

Advisory Group on Prevention, Health Promotion, and Integrative and Public Health

November 21, 2011

3:00pm-5:00pm

Members

- Jeffrey Levi, PhD (Chair)
- JudyAnn Bigby, MD
- Richard Binder, MD
- Valerie Brown, MA
- Jonathan Fielding, MD, MPH, MA, MBA
- Ned Helms, Jr., MA
- Janet Kahn, EdM, PhD
- Patrik Johansson, MD, MPH
- Charlotte Kerr, RSM, BSN, MPH, MAc
- Elizabeth Mayer-Davis, PhD
- Vivek Murthy, MD, MBA
- Barbara Otto, BA
- Judith S. Palfrey, MD
- Linda Rosenstock, MD, MPH
- John Seffrin, PhD
- Ellen Semonoff, BA, JD
- Susan Swider, PhD
- Sharon Van Horn, MD, MPH



OPENING REMARKS

Vice Admiral Regina M. Benjamin, MD, MBA,
USPHS, Surgeon General, National Prevention
Council Chair



Introduction of Newly-Appointed Advisory Group Members

Newly-Appointed Members

- Janet Kahn, EdM, PhD
 - Research Assistant Professor at the University of Vermont's College of Medicine.
 - Research focuses on equitable and affordable health care delivery models, the importance of massage therapy for the treatment of chronic pain, and supporting the well-being of veterans.



Review and Deliberation of the Draft Recommendations Report to the National Prevention Council

I. Implementation

The National Prevention Strategy (NPS) is a major step forward in integrating health and prevention into the work of all agencies of the federal government. We commend the National Prevention Council for its work on the Strategy and recommend that specific steps be taken to assure its implementation and success.

Draft Recommendations

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| 1 | <ul style="list-style-type: none">• Identify short-term commitments by each of the participating agencies• Involve other agencies, not currently members of the NPS, as appropriate |
| 2 | <ul style="list-style-type: none">• Coordinate immediate steps by NPC agencies to take a health “lens” to major initiatives and programs (e.g. Health Impact Assessments)• Incentivize, as appropriate, grantees through special funding, technical support and/or additional evaluation points |
| 3 | <ul style="list-style-type: none">• Reach out to stakeholders to educate them about the NPS and its value to the core business of each agency |

I. Implementation cont'd

Draft Recommendations

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| 4 | <ul style="list-style-type: none">• Catalyze collaborations among various stakeholders at the state and local level to learn about NPS• Encourage broad participation by leadership from the NPC to “model” and incentivize collaborations among their grantees to ensure success |
| 5 | <ul style="list-style-type: none">• Ensure new appointees of the Advisory Group include representatives reflective of the scope of the National Prevention Council as well as non-governmental sectors |
| 6 | <ul style="list-style-type: none">• Measure and document the success of NPS implementation efforts through qualitative and quantitative measures• Develop a “dashboard” that documents the collective impact on the Nation’s health of the various activities undertaken through the NPS |

II. Prevention and Public Health Fund

The Prevention and Public Health Fund (Fund) is a vital resource in assuring funding for the efforts envisioned by the National Prevention Strategy.

Draft Recommendation

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| 7 | <ul style="list-style-type: none">• Protect the Prevention and Public Health Fund and assure its implementation at the original funding levels set in the Affordable Care Act |
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III. Community Transformation Grants

We commend the Administration for the implementation of the new Community Transformation Grants (CTG) program.

Draft Recommendation

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| 8 | <ul style="list-style-type: none">• Use Prevention and Public Health Fund resources as early as possible in the new fiscal year to fund the highest qualified approved but unfunded CTG applications. |
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IV. Clinical Preventive Services

Public awareness and utilization of appropriate clinical preventive services is vital to achieving improved health outcomes envisioned in the NPS.

Draft Recommendation

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- Use funds from the Prevention and Public Health Fund to undertake a public education campaign that promotes greater awareness for prevention and the preventive services covered in the ACA
- Use the Fund to conduct outreach and link to services (e.g. support a community health worker initiative)
- Examine the role of existing federally funded public health programs with documented effectiveness to transition individuals in these programs to enrollment in new health plans and utilization of preventive and other services

V. Consistency with NPS

We must assure all resources and authorities created under the Affordable Care Act promote a prevention perspective consistent with the National Prevention Strategy, in particular the work of the Center for Medicare and Medicaid Innovation and the new community benefit requirements of the Internal Revenue Service.

Draft Recommendations

10	<ul style="list-style-type: none">• Take a broad-based approach to demonstration projects supported by the CMS Innovation Center
11	<ul style="list-style-type: none">• Include the Internal Revenue Service in the deliberations of the National Prevention Council• Assure that community benefit activities of hospitals are in line with community needs and coordinated with other effective prevention and health promotion efforts



Discussion on Working Groups for Consideration/Continuation

Possible Working Groups

- Engagement opportunities (i.e. NPC Work Groups and/or Regional Meetings)
- Development of the resiliency concept
- Integrating community prevention into primary care , especially in publicly funded efforts such as Community Health Centers, Medical Homes, and Accountable Care Organizations
- Assuring awareness of and linkage to clinical preventive services



CLOSING REMARKS

Jeff Levi, PhD, Advisory Group Chair

Next Steps and Wrap-Up

- Regional Meetings
- Next Advisory Group Meeting – Spring 2012



Thank you for participating in
today's meeting.