



Transforming Health: Integrating Prevention in Reform Efforts

SOLUTIONS-ORIENTED CONVERSATIONS IMPROVING HEALTH POLICY

Passage of the 2010 federal health reform law (the Affordable Care Act, or ACA) provides unparalleled new opportunities for health care and public health in the United States. While much attention has focused on the critical reforms to expand coverage, protect patients, and make health care more affordable, the federal law also makes an unprecedented and substantial commitment to prevention and public health. Dedicated resources will support an upstream approach to address the underlying determinants of health. These investments are vital in helping to control the rising cost of chronic disease by building a coordinated, comprehensive prevention approach to keep individuals and communities healthy and safe.

Prevention promotes healthy behaviors and environments and reduces the likelihood of an incident, condition, or illness occurring. A healthy population is more productive and reduces the burden on health and social service systems. Proven community prevention programs show a savings of \$5.60 for every \$1 invested.¹

Prevention in Health Reform

Spending on prevention has historically been around three percent of total health care expenditures and is expected to increase, both for clinical preventive services and community-based prevention programs. To keep people healthier and reduce the need for medical care, the federal government will dedicate \$15 billion over the next 10 years to prevention through the ACA, beyond what is covered through insurance. Figure 2² shows a timeline for implementation of key prevention provisions through 2014, including:

- A dedicated Prevention and Public Health Fund with a \$500 million investment in fiscal year 2010, increasing to \$2 billion/year beginning in fiscal year 2015, to support community and clinical prevention (see Figure 1).³
- Community Transformation Grants designed to help local communities implement, evaluate, and disseminate evidence-based community preventive health activities designed to reduce chronic disease, address inequities, prevent

“Prevention holds the promise of improving health and quality of life while lowering health care costs, even before universal coverage begins in 2014.”⁴

— Jeff Levi, PhD, Trust for America's Health, 2010

- the development of secondary conditions, and develop a stronger evidence base of effective prevention programming.
- A National Prevention, Health Promotion and Public Health Council, chaired by the U.S. Surgeon General, to coordinate federal prevention, wellness, and public health activities and prepare an annual report describing a National Prevention and Health Promotion Strategy.
- A requirement that health plans provide coverage without cost-sharing for evidence-based preventive services, routine immunizations for all age groups, and additional recommended preventive care and screenings for children and women enrolled in their individual and group plans.⁵
- Coverage under Medicare for an annual wellness visit that includes a comprehensive health risk assessment and a personalized prevention plan with appropriate referrals.

Figure 1: The Prevention and Public Health Fund, 2010-2019

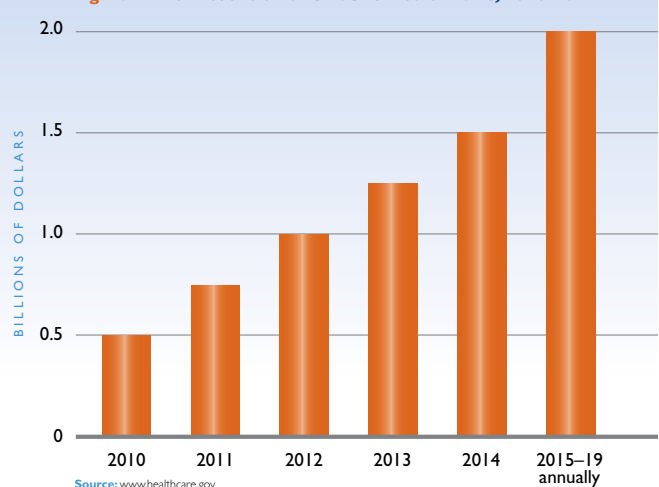


Figure 2: Major Prevention Components of the Affordable Care Act

2010

- Release of \$500 million to the Prevention and Public Health Fund.
- National Prevention, Health Promotion and Public Health Council to be established.
- Prevention and Public Health Stakeholder Advisory Group to be created.
- All new health plans required to cover proven preventive services without cost-sharing.
- \$25 million childhood obesity demonstration project funding begins.

2011

- National Prevention, Health Promotion and Public Health Strategy to be released.
- Medicare coverage of proven preventive services without cost-sharing begins.
- Medicare begins covering an annual wellness visit and a personalized prevention plan without cost-sharing.
- \$100 million appropriated for Medicaid incentive programs for prevention of chronic diseases.
- Secretary of Health and Human Services (HHS) to issue proposed regulations for nutrition labeling of standard menu items at chain restaurants.
- National Health Care Workforce Commission begins reporting to Congress and the Administration on workforce issues, including public health workforce capacity.
- Secretary of HHS to provide guidance to states and health care providers on preventive and obesity-related services available to Medicaid enrollees.

- Changes in Medicaid—expanded coverage of clinical preventive services, immunizations, and tobacco cessation services for pregnant women; and grants to states to implement and assess incentive programs that increase healthy behaviors among Medicaid beneficiaries.
- Programs to create healthier communities such as grants to small businesses to implement and evaluate comprehensive workplace wellness programs.

More details on the prevention provisions of the ACA are available at <http://www.healthcare.gov/center/regulations/prevention.html>. Some of the activities specified in the Act have appropriations associated whereas other activities are authorized but not appropriated; implementation of these latter provisions depends on the availability of funding.

What Works: Building the Evidence Base

Many efforts are underway to build a stronger evidence base for prevention. At the national level, two expert task forces review evidence and make recommendations to help inform and shape services, programs, and policies that address the causes of disease. The *U.S. Preventive Services Task Force* (USPSTF) reviews clinical preventive health care services and develops recommendations for primary care clinicians and health systems.⁶ The *Community Preventive Services Task Force* has developed the *Guide to Community Preventive Services*, a free online resource describing programs and policies that are systematically reviewed and found to improve health and prevent disease in communities.

Building Healthy Communities in California

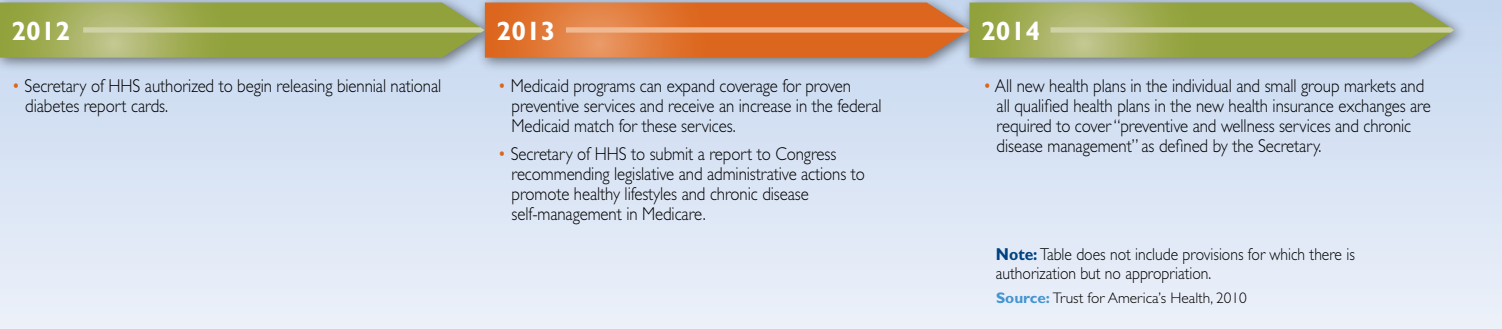
The California Healthy Cities and Communities program promotes an inclusionary, systems approach to improving community health. During the past 20 years, it has become the largest, longest running statewide program of its kind in the nation, involving more than 75 California cities and communities. Over \$43 million has been leveraged (combined dollars and in-kind support) for a return on investment of 8:1, and many programs have won state and national acclaim.

The City of Escondido, a vibrant, diverse urban community with a large Latino population, has an extensive network of neighborhood groups, primarily in under-resourced areas, and has organized to address issues of concern to residents. The *Cosecha Nuestra* (“Our Harvest”) program was created to address the lack of open space for gardening and recreation in apartment complexes for residents in South Escondido, an economically disadvantaged neighborhood. *Cosecha Nuestra* established a Community Nutrition Council that acquired land for two community gardens, which have provided an abundance of fresh fruits and vegetables from over 218 garden plots involving 600 Escondido residents. Other results included the development and opening of a greenhouse to support year-round gardening, and approval of a no-cost water policy for gardens on city property.

Building on the success of these gardens, Escondido’s Adopt-A-Lot Program allows residents, neighborhood groups, and organizations to qualify for a special no-fee City permit and land-use approval process when they “adopt” public or private vacant land on a temporary basis. This was the first municipal policy in the country to allow interim use of public and private land for community gardens and recreation. For more information, visit the website of the Center for Civic Partnerships, a program of the Public Health Institute, at www.civicpartnerships.org

References

- 1 *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*, Trust for America’s Health, July 2008.
- 2 H.R. 3590, The Patient Protection and Affordable Care Act (PPACA) Prevention and Public Health Implementation Timeline, Trust for America’s Health, http://healthyamericans.org/assets/files/TFAH_Timeline_March2010.pdf
- 3 For FY2010, \$250 million of the Prevention and Public Health Fund was allocated to community and clinical prevention, public health infrastructure and training, and research and tracking. The remaining \$250 million was allocated for a one-time investment in primary care workforce development. www.healthcare.gov
- 4 “Prevention and Public Health Fund to Jumpstart Community-Based Prevention Programs,” Press Release from Trust for America’s Health, June 18, 2010, <http://healthyamericans.org/newsroom/releases/?releaseid=215>.
- 5 Additional preventive care and screenings include those identified in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).
- 6 The Affordable Care Act mandates coverage of preventive services that the USPSTF recommends.
- 7 *Summary of Health Policy Symposium on “The Challenge of Implementing Health Reform”*, Partnership for Prevention, June 24, 2010, <http://www.prevent.org/Newsroom/?id=120>.



Across California, a variety of organizations are implementing and evaluating community prevention programs to help build the evidence base. Examples of two prevention efforts that could be disseminated more broadly and would benefit from investment of prevention funds, in part through the Community Transformation Grants authorized in the ACA, are highlighted as case studies (see breakout boxes).

Effective and sustainable community prevention programs:

- Seek social and health equity by addressing the determinants of health and safety
- Are comprehensive in approach and focus on policy, environmental, and systems change
- Involve collaboration across fields and areas of expertise
- Emphasize community engagement, ownership, and leadership
- Encourage and build on innovation
- Work to change societal norms
- Incorporate communications to show value

“Health reform, by itself is not transformative... We must be bold enough to use new prevention funding in ways that can help organize communities for health.”

— Robert J. Gould, PhD, Partnership for Prevention, 2010

Policy Recommendations

The following recommendations focus on ways to improve the health of all Californians, with an emphasis on creating healthy communities by seizing opportunities available through federal funding for prevention, health care delivery system reform, and health information technology. They are made in the context of a policy principle that reflects a multi-sector, multidisciplinary approach: *Embrace the concept of health and equity in all policies.*

Addressing the Intersection of Violence and Physical Activity in Chula Vista

Communities across the country are grappling with the intersection between violence and lack of access to physical activity and healthy food environments. When people do not feel safe in their communities, they are less likely to access local parks, public transportation, and healthy food outlets; violence also can discourage community investments such as grocery stores. Health practitioners and advocates are becoming increasingly aware of the need to address violence as a critical part of efforts to promote community health.

Chula Vista, located between San Diego and the Mexican border, is a culturally rich and diverse community. However, factors such as lack of educational opportunity and poverty have impacted western Chula Vista, which has some of the highest rates of youth violence and obesity in California. In early 2010, a team of community advocates in western Chula Vista began work as part of a pilot program, funded by the Convergence Partnership and coordinated by Prevention Institute. Chula Vista’s initiative integrates safety strategies into efforts to promote physical activity and focuses on:

- Building a sustainable working relationship among partners, including community based organizations, law enforcement, the health department, and local youth
- Increasing community capacity and engaging residents in advocating for safe public spaces for physical activity
- Influencing infrastructure and landscaping improvements, including increased lighting and the integration of culturally-appropriate designs in public venues

These innovative, cross-cutting strategies are taking community prevention to the next level—fostering safe, healthy, and equitable communities for all. Learn more by visiting Prevention Institute’s webpage at <http://preventioninstitute.org/emerging-issues/linking-safety-and-chronic-disease-prevention.html>

- 1. Leverage federal dollars to improve the health of Californians.** The focus on prevention in health reform provides an opportunity to leverage new and existing funding streams to improve the health of individuals and

communities. Resources provided through the Prevention and Public Health Fund should be integrated closely with federal stimulus funds already invested in the Communities Putting Prevention to Work program through the American Recovery and Reinvestment Act of 2009 as well as with other existing funding from the Department of Health and Human Services and the United States Department of Agriculture intended to support health promotion, nutrition education, and obesity prevention. By securing and using these funds across programs to support upstream prevention activities that create healthier communities (e.g., through Community Transformation Grants), there is the potential for all Californians to become healthier and for reduced health care costs. In addition, the State should maximize public/private partnerships to ensure that funds are made available to support community interventions in a timely, cost-effective manner.

2. Assure that federal and state health care reform efforts bolster community prevention. Funding through the ACA will support various health care delivery system reforms. State health insurance exchanges should only include qualified health plans that emphasize wellness and prevention benefits. Accountable care organizations (ACOs) responsible for the quality, cost, and overall care of members should ensure that eligible members receive wellness and prevention services. Efforts related to capturing electronic health data should explicitly provide access to public health professionals for use in surveillance to inform community prevention programs tailored to local needs

3. Focus on entire communities and being proactive rather than on individuals and being reactive. Many of today's public health challenges such as obesity, tobacco use,

and violence cannot be addressed effectively by focusing solely on individuals or intervening *after* a health crisis has occurred. Efforts that focus on changing norms and creating healthy communities are a priority to help prevent many individual health problems. This approach requires commitment from organizations in multiple sectors including business, education, health care, housing, transportation, city planning, parks and recreation, media, and public health, as well as the engagement of residents. Community-level changes to support healthy environments so that the healthy choice is the easy choice include ensuring access to safe public transit; free, safe drinking water; and affordable, quality, healthy foods, including fresh fruits and vegetables.

4. Engage and educate state and local governments, the business community, health and health care organizations, and the public-at-large regarding opportunities for improving health through prevention. To address the desires of public and private sector organizations to improve the health of their members or employees, educational campaigns that explain the value and effectiveness of prevention (both clinical services and policy and environmental change) to foster healthy communities should be developed. Workplaces, schools, faith-based organizations, city councils, and other groups have many opportunities to influence health by developing strong wellness policies that promote the health of their employees, students, residents, or members and support community prevention efforts. With access to user-friendly information on evidence-based prevention, everyone can begin to embrace the concept of healthy communities in which all can prosper.



Center for Health Improvement
1330 21st Street, Suite 100
Sacramento, CA 95811
Phone: 916 930.9200, Fax: 916 930.9010
www.cahpf.org
www.chipolicy.org

This publication was supported by grants from the California HealthCare Foundation based in Oakland and The California Wellness Foundation based in Woodland Hills.

The California Health Policy Forum (CAHPF) provides an independent platform for education, idea sharing, and conversations among legislative and executive branch health policy staff about the complex and vast array of health issues facing the state today. CAHPF is an initiative of the Center for Health Improvement, an independent, nonprofit health policy center dedicated to improving population health and encouraging healthy behaviors.

This policy brief was written by Karen Shore, PhD, Vice President for Planning and Health Policy, Center for Health Improvement; Dalila Butler, MPH, Program Coordinator, Prevention Institute; and Nicole Hara, MPPA, Program Coordinator, Center for Civic Partnerships.



CAHPF thanks the following reviewers of this policy brief: Sana Chehimi, MPH, Program Manager, Prevention Institute; Anne Haddix, PhD, Senior Advisor, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention; Jeff Levi, PhD, Executive Director, Trust for America's Health; and Matthew Marsom, Director of Public Health Policy and Advocacy, Public Health Institute.

CAHPF Steering Committee
Mark Horton, MD, MSPH, Director/State Public Health Officer, California Department of Public Health

Agnes Lee, MPP, Director, California State Senate Office of Research
Shawn Martin, Director, California Legislative Analyst's Office
David Maxwell-Jolly, PhD, Director, California Department of Health Care Services

Mary A. Pittman, DrPH, President & CEO, Public Health Institute
Sumi Sousa, Special Assistant to the Speaker, California State Assembly
Peter S. Reed, PhD, MPH, President & CEO, Center for Health Improvement

CAHPF Project Director—Karen Shore, PhD

