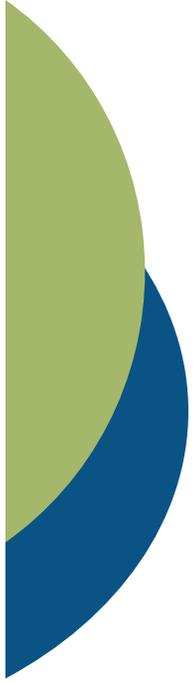


Welcome to the Fall Forum

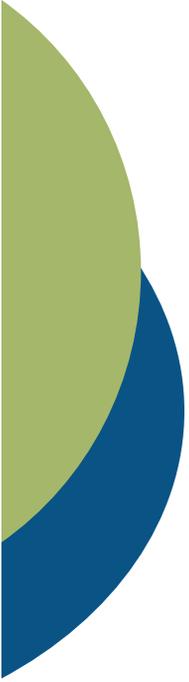
October 20, 2009





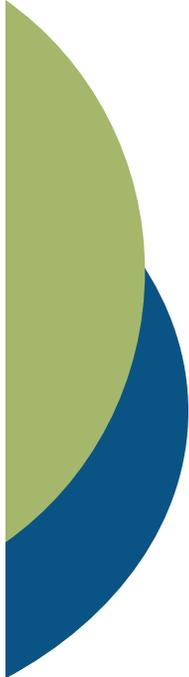
Joan Ascheim

President of the New Hampshire
Public Health Association



What is Public Health ?

- The study and practice of managing threats to the health of a ***community or population***
- The public health approach is applied to ***populations*** ranging from a handful of people to the whole human population
- Priorities are to ***prevent*** (rather than treat) a disease or injury through the study of cases; promoting healthy behaviors; preventing the spread of disease; and addressing policy issues.



New Hampshire

Total Annual Intervention Costs (at \$10 per person): \$12,980,000

New Hampshire Return on Investment of \$10 Per Person

	1-2 Years	5 Years	10-20 Years
Total State Savings	\$26,500,000	\$89,500,000	\$98,200,000
State Net Savings (Net savings = Total savings minus intervention costs)	\$13,600,000	\$76,500,000	\$85,300,000
ROI for State	1.05:1	5.90:1	6.57:1

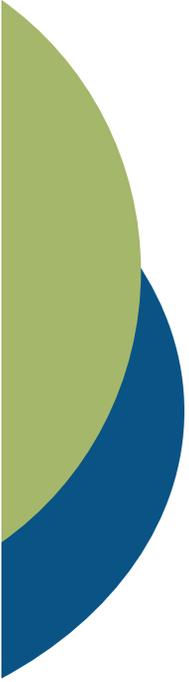
* In 2004 dollars

Indicative Estimates of State-level Savings by Payer: Proportion of Net Savings for an Investment of \$10 Per Person

	1-2 Years	5 Years	10-20 Years
Medicare Net Savings (proportion of net savings)	\$3,670,000	\$20,600,000	\$23,000,000
Medicaid Net Savings (federal share) (proportion of net savings)	\$659,000	\$3,710,000	\$4,130,000
Medicaid Net Savings (state share) (proportion of net savings)	\$659,000	\$3,710,000	\$4,130,000
Private Payer and Out of Pocket Net Savings (proportion of net savings)	\$8,600,000	\$48,400,000	\$53,900,000

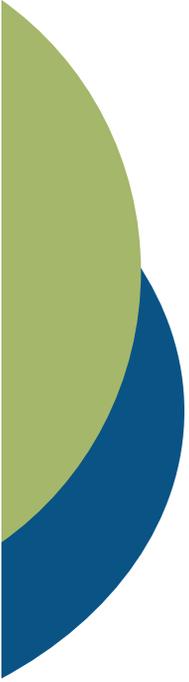
* In 2004 dollars

* Source: TFAH calculations from preliminary Urban Institute estimates, based on national parameters applied to state spending data.



Proven Strategies

- Access to fresh produce through farmers markets
- Schools open after hours for supervised play for children
- Information and support for people trying to quit smoking
- Raising cigarette and tobacco taxes



How does public health differ from health care?

Individual vs.
Populations



Example - Obesity



Health Care Response

- Treatment for conditions such as heart disease, high blood pressure, diabetes, cholesterol
- Nutritional counseling
- Bariatric surgery

Public Health Response

- Working with schools to provide healthy lunch menus
- Working with community coalitions to develop walkable communities
- Assist in developing policies for physical activities in schools

A New Paradigm with Health Reform



Health Care Response

- Treatment for conditions such as heart disease, high blood pressure, diabetes, cholesterol
- Nutritional counseling
- Bariatric surgery



Public Health Response

- Working with school to provide healthy lunch menus
- Working with community coalition to develop walkable communities
- Assist in developing policies for physical activities in schools

Ned Helms

Director, New Hampshire Citizens Health Initiative



CITIZENS
HEALTH
INITIATIVE

Improving Health in the Community

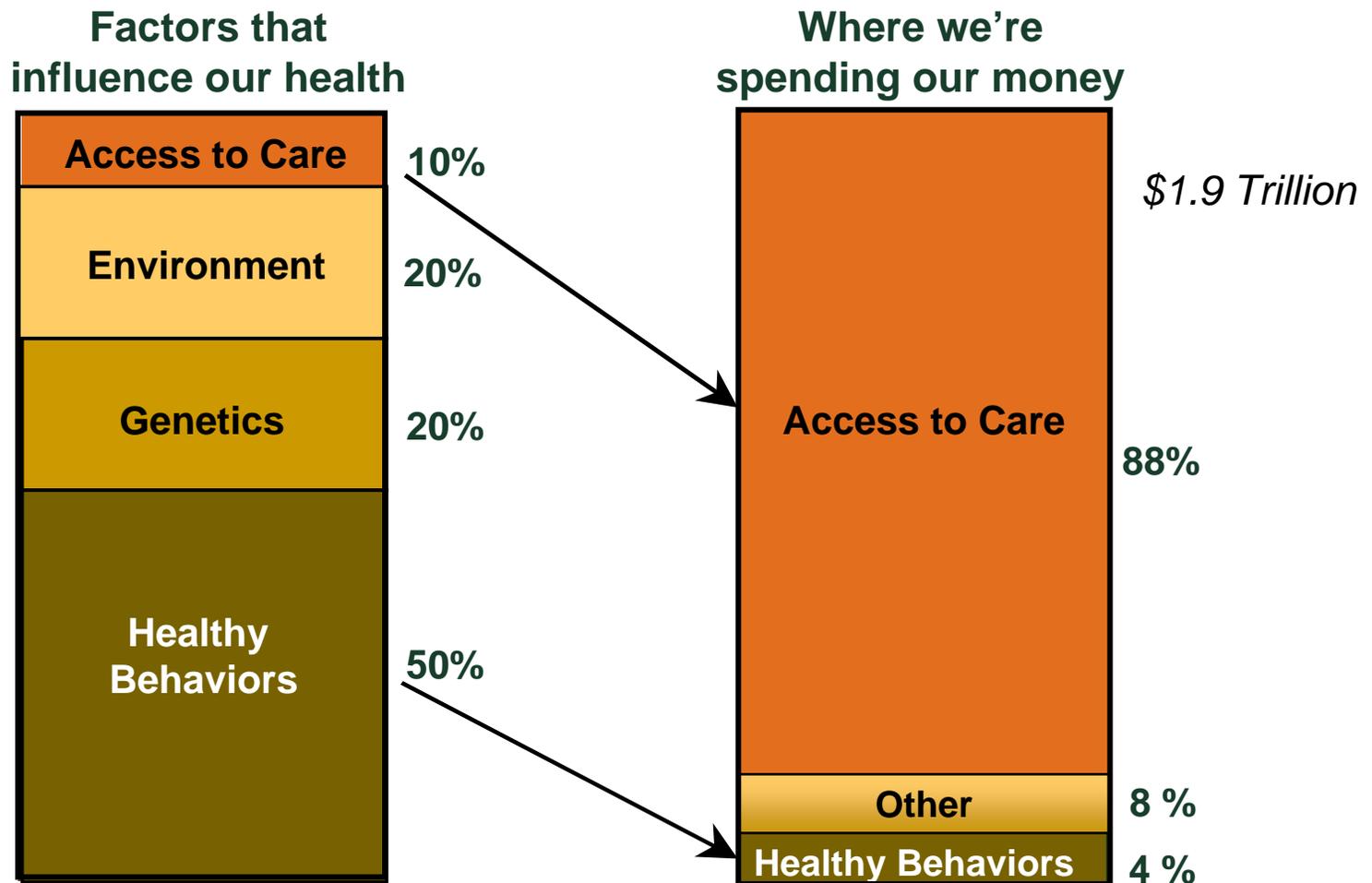
“For too long, the personal health care and public health systems have shouldered their respective roles and responsibilities separately from each other...we need to invest in a process that mobilizes expertise and action...if we are to substantially improve community and population health.”

**In the last century life expectancy
went up 30 years**

**Twenty-five were the result
of public health efforts,
five from enhanced medical
procedures**

Healthy Behaviors

A Case of Misaligned Resources



Federal and Regional Perspectives on the Intersections of Personal Care and Public Health

RADM Michael Milner, DHSc, PA-C
Assistant Surgeon General
United States Public Health Service
20 October 2009

"Protecting, promoting and advancing the health and safety of the Nation"

New Hampshire Public Health Association

New Hampshire Citizens Health Initiative

2009 Fall Forum Theme

**NH's Health System: Realizing the
Goal of an Integrated Public Health
and Personal Health System**

Objectives

- Discuss the role of the RHA
- Region I FY 2009 Public Health Activities
- ASH/SG Public Health Priorities
- Discuss the current vision of Health Care Reform from the HHS policy perspective
- Review some “Lessons Identified” from the Massachusetts Experiment to date
- Discuss issues related to the current policy debate

Who We Are

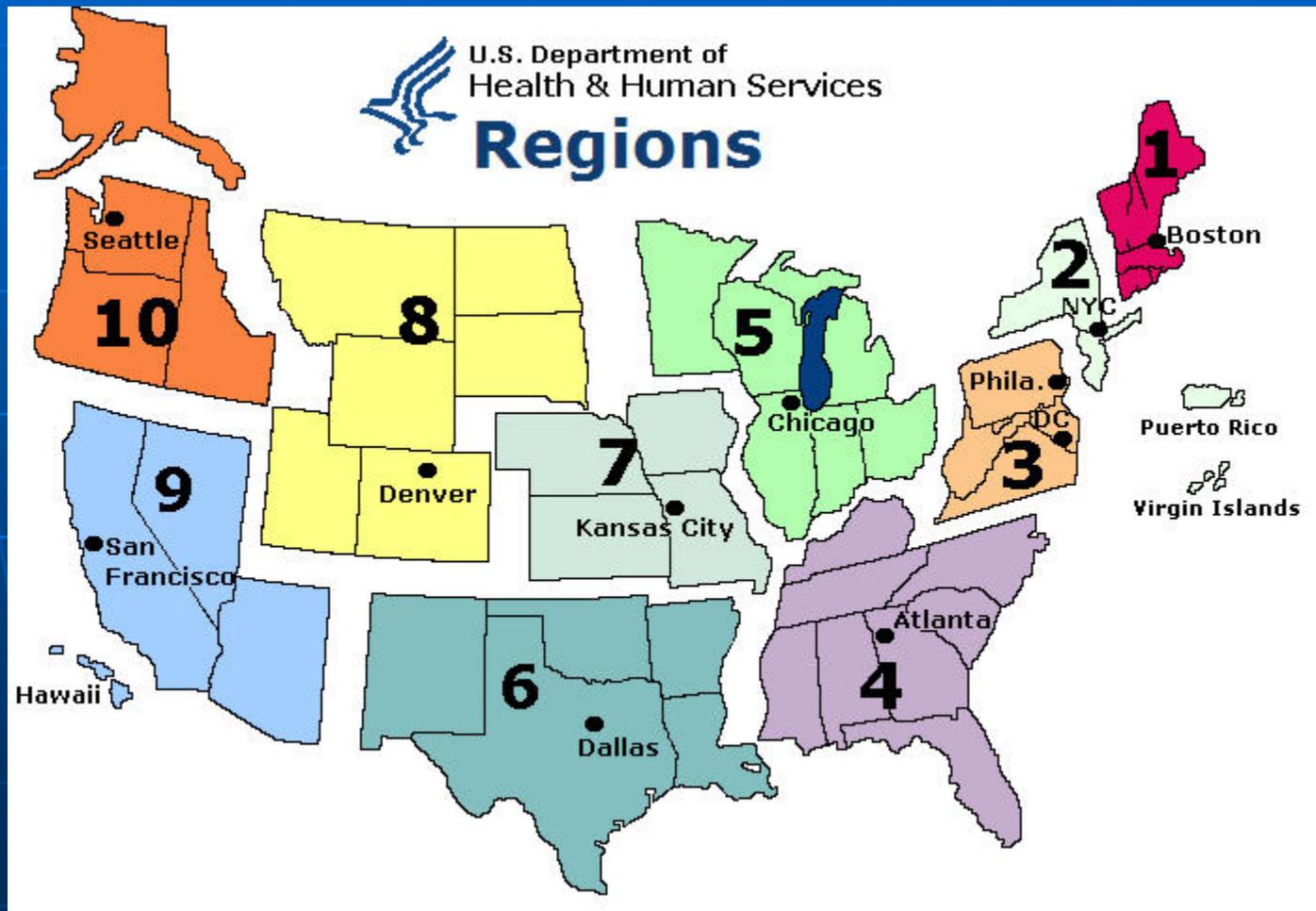
Office of the Secretary
Katherine Sebelius

Assistant Secretary for Health
Dr. Howard Koh
United States Surgeon General
(Nominee: Dr. Regina Benjamin)

Regional Health Administrator
RADM Mike Milner, DHSc, PA-C



Where We Are



What We Do

Inclusive of, but not limited too.....

- Prevention
- Preparedness
- Elimination of Health Disparities
- Health Literacy
- Collaboration

What We Do

Prevention

- We are working to transform our health care system from a treatment-centered entity to one that focuses on preventing disease and treating diseases early. We partner with community organizations to raise awareness about the importance of disease prevention and health promotion.



What We Do

Preparedness

- We work to ensure that our communities are ready and capable of responding rapidly to all hazards, including hurricanes, earthquakes and pandemics.



What We Do

Eliminating Health Disparities

- We work to ensure that all citizens have an equal opportunity for a healthy life.



What We Do

Health Literacy

- We work to ensure that all citizens have the ability to access, understand, and use health related information and services to make appropriate health decisions.



What We Do

Collaboration

- Because of our unique position, as HHS leaders in long-term field assignments, we are able to serve as high-level departmental liaisons throughout the country with federal, tribal, state, and local health officials, as well as community-based organizations and health/medical institutions on matters of public and community health.



Dietary Guidelines
for Americans
2005

What We Do

- Manage and implement five public health programs for the Office of Public Health and Science in the Region.
 - Office on Women's Health
 - Office of Minority Health
 - Office of Population Affairs
 - Office of the Civilian Volunteer Medical Reserve Corps
 - HIV/AIDS Regional Resource Network Program

What We Do

FY 2009 Program Activities Highlights:

- Support over 200 clinics that delivery family planning, HIV testing and educational services to over 200,000 clients each year.
- Maintain 82 Medical Reserve Corps units throughout the northeastern states and more than 20,000 volunteers who improve our nation's preparedness and response.
- Working with regional school superintendents to promote healthy nutrition and fitness programs and highlight academic performance improvement statistics.
- Promote HIV/AIDS testing to over 100,000 people at regional events to increase the number of people who get tested for HIV and the number of people engaged in community discussions about HIV-related stigma and risk behaviors.
- Facilitate the National Partnership for Action to End Health Disparities by partnering with state, tribal and local organizations.
- Working with regional partners to shift paradigm in support of "payment for prevention".
- Workforce development projects with regional partners.
- Support regionally based USPHS Commissioned Officers.

Overview of the Commissioned Corps

- ❑ One of seven uniformed services
- ❑ “America’s Health Responders”
- ❑ Comprise more than 6,500 public health professionals
- ❑ Deliver the Nation’s public health promotion and disease prevention programs
- ❑ Advance public health and science
- ❑ Leaders in health policy development

ASH/SG Public Health Priorities

- Healthy Youth for a Healthy Future
- Healthcare Associated Infection (HAI) reduction
- Call to Action to Prevent and Reduce Underage Drinking
- Call to Action to Prevent DVT/PE
- Health Literacy Project

- **My Family Health Portrait**
A tool from the Surgeon General

The Surgeon General's Call to Action
to Prevent Deep Vein Thrombosis
and Pulmonary Embolism

2008



U.S. Department of Health and Human Services

Health Reform

"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 Barack Obama

Barack Obama's Plan for a Healthier America: Lowering health care costs and ensuring affordable, high-quality coverage for all

HHS Vision of Health Care Reform

- Integrate Prevention and Wellness programs
- Expanded coverage for all
- Improved efficiencies in Medicare and Medicaid programs
- Expanded use of Health IT to reduce costs, reduce errors, improve outcomes and overall quality
- Expanded use of the Medical Home

HHS Vision of Health Care Reform (continued)

- Reduce Healthcare Associated Infections
- Improve care management for patients with Multiple Chronic Diseases
- Reduce preventable diseases due to obesity, tobacco use and substance abuse
- Improve oral health and mental health care services

Some Lessons Identified from Massachusetts Chapter 58

- Cuts in CDC prevention grants to state as more citizens added to insured rolls
- Shortage of primary care providers accentuated
- Costs exceeding projections
- Not enough substance cessation program access
- Not everyone is covered

The Current HCR Debate

- Senate HELP passed its reform bill on 7-15-09. It will do the following:
 - Develop a national prevention, health promotion, and public health strategy that would set specific measurable goals and objectives for improving the health of the U.S. through federally-supported prevention, health promotion, and public health programs.
 - Expand the work and coordination of the Community Preventive Services Task Force and the U.S. Preventive Services Taskforce to improve effective community-based and clinical prevention services and to improve dissemination of recommendations about effective interventions to public health departments, practitioners, policymakers, health systems and others. Establish a program at the Centers for Disease Control and Prevention to facilitate the use of health impact assessments to gauge the public health implications of major decisions regarding the built environment, including housing, transportation systems, waste disposal sites and other land-use planning decisions.
 - Create a Prevention and Public Health Investment Fund that would provide significant additional sustainable funding, reaching \$10 billion by 2019, to expand critical public health and prevention programs that improve health and help to control private and public sector health-related costs.

Senate HELP Bill (continued)

- Establish a variety of programs to improve the supply, distribution, diversity and cultural competence of the public health and primary care workforce, including creating a public health workforce loan repayment program to eliminate critical public health workforce shortages and a grant program to provide training and continuing education for mid-career public health professionals.
- Establish a grant program for state and local governmental and community-based organizations to implement evidence-based community preventive health activities to reduced chronic disease rates, address health disparities (including social determinants of health), and develop a stronger evidence-base of effective prevention programs and interventions.
- Require insurers to provide first dollar coverage for highly rated, evidence-based preventive health services.
- Collect data and conduct research on the health and healthcare of populations that have traditionally experienced health disparities and prioritize reducing health disparities in efforts to improve the quality and effectiveness of health services.

3 House Health Reform Bills

passed on July 14 2009

- Develop a national prevention and wellness strategy that would set specific measurable goals and objectives for improving the health of the U.S. through federally-supported prevention, health promotion, and public health programs.
- Expand the work and coordination of the Community Preventive Services Task Force and the U.S. Preventive Services Taskforce to improve effective community-based and clinical prevention services and to improve dissemination of recommendations about effective interventions to public health departments, practitioners, policymakers, health systems and others.
- Require Medicare, Medicaid and private insurers to provide first dollar coverage for highly rated, evidence-based preventive health services.
- Establish a Public Health Investment Fund that strengthens the investment in community health centers, the public health workforce, and also funds a Prevention and Wellness Trust to fund community-based prevention and wellness services, core public health infrastructure and activities at the state and local levels, and core public health infrastructure and activities at the Centers for Disease Control and Prevention.

House Health Reform Bills (continued)

- Require an annual report containing a description of national, regional, or state changes in health or health care, as reflected by a set of key health indicators developed by the newly created Assistant Secretary for Health Information.
- Collect data on the health and health care of populations that have traditionally experienced health disparities and prioritize reducing health disparities in the prevention and wellness strategy and community services grants.
- Improve data collection on health workforce needs and increase the supply, distribution, diversity and cultural competence of the public health and primary care workforce, including establishing and supporting the training of a Public Health Workforce Corps, supporting graduate medical education in preventive medicine and primary care, expanding the National Health Service Corps, and increasing funding for health professions diversity programs.
- **Create a new public insurance option that provides consumers with a competitive alternative to private insurance coverage offered through the Health Insurance Exchange.**

Key Elements: Common Ground

- Prevention efforts must be expanded to reduce long term costs
- Health care / public health workforce expansion is needed
- Payment reform needed to incentivize primary care providers and promote better outcomes
- Quality and data are important

Summary

- Prevention will be key element of any HCR product
- Expanded health workforce will be needed to meet demand
- Payment reform will be needed to incentivize primary care
- Improvements in quality and outcomes is essential for success

Open Discussion

- How can health insurance be reformed?
- How can we pay for expanding access?
- Medical Tort reform?
- How can we NOT pay for change?
- Stakeholders pro and con in the fray
- Impact of Senator Kennedy's passing?
- Political Will?
- After HCR- What's our role with implementation?