

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

Regina Benjamin, MD, MBA
Surgeon General of the United States
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Benjamin:

As chair of the National Prevention Council and convener of the Advisory Group on Prevention, Health Promotion and Integrative and Public Health you know we met on March 28-29, in Washington, DC and discussed a wide range of issues, including the health status of Americans and how the National Prevention Strategy and implementation of the Affordable Care Act can help us improve the health and quality of lives of all Americans.

The Gap in Achievable Health Status.

The framework for our deliberations was a series of presentations that offered a new synthesis of data regarding how the health of Americans compares to that of residents of other developed countries and examples of partnerships within health and between health and non-health organizations that can address some of the key determinants of health. We heard from:

- Steven H. Woolf, MD, MPH, chair of the Institute of Medicine Panel on Understanding Cross National Health Differences Among High-Income Countries who outlined this National Academy of Sciences (NAS) report's findings showing that the US lags behind comparable nations in both life expectancy and health, and identified a series of factors (within the health system and other social factors) that create this gap in achievable health status.
- Ellen Semenov, JD, Assistant City Manager of Cambridge MA and a member of the Advisory Group, and Claude-Alix Jacob, MPH, Chief Public Health Officer for Cambridge MA, who described the efforts in Cambridge that have been recognized by the Robert Wood Johnson Foundation as a Roadmaps to Health Prize winner for their innovative approach to engaging at-risk populations through cross-sector collaborations.
- Carol Naughton, JD, Senior Vice President of Purpose Built Communities, who described successful efforts in the Eastlake neighborhood of Atlanta, GA, where a focus on housing, community development, and education improvement had an unexpected but positive impact on the health of residents in the neighborhood.
- Matias Velenzeula, PhD, Manager, King County (WA) Equity and Social Justice who described county government-wide efforts to promote health and address health inequities.
- Ian Galloway, MPP, Senior Research Associate, Community Development, Federal Reserve Bank of San Francisco, who described innovative approaches being taken by

those in the community reinvestment field to directly and indirectly address health outcomes and the determinants of health.

We also were pleased to hear from representatives of agencies on the National Prevention Council (HUD, ED, EPA and DOT), who also identified promising approaches to addressing the problems articulated in the NAS report. We were impressed by their commitment to collaborative efforts and to implementation of the National Prevention Strategy, and by their interest in incorporating a health perspective into their work.

It was clear to the Advisory Group that the National Prevention Strategy and full implementation of all elements of the Affordable Care Act could go a long way to addressing the challenges identified by the National Academy of Sciences report by both providing critical health services and catalyzing the partnerships and collaborations needed across sectors to address the determinants of health. The Advisory Group intends to continue to explore the implications of these presentations, but also recognizes that a concerted effort to raise awareness about the scope of our health challenges and the potential solutions to them is needed. To that end:

- **The Advisory Group urges the Administration to undertake a national campaign based on the NPS to motivate individuals and mobilize communities to act comprehensively across sectors to address those growing gaps in achievable health status.**

Healthy Lifestyles.

Fundamental to closing the gap in achievable health status – and reducing the impact of chronic diseases in the United States, which are the biggest cost drivers in our health care system – is an emphasis on healthy lifestyles. Over the last several meetings, the Advisory Group has considered the evidence supporting lifestyle change as a means for improving health outcomes for those already with chronic diseases as well as preventing them, while also reducing health care costs. To that end, the Advisory Group passed the following two resolutions:

- **In order to reduce the high burden of chronic disease, the Advisory Group urges the Administration to adopt comprehensive policies and education that make it easier for Americans to make healthful lifestyle changes.**
- **In our June 26, 2012 report, the Advisory Group recommended “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 commend the Centers for Medicare and Medicaid Services for issuing a proposed rule (on January 22, 2013) regarding *essential health benefits for Medicaid* programs that would permit states to reimburse for such evidence-based services if they are recommended by a licensed provider. We urge the Administration to finalize this proposed rule and urge CMS and the Centers for Disease Control and Prevention (CDC) to coordinate efforts to assure effective implementation of this option by state Medicaid programs.**

Prevention and Implementation of the Affordable Care Act.

The Advisory Group had five recommendations related to prevention, health promotion and workforce relevant to the implementation of the Affordable Care Act.

- The Advisory Group re-emphasized the importance of the Prevention and Public Health Fund as a vehicle to support federal prevention efforts:
 - **The *Prevention and Public Health Fund* remains critical to furthering our Nation's ability to promote health and prevent disease. As allocations are made for the Fund, we urge the Administration to prioritize those investments that are consistent with the original intent of the Fund: prevention, wellness, and public health activities, including the Community Transformation Grants and outreach and education regarding preventive services newly covered under the Affordable Care Act.**
- The Advisory Group made recommendations specific to improving awareness of prevention and preventive services as well as integration of population health in all aspects of the health delivery system. The Advisory Group urges:
 - **That the *prevention benefits of the ACA be promoted as a part of enrollment activity (for example, that all consumer assistance programs include training in all preventive services such as navigators & in-person assisters).***
 - **That the *NPC agencies help facilitate enrollment strategies and disseminate information on prevention benefits under the ACA and that they engage their community partners and grantees in these efforts.***
 - **That the *National Prevention Council and HHS (specifically CDC and CMS) assure inclusion of a population health perspective and engagement in broader community health activities when implementing new delivery systems, such as Accountable Care Organizations and Medicaid health homes at the state level.***
- The Advisory Group also addressed the issue of monitoring access to preventive services:
 - **We urge the *collection of sufficient data (including but not limited to race, ethnicity, gender, and sexual orientation) to allow evaluation of the effectiveness of the implementation of ACA in relation to preventive and public health interventions at the individual and community level.***

The Healthcare Workforce and Access to Integrative Health Practitioners under the ACA.

The Advisory Group's Working Group on Integrative Health has been considering the implications of several provisions in the ACA related to the healthcare workforce. In particular,

the Working Group has examined the definition of the healthcare workforce in Section 5101, which includes in the workforce licensed complementary and alternative medicine providers, integrative health practitioners, and doctors of chiropractic and the related requirement under Section 2706 that “a group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider’s license or certification under applicable State law.” The Advisory Group recommendation relates to assuring consistency between these two sections of the law.

- **The Advisory Group endorses the appropriate use of the healthcare workforce as defined in Section 5101 of the ACA. Thus we request that HHS issue guidance to states regarding compliance with Section 2706 of the ACA and its relationship to all plans offered through the states’ health insurance exchanges.**

Dr. Benjamin, I know I am speaking for the entire Advisory Group in thanking you for your leadership in these areas and that we look forward to working with you and your colleagues in the Administration to achieve the goals outlined in these recommendations.

Sincerely,

Jeffrey Levi, PhD

Chair

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

(Please respond to jlevi@tfah.org)