ACA and Public Health

Opportunities and Challenges

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What Will We Discuss?

ACA and how it aligns with public health services

Impact of ACA on addressing health disparities and literacy

Opportunities and Challenges ACA creates for public health providers
Public health is all organized measures to prevent disease, promote health, and prolong life among the population as a whole. Activities aim to provide conditions in which people can be healthy. Focuses on the total system and not only the eradication of specific disease.

Source: World Health Organization
Three functions are:

• Assessment and monitoring
• Formulation of public policies
• Assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services
# ACA: Overview

Patient Protection and Affordable Care Act signed into law March 23, 2010

<table>
<thead>
<tr>
<th>Insurance Reform</th>
<th>Health System Reform</th>
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<tr>
<td>• Assure more populations have access to care</td>
<td>• Improve quality and efficiency through assessment</td>
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<td>• More benefits and protections focused on prevention</td>
<td>• Make the health system more accountable to a diverse population</td>
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<td>• Legal protection to access health insurance coverage from birth to retirement</td>
<td>• Create a stronger workforce and infrastructure</td>
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<td>• Reduce cost</td>
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For a more detailed version of this chart outlining major ACA provisions, see APHA’s “Affordable Care Act Overview,” available at [http://www.apha.org/advocacy/Health+Reform/ACAbasics/](http://www.apha.org/advocacy/Health+Reform/ACAbasics/).
Who May Qualify

- U.S. Citizens/Legal Residents
- Live in Illinois
- Does not have other creditable coverage

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Illinois is anticipating enrolling 342,000 persons into Medicaid.

Source: Kaiser Family Foundation

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ACA in Illinois

- Illinois is a partnership state with the federal government.....
  - We use the Federal Marketplace for private insurance plans
- Illinois built own Medicaid application system Application for Benefit Eligibility (ABE)
- Information is transferred between the state and the Marketplace when eligibility has to be determined by other system
Coverage and Impact on Public Health Services

Opportunities

- What role can public health continue to play for those who remain uninsured?
- How can effective systems of care be created to help ensure there is adequate health care resources so the newly covered have access to care?
- How might public health agencies work directly with employers, insurers, and health care providers on ways to translate coverage reforms into actual improvement in health care services?

Challenges

- What role will public health have in the areas of prevention?
- How will public health providers maintain adequate funding for services provided?
Community Health Assessment

Hospitals completed a Community Health Needs Assessment every 3 years under ACA

CHNA 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”

Must tailor the description to the particular hospital facility, taking into account its specific programs, resources, and priorities."
Other Community Health Needs Assessments

Public Health Assessment (IPLAN)
Done every 5 years

FQHC’s
Conduct needs assessments

Other groups doing community health assessment and planning:
United Way, local/regional planning departments, community foundations, community based organizations, etc.
## Data Driven

**Assessments** provide data that can help...

- Monitor health status to identify community health problems and mobilize community partnerships
- Inform, educate & empower people about health issues
- Develop policies & plans that support individual & statewide health efforts
- Link people to needed personal health services & assure the provision of health care when otherwise unavailable
- **Assure a competent public & personal health care workforce**

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Impact of Data on Public Health

Collection of data across multiple sectors should help public health agencies...

- Identify initiatives for diverse communities
- Raise the awareness of the persistence of health disparities
- Identify needs to workforce diversity
- Target new prevention efforts to reduce disparities
Challenges

Who is accountable with a shared ownership of community health outcomes?

Data collection not easily shared due to differences in metrics and data collection platforms.

Collaboration and consensus building is hard!!!!!

Helps prioritize actions to address health needs specific to the community...but what community?

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What is a Health Disparity?

“Differences in health outcomes that are closely linked with social, economic, and environmental disadvantage”

$1.24\text{ trillion} \rightarrow \text{costs of health inequalities & premature death in the period from 2003 to 2006. (JCPES, 2010)}$
Health Disparities in the U.S.

Racial and ethnic minorities about 1/3 of the population

- Make up >1/2 the 50 million that are uninsured
- Majority of the 50 million with limited access to healthcare
- Creating a culture of coverage can help eliminate health inequities

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Other Related Health Disparities

**Diabetes**
- 66% higher Latinos;
- 77% higher AA

**AA’s and Latinos Significantly Lower Immunization**

**Prostate Cancer**
- AA’s 2.4X more likely

**Vietnamese women 5X more likely Cervical Cancer**

**Infants born to black women 1.5 to 3 X likely to die**

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Establishment of fund by ACA is first mandatory funding stream for improving public health (APHA)

ACA directly supports efforts such as...

- Pregnancy and sexually transmitted infection prevention education
- Home visitation programs for maternal and child care
- A five year oral health education campaign

Challenge is maintaining funding
People of color disproportionately use community health centers for primary and preventive care compared to all other populations.

- In Illinois, approximately 71 percent are racial and ethnic minorities using Community Health Centers.
- Beginning in 2011 through 2015, ACA appropriates $11 billion to community health centers for the services and construction.

Community health centers will continue to play a critical role as the safety net for our most vulnerable populations, including those who continue to lack access to care.
Health Literacy is more than being able to read or write. It is the ability to use skills such as listening, analytical, and decision-making skills, and apply these skills to health situations.

“The biggest barrier is realizing it is not just about reading and writing about health. It is a social issue. We must assume that everyone has some limited health literacy. An estimated 88% of adults – almost all of us – do not have the health literacy skills to proficiently interact with the healthcare system.”

Andrew Pleasant, PhD
Assistant Professor at Rutgers University

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Health Literacy (cont’d)

Average medical health care information is written at a 10th grade level,

Average American reads at a fifth grade level (Institute of Medicine, Preventing Medication Errors)
The Bottom Line

Only 12 percent of adults have Proficient health literacy. In other words, nearly 9 out of 10 adults may lack the skills needed to understand health benefits.

Fourteen percent of adults (30 million people) have Below Basic health literacy.

• These adults are more likely to report their health as poor (42 percent) and are more likely to lack health insurance (28 percent) than adults with Proficient health literacy.
Who Is at Risk?

The problem of limited health literacy is greater among:

- Older adults
- Those who are poor
- People with limited education
- Minority populations
- Persons with limited English proficiency (LEP)
Literacy and Public Health: Opportunities and Challenges

More persons covered but many will never had insurance, or be hard to reach, will not have English as their primary language, and some will have limited mental capacity. What role can public health outreach play?

What can public health do to establish best practices for health providers to improve usability and navigation of health systems by this diverse population?

What can be done to support community health workers and how can they collaborate with across multiple providers to ensure the best system navigations for consumers who need more assistance?

How might public health be involved to do outreach within communities ensuring linguistic and cultural competence?

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“America's health care system is neither healthy, caring, nor a system.”

— Walter Cronkite
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Sources

- Patient Protection and Affordable Care Act: Advancing Health Equity for Racially and Ethnically Diverse Populations, July 2010 (Joint Center for Political and Economic Studies)

- Health Literacy Implications of the Affordable Care Act, November 2010 (Center for Health Care Strategies)

- What Directions for Public Health Under the Affordable Care Act? November 2011 (Urban Institute, Health Policy Center)

- Prevention and Public Health Fund (Fact Sheet APHA)