Affordable Care Act and Health Promotion

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Abstract

As a result of rising chronic diseases and uncontrolled health care costs, President Obama signed the Patient Protection and Affordable Care Act on March 23, 2010 to provide more equitable access to health care benefits and promote public health and disease prevention. The Act helps provide preventive services and encourages healthier habits for Americans by offering health insurance to all citizens and thereby increasing access to clinical services and benefits. Additionally, the law supports national programs to address habits that lead to chronic diseases by prioritizing prevention and health promotion at the national level. Programs include free wellness visits, health risk assessments, workplace wellness programs, and grants to target obesity, smoking and emotional wellness. Other programs promote better nutrition, physical activity, and cheaper vaccines. With the most significant change to health care policy since the 60s, the Affordable Care Act begins to shift the attention from treating disease to preventing them.
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The United States has one of the most inefficient and costly health care systems of the developed nations (Chemichovsky & Leibowitz, 2010). But, high healthcare costs have not bought the U.S. excellent results. In fact, despite having one of the most technologically advanced medical systems in the world, the U.S. has outcomes that are inferior to those of other developed countries and this inefficiency is believed to stem from the failure to provide health insurance coverage to most of its citizens (Chemichovsky & Leibowitz, 2010). With spiraling health costs exceeding $2.6 trillion; President Obama sought to control its continued increase by signing the Patient Protection and Affordable Care Act (PPACA) into law on March 23, 2010 (Mariner, 2012, p. 272). This legislation signified the most important change to health policy in the U.S. since the beginning of the Medicare/Medicaid Act in the 60s (Shaw, Asomugha, Conway, & Rein, 2014). The principles of the PPACA appear to provide the foundation to providing medical care and more specifically, improving preventive care and supporting health promotion.

The PPACA is comprised of several features, one of which includes making health insurance available and affordable to everyone in the country. By 2019, this Act is expected to provide health benefits to an estimated 25 million more people and has already reduced inequitable practices and reduced health related costs (Shaw et al., 2014). By providing increased access to medical care through insurance coverage, the Act is expected to reduce the number of uninsured citizens by greater than half and will result in coverage for 94% of the population, thereby cutting the number of uninsured substantially (Rosenbaum, 2011, p.1).

But more insureds don’t necessarily lead to improved preventive services and health promotion. The law needed to address this goal specifically. Provisions under Title IV of the
PPACA are specifically targeted at improving the health of the population by “preventing chronic disease, increasing access to preventive services, and creating healthier communities” (Davis & Somers, 2011, p. 66-67). Title IV creates several entities that are intended to improve delivery of preventive care at the community level (Davis & Somers, 2011). Title IV on Prevention of Chronic Disease and Improving Public Health increases access to clinical services and will expand school-based health centers. It will also offer an individualized prevention strategy based on a health risk appraisal, provide tobacco cessation services for expectant mothers, and offer funds to states for offering incentives to Medicaid recipients to develop healthy habits (Majette, 2011). Additionally, Title IV requires that restaurants provide nutritional information and that employers designate an area for nursing mothers. It also includes a provision that requires the Centers for Disease Control (CDC) to assist with the evaluation of workplace wellness programs and budgets funds to address childhood obesity (Majette, 2011). The Act furthers the commitment to promoting health and preventing diseases by creating a council to strategize and fund a national approach to prevention and wellness that will prioritize finding the means by which to decrease the rate of preventable illnesses and disabilities in Americans (Majette, 2011).

With the improved access to clinical services, the next step is to offer preventive services at minimal or no cost to encourage the population to seek these services. Expansion of Medicaid is an integral part of the plan since Medicaid is the nation’s primary government health insurance for people of low income. In 2013, approximately 73 million Americans received benefits from Medicaid and this number is expected to grow as the PPACA helps expands it to cover more beneficiaries (Rosenbaum, 2011). These preventive services include screening for breast cancer, colorectal cancer, HIV, alcohol abuse, depression and vaccinations (Koh & Sebelius, 2010).
Additionally, Medicare will cover an annual wellness visit, which will include the risk assessment and personalized plan at no cost to the patient (Koh & Sebelius, 2010).

The Act also promotes wellness programs at the workplace by authorizing grants to employers that provide wellness programs to its employees and directs the CDC to evaluate and help grow wellness programs nationally. As the age of the workforce continues to increase and chronic diseases continue to rise, the role of employers in health promotion becomes more significant. The group of workers aged 55 and older is expected to be 20% of the total workforce by 2020 and those with chronic conditions such as depression, anxiety and diabetes will increase as well (Anderko et al., 2012, p. 2). The workplace has the power to significantly improve the health of the population (Anderko et al., 2012). The workplace also has the ability to reach large groups of people that already are part of their work community and help create a health culture by providing consistent communication with employees to encourage healthy behaviors, incentives, and a common purpose (Anderko et al., 2012). Companies, with the help of the PPACA, can promote and reward their employees for participating in activities that promote healthy behaviors such as corporate runs, choosing healthy foods, taxing unhealthy foods, offering smoking cessation programs, and other monetary incentives. Real health promotion focuses on prevention and the PPACA will assist employers into promoting healthier lifestyles by building a community that focuses on better eating, exercising, lowering risk factors and subsequently incentivizing employees for compliance.

Likewise, the PPACA expands the function of communities in encouraging prevention. Community Transformation Grants promise to improve eating habits, increase exercise, decrease smoking, target depression, reduce health disparities and facilitate for states to purchase vaccines at lower cost (Koh & Sebelius, 2010). The Act also raises prevention as a top priority and funds
have already been provided toward improving public health infrastructure, prevention research, obesity prevention, and reducing smoking. Additionally, the PPACA strengthens the primary care workforce by taking $1.5 billion to help place health care workers in underserved regions and provides a 10% bonus for doctors to choose to continue practicing in those areas ("ObamaCare and Doctors", n.d.).

There is much work to be accomplished in the national disease prevention and health promotion battle, however, the Patient Protection and Affordable Care Act begins to place this topic at the forefront of healthcare in the U.S. With more of the population insured, and with expansion of Medicaid and Medicare preventive benefits, plus more funding applied to curbing obesity and smoking, the U.S. can begin to shift its focus from treating acute illness to preventing them. Furthermore, with an increased primary care workforce and the development of more work wellness programs and incentives, Americans will begin to learn a different way of viewing medical care and it's role in living a healthier life. Additional incentives may need to be given to physicians and other clinicians so that the current strategy of treating illness can be shifted toward prevention, but the PPACA is the first step in moving the country in that direction.
References


