



Association Of State And Territorial Health Officials
2231 Crystal Drive, Suite 450 | Arlington, Virginia 22202
(202) 371-9090 | www.astho.org

January 13, 2011

Vice Admiral Regina M. Benjamin, MD, MBA
U.S. Surgeon General, Council Chair
Office of the Surgeon General
5600 Fishers Lane
Room 18-66
Rockville, MD 20857

RE: National Prevention and Health Promotion Strategy -- Draft Vision, Goals, Strategic Directions, and Recommendations

Dear Dr. Benjamin:

The Association of State and Territorial Health Officials (ASTHO) would like to thank you for the opportunities to comment on both the Draft Framework for the National Prevention Strategy and now the Draft Vision, Goals, Strategic Directions, and Recommendations you have provided. ASTHO applauds the efforts of the National Prevention, Health Promotion, and Public Health Council, as this work aligns with both our vision: healthy people thriving in a nation free of preventable illness and injury; and our mission: to transform public health within states and territories to help members dramatically improve health and wellness.

ASTHO is a membership organization representing the state and territorial health officials in the 50 states, District of Columbia, Puerto Rico, U.S. Virgin Islands, and the territories in the Pacific: American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, and Palau. State and territorial health officials are primarily responsible for ensuring the health of the residents in their states and territories. They focus on a broad spectrum of policies and programs that include preventing tobacco use, promoting healthy eating and active living, preventing injuries, and ensuring that health equity is an underlying aspect of public health work. Importantly, since they work closely with their colleagues in such agencies as state agriculture, education, housing and transportation, their work mirrors the Council's cross-agency approach. State and territorial health officials also partner with federal, tribal and local governments; businesses, faith communities, philanthropy, and other agencies to develop and implement appropriate policies and programs.

ASTHO would like to take this opportunity to provide comments on the Draft National Prevention and Health Promotion Strategy -- Draft Vision, Goals, Strategic Directions, and Recommendations:

Partnering with State Health Agencies

Given the structure of state health agencies, and the ability of state health officials to work across agencies, they are well-positioned to carry out the Strategic Directions of the National Prevention

Strategy on both the state and local level. In all states, the state health agency is the sole entity responsible for ensuring that all people receive essential public health prevention, protection, and wellness services. State health agencies look across all communities strategically to determine areas of greatest need and deploy programs, personnel, and dollars that best meet the health needs of all people in the state. State public health agencies ensure that public health resources and programs are deployed wisely and that evidence based and innovative solutions to health challenges are implemented in all of the communities that need them.

Promoting Health in All Policies and Agencies

ASTHO enthusiastically supports the creation of the Council and agrees that all sectors have an impact on the health of our nation. ASTHO recommends a “health in all policies” approach that encourages all sectors to consider how a policy or project will affect the public’s health. The Prevention Strategy is an ideal opportunity to highlight the different roles of the various agencies and show how they can support this effort.

ASTHO recommends that the Council highlight the agencies or sectors that have the authority to implement each of the recommendations listed under the strategic directions. Although many of the items, in theory, are the work of everyone, it will be important for all stakeholders to understand who has the capacity to drive the strategic direction. This will provide opportunities for collaboration and will also create a level of accountability. An example of how this can be portrayed is available through the National Governors Association’s document, *“Shaping a Healthier Nation: Successful State Strategies to Prevent Childhood Obesity”* on page 10, which outlines the role of state agencies in promoting health and preventing childhood obesity.

Measurable Outcomes and Alignment with Healthy People 2020

The goal of the Strategy is to achieve gains in life expectancy at birth and at age 65, within a generation. Although this is a commendable goal, this is not specific enough and is hard to measure. It is vital that the audience for the Strategy, including the public, private and nonprofit organizations, and individuals understand what this goal actually means and what achieving it will require. ASTHO encourages the Council to align its goals more closely with Healthy People 2020 in order to achieve a cohesive, evidence-based approach with a defined timeframe. We also suggest the goal reference health across the life span with a focus on life expectancy at birth and at age 65.

Promoting Evidence-Based Policies and the Community Guide to Preventive Services

ASTHO applauds the Council’s recommendation to identify and implement evidence based strategies and recommends further use of the CDC *Guide to Community Preventive Services* across all strategic areas. While many in the public health field are aware of the *Community Guide*, ASTHO recommends the Council work further with the CDC to clarify the role of the *Community Guide* in addressing all strategic directions to the public and to all involved agencies.

The following are specific comments regarding the wording of the draft vision, goals, strategic directions and recommendations. ASTHO recommends that the following changes be considered:

Draft Goals:

- Healthy Communities: Use the term “empower” to indicate that the Strategy will not only create new healthy communities, but empower all communities to be healthy. Reference should also be made to “resilience.”
- Preventive Clinical and Community Efforts: Elaborate on this goal by including the following additions in bold: Expand and connect prevention-focused healthcare **to** prevention efforts **that focus on risk factor reduction**.
- Include Health Equity as a Goal. This will then tie to the Strategic Direction to Eliminate Health Disparities.

Draft Strategic Directions and Recommendations:

SD1 - Healthy Physical, Social and Economic Environments

- Add “consumer products and services” in the introductory statement.
- Sixth bullet - Add “...and unsafe consumer products and services.”

SD2 - Eliminate Health Disparities

- First bullet - Include infant mortality as an issue that disproportionately affects sub-populations.
- Second bullet - Change the language to “integrate key public health data systems with electronic health records/or private systems.”
- Include access-to-care as an additional bullet.

SD3 - Prevention and Public Health Capacity

- First bullet - Replace the word “develops” with “*strengthens*.”
- Second bullet - Include additional information on what is meant by “cross-sector, community data” and include a bullet on improving the data collection systems to ensure that we collect adequate data on the sub-groups mentioned in SD2, and that we use data to improve public health practice at all levels.
- Fifth bullet - Add language about educating all sectors on evidence-based public health strategies in order to support their identification and implementation.
- Sixth bullet - Remove the word “clinical” to include all high quality preventive services.
- Add a bullet to support a strong infrastructure within state and local public health agencies.
- Seventh Bullet - Emphasize “rapid” detection and expand to include other public health threats, not just infectious diseases (e.g., exposure to environmental contaminants).

SD4 - Quality Clinical Preventive Services

- Expand on the fourth bullet to include mental health and substance abuse services.

SD5 - Tobacco-Free Living

- Include a bullet - “Provide appropriate support to pregnant women who smoke and to pregnant women who may be exposed to secondhand smoke.”

SD7 - Healthy Eating

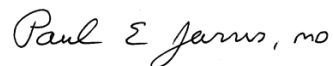
- Third bullet - Improve nutrition quality of food supply, adding “*with an emphasis on increasing access to fresh fruits and vegetables rather than processed and empty calorie foods (unhealthy foods).*”

SD8 - Active Living

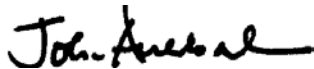
- Include a bullet - "Use health impact assessments to evaluate the effect that land-use policies and projects will have on physical activity."

We greatly appreciate the opportunities we have had to provide input on the Draft Strategy and we look forward to working with HHS and the Council in the implementation phase of this effort. Our staff and members are ready to continue working with our partners in public health and across all sectors to improve the quality of life for individuals, families and communities.

Sincerely,

A handwritten signature in cursive script that reads "Paul E Jarris, MD, MBA".

Paul E. Jarris, MD, MBA
ASTHO Executive Director

A handwritten signature in cursive script that reads "John M. Auerbach, MBA".

John M. Auerbach, MBA
ASTHO President