



# States Maximize Prevention Efforts

## Integrating State Programs for Better Health

Native Americans in Nevada are getting more than peanut butter, beans and powdered milk on monthly food distribution days. They are also receiving information from a state arthritis organization designed to help them eat better, become more physically active and reduce arthritis pain. The initiative is a partnership among the Nevada Bureau of Community Health Arthritis Prevention and Control Program and three other state agencies.

On commodity food distribution days, workers from the state arthritis program teach tribal members at 11 reservations about the importance of healthful nutrition and physical activity. The program also promotes an exercise regimen that has proved to reduce arthritis joint pain and disability. Workers distribute stretch bands and teach tribal elders how to use the bands to exercise at home. The program uses community gatherings to blend nutrition and physical activity messages with traditional tribal ways of sharing and learning.

This initiative enables the arthritis program to expand its reach; maximize federal, state and local resources; and target a high-risk population through joint planning and pooling of funds.



## States are integrating prevention programs

Federal public health funding targeted at single diseases has led to duplicate state efforts focusing on the same disease prevention goals. Declining federal and state support combined with a need to produce more results with limited funds has prompted state public health programs to integrate prevention efforts for multiple chronic diseases that target the same risk factors.

For example, increasing physical activity is an effective prevention strategy for heart disease, diabetes and obesity. Many individuals with one of these diseases are at risk of having another. For state policymakers facing limited budgets, combining obesity and diabetes prevention programs that promote increased physical activity allows more efficient use of public dollars. Also, the benefits of the combined program on the overall health of at-risk populations can exceed the benefits of individual programs.

## States benefit from program integration

**Programs can build on common objectives to foster healthy behaviors and do more with limited funds.** Motivating individuals to adopt five behaviors—maintaining proper weight, eliminating tobacco use and excessive alcohol consumption,

increasing levels of physical activity and adopting healthier eating habits—can simultaneously help prevent and control cancer, heart disease, stroke, hypertension, diabetes, asthma and pulmonary disease.<sup>1</sup>

In order to help the growing number of people with chronic diseases control their illnesses as well as to reach more people with effective ways to prevent diseases, state departments of health are merging their programs' specialized objectives and activities. The results are improved coordination with program clients and providers and more complete reporting to government funders.

**Reducing chronic diseases requires a coordinated approach through all life stages.** Opportunities exist at each life stage from infancy through adulthood for early detection and prevention of chronic diseases. For example, prenatal care during pregnancy can identify risk factors and initiate prevention for overweight, diabetes, breast and cervical cancer and other chronic diseases. However, this opportunity to provide women with appropriate referral and follow-up to prevent further disease is often missed. Integrating chronic disease risk assessments and follow-up into prenatal care presents opportunities to reduce chronic diseases.<sup>2</sup>

## States face challenges integrating prevention

**Funding.** Historically, public health programs that combat specific diseases such as cancer or heart disease have been easier to fund than general programs to promote wellness. Federal rules may prohibit states from merging federal or earmarked funding with other program funding, and may require changes to authorizations.

**Agency structure.** Most disease-specific prevention programs are bound by various state and/or federal restrictions on program structure or use of funds. To merge program activities, differences in how programs are organized, collect information and data, plan, report and evaluate may have to be overcome.

**Partners and stakeholders.** State and local partners, constituencies and stakeholders loyal to a disease-specific program may resist integration of multiple prevention programs. They may fear their program's identity and focus on specific outcomes or achievements will be lost.

**Accountability.** Reporting structures and reports required by different funding sources may need to be modified to accommodate merging of activities. Monitoring the quality of services provided will ensure the goals of each individual program are achieved.<sup>3</sup>

## State Examples

**Florida** leveraged federal funding to address health disparities. The Patient Protection Act, Racial and Ethnic Health Disparities: Closing the Gap Act (House Bill 2339), appropriates a single grant program to address seven priority health disparities, including cardiovascular disease. The grant is used as matching funds for Florida's application for federal funding from the Centers for Disease Control and Prevention's Division of Heart Disease and Stroke.<sup>4</sup>

**Louisiana** integrated strategic planning for chronic disease prevention. After the state moved its chronic disease programs into the Bureau of Primary Care and Rural Health, the bureau developed a comprehensive plan incorporating overarching chronic disease objectives along with individual program objectives for CDC-supported programs including heart disease and stroke prevention, diabetes prevention and control, tobacco control, asthma programs and the Behavioral Risk Factor Surveillance System, a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.<sup>4</sup>

**Maine** combined chronic disease program funds to support local partnerships. The Healthy Maine Partnerships initiative is supported by combined funds from many state prevention programs—including tobacco control, cardiovascular health, physical activity, nutrition, cancer, diabetes and asthma—and the state's Office of Substance Abuse. By working together at the state and local level, partnership members are more effectively and efficiently reducing tobacco use, promoting healthy eating and physical activity and preventing chronic diseases.<sup>4</sup>

**California** integrated programs through a consolidated contract with local health department.<sup>5</sup> A pilot program with Placer County consolidated the administrative requirements for 16 state and federally funded health programs. The consolidated state contract for the local health department includes a single scope of work, and a single, streamlined accounting, contracting, claiming and reporting process for 16 public health programs. The funding for these programs is not pooled or comingled.<sup>5</sup>

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## References

<sup>1</sup> Centers for Disease Control and Prevention. Promising Practices in Disease Control and Prevention: A Public Health Framework for Action. Atlanta, GA. Department for Health and Human Services, 2003. Accessed from [www.cdc.gov/nccdphp/publications/PromisingPractices/pdfs/PromisingPractices.pdf](http://www.cdc.gov/nccdphp/publications/PromisingPractices/pdfs/PromisingPractices.pdf) March 13, 2008.

<sup>2</sup> Risto J. Kaaja, MD, Ian A. Greer, MD. "Manifestations of Chronic Diseases During Pregnancy," *Journal of the American Medical Association*, Vol. 294, No. 21 (December 7, 2005). Accessed from <http://jama.ama-assn.org/cgi/content/full/294/21/2751> March 14, 2008.

<sup>3</sup> Slonin, Amy, et al. Recommendations for Integration of Chronic Disease Programs: Are Your Programs Linked? *Preventing Chronic Disease*, Vol. 4, No. 2, April 2007. Accessed from [http://www.cdc.gov/Pcd/issues/2007/apr/pdf/06\\_0163.pdf](http://www.cdc.gov/Pcd/issues/2007/apr/pdf/06_0163.pdf) March 13, 2008.

<sup>4</sup> National Association of Chronic Disease Directors. State Examples in Chronic Disease Program Integration. Accessed from <http://www.chronicdisease.org/i4a/pages/index.cfm?pageid=3595> March 13, 2008.

<sup>5</sup> Legislative Analyst's Office. Analysis of the 2008-2009 Budget Bill: Health and Social Services. Accessed from [www.lao.ca.gov/analysis\\_2007/health\\_ss/hss\\_05\\_4265\\_anl07.aspx](http://www.lao.ca.gov/analysis_2007/health_ss/hss_05_4265_anl07.aspx) March 13, 2008.

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