

1                   **WORKING GROUP DRAFTING DOCUMENT DO NOT CITE OR RELEASE**  
2                   **First Report of the Advisory Group on Prevention, Health Promotion, and Integrative and**  
3   **Public Health**  
4                   **DRAFT FOR ADVISORY GROUP REVIEW**  
5   **November 21, 2011**  
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7                   The Advisory Group on Prevention, Health Promotion, and Integrative and Public Health was  
8                   created under the Affordable Care Act to “develop policy and program recommendations and  
9                   advise the National Prevention Council (NPC) on lifestyle-based chronic disease prevention and  
10                  management, integrative health care practices, and health promotion” (Section 4001). In  
11                  fulfilling this mission, the Advisory Group has met four times in person or by phone over the last  
12                  seven months. This is the first of what we anticipate will be a series of reports commenting on  
13                  the Nation’s progress in improving the health of Americans through prevention-related activities.  
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15                  **I. The National Prevention Strategy (NPS) is a major step forward in integrating health**  
16                  **and prevention into the work of all agencies of the federal government. We commend**  
17                  **the National Prevention Council for its work on the Strategy and recommend that**  
18                  **specific steps be taken to assure its implementation and success.**  
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20                  The NPS is grounded in the evidence of what works and includes opportunities across sectors to  
21                  advance individual and community wellbeing. The NPS is a major statement of our Nation’s  
22                  commitment to embracing a health in all policies approach to prevention. It reflects the fact that  
23                  the contributions of all agencies and sectors of society, including individuals and communities,  
24                  have an important role to play in effectively improving the nation’s health.  
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26                  The Advisory Group is impressed at the effort all the members of the NPC contributed to the  
27                  Strategy and the commitment of key non-health agencies to helping to lead the implementation  
28                  effort. We appreciate the efforts of the Surgeon General and those staffing the NPC for the  
29                  important progress to date.  
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31                  To assure that the vision in the NPS for integrating prevention and health promotion into the  
32                  work of all sectors is translated into reality, we urge:  
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34                  **Recommendation 1:** The NPC should identify short-term commitments by each of the  
35                  participating agencies to achieve the goals and targets of the NPS– whether through new  
36                  interagency collaborations, changes in existing program requirements, or new framing of the  
37                  ongoing work of the agencies to emphasize positive net health benefits. The NPS should also  
38                  involve other agencies, not currently members of the NPS, as appropriate to meeting these goals.  
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40                  **Recommendation 2:** The NPC should coordinate immediate steps by NPC agencies to take a  
41                  health “lens” to major initiatives and programs, using approaches such as Health Impact  
42                  Assessments. Assessments should be completed at the agency level regarding their own work.  
43                  Additionally, agencies should incentivize, as appropriate, grantees through special funding,  
44                  technical support and/or additional evaluation points during grant or contract reviews for those  
45                  having completed or planning HIAs.  
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47 The NPS as a guiding document needs to have greater visibility. We urge that three approaches  
48 be taken:

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50 **Recommendation 3:** Member agencies in the NPC should reach out to their stakeholders to  
51 educate them about the NPS and its value to the core business of each agency. Members of the  
52 Advisory Group would be happy to play a role in these efforts, if helpful.

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54 **Recommendation 4:** We strongly support the Surgeon General’s plans for regional meetings  
55 over the next year to bring together various stakeholders across the NPC spectrum to learn about  
56 the NPS and catalyze similar collaborations at the state and local level – within government and  
57 across sectors including but not limited to academia; non-profit organizations such as patient  
58 advocacy groups, community organizations and faith-based organizations; philanthropy; and the  
59 business community. Critical to the success of these forums will be broad participation by  
60 leadership from the NPC to “model” and incentivize collaborations among their grantees. We  
61 are also pleased at the interest by Grantmakers in Health to engage philanthropy in this mission.

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63 **Recommendation 5:** As the Administration moves to complete the membership of our Advisory  
64 Group, we urge that new appointees include representatives reflective of the scope of the  
65 National Prevention Council as well as non-governmental sectors (e.g., business community,  
66 community and faith based organizations) critical to the long-term success of the NPS.

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68 **Recommendation 6:** We need to measure and document the success of these efforts through  
69 qualitative and quantitative measures. We urge that “success stories” related to implementation  
70 of the NPS be documented and that the NPC also set quantitative measures for its work in the  
71 short and midterm. In addition, we suggest that the NPC develop a “dashboard” that documents  
72 for the public the collective impact on the Nation’s health of the various activities undertaken  
73 through the NPS.

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

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78 The Advisory Group is deeply concerned by ongoing efforts to repeal or defund the Fund and is  
79 also concerned that the Administration has proposed capping the Fund’s resources at \$1.5 billion  
80 a year rather than the \$2 billion authorized in the Affordable Care Act. The Fund provides a  
81 unique opportunity to support transformative efforts in prevention, including the Community  
82 Transformation Grants and the core capacity of public health departments who not only promote  
83 health but also serve as critical public safety agencies in emergency preparedness and response.  
84 Reducing the growth in the Fund could well undermine the success of the National Prevention  
85 Strategy and adversely affect the success of health reform.

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87 **Recommendation 7:** We urge the Administration and the Congress to protect the Prevention and  
88 Public Health Fund and assure its implementation at the original funding levels set in the  
89 Affordable Care Act.

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

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94 We believe that the CTGs reflect the vision of the NPS to focus on policy and systems change  
95 and to make prevention a collaborative process among sectors. We believe that the CTGs  
96 provide an excellent opportunity for assessing the impact of the collaborative activities  
97 envisioned by the NPC. We were disappointed to hear that high quality applications were  
98 approved but not funded due to lack of funds. Therefore we urge:  
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100 **Recommendation 8:** As early as possible in the new fiscal year Prevention and Public Health  
101 Fund resources should be used to fund the highest qualified approved but unfunded programs.  
102 Rapid initiation of the changes envisioned by the CTGs is critical to improving health outcomes.  
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104 **IV. Public awareness and utilization of appropriate clinical preventive services is vital to**  
105 **achieving improved health outcomes envisioned in the NPS.**  
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107 The Advisory Group is concerned by utilization and survey data that suggest low levels of  
108 awareness about coverage for preventive services under the Affordable Care Act. Improving  
109 health outcomes and containing costs during health reform will depend on both community  
110 prevention efforts discussed above as well as maximum utilization of clinical preventive services  
111 covered by the ACA. We believe that this deficit in awareness and utilization can be solved by a  
112 two-pronged approach that engages the public through a public education campaign and  
113 harnesses existing and newly authorized public health programs to promote awareness and use of  
114 preventive services.  
115

116 **Recommendation 9:** Funds from the Prevention and Public Health Fund should be used to  
117 undertake a public education campaign that promotes greater awareness of prevention and the  
118 preventive services now covered in the ACA (as authorized under Section 4004 of the ACA).  
119 Such a campaign should be strategically targeted to effectively reach populations at greatest risk.  
120 The Fund should also be used to conduct outreach and link to services, e.g. support a community  
121 health worker initiative (as authorized under Section 5313 of the ACA). Further, HHS should  
122 examine the role of existing federally funded public health programs with documented  
123 effectiveness to transition individuals in these programs to enrollment in new health plans and  
124 utilization of preventive and other services.  
125

126 **V. We must assure all resources and authorities created under the Affordable Care Act**  
127 **promote a prevention perspective consistent with the National Prevention Strategy, in**  
128 **particular the work of the Center for Medicare and Medicaid Innovation and the new**  
129 **community benefit requirements of the Internal Revenue Service.**  
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131 The commitment of the Center for Medicare and Medicaid Innovation to support population  
132 health initiatives is encouraging to the Advisory Group and reflects an important understanding  
133 that what happens in the community can directly affect costs and outcomes in the clinical sphere.  
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135 **Recommendation 10:** We urge that a broad-based approach be taken to demonstration projects  
136 supported by the CMS Innovation Center– incorporating inclusion in new financing and  
137 organizational structures of appropriate non-traditional (i.e., non-medical and often community  
138 based) providers, public health agencies doing critical surveillance, quality assurance, systems

139 change, and non-clinical services (e.g., home and community environmental mitigation for  
140 asthma) that affect health outcomes through evidence-based primary or secondary prevention  
141 approaches. The Advisory Group welcomes further discussions with CMS about how best to  
142 implement this recommendation.

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144 **Recommendation 11:** We urge that the Department of the Treasury, in particular the Internal  
145 Revenue Service, be added to the deliberations of the National Prevention Council. The work of  
146 the IRS in developing regulations requiring the approximately 3000 tax-exempt hospitals to  
147 conduct community health needs assessments (CHNA) and adopt implementation strategies  
148 addressing these needs, together with their current oversight and potential redesign of the  
149 Community Benefit provisions of the tax code, which require non-profit hospitals to fulfill  
150 community health needs, should reflect the perspectives offered in the National Prevention  
151 Strategy. This will help to maximize the impact of the community benefit and assure that  
152 community benefit activities of hospitals are in line with community needs and coordinated with  
153 other effective prevention and health promotion efforts.

## 154 155 **VI. Conclusion**

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157 In the months ahead, we look forward to working with the Surgeon General, the members of the  
158 National Prevention Council, and all committed to prevention within and outside the government  
159 to achieve the recommendations identified above and to create greater awareness of the National  
160 Prevention Strategy and its potential contribution to America's well being and prosperity.

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162 In addition, we hope to work with the NPC to develop further the concept of resiliency as a  
163 critical element in health promotion. We were deeply impressed by presentations on the  
164 Department of Defense's Total Force Fitness strategy, in particular its focus on creating  
165 resiliency that depends on physical, emotional, spiritual, and community well being. We believe  
166 that this approach reflects the broader definition of health as defined in the NPS and the  
167 Affordable Care Act and helps to define the role that multiple sectors play in creating a healthy,  
168 resilient America – with positive health, economic, security, and social consequences.

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