

# Healthy Lifestyles Across the Lifespan: Prevention, Public Health and Health Reform

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Building Health Communities for Everyone

Disability and Health Partners Meeting

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# Trust for America's Health

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- Dedicated to making prevention a national priority
- Grounded in the 1983 “Denver Principles”
  - “a movement based on the breathtakingly obvious concept that People With AIDS ought to participate in the decisions that directly affect our lives.”
    - Michael Callen and Dan Turner

# Overview

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- How both our health system and our public health approach need to be transformed
- National Prevention Strategy: what to expect
- Key prevention initiatives in health reform implementation
- Challenges and opportunities ahead

# The current approach is failing us

- 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
  - Need to think of quality of life as an outcome

# Period of transformation

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- Health care and prevention/public health
- Coverage expansion is necessary, but insufficient
- Need for a new vision of prevention -- that looks beyond the clinical setting to assure better health outcomes and quality of life
  - Think outside silos of conditions and constituency groups
    - Example: who “owns” physical activity?



CPPW Brochure—Active Living

# National Prevention Strategy

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- A vision of prevention that ranges from traditional clinical services to community change that addresses the policies and structures that affect healthy choices, to the social determinants of health
- A recognition that all agencies of the federal government have a role to play – and by extension all levels of government and all sectors of society

# National Prevention Strategy

- National Prevention, Council
  - Chaired by Surgeon General
    - HHS, HUD, USDA, ED, VA, DOD, FTC, DOT, DOL, DHS, EPA, ONDCP, DPC, Interior, DOJ, OMB, Corp for National & Community Service
  - Vision: Improve the health and quality of life for individuals, families and communities by moving the nation from a focus on sickness and disease to...prevention and wellness
    - Goal: Increase the number of Americans who are healthy at every stage of life
  - External advisory group

# Framework for Prevention Strategy

- “...we're putting our focus in the White House on people and places in a way that we believe strengthens neighborhoods and improves health outcomes. We're using a multidisciplinary approach and strategy because, after all, every aspect of life includes health, it includes education, it includes housing and energy and transportation. People don't wake up in the morning and say “I'm going to have an education day today and tomorrow I'm going to have a transportation day.” For families, all of these pieces are integrated so we have to start thinking about our policies and our approach in that same integrated fashion. So, for us, what we're trying to insure, is that the days of thinking and working and talking in silos is, in fact, over.”
  - Melody Barnes, Domestic Policy Advisor, July 13, 2010

# Draft National Prevention Strategy (1)

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- Four strategic directions
  - Healthy and Safe Community Environments
  - Clinical and Community Preventive Services
  - Empowered People
  - Elimination of Health Disparities

# Draft National Prevention Strategy (2)

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- Targeted Priorities
  - Tobacco-Free Living
  - Preventing Drug Abuse and Excess Alcohol
  - Healthy Eating
  - Active Living
  - Injury and Violence-Free Living
  - Reproductive and Sexual Health
  - Mental and Emotional Well Being

# Mutually reinforcing efforts

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- Integration of clinical and community prevention; policy and program; health and social determinants
  - Unprecedented commitment to health
  - Need to articulate the “co-benefits” of addressing health needs to the core mission of the agencies

# The Strategy will open doors...what will implementation look like?

- What does “preventing death and disability” mean?
- What does inclusion of disability in disparities mean?
- How do we measure progress in the absence of measures?
- What does inclusion of the disabled in the context of safe and accessible options for active living mean?
- What does mental and emotional well being for the disabled mean?
- What does prevention workforce cultural competence on disability mean?

# Real money for prevention

- Prevention and Public Health Fund
  - \$15 billion over first 10 years
  - Mandatory funding stream
    - Subject of repeal efforts
    - Preserved in the budget deal
  - Danger of supplantation vs. emphasis on modernization and transformation
- How to ensure inclusion of disability programs and approaches?

# FY 2011 -- \$750 million

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- Community and State Prevention--\$222 million
  - \$145 million for CTGs
- Tobacco Prevention -- \$60 million
- Obesity Prevention and Fitness -- \$16 million
- Clinical Prevention -- \$182 million
  - Immunizations
  - Behavioral health and primary care integration
- Public Health Infrastructure -- \$137 million
- Research and Tracking -- \$133 million

# FY 2012 (Proposed) -- \$1 billion

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- CDC -- \$752 million
  - CTGs -- \$221 million
  - Chronic Disease Grants -- \$158 million
  - Immunizations -- \$62 million
  - Unintentional injury -- \$20 million
  - Tobacco -- \$79 million
- HRSA -- \$20 million (workforce)
- SAMHSA -- \$92 million (integration)
- OS -- \$135 million (tobacco, teen pregnancy)

# 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.)

# True community-based prevention

- Community Transformation Grants
  - Requires detailed plan for policy, environmental, programmatic and infrastructure changes to promote healthy living and reduce disparities
  - Replicate the National Prevention Council approach (across silos)
    - Targeted areas (active living and healthy eating, tobacco, clinical preventive services – hypertension and cholesterol)
    - Community approaches
    - Improve access to clinical preventive services
  - A real investment: \$900 million over 5 years

# What might CTGs look like?

- Examples of policy and structural change
  - High impact efforts to make healthy choices easier
  - Sustainable over time
    - Smoke free air laws; seat belt laws; child car seats
    - Improved nutrition choices in schools, supermarkets, corner stores
    - Taxes (tobacco, alcohol)
    - Zoning laws
    - Syringe exchange, condom availability
- Supports implementation or capacity development
- Expectations:
  - Demonstrated ability to bring together a coalition
  - Inclusion of state/local public health agencies in coalitions
- What will state and community coalitions look like?
- Will the policy changes (e.g., zoning laws) be inclusive?

# CTGs (and Prevention Fund) push us to think across silos

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- Physical activity: obesity, diabetes, cardiovascular disease, depression, injury, school performance, STDs in young
- Anti-bullying: suicide prevention, HIV/STD prevention

# Opportunities within CMS

- Accountable Care Organizations, Medical Homes
- Center for Medicare and Medicaid Innovation (\$10 billion over 10 years)
  - Care Models Group
  - Integrated Care Models Group
  - Community Improvement Care Models Group
    - Exploring steps to improve public health and make communities healthier and stronger by fighting the epidemics of obesity, smoking, and heart disease
- \$100 million Medicaid Incentives for Prevention of Chronic Diseases
- Public health quality standards and measures within current structure
  - **There is a particular incentive for CMS to address disability concerns**

# Other opportunities

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- Structure of exchanges
  - Essential health benefits
    - Prevention beyond USPSTF
  - Essential health providers
- IRS regulations on community benefit (non-profit hospitals)

# Key Challenge

- New opportunities balanced by major budget cuts
  - Business as usual not an option fiscally or programmatically
- New business model to make existing dollars go farther (payer of last resort; partnerships with Exchanges)
- New vision of prevention means new partners (across silos)

# Above all – a seat at the table

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- Implementation of the National Prevention Strategy
- Implementation of the Community Transformation Grants
- Implementation of Affordable Care Act