

FIRST REPORT OF THE ADVISORY GROUP ON PREVENTION, HEALTH PROMOTION, AND PUBLIC HEALTH

November 21, 2011

Advisory Group:

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

Advisory Group Members:

Jeffrey Levi, JudyAnn Bigby, Richard Binder, Valerie Brown, Jonathan Fielding, Ned Helms, Patrik Johansson, Janet Kahn, Charlotte Kerr, Elizabeth Mayer-Davis, Vivek Murthy, Barbara Otto, Linda Rosenstock, John Seffrin, Ellen Semenovoff, Susan Swider, Sharon Van Horn

INTRODUCTION

The Advisory Group on Prevention, Health Promotion, and Integrative and Public Health was created under the Affordable Care Act to “develop policy and program recommendations and advise the National Prevention Council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion” (Section 4001). In fulfilling this mission, the Advisory Group has met four times in person or by phone over the last seven months. This is the first of what we anticipate will be a series of reports commenting on the Nation’s progress in improving the health of Americans through prevention-related activities.

I. 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.

The NPS is grounded in the evidence of what works and includes opportunities across sectors to advance individual and community wellbeing. The NPS is a major statement of our Nation’s commitment to embracing a health in all policies approach to prevention. It reflects the fact that the contributions of all agencies and sectors of society, including individuals and communities, have an important role to play in effectively improving the nation’s health.

The Advisory Group is impressed at the effort all the members of the NPC contributed to the Strategy and the commitment of key non-health agencies to helping to lead the implementation effort. We appreciate the efforts of the Surgeon General and those staffing the NPC for the important progress to date.

To assure that the vision in the NPS for integrating prevention and health promotion into the work of all sectors is translated into reality, we urge:

Recommendation 1: The NPC should identify short-term commitments by each of the participating agencies to make clear progress toward the goals and targets of the NPS— whether

through new interagency collaborations, changes in existing program requirements, or new framing of the ongoing work of the agencies to emphasize positive net health benefits. The NPC should also involve other agencies, not currently members of the NPC, as appropriate to meeting these goals.

Recommendation 2: The NPC should coordinate immediate steps by NPC agencies to take a health “lens” to major initiatives and programs, using approaches such as Health Impact Assessments. Assessments should be completed at the agency level regarding their own work. Additionally, agencies should incentivize, as appropriate, grantees through special funding, technical support and/or additional evaluation points during grant or contract reviews for those having completed or planning HIAs. NPC agencies should develop the internal capacity to do HIAs and identify the health sector partner agencies that can collaborate with them.

The NPS as a guiding document needs to have greater visibility. We urge that three approaches be taken:

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

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

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

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

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

The Advisory Group is deeply concerned by ongoing efforts to repeal or defund the Fund and is also concerned that the Administration has proposed capping the Fund's resources at \$1.5 billion a year rather than the \$2 billion authorized in the Affordable Care Act. The Fund provides a unique opportunity to support transformative efforts in prevention, including the Community Transformation Grants and the core capacity of public health departments who not only promote health but also serve as critical public safety agencies in emergency preparedness and response. Reducing the growth in the Fund could well undermine the success of the National Prevention Strategy and adversely affect the success of health reform. The Fund is also a critical resource to maintain a strong prevention-oriented public health infrastructure at the state and local levels, including preparedness for natural and man-made disasters.

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

III. We commend the Administration for the implementation of the new Community Transformation Grants program.

We believe that the CTGs reflect the vision of the NPS to focus on policy and systems change and to make prevention a collaborative process among sectors. We believe that the CTG's provide an excellent opportunity for assessing the impact of the collaborative activities envisioned by the NPC. We were disappointed to hear that the CDC feels that many high quality applications were not funded. Therefore we urge:

Recommendation 8: As early as possible in the new fiscal year Prevention and Public Health Fund resources should be used to fund the highest qualified approved but unfunded applications. Rapid initiation of the changes envisioned by the CTGs is critical to improving health outcomes.

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

The Advisory Group is concerned by utilization and survey data that suggest low levels of awareness about coverage for preventive services under the Affordable Care Act. Improving health outcomes and containing costs during health reform will depend on both community prevention efforts discussed above as well as maximum utilization of clinical preventive services covered by the ACA. We believe that this deficit in awareness and utilization can be solved by a two-pronged approach that engages the public through a public education campaign and harnesses existing and newly authorized public health programs to promote awareness and use of preventive services.

Recommendation 9: Funds from the Prevention and Public Health Fund should be used to undertake a public education campaign that promotes greater awareness of prevention and the preventive services now covered in the ACA (as authorized under Section 4004 of the ACA). Such a campaign should be strategically targeted to effectively reach populations at greatest risk. The Fund should also be used to conduct outreach and link to services, e.g. support a community health worker initiative (as authorized under Section 5313 of the ACA) . Further, HHS should

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. We must assure all resources and authorities created under the Affordable Care Act promote a prevention and health promotion 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.

The commitment of the Center for Medicare and Medicaid Innovation to support population health initiatives is encouraging to the Advisory Group and reflects an important understanding that what happens in the community can directly affect costs and outcomes in the clinical sphere.

Recommendation 10: We urge that a broad-based approach be taken to demonstration projects supported by the CMS Innovation Center— incorporating inclusion in new financing and organizational structures of appropriate non-traditional (i.e., non-medical and often community based) providers, public health agencies doing critical surveillance, quality assurance, systems change, and non-clinical services (e.g., home and community environmental mitigation for asthma) that affect health outcomes through evidence-based primary or secondary prevention approaches. The Advisory Group welcomes further discussions with CMS about how best to implement this recommendation.

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

VI. Resiliency

We also hope to work with the NPC to develop further the concept of resiliency as a critical element in health promotion. Resiliency is the ability of individuals and communities to adapt to difficult situations and overcome adversity. We were deeply impressed by presentations on the Department of Defense's Total Force Fitness strategy, in particular its focus on creating resiliency that encompasses physical, emotional, spiritual, and community well being. We believe that this approach reflects the broader definition of health as defined in the NPS and the Affordable Care Act and helps to define the role that multiple sectors play in creating a healthy, resilient America – with positive health, economic, security, and social consequences.

VII. Conclusion

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