



## The Vermont Blueprint for Health: A National Perspective

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## ASTHO Incorporated in 1942

- Organized as a 501(c)3 charitable non-profit
- 57 Members representing State and Territorial Health Agencies
- Advocates at the national level for state-based public health (i.e. Congress, HHS, CDC, HRSA, NACCHO, Clinical Medicine, Private Sector)
- Provides best practices in health policy and programs



ASTHO – From Micronesia to Alaska and Across the U.S. to the Virgin Islands



## A National Model

VERMONT  
**Blueprint for Health**  
Smart choices. Powerful tools.



AMERICA'S HEALTH RANKINGS®  
**A Call to Action**  
for People & Their Communities

- Vermont is 1<sup>st</sup> this year; it was 2<sup>nd</sup> in 2006
- Top ten states on 14 of the 20 measures
- Vermont ranks higher for health determinants than for health outcomes, indicating that overall healthiness should remain high over time.

★ **Challenge: Ranks 37<sup>th</sup> in Binge Drinking**



## How is our Nation Doing?

The U.S. Census Bureau indicates:

- 43 countries have life expectancies that exceed the United States
- 40 countries have a lower infant mortality rate than the United States.

U.S. Census Bureau, International Data Base, <http://www.census.gov/ipc/www/idb/>



## How is our Nation Doing?

- When compared to 10 European countries, the prevalence of many major chronic diseases among adults age 50+ in the U.S. is higher - heart disease, high blood pressure, high cholesterol, stroke, diabetes, chronic lung disease, arthritis and cancer.
- The prevalence of obesity in these European countries is about half that of the U.S.

Thorpe, KE, Howard, DH and Galactionova, K, "Differences in Disease Prevalence as a Source of the U.S.-European Health Care Spending Gap", Health Affairs, Oct 2, 2007.



## The U.S. Compared to England

- Poorer health exists at all income levels in the U.S. compared to England.
- "Individuals in the top (half) of the education and income strata in the U.S. have comparable rates of diabetes and heart disease as those in the *bottom (half) strata of income and education in England.*"

Banks, J, Marmot, M, Oldfield, Z and Smith, J.P., *Disease and Disadvantage in the United States and in England*, Journal of the American Medical Association, Vol. 295, No 17, pp 2037-45, May 3, 2006



## Why Not the Best?

### Results from a National Scorecard on U.S. Health System Performance

- **Income:** Low-income and uninsured rates would need to improve by about 33% to close the gap with higher incomes and the insured.
- **Ethnicity:** It would take a 20% decrease in Hispanic risk rates to reach benchmark white rates on key indicators.
- **Race:** Overall, it would require a 24+% improvement in African American mortality, quality, access, and efficiency indicators to approach benchmark white rates.

The Commonwealth Fund Commission on a High Performance Health System, *Why Not the Best? Results from a National Scorecard on U.S. Health System Performance*, The Commonwealth Fund, September 2006



## Promoting Health Equity

The objective of health is really twofold:

- *goodness* – the best attainable average level
- *fairness* - the smallest feasible differences among individuals and groups

*World Health Report, 2000*



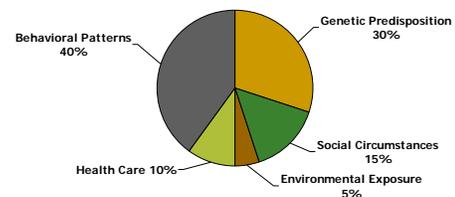
## We Can Do Better — Improving the Health of the American People

- The United States spends more on health care than any other nation in the world, yet it ranks poorly on nearly every measure of health status.
- How can this be? What explains this apparent paradox? The two-part answer is deceptively simple
  - first, the pathways to better health do not generally depend on better health care, and
  - second, even in those instances in which health care is important, too many Americans do not receive it, receive it too late, or receive poor-quality care.

Steven A. Schroeder, M.D. N Engl J Med 2007;357:1221-8.

## What factors lead to a healthier population?

Health is influenced by factors in five domains



Determinants of Health and their Contribution to Premature Death- Adapted from McGinnis, et al., 2002



## U.S. Investments in Health

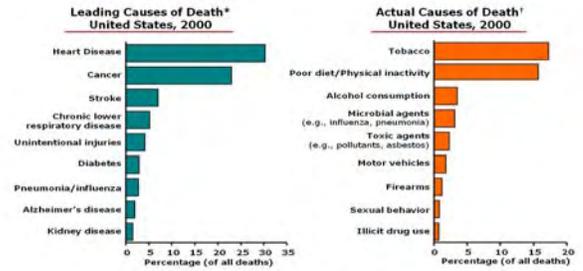
- The U.S. spends more on health care (16% of GDP) than any other country in the world, but has worse health outcomes on most measures of health status
- Actuarial studies show that **spending on public health accounts for only 2-3%** of national health spending



Journal of Public Health Management & Practice, 13(2):103-114, March/April 2007.  
Senseng, Arthur L, MA



## The Real Threats to Our Health



\* Morino AM, Arias E, Kochanek KD, Murphy SL, Smith BL. Deaths: final data for 2000. National Vital Statistics Reports 2002; 30(15):1-120.  
† Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004;291(10):1238-1246.



## Health First, Healthcare Second

“The Healthcare system is laboring under the misconception that its primary goal is to reactively respond to acute-care needs. This dangerous premise fails to recognize that proactively keeping people healthy with preventative care can do more to improve and prolong the quality of life at a lower cost than reactive acute care will ever be able to do.”



## Center for Health Transformation



## Alliance for a Healthier Generation School Health Initiative

### Our Mission

- To eliminate childhood obesity and to inspire all young people in the United States to develop lifelong, healthy habits.

### Our Goals

- To stop the nationwide increase in childhood obesity by 2010 and to empower kids nationwide to make healthy lifestyle choices.
- To positively affect the places that can make a difference to a child's health: homes, schools, restaurants, doctor's offices, and the community.



## The William J. Clinton Foundation



## Health Transformation

- “Healthiest Nation” Alliance: CDC/ASTHO/NACCHO
- Commission to Build a Healthier America: RWJF
- Healthier America Project: TFAH



## Our Moon Shot

**Become the Healthiest Nation in a Healthier World!**



## A National Model



## Working *together* to improve health



**Public health + Healthcare**  
*Prevention + treatment*



## Health Care Reform Goals



## Most health care is for chronic conditions

Care for people with chronic conditions accounts for:



- 78% of health care spending
- 76% of hospital admissions
- 72% of all physician visits
- 88% of all prescriptions filled



## Blueprint for Health

- Vermont's Plan for Better Management and Prevention of Chronic Illnesses across All Payers and Providers
- Vision: *Vermont will have a standardized statewide system of care that improves the lives of individuals with and at risk for chronic conditions.*
- The Blueprint:
  - Is a Statewide system reform based on the Chronic Care Model
  - Is a public-private collaborative
  - Recognizes the central role of the patient and community
  - Is designed around "Core System Competencies," not disease programs
  - Is the state's mandated standard for chronic care management across all payers and providers



## The Vermont Blueprint for Health

Risk Factors	Core System Competencies	Chronic Condition		
		Diabetes	CAD	Depression
Tobacco	Public Policy	✓	✓	✓
	Community	✓	✓	✓
Obesity	Self-Management	✓	✓	✓
	Information Systems	✓	✓	✓
Substance Abuse	Health Care Practice	✓	✓	✓
	Health Systems	✓	✓	✓

## The Vermont Blueprint for Health

Risk Factors

Tobacco

Obesity

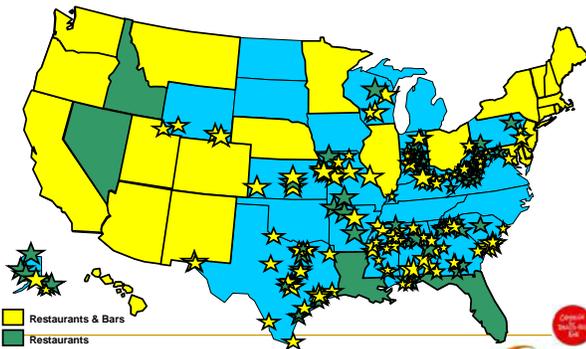
Substance Abuse

## Targeting Tobacco Use in the States

- Clean Indoor Air Legislation
- Tobacco Price Increases
- Youth Prevention
- Clinical intervention
- State Quitlines



## Smoke-Free Restaurant and Bar Laws

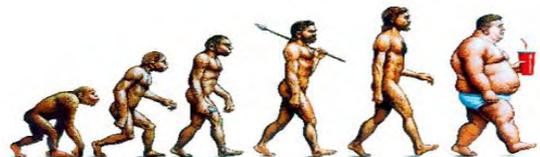


\* OR law effective 1/1/09. NE law effective 6/1/09. The Montana and Utah laws extend to bars in 2009.



## Vermont Adults

20% obese  
36% overweight



## America's Obesity Epidemic

The percentage of overweight children has more than doubled in the past 20 years.

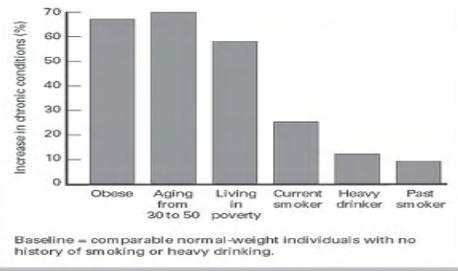


65% of adults are overweight.  
30% are obese.

Overweight adolescents have a 70% chance of becoming overweight or obese adults.



Figure 1. Obesity Is Linked to a Significant Increase in Chronic Conditions



Art3734 fig 1

-Sturm R. Health Affairs. 2002;21(2):245-263.

Public Health. 2001;115:229-295.



## Increased Risk of Obesity Related Diseases with Higher BMI

Disease	BMI of 25 or less	BMI between 25 and 30	BMI between 30 and 35	BMI of 35 or more
Arthritis	1.00	1.56	1.87	2.39
Heart Disease	1.00	1.39	1.86	1.67
Diabetes (Type 2)	1.00	2.42	3.35	6.16
Gallstones	1.00	1.97	3.30	5.48
Hypertension	1.00	1.92	2.82	3.77
Stroke	1.00	1.53	1.59	1.75

Centers for Disease Control. Third National Health and Nutrition Examination Survey. Analysis by The Lewin Group, 1999.



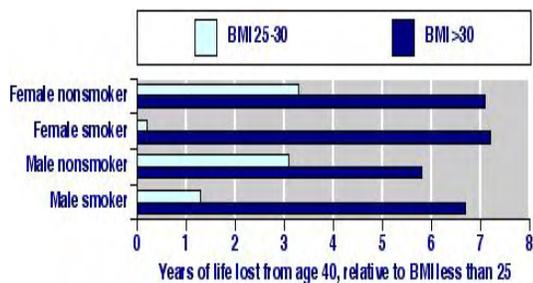
## Obesity Costs in Relation to the Co-Morbidities (1999 \$ in billions)

Disease	Direct Cost of Obesity	Direct Cost of Disease	Direct Cost of Obesity as a Percentage of Total Direct Cost of Chronic Disease
<b>Total Direct Cost</b>	<b>\$102.2</b>	<b>\$331.4</b>	<b>31%</b>
Arthritis	\$7.4	\$23.1	32%
Heart Disease	\$30.6	\$101.8	30%
Diabetes (Type 2)	\$20.5	\$47.2	43%
Stroke	\$8.1	\$29.5	27%

Source: The Lewin Group, 1999



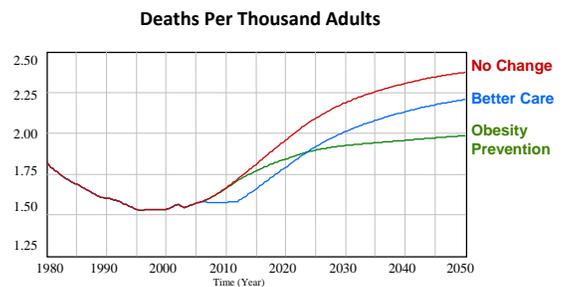
## Obesity and Life Expectancy



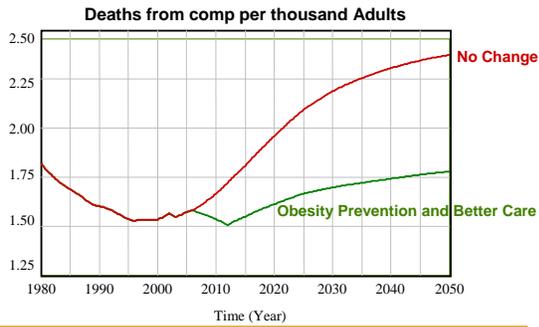
Source: A Peeters et al. Annals of Internal Medicine 2003 138: 24-32.



## So what can we do about chronic illness? Reducing diabetes deaths: options



## Reducing diabetes deaths: The Vermont Blueprint Approach!



## The Vermont Blueprint for Health

Core System Competencies

### Public Policy

Community

Self-Management

Information Systems

Health Care Practice

Health Systems

Special thanks to

**Lynn Silver, MD, MPH**, Assistant Commissioner  
Chronic Disease Prevention & Control  
NYC Department of Health and Mental Hygiene

for her slides on New York's  
NYC Health Code Calorie Labeling Regulation



## Policy Approaches to Address Obesity

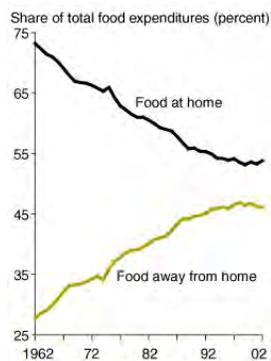
- Obesity is not just a problem of the individual, but also a problem rooted in **environmental** and **community** factors
- 2001 Surgeon General's "Call to Action to Prevent and Decrease Overweight and Obesity" declared obesity a national priority



SOURCES: U.S. DHHS, 2001; Galvez, Frieden & Landrigan, 2003



## People Are Eating Out More



Source: Food Consumption (Per Capita) Data System, USDA, Economic Research Service.



## Eating Out Is Associated with Obesity

- ~1/3 of our calorie intake comes from food prepared outside the home
- Eating out is associated with higher calorie intake and obesity
  - Children eat almost twice as many calories in restaurant meals compared to meals at home (770 vs. 420 calories)



Guthrie JF et al., 2002 & Zoumas-Morse C, Rock CL, Sobo EJ, Meuhouser ML, 2001



## Fast Food in Particular

- Eating fast food is **DIRECTLY** associated with obesity & overweight in children & adults
- Frequent fast food patrons consume more calories than those who frequent fast food establishments less often or not at all
- Cohort Data:
  - Mexican children (4-7 yrs.) in San Diego were twice as likely to be obese if they ate at fast food restaurants
  - Usual or often eating fast food associated with obesity among African American adults in North Carolina

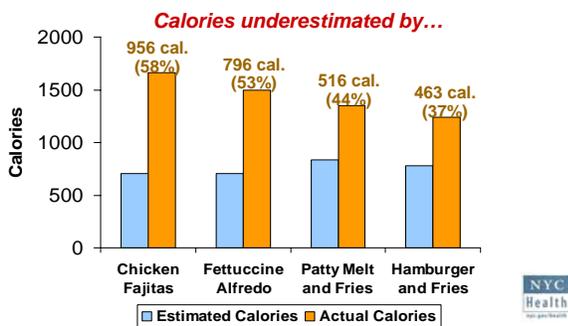


## Targeting Children – Fast Food Marketing

- Many regulated restaurants use advertising to promote their products, particularly to vulnerable groups such as children.
- Major chains use marketing strategies aimed at children to establish a preference for their brand - children who view such TV advertisements are about 50% more likely to eat fast food.
- Advertisements do not contain caloric information and often inaccurately imply that fast food is healthy food.
- Calorie labeling can offset the effects of advertising on children and impact on the childhood obesity epidemic.



## Most Consumers Underestimate Calorie Content



Burton S, Creyer EH, Kees J, Huggins K. 2006 & Backstrand J, Woolan MG, Young LR, Hurley J. . 1997



## Calorie Labeling – Making an Informed Choice

Examples from McDonald's:

Small French Fry	250 calories
Large French Fry	570 calories
Deluxe Breakfast with syrup	1410 calories
Big Breakfast with biscuit	720 calories
Large Coke	310 calories
Small Coke	150 calories
Diet Coke	0 calories
Hamburger	250 calories
Cheeseburger	300 calories
Quarter Pounder with cheese	510 calories
Big Mac	540 calories



## Nutrition Labeling Works

- 75% of U.S. adults report using nutrition labels on packaged foods
- 50% of U.S. adults say this nutrition information influences their food purchasing decisions
- When nutrition information on food service items is readily available, consumers choose high-calorie items about 33% less often

Levy AS, Derby BM., 1996 & Burton S, Creyer EH, Kees J, Huggins K., 2006



## Consumers Want Nutrition Information

- Polls show consumer support for nutrition information, such as calories, in restaurants
  - 62% to 87%** of respondents support requiring restaurants to list nutrition information
- An FDA-commissioned report recommends that restaurants provide “point of decision” nutrition information

C. Malone and J. Bland-Campbell, 2006



## Existing Information is Invisible

% of consumers who saw calorie information at NYC establishments covered under Health Code Calorie Labeling Regulation, with their existing information practices in May-June 2007

Brand	# of Sites	# of Customers Interviewed	% of Customers who Reported Seeing Calorie Information in the Restaurant
Domino's	10	57	0.0%
Papa John's	5	222	0.0%
Popeyes	7	512	0.6%
Dunkin Donuts	70	2756	1.3%
Starbucks	37	1285	2.7%
Au Bon Pain	2	166	3.7%
Burger King	20	1033	3.8%
Yum Brand	21	861	4.6%
McDonald's	45	2593	4.7%
Wendy's	11	474	6.9%
Subway	48	1906	31.3%
<b>TOTAL</b>	<b>276</b>	<b>11865</b>	<b>&lt;8%</b>



## Summary of NYC Health Code Calorie Labeling Regulation

- Requires certain food service establishments (FSE) to post calorie content on menu boards and menus next to each menu item
- Applies to FSE who provide standardized menu items and for which calorie information is publicly available on or after March 1, 2007 – about 2,400 (of 23,000 FSEs) from 45 chains
- Does not apply to FSEs that have not made calorie information publicly available
- Six months to comply - July 1, 2007



## Select Supporters: National Health Organizations & Universities

- American Cancer Society
- American Diabetes Association
- American Academy of Pediatrics
- American Medical Association
- National Hispanic Medical Association
- New York University
- Yale University



## Select Supporters: State and Regional Health Organizations

- New York Academy of Medicine
- Empire State Medical Association (New York State Affiliate of the National Medical Association)
- NYS District of the American Academy of Pediatrics (AAP)
- American College of Cardiology (NYS chapter)
- Medical Society of the State of New York



## Select Organizations/Companies in Opposition

- National Restaurant Association
- New York State Restaurant Association
- National Council of Chain Restaurants
- Hartman Group
- American Council on Science and Health
- McDonald's
- Wendy's
- Domino's
- Applebee's (local)
- Burger King (local)



## Subway Menu Board July 2, 2007



## Auntie Anne's Menu Board July 2007

<b>Pretzels</b>	<b>2.49</b>
Original   370 cal	Cinnamon Sugar   450 cal
Almond   400 cal	Glazin' Raisin®   510 cal
Garlic   350 cal	Sour Cream & Onion   340 cal
Jalapeño   310 cal	Whole Wheat   370 cal
Sesame   410 cal	
<b>Pretzel Stix   370 cal</b>	<b>2.99</b>

## Menu Labeling

- According to the USDA, **healthier diets could prevent at least \$71 billion per year** in medical costs, lost productivity, and lost lives.
- States that have introduced menu-labeling legislation: AZ, CA, CT, HI, IL, ME, MA, MI, NJ, NM, NY, PA, TN, VT, WA



## Sodium Intake

A diet high in salt (sodium chloride) is a major cause of heart disease and stroke.



Despite pleas from government and other health experts over the last quarter-century to reduce salt consumption,

**Americans are consuming MORE salt.**



## Trans fat Bans



- **Trans fat**—in cookies, French fries, doughnuts, fried chicken and many other foods—is **the most harmful fat (on a gram-for-gram basis) in the food supply**. Trans fat has been causing about 50,000 fatal heart attacks annually.
- States that have introduced trans fat bans: CA, CT, DC, FL, HI, IL, MD, MA, MI, MS, NH, NJ, NM, RI, SC, TN, VT, VA



## The Vermont Blueprint for Health

Core System Competencies

Public Policy

**Community**

Self-Management

Information Systems

Health Care Practice

Health Systems

## Connecting Health & the Environment

Modern American communities are designed for cars, not walking, recreation, or physical activity.



## Kids Don't Walk Anymore!

Only **13%** of kids walk to school today

Up to **90%** who lived a mile away walked to school in the '70s

Fear of crime and safety concerns are top reasons parents don't allow kids to walk to school – each year 5,000 pedestrians die



Courtesy of www.bikepedimages.org



## Some Populations Desperately Need a Healthy Environment



Rural areas and inner cities often lack accessible healthy food options.

Anika Castillo and Julia Figueroa in a bookstore in Central Harlem where Mailman students study public health.



## Social Outlets & Physical Activity Improve Mental Health



Community-wide outlets for recreation promote social cohesion, community pride, and other psychologically beneficial attributes



## Community

### The Built Environment Influences Health ASTHO's Policy Statement

State and local governments, private developers, and community groups can promote physical activity by increasing access to: **Sidewalks, playgrounds, parks, bike paths, and safe streets & neighborhoods.**

Community groups and local governments can work together to increase capital improvement projects that promote physical activity.



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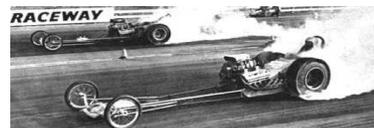
**Self-Management**

Information Systems

Health Care Practice

Health Systems

## Where does the rubber meet the road?

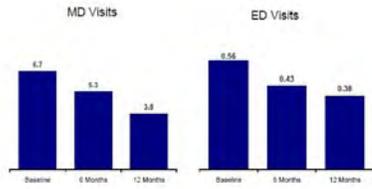


99.98% of the time individuals make their own health care decisions in the context of their family and community!



## Self Management Participants

Healthier Living Workshop  
Participant Data  
Frequency of MD and ED visits post training



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**Information Systems**

Health Care Practice

Health Systems

## Health Information Exchange

- Individual and family self management
- Patient management
- Provider Practice management
- Enterprise system management
- Insurer population management
- Local public health community management
- Statewide population management
- National HIE



## Electronic Health Record

- Electronic Medical Record
- Chronic Disease registry
- Population Health Surveillance tool
  - Indiana, North Carolina



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**Health Care Practice**

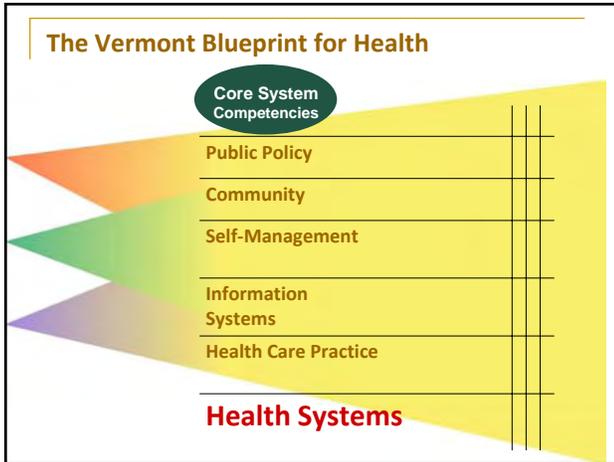
Health Systems

## Working *together* to improve health



Public health + Healthcare  
*Prevention + treatment*





### The Vermont Blueprint for Health

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### VT Blueprint for Health

- Innovative and used as model by other states
- Will drive the future of health transformation and health reform

**VERMONT**  
**Blueprint for Health**

Smart choices. Powerful tools.

### Thank You!

- Questions or comments?