

HEALTH REFORM & HEALTH CARE FOR THE HOMELESS

POLICY BRIEF

JUNE 2010

CREATING HEALTHIER COMMUNITIES: CHRONIC DISEASE PREVENTION INITIATIVES OF INTEREST TO HEALTH CENTERS

Chronic disease is the leading cause of death and disability in the United States and accounts for more than 75% of our health care spending.¹ Nearly half of all adults in the United States have at least one chronic illness. Though rates of chronic disease are similar between adults experiencing homelessness and their housed counterparts, people who are homeless are more likely to experience greater health complications and early mortality.² Such results can be attributed to lack of ongoing treatment among other factors.³

The experience of homelessness makes it much more difficult to engage in healthy behaviors that would prevent the onset of some chronic diseases. Opportunities to eat nutritious food are limited because soup kitchens and other food distribution sites usually rely on high-starch, low protein meals with few fresh vegetables and fruits while physical activity is difficult due to the risk of leaving one's belongings, the need to spend time securing basic human needs like food and shelter, and foot and other health problems caused by being on one's feet all day. In addition, people experiencing homelessness have higher levels of psychological distress which is related to greater cigarette and alcohol use.⁴

The chronic disease needs for people who are homeless are much more complex than for people who are housed. A Toronto study found that despite the availability of universal health insurance, homeless adults had higher rates of poorly controlled chronic disease.⁵ Cardiovascular disease was found to be the leading cause of death among older homeless adults in studies based out of Toronto, Boston, and Philadelphia.^{5,6,7} The Toronto study found that though adults who are homeless are less likely to suffer from obesity, the prevalence of smoking was significantly higher than housed populations and nearly thirty percent of survey respondents reported cocaine use in the year preceding the study. Such findings suggest the need to emphasize smoking cessation and addiction programs in any chronic

Chronic disease prevention initiatives covered in this policy brief:

- ✓ Oral health care prevention activities
- ✓ Improved access to preventive services for Medicare and Medicaid beneficiaries
- ✓ Community transformation grants
- ✓ Healthy aging, living well grants
- ✓ Removing barriers and improving access to wellness for individuals with disabilities
- ✓ Demonstration programs to improve immunization coverage
- ✓ Demonstration project concerning individualized wellness plans
- ✓ School-based health centers

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disease prevention initiatives for people who are homeless. Another study of 200 Health Care for the Homeless Programs across the United States found barriers to care to be a contributing factor to poor health status among HCH users suggesting that such initiatives also include opportunities for transportation, translation services, and aggressive outreach.⁸ A number of studies also recognize chronic homelessness itself as a factor related to high risk of death associated with disease and suggest access to housing as a primary means of preventing chronic disease and early mortality.^{9,10}

In a recent survey of Health Care for the Homeless programs, nearly all of the clinicians who responded reported that they incorporate preventive health care strategies into their delivery of care. Such strategies include medical/psychological screenings, individualized treatment plans, and ongoing client education around topics such as smoking cessation, stress management, diet and exercise, and diabetes.¹¹

The Patient Protection and Affordable Care Act (PPACA) includes a number of incentives for public and private entities to adopt chronic disease prevention programs and ultimately reduce health care spending. The following is a summary of chronic disease prevention initiatives that may be of interest to health centers.

Oral Health Care Prevention Activities¹²

HHS/CDC demonstration grants will be made available to community-based providers of dental services, including federally qualified health centers, to demonstrate the effectiveness of research-based dental caries disease management activities. Grants will be awarded such sums as necessary. HHS/CDC will use the information generated from grantees for planning and implementing a public education campaign.

Improved Access to Preventive Services for Medicare and Medicaid Beneficiaries

Beginning October 1, 2010, State Medicaid programs will be required to cover counseling and pharmacotherapy to pregnant women for cessation of tobacco use.¹³

Beginning January 1, 2011 Medicare beneficiaries will not have to pay co-payments or deductibles for annual wellness visits, development of personalized prevention plans, and preventive services recommended by the Preventive Services Task Force.¹⁴

Beginning January 1, 2011, \$100 million in grants will be available to states for 5 years to carry out evidence-based initiatives that demonstrate changes in health risk and outcomes, including the adoption and maintenance of healthy behaviors. The purpose of the initiatives is to test approaches that may encourage behavior modification and determine scalable solutions. The grant funds are designed to help individuals adopt healthy behaviors around tobacco cessation, weight loss or control, cholesterol reduction, blood pressure reduction, and diabetes prevention or management. Grants will also cover initiatives that address co-morbidities of the conditions described above and depression. States may enter into arrangements with providers participating in Medicaid, community-based organizations, faith-based organizations, public-private partnerships, Indian tribes, or similar entities or organizations to carry out programs.¹⁵

Beginning January 1, 2013, states that cover certain clinical preventive services and vaccines recommended by the Preventive Services Task Force in the state Medicaid program will receive an increase of one percent in their Federal Medical Assistance Percentage (FMAP).¹⁶

Community Transformation Grants¹⁷

Grants will be made available to state and local governmental agencies and community-based organizations to implement, evaluate, and disseminate evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming. Grants will be awarded such sums as necessary for each fiscal year 2010 through 2014.

Health center activities appropriate for Community Transformation Grants may include (but are not limited to):

- ✓ Creating the infrastructure to support active living and access to nutritious foods in a safe environment
- ✓ Developing and promoting programs targeting a variety of age levels to increase access to nutrition, physical activity and smoking cessation, improve social and emotional wellness, enhance safety in a community, or address any other chronic disease priority area identified by the grantee
- ✓ Prioritizing strategies to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health
- ✓ Addressing special populations needs, including all age groups and individuals with disabilities and individuals in both urban and rural areas

Healthy Aging, Living Well¹⁸

Grants will be made available to state or local health departments and Indian tribes to carry out five-year pilot programs to provide public health community interventions and screenings and clinical referrals for individuals who are between the ages of 55 and 64.

State or local health departments and Indian tribes will need to demonstrate the capacity, if funded, to develop relationships with relevant health agencies, health care providers, community-based organizations, and insurers to carry out the pilot program. Such relationships are to include a community-based clinical partner, such as a community health center or rural health clinic. One role of the community-based clinical partner is to assist uninsured individuals in determining eligibility for available public coverage options and identify other appropriate community health care resources and assistance programs.

Intervention activities funded through this pilot program may include efforts to improve nutrition, increase physical activity, reduce tobacco use and substance abuse, improve mental health, and promote healthy lifestyles among the target population. In addition to community-wide public health interventions, a state or local health department receiving a Healthy Aging, Living Well grant will be required to conduct ongoing health screening to identify risk factors for cardiovascular disease, cancer, stroke, and diabetes among individuals in both urban and rural areas who are between 55 and 64 years of age. Screening activities may include mental health/behavioral health and substance use disorders; physical activity, smoking, and nutrition; and any other measures deemed appropriate by the HHS Secretary.

State or local health departments are permitted to use awards to enter into contracts with community health centers or rural health clinics and mental health and substance use disorder service providers to assist in the referral/treatment of at risk patients to community resources for clinical follow-up and help determine eligibility for other public programs. Grants will be awarded such sums as necessary for each fiscal year 2010 through 2014.

Removing Barriers and Improving Access to Wellness for Individuals with Disabilities¹⁹

Within two years from the passage of the PPACA, new minimum technical standards will be available for medical diagnostic equipment used in (or in conjunction with) physicians' offices, clinics, emergency rooms, hospitals, and other medical settings. These standards will ensure that equipment is accessible and usable by individuals with disabilities. The standards for medical diagnostic equipment will apply to equipment that includes examination tables, examination chairs (including chairs used for eye examinations or procedures, and dental examinations or procedures), weight scales, mammography equipment, x-ray machines, and other radiological equipment commonly used for diagnostic purposes by health professionals.

Demonstration Programs to Improve Immunization Coverage²⁰

This demonstration program provides grants to states to improve the provision of recommended immunizations for children, adolescents, and adults through the use of evidence-based, population-based interventions for high-risk populations. Grants will be awarded such sums as necessary for each fiscal year 2010 through 2014.

Activities of the demonstration programs to improve immunization coverage may include (but are not limited to):

- ✓ Providing immunization reminders or recalls for target populations of clients, patients, and consumers
- ✓ Educating targeted populations and health care providers concerning immunizations in combination with one or more other interventions
- ✓ Reducing out-of-pocket costs for families for vaccines and their administration carry out immunization-promoting strategies for participants or clients of public programs, including assessments of immunization status, referrals to health care providers, education, provision of on-site immunizations, or incentives for immunization

Demonstration Project Concerning Individualized Wellness Plans²¹

PPACA amends Section 330 of the Public Health Service Act to establish a pilot program at 10 community health centers to test the impact of providing at-risk populations an individualized wellness plan that is designed to reduce risk factors for preventable conditions as identified by a comprehensive risk-factor assessment. Grants will be awarded such sums as necessary.

An individualized wellness plan may include one or more of the following:

- ✓ Nutritional counseling
- ✓ A physical activity plan
- ✓ Alcohol and smoking cessation counseling and services
- ✓ Stress management
- ✓ Dietary supplements that have health claims approved by the HHS Secretary
- ✓ Compliance assistance provided by a community health center employee

School-based Health Centers²²

PPACA provides grants for the establishment of school-based health centers. Preference will be given to communities that have evidenced barriers to primary health care and mental health and substance use disorder prevention services for children and adolescents, communities with high per capita numbers of children and adolescents who are uninsured, underinsured, or enrolled in public health insurance programs, and populations of children and adolescents that have historically demonstrated difficulty in accessing health and mental health and substance use disorder prevention services.

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18. Ibid., Section 4202
19. Ibid., Section 4203
20. Ibid., Section 4204
21. Ibid., Section 4206
22. Ibid., Section 4101



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