

The Emerging Public Health Issues:

Progress Is Providing An Alternative To A
Sickness-oriented Health Care System



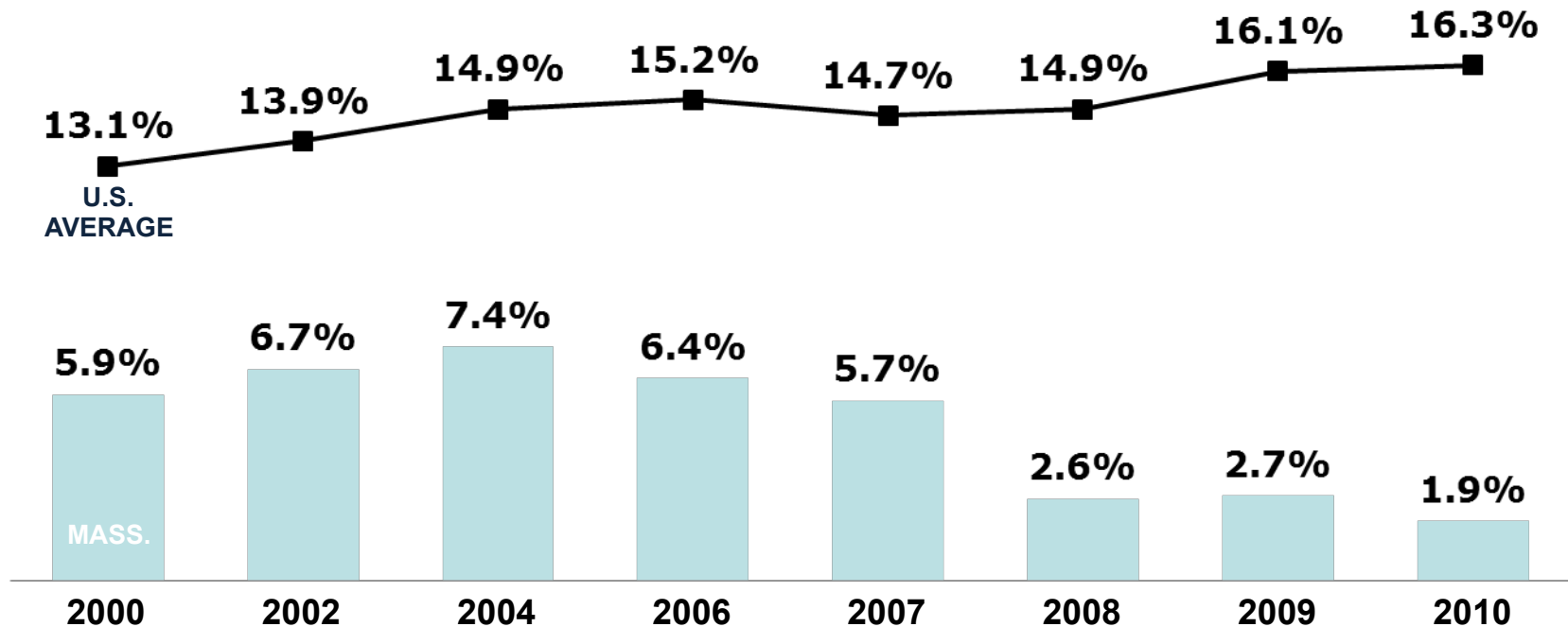
Emerging Trends

- **Greater access to clinical care** – including prevention services
- **A new model of comprehensive primary care** – linking complete clinical and population health
- **A focus on changing the conditions** – *Health in All Policies*

**Greater Access To Clinical Care
Including Prevention Services**

Massachusetts now has the lowest rate of uninsurance in the country

PERCENT UNINSURED, ALL AGES

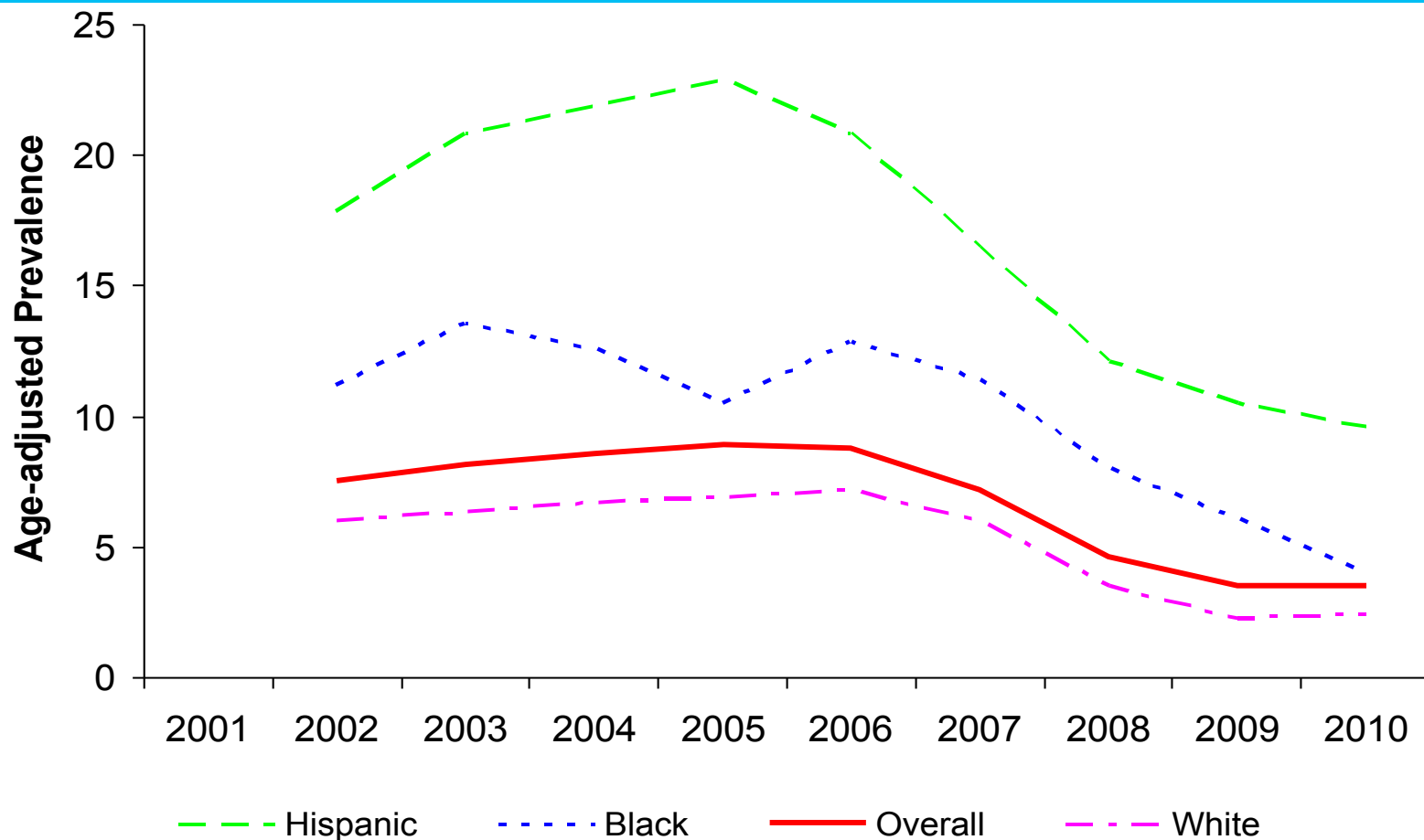


NOTE: The Massachusetts specific results are from a state-funded survey — the Massachusetts Health Insurance Survey (MHIS). Using a different methodology, researchers at the Urban Institute estimated that 507,000 Massachusetts residents were uninsured in 2005, or approximately 8.1 percent of the total population. Starting in 2008, the MHIS sampling methodology and survey questionnaire were enhanced. These changes may affect comparability of the 2008 and later results to prior years. The national comparison presented here utilizes a different survey methodology, the Current Population Survey, which is known to undercount Medicaid enrollment in some states.

SOURCES: Urban Institute, *Health Insurance Coverage and the Uninsured in Massachusetts: An Update Based on 2005 Current Population Survey Data In Massachusetts*, 2007; Massachusetts Division of Health Care Finance and Policy, *Massachusetts Health Insurance Survey* 2000, 2002, 2004, 2006, 2007, 2008, 2009, 2010; U.S. Census Bureau, Current Population Survey 2010.

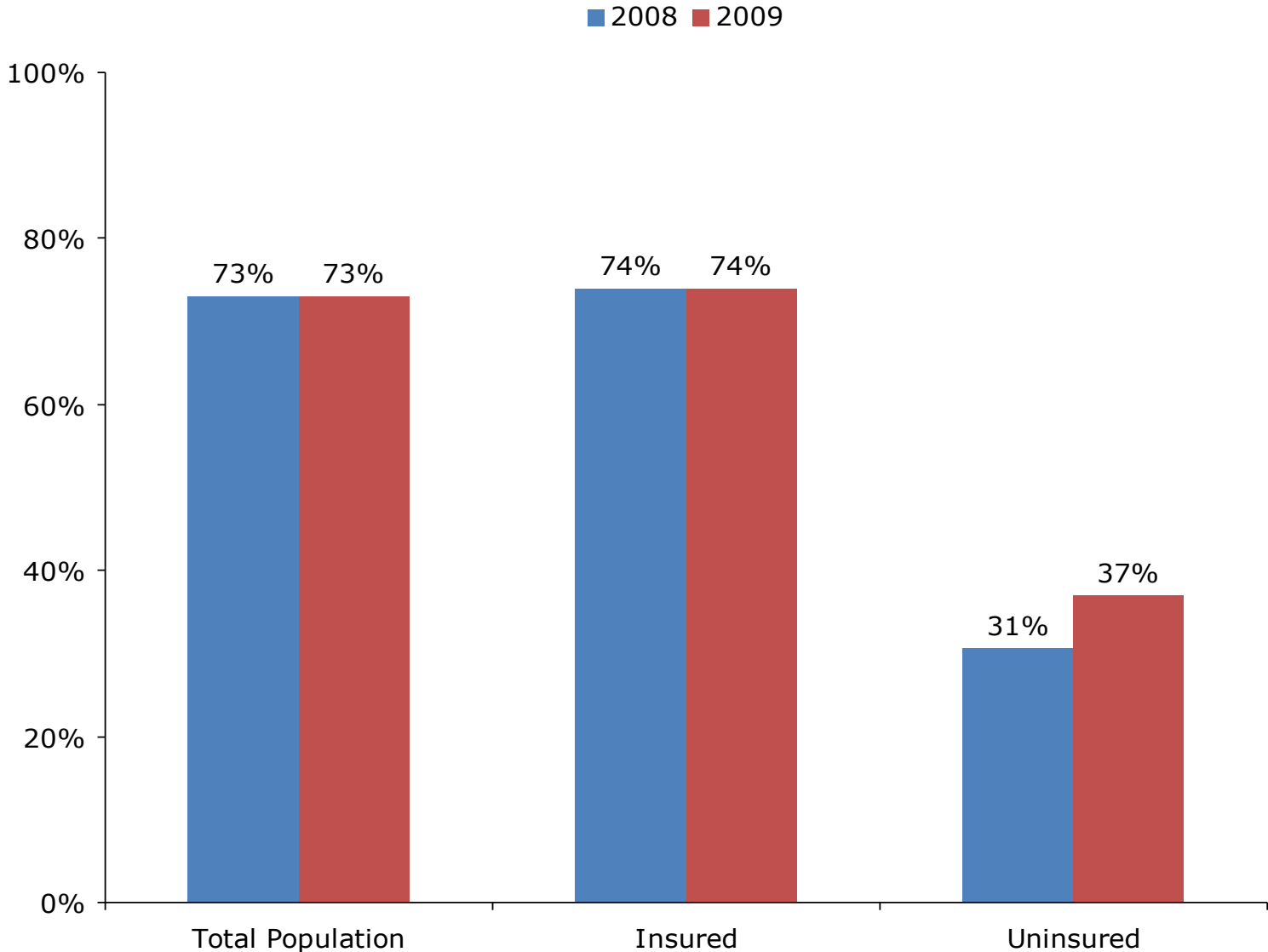
Among insured, the race/ethnicity gap narrowed

2001-2010 (NON-ELDERLY)

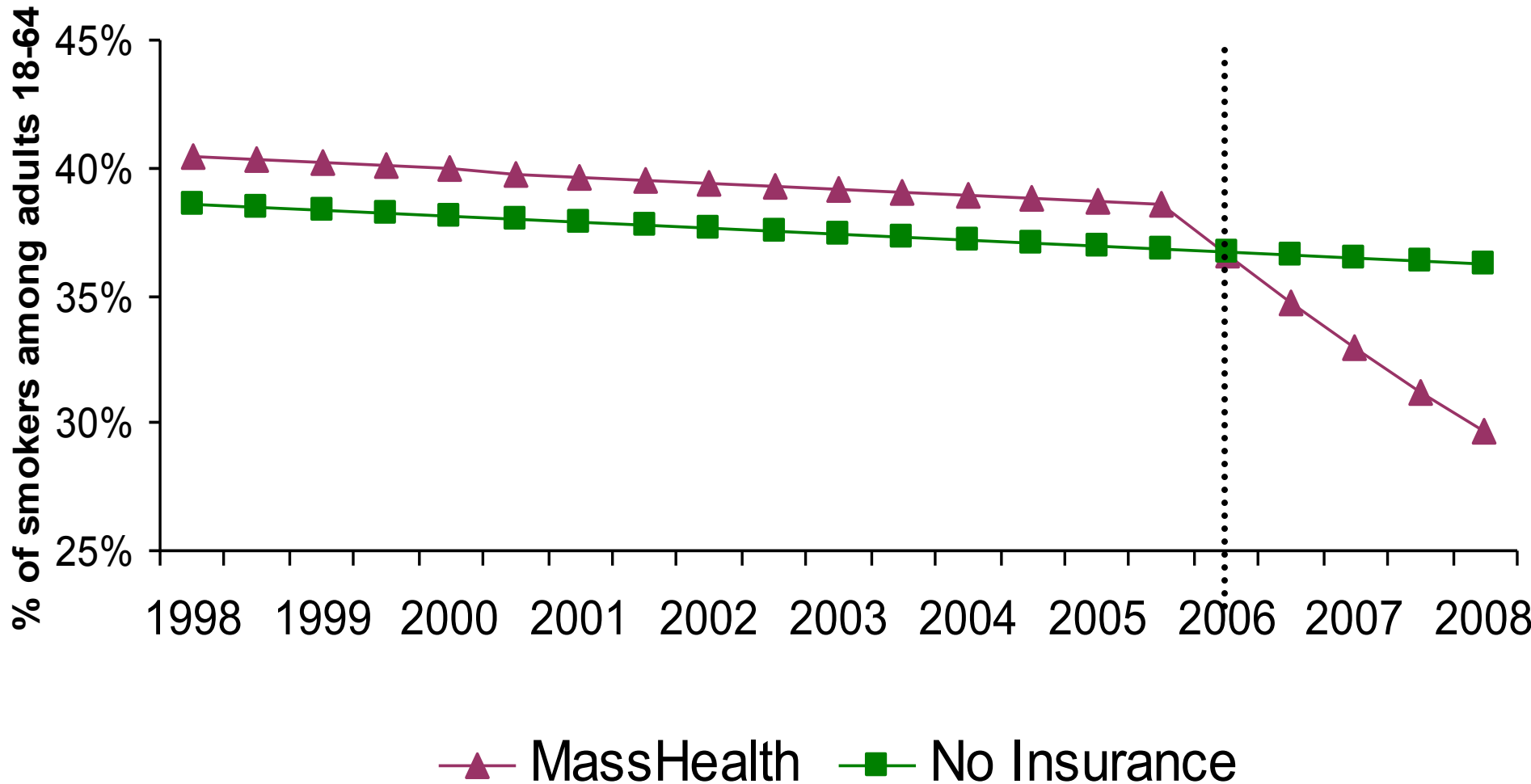


All percentages are age-adjusted to standard population (U.S. 2000)
Chart shows two-year moving averages
Data Source: MA Behavioral Risk Factor Surveillance System (BRFSS)

Preventive care was 2x as likely Past 12 mo. by insurance status



MA Health Care Reform led to a dramatic decrease in smoking



6-Month Annual Rolling Average,
Model Estimates

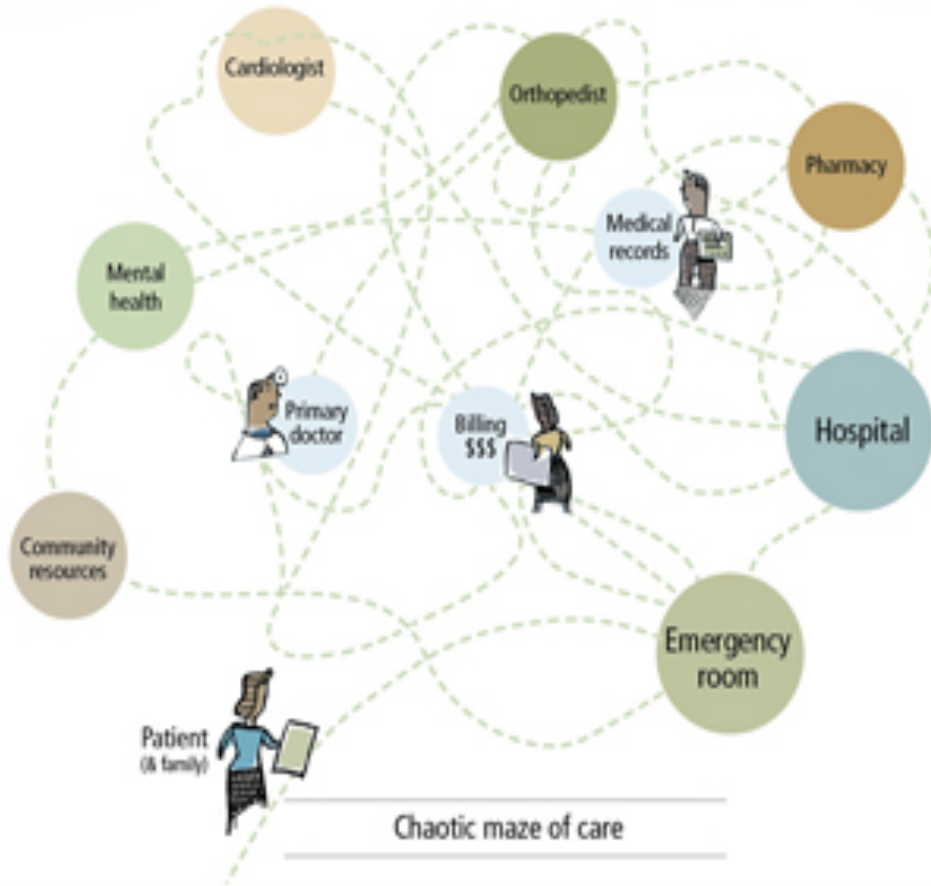
Source: MA BRFSS, 1998-2008

A New Model Of Care

Linking Clinical And Population Health

...and including the full mix of
services including behavioral and oral

Replacing a maze with a medical home



Characteristics of Primary Care Medical Homes

- **Comprehensive** –physical, mental, acute & chronic
- **Patient-Centered** –patients/families as partners
- **Coordinated** – transitions of care; shared records
- **Accessible** – shorter waits, emails, phone calls
- **High Quality and Safe** – evidence-based

Linkage of the Clinical Setting to the Home Setting



Community health needs assessments (CHNAs)

- Hospitals must conduct CHNAs & implement strategies to address gaps
- CHNAs must take into account input from “persons who represent the broad interests of the community served by the hospital facility, **including those with special knowledge of or expertise in public health.**”



A Focus On Changing The Conditions
Health In All Policies

Under the past/current system focus is on medical treatment of a problem

- Mr. Dan Edwards at doctor for his first physical in 5 years
- 55 years old, married, smokes, overweight, little exercise
- Previously diagnosed with high blood pressure. Stopped meds. Pre-diabetic.



Other Issues Matter...a Lot

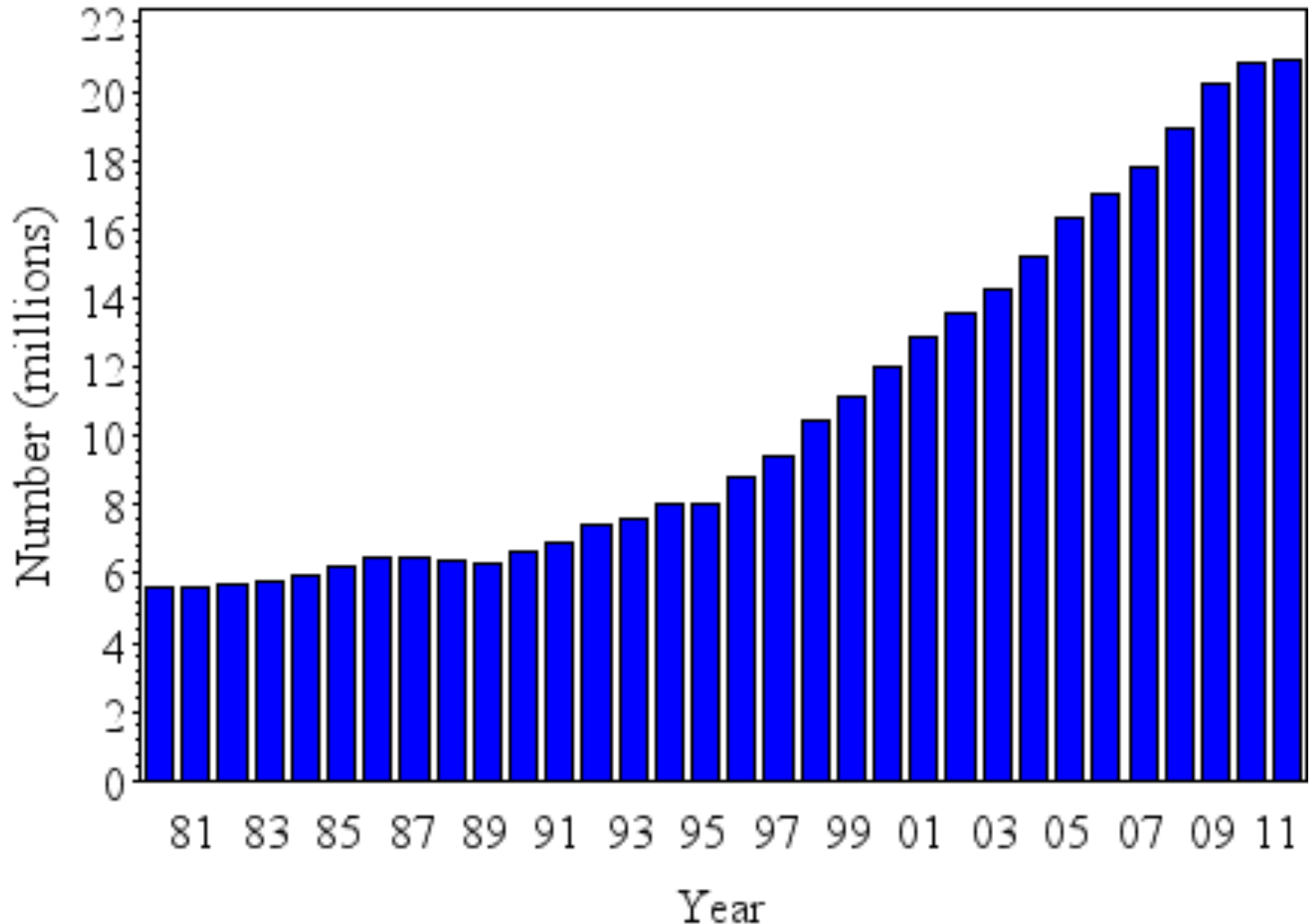
- But this approach ignores “**social determinants of health**”
- Effects of economy—*unemployment*
- Conditions in his family- *meals, physical activity*
- Conditions in neighborhood—*housing, safety*
- Conditions at his job— stress

More than anything race and income matters

	% ever had Hypertension	% ever had Diabetes	% Current Smokers
Race/Ethnicity			
White	23.8%	6.4%	15.2%
Black	34.4%	12.1%	17.3%
Hispanic	31.1%	14.3%	13.5%
Asian	19.2%	15.5%	---
Annual Household Income			
<\$35,000	30.3%	12.2%	24.7%
\$35,000-\$74,999	25.0%	6.6%	16.8%
>\$75,000	21.0%	5.0%	9.6%

Diabetes Cases Among Adults

From 1980-2011, the number of Americans with diabetes has more than tripled



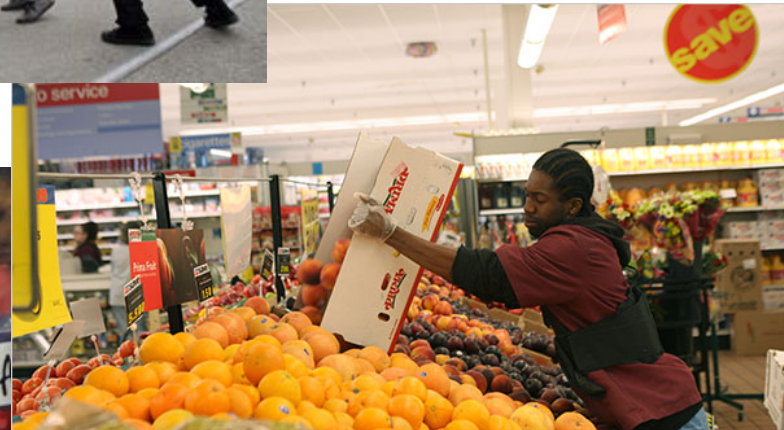
How did this problem develop?

- **Food policies**
- **Transportation policies**
- **Entertainment**
- **Concerns with safety**
- **Everyone works**



Programs that Change Local Conditions

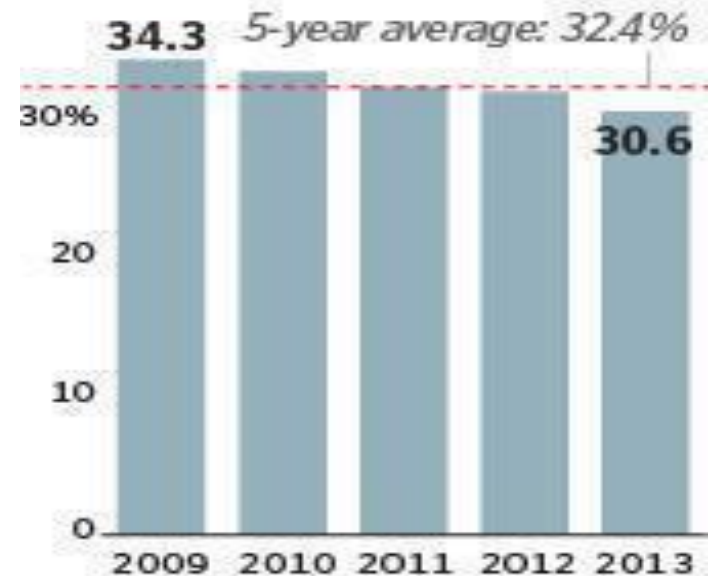
Mass in Motion, CTG



Prevention efforts appear to be working

- **Study 1:** MA students who are overweight decreased 3.7 percentage points to 30.6 percent after years of annual increases
- **Study 2:** Mass in Motion communities vs. controls indicates reduction in overweight/obesity among children after 3 years

PREVALENCE OF OBESE OR OVERWEIGHT STUDENTS
Among Mass. public school students (2009-2013)



SOURCE: Department of Public Health

A focus on changing the conditions

MA: Prevention and Wellness Trust

- **Funds:** \$60 million for 4 yrs
- **Goals:** Reduce preventable conditions & cost
- **Grants:** 6-12 clinical-community partnerships
- **Priorities:** tobacco, asthma, hypertension, falls with links to mental health

And at the federal level a multi-billion \$ Public Health and Prevention Trust

The Massachusetts Prevention and Wellness Trust

An Innovative Approach to Prevention as
a Component of Health Care Reform



The National Strategic Direction: Health In All Policies

- **Healthy and Safe Community Environments:** Create communities that promote health and wellness
- **Clinical and Community Preventive Services:** Ensure prevention-focused health care and community efforts are available & integrated
- **Empowered People:** Support people in making healthy choices
- **Elimination of Health Disparities:** Eliminate disparities; improve health for all



Emerging Trends

- **Greater access to clinical care** – including prevention services
- **A new model of comprehensive primary care** – linking complete clinical and population health
- **A focus on changing the conditions** – *Health in All Policies*