

## What Prevention Elements are Necessary for a complete Arizona Health Care Plan

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As Congress examines and modifies health care insurance, it is important to understand that the desired outcome of these strategies and policies is health for the Nation. According to the World Health Organization, health is 'not just the absence of illness but mental, social and physical well being'.<sup>1</sup> Optimal health requires preventive efforts, not solely acute care.

The nation's public health agencies; national, statewide or local, work to prevent population level disease outbreaks including Zika or measles as well as supporting individual prevention efforts which could include obesity or unplanned teen pregnancies. Congress has long funded public health prevention efforts. Many of these efforts were folded into the Prevention and Public Health Prevention Fund (PPHF), which later became a part of the Affordable Care Act. In Arizona, this funding is used to help support immunizations for children, infectious disease prevention and control programs and projects, Arizona's public health lab, childhood lead poisoning prevention and programs for prevention of chronic diseases, such as obesity, diabetes, heart disease and smoking.

The Affordable Care Act also recognized the importance of wellness by including the requirement that Essential Health Benefits are included in policies. By including these elements in every health plan, families or individuals would not have to make hard choices because of cost when they selected insurance plans, for instance having to elect to not include maternity care or behavioral health services. The essential benefits captured the services that families needed to be able to access care and at the same time stay solvent if and when they were faced with a life event like a pregnancy or an injury that required rehabilitative services. Many people do not consider, especially in their youth, that they will ever be faced with a catastrophic injury or illness.

States were given the freedom to select their package of required benefits. Arizona chose to use the state employee health plans as a model. The mandated Essential Health Benefits include (1) ambulatory patient services; (2) emergency services (3) hospitalization; (4) maternity and newborn care; (5) mental health and substance use disorder services including behavioral health treatment; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and (10) pediatric services, including oral and vision care. <sup>21</sup> Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19

The Center for Consumer Information & Insurance Oversight, Information on Essential Health Benefits (EHB) Benchmark Plans. Retrieved from: <https://www.cms.gov/ccio/resources/data-resources/ehb.html>

Beyond the risk of loss of the Essential Health Benefits, both of the newest health care proposals from the US House and Senate also completely eliminate the Prevention and Public Health Fund (PPHF). It is important to know that some of these funds date from the late 1980's. The nature of a block grant means states choose their own priorities based on the data and direct funding and programs towards those priorities. It would be fair at this point to ask why is this important? Why should we care? That may be more clear after we look at some of the leading causes of death and disability in Arizona and where some of these essential health benefits and prevention efforts would make a difference. The following is a short description of some of the health statistics for

Arizona including teen birth, infant mortality and the leading causes of death for major age groups. According to Arizona Department of Health Services, Teenage Pregnancy Arizona Report 2015, Arizona's teen pregnancy rate decreased from 32.7 in 2005 to 15.9 in 2015, a decrease of 51.3 percent. The pregnancy rate for the youngest teen, from 15-17, decreased from 39 in 2005 to 14.1 in 2015, a decrease of 63.9 percent. That means a decrease of 4,790 to 1,887 pregnancies of teens between 15-17 years of age in that decade. 3

There are several factors attributed to the decrease in teen pregnancies from the downturn in the economy to the effects of prevention programs and the availability of Long Acting Reversible Contraceptives (LARC), accessible during a preventive health visit. 4

Access to reproductive health planning and in fact access to preventive health visits (Ambulatory services) afford care providers the opportunity to discuss a woman's reproductive plans and address any chronic health issues.<sup>5</sup> Discussing a woman's health before she becomes pregnant is referred to as preconception or interconception health. Almost half of all pregnancies in the United States are unplanned. When a woman becomes pregnant without planning she can start that pregnancy with undiagnosed or unmanaged diabetes or STDs for example. Unplanned pregnancies are at greater risk of delivering preterm or low birth weight babies. <sup>6</sup> Prevention funds in the ACA have also supported Teen Pregnancy Prevention programs in Arizona and nationally. 3 Teenage Pregnancy Arizona 2005-2015, Arizona Department of Health Services. Retrieved from: <http://pub.azdhs.gov/health-stats/report/tp/2015/tp2015.pdf>

4 Patten, E., Livingston, G. (2016, April 29). Why is the teen birth rate falling? . Retrieved from: <http://www.pewresearch.org/fact-tank/2016/04/29/why-is-the-teen-birth-ratefalling/>

5 Women's Health.gov. Preconception health. Retrieved from:

<https://www.womenshealth.gov/pregnancy/you-get-pregnant/preconception-health>

6 Dean, S., Elizabeth Mary Mason, Christopher P Howson, Zohra S Lassi, Ayesha M Imam, and Zulfiqar A Bhutta. *Reprod Health*. 2013; 10(Suppl 1): S3. Published online 2013 Nov 15. doi: 10.1186/1742-4755-10-S1-S3PMCID: PMC3828587 Born Too Soon: Care before and between pregnancy to prevent preterm births: from evidence to action. Retrieved In 2015, Arizona's infant mortality rate was 5.6, a decrease of 9.9 percent from 6.2 in 2014.<sup>7</sup> According to the Arizona Health Status and Vital Statistics 2015 Annual Report, the leading causes of death to Arizona's infants were congenital malformation and prematurity, followed by suffocation, often related to an unsafe sleep environment.<sup>8</sup> Arizona's Safe Sleep program helped reduce the rate of unsafe sleep-related deaths ten percent from 82 deaths in 2014 to 74 deaths in 2015. <sup>9</sup> These efforts included a media campaign and the concerted efforts of physicians, nurses, home visitors and care providers to educate families about safe sleep practices. Arizona's prematurity rate decreased from 10.8 in 2005 to 9.0 in 2015, below the Healthy People 2020 goal. <sup>10</sup> Maternity care allows pregnant women to access the services they need to support a healthy pregnancy, which increase the chances of a healthy baby. Time with a care provider also allows for education of critical newborn care including safe sleep practices. This education is also reiterated during newborn care visits. The Arizona Health Status and Vital Statistics 2015 Annual Report tells us that the five leading causes of death for children from 1-14 from 2005-2015 were accidents or unintentional injuries including motor vehicle accidents and drowning, cancer, congenital malformations, homicide, and suicide. <sup>11</sup> The five causes of deaths among adolescents aged 15-19 over the same decade were unintentional injuries including motor vehicle accidents, intentional self harm also referred to as suicide, homicide, cancer and heart disease. <sup>12</sup> from:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3828587/>

7 Arizona Health Status and Vital Statistics 2015 Annual Report. Retrieved from:

[http://pub.azdhs.gov/health-stats/report/ahs/ahs2015/pdf/chptr2a\\_2d.pdf](http://pub.azdhs.gov/health-stats/report/ahs/ahs2015/pdf/chptr2a_2d.pdf)

8 *ibid*

9 Arizona Child Fatality Review Program Twenty Third Annual Report, November 15, 2016. Retrieved from: <http://www.azdhs.gov/documents/prevention/womens-childrenshealth/reports-fact-sheets/child-fatality-review-annual-reports/cfr-annual-report-2016.pdf>

10 Healthy People 2010 MICH-9.1 Reduce total preterm births Target 11.4 Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-childhealth/objectives>

11 Arizona Health Status and Vital Statistics 2015 Annual Report. Retrieved from: [http://pub.azdhs.gov/health-stats/report/ahs/ahs2015/pdf/text\\_children.pdf](http://pub.azdhs.gov/health-stats/report/ahs/ahs2015/pdf/text_children.pdf).

12 Arizona Health Status and Vital Statistics 2015 Annual Report. Retrieved from: <http://pub.azdhs.gov/health-stats/report/ahs/ahs2015/pdf/2c11.pdf>.

In 2015, 768 children under 18 years of age died in Arizona. Arizona has had a Child Fatality Review program in existence for over 20 years. By statute, the death of every child from birth to age 18 is reviewed by multidisciplinary teams to identify trends in preventable child deaths. According to the Twenty Third Annual Report, 13 almost 40 percent of these deaths were preventable. The leading causes of preventable deaths were prematurity, suffocation, generally related to unsafe sleep for infants, drownings, motor vehicle crashes and firearm injury. Early childhood home visiting programs, funded through the ACA, provide education and support to young families not only about early brain development but also about home safety including drowning prevention, automobile safety and gun safety. Again, when these trends are identified pediatricians and primary care providers also educate and reinforce messaging about what families can do to prevent avoidable child deaths. The leading causes of death among our young adults, aged 20-44 included accidents, suicide, cancer, heart disease and assault or homicide. 14 For middle aged adults, aged 45-64, the leading causes of death were cancer, heart disease, accidents, chronic liver disease and chronic lower respiratory disease. 15 Finally, the leading causes of death for Arizona's elderly, aged 65 and older included heart disease, cancer, chronic lower respiratory diseases, Alzheimer's disease and cardiovascular disease. 16 The preponderance of these leading causes of death, except for accidents, homicide and suicide, can be considered chronic disease and can be manageable. Preventive and wellness services and chronic disease management and Prescription drugs are included in the Essential Health Benefits and the Prevention and Public Health Prevention Fund supports programs to address chronic diseases. Arguably Mental health services and addiction treatment, a part of the essential health benefits at risk, would affect the loss of life or injury due to accidents, homicide and suicide. Loss of these services will leave more of our families either without access to care or exposed to catastrophic bills.

Finally, in 2016, the death of 790 people in Arizona was a direct result of opioids. There has been a 74% increase in deaths attributed to opioids in Arizona since 2012. 17

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 13 Arizona Child Fatality Review Program Twenty Third Annual Report, November 15, 2016.

<http://www.azdhs.gov/documents/prevention/womens-childrens-health/reportsfact-sheets/child-fatality-review-annual-reports/cfr-annual-report-2016.pdf>

14 Arizona Health Status and Vital Statistics 2015 Annual Report. Retrieved from: <http://pub.azdhs.gov/health-stats/report/ahs/ahs2015/pdf/2c15.pdf> .

15 Arizona Health Status and Vital Statistics 2015 Annual Report. Retrieved from: <http://pub.azdhs.gov/health-stats/report/ahs/ahs2015/pdf/2c19.pdf>.

16 Arizona Health Status and Vital Statistics 2015 Annual Report. Retrieved from: <http://pub.azdhs.gov/health-stats/report/ahs/ahs2015/pdf/2c23.pdf>

17 2016 Arizona Opioid Report. Retrieved from:

<http://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelinesrecommendations/>

prescribing-guidelines/arizona-opioid-report.pdf

2014, while 15.7 million adults reported having a major depressive episode within the past year, almost one third did not seek professional care. National Survey on Drug Use and Health (NSDUH) data also shows that of the over 21 million people over age 21 who needed treatment for a drug or alcohol problem, only about 2.5 million people received this treatment. 18

The Institute of Medicine and National Research Council's 2009 report Preventing Mental, Emotional, and Behavioral Disorders Among Young People which is referred to in the SAMHSA.gov/prevention web page tells us that for every \$1 we spend on prevention of substance abuse and mental illness we could save \$2 to \$10 on treatment. 19 A poignant reminder from the report introduction reads: "As a society, we suffer from a collective health care myopia: we have not figured out how to balance rescue \_\_\_ which is after-the fact treatment \_\_\_ with the less dramatic but often far more cost-effective and socially desirable prevention of a problem." 20 After reviewing the causes of death and disability for Arizonans, it is clear that ensuring access to care, which includes the elements of the Essential Health Benefits and prevention funding can ensure more general wellness for our families; helping to reduce premature birth and death or disability from a treatable chronic disease. This will lead mental, social and physical well being for all Arizonans.

18 SAMHSA Behavioral Health Treatments and Services. Retrieved from:

<https://www.samhsa.gov/treatment>

19 Prevention of Substance Abuse and Mental Illness. Retrieved from:

<https://www.samhsa.gov/prevention>

20 O'Connell, M.E., Thomas Boat, and Kenneth Werner, Editors. Preventing Mental, Emotional and Behavioral Disorders among Young People: Progress and Possibilities. Committee on the Prevention of Mental Disorders and Substance Abuse among Children, Youth, and Young Adults: Research Advances and Promising Interventions. National Research Council and Institute of Medicine. (2009). Retrieved from:

<https://www.nap.edu/read/12480/Chapter/1>

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