Prevention and Health Reform: Bringing Health to Where We Live, Learn, Work, Pray and Play

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The Road to Health

- The Affordable Care Act recognizes that health means more than the absence of disease and that every part of our life must be focused on creating health
 - Clinical preventive services like vaccines and screenings
 - Each of us as individuals has a responsibility to be as healthy as we can be
 - That requires all parts of society assuring that the healthy choices become the easy choice

What's weighing us down

- Chronic diseases like diabetes, heart disease, and cancer are the biggest causes of disability, days lost at work, lower quality of life and high health costs
- We can manage these diseases in the doctor's office – or we can prevent them in the community (and also manage them)
 - Physical activity, nutrition, smoking

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
HEATH CARE COST NET SAVINGS:	\$16 Billion annually within 5 years
RETURN ON INVESTMENT (ROI):	\$5.60 for every \$1

How do we make the healthy choice the easy choice?

- Individuals, communities, schools, faith institutions, employers must help to assure:
 - We have the information we need
 - We can access healthy foods
 - We can find safe places to play and exercise
 - We promote smoke free environments
 - We create a culture of health



First dollar coverage of clinical preventive services

- For Medicare and most individual health plans (and many groups as well), over time we all can access certain preventive screenings and tests (mammograms, colonoscopies, etc.) without having to pay – no copayments, no deductibles.
- All of the recommended* preventive services must be provided without cost-sharing when delivered by an innetwork provider in the "new" plans that begin on or after September 23, 2010.
- For recommendations that have been in effect for less than one year, plans and issuers will have one year from the effective date to comply.

^{* -} Only services that receive grades of A or B must be provided without cost-sharing. More information is available at www.healthcare.gov.

Community Transformation Grants (CTG's)

- A major new investment in community prevention.
- Authorized by the Affordable Care Act.
- Financed by the Prevention and Public Health Fund.

Purpose:

Support evidence- and practice-based community and clinical prevention and wellness strategies to address the leading causes of chronic disease, including:

- > Tobacco use
- ➤ Obesity
- > Poor nutrition



CTG National Goals

- Five year, measurable performance goals:
 - Reduce death and disability due to tobacco use by 5%;
 - Reduce the rate of obesity through nutrition and physical activity interventions by 5%;
 - Reduce death/disability due to heart disease and stroke by 5%.



CTG: Community Engagement

- Awarded competitively, based on proposals
- Available to state and local agencies, nonprofits, national networks of community based organizations, and American Indian/Alaska Native tribal and territorial organizations.
- At least 20% of CTG program funding must go to community prevention programs in rural and frontier areas.
- Applicants must: define concrete, achievable targets for meeting prevention goals in their community and describe specific objectives to reduce health disparities.
- Demonstrate ability to coordinate with multiple community sectors (such as transportation, education, health care delivery, faith-based, agriculture and others) to achieve broad-based participation in targeted community prevention efforts.

CTG: Funding and What's Ahead

- Approximately \$103 million in prevention funding has been awarded to 61 <u>states and</u> <u>communities</u> serving approximately 120 million Americans
- Funding is part of mandatory Prevention and Public Health Fund



CTG: Current Grantees

- Alaska: Southeast Alaska Regional Health Consortium
- <u>California</u>: County of San Diego Health and Human Services Agency, Los Angeles County Department of Public Health, San Francisco Department of Public Health and Public Health Institute
- <u>Colorado:</u> Denver Health and Hospital Authority
- Florida: Broward Regional Health Planning Council
- <u>Illinois</u> Department of Public Health
- Iowa Department of Public Health
- Kentucky: Louisville Metro Department of Public Health and Wellness
- Maine Department of Health and Human Services
- Maryland Department of Health and Mental Hygiene
- Massachusetts Department of Public Health (to serve state minus large counties) & Massachusetts Department of Public Health (to serve Middlesex County)
- Michigan: Sault Ste Marie Tribe of Chippewa Indians
- Minnesota: Hennepin County Human Services and Public Health Department & Minnesota Department of Health
- Missouri: Mid-America Regional Council Community Services Corporation
- Montana Department of Public Health and Human Services
- Nebraska: Douglas County Health Department
 New Mexico Department of Health

- New York: The Fund for Public Health in New York & University of Rochester Medical Center
- North Carolina Division of Public Health
- Oklahoma City-County Health Department
- Pennsylvania: Philadelphia Department of Public Health
- South Carolina Department of Health and Environmental Control
- South Dakota Department of Health
- <u>Texas</u>: City of Austin Health & Human Services Department
 & Texas Department of State Health Services
- Vermont Department of Health
- Washington: Tacoma-Pierce County Health Department & Washington State Department of Health
- West Virginia Bureau for Public Health
- Wisconsin: University Health Services, University of Wisconsin-Madison



CTG – Capacity Building Grantees

- Alaska: Yukon-Kuskokwim Health Corporation
- California: County of Kern, Public Health Services Department, Fresno County Department of Public Health, Stanislaus County Health Services Agency, Toiyabe Indian Health Project, Ventura County Public Health and Sierra Health Foundation
- Connecticut Department of Public Health
- Georgia: Cobb Public Health
- Kentucky: Unlawful Narcotics Investigation Treatment Education, Inc.
- Louisiana Department of Health and Hospitals
- Michigan: Spectrum Health Hospitals
- Mississippi: My Brother's Keeper Inc.
- New Jersey Prevention Network
- New Mexico: Bernalillo County Office of Environmental Health
- North Dakota Department of Health
- Ohio: Austen BioInnovation Institute and Public Health-Dayton and Montgomery County

- Pennsylvania: Lancaster General Health
- Texas: Houston Department of Health & Human Services
- Utah Department of Health
- Virginia: Fairfax County Department of Neighborhood and Community Services
- Washington: Confederated Tribes of The Chehalis Reservation & Sophie Trettevick Indian Health Center
- Wisconsin: Great Lakes Inter-Tribal Council, Inc.
- Ulkerreuil A Klengar (Republic of Palau)

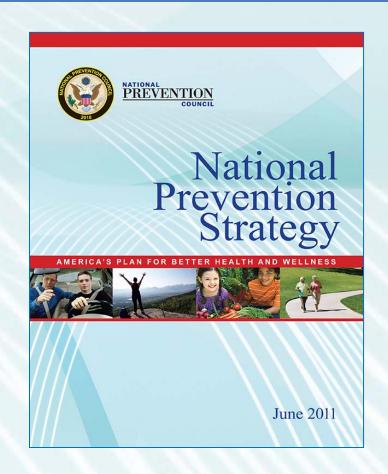
More information is available at:

http://www.cdc.gov/communitytransformation/



Bringing it all Together: The National Prevention Strategy

- Extensive stakeholder and public input
- Aligns and focuses prevention and health promotion efforts with existing evidence base
- Supports national plans



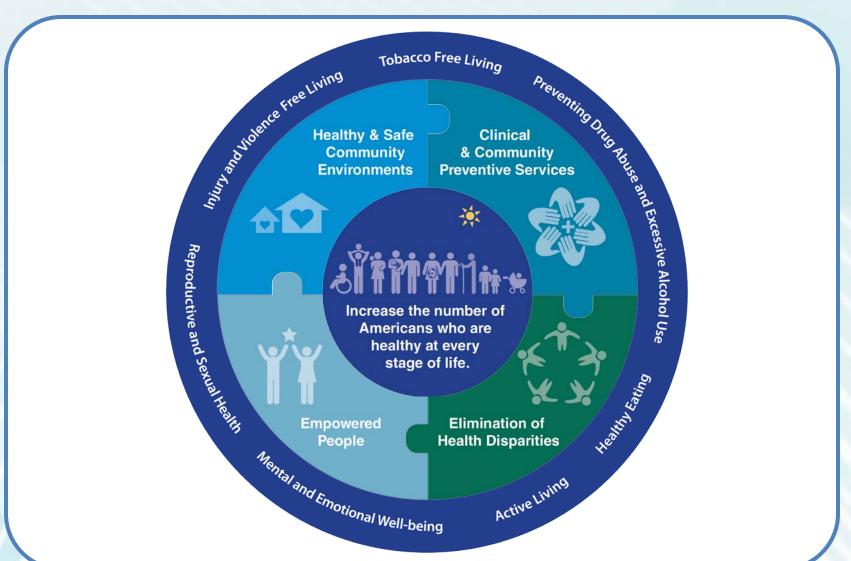
National Prevention Council

Bureau of Indian Affairs	Department of Labor
Corporation for National and Community Service	Department of Transportation
Department of Agriculture	Department of Veterans Affairs
Department of Defense	Environmental Protection Agency
Department of Education	Federal Trade Commission
Department of Health and Human Services	Office of Management and Budget
Department of Homeland Security	Office of National Drug Control Policy
Department of Housing and Urban Development	White House Domestic Policy Council
Department of Justice	

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.

National Prevention Strategy



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

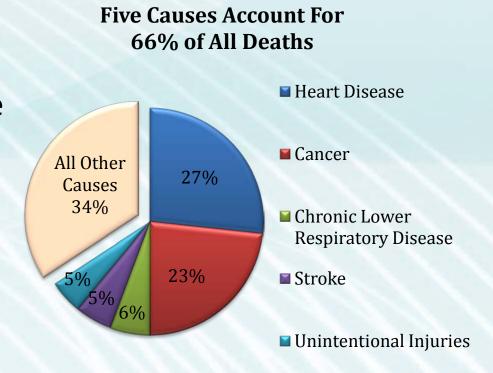
Elimination of Health Disparities

- 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



Source: National Vital Statistics

Report, CDC, 2008

A role for everyone: Faith-Based Groups

Community, Non-Profit, and Faith-Based Organizations can:

- Empower individuals and their families to develop and participate in health protection and health promotion programs through neighborhood associations, labor unions, volunteer/service projects, or community coalitions.
- Identify and help connect people to key resources (e.g., for health care, education, and safe playgrounds).
- Support and expand continuing and adult education programs (e.g., English language instruction, computer skills, health literacy training).

Thank You!

For more information:

www.healthyamericans.org

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