Women’s Health: A Focus on Chronic Disease

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Chief of Health Promotion and Disease Prevention
Overview

- Chronic Disease – Prevention and Early Intervention
- State Examples
- Specific State and Program Interventions
- Examples of Health Policy that can make a difference
Cost of Chronic Conditions is both Personal and Financial

Care for people with chronic conditions accounts for:

- 83% of health care spending
- 81% of hospital admissions
- 76% of all physician visits
- 91% of all prescriptions filled
Prevention to Care Management

Phases of Prevention

Healthy
“Normal”

“Pre-disease” or High Risk

Uncomplicated Disease

Complicated Disease

50 % of population

Est. 40 % of pop.

Est. 10 % of pop.

17 % of Health Care Costs

~20 % of Costs

~63 % of Costs

Onset

Recovery

Onset

Progression

Death

Onset

Recovery

Progression

Death

Recovery

Progression

Death

Recovery

Progression

Death

Recovery

Progression

Death
Examples of Primary Prevention Approaches

- Clear calorie and nutrition labeling of foods=
  Menu labeling
- Make nutritious foods more affordable and accessible for low-income areas
- Supporting breastfeeding in the workplace
- Provide young mothers with information about how to make good choices about nutrition
<table>
<thead>
<tr>
<th>Causes</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>435,000</td>
<td>18.1%</td>
</tr>
<tr>
<td>Poor diet &amp; physical inactivity</td>
<td>400,000</td>
<td>16.6%</td>
</tr>
<tr>
<td>Alcohol consumption</td>
<td>85,000</td>
<td>3.5%</td>
</tr>
</tbody>
</table>
Making Links to Actual Causes of Death

- Diet & Activity Patterns
- Tobacco
- Alcohol & Drugs

- Heart Disease
- Cancer
- Stroke
- Diabetes
- Injuries & Violence
Women’s Health and Smoking

- 178,000 women die from smoking related disease each year
- Women who smoke and use oral contraceptives are 40 x more likely to have a heart attack
- Lung cancer deaths in women has increased by over 600% in the past 50 years.
- Women who smoke have double the rate of premature births
Women and Obesity
62% women are overweight or obese

- Obese women have 4X risk of osteoarthritis
- Women who gain 45 pounds + after 18 are 2X more likely to develop breast cancer
- Middle age and older women who are obese are 3X more likely to develop heart disease
Chronic Disease and Obesity

Vermont Adults Reporting Chronic Conditions by Body Mass Index

Source: Vermont Behavioral Risk Factor Surveillance System 2001
Reducing diabetes deaths: options

Deaths Per Thousand Adults

- No Change
- Better Care
- Obesity Prevention*

Systems Dynamic Change Model

Source: Vermont Department of Health

* the “no cookie rule”
4% drop in calories = 1 cookie
Reducing diabetes deaths—do it all!

Projected Diabetes Deaths (per 1000 Vermont Adults)

Source: Vermont Department of Health
State Survey on Health Reform including focus on Chronic Disease and Prevention

ASTHO Survey of States and Territories
Fall 2008
### Health Reform Survey
#### Focus of Reform Efforts

What issues do your state's current health reform efforts address?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanding health insurance coverage</td>
<td>26</td>
</tr>
<tr>
<td>Electronic health information exchange</td>
<td>22</td>
</tr>
<tr>
<td>Chronic disease management and care</td>
<td>21</td>
</tr>
<tr>
<td>Healthy lifestyles/behaviors</td>
<td>21</td>
</tr>
<tr>
<td>Prevention and wellness</td>
<td>20</td>
</tr>
<tr>
<td>Quality of care</td>
<td>20</td>
</tr>
<tr>
<td>Reducing costs of health care</td>
<td>20</td>
</tr>
<tr>
<td>Preventive and primary care</td>
<td>17</td>
</tr>
<tr>
<td>Access to non-medical services/resources that improve wellness</td>
<td>15</td>
</tr>
<tr>
<td>Patient safety</td>
<td>15</td>
</tr>
<tr>
<td>Oral health</td>
<td>14</td>
</tr>
<tr>
<td>Engaging the private sector</td>
<td>14</td>
</tr>
<tr>
<td>Barriers to accessing existing medical services</td>
<td>13</td>
</tr>
<tr>
<td>Developing an adequate health workforce</td>
<td>13</td>
</tr>
<tr>
<td>Healthy work environments</td>
<td>12</td>
</tr>
<tr>
<td>Mental health</td>
<td>12</td>
</tr>
<tr>
<td>Healthy communities / built environment</td>
<td>11</td>
</tr>
<tr>
<td>Inequities in health status</td>
<td>11</td>
</tr>
<tr>
<td>Preparedness for emerging threats</td>
<td>10</td>
</tr>
<tr>
<td>Social determinants (e.g. housing, violence, education)</td>
<td>9</td>
</tr>
<tr>
<td>Flexible financing for public health</td>
<td>8</td>
</tr>
<tr>
<td>Engaging state agencies not traditionally associated with health (Transportation, Energy, Labor, etc.) Medical home and systems of care</td>
<td>8</td>
</tr>
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Examples of State Other Health Reform Activities

- Employee wellness program
- Quit lines and/or other cessation programs
- Through state employee health insurance
  (incentive to complete health risk assessment, loose weight, quit smoking, etc.)
- Supporting community-based efforts/coalitions
- Medicaid providing incentives for healthy lifestyles
With which other government agencies and non-governmental groups have you worked to ensure the integration of health and wellness priorities in health reform efforts?

- State Medicaid Program: 24
- Clinical Sector/Providers: 23
- State Education Agency: 17
- Insurance Industry: 14
- Business: 14
- State Insurance Agency: 14
- Community- and/or Faith- Based Groups: 13
- Other State Agency: 11
- State Agriculture Agency: 8
- Other Interest Group: 8
- Labor Representatives: 6
- State Transportation Agency: 5
- State Financial/Banking Agency: 1
Policies and Systems
Local, state, and federal policies and laws, economic and cultural influences, media

Community
Physical, social and cultural environment

Organizations
Schools, worksites, faith-based organizations, etc

Relationships
Family, peers, social networks, associations

Individual
Knowledge, attitudes, beliefs
Public Policy
Public Policy

Legislation in 2005 and 2006

- Blueprint model as a key component of Health Care Reform
- Endorses the Blueprint as the **foundation** for prevention and care of chronic conditions
- Extends the Blueprint to encompass **prevention**
- Calls for **multiple stakeholder** groups to **facilitate and assure the sustainability** of the Blueprint
Provider Practice
Quality Health Care
Provider Practice and Health Systems

- **Best practice clinical standards** for patient care
- *Microsystems change* at practice level
- **Support the patient** with connections to other parts of the health care system and the community
- **Use e-health tools to link** information and resources to the provider and patient
Health Systems
Quality Health Care

Information Technology

Chronic Care Information System
Supports medical decision making:

- Clinical standards built in to guide the clinical care for individuals and targeted populations
- Provides reminders for recall visits
- Provides timely info from labs, specialties
- Emergency rooms will have immediate access to patients’ medications list
Community
Community
Quality Health Care and Quality of Life

- Communities have walking programs year round for all ages
- Farmers’ Markets have doubled in the last 5 years
Individual
Self Management Healthy Living Workshops
everyone

even people with serious illness

can feel better

join us for information, support & fun

Healthier Living Workshop
Visits to a health care provider’s office and the Emergency Dept decreased significantly at 6 & 12 months.
Prevention for a Healthier America:
Investments in disease prevention yield significant savings, stronger communities.
Investments in Disease Prevention Yield Significant Savings and Stronger Communities

Invest $10/ person/year in proven community-based disease prevention programs

= Net savings of $2.8 billion annually in health care cost within 2 years

Return on Investment = $5.60 for every $1.00

Prevention for a Healthier America,
Trust for America’s Health,
July 2008
Prevention Efforts with Little or No Direct Costs while having Big Health Benefits

- Tobacco user fee = Tobacco taxes
- Smoke free laws - indoor clean air
- Local zoning laws improve walk-ability
- Breastfeeding friendly workplaces
- Menu labeling
Health in Every Policy

- Agriculture…farm to schools
- Transportation…bike paths
- Environmental…..clean swimming water
- Education…..nutritious breakfast and lunch
Health Care Reform

Increase Access  Improve Quality

Contain Costs
Summary

- Prevention and Early Intervention Key to effecting long term impact on Chronic Disease
- Health Policy is a key component to an overall system solution to Chronic Disease
- Consider low-cost / no-cost Health Policy
Resources/References


- *To Err is Human: Building a Safer Health System*, Institute of Medicine, National Academies, 2000.

- *The Future of the Public’s Health in the 21st Century*, Institute of Medicine, National Academies, 2003
Resources/References

- *Blueprint for a Healthier America*, Trust for America’s Health, Oct 2008
Resources/References

- The Model for Improvement by the Institute for Health Improvement [www.ihi.org](http://www.ihi.org)
- ASTHO website: [www.astho.org](http://www.astho.org)
Best Practice Guidelines

- Institute for Clinical Systems Integration [www.icsi.org](http://www.icsi.org)
- American Diabetes Association [www.diabetes.org](http://www.diabetes.org)
- American Heart Association [www.americanheart.org](http://www.americanheart.org)
Menu Labeling

State Trends
And
Consumer Survey from New York City
Consumer Survey Results from NYC Dept of Health and Mental Hygiene

- On-line survey conducted August 27-29, 2008
- 299 consumers who live in the five New York City boroughs
Consumer Awareness of the Law is High

Were you aware of this law?

- Yes: 80%
- No: 20%
Consumers Generally Think the Law is Positive

Do you consider this a positive move?

- Yes 86%
- No 14%

- Responses were consistent across demographic groups.
- Those aware of the law prior to the survey were considerably more likely to think it was positive (90% vs. 68%).
Consumers Who Think it’s Positive Want to be Informed

<table>
<thead>
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<th>Reason</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>I want to be informed when I make choices in restaurants</td>
<td>70%</td>
</tr>
<tr>
<td>It can't hurt to have the information available</td>
<td>64%</td>
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<tr>
<td>The law will help improve public health</td>
<td>60%</td>
</tr>
<tr>
<td>Restaurants would otherwise be unwilling to disclose this information</td>
<td>39%</td>
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A Huge Majority are Surprised by the Calorie Counts and Find Them Higher Than Expected

Have you been surprised by the calorie counts?
*Base: Have read calorie information = 161*

- Yes: 84%
- No: 16%

Are they higher than expected?
*Base: Surprised by calorie content = 136*

- Yes: 97%
- No: 3%
Most Who Have Modified Their Ordering Behavior Seek Out Lower-Calorie Alternatives and/or are No Longer Ordering Certain Items

- I am seeking out and ordering lower calorie alternatives
  - Somewhat Agree: 45%
  - Completely Agree: 45%
  - Total: 90%

- I am no longer ordering certain items
  - Somewhat Agree: 45%
  - Completely Agree: 38%
  - Total: 83%

- I am seeking out and buying smaller portions
  - Somewhat Agree: 43%
  - Completely Agree: 31%
  - Total: 74%

- I am buying fewer foods and beverages from restaurants
  - Somewhat Agree: 40%
  - Completely Agree: 23%
  - Total: 64%

4-point scale: Completely Agree (4) – Completely Disagree (1)
*Numbers may not add due to rounding*
Consumers Think Restaurants Have a Responsibility to Respond to Nutritional Concerns

Do restaurants have a responsibility to respond more aggressively to consumer nutritional concerns?

Yes: 77%
No: 23%

Base = 299
Consumers Think Restaurants Need More Options and Regulation

- Need more low calorie options
  - Yes: 81%
  - No: 19%

- Need more small-portion options
  - Yes: 68%
  - No: 32%

- Need more regulation when it comes to the foods/ingredients they use and serve
  - Yes: 63%
  - No: 37%