

NATIONAL
ADVISORY COUNCIL

National Prevention and Health Promotion Strategy

Network Comments on the National Prevention Strategy (National Prevention Strategy)

December 22, 2010

American Cancer Society

American Lung Association

American Legacy Foundation

Americans for Nonsmokers Rights

Callen-Lorde Community Health Center

Campaign for Tobacco Free Kids

Chase-Brexton Health Services

CLASH

Fenway Community Health

Gay and Lesbian Medical Association

Howard Brown Health Center

LA Gay and Lesbian Center

Legacy Community Health Services

LGBT Community Center of New York

Mautner Project

National Association of LGBT

Community Centers

National Coalition for LGBT Health

National Youth Advocacy Coalition

North American Quitline Consortium

Robert Wood Johnson Foundation

Tobacco Control Network

Tobacco Technical Assistance Consortium

Whitman Walker Clinic

An important component of the Affordable Care Act, the [National Prevention, Health Promotion, and Public Health Council \(National Prevention Council\)](#) brings together seventeen federal departments and agencies to plan and coordinate prevention efforts across the government and the nation through the development of the National Prevention and Health Promotion Strategy (National Prevention Strategy). To provide guidance to the National Prevention Council, the President will establish an Advisory Group on prevention, health promotion, and integrative and public health composed of no more than 25 nonfederal members. It is anticipated that the Advisory Group will be announced early in 2011.

The National Prevention Strategy provides an unprecedented opportunity to shift the nation from a focus on sickness and disease to one based on wellness and prevention. It brings together the many sectors that affect the health of Americans, including transportation, education, housing, and health. Bringing a focus on the prevention of disease and promotion of wellness to the forefront of our efforts will help lead to longer, healthier, and more productive lives for all Americans. The job of implementing the National Prevention Strategy must include the participation, coordination, leadership, and commitment of all parts of society, including public and private partners, in order to successfully improve the health of Americans.

A Draft Framework to guide the development of the National Prevention Strategy was made available for public comment from October 1 – December 5, 2010. Guided by this public input, the National Prevention Council has now developed a preliminary set of draft recommendations - overarching priorities with a focus on communities - that will greatly improve health and wellness in the United States. The final National Prevention Strategy will also include specific actions that the federal government and others in the public, private, and non-profit sectors can take to achieve these priority Recommendations. The Recommendations and Action Items in the final National Prevention Strategy will be based on evidence based interventions. It will also reflect the importance of tracking progress to ensure accountability. As National Prevention Council members and Designees receive public input, they will continue to refine the content and plan to release the final National Prevention Strategy in 2011.

The National Prevention Council invites you to provide input and welcomes your comments on the draft [National Prevention Strategy](#). To provide feedback, please click on the questions below and write your comments in the boxes provided. This comment period will be open until January 13, 2011.

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1. What are your suggestions on the Draft Vision, Goals, Strategic Directions, or Recommendations?

Please include gender identity consistently. It is mentioned in SD10 "LGBT youth" but not listed as a disparity population in SD2.

2. What evidence-based actions should the federal government take to address the Draft Recommendations?

Prioritize research on effective change strategies for disparity populations. We know from evidence that research provides direction for effective policy changes and programs. But for disparity populations, the lack of research creates a lack of evidence that cascades into lack of change. As most local tobacco cessation programs have been defunded in favor of state quitlines, are we confident disparity populations with a history of mainstream discrimination or with language barriers are using these quitlines proportionately? We have little evidence about that. Populations experiencing health disparities have emerged because different communities experience different factors related to what health information they trust, where they live, how they cope with discrimination -- companies selling unhealthy products know this and use specialized channels to engage these consumers. Our public health system needs to use the same smart strategies to motivate disparity populations towards healthier behaviors. One-size-fits-all will not work for public health. In order to change that model, we need to prioritize more disparity research to build our evidence base of effective health strategies. In our network we have many promising practices that warrant evaluation. The other disparity networks can undoubtedly provide similar leads on smart strategies.

3. What evidence-based actions should partners (national, state, Tribal, local, and Territorial governments, non-profit, and private) take to address the Draft Recommendations?

Go to the local disparity communities to learn what works related to healthy behavior change. In many cases you will have to fund groups to test strategies. In most LGBT communities, the first step is to have community leaders raise awareness about the existence of the health disparities. Another promising strategy is to link health disparity work with civil rights work, since both are based in discrimination. Civil rights groups are some of the most active in LGBT communities. We have extensive experience working with state departments of health and linking them with local LGBT advocates, we would be pleased to continue helping however possible.

4. What measures should be used to monitor progress on implementation of the National Prevention Strategy's Vision, Goals, and Recommendations?

LGBT data should be routinely collected in the demographic measures of all federal and state health surveys. There is evidence of the feasibility of these questions, they do not incur inordinate refusal or breakoff as commonly feared. Our organization has done lots of work on assembling the scientific evidence for which questions show most promise to add, and what lessons have been learned from prior implementation. So let no more excuses impede the forward progress of these important measures. Our population is enduring profound health discrimination. It's time the government added basic measures to quantify and ultimately counter this reality.

Additional Comments or Suggestions:

We very much look forward to the prioritization of health prevention across the country. If exercising, good nutrition, and avoiding commercial tobacco products can save 85% of our health care costs - then this full structural shift towards prevention cannot come a moment too soon. We look forward to continuing our partnership in helping the federal government and state governments identify and implement the best possible strategies to engage the LGBT population in this fundamental shift towards healthier lives.

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