



NATIONAL PREVENTION STRATEGY



2014

National Prevention, Health Promotion, and Public Health Council

ANNUAL STATUS REPORT

July 1, 2014

The 2014 Annual Status Report to the President and Congress was prepared by the National Prevention Council in response to the following requirement:

“...Not later than July 1, 2010, and annually thereafter through January 1, 2015, the Council shall submit to the President and the relevant committees of Congress, a report that ... describes the national progress in meeting specific prevention, health promotion, and public health goals defined in the strategy and further describes corrective actions recommended by the Council and taken by relevant agencies and organizations to meet these goals;”

[Affordable Care Act, §4001(h)(2)]

The Centers for Disease Control and Prevention provides ongoing administrative, scientific, and technical support for the operations of the National Prevention Council.

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Message from the Chair of the National Prevention, Health Promotion, and Public Health Council

AS ACTING SURGEON GENERAL, it is my honor to present the 2014 Annual Status Report of the National Prevention, Health Promotion, and Public Health Council (National Prevention Council). This report highlights progress in implementing the National Prevention Strategy and reaching its goal of increasing the number of Americans who are healthy at every stage of life. Since many of the strongest predictors of health and well-being fall outside of the health care setting, the Strategy envisions a prevention-oriented society where all sectors contribute to the health of individuals, families, and communities. Three years after the release of the National Prevention Strategy, I am proud to say we have made great progress in achieving this vision.

This document describes many inspiring examples of how the 20 Federal departments and agencies that make up the National Prevention Council are incorporating health into their programs and policies, working on issues such as:

- Encouraging healthy child development through programs that support families and promote healthy school and neighborhood environments.
- Supporting community-driven, innovative local solutions that engage partners across sectors ranging from education to housing to businesses and employers.
- Making the Federal Government a leader in prevention for its employees and their families.

As Chair of the National Prevention Council, I am especially proud of the ways in which Council departments are working together. In our 2012 Action Plan, the Council committed to accelerating progress in three focused areas: increasing tobacco-free environments; increasing access to affordable, healthy food; and identifying opportunities for prevention. These coordinated efforts are stimulating important progress, including expanded availability of healthy food options in



RADM Lushniak delivers opening remarks at the Federal Trade Commission's Employee Wellness Walk.

National parks and Federal food service facilities and increased opportunities for prevention through efforts to incorporate health metrics into programs like the Partnership for Sustainable Communities. This year, we also commemorated 50 years since the release of the first Surgeon General's report on smoking and health with a renewed charge for progress in achieving tobacco-free living. I am pleased to report that the Council has supported expansion of tobacco-free environments in a variety of settings, with increases in the number of public housing authorities, college campuses, and Department of Defense Medical Treatment Facilities that have implemented smoke-free or tobacco-free campus policies.

Achieving a healthier Nation requires partnerships across every sector. This report showcases examples of non-Federal partners who are bringing the National Prevention Strategy to life in their organizations and communities. These partnerships span organizations inside and outside the health care system, from the Henry Ford Health System and North Shore Long Island Jewish Health Systems to the National Association of State Workforce Agencies. They reflect commitment at multiple levels of government across the country, from a local health department in Nebraska to a State health department in Delaware. They also show the potential for foundations and community organizations to encourage, intensify, and implement change, whether at the local level—with the Philadelphia Corporation for Aging—or the National level—with the Robert Wood Johnson Foundation.

Taken together, these public and private efforts are making an impact, creating environments that support health by making the healthy choice

the easy choice. We are increasingly seeing measurable changes in schools, health care settings, and communities:

- Between 2012 and 2013, the number of Tobacco-Free College Campuses increased by almost 70 percent, from 774 to 1,343, reducing likelihood of exposure to tobacco smoke among undergraduate and graduate students.¹

- By the end of 2013, over 6,500 U.S. schools had received HealthierUS School Challenge certification for their efforts to promote nutrition and physical activity.²

- The number of babies born in hospitals that provide optimal support for mothers to breastfeed more than tripled between 2008 and 2013.³

- From 2008 to 2013, SNAP benefit redemptions at U.S. farmers markets and with direct-marketing farmers increased 672 percent, increasing access to healthier food choices.⁴

I am thrilled by this progress. We are truly working together to shift the Nation from a focus on sickness and disease to one based on prevention and health. In the process, we are demonstrating the value of prevention approaches that involve diverse sectors of our society working towards common goals.

I want to thank the members of the National Prevention Council and our many partners for their continued commitment to achieving the vision and goals of the National Prevention Strategy. This year's Annual Status Report demonstrates how far we have come in the last 3 years. But there is more work to be done. I look forward to continuing to work with all of you to improve the health of our Nation.

Boris Lushniak, M.D., M.P.H.

ACTING SURGEON GENERAL
RADM, U.S. Public Health Service

¹ American Nonsmokers' Rights Foundation. Smokefree and Tobacco-Free U.S. and Tribal Colleges and Universities. [Online fact sheet] January April 29, 2014. Available at <http://www.no-smoke.org/pdf/smokefreecollegesuniversities.pdf>. Accessed June 12, 2014.

² United States Department of Agriculture Food and Nutrition Service. HealthierUS School Challenge. Available at <http://www.fns.usda.gov/hussc/healthierus-school-challenge>. Accessed March 26, 2014.

³ CDC. Breastfeeding Report Card: United States, 2013. Available at <http://www.cdc.gov/breastfeeding/data/reportcard.htm>. Accessed May 28, 2014.

⁴ USDA Nutrition Assistance Program administrative data.

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Introduction

National Prevention Council: An Overview

The 2014 Annual Status Report highlights achievements of the National Prevention, Health Promotion, and Public Health Council (National Prevention Council). The National Prevention Council leverages the work of 20 executive departments and agencies to align and integrate health and prevention into policies, practices, and programs. The Council engages leadership from across sectors to improve the health of the Nation and advance the [National Prevention Strategy's](#) goal to “increase the number of Americans who are healthy at every stage of life.” The Council’s work is informed by the [Advisory Group on Prevention, Health Promotion, and Integrative and Public Health](#) and by partners across the country working to advance the National Prevention Strategy. This report presents the Council’s progress implementing the National Prevention Strategy and highlights implementation efforts by public and private partners.

National Prevention Council Commitments:

- Identifying opportunities to consider prevention and health within National Prevention Council departments and encouraging partners to do so voluntarily as appropriate.
- Increasing tobacco free environments within National Prevention Council departments and encouraging partners to do so voluntarily as appropriate.
- Increasing access to healthy, affordable food within National Prevention Council departments and encouraging partners to do so voluntarily as appropriate.

The National Prevention Council, created through the Affordable Care Act and chaired by the U.S. Surgeon General, provides coordination and leadership among 20 executive departments and agencies with respect to prevention, wellness, and health promotion activities. Such high-profile involvement demonstrates an unprecedented commitment to coordinated Federal action to address prevention and wellness. The National Prevention Council released the Nation’s first National Prevention Strategy in June 2011 with input from the Prevention Advisory Group, stakeholders, and the public.



FIGURE 1. National Prevention Strategy Framework

The National Prevention Strategy guides our Nation in identifying the most effective and achievable means for improving health and well-being. It prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives. Since many of the strongest predictors of health and well-being fall outside of the health care setting, the Strategy envisions a prevention-oriented society where all sectors recognize the value of health for individuals, families, and society and work together to achieve better health for all Americans.

The National Prevention Strategy identifies four Strategic Directions—the foundation for all prevention efforts—and seven targeted Priorities designed to improve health and wellness for all Americans (figure 1). It provides evidence-based recommendations for each Strategic Direction and Priority and supports [Healthy People 2020](#), a 10-year set of science-based National health objectives.

In June 2012, the Council released the [National Prevention Council Action Plan](#), which demonstrates how departments are implementing prevention efforts in line with their respective missions and identifies three shared commitments to accelerate prevention through the high-impact efforts of all National Prevention Council departments (see box). The National Prevention Council continues to advance its commitments by integrating health and wellness into policies, practices, and programs to achieve better health for all Americans.

In this report, National Prevention Council departments, agencies, and offices highlight innovative and collaborative accomplishments that are advancing the National Prevention Strategy and National Prevention Council Action Plan to impact the health of individuals, families, and communities across the country.

Advisory Group on Prevention, Health Promotion, and Integrative and Public Health

The Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (Prevention Advisory Group) brings a non-Federal perspective to the implementation of the National Prevention Strategy. The Presidentially appointed Prevention Advisory Group advises the National Prevention Council in developing public, private, and non-profit partnerships that will leverage opportunities to improve our Nation's health. Since its inception, the Prevention Advisory Group has successfully engaged in work that embraces the vision of the National Prevention Strategy with the intention of increasing the number of Americans who are healthy at every stage of life.

In 2013, the Prevention Advisory Group brought together leaders in health and education to develop recommendations for a public-private, multi-sector collaborative to support schools in creating the conditions for health for all students. As a result of these recommendations, a National steering committee was created to identify opportunities for the health and education sectors to contribute in ensuring that all children have the opportunity to be healthy and succeed academically and developmentally. For more about the Prevention Advisory Group, including their recommendations to the National Prevention Council, visit www.surgeongeneral.gov/nationalpreventionstrategy.

See Appendix A for examples of National Prevention Council initiatives (health-related and health-relevant metrics) that align with recommendations made by the Prevention Advisory Group.

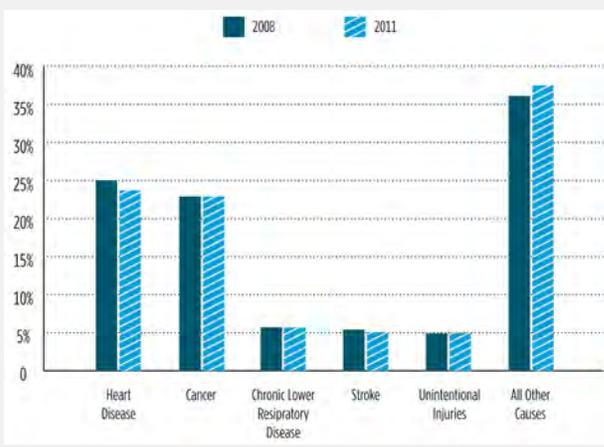
The Health of the Nation: Leading Causes of Death

Although life expectancy and survival rates have improved dramatically in the United States over the past century, a National Research Council report released in 2013 found that Americans live shorter lives and experience more injuries and illnesses than people in other high-income countries (e.g., Australia, Canada, France, Japan). When compared with the global average, health outcomes in the United States are worse in the following categories: adverse birth outcomes, injuries and homicides, adolescent pregnancy and sexually transmitted infections, drug-related mortality, obesity and diabetes, heart disease, chronic lung disease, and disability.⁵ Each year, these conditions account for millions of premature deaths among Americans. Most of these early deaths can be avoided, adding extra years of productivity and well-being for millions of people.

The National Prevention Strategy responds to these challenges by aligning and coordinating prevention efforts across disciplines, sectors, and institutions. This report showcases how the Federal Government and its partners are addressing ongoing public health challenges through innovation and collaboration to ensure all Americans live long and healthy lives.

U.S. data demonstrate that the five leading causes of death in 2011 remained the same as in 2008 (figure 2). Progress has been related to heart disease, the number one cause of death in both men and women. The proportion of deaths due to heart disease decreased by 1.3 percentage points from 25 percent in 2008 to 23.7 percent in 2011.⁶

FIGURE 2. Leading Causes of Death, 2008 and 2011



⁵ National Research Council. U.S. Health in International Perspective: Shorter Lives, Poorer Health. Washington, DC: The National Academies Press, 2013.

⁶ http://www.cdc.gov/nchs/data/dvs/2011_Final_Mortality_Data_Release.pdf. Accessed June 20, 2014.

Tracking progress is critical to achieving positive health outcomes. Appendix B includes the most recent data available for the National Prevention Strategy's key indicators, including the five leading causes of death and indicators corresponding to each of the Strategic Directions and Priorities. These indicators, the majority of which are from *Healthy People 2020*, were designed to address health and wellness for the entire U.S. population, including those groups disproportionately affected by disease and injury.

Trends in Environmental Change: Making the Healthy Choice the Easy Choice

Health and wellness are influenced by the places in which people live, learn, work, and play. Communities—including homes, schools, public places, and work sites—can better support well-being and make healthy choices easy and affordable. Policy, systems, and environmental changes can support healthy choices. For example, community design can improve community walkability and promote physical activity, and increasing availability of affordable, healthy food and drink options supports a nutritious diet.

Through collaborative efforts and effective partnerships, communities and organizations across the country are creating healthier environments that support healthy choices. For example, National restaurant chains are reducing calories and sodium in meals and providing healthier options on kids' menus.⁷ Large employers are leveraging the workplace as a setting for improving people's health, with nearly half of U.S. employers offering some type of wellness promotion initiative.⁸ Additional examples of changes in the Nation's home,

Trends in the Nation's Home, School, Community, and Work Environments that Promote Health

- Between 2012 and 2013, the number of Tobacco-Free College Campuses increased by more than 70%, from 774 to 1,343, reducing likelihood of exposure to tobacco smoke among undergraduate and graduate students.⁸
- By 2012, 38% of U.S. school districts required or recommended that elementary schools test student fitness, up from 18% in 2000; and by the end of 2013, over 6,500 U.S. schools had received HealthierUS School Challenge certification for their efforts to promote nutrition and physical activity.⁹
- By 2012, 76% of U.S. school districts offered assistance to students for mental health/social services, up from 51% in 2000.¹⁰
- Between 2012 and 2013, the nation achieved a 7% drop in chronic homelessness, and an 8% drop in homelessness among Veterans, improving conditions for health and well-being.¹¹

school, community, and work environments that facilitate healthier living can be seen in the box above. Preventing disease requires both empowering people with information and creating environments that support healthy choices. This Annual Status Report highlights ways that departments across the Federal Government are working to make the healthy choice the easy choice as they address the Strategic Directions and Priorities of the National Prevention Strategy.

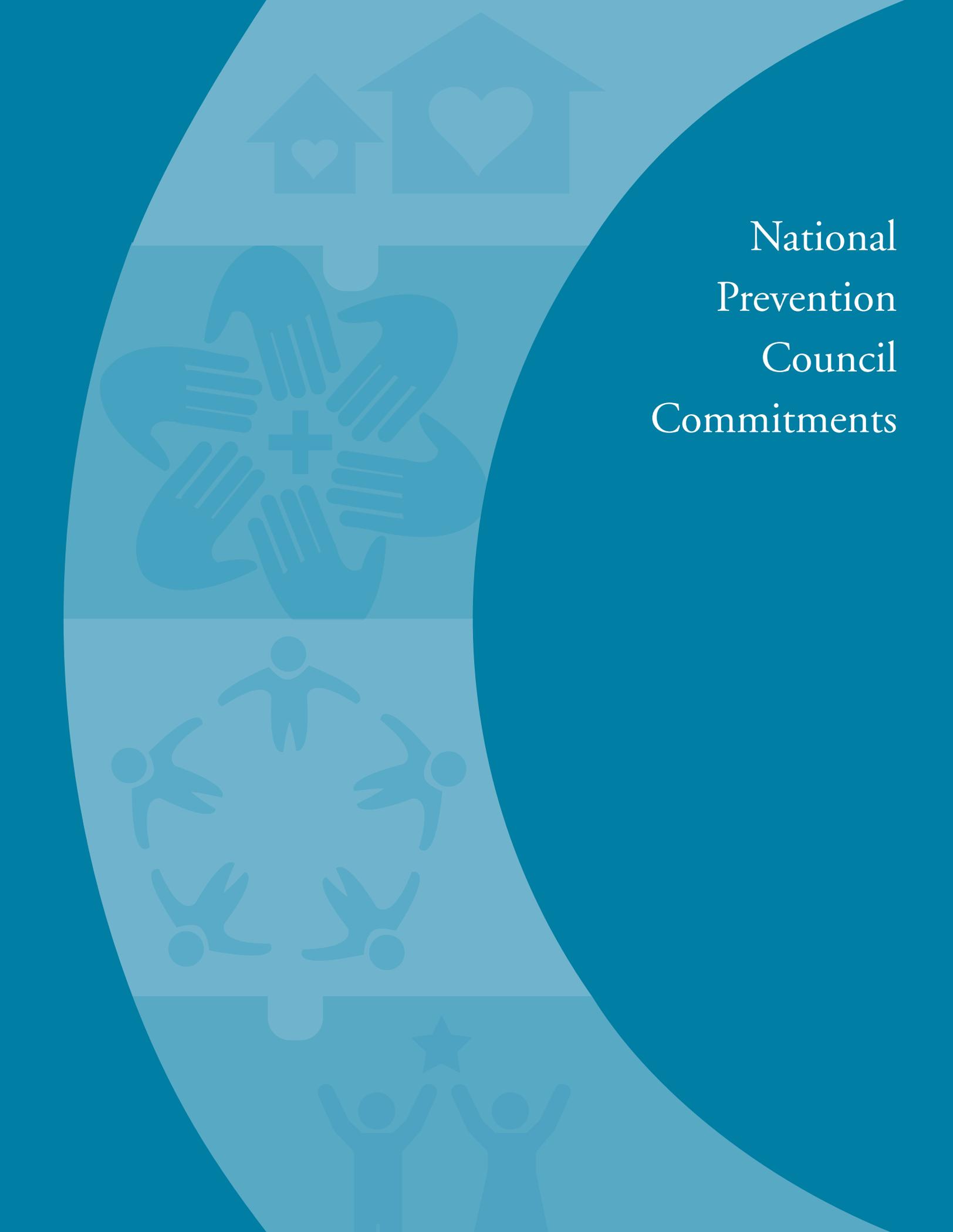
⁷ White House Task Force on Childhood Obesity. Solving the Problem of Childhood Obesity within a Generation. 2010. Available at http://www.letsmove.gov/sites/letsmove.gov/files/TaskForce_on_Childhood_Obesity_May2010_FullReport.pdf. Accessed April 2, 2014.

⁸ Quintiliani L, Sattelmair J, Sorensen G. The Workplace as a Setting for Interventions to Improve Diet and Promote Physical Activity. Geneva: World Health Organization, 2007.

⁹ American Nonsmokers' Rights Foundation. Smokefree and Tobacco-Free U.S. and Tribal Colleges and Universities. [Online fact sheet] January 2, 2014. Available at <http://www.no-smoke.org/pdf/smokefreecollegesuniversities.pdf>. Accessed April 2, 2014.

¹⁰ United States Department of Agriculture Food and Nutrition Service. HealthierUS School Challenge. Available at <http://www.fns.usda.gov/hussc/healthierus-school-challenge>. Accessed March 26, 2014.

¹¹ U.S. Department of Housing and Urban Development. The 2013 Annual Homeless Assessment Report to Congress. Available at <https://www.onecpd.info/resources/documents/ahar-2013-part1.pdf>. Accessed April 1, 2014.



National
Prevention
Council
Commitments

Identifying Opportunities to Consider Prevention and Health

In its Action Plan, the National Prevention Council made a commitment to identify opportunities to consider prevention and health in the policies and programs of member departments. This commitment provides an opportunity to further integrate health into their missions. The Council's member departments have made major strides in collaborative, cross-sector efforts that consider prevention and health.

Partnership for Sustainable Communities

The National Prevention Strategy also included a recommendation to “enhance cross-sector collaboration in community planning and design to promote health and safety.” The Partnership for Sustainable Communities (PSC) is an innovative initiative in which three Federal agencies—HUD, DOT, and EPA—promote affordable, equitable, sustainable communities through coordinated policies and programs. This coordination helps make sure that housing, transportation, and environmental investments work together to support each other. The Partnership agencies have incorporated health into some of their grant programs by making walkable neighborhoods a program goal and by measuring progress based on health-related flagship indicators (see box).

Partnership for Sustainable Communities Health-Related Flagship Indicators for Measuring Progress

- **Active transportation:** Percentage of workers commuting via walking, biking, transit, or rideshare.
- **Lack of access to healthy food choices:** Percentage of total population that resides in a low-income census tract AND resides more than 1 mile from a supermarket/large grocery store (10 miles for rural census tracts).
- **Access to open space:** Percentage of population that resides within 1 mile of a park or open space for rural areas or ½ mile for cities.

Regional Implementation of the National Prevention Strategy

National Prevention Council departments are promoting cross-sector prevention approaches at the regional level. For example, the HHS Health Administrator for Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming) is leading a Regional Prevention Council made up of 25 other Federal entities to advance the priorities of the National Prevention Strategy at the local and regional level. This regional council has five committees: Active Living, Healthy Eating, Healthy and Safe Communities, Federal Employee Health and Wellness, and Mental and Emotional Well-Being. These committees are taking actions such as promoting active living through special events and sharing resources so that each agency can broaden the reach of its community initiatives. The regional council has also developed a series of educational webinars targeted to local communities and organizations on topics such as “Designing Healthy Communities” and “Improving the Mental and Emotional Well-Being of Communities through the National Prevention Strategy.” By mirroring the cross-sector collaboration of the National Prevention Council at a regional level, the leaders serving on this council are helping to build the infrastructure that will move the Nation from a system of sick care to one based on wellness and prevention.

Health Impact Assessments

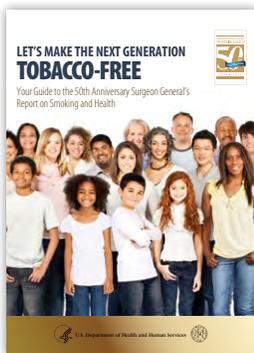
The National Prevention Strategy includes a recommendation to consider health criteria in decision making, where appropriate, across multiple sectors. In collaboration with CDC, the National Network of Public Health Institutes, and the Health Impact Project, several Federal agencies are voluntarily conducting health impact assessments to understand how specific agency decisions could affect the health of communities.

Assessing the Health Impact of School Renovations

The EPA assessed the health implications of a school facility renovation in the North End of Springfield, MA, a predominantly low-income Hispanic neighborhood. The Germen Gerena Community School, built over 30 years ago, suffers from structural damage, flooding, and mold contamination. The agency examined renovation options ranging from replacement and redesign of the building's roof to re-landscaping of the school grounds for improved storm water management. EPA engaged community members, local organizations, and school and health department staff to identify the health issues of concern; conducted a building assessment and literature reviews; and gathered community input to estimate the relative distribution and magnitude of impacts for renovation options. EPA worked with the Springfield Department of Parks, Buildings, and Recreation Management to develop a set of recommendations for immediate and long-term actions based on their findings, including removal of porous building materials

to address water damage and installation of new ventilation and filtration systems to improve air quality and reduce noise.

Increasing Tobacco Free Environments



Fifty years after the landmark release of the first Surgeon General's report on smoking and health, tobacco use remains the leading preventable cause of disease and death. States with strong tobacco control programs have demonstrated achievement of a \$55:\$1 return on their investment.¹²

In 2014, the Surgeon General released *The Health Consequences of Smoking: 50 Years of Progress*, which highlights

achievements in tobacco control and prevention, presents new data on the health consequences of tobacco use, and introduces initiatives to end the epidemic of tobacco-related death and disease. During this historic anniversary year, the National Prevention Council will build on progress to enhance a full range of tobacco control strategies, including educating the public about the dangers of tobacco use, promoting cessation services, and increasing tobacco-free environments.

Educating the Public about the Dangers of Tobacco Use

Research shows that evidence-based media campaigns can increase quit rates and help keep youth from starting to smoke in the first place. HHS has made key investments in National tobacco education campaigns, including *Tips From Former Smokers* and *The Real Cost*. Launched in 2012, *Tips From Former Smokers* features hard-hitting ads showing people living with the real and painful consequences of smoking, as well as exposure to secondhand smoke (also included on page 16). The campaign encourages people to call 1-800-QUIT-NOW, a toll-free number to access quit support. As a result of the 2012 campaign, CDC estimates more than 100,000 Americans quit smoking.¹³ Subsequent phases of the *Tips* campaign in 2013 and 2014 have expanded on the success of the first *Tips* campaign—and offer a closer look at additional, devastating illnesses caused by smoking.

Launched in 2014, *The Real Cost* campaign is designed to reduce youth tobacco initiation rates and reduce the number of youth that progress from experimental to regular tobacco use. The campaign is a youth tobacco prevention campaign targeting at-risk youth ages 12–17 using multiple media platforms including TV, radio, print, and online.

Promoting Cessation Services

The Federal Government is leading by example, providing an evidence-based cessation benefit through the Federal Employees Health Benefits Program that covers multiple quit attempts per year with no out-of-pocket costs for tobacco cessation services or prescriptions. Tobacco use rates in the Federal workforce have dropped to a low of less than 12 percent of employees, but further progress is needed. OPM has enhanced its efforts to increase employee awareness of the cessation benefit, and GSA and HUD have promoted cessation among their workforces by combining resources on the Federal employee cessation benefit with materials from the *Tips From Former Smokers* campaign.

Tobacco Free Environments

Council departments made major advances in expanding tobacco-free environments. For example, the Department of Defense has successfully implemented a tobacco-free campus policy at its Defense Health Headquarters, at 92 percent of Navy Medical Treatment Facilities, and at 76 percent of Air Force Medical Treatment Facilities. In January 2014, the U.S. Army Public Health Command signed the Army's first Tobacco-Free Living Policy, establishing the expansion of tobacco-free campuses to all Public Health Command facilities and eliminating tobacco use for the Army medical workforce during the duty day and/or while in uniform. Council departments have also continued to support partners in creating tobacco-free spaces. Since the launch of HHS's partnership with the American College Health Association and the University of Michigan to support the Tobacco-Free College Campus initiative, the number of smoke-free colleges and universities has increased from 774 to 1,342. Consistent with HUD guidance on smoke-free policies and implementation, nearly 450 Public Housing Agencies have now implemented smoke-free multi-unit housing policies.

¹² Lightwood J, Glantz SA. The effect of the California tobacco control program on smoking prevalence, cigarette consumption, and healthcare costs: 1989–2008. *PLoS One* 2103;8(2):e47145. Epub 2013 Feb 13.

¹³ CDC. More than 100,000 Americans quit smoking due to national media campaign. 2013. Available at <http://www.cdc.gov/media/releases/2013/p0909-tips-campaign-results.html>. Accessed April 3, 2014.

Increasing Access to Healthy, Affordable Food

The *Dietary Guidelines for Americans, 2010* encourage Americans to focus on eating a healthful diet—one that focuses on foods and beverages that help achieve and maintain a healthy weight, promote health, and prevent disease. A healthy diet can reduce the risk of major chronic diseases such as heart disease, diabetes, osteoporosis, and some cancers. The *Dietary Guidelines for Americans, 2010* are the current Federal policy and serve as the basis for Federal food and nutrition programs.

However, getting healthy food at a reasonable cost can be a challenge for many people. This is why the National Prevention Council has made a commitment to increase access to healthy, affordable food across its 20 Federal departments and encourages partners to do so voluntarily as appropriate.

HHS/GSA Health and Sustainability Guidelines

The National Prevention Council is working to integrate the Health and Sustainability Guidelines into Federal food concessions and vending operations as appropriate. These guidelines are the result of collaboration between HHS and GSA with the goal to increase healthy food and beverage choices and sustainable practices at Federal work sites. By applying the *Dietary Guidelines for Americans, 2010* to food service operations, the Health and Sustainability Guidelines demonstrate HHS's and GSA's commitment to promoting a healthy workforce.

Healthy Parks Healthy People

Each year, the National Park Service serves more than 23.5 million customers at over 250 food and beverage facilities operated by concessioners in 75 parks. In June 2013, the National Park Service director signed new Healthy Food Standards and Sustainable Food Guidelines into policy at an event on the National Mall along with the Secretary of the Interior and concessioners from across the country. The new guidelines provide standards, tools, and resources for parks and concessioners to help ensure that park visitors have healthy food options and that sustainable food sourcing and service practices help

reduce the National Park Service's environmental footprint. Healthy Parks Healthy People advances the vision that all parks—both urban and wild land—are cornerstones of people's mental, physical, and spiritual health and social well-being.

Making the School Day Healthier

USDA established new standards to ensure that children have access to healthy food options in school. The new Smart Snacks in School standards will ensure vending machines and snack bars include healthy choices. Highlights from the standards include promoting availability of healthy snacks with whole grains, low-fat dairy, fruits, vegetables, or protein foods as their main ingredients, and ensuring that snack food items are lower in fat, sugar, and sodium and provide more of the nutrients kids need.

USDA also released new guidelines for comprehensive school wellness policies. In addition to improvements to local school wellness policies in the Healthy, Hunger-Free Kids Act of 2010, the new guidelines will help ensure that foods and beverages marketed to children in schools are consistent with the recently released Smart Snacks in School standards. These new resources will complement another policy announcement highlighting the Nationwide expansion of a successful program that is providing schools in 11 States with an innovative method for connecting more children with healthy school meals. Beginning July 1, 2014, more than 22,000 schools across the country serving large populations of low-income students will be eligible to serve healthy lunches and breakfasts free of charge to all students using data that has already been collected from other programs like SNAP and Temporary Assistance to Needy Families instead of traditional paper applications. This community eligibility will help as many as 9 million American children eat healthy meals at school, especially breakfast, which can have profound impacts on educational achievement.

Using Partnerships to Extend the Reach of MyPlate

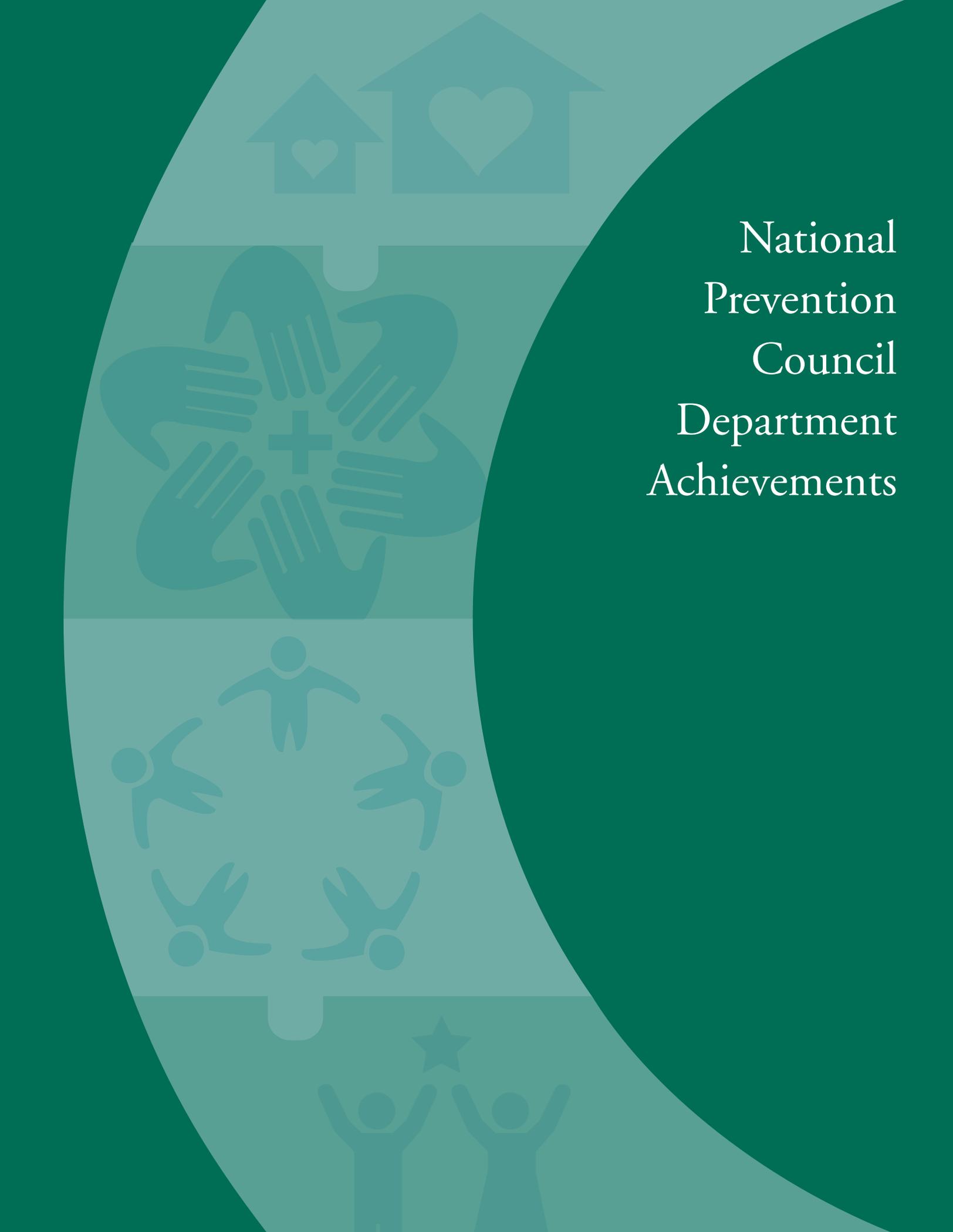


USDA's MyPlate is a simple visual cue to help people make healthy food choices the easy choice by reminding them to make half the plate fruits and vegetables; enjoy your food, but eat less; and drink water. USDA's Center for Nutrition Policy and Promotion (CNPP) formed the Nutrition Communicators Network (NCN) in 2011 with the release of the MyPlate icon. Members of the NCN include National Strategic Partners and Community Partners, as well as MyPlate On Campus Ambassadors. Partners help to extend the reach of the Dietary Guidelines and MyPlate through marketing and communication efforts to their respective audiences. There are currently more than 100

National Partners, 7,300 Community Partners, and 2,100 Campus Ambassadors representing all 50 States. In 2013, CNPP's National Strategic Partners accounted for over 4 billion consumer and over 53 million consumer influencer impressions through coordinated messaging. MyPlate is inspiring consumers around the country to think about the foods on their plate and take a step toward better health.

Helping Americans Implement the Dietary Guidelines for Americans

USDA's SuperTracker is a visually appealing, comprehensive, state-of-the-art diet and physical activity tracking tool. With 3.8 million registered users, SuperTracker provides individuals with real-time feedback to make lifestyle changes to reduce risk of chronic disease and maintain a healthy weight. Using this free tool, consumers can get personalized dietary recommendations; track foods, physical activity, and weight; set personal goals; and measure progress over time. Users have shared numerous success stories related to weight management, improved awareness of dietary patterns, and increased motivation. For example: "My family joined, and my son (7) loves it!!! He has been excited to tell me what he has eaten for the day and plan out dinner according to what calories and food group goals we have to meet. This is exactly what we were looking for to get our family on track." SuperTracker currently has 280 million page views and averages 6,000 new users a day.



National
Prevention
Council
Department
Achievements

Department of Health and Human Services



Former Secretary Kathleen Sebelius receiving the flu shot.

Our Strong Prevention Efforts Will Help Americans of All Ages Stay Healthier and Help Keep Health Care Costs Down

"It truly is a new day for prevention in America. Thanks to the Affordable Care Act, innovative and effective community-based projects are being funded across the country, and there is greater access to affordable coverage and care. And with new requirements that preventive services be offered without co-payments, from flu shots to mammograms, millions of Americans can now access affordable preventive care instead of waiting until illness strikes. Through the Affordable Care Act and many other efforts, HHS strives to create healthy people and healthy communities. We are improving health and quality of life for individuals, families, and communities by moving the Nation from a focus on sickness and disease to one on prevention and wellness. Our strong prevention efforts will help Americans of all ages stay healthier and help keep health care costs down."

— FORMER SECRETARY KATHLEEN SEBELIUS

How is prevention important to HHS?

The Department of Health and Human Services (HHS) is dedicated to ensuring the places where people live, work, learn, and play are healthy and safe. The Department promotes prevention and wellness across its agencies and initiatives by advancing the use of evidence-based programs and policies to address the leading causes of death and disability. Our efforts actively target heart disease, cancer, stroke, mental illness, tobacco use, poor nutrition, physical inactivity, and substance abuse. HHS also works to help people enroll in coverage so they can access preventive services; supports State, local, and tribal public health agencies; promotes health through education and self-management; and conducts outreach to vulnerable populations. Efforts like implementing the National Prevention Strategy help HHS support healthy communities and increase adoption of prevention strategies.

¹⁴ CDC. Breastfeeding Report Card: United States, 2013. Available at <http://www.cdc.gov/breastfeeding/data/report-card.htm>. Accessed May 28, 2014.

¹⁵ Health Insurance Marketplace: Summary Enrollment Report For The Initial Annual Open Enrollment Period. ASPE Issue Brief. May 1, 2014. Available at http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf. Accessed May 28, 2014.

¹⁶ Martin JA, Hamilton BE, Osterman JK, et al. Births: Final data for 2012. National vital statistics reports; vol 62 no 9. Hyattsville, MD: National Center for Health Statistics. 2013.

Key Stats

3X

The number of babies born in hospitals that provide optimal support to mothers for breastfeeding more than tripled between 2008 and 2013.¹⁴

8 MILLION

Number of people who have signed up for coverage through the Health Insurance Marketplace.¹⁵

39%

Teen birth rates decreased 25 percent for non-Hispanic whites, 29 percent for blacks, 29 percent for American Indian/Alaska Natives (AI/AN), and 39 percent for Hispanics from 2007–2012.¹⁶

FDA Proposes Updates to Nutrition Facts Label on Food Packages

Nutrition Facts	
8 servings per container	
Serving size 2/3 cup (55g)	
Amount per 2/3 cup	
Calories	230
% DV*	
12% Total Fat 8g	
5% Saturated Fat 1g	
	Trans Fat 0g
0% Cholesterol 0mg	
7% Sodium 160mg	
12% Total Carbs 37g	
14% Dietary Fiber 4g	
	Sugars 1g
	Added Sugars 0g
	Protein 3g
10% Vitamin D 2mcg	
20% Calcium 260mg	
45% Iron 8mg	
5% Potassium 235mg	

* Footnote on Daily Values (DV) and calories reference to be inserted here.

Proposed format for updated Nutrition Facts label

The U.S. Food and Drug Administration (FDA) proposed in March 2014 updates to the Nutrition Facts label—used on virtually all packaged foods—reflecting the latest scientific information, including the link between diet and chronic diseases such as obesity and heart disease. The proposed changes would provide information consumers could use to make better informed decisions

about the food they eat. The proposed label would replace out-of-date serving size requirements to better align with how much people really eat, and feature a fresh design highlighting key parts of the label such as calories and serving sizes. The proposed updates reflect new dietary recommendations, consensus reports, and National survey data, such as the *Dietary Guidelines for Americans, 2010*. “For 20 years, consumers have come to rely on the iconic nutrition label to help them make healthier food choices,” said FDA Commissioner Margaret A. Hamburg, M.D. “To remain relevant, the proposed label incorporates the latest in nutrition science as more has been learned about the connection between what we eat and the development of serious chronic diseases impacting millions of Americans.”

Birth to 5: Watch Me Thrive!

Birth to 5: Watch Me Thrive!—a coordinated effort between the Departments of Health and Human Services and Education—launched in March 2014 to encourage healthy child development, including universal developmental and behavioral screening for children, and support for the families and providers who care for them. This initiative will

help families look for and celebrate milestones; promote universal screenings; identify delays as early as possible; and improve the support available to caregivers to help children succeed in school and beyond.



Birth to 5: Watch Me Thrive! provides resources for multiple audiences that encourage screenings to focus on healthy development.

“With as many as 1 in 4 children at risk for a social delay or developmental disability, it’s critical to get screening resources in the hands of those who care for young children,” said former HHS Secretary Kathleen Sebelius.

Birth to 5: Watch Me Thrive! offers complementary tools and resources from multiple Federal early childhood agencies, including programs such as the Maternal, Infant, and Early Childhood Home Visiting Program, a program administered by the Health Resources and Services Administration, in collaboration with the Administration for Children and Families.



Terrie Hall, who was featured in the *Tips From Former Smokers* campaign, died September 16, 2013 at 53, from smoking-related cancer.

CDC’s *Tips From Former Smokers* campaign continues to inspire smokers to quit

The Centers for Disease Control and Prevention’s 2013 *Tips From Former Smokers* campaign began in March 2012. The campaign’s powerful, graphic ads encourage quitting and show how smoking-related illnesses have forever changed the lives of everyday people. In 2013, a second round of *Tips* ads produced more than 150,000 additional calls to 1-800-QUIT-NOW, which links callers to their State quitlines. The campaign also generated almost 2.8 million additional visitors to the campaign website in 2013. A study published September 9, 2013, in *The Lancet* reported that in 2012, the *Tips* campaign likely resulted in more than 100,000 smokers who quit permanently. 🌟

Department of Agriculture



Secretary Tom Vilsack (far right) seeks to expand access to fruits and vegetables through multiple venues, including farmers markets, to improve America's nutrition.

Promoting a Healthy Food Environment

“Our efforts at USDA build on the groundbreaking work happening across Government to promote a healthier food environment, especially for our children and those most in need. Investing in good nutrition and healthy habits today helps our kids grow up to be the smart, strong, capable leaders of tomorrow.”

— SECRETARY TOM VILSACK

How is prevention important to USDA?

No single solution can solve the problems of poor diet and obesity, which is why the U.S. Department of Agriculture (USDA) supports a broad spectrum of solutions to empower American children and families to make smart choices every day at school, at home, and in their communities. USDA's nutrition programs—including the Special Supplemental Nutrition Assistance Program, Supplemental Nutrition Program for Women, Infants, and Children (WIC), and school meals—help shape the food environment for millions of Americans. The Department has updated these programs to expand the availability of healthy food and nutrition education to recipients. In addition, USDA offers science-based nutrition advice and resources to help make the healthy choice the easy choice for every American.

¹⁷ Mabili J, Ohls J, Dragoset L, Gastner L, Santos B. Measuring the Effect of Supplemental Nutrition Assistance Program (SNAP) Participation on Food Security. Prepared by Mathematica Policy Research for the U.S. Department of Agriculture, Food and Nutrition Service, August 2013.

¹⁸ USDA Nutrition Assistance Program administrative data.

Key Stats

6 MONTHS

Participating in USDA's Supplemental Nutrition Assistance Program (SNAP) for 6 months is linked with a significant decrease in food insecurity.¹⁷

31 MILLION

Updated nutrition standards in USDA's National School Lunch Program benefit 31 million students each school day.¹⁸

672%

From 2008 to 2013, SNAP benefit redemptions at U.S. farmers markets and direct-marketing farmers increased 672 percent.¹⁸



WIC helps millions of infants in the United States get a healthy start in life, including strong support for breastfeeding.

Expanding Access to Healthy Foods for Low-Income Women, Infants, and Children

Factors related to the decline in low-income preschooler obesity rates may include improvements in USDA's WIC Program

More than 8.5 million low-income women, infants, and children receive supplemental food benefits each month through USDA's WIC program. Since 2007, USDA has been working to align the WIC food package with current nutritional science and expand the number of healthy foods offered. Recent changes include adding more fruits and vegetables, whole grains, and lean protein and eliminating fruit juices from the infant food package. As a result, USDA is helping to improve the nutritional health of millions of low-income families and their young children. A recent study from the Centers for Disease Control and Prevention (CDC) reported small, but significant, declines in obesity rates among low-income preschoolers enrolled in the WIC program.¹⁹ CDC researchers identified USDA's comprehensive changes to the WIC food package and increases in breastfeeding rates among WIC-enrolled mothers as possible factors contributing to the decline in obesity rates.



New school meals standards are improving nutrition and promoting a healthy future for over 30 million children each day.

Making the School Day Healthier

Improvements in the foods offered at school help children make healthy choices

The nearly 31 million U.S. children who eat lunch at school every day have access to healthier and more nutritious foods, thanks to the Healthy, Hunger-Free Kids Act. Major improvements are being made across the country to transform the school food

and wellness environment to promote better nutrition and combat childhood obesity. USDA recently updated nutrition standards for school meals and proposed strengthening local school wellness policy requirements. As a result, the average student is offered more whole grains, fruits and vegetables, and low-fat milk at each school breakfast and lunch. In addition, the USDA recently set nutrition standards for all foods sold in school, which will result in healthier options in à la carte lines, vending machines, and school stores beginning in the 2014–2015 school year.

Farmers Market Participation is Win-Win for Farmers and SNAP Recipients

Participation expands customer base and facilitates access to healthy food

Increasing farmers markets participation in SNAP is a USDA priority and has resulted in a 672 percent increase in SNAP purchases at farmers markets and an increase in the number of farmers markets

that participate in SNAP from 753 to 4,057 between FY 2008 and FY 2013. This effort is a win-win for farmers, who experience an increase in customers, and for SNAP participants, who have improved access to healthy food. Many markets use incentives funded by foundations to increase the value of the SNAP benefits spent in farmers markets. USDA has expanded the availability of wireless point of sale equipment in farmers markets to facilitate their transition to accepting SNAP benefits, improving access to produce for SNAP participants. 🌱

¹⁹ Centers for Disease Control and Prevention (CDC). Vital Signs: Obesity Among Low-Income, Preschool-Aged Children—United States, 2008–2011. Morbidity and Mortality Weekly Report. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6231a4.htm?s_cid=mm6231a4_w. Accessed May 23, 2014.



Department of Education



Secretary Arne Duncan spending time with students while visiting Anton Grdina (PreK-8 school) in Cleveland, OH.

Healthy Lifestyle Choices Make a Difference in Young People’s Lives

“Healthier students are higher achieving students, and the Department of Education (ED) will continue to support programs that promote healthy lifestyles, physical activity, and environmentally efficient and sustainable school facilities. It is critical that we all work together to create and maintain healthy school environments that allow students across the country the opportunity to grow and learn to their fullest potential.”

— SECRETARY ARNE DUNCAN

How is prevention important to ED?

Ensuring all students go to school in safe and healthy facilities and engage in daily wellness practices, such as good nutrition and physical activity, can result in improved academic outcomes. The education sector has an important role to play in working with other sectors to create a prevention-oriented society and working together to achieve better health outcomes for America’s students.

²⁰ U.S. Department of Education. Homeroom: Why I Wear 80 [blog]. Available at <http://www.ed.gov/blog/2014/02/why-i-wear-80/>. Accessed April 1, 2014.

²¹ CDC. School Health Policies and Practices Study—Trends over Time: 2000–2012. Available at www.cdc.gov/healthyyouth/shpps/2012/factsheets/pdf/FS_Trends_SHPPS2012.pdf. Accessed May 16, 2014.

²² Department of Education. Carol M. White Physical Education Program FY 2013 Awards. Available at <http://www2.ed.gov/programs/whitephysed/2013awards.html>. Accessed May 28, 2014.

Key Stats

80%

The high school graduation rate has reached 80 percent, the highest in American history.²⁰

94%

The percentage of districts that required elementary schools to teach physical education increased from 83 percent in 2000 to 94 percent in 2012.²¹

60

Sixty school districts received Carol M. White grants to enhance physical education programs in 2013.²²

Launch of the New School Climate Transformation Grants

Promoting student emotional and mental development through healthier school climates

In partnership with the Departments of Justice and Health and Human Services, ED launched a new School Climate Transformation Grant Program in FY 2014. This program will provide funding and related technical assistance to help 125 school districts train teachers and other school staff on ways to improve school climate. The new program builds on evidence-based multi-tiered decision-making frameworks, such as Positive Behavioral Interventions and Supports. Program grant funds will enable State education agencies and

local school districts to develop and adopt, or expand to more schools, a multi-tiered decision-making framework that guides the selection, integration, and implementation of the best evidence-based behavioral practices for improving school climate and behavioral outcomes for all students.

Coordinating Health, Environment, and Education

U.S. Department of Education Green Ribbon Schools promote exemplary practices and resources

Through the U.S. Department of Education Green Ribbon Schools recognition award, ED has made unprecedented inroads at the intersection of environment, health,

and education. Since its inception in 2011, the award has honored 204 schools and 23 high-performing school districts. For example, the Talladega County School System in Alabama recognized that students' ability to reach their full potential shouldn't be limited by their school environments. Today, 100 percent of K-8 students in that district are provided physical education exercise daily, and every school has greenhouses, gardens, and/or outdoor classroom settings. Using the U.S. Department of Education Green Ribbon Schools recognition award as a platform for communication, ED has disseminated environmental health, nutrition, fitness, energy efficiency, and sustainability education resources to States, districts, and school communities and provided incentives to encourage them to work together to give comprehensive consideration to these matters.

Parents Take Advantage of Navigators at the Northside Achievement Zone (NAZ)

Promise Neighborhoods Program and families work together for a better future

The vision of the Promise Neighborhoods program is that all children and youth growing up in designated Promise Neighborhoods have access to great schools and strong systems of family and community support that will prepare them to attain an excellent education and successfully transition to college and a career. To date, the program has resulted in Promise Neighborhoods in 20 States and the

District of Columbia. The Northside Achievement Zone's (NAZ) Navigators are one important step in NAZ's system of supports that provides parents with specialized help to reach their goals in a specific area. The NAZ behavioral health Navigators use observations and assessments to assist families that need mental health services, and they work closely with three partnering health organizations to address the families' needs. The innovative aspect of this initiative is that NAZ partnered with the University of Minnesota to use the Lena Pro linguistic assessment device to capture the behavioral interactions in families. After analyzing the information, specialists work with the Navigators to suggest the appropriate interventions with the partnering organizations. 🌐

Federal Trade Commission



Chairwoman Edith Ramirez presents a certificate of appreciation to Lorraine C. Miller, Interim President, NAACP.

Health and Safety Issues: Top FTC Priority

“The Federal Trade Commission (FTC) is a highly productive and efficient independent agency tasked with two missions: protecting consumers and promoting competition. Health is a top priority in both missions.”

— CHAIRWOMAN EDITH RAMIREZ

How is prevention important to FTC?

Vigorous health care competition benefits consumers through lower costs and greater innovation. Enforcement of laws against deceptive health-related marketing allows consumers to make choices based on truthful information.

²³ FTC. Cases and Proceedings. Available at www.ftc.gov (follow “Enforcement” hyperlink followed by “Cases and Proceedings” hyperlink; conduct “Advanced Search” for “Consumer Protection” Mission, “Health Claims” Topics, with dates between “2004-01-01” and “2014-04-14”).

²⁴ Substance Abuse and Mental Health Services Administration, Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012. Available at <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.pdf>. Accessed May 28, 2014.

Key Stats

100

Over the last 10 years, the FTC has taken action in more than 100 consumer protection cases involving false or misleading marketing claims for health products and services.²³

70%

Over 70 percent of teens who drink get the alcohol for free—at parties, from friends or family, or by taking it without permission.²⁴

85%

Prices for generic drugs are typically 85 percent less than brand-name drugs.

FTC Takes Action Against Deceptive Ads for Weight-Loss Products

Consumer protection law enforcement

Consumer interest in allegedly health-promoting products is strong. U.S. sales of vitamins and dietary supplements were estimated at over \$24 billion in 2013; many foods, cosmetics, and sportswear are also advertised to help people lose weight, fight disease, or otherwise improve their health. Unfortunately, not all of these products live up to their claims. The FTC investigates and, when appropriate, takes action to prevent deceptive advertising practices. In January 2014, the FTC [announced settlements](#) with four companies promoting fad weight-loss products—a food additive, a homeopathic hormone,

a skin cream, and dietary supplements. The marketers will pay approximately \$34 million in consumer redress and have signed orders that will prevent future false or unproven health claims.

2014 Report: Self-Regulation in the Alcohol Industry

Consumer protection study and report

The FTC operates an alcohol education program called “We Don’t Serve Teens,” or WDST. The goal of WDST is to educate adults about the importance of complying with the legal drinking age of 21, a law that has proven highly successful in reducing underage drinking. WDST provides information about the rates and risks of underage drinking, links to State alcohol laws, and provides

information rebutting many popular myths about teen alcohol use. [Findings from 2011](#) show the alcohol industry’s self-regulatory codes required that at least 70 percent of the audience for each ad consist of persons above the legal age of 21, based on reliable demographic data. In the first half of 2011, 93 percent of ad placements met this standard. Further, because compliance shortfalls were focused in media with smaller audiences (such as local radio), 97 percent of individual consumer exposures to alcohol ads were the result of placements that met the 70 percent standard. This report, published March 2014, also includes data on teen drinking rates and risks, information on how alcohol companies spend marketing dollars, data on alcohol product placement in entertainment media, analysis of industry privacy practices, and FTC recommendations for improvement.



Generic drugs are key to affordable medicine.

Fighting Pharmaceutical Agreements that Raise Health Care Costs

Antitrust enforcement in the health care arena

Generic drugs help make medicines affordable for millions of Americans, and help hold down costs for taxpayer-funded health programs such as Medicare and Medicaid. Prices for generic drugs are typically 85 percent less than brand-name drugs. But what if a generic drug doesn’t enter the market? Under a “pay-for-delay” agreement, a brand-name drug manufacturer pays a potential competitor not to sell a generic drug for a number of years. The FTC estimates that such agreements result in higher drug prices for Americans. For years, drug companies argued that these agreements were authorized under patent law, but in July 2013, the [Supreme Court sided with the FTC](#), ruling that pay-for-delay agreements are subject to antitrust scrutiny. The FTC has committed to continue fighting potentially anticompetitive pay-for-delay settlements through law enforcement. 🌐

Department of Transportation



Cyclists gather to speak with Secretary Anthony Foxx on Bike to Work Day.

A Safer Transportation System

“When you look at the data, now is about the safest time to travel in the history of traveling. And at DOT, we’re committed to keeping up that standard by doing everything from ensuring that only safe bus companies are on the road to ensuring that distracted drivers are kept off it. We’re also going to bring more attention to an issue that usually doesn’t get enough—pedestrian and bicycle safety—because traveling should be safe no matter how you travel.”

— SECRETARY ANTHONY FOXX

How is prevention important to DOT?

The U.S. Department of Transportation’s (DOT) mission is to serve the American people by ensuring a fast, safe, efficient, accessible, and convenient transportation system that meets the Nation’s interest and enhances quality of life. Multi-modal transportation systems help reduce air pollution, improve safety, and encourage physical activity such as bicycling and walking. Expanding transportation options to include transit, rail, bicycle, and pedestrian facilities achieves greater access to jobs, medical care, and leisure activities and reduces isolation for economically disadvantaged populations. Most transit agencies are turning to clean fuel vehicles, which reduce pollution and greenhouse gas emissions that threaten the health of America’s communities.

²⁵ Amy L. Freeland, Shailendra N. Banerjee, Andrew L. Dannenberg, and Arthur M. Wendel. *Walking Associated With Public Transit: Moving Toward Increased Physical Activity in the United States.*

²⁶ National Highway Traffic Safety Administration. *Lives Saved in 2012 by Restraint Use and Minimum Drinking Age Laws.* Traffic Safety Facts, November 2013. Pub. No. DOT HS 811 851 Available at <http://www.nrd.nhtsa.dot.gov/Pubs/811851.pdf>, Accessed May 28, 2014.

²⁷ National Highway Traffic Safety Administration. *Lives and costs saved by motorcycle helmets, 2010.* Washington (DC): National Highway Traffic Safety Administration, US Department of Transportation; 2012. Unpublished data.

Key Stats

10 MILLION

On an average day, nearly 10 million Americans are physically active while walking to transit; 35 percent of those people walk at least 30 minutes.²⁵

63,000

From 2008 to 2012, seat belts saved nearly 63,000 lives.²⁶

8X

On average, states with a universal helmet law save 8 times more riders’ lives per 100,000 motorcycle registrations each year, compared to states without a helmet law.²⁷

Promoting Pedestrian Safety

Improving infrastructure and supporting success

On average, a pedestrian is injured every 7 minutes on U.S. roads, and 73 percent of pedestrian deaths happen in urban areas. The Federal Highway Administration (FHWA) identified Pedestrian Hybrid Beacons (PHBs) as a proven safety countermeasure and produced the Pedestrian Hybrid Beacon Guide to help communities invest in effective traffic control devices. Pedestrian Hybrid Beacons are pedestrian-activated signals located at midblock crossings. When a pedestrian pushes a button, the PHB transitions to a “WALK” signal indicating to pedestrians that it is safe to cross, and red lights display to drivers so that they know to stop until the intersection is clear. When no pedestrians are present, the PHB is “dark.” These devices have been shown to reduce pedestrian crashes by up to 69 percent. New PHBs installed in DeKalb County, GA, have led to reduced vehicular speeds on roadways with frequent pedestrian traffic. In August, Secretary Foxx announced \$2 million in grants from the National Highway Traffic Safety Administration (NHTSA) to help reverse rising pedestrian fatalities. He also launched the Everyone Is a Pedestrian website along with America Walks, the District Traffic Control Officers, and AAA’s School Safety Program.



Students in Bozeman, MT, walk and ride to school as part of the Safe Routes to School program, funded through the FHWA Transportation Alternatives Program.

Helping Underserved Students Travel to School Safely

The Safe Routes to School program

Under its Safe Routes to School (SRTS) program, DOT helps create safer, more walkable neighborhoods. These projects are eligible for funding under the Transportation Alternatives Program and Surface Transportation Program—and many SRTS activities may be eligible under the Highway Safety Improvement Program. These

programs provide funding to States, which in turn fund programs in local communities that encourage children to walk and bicycle to school. They also help create safer streets around schools, resulting in a safer commute for all students. In many States, the program is targeted for traditionally underserved school communities. In 2013, 69 percent of schools receiving SRTS awards were classified as Title I schools, or as having a high percentage of low-income families. Furthermore, 47 percent of SRTS schools enrolled students who were eligible to receive free and reduced-price meals.

Putting an End to Distracted Driving

U Drive. U Text. U Pay.

Distracted driving poses a serious threat to drivers, passengers, and even those not in vehicles—injuring nearly half a million people each year. Over the last 5 years, DOT has made ending distracted driving a priority. The Department has funded vehicle-to-vehicle communications research that allows for vehicles to detect when a collision is imminent. This technology could reduce four of every five crashes on the road today by providing drivers with warnings to avoid

other vehicles in common crash types such as rear-end, lane change, and intersection crashes. A vigorous public awareness campaign that began in 2005 has helped inform States and individuals about this issue, and the number of States with laws banning texting while driving has increased to 43. Laws banning texting and driving, when combined with public information and vigorous enforcement, have been shown to reduce hand-held phone use. Secretary Foxx kicked off an \$8.5 million National advertising campaign to combat distracted driving called “U Drive. U Text. U Pay.” which ran on television and radio media Nationwide. NHTSA continues to provide resources and information through its website at Distraction.gov.



Department of Labor



Secretary Thomas Perez speaks with students at Los Angeles Trade-Technical College.

Keeping Workers Safe and Healthy

“Prevention is at the heart of our work at the Department of Labor. Our goal is for all workplaces to follow safety and health regulations, pay workers in accordance with minimum wage and overtime rules, and administer health and retirement benefits in compliance with the law.”

— SECRETARY THOMAS E. PEREZ

How is prevention important to DOL?

The Department of Labor has a number of resources to help employers achieve compliance with safety and health regulations and prevent workplace injuries and illness. In addition to preventing harm, we have an opportunity to promote health through the Affordable Care Act. The Affordable Care Act supports employee wellness and encourages opportunities to support healthier workplaces.

Key Stats

39,000

Every year, OSHA conducts an average of 39,000 inspections of workplace hazards that threaten the safety and health of workers.²⁸

103 MILLION

The number of participants in Employee Retirement Income Security Act (ERISA)-covered employment-based group health plans who are eligible to benefit from the protections related to mental health and substance use disorder benefits under the Mental Health Parity and Addiction Equity Act.²⁹

²⁸ Occupational Safety and Health Administration. Commonly Used Statistics [web page]. Available at <https://www.osha.gov/oshstats/commonstats.html>. Accessed May 28, 2014.

²⁹ <http://www.dol.gov/ebsa/publications/research.html> and <http://www.census.gov/govs/>.

Department of Labor's Implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA) Advances the National Prevention Strategy

Preventing drug abuse and excessive alcohol use while improving mental health and well-being

DOL's Employee Benefits Security Administration (EBSA) has continued its work with HHS and the Treasury to implement the Mental Health Parity and Addiction Equity Act (MHPAEA). MHPAEA requires group health plans and insurers that offer coverage for mental health or substance use disorders to provide for parity between

these benefits and medical/surgical benefits. The Departments issued final rules on November 13, 2013. These rules provide clarifications to help ensure that parity is fully implemented. DOL has worked closely with stakeholders, including providing online resources, webcasts, and training through DOL's Health Benefits Education Campaign regarding MHPAEA's requirements. The Departments estimate that MHPAEA's parity requirements have already touched the lives of approximately 103 million participants in 420,700 plans and an estimated 29.5 million participants in the approximately 23,000 public, non-Federal employer group health plans sponsored by State and local governments. Through ongoing training and enforcement efforts, DOL will continue to advance the National Prevention Strategy.

Break Time for Nursing Mothers

Successes under the nursing mothers provision

The Fair Labor Standards Act (FLSA), as amended by the Affordable Care Act, requires employers to provide reasonable break time and space for a covered nonexempt employee to express breast milk for her nursing child for 1 year after her child's birth. DOL has engaged in collaborative efforts with the HHS Office on Women's Health and the Centers for Disease Control and Prevention, who provide extensive resources for promoting ways to successfully implement lactation programs in the workplace. DOL has also partnered with the USDA's WIC program to distribute compliance assistance material to educate new mothers about the law's requirements.

Policy Calls for Providing OSHA-Required Training in Manner and Language Employees Understand

OSHA focuses its outreach on vulnerable workers in high-risk industries

In 2013, OSHA awarded \$10 million to organizations and small businesses

throughout the country to train vulnerable, low-wage workers on how to identify and protect themselves against health and safety hazards. OSHA has translated hundreds of its materials, QuickCards, and web pages into Spanish, Portuguese, Chinese, Vietnamese, and other widely used languages other than English. Through OSHA's grant programs, more than 1.8 million workers have been trained. Through outreach, OSHA has

established relationships with education centers, unions, industry leaders, workers, and employers throughout the country. Each year, OSHA answers over 200,000 phone calls to a toll-free 800 number and has over 200 million visitors to its website, where many outreach materials are housed. 🌐

Department of Homeland Security



Secretary Jeh Johnson meets with U.S. Customs and Border Protection employees at Dulles Airport.

Securing America through Prevention and Health

“Prevention, health promotion, and public health are intrinsically linked to creating a safer, more secure homeland. I am proud of our work focused on integrating health and prevention into Department of Homeland Security (DHS) policies and programs, and look forward to continuing to improve the Nation’s preparedness and resilience through our efforts.”

— SECRETARY JEH JOHNSON

How is prevention important to DHS?

DHS works every day to protect the Nation from the health impacts of incidents, including biological and chemical events, and to ensure its workforce is healthy, resilient, and able to quickly respond to any threat. It promotes and advises on health security issues, providing State, local, tribal, and Territorial partners with the tools and information they need to ensure safe and healthy communities across the Nation.

³⁰ Department of Homeland Security. Written Testimony of Blue Campaign Chair Maria Odom for a House Committee on Foreign Affairs, Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations hearing titled “Lessons Learned from Super Bowl Preparation: Preventing Human Trafficking at Major Sporting Events. Available at <http://www.dhs.gov/news/2014/01/27/written-testimony-bcsc-chair-house-foreign-affairs-subcommittee-africa-global-health>. Accessed May 28, 2014.

³¹ Navy and Marine Corps Public Health Center. Fleet and Marine Corps Health Risk Assessment, Annual Report 2012. 2013. Available at http://www.uscg.mil/sapr/docs/pdf/HRA2012_FINAL.pdf. Accessed April 1, 2014.

Key Stats

816

U.S. Immigration and Customs Enforcement efforts led to 816 convictions in cases with a nexus to trafficking in 2013.³⁰

2,500

Health Promotion Managers conducted over 2,500 fitness assessments among U.S. Coast Guard members in the past year.³¹

↓ **SMOKING** ↑ **EXERCISE**

As a result of preventive services provided to U.S. Coast Guard members over a 3-year period, smoking usage for Coast Guard Active Duty members decreased by 10 percent, stress levels decreased by 3 percent, heavy drinking decreased by 10 percent, while overall exercise usage increased by a total of 10 percent.³¹

DHS and the Fight Against Human Trafficking through the Blue Campaign

Announcing release of the *Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States*

Victims of human trafficking can have very serious health consequences. Human trafficking survivors may have a range of short- and long-term medical problems, including both physical and mental health issues. As the unified voice for DHS's efforts to combat human trafficking Nationwide, the Blue Campaign collaborates with law enforcement, first responders, government, and non-governmental and private organizations to identify and protect victims from further abuse and violence and to prosecute perpetrators. In 2013, U.S. Immigration and Customs Enforcement (ICE) opened more than

1,000 cases—many with the help of the public—resulting in 816 convictions in cases with a nexus to trafficking, and identified over 330 trafficking victims. DHS also co-chaired the *Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States*, released in January 2014, along with the Departments of Justice and Health and Human Services. This 5-year plan outlines four goals, eight objectives, and over 250 action items to align efforts to understand and combat human trafficking and improve victim assistance, access to services, and outcomes to enhance their safety, health, and well-being.

U.S. Coast Guard, Health Promotion Managers Program

The Coast Guard employs 14 regionally based Health Promotion Managers (HPMs) to deliver preventive health

and wellness services to the fleet. HPMs have collaborated with medical providers on more than 1,600 consultations and conducted over 2,500 fitness assessments. HPMs are often the first resource for Coast Guard members, delivering an array of services (e.g., body fat estimates, cholesterol and blood pressure screenings, tobacco cessation referrals, stress risk assessments) that help the workforce improve fitness levels, remain resilient in the face of operational stress, achieve an optimal state of readiness, and positively contribute to the Coast Guard mission. The Coast Guard looked at several markers to gauge their program's success, and found that preventive services led to significant decreases in tobacco use (dropped from 30% to 20%), and heavy drinking (a decrease from 27% to 17%) as well as an increase in exercise usage (from 70% to 80%).³²



The EPS system allows veterinarians to enter animal health information in the field.

DHS Enhances Its Food Source Passive Surveillance System

The DHS Science and Technology Directorate's Agricultural Defense Branch and the Institute for Infectious Animal Diseases have collaborated to create the Enhanced Passive Surveillance (EPS) system. This system is designed to protect the health of food sources by rapidly detecting diseases and preventing outbreaks in the livestock and poultry industries through real-time data collection, integration, and analysis. The initial EPS pilot project deployed iPads to veterinarians and livestock markets in four States to collect animal health data in the field. The current phase of the project will expand EPS into all major commercial livestock, poultry, and wildlife industries in at least 15 States. The EPS project identifies a set of clinical presentations, symptoms, and other current information to provide a baseline set of data from observed herds or flocks. Future efforts will better capture abnormal animal health incidents and allow for more rapid disease detection, more rapid response to these incidents, and ultimately, more effective prevention of outbreaks. 🌐

³² Statistics were based on the Fleet Health Risk Assessment annual report of active duty members.



Environmental Protection Agency

A Healthy Environment Is Key to the Health of Our Nation



Administrator Gina McCarthy addresses stakeholders about the importance of safeguarding our health and the environment.

“EPA’s mission is to protect human health and the environment. We must ensure that all Americans are protected from significant risks to human health and the environment at work, home, and school and have access to accurate information to effectively participate in managing human health and environmental risks.”

— ADMINISTRATOR GINA MCCARTHY

How is prevention important to EPA?

EPA is responsible for protecting our health from significant risks related to environmental hazards found in the water we drink, the air we breathe, and the land upon which we live and grow our food. Science-based standards protect us from environmental hazards such as air pollution, drinking water contaminants, and chemicals in the environment. These standards save lives and prevent serious injuries such as heart attacks, asthma attacks, and missed days of work and school from chronic conditions made worse by toxicants. Each year, for example, EPA’s air standards save up to 11,000 lives and prevent thousands of heart attacks and asthma attacks and nearly 1,000 hospital and ER visits. Enforcing EPA’s National standards for air and water pollution, drinking water, solid waste, pesticides, and toxics by Federal and State governments, tribes, and communities helps achieve prevention at the community level.

EPA strives to improve the health of communities through its work with the HUD-DOT-EPA Partnership for Sustainable Communities. The Partnership agencies work closely together and with other Federal, State, and local agencies to help communities develop in ways that are better for air and water quality, provide homes that are affordable to working people, improve transportation options, and promote environmental justice and equitable development. Since it began in 2009, the Partnership has provided more than \$4.5 billion in funding to more than 1,000 projects in all 50 States, the District of Columbia, and Puerto Rico.

Key Stats

\$50 BILLION

Over 25 million Americans currently have asthma, which annually accounts for over 500,000 hospitalizations, more than 10 million missed school days, and over \$50 billion in economic costs.³³

11,000

Pollution reductions from mercury and air toxics standards save up to 11,000 lives and prevent thousands of heart attacks, asthma attacks, emergency room visits, and hospital admissions.³⁴

290,000 TONS

New oil and gas standards will reduce up to 290,000 tons of harmful volatile organic compound emissions as a direct benefit from reducing methane emissions—equivalent to 33 million metric tons of carbon dioxide.³⁵

³³ EPA. Justification of Estimates for Appropriation Committees, FY 2015. Page 15. Available at http://www2.epa.gov/sites/production/files/2014-03/documents/fy15_bib.pdf. Accessed June 11, 2014.

³⁴ EPA. Mercury and Air Toxic Standards for Power Plants [fact sheet]. Available at <http://www.epa.gov/mats/pdfs/20111221MATSummaryfs.pdf>. Accessed May 28, 2014.

³⁵ Opening Statement of Regina McCarthy, Assistant Administrator, Office of Air and Radiation, U.S. Environmental Protection Agency, Hearing on Oil and Gas New Source Performance Standards (NSPS) and National Emission Standards for Hazardous Air Pollutants (NESHAPs). Committee of Environment and Public Works, U.S. Senate June 19, 2012. Available from http://www.epa.gov/ocir/hearings/pdf/2012_0619_hearing_witness_testimony_mccarthy.pdf. Accessed May 28, 2014.

A Healthy Tool for Healthy Schools

EPA committed to improving its knowledge of the practice of Health Impact Assessments (HIA) through an extensive review of HIAs in the United States, gaining experience in HIAs by leading case studies, and developing best practices for conducting HIAs with a focus on communities and State and Federal agencies. In one case study, EPA collaborated with CDC in response to a request from EPA's regional office and stakeholders from State, city, school, and community to conduct a health impact assessment (HIA) at Gerena Community School in Springfield, MA. The school, which also houses a community center for its approximately 8,500 low-income and minority residents, is located between railroad tracks and a street, underneath an interstate overpass. Concerns were raised about the school's impact on health, particularly because 21 percent of the approximately 700 students have asthma, as do many in their families. The HIA evaluated proposed renovations for the school and made recommendations for selecting and implementing those renovations that would best mitigate the identified environmental concerns based on



EPA's Healthy Heart program supports and complements HHS's Million Hearts® Initiative.

observations regarding indoor air quality, moisture and mold, noise, and community perceptions. Results from the HIA will help to ensure that renovations maximize student health.

The Air We Breathe Can Impact Healthy Hearts

A top priority of EPA is to improve air quality. EPA scientists and partners conduct research to better understand air pollution's impacts on heart health. EPA established the [Healthy Heart program](#) as an environmental literacy effort to educate the U.S. population—in particular, individuals with heart and

vascular disease—about the health risks of air pollution and how to reduce exposure through the EPA-supported Air Quality Index (AQI). The key messages of this National program are:

- Air pollution can affect heart health and can trigger heart attacks and strokes that cause disability and death.
- One in three Americans has cardiovascular disease and is at higher risk from exposure to air pollution.
- People with heart disease can use the Air Quality Index to help reduce their exposure to air pollution and protect their heart.

Working Better Together on Environmental Justice

The National Environmental Policy Act (NEPA) Committee is improving the effectiveness, efficiency, and consistency of the NEPA process to enhance consideration of environmental justice (EJ) through the sharing of best practices, lessons learned, training, and other tools. Bringing a sharper focus to EJ through the NEPA process will advance the protection of health in communities potentially overburdened by pollution, and assist in the establishment of partnerships with local, State,

tribal, and Federal organizations to achieve healthy and sustainable communities. An electronic compendium of publicly available NEPA and EJ-related documents from almost 20 Federal agencies is provided on the Federal Interagency Working Group on Environmental Justice (EJ IWG) website. In addition, the NEPA Committee has conducted a cross-agency training series on existing tools, methods, and agency-specific focal areas.

The Community of Practice Subcommittee is compiling a best practices approach that efficiently

and effectively considers environmental justice in NEPA reviews. The Education Subcommittee has conducted a review of existing Federal agency training materials on EJ and NEPA, and is using this assessment to produce a National NEPA training module on NEPA and EJ with the focus on effective EJ analysis in the NEPA process. Moving forward, the Committee will continue to advance cross-agency understanding of opportunities to advance environmental justice through increased understanding of challenges and opportunities, articulation of effective best practices, training on general and specific NEPA and EJ topics, and other measures. 🌍



Office of National Drug Control Policy



Acting Director Michael Botticelli (fifth from left) honors ONDCP's 2014 Advocates for Action for their work to reduce drug use and its consequences in their home communities.

Stopping Drug Use Before It Begins

“Prevention is the most powerful, cost-effective tool we have to reduce drug use and its consequences in America—particularly when it comes to young people. We have a responsibility to ensure that each new generation has our support in making healthy decisions about their futures.”

— ACTING DIRECTOR MICHAEL BOTTICELLI

How is prevention important to ONDCP?

An important Administration goal is preventing drug abuse before it begins. The consequences of drug use affect every sector of society and hamper the ability of both young people and adults to reach their full potential. The National Drug Control Strategy (NDCS), the Administration’s blueprint for drug policy in the United States, sets forth a 21st-century approach to drug policy that is built on decades of research demonstrating that addiction is a disease of the brain—one that can be prevented and treated, and from which people can recover. It focuses on advancing evidence-based approaches for real drug policy reform, spanning the spectrum of prevention, early intervention, treatment, recovery support, criminal justice, effective law enforcement, and international cooperation.

³⁶ SAMHSA. NHSDA/NSDUH data; unpublished special tabulation.

³⁷ Miller T, Hendrie D. Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis, DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2008.

Key Stats

1/3

Amount by which the rate of current drug use in America has decreased since the 1970s.³⁶

\$18

Each \$1 invested in a proven school-based prevention program can reduce costs related to substance use by an average of \$18.³⁷

Drug-Free Communities

Supporting local solutions to drug problems

—

The Drug-Free Communities (DFC) Support Program is a grant program that provides funding to community-based coalitions that organize to prevent youth substance use. DFC has funded more than 2,000 coalitions. In September 2013, ONDCP announced

new and continuing grants to 643 communities. The philosophy behind the DFC program is that local drug problems require local solutions. In New Jersey, the Vernon Coalition to Be Drug-Free was formed in response to the drug- and alcohol-related deaths of several local teens. Through a range of activities, the coalition has reached more than 1,500 youth and 5,000 parents. The coalition has also partnered with local bars and clubs requiring alcohol servers participate in TIPS Responsible Beverage Server

training and become certified. The Kent County Prevention Coalition (Michigan) has developed 30-second public service announcements (PSAs) to advance the message about underage substance use prevention. The PSA, shown during movie previews, has reached more than 20,000 West Michigan moviegoers each month with innovative social norming health and wellness messages.

Across all DFC grantees, rates of substance use have declined significantly in DFC-funded communities. ➔

Department of the Interior



During her recent visit to Glacier National Park, Secretary Sally Jewell (second from right) took the opportunity to survey the Park firsthand by participating in a snowshoe hike with members of the National Park Service.

Connecting People, Connecting Lifestyles with America's Great Outdoors

"The great outdoors equate to good health. Getting into the outdoors helps fuel a healthy lifestyle for all Americans."

— SECRETARY SALLY JEWELL

How is prevention important to DOI?

One of the core responsibilities of the Department of the Interior is to ensure America's spectacular landscapes, unique natural life, cultural resources, and icons are accessible for visitation and protected to endure for future generations. At its heart, Interior's mission is simply to preserve, protect, and manage these resources for the American people. This same tenet also applies to the health of our Nation. It is critical that we work now to establish meaningful and deep connections between young people—from every background and every community—and America's great outdoors. Through our 21st Century Conservation Service Corps (21CSC) Initiative, we are working to educate how public lands are a public health asset. The initiative builds on existing partnerships with youth conservation corps across the country to engage thousands of young Americans in hands-on service and job training experiences on public lands and community green spaces—activities that are healthy for our public lands, our economy, and our people.

³⁸ Han B, Cohen D, McKenzie T. Quantifying the contribution of neighborhood parks to physical activity. *Preventive Medicine* 2013;57:483-487.

³⁹ <https://irma.nps.gov/stats>. Accessed June 20, 2014.

⁴⁰ <http://www.kidsinparks.com/become-partner>.

Key Stats

50%

Park use accounts for 50 percent of the vigorous physical activity time for those people living within 0.5 miles of a park.³⁸

64 MILLION

The National Park Service has formal partnership agreements in place with health care or public health organizations at 41 park units, which welcome a total of 64 million visitors per year.³⁹

40,000 MILES

There are over 80 TRACK Trails (children-friendly hiking pathways) in seven states plus Washington, DC. Children have already hiked more than 40,000 miles on TRACK trails.⁴⁰

America's National Parks

Inspiring health and wellness through nature

The National Park Service Healthy Parks Healthy People U.S. program taps into the fact that all parks—urban or wild land—contribute to health and inspire the American people to reach for a higher state of health and wellness. Parks provide places for people to learn about and practice healthy lifestyles, reconnect with the healing powers of nature, and interact with each other. In 2013, Healthy Parks Healthy People partnered across Federal, State, and local agencies as well as organizations and private companies to purposefully provide healthy opportunities. In partnership with the American Heart Association, Gateway National Recreation Area in New York City trained youth ambassadors to welcome city residents and

introduce the many outdoor activities available. In 2013, Gateway National Recreation Area drew more than 6 million visits. The National Park Service has formed over 41 new partnerships with public health or medical organizations.

Bureau of Land Management Partners with Disabled Sports USA

Increasing outdoor sporting options for America's Wounded Warriors

Since 2011, the Bureau of Land Management (BLM) has been in partnership with Disabled Sports USA (DSUSA) working to increase opportunities for America's wounded warriors to enjoy outdoor water sports in Colorado and Utah. Corporal Tina Lemus of Reno, NV, is a legally blind

former air traffic controller for the U.S. Marine Corps who participated in a women-only rafting trip down the San Juan River through Team River Runner, a subset of DSUSA. "This was a life-changing event for me to be away from civilization, away from all the distractions, and I realized how much I loved it and needed to socialize with others who had been through a situation similar to mine. Fast forward, I'm the Reno Chapter Coordinator for Team River Runner. Doing river sports has been therapeutic for me...I was skeptical about my initial trip, yet it helped me turn a corner in my life, and I think I can help others do the same," said Lemus.

DSUSA specifically keeps these trips limited to approximately 15–20 participants to foster communication, trust, and camaraderie. BLM will continue to work to expand its partnership with DSUSA in additional States.



Campers participate in team-building activities that focus on fostering trust and cooperation with their peers and fellow tribal members. Photo courtesy of GLIFWC.

The Great Lakes Indian Fish and Wildlife Commission Camp Onji-Akiing

Preparing a new generation of Ojibwe leaders through culture and tradition

Camp Onji-Akiing (from the Earth), a program started by the Great Lakes Indian Fish and Wildlife Commission (GLIFWC), is an effective, holistic model for meaningful partnerships between tribes and Federal agencies benefitting American Indian youth. The GLIFWC represents 11 Ojibwe tribes in Minnesota, Wisconsin, and Michigan that have express treaty rights to hunting, fishing, and gathering. This program was created for students in grades 5–8 to foster leadership, responsibility, and community building in the Anishinaabe tribal homelands around the Great Lakes. The youth are taught an array of life skills, such as pre-colonial cooking techniques through the traditional foods program ANA Mino Wiisinidaa (Let's Eat Good). Many of these students come from low-income families, and a core focus of Onji-Akiing is self-esteem and confidence-building exercises to reinforce positive self-image. This camp works to empower youth to recognize health as a life cornerstone by presenting information in a culturally relevant manner. 🌍

Corporation for National and Community Service



CEO Wendy Spencer reads to a young student at the Service Bowl in Baltimore, MD.

National Service Works

“Our partnership with the National Prevention Council is an important venture that helps ensure Americans are making healthy choices. As an agency that has National service participants across the country, we are proud to connect citizens with prevention-related services. Making it easier for people to get preventive care leads to a healthier country.”

— CEO WENDY SPENCER

How is prevention important to CNCS?

Healthy Futures is one of the six focus areas for the Corporation for National and Community Service (CNCS). AmeriCorps and AmeriCorps VISTA members are involved through the Community Health Corps, a CNCS program that places workers in health centers around the Nation to improve access to primary and preventive health care. Senior Corps Retired and Senior Volunteer Program (RSVP) volunteers are working to fill in gaps in community outreach and services—from transporting patients to doctor’s appointments to providing respite services for full-time home caregivers to screening children for health issues in local schools. CNCS also promotes prevention through focus areas that support healthy and safe community environments, including environmental stewardship, economic opportunity, and disaster services.

⁴¹ Corporation for National and Community Service. Healthy Futures Toolkit. Available at <http://www.nationalservice.gov/sites/default/files/documents/HealthyFuturesToolkit.pdf>. Accessed April 1, 2014.

Key Stats

5 MILLION

CNCS and its network engage more than 5 million Americans in results-driven service every year.⁴¹

40,000

The Coach Across America program serves 40,000 young people annually to support healthy eating and physical activity.⁴¹

7,000

FoodCorps has donated more than 7,000 pounds of garden-fresh produce to food-insecure community members.⁴¹

Social Innovation Fund

U.S. Soccer Foundation

Vicky Torres was shocked when a doctor said her 9-year-old daughter was at risk for diabetes because of poor nutrition habits. That news led Vicky to make a big decision for the sake of her family's health: "We have to change our life." Vicky's daughter enrolled in Soccer for Success, a U.S. Soccer Foundation initiative funded in part through the Social Innovation Fund (SIF) and implemented in her South Los Angeles neighborhood by Brotherhood Crusade, a local social services agency. The SIF unites public and private resources to evaluate and grow innovative community-based solutions that have evidence of results related to economic opportunity, healthy futures, and youth development in low-income communities. Through Soccer for Success' free

after-school program focused on fitness, nutrition, and mentoring, both mother and daughter met their goals: Vicky's daughter lost weight, and the whole family improved their eating and exercise habits. The U.S. Soccer Foundation has served 12,830 youth through SIF-invested programs and is evaluating program impacts on weight and fitness measures.

Senior Corps

Heart of Texas RSVP

Disasters, manmade and natural, have the potential for large-scale health consequences. Disaster response requires the cooperation of government, the private sector, local communities, and others.⁴² Community resilience is the capacity of communities to respond to and recover from adversity, a component of the National

Health Security Strategy. Senior Corps provides RSVP volunteers in flexible National service models to support community resilience both during "normal operations" and in disasters like the April 2013 West Fertilizer Company explosion in Texas. The Heart of Texas RSVP supported the development of a long-term volunteer reception center and managed over 9,000 volunteers who provided more than 80,000 hours of service. Volunteers worked with school-aged children to help mitigate the effects of the disaster on student academic performance through regular sessions focused on math skills and language arts. RSVP volunteers are currently planning emergency response training for nursing facilities in collaboration with the Red Cross. Through programs like this, CNCS helps communities across the Nation prepare, respond to, and recover from natural and manmade disasters.



AmeriCorps members serving with Habitat for Humanity unloading materials at the Veterans Build on the Mall, 2013.

Healthier Homes Mean Better Communities

Habitat for Humanity, Inc., AmeriCorps State and National Grantees

Living environments, including housing, can support health,⁴³ and quality housing is associated with positive physical and mental well-being.⁴⁴ For the 2012-13 service year, 300 AmeriCorps members working with Habitat for Humanity, Inc., served 1,311 partner families and engaged in the construction, rehabilitation, repair, and weatherization of 1,175 homes. Partner families previously lived in sub-standard conditions; after being lifted into healthier homes, 98 percent of partner families reported that their family life was more stable. Nearly all families stated they worry less about moving and that their new home is a much cleaner and safer place to live. Ninety-three percent of families said their children had more space to play, and their children attended a better school. 🌐

⁴² U.S. Department of Health and Human Services, National Health Security Strategy of the United States of America. Washington, DC, December 2009.

⁴³ U.S. Census Bureau. Data documentation: Definitions of population and housing variables. Available at http://www.census.gov/acs/www/data_documentation/documentation_main/. Accessed May 16, 2011.

⁴⁴ U.S. Department of Health and Human Services, Office of the Surgeon General, The Surgeon General's Call to Action to Promote Healthy Homes. 2009. Available at <http://www.surgeongeneral.gov/topics/healthyhomes/calltoactionpromotehealthyhomes.pdf>. Accessed May 16, 2011.

Department of Defense



Secretary Chuck Hagel (far left) affirms that one of the DOD's top priorities is to take care of their people, bar none.

Operation Live Well

“The Department has two sacred obligations: care for its people who are willing to make vast sacrifices to protect the National interest, and ensure the National security of the United States. We are dedicated to promoting the well-being of all members of the defense community, the Department’s greatest assets.”

— SECRETARY CHUCK HAGEL

How is prevention important to DOD?

Through Operation Live Well, the DOD initiative aligned with the National Prevention Strategy, the Department brings together the resources and capabilities of the entire local military community. These resources represent commanders; health and medical experts; commissaries and dining facilities; education resources; places of worship; and morale, welfare, and recreation programs—all key stakeholders in creating an environment focused on the best ways to promote health, well-being, and readiness. The goal of this strategic approach is to create more ready, more resilient, and healthier armed forces and military communities.

⁴⁵ Population Health Advisory Board administrative data.

⁴⁶ TRICARE Operations Center. Data pulled March 3, 2014, from <https://mhs.health.mil/toc/otherreports.shtml>.

Key Stats

92%

Medical Commands are leading the way for the Department in establishing tobacco-free campuses. As of February 2014, 92 percent of Naval, 76 percent of Air Force, and several Army medical centers, hospitals, and health clinics are tobacco-free campuses.⁴⁵

4.3 MILLION

Enhanced body mass index (BMI) screening for 4.3 million beneficiaries has been implemented through the Military Health System’s electronic health record.⁴⁶



Senior leadership supports tobacco cessation.

Department of Defense Tobacco-Free Living Game Plan

A comprehensive tobacco control program

DOD is committed to implementing a multi-dimensional Tobacco-Free Living Game Plan, modeled on successful State-based comprehensive tobacco control programs. Beyond improving health and military readiness, reducing tobacco use also has the potential to impact rising health care costs in DOD. Tobacco use in the military is well above the civilian population. An estimated 24 percent active duty service members smoke cigarettes, and 12.8 percent of active duty service members use smokeless tobacco. Elements of the Tobacco-Free Living

Game Plan include addressing policies on availability, pricing, and marketing of tobacco products on military installations; expanding tobacco-free environments; implementing a sustained, effective counter-marketing campaign, building on innovative initiatives like DOD's Fight the Enemy video contest; and optimizing clinical tobacco cessation support through TRICARE's new smoking cessation benefit that includes medications, counseling, and quitline services. The Services' medical communities are setting the example by expanding tobacco-free buildings to tobacco-free campuses at Military Treatment Facilities.

Healthy Base Initiative

Operation Live Well (OLW) is DOD's long-term initiative to improve the health and wellness of the more than 10 million members of the U.S. defense community, including Service Members and their families, retirees, and DOD civilians. It is a multi-year effort that involves an education, information, and outreach campaign along with demonstration projects such as the Healthy Base Initiative (HBI), which is being implemented at 14 DOD sites worldwide. Action plans for HBI are



Army National Guard soldier running with his sons.

based on assessments completed at the selected installations. HBI aims to identify best-practice efforts in reducing obesity and tobacco use, while improving fitness, readiness, and resilience. In a survey of more than 600 employees at one of the HBI sites, the Defense Logistics Agency (DLA), 93 percent of employees said the initiative is helping change their behaviors, including eating habits and physical activity. Among those participating in the DLA HBI program, 83 percent used the farmers market and 65 percent participated in the stairwells program. A Military Health System Innovation Team is also empowering local community leaders to share creative health, wellness, and tobacco cessation initiatives. Over time, OLW will work to expand the most effective programs DOD-wide.



U.S. Army Paralympic sprinter training for competition.

Mental and Emotional Well-Being

Behavioral health

The integration of behavioral health (BH) personnel into DOD patient-centered medical homes (PCMH) provides services that were previously unavailable in the primary care setting for 3 million individuals. These efforts look to improve BH screening and referral, care for depression and anxiety disorders, and management of chronic medical conditions. Efforts also target improved engagement in health behavior change (e.g., smoking cessation, physical activity) and better management of suicide risk. Preliminary program evaluation data (from 13 clinics) on patients with two or more PCMH behavioral health appointments show significant improvement in physical functioning and global mental health. In addition to the BH in PCMH efforts, DOD and the Departments of Veterans Affairs and Health and Human Services collaborate on the National Research Action Plan, a strategy for translating research into effective prevention strategies and clinical innovations. Central tenets include preventing mental health conditions and relevant comorbidities like substance abuse. 🌐

Department of Housing and Urban Development



Secretary Shaun Donovan helps present the keys to a home-owner's newly rebuilt home.

Strong Communities and Healthy Homes

“At HUD, we recognize the important role strong, inclusive communities can play in promoting the health and well-being of Americans. We are encouraging community planning that links housing with transportation choices, creates the opportunity for physical activity in daily life, and improves access to health care and fresh fruits and vegetables. We continue to work with our National Prevention Council partners to promote healthy living in neighborhoods across the country.”

— SECRETARY SHAUN DONOVAN

How is prevention important to HUD?

Our health and well-being are greatly impacted by our home and community environment. Creating healthier housing promotes the health of people of all ages, but especially our most vulnerable, and thus has the potential to save billions annually in health care costs. Living in a safe, clean, and walkable community can help improve health outcomes and quality of life for residents of those communities. HUD promotes safe, decent, and sanitary housing as a means of preventing disease and injury.

⁴⁷ Frank LD, Schmid TL, Sallis JF, Chapman J, Saelens BE. Linking Objectively Measured Physical Activity with Objectively Measured Urban Form: Findings from SMARTRAQ. *Am J Prev Med* 2005;28(2S2).

⁴⁸ U.S. Department of Health and Human Services. Let's Make the Next Generation Tobacco-Free: Your Guide to the 50th Anniversary Surgeon General's Report on Smoking and Health Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

Key Stats

2X

Residents of walkable communities are twice as likely to meet physical activity guidelines as those who don't live in walkable neighborhoods.⁴⁷

30%

Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25 to 30 percent.⁴⁸

HUD Continues to Encourage and Support the Adoption of Smoke-Free Housing

Partnering with HHS, the American Lung Association, and others to promote the health benefits of smoke-free housing



HUD promotes smoke-free policies in all HUD-assisted multi-family housing, like this housing for seniors in Tampa, FL.

HUD continues to encourage adoption and implementation of smoke-free multi-unit housing policies among Public Housing Agencies (PHAs) and Federally assisted multi-family housing units. Nearly 450 PHAs have implemented smoke-free policies in at least one building, which represents more than 160,000 units. Approximately 300 PHAs are 100 percent smoke free. Findings show that smoke-free housing policies reduce the number of cigarettes smoked per day and increase the quit rate among smokers.

Ms. Christine Coscia, a Tobacco Treatment Specialist who works with the Boston, MA, Housing Authority (BHA), has seen the benefits of smoke-free housing firsthand. On September 30, 2012, the BHA adopted a smoke-free policy in all of its public housing developments. Residents and staff who saw this as an opportunity to quit smoking were provided supports such as individual and group cessation

sessions, and nicotine patches for those who wanted them. She tells the story of Robert, a 72-year-old resident in the Amory Street housing development in Jamaica Plain, MA, who had smoked about a pack a day for 60 years. Robert had been trying to quit smoking for quite a while, and the BHA's smoke-free housing policy, along with the supports provided by Ms. Coscia, gave him the additional incentive that he needed to make the commitment to quit. Robert has stopped smoking and has noticed his breathing is much better and he can walk farther to run errands.

Working Toward a Better Understanding of the Health Needs of HUD-Assisted Households

Understanding interrelated health and housing needs

HUD is collaborating with HHS to create the data sources needed to align policy and program interventions with the goal of promoting health and preventing disease. One project uses Medicare/Medicaid administrative data to provide objective measures of health status de-identified within the population of HUD-assisted households. Other work uses National Health Interview Survey data to describe the health of the HUD-assisted population in comparison with the National population. These data are currently preliminary, but ultimately they will provide the evidence needed to identify effective combinations of programs and services to improve the health and quality of life of HUD-assisted households. This knowledge will enable HUD—for the first time ever—to identify the most important places to focus efforts to improve community health resources and do a better job connecting assisted households with the types of resources most likely to contribute to improved health.

HUD Sustainable Communities Grantees Take a Healthy Path Toward Urban Development

Communities engage health-sector partners, focus on active living, fresh food access, and improved health outcomes

One-third of the 143 HUD Sustainable Communities Regional Planning and Community Challenge planning grantees have engaged partners from the health and medical sectors as they develop local and regional plans

for their communities' futures. They have collectively engaged more than 70 such partners as they incorporate issues such as active living, fresh food access, and health outcome performance measurement into their integrated housing, transportation, and economic development plans. The City of Phoenix's "Reinvent PHX" initiative is one such example. The collaborative project between the city, Arizona State University, St. Luke's Health Initiatives, and local organizations will develop action plans for districts along the city's light rail system, with a focus on walkability. Among the project's cited benefits are increased access to



Phoenix's Mobile Food Market provides access to nutritious food in areas not served by grocery stores.

nutritious foods, opportunities to incorporate walking and biking into everyday life, and urban design features to increase public safety. The project is funded in part by a \$2.9 million HUD Community Challenge Planning Grant. 🌍

Department of Justice



Attorney General Eric Holder hosts a discussion with Indian American young men at United Tribes Technical College (UTTC) in Bismarck, ND. (Credit: Denis Neumann, UTTC)

Attorney General Champions Programs to Reduce Violence and Improve Public Health and Public Safety

“Our goal is to expand the National conversation about youth violence and its impact on our homes and communities. The department is committed to working with our partners to create and sustain strategies to prevent this violence and keep our youth and communities safe.”

— ATTORNEY GENERAL ERIC H. HOLDER, JR.

How is prevention important to DOJ?

The Department of Justice enforces the law, ensures public safety, provides Federal leadership in preventing and controlling crime, and ensures fair and impartial administration of justice for all Americans. Exposure to violence is a public health challenge and a significant criminal justice problem with growing financial and human costs. We also know that reentry provides a major opportunity to reduce recidivism, save taxpayer dollars, and make our communities safer. That is why the Department of Justice is embracing prevention and intervention programs, like Defending Childhood, the National Forum on Youth Violence Prevention, and the work spearheaded by the Reentry Council, to make individuals safer and communities healthier.

⁴⁸ CDC. Justification of Estimates for Appropriation Committees, FY 2015. Page 247. Available at http://www.cdc.gov/fmo/topic/Budget%20Information/appropriations_budget_form_pdf/FY2015_CJ_CDC_FINAL.pdf. Accessed June 11, 2014.

⁵⁰ U.S. Department of Justice. Juvenile Offenders and Victims: National Report Series. December 2013. Page 3. Available at <http://www.ojdp.gov/pubs/244476.pdf>. Accessed June 11, 2014

⁵¹ Centers for Disease Control and Prevention (CDC). Youth Risk Behavior Surveillance—United States, 2011. Morbidity and Mortality Weekly Report. Available at <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>. Accessed May 23, 2014.

Key Stats

\$107 BILLION

Violence-related injuries and deaths cost our Nation approximately \$107 billion a year in medical and other costs.⁴⁹

31%

The number of arrests of juveniles in 2011 was 31 percent fewer than the number of arrests in 2002.⁵⁰

20%

20 percent of high school students report being bullied on school property.⁵¹

Departments of Justice and Education Launch Initiative to Foster Safe and Productive Schools

Responding to the “school-to-prison pipeline”

In January, Attorney General Eric Holder and Secretary of Education Arne Duncan announced the launch of the Supportive School Discipline Initiative, a collaborative project between the Departments of Justice and Education to address the school-to-prison pipeline and the disciplinary policies and practices that can push students out of school and into the justice system. The initiative aims to support evidence-based disciplinary practices that foster safe and productive learning environments in every classroom. The initiative will support positive youth development by

promoting positive disciplinary options to keep kids in school and improve the climate for learning. Improving education for at-risk youth has the potential to reduce dropout rates and associated risk of violence and incarceration, as well as to improve health and economic outcomes for this vulnerable population.

Youth Violence Affects a Community’s Economic Health as Well as Individuals’ Physical and Mental Health and Well-being

[National Forum on Youth Violence Prevention collaborates with cities to promote health and safety](#)

The National Forum on Youth Violence Prevention is a network of communities

and Federal agencies that work together, share information, and build local capacity to prevent and reduce youth violence. Established at the direction of President Obama in 2010, the Forum brings together people from diverse professions and perspectives to learn from each other about the crisis of youth and gang violence in the United States. Six Federal agencies and offices work with 10 communities participating in the Forum to build comprehensive solutions to youth violence at the local and National levels. For example, Chicago is developing strategies to strengthen a coordinated city response to violence. Chicago is working to reduce the likelihood that the city’s public school students will be involved in violent incidents—on or off school grounds—and to increase opportunities for students to excel academically in a safe, secure, and supportive school environment. ➔

Department of Veterans Affairs



Former Secretary Eric Shinseki observes Martin Luther King Day and the National Day of Service.

Prevention Is Critical to Veterans' Health

"An important part of the Department of Veterans Affairs' (VA) transformational vision for health care is creating an all-encompassing culture of health promotion and disease prevention that supports Veterans in achieving optimal health and well-being."

— FORMER SECRETARY ERIC K. SHINSEKI

How is prevention important to VA?

Prevention is a cornerstone of the personalized, proactive, patient-driven health care that our Nation's Veterans deserve. Teamed with dedicated Veterans Health Administration (VHA) staff and a variety of internal and external partners, VA provides evidence-based health promotion and disease prevention programs, education, resources, and guidance that enhance Veterans' current and future well-being and quality of life. VA's results-oriented, patient-centered, and forward-looking preventive care is a critical part of excellence and value in health care in the 21st century.

⁵¹ The 2013 Annual Homeless Assessment Report to Congress. Part 1: Point-in-Time Estimates of Homelessness. Washington, DC: HUD, 2013. Available at <https://www.onecpd.info/resources/documents/ahar-2013-part1.pdf>. Accessed April 2, 2014.

Key Stats

500,000

VA's MOVE![®] Program, a weight management program to help Veterans lose weight and improve their health, has enrolled more than 500,000 patients.

24%

From 2010 to 2013, the number of homeless Veterans decreased by 24 percent.⁵²

\$600 Million in Funding to Support Services for Homeless Veteran Families

Partnering to end Veterans' homelessness

Being homeless can lead to poor health, and the health of homeless people in the United States is worse than that of the general population. In January 2014, the VA announced the availability of up to \$600 million in grants for nonprofit organizations and consumer cooperatives that serve low-income Veteran families assisting in securing and maintaining permanent housing through the Supportive Services for Veteran Families (SSVF) program. These grants will assist community partners in advancing the goal of ending Veterans' homelessness by 2015.

The SSVF program is designed to assist Veteran families who are homeless or at imminent risk of becoming homeless. The program employs a housing-first

model and then provides VA health care, benefits, and services. Services will include outreach, case management, assistance in obtaining VA benefits, and providing or coordinating efforts to obtain needed entitlements and other community services.

Grantees will also provide temporary financial assistance to supplement rent and other expenses. This surge in funding is part of an unprecedented effort to end Veterans' homelessness. Given that the SSVF program served over 62,000 Veterans and their families in FY 2013, this program is poised to make a large-scale impact.

VA's Healthy Teaching Kitchens

Healthy Veterans = Healthy lives

VHA's Specialty Care Transformation Healthy Teaching Kitchen (HTK) initiative successfully promotes improved nutritional health and the prevention and management of chronic disease among Veterans. Supported by VHA's Healthy Diet Directive, HTKs provide



HTK multi-disciplinary team, Hines VA Hospital.

hands-on healthy cooking demonstrations that help Veterans to change their eating habits for better health. HTKs also extend the reach of VA Nutrition and Food Services in promoting early intervention for Veterans with diabetes and overweight/obesity. Now at 50 VA Medical Centers and planned for 12 more, HTKs rely on a multi-disciplinary team approach and serve as a building block for comprehensive, innovative nutrition and food services. HTKs reached approximately 4,000 new Veterans in FY 2007 and 5,000 in FY 2012. By 2015, HTKs will expand to 152 facilities with an expected reach of at least 15,000 new Veterans. A recently initiated assessment program will measure clinical outcomes (body mass index and hemoglobin A1c) to gauge the value of HTKs for Veterans with diabetes.



Veteran Lana King's inspiring transformation.

MOVE!® Weight Management Program: Consistency Paired with Innovation

Personalized, proactive, patient-driven care

Now in its 7th year of National implementation, VA's MOVE!® Weight Management Program provides Veterans with comprehensive, evidence-based, multi-disciplinary weight care to improve health and reduce the risk of chronic disease. Twenty percent of MOVE! patients lost at least 5 percent of their body weight, a clinically significant amount; this is an increase of 6 percent since the program began.⁵³ MOVE!® recently enrolled its 500,000th patient, and MOVE!® staff in all VA medical facilities have screened, referred, and assessed thousands of Veterans and supported participating Veterans in self-managing weight through behavior change, improved nutrition, and increased physical activity. One such Veteran, Lana King, lost 208 pounds through MOVE!® She no longer needs prescription medications for high blood pressure and diabetes and has gained the mobility to do things she has not done in decades.

This program continues to innovate: Ongoing pilot programs (e.g., "Be Active and MOVE!®" Clinical Video Teleconferencing, the Diabetes Prevention Program) and a soon-to-be developed MOVE!® smartphone app ensure that patients like Lana continue to receive personalized care when, where, and how they want it. 🌐

⁵³ VHA Office of Informatics and Analytics/VHA Support Service Center (VSSC).

General Services Administration



Administrator Dan Tangherlini (far right) riding to work.

Building a Healthy Workforce

“At the General Services Administration (GSA), we understand that to serve the American people to the best of our ability, we need an efficient and effective workforce. That means giving them the resources they need to succeed at work, but it also means encouraging a healthy lifestyle inside and outside the office.”

— ADMINISTRATOR DAN M. TANGHERLINI

How is prevention important to GSA?

GSA is taking a leadership role in the area of wellness at the Government-wide and agency level. For instance, GSA is developing programs and policies to reduce smoking in and around Government buildings; improve healthy food choices; and provide employees access to health and wellness programs like bike sharing, in-house fitness centers, and initiatives to encourage staff to trade the elevator for the stairs. GSA has many efforts already underway and continues to assess employee needs to further improve and consolidate our wellness offerings. GSA is addressing the need for policy changes and working with vendors and partner agencies to develop cooperative and cost-effective solutions.

⁵⁴ GSA administrative data.

⁵⁵ <http://www.healthykidshealthyfuture.org/home/resources/recognized.html>. Accessed May 2014.

Key Stats

86%

86 percent of cafeterias in GSA-managed buildings now provide healthy food choices.⁵⁴

97%

Among GSA-sponsored child care centers, 97 percent attained certification in the First Lady's *Let's Move!* initiative, incorporating good nutrition and physical activity into daily center activities.⁵⁵

19

GSA sponsors 19 active farmers markets at Federal buildings Nationwide.⁵⁴

Providing Healthier Food Options Daily

Cafeterias and vending facilities improve

GSA manages Federal buildings across the country, and as the Government's landlord, it is responsible for the food provided to employees in those buildings. To ensure healthier food options in Federal cafeterias and vending facilities, GSA has developed standardized Health and Sustainability Guidelines for Federal Concessions and Vending Operations (Health and Sustainability Guidelines) in partnership with HHS. GSA has 61 cafeteria contracts and vending facilities that

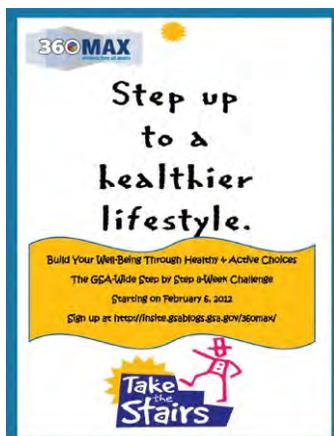
are adhering to the Guidelines and 32 that are voluntarily providing healthy food choices. Through GSA's work with the State licensing agencies and the National Federation of Blind Merchants, many locations have permits with the State licensing agencies where the vendors are providing healthy products voluntarily.

Fresh Air a Priority for Rocky Mountain Region

Regional team launches smoking cessation initiatives

The GSA Rocky Mountain Region (Colorado, Montana, North Dakota,

South Dakota, Utah, and Wyoming) is committed to increasing tobacco-free environments. This Region has collaborated with HHS to distribute the 2014 Surgeon General's report, *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014*, to more than 140 regional leaders including mayors, governors, members of Congress, universities and colleges, health care foundations, and medical societies. The region is also working to increase the number of smoke-free campuses in GSA facilities.



GSA promotes "Take the Stairs" initiative.

FIT-WEL: How Healthful Is Your Building?

A new standard for promoting healthy behavior

GSA is a leader in developing building standards, whether for green building or, now, for healthy actions. The agency collaboration with CDC, the New York City's Active Design Program, and NYC Department of Health has

developed the FIT-WEL certification program. FIT-WEL—which stands for Facility Innovations Towards Wellness Environment Leadership—is a low-cost, high-impact, and voluntary commercial building certification program, similar to LEED certification, which promotes healthful behaviors, including tobacco-free campuses. FIT-WEL will be initially tested and implemented in facilities owned or managed by GSA and CDC, but it is being designed for used by State and local governments and the private sector. 🌐



Office of Personnel Management



Director Katherine Archuleta (fifth from right) helps to spread the word about the need for all uninsured Americans to sign up for health insurance.

Improving Health Through Quality Benefits

“For more than 50 years, OPM has provided quality benefits for employees, retirees, and families. With our new Affordable Care Act responsibilities, we’ve welcomed tribal organizations, previously uninsured individuals, and hundreds of thousands of young adults under age 26. They can count on OPM to provide the affordable and quality care they need to help them become healthier Americans.”

— DIRECTOR KATHERINE ARCHULETA

How is prevention important to OPM?

The U.S. Office of Personnel Management (OPM) has firmly embraced our Agency’s role in increasing the number of Americans who are healthy at every stage of life. Healthier people are more productive at work, at home, and in their communities. We’re doing our part to provide affordable, quality coverage for Federal employees, prevent stress-related illness in employees, reduce premature deaths, and offer affordable health insurance to thousands of Americans who have not had access in the past. We also are a proud Agency Partner in the Million Hearts® campaign to prevent heart attacks and stroke.

Key Stats

10,000

OPM Federal Employee Health Benefits Program provides health care to more than 10,000 employees of tribal organizations, as well as 325,000 adult children up to the age of 26.⁵⁶

83,500

Over 83,500 more FEHB members ages 50–64 received their annual flu shot in 2013 than in 2012.⁵⁷

150

OPM sponsors 150 Multi-State Plan (MSP) options available to Americans through the Health Insurance Marketplace in 30 States and the District of Columbia.⁵⁸

⁵⁶ The Affordable Care Act and OPM [website]. Available at <http://www.opm.gov/healthcare-insurance/affordable-care-act/>. Accessed April 2, 2014.

⁵⁷ NCOA audited CAHPS Effectiveness of Care Survey Results.

⁵⁸ Multi-State Plan Program and the Health Insurance Marketplace [web page]. Available at <http://www.opm.gov/healthcare-insurance/multi-state-plan-program/>. Accessed April 2, 2014.

Promoting Tobacco-Free Living

Raising awareness about health benefits

A total of 8.2 million employees, retirees, and family members use OPM's Federal Employees Health Benefits (FEHB) Program. To ensure that tobacco users who are motivated to quit have effective tools to help, OPM consulted with leading experts to design a tobacco cessation benefit offered through all 256 FEHB health plan choices. Members pay no out-of-pocket costs for tobacco cessation services or prescriptions, and multiple quit attempts are covered. A recent

survey of Federal employees found that 6 out of 10 tobacco users wanted to quit. After learning about the benefit, 53 percent of current tobacco users reported that they were likely to use it. OPM has redoubled its efforts to ensure that members are aware of this vital resource.

Preventing Influenza

No out-of-pocket costs for immunizations

All OPM-sponsored health insurance plans cover immunizations plus more than 70 preventive services with no out-of-pocket costs. Even so, recent

data shows that only 54 percent of covered adults got an annual flu shot. In response, throughout 2013, OPM stepped up efforts to highlight preventive services with a new outreach effort to members, benefits officers, and wellness coordinators. Simultaneously, the Office encouraged all health plans to make flu shots available at convenient locations like pharmacies and retail stores. In a joint letter with HHS, the OPM director urged all agencies to remind employees to get a flu shot and take steps to ensure a healthy work environment. Additionally, OPM regularly updates telework guidance, reinforcing that telework is an important tool to prevent the spread of illness while continuing operations.

Ensuring Effective Employee Assistance Programs (EAP)

Helping employees to be at their best

Each day, EAP personnel play a vital role in achieving healthy outcomes for 1.8 million Federal employees as they balance the multiple demands of everyday life. In 2013, EAP personnel assisted employees and their families affected by natural disasters, workplace violence, trauma, and other emergencies. OPM provides policy and technical guidance

to ensure agency EAP services are ready to help. Recently, OPM focused on addressing domestic violence by publishing *Guidance for Agency-Specific Domestic Violence, Sexual Assault, and Stalking Policies* and hosting a series of webinar trainings for agency coordinators. OPM also developed and released guidance for Post Combat Case Coordinators to aid thousands of Federal civilians returning from service in war-risk environments. Finally, using a social learning format, OPM launched a new 6-week online EAP Administrator Training Course, which tripled the number trained in 1 year, along with expanding online training on the Drug-Free Federal Workplace Program. ➔



Partners in Prevention

The Federal Government alone cannot create healthier communities. State, tribal, local, and Territorial governments, businesses, health care, education, and community and faith-based organizations are all essential partners in this effort. Aligning and coordinating prevention efforts across a wide range of partners is central to the success of the National Prevention Strategy. Engaging partners across disciplines, sectors, and institutions can change the way communities conceptualize and solve problems, enhance implementation of innovative strategies, and improve individual and community well-being.

A wide range of actions contribute to and support prevention, ranging, for example, from a small business that supports evidence-based workplace wellness efforts to a job-training organization that refers clients to health services. Partners play a variety of roles and are trusted members of the communities and populations they serve. Opportunities for prevention can increase when those working in housing, transportation, education, and other sectors consider health and wellness in their decision making. The following stories exemplify partners taking action to support prevention and advance the National Prevention Strategy.

American Public Health Association

The American Public Health Association (APHA) has been a partner to the National Prevention Council since the Council was established. APHA is a global community of public health professionals and works to strengthen the profession of public health, share the latest research and information, and promote best practices. APHA was engaged in the development of the National Prevention Strategy (NPS) and, since the release of the NPS, has played a crucial role in promoting the Strategy framework and recommendations.

Cross-Sector Workforce Development

APHA has received funding from the CDC to advance an interdisciplinary workforce development initiative, titled “Building Bridges between Public Health and Community Design/Planning,” in partnership with the Georgia Institute of Technology (Georgia Tech) and the American Planning Association (APA). APHA is expanding on the first phase of this project that was led by the National Network of Public Health Institutes in partnership with Georgia Tech. The purpose of the Building Bridges initiative is to increase the capacity for collaboration between public health and planning and design professionals (urban planners, architects, and transportation engineers) and to strengthen cross-sector partnerships. The initiative focuses on NPS recommendations related to achieving Healthy and Safe Community Environments, Empowered People, and Elimination of Health Disparities. It also fulfills recommendations from both the Institute of Medicine and the Association of Schools and Programs of Public Health’s Framing the Future: The Second 100 Years of Education for Public Health Initiative.

Workforce Development Resources and Materials:

The cornerstone of the Building Bridges initiative is the Built Environment and Public Health Clearinghouse (BEPHC), a web-based repository (<http://healthyplaces.gatech.edu>) developed by Georgia Tech that includes information and tools for instructors, students, and professionals in the public health and planning arena to consider, including model curricula; links primers, tools, webinars, and other online resources to facilitate self-directed learning; and informative videos, news, and topical conversations.



Professional Development and Learning Opportunities:

In 2014, the Building Bridges initiative has offered and will continue to offer multiple opportunities for professionals in planning and public health to directly network, collaborate, and engage in peer learning:

- A network of Champions for Change representing leaders in the fields of public health, medicine, planning, architecture, landscape architecture, and transportation has been identified and an inaugural in-person meeting was held at the APA conference. These champions continue to develop strategies for a new collaborative approach to improving health through built environment changes.
- Three days of training for planning and public health professionals at APA's 2014 National Planning Conference in the areas of active living, food systems planning, social cohesion, and ethics, at all community scales (neighborhood, city, region).
- Opportunities for leaders in the fields of public health, medicine, planning, architecture, landscape architecture, and transportation to convene and develop strategies for promoting cross-sector work in their organizations and professional communities. ➔

By supporting the development of educational materials and learning opportunities related to community design, APHA, through its partnership with APA and Georgia Tech, is helping public health and planning/design professionals across the nation plan, build, and maintain healthy community environments.

Georges Benjamin, M.D., Executive Director,
AMERICAN PUBLIC HEALTH ASSOCIATION

Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation (RWJF) is committed to building a National Culture of Health—catalyzing a Nationwide shift in the way all in our diverse society perceive and pursue health. Working alongside citizens as well as National and community leaders is integral to achieving this goal of making health a fundamental social value that guides public and private decision making. “Our job is to find the earliest and strongest examples of a culture of health, share the lessons they have to offer, and serve to link together the leaders of change so they can join forces and build small victories into a National movement,” says Risa Lavizzo-Mourey, RWJF President and Chief Executive Officer. “The National Prevention Council and Prevention Advisory Group are critical partners in helping to achieve this goal.”

RWJF directly supports and contributes to the success of the National Prevention Strategy (NPS) through a variety of efforts:

- In 2013, RWJF’s NewPublicHealth online forum featured a series of posts outlining the Federal Government’s role in creating healthy communities. Interviews with National Prevention Council member agencies, such as the Department of Housing and Urban Development and the Corporation for National and Community Service, showcase member actions that advance the NPS. Creatively designed infographics and informative issue briefs also prompt the public to examine how health is affected by transportation, education, and employment.
- In 2013, RWJF re-convened the Commission to Build a Healthier America, an interdisciplinary group of leaders in the public, nonprofit, and private sectors originally brought together in 2008 to develop recommendations to reduce health disparities. The Commission’s most recent report references the NPS effort to integrate health improvements across sectors and highlights the HUD-DOT-EPA Partnership for Sustainable Communities as an important multi-sector Federal collaboration that supports health-oriented community development.
- RWJF funds the National Collaborative on Education and Health, a public-private partnership that grew out of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health’s Education and Health Working Group. The Collaborative aims to support schools in creating optimal conditions for student health, wellness, and learning. Current goals include:
 - » Incorporating health and wellness metrics into education data systems
 - » Identifying new models for delivery of school health services



RWJF’s County Health Ranking system tracks factors that can affect a child’s health well into adulthood, like level of family support.

» Identifying new models for delivery of school health services

- RWJF’s County Health Rankings provide a revealing picture of how health is influenced by where people live, learn, work, and play. Counties are ranked using data on health behaviors, clinical care, the physical environment, and social and economic factors such as family and social support. In 2014, new measures related to housing, transit, access to mental health providers, injury-related deaths, food environment, and exercise opportunities were added to the Rankings. All of these measures directly reinforce the priorities outlined in the NPS.
- The foundation supports the NPS recommendation to integrate health into cross-sector decision making through funding the Health Impact Project, a National initiative designed to promote the use of health impact assessments (HIAs).

The foundation regularly identifies new ways to support the Strategy. Moving forward, RWJF will be working with a variety of partners to create measures for organizations, such as those implementing the NPS, to evaluate interventions aimed at improving the social and environmental determinants of health. 🌱

National Association of State Workforce Agencies

Unemployment has been linked to loss of health insurance, unhealthy behaviors, and depression.⁵⁹ Because unemployed workers are more likely to be in poor health, and unemployment rates vary by race and ethnicity,⁶⁰ unemployment may also contribute to health disparities. As the professional association of State workforce agencies that serve dislocated workers in all 50 U.S. States and major Territories, the National Association of State Workforce Agencies (NASWA) is uniquely qualified to assist in minimizing the health consequences of unemployment by increasing dislocated workers' awareness of available health resources.

By providing jobseekers with tools and information to address health needs and make healthy choices, NASWA is advancing National Prevention Strategy recommendations related to the Empowered People Strategic Direction.

Collaborating to Pursue the National Prevention Strategy

In 2013, NASWA joined a collaboration hosted by the Association of State and Territorial Health Officials to identify cross-sector methods for promoting the National Prevention Strategy. Through this collaboration, NASWA staff and members grew more aware of the links between employment status, access to health care, and overall health and well-being. NASWA staff and members recognized their opportunities to disseminate vital health-related information to newly unemployed jobseekers through one-stop career centers, or "American Job Centers."

Creating Resources to Advance the National Prevention Strategy

NASWA partnered with the Financial Industry Regulatory Authority (FINRA) to incorporate health-related information in products providing dislocated workers with objective financial advice tailored toward their period of unemployment. The two organizations updated FINRA's English- and Spanish-language brochures titled "Job Dislocation: Making Smart Financial Choices after a Job Loss" to include information about accessing low- or no-cost health care (including options available through the Affordable Care Act) and resources for maintaining overall well-being. Over 250,000 brochures in English and Spanish have been distributed to State agencies thus far. By providing jobseekers with tools and information to address health needs and make healthy choices, NASWA is advancing National Prevention Strategy recommendations related to the Empowered People Strategic Direction.

NASWA also worked with the Department of Labor, the U.S. Conference of Mayors, and the National Conference of State Legislatures to offer a webinar on the Affordable Care Act that informed State workforce system leaders about health care resources and the links between employment and health, so that State and local staff would be able to respond to customers' needs more holistically. Through this collaboration, State workforce agency officials helped advance National Prevention Strategy recommendations related to Clinical and Community Preventive Services.

Through these partnerships, NASWA found new opportunities to fulfill its mission to advance the State role in the workforce system: Its member agencies are providing new resources on health and other social and support services to newly unemployed jobseekers, using the gateway of the workforce development system. 🌐

⁵⁹ Driscoll AK, Bernstein AB. Health and Access to Care Among Employed and Unemployed Adults: United States, 2009–2010. (2012). NCHS Data Brief No. 83. Available at <http://www.cdc.gov/nchs/data/databriefs/db83.pdf>. Accessed May 28, 2014.

⁶⁰ Unemployed Workers—Summary: 1990–2010. Labor Force, Employment, & Earnings. U.S. Census Bureau. Available at <http://www.census.gov/compendia/statab/2012/tables/12s0622.pdf>. Accessed May 29, 2014.

Delaware Department of Health and Social Services

Cross-sector Collaboration to Promote Health

The Delaware Department of Health and Social Services (DHSS) has a long history of interagency collaboration to support cross-sector health promotion efforts. DHSS recently expanded its commitment to leadership in this area by joining in a National Prevention Strategy Learning Community (hosted by the Association of State and Territorial Health Officials). As a member of the Learning Community, DHSS exchanges resources and insight about cross-sector collaboration with two other State health agencies; its goal is to identify ways to enhance the work of the cross-sector Delaware Governor's Council on Community Health Promotion and Disease Prevention (CHPDP) around the National Prevention Strategy Priority of Active Living.

Foundation of the Council

CHPDP was established by Executive Order of Delaware Governor Jack Markell. Charged with developing a Statewide strategy for health promotion and advising the Delaware Executive Branch on the coordination of policies, programs, and actions to facilitate healthy lifestyles, CHPDP drew its recommendations from many of the same documents reviewed by the National Prevention Council, such as the USDA's *Dietary Guidelines for Americans, 2010* and HHS's *2008 Physical Activity Guidelines for Americans*. CHPDP used these guidelines—reinforced by the publication of the National Prevention Strategy—to conduct a comprehensive assessment of chronic disease burden in Delaware and create specific recommendations for improving the health of Delawareans, released in 2011. It then built on these recommendations by creating a health promotion campaign honoring Delaware municipalities that promote the health of their citizens through projects that fulfill the recommendations, inspiring conversations on healthy community design in municipalities all across the State.

Maintaining a Vision

CHPDP is using the National Prevention Strategy Learning Community as an opportunity to explore methods for fostering a community norm of shared spaces and joint use. By embracing change and facing challenges head-on, CHPDP will further Delaware's commitment to leveraging cross-sector partnerships to improve the health of its citizens. 🌐



Delaware Governor Jack Markell and Richard Killingsworth, Division of Public Health, stand together in support of Delaware's commitment to promote physical activity.



The Spinney Hill Partnership farmers market on opening day.

North Shore Long Island Jewish Health System

The North Shore Long Island Jewish Health System (NSLIJHS) is the largest integrated health care network in New York State and uses the National Prevention Strategy to guide its Community Service Plan and employee prevention and wellness agenda. In 2012, NSLIJHS's newly expanded Office of Community and Public Health (OCPH) incorporated the Strategy into its strategic plan to impact the health of its employees, patients, and surrounding communities. Concurrently, OCPH worked with the Long Island Health Collaborative (LIHC) to include the Strategy in the 2014–2017 Community Health Improvement Plan framework of Nassau and Suffolk Counties' departments of health. OCPH then designed educational programs targeting different audiences to integrate the Strategy:

Employees:

Efforts to inform, enable, empower, and incentivize staff—such as healthy vending initiatives and classes to optimize sleep patterns—reflect the priorities of the National Prevention Strategy. As part of the Strategy's Active Living priority, the Walk to Paris Program was executed in 2013. As a result, over 15,000 employees each took an average of 703,583 steps, and they collectively lost an estimated 145,159 pounds.

Patients:

NSLIJHS believes that understanding issues related to health literacy and cultural competency is essential for delivering accurate information and care, encouraging healthy lifestyles, and ensuring proper medication management. In line with this belief and the Strategy's goal of eliminating health disparities, all staff members are required to be educated on these topics, and NSLIJHS has established various interdisciplinary educational initiatives that have helped to transform the NSLIJHS climate.

Community:

NSLIJHS sponsors a number of evidence-based community programs, such as senior fall prevention, child safety, and tobacco control. In collaboration with local schools, council members, municipal governments, churches, and senior centers, OCPH launched the Spinney Hill Partnership in 2013. This neighborhood-based community wellness pilot program is intended to be replicated in different surrounding localities. OCPH staff referenced the National Institutes of Health publication *Principles of Community Health* to design their engagement strategy. Common health concerns and barriers to care were identified through a system-wide community health assessment, and program initiatives now reflect several National Prevention Strategy Priority Areas: Healthy Foods, Active Living, Tobacco Free Living, Injury and Violence Free Living, and Preventing Drug Abuse. The Strategic Direction of Empowering People is at the heart of each effort so that participants learn to share information and understand how to navigate the health system for acute illness or prevention.

“The overarching goal of our prevention and wellness initiatives,” says Dr. Jennifer Mieres, Senior Vice President of the Office of Community and Public Health, “is to empower individuals to become 50-50 partners in all of their own health care.”

Philadelphia Corporation for Aging

Philadelphia Corporation for Aging (PCA) began using the National Prevention Strategy in 2013 to enhance its mission to help older adults remain independent, healthy, and productive in the community. As the Area Agency on Aging (AAA) for Philadelphia, PCA is part of a National network of 618 AAAs created under the Older Americans Act. Although each AAA is unique in size, structure, and funding, promoting wellness and active aging while preventing unnecessary institutionalization and avoidable chronic conditions are at the heart of their work. “As our Nation’s population ages and as people live longer, it is more important than ever for AAAs and public health professionals to join forces to promote the [National Prevention Strategy’s] goal to increase the number of Americans who are healthy at every stage of life,” notes David Nevison, Chief Planning, Development, and Government Relations Officer for PCA.

PCA began by creating an inventory illustrating its alignment with the Strategic Directions and Priorities of the National Prevention Strategy. Examples include:

- **Healthy and Safe Community Environments:** PCA collaborates with urban planners and local policy makers to support housing, zoning, public space, and transportation policies that help seniors age in the community.
- **Community Preventive Services:** PCA is working on a pilot program with two local hospitals and The Centers for Medicare and Medicaid Services to reduce hospital readmissions within 30 days of discharge for Medicare fee-for-service patients.
- **Empowered People:** PCA funds several evidenced-based programs in senior centers, such as the Chronic Disease Self-Management and Healthy Steps programs, designed to help older adults take control of their own well-being.
- **Healthy Eating:** After the public school system, PCA is the city’s second largest provider of nutritious prepared meals, which are either home-delivered or served at senior centers.
- **Active Living:** The agency promotes senior walking groups and elder gardening efforts at senior centers and housing throughout the city.
- **Injury and Violence Free Living:** PCA is a National leader in the area of Older Adult Protective Services, developing innovative approaches and new partnerships to build general awareness of the Elder Justice Act.



Community gardens give elders the opportunity to grow their own food, exercise, share knowledge, and express creativity.

Moving forward, PCA has committed to using the National Prevention Strategy as a:

- Link to connect the agency to broader public health agendas
- Vehicle to build multi-disciplinary collaborations around environment and aging
- Tool to assist senior-focused organizations to enhance prevention activities
- Guide in writing its mandated 2016–2020 Area Plan, due to the State in June 2015
- Reference for designing programming in select areas, such as HIV/AIDS education
- Framework for future research and grant applications

PCA continues to inspire like-minded organizations, locally and Nationally, to use the Strategy and join the National prevention movement. 🌱

Henry Ford Health System

Since 2012, the Henry Ford Health System (HFHS) has been using the National Prevention Strategy to guide Henry Ford LiveWell (HF LiveWell), an agenda to improve the health of HFHS employees, patients, and surrounding communities. HFHS is an integrated nonprofit system serving the Detroit area by providing acute, specialty, primary, and preventive care; community health programs; and health insurance. With more than 23,000 employees, HFHS is the fifth largest employer in Metro Detroit.

Strategic Planning

HFHS undertook a planning process to integrate wellness into the seven pillars of the Henry Ford experience: People, Service, Quality and Safety, Growth, Research and Education, Community, and Finance. The process revealed multiple opportunities to use the National Prevention Strategy framework in designing HF LiveWell. Notably, 87 percent of stakeholders felt it was essential to align HF LiveWell with health reform, of which the Strategy is a key component.

Virtual Wellness Center

Today, the hallmark of HF LiveWell is a comprehensive, user-friendly website that addresses LiveWell's strategic directions:

- Engage and empower people

- Incorporate wellness into clinical practice

- Align and lead around health care policy

- Expand the research knowledge base

Programming

The majority of HF LiveWell's programs are framed around National Prevention Strategy Priorities. Many began with an employee wellness focus and will ultimately be extended to patients and the community; in this way HFHS can lead by example.

- **Tobacco Free Living:** In 2007, HFHS adopted a tobacco-free campus policy. In 2013, the policy expanded to include nicotine-free hiring as well as a tobacco-free work day. In anticipation of these policy changes, HFHS offered free tobacco cessation services to employees and community members and cessation medications at a reduced price.
- **Healthy Foods:** HFHS is working to provide healthier options in vending machines, cafés, and patient food services. By removing



Henry Ford's Dr. Kimberlydawn Wisdom speaking at their Sew Up the Safety Net for Women and Children Initiative event.

deep fat fryers, adjusting recipes, and purchasing leaner meat, HFHS reduced the amount of fat in café and patient meals by almost 7 tons between 2012 and 2013. In 2013, HFHS made a signed commitment to the Partnership for a Healthier America Hospital Healthy Food Initiative. HFHS fulfills its commitment by offering nutrition education, cooking demonstrations, and other healthy food initiatives in the community.

- **Active Living:** HFHS encourages employees to use treadmill desks and have walking meetings. HFHS also promotes 10-minute active work breaks through the evidence-based Instant Recess® program and is working with a variety of schools to combat inactivity using this strategy.

Although HF LiveWell incorporates each of the Strategic Directions and Priorities enumerated in the National Prevention Strategy into its efforts, one stands out for HFHS: "Our overall goal is the Elimination of Health Disparities, which is the NPS Strategic Direction that must emanate throughout all prevention activities," says Dr. Kimberlydawn Wisdom, Senior Vice President of Community Health Equity and Chief Wellness Officer, and member of the the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health. 🌐

Panhandle Public Health District

The Panhandle Public Health District (PPHD), which serves more than 50,000 residents in 10 counties of the rural Nebraska panhandle, collaborated with the Scotts Bluff County Health Department in 2011–2012 to engage more than 760 people in an assessment and community health improvement planning process guided by recommendations from CDC, the National Prevention Strategy, and *Healthy People 2020*. The Community Health Improvement Plan that resulted is aimed at strengthening the regional infrastructure for cross-sector action to increase the number of Panhandle residents who are healthy at every stage of life. The majority of strategies in the plan focus on creating supportive environments in worksites, schools, and child care centers.

Recognizing that workplace conditions have a major impact on physical and mental health, PPHD has developed extensive programming in collaboration with employers. The Panhandle Worksite Wellness Council, a collaboration of PPHD and over three dozen employers whose reach ranges from local to National, serves as a conduit to enhance policies, systems, and environmental supports in the workplace so that the healthy choice becomes the easy choice. Members of the Worksite Wellness Council are advancing NPS recommendations in the following areas:

- **Healthy Eating:**

- » Offering water and diet juices in company refrigerators
- » Adopting healthy meeting guidelines to increase fruit and veggie offerings
- » Providing a room, refrigeration, and time for breastfeeding mothers to express their milk

- **Physical Activity:**

- » Using break time for physical activity
- » Providing walking workstations

- **Injury and Violence Free Living:**

- » Implementing distracted driving policies

- **Mental and Emotional Well-Being:**

- » Creating flextime policies to better balance personal and work obligations

- **Clinical and Community Preventive Services:**

- » Hosting evidence-based programs like National Diabetes Prevention Program directly on site



Outfitters at Cabela's, member of the Panhandle Worksite Wellness Council, start their morning with stretching exercises during Cabela's annual wellness week.

- **Tobacco Free Living:**

- » Establishing tobacco-free campuses

One in five employed persons in the Panhandle benefits from the implementation of these worksite wellness initiatives. PPHD also supports people's ability to take an active role in improving their health. The National Prevention Strategy's health literacy recommendations prompted PPHD to participate in the Nebraska Association of Local Health Directors Rural Opportunities Project. This project provides training and technical assistance for area health care and social service providers to implement components of the National Action Plan to Improve Health Literacy.

Kim Engel, Health District Director, connects the importance of NPS recommendations for Empowered People with the worksite wellness and health literacy initiatives, stating: "PPHD is working to empower Panhandle residents to have the knowledge, ability, resources, and motivation to make healthy choices." 🌐

The Future of Prevention



National leadership is critical to creating a prevention-oriented society. The National Prevention Council will continue to prioritize prevention by collaborating across multiple settings to advance the National Prevention Strategy and improve the health of the Nation.

Achieving the National Prevention Strategy's vision and goal will require partnership from all sectors in American society. By acting together to implement the Strategic Directions and Priorities of the National Prevention Strategy, we can increase the number of Americans who are healthy at every stage of life.

The National Prevention Strategy's vision is *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 prevention and wellness.*

The National Prevention Strategy's overarching goal is *Increase the number of Americans who are healthy at every stage of life.*

Appendix A: National Prevention Council Initiatives - Health-Related and Health-Relevant Metrics

Health Metrics

The use of appropriate health-related metrics is key to allow for evaluation of interventions at the individual and community level. Metrics are important to the National Prevention Council's work because they can be used to measure how activities that serve an agency's core mission also promote health. Examples of tools to gather health-related and/or health relevant metrics by Council departments include:

Healthy Eating Index

The U.S. Department of Agriculture (USDA) developed the Healthy Eating Index (HEI), a measure of diet quality that compares the eating habits of groups with Federal dietary guidance. The HEI was updated in 2012 to reflect the *Dietary Guidelines for Americans, 2010*. The HEI is a scoring metric that can be applied to any defined set of foods, such as previously collected dietary data, a defined menu, or a market basket. USDA's primary use of the HEI is to monitor the diet quality of the U.S. population and the low-income subpopulation. The HEI is also used to examine relationships between diet and health-related outcomes and between diet cost and diet quality, to determine the effectiveness of nutrition intervention programs and to assess the quality of food assistance packages, menus, and the U.S. food supply. The HEI is used by USDA and other Federal partners, including the National Cancer Institute in applied research; the Federal Interagency Forum on Child and Family Statistics for the America's Children: Key National Indicators of Well-Being reports; and the Federal Interagency Forum on Aging-Related Statistics for the Older Americans Key National Indicators of Well-Being reports.

National Smart Location Index

The National Smart Location Index (SLI) evaluates the relative sustainability of a workplace location and provides a location efficiency score that includes the walkability of the neighborhood as well as transportation access factors and is updated regularly to create a measure of how friendly an area is to walking as well as the environmental and economic benefits of the location. The General Services Administration's Urban Development Program worked with Environmental Protection Agency's Office of Sustainable Communities to modify EPA's National Smart Location Database into a format that is useful for GSA analysis, including an index that allows for easy comparison and can be a tool to inform considerations related to providing a healthy workplace for employees.

Transportation and Health Tool

The Department of Health and Human Services and the Department of Transportation are developing a transportation and health tool that will be pre-populated with region- and State-specific data. The goals of this tool are to help transportation decision makers understand many of the issues in play at the intersection with public health, provide data that can inform State and regional transportation policies and project decisions, and strengthen collaborations between transportation and public health sectors.

Appendix B:

2014 Reporting - National Prevention Strategy Indicators

GOAL INDICATORS				
KEY INDICATOR ^a	DATA SOURCE	FREQUENCY	BASELINE (YEAR) ^b	MOST RECENT DATA AVAILABLE (YEAR) ^c
Rate of infant mortality per 1,000 live births	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	6.8 per 1,000 live births (2007)	6.07 per 1,000 live births (2011)
Proportion of Americans who live to age 25	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	98.3% (2007)	98.4% (2009)
Proportion of Americans who live to age 65	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	83.6% (2007)	84.0% (2009)
Proportion of Americans who live to age 85	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	38.6% (2007)	41.2% (2009)
Proportion of 0- to 24-year-old Americans in good or better health	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	97.7% (2009)	97.4% (2012)
Proportion of 25- to 64-year-old Americans in good or better health	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	88.6% (2009)	88.0% (2012)
Proportion of 65- to 84-year-old Americans in good or better health	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	77.5% (2009)	78.5% (2012)
Proportion of 85-year-old and older Americans in good or better health	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	64.9% (2009)	67.7% (2012)

^a All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

^b Baseline reflects data that were released and analyzed as of June 2011, the year the National Prevention Strategy was released.

^c Data presented for each indicator reflect most recently released and analyzed data from the applicable data source(s).

LEADING CAUSES OF DEATH ^d				
KEY INDICATOR ^a	DATA SOURCE	FREQUENCY	BASELINE (YEAR) ^b	MOST RECENT DATA AVAILABLE (YEAR) ^c
Rate of cancer deaths	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	179.3 deaths per 100,000 population (2007)	169.0 deaths per 100,000 population (2011)
Rate of coronary heart disease deaths ^e	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	129.2 deaths per 100,000 population (2007)	109.2 deaths per 100,000 population (2011)
Rate of stroke deaths	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	43.5 deaths per 100,000 population (2007)	37.9 deaths per 100,000 population (2011)
Rate of chronic lower respiratory disease deaths	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	41.4 deaths per 100,000 population (2007)	42.5 deaths per 100,000 population (2011)
Rate of unintentional injury deaths	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	40.4 deaths per 100,000 population (2007)	39.1 deaths per 100,000 population (2011)

HEALTHY AND SAFE COMMUNITY ENVIRONMENTS				
KEY INDICATOR ^a	DATA SOURCE	FREQUENCY	BASELINE (YEAR) ^b	MOST RECENT DATA AVAILABLE (YEAR) ^c
Number of days the Air Quality Index (AQI) exceeds 100	Air Quality System (formerly the Aerometric Information Retrieval System), Environmental Protection Agency	Annually	2,200,000,000 (2008) (number of days, weighted by population and AQI value) ^f	1,252,000,000 (2011) (number of days, weighted by population and AQI value)
Amount of toxic pollutants released into the environment	U.S. National Toxics Release Inventory, Environmental Protection Agency	Annually	1,950,000 tons (2008) ^g	2,044,037 tons (2011)
Proportion of State public health agencies that can convene, within 60 minutes of notification, a team of trained staff who can make decisions about appropriate response and interaction with partners	Centers for Disease Control and Prevention, Division of State and Local Readiness	Annually	84.0% (2010)	94.0% (2011)
Proportion of children aged 5–17 years with asthma who missed school days in the past 12 months	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Periodically	58.7% (2008)	N/A ^h

^a All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

^b Baseline reflects data that were released and analyzed as of June 2011, the year the National Prevention Strategy was released.

^c Data presented for each indicator reflect most recently released and analyzed data from the applicable data source(s).

^d In 2013, rates for years 2007, 2008 and 2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses instead of the postcensal estimates for the denominator. Thus, the original baselines have been revised.

^e Note: The leading cause of death is diseases of the heart (2007 baseline: 616,067 deaths, 196.1 deaths per 100,000 population); however, coronary heart disease deaths will be tracked because they account for most (66%) deaths from disease of the heart, are the most amenable to prevention, and have an available 10-year target established for *Healthy People 2020*.

^f The measure tracks the number of people living in counties that had an Air Quality Index (AQI) value more than 100. When AQI values are above 100, air quality is considered to be unhealthy—at first, for certain sensitive groups of people; then for everyone as AQI values get higher. The measure is the sum of the populations of counties with AQI >100 multiplied by the number of days that the AQI is >100 multiplied by the AQI weight for each day and averaged over a 3-year period.

^g This baseline and target reflect that certain industrial facilities that manufacture, process, or otherwise use specified toxic chemicals (more than 600 toxic chemicals and chemical categories) in amounts above reporting threshold levels are required to submit annually the release and other waste management information to EPA (Toxics Release Inventory) and to designated State officials (42 U.S.C 11023; 42 U.S.C 13106). Executive Order 13148 extends these requirements to all Federal facilities. <http://www.epa.gov/tri/index.htm>.

^h Follow-up data are not currently available.

CLINICAL AND COMMUNITY PREVENTIVE SERVICES				
KEY INDICATOR ^a	DATA SOURCE	FREQUENCY	BASELINE (YEAR) ^b	MOST RECENT DATA AVAILABLE (YEAR) ^c
Proportion of medical practices that use electronic health records ^d	National Ambulatory Medical Care Survey - Electronic Health Records Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	25.0% (2007)	60.9% (2012)
Proportion of adults aged 18 years and older with hypertension whose blood pressure is under control	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually, released in 2-year increments biennially	43.7% (2005–2008)	48.9% (2009–2012)
Proportion of adults aged 20 years and older with high low-density lipoprotein (LDL) cholesterol whose LDL is at or below recommended levels	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually, released in 2-year increments biennially	33.0% (2009–2010) ^e	42.8% (2011–2012)
Proportion of adults aged 50–75 years who receive colorectal cancer screening based on the most recent guidelines	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Periodically	52.1% (2008) ^f	59.2% (2010)
Proportion of children and adults who are vaccinated annually against seasonal influenza ^g	National Health Interview Survey, Centers for Disease Control and Prevention Health Statistics	Seasonally	6 months–17 years: 46.9% (2010–2011)	6 months–17 years: 47.1% (2011–2012)
	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Seasonally	Adults 18+: 38.1% (2010–2011)	Adults 18+: 39.2% (2011–2012)
	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Seasonally	Health Care Personnel: 55.8% (2010–2011)	Health Care Personnel: 61.5% (2011–2012)

^a All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

^b Baseline reflects data that were released and analyzed as of June 2011, the year the National Prevention Strategy was released.

^c Data presented for each indicator reflect most recently released and analyzed data from the applicable data source(s).

^d Patients, clinicians, and health care systems can use electronic health records to improve delivery of clinical preventive services and improve the quality of preventive care.

^e Baseline was revised due to more accurate baseline data being available.

^f The baseline was revised due to a change in methodology.

^g This key indicator was revised in light of recent Advisory Committee on Immunization Practices recommendations.

EMPOWERED PEOPLE				
KEY INDICATOR ^a	DATA SOURCE	FREQUENCY	BASELINE (YEAR) ^b	MOST RECENT DATA AVAILABLE (YEAR) ^c
Proportion of persons who report their health care providers always explained things so they could understand them	Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality	Annually	60.0% (2007)	60.6% (2010)
Proportion of adults reporting that they receive the social and emotional support they need	Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention	Annually	80.0% (2008)	80.5% (2010)
ELIMINATION OF HEALTH DISPARITIES				
KEY INDICATOR ^a	DATA SOURCE	FREQUENCY	BASELINE (YEAR) ^b	MOST RECENT DATA AVAILABLE (YEAR) ^c
Proportion of persons (from racial/ethnic minority groups) in fair or poor health	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	African Americans: 14.2% (2007)	African Americans: 14.9% (2012)
	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	Hispanics: 13.0% (2007)	Hispanics: 13.3% (2012)
	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	American Indians or Alaska Natives: 17.1% (2007)	American Indians or Alaska Natives: 15.7% (2012)
Proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines ^m	Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality	Annually	10.0% (2007)	10.4% (2011)
Proportion of persons who report their health care provider always listens carefully	Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality	Annually	59.0% (2007)	61.9% (2010)

^a All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

^b Baseline reflects data that were released and analyzed as of June 2011, the year the National Prevention Strategy was released.

^c Data presented for each indicator reflect most recently released and analyzed data from the applicable data source(s).

^m In addition to national summary data, as data are available, these indicators will be tracked by subgroup.

TOBACCO FREE LIVING				
KEY INDICATOR ^a	DATA SOURCE	FREQUENCY	BASELINE (YEAR) ^b	MOST RECENT DATA AVAILABLE (YEAR) ^c
Proportion of adults who are current smokers (have smoked at least 100 cigarettes during their lifetime and report smoking every day or some days)	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	20.6% (2008)	18.2% (2012)
Proportion of adolescents who smoked cigarettes in the past 30 days	Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	Biennially	19.5% (2009)	15.7% (2013)
Proportion of youth aged 3–11 years exposed to secondhand smoke	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually, released in 2-year increments biennially	52.2% (2005–2008)	41.3% (2009–2012)

PREVENTING DRUG ABUSE AND EXCESSIVE ALCOHOL USE				
KEY INDICATOR ^a	DATA SOURCE	FREQUENCY	BASELINE (YEAR) ^b	MOST RECENT DATA AVAILABLE (YEAR) ^c
Proportion of adults aged 18 years and older who reported that they engaged in binge drinking during the past month	National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration	Annually	27.1% (2008)	27.1% (2012)
Proportion of high school seniors who reported binge drinking during the past 2 weeks	Monitoring the Future Survey, National Institutes of Health	Annually	25.2% (2009)	22.1% (2013)
Proportion of persons aged 12 years or older who reported nonmedical use of any psychotherapeutic drug in the past year	National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration	Annually	6.1% (2008)	6.4% (2012)
Proportion of youth aged 12–17 years who have used illicit drugs in the past 30 days	National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration	Annually	10.0% (2009)	9.5% (2012)

^a All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

^b Baseline reflects data that were released and analyzed as of June 2011, the year the National Prevention Strategy was released.

^c Data presented for each indicator reflect most recently released and analyzed data from the applicable data source(s).

HEALTHY EATING				
KEY INDICATOR ^a	DATA SOURCE	FREQUENCY	BASELINE (YEAR) ^b	MOST RECENT DATA AVAILABLE (YEAR) ^c
Proportion of adults and children and adolescents who are obese	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually, released in 2-year increments biennially	Adults 20+ yrs: 33.9% (2005–2008) ⁿ	Adults 20+ yrs: 35.3% (2009–2012)
	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	Children and Adolescents 2–19 yrs: 16.1% (2005–2008) ^o	Children and Adolescents 2–19 yrs: 16.9% (2009–2012)
Average daily sodium consumption in the population	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics; U.S. Department of Agriculture, Agricultural Research Service	Annually, released in 2-year increments biennially	3,655 mg (2009–2010)	N/A
Average number of infections caused by salmonella species transmitted commonly through food	The Foodborne Disease Active Surveillance Network, Centers for Disease Control and Prevention	Annually	15.2 cases per 100,000 population (2006–2008)	16.4 cases per 100,000 population (2011)
Proportion of infants who are breastfed exclusively through 6 months	National Immunization Survey, Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, National Center for Health Statistics	Annually	14.1% (2006)	16.2% (2009)
ACTIVE LIVING				
KEY INDICATOR ^a	DATA SOURCE	FREQUENCY	BASELINE (YEAR) ^b	MOST RECENT DATA AVAILABLE (YEAR) ^c
Proportion of adults who meet physical activity guidelines for aerobic physical activity	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	43.5% (2008)	50.0% (2012)
Proportion of adolescents who meet physical activity guidelines for aerobic physical activity	Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	Biennially	28.7% (2011)	27.1% (2013)
Proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours	School Health Policies and Programs Study, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	Periodically	28.8% (2006)	N/A
Proportion of commuters who use active transportation (i.e., walk, bicycle, and public transit) to travel to work	U.S. Census Bureau's American Community Survey	Annually	8.2% (2006–2010)	N/A

^a All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

^b Baseline reflects data that were released and analyzed as of June 2011, the year the National Prevention Strategy was released.

^c Data presented for each indicator reflect most recently released and analyzed data from the applicable data source(s).

ⁿ The baseline was revised due to a change in methodology.

^o The baseline was revised due to a change in methodology.

INJURY AND VIOLENCE FREE LIVING				
KEY INDICATOR ^a	DATA SOURCE	FREQUENCY	BASELINE (YEAR) ^b	MOST RECENT DATA AVAILABLE (YEAR) ^c
Rate of fatalities due to alcohol-impaired driving	Fatality Analysis Reporting System, U.S. Department of Transportation	Annually	0.40 deaths per 100 million vehicle miles traveled (2008)	0.33 deaths per 100 million vehicle miles traveled (2011)
Rate of fall-related deaths among adults aged 65 years and older	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	47.0 deaths per 100,000 population (2007)	53.7 deaths per 100,000 population (2011)
Rate of homicides	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	6.1 homicides per 100,000 population (2007)	5.3 homicides per 100,000 population (2011)
Rate of motor vehicle crash-related deaths	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	13.8 deaths per 100,000 population (2007)	10.6 deaths per 100,000 population (2011)

^a All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

^b Baseline reflects data that were released and analyzed as of June 2011, the year the National Prevention Strategy was released.

^c Data presented for each indicator reflect most recently released and analyzed data from the applicable data source(s).

REPRODUCTIVE AND SEXUAL HEALTH				
KEY INDICATOR ^a	DATA SOURCE	FREQUENCY	BASELINE (YEAR) ^b	MOST RECENT DATA AVAILABLE (YEAR) ^c
Proportion of children born with low birth weight (LBW) and very low birth weight (VLBW)	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	LBW: 8.2% (2007)	LBW: 8.1% (2011)
	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	VLBW: 1.5% (2007)	VLBW: 1.4% (2011)
Proportion of pregnant females who received early and adequate prenatal care	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	70.5% (2007)	N/A
Pregnancy rates among adolescent females aged 15–19 years	Abortion Provider Survey, Guttmacher Institute; Abortion Surveillance Data, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion; National Vital Statistics System – Natality, Centers for Disease Control and Prevention, National Center for Health Statistics; National Survey of Family Growth, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	15–17 yrs: 40.2 pregnancies per 1,000 females (2005)	15–17 yrs: 36.4 pregnancies per 1,000 females (2009)
		Annually	18–19 yrs: 117.7 pregnancies per 1,000 females (2005)	18–19 yrs: 106.3 pregnancies per 1,000 females (2009)
Proportion of sexually active persons aged 15–44 years who received reproductive health services	National Survey of Family Growth, Centers for Disease Control and Prevention, National Center for Health Statistics	Periodically	Females: 78.6% (2006–2010)	N/A
	National Survey of Family Growth, Centers for Disease Control and Prevention, National Center for Health Statistics	Periodically	Males: 14.8% (2006–2010)	N/A
Proportion of people living with HIV who know their serostatus	HIV Surveillance System, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	Annually	80.9% (2006)	84.2% (2010)
Proportion of sexually active women age 25 or younger with access to Chlamydia screening through enrollment in Medicaid and commercial health insurance plans	Healthcare Effectiveness Data and Information Set, National Committee for Quality Assurance	Annually	16- to 20-year-old females enrolled in Medicaid plans: 52.7% (2008)	16- to 20-year-old females enrolled in Medicaid plans: 53.5% (2012)
	Healthcare Effectiveness Data and Information Set, National Committee for Quality Assurance	Annually	21- to 24-year-old females enrolled in Medicaid plans: 59.4% (2008)	21- to 24-year-old females enrolled in Medicaid plans: 63.6% (2012)
	Healthcare Effectiveness Data and Information Set, National Committee for Quality Assurance	Annually	16- to 20-year-old females enrolled in commercial health insurance plans: 40.1% (2008)	16- to 20-year-old females enrolled in commercial health insurance plans: 41.1% (2012)
	Healthcare Effectiveness Data and Information Set, National Committee for Quality Assurance	Annually	21- to 24-year-old females enrolled in commercial health insurance plans: 43.5% (2008)	21- to 24-year-old females enrolled in commercial health insurance plans: 49.2% (2012)

^a All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

^b Baseline reflects data that were released and analyzed as of June 2011, the year the National Prevention Strategy was released.

^c Data presented for each indicator reflect most recently released and analyzed data from the applicable data source(s).

MENTAL AND EMOTIONAL WELL-BEING				
KEY INDICATOR ^a	DATA SOURCE	FREQUENCY	BASELINE (YEAR) ^b	MOST RECENT DATA AVAILABLE (YEAR) ^c
Proportion of primary care physician office visits that screen adults and youth for depression	National Ambulatory Medical Care Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	Adults (19+ yrs): 2.2% (2007)	Adults (19+ yrs): 2.4% (2010)
	National Ambulatory Medical Care Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	Youth (12–18 yrs): 2.1% (2005–2007)	N/A
Proportion of children exposed to violence within the past year, either directly or indirectly (e.g., as a witness to a violent act; a threat against their home or school)	National Survey of Children's Exposure to Violence, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention	Periodically	58.8% (2008)	56.5% (2011)
Rate of suicide attempts by adolescents	Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention	Biennially	6.3 suicide attempts per 100 (2009)	8.0 suicide attempts per 100 (2013)
Proportion of persons who experience major depressive episode (MDE)	National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration	Annually	Adolescents (12–17 yrs): 8.3% (2008)	Adolescents (12–17 yrs): 9.1% (2012)
	National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration	Annually	Adults (18+ yrs): 6.5% (2008)	Adults (18+ yrs): 6.9% (2012)

^a All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

^b Baseline reflects data that were released and analyzed as of June 2011, the year the National Prevention Strategy was released.

^c Data presented for each indicator reflect most recently released and analyzed data from the applicable data source(s).



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