

National Health Reform: Will we create healthier people living in healthier communities?

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Overview

- Celebrate what is in health reform both for behavioral health in particular and for all health efforts in general, including public health
- Cautionary notes: the medical community can't be overly focused on what happens in the clinic and the public health community can't avoid the determinants of behavioral health
- A new vision for public health that addresses the behavioral determinants of health

Key Provisions Overview

- More than 30 million added to the insurance rolls
- Pre-existing condition exclusions eliminated
- Minimum benefits package includes behavioral health
- Network adequacy in health exchanges
- Kids to 27

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

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 for prevention and public health via mandatory appropriations

- Prevention and Public Health Fund: \$15 billion over 10 years (permanent authorization at \$2 billion a year)
 - Supports new and existing prevention and public health programs, including Community Transformation Grants
 - Separate fund for Community Health Centers (\$11 billion over 5 years)
 - \$500 million available immediately; \$750 million available in October

How should this be implemented?

- Community prevention
- Public health infrastructure/capacity
 - Challenges under ARRA
 - Accreditation
- 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
 - NOT \$7 billion for jungle gyms

Workforce (Authorizations)

- 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

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

Coverage and clinical care are not enough

- Coverage is important, but what surrounds (or precedes) coverage is also important
 - Achieving good health outcomes requires healthy communities, not just healthy individuals
- Drivers of health care costs (chronic disease) can often be effectively *prevented* in the community as opposed to *managed* in the health care setting
 - Reducing costs as a critical policy outcome
- Disparities in chronic diseases related to disparities in the “health” of communities
 - Poverty, race/ethnicity and obesity
 - Poor communities provide less support for healthy lifestyles (food, physical activity)
 - WHERE YOU LIVE SHOULDN'T DETERMINE HOW HEALTHY YOU ARE

Why community prevention?

- Clinical interventions – one person at a time
 - Coverage of medical treatment and counseling is critical
 - “Prescriptions” for obesity require supportive community environment – whether improved nutrition or increased physical activity
- Create the social and structural environment that makes healthy choices the easy choices
- Community interventions – an entire population
 - Addresses the needs of those already obese and those at risk – both “treatment” and “prevention”
 - Evidence of success (and cost savings) from some population level interventions (tobacco control, helmet laws, sanitation)
 - We can change norms and behaviors and see positive health outcomes

What is community prevention?

- Interventions that promote healthy environments and behaviors – making it easier for people to make healthy choices, such as:
 - Changing community norms and empowering communities
 - Coalition and social network building
 - Social marketing campaigns
 - Changing the physical and social environments
 - Organizational practices and governmental policies
 - Facilities and programs
 - Walkability – lighting, sidewalks, signs;
 - Access to healthy foods
 - Increasing individual knowledge and skills

We need to think across stovepipes

- Physical activity and youth
 - Obesity, depression, sexual risk, educational performance
- Alcohol taxes
 - Alcoholism, motor vehicle accidents, domestic violence, STDs

But is this enough?

- Public health is most comfortable when dealing with a biomedical intervention (immunization, treatment)
- New emphasis on community prevention focuses on chronic disease interventions that emphasize policy and structure that affect behavior
 - At some point we have to take on *real* behavioral health – and the interventions that affect the determinants of risk taking behavior
 - Biomedical approach to STDs brought us the HIV epidemic; similarly, policy alone won't resolve obesity, tobacco, or substance abuse – to name a few

Getting behind the behaviors (1)

- “Syndemics,” HIV risk and MSMs
 - MSMs experience higher rates of substance abuse, partner violence, depression, and childhood sexual abuse – all of which interact with HIV risk taking
 - “AIDS prevention among MSM has overwhelmingly focused on sexual risk alone. Other health problems among MSM not only are important in their own right, but also may interact to increase HIV risk. HIV prevention might become more effective by addressing the broader health concerns of MSM while also focusing on sexual risks.(Ron Stall, et al. *Am J Public Health*. 2003;93:939–942)
 - What would a community prevention program look like that recognized these issues?

Getting behind the behaviors (2)

□ Stigma

- Experiences of homophobia, racism, and poverty result in higher HIV risk taking behavior
- “HIV prevention programs should not focus simply on changing individual behavior, but on changing the social contexts where sexual risk occurs, with particular attention to those contexts of risk that are shaped by social oppression and discrimination. HIV prevention must include strategies to counter racism, poverty, sexism, homophobia, and AIDS stigma in full awareness that reducing their impact on individuals will most likely result in a dramatic reduction of HIV incidence. Organizing members of affected groups to increase community involvement and activism against the oppressive forces that shape the HIV epidemic might be the most efficient tool to counteract the hopelessness and fatalism that oppression breeds.”
Rafael Diaz and George Ayala, *Social Discrimination and Health: The Case of Latino Gay Men and HIV Risk*.

A broader view opens more doors

- Would creating LGBT community centers be a public health program? an HIV prevention program?
- Helping people adapt to a stressful environment (while still working to “mitigate” the underlying causes of the stress)
- By looking at the determinants of unhealthy behavior we may be able to address multiple health problems at once
 - There *is* a relationship between sexual risk taking, drug use, smoking, and obesity – if we look for it

The promise of health reform

- The legislation has given us a framework *and* the resources – both in the clinical setting and the community to truly create healthier communities – if we have the courage and the creativity to do things differently
 - A challenge for public health and a challenge for clinicians

For further information

- www.healthyamericans.org/health-reform
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Questions?
