

# Strategic Directions and Priorities

*We know a great deal about how to improve the health of the nation; decades of research and practice have built the evidence base and identified effective prevention approaches. Improving socioeconomic factors (e.g., poverty, education) and providing healthful environments (e.g., ensuring clean water, air and safe food, designing communities to promote increased physical activity) reinforce prevention across broad segments of society. Broad-based changes that benefit everyone in a community should be supplemented by clinical services that meet individual health needs (e.g., immunization, colonoscopy, tobacco cessation counseling, blood pressure and cholesterol monitoring and control). Through health promotion, education, and counseling, we can provide people with the knowledge, tools, and options they need to make healthy choices.*

## Strategic Directions

The National Prevention Strategy identifies four Strategic Directions. These Strategic Directions are the foundation for all prevention efforts and form the basis for a prevention-oriented society. Each Strategic Direction can stand alone and can guide actions that will demonstrably improve health. Together, the Strategic Directions create the web needed to fully support Americans in leading longer and healthier lives.

**Healthy and Safe Community Environments:** *Create, sustain, and recognize communities that promote health and wellness through prevention.* Many elements of our communities affect health directly and also influence individuals' health-related choices. A healthy community environment can help make healthy choices easy and affordable. Many factors influence individual choices, including the availability of resources to meet daily needs (e.g., educational and job opportunities, safe and affordable housing, healthy and affordable foods); community structures (e.g., accessible and safe buildings, parks, transportation); and the natural environment (e.g., absence of toxic substances and other physical hazards). Federal, state, tribal, local, and territorial policies that improve these factors within communities are often interrelated.

**Clinical and Community Preventive Services:** *Ensure that prevention-focused health care and community prevention efforts are available, integrated, and mutually reinforcing.* The provision of evidence-based clinical and community preventive services and the integration of these activities are central to improving and enhancing physical and mental health. Certain clinical preventive services have proven to be both effective and cost-saving through decades of practice and research; The Affordable Care Act reduces barriers to people receiving many clinical preventive services. Clinical preventive services can be supported and reinforced by community prevention efforts that have the potential to reach large numbers of people.

**Empowered People:** *Support people in making healthier choices.* Although policies and programs can make healthy options available, people still need to make healthy choices. When people have access to actionable and easy-to-understand information

and resources, they are empowered to make healthier choices. Efforts to educate and motivate people to make healthy choices should occur across the lifespan, with a particular emphasis on ensuring that young people are provided with the knowledge, skills, and opportunities they need to allow them to become healthy adults. In addition, we should provide knowledge and opportunities that support the unique needs of our growing older adult population.

**Elimination of Health Disparities:** *Eliminate disparities, improving the quality of life for all Americans.* All Americans should have the opportunity to live long, healthy, independent, and productive lives, regardless of their race or ethnicity; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics. In the United States, health disparities are often closely linked with social, economic, or environmental disadvantage. Clear evidence exists that with appropriate focus and investment, health disparities can be eliminated while simultaneously improving the health of all Americans.

## Priorities

Americans aspire to live long, healthy, and productive lives; however, obesity, tobacco use, misuse of alcohol and other substances, and community stressors (e.g., job and home losses, discrimination, family separations, and violence) are serious threats to health. In addition, too many Americans do not receive the preventive services that help maintain health, prevent or delay the onset of disease, and reduce health care costs. Each year, injuries and chronic diseases such as heart disease, cancer, and diabetes are responsible for millions of premature deaths among Americans. In 2005, 133 million Americans – almost one in two adults – had at least one chronic illness. Furthermore, injuries are the leading cause of death among infants, youth, and young adults.<sup>6</sup> Most of these early

Together, chronic illnesses (e.g., cancer, obesity, depression) cause Americans to miss 2.5 billion days of work each year, resulting in lost productivity totaling more than \$1 trillion.<sup>7</sup>

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deaths can be avoided, adding extra years of productivity and enjoyment for millions of people.

The Strategy's seven Priorities are designed to improve health and wellness for the entire U.S. population, including those groups disproportionately affected by disease and injury.

- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Injury and Violence Free Living
- Reproductive and Sexual Health
- Mental and Emotional Well-Being

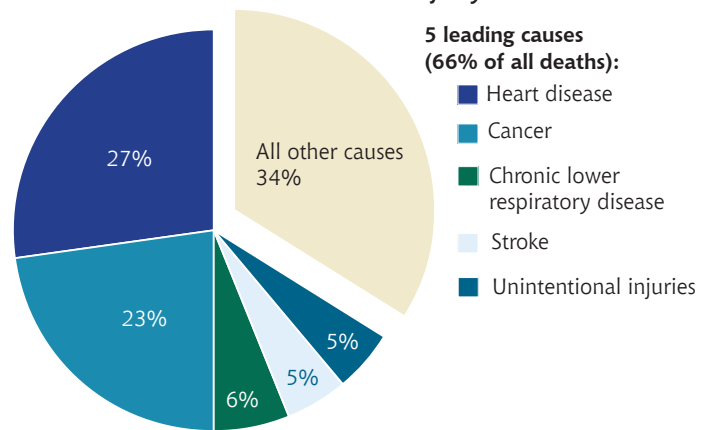
## Recommendations and Actions

The Strategy provides evidence-based recommendations for improving health and wellness and addressing leading causes of disability and death. Recommended policy, program, and systems approaches are identified for each Strategic Direction and Priority. Preference has been given to efforts that will have the greatest impact on the largest number of people and can be sustained over time. Each recommendation is based on the best recent scientific evidence (Appendix 5).

Current evidence for prevention is strong, and when effective strategies are implemented they drive significant improvement in the public's health. Effective types of strategies fall into five major categories: policy, systems change, environment, communications and media, and program and service delivery. Policy, system change, and environmental strategies can be very cost-effective ways to improve the public's health. There are, however, areas where additional effective strategies are needed. Future research and evaluation, including well designed trials for many complementary and alternative medicine therapies, will be critical to addressing unmet prevention and wellness needs, and new evidence-based strategies will be incorporated as they emerge.

Actions by Federal agencies and partners should build on and complement existing strategies, plans, and guidelines to improve health. Key documents that provide a more detailed set of recommendations or offer tools and resources are listed for each Strategic Direction and Priority (Appendix 6). In addition, because Healthy People 2020 is a foundational resource for all of the Strategic Directions and Priorities, relevant objectives are provided for each of the Strategy's recommendations (Appendix 5). The Strategic Directions and Priorities also include project highlights that show how communities have advanced prevention. These are provided for illustrative purposes to help others consider ways in which they too can take action.\*

Five Causes Account for the Majority of Deaths



Source: National Vital Statistics Report, CDC, 2008

In addition to the recommendations, the Strategy identifies actions that the Federal government will take and that partners can take to promote health and wellness. The "Federal government will" statements identify actions that the National Prevention Council departments will take to guide the implementation of the Strategy. These statements represent both new and existing initiatives. Some may include newly incorporating prevention into policies and regulations, while others may incorporate or enhance prevention as part of existing programs. Whether in new or existing initiatives, all actions will be subject to the annual budget processes that require balancing priorities within available resources. The "partners can" statements identify actions that different partners can voluntarily pursue to promote prevention. These evidence-based options draw from a variety of sources, including public input.

## Measuring Progress

The Strategy includes key indicators for a) the overarching goal, b) the leading causes of death, and c) each Strategic Direction and Priority. These indicators will be used to measure progress in prevention and to plan and implement future prevention efforts. Key indicators will be reported for the overall population and by subgroups as data are available. Indicators and 10-year targets are drawn from existing measurement efforts, especially Healthy People 2020. Detailed information about the key indicators can be found in Appendix 2. In some cases, data that can help describe the health status of certain populations are limited (e.g., data on sexual orientation and gender identity, disability status). As data sources and metrics are developed or enhanced, National Prevention Strategy's key indicators and targets will be updated.

\* Examples do not indicate an official review or endorsement of any program or initiative. Programs must always be administered in accordance with applicable state and Federal laws.

Leading Causes of Death*	Number of Deaths, Annually	2007 Baseline (deaths per 100,000 population)	10-Year Target
Cancer	562,875 (23%)	178.4	160.6
Coronary Heart Disease	406,351 (17%)	126.0	100.8
Stroke	135,952 (6%)	42.2	33.8
Chronic Lower Respiratory Disease	127,924 (5%)	40.8	35.1
Unintentional Injury	123,706 (5%)	40.0	36.0

\* Note: The leading cause of death is diseases of the heart (2007 baseline: 616,067 deaths, 190.9 deaths per 100,000 population); however, coronary heart disease deaths will be tracked because they account for the majority (66%) of deaths from disease of the heart, are the most amenable to prevention, and have an available 10-year target established for Healthy People 2020.

