

Understanding Public Health's Role in CDC's 6|18 Initiative: A Primer for Medicaid Partners

State and territorial public health agencies encourage health and wellness for all residents in their jurisdiction by offering a wide range of disease prevention and health promotion programs and services (see CDC's [10 Essential Health Services](#) framework and ASTHO's [Public Health is All Around You](#) infographic for high-level overviews of public health agencies' core activities). Public health staff bring a distinct set of perspectives, proficiencies, and resources to CDC's 6|18 Initiative partnership, including a population-wide focus; deep knowledge of the evidence base for preventing and treating different health conditions; connections to community-based organizations and providers; and experience collecting and analyzing statewide data. These qualifications complement the knowledge and skills that Medicaid brings to CDC's 6|18 Initiative, resulting in a mutually beneficial partnership. Collaborations between state Medicaid and public health staff fostered by CDC's 6|18 Initiative have led to accelerated adoption of 6|18 Initiative evidence-based interventions and ongoing cross-agency connections.

This resource is divided into five sections, each focused on a key public health role to support CDC's 6|18 Initiative:

1. Collecting and analyzing surveillance data;
2. Using evidence and subject matter expertise to inform coverage changes and utilization improvements;
3. Promoting consumer awareness of covered prevention benefits;
4. Enhancing providers' ability to offer and refer to prevention services; and
5. Developing metrics and evaluating progress.

Each section includes background context addressing why public health staff are well positioned to lead these 6|18 Initiative responsibilities, as well descriptions of potential public health activities.

IN BRIEF

This document describes the core roles of state/territorial public health agencies when partnering with Medicaid staff to implement evidence-based prevention interventions under CDC's 6|18 Initiative. It is intended to help both Medicaid as well as public health agency staff interested in partnering to improve preventive care services in understanding the 6|18 activities that public health officials are best suited to lead. Medicaid and public health partners can refer to this foundational resource when establishing roles and responsibilities for new collaborative activities to address preventive care priorities.

See a companion resource, [Understanding Medicaid's Role in CDC's 6|18 Initiative: A Primer for Public Health Partners](#).

1. Collecting and Analyzing Surveillance Data

Background

An essential function of public health agencies is the ongoing collection and analysis of data to monitor and improve population health. While these surveillance activities are often associated with detecting new epidemics and health risks, they can also track a variety of other public health indicators, such as the incidence and prevalence of chronic and infectious diseases, exposures, and interactions with the health care system at different geographic scales (e.g. state, neighborhood, zip code, census tract). Surveillance data help public health agencies better understand the magnitude and severity of a health problem, how a disease is distributed within or across regions and populations, and how a health event may change over time. Public health agencies can also use surveillance data to help set priorities and allocate resources, including through the development of a state health assessment or a state health improvement plan.

While each state/territory has its own set of surveillance indicators and collection methods, one common dataset across states is the [Behavioral Risk Factor Surveillance System \(BRFSS\)](#), which collects data on topics like adult health risk behaviors, chronic health conditions, and use of preventive services through annual, randomized telephone interviews. Public health agencies may also have access to data collected through statewide health needs assessments, surveys, focus groups, and public health registries. In some states/territories, public health agencies are able to combine surveillance data on health status and utilization with information about environmental conditions, social service needs, and other factors influencing health, to develop a more comprehensive population health assessment. Most states/territories seek to share these data with public health practitioners, clinicians, policymakers, and the general public to support collective population health improvement efforts.

6|18 Initiative Role for Public Health

Public health surveillance data are a powerful tool for states looking to accelerate the adoption of interventions under CDC's 6|18 Initiative. The data provide epidemiologic evidence of population-wide risk factors (e.g., obesity as a risk factor for type 2 diabetes) and disease rates, which can help states/territories choose which health conditions, interventions, and activities to pursue for the Initiative. These data are especially powerful when analyzed in conjunction with Medicaid claims/encounter data. The surveillance data provide information about which people have a risk factor or disease, while the Medicaid data indicate how low-income individuals are accessing health care services for the condition. This combined information can help a state develop a 6|18 Initiative strategy that targets populations with the highest disease burden and addresses the most common or costly access issues.

Public health officials participating in CDC's 6|18 Initiative can also use surveillance data to:

- Establish metrics and goals for participation in the Initiative;
- Present a compelling case to Medicaid leadership about the need to adopt a policy change; and
- Track health behaviors, disease rates, and service utilization over time to help assess the impact of 6|18 Initiative interventions.

2. Using Evidence and Subject Matter Expertise to Inform Coverage Changes and Utilization Improvements

Background

Public health agencies tend to be organized around discrete health issues (e.g., maternal and child health, injury prevention, environmental health, etc.). Because of this organizational structure — and the fact that public health staffers have access to comprehensive surveillance and epidemiological data — many public health officials are highly knowledgeable about a specific health condition and the evidence-based interventions to address that condition. Further, many public health officials have experience adapting and tailoring interventions to suit the needs of particular populations that reflect local conditions and contexts.

6|18 Role for Public Health

Public health staff's condition- and population-specific expertise is a valuable asset when a team is designing its implementation plans, and can be leveraged to inform changes to Medicaid programs and policies. If a state is pursuing a Medicaid coverage change, public health staff can work with Medicaid to design a policy with a strong evidence base for improving health outcomes that is tailored to the unique health needs of the state's Medicaid population. To inform this process, public health team members can reference state-specific surveillance data, state/community health needs assessments, and studies and evidence repositories like the [CDC Community Guide](#).

Public health team members can help make the case for investing in prevention strategies by contributing data on an intervention's cost effectiveness or potential to produce a return on investment to policy reports, fact sheets, or messaging tools. S/THAs with an Office of Minority Health or a health equity team can also provide the 6|18 Initiative team with research about health disparities and the most culturally and linguistically appropriate services to support 6|18 interventions. Once a 6|18 Initiative team has developed a business case or developed materials supporting a particular policy change, public health representatives can accompany Medicaid staff to in-person meetings with state Medicaid officials or Medicaid managed care organizations, thereby demonstrating the team's cross-agency commitment to prevention. Public health representatives can also offer Medicaid leaders a non-Medicaid perspective on how and why the policy change can improve health and control costs.

3. Promoting Consumer Awareness of Covered Prevention Benefits

Background

Public health plays an important role in disseminating information to the public about health issues, such as how to prevent or control infectious and chronic diseases and access health services. Public health officials often have experience creating and disseminating health-related messages through a variety of mediums, including: radio, TV, print media, and web-based messaging. After developing and packaging resources, talking points, and/or promotional materials to inform or empower individuals about a particular health issue, they can then leverage their relationships with community-level entities to disseminate the information directly to individuals.

Many state and territorial-based public health agencies deliver information through partnerships with local public health agencies and other community-based organizations and institutions, such as schools, places of worship, and

police departments. In some cases, public health agencies directly oversee local health units through a centralized governance structure, which enables more direct information and resource sharing. States/territories with minority health and health disparities programs can also tap into existing connections with minority communities to disseminate targeted and culturally appropriate material. Further, public health officials may have established relationships with local and community partners through their engagement in statewide needs assessments and state health improvement plan development.

6|18 Initiative Role for Public Health

A key objective of many 6|18 Initiative teams is to improve consumer awareness of Medicaid-covered prevention benefits in order to increase utilization of these benefits. Public health representatives can lead the team's efforts to develop and implement consumer education campaigns, with a particular focus on tailoring messaging and resources to different audiences and geographic locations. For instance, 6|18 teams can target ads to particular high-risk groups or use geocoded surveillance data to identify geographic hotspots for communication efforts. They can also be instrumental in adapting campaigns to different cultural contexts, including translating information into different languages and disseminating materials through culturally relevant sources (e.g., ethnic media). In some states, public health agencies have close working relationships with federal- and state-recognized tribes, so can help the team reflect tribal cultural considerations when planning 6|18 Initiative activities.

Public health representatives can work to design the structure, focus and scope of an education or awareness campaign by referencing best practices from previous state efforts, as well as replicating aspects of other states' successful initiatives. In some cases, public health staff may look to Medicaid for details about how to describe a certain Medicaid benefit or service. In other cases, the team may be promoting a public health-supported program like a tobacco quitline or the National Diabetes Prevention Program, so can leverage existing public health messaging and/or point consumers to already-developed community health websites and resources (such as Utah's [EPICC program](#)). Public health team members can also post new resources on the state's public health agency webpage for local organizations to access and distribute them to local public health agencies and community-based entities.

4. Enhancing Providers' Ability to Offer and Refer to Prevention Services

Background

Most public health agencies have direct communication channels to health care providers, with almost all states/territories sharing health care data and information with hospitals, health centers, physician practices, provider associations, and other clinicians. Some states/territories also maintain active collaborative relationships with health care providers by working with them on specific projects or campaigns, such as community-wide efforts to reduce obesity. One specific collaboration opportunity is the development of non-profit hospitals' community health needs assessments, which are [required at least every three years](#). Another public health-provider partnership opportunity is the development of state/community health assessments, improvement plans and strategic plans — which state and local public health agencies must prepare when applying for accreditation from the Public Health Accreditation Board. Further, public health agencies oversee programs that address provider workforce shortages and rural health issues (i.e., Primary Care Offices and/or State Offices of Rural Health). Through this work, they often engage directly with individual providers and primary care/specialty associations.

6|18 Initiative Role for Public Health

Health care providers are important 6|18 partners, as they connect a state's Medicaid prevention policies and programs directly to patients — by either directly providing the prevention benefit or making a referral to a community-based prevention program. In order for clinicians to provide a 6|18 Initiative service or referral, they must first know that the benefit is part of an evidence-based standard of care and that Medicaid will reimburse for it. Another important piece of information is which billing code to use when seeking reimbursement for the service. Public health team members can work with their Medicaid colleagues to develop written materials (e.g., fact sheets and billing guides) or in-person/online educational opportunities (e.g., webinars and conference presentations that qualify for Continuing Medical Education (CME) credit) that clearly and succinctly present this information. In some instances, providers may need training on how to deliver a particular service (e.g., inserting a long-acting reversible contraception device or counseling patients on tobacco cessation). Public health agencies can play a role in coordinating or leading training opportunities.

5. Developing Metrics and Evaluating Progress

Background

Public health agencies are well versed in tracking and analyzing health care quality, accessibility and outcomes metrics. Many states/territories track a variety of health metrics as part of their state health improvement plans and their participation in statewide health reform efforts. In choosing metrics, public health agencies must consider a variety of factors — including disease rates, statewide health priorities, federal guidance, and data accessibility. Public health data analysts often strive to evaluate both short- and long-term health outcomes and capture a large-scale, holistic picture of the health of the state and its regions. Many states/territories then use this information to inform future public health program planning and goal setting. Public health agencies also have ample experience evaluating the effectiveness of public health programs, especially as they receive most of their funding from the federal government and are subject to federal evaluation requirements.

6|18 Initiative Role for Public Health

Public health team members can work collaboratively with their Medicaid counterparts to design 6|18 Initiative metrics and an evaluation plan that assesses interventions' impact on utilization, costs, and/or health outcomes. Public health representatives may have different perspectives than Medicaid team members about the most appropriate metrics, timeframes, and populations to target, so team members can work collaboratively to create a set of metrics and associated benchmarks that meet priorities from both agencies. After defining the metrics and specifying data collection methods and frequency, public health staff can lead or co-lead the development of a 6|18 Initiative performance dashboard to track progress on the metrics on a regular basis. If part of the evaluation plan entails assessing the effectiveness of a provider or consumer communications or educational campaign, public health team members can also help to determine the number of people reached by this strategy. If appropriate, public health could help devise a qualitative assessment of the intervention to complement quantitative data collection, such as conducting key informant interviews with providers or focus groups with consumers to assess satisfaction and the intervention's perceived impact.

Conclusion

Public health staff partnering with Medicaid to advance 6|18 Initiative evidence-based prevention interventions play a crucial role in many activities, including, but not limited to: data analysis, evidence review, consumer and provider engagement, and assessment. Given public health officials' expertise at developing and evaluating programs and policies that meet the needs and circumstances of local populations, they offer a wealth of knowledge and experience that complements their Medicaid counterparts' skills and resources.

ADVANCING IMPLEMENTATION OF THE CDC'S 6 | 18 INITIATIVE

Through support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies, in collaboration with a number of [partners](#), is coordinating technical assistance to facilitate state Medicaid and public health implementation of the Centers for Disease Control and Prevention's (CDC) 6|18 Initiative. The CDC's 6|18 Initiative promotes the adoption of evidence-based interventions that can improve health and control costs related to six high-burden, high-cost health conditions — tobacco use, high blood pressure, inappropriate antibiotic use, asthma, unintended pregnancies, and type 2 diabetes. For more information and additional resources, visit www.618resources.chcs.org.