Transforming Public Health in an Era of Reform and Fiscal Constraint

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Nothing less than transformation

- 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

A Brief Overview

- National Prevention Strategy: Reflecting a new approach to doing prevention and public health
- Health reform as an added incentive for transformation
- Fiscal times require transformation for survival

Prevention...not just for public health any more

- National Prevention Council and National Prevention Strategy assume a broad cast of characters affecting prevention where we live, work, learn, and play
- Affordable Care Act (ACA) moves beyond the clinic to structural, policy, and systems change and to incentivizing the clinical system to focus on population health

National Prevention Strategy: Setting a Bigger Table for Health

- 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.
- Overarching goal:
  - Increase the number of Americans who are healthy at every stage of life.
- Partnerships:
  - 17 federal agencies
    - Co-benefits of addressing health – mutual self interest
  - Public sector at all levels; private sector at all levels

The National Prevention Council

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Strategic Directions: 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
- Even when healthy options are available and affordable, people still must make the healthy choice
- 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

Goal · Strategic Directions · Priorities

Five Causes Account For 66% of All Deaths
- Heart Disease
- Cancer
- Chronic Lower Respiratory Disease
- Stroke
- unintentional injuries

### Health reform promotes population health as well—to save money?

- Coverage expansion – esp. Medicaid
- No cost sharing for certain preventive services
- Community Transformation Grants
- Prevention and Public Health Fund
- Community Benefit
- Public health workforce
- Nutrition labeling
- CMS Innovation Center focus on population health
- Health IT can improve public health surveillance

### Real money for prevention

- Prevention and Public Health Fund
  - $15 billion over first 10 years (rising to $2 b/yr)
    - Community and clinical prevention; infrastructure; building the evidence base
  - Mandatory funding stream
    - Subject of repeal efforts
    - Preserved in the budget deal
  - Danger of supplantation vs. emphasis on modernization and transformation

### True community-based prevention

- Community Transformation Grants
  - 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
    - Implementation/Capacity-building

### Underlying trends

- Focus on community prevention moves away from disease specific programs and interventions to cross-cutting approaches
  - Policy and systems change; social determinants
  - Accountability for health outcomes, not just services, gives the health care system new incentives to take a population health approach
  - Multiple players have a role in prevention
    - Where does that leave public health providers?

### Counterbalancing context

- New investments are occurring while the base is eroding
  - Cuts to CDC budget
    - Additional threats in FY2012 and from Supercommittee
    - Preparedness taking biggest hit – especially since not tied to health reform/health care costs
  - State and local budget cuts creates squeeze play
    - Huge loss in workforce

### Transformation and Adaptation

- We have to begin to show the consequences of budget cuts – we can’t keep making do with less
- We can’t and shouldn’t continue to support the current way of doing business
  - What needs doing is different
    - We are structured using a communicable disease and/or clinically oriented model when we need to be thinking systemically
  - Who should be doing it is broader than it has been
  - Health reform means new opportunities
Leadership vs. ownership

☐ In a time of scarce resources, we need to frame the allocation of funds and responsibilities based on who can do it in a most cost-effective manner – not based on who has traditionally done it
☐ Accountability should be assigned to those with the capacity
☐ Funding should be driven in part by who benefits
  ■ Health care system must more directly support population health roles and non-traditional providers
  ■ Massachusetts trust fund

Back to the beginning

☐ Public health-health care system is a vital conversation – but only one part
☐ Health in all policies, sharing responsibility and accountability across agencies and across sectors
☐ Focusing within public health on what we do best and with a new vision about cross-cutting approaches to:
  ■ core infrastructure, including surveillance in an era of HIT
  ■ community prevention
  ■ clinical interventions
  ■ preparedness

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