TESTIMONY
OF
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BEFORE THE
NATIONAL ASSOCIATION OF COUNTIES
WORKING GROUP ON HEALTH SYSTEM REFORM
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For the past 17 years Carol Moehrle has served as the District Director for a five county Public Health District in North Central Idaho, serving Clearwater, Idaho, Latah, Lewis and Nez Perce Counties. This Public Health District covers 13,500 square miles and a population of approximately 110,000. She reports to a seven member policy board of health appointed by the county commissioners in her district.
She has been active with the National Association of County and City Health Officials (NACCHO) since 1992. She has served on the NACCHO Executive Board and Board of Directors and is currently the Vice President for NACCHO.
Carol also serves on the Public Health Accreditation Board (PHAB), as well as the Board of the National Association of Counties (NACo) where she is chair of NACo's Public Health and Environment Subcommittee, and represents county public health on several NACo committees.

PRINCIPLES FOR SUPPORT OF PUBLIC HEALTH AND PREVENTION IN HEALTH CARE REFORM

The National Association of County and City Health Officials (NACCHO) represents more than 2,800 local health departments (LHDs) across the country. NACCHO's mission is to support efforts that protect and improve the health of all people and all communities. NACCHO has developed the following principles to address the need to improve the health of all Americans through health system reform, in addition to providing access to health insurance.

Access to Health Care. The American people need and demand universal access to comprehensive health care (medical, dental, and behavioral health) coverage. The nation's local health departments fully endorse and support achievement of that objective. We appreciate the acknowledgement in NACo's Draft White Paper of the important role of county health departments. Many health departments deliver clinical care in their roles as "safety net" providers. All those providing care should be reimbursed fully for it.

Creating Health. We appreciate NACo including a section on Public Health and Wellness in the Draft White Paper. NACCHO agrees with NACo that "public health services for disease prevention and health promotion must be universally available." In addition to reforming health care to provide better care for the sick, health system reform should increase the likelihood that people will stay well. This requires expanded funding for health promotion and disease prevention and legislation that creates the conditions in which people can be healthy. Better

health will allow for gains in well-being, as well as the productivity of the workforce and the education system. In turn, a healthier and more productive population results in better quality of life and has the potential to reduce demand for high cost medical procedures and technology.

Preventive Services That Help Large Groups of People. Disease prevention and health promotion services can be delivered by a health care professional one patient at a time. Local health departments deliver community-based prevention services targeted at an entire population. There is growing evidence that population-based prevention can save money by keeping people healthy and reducing the costs of treating unchecked chronic disease. Some examples of effective population-based prevention programs are community-wide information campaigns about behaviors that improve health and public reminders about physical activity and nutrition. Policy changes such as including healthier options on school menus, restricting access to and use of tobacco products through smoke-free laws, and increasing opportunities for physical activity by building walking and bike trails are also effective.

Local health departments also monitor and assess the health of all county residents and, in addition, offer targeted services and regulatory activity to protect and improve health and quality of life. They encourage others to target their programs in a similar way and work cooperatively with others to address similar priorities.

In addition, policies are needed to address health inequity. Health inequities are "systemic, avoidable, unfair and unjust differences in health status and mortality rates, as well as the distribution of disease and illness across population groups." (NACCHO, *Tackling Health Inequities Through Public Health Practice*) Policies that address health inequities go beyond tackling health issues individually and work to address factors in society that disadvantage certain groups.

Recent reports such as the Trust for America's Health (TFAH) *Blueprint for a Healthier America* and the Center for American Progress' chapter on public health in *The Health Care Delivery System: A Blueprint for Reform* have echoed NACCHO's call for attention to be paid to community-based prevention as a way to improve health through reform of the health care system. In order for the potential of community-based prevention to be realized, multiple stakeholders and opinion leaders need to deliver this message to Congress and other policymakers.

Local Health Departments. Local health departments are local and successful. County health departments are major providers and promoters of clinical and population-based prevention services. Locally, population-based prevention is most effective when multiple interventions are used concurrently and are chosen in collaboration with members of the community, so that they take into account its particular needs and characteristics. For example, in Clark County, Washington, local public health leaders partnered with schools, community groups, churches, the YMCA, the public works department, public utilities and many others in a coalition called Steps to a Healthier Clark County, funded by the Centers for Disease Control and Prevention's Steps to a Healthier US/Healthy Communities program. In Clark County, data showed that 2 out of 3 adults were either overweight or obese; only 1 out of 5 adults ate 5 daily servings of fruits and vegetables; and 1 out of 2 met the requirements for physical activity. The local priorities were to encourage Clark County residents to choose healthy foods, lead active lives, and live in healthy

communities; choose a healthy lifestyle; participate in thirty minutes of physical activity daily; eat five to nine fruits and vegetables a day; and support indoor and outdoor smoke-free environments. Among other outcomes achieved, Steps to a Healthier Clark County has documented a 36% increase in usage of their riverfront trail for walking and hiking since the coalition's efforts began.

Nationally, the Steps/Healthy Communities program has documented increased rates of smokers attempting to quit and decreases in asthma rates, in both cases higher than the national average. These locally determined projects benefit from local health department leadership and expertise in chronic disease prevention and measurement of disease trends. Procedure codes to support the essential roles of health departments in facilitating community-wide prevention activities and strategies, as well as funding mechanisms for them, are necessary and should accompany health insurance reform.

New Financing Mechanisms for Governmental Provision of Population-Based Prevention. Effective population-based prevention ultimately will benefit private and public payors of health care by reducing demand for clinical care. TFAH has estimated that an investment of $10 per person in community-based prevention services can save up to $487 million for Medicare, $370 million for Medicaid and nearly $2 billion for private payors in the first one to two years.

The nation's local health departments urge establishment of a source of stable financing, such as a federal trust fund, for publicly-funded prevention that depends at least in part on private payor contributions, and might also be financed by increased taxes on products known to cause poor health. Federal support for prevention is needed because local communities are financially strapped and according to NACCHO's 2005 *National Profile of Local Health Departments*, local spending already accounts for 29% of LHD funding. A matching requirement would unfairly disadvantage communities that are already struggling economically.

The Governmental Public Health Infrastructure. The infrastructure that supports local health departments – workforce or human capital, capacities for information technology, and physical facilities – has been inadequate and may be deteriorating during this particularly challenging time. NACCHO's 2005 *National Profile of Local Health Departments* found that approximately 20 percent of local health department employees will be eligible for retirement by 2010. A trained workforce is necessary in order to carry out both clinical and population-based prevention. NACCHO recommends that the section of NACo's Draft White Paper on Health Workforce include a statement about the need for increased numbers of professionals for the local public health workforce and a recommendation that the federal government subsidize community colleges, other undergraduate and graduate schools to offer loan forgiveness or tuition support for students who choose careers in governmental public health.

Robust, up-to-date information technology is essential to monitor community health status accurately and measure and detect changes in status over time. Connectivity with physicians, hospitals and other health care providers is essential to allow local health departments to collect data for analysis of chronic and infectious disease events, as well as detect early signs of bioterrorism attacks. Physical facilities, like those of other health care agencies, need regular updating. Federal legislation and policy should address these matters and help to build a strong

public health infrastructure, recognizing that it is a critical element of the infrastructure of the nation's health system much as are roads and bridges. An economic stimulus package focusing on local infrastructure needs should include funding for local public health infrastructure.

Responding to President-elect Obama's health policy proposal:
President-elect Obama's current health care agenda as described on the change.gov website states that "**The Obama-Biden plan will promote public health.** It will require coverage of preventive services, including cancer screenings, and increase state and local preparedness for terrorist attacks and natural disasters."

During the Obama campaign, his *Plan for a Healthy America* mentioned "underinvestment in prevention and public health" and stated that community-based prevention efforts were underutilized. The campaign plan asserted that "in the absence of a radical shift towards prevention and public health, we will not be successful in containing medical costs or improving the health of the American people." NACCHO agrees wholeheartedly with these statements, and calls on the Obama Administration to invest in prevention and public health as an integral part of health system reform. NACCHO urges NACo to work with the Obama Administration to maintain its support for an "effort to develop a national and regional strategy for public health and align funding mechanisms to support its implementation."

Responding to Senate Finance Chairman Baucus' proposal:
Senator Max Baucus (D-MT), Chairman of the Senate Finance Committee, released a "Call to Action" for health care reform on November 12.

The Call to Action outlines a path to quality, affordable health care for all Americans. It addresses prevention and wellness solely in terms of services to be provided by a physician or other primary health care provider. While we support these efforts and recommend that local health departments be fully reimbursed for them, prevention goes far beyond services that can be delivered in a primary care setting. Community-based prevention is a cornerstone of efforts to improve health. As discussed above, research has shown that a relatively small investment in community-based prevention can have large benefits for Medicare and Medicaid. As the public payors of health care who would benefit from these programs, Medicare and Medicaid should contribute to the infrastructure and capacity of local health departments to deliver community-based prevention programs.