

# Ohio prevention basics

## Executive summary

June 2014

### What is prevention?

Prevention addresses health problems *before they occur*, rather than after people have shown signs of disease, injury or disability. Prevention strategies focus on both individual and community wellness. Prevention programs often help individuals engage in healthier behaviors, such as driving safely or not smoking. Many also focus on improving the overall community so that healthy behaviors are expected and supported, and people have clean water to drink, safe places to walk and play and other conditions that contribute to wellbeing.

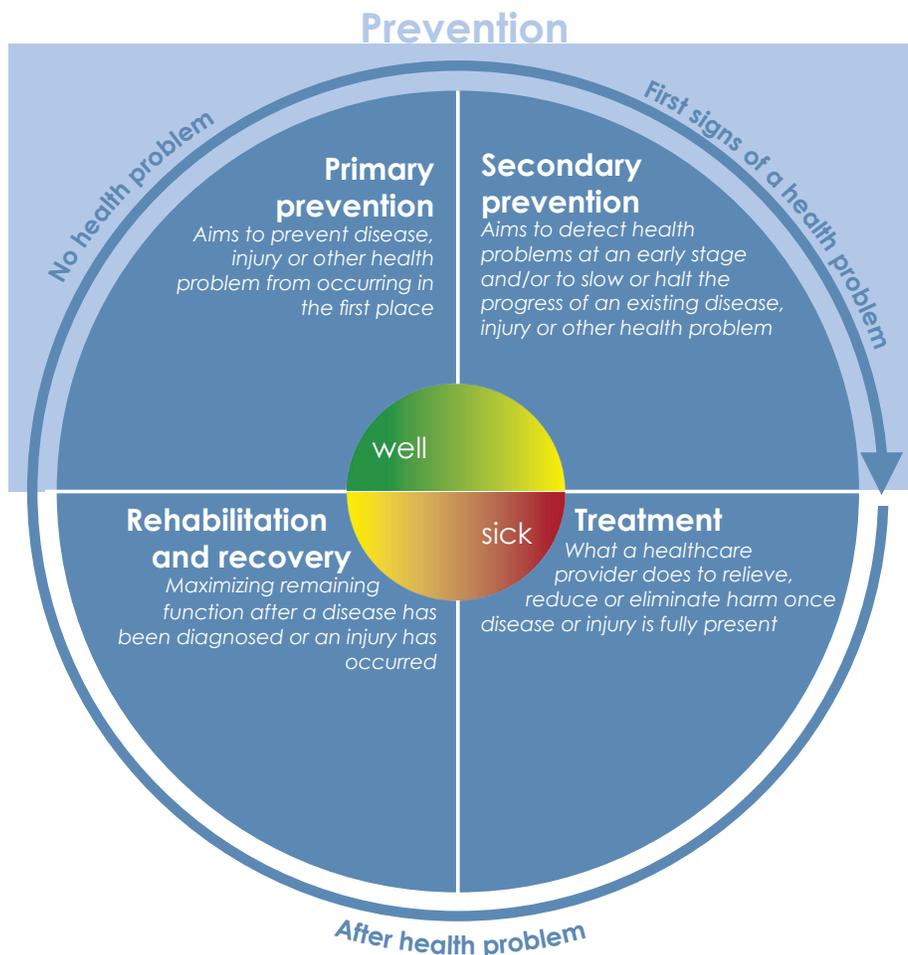
In health policy discussions it is useful to distinguish between two types of prevention:

- **Primary prevention** occurs when there is no health problem present and aims to prevent a disease, injury or other health problem from occurring in the first place. Examples include

### Personal responsibility: Everyone has a role to play to improve health

Healthcare providers share some of the responsibility for improving health, but good health starts long before we get to the doctor's office. Every individual is responsible for keeping themselves healthy by doing things like eating healthy, being physically active and not smoking. These daily decisions about how to stay healthy are heavily influenced by the world around us. Evidence-based prevention strategies can help to make it more likely that people will engage in healthier behaviors. Walking school bus programs, for example, and infrastructure improvements like sidewalks and crosswalks can make walking to school an easier choice, leading kids to be more active as a part of their daily routine.

### Prevention, treatment and rehabilitation



- immunizations and school-based drug and alcohol prevention programs.
- **Secondary prevention** occurs at the first signs of a health problem and aims to detect health problems at an early stage and/or to slow or halt the progress of an existing disease or injury. Examples include hearing and vision screenings for young children, mammograms and nutrition counseling for people with pre-diabetes.

Some prevention strategies are delivered in clinical healthcare settings to individual patients, such as blood pressure screenings conducted in clinics and dental sealants applied at a dentist office. Other prevention strategies are implemented in community settings, such as schools, workplaces, homes and neighborhoods. A third type of prevention strategy — population-based policy change — aims to modify the environment so that everyone in the community has the opportunity to be healthy. The policy change approach focuses on making healthy behaviors feasible and affordable for everyone, and on changing community conditions to ensure that residents have access to things like clean air and water, safe schools, safe homes and places to be physically active. Examples of population-based policy strategies include Ohio's smoke-free workplace law; the Ohio Automated Rx Reporting System (OARRS) data system that helps to prevent "doctor shopping" for opiates; and zoning requirements for sidewalks.

## The value of prevention

### The problem: High costs, poor outcomes

Prevention strategies play a role in addressing the U.S. healthcare system's twin problems of high costs and poor outcomes:

- Although we spend far more on health care than any other

## Types of prevention strategies

	Population-based policy change (Policy, System and Environmental Change)	Community-based prevention programs	Clinical preventive services
Setting	School, child care, workplace, neighborhood, city, county, state or country	Home, school, child care, workplace, local community	Primary care office/clinic, hospital, behavioral health provider, local health department or other healthcare setting
Delivered to...	All residents in a geographic area, or for all students or employees in a school or workplace	Program participants as individuals, families, or groups	Individual patients, clients and consumers
Examples	<ul style="list-style-type: none"> <li>• Smoke-free workplace laws</li> <li>• Changes to the built environment to promote safety and physical activity (such as lighting, sidewalks, crosswalks and bike lanes)</li> <li>• Safe Routes to School initiatives</li> <li>• Healthy school lunch guidelines</li> <li>• Impaired driving laws</li> <li>• Restaurant inspections</li> <li>• Clean air and water regulations</li> </ul>	<ul style="list-style-type: none"> <li>• Home visiting programs for new parents</li> <li>• Community health workers helping families to remove asthma triggers in the home</li> <li>• School-based programs to prevent violence and alcohol, tobacco and other drug use</li> <li>• Workplace wellness programs</li> <li>• Marketing campaign about the dangers of distracted driving</li> </ul>	<ul style="list-style-type: none"> <li>• Screening (mammograms, colonoscopies, blood pressure checks, suicide risk, etc.)</li> <li>• Nutrition counseling</li> <li>• Immunizations</li> <li>• Dental sealants</li> </ul>
Level of prevention	Mostly primary prevention	Primary and secondary prevention	Mostly secondary prevention
Payer/Funder	<ul style="list-style-type: none"> <li>• Federal, state, and local government</li> <li>• Philanthropy</li> <li>• Non-health sectors (transportation, education, regional planning, housing, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Federal, state, and local government</li> <li>• Philanthropy</li> </ul>	<ul style="list-style-type: none"> <li>• Medicaid and Medicare</li> <li>• Private insurance</li> <li>• Individual consumers</li> </ul>



*"It is no longer sufficient to expect that reforms in the medical care delivery system (for example, changes in payment, access and quality) alone will improve the public's health."*

— Institute of Medicine

country, the United States has shorter life expectancies and higher rates of many diseases, injuries and disability compared to other high-income countries.

- Ohio shares in this "health disadvantage." Among the states, Ohio ranks 37 in life expectancy and 42 in overall health outcomes, and spends more per capita than 32 other states on health care.

Many causes of illness, disability and death are preventable, and researchers find that improvements in the following areas would go a long way to improve health in the U.S.:

- **Health behaviors**, such as physical inactivity, poor nutrition, tobacco use, and excessive alcohol consumption,
- **Social and economic conditions**, such as lower social mobility and poorer education outcomes, and
- **Physical environments**, such as air pollution and built environments that discourage physical activity

Effective prevention strategies to address each of these risks are available. Visit HPIO's [Online Guide to Evidence-Based Prevention](#) for links to effective strategies.

## Prevention's impact on health outcomes and costs

Keeping people healthy and improving quality of life are the most obvious benefits of prevention. Though not all prevention activities are effective, countless studies demonstrate the effectiveness of specific prevention strategies to achieve positive health outcomes. Research suggests that over time, prevention strategies can have a significant positive impact on total population health, but that it can often take many years for those benefits to be realized on a broad scale.

Research on the cost savings brought by

## Linking clinic and community

A **Patient Centered Medical Home (PCMH)** is an enhanced model of primary care in which a practice is paid a care coordination fee to provide comprehensive care that includes prevention, treatment and rehabilitation. PCMHs, often through establishment of care teams, coordinate physical and mental health care for patients, including links to community services and supports. For example, if a child with asthma has frequent emergency room visits, the pediatrician in a PCMH may reach out to a child's school or child care provider to make sure that everyone who is caring for the child understands how to manage the child's medications.

The **Community-Centered Health Homes (CCHH)** model takes PCMHs one step further by actively addressing factors outside the healthcare system that impact patient health outcomes by advocating for population-level policy change. For example, a CCHH that is treating children with asthma may get involved in advocating for housing code enforcement to improve housing quality, and have community health workers on staff who go into homes and help families to remove asthma triggers.

prevention is more mixed. Many studies indicate that prevention saves money, although, like treatment, some prevention activities increase costs. There is strong evidence for the cost-effectiveness of many — but not all — prevention activities. Evidence for cost savings varies for different types of prevention activities. Overall, research suggests that prevention services delivered in the healthcare system are less likely to produce cost savings than those directed at the population level, and that primary prevention may be more cost-saving than secondary prevention in the long term.

## How do we pay for prevention?

Clinical preventive services are often paid for by health insurance (including Medicaid and Medicare) or out of pocket by individual consumers. The Affordable Care Act, or ACA, requires most health insurance plans to cover

a package of clinical preventive services that includes immunizations and screenings for several different conditions, such as colorectal cancer and depression.

Community-based prevention programs and population-based policy strategies have traditionally been separate from the clinical healthcare system and are not covered by health insurance. Community-based programs are typically funded by federal, state or local government or private philanthropy in the form of grants. Funding for population-based policy strategies is spread across many different sectors. For example, transportation spending on sidewalks and bike trails helps to increase physical activity, and school district and U.S. Department of Agriculture spending on school lunches improves child

nutrition. Health departments and other prevention organizations are often involved in coordinating these funding streams and advocating for multi-sector investments that improve health.

### **How much do we spend on prevention?**

Researchers estimate that anywhere from 1 percent to 9 percent of U.S. healthcare expenditures go toward prevention. Additional research is needed to establish a clearer understanding of how Ohio currently invests in prevention in order to move toward an appropriate balance between prevention and treatment that will improve health value for Ohioans. HPIO will explore this topic in a future publication.

Download the full Prevention Basics report at  
<http://bit.ly/OhioPrevention>



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