County Health and the Centers for Disease Control and Prevention

November 28, 2012
NACo 2012 Healthy Counties Forum
Today’s CDC Panel

**Cathleen M. Walsh, PhD**
Director, Policy Research, Analysis and Development Office, Office of the Associate Director for Policy

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Chief, Research, Surveillance and Evaluation Branch, Division of Community Health, National Center for Chronic Disease Prevention and Health Promotion

**Anne Lutz, MPH**
Project Officer, Division for Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion

**Moderator:**
**Sara Zeigler, MPA**
Acting Associate Director for Policy and Partnerships, Division of Community Health, National Center for Chronic Disease Prevention and Health Promotion
National Health Priorities

- Eliminate health disparities
- Improve health of all groups

- Eliminate health disparities
- Active living
- Healthy eating
Improving Health Status Through Policy

Cathleen M. Walsh, PhD

November 28, 2012
What is Policy?

- Policy is a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.
- Policy decisions are frequently reflected in resource allocations.
- Health can be influenced by policies in many different sectors:
  - Transportation policies can encourage physical activity (pedestrian- and bicycle-friendly community design);
  - Policies in schools can improve nutritional content of school meals.
Factors that Affect Health

- Socioeconomic Factors
  - Poverty, education, housing, inequality
  - Immunizations, brief intervention, cessation treatment, colonoscopy
  - Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax
  - Rx for high blood pressure, high cholesterol, diabetes
  - Eat healthy, be physically active

- Long-lasting Protective Interventions
  - Counseling & Education
  - Clinical Interventions
  - Changing the Context to make individuals’ default decisions healthy

- Largest Impact
- Smallest Impact
Health Care Not Major Factor in Determining Health

Proportional Contribution to Premature Death

- Behavioral patterns, 40%
- Genetic predisposition, 30%
- Social circumstances, 15%
- Environmental exposure, 5%
- Health care, 10%
Opportunity

• Societal focus on health
  • Health status and US healthcare performance
  • Economic and budgetary impacts

• Economic challenges
  • Policy interventions often are the most cost effective

• Need for objective science
Policy Decisions

• Federal, state, local and organization system levels

• Multiple criteria
  • Impact on health
    • Need to consider ancillary impacts
  • Budgetary impact
  • Issues of personal choice, etc.
Choose Policies with Significant Impact and High Likelihood of Adoption
Challenges

• Current public discussion of the role of the federal government
• Potential politicization of findings and analysis
• Ensuring the evidence is produced and disseminated
• Ensuring CDC continues to be known as a credible source for objective analysis
## Childhood Immunizations

<table>
<thead>
<tr>
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<th>Value</th>
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<tbody>
<tr>
<td>Cost of diseases without immunization</td>
<td>$12.3 billion</td>
</tr>
<tr>
<td>Cost of diseases with immunization</td>
<td>$13 billion</td>
</tr>
<tr>
<td>Costs averted</td>
<td>$12 billion</td>
</tr>
<tr>
<td>Immunization program costs</td>
<td>$2.3 billion</td>
</tr>
<tr>
<td>Net Savings</td>
<td>$9.8 billion</td>
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- **Benefit-cost ratio** = 5.3:1
Reducing the Need and Demand for Health Care Reduces Costs

- Reducing motor vehicle injuries
  - Enforcing seat belt use
- Reducing smoking prevalence
  - Tobacco quitlines
  - Access to medication
  - Targeted media campaigns
- Reducing alcohol misuse
Primary Enforcement of Seat Belt Laws
Primary Enforcement of Seat Belts

- 55% of motor vehicle deaths were unrestrained
- 3,688 lives would be saved if restrained
- 18 states have secondary enforcement only
- Support for increase to a $50 fine
- If the bottom 10 seat belt use states issued citations like the top 10 states, would generate over $2.4 million.
- Latest estimate - $70 billion/year in medical costs and lost productivity.*
Smokefree Policies

- Health benefits
  - Cardiovascular – heart attacks, stroke
  - Cancer – lung primarily; other cancers
- Productivity benefits
  - Reduced absenteeism
- Economic benefits
  - Net benefit of $48 to $89 billion/year
Multicomponent Alcohol Policies

- **Massachusetts experience**
  - Cost: $2.1 million over 5 years
  - Healthcare and productivity savings: $20 million
  - ROI estimated at $9.33 for each $1 invested

- **Salinas, CA experience**
  - Cost: $450,000 over 5 years
  - ROI estimated at $15.72 for each $1 invested
Policy

• Potential for low cost, high impact health improvements
• Frequently possible at city, county, state level
• CDC can significantly contribute by contributing evidence-based information to decision makers
• Strategic CDC priority to assist decision makers in developing, analyzing, implementing and evaluating policies
Questions or Comments?
Building National Capacity for Chronic Disease Prevention

Charlotte Kent, PhD

November 28, 2012
Focus is on Where We...

- **LIVE**
- **LEARN**
- **WORK**
- **PLAY**
Our Commitment

Community Health

Core Principles:

• Maximize health impact
• Reduce health disparities
• Use and expand the evidence base
Our Community Health Portfolio

Community Transformation Grants (CTG)

• Addresses weight, nutrition, physical activity, tobacco use, and emotional wellbeing and overall mental health for potentially 130 million Americans.

REACH (Racial and Ethnic Approaches to Community Health)

• Since 1999 has had a focus on reducing disparities in racial and ethnic population

Communities Putting Prevention to Work (CPPW)

• Drives local initiatives making healthy living easier for more than 50M people, through sustainable strategies and environmental improvements.

Healthy Communities

• Includes Pioneering Healthier Communities, Achieve (Action Communities for Health, Innovation, and EnVironmental changE), Steps to a Healthier US, and Strategic Alliance for Health
Benefits to Business

• Good health is good for business
  • Keeps insurance and medical costs down
  • Helps the bottom line
  • Cuts back on absenteeism
Why partner with business?

- Power to affect positive changes
- Ability to transform work environment and influence community norms
- Connections to community decision makers
- Support for disadvantaged populations
Better Access = Good for Business

- The **Bird Rock** community in **San Diego County, CA**, made their community more bikeable and walkable.
- As a result the community noticed a “20 percent boost in sales” among the 95 businesses in the area affected.
Oklahoma City: From Fat to Fit

- **Oklahoma City, Oklahoma** went from one of the “fattest” cities to the ‘fittest’ when mayor put the city on [diet.com](http://diet.com), collectively losing one million pounds
- To attract a younger, dynamic talent pool, the city created a walkable, livable urban center, bringing in more businesses
- The Kauffman Foundation named it the most entrepreneurial city in the country with the most start-ups per capita
Mayor Cornett and 10 of your own Oklahoma City friends recently appeared on the Rachel Ray show celebrating the 1,000,000 pounds we have lost! Check it out here.

1,000,000 Pounds Lost!

We have done it – This city has gone on a diet. Together we have reached our goal of losing 1,000,000 pounds! From an awareness standpoint, this program has been a tremendous success. Congratulations!

Hopefully, we are a healthier, more vibrant, and progressive community. I would like to thank each and every person and organization who has contributed to the OKC Million program, and I encourage all to stay active, stay healthy, and stay involved. This is the beginning of a brighter future.

Thanks to everyone who came out for our press conference at the Oklahoma City Zoo on Thursday, January 12 in celebration of losing 1,000,000 pounds.
About this City is Going on a Diet

Our obesity effort seems to show continued success in spreading the word and opening up a community-wide dialogue about the dangers of being overweight. We have just started our third year and have moved past the halfway point of reaching our goal of a million pounds. Here's the numbers as of this morning, from the website, www.ThisCityIsGoingOnADiet.com. Over 40,000 have joined including several hundred new participants in just the last few weeks. Our total weight loss is now 519,000 pounds. So, those 40,000 have lost over 12 pounds apiece. That's terrific. Let me use this time to lead you to this site if you think it can help someone in your family. It's www.ThisCityIsGoingOnADiet.com. One of our many success stories in 2009 took place at the FAA center. They had 106 employees sign up hoping to make some progress on their weight loss goals, and when they weighed in a few months later, they had lost a total of 904 pounds. So, nearly nine pounds apiece, and just another example of an organization helping its employees deal with a difficult issue. Battling obesity is a winnable battle and it's an important fight to win.

Click here to read more of Mayor Mick Cornett's State of the City message >>
Businesses Getting Involved

- Mid-Ohio Valley, West Virginia established “Create the Future WV” to create candy-free “healthy checkout aisles” in grocery stores and Walmarts and urged convenience stores to carry fresh fruits and vegetables.
- “Smaller projects don't require as much money but, put them together, they change the atmosphere and environment of a community.”
  - Local project director
Reaching 4 in 10 U.S. Citizens Through Community Transformation Grants

Goal of CDC’s Community Transformation Grants (CTG) - Create a healthier America by:

- Building capacity to implement evidence- and practice-based sustainable strategies to prevent chronic diseases and chronic illnesses
- Supporting implementation of interventions across five broad areas:
  - Tobacco–Free Living
  - Active Living and Healthy Eating
  - Clinical and Community Preventive Services
  - Social and Emotional Wellness
  - Healthy and Safe Physical Environment
Early Accomplishments

• Tobacco-Free Living
  • Harford County, Maryland – 1,250 county employees and everyone who uses county recreation facilities are now protected from second-hand smoke exposure. Additionally, the Harford County Health Department has worked closely with other county officials to provide tobacco cessation programs for all Harford County employees.
Early Accomplishments

• **Nutrition**
  
  • **Pierce County, Washington** – More than 11,000 students and 1,500 staff now have access to vending machines that offer healthy options and meet USDA guidelines.
CTG Small Communities

- **Goal**: Support areas with less than 500,000 people in neighborhoods, school districts, villages, towns, cities, and counties

- **Funding**: More than $70M to 40 communities, reaching 9.2 million Americans
Racial and Ethnic Approaches to Community Health (REACH) Initiative

**Focus:** Improve health and reduce and eliminate disparities related to chronic diseases

**Population groups include:**
- African Americans
- Hispanics/Latinos
- Asian Americans
- American Indians
- Alaska Natives
- Pacific Islanders

**Foundation:**
- Multi-sector coalition uses community-based participatory approaches
- Implement and disseminate culturally tailored interventions
REACH and REACH Demonstration

- **REACH**
  - 6 awardees supporting 90 communities totaling nearly $22 million

- **REACH Obesity and Hypertension Demonstration Projects**
  - Two awardees:
    - Boston Public Health Commission ($4.6M)
    - Community Health Councils, Inc. ($7.7M)
REACH Community Change

- Charleston and Georgetown Counties, South Carolina
  Healthcare delivery systems improvements and self-management education of African Americans with diabetes resulted in a 44% reduction in lower limb amputations among African Americans
Many Related Community Assessment Efforts

- IRS-driven requirements on non-profit hospitals
- Health Department Accreditation
- CDC’s Community Health Programs
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<thead>
<tr>
<th>NAME</th>
<th>ORG</th>
<th>TITLE</th>
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<tbody>
<tr>
<td>Kitty Hsu Dana*</td>
<td>United Way International</td>
<td>Vice President of Health</td>
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<tr>
<td>Jim Pearsol*</td>
<td>ASTHO</td>
<td>Chief Program Officer</td>
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<tr>
<td>Jean Nudelman*</td>
<td>Kaiser Permanente</td>
<td>Director, KP N. California Community Benefit Programs</td>
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<tr>
<td>Andrew Bazemore, MD</td>
<td>The Robert Graham Center</td>
<td>Medical Director, Policy Research</td>
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<tr>
<td>Tyler Norris</td>
<td>Kaiser Permanente/ Community Commons/ IP3</td>
<td>Vice President, Total Health Partnerships</td>
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<tr>
<td>Michael Bilton</td>
<td>Assoc. for Community Health Improvement /AHA</td>
<td>Executive Director</td>
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<tr>
<td>Julie Trochcio</td>
<td>Catholic Health Association</td>
<td>Senior Director, Community Benefit</td>
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<td>Vondie Moore Woodbury</td>
<td>Trinity Health</td>
<td>Director, Community Benefit</td>
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<td>William J. Kassler, MD</td>
<td>CMS</td>
<td>Chief Medical Officer, New England Regional Office</td>
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<tr>
<td>Bridget Booske Catlin, PhD</td>
<td>UW Population Health Institute/ County Rankings</td>
<td>Program Director</td>
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<tr>
<td>John Gale</td>
<td>Univ. of South Maine, Rural Health Research Ctr</td>
<td>Research Associate</td>
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<tr>
<td>Gianfranco Pezzino, MD</td>
<td>Kansas Health Institute</td>
<td>Senior Fellow &amp; Strategy Team Leader</td>
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<tr>
<td>Mary Pittman, DrPH</td>
<td>Public Health Institute</td>
<td>CEO</td>
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<td>Kevin Barnett, DrPH</td>
<td>Public Health Institute</td>
<td>Senior Investigator</td>
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<tr>
<td>David Dyjack, DrPH, CIH</td>
<td>NACCHO</td>
<td>Associate Executive Director</td>
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<tr>
<td>Charlotte Kahn</td>
<td>The Boston Indicators Project</td>
<td>Sr. Director</td>
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<tr>
<td>John Whittington, MD</td>
<td>Institute for Healthcare Improvement</td>
<td>Lead Faculty for Triple Aim</td>
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<tr>
<td>Andrew Webber</td>
<td>National Business Coalition on Health</td>
<td>President &amp; CEO</td>
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<tr>
<td>Jessica Curtis, JD</td>
<td>Community Catalyst</td>
<td>Project Director, Hospital. Accountability Project</td>
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<tr>
<td>Chris Fulcher, PhD</td>
<td>Univ. of Missouri/ CARES</td>
<td>Co-Director</td>
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<tr>
<td>Chris Kinabrew</td>
<td>National Network of Public Health Institutes</td>
<td>Associate Director, Government and External Affairs</td>
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CHNA.org: Mission

- Free web-based platform
- Local and state health departments, hospitals, non-profit organizations, financial institutions, and other organizations seeking to better understand the needs and assets of their communities
- Collaborate to make measurable improvements in community health and well-being
The CHNA.org Goals

• Democratize the community health needs assessment process by bringing publically available information into one site, dramatically minimizing duplication of efforts and reducing costs to communities
The CHNA.org Capabilities

- Inform robust civic discourse to create shared ownership of community problems and solutions
- Enable community stakeholders from diverse backgrounds to create, implement, and invest in strategies shown to produce measurable improvements in community health
- Support hospitals and health systems to conduct quality Community Health Needs Assessments (CHNAs)
- Encourage collaboration within and across city and county jurisdictions
“Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities’ movement.”
Community Commons
Starter Maps

Health Professional Shortage Areas & Medically Underserved Areas/Populations

This map highlights the Health Professional Shortage Areas & Medically Underserved Areas/Populations along with All Providers of Service, Federally Qualified Health Clinics and Poverty. Try adding other demographic data!

Click "Open Map" to pull up this interactive map and explore the data displayed. You can zoom into your geographic area, and add or remove datasets to customize it for your needs.

Open Map

Severe Poverty

This map highlights census tracts with 30% or more of the population living at or under 50% of the poverty threshold. The data from this map is from the American Community Survey's 2006-2010 estimates.

Click "Open Map" to pull up this interactive map and explore the data displayed. You can zoom into your geographic area, and add or remove datasets to customize it for your needs.

Open Map
Questions or Comments?
Million Hearts™ Initiative
November 28, 2012

Anne Lutz, MPH
Project Officer
Division for Heart Disease and Stroke Prevention
Million Hearts™

National initiative co-led by CDC and CMS

Partners across federal and state agencies and private organizations

Goal: Prevent 1 million heart attacks and strokes in 5 years

http://millionhearts.hhs.gov
Key Components of Million Hearts

**CLINICAL PREVENTION**
Optimizing care

- Focus on ABCS
- Health information technology
- Clinical innovations

**COMMUNITY PREVENTION**
Changing the context

- No smoking
- Reduced salt intake
- No trans fats
Community Prevention
Reducing the Need for Treatment: Tobacco

Comprehensive tobacco control programs work

- Graphic mass media campaign
- Smoke-free public places and workplace policies
- Free or low-cost counseling and medications
- Increase costs of tobacco products
Decline in Smoking in New York City, 2002–2010
450,000 Fewer Smokers

New York City Community Health Survey
Community Prevention
Reducing the Need for Treatment: Sodium

- Menu labeling requirements in chain restaurants
- Food purchasing policies to increase access to lower sodium foods
- Public and professional education about the impact of excess sodium
- Publishing info on sodium consumption

About 90% of Americans exceed recommended sodium intake

CDC, MMWR 2011;60:1413–7
Clinical Quality Measures & Health Information Technology
# The Million Hearts™ ABCS

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>A</td>
<td>Aspirin People at increased risk of cardiovascular disease who are taking aspirin</td>
<td>47%</td>
</tr>
<tr>
<td>B</td>
<td>Blood pressure People with hypertension who have adequately controlled blood pressure</td>
<td>46%</td>
</tr>
<tr>
<td>C</td>
<td>Cholesterol People with high cholesterol who have adequately controlled hyperlipidemia</td>
<td>33%</td>
</tr>
<tr>
<td>S</td>
<td>Smoking People trying to quit smoking who get help</td>
<td>23%</td>
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</table>
Prevalence of Hypertension Control among US Adults with Hypertension

67 million adults with hypertension (30.4%)

- 46.5% Uncontrolled
- 53.5% Controlled

Why Is Blood Pressure Control Challenging?

- Silent nature of hypertension
- Many barriers to hypertension control
  - Patients—unhealthy lifestyles, may not adhere to medications
  - Health care providers—may not have the resources for a team approach, challenges for providing optimal medical management
  - Health care systems—systems may not be in place to provide clinical decision support or notify providers when patient has been seen by another provider
- Resistant hypertension—hypertension not controlled using a combination of 3 antihypertensive drug classes

Health Information Technology

- Full deployment of Electronic Health Record (EHR) technology
- Quality Improvement Organizations (QIOs)
- Health Information Exchanges (HIEs), Regional Extension Centers (RECs), Local Extension Centers, Beacon Communities

- Potential sources of aggregate data
- Potential partners for work on clinical preventive services
Care Innovations
Clinical Prevention: Optimizing Quality, Access, and Outcomes

- **Innovations in care delivery**
  - Embed ABCS and incentives in new models
    - Patient-centered medical homes, Accountable Care Organizations, bundled payments
    - Interventions that lead to healthy behaviors
  - Mobilize effective team members
    - Pharmacists, care coordinators, patient navigators
    - Health coaches, lay workers, peer wellness specialists

- Adding web-based pharmacist care to home blood pressure monitoring increases control by >50%
Community Based Blood Pressure Control

- Schenectady County, NY: sodium reduction in seniors’ home delivered meals
- San Diego County, CA: convened stakeholders and formed “University of Best Practices” interactive forum
The Future State

- Lower sodium foods are abundant and inexpensive
- BP monitoring starts at home and ends with control
- Data flows seamlessly between settings
- Professional advice when, where, how, and from whom it is most effective
- No or low co-pays for medications
- High performance on BP control is rewarded

Innovations

- Scaling and Spreading Innovation – Strategies to Improve Cardiovascular Health
  - Held April 2012, co-sponsored by AHRQ, CDC, CMS, and American Heart Association

- Million Hearts Progress Notes
  - Field stories capture initiatives that are spreadable and scalable
  - [http://millionhearts.hhs.gov/aboutmh/innovations.html](http://millionhearts.hhs.gov/aboutmh/innovations.html)

- CDC DHDSP Evaluation “Field Notes”
  - Examples of evidence-based strategies for BP control
  - [http://www.cdc.gov/dhdsp/evaluation_resources.htm](http://www.cdc.gov/dhdsp/evaluation_resources.htm)
Join Us: Take the Pledge

http://millionhearts.hhs.gov

Million Hearts™
Questions or Comments?
Thank You!