

Program reauthorized through 2013 SCHIP renewal to bring care to millions more kids in need

AFTER YEARS of congressional wrangling, short-term fixes and presidential vetoes, the State Children's Health Insurance Program has received the long-awaited boost health advocates have been hoping for.

In early February, in one of his first legislative acts as president, Barack Obama signed the Children's Health Insurance Program Reauthorization Act of 2009, officially extending the successful program through 2013 and providing an additional \$32.8 billion in funds financed primarily by a 62-cent increase in the federal cigarette tax. Created in

1997, SCHIP currently provides health care coverage to more than 7 million U.S. children and with the recent reauthorization, the program is expected to expand to an additional 4 million children who would otherwise go uninsured. Congressional policy-makers had been

See **SCHIP**,
Page 23



Photo by Win McNamee, courtesy Getty Images

Members of Congress applaud as President Barack Obama signs the SCHIP reauthorization bill in February.

Reshaping health Public health leaving its mark on state health reform

IN MAY 2008, when Minnesota Gov. Tim Pawlenty signed a bill bringing widespread health reform to his state, the top of the legislation clearly read: "Article 1, Public Health."

For Sanne Magnan, the state's commissioner of health, the placement not only underscored public health's role in reform, but reflected advocates' perseverance in telling the oft-unheard public health success story. Almost a year later, work at the Minnesota Department of Health is well under way toward achieving quality and accessible health care for all Minnesotans, and public health remains front and center.

In the run-up to reform, Magnan, MD, PhD, said telling public health's story in ways "people could get their arms around" was key in promoting the field's role

See **STATE REFORM**,
Page 12

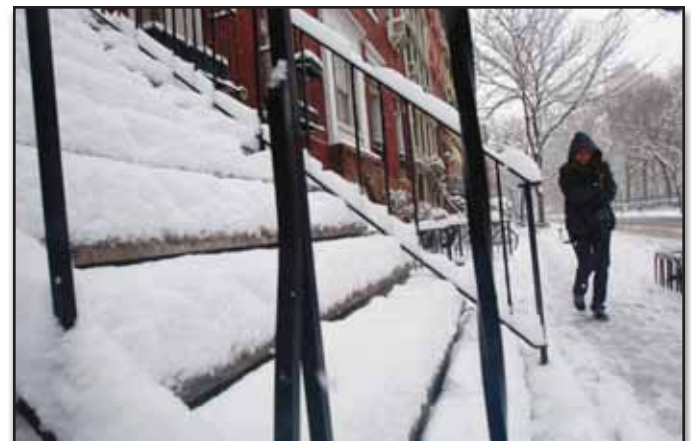


Photo by Mario Tama, courtesy Getty Images

Meteorologists are working to protect the public from weather-related health threats, such as this March storm in New York City.

Today's weather forecast calls for health Meteorologists making links between weather, public health

ON A FRIGID morning this February, Detroit meteorologist Paul Gross was on heightened alert. A snow storm was bearing down on Motor City.

It had been Detroit's second stormy winter in a row, said Gross, executive weather producer at WDIV-TV. Snow can wreak havoc on a commuter city like Detroit, notorious for its lack of an organized and reliable mass transit system.

As always, Gross was concerned for the health and safety of his viewers, and decided to include a public health warning in

his weather forecast that evening. Once, several years ago, a viewer thanked him for advice she said saved her life.

"It was a severe stretch of winter weather, and I was out reporting live on the conditions," Gross said. "One particular morning, the temperature was well below zero and I explained

See **METEOROLOGY**,
Page 16

Health departments may see boost Public health benefiting from new U.S. stimulus law

WITH A NEW federal economic stimulus law in place, the U.S. public health system is welcoming a billion-dollar infusion expected to not only create and retain jobs, but to boost critical prevention activities.

Signed by President Barack Obama in mid-February, the \$787 billion American Recovery and Reinvestment Act of 2009 establishes a \$1 billion Prevention and

Wellness Fund aimed at curbing chronic disease rates, providing immunizations and stemming

See **STIMULUS**,
Page 14

PERIODICAL POSTAGE
Paid at Washington, DC
and additional mailing offices
USPS 923-140

The NATION'S HEALTH

April 2009
American Public Health Association
800 I St. N.W.
Washington, DC 20001-3710

State-level health reform offers lessons for national reform initiatives

STATE REFORM,
Continued from Page 1

in reform. For example, Magnan said she often used the “simple, but poignant” story of diabetes when talking with legislators, as almost everyone knows someone affected by the disease. She would tell them that while improvements in chronic disease care would certainly help residents living with the disease, it was not going to solve growing diabetes rates. Getting at the root of the diabetes problem meant investing in public health and prevention, she said.

“Health care is downstream, while health and prevention are upstream, and we made that message very clear to policy-makers here in Minnesota,” Magnan told *The Nation’s Health*. “The question is: How can we get better health instead of just how do we get better health care?”

That question is one public health workers nationwide are answering as states continue to act as health reform laboratories, creating solutions, passing legislation, working out the

kinks and gathering results. For years, states have been ground zero for such reforms and, in turn, their experiences are likely to help lead the way as national policy-makers turn their attention to reforming the way all Americans access — and think about — health care. As such discussions move forward, public health advocates such as APHA are working to educate federal legislators as to why no national health reform effort will reach its full potential without investing in a strong foundation — and that foundation is public health. In fact, APHA’s National Public Health Week 2009 has a theme of “Building the Foundation for a Healthy America,” which urges public health workers nationwide to bring their voices and experiences to the health reform debate.

“Now is the time to make our messages more loud and clear than ever before,” said APHA Executive Director Georges Benjamin, MD, FACP, FACEP (E). “Work to keep people healthy — from birth to senior years — must be as



Photo by Bill Smoger, courtesy Minneapolis Department of Health and Family Support
Minneapolis’ Sabathani Farmers Market, shown in August 2007, is part of the Steps to a Healthier Minnesota Program.

important a priority as treating disease and providing health insurance. And prevention not only works in saving lives, but in saving money.”

According to January’s “State of the States” report on health reform from the Robert Wood Johnson Foundation and AcademyHealth, “since state efforts have dominated (health) reform efforts recently, in part, because there has been little to no federal action, there is a wealth of experience and lessons that can inform the national discussion.” While Massachusetts has garnered the most headlines in recent memory — probably due to being the first state to require all residents to have insurance coverage — it is far from alone in tackling the health care problem. Over the past few years, several states have instituted reforms that include efforts to ease the burden on employers, plans to better manage chronic diseases and expansions of public health care safety nets such as the State Children’s Health Insurance Program. In Minnesota, the state’s 2008 health reform law not only boosted the typical aspects of reform, such as provider payments and insurance coverage, but the work of the community-based Steps to a Healthier Minnesota, an outgrowth of the Centers for Disease Control and Prevention’s Steps to a HealthierUS initiative.

Known in the reform law as the Statewide Health Improvement Program, or SHIP, the new program received funding via the new law that the health department will distribute in the form of community-

based grants to tackle obesity and tobacco use. In gaining legislators’ support, Magnan said it was key to be able to illustrate the department’s past successes, such as communities mobilizing around healthy eating and tobacco-free parks.

They were powerful examples of how to continue down the prevention road, and without them, the new program’s role in health reform would have been less likely, Magnan noted.

“Health care is so visible whereas public health is not, so we need to keep reminding people of the importance of good public health and the infrastructure that’s needed,” she said.

Supporting community-based efforts is a prominent fixture in Vermont’s health reform plan as well, which passed its first round of reform legislation in 2006. Officially codified in the reform law was the state’s Blueprint for Health, an effort the Vermont Department of Health had kicked off in 2003 to tackle the health and economic impacts of chronic disease. With health reform bringing new funds to the blueprint effort, today six Vermont communities — covering about half the state — are creating and trying out new ways to ease the burden of chronic diseases, said Lisa Dulsky Watkins, MD, a public health physician and assistant director of Vermont’s Blueprint for Health. With an overall philosophy

that chronic disease efforts cannot work in isolation, the blueprint meshes public health and health care components. For example, Watkins said, community care teams working to create better patient-centered medical homes include a prevention specialist from the local health department who not only works with physicians, but oversees grants that promote exercising and good nutrition.

“My personal hope is that there will truly be a dovetailing of these efforts,” Watkins told *The Nation’s Health*. “The two disparate worlds (of health care and public health) have tremendously important overlaps. The health of a population is the sum of the health of its individuals.”

Bringing better prevention to chronic disease care is also a centerpiece of

“As public health officials throughout the years, we haven’t been willing to scream very loud. But now is the time to make your voice heard.”

— Tom Newton

health reform plans in Iowa, which enacted widespread reform last year. Among the reform’s measures was the creation of the Prevention and Chronic Care Management Advisory Council and

additional funding for community wellness grants, both under the direction of the Iowa Department of Public Health. Tom Newton, MPP, Iowa’s director of public health, said public health officials were involved throughout the reform process, noting that while a “large amount of responsibility has been passed onto us, we’ve really embraced it because we really do believe that public health should be involved in health reform.”

“Don’t allow your voice to be trumped,” Newton told *The Nation’s Health*. “In this (national) health reform debate, there will be a lot of voices and, unfortunately, those who scream the loudest often get the most. As public health officials throughout the years, we haven’t been willing to scream very loud. But now is the time to make your voice heard.”

For more on state health reform efforts, visit www.statecoverage.org.

— Kim Krisberg

Community-Oriented Primary Care

Health Care for the 21st Century

Edited by Robert Rhyne, MD, Richard Bogue, PhD, Gary Kukulka, PhD, and Hugh Fulmer, MD



This APHA bestseller offers a complete set of community-oriented primary care (COPC) skills for health professionals and community members to work in partnership over a long period of time to address a series of health problems in their defined populations. It can be implemented with resources available in most communities.

ORDER TODAY!

ISBN 0-87553-236-5 ■ 228 pages, softcover, 1998
\$29.00 APHA Members (plus s&h) ■ \$52.00 Nonmembers (plus s&h)



American Public Health Association
PUBLICATION SALES
WEB: www.aphabookstore.org
E-MAIL: APHA@pbd.com
TEL: 888-320-APHA FAX: 888-361-APHA