



Affordable Care Act, What's in it? Prevention and Public Health

a series examining health care issues in rural America



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Chronic diseases and conditions such as heart disease, cancer, strokes and diabetes are responsible for seven of 10 American deaths each year and 75 percent of the nation's health spending.¹ Rural residents experience these diseases and conditions or the circumstances that lead to them in generally greater numbers.² Many behaviors lead to poor health and these chronic conditions—behaviors such as tobacco use, poor diet, physical inactivity and alcohol abuse. Again, rural residents have greater rates of engaging in these behaviors.² Such is the case of today's American health care system—the need to address diseases and conditions that, in many cases, are preventable.

Affordable Care Act and the Emphasis on Health

Little-recognized provisions of the Affordable Care Act seek to change the health care system by placing a greater emphasis on health and by promoting strategies that will help create healthier people and healthier communities. In general, the Affordable Care Act seeks to fully implement the National Quality Strategy developed by the U.S. Department of Health and Human Services. The National Quality Strategy has three primary aims:³

- ◆ **Better care**—improving the overall quality of health care and making health care more patient-centered
- ◆ **Healthy people and communities**—improving the health of the U.S. population by supporting proven interventions to address behavioral, social and environmental determinants of health
- ◆ **Affordable care**—reducing the cost of quality health care for individuals, families, employers and the government

In addition, the National Quality Strategy has several priorities which the Affordable Care Act specifically addresses. Among those priorities are:³

- ◆ **Promoting the most effective prevention and treatment practices** for the leading causes of mortality, starting with cardiovascular disease
- ◆ **Working with communities** to promote the wide use of best practices to enable healthy living

Taken together, the connection between the Affordable Care Act and the aims and priorities of the National Quality Strategy will result in an unprecedented emphasis on public health and prevention. In other words, seeking to turn the current “sick care system” into a true “health care system.” Given the rural disparities in the current system, rural people and communities have much to gain from an emphasis on health and prevention.

On June 16, 2011, the Obama administration released the National Prevention and Health Promotion Strategy, a plan that was called for in the Affordable Care Act. This plan is viewed as a roadmap that will help public entities and the private sector to partner to build a system that focuses on wellness and prevention rather than sickness and disease, according to Health and Human Services Secretary Kathleen Sebelius.⁴ The plan has four “strategic directions”:

- ◆ Building healthy and safe community environments
- ◆ Expanding quality preventive services in both clinical and community settings

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- ◆ Empowering people to make healthy choices
- ◆ Eliminating health disparities

Prevention and Health Insurance Reforms

The Affordable Care Act contains several provisions reforming how private and public health insurance plans handle preventive care and procedures. Among them are:

- ◆ Beginning in 2010, the Affordable Care Act requires new health plans (those plans joined after March 23, 2010) to cover recommended preventive services at no charge by exempting those benefits from deductibles, co-pays and other cost-sharing requirements. Preventive services include vaccinations, annual physicals, screenings for common conditions, and well-baby and well-child visits.
- ◆ In 2011 co-pays and other cost-sharing for preventive services are eliminated in Medicare. In addition, Section 4103 of the Affordable Care Act adds a covered annual wellness visit for Medicare beneficiaries with necessary advice and referrals. There is emerging anecdotal evidence that this Medicare benefit may not as worthy as theorized. Some physicians believe the Medicare wellness screenings under this provision do not provide enough information to catch and treat health problems at an early stage. Other physicians believe the new screening regulations are worthwhile in testing for health and safety issues. In addition, since January 1, 2011, only about 780,000 Medicare patients (of a national total of 46 million) have received the new wellness service.⁴ Some have suggested that in general the impact and use of preventive services—including those associated with Medicare—will grow over time.⁸
- ◆ Beginning in 2014 health insurance plans sold through the health insurance marketplaces, or Exchanges, must provide minimum essential benefits or coverage. Eventually, the U.S. Department of Health and Human Services will decide the details of what benefits are required. But the general categories contained in the Affordable Care Act include preventive and wellness services and chronic disease management.
- ◆ The Affordable Care Act encourages states to improve coverage and access to recommended preventive services and immunizations to Medicaid beneficiaries. States are required to provide Medicaid coverage for tobacco cessation services for pregnant women without cost-sharing. States that offer Medicaid coverage for all U.S. Preventive Services Task Force recommended services and immunizations recommended by the Advisory Committee on Immunization Practices without cost-sharing will receive a one percentage point bonus in their federal Medicaid assistance payments. Incentives will be offered to Medicaid beneficiaries who successfully complete healthy lifestyle programs targeting chronic disease risk factors such as high blood pressure, high cholesterol and diabetes.

Prevention and Public Health Fund

Title IV, Subtitle A of the Affordable Care Act creates the Prevention and Public Health Fund, a \$15 billion fund over 10 years to expand investment in prevention and public health programs. The goal of the Fund is to shift from treating diseases to preventing illness. The Fund is also one of the major commitments in the Affordable Care Act to transforming the current “sick care” system.

The concern about future costs of chronic diseases is one of the foundations behind the Fund. It is estimated that two-thirds of the increase in health care spending between 1987 and 2000 was due to increased prevalence of chronic diseases.⁶ Greater investments in community-based prevention interventions are seen as a cost-effective method to bend the cost curve. The return on investment for community-based prevention interventions is

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estimated at six dollars for every dollar invested.⁶

As stated by a group of national public health organizations in a letter to President Obama, “millions of dollars in mandatory funding are spent each year via the Medicare, Medicaid and other federal health care programs to pay for health care services once patients develop an acute illness, injury or chronic disease”⁶ Add in the costs expended through private health care insurance, and it becomes billions of dollars. Until the Fund was created there was no equivalent funding for “efforts to promote wellness, prevent disease, and protect against public health or bioterror emergencies.”⁶

Expanding prevention initiatives is “one-third of the package needed to control health care spending,” in addition to reducing waste and bad care in Medicaid and Medicare, and cutting prices and high administrative costs in the private sector.⁷ Other experts see preventive services as “cost-effective” rather than cost-saving; the benefits of preventive services in improved health outcomes outweigh the costs of the services.⁸ In any event, investments in prevention and public health are an expression of common sense public policy—if we as a society wish to reduce health care costs, individuals, families and communities must be healthier.

One of the first uses of the Fund was to dedicate \$250 million from July 2010 to June 2011 to support the training and development of primary care professionals, a major deficiency and critical need in rural areas.

In April 2011, the U.S. Department of Health and Human Services allocated an additional \$250 million from the Fund for prevention and public health initiatives at the federal, state and local levels. Priority areas include¹:

Community and Clinical Prevention

- ◆ **Putting Prevention to Work**—Supporting federal, state and community initiatives to employ evidence-based strategies to address tobacco control, obesity prevention, HIV-related health disparities and nutrition and physical activity.
- ◆ **Primary and Behavioral Health Integration**—Assist communities with coordination of primary care services in mental and behavioral health settings.
- ◆ **Obesity Prevention and Fitness**—Support activities to improve nutrition and increase physical activity to promote healthy lifestyles and reduce obesity-related conditions and costs.
- ◆ **Tobacco Cessation**—Implement anti-tobacco media campaigns to provide information on tobacco cessation services.

Public Health Infrastructure

- ◆ **Public Health Infrastructure**—Support state, local and tribal public health infrastructure to advance health promotion and disease prevention.
- ◆ **Epidemiology and Laboratory Capacity Grants**—Grants to build state and local capacity to prevent, detect, and respond to infectious disease outbreaks.

Public Health Training

- ◆ **Public Health Workforce**—Expands the Center for Disease Control (CDC) public health workforce programs.

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- ◆ **Public Health Training Centers**—Supports the training of public health providers to advance preventive medicine, health promotions and disease prevention, and improve the access and quality of health services in medically underserved communities, including many rural areas.

On April 13, 2011, the U.S. House of Representatives approved H.R. 1217 that would have repealed the Prevention and Public Health Fund. The bill has not been considered in the U.S. Senate, and President Obama has indicated he would veto any legislation repealing the Fund.

Grants to Support and Promote Prevention and Public Health

As part of its investment in prevention and public health, the Affordable Care Act contains several initiatives to provide grants to support and promote prevention and public health. Among them are:

- ◆ Section 4202 of the Affordable Care Act provides grants to states, tribes and local health departments to help operate programs for those ages 55 to 64 to evaluate chronic disease risk factors, conduct evidence-based public health interventions, and help at-risk individuals receive clinical treatment. Funding is authorized through 2014. Rural areas are specifically mentioned as grantees to be included.
- ◆ Section 4201 of the Affordable Care Act creates the Community Transformation Grant program. These grants are to entities at the state and local level for programs that promote individual and community health by reducing chronic disease rates, addressing health disparities, implementing smoking cessation initiatives and supporting physical activity projects. All projects must use evidence-based interventions. There is a 20 percent set aside in the program for projects in rural communities. On February 9, 2011, the U.S. Department of Health and Human Services announced that \$145 million would be available in the first round of grants through the Centers for Disease Control and Prevention.
- ◆ Section 4301 of the Affordable Care Act authorizes the Center for Disease Control and Prevention to provide grants to support research on community preventive interventions. There is no specific funding authorization for this provision.
- ◆ The Affordable Care Act will appropriate \$25 million (through 2013) for the Childhood Obesity Demonstration Project (established in the 2009 Children's Health Insurance Program Reauthorization Act) to award grants to develop a model for reducing childhood obesity. This is potentially a critical initiative for rural areas across the nation. Data show that the prevalence of obesity and overweight is higher among rural children.² In particular, there are differences between rural and urban children in behaviors that lead to obesity and weight issues, especially behaviors involving diet.²
- ◆ Section 10408 of the Affordable Care Act will provide grants to small businesses (less than 100 employees) for workplace wellness programs. Such programs are to include health awareness initiatives, efforts to maximize employee participation, initiatives to change unhealthy behaviors and life-style choices and supportive efforts to encourage healthy living and lifestyles. The law authorizes \$200 million over five years (through 2015) for this provision. This provision also has the potential to provide needed education and preventive services to enhance the health of many rural residents since the number of people who own and work in small businesses is greater in rural areas.
- ◆ Section 4102 of the Affordable Care Act establishes an oral healthcare prevention campaign. Grants will be made to community-based providers to demonstrate the effectiveness of research-based dental preventive activities. Grantees may also incorporate analysis of the dental delivery system and to enhance access to dental health services, an item of vital importance to many rural areas that are

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dental shortage areas. Funds are authorized through 2014.

Education and Outreach on Prevention and Health

The general status of the nation's health suggests there is a need for education on health improvement initiatives and what the long-term consequences are for current behaviors. Section 4004 of the Affordable Care Act recognizes this need, and mandates the Secretary of Health and Human Services to implement a national public-private partnership for a prevention and health outreach and education campaign. The intent is to raise public awareness of health improvement across the life span of every individual.

Section 4206 of the Affordable Care Act provides a mechanism for individual health education. It mandates the Secretary of Health and Human Services to establish a pilot program of developing individualized wellness plans for those using community health centers.

Enhancing Access to Community Preventive Services

The Affordable Care Act recognizes the need to enhance access to health education and preventive services in medically underserved communities, which includes many rural areas. Section 4101 allows the Secretary of Health and Human Services to establish a grant program to operate school-based health centers. Preference is given to entities that serve a large population of children eligible for medical assistance. Since rural areas have higher participation rates in Medicaid and the state Children's Health Insurance programs, this would seemingly encourage collaborations among rural school districts to increase chances of receiving grants. For this provision, \$50 million is authorized each year through 2013.

Rural areas are generally lacking in primary care professionals. Numerous provisions of the Affordable Care Act seek to address this issue. Section 3502 of the Affordable Care Act also establishes a program to support primary care practices in several areas, including patient education and prevention services. This section would provide grants to establish Community Health Teams to support primary care practices within a hospital service area. Grants would go to states or tribes and would require entities receiving grants to 1) submit a plan to ensure the teams are interdisciplinary and involve interprofessional teams of health care providers, and 2) incorporate prevention and patient education into their delivery of health services. Community Health Teams must also integrate their services with community-based prevention and treatment resources. No funding is authorized for this program.

Section 5313 of the Affordable Care Act also seeks to provide greater access to preventive resources by creating Community Health Workers. As defined in this section, a "community health worker" is an individual who promotes health or nutrition in the community. This section would provide grants to public or nonprofit entities to educate, guide and provide outreach to medically underserved communities regarding strategies to promote healthy behaviors and discourage risky health behaviors. Grant priority is given to areas that have high rates of uninsurance or underinsurance or high rates of residents with chronic diseases—areas that include many rural places in the nation. No funding is authorized for this program.

Studies have shown that community health workers can be important parts of the health care workforce and a cost-effective health care delivery mechanism. Case studies of community health care worker initiatives in Massachusetts and Minnesota show that they can help improve health care access and outcomes; strengthen health care teams; and enhance quality of life for people in poor, underserved, and diverse communities.⁹

Implications for Rural People and Rural Places

The Affordable Care Act makes a basic policy statement—our "health care system" needs to become just that, a

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system that encourages health and helps people become healthier. The law also asserts that to make the health care delivery system financially stable in the future, prevention and health must be important components of the system and accepted by society. The Affordable Care Act makes an unprecedented statement in support of prevention of health and an unprecedented investment in promoting prevention and healthy lifestyles. The law also makes a critical connection between health and public health—promoting health and healthy lifestyles at a community level is now an important role for the public health system. Ultimately, it is the responsibility of every individual and family to make healthy choices and to adopt healthy lifestyles. But the Affordable Care Act makes a strong societal statement and provides resources and initiatives that will help promote and encourage a healthier society.

The prevention and public health provisions in the Affordable Care Act have potential significant benefits for rural people and communities. Rural areas generally have greater rates of the circumstances that lead to long-term chronic diseases and conditions and which can be discovered and treated by early detection.² Rural people also engage in the behaviors and unhealthy lifestyles that lead to these diseases and conditions in greater numbers.² More education and an enhanced emphasis on these behaviors and lifestyles can help reverse them and make rural people more healthy.

Rural areas have lacked both the financial and human resources for the necessary emphasis on health and prevention. The Affordable Care Act seeks to address that need. It is suggested that improved access and reduced cost sharing for preventive services under the law will increase their use, and that people who had to pay out of pocket—and thus did not obtain the services they should have—will most benefit.⁸ That includes rural people who receive fewer regular check-ups and preventive screenings and tests than they should.¹⁰

Enhanced resources for public health activities will help increase access to preventive tests, screenings and procedures and be a wise health investment. Recent research shows that increased public health spending, such as that included in the Affordable Care Act, will reduce mortality rates for the most common causes of preventable deaths. It was found that a 10 percent increase in public health spending will result in reduced mortality rates of one to seven percent for infant deaths, heart disease, diabetes and cancer.¹¹ The research data suggest that public health investments can “produce measurable improvements in health, especially in low-resource communities,” which would include many rural communities.¹¹ It was also suggested that the effects of public health investments may exceed the effects of similar expansions in local medical care resources. This is important for rural communities where a critical shortage of health care professionals needs addressing, but is likely to be a more difficult and longer-term solution than enhancing public health resources.

For rural America to reverse these health care trends and become healthier a true team effort will be required. Congress will have to appropriate funds for programs and resources authorized in the Affordable Care Act, the administration and relevant agencies will have to implement the Affordable Care Act programs in ways that include and benefit rural areas and rural people, rural communities, officials and providers will have to take advantage of programs and resources available to them, and rural individuals and families will have to take responsibility to live healthier.

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Established in 1973, the Center for Rural Affairs is a private, nonprofit organization with a mission to establish strong rural communities, social and economic justice, environmental stewardship, and genuine opportunity for all while engaging people in decisions that affect the quality of their lives and the future of their communities.

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