



VADM Regina M. Benjamin
U.S. Surgeon General
Office of the Surgeon General
5600 Fishers Lane
Room 18-66
Rockville, MD 20857

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Submitted via facsimile

Dear Dr. Benjamin:

We appreciate the opportunity to review and share comments on the framework for the National Prevention and Health Promotion Strategy (National Prevention Strategy) recently released by the National Prevention and Health Promotion Council. As the framework states, the development and implementation of a strong National Prevention Strategy will help to move “the nation from a focus on sickness and disease to one based on wellness and prevention.”

The Partnership to Fight Chronic Disease is a national coalition of more than 100 partner organizations committed to supporting reforms to better prevent, detect, and manage the nation’s number one cause of death, disability and rising health costs: chronic disease. Assuring that all Americans are empowered to make the changes needed to prevent the onset and progression of chronic disease requires a national commitment. The National Prevention Strategy can serve as a significant statement of that commitment as well as providing information on the progress and obstacles to achieving better health in America and shaping future policy choices as a result.

We are pleased to provide these comments to assist the development of a robust National Prevention Strategy that promotes health improvements and lowers the burden of chronic disease in America:

The National Prevention Strategy must promote wellness across the continuum of health status through primary, secondary, and tertiary prevention efforts.

Preventing and managing chronic diseases effectively depends upon people engaging in healthy behaviors and having access to preventive health care services, diagnostic services that detect health risks and disease onset early, and coordinated care to manage health risks once detected and prevent disease progression. Accordingly, the National Prevention Strategy should be centered on promoting and measuring population health improvements – specifically in terms of addressing health risks; lowering overall chronic disease prevalence; reducing the rates of undiagnosed, untreated, and mismanaged chronic conditions; and lessening the consequences of unmanaged chronic illnesses.



Though the draft vision and goals in the framework seem broad enough to capture this focus, the Draft Strategic Directions do not sufficiently cover preventing the onset and progression of disease for those at high risk or already diagnosed. Preventing the onset and progression of costly diseases like arthritis, diabetes, or heart disease will help improve the quality of life for those at risk as well as lowering overall health care costs and economic costs including lost productivity. Accordingly, we suggest adding “Managing health risk factors” and “Avoiding disease onset and progression” to the list of Draft Strategic Directions.

These additions would also work well with later comments in the framework which describe the potential use of subcategories within the Strategic Directions to capture the many health conditions that contribute to significant death and disease. Also, they facilitate the development of benchmarks centered on promoting and measuring population health improvements that span the continuum of preventing illness development and progression, avoidable disability and quality of life declines, and premature death. Metrics should include tracking improvements in healthy behaviors such as engaging in physical activity, ending tobacco use or substance misuse, or getting enough sleep to improvements in mammography, colonoscopy, or vaccination rates as recommended to improving adherence in managing health risks and avoiding disease progression such as lowering blood pressure, controlling blood sugar or lipid levels, or reducing obesity. Building metrics to capture cost information as a result of improvements in health status, including both reductions in actual vs. projected costs, productivity gains, returns on investments made, and other savings, are also a critically important component of the National Prevention Strategy. Such data would provide the benchmarks needed to support health-improvement investments under the Affordable Care Act and otherwise.

Not every American has an equal likelihood of living a long and healthy life. Health status varies by geographic location, gender, race/ethnicity, education and income, mental health, and disability, among other factors. Disparities are common, with respect to engaging in healthy behaviors and seeking recommended preventive care, resulting in poorer health outcomes as a result. Accordingly, we commend the framework’s inclusion of Strategic Direction to “Address Specific Populations’ Needs to Eliminate Health Disparities,” as the National Prevention Strategy should aim to promote wellness and improve health for all.

Address greater prevention and wellness as a national commitment.

We also applaud the inclusion of “promoting alignment between the public and private sectors” in the section on Guiding Principles, as improving health in America requires a national commitment from all stakeholders involved. Making a culture shift in America toward prevention and wellness will require tremendous collaboration and partnership with both national and community leaders including those representing public health, businesses, schools, community and religious organizations, consumers and patients, health care providers, health plans, and public and private parks, sports, and recreation



facilities. Much is already occurring within these groups -- both independently and in partnership with each other -- that the National Prevention Strategy should recognize and build upon.

To that end, we were concerned that one guiding principle stops short of promoting such broad-based collaboration as it is worded: "Establish a cohesive federal response." Having a cohesive *federal* response is critically important, but given that you are developing a "national" Prevention Strategy instead of just a "federal" one, we suggest that you consider a broader, more collaborative approach when developing the National Prevention Strategy.

As Secretary Sebelius has stated, "Chronic diseases, most of which are preventable, are one of the main reasons health care costs have soared over the past several decades." The National Prevention Strategy holds great potential for aligning efforts to achieving better health in America by promoting prevention and wellness to reduce the toll of chronic disease. We appreciate the opportunity to comment on the framework and look forward to participating in the development and implementation of the National Prevention Strategy.

Sincerely the undersigned PFCD partners:

American Association of Cardiovascular and Pulmonary Rehabilitation

American College of Physicians

American College of Preventive Medicine

American Dietetic Association

American Sleep Apnea Association

American Osteopathic Association

Asthma and Allergy Foundation of America

Building Healthier America

Care Continuum Alliance

Dialysis Patient Citizens

Easter Seals

GlaxoSmithKline

IHRSA: International Health, Racquet and Sportsclub Association

Medical Fitness Association

Mental Health America

National Council for Promoting Physical Activity

National Latina Health Network

National Retail Federation

Pharos Innovation

U.S. Preventive Medicine

XLHealth