Advisory Group on Prevention, Health Promotion, and Integrative and Public Health
Conference Call
July 15, 2013
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC

Call Participants:

Advisory Group Members

Jeffrey Levi (Chair), JudyAnn Bigby, Valerie Brown, Jonathan Fielding, Ned Helms, Janet Kahn, Jacob Lozada, Elizabeth Mayer-Davis, Vivek Murthy, Dean Ornish, Barbara Otto, Herminia Palacio, Linda Rosenstock, John Seffrin, Ellen Semonoff, Sue Swider, Sharon Van Horn, Kimberlydawn Wisdom

HHS Staff

Regina Benjamin, Dawn Alley, Ebony Andrews, Mary Beth Bigley, Brian Bowden, Corinne Graffunder, Eddie Grom, Boris Lushniak, Shauna Mettee, Renee Stein, Brigette Ulin, Hallie Willis

Welcome, Roll Call, and Introductions

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 call and introduced Dr. Corinne Graffunder, Designated Federal Official, to conduct the roll call. He then reviewed the agenda for the call.

Dr. Levi introduced Surgeon General Dr. Regina Benjamin, who thanked the Advisory Group for its work and voiced her commitment to continue working on prevention and wellness efforts even after she leaves the post of Surgeon General. Several Advisory Group members expressed their appreciation for Dr. Benjamin's vision, leadership, and dedication.

Update on the National Prevention Council 2013 Annual Status Report

Dr. Dawn Alley, Senior Policy Advisor, Office of the Surgeon General, presented highlights of the *2013 Annual Status Report: National Prevention, Health Promotion, and Public Health Council*. The report was submitted to the President and Congress on July 1 and posted to the Surgeon General's website on July 8; the Office of the Surgeon General is working to publicize the report. Dr. Alley encouraged the Advisory Group to review the report if they have not.

Highlights from the report include:

- The Department of Defense (DoD) Healthy Base initiative to improve the health of service members and their families; after it is evaluated at 13 installations, best practices will be identified to improve the health of the DoD's total force.

- Progress in supporting tobacco-free living and tobacco-free environments: a VA tobacco-cessation smartphone mobile app; a HUD smoke-free multiunit housing initiative, HHS smoke-free/tobacco-free policies for institutes of higher learning (1,100 colleges and universities have adopted such policies); and a U.S. Public Health Service Commissioned Corps policy that prohibits smoking while in uniform (effective 2014).
- Many examples of partnerships between businesses/employers, healthcare systems, educational systems, faith-based organizations, local governments, and others—a result in part of the National Prevention Strategy and the efforts of the Advisory Group to promote and engage communities in prevention activities.
- Three new departments and agencies that have joined the National Prevention Council: Department of the Interior, Office of Personnel Management, and General Services Administration.

To help disseminate the status report, the Surgeon General's office sent the Advisory Group an announcement with sample tweets. Dr. Alley reminded members to use the "NPSAction" hashtag when tweeting so they can track dissemination and outreach efforts. Dr. Alley offered her office's assistance to communication staff working with Advisory Group members. Additional promotion efforts included blogs by Dr. Benjamin and HHS Secretary Kathleen Sebelius and a *Huffington Post* article by CDC Director Tom Frieden.

Ms. Barbara Otto is working with Dr. Alley and Ms. Brigette Ulin to develop summaries that Advisory Group members can share with their networks to show the success of the National Prevention Strategy.

Dr. Levi commented that the length of the status report and the number of examples featured is a sign of National Prevention Council member agencies' commitment and evidence that they view admission onto the Council and involvement in the National Prevention Strategy as a way to accomplish and enhance their core missions.

Report on Status of Prevention Advisory Group Recommendations

Dr. Levi reported that he attended a meeting of the National Prevention Council and discussed the recommendations from the March 2013 Advisory Group meeting. There he joined Dr. Steven Wolf, who reprised his presentation on the National Academy of Sciences report *U.S. Health in International Perspective: Shorter Lives, Poorer Health*, and Dr. Levi summarized the issues raised and the potential solutions to those issues heard at the March meeting. The meeting included a discussion of enrollment and outreach, and the importance of all Council agencies' being involved. Dr. Levi made a case for using this as an opportunity to discuss preventive health services and access to those services that will now be available under the Affordable Care Act (ACA), as recommended by the Advisory Group.

The National Prevention Council department representatives expressed interest in the Advisory Group's discussions and in better understanding how their agencies fit into the larger picture of prevention. Dr. Levi reiterated the Advisory Group's desire to collaborate with National Prevention Council members rather than solely report to them.

Dr. Levi suggested integrating some National Prevention Council agencies into the working groups and noted that the Health and Education Working Group is already doing that.

Update on Advisory Group Recommendations

- Dr. Levi noted that Congress failed to allocate the Prevention and Public Health Fund (PPHF) in the 2013 Continuing Resolution and also failed to provide funds the administration had requested for the ACA, particularly around outreach and enrollment. This left allocation of the PPHF to the Secretary. As part of the allocation process, the Secretary moved $350 million to support ACA-related outreach and enrollment activities. The Advisory Group had particularly prioritized the Community Transformation Grants within the PPHF; the allocation for those grants was held harmless.
- Dr. Levi recalled the Advisory Group's support for the Centers for Medicare and Medicaid Services' (CMS) proposed essential health services rule that would permit states to reimburse evidence-based services provided by community health workers and similar providers, when recommended by a licensed provider. On July 5, the Administration issued the final rule. The work ahead now involves making sure states adopt it and they have the information to decide what kinds of programs should be reimbursed and the ability to identify the quality providers to deliver those services.
- Dr. Levi noted that he sent a letter to Marilyn Tavenner, Administrator for CMS, communicating the Advisory Group's recommendation regarding Section 5101, the non-discrimination section about types of providers. He received a response thanking the group for its input but no additional feedback.
- Pertaining to the Advisory Group's recommendation that HHS ensure inclusion of a population health focus in community health, Dr. Levi noted that population health is one of the areas encouraged in the approximately $900 million funding announcement for the CMS Health Care Innovation Awards. The funding announcement also mentions addressing social determinants of health. This represents the broadest representation of population health to date from CMS. Additionally, through the CMS State Innovation Model Initiative (which provides funding to about half the states), technical assistance is being provided to encourage states to address how population health is being incorporated in state-level services.

Reports from the Working Groups

Health and Education Working Group

Dr. Levi indicated that the Health and Education Working Group had diverse participation in two face-to-face meetings and one set of conference calls held since March. Advisory Group participants included Dr. Richard Binder, Dr. Jonathan Fielding, Dr. Patrik Johannson, Dr. Janet Kahn, Ms. Otto, Dr. Herminia Palacio, and Ms. Ellen Semonoff. Five National Prevention Council agencies also participated, along with representatives from outside organizations, such as the two national teachers unions and other groups in both the public health and education.

He reminded members of the working group's charge: to explore how to create a multisector public-private partnership that can help ensure conditions for student health and wellness as well as improved academic performance. They considered two factors in determining the mission of this collaborative: 1) identifying shared opportunities coming from the transformation in the healthcare system and thinking about social determinants and who can contribute to creating health; and 2) identifying efforts in the education world being implemented to improve outcomes. The working group is looking at how merging those efforts can bring joint progress.

One topic the working group discussed was short-term issues related to changes in both the structure and financing of healthcare as part of healthcare reform, particularly looking at factors that originate in the healthcare arena but reach into the education arena. The working group discussed how schools can be part of evolving healthcare structures. The group also discussed the President's pre-K initiative and how it fits with the National Prevention Council's work, noting that it can have an influence on early determinants of both health and educational outcomes.

Dr. Levi noted that the group may have one additional face-to-face meeting before the September Advisory Group meeting. At that September meeting, the working group will report on its recommendations.

Dr. Kahn echoed Dr. Levi's suggestion that this working group could be a model for other committees. Dr. Levi noted part of the model that contributes to its success is being able to tap support from the Kellogg Foundation and the Robert Wood Johnson Foundation.

Dr. Elizabeth Mayer-Davis shared that the University of North Carolina is working with partners on a project to model integrating clinical and community preventive services. Dr. Levi stated that the working group is looking at including schools in the healthcare delivery structure, which does address the intersection of clinical and community services. Dr. Kimberlydawn Wisdom asked if they had vehicles in mind for doing so. Dr. Levi indicated there are many options to

consider; he also acknowledged that issues with privacy pertaining to Health Insurance Portability and Accountability Act and Family Educational Rights and Privacy Act must be addressed.

Dr. JudyAnn Bigby asked if the working group had discussed early intervention for behavioral health issues for students and the related challenges involved in a school-based system. She also noted that applying efforts to engage schools in preventive services without addressing the distinction between school systems that are underperforming versus schools with acceptable performance has the potential to further disparities.

Dr. Mayer-Davis raised the issue of Safe at School state rules and regulations related to students with diabetes and facilitating the success of children living with chronic disease in the school system. She offered to contribute to the conversation on this topic.

Given the high level of interest in health and education, Dr. Levi stated it will be important to allow plenty of time for discussion at the September meeting.

Community Capacity Working Group
Dr. Sue Swider noted that the Community Capacity Working Group addresses similar issues to the Health and Education Working Group, but they go beyond the boundaries of schools and children. She recalled the presentation in March by Ian Galloway about the Federal Reserve Bank of San Francisco and its interest in community health. She attended a conference by that organization in Chicago with Ms. Otto; it was an opportunity to identify commonalities and gain a broader perspective on work going on in community health and development.

Dr. Swider recalled that the working group was looking at potentially successful models for integrated community health and development, measures for outcomes, and possible financing mechanisms.

At the June meeting (attended by Dr. Swider, Ms. Valerie Brown, Dr. Wisdom, Ms. Otto, Dr. John Seffrin, Ms. Semonoff, and several CDC staff and partners), the working group heard a presentation by the Local Initiatives Support Corporation (LISC) Chicago, a community development organization. LISC is in the preliminary stages of looking at community health in the enrollment process, and they do not yet have outcomes. The working group has found that many models show promise, but not many have evidence.

At its July meeting, the working group will look at financing mechanisms and measures of outcomes; the discussion will include social impact bonds and how to leverage the community needs assessment process. The group will bring the results of its discussions to the September

meeting. Dr. Swider added that it would be helpful to include National Prevention Council members in this working group as well.

Dr. Bigby referenced the *New England Journal of Medicine* report on community benefits and wondered if it could be used to promote community health work and investment and the need to demonstrate its benefits. Dr. Swider had not seen the report; she asked Dr. Levi to send it out to the group.

Dr. Fielding suggested the Advisory Group ask the Treasury Department to be part of the National Prevention Council, noting that there are many points of intersection. Dr. Levi concurred, particularly given the Treasury's role in ACA implementation.

Dr. Levi added that as part of the state innovation model discussions, there have been some conversations about how community benefit dollars can support community-level interventions, and in some jurisdictions CTG coalitions have become a vehicle for leveraging community benefit dollars.

Integrative Health Working Group
Dr. Kahn noted that the Integrative Health Working Group had not met in a while, but would have more to report after its upcoming July meeting.

Recalling Dr. Levi's previous mention of Section 2706, the non-discrimination section of the ACA, Dr. Kahn noted that the Advisory Group is not the only one to approach CMS about this issue and sending it upstream. HHS, the Department of Labor, and the Treasury Department had developed a frequently asked questions document about Implementation of ACA Part XV, which included information about Section 2706. She indicated the document contained some misinterpretation and left out information insurers need. Senator Harkin has put a section in the next appropriations bill that addresses this issue specifically, and efforts continue to request clarifying language.

Dr. Kahn also noted that a bill is pending in the Senate VA Committee that would create mechanisms to credential providers that are now working for the VA in a consultative capacity.

Outreach Working Group
Ms. Otto noted the Outreach Working Group's next meeting is July 19. This group is looking at ways to disseminate the Annual Status Report. As Dr. Alley indicated, an intern at CDC will be collecting examples of what is happening to realize the vision of the National Prevention Strategy and how people are using the information and themes. They are also talking about the recently revitalized Pledge for Health, which encourages individuals and organizations to take action to make healthier choices, easier choices.

Draft agenda for September meeting

Dr. Levi discussed the agenda for the upcoming Advisory Group meeting in September. He reiterated that the Health and Education Working Group will present its draft recommendations; he will talk with the other working group chairs to determine how much time they will need.

Dr. Levi asked Dr. Linda Rosenstock if they would be ready to discuss data at the September meeting. Dr. Rosenstock had understood that she would be hearing from staff about this issue. The goal for September was to invite Department staff to discuss the state of data collection and analysis, and to determine the sufficiency of data collection and analysis. The Advisory Group would then determine whether to form a working group related to data. Dr. Levi said he would follow up shortly to get a panel together to prepare for that discussion. Ms. Brown offered her help in exploring this topic.

Dr. Levi noted that for the March meeting, it was valuable to have a 2- to 3-hour discussion on particular topics (a "deeper dive"). He also thought the working groups had been valuable as a catalyst to get people in multiple roles to think through issues.

One recurring topic is behavioral health and how to create social and emotional well-being and the conditions that prevent behavioral health problems. Dr. Levi referenced a long-term National Institute for Drug Abuse study that has looked at very early interventions. This study found that interventions had positive outcomes not only on substance abuse, as originally intended, but also on educational outcomes, relationship with the criminal justice system, and long-term employment and income. This is just one example of a strategy that had cross-cutting benefits.

Dr. Levi proposed starting an in-depth discussion about cross-cutting efforts that affect determinants of health and have broad impact, and marrying that discussion with an exploration of creative mechanisms for financing such efforts. Dr. Fielding concurred, though he acknowledged that some of the topics discussed on the call would fit into a rather broad definition of behavioral health.

Dr. Bigby also thought Dr. Levi's approach made sense and agreed that they look at the topic broadly. She mentioned there have been a variety of approaches that suggest it is possible to do primary, or at least secondary, prevention whether in the school or in primary care or community-based services focused on families. Funding has been a significant issue. She mentioned an IOM report from 3–4 years ago that has research and data on this issue that might be a good starting point.

Dr. Fielding suggested looking at how other countries finance some of these universal services that we have not managed yet in the United States.

Dr. Wisdom suggested a question to explore is how to expand the workforce to make these efforts successful. For instance, nurse-family partnerships employ highly skilled nurses, but community health workers also have a role in community prevention efforts. This workforce is trusted and can engage and motivate community members. Reimbursing that type of workforce for these services could help mitigate behavioral health and broader issues. Dr. Mayer-Davis also thought it important to discuss workforce, particularly relating to primary care and issues of satisfaction among primary care and mid-level providers. As the focus shifts to prevention, a different workforce needs to be trained.

Dr. Kahn noted that the ACA had created a workgroup to look at determining the appropriate workforce, but Congress did not provide funding, so no work has been done. She asked if the Advisory Group should recommend that funding be found or that a coalition look at the workgroup's charge and move forward in another way.

After hearing the group's comments, Dr. Levi noted it might be better to discuss the content and then create a working group to think through financing ideas. Dr. Fielding agreed and volunteered to help plan the discussion; Drs. Kahn and Swider may also help.

Introduction of Incoming Acting Surgeon General

Dr. Levi then introduced Dr. Boris Lushniak, Deputy Surgeon General and incoming Acting Surgeon General, who had joined the call. Dr. Lushniak thanked the Advisory Group for its work to date and assured them he will follow the emphasis on prevention; the work of the National Prevention Council will continue unabated. He agreed with the topics for the next meeting.

Dr. Levi indicated that the Advisory Group looks forward to working with Dr. Lushniak. He then read a draft resolution of appreciation for Dr. Benjamin as she leaves the post of Surgeon General. The Advisory Group approved it unanimously. He will have something formal created and look for a time to present it to Dr. Benjamin.

Public Comments

No public comments were submitted.

Ms. Ulin, CDC, reminded the Advisory Group on behalf of Dr. Graffunder that anyone traveling to Washington, DC, for the September meeting should submit travel requests as soon as possible to ensure funds are allocated before the fiscal year ends.

Adjourn

Dr. Levi thanked everyone for their participation and adjourned the call.