extend CTGs’ proven, evidence-based strategies across the nation
  - Engaging community members across multiple sectors
  - Focusing on rural and frontier communities that face major barriers to better health
  - Accelerating impact through sub-awards to at least 45 local organizations

- **Network Partners:**
  - The Y (YMCA of the USA)
  - American Lung Association
  - National REACH Coalition
CTG Clinical Approaches to Improving the Health of the Community

Selected examples, with projected outcomes by 2016

- Use of community health workers to improve care
  - Select Awardees: Douglas County, San Francisco, Denver and Vermont

- Improving health information technology and increasing uptake of electronic health records
  - Select Awardees: New York City and Austin, TX

- Promoting standardized quality measures with health care systems
  - Select Awardees: Massachusetts, Minnesota and Tacoma Pierce, WA

- Coordinated and team-based care
  - Select Awardees: Louisville, KY and Broward Co., FL

Early Progress: Public-Private Partnerships

Massachusetts Department of Public Health

- Multi-sectoral CTG Coalition successfully leveraged additional funds for Massachusetts communities.

- Partners HealthCare provided 4-year gifts of about $240,000 each to four cities to expand the number of communities participating in Mass in Motion (Salem, Lynn, Chelsea, and Revere).

- Mass in Motion is a CTG-supported initiative to address obesity and promote healthy living through community driven efforts.
Early Progress: Public-Private Partnerships

California Community Transformation Initiative (CACTI)

- The California Endowment made a $1 million dollar statewide investment with two components:
  - Add up to 5 new counties to engage in activities aligned with CTG and CACTI Strategic Directions
  - Build a statewide CTG learning community to share best practices, coordinate media and messaging and evaluation strategies, and disseminate expertise to all California counties
- CACTI Leadership Council expanded to include partners who represent rural and agricultural communities (Sierra Health Foundation, California Rural Hospital Assoc., etc.)

CTG National Evaluation Plan

Components of CTG Evaluation Plan:

- **Performance Monitoring** – tracks progress on objectives and milestones, and potential and actual reach of CTG strategies
- **Population-Level Surveillance** – measures behavioral risk factors and indicators for a range of age and target population groups
- **Cost Studies** – collect and analyze cost data for funded communities aligned with the CTG Strategic Directions
- **Enhanced Evaluation Studies** – assess the actual and projected impact of specific CTG strategies on health outcomes
Other ACA opportunities

- Center for Medicare and Medicaid Innovation
  - “integrator function”
  - Non-traditional services/providers
- IRS Community Benefit requirements
- Accountable Care Organizations, Medical Homes, Health Homes

Community Benefit: Continuum of Collaboration

- Informal Discussion
- Collaborative Projects
- Coordinated Implementation Strategy
- Independent Entity w/ Shared Governance
Improving Population Health Outcomes Depends on Transforming the Health System to Coordinate and Integrate Primary Care, Public Health, and Community Prevention Efforts

- Incentives for providers to achieve pop. health outcomes and improve quality
- Incentives for plans/ACOs to address population health outcomes
- Funding mechanisms that enable braiding of financing streams
- Primary care & team based care
- Patient assessments include personal data and SDOH regarding patients’ homes and communities
- Quality improvement
- Leveraging, linkages, and referrals to community resources
- Data collection & EHRs contribute to community health data base
- Coordination with community health outreach workers
- Chronic disease mgmt

- Interventions at the intersection of primary care, public health, and the social determinants of health require:
  - Common agendas and goals
  - Shared responsibility
  - A compelling story
  - Partnerships and collaboration
  - Leadership and Integrators
  - Data
  - Financing systems
  - Accountability mechanisms

- Policy leadership on programs and policies that improve community health
- Community health assessments
- Educating policymakers, agencies, and stakeholders regarding pop. health
- Population health data tracking and analytic tools

- Social and support services
- Disease prevention and management programs
- Outreach and referral to clinicians
- Education, including health education
- Coalitions and advocacy to address SDOH
- Chronic disease mgmt

- Public policy is a critical lever to support all of these activities

Improved Population Health, Health Outcomes, and Lower Costs (Triple Aim)

Partners, Accountable Care Community

- Accountable Care Community
- Health System
- Northeast Ohio Medical University
- The University of Akron
- Akron Children’s Hospital
- Public Health
- CDC
- Austen Bi创新

To make healthy living easier
Collaborative partnerships leverage multi-sector resources to improve community health. **Benefits of partnership:**

- Addresses broad range of issues with greater breadth and depth
- Coordinates services and prevents redundant efforts
- Increases public support
- Allows individual organizations to influence community on a larger scale
- Includes diverse perspectives
- Strengthens connections between existing resources
- Provides shared frame of inquiry for community health concerns

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**The path forward**

- Health is created through many mechanisms
  - Public health leads and guides…but doesn’t always “do” what creates health

- The health care cost challenge is an opportunity to think globally
  - But it means making are case very differently

- Integrator vs. Integration
  - Can we imagine a world where many public health functions are no longer needed?