Meeting of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health
Fourth Meeting: November 21, 2011
Via Webinar

ATTENDEES/PARTICIPANTS

Advisory Group Members:

JudyAnn Bigby, Richard Binder, Valerie Brown, Elizabeth Mayer-Davis (joined later), Jonathan Fielding, Ned Helms, Jr., Patrik Johansson, Janet Kahn, Jeffrey Levi (chair), Vivek Murthy, Barbara Otto, Linda Rosenstock, John Seffrin, Ellen Semonoff, Susan Swider

Regrets: Charlotte Kerr

HHS Staff:

Regina Benjamin, Corinne Graffunder

ACTION ITEMS AND NEXT STEPS

Dr. Levi:

- Revise the Draft Recommendations to incorporate the revisions adopted by the Advisory Group
- Develop a slide deck from the recommendations suitable for presentation to third parties
- Develop a definition for 'resilience' to be used in the report to National Prevention Council (NPC) designees
- Draft charges for the Integration and Engagement working groups and Resiliency "mini" working group
- Participate in Resiliency "mini" working group

Advisory Group:

- Finalize the first report to NPC designees
- Communicate ideas for concise definitions of the term "resilience" to Dr. Levi
- Share presentation and educational materials members have developed with other Advisory Group members
- Review working group charges
- Submit availability for working groups to Dr. Graffunder
- Participate in working groups

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1 WELCOME BY CHAIRPERSON AND DR. BENJAMIN

Dr. Jeffrey Levi, chair of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (hereinafter called the Advisory Group) welcomed participants to the fourth meeting of the Advisory Group on Prevention Health Promotion and Integrative and Public Health (hereinafter called the Advisory Group). Dr. Levi introduced Dr. Corinne Graffunder, the Acting Designated Federal Officer (DFO) for the Advisory Group, who took the roll call.

Dr. Levi introduced Admiral Regina Benjamin, United States Surgeon General and chair of the National Prevention Council (NPC). Dr. Benjamin welcomed current and new Advisory Group members to the fourth Advisory Group meeting. She thanked members for their hard work and early progress towards implementing the National Prevention Strategy (NPS). She then outlined the timeline for next steps in the process. Cross-agency actions identified by NPC working groups and intra-agency actions identified by NPC designees will be compiled into a federal implementation plan which will be released in late winter or early spring. Dr. Benjamin and her staff will also hold meetings to discuss local implementation in each of the 10 Department of Health and Human Services (HHS) regions throughout the coming year. The first will be in Chicago on December 8th, followed by a meeting in North Carolina. Dr. Benjamin thanked Susan Swider and Barbara Otto for their help planning an upcoming regional meeting in Chicago.

Dr. Benjamin also emphasized the importance of the implementation work, pointing out that states and local communities were beginning to look to the NPS as a roadmap for doing prevention and health promotion work. In particular, she noted that members of the Swedish Ministry of Health with whom she met earlier in the month were very excited about the NPS and seemed "eager to utilize it." Dr. Benjamin closed by wishing participants luck in the meeting.

2 WELCOMING NEW ADVISORY GROUP MEMBERS

Dr. Levi introduced a new Advisory Group member, Janet Kahn, PhD. Even before becoming a member, Dr. Kahn had been an active public participant in Advisory Group meetings. He also introduced the four individuals who will soon be joining the Advisory Group: Jerry Johnson, Jacob Lozada, Dean Ornish, and Herminia Palacio. Dr. Levi explained that the latter four individuals would be able to participate in Advisory Group discussions only after being sworn in, but noted that they were listening to the present meeting.

3 DISCUSSION OF DRAFT RECOMMENDATIONS

Dr. Levi opened discussion of the draft recommendations, explaining that the recommendations were developed in a previous working group comprised of Ned Helms, Judy Bigby, Jonathan Fielding, Susan Swider, Elizabeth Mayer-Davis, and Dr. Levi. The finalized recommendations and report, which requires the input of all Advisory Group members, will be presented to the NPC designees at their upcoming meeting.
Dr. Levi then discussed the Draft Recommendations by section and by recommendation. The discussion identified the following revisions:

- Specify where recommendations refer to health promotion versus prevention instead of using "prevention" to refer to both concepts;

- Add a brief definition of "resilience" using complexity theory and/or literature from youth development, as well as the definitions being used by CDC, DOD and others currently engaging in resiliency work;
- Add language to Recommendation 9 suggesting that DHHS work with counties and other organizations that already work with target populations to disseminate information on current and upcoming preventive services; and
- Incorporate other changes recommended prior to the meeting (see "Draft Recommendation Discussion Details below).

Finally, since Advisory Group members will educate different stakeholders on the NPS, Valerie Brown asked if materials appropriate for presentation to third parties would be developed and distributed. Dr. Levi answered that Corinne Graffunder had created a slide deck for this purpose but added that he would develop an additional slide deck from the recommendations. He also encouraged members to share presentation materials they may have developed. Ms. Brown noted that she had modified Dr. Graffunder's slide deck to present at a different venue and would share her version with the Advisory Group.

Advisory Group members voted to accept the recommendations – with the discussed revisions summarized below – subsequent to the discussion. The vote passed with 0 nays and 0 abstentions.

Draft Recommendation Discussion Details

Draft Section	Discussion
Section I	**Overview:** This section discusses the NPS, commends the NPC on its work on the NPS, and recommends specific action steps.
Recommendation 1	***Clarification:** "the NPC should identify short-term commitments by each of the participating agencies to make clear progress towards the goals and targets of the NPS…" The change emphasizes the need to demonstrate progress in the short term, as well as the corollary need for interim measures. **Correction:** The last sentence should read "NPC" where it currently says "NPS"
Recommendation 2	**Overview:** Recommendation 2 encourages agencies to adopt health impact assessments as a vehicle for considering the health impact and health opportunities in their major initiatives and programs. ***Amendment:** Agencies should build their internal capacity for conducting health impact assessments, and identify health sector partners with whom to collaborate.
Recommendation 3	**Overview:** This recommendation encourages members of the NPC to seek support among their stakeholders for applying a health lens to their work. One of the goals is to have the core constituencies of the NPC facilitate NPS diffusion and education to these stakeholders. Therefore it is important that the NPC and the Advisory Group be ready to support these education efforts.

Draft Section	Discussion
Recommendation 4	**Overview:** This recommendations expresses support for the Surgeon General's plans for regional meetings on the NPS. ***Amendments** • Specify state and local health departments as potential participants in the regional meetings. • Urge NPC members to reach out to Grantmakers In Health with specific suggestions.
Recommendation 5	**Overview:** Including the four new members of the Advisory Group, there are currently 6 vacancies. Recommendation 5 requests that the Administration use these vacancies to broaden the range of sectors represented in the Advisory Group. **Discussion:** Janet Kahn raised a question as to the proper channels to go through if someone has a recommendation for an appointment. Dr. Benjamin recommended that suggestions be shared with the White House Appointment office through which Advisory Group appointments are made. Dr. Levi encouraged members of the Advisory Group and the public to share their suggestions but cautioned that the Advisory Group has no say in appointments.
Recommendation 6	**Overview:** In order to ensure that NPC and NPS progress is visible to policy makers, it is important to collect illustrative, qualitative data (e.g., success stories) as well as quantitative data, especially as some successes can be hard to measure in quantitative terms. **Clarification:** The first line should read "The National Prevention Council needs to measure…" instead of "we". **Discussion:** Dr. Benjamin asked whether the measures mentioned in Recommendation 6 referred to HP2020 measures. Dr. Levi responded that the "measures" in Recommendation 6 referred to those identified in the NPS. He further emphasized the importance of collecting qualitative data in addition to the quantitative measures.
Section II	**Overview:** Section II calls on the Administration and Congress to protect the Prevention and Public Health Fund. Recently, policy makers have suggested cutting the Fund. For example, the one proposal before the so-called Super Committee slated a 50% reduction of the Fund over the next ten years. While the Super Committee cut will not become law, the Fund is still subject to the sequestration. ***Amendment:** Following the last sentence of the introductory paragraph, "The Fund is also a critical resource to maintaining a strong, prevention oriented infrastructure at state and local levels, including preparedness for natural and man-made disasters."
Section III	**Overview:** Community transformation grants are very consistent with the NPS in that they focus on policy and systems change and support a cross-sector, collaborative approach.

Draft Section	Discussion
Recommendation 8	**Overview:** In FY2011, there were more applicants than available Community Transformation Grant funding could accommodate. As a result, some communities were provisionally approved for funding should additional resources become available. This recommendation therefore encourages Prevention and Public Health funds be used to fund these approved but unfunded groups. Dr. Levi explained that funding these groups would be one of the most efficient and fast methods for funneling Prevention Fund monies to the local level.
Section IV	
Recommendation 9	**Overview:** Referring to the second part of the recommendation, Dr. Levi explained that DHHS enlisted federally-funded programs in outreach efforts. They also conducted outreach efforts directed at individuals, which will be important in ensuring that eligible individuals are situated to take advantage of preventive services as these services become available. **Discussion:** Valerie Brown suggested that HHS use service providers such as counties and other major organizations that regularly work and communicate with different populations in order to disseminate information on current and upcoming preventive services. She explained that these providers would be able to disseminate information in a cost-efficient manner. Dr. Levi agreed to revise the recommendation to reflect Ms. Brown's suggestion.
Section V	
Recommendation 10	The CMS Innovation Center received $10 billion over 10 years to develop incentive structures that will improve population health and lower costs. Recommendation 10 urges CMS to think broadly about prevention for this work.
Recommendation 11	**Overview:** The ACA has changed hospitals' community benefit requirements. Hospital community benefits have traditionally focused on uncompensated care – the need for which will most likely be reduced due to increased coverage. It is important to engage the IRS – which is developing new regulations – in the NPC in order to encourage their thinking about prevention and community health and to maximize the impact of the NPS. **Discussion:** Vivek Murthy asked where Advisory Group members can indicate their willingness to advise the implementation of these recommendations. Dr. Levi explained that Advisory Group participation and guidance will be a pivotal component of the implementation process but the details of how that will happen are still being decided. In part, section 6 and the working groups address this issue.

Draft Section	Discussion
Section VI	***Amendment:** The last paragraph should be moved up and made into its own section. **Discussion:** Dr. Benjamin recommended that 'resilience' be defined. She explained it was unclear to her, and would be unclear to Council designees, what was meant by resilience in the context of health promotion and prevention. Janet Kahn suggested using complexity theory as a starting place for a definition. In complexity theory, resiliency is the capacity to respond and adapt to changing circumstances. Therefore, a resilient population would be able to respond in a positive way to life challenges. Dr. Benjamin agreed that this definition would be appropriate but needed to be explicitly included in the recommendation. She added that resilience was a valuable concept – it just needed defining. Dr. Levi asked the Advisory Group whether to amend the section on resilience to include a definition, or to leave resilience out altogether. The consensus was to add a definition. Susan Swider additionally noted that further discussion of resilience internally would also be helpful. Jonathan Fielding noted that the definition should be consistent with the definition being used by CDC and the Office of the Assistant Secretary for Preparedness and Response in their emergency preparedness resiliency work. Ellen Semonoff noted that resiliency is extensively discussed in the youth development field.

*Revisions were suggested by Jonathan Fielding prior to the meeting

4 Future Advisory Group Meetings/Discussion of the Working Groups

Corinne Graffunder provided an update of the upcoming meeting schedule – which is largely dependent on available resources. Currently, the National Prevention Council has budgeted two face-to-face meetings and additional web-based meetings. Advisory Group members will be asked to submit their availability for the next meeting – probably in the spring – and Dr. Graffunder will inform members of any change in plans as the meeting date approaches. Dr. Levi noted that the timing and details of the meetings will be determined after Congress finishes appropriations.

In preparation for the meeting, Dr. Levi explained that 2 or 3 working groups will be convened – preferably 2 given staffing and budget constraints – in order to prepare materials for and secure panelists to speak at the meeting. He then opened the discussion to determine the number and topics of the working groups by suggesting four possible topics: 1. engagement opportunities, 2. development of the resiliency concept, 3. integrating community prevention into primary care, and 4. assuring awareness of and linkage to clinical services. The Engagement Opportunities working group would continue discussions held during working groups in preparation for the current meeting, and would include discussion on the upcoming regional meetings. The working group would also explore opportunities for the Advisory Group to facilitate implementation of the Strategy, for example assisting the NPC working groups. The Resiliency working group would attempt to define resiliency, in part by synthesizing different agencies' definitions of resiliency (e.g., DOD, youth development, etc.). The Integrating Community Prevention working group would identify opportunities to engage clinical care facilities in population health, beginning with current population health programs such as the Community Transformation Grants. Finally, Dr. Levi asked the members if they thought there was any more work to be done in creating awareness of and linking people to clinical services.

Several Advisory Group members spoke up in favor of working groups on engagement and integration. Barbara Otto and Richard Binder noted that outreach and educational efforts were not only important in raising awareness for the NPS but could also be accomplished in a variety of settings with minimal strain on the NPC's limited resources. For similar reasons, members also favored a working group – possibly blended with the engagement working group – which would identify health and prevention priorities. Vivek Murthy, however, expressed reservations over whether the blended working group's scope was overly ambitious and suggested disseminating a list of the working group's deliverables prior to the working group to ensure a realistic agenda.

Members were not in favor of a resiliency working group on the grounds that resilience was too ill-defined to ensure a productive discussion.

In response to the discussion, Dr. Levi reported that there would be two working groups: Engagement Opportunities and Integration Community Prevention. Given group interest, he noted that the engagement working group would focus on how the Advisory Group can work with the NPC as well as identifying priority health promotion and prevention opportunities. The charge of the Integration working group would be the same as originally explained.

Additionally, Dr. Levi invoked the prerogative of the chair to form a "mini" working group, which would tentatively consist of Dr. Levi and Susan Swider, to develop the concept of resiliency. Dr. Levi explained that resiliency resonated with Advisory Group members and therefore, despite its daunting inchoateness, was important to explore. Dr. Levi further stated that he would draft charges for all work groups and distribute them for review. Working groups will ideally begin in January.

Jonathan Fielding asked whether 'resiliency' referred to individual or organizational resilience. Dr. Levi responded that decisions like that would be explored by the working group and the Advisory Group.

5 Closing Remarks

Dr. Levi and Dr. Benjamin thanked Advisory Group members for their participation in this meeting as well as in the process to draft the report. Dr. Levi noted that with the current revisions, the report would be ready to be distributed to the NPC designees and other policy makers by the NPC designee meeting on November 29, 2011. He closed by restating that the Advisory Group would continue to develop the NPS implementation strategy.

6 Public Comment Period

The table below outlines the comments received from the public, submitted via WebEx.

Speaker	Organization	Summary of Comment
Sherry Reynolds	Alliance 4 Health	Asked the number of patient advocates that are on the advisory board to represent patient centered design.
Diana Prince	Not specified	Suggested that Recommendation 2 be revised to reference a "wellness lens" instead of a "health lens".