Health Reform and Community Prevention: Opportunities and Links with Clinical Services

Larry Cohen
Executive Director

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www.preventioninstitute.org
A Majority of Costly Conditions are Preventable

- Medical spending increased by $199 billion (1987-2000)

- 15 diseases account for 56% of this increase

Citation: Kenneth Thorpe et al.. “Which Medical Conditions Account For The Rise In Health Care Spending?” Health Affairs, 10.1377, web exclusive.
A Different Way to Think about Health Care
“The last time we looked in the book, the specific therapy for malnutrition was food.”

Jack Geiger, MD
“Simply put, in the absence of a radical shift towards prevention and public health, we will not be successful in containing medical costs or improving the health of the American people.” - President Obama
Prevention for a Healthier America:
INVESTMENTS IN DISEASE PREVENTION YIELD SIGNIFICANT SAVINGS, STRONGER COMMUNITIES

Prevention for a Healthier California:
INVESTMENTS IN DISEASE PREVENTION YIELD SIGNIFICANT SAVINGS, STRONGER COMMUNITIES
Return on Investment with Prevention

Return on Investment with Prevention

Savings at 5 years

$16 Billion
Annual Savings In 5 Years

$1 Investment

$5.60
Return on Investment

Community Prevention: $15 Billion over 10 years

Reference: CBO’s Analysis of the Major Health Care Legislation Enacted in March 2010 (March 30, 2010)
Opportunities for Prevention in Health Reform

- Prevention and Public Health Fund
  - Community Transformation Grants
- National Prevention Strategy
  - National Prevention, Health Promotion, and Public Health Council
- Center for Medicare and Medicaid Innovation
- Funding for Community Clinic Expansion
Prevention and Public Health Fund

Bar chart showing billions of dollars allocated from 2010 to 2015-2019.
Community Transformation Grants

“prioritizing strategies to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health”
A minimum of 20% of total funds awarded will be directed to rural or frontier areas.

Source: http://www.humpal.org
Strategic Directions

1) Tobacco-free living

2) Active living and healthy eating

3) High impact evidence-based clinical and other preventive services

4) Social and emotional wellness

5) Healthy and safe physical environment
National Prevention, Health Promotion, and Public Health Council

- Chaired by the Surgeon General
- Comprised of 17 cabinet members and key officials
National Prevention, Health Promotion, and Public Health Council

- Agriculture
- Housing and Urban Development
- Labor
- Department of Defense
- Health and Human Services
- Transportation
- Education
- Justice
- Homeland Security
- Office of Management and Budget
- Environmental Protection Agency
- Veterans Affairs
- Federal Trade Commission
- Drug Control Policy
- Interior for Indian Affairs
- Domestic Policy Council
- Corporation for National and Community Services
National Prevention, Health Promotion, and Public Health Council

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- Veterans Affairs
- Federal Trade Commission
- Drug Control Policy
- Interior for Indian Affairs
- Domestic Policy Council
- Corporation for National and Community Services
Council Collaborations for Worksite Wellness

- HUD
- DOL
- HHS
- EPA
- DOT
- USDA
Tasked with developing the National Prevention Strategy
National Prevention Strategy

Strategic Directions

Healthy & Safe Community Environments
Clinical & Community Preventive Services
Empowered People
Elimination of Health Disparities

Image Credit: National Prevention Strategy, June 16, 2011
National Prevention Strategy Framework

Targeted Priorities

- Tobacco-Free Living
- Preventing Drug Abuse & Excessive Alcohol Use
- Healthy Eating
- Active Living
- Injury & Violence Free Living
- Mental & Emotional Wellbeing
- Reproductive & Sexual Health
A good solution solves multiple problems.

Prevention Institute
Targeted Priorities

- Tobacco-Free Living
- Preventing Drug Abuse & Excessive Alcohol Use
- Healthy Eating
- Active Living
- Injury & Violence Free Living
- Mental & Emotional Wellbeing
- Reproductive & Sexual Health
“Reality and perception of violence are justifications for people not being outside or letting children outside, and not walking to places that they normally would.”

-Community Leader
Addressing the Intersection:
Preventing Violence and Promoting Healthy Eating and Active Living

ADDRESSING THE INTERSECTION:
Preventing Violence and Promoting Healthy Eating and Active Living

This document was prepared by Prevention Institute with funding from Kaiser Permanente

Principal authors:
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Safety & Preventing Violence

Healthy Eating & Physical Activity
Preventing Violence through Urban Farming

Denver, CO
Preventing Violence through Urban Farming

Denver, CO
Public Health (PH)

**Expertise:**
- Experience in population-based interventions and collection of data on chronic disease and injury rates

**Desired Outcomes:**
- Unification of collaborative efforts to address violence and chronic disease

**Key Strategies:**
- Facilitate system and policy changes that link healthy eating active living with violence prevention efforts

Urban Agriculture (UA)

**Expertise:**
- Knowledge on urban food system infrastructure and implementation

**Desired Outcomes:**
- Long-term partnerships to achieve sustainable food systems

**Key Strategies:**
- Create mechanisms for residents to access fresh, affordable healthy foods

Shared Outcomes

- Strong partnerships among partner organizations and community members
- Safe community gathering space: Urban farm
- Employment for youth and adults
- Increased access to healthy foods
- Institutional systems and local policies to promote health and safety

Partner Strengths

- Established trust and respect in community
- Local policy maker involvement and support
- Experience in community engagement and training
- Content expertise
- In-kind support
- Linked to broader city-wide initiatives

Violence Prevention (VP)

**Expertise:**
- Expertise in youth violence prevention and intervention

**Desired Outcomes:**
- Decreased gang violence and increased positive opportunities for at-risk youth

**Key Strategies:**
- Build youth leadership and connect youth to training and employment opportunities

City Council (CC)

**Expertise:**
- Knowledge and ability to influence local policy decisions

**Desired Outcomes:**
- Policies that promote health and safety in the district

**Key Strategies:**
- Help leverage funds for long-term sustainability

Joint Strategies/Activities

- Establish urban farm and farmer’s market
- Build youth capacity to understand goal and advocate for environmental and policy changes
- Build capacity of leaders
- Cultivate relationships and partnerships
- Connect youth and community residents to training and employment opportunities
Preventing Violence through Urban Farming

Joint Strategies

• Establish urban farm and farmer’s market
• Build youth capacity to understand goal and advocate for environmental and policy changes
• Build capacity of leaders
• Cultivate relationships and partnerships
• Connect youth and community residents to training and employment opportunities

Denver, CO
Preventing Violence through Safe Routes to School Efforts

Oakland, CA
$11 Billion for Community Health Center Expansion
Leveraging CMMI Resources as the Catalyst for Change
Center for Medicare & Medicaid Innovation

Patient Care Models

Community & Population Health Models

Seamless & Coordinated Care Models
Center for Medicare & Medicaid Innovation

- Improved Health (Community & Population Health)
- Improved Health Care (Coordination & Collaboration)
- Reduced Costs
Center for Medicare & Medicaid Innovation

- Improved Quality of Care
- Reduced Costs
Center for Medicare and Medicaid Innovation: Health Care Innovation Challenge

- Up to $1 billion available (Grants for $1-$30 million)
- Test new models of service delivery/payment improvements that align with three-part aim: better health, better care, and lower costs
- Strategies must demonstrate Medicare and/or Medicaid cost savings within 3 years
- Letters of intent due December 19, 2011
- Applications due January 27, 2012
- Second Round of Funding in August 2012
1. Improve health outcomes overall
2. Advance equity
3. Reduce health care demand and costs
Community-Centered Health Homes

Bridging the gap between health services and community prevention

This document was prepared by Prevention Institute with funding from the Community Clinics Initiative (a joint project of Tides and The California Endowment)

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Integrated Approach

Prevention

Health Services
Community-Centered Health Homes

Patient-Centered Health Homes

Medical Homes
Existing Clinician Skills

**Patient Intake** → **Diagnosis** → **Treatment**

Transferable to Community Prevention

**Inquiry** → **Assessment** → **Action**

- Capture and identify population level health trends
- Analyze and prioritize relevant community conditions
- Engage in advocacy and translate clinic priorities into action
CLINICAL/COMMUNITY
POPULATION HEALTH INTERVENTION MODEL

INQUIRY
ASSESSMENT
ACTION

DATA COLLECTION
IDENTIFY PRIORITY HEALTH ISSUES
ENVIRONMENTAL & POLICY CHANGE

IMPROVED HEALTH
COST SAVINGS
EVIDENCE-BASE FOR EFFECTIVE PRACTICE

PARTNERSHIP FORMATION
• Health Care
• Public Health
• Community Organizations

COMPREHENSIVE STRATEGY DEVELOPMENT
COORDINATED CLINICAL & COMMUNITY PREVENTION ACTIVITY

OUTCOMES

IMPROVED HEALTH
COST SAVINGS
EVIDENCE-BASE FOR EFFECTIVE PRACTICE
“We are bringing together the health and human rights voices in south LA and beyond to discuss the healthcare crisis and how we build a movement for the right to health.”

-Jim Mangia, CEO St. John’s
# Inquiry: Housing Questionnaire

<table>
<thead>
<tr>
<th>Patient Information:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>D/O/B:</td>
<td></td>
</tr>
<tr>
<td>□ Female □ Male</td>
<td></td>
</tr>
<tr>
<td>Chart #:</td>
<td></td>
</tr>
<tr>
<td>Blood Lead Levels:</td>
<td></td>
</tr>
<tr>
<td>Diagnosis: □ Asthma □ Hypertension □ Skin Disease □ Stress/Depression</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Child Information:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does anyone in the home smoke?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Is the child exposed to second hand smoke?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Environmental History:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you live next to or near a freeway?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>• Which freeway?</td>
<td></td>
</tr>
<tr>
<td>Do you live near a construction site?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Is your home being repaired or new construction?</td>
<td>□ Yes □ No □ Now □ Recently</td>
</tr>
<tr>
<td>Which of the following do you have in your home?</td>
<td>□ Air Conditioner □ Wood Stove □ Fireplace □ Central Heating □ Air Purifier □ Humidifier □ Gas Stove □ Electric Stove □ Kitchen □ Hot Water</td>
</tr>
<tr>
<td>Is there a strong (bad) smell in your home?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Are pesticides or herbicides used in your home, garden or on pets?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Have you ever been bitten by or have in your home:</td>
<td></td>
</tr>
<tr>
<td>• Roaches</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>• Rats or mice</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Do you have pets?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Type:</td>
<td></td>
</tr>
<tr>
<td>Do you have mold in your home?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Do you have leaking pipes?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Does your home have a lot of dust?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Do you have any rusting pipes?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Do you have chipping or peeling paint?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of missed school days due to asthma</td>
<td>#</td>
</tr>
<tr>
<td># of doctor visits due to asthma attacks</td>
<td>#</td>
</tr>
<tr>
<td># of emergency room visits due to asthma</td>
<td>#</td>
</tr>
</tbody>
</table>

Provider comments/remarks (including referrals made or action taken):
Assessment: Collaborative to Assess Housing Conditions

St. John’s Well Child & Family Center

Esperanza Community Housing Corporation

Strategic Actions for a Just Economy

Los Angeles Community Action Network
Action: Advocacy for Change

Shame of the City: Slum Housing and the Critical Threat to the Health of L.A. Children and Families

April 2007

Shame of the City – The Sequel: Slum Housing: L.A.’s Hidden Health Crisis

Enhancing Community Health by Improving Housing and Health Practices, Aligning Government Priorities and Increasing the Power of Tenants
Action: Policies that Improve Health

POLICIES:
- LA City Attorney’s Office
- LA County Department of Public Health

Outcomes

- Landlord Compliance
- Medical Care
- Health Education
- Advocacy
- Litigation
- Community Engagement

St. John’s Well Child & Family Center
SAJE
LA CAN
Legal Aid Foundation of Los Angeles
Neighborhood Legal Services of Los Angeles County
Inquiry

- Collect data on social, economic, & community conditions
Inquiry

- Aggregate symptom and diagnosis prevalence data
Assessment

- Systematically review health and safety trends

Photo credit: Healthy City
Assessment

- Identify priorities and strategies with community partners
Action

- Establish model organizational practices
Action

- Advocate for community health
Tool for Health Care Institutions to Identify Assets & Roles
Local Capacities Needed

- Staff training and continuing education
- A dedicated and diverse team of staff
- Innovative leadership
Overarching Systems Change Recommendations

- Structure health care payment systems to support CCHHs
- Leverage current opportunities for government, philanthropy, and community benefits to support CCHHs
- Consistent metrics for evaluation and continuous quality improvement
- Networks to support peer-to-peer learning
- A cadre of health professionals prepared to work in CCHHs
Sustainability

"In our every deliberation we must consider the impact of our decisions on the next seven generations."

(Great Law of the Iroquois Indian Confederation)

"We can either be victims of change or we can plan for it, shape it, and emerge stronger from it. The choice is ours."

(Sonaran Institute)
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The Spectrum of Prevention

- Influencing Policy & Legislation
- Changing Organizational Practices
- Fostering Coalitions & Networks
- Educating Providers
- Promoting Community Education
- Strengthening Individual Knowledge & Skills
Links Between Violence and Health

MAKING THE CASE

FACT SHEET

Violence and Chronic Illness

Asthma
- Adults with asthma who had witnessed violence in their neighborhoods were twice as likely to be hospitalized for asthma than those who had not had a witnessed violence.

FACT SHEET

Violence and Mental Health

- Youth with past exposure to interpersonal violence (as a victim or witness) have significantly higher rates of post-traumatic stress disorder (PTSD), major depressive episodes, and substance abuse/dependence (1).
- Women who experience intimate partner violence are 3 times more likely to display symptoms of depression, 4 times more likely to have PTSD, and 6 times more likely to have substance abuse than non-violent partners (2).

MAKING THE CASE

FACT SHEET

Violence and Learning

- One in four middle and high school students from around the country report being a victim of violence at or around school (2).
- Fear of danger at school and in the community have measurable effects on school attendance, behavior, and grades (3,4).

At the individual level, violence:
- Affects the emotional health of parents, influencing their ability to attend to school issues (9).
- Creates stress and anxiety among children, affecting their ability to concentrate and focus on learning (in some cases related to Post-Traumatic Stress Disorder, PTSD) (2,3,10-14).
- Leads to decreased attendance related to fear or anxiety (9).
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Safety & Preventing Violence

Healthy Eating & Physical Activity
THRIVE

Tool for Health and Resilience In Vulnerable Environments

http://preventioninstitute.org/thrive/index.php
WE'RE NOT BUYING IT