

CHW Section Representative Report on APHA Midyear Event on Public Health and Health Reform

National health reform, called the Affordable Care Act (ACA), is an impressive and historic law that lays the ground work for the US to prioritize a wellness and prevention approach to health. Unfortunately for community health workers (CHWs) and the communities we serve, there is a chance that the ACA could be repealed.

In my report to the CHW Section, I've highlighted ways CHWs can build support for the ACA, begin implementing pieces of the ACA on the local level, and share our expertise with people making important decisions about public health and health care.

The highlighted text shows opportunities for action. If you have questions about which speaker said a particular statement, please contact me at CindyMartinMPH@gmail.com. For easier reading, I've divided up my report into these 5 sections:

- Benefits of the Affordable Care Act
- Political climate regarding the ACA
- Ways to build support for ACA and its wellness approach
- Opportunities to implement pieces of ACA
- Other information learned

Benefits of the Affordable Care Act

- Needed health reform to begin to address issues of cost, access, and quality and safety concerns
- Affordable Care Act (ACA) invests money into public health and prevention, and prioritizes a wellness approach
- ACA begins redesigning public health infrastructure, but still need stable funding stream
- ACA is the first time the government is strategic about wellness
- ACA is the most significant assault on health disparities
- ACA has provisions to improve disabilities policy
- ACA lays ground work to build stronger and more diverse public health workforce
- Created Prevention and Public Health Fund designed to expand and sustain the necessary infrastructure to prevent disease, detect it early, and manage conditions before they become severe (i.e. community transformation grants)
- Mandated the development of the National Prevention Strategy to eliminate health disparities
 - \$17 billion in costs could be avoided if eliminated health disparities, so the federal government is meeting monthly to meet 180 day goal in prevention plan
- Created the Center for CMS innovation (creates new reimbursement models for health care)

- Created the National Prevention, Health Promotion and Public Health Council¹
- Ways that the ACA addresses health equity:²
 - Expands Medicaid income eligibility to 133% of FPL
 - Expands access to services by doubling funds to Community Health Centers and expanding funds for oral and behavioral health care services in CHCs
 - Mandates data on health disparities in Medicaid and CHIP
 - Reauthorizes Titles VII and VIII, health workforce programs to increase diversity and improve the distribution of providers³
 - Authorizes cultural competence education and organizational support
 - Increases investments in health disparities research
- National framework for restaurants to label menus with calories
 - Restaurant industry supported calorie labeling so that they have a national framework rather than different local laws on labeling
- ACA mandated all insurance companies provide preventative services at no cost to the individual
- There's a new federal authority to hold insurance companies accountable
- With ACA, insurance companies cannot cap your lifetime use of insurance
- For people who have Medicare Part D, those with chronic diseases will receive a 50% rebate on prescriptions
- The "Welcome to Medicare" visit is now free
- Annual wellness visit to develop/update prevention plan is now free
- Starting in 2013, states will get 1% funding match if do prevention services
- ACA set up new office at CMS for dual-eligibles (people who have both Medicare and Medicaid) so that people have more seamless care

Political climate regarding the ACA

- Need to advocate of implementation of the national health reform law
- What matters: what do people who vote think about ACA
- ACA could be repealed in 2012 if more conservatives are elected into office
- The House of Representatives has already repealed the ACA (but the Obama administration can currently stop the repeal)
- There is an assault on the role of government, therefore public health is threatened.⁴ More funding cuts on public health will continue
- Policymakers that want to repeal the ACA aren't giving alternatives, so voters need to push for alternatives from conservatives⁵

¹ For more information, visit: <http://www.healthreform.gov/newsroom/preventioncouncil.html>

² *Patient Protection and Affordable Care Act of 2010: Addressing Health Equity for Racially and Ethnically Diverse Populations* (<http://www.jointcenter.org/research/patient-protection-and-affordable-care-act-of-2010-advancing-health-equity-for-racially-and>).

³ For more information, read this APHA brief: http://www.apha.org/NR/rdonlyres/BE1E770E-0421-4499-B0BF-07DF05EF5320/0/PHSTitleVII_VIII_final.pdf

⁴ John McDonough, DPH, MPA, Professor of Public Health Practice & Director for the Center for Public Health Leadership, Harvard School of Public Health

⁵ John McDonough, DPH, MPA, Professor of Public Health Practice & Director for the Center for Public Health Leadership, Harvard School of Public Health

- Public needs a deeper understanding of health crisis to understand the benefits of the ACA and the need to strengthen public health

Ways to build support for ACA and its wellness approach

Advocating for wellness approach at the government level:⁶

- US spends the most money on health care (\$7500 US vs \$3,000 for other advanced countries, per person per year), yet we have some of the worst health outcomes compared to other advanced countries
- Reasons federal government is tough to change:
 - If we borrow ideas from other countries, this means more government
 - Also, there are large interest groups with strong lobbying (insurance, pharmaceutical, bio tech, hospitals, etc)
- Other advanced countries don't have aversion to government, the focus is on helping citizens rather than debate how government shouldn't be involved
- Even with tax breaks, Michigan struggled. When the federal government stepped in, things improved
- US operates as if nothing has changed with globalization, but for a country to compete in the global market, it needs to act like a unified business
- Politicians will take the path of least resistance; therefore we all need to be active, not passive
- Ways to effect change:
 - Volume- lots of people, lots of noise, call the policymaker out by name in the media
 - Personal contact
 - Surprise
- Public health is about social justice
- We're greater and more nobler as a whole rather than as an individual

Advocating for wellness approach at the individual level:⁷

- According to her research, "Public health" sounds downscale to folks (don't want to use it, don't think it applies to them), while "prevention" sounds upscale
- Public in support of prevention, but her research shows that people are confused about individual level prevention versus community prevention
- Men supported more the idea of individual responsibility
- Women can be a powerful part of communication strategy
- People like incentives, not punishment
- Still an individualistic nation, so need combination of private and public efforts
- People in her study were not supportive of a tax on soda
- Latino community was strongest supporter of community level prevention efforts

⁶ Jennifer Granholm, JD, Former Governor of Michigan

⁷ Celinda Lake, President, Lake Research Partners

- White people feel like everyone has equal choices
- African Americans and Latinos feel like they have limited choices
- Need to give public examples of community prevention
- Clarify what community prevention is
- Start locally, trickle up
- Include individual prevention into community prevention efforts
- Tap into women, they want opportunities to improve 2 things for the price of 1 “2 for 1”

Advocating for the elimination of health disparities:

- Emphasize the economic burden that health disparities cost the US. There is a high cost for doing nothing. For example, between 2003 and 2006 the combined costs of health inequalities and premature death were \$1.24 trillion⁸
- Create messages about ACA and health equity based on values, rather than solutions/data (i.e. why we all benefit from health access, public health, and upward mobility)

Opportunities to implement pieces of ACA

- Facilitate local level organizing to implement pieces of the National Prevention Plan. To view the plan, or learn more about the council who developed the plan, visit: <http://www.healthcare.gov/center/councils/nphpphc/strategy/>
- Advocate for community needs as your local tax-exempt hospital prepares to do a community health needs assessment. The ACA mandates that tax-exempt hospitals do a community health needs assessment as part of Community Benefits. Community Benefits is when tax-exempt hospitals must provide benefit to their surrounding community and report these benefits to the IRS.
- Access some free public health trainings online through the National Public Health Training Centers Network: <http://www.asph.org/phtc/search-new.cfm>.
- Health Resources and Services Administration (HRSA) is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. HRSA is responsible for implementing over 50 provisions in the ACA. To apply to grants, visit <http://www.hrsa.gov/grants/index.html> and to learn more about grants already awarded, visit <http://www.hrsa.gov/about/affordablecareact/index.html>.
- Share your ideas about paying for services that aren't clinical with the Center for CMS Innovation. For more information, visit: <http://innovations.cms.gov/partnerships/share-your-ideas/>
- Provide input about collecting data on the ground level to help standardize data measures. There several groups you can join that will ultimately inform the US Dept of Health and Human Services. For more information about providing input, visit: http://www.qualityforum.org/Setting_Priorities/Communities/Serving_State_and_Community_Leaders.aspx

⁸ More statistics can be found in the report called The Economic Burden of Health Inequalities in the United States (<http://www.jointcenter.org/research/the-economic-burden-of-health-inequalities-in-the-united-states>).

- Trying to determine what data measures to use? Soon you can search online for recommended measures using the “Quality Positioning System.”
- Inform discussions about decreasing unnecessary hospital readmissions by joining the Partnership for Patients. For more information, visit: <http://www.healthcare.gov/center/programs/partnership/join/>
- ACA also mandated HRSA to convene a committee to give recommendations about criteria for identifying Medically Underserved Populations (MUPs) and Health Professions Shortage Areas (HPSAs). These designations will determine eligibility for a number of programs that improve access to health care. There will be a period for public comment soon. For more information, visit: <http://bhpr.hrsa.gov/shortage/>.

Other information learned

ACA increases number of people insured, but health centers may not be ready to expand services:⁹

- There are many people underserved: Federally Qualified Health Centers serve 20 million, but there are 50 million people who are uninsured or underinsured
- With the ACA, 32 million more people will have health insurance
- Though the ACA provides health centers with \$11 billion to expand over this decade, there will still be gaps:
 - Gap #1: how to sustain growth when rapid
 - Gap #2: shortages of health professionals
 - Gap #3: having health insurance doesn't mean improved social determinants of health
 - Gap #4: Guaranteeing quality

Measuring health outcomes is an essential step to facilitating change in conditions for health:¹⁰

- Health care reform through ACA is only part of solution, also need to change conditions for health
- To change conditions for health, need contributions from a variety of sectors and stakeholders (including CHWs)
- Measuring health outcomes is first essential step to facilitating change
- What is not measured is not done
- What is measured can facilitate mutual accountability
- Based on this rationale, IOM recently released a report called *For the Public's Health: The Role of Measurement in Action and Accountability* which gives 7 recommendations to the federal government¹¹
- The Institute of Medicine (IOM) serves as an adviser to the nation to improve health¹²

⁹ Lee Francis, MD, MPH, President and CEO, Erie Family Health, Illinois

¹⁰ Mary Mincer Hansen, RN, PhD, Director, Masters of Public Health Program, Adjunct Associate Professor, Department of Global Health, Des Moines University

¹¹ <http://www.iom.edu/Reports/2010/For-the-Publics-Health-The-Role-of-Measurement-in-Action-and-Accountability.aspx>

In the future, public health departments will likely need to be accredited to provide public accountability:¹³

- There are trials in Oklahoma and other states right now for accrediting public health departments
- This will help with quality improvement, public accountability, and squeezing performance out of every dollar

Other Obama Administration initiatives to create healthier communities¹⁴:

- Promise Neighborhoods (\$210 million) attempt to bring the innovative ideas of the Harlem Children's Zone into communities across the country. By simultaneously focusing on the myriad needs of young children – education, health, mentorship, etc. – Promise Neighborhoods can break the cycle of inter-generational poverty and tap the potential of millions of young people.
- Healthy Food Financing Initiative (\$400 million) – would help tackle the dual scourges of joblessness and obesity in underserved communities by helping supermarket operators open new stores, new farmers markets take root, and corner store owners buy the refrigeration units they need to carry fresh food.
- Choice Neighborhoods (\$250 million) – would ensure that housing is linked to school reform, early childhood innovations, and supportive social services, tying housing developments to a range of services and supports leads to improved economic well-being for families.
- Sustainable Communities Initiative (\$150 million) – a joint effort by HUD, the Department of Transportation, and the EPA – is designed to "improve access to affordable housing more transportation options, and lower transportation costs while protecting the environment in communities nationwide."

Interesting tools, such as the Collaboration Multiplier Tool, are online at:
<http://www.preventioninstitute.org/tools.html>

FDA will have hearings in the fall about misleading labels on food packages.

¹² To learn more about the committee developing reports on strengthening public health, visit:
<http://www.iom.edu/Activities/PublicHealth/PHStrategies.aspx>

¹³ Terry Cline, PhD, Oklahoma State Health Officer, Oklahoma State Department of Health

¹⁴ Brian Smedley, PhD, Vice President and Director of Health Policy Institute, Joint Center for Political and Economic Studies