Affordable Care Act Opportunities to Improve Public Health

Produced by Health Resources in Action for the Maricopa County Department of Public Health (MCDPH)

Background

The federal **Patient Protection and Affordable Care Act (ACA)** represents a major expansion and regulatory overhaul of the U.S. health system that aims to increase the rate of insurance coverage, contain the unsustainable rise in health care costs, and improve health care quality and outcomes through a number of mechanisms that are currently being rolled out over the course of several years. Through the ACA, an estimated 1.3 million currently uninsured Arizonans are expected to enroll in either the Arizona Health Care Cost Containment System (AHCCCS, Arizona's Medicaid system) or private insurance exchanges through an Insurance Marketplace. While insurance coverage and subsequent demand for primary care and prevention services are anticipated to rise, approximately 650,000 Arizonans will remain uninsured and will continue to rely on safety net providers as well as public health services.

With the ACA's emphasis on expanding health care access, improving quality of care and health outcomes, as well as promoting the role of prevention and population health in controlling costs, there are many opportunities for public health to help shape the development of a more effective health system in Arizona. To that end, the Maricopa County Department of Public Health (MCDPH) commissioned a number of reports and briefs that will help them better understand opportunities for supporting health care providers, payers, and businesses as they collectively seek to navigate a new and effective health system landscape.

This brief is intended for the community sector and highlights new opportunities to partner with health departments and multi-sector agencies to foster a healthier population and more effective health system. The brief focuses on building healthy and safe community environments and eliminating health disparities. It also highlights two priority areas from the National Prevention Strategy, healthy eating and active living,[1] as they are key determinants of community health. A longer technical report, available from MCDPH, goes into greater detail about these subjects.

New Context for Improving Population Health

The ACA includes several measures to improve population health and support primary prevention. Primary prevention is a set of activities to promote wellbeing and prevent the occurrence of diseases and injuries in the community.

NATIONAL PREVENTION STRATEGY

An important outcome of the ACA was the establishment of the National Prevention Council and the Council's development of the National Prevention Strategy (NPS). The NPS is the national blueprint of principles and strategies for improving health in communities where people work, live, learn, and play. The NPS outlines four key strategic directions:

- Build healthy and safe community environments;
- Expand quality preventive services in healthcare and community settings;
- Empower people to make healthy choices; and,
- Eliminate health disparities.

Maricopa County Public Health
WeArePublicHealth.org

THE PREVENTION AND PUBLIC HEALTH FUND (PPHF)

The ACA established the PPHF as part of redirecting health systems towards prevention and strengthening the capacity and impact of the public health system. The PPHF's purpose is to *improve health and help restrain the rate of growth in private and public sector health care costs.* The largest initiative funded by the PPHF is the Community Transformation Grant (CTG) program. Guided by the NPS, CTGs aim to make measurable differences in chronic disease incidence and outcomes by leveraging multi-sector collaboratives that implement new policies and systems to support healthy community environments. CTGs incentivize health departments and their partners to shift their emphases from programs that work with individuals to higher impact sustainable strategies that will make the healthy choice the easy choice for community residents.

NEW IRS REGULATIONS ESTABLISHED BY THE ACA

These regulations require nonprofit hospitals to develop Community Health Needs Assessments (CHNAs) and Community Health Improvement Plans (CHIPs) every three tax years which must involve public health and community partners. Community Benefits departments must be responsive and accountable to these identified community needs. Some states impose additional requirements on tax-exempt hospitals for their community benefit expenditures. Community organizations and health departments should participate in the new nonprofit hospital CHNA and CHIP planning processes to ensure that data and community voices are reflected in the priorities and outcomes of these plans and help shape how community benefit dollars are spent.

Strategies for Strengthening Primary Prevention to Improve Population Health

PARTICIPATE IN HEALTH ASSESSMENT AND PLANNING

Community prevention strategies will have greater impact if health department and hospital community health improvement strategies are aligned and utilize best practices to address the key social and economic determinants of health. A key resource for community level primary prevention is the Centers for Disease Control and Prevention (CDC) Guide to Community Preventive Services. This guide (www.communityguide.org) has been in existence since 2001, but is now funded by the PPHF to accelerate the evidence-based policy and systems changes that are shown to have an effect on chronic disease risk factors and outcomes.

PARTICIPATE IN LOCAL AND STATE PLANNING THAT INTEGRATES HEALTH CRITERIA INTO DECISION MAKING ACROSS MULTIPLE SECTORS

The National Prevention Council encourages federal health agencies to work with their sister agencies and sectors whose missions may not be explicitly health related, but still have the potential to impact health outcomes. This "health in all policies" approach, which encourages all sectors to consider the health implications of their projects and plans, can also be fostered by MCDPH. It can expand relationships with local agencies and institutions involved in community safety, housing, education, transportation, economic development, and zoning to ensure that health impacts are addressed in applicable local and state policies and regulations. Joint planning can ensure that municipal, county, regional, and state agencies use consistent approaches, supported by the NPS, to promote tobacco-free, healthy eating, active living, and safe living and working conditions.

HEALTH IMPACT ASSESSMENTS (HIA)

HIAs are an important methodology for promoting health in all policies and they are rapidly being promoted across the country. HIAs enable decision makers to consider the health impacts of new plans and projects on community members, especially as they may disproportionately affect vulnerable communities. HIAs rigorously examine the opportunities, risks, and impacts of planning or investment decisions on community health and health equity, and offer recommendations that will help promote positive health outcomes and minimize potentially bad ones. Arizona has made a significant commitment to using HIAs, with two currently underway, and many more communities having expressed interest in conducting them. Health in Policy and Practice (HIP[2]) brings together representatives from the state, MCDPH, and St. Luke's Health Initiative to

support capacity to further the use of HIAs in the state. HIAs are an important opportunity to proactively address land use, transportation, housing, and economic development plans and projects across the state, and to address health equity.

PURSUE FUNDING FOR MULTI-SECTOR COLLABORATIONS FOR HEALTH IMPROVEMENT

New funding opportunities such as CTGs offer a platform to bring together partners to address CDC priorities like reducing exposure to tobacco and avoidable injuries, and promoting healthy eating and active living. Public health agencies can recommend evidence-based strategies with community involvement. Community organizations can help tap partnerships with agencies in different sectors for stronger collective impact to promote policies and environmental strategies which support equitable, healthier communities.

Focus on Equity and Determinants of Health

MONITOR DISPARITIES AND PRIORITIZE TARGETED INITIATIVES TO ACHIEVE EQUITY

Low-income and communities of color have the highest rates and social burden of chronic diseases, injuries, and other costly medical conditions. Studies show that access to medical care represents only a small percentage of what ultimately shapes a community's health status. Social and economic factors, such as access to quality education, employment, and housing, as well as healthy foods and recreational opportunities, are key determinants of health disparities. Health departments should monitor and address access to care, community resources, and health outcomes for all populations and highlight inequities where they occur. County health rankings provide useful measures to track social, economic, and physical determinants of health, as well as more traditional health factors. Geographic information systems, and other visual forms of portraying data, help communities and policymakers understand inequities and galvanize their interest in tackling them.

Health departments and their partners should target

resources that support vulnerable populations and neighborhoods with the worst health indicators and least access to resources. Arizona's REACH Program has worked to identify gaps and make plans to address inequities, and the Arizona Department of Health Services Health Disparities Center provides a number of resources that can assist communities to work jointly on these programs.

Policies and systems that focus on interventions such as low-income tax credits, child care subsidies, school retention programs, healthy affordable housing, and adult education are all critical health priorities to promote health equity. It is essential for public health agencies to collaborate with other sectors, such as community development agencies, to achieve meaningful population health improvements, community wellbeing, and health care savings.

Working toward Healthy Community Design

IMPROVING COMMUNITY-SCALE DESIGN POLICIES

The CDC Community Prevention Guide identifies community-scale urban design land use policies and practices as an effective way to change the physical environment of urban areas to support physical activity. This can include increasing proximity of residential areas to stores, jobs, schools, and recreation areas; improving sidewalks and streets; and, enhancing aesthetic and safety aspects of the environment. These interventions, in addition to resulting in an increase in the number of people participating in physical activity, may help improve the amount of green space, increase the sense of community, and reduce crime and stress.[2]

An initiative by the Los Angeles County Department of Public Health (LACDPH) — to influence land use policies by funding cities and community organizations to develop policies promoting healthy eating and active living — provides such an example. These include plans for safe and healthy streets, transit oriented districts, and greenways. LACDPH has assisted cities within Los Angeles County to develop comprehensive plans that consider how appropriate development can improve health and reduce health disparities. El Monte, a city with a large Hispanic population and a growing

obesity trend, developed a strategy in its general plan to address the city's lack of safe facilities and parks where residents can be physically active, and developed a one-mile fitness circuit which is being replicated in other parks.[3]

Important work is underway in Arizona to support healthy community design. The Livable Communities Coalition, which brings together a range of organizations to provide input on general plans in Phoenix, Tempe, Mesa, and Scottsdale, is a model that can be expanded. ADHS's Children and Youth with Special Healthcare Needs Health Policy Council works to ensure that all policymaking around community design meets the needs of this special needs population, eliminating the demand for separate standards.

Improving Access to Healthy Food

HEALTHY VENDING AND HEALTHY FOOD CONCESSIONS

Making healthy food choices easily available to people where they live, work, and play is an important strategy nationally, as well as in Arizona. MCDPH has successfully established healthy vending programs in county buildings and are working on expanding these programs to schools, community organizations, the park system, as well as other counties. Establishing partnerships with the primary vending companies can be an effective strategy for moving forward, as may be identifying champion "early adopter" organizations to help motivate others. Building healthy vending policies into other programs related to healthy eating, and bringing in additional partners, can continue to strengthen these efforts. There are many national and state examples from which to draw.

Federally, the National Park Service is currently introducing new food standards that will require parks across the U.S. to offer healthy food options to visitors. The standards require that: fruits and vegetables be offered with entrees or as side dishes; low-fat and low-sodium options are available; reduced portion sizes are offered when possible; at least 30% of drinks offered have no added sugar; and, low-fat and fat-free milk are available.[4]

Many states have implemented healthy vending policies, such as in Delaware's park system,[5] in Maine's schools and large businesses,[6] and in workplace vending

machines in Wisconsin,[7] to name a few. A variety of healthy vending tools, resources, and standards have been developed by organizations such as the National Alliance for Nutrition and Activity.[7] Partnering with hospitals and health care organizations is a logical step, and Health Care Without Harm supports efforts in hospitals to make healthier vending machines and other healthy food changes.[8] The city of Chicago took a broad approach to promoting healthy vending by launching a "Healthy Vending Challenge" to businesses and organizations, and several health care organizations were among the first to commit.[9]

BRINGING HEALTHY FOOD TO AREAS WITH LIMITED ACCESS

Organizations in Arizona have explored options for bringing healthy food to communities with limited access. The establishment of ordinances for, and the promotion of, farmers' markets can be important vehicles for expanding food access. There are plenty of other examples across the country to increase healthy food access and practices, such as the Big Cities Health Coalition's work to impact grocery store advertising and food display practices. In addition, King County, Washington expanded food access by ensuring that low-income residents can use Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) vouchers to purchase produce at farmers' markets.[10] King County also enlisted businesses to participate in Healthy Foods Here, a program to increase access to healthy food options through small corner stores and convenience stores. Several healthy eating initiatives have been implemented in Texas through its CTG grant, such as launching farmers' markets and farm stand programs in underserved areas, establishing community garden initiatives including one at a local food bank, and developing a healthy restaurant coalition.[11]

In addition, many programs funded through the CDC's Communities Putting Prevention to Work (CPPW) utilize strategies that MCDPH is using or exploring related to food access. For example, Hamilton County, OH used its CPPW grant to increase access to healthy foods through school vending machines, cafeterias, and school stores, and increase the number of community gardens. San Diego County, CA used its grant to encourage farmers' markets to accept Electronic Benefit Transfer cards, facilitate establishment of community gardens by removing zoning restrictions,

and create a stakeholders group to ensure physical activity and nutrition are incorporated into all aspects of public planning.[10]

Improving Access to Opportunities for Physical Activity

INCREASING PHYSICAL ACTIVITY BY IMPLEMENTING STREET-SCALE URBAN DESIGN POLICIES

The CDC Community Prevention Guide identifies policies related to street-scale design as an effective way to increase physical activity. This can be done by improving street lighting, promoting safer pedestrian crossings, using traffic calming approaches, and enhancing street landscaping. Studies that looked at changes in street-scale design showed an increase in the number of people taking part in physical activity. Other benefits of these changes include improved green space, increased sense of community, and reduced crime and stress.[12]

COMPLETE STREETS

Complete Streets policies are increasingly becoming a focus in cities across the U.S. for creating environments that are conducive to physical activity. These comprehensive policies formalize a community's intent to plan and maintain streets that are safe for users of all ages and abilities, and that can accommodate pedestrians, bicyclists, public transit users, motorists, and freight vehicles.[13] There are efforts currently to develop a Complete Streets policy in Phoenix, and this approach can be applied in other communities.

Schools are key partners for improving opportunities for physical activity, and have been so in Maricopa County. MCDPH's Safe Routes to School program is a successful effort to promote physical activity, and MCDPH is interested in expanding the program to parks, health care sites, and other destinations. MCDPH has explored joint use agreements with elementary schools in Phoenix, creating the opportunity to use school property for after school activity. MCDPH is also exploring the community schools model which integrates an array of community services and resources into the school setting to support many aspects of healthy community work.

Collaboration: Connect Community Resources, Public Health, and Health Care Systems Services

LINK COMMUNITY RESOURCES TO PUBLIC HEALTH AND HEALTH CARE SYSTEMS

The community centered health home framework broadens the health home to collaborate with community organizations to address issues in the health system's environment that impact their population's health.[14] This approach begins with health care organizations collaborating with neighborhood groups to use health care and local data to understand the social, economic, and community conditions affecting health. Health system and community partners then work together to identify solutions and act as health advocates to influence policies that most affect their patient populations. Examples include addressing repeated pedestrian injuries or exposure to secondhand smoke by implementing environmental solutions to high-hazard cross walks and targeting smoke-free policies in housing developments where many patients with asthma live.[14]

The Akron Accountable Care Community (ACC) provides an example of this model in action. The ACC measures success by a number of factors including improved health of the whole community, cost effectiveness, and cost savings to the health care system. To address the high prevalence of Type 2 diabetes in the community, the ACC brought together a range of organizations including hospitals and health care providers, employers, the Chamber of Commerce, universities, housing groups, transportation groups, economic developers and planners, faith-based organizations. and others.[15] To address social conditions that can promote healthy eating and active living, the ACC has worked on:

- Expansion of the concept of "public lands for public health" with a nearby national park, including extending public transportation to make the park more accessible;

- An HIA of the Akron Marathon;

- Partnerships with the faith-based community groups for health education and screening for underserved individuals; and,

- Collaboration with the metropolitan transportation system to improve transportation and to provide increased opportunities for physical activity and healthy, affordable food.[5]

Promoting Funding for Primary Prevention

ADVOCATE FOR INCREASED PRIMARY PREVENTION AND PUBLIC HEALTH FUNDING

Community organizations can have a strong voice in advocating for public health funding to promote healthy communities. As more resources are focused on health care access, public health dollars can become jeopardized, as they did in Massachusetts. To access more prevention resources in MA, public health, health access, faith-based advocates, CBOs, as well as business and municipal leaders, successfully came together to call for the creation of a new Prevention and Wellness Trust Fund as part of a health care payment reform law. These funds will be used for programs to stem chronic illnesses such as diabetes, asthma, and heart disease that are fueling the growth of medical costs. The funds for The Trust will be paid for by a surcharge on insurers and larger hospitals.[16] Under the expansive prevention program, communities, health care providers, regional planning agencies, and health plans can apply for grants to address preventable illnesses. Up to 10% of the $60 million dollars over four years is designated to help employers launch work-based wellness programs. The Massachusetts' payment reform law also created tax credits for employers that set up the programs, and it also requires health insurance premium discounts for small businesses with these programs.

The Maricopa County Community Sector can continue to join together with health departments and other sectors to pursue funding opportunities that promote healthy communities, healthy food consumption, and increased physical activity. This can build on the joint planning processes and multi-stakeholder initiatives described in this brief, and which leverage Arizona's past successes.

References

1   National Prevention Council. National Prevention Strategy: America's Plan for Better Health and Wellness [Internet]. 2011 [cited 2013 Jun 11]. Available from: http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf

2   The Guide to Community Preventive Services. Environmental and Policy Approaches to Increase Physical Activity: Community-Scale Urban Design Land Use Policies [Internet]. 2004 [cited 2013 Jun 12]. Available from: http://www.thecommunityguide.org/pa/environmental-policy/communitypolicies.html

3   The Guide to Community Preventive Services. Planning a Strategy: Changing the Way a County Health Department Addresses Health Conditions [Internet]. 2012 [cited 2013 Jun 12]. Available from: http://www.thecommunityguide.org/CG-in-Action/LACounty.pdf

4   Vogel S. Park Service unveiling new healthy food standards at Mall event. The Washington Post [Internet]. Washingotn, D.C.; 2013 Jun 5; Available from: http://www.washingtonpost.com/blogs/federal-eye/wp/2013/06/05/park-service-unveiling-new-healthy-food-standards-at-mall-event/

5   Trust for America's Health. A Healthier America 2013: Strategies To Move From Sick Care To Health Care In The Next Four Years [Internet]. [cited 2013 Apr 28]. Available from: http://healthyamericans.org/assets/files/TFAH2013HealthierAmerica07.pdf

6   Healthy Maine Partnerships. Develop Policies that Support Healthy Options in Vending Machines: Action Packet [Internet]. 2004 [cited 2013 Jun 12]. Available from: http://www.healthymainepartnerships.org/panp/site/226–008–04_kit.pdf

7   Association of State and Territorial Public Health Nutrition Directors. Healthy Vending Machine Sales Data [Internet]. [cited 2013 Jun 13]. Available from: http://www.astphnd.org/resource_read.php?resource_id=225

8   Health Care Without Harm. Healthy Food in Health Care [Internet]. 2013 [cited 2013 Jun 13]. Available from: http://www.healthyfoodinhealthcare.org/index.php

9   Healthy Places: An Initiative of Healthy Chicago. A Blueprint for Healthier Vending: Steps to Ensure Healthier Food and Beverage Items in Vending Machines [Internet]. 2013 [cited 2013 Jun 13]. Available from: http://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/BlueprintHealthierVending2013.pdf

10 Centers for Disease Control and Prevention. Communities Putting Prevention to Work [Internet]. 2011 [cited 2013 Jun 12]. Available from: http://www.cdc.gov/CommunitiesPuttingPreventiontoWork/communities/profiles.htm

11 Texas Department of State Health Services. Long Live Texans Success Stories [Internet]. [cited 2013 Jun 13]. Available from: http://www.longlivetexans.com/index.php/site/success-stories

[12] The Guide to Community Preventive Services. Environmental and Policy Approaches to Increase Physical Activity: Street-Scale Urban Design Land Use Policies [Internet]. 2004 [cited 2013 Jun 12]. Available from: http://www.thecommunityguide.org/pa/environmental-policy/streetscale.html

[13] Smart Growth America. The Best Complete Streets Policies of 2012 [Internet]. 2013 [cited 2013 Jun 13]. Available from: http://www.smartgrowthamerica.org/documents/cs-2012-policy-analysis.pdf

[14] Valdovinos E, Srikantharajah J, Pañares R, Mikkelsen L, Cohen L, Cantor J. Community-Centered Health Homes: Building the gap between health services and community prevention [Internet]. Prevention Institute. 2011 [cited 2013 May 16]. Available from: http://www.preventioninstitute.org/component/jlibrary/article/id-298/127.html?gclid=CI2Lv6Ocm7cCFYqk4A-odXlkAMw

[15] Trust for America's Health. Akron, Ohio — The First Accountable Care Community in Action [Internet]. 2013 [cited 2013 Apr 29]. Available from: http://healthyamericans.org/health-issues/prevention_story/akron-ohio-the-first-accountable-care-community-in-action

[16] Prevention Institute. How Can We Pay for A Healthy Population: Innovative Ways to Redirect Funds to Community Prevention [Internet]. 2013 [cited 2013 May 30]. Available from: www.preventioninstitute.org/component/jlibrary/article/download/id-730/127.html