Investing in Community Prevention:
A Dialogue with Federal Leadership on the Community Transformation Grants and the National Prevention Strategy

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POLL #1

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a. Individually
b. In a group of 2-5 people
c. In a group of 6-10 people
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Q&A Feature

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Investing in Community Prevention: 
A Dialogue with Federal Leadership on the 
Community Transformation Grants and the 
National Prevention Strategy

November 4, 2010
11:00 AM to 12:30 PM, Pacific Daylight Time
2:00 PM to 3:30 PM, Eastern Standard Time
Thank you to our cosponsors:

Convergence Partnership
PolicyLink
Public Health Institute
Prevention Institute
Trust for America’s Health
• **PolicyLink** is a national research and action institute advancing economic and social equity by Lifting Up What Works. ®

• **Prevention Institute** was founded in 1997 to serve as a focal point for primary prevention practice—promoting policies, organizational practices, and collaborative efforts that improve health, equity and quality of life.

• **The Public Health Institute** (PHI) is an independent, nonprofit organization dedicated to promoting health, well-being and quality of life for people throughout California, across the nation and around the world.

• **Trust for America's Health** (TFAH) is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.
Take part in this conversation on the Dialogue4Health social network:

dialogue4health.ning.com
Mayra E. Alvarez, MHA

Director of Public Health Policy,
Office of Health Reform
Department of Health and Human Services

Ms. Mayra E. Alvarez is the Director of Public Health Policy in the Office of Health Reform at the Department of Health and Human Services, where she has primary oversight responsibility for coordinated and timely implementation of the public health, prevention, and healthcare workforce policy provisions in the Affordable Care Act.

Previously, Ms. Alvarez served as a Legislative Assistant for Senator Dick Durbin (D-IL), the Majority Whip of the U.S. Senate, where she advised the Senator and helped develop his legislative agenda on health issues. Prior to working in the office of Senator Durbin, she served as a Legislative Assistant for then-Congresswoman Hilda L. Solis, the chair of the Health Task Force for the Congressional Hispanic Caucus. Ms. Alvarez began her work in Washington D.C. as a David A. Winston Health Policy Fellow in the office of then-Senator Barack Obama. She completed her graduate education at the School of Public Health at the University of North Carolina at Chapel Hill and her undergraduate education at the University of California at Berkeley.
Ursula E. Bauer, Ph.D., MPH
Director, National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

Ursula Bauer is the director of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Prior to this position, Dr. Bauer was director of the Division of Chronic Disease and Injury Prevention in the New York State Department of Health. Dr. Bauer joined the New York health department in 2001 as the director of its Tobacco Control Program. In that role, she transformed the program into a focused, effective exemplar of tobacco control strategy and practice. Prior to her service in New York, Dr. Bauer worked as a chronic disease epidemiologist with the Florida Department of Health and as a CDC epidemic intelligence service officer, with the Louisiana Office of Public Health. She was also an assistant professor at the University of South Florida's College of Public Health. Dr. Bauer received her Ph.D. in Epidemiology from Yale University, an M.P.H. in Family Health from Columbia University, and a Master’s degree in Political Science from Rutgers, The State University.
Janet Collins, PhD, is CDC's Associate Director for Program. In this position, she provides leadership and guidance in promoting CDC priorities across the agency. She has held CDC leadership positions at the Branch, Division, and for the last four years, at the Center level as Director, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Prior to coming to CDC, Dr. Collins taught and worked at UCLA in the area of educational measurement.

Dr. Collins' interests and publication record span applied science as well as program design and evaluation, with a special focus on the prevention of risk factors for disease. Much of her work has focused on the surveillance of adolescent health risk behaviors and the development and evaluation of school-based programs to prevent tobacco use, poor nutrition, physical inactivity, and sexual risk behaviors.

Dr. Collins is a behavioral scientist with a PhD in educational psychology from Stanford University, and a master’s degree in clinical psychology from San Diego State University.
Andrew S. Rein, MS
Associate Director for Policy
CDC

Andrew Rein is the Associate Director for Policy for the CDC. Mr. Rein leads the newly established Office of the Associate Director for Policy, whose mission is to bring about policies that result in demonstrable improvements in public health—globally and at the federal, state, and local levels. Under Mr. Rein’s leadership, the Office, and its three programs, conducts policy research and analysis; provides guidance to CDC leadership in developing agency policy and legislative goals and strategies; creates and maintains partnerships to support those strategies; implements key policies; and ensures the agency’s scientific credibility, reputation, and needs are communicated to and supported by policy makers and stakeholders. The Office is also focused on better leveraging the changing health care system to improve population health. Mr. Rein also spearheads CDC’s efforts related to the Affordable Care Act, including the development of the National Prevention and Health Promotion Strategy and co-chairing an HHS work group on key Affordable Care Act provisions related to prevention and public health.

Mr. Rein received his Master’s degree in Urban Policy Analysis and Management from the Milano Graduate School at the New School, and Bachelor of Arts degree in Philosophy from Tufts University.
Corinne Graffunder, DrPH, MPH, is with CDC’s Office of the Associate Director for Policy where she is leading the development of the National Prevention and Health Promotion Strategy. Part of the Patient Protection and Affordable Care Act of 2010, this Strategy will make recommendations and identify specific actions needed to improve the health of the United States through prevention, health promotion and public health programs.

Dr. Graffunder has held positions in CDC’s National Center for Injury Prevention and Control serving as the Associate Director for Program Development and Integration and as the chief of the Program Implementation and Dissemination Branch (PIDB) within the Division of Violence Prevention (DVP); and in CDC’s National Center for Chronic Disease Prevention and Health Promotion working in the Division of Cancer Prevention and Control, the Office on Smoking and Health and with CDC’s Planned Approach to Community to Health (PATCH) program.

Dr. Graffunder received her Bachelor of Science in Community Health Education and a Master of Public Health, Heath Behavior and Education at the University of South Carolina. She earned her doctorate degree in Health Policy and Management from the University of North Carolina at Chapel Hill.
Judith Bell, President of PolicyLink has been at PolicyLink since its founding in 1999. She has been a central leader in the development of PolicyLink as a leading voice in the movement to use public policy to improve access and opportunity for all low-income people and communities of color. Judith oversees efforts to develop and advance an array of policies to advance equity, including those focused on improving health, infrastructure, and transportation.

In addition, Judith leads PolicyLink work with the Convergence Partnership, a multi-foundation initiative to support equity-focused efforts to advance policy and environmental changes for healthy people and healthy place.

Website: www.policylink.org
Larry Cohen, MSW
Founder / Executive Director
Prevention Institute

Larry Cohen is founder and Executive Director of Prevention Institute, a non-profit national center dedicated to improving community health and equity through effective primary prevention: systematic, comprehensive strategies to build resilience and to prevent illness and injury before they occur. Larry leads public health efforts on injury and violence prevention, mental health, traffic safety, healthy eating and physical activity, and chronic disease prevention. Prevention Institute has been deeply engaged in national strategy to incorporate a focus on and investment in prevention and community wellness as part of the health reform agenda and stimulus funding. Larry also leads Prevention Institute’s work with the Convergence Partnership.

Website: www.preventioninstitute.org
Matthew Marsom
Director of Public Policy
Public Health Institute

As Director of Public Health Policy and Advocacy for the Public Health Institute (PHI), Matthew is responsible for designing and implementing PHI strategy for monitoring and influencing public policy, legislation and regulations affecting PHI projects and public health policy relevant to PHI interests.

Website: www.phi.org
Judith Bell
President, PolicyLink
Program Director, The Convergence Partnership
The Convergence Partnership is a collaborative of six major funders and the CDC engaged in multi-field, equity-focused, policy and environmental change efforts to achieve healthy people and healthy places.
Steering Committee

• The Robert Wood Johnson Foundation
• Nemours
• W.K. Kellogg Foundation
• Kaiser Permanente
• The California Endowment
• Kresge Foundation
• Centers for Disease Control and Prevention (Technical Advisors)
Place, Policy, and Equity Matter

Building the Movement for Change

Partnerships are Critical for Success
Strategic Directions

- Building the Field
- National Policy Initiatives
Building the Field

• Nurturing Partnerships, Supporting Change, Seeding Innovation
  ▪ Regional Convergence
  ▪ Innovations Fund
  ▪ Violence Prevention/Healthy Eating Active Living
Policy Initiatives: The Built Environment

Transportation
- Federal Transportation Authorization
  - Transportation for America Coalition (T4A)
  - American Public Health Association
  - Transportation and Health Papers

Access to Physical Activity
- Joint Use of School Yards
- Violence Prevention
Access to Healthy Foods

– Farmers’ market access for those receiving federal food assistance

– Healthy Food Financing Initiative

– The 2012 Farm Bill
A Dialogue with Federal Leadership
POLL #2

1. How familiar are you with the Community Transformation Grants?

(multiple choice, single answer)

a. Very familiar  
b. Familiar  
c. Somewhat familiar  
d. Not familiar

2. How familiar are you with the National Prevention Strategy?

a. Very familiar  
b. Familiar  
c. Somewhat familiar  
d. Not familiar
73% of the American public support community prevention efforts
Today’s Agenda

1. Comments from Mayra Alvarez, Director of Public Health Policy, Office of Health Reform in the Department of Health and Human Services

2. Overview of the Community Transformation Grants, Dr. Ursula Bauer

3. Overview of the National Prevention Strategy, Dr. Janet Collins

4. Q&A and Discussion
Investing in Community Prevention: Community Transformation Grants

Segment One
Community Transformation Grants

Ursula Bauer, Ph.D., M.P.H.
Director
National Center for Chronic Disease Prevention
and Health Promotion, CDC
Purpose/Goals

• Implementation, evaluation, and dissemination of evidence-based community preventive health activities to:
  – Reduce chronic disease rates
  – Prevent the development of secondary conditions
  – Address health disparities
  – Develop a stronger evidence-base of effective prevention programming.
Outcomes

• Changes in prevalence of chronic disease risk factors among community members participating in preventive health activities
  – Weight
  – Nutrition
  – Physical activity
  – Tobacco use/prevalence
  – Emotional well-being and mental health
  – Other factors
Diseases/Risk Factors

- Nutrition
- Physical activity
- Tobacco cessation
- Social and emotional wellness
- Safety
- Other chronic disease priorities

Strategies should be prioritized to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health.
Target Areas

Populations

• All age groups
• Special populations
• Individuals with disabilities
• Individuals in urban, rural and frontier areas

Sectors

• Healthier school environments
• Infrastructure to support active living and access to nutritious foods in a safe environment
• Worksite wellness
• Restaurants and food service venues
Types of Activities

• Policy, environmental, programmatic, and infrastructure changes to promote healthy living and reduce disparities
Eligibility

- State and local governmental agencies
- National networks of community-based organizations
- State or local nonprofits
- Indian tribes

- The Manager’s Amendment:
  - Not less than 20% of the grants shall be awarded to rural and frontier areas
Funding

• Authorization in the Patient Protection and Affordable Care Act: “Such sums as may be necessary for each fiscal years 2010 through 2014”
• Currently, there is no appropriation for Community Transformation Grants
• FY 2011 Senate Mark: $220 million from Public Health Prevention Fund
• FY 2011 House Mark has not been released
Questions?
Q&A Feature

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Investing in Community Prevention: National Prevention Strategy

Segment Two
National Prevention, Health Promotion, and Public Health Council

National Prevention and Health Promotion Strategy

Janet Collins, PhD
Associate Director for Program

Public Health Institute Webinar
Investing in Community Prevention
November 4, 2010
In Addition to Coverage, Quality, and Cost...

The Affordable Care Act is a Unique Opportunity for Prevention
The National Prevention Council

- Established by the Affordable Care Act
- A unique opportunity to prioritize and align prevention activities
- Chaired by the Surgeon General
- Council members: 17 federal departments
- Advisory Group: 25 non-federal members
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<th>Council Members</th>
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<td>Bureau of Indian Affairs</td>
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<td>Corporation for National and Community Service</td>
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Key Deliverables

- The National Prevention and Health Promotion Strategy
- Ongoing leadership and coordination of federal prevention activities
- Annual status report
National Prevention and Health Promotion Strategy (National Prevention Strategy)

“after obtaining input from relevant stakeholders, (The Council Shall) develop a national prevention (and) health promotion …strategy”

—Affordable Care Act
Stakeholder Engagement

- National conferences
- Outreach Calls
- HHS Regional Meetings
- Council website input portal:
  
  http://www.healthcare.gov/nationalpreventioncouncil
National Prevention Strategy

- Identify goals and objectives for improving health
- Ground activities in evidence-based practices
- Set specific and measurable actions and timelines
- Align and focus federal prevention and health promotion activities
- Align with existing strategies and initiatives, including:
  - Healthy People 2020
  - National Quality Strategy
  - First Lady’s “Let’s Move!” campaign
  - Surgeon General’s Vision for a Healthy and Fit Nation 2010
  - National HIV/AIDS Strategy
Approach

- Work across sectors
- Catalyze public and private partnerships
  - Federal, state, local, territorial, and tribal
  - Private, nonprofit, faith, community, labor
- Focus on where people live, work, play
  - Community, worksite, institutions, etc.
- Prioritize scalable activities
Draft Vision

Working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on wellness and prevention.
Draft Goals

1. Create community environments that make the healthy choice the easy and affordable choice

2. Promote effective preventive practices
Draft Strategic Directions

- Active Lifestyles
- Eliminate Health Disparities
- Counter Alcohol/Substance Misuse
- Healthy Eating
- Healthy Physical and Social Environment
- High Impact Quality Clinical Preventive Services
- Injury-Free Living
- Mental and Emotional Wellbeing
- Strong Public Health Infrastructure
- Tobacco-Free Living
Input Questions

1. What are your general recommendations on the development of the National Prevention and health Promotion Strategy (National Prevention Strategy)?

2. What recommendations should be included in the National Prevention Strategy to advance the Draft Strategic Directions?

3. Do you have suggestions for how the National Prevention Council can work with state, local, tribal governments, non-profit, or private partners to promote prevention and wellness?
National Prevention Strategy:
We Welcome Your Continued Input.

To provide input, go to:

http://www.healthcare.gov/nationalpreventioncouncil
Thank You.

For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov   Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
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framework released on October 1st provides a valuable starting point for discussion by focusing on specific health improvement opportunities.

As organizations that advocated for the NPS to be included in the Patient Protection and Affordable Care Act (ACA), we see the NPS as a unique opportunity to commit the federal government to assuring that today’s generation of children have longer, healthier lives than their parents. Organization for Economic Cooperation and Development data ranks the U.S. last among comparable developed countries for life expectancy at birth and second to last for life expectancy at age 65. The National Prevention Strategy should set as a national goal that the U.S. rank first in the world for life expectancy at birth and at age 65. This is an aspirational vision that all Americans can embrace. It will be more readily achieved if we also reduce the glaring health inequities that exist in our country. The strategy, then, becomes a vehicle for demonstrating how all federal agencies – as they carry out their core missions – can contribute to this universal goal.

We hope the NPS will frame for federal agencies, policymakers, and the American people the evidence-based argument that multiple factors contribute to long, healthy lives. Everything the federal government does – from education to violence prevention to community development – contributes to longevity, along with quality health care and public health initiatives.

As you finalize the NPS, we urge that you set a limited number of broad, universally embraced health goals for the nation, committing all federal agencies to assess their core mission through a lens that assures they are working toward these goals, and moving the federal government to an integrative approach to reaching these national goals.

Again, we thank you for opening a national dialogue on the National Prevention and Health Promotion Strategy, and we look forward to working with you in the months ahead as you finalize the document, and to subsequently work together to achieve progress toward the goals.

Sincerely,

Prevention Institute,

Trust for America’s Health
Join the conversation on prevention

Sign up for Prevention Institute’s Health Reform Rapid Response Network: 

Follow groups like Prevention Institute on the Huffington Post: 
www.huffingtonpost.com/larry
National Prevention and Health Promotion Strategy Listening Session

American Public Health Association conference, Denver CO
Monday, November 8, 2010: 7:30 AM
Session 3000.2
National Prevention Strategy: We Welcome Your Continued Input.

To provide input, go to:

http://www.healthcare.gov/nationalpreventioncouncil
Learn more about health reform advocacy at:

http://dialogue4health.org/hcr/index.html


http://healthyamericans.org/health-reform/
Continue this conversation on the Dialogue4Health social network:

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