

The National Prevention Strategy

An Unprecedented Opportunity to Improve the Nation's Health through Prevention

The National Prevention and Health Promotion Strategy (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. Currently, chronic diseases and conditions account for at least 7 of every 10 deaths in the United States and for more than 75% percent of medical care expenditures. Many of these conditions are preventable. 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.

A National Cross-Sector Prevention Approach

The National Prevention Strategy will present a vision, goals, recommendations, and action items that public, private, nonprofit organizations, and individuals can meet to reduce preventable death, disease, and disability in the United States. Working closely with partners across the country in both the public and private sectors, the National Prevention, Health Promotion, and Public Health Council (National Prevention Council) will develop the National Prevention Strategy. The seventeen federal departments and agencies that comprise the National Prevention Council bring diverse missions and assets from various sectors. 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 not more than 25 nonfederal members.

Areas such as transportation, education, housing, environment, and human services affect the health of all Americans. The reach and impact of the National Prevention Strategy will rely on a cross-sector collaborative approach. The job of implementing the National Prevention Strategy must include the participation, coordination, leadership, and commitment of all parts of society. This includes State, Tribal and local governments, businesses, faith communities, philanthropy, the scientific and medical communities, and educational institutions in order to successfully improve the health of Americans.

Building on Existing Initiatives that Improve American's Health

While the National Prevention Strategy is an important component of the Affordable Care Act's focus on prevention, it will build on and complement the progress made by the Administration's current strategies that improve health. For instance, the National Prevention Strategy will be aligned with the national health objectives set forth in Healthy People 2020, the First Lady's *Let's Move!* Campaign to combat the epidemic of childhood obesity, the National HIV/AIDS Strategy, the Department of Transportation's Sustainable Communities, the Office of the National Drug Control Policy's 2010 National Drug Control Strategy, and many others.

The National Prevention Strategy (cont'd)

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Focusing on Communities and Where People Live, Work, Learn, and Play

Building and supporting community environments that make healthy choices easy and affordable is critical to helping people achieve and maintain good health. The National Prevention Strategy will focus on actions that improve the health of communities—where people live, work, learn, and play. Complementing this focus, the National Prevention Strategy will also recognize that people need to be empowered with tools and information needed to make those choices and acknowledge the importance of both clinical and community prevention resources.

The National Prevention Strategy will include actions that address prevention and promote healthy development and healthy behaviors throughout all stages of life. It will embrace an integrated model of prevention that spans clinical and community settings. The health of Americans is often influenced by the neighborhood in which they live, the schools they attend, the availability of healthy foods, and the opportunities they have for employment, housing, and education. As a result, the health of Americans can be improved by the policies and programs of many different federal Departments, as well as the initiatives led by the private sector and programs put forth by states, local governments, and communities.

A Focus on Prevention Strategies that Work and Measuring Progress

The National Prevention Strategy will base its recommendations and action items on evidence-based prevention policy and program initiatives. It will prioritize strategies proven to work, that make the most efficient use of existing resources, that can be sustained over time, and that have the greatest impact on the largest number of people. The most effective and sustainable prevention efforts often involve policy, systems, and environmental changes that increase individuals' ability to make the healthy choices that maintain life-long good health.

The current evidence for prevention is strong, and when effective strategies are implemented they drive significant improvement in the public's health. However, there are areas where additional and more effective strategies are needed. Thus, ongoing and future research will be critical to addressing unmet prevention and wellness needs, and new evidence-based strategies will be incorporated as they emerge. We are seeking public comment on additional data to assess existing draft recommendations, their potential impact, and their scientific basis. The National Prevention Strategy will be developed based on the best available research and evidence and will include specific, measurable action items that can be tracked over time to measure progress.

The National Prevention Strategy will reflect the importance of tracking progress to ensure accountability. The Strategy will establish a target for its primary goal—currently drafted as “to achieve significant gains in Americans' life expectancy at birth and at age 65”. It also will identify priority indicators and benchmarks to track progress of implementation.

National Prevention and Health Promotion Strategy

Draft Vision, Goals, Strategic Directions, and Recommendations

DRAFT VISION

Working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on wellness and prevention.

DRAFT GOALS

Americans Living Healthier and Longer: Achieve significant gains in life expectancy at birth and at age 65 within a generation.

- ***Healthy Communities:*** Create, sustain and recognize communities that support prevention and wellness where people live, learn, work, and play.
- ***Preventive Clinical and Community Efforts:*** Expand and connect prevention-focused healthcare and community prevention efforts.
- ***Empowered Individuals:*** Empower and educate individuals to make healthy choices.

DRAFT STRATEGIC DIRECTIONS (SD) & RECOMMENDATIONS(R)

Draft recommendations are provided for four cross-cutting and six targeted strategic directions.

Cross-Cutting Strategic Directions: Four cross-cutting strategic directions (SD1-SD4) form the foundation for the National Prevention Strategy. These strategic directions are important in their own right and are applicable to each of the six targeted strategic directions that follow.

(SD1) Healthy Physical, Social and Economic Environments: Create healthy physical, social and economic environments that encompass safe and healthy neighborhoods, worksites, schools, homes and public and green space. These environments should address physical (air, water, land, buildings and other structures) and economic (availability, affordability, fair market, opportunity) factors and social norms that promote health.

- (R) Plan and develop community structures and environments that promote safety, community connectedness and health.
- (R) Foster cross-sector collaboration and community involvement in municipal planning, including zoning, design standards, transportation investments and building rehabilitation standards.
- (R) Reduce physical, chemical, biological and radiological contamination of water, land and air (indoor and outdoor).
- (R) Design and promote safe and healthy homes (e.g., free from mold, pests, allergens, lead, and injury hazards).
- (R) Use media and social support (e.g., social networks, shared space) to empower individuals to make healthy choices.
- (R) Promote a marketplace free from false and misleading health claims.

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Draft Vision, Goals, Strategic Directions, and Recommendations (cont'd)

(SD2) Eliminate Health Disparities: Eliminate health disparities experienced by populations (e.g., based on race/ethnicity, gender, disability status, sexual orientation, socio-economic status, geography) in order to achieve health equity. These disparities are exacerbated by poverty and inequities in employment, education, housing and others.

- (R) Expand opportunities for health within communities and populations at greatest risk. Address key issues that disproportionately affect sub-populations such as diabetes, HIV/AIDS, Viral Hepatitis B and C, homicide, suicide and domestic violence.
- (R) Integrate key data systems and streamline eligibility requirements in order to facilitate access to prevention and social services.
- (R) Ensure that prevention strategies are culturally, linguistically and age appropriate.

(SD3) Prevention and Public Health Capacity: Build prevention capacity that supports state, Tribal, local, and Territorial efforts to promote health, prevent disability and disease and ensure preparedness for natural and man-made threats and emergencies.

- (R) Develop community member, coalition and organizational capacity to plan and implement prevention strategies.
- (R) Enhance use of cross-sector, community data to plan, implement and evaluate strategies.
- (R) Recruit, retain, empower and train federal, state, Tribal and local workers in order to ensure a diverse, culturally and linguistically appropriate prevention workforce.
- (R) Cross-train professionals in multiple sectors in the delivery of prevention and health promotion strategies.
- (R) Identify and implement strategies that are proven to work and conduct research on promising strategies where the evidence is insufficient, where more effective strategies are needed or where cost-effectiveness studies are lacking.
- (R) Expand interoperable health information technology to support the provision of high quality clinical preventive services, increase capacity for surveillance and respond to outbreaks.
- (R) Strengthen capacity to detect, control and prevent infectious diseases and to effectively respond to outbreaks.

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Draft Vision, Goals, Strategic Directions, and Recommendations (cont'd)

(SD4) Quality Clinical Preventive Services: Increase use of the most effective and highest impact/priority evidence-based clinical preventive services and medications, such as the preventive use of aspirin; screening and treatment for high blood pressure and cholesterol; cancer screening; screening and treatment for HIV, chronic viral hepatitis, and STDs; and immunizations, among others.

- (R) Work to reduce community cultural and market barriers to accessing affordable clinical preventive services and preventive medications (e.g., lack of transportation and childcare, inability to take time off of work, fear of lack of confidentiality, efforts that delay market entry of generic drugs).
- (R) Improve people's ability to choose appropriate, high quality preventive care by promoting the public availability of information about the quality of clinical preventive services and provider activity.
- (R) Provide supports for healthcare and community providers and systems to focus on high impact, quality preventive services.
- (R) Link community-based prevention services with clinical care.

Targeted Strategic Directions: These six targeted strategic directions (SD5-SD10) address the leading causes of death and their risk factors.

(SD5) Tobacco-Free Living: Implement policies, systems and environmental changes, in addition to targeted strategies, to empower individuals to avoid commercial tobacco and live free from exposure to secondhand smoke across the lifespan.

- (R) Expand tobacco-free environments including locations serving high-risk populations. (e.g., substance abuse and mental health facilities, correctional institutions, schools, colleges).
- (R) Monitor enforcement of the manufacture, distribution, advertising and promotion of tobacco products consistent with the 2009 Family Smoking Prevention and Tobacco Control Act.
- (R) Improve awareness and utilization of effective and affordable tobacco cessation services.
- (R) Use media to empower individuals to live tobacco-free.

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Draft Vision, Goals, Strategic Directions, and Recommendations (cont'd)

(SD6) *Reduce Alcohol and Drug Abuse:* Implement policies, systems and environmental changes, in addition to targeted strategies, to reduce alcohol misuse and the use of illicit drugs and their consequences across the lifespan.

- (R) Support population-based strategies including enforcement of laws and policies related to the sale of alcohol to minors and intoxicated persons, outlet density, social host ordinances, selling of drug paraphernalia and drunk and drugged driving.
- (R) Promote social norms that reduce acceptability of binge/underage drinking and illicit drug use and support recovery.
- (R) Reduce youth exposure to alcohol marketing in all media through self-regulation and government monitoring.
- (R) Identify and address excessive alcohol use and substance use disorders early within community and clinical settings, including through the use of tools such as Screening, Brief Intervention, and Referral to Treatment (SBIRT).
- (R) Reduce inappropriate access to and use of prescription drugs and educate consumers and prescribers on appropriate disposal and management of prescription drugs.

(SD7) *Healthy Eating:* Implement policies, systems and environmental changes, in addition to targeted strategies to improve healthy food and beverage choices across the lifespan.

- (R) Increase access to safe, healthy and affordable foods and beverages including eliminating food deserts (areas where access to affordable, quality and nutritious foods is limited).
- (R) Set nutritional guidelines for food served in youth-oriented environments, older adult living facilities and environments, worksites and through food distribution programs.
- (R) Improve nutrition quality of the food supply.
- (R) Provide tools and information (e.g., menu labeling) and use media strategies, including limiting the marketing of unhealthy foods to children, that help people recognize and make healthy food and beverage choices and balance calories with physical activity.
- (R) Promote food safety, including the effective use of food borne outbreak investigation procedures and data gathering.
- (R) Support breastfeeding within birthing facilities, workplaces and communities.
- (R) Assess dietary patterns and provide education, counseling, and referrals in clinical and community settings, including worksites.

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(SD8) Active Living: Implement policies, systems and environmental changes, and targeted strategies to increase physical activity across the lifespan.

- (R) Encourage the design and development of neighborhoods that combine homes, workplaces, shopping, schools, transportation and other services so that residents have the opportunity to conduct everyday activities by walking, biking and other active transportation modes. Recognize model environments.
- (R) Facilitate access to safe, well-lit, attractive and affordable places for physical activity, including shared spaces, such as parks and playgrounds, community centers, schools, fitness centers and outdoor recreation venues.
- (R) Implement workplace policies and environmental changes that support all individuals, including individuals living with disabilities, to be physically active (e.g., shower facilities, bicycle racks and walking paths, attractive and easily accessible stairwells). Recognize model environments.
- (R) Adopt fun, enjoyable, high quality physical activity programs in youth-serving environments (schools, childcare and after-school programs) and older adult environments (e.g., older adult activity centers) that ensure adequate activity levels for all youth and seniors.
- (R) Assess physical activity levels and provide education, counseling, and referrals in clinical and community settings, including worksites.

(SD9) Injury-Free Living: Implement policies, systems and environmental changes, in addition to targeted strategies, to prevent injury within worksites, homes, neighborhoods, schools and other settings.

- (R) Promote and strengthen transportation safety policies and programs such as primary seatbelt laws, Graduated Driver Licensing systems for youth, child safety and booster seat laws, impaired driving counter measures, policies to reduce distracted driving, motorcycle helmet laws and the enforcement of speeding and other safety regulations.
- (R) Promote pedestrian safety and injury prevention through community and streetscape design.
- (R) Prevent falls, especially among older adults and in worksites, through policies and practices that support home, healthcare facility and worksite modifications, vision screening, medication review, strength training and the use of personal devices that protect individuals.
- (R) Prevent violence and abuse, including bullying, homicide and suicide through enhanced coordination between community-based organizations, law enforcement, community planners, public health and other social services.
- (R) Strengthen risk awareness and risk management education to reduce unnecessary risk taking.

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(SD10) *Mental and Emotional Wellbeing*: Implement policies, systems and environmental changes, in addition to targeted strategies, to enhance positive mental health and wellbeing that allows individuals to realize their full potential.

- (R) Promote positive early childhood development, including positive parenting and safe and violence free homes that support healthy futures for children and youth.
- (R) Promote resiliency, positive family and other social support systems, and community engagement throughout the lifespan and for at-risk populations (e.g., healthy development of LGBT youth, independent living for older adults).
- (R) Promote early identification of mental health needs and access to quality services.
- (R) Broaden awareness of suicide and self harm, its risk factors and resources for prevention.