

# Public Health and Health Reform: A Chance for Transformation

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# Overview

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- What's in the new health reform law with a special focus on public health provisions?
- 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)
  - “for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs.”
  - 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.)

# Consensus on main themes for Prevention and Public Health Fund

- “Investments from the Fund should be used in a manner that leverages change throughout the public health system – with a move away from a stove-piped, disease-by-disease approach to one that addresses the determinants of health in a cross-cutting manner. If these grants merely supplant existing funding, not net benefit will be achieved. These funds should be used for transformational investments, helping lead the nation into a more community-oriented, accountable approach to public health.”
  - -- signed by 90+ public health organizations.

# 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

# 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

# Workforce (Authorizations)

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- 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

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

# The Challenges Ahead

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Can we leverage the changes in health reform to transform public health?

# FY 2010 Prevention Fund Allocations

**\$250 million to bolster the primary care workforce**

**\$250 million for prevention and wellness activities**

- Community-based programs to address tobacco use, obesity, and HIV-related health disparities. (\$106 million)
- Primary care and behavioral health integration. (\$20 million)
- Public health infrastructure improvements for control of infectious and chronic diseases. (\$70 million)
- Data collection and analysis (\$21 million)
- Funding for evidence review task forces (\$10 million)
- Public health training: public health workforce programs and public health training centers (\$23 million)

# Will the federal government steer us in the right direction?

- Will FY 2011 allocations be more in tune with original intent?
- Will FY 2012 allocations be tied to the National Strategy?
- What will be the role of Congress?
- What will be the focus of the National Prevention Strategy?

# Will public health adapt to the new health care system?

- 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 reflect 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

# As we implement CTGs, will we think across stove-pipes?

- Building healthier, more resilient communities able to face multiple health challenges is the goal
- Funding sources should provide flexibility for the most appropriate interventions
- Community interventions aren't limited to one disease
  - Physical activity and youth
    - Obesity, depression, sexual risk, educational performance, tobacco use
  - Alcohol taxes
    - Alcoholism, motor vehicle accidents, domestic violence, STDs
- Will we address behavioral and social determinants of health as well?

# How can foundations make a difference?

- Policy development—consensus at all levels
- Support new culture of coalition building and inclusion in decision making at the local level
- Assessing infrastructure and workforce needs
- Dissemination of proven approaches to community prevention and working across stovepipes (and support for more innovation)
- Helping grantees (esp. CBOs) to compete in new environment

# For further information

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- [www.healthyamericans.org/health-reform](http://www.healthyamericans.org/health-reform)
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# Questions?

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