Integration Forum
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How to Get a Seat at the Table: Strategies for Incorporating Public Health in States' Healthcare Planning Activities

Executive Summary

The current national healthcare debate signals new opportunities for state health officials to engage in discussions at the highest levels as states determine how best to respond to potential changes. As chief health strategists for their communities, state health officials have a unique understanding of the impact that healthcare and non-health, governmental agencies have on both population health and a state's economy, as well as the importance of actively engaging the right players in these systems. State health officials can drive discussions at the state level to craft solutions and policies that improve efficiency and effectiveness, enhance cross-sector collaboration, and address non-medical determinants of health.

State health officials and other public health leaders can use the strategies from this issue brief to get seats at the table when stakeholders make decisions about healthcare in their states in order to develop cost-effective, evidence-based public health solutions that advance population health and economic growth. State health officials can employ the following strategies to ensure that public health is part of all major planning and decisionmaking at the state level:

- Reframe the case for public health involvement to appeal to diverse economic interests. Use data to demonstrate investments in evidence-based prevention strategies that can offset costs.
- Advance the discussion on state strategies for addressing chronic disease by recommending cost-effective strategies to address the human and economic impact of disease.
- Leverage new and existing collaborations with public and private stakeholders to build capacity. Build on lessons learned from implementing new payment and delivery models.
- Use current organizational and governmental structures and collaborations to link to healthcare and non-healthcare partners.

Once at the table, state health officials can proactively advance cost-effective prevention and public health efforts and encourage new partnerships. To do this, state health officials must:

- Seize the opportunity to remedy existing regulations that create barriers, including pursuing remedies to existing Medicaid regulations, developing new certificate of need programs, and promoting community benefits reporting and workforce development activities.
- Promote evidence-based public health interventions that lead to demonstrated cost savings. Using tools such as data mapping and return on investment calculators may help identify hot spots and trends and showcase the benefits of public health and prevention-focused investments.

Introduction

As the country prepares for a possible shift in our nation's healthcare system, public health leaders are strategically positioned to lead and engage in state and local planning activities that will help shape their states' responses to a changing landscape. Public health leaders are not simply members of another advocacy group attempting to secure a line item in the state budget; rather, public health is an integral part of each state's health and healthcare system. As chief health strategist for your community, you have a wealth of tools and resources to deploy during critical conversations with public and private healthcare stakeholders to develop new cross-sector partnerships, identify flexible and alternative funding sources, and optimize data sharing opportunities to improve your state's health and reduce costs.

Increasing healthcare costs are unsustainable. In addition, potential changes to the individual market and health insurance subsidies, coupled with state Medicaid programs' budgetary constraints, can be especially problematic for states seeking to improve the health of adults and children with disabilities and chronic diseases, individuals requiring long-term support services, and those with serious and persistent mental illness and substance use disorders.

Medicaid alone covers more than 70 million people, and is the largest healthcare payer in most states.[1] Approximately 14.5 million adults are covered in Medicaid expansion states, translating to $72.6 billion in federal funds deployed to those states.[2] Potential financing changes to Medicaid, the individual market, and the public health programs supported through the Prevention and Public Health Fund will require states to determine how to cover funds that have already been incorporated into state budgets and how to best restructure their Medicaid programs with potentially fewer resources.[3]

Assuring that the individual market remains affordable and stable is critical for states, given the diverse mix of people relying on the individual market. In addition, increased state control and flexibility over Medicaid policy may present both a challenge and an opportunity for state health officials. For example, if Medicaid becomes a block granted program, states may have more say in how Medicaid delivers services, and can develop innovative strategies for:

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- Preventing infectious and chronic diseases, substance misuse, and addiction.
- Incorporating health equity and Health in All Policies principles into state public health policies.
- Improving care management for the poor.

However, states would be challenged to make up the difference if there is a gap in the amount or timely deployment of federal funds or any increase in the amount states need to meet possible growth in their Medicaid populations.[4]

This issue brief explores strategies that public health leaders can use to get to the table when legislators make decisions about healthcare in their states, and also discusses ways to influence those discussions and help craft cost-effective, evidence-based public health solutions that advance population health and economic growth.

Getting to the Table

As a state health official, your unique perspective and skill set can help all members of the healthcare "system" accurately see the whole picture of population health beyond provider walls, as well as ensure that all government agencies understand their roles in creating optimal health for individuals and communities. Public health leaders have a natural ability to facilitate discussions with multiple stakeholders and diverse partners to improve healthcare delivery and population health outcomes, and the following strategies may help you effectively frame your case and take a leading role in these meetings.[5]

Reframe your case for public health involvement to appeal to economic interests.
Public health leaders are best positioned to lead prevention efforts. When discussing resource allocation or program development, show data on how investments in evidence-based, upstream prevention strategies influence or offset the need for downstream healthcare spending. Frame public health as a workforce investment. For example, states can use their limited dollars most effectively by targeting communities and populations with preventable health issues for which we have effective, available health interventions, such as chronic disease prevention, infectious disease control, and treatment for substance use and mental health disorders. Communities prosper when the workforce succeeds, and successful businesses are valuable to a state's bottom line, which is a compelling argument to some legislators.

Advance the discussion on state strategies for addressing chronic disease.
States know that chronic disease is a major driver of healthcare costs, representing 86 percent of all healthcare spending and accounting for approximately 83 cents per dollar for Medicaid and 96 cents per dollar for Medicare.[6,7] Chronic conditions also have a large economic impact on states, due to the costs associated with absenteeism and loss of productivity to businesses.[8]

Search for opportunities to advance the discussion on cost-effective, evidence-based strategies for mitigating the human and economic impact of chronic disease in your state, especially cardiovascular disease, cancer, diabetes, obesity, and arthritis, the nation's most common and costly chronic diseases. Additional strategies include:

- Maternal and child health interventions (e.g., home visiting programs) to reduce low birth weight and boost at-risk individuals' parenting skills and confidence.
- Smoking cessation programs to prevent cancer.
- Physical activity programs to reduce obesity-related chronic diseases.
- Increased access to healthcare services and screening to detect illness earlier and promote health.
- HIV/AIDS education and testing.
- Opioid education to prevent misuse and abuse.

Leverage existing partnerships with public and private sector stakeholders to build capacity and collective impact.
Efforts to transform our healthcare system have ushered in a wave of new payment and delivery models that promote cross-sector collaboration and reward value over volume by focusing on improved health outcomes over individual episodic care and incentivizing health systems to address the non-medical drivers of poor health. With this transformation came innovative state partnerships that you can

leverage to help you get to the table and shape developing healthcare policies in your state. As chief health strategists for your communities, you can bring together new partners, such as community-based social service providers, and help showcase each partner's ability to create thriving healthy communities. By sharing the public health agency's knowledge, resources, and tools with partners, you can lead the process of creating shared understanding, buy-in, and joint accountability.[9]

Use the current organizational and government structures and collaborations you are involved in to link to healthcare and non-healthcare partners.
Engage with your state Medicaid offices, the governor's office, other state Cabinet members, and legislative committees in deliberations on how to utilize state funds most effectively to improve population health. State health officials should not wait until Medicaid policy changes before planning a response and determining how to best distribute precious state funds for the greatest impact.

Over the past several years, federal agencies have provided key investments to help states build the infrastructure needed for healthcare system transformation, including such initiatives and models as the State Innovation Models grant program, accountable care organizations, and patient-centered medical homes. In many states, public health has been deeply involved in building and developing these model initiatives, often in collaboration with private and public payers and providers. Using already-established infrastructures and alliances can help support strategies to advance prevention efforts and prioritize spending on addressing upstream variables like non-medical determinants of health.

Although state health officials may vary in their relationships to and authority over local public health agencies, with some states being more centralized than others, state and local public health leaders have similar core missions. Cultivate strong alliances with local leaders to create a united voice for everyone in your state, and work together with your respective state and federal leadership, if possible. In addition, collaborate with former state health officials, such as through ASTHO's Alumni Association, to help connect with government leaders and access a wealth of knowledge.

What to Propose When at the Table

The many evolving partnerships between federal agencies, state Medicaid programs, private payers, and other stakeholders demonstrate progress in removing silos and advancing a population health approach to managing care. Barriers such as separate funding streams, incompatible data systems, conflicting eligibility rules, and program coordination issues can make collaboration challenging; however, state health officials can take proactive steps to address these barriers and advance cost-effective prevention and public health efforts.

Seize the opportunity to remedy existing regulations that create barriers.
Now is the time to address the regulatory requirements that may encourage or discourage you from meeting your state's health needs. Potential avenues for exploration include:

- *Medicaid regulations:* Federal regulations and administrative complexities associated with Medicaid can limit states' abilities to meet program requirements and be proactive in activities requiring funding, staff, data, technology, and systems to provide oversight, quality, outreach, and analytics.[10] In addition, recent increases in delivery system and payment options have increased states' Medicaid administrative requirements and responsibilities.[11] States can potentially address these issues using current Medicaid constructs that give states the discretion to determine how they

spend federal Medicaid funds and how they develop, implement, and administer state programs through state statutes.[12] For example, the federal government has oversight in its review of waivers, state plan amendments, and managed care contracts and rates, and can streamline and revamp these programs' requirements and regulations to encourage states to implement value-based purchasing.[13] States may adopt lessons learned from successful state waiver programs that have been tested and approved and demonstrated to be efficient and effective.

- *Certification of need programs:* State health leaders can pursue new regulations and reforms that encourage state-led value-based purchasing and address non-medical determinants of health. For example, states may encourage "supply-side" reforms that improve consumer price and choice through scope of practice regulations and certificate/determination of need laws.[14] Massachusetts' restructured determination of need program is highlighted as a potential model *(see sidebar)*.

- *Community benefit reporting:* The community benefit reporting requirement for nonprofit hospitals may also offer opportunities for regulatory relief that incentivizes public health engagement in community health improvement activities. As the George Washington University's Milken Institute School of Public Health has explored, IRS policy currently separates "community building" spending from "community benefit" spending, with community building seen as a community-wide health improvement effort (e.g., safe and affordable housing development) and community benefit as falling within clinical care and targeted toward individual care (e.g., immunization clinics).[15] If the IRS were to update its policy to remove the distinction between community benefit and community building, hospitals could be incentivized to work more closely with public health and other nontraditional partners in upstream prevention.

- *Integration of new workforces:* New regulations may also present an opportunity for state health officials to advocate for workforce development programs to better meet the needs of a changing population. Look for opportunities to support new workforces and technologies that can meet emerging social needs (e.g., community health worker training and telemedicine) to integrate public health, social services, and primary care.

Massachusetts Case Example

In 2016, Massachusetts restructured its determination of need program to help develop innovative health delivery methods and population health strategies within the state's healthcare delivery system. As Monica Bharel, commissioner of the Massachusetts Department of Public Health explained, the goal of the restructured program was "to effectuate a paradigm shift to a streamlined and retooled process that puts public health at its core and leverages existing state-based community health dollars to tackle the underlying social determinants of health, which we know are healthcare's true cost drivers."[i]

In keeping with that philosophy, Massachusetts embedded public health and community health principles throughout its revision process to more effectively address health equity and non-medical determinants of health and encourage the use of new data tools through its determination of need program. The revamped program includes six health priorities to which providers' proposed projects must respond (and which correspond with the concept of community building): sociocultural environment, built/physical environment, housing, violence and trauma, employment, and education.

[i] Source: Presentation to the Integration Forum All Partners group on March 14, 2017.

Showcase evidence-based public health interventions that lead to demonstrated cost savings.
Public health data plays a critical role in assessing population health needs and should be accurate, relevant, and timely to inform policy development and action.[16] State health officials can provide a comprehensive picture of community health needs by analyzing health outcomes and trends revealed in the data and working across sectors to identify strategies for addressing them:

- *Data mapping* is an especially useful tool to bring to meetings (especially recent zip code and county-level mapping on mortality rates).[17] When shared among providers and partners, states can identify trends and hot spots and target effective, evidence-based population health prevention strategies.

- *Return on investment (ROI) calculators* show the benefit of investments in public health and prevention.[18] This evidence can show funders and policymakers the impact of social services on healthcare costs. (For example, there is growing evidence linking housing support for low-income individuals and families to potential net savings due to reduced healthcare costs.[19, 20]) States can use ROI assessments to demonstrate the economic value of programs aimed at upstream prevention and promote evidence-based public health interventions.[21]

Connecticut Case Example

The Connecticut Association of Directors of Health has created a community-based, electronic Health Equity Index tool, which measures the correlation between health outcomes and non-medical determinants of health in a given locality and develops geographic information system maps of those local measures.

Rhode Island Case Example

The Rhode Island Department of Health (RIDH) has used geographic mapping to identify "health equity zones," neighborhoods that have above-average risk factors and disease burdens. RIDH utilized this data to partner with community-based organizations, police departments, schools, and community health centers to respond to local, non-medical determinants of health and community-building needs.

Offer your leadership to support and engage new partners.
As a state health official, you may look for and engage potential champions from other sectors, such as high-level business leaders or heads of other agencies, with whom you can develop a common vision and articulate specific, mutually beneficial goals. Public health agencies are particularly capable of convening nontraditional stakeholders; however, this ability to create partnerships may also be best sustained with high-level political support. Consider working with the governor's office to create a cabinet, workgroup, or other formal association of agencies that can address diverse non-medical determinants of health, such as transportation and housing.

Inter-agency partnerships can improve efficiency and promote information- and resource-sharing. In particular, you may consider fostering conversations and partnerships with the following stakeholders:

- *Social services agencies*: Although these agencies' structure and oversight will vary from state to state, these partners can help provide insight into how to reach vulnerable populations. Through these partnerships, states may have opportunities to alignment Medicaid and other program enrollment.

- *Academic health centers*: Academic health centers often have analytics capabilities that exceed those of state agencies, and thus may be useful partners in securing access to new data.

- *State epidemiologists*: States may employ epidemiologists within public health agencies to target specific diseases, which can create inadvertent silos. Funding restrictions may also limit epidemiologists' ability to work on broader health issues; however, states that are pursuing larger redesign efforts may wish to consider how they can engage these important members of the health workforce to provide more information on disease patterns.

- *Regional Federal Reserve banks*: These banks include a health improvement focus in their charters, and these stakeholders can therefore provide expertise on how to support micro-investment and financial policies and modify them around the needs of the state. For example, states may look to the Healthy Communities Initiative as a model partnership of regional Federal Reserve banks and the Robert Wood Johnson Foundation that promotes cross-sector collaboration across the health and community development sectors.[22]

Minnesota Case Example

Many states have pursued Health in All Policies initiatives, through which decisionmakers commit to considering the health impact of new policies. For example, the commissioner of the Minnesota Department of Health has collaborated with the state's commissioners for the Departments of Administration, Agriculture, Commerce, Corrections, Education, and Employment and Economic Development to jointly report on their efforts to advance health equity and create the conditions necessary for optimal health.

Conclusion

State health officials have an opportunity in the changing healthcare landscape to be a critical and credible voice as decisions are being made about healthcare in their state. As chief health strategists, you can advance cost-effective prevention and public health efforts that demonstrate improvements in health outcomes, non-medical determinants of health, and workforce productivity. Being involved in these conversations at the local, state, and national level is a key to influencing these efforts.

This issue brief was developed by the Association of State and Territorial Health Officials in consultation with the Integration Forum Steering Committee, composed of John Auerbach, Trust for America's Health; Lloyd Michener, Practical Playbook; and David Sundwall, University of Utah.

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