

DRAFT

Opportunities for Expanding Awareness of Preventive Services

The Affordable Care Act (ACA) significantly expands insurance coverage through the private market and Medicaid, and improves coverage of preventive services across insurance sectors. In addition, a provision of the law creates several specific opportunities for improved public knowledge of access to these preventive services. This memo summarizes that provision, describes polling data on public awareness of various provisions of ACA, and identifies other opportunities within ACA and other HHS efforts that could be targeted to improve awareness and increase utilization of preventive services.

Section 4004 of the Affordable Care Act: Education and Outreach Campaign Regarding Preventive Benefits

Section 4004 of the ACA directs the Secretary to provide for the planning and implementation of a “public–private partnership for a prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the life span.” The campaign is to include information that:

- (1) describes the importance of utilizing preventive services to promote wellness, reduce health disparities, and mitigate chronic disease;
- (2) promotes the use of preventive services recommended by the United States Preventive Services Task Force and the Community Preventive Services Task Force;
- (3) encourages healthy behaviors linked to the prevention of chronic diseases;
- (4) explains the preventive services covered under health plans offered through a Gateway;
- (5) describes additional preventive care supported by the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, the Advisory Committee on Immunization Practices, and other appropriate agencies; and
- (6) includes general health promotion information.ⁱ

The Secretary is required to consult with the Institute of Medicine for evidence-based scientific information to support the campaign.ⁱⁱ

In addition, the Secretary is directed, within one year of enactment of ACA, to develop “a national science-based media campaign on health promotion and disease prevention” that:

- (A) shall be designed to address proper nutrition, regular exercise, smoking cessation, obesity reduction, the 5 leading disease killers in the United States, and secondary prevention through disease screening promotion;
- (B) shall be carried out through competitively bid contracts awarded to entities

- providing for the professional production and design of such campaign;
- (C) may include the use of television, radio, Internet, and other commercial marketing venues and may be targeted to specific age groups based on peer-reviewed social research;
- (D) shall not be duplicative of any other Federal efforts relating to health promotion and disease prevention; and
- (E) may include the use of humor and nationally recognized positive role models.ⁱⁱⁱ

The Secretary is also directed to establish a website to “provide science-based information on guidelines for nutrition, regular exercise, obesity reduction, smoking cessation, and specific chronic disease prevention” for providers and consumers.^{iv}

Acting through the CDC, the Secretary is directed to develop a plan to disseminate information on health promotion and disease prevention to providers who work in federal health programs, such as the Indian Health Service and the Department of Veterans’ Affairs.^v The Secretary is to develop an online tool for individual personalized prevention plans, also through the CDC, as well as an internet portal for accessing web-based prevention tools from private and academic entities.^{vi}

Finally, the Secretary is directed to provide guidance and information to States and healthcare providers regarding preventive and obesity-related services available through Medicaid, including obesity screening and counseling for children and adults.^{vii} States are also directed to design a campaign to educate Medicaid beneficiaries about these services.

The ACA authorizes the appropriation of “such sums as may be necessary” for the activities in this section, with a maximum total of \$500,000,000.^{viii} However, to date the Administration has not requested appropriations for implementation of this section.^{ix}

Uptake of Preventive Services and Awareness of ACA’s Provisions and

Current uptake of preventive services varies by service. Overall, Americans access preventive services at only about half the recommended rate.^x Many Americans have had health insurance that does not cover basic preventive care, like immunizations.^{xi} Cost-sharing such as deductibles and co-payments have been shown to limit the likelihood of accessing preventive care. And, as AHRQ’s Healthcare Disparities Report found in 2010, there are significant disparities in uptake of preventive services by race, ethnicity, geographic region and other variables.^{xii} For example, AHRQ found that the percentage of whites receiving colorectal cancer screening was significantly higher than that of Blacks and Asians. Fewer blacks than whites have received pneumococcal vaccinations. And, residents of rural areas were less likely than others to have received a blood cholesterol measurement in the past five years.

While the ACA will extend health insurance as well as coverage for preventive services, a recent poll by the Kaiser Family Foundation found that many uninsured Americans are unaware of the potential benefits of the ACA, with a particularly low proportion aware of improved access to preventive health services.^{xiii} Of the uninsured people polled, only half (52%) were aware that the ACA provides financial help for low- and middle-income Americans who purchase health insurance through a state exchange. Slightly fewer (47%) knew that Medicaid will be expanding to cover adults without children. And only 29% were aware that the ACA eliminates co-pays and deductibles for many preventive services.

Other Opportunities in the ACA and at HHS to Expand Knowledge of Preventive Services

While not specifically focused on preventive services outreach, several other provisions of the ACA may offer opportunities to improve public knowledge of the importance of, and how to access, preventive services:

- Community Transformation Grants (Section 4201): Authorizes the HHS Secretary, acting through the Director of the CDC, to award competitive grants to state and local governmental agencies and community-based organizations for implementation, evaluation, and dissemination of evidence-based community preventive health activities. Activities will be aimed at reducing chronic disease rates; preventing the development of secondary conditions; addressing health disparities; and developing a stronger evidence-base for effective prevention programming. Grantees will be expected to improve access to clinical preventive services. HHS has announced that for FY11, \$102 million is available; up to 75 awards are expected to be announced in the near future.^{xiv}
- Grants to Promote the Community Health Workforce (Section 5313): Authorizes a CDC grant program to “promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers.” Eligible grantees are public or nonprofit private entities. The Act authorizes such sums as may be necessary to support these grants, but to date the Administration has not requested funding.

ⁱ Section 4004 (a).

ⁱⁱ 4004(b).

ⁱⁱⁱ 4004(c)(2)

^{iv} 4004(d).

^v 4004(e).

^{vi} 4004(f),(g).

^{vii} 4004(i)(1).

^{viii} 4004(j).

^{ix} The law notes that “Funding for the activities authorized under this section shall take priority over funding provided through the Centers for Disease Control and Prevention for grants to States and other

entities for similar purposes and goals as provided for in this section.” It is unclear what the intent of this provision is or what its impact would be if funded as appropriated.

^x McGlynn, E.A., S.M. Asch, J. Adams, J. Keeseey, J. Hicks, A. DeCristofaro, and E.A. Kerr. “The Quality of Health Care Delivered to Adults in the United States.” *The New England Journal of Medicine*, vol. 348, no. 26, June 26, 2003: 2635–2645.

^{xi} Institute of Medicine, *Financing vaccines in the 21st century: assuring access and availability*. Washington, D.C.: National Academies Press, 2003.

^{xii} Agency for Healthcare Research and Quality, “2010 National Healthcare Disparities Report” (March 2011) (online at www.ahrq.gov/qual/qdr10.htm).

^{xiii} Kaiser Health Tracking Poll (Aug. 2011) (online at <http://www.kff.org/kaiserpolls/8217.cfm>).

^{xiv} CDC, “Community Transformation Grants” (online at www.cdc.gov/communitytransformation/)