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November 5, 2018

Martin J. Vincent
Office of the Associate Director for Policy
and Strategy
Centers for Disease Control and Prevention
U.S. Department of Health & Human Services
1600 Clifton Road NE, Mail Stop D-28
Atlanta, GA 30329

RE: CDC-2018-0082 Surgeon General's Call to Action: "Community Health and Prosperity"

Dear Mr. Vincent:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am pleased to offer comments to the Centers for Disease Control and Prevention (CDC) in strong support of the upcoming Surgeon General's Call to Action on "Community Health and Prosperity." Our mission is to promote the art and science of medicine and the betterment of public health, and we therefore applaud the CDC and the Surgeon General for issuing a call to action to the private sector and local policymakers to invest in communities to improve population health. Such investments can address social determinants of health and strengthen clinic to community linkages, all in support of individuals' health and well-being.

The AMA recommends that the conceptual framework for private sector investing in community health include a clear definition of expected health and financial outcomes for specific populations in a community, as well as the means to track progress toward outcomes. It also will be helpful for the framework to outline the evidence-based interventions, existing assets and ecosystem support required to achieve the expected outcomes. Private sector investors are more likely to contribute when they can see a clear pathway from investments to outcomes.

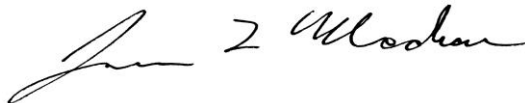
The AMA's experience working closely with the CDC to prevent type 2 diabetes may provide one type of model for consideration as a case study. Although an estimated 84 million adults have prediabetes and there is an evidence-based solution available—the CDC's National Diabetes Prevention Program, or National DPP—there was little awareness of the program across the country. The CDC and AMA needed to set goals and take a multi-factorial approach to expand awareness and access to this effective intervention. Together with many other collaborators, we started by defining the return on investment of the National DPP and clarifying the evidence for the intervention. We jointly issued a call to action (PreventDiabetesSTAT™) outlining potential roles for many in the private sector, including: communications experts (to increase awareness); physicians (to increase screening and referrals); health plans (to provide coverage in health benefits); community organizations and technology companies (to develop National DPP programs that meet the needs of different populations); and researchers (for program evaluation). We are seeing some well-placed private sector investments in these areas and look forward to sharing more with you as your new initiative progresses.

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A second example of how we are framing health and financial outcomes, and pathways and roles to achieve them within communities is our initiative with the American Heart Association, called Target: BP™. Building again on foundational work of the CDC—in this case the *Million Hearts*® initiative—we are following a similar framework as in our prediabetes work. We have clear outcomes defined and an evidence-based program, and have outlined areas for local grant funding and private investing.

The AMA strongly supports the planned Surgeon General's Call to Action to encourage private sector investing in community health and prosperity. We will provide additional information to you as may be helpful. If you have any questions, please feel free to contact Margaret Garikes, Vice President of Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD