

**The Society for Public Health Education Resolution**  
**Provision of Health Education Programs within Managed Care Organizations.**  
Approved by the SOPHE Board of Trustees/House of Delegates, November 13, 1998

Whereas 85% of privately insured persons<sup>1</sup> and 52%\* of the overall US population is enrolled in some type of managed care; and

Whereas appropriate health education plays a vital role in promoting health, preventing, managing, and coping with disease, raising awareness of health risks and providing motivation and skills to reduce health risks;<sup>4</sup> and

Whereas effective management of health and the amelioration of chronic conditions has been achieved through positive change in health behaviors through health education measures;<sup>5-13</sup> and

Whereas most of the top ten causes of death are due to lifestyle behaviors and that patient education concerned with personal health practices are among the most effective interventions in reducing the incidence and severity of the leading causes of disease and disability in the US;<sup>5,14,15</sup> and

Whereas such education services are both cost effective and an integral part of health care;<sup>16-20</sup> and

Whereas major insurance associations support patient education services including programs that deal with self-management of chronic conditions such as asthma, diabetes and coronary artery disease;<sup>21-33</sup> and

Whereas health educators possess unique competencies and skills that maximize patient health outcomes and the United States Department of Labor recognizes health educators as a distinct professional in its classification of occupations;<sup>34</sup> and

Whereas CDC estimates the total expenditure for all types of prevention programs, including health education, in the US is less than 1%;<sup>35</sup> and

Whereas health education has been identified an integral part in achieving educational and community-based objectives for the nation<sup>11</sup> and has been identified as an integral part in helping to achieve the emerging objectives for the next decade,<sup>36</sup> and

\*includes privately insured {85%} and the publicly insured comprised of Medicaid {45%}<sup>2</sup> and Medicare {15%}<sup>3</sup>

Whereas the provision of health education services within managed care organizations should include the following: complete health education system that provides for member health education services, clinical preventive services, health education and promotion, patient education and counseling; and

Whereas, The Society for Public Health Education adopted the 1991 Resolution on Incorporation of Health Promotion into National Health Insurance urging that health insurance companies provide coverage of preventive services, including screening, education, and counseling.<sup>37</sup>

**Therefore, be it resolved that SOPHE**

**I. Urges Managed Care Organizations to:**

1. Designate at least 3% of each member's premium for prevention and health promotion programs and adequate staffing by health educators, identified by their specific abilities to assess individual and community needs, plan effective health education programs, implement, evaluate and budget for health education program and coordinate the provision of health education services<sup>37</sup> to maximize the impact of prevention and health promotion efforts.
2. Assess and monitor the cost-effectiveness of prevention, health promotion and disease management programs with regard to: measurable health outcomes; policy changes which promote health; appropriate utilization, including prevention and early detection; member satisfaction and provider satisfaction, that contribute to either individual state Healthy People Initiatives or Healthy People 2010 initiatives<sup>4</sup>.
3. Specify documentation of health education services including types of services, providers of service, methods of delivery (counseling, group education, etc.), frequency, sites of services, languages offered, education protocols, procedures for documenting participation and outcome, as well as policies, procedures and standards for services explicit to integrated health care delivery systems that contribute to Healthy People 2010 initiatives<sup>4</sup>.
4. Employ trained health educators for the administration, program oversight and coordination of such health education services as described in I-2 and I-3 above.
5. Conduct assessment of members' health practices and behaviors and their knowledge, attitudes, cultural practices, and beliefs about their health and health care, and their literacy level. This assessment will serve as the basis for development, implementation and evaluation of appropriate health education programs for the members.

## **II. Urges Congress to protect patients' rights by:**

1. Enacting legislation protecting the patients' rights, which should include the right to information on grievance and appeal procedures, enrollment, disenrollment, covered services, including experimental services, and covered prescription drugs.
2. Recommending a minimal expenditure for health education by MCOs based on the number of members. Encourage quality assurance outcomes reporting as well as research into evidence-based practices.
3. Mandating a minimal expenditure for health education by government supported public health departments to include those without or with minimal health insurance. This should include undocumented residents. Encourage quality assurance outcomes reporting as well as research into evidence-based practices.

## **III. Urges performance measure and accreditation groups such as the National Committee for Quality Assurance (NCQA), Foundation for Accountability (FACCT), the Health Care Financing Administration (HCFA), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to:**

Require that Managed Care Organizations include prevention and health education guidelines for health education explicit to integrated health care delivery systems that contribute to Healthy People 2010 initiatives.<sup>4</sup>

## **IV. Urges health departments, community-based organizations, corporations and schools to implement the standards required by state health departments (when these standards provide more stringent regulation than federal objectives) or 2010 National Health Objective goals when working with Managed Care Organizations to:**

Form partnerships, provide technical assistance, and assure the opportunity for consumer input, to address population-based community health education needs.

## **V. Urges SOPHE members, all SOPHE Chapter members, and SOPHE's affiliates to:**

1. Support requirements to ensure MCOs hire trained professional health educators.
2. Participate, in coalitions at the national and local levels, to advocate for the inclusion of a professional health educator in the design and implementation of the managed care plan.

3. Write to newly elected representatives to communicate SOPHE's platform on health education and managed care.

**VI. Urges the SOPHE Advocacy Committee and the SOPHE Managed Care Task Force to monitor the implementation of this resolution.**

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