

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

June 25, 2012
2:30pm-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
- Patrik Johansson, MD, MPH
- Jerry Johnson, MS, MA
- Janet Kahn, EdM, PhD
- Charlotte Kerr, RSM, BSN, MPH, MAc
- Jacob Lozada, MA, PhD
- Elizabeth Mayer-Davis, PhD
- Vivek Murthy, MD, MBA
- Dean Ornish, MD
- Barbara Otto, BA
- Herminia Palacio, MD, MPH
- Linda Rosenstock, MD, MPH
- John Seffrin, PhD
- Ellen Semonoff, BA, JD
- Susan Swider, PhD
- Sharon Van Horn, MD, MPH
- Kimberlydawn Wisdom, MD, MS



Welcoming Remarks & Overview of the National Prevention Council Action Plan

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

Discussion of the National Prevention Council Action Plan

Corinne Graffunder, HHS/CDC

Review and Discussion of the Draft Second Report of the Advisory Group

Advisory Group Report

1. Protection of the Prevention and Public Health Fund is critical to furthering our Nation's ability to promote health and prevent disease. We commend the Administration for its defense against any further cuts to the Fund during recent congressional deliberations.

Advisory Group Report (cont.)

2. The Advisory Group urges the National Prevention Council, in particular the Department of Health and Human Services and the Office of Management and Budget, to continue to fully support discretionary public health and prevention programs during the implementation of the Affordable Care Act. As more Americans gain insurance coverage that may pay for some services currently supported with discretionary funds, these resources should be redirected to support implementation of the National Prevention Strategy and ensure that a strong public health system surrounds the health care delivery system.

Advisory Group Report (cont.)

3. The Advisory Group recommends closer integration of community prevention and lifestyle changes into the Medicare and Medicaid programs, as an important opportunity to both effectively (and less expensively) treat and prevent chronic diseases, such as heart disease and diabetes. We ask that the Center for Medicare and Medicaid Services report back to the Advisory Group at our November 2012 meeting as to what steps have been taken to promote and facilitate state coverage of these interventions in their Medicaid (including their prospective Medicaid expansion) programs and in the Medicare program.

Advisory Group Report (cont.)

4. As we did in our first report, the Advisory Group continues to urge the Department of the Treasury/Internal Revenue Service to incorporate the principles of the National Prevention Strategy into new regulations associated with the revised approach to Community Benefit for non-profit hospitals. We urge the National Prevention Council to engage with the IRS to assure that community building activities, the kind of activities that typically reflect the investments that address the determinants of health and have long been associated with community health improvement and are at the heart of our National Prevention Strategy, are included and counted as community benefit. It is also important that these investments are based on effective community consultations and transparently developed, implemented and evaluated – through a multi-sector collaborative needs assessment and prioritization process.

Discussion of the Draft Advisory Group Letter to the IRS

Discussion of Working Groups

General Discussion & Closing Remarks

Jeff Levi, PhD, Advisory Group Chair

Thank you for participating in
today's meeting.