



SOCIETY FOR PUBLIC HEALTH EDUCATION

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18 January 2011

Vice Admiral Regina M. Benjamin, M.D., M.B.A.
Surgeon General
Department of Health and Human Services
Washington, DC

RE: Comments on the National Prevention and Health Promotion Strategy

Dear Dr. Benjamin:

The Society for Public Health Education, Inc. (SOPHE), the nation's leading professional health education and health promotion organization with more than 4,000 health promotion professionals, is pleased to provide input into the proposed National Prevention and Health Promotion Strategy and Council to the US Department of Health and Human Services. We strongly support this important national prevention initiative and look forward to working with both government and private partner organizations in improving the health of our nation through prevention and health promotion policies, programs and services. To be effective, the Prevention strategy must be sure to include multidisciplinary professionals, beyond medical providers, who have expertise in policy, systems and environmental change. To this effort, we are pleased to offer our input.

Following are our comments on specific aspects of the strategy:

1. **Vision:** SOPHE concurs with the draft vision. We recommend that you add the term, "evidenced-based health education and promotion" to the vision after the word, "wellness."
2. **Goals:** SOPHE concurs with the two draft goals. We recommend adding the term, "health education, promotion" after the word, "effective" to goal 2 so that it reads, "Implement effective health education, promotion, and preventive practices".
3. **Strategic Directions:** SOPHE concurs with the ten proposed strategic directions.
4. **Recommendations to advance the Strategic directions:** SOPHE recommends increased emphasis in the following areas:
 - Health education of the public across the lifespan including school and university health education, adolescent health education to reduce known risk factors to optimal health, maternal and child health, worksite health education and promotion
 - Health literacy to understand and utilize the increasing complex health information within the healthcare environment, health informatics, and e-health information available to the public
 - Workplace health education and health promotion policies and programs
 - Capacity building and professional development in health education and health promotion
 - Leadership and support for the "Educated Citizen in Public Health" initiative through expanded public health education at the K-12, undergraduate, and graduate university levels

- Health education primary and secondary prevention environmental, social, community and individual strategies for healthy aging of those 50 + years of age
- Use of evidence-based health communication and social marketing technologies to enhance health education, health promotion, and prevention
- Integration of physical health with emotional health/mental wellbeing health promotion initiatives
- Emphasis on social determinants linked to health, particularly early childhood education and high school graduation.

5. **Suggestions for the National Prevention Council:** SOPHE recommends expanding the representation of the Advisory Group to the Council to include national professional and community health education and health promotion organizations. For successful implementation, it is vital to involve stakeholders. The Council also might consider establishing regional councils as a strategy to support implementation of the initiatives at the state/local level and to provide a mechanism to provide more grassroots input into the National council.

6. **Prior Federal Prevention and Health Promotion Efforts to Serve as a Model:** SOPHE points to the following health education/promotion interventions as potential models for this initiative:

- CDC REACH US initiatives funding private community-based prevention initiatives working with state and local health departments and local universities who provide evaluation and research support
- CDC Healthy Communities Program and the Communities Putting Prevention to Work initiatives that involve national organizational partners in helping local communities catalyze policy, systems and environmental change around physical activity, healthy eating, and tobacco prevention and control.
- CDC Prevention Research Centers program that link universities with local community stakeholders for addressing prevention
- CDC VERB Social Marketing campaign to enhance physical activity of 9-14 year olds
- HHS MyPyramid Healthy Nutrition initiative
- USDA Extension Service for effective dissemination and outreach models
- Worksite “Enhanced Access” health promotion initiatives to increase physical activity
- CDC’s Coordinated School Health model that addresses 8 components and involves multiple stakeholders
- CDC Motor Vehicle Injury Prevention policies and programs
- CDC Behavioral Interventions to Increase Protective Behaviors Against HIV and STI’s
- Early Childhood Development Health Promotion programs
- CDC’s Comprehensive Tobacco Control Program Model

7. **Additional Comments or Suggestions:** SOPHE offers the following additional recommendations:

- The National Prevention Strategy should link with the Healthy People 2020 Objectives for the Nation to maximize coordination and effectiveness
- Sustained communication with diverse stakeholders

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- Provide incentives for multiple government agencies to collaborate in prevention initiatives (e.g. braided funding opportunities).

Thank you very much for the opportunity to comment on the National Prevention Plan and considering these comments and recommendations. SOPHE stands ready to assist you and the Council in implementing the national plan and in improving the health of this nation through health education and health promotion.

Sincerely,



Daniel Perales, DrPH, MPH
President



M. Elaine Auld, MPH, CHES
Chief Executive Officer