

Alameda County Board of Supervisors Health Committee's Community Dialogue on Preparing for Health Reform

Hearing 6: Innovations in Prevention

April 23, 2012

This hearing focused on new funding and initiatives available to prioritize prevention efforts, as well as local efforts focused on increasing the availability of prevention services in Alameda County. This was part of a [13-month series](#) on how the Patient Protection and Affordable Care Act (ACA) could impact Alameda County. The speakers for this session included:

- Overview of Prevention Aspects of the Affordable Care Act, by **Mary Pittman**, DrPH, President and CEO of the Public Health Institute
- Focus on expanding preventative health coverage through California's Health Benefits Exchange, by **Ellen Wu**, MPH, Executive Director of the California Pan-Ethnic Health Network (CPEHN)
- Overview of local prevention efforts in the health system and community, **Muntu Davis**, MD, MPH, County Health Officer for Alameda County Public Health Department
- Grassroots view and approach to health prevention, **Laura Elizabeth Lopez**, Executive Director of Street Level Health Project

Prevention in the Affordable Care Act (ACA)

Mary Pittman began by emphasizing that chronic disease is the primary driver of mortality, morbidity and costs among Americans today. Much of chronic disease, such as heart disease, stroke, cancer and asthma, is preventable. The field of public health is focusing interventions around environment factors that drive health. This may range from trying to make parks safer, expanding availability of grocery stores and healthy food options in low-income neighborhoods or promoting better air quality.

"Chronic disease is affected by place," Pittman said. "There is an important connection between environment and access to health care system, but prevention is much more than getting preventative health services." Thus, the

approach of “health in all policies” increasingly is being pushed because it acknowledges the wide range of factors that contribute to health status, she said.

As for the Affordable Care Act, the health reform law resulted in the nation’s first-ever National Prevention Strategy and dedicated funding through the Prevention and Public Health Fund. In Fiscal Year 2011, almost \$200 million was set aside for this fund. This included \$50 million for tobacco prevention efforts and \$145 million for Community Transformation Grants. Rural counties in California received about 20 percent of that grant money to 1) maximize health impact through prevention; 2) advance health equity and reduce health disparities; and 3) expand the evidence base for local systems and infrastructure changes that impact health. The prevention fund is now at risk. In 2012, it was cut by \$5 billion to pay for Medicare payments to physicians.

Pittman offered the following recommendations for Alameda County to support prevention efforts:

- Leverage the county’s strong community clinic network
- Support the county public health department
- Build community wide investment in prevention
- Adopt a “health in all policies” framework

Expanding Prevention to Populations of Color

Ellen Wu spoke about the opportunities under California’s new Health Benefit Exchange to promote health and wellness. Starting in 2014, about 2 million people will be newly eligible for health insurance coverage through the exchange, and about 67 percent of them will be people of color. About 40 percent of the newly eligible will speak English as a second language. The Exchange is developing criteria for “qualified health plans” to sell products through the exchange. CPEHN is advocating for the criteria to emphasize prevention and wellness by including things like health education classes in different languages, care management, and comprehensive wellness policies.

Health Prevention in Alameda County

The Alameda County Public Health Department focuses on promoting health equity – meaning that everyone has the same opportunities for good health and fulfilling a productive life, said County Health Officer Muntu Davis. Significant disparities in mortality and morbidity exist across the city, depending on the average wealth and education level of individuals living in that zip code. The health equity framework focuses on exposure to risk and environmental drivers of risky behaviors. Often the conditions that lead to those exposures are created by organizations that have the power to change them.

For example, Davis said, there are “invested communities” with parks, safe streets, sidewalks, grocery stores, clean air, reliable public transportation, good schools and jobs and strong local businesses. The confluence of these factors generally leads to good health. In contrast, disinvested communities have unsafe parks, high crime rates, high density of liquor stores and fast food restaurants, pollution, poor public transportation, poor performing schools, and high unemployment. These factors tend to contribute to poor health.

Alameda County has begun examining the relative impacts of various interventions on health status, health care utilization, and costs through a sophisticated modeling project funded by foundations. Davis said this modeling will be a tool to inform policy decisions around investments in prevention.

View from the Street: A Grassroots Approach to Prevention

Laura Elizabeth Lopez wrapped up the session with an overview of her organization’s work to improve the health of immigrants in Alameda County. Street Level Health provides a safe and trusted community center that serves as an initial bridge for many new immigrants to health and social services needed to keep themselves and their families healthy. This includes access to nutritional programs, health education classes, and even a wellness clinic that triage’s patients and provides a connection to the county’s safety-net clinics. “We want to be a bridge in helping people navigate through the health system,” she said. The organization has a small staff, relying on many volunteers and collaborations with other organizations to assist its clients. “We are a community center serving as a health portal,” Lopez said.