

**Healthy North Dakota**  
**HEALTH REFORM COMMUNITY DISCUSSION**  
**12/22/08**



As part of the Healthy North Dakota Coordinating Committee Meeting in Bismarck on Monday, December 22, 2008, members devoted an hour to a community health reform discussion to provide input on prevention and health in a format suggested by the Obama-Biden Transition Team. Fifteen people were in attendance including one by telephone and one via video connection in Fargo.

This summary of the discussion will be submitted to the Transition Team via [www.change.gov](http://www.change.gov), to the Association of State and Territorial Health Officers (ASTHO), and to North Dakota's congressional delegation, Senators Byron Dorgan and Kent Conrad and Representative Earl Pomeroy. The year-one summary of the Statewide Vision and Strategy for the Healthcare System in North Dakota (SVS) will also be submitted to ASTHO and the congressional delegation.

**Summary of Responses from Discussion Questions:**

- Twelve of 15 participants identified lack of emphasis on prevention as the biggest problem in the health system. Others noted cost of health insurance. One person commented that the biggest problem in healthcare is the "disconnect" between the payers and recipients of health care.
- Participants had mixed views about future ways for policy makers to develop a plan to address the health system problems: nearly equal numbers thought that community meetings like these, traditional town hall meetings, and surveys that solicit ideas on reform were the best ways. A few votes were also cast for a White House Health Care Summit.
- Participants believed that sharing solutions for health reform would be the information most needed to help them to continue to participate in this great debate.

**Discussion and suggestions for employers' roles in a reformed health care system included:**

- Employers can come together to provide leverage and a unified voice for negotiating with insurance providers to cover preventive services.
- Need to have employers recognize the impact healthy living plays on the bottom line and recognize the time involved for employees to be well on company time; need to get that information distributed widely.
- Need to find a model that works for small employers so that it's affordable for them.
- Find creative incentives, not mandates, for employees and employers to participate in some basic form of health plan and/or support for prevention.

- Federal government could provide an insurance package that families can buy into if their employers don't offer insurance.
- Make resources, such as workplace wellness programming on nutrition, physical activity and tobacco cessation, available for small businesses.
- Employers may not invest in wellness programs because they operate in a "just-in-time" way of doing business. While gains for prevention (improved quality of life, lower rates of disease, and lowered health care costs) are long-term, the costs for prevention are immediate. Can the Federal government help cover the costs of investment in prevention for small businesses to be able to implement prevention initiatives?
- The North Dakota Public Employees Retirement System (NDPERS) is a self-insured pool, providing health insurance to employees in state and local government agencies. NDPERS is in the third year of implementing an employee wellness program (covering 97 percent of the employee base) that provides participating employers a one percent health insurance premium discount for promoting wellness initiatives. The program also offers limited funding assistance and resources for implementing work place wellness programs.

#### **How can public policy help Americans get access to preventive care?**

- The approach needs to address first the root causes of disease and how to prevent them as well as response to disease and injury.
- Our healthcare system spectrum includes public health and clinical care - clinics, hospitals, long term care. We need to ensure that resources for population-based primary prevention strategies are provided. The clinical part of the spectrum is only one piece of the picture and we shouldn't "put all our eggs in that basket," or we will get lower impact.
- Provide resources for research to illustrate the Return on Investment (ROI) for prevention activities so that we continue making the case for prevention.
- Need to remember our special populations, such as American Indians and people living in rural areas, so that they have access to preventive services and health care to meet their special health needs.

#### **How can public policy promote healthier lifestyles?**

- Rebuild the relationship between CDC and State Health Departments.
- Schools are one key channel to reach young people as part of the broader community.
- Look to the successful models of Head Start and Early Head Start, where health promotion is part of the whole child and family education.

- Infrastructure in schools: schools already have access to an infrastructure that supports healthy living – Coordinated School Health - but a small percentage of schools are actively participating in this model. More resources are needed to support health promotion and health education in schools (i.e. school nursing, school counselors). In North Dakota, we are developing and piloting a model of school health delivery through our rural education associations.
- There is a need to do a better job of linking health to educational success.
- Comprehensive healthy living needs to be part of the core curriculum in schools. No Child Left Behind needs to include comprehensive health in its core.
- Schools are implementing “Response to intervention” and don’t have enough resources to address comprehensive intervention. It is not until health and wellness needs are met that students are able to learn and succeed in school.
- Need to get parents, schools and local communities involved in the education process. Schools are resorting to using creative incentives just to get parents to attend/participate.
- Public health education needs to be integrated into the curriculum for primary and secondary school teachers and health professionals, including medical school curricula, so that public health education is part of a broader based movement/education. This will help all understand the importance of health and facilitate implementation of prevention and health promotion services.
- Need more primary care physicians trained in preventive care so that the clinical component could play a more strategic role in transitioning our disease and injury response system to a holistic system.
- Loan repayment for those who focus in public health can help build the prevention infrastructure.
- Low reimbursement needs to be addressed at all levels: Medicare, Medicaid and private insurance. For example, advanced heart procedures and technology are covered, while preventive services, such as a physician issuing a prescription for walking, are not covered. We need to reframe our disease/injury response system into a health system.
- We need to look at broader engagement in the community through the process of true community engagement.