

Future of Prevention March 20, 2017 Summary of Deliberations and Conclusions

Introduction

With changes to an already transforming health system on the table, it is a critical time to explore the future of federal prevention and public health policy. On March 20th, 2017 Trust for America's Health (TFAH) brought together 30 local, state and national officials, providers, insurers, advocates and policymakers with a diverse range of perspectives to create a forum for constructive dialogue on prevention and public health policy in the United States. This convening was supported by the Robert Wood Johnson Foundation, The California Endowment and the W.K. Kellogg Foundation.

This paper summarizes the lively discussion on March 20th, noting points of consensus and areas where there were differing perspectives on the priorities and the path forward, and identifies some of the next steps recommended by the participants and observers, who are listed at the end of this document. TFAH looks forward to hosting other dialogues with those who have differing perspectives on the optimal ways to promote health in the nation; moving us toward a health system that offers access to affordable, quality care and, equally as important, invests in prevention and public health.

The Need for a Greater Focus on Prevention and Public Health in America

We are at a critical moment, as health care is at the forefront of national debate at the same time that we appear to have entered a period of increased fiscal constraint. As a result, it is imperative to look carefully at the highest priority places to invest resources in the most effective manner in order to improve health and reduce health care spending. Improving our nation's health will require:

- Investing in prevention. Proven prevention strategies are commonsense and effective ways to improve America's health. Prevention has a strong track record of saving lives and money. Nearly three-quarters (73 percent) of Americans support increasing investments to improve the health of communities.ⁱ
- Providing access to quality, affordable health insurance, including Medicaid as a source of coverage for low-income patients.
- Supporting health equity and better health for all. Disease rates and life expectancy vary dramatically from neighborhood to neighborhood. Policies must reduce such inequality by focusing on the needs of those with disproportionate risk of poor outcomes.
- Advancing innovations to reduce the rate of spending on health care and improve outcomes while addressing rising rates of disease and injury. Despite the \$3.36 trillion spent annually on

health, it has not translated into optimal well-being for all Americans or the economic health of the country.ⁱⁱ

Scope of Prevention and Public Health Agenda at the Convening

Throughout the day long meeting, participants and observers shared their thoughts and experiences on principles to advance a federal prevention and public health agenda in America, including:

1. Supporting critical infrastructure for health security and a modernized public health system;
2. Guaranteeing insurance coverage of clinical preventive services; and
3. Nurturing local and state community health improvement, including community prevention strategies.

The following are highlights and generally agreed upon conclusions of the discussions held at the convening.

Critical Infrastructure for Health Security

The group agreed that 21st century challenges require a stable and adequately funded public health system. Stable funding is needed to support the core public health infrastructure of the nation – at the federal, state, local, territorial and tribal health levels. Public health is an essential pillar of national health security, and one that the government is best positioned to support. Consistent baseline capabilities are needed in public health systems at all levels to protect the public’s well-being and safety.

A clear example of this need is emergency preparedness. Public health at all levels must have core capabilities to prevent as well as respond to public health emergencies and threats, such as Zika, Ebola, a pandemic flu, natural disasters or bioterrorist threat. The ability to prevent, detect, diagnose and control health emergencies and threats requires baseline capacities in laboratory, surveillance, data analytics, epidemiology, communication and cross-sector collaboration, as well as a trained and available public health workforce. Funding for these core emergency preparedness functions should be stable and sufficient to maintain adequate foundational capabilities and not tied to a specific outbreak or problem.

In addition to emergency preparedness, foundational capabilities of public health include: communicable/infectious disease prevention; chronic disease and injury prevention; environmental public health; maternal and child family health; and access to and linkage with clinical care.ⁱⁱⁱ Public health also serves as a Chief Health Strategist for community health and wellbeing for *all* populations.

The vast majority of the federal budget for public health goes toward programs at the Centers for Disease Control and Prevention (CDC). Adjusting for inflation (and excluding one-time-only emergency funds), CDC’s budget has declined by about \$580 million since 2010. In the past decade, the agency’s budget has been reduced by more than 15 percent (\$1.5 billion).^{iv} More than 60 percent of CDC’s funding supports state and local health departments and other community-based organizations,^v so the decreases in the CDC’s budget have a huge impact on local efforts throughout the nation. Since 2008, nearly 51,000 state and local health department jobs have been eliminated due to federal, state and local budget cuts.

Participants agreed that funding for public health cannot be further decreased without a threat to the nation’s health security. Funding for public health challenges varies greatly in different localities, and

some parts of the country have minimal resources to fulfill the most basic public health functions. Convening participants offered differing perspectives on the various approaches to how the funding might be allocated, such as via formula grants, competitive grants or block grants.

A Modernized Public Health System

There was near unanimous consensus that while public health has advanced a number of important innovations, the public health system overall needs to be modernized. The transformation of the health system, particularly since the implementation of the Affordable Care Act, has impacted the role of public health. In particular, local health departments are playing less of a role as a safety net provider of clinical services in various regions of the country. As Americans gained coverage, safety net services shifted to other community providers who have the capacity to provide more comprehensive services and bill insurance companies (for example, community hospitals and federally-qualified health centers).

During these same years public health departments devoted more attention to what is sometimes referred to as “upstream” activities, those focused on changing the conditions in the lives of their residents in order to prevent the current and future risks of illness and injury. While this trend was looked on favorably by the participants, there was general acknowledgement that such work required resource investment and new skills.

Participants also noted that innovative approaches in science and technology are essential for a modernized public health system but insufficiently funded. For example, disease outbreaks could be detected more quickly and effectively if health departments had up-to-date molecular technologies and greater access to electronic medical records systems.

All participants agreed that it would be unfortunate and extremely difficult if health departments attempted to return to the prior level of provision of clinical services, as they lack sufficient resources to be true safety net providers. Most participants also agreed that the current budgetary support for public health is insufficient to effectively meet the emerging needs. Public health also lacks the resources to recruit, train and retain a new generation of the public health workforce with the abilities to best serve the needs of their communities. The modern, state-of-the-art public health agency—the Chief Health Strategist—is what the current circumstances call for.

Insurance Coverage of Evidence-Based Clinical Preventive Services

Participants agreed that people should have access to evidence-based clinical preventive services that improve health and reduce costs. There were differing perspectives about what policies are needed to promote access to these services, with some favoring federally mandated insurance coverage of evidence-based services that show a return on investment, some preferring state decisions on mandates for such coverage, and others preferring that, rather than mandates, coverage of such services be incentivized and facilitated, for example through value-based payment structures and waivers.

Community-Centered Health Partnerships

Participants agreed that strong local approaches to address priority health problems involve attending to the social determinants of health—or the community conditions that affect health—linking community

and clinical programs and resources, investing in community prevention, building partnerships between key stakeholders across a range of sectors and authentically engaging the local community. There was unanimous agreement that multi-sector partnerships must address the health-related social needs of individuals and communities to maximize health outcomes.^{vi} The discussion centered on the need to scale up approaches and decision-making at the community and statewide levels.

Many participants were in favor of increased federal investment in public health and support was expressed for the retention of the services supported by the Prevention and Public Health Fund. In addition, many convening participants felt that funding should come from a variety of public and private sources to address local health priorities involving multi-sector collaboration and evidence-based strategies. They emphasized the need to tap into innovative funding sources from health and community development as well as leverage assets beyond direct funding from sectors such as business and academia. In addition, participants agreed that integration and flexibility are needed across public health, health care and social service programs and funding streams to maximize efficiency in implementing cross-sector solutions.

Participants felt strongly that in addition to the central role of public health as a Chief Health Strategist, the health care system has a vital role in advancing prevention and community-centered health. The health system holds information that helps pinpoint the types and locations of local health concerns, and has the credibility, connections and resources to help encourage and shape community solutions. There was agreement that hospitals and public health and other community partners should collaborate to conduct local health needs assessments and fill gaps in resources needed to improve community health.

The movement toward value-based care will continue increasing incentives for hospitals, health systems, health plans and other major health providers and employers to invest in addressing prevention and upstream health determinants. In addition to the movement toward value-based care, the participants saw opportunities in redirecting community benefit investments to and engaging hospitals in support of population health.

Evidence to Bolster the Case for Investment in Prevention, Public and Population Health

Participants agreed that there have been great achievements in public health, yet there is much work to be done to educate the public and policy-makers of the benefits of a robust public health system. They felt that greater investment in research and data was needed to continue building the evidence base for prevention and public health, including research to demonstrate the economic return-on-investment. This is challenging because many investments in prevention and public health have long timeframes for achieving outcomes, beyond the usual temporal parameters considered by elected officials.

Campaigns with Public Messages to Articulate the Value of Public Health

As the vision of health expands to one that embraces a broad view of what affects health – the social determinants model – the role and value of public health becomes more important to define and communicate. Convening participants expressed the need to more clearly develop the business case for public health, which is closely connected to the need for more research on the health and cost impact of public health, prevention and healthy development. In addition to more research, proliferation of a

common language for public and population health is needed to advance communication. The development of stories can also help to articulate the value of the range of roles and functions that public health contributes to our society.

Conclusions

The convening succeeded in creating a forum for constructive dialogue on prevention and public health policy among participants with divergent viewpoints. All agreed that public health has achieved enormous improvements in health and well-being for the nation and has a tremendous track record and strategy to build upon. The discussion at the convening revealed certain areas of consensus on the future of prevention while also highlighting the range of perspectives and experiences that exist within the field of public health. While participants varied on the specifics of each, the convening revealed general agreement that:

- a stable and adequately funded public health system is necessary to support the core public health infrastructure of the nation – at the federal, state, local, territorial and tribal health levels;
- the public health system needs to be modernized to meet 21st century challenges and capitalize on opportunities for innovation;
- people should have access to evidence-based clinical preventive services that improve health and reduce costs;
- local health improvement efforts and partnerships are critical to address upstream factors including health-related social needs of individuals and communities and these efforts should include investment in community prevention;
- health systems have a vital role in advancing prevention and community-centered health;
- greater investment in research and data is needed to build the evidence base for prevention and public health, including research to further demonstrate the economic return-on-investment; and
- there is a need to more clearly develop and communicate the value of public health.

At the conclusion of the day's discussions, participants recommended additional consensus-building convenings to further foster non-partisan agreement on principles for advancing a prevention and public health agenda, including recommendations for federal and state policies, and for the consideration of a broadened non-partisan collaborative effort to make the case for such recommendations to policymakers.



**The Future of Prevention Convening
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PARTICIPANT LIST

John Auerbach

President and CEO
Trust for America's Health

Catherine Baase

Board Chair
Michigan Health Improvement Alliance

Michael Barry

Executive Director
American College of Preventive Medicine

Georges Benjamin

Executive Director
American Public Health Association

Paul Billings

Senior Vice President, Advocacy
American Lung Association

Jay Butler

Chief Medical Officer and Director
Division of Public Health
Alaska Department of Health and Social
Services

Bechara Choucair

Chief Community Health Officer
Kaiser Permanente

Larry Cohen

Founder and Executive Director
Prevention Institute

Karen DeSalvo

Former Assistant Secretary for Health
U.S. Department of Health and Human Services

Brenda Fitzgerald

Commissioner
Georgia Department of Public Health

Dan Hawkins

Senior VP for Public Policy
National Association of Community Health
Centers

Emily Holubowich

Senior Vice President
CRD Associates

Frederick Isasi

Executive Director
Families USA

David Lakey

Assoc. Vice Chancellor for Population Health
The University of Texas System

Jeffrey Levi

Professor of Health Policy and Management
George Washington University

Lisel Loy

VP of Programs and Director of Prevention
Initiative
Bipartisan Policy Center

Carol Moehrle

District Director
Idaho North Central District

Janet Olszewski

Fellow
Michigan Health Endowment Fund

Mary Pittman
President/CEO
Public Health Institute

Karen Remley
CEO/Executive Vice President
American Academy of Pediatrics

Eduardo Sanchez
Chief Medical Officer
American Heart Association

Bruce Siegel
President and CEO
America's Essential Hospitals

FEDERAL OBSERVERS

Deidre Gifford
Deputy Center Director
Center for Medicaid and CHIP Services

Tiffany McNair
Director, Division of Health Innovation and
Integration
Prevention and Population Health Group
Center for Medicare & Medicaid Innovation

STAFF

Anne De Biasi
Director of Policy Development
Trust for America's Health

Abby Dilley
Vice President of Program Development
RESOLVE

Richard Hamburg
Executive Vice President and COO
Trust for America's Health

Dalen Harris
Director of External Relations and Outreach
Trust for America's Health

David Smith
Chief Development Officer
Leavitt Partners

Sandra Wilkniss
Program Director, Health Division
National Governors Association

Donald Williamson
President/CEO
Alabama Hospital Association

Jewel Mullen
Acting Assistant Secretary for Health and
Principal Deputy Assistant Secretary for Health
Office of the Assistant Secretary for Health

Von Nguyen
Acting Associate Director for Policy
Centers for Disease Control and Prevention

Sherry Kaiman
Strategic Partner
RESOLVE

Genny Olson
Policy Development Associate
Trust for America's Health

Rebecca Salay
Director of Government Relations
Trust for America's Health

Naomi Seiler
Associate Research Professor
George Washington University

Endnotes:

ⁱ Trust for America’s Health. Special Issue Brief: National Survey of Registered Voters on Public Health. Washington, DC: Trust for America’s Health, 2017. Available at <http://healthyamericans.org/report/133/> (accessed March 2017).

ⁱⁱ Keehan SP, Stone DA, Poisal JA, et al. National Health Expenditure Projections, 2016-25: Price Increases, Aging Push Sector to 20 Percent of Economy. *Health Affairs* 36(3): 2017; doi: 10.1377/hlthaff.2016.1627. <http://m.content.healthaffairs.org/content/early/2017/02/14/hlthaff.2016.1627.full.pdf> (accessed February 2017).

ⁱⁱⁱ Institute of Medicine. For the Public’s Health: Investing in a Healthier Future. Washington, DC: National Academies Press, April 2012; and RESOLVE. “Transforming Public Health: Emerging Concepts for Decision Making in a Changing Public Health World.” 2012.

^{iv} Trust for America’s Health. A Funding Crisis for Public Health and Safety: State-by-State Public Health Funding and Key Health Facts, 2017. Washington, DC: Trust for America’s Health, 2017. Available at <http://healthyamericans.org/assets/files/TFAH-2017-FundingCrisisRpt-FINAL.pdf>

^v <http://www.naccho.org/uploads/downloadable-resources/flyer-advocacy-aboutCDC.pdf>

^{vi} <https://nam.edu/wp-content/uploads/2017/03/Vital-Directions-for-Health-Care-Priorities-from-a-National-Academy-of-Medicine-Initiative.pdf>