NATIONAL
PREVENTION
COUNCIL

National Prevention Strategy

AMERICA'S PLAN FOR BETTER HEALTH AND WELLNESS

June 2011

National Prevention, Health Promotion and Public Health Council

For more information about the National Prevention Strategy, go to:
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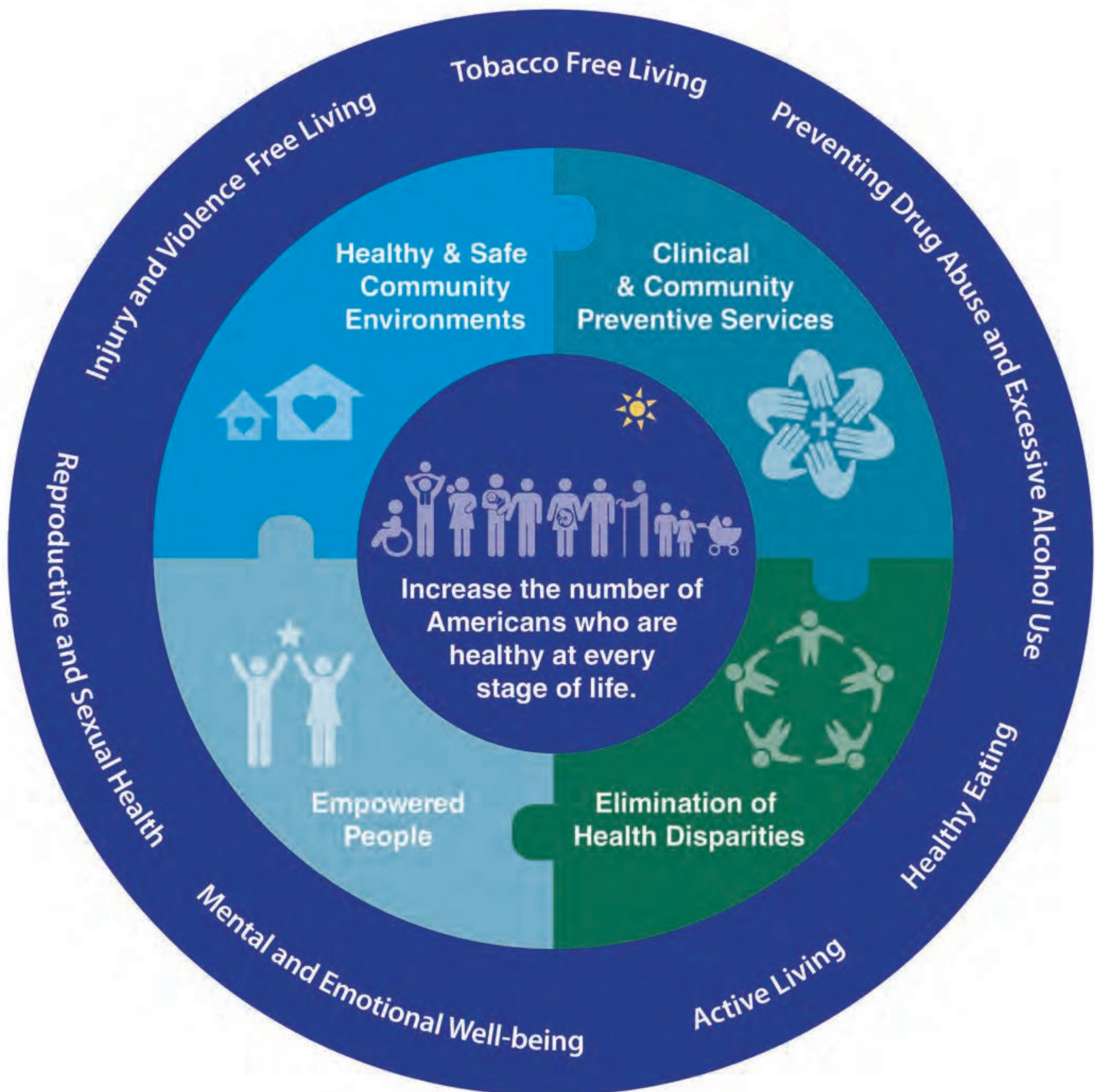
National Prevention Strategy
America's Plan for Better Health and Wellness



June 16, 2011

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

As U.S. Surgeon General and Chair of the National Prevention, Health Promotion, and Public Health Council (National Prevention Council), I am honored to present the nation's first ever National Prevention and Health Promotion Strategy (National Prevention Strategy). This strategy is a critical component of the Affordable Care Act, and it provides an opportunity for us to become a more healthy and fit nation.

The National Prevention Council comprises 17 heads of departments, agencies, and offices across the Federal government who are committed to promoting prevention and wellness. The Council provides the leadership necessary to engage not only the federal government but a diverse array of stakeholders, from state and local policy makers, to business leaders, to individuals, their families and communities, to champion the policies and programs needed to ensure the health of Americans prospers. With guidance from the public and the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, the National Prevention Council developed this Strategy.

The National Prevention Strategy will move us from a system of sick care to one based on wellness and prevention. It builds upon the state-of-the-art clinical services we have in this country and the remarkable progress that has been made toward understanding how to improve the health of individuals, families, and communities through prevention.

The National Prevention Strategy encourages partnerships among Federal, state, tribal, local, and territorial governments; business, industry, and other private sector partners; philanthropic organizations; community and faith-based organizations; and everyday Americans to improve health through prevention. For the first time in the history of our nation, we have developed a cross-sector, integrated national strategy that identifies priorities for improving the health of Americans. Through these partnerships, the National Prevention Strategy will improve America's health by helping to create healthy and safe communities, expand clinical and community-based preventive services, empower people to make healthy choices, and eliminate health disparities.

We know that preventing disease before it starts is critical to helping people live longer, healthier lives and keeping health care costs down. Poor diet, physical inactivity, tobacco use, and alcohol misuse are just some of the challenges we face. We also know that many of the strongest predictors of health and well-being fall outside of the health care setting. Our housing, transportation, education, workplaces, and environment are major elements that impact the physical and mental health of Americans. This is why the National Prevention Strategy helps us understand how to weave prevention into the fabric of our everyday lives.

The National Prevention Council members and I are fully committed to implementing the National Prevention Strategy. We look forward to continuing our dialogue with all stakeholders as we strive to ensure that programs and policies effectively help us accomplish our vision of a healthy and fit nation.

Regina M. Benjamin, MD,
Surgeon General
Chair of the National Prevention, Health Promotion, and Public Health Council

National Prevention, Health Promotion, and Public Health Council

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Introduction

The strength and ingenuity of America's people and communities have driven America's success. A healthy and fit nation is vital to that strength and is the bedrock of the productivity, innovation, and entrepreneurship essential for our future. Healthy people can enjoy their lives, go to work, contribute to their communities, learn, and support their families and friends. A healthy nation is able to educate its people, create and sustain a thriving economy, defend itself, and remain prepared for emergencies.

The Affordable Care Act, landmark health legislation passed in 2010, created the National Prevention Council and called for the development of the National Prevention Strategy to realize the benefits of prevention for all Americans' health. The National Prevention Strategy is critical to the prevention focus of the Affordable Care Act and builds on the law's efforts to lower health care costs, improve the quality of care, and provide coverage options for the uninsured.

Preventing disease and injuries is key to improving America's health. When we invest in prevention, the benefits are broadly shared. Children grow up in communities, homes, and families that nurture their healthy development, and people are productive and healthy, both inside and outside the workplace. Businesses benefit because a healthier workforce reduces long-term health care costs and increases stability and productivity. Furthermore, communities that offer a healthy, productive, stable workforce can be more attractive places for families to live and for businesses to locate.

Although America provides some of the world's best health care and spent over $2.5 trillion for health in 2009, the U.S. still ranks below many countries in life expectancy, infant mortality, and many other indicators of healthy life.[1] Most of our nation's pressing health problems can be prevented. Eating healthfully and engaging in regular physical activity, avoiding tobacco, excessive alcohol use, and other drug abuse, using seat belts, and receiving preventive services and vaccinations are just a few of the ways people can stay healthy. Health is more than merely the absence of disease; it is physical, mental, and social well-being.[2] Investments in prevention complement and support treatment and care. Prevention policies and programs can be cost-effective, reduce health care costs, and improve productivity (Appendix 1). The National Prevention Strategy's core value is that Americans can live longer and healthier through prevention.

Many of the strongest predictors of health and well-being fall outside of the health care setting. Social, economic, and environmental factors all influence health.[3] People with a quality education, stable employment, safe homes and neighborhoods, and access to high quality preventive services tend to be healthier throughout their lives and live longer. When organizations, whether they are governmental, private, or nonprofit, succeed in meeting these basic needs, people are more likely to exercise, eat healthy foods, and seek preventive health services. Meeting basic needs and providing information about personal health and health care can empower people to make healthy choices, laying a foundation for lifelong wellness.

Preventing disease requires more than providing people with information to make healthy choices. While knowledge is critical, communities must reinforce and support health, for example, by making healthy choices easy and affordable. We will succeed in creating healthy community environments when the air and water are clean and safe; when housing is safe and affordable; when transportation and community infrastructure provide people with the opportunity to be active and safe; when schools serve children healthy food and provide quality physical education; and when businesses* provide healthy and safe working conditions and access to comprehensive wellness programs. When all sectors (e.g., housing, transportation, labor, education, defense) promote prevention-oriented environments and policies, they all contribute to health.

The National Prevention Strategy builds on the fact that lifelong health starts at birth and continues throughout all stages of life. Prevention begins with planning and having a healthy pregnancy, develops into good eating and fitness habits in childhood, is supported by preventive services at all stages of life, and promotes the ability to remain active, independent, and involved in one's community as we age. Students who are healthy and fit come to school ready to learn; employees who are free from mental and physical conditions take fewer sick days, are more productive, and help strengthen the economy; and older adults who remain physically and mentally active are more likely to live independently.[4]

To ensure that all Americans share in the benefits of prevention, the National Prevention Strategy includes an important focus on those who are disproportionately burdened by poor health. In the United States, significant health disparities exist and these disparities are closely linked with social, economic, and environmental disadvantage (e.g., lack of access to quality affordable health care, healthy food, safe opportunities for physical activity, and educational and employment opportunities).

* Consistent with existing laws

The National Prevention Strategy

The National Prevention Strategy aims to guide our nation in the most effective and achievable means for improving health and well-being. The Strategy prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives.

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.*

This 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's overarching goal is *Increase the number of Americans who are healthy at every stage of life.*

This Strategy focuses on both increasing the length of people's lives and ensuring that people's lives are healthy and productive. Currently Americans can expect to live 78 years, but only 69 of these years would be spent in good health.[5] Implementing the National Prevention Strategy can increase both the length and quality of life. To monitor progress on this goal, the Council will track and report measures of the length and quality of life at key life stages (Appendix 2 for baselines and targets). To realize this vision and achieve this goal, the Strategy identifies four Strategic Directions and seven targeted Priorities. The Strategic Directions provide a strong foundation for all of our nation's prevention efforts and include core recommendations necessary to build a prevention-oriented society. The Strategic Directions are

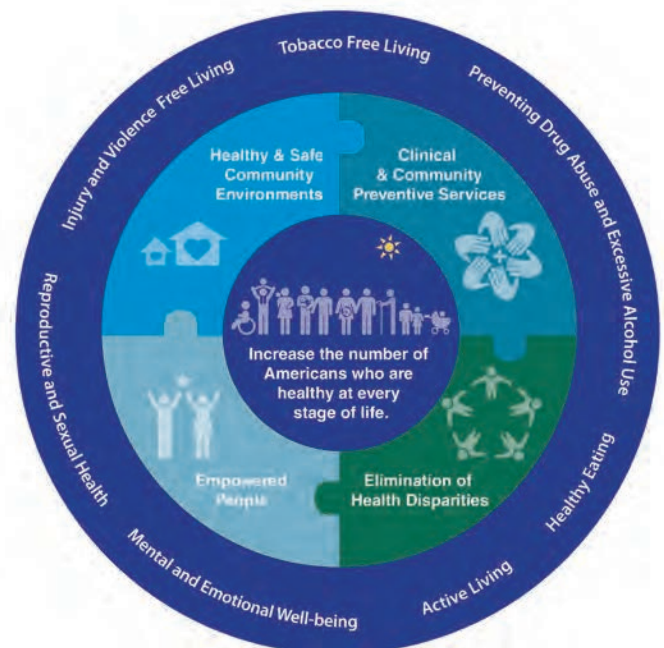
- **Healthy and Safe Community Environments:** Create, sustain, and recognize communities that promote health and wellness through prevention.
- **Clinical and Community Preventive Services:** Ensure that prevention-focused health care and community prevention efforts are available, integrated, and mutually reinforcing.
- **Empowered People:** Support people in making healthy choices.
- **Elimination of Health Disparities:** Eliminate disparities, improving the quality of life for all Americans.

Within this framework, the Priorities provide evidence-based recommendations that are most likely to reduce the burden of the leading causes of preventable death and major illness. The seven Priorities are

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

Moving Forward

National leadership is critical to implementing this Strategy. This leadership includes aligning and focusing Federal prevention efforts. However, the Federal government will not be successful acting alone. Partners in prevention from all sectors in American society are needed for the Strategy to succeed. All of us must act together, implementing the Strategic Directions and Priorities, so that all Americans can live longer and healthier at every stage of life.



National Leadership

National leadership is critical to support our nation's focus on prevention, catalyze action across society, and implement the Strategic Directions and Priorities of the National Prevention Strategy. The National Prevention Council, created through the Affordable Care Act, comprises 17 Federal departments, agencies and offices and is chaired by the Surgeon General. The National Prevention Council developed the Strategy with input from the Prevention Advisory Group, stakeholders, and the public (Appendix 3). The Council will continue to provide national leadership, engage a diverse array of stakeholders, facilitate coordination and alignment among Federal departments, agencies, and offices and non-Federal partners, champion the implementation of effective policies and programs, and ensure accountability.

Provide National Leadership

The National Prevention Council provides coordination and leadership at the Federal level and identifies ways that agencies can work individually, as well as together, to improve our nation's health. The Council helps each agency incorporate health considerations into decision making, enhances collaboration on implementing prevention and health promotion initiatives, facilitates sharing of best practices, and, as appropriate, coordinates guidance and funding streams. The Council will identify specific, measurable actions and timelines to carry out the Strategy, and will determine accountability for meeting those timelines within and across Federal departments and agencies.

Engage Partners

The Council will ensure ongoing engagement of partners from all parts of society to understand and act upon advancements and developments that may affect health and wellness through prevention. Partners are necessary to implement the Strategy at the national, state, tribal, local, and territorial levels. The Council will foster partnerships, identify areas for enhanced coordination and alignment, and disseminate best practices.

Align Policies and Programs

Aligning policies and programs at the national, state, tribal, local, and territorial levels can help ensure that actions are synergistic and complementary. When all sectors are working toward common prevention priorities, improvements in health can be amplified. The National Prevention Council will work to identify and facilitate the sharing of best practices to support the alignment of actions with what has been shown to be effective.

Assess New and Emerging Trends and Evidence

The prevention landscape continuously evolves as scientific evidence, new plans and reports, new legislation, and innovative partnerships emerge. The Strategy will adapt its approaches as new information becomes available. The National Prevention Council will gather input to identify promising practices and innovative approaches to prevention and integrative health. The Council will maintain close ties to prevention practice and research, updating policy and program recommendations as new evidence becomes available. The Council will review new and emerging data and evidence, prioritizing our nation's health needs and providing information to the President and Congress concerning the most pressing health issues confronting the United States.

Ensure Accountability – Annual Status Report

The National Prevention Council will track progress in implementing the National Prevention Strategy, report on successes and challenges, and identify actions that are working, as well as areas where additional effort is needed. The Strategy contains metrics that will be used to measure progress. Key indicators are identified for the overarching goal, the leading causes of death, and each of the Strategic Directions and Priorities. Each year, the National Prevention Council will deliver an Annual Status Report to the President and Congress.

The Prevention Advisory Group

The Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (Prevention Advisory Group), also created by the Affordable Care Act, brings a non-Federal perspective to the Strategy's policy and program recommendations and to its implementation. The Presidentially appointed Prevention Advisory Group (Appendix 4) will assist in the implementation of the Strategy, working with partners throughout the nation. The Prevention Advisory Group will advise the National Prevention Council in developing public, private, and nonprofit partnerships that will leverage opportunities to improve our nation's health. The Prevention Advisory Group will also continue to develop and suggest policy and program recommendations to the Council.

Partners in Prevention

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.

Who are the 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.

Roles that Partners Play

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 community-based organization that provides job training for the unemployed, to the parent of young children who works to provide healthy foods and ensure they receive appropriate preventive services. Partners play a variety of roles and, at their best, are trusted members of the communities and populations they serve. Opportunities for prevention increase when those working in housing, transportation, education, and other sectors incorporate health and wellness into their decision making. The following roles exemplify opportunities that partners can take to support prevention:

Policy Maker

Individuals, organizations, and communities have a role in developing, implementing, and enforcing policies, laws, and regulations within their jurisdictions, whether they are states, cities, communities, work sites, schools, or recreation areas. Organizations can explicitly consider the potential health impact of policy options and choose to implement those policies that improve health. For example, a metropolitan planning organization can institutionalize the use of health criteria when making planning decisions on land use and design to provide opportunities for safe physical activity.

Purchaser

Individuals, agencies, and organizations purchase various goods and services, such as food, vehicles, health insurance, and supplies, and some finance the construction of infrastructure projects, such as buildings, housing, and roads. They can use their purchasing power to promote health and wellness. For example, businesses can adopt policies to procure healthy foods and build healthier environments for their workers and customers.

Employer

Employers have the ability to implement policies and programs that foster health, wellness, and safety among their employees. Evidence-based work-site employee wellness and safety policies and programs can reduce health risks and improve the quality of life for millions of workers in the United States. For example, employers can provide tailored, confidential counseling to promote life skills, combat depression, address substance use problems, and enhance overall emotional well-being for employees.

Building a Prevention Foundation through Partnerships

Improving the health of our nation's workforce is good for both employees and employers – it improves employee productivity, reduces health care expenditures, and encourages economic growth. Employers can implement policies and programs to improve the health of their workers, for example, by protecting their workers from illness and injury, ensuring access to healthy foods, and providing health coverage for clinical preventive services.

Funder

Funding for research, programs, operations, and infrastructure (e.g., roads) can be used to improve prevention. Organizations that provide financial support can encourage funding recipients to adhere to health principles and standards, leverage cross-sector collaboration, and support development of healthy communities. For example, state, tribal, local, and territorial governments can incorporate recommendations for physical activity and standards for healthy eating into performance standards for schools and child care centers.

Data Collector and Researcher

Data and research can be used to strengthen implementation of the National Prevention Strategy. For example, a university can help demonstrate the business case for prevention and share these findings with corporate decision makers (e.g., board chairs, corporate officers). Further, researchers can work with communities by providing data that present a comprehensive community profile (e.g., community health status and data on transportation, recreation, labor, environment, and education), helping identify evidence-based strategies, and measuring progress.

Partners in Prevention

Health Care Provider

Individuals and organizations that deliver health care services can implement policies and systems to support the delivery of high-impact clinical preventive services and enhance linkages between clinical and community prevention efforts. For example, a health care system can adopt a decision support system that prompts clinicians to deliver appropriate clinical preventive services to patients.

Communicator and Educator

Individuals and communities provide and receive information through many sources. Advertising, educational campaigns, informational websites, and trainings can raise awareness, provide people with knowledge and skills, and create supportive environments to help people make healthy decisions.

PROJECT HIGHLIGHT: Incorporating Health in Regional Transportation Planning: Nashville, Tennessee

Recognizing the relationship between the built environment, transportation, and health, the Nashville Area Metropolitan Planning Organization adopted a set of guiding principles, goals, and objectives to help the region pursue quality growth as a central part of its 25-year regional transportation plan. Emphasizing mass transit, active transportation (e.g., biking, walking), and preservation and enhancement of roadways, the plan incorporates health considerations into infrastructure project selection. Sixty percent of the selection criteria are related to health, safety, congestion reduction, and active transportation, which has resulted in the inclusion of sidewalks, bicycle lanes, or shared-use lanes in 70 percent of funded roadway projects (up from 2 percent). The plan also reserves a minimum of 25 percent of Federal Surface Transportation Project dollars for active transportation.

Strategic Directions and Priorities

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

Strategic Directions

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

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

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

Empowered People: *Support people in making healthier choices.* Although policies and programs can make healthy options available, people still need to make healthy choices. When people have access to actionable and easy-to-understand information and resources, they are empowered to make healthier choices. Efforts to educate and motivate people to make healthy choices should occur across the lifespan, with a particular emphasis on ensuring that young people are provided with the knowledge, skills, and opportunities they need to allow them to become healthy adults. In addition, we should provide knowledge and opportunities that support the unique needs of our growing older adult population.

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

Priorities

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

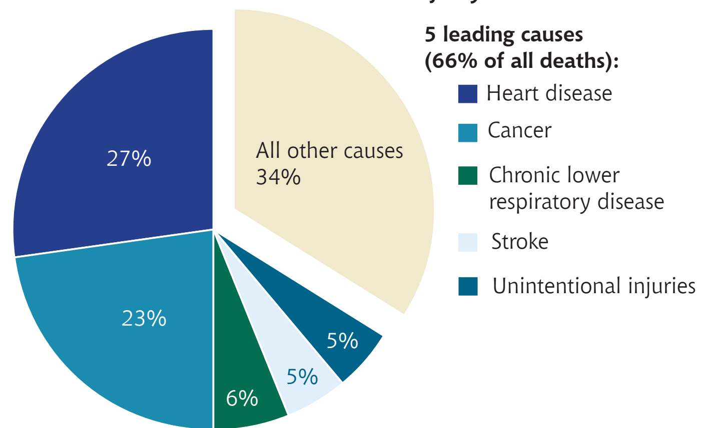
Together, chronic illnesses (e.g., cancer, obesity, depression) cause Americans to miss 2.5 billion days of work each year, resulting in lost productivity totaling more than $1 trillion.[7]

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

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

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

Five Causes Account for the Majority of Deaths



Source: National Vital Statistics Report, CDC, 2008

Recommendations and Actions

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

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

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

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

Measuring Progress

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

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

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

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

Healthy and Safe Community Environments

Health and wellness are influenced by the places in which people live, learn, work, and play. Communities, including homes, schools, public spaces, and work sites, can be transformed to support well-being and make healthy choices easy and affordable. Healthy and safe community environments include those with clean air and water, affordable and secure housing, sustainable and economically vital neighborhoods (e.g., efficient transportation, good schools), and supportive structures (e.g., violence free places to be active, access to affordable healthy foods, streetscapes designed to prevent injury).[8] Healthy and safe community environments are able to detect and respond to both acute (emergency) and chronic (ongoing) threats to health.[9]

KEY FACTS

- A variety of health-related hazards are disproportionately found in low-income housing, including excess moisture or mold, allergens, poor indoor air quality, structural deficiencies, and lead contamination.[10]
- Exposures to environmental and occupational hazards before and during pregnancy can increase risk of subsequent health problems for infants and children, such as birth defects, developmental disabilities, and childhood cancer.[11]
- Children may be more vulnerable to environmental exposures than adults because their bodily systems are still developing and their behavior can expose them more to chemicals and organisms.[12]
- Nearly one in 10 (approximately 7 million) children aged 17 and under have asthma. Black children are more likely to have asthma (17 percent) than Hispanic children (8 percent) or non-Hispanic white children (8 percent). Environmental factors (e.g., pests, mold and pollen, tobacco or wood smoke, indoor and outdoor air pollution) exacerbate asthma.[13]
- Work-related factors, including occupational exposures to chemicals, physical overexertion or inactivity, excessive heat or cold, noise, and psychosocial factors (e.g., stress, job strain) can create or worsen a variety of health problems including cancer, chronic obstructive pulmonary disease, asthma, and heart disease.[14]
- Perceptions of safety and physical surroundings influence individuals' decisions to walk in their neighborhoods.[15]

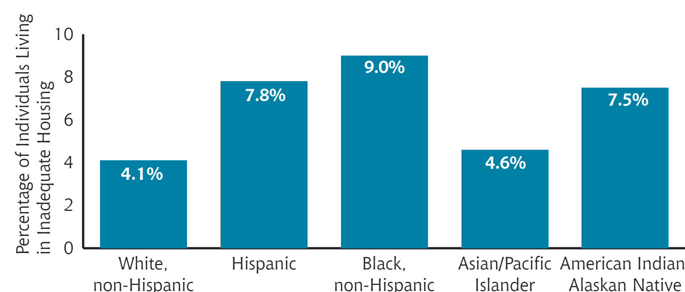
Recommendations: What can be done?

Making places healthier requires capacity for planning, delivering, and evaluating prevention efforts. A prevention-oriented society can be supported by integrating health and health equity criteria into community planning and decision making whenever appropriate; maintaining a skilled, cross-trained, and diverse prevention workforce; strengthening the capacity of state, tribal, local, and territorial health departments; implementing effective policies and programs that promote health and safety; and enhancing cross-sector data sharing and collaboration.[16]

1 Improve quality of air, land, and water. Safe air, land, and water are fundamental to a healthy community environment.[17] Implementing and enforcing environmental standards and regulations, monitoring pollution levels and human exposures, and considering the risks of pollution in decision making can all improve health and the quality of the environment.[18] For example, air quality standards, improved fuel efficiency and use of cleaner fuels, and transportation choices that reduce dependency on automobiles all improve air quality and health.[19] Safe drinking water is assured through routine monitoring, detection, and notification of water-related risks to prevent chemical and biological contamination.[20] Monitoring and research to understand the extent of people's exposure to environmental hazards, the extent of disparities in exposures and risks from environmental hazards and the impact of these exposures on health, and identifying how to reduce exposures, especially among vulnerable populations, will inform future efforts.[18]

2 Design and promote affordable, accessible, safe, and healthy housing. Living environments, including housing and institutional settings, can support health.[21] Quality housing is associated with positive physical and mental well-being.[22] How homes are designed, constructed, and maintained, their physical characteristics, and the presence or absence of safety devices have many effects on injury, illness, and mental health.[23] Housing free of hazards, such as secondhand smoke, pests, carbon monoxide, allergens, lead, and toxic chemicals, helps prevent disease and other health problems.[24] Housing that meets universal design standards allows people, including those with disabilities and older adults, to live safely in their homes.[25]

Inadequate Housing* Rates Are Highest Among Blacks, Hispanics, and American Indian/Alaska Natives



*Inadequate housing: moderate or severe deficiencies in plumbing, heating, electricity, or upkeep, or a combination of these. This data represents individuals, not households.
Source: American Housing Survey, U.S. Census Bureau, 2009

3 Strengthen state, tribal, local, and territorial public health departments to provide essential services.

Public health departments provide the cornerstone of our nation's public health capacity and are critical in identifying and responding to the needs of their communities.[26] Strengthening surveillance and laboratory capacity allows health departments to identify communities at greatest risk; measure the impact of policy, systems, and environmental changes; detect, control, and prevent infectious diseases; and respond to outbreaks and emergencies.[27] Systems to support quality—such as quality improvement and management systems—promote accountability and performance improvements.[28]

4 Integrate health criteria into decision making, where appropriate, across multiple sectors.

Assessments and audits (e.g., health impact assessments) can be used to help decision makers evaluate project or policy choices to increase positive health outcomes and minimize adverse health outcomes and health inequities. Understanding all risks and impacts of municipal planning or investment decisions, including those that can affect health, will help ensure that land use and transportation investments are aligned with positive and equitable health outcomes.[29] Communities can be designed to increase physical activity, decrease motor vehicle and pedestrian injuries and fatalities, improve air quality, and reduce greenhouse gas emissions.[30] Locating schools, housing, nursing homes, and other key community resources away from high-pollution areas such as highways and factories can reduce hospitalizations due to heart attacks and respiratory disease.[31] Providing affordable, accessible transportation options and safe and navigable streets helps people, especially older adults, people with disabilities, and those with low incomes, to live safely in their communities, reach essential destinations (e.g., grocery stores, schools, employment, health care, and public health services), and lead more rewarding and productive lives.[32]

5 Enhance cross-sector collaboration in community planning and design to promote health and safety.

Coordinating efforts across sectors and governmental jurisdictions to prioritize needs and optimize investments can help foster livable, affordable, and healthy communities.[33] Community measures that include health can be used to benchmark existing conditions, set performance targets, track and communicate progress toward achieving community outcomes, and increase accountability.[34] Integrating diverse measures (e.g., health, transportation, economic, housing, public safety, education, land use, air quality) provides a more comprehensive assessment of community well-being.[35]

Green Technologies
Using green technologies (e.g., green buildings, renewable energy, energy efficiency, and green chemistry) can help reduce use of energy, water, and other resources as well as decrease pollution. Green technologies not only improve the environment but can also make people healthier. For example, improving air quality reduces respiratory and cardiovascular diseases such as asthma and heart attacks.

6 Expand and increase access to information technology and integrated data systems to promote cross-sector information exchange.

Timely, reliable, and coordinated data, information, and communication increase capacity to plan and implement prevention strategies as well as detect and respond to threats to the public's health.[36] Access to high quality, timely information is dependent on interoperable data systems, including mechanisms for data sharing and standards for data collection, privacy protection, and analysis.[37] Linked data systems and metrics from a wide range of sectors and partners (e.g., health care, public health, emergency response, environmental, justice, transportation, labor, worker safety, and housing) can support decision making.[38] Integrating key data systems can also help streamline eligibility requirements and expedite enrollment to facilitate access to health and social services.[39]

7 Identify and implement strategies that are proven to work and conduct research where evidence is lacking.

Community-level implementation of prevention policies and programs that have a strong evidence base and are cost-effective can help ensure

Key Indicators	Current	10-Year Target
Number of days the Air Quality Index (AQI) exceeds 100	11 days	10 days
Amount of toxic pollutants released into the environment	1,950,000 tons	1,750,000 tons
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	84.0%	98.0%
Proportion of children aged 5 to 17 years with asthma who missed school days in the past 12 months	58.7%	48.7%

Healthy and Safe Community Environments

that efforts are effective and efficient.[40] Additionally, promising, innovative approaches to improve health and wellness, especially those drawn from practice-based experience, are important to test.[41] Cross-sector collaborative research (e.g., transportation, education, labor, environment, criminal justice, housing, health) can identify opportunities for policy and program alignment and be used to guide decision making.[42]

8 Maintain a skilled, cross-trained, and diverse prevention workforce. Recruiting and retaining a skilled and diverse prevention workforce strengthens our capacity to promote health and respond to emergencies.[43] To be effective, the prevention workforce must include health care providers, public health workers, community health workers, and also professionals outside of traditional health-related fields (e.g., transportation, education, housing, labor). The workforce must have the tools and skills needed to promote health in the 21st century, including health information technology, informatics, health literacy, and policy analysis and implementation.[44] Cross-training and recruiting diverse professionals (e.g., economists, scientists, psychologists, criminologists, urban planners, architects, engineers, home inspectors) can enhance delivery of prevention and health promotion strategies.[45]

Actions

The Federal Government will

- Coordinate investments in transportation, housing, environmental protection, and community infrastructure to promote sustainable and healthy communities.
- Enhance capacity of state, tribal, local, and territorial governments to create healthy, livable and sustainable communities (e.g., increase access to healthy food and opportunities for physical activity, revitalize brownfields, enhance alternative transportation options, and develop green facilities and buildings).
- Support standards to reduce pollution and environmental exposure to ensure that all communities are protected from environmental and health hazards.
- Support healthy housing while addressing unsafe housing conditions and health-related hazards, including injury hazards, asthma triggers, and lead-based paint hazards.
- Increase availability and use of prevention research to identify effective environmental, policy, and systems that reduce chronic diseases, promote safety, and eliminate health disparities.
- Use housing development subsidies to promote mixed-income neighborhoods and access to safe and healthy housing.
- Support state, tribal, local, and territorial partners to enhance epidemiology and laboratory capacity, health information technology, and performance improvement.
- Support state, tribal, local, and territorial partners in strategic health security planning efforts for pandemics, biological and chemical attacks, incidents affecting food and agriculture, natural disasters, and other catastrophic events.
- Support effective public safety measures, such as community-based anti-crime and anti-gang initiatives to facilitate physical activity and prevent injury and violence.

Increasing the Ability of Health Professionals to Identify, Prevent, and Reduce Environmental Health Threats

Clinicians can provide information and counseling on how to prevent, treat, and manage environmental-related exposures. Through Pediatric Environmental Health Specialty Units, Federal agencies are partnering with the health care community to help clinicians assist parents in addressing environmental health concerns (e.g., indoor air pollutants, lead, mercury, and pesticides).

Partners Can

State, Tribal, Local, and Territorial Governments can

- Facilitate collaboration among diverse sectors (e.g., planning, housing, transportation, energy, education, environmental regulation, agriculture, business associations, labor organizations, health and public health) when making decisions likely to have a significant effect on health.
- Include health criteria as a component of decision making (e.g., policy making, land use and transportation planning).
- Conduct comprehensive community health needs assessments and develop state and community health improvement plans.
- Promote the use of interoperable systems to support data-driven prevention decisions and implement evidence-based prevention policies and programs, such as those listed in the Guide to Community Preventive Services.

PROJECT HIGHLIGHT: Partnership for Sustainable Communities

The Partnership for Sustainable Communities helps communities become economically strong and environmentally sustainable. Guided by six livability principles, the Environmental Protection Agency and Departments of Housing and Urban Development and Transportation are coordinating investments and aligning policies to give Americans more housing choices, make transportation systems more efficient and reliable, and support vibrant and healthy neighborhoods that attract businesses.

PROJECT HIGHLIGHT: Neighborhood Revitalization Initiative

The Neighborhood Revitalization Initiative (led by the White House Domestic Policy Council, White House Office of Urban Affairs, and the Departments of Housing and Urban Development, Education, Justice, Health and Human Services, and Treasury) supports the transformation of distressed neighborhoods into neighborhoods of opportunity – places that provide the right combination of circumstances, resources, and environments that both children and adults need to thrive. Key elements include high-quality schools and educational programs; safe and affordable housing; thriving commercial establishments; varied cultural amenities; and parks and other recreational spaces.

- Strengthen and enforce housing and sanitary code requirements and ensure rapid remediation or alternative housing options.
- Participate in national voluntary accreditation of health departments.

Businesses and Employers can

- Ensure that homes and workplaces are healthy, including eliminating safety hazards (e.g., trip hazards, unsafe stairs), ensuring that buildings are free of water intrusion, indoor environmental pollutants (e.g., radon, mold, tobacco smoke), and pests, and performing regular maintenance of heating and cooling systems.
- Adopt practices to increase physical activity and reduce pollution (e.g., workplace flexibility, rideshare and vanpool programs, park-and-ride incentives, travel demand management initiatives, and telecommuting options).
- Identify and implement green building siting, design, construction, operations, and maintenance solutions that over time will improve the environment and health.
- Adhere to best practices to promote safety and health, including participatory approaches to hazard identification and remediation as well as supervisory and worker training.

Health Care Systems, Insurers, and Clinicians can

- Partner with state, tribal, local, and territorial governments, business leaders, and community-based organizations to conduct comprehensive community health needs assessments and develop community health improvement plans.
- Support integration of prevention and public health skills into health care professional training and cross train health care practitioners to implement prevention strategies.
- Increase the use of certified electronic health records to identify populations at risk and develop policies and programs.

Early Learning Centers, Schools, Colleges, and Universities can

- Integrate appropriate core public health competencies into relevant curricula (e.g., nursing, medicine, dentistry, allied health, pharmacy, social work, education) and train professionals to collaborate across sectors to promote health and wellness.
- Include training on assessing health impact within fields related to community planning and development (e.g., urban planning, architecture and design, transportation, civil engineering, agriculture) and encourage innovation in designing livable, sustainable communities.
- Implement policies and practices that promote healthy and safe environments (e.g., improving indoor air quality; addressing mold problems; reducing exposure to pesticides and lead; ensuring that drinking water sources are free from bacteria and other toxins; implementing and enforcing tobacco free policies).

Community, Non-Profit, and Faith-Based Organizations can

- Convene diverse partners and promote strong cross-sector participation in planning, implementing, and evaluating community health efforts.
- Implement processes to ensure that people are actively engaged in decisions that affect health.

Individuals and Families can

- Use alternative transportation (e.g., biking, walking, public transportation, car and vanpooling).
- Conduct home assessments and modifications (e.g., installing smoke and carbon monoxide detectors, testing for lead, checking for mold and radon).
- Purchase energy-efficient products, support local vendors, and recycle.

KEY DOCUMENTS

- Environmental Protection Agency's Report on the Environment
- America's Children: Key National Indicators of Well-Being
- The Surgeon General's Call to Action to Promote Healthy Homes
- Recommendations for Improving Health through Transportation Policy
- Partnership for Sustainable Communities: A Year of Progress for American Communities
- Priority Areas for Improvement of Quality in Public Health

Clinical and Community Preventive Services

Evidence-based preventive services are effective in reducing death and disability, and are cost-effective or even cost-saving. Preventive services consist of screening tests, counseling, immunizations or medications used to prevent disease, detect health problems early, or provide people with the information they need to make good decisions about their health. While preventive services are traditionally delivered in clinical settings, some can be delivered within communities, work sites, schools, residential treatment centers, or homes. Clinical preventive services can be supported and reinforced by community-based prevention, policies, and programs. Community programs can also play a role in promoting the use of clinical preventive service and assisting patients in overcoming barriers (e.g., transportation, child care, patient navigation issues).

KEY FACTS

- Less than half of older adults are up-to-date on a core set of clinical preventive services (e.g., cancer screening and immunizations).[46]
- On average, 42,000 deaths per year are prevented among children who receive recommended childhood vaccines.[47]
- Brief clinician counseling is effective in helping people quit using tobacco; however, less than 20 percent of current tobacco users report receiving tobacco cessation counseling during their most recent office visit with a clinician.[48]
- Less than half of Americans with hypertension have adequately controlled blood pressure and only a third with high cholesterol have it adequately controlled.[49] Improving control is one of the most effective ways to prevent heart disease and stroke.[50]
- Colorectal cancer is the second leading cause of cancer-related death in the United States.[51] Some estimates suggest that if screenings were implemented at recommended levels, more than 18,000 lives could be saved each year.[52]
- Each year, asthma costs the U.S. about $3,300 per person (with asthma) in medical expenses, missed school and work days, and early deaths. Some of the 12 million annual asthma attacks can be prevented through home visitation programs that assess and modify homes to reduce exposure to asthma triggers and educate individuals on how to improve asthma self-management.[53]
- Diabetes is the leading cause of heart disease and stroke, blindness, kidney failure, and lower-extremity amputation. Blood pressure control reduces the risk of cardiovascular disease (heart disease and stroke) among people with diabetes by 33 to 50 percent and the risk of microvascular disease (eye, kidney and nerve disease) by approximately 33 percent.[54] Community programs that teach people how to manage their diabetes can help prevent short- and long-term health conditions, enhance individuals' quality of life, and contain health care costs.[55]
- More than 80 million people in the U.S. do not have access to fluoridated water. Water fluoridation reduces tooth decay by 25 percent in children and adults, and every dollar spent on fluoridation saves more than $40 in dental treatment costs.[56]

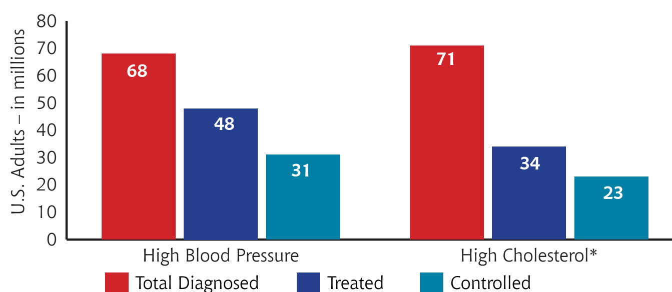
Recommendations: What Can Be Done?

Increasing use of preventive services depends on the health care system's ability to deliver appropriate preventive services as well as people's understanding of the benefits of preventive care and their motivation and ability to access services. The Affordable Care Act expands access to clinical preventive services by helping more people obtain health coverage and removing cost-sharing for clinical preventive services ranked "A" or "B" by the U.S. Clinical Preventive Services Task Force. Many more people will receive needed preventive care if logistical, financial, cultural, and health literacy barriers to care are removed and if information and clinical supports are available to clinicians. Furthermore, quality of care will be improved if clinical, community, and complementary services are integrated and mutually reinforcing.

1 Support the National Quality Strategy's focus on improving cardiovascular health.

The National Quality Strategy prioritizes interventions to prevent cardiovascular disease, which could save tens of thousands of lives each year.[57] The highest-value services that are both evidence-based and cost-effective include Aspirin, Blood pressure control, Cholesterol reduction, and Smoking cessation (the "ABCS").[58] Activities that can improve heart health include reducing uncontrolled blood pressure and cholesterol, decreasing sodium and saturated and trans fat intake, eliminating smoking and exposure to secondhand smoke, increasing aspirin use to prevent and reduce the severity of heart attacks and strokes, and lifestyle interventions to modify risk factors such as obesity and physical inactivity.[59]

The Majority of Americans with High Blood Pressure or High Cholesterol Do Not Have It Controlled



*Indicates low-density lipoprotein cholesterol
Source: National Health and Nutrition Examination Survey, 2005–2008

2 Use payment and reimbursement mechanisms to encourage delivery of clinical preventive services. The Affordable Care Act ensures that new private health plans and Medicare cover certain preventive services without cost sharing, and provides incentives for States to do so through Medicaid. Making preventive services free at the point of care is critical to increasing their use, but it is not sufficient.[57] Delivery of clinical preventive services increases when clinicians have billing systems in place to facilitate appropriate reimbursement for providing these services. Furthermore, payment systems can incentivize quality and value of care (e.g., by increasing reimbursements for improving patient outcomes). Reimbursement mechanisms focused on proven interventions (e.g., those that support team-based care; use nonphysician clinicians such as nurse practitioners, physician assistants, pharmacists, and community health workers; and implement bundled payment systems) and measurable treatment outcomes can increase delivery of preventive services.[60] In addition, preventive services and medications can be made more affordable through approaches such as health benefit design or facilitating entry of generic drugs into the market.[61]

3 Expand use of interoperable health information technology. Patients, clinicians, and health care systems can use health information technology to improve delivery of clinical preventive services, improve quality of care, and reduce health care costs.[62] Certified electronic health records with decision support can prompt clinicians to implement evidence-based practices tailored to individual health needs.[60] Clinicians or health care systems can receive feedback on their rate of delivery of clinical preventive services and be recognized or rewarded for their performance. Monitoring and public reporting systems that make health and clinical information available empowers people to make more informed decisions and better manage their care.[62] Electronic health records and other health information technology can enhance the quality and value of health care, but only if there are appropriate protections in place to keep health information private and secure. Patients and providers must feel confident that laws, policies, and processes are in place to keep their health information private and secure, and that they will be enforced when violations occur.

4 Support implementation of community-based preventive services and enhance linkages with clinical care. Clinical and community prevention efforts should be mutually reinforcing—people should receive appropriate preventive care in clinical settings (e.g., a clinician providing tobacco cessation counseling and medication) and also be supported by community-based resources (e.g., tobacco cessation quitlines).[63] Clinicians can refer patients to community-based prevention resources such as programs for blood pressure and cholesterol control or home-based interventions to control asthma triggers.[64] Additionally, some preventive services can be delivered effectively outside of traditional medical settings (e.g., measuring blood pressure or adjusting medication regimens through community pharmacies).[65] Work site and school clinics can also provide convenient points of care for traditionally underserved populations.[66]

5 Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk. When people are motivated to seek care and have a primary care clinician, they are more likely to access health services.[67] Locating clinical services

Key Indicators	Current	10-Year Target
Proportion of medical practices that use electronic health records✦	25.0%	27.5%
Proportion of adults aged 18 years and older with hypertension whose blood pressure is under control	43.7%	61.2%
Proportion of adults aged 20 years and older with high low-density lipoprotein (LDL) cholesterol whose LDL is at or below recommended levels	33.2%	36.5%
Proportion of adults aged 50 to 75 years who receive colorectal cancer screening based on the most recent guidelines	54.2%	70.5%
Proportion of children and adults who are vaccinated annually against seasonal influenza ✦✦	6 – 23 months: 23.0%	80.0%
	2 – 4 years: 40.0%	80.0%
	5 – 12 years: 26.0%	80.0%
	13 – 17 years: 10.0%	80.0%
	18 – 64 years: 24.9%	80.0%
	65 years and older: 67.0%	90.0%

✦ 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.
✦✦ This key indicator is being reassessed in light of recent ACIP recommendations and data sources.

Clinical and Community Preventive Services

conveniently near homes or workplaces, as well as logistical factors (e.g., adequate transportation, time off for workers, child care), can all help facilitate access.[68] Community health workers and peer support can also facilitate access to and use of preventive services, especially among vulnerable populations.[69]

6 Enhance coordination and integration of clinical, behavioral, and complementary health strategies. Integrated health care describes a coordinated system in which health care professionals are educated about each other's work and collaborate with one another and with their patients to achieve optimal patient well-being.[70] Implementing effective care coordination models (e.g., medical homes, community health teams, integrated workplace health protection and health promotion programs) can result in delivery of better quality care and lower costs.[71] Gaps and duplication in patient care, especially among those with multiple chronic conditions, can be reduced or eliminated through technologies (e.g., electronic health records, e-prescribing, telemedicine).[72] Evidence-based complementary and alternative medicine focuses on individualizing treatments, treating the whole person, promoting self-care and self-healing, and recognizing the spiritual nature of each individual, according to individual preferences.[73] Complementary and alternative therapies for back and neck pain (e.g., acupuncture, massage, and spinal manipulation) can reduce pain and disability.[74]

Actions

The Federal Government will

- Support delivery of clinical preventive services in various health care and out-of-home care settings, including Federally Qualified Health Centers; Bureau of Prisons, Department of Defense, and Veterans Affairs facilities; and among Medicare providers.
- Improve monitoring capacity for quality and performance of recommended clinical preventive services.
- Identify, pilot, and support strategies to reduce cardiovascular disease, including improving screening and treatment for high blood pressure and cholesterol.
- Encourage older adults to seek a free annual Medicare wellness visit, a new benefit provided by the Affordable Care Act.
- Educate clinicians, Federal employees, and the public (especially those in underserved populations) about coverage improvements and elimination of cost-sharing for clinical preventive services as set forth in the Affordable Care Act.
- Encourage adoption of certified electronic health record technology that meets Meaningful Use criteria, particularly those that use clinical decision supports and registry functionality, send reminders to patients for preventive and follow-up care, provide patients with timely access to their health information (e.g., lab results, discharge instructions), identify resources available to patients, and incorporate privacy and security functions (e.g., encrypting health information to keep it secure, generating audit logs to record actions).
- Improve use of patient-centered medical homes and community health teams, which are supported by the Affordable Care Act.
- Promote and expand research efforts to identify high-priority clinical and community preventive services and test innovative strategies to support delivery of these services.
- Develop new and improved vaccines, enhance understanding of the safety of vaccines and vaccination practices, support informed vaccine decision-making, and improve access to and better use of recommended vaccines.
- Research complementary and alternative medicine strategies to determine effectiveness and how they can be better integrated into clinical preventive care.

Partners Can

State, Tribal, Local, and Territorial Governments can

- Increase delivery of clinical preventive services, including ABCS, by Medicaid and Children's Health Insurance Program (CHIP) providers.
- Foster collaboration among community-based organizations, the education and faith-based sectors, businesses, and clinicians to identify underserved groups and implement programs to improve access to preventive services.
- Create interoperable systems to exchange clinical, public health and community data, streamline eligibility requirements, and expedite enrollment processes to facilitate access to clinical preventive services and other social services.
- Expand the use of community health workers and home visiting programs.

PROJECT HIGHLIGHT: Diabetes Prevention and Control Alliance

A partnership between UnitedHealth Group, the YMCA of the USA, and retail pharmacies, the Diabetes Prevention and Control Alliance helps to enhance linkages between clinical and community-based preventive services through innovative programming. The Diabetes Prevention Program helps people with prediabetes eat healthier, increase physical activity, and learn about other health-promoting behavior modifications. The Diabetes Control Program links people with diabetes to local pharmacists who are trained to help them manage their condition and follow their physicians' treatment plans.*

* Employment-based group health plans should always check to ensure that any benefits provided by the plan comply with applicable state and Federal laws.

PROJECT HIGHLIGHT: Colonoscopy Patient Navigator Programs: New York City, New York

These programs are working to eliminate barriers to care, improve patient understanding of colonoscopy, reduce patient "no-show" rates, and improve colonoscopy screening rates. "Navigators" explain to patients why the procedure is important, how to prepare for it, and alleviate fears by answering questions and explaining what the patient can expect. In a 12-month period, the New York City Department of Health and Mental Hygiene saw a 61 percent increase in colonoscopy volume in hospitals with a colonoscopy patient navigator (versus a 12 percent increase at comparison hospitals) and a 25 percent increase in the number of patients completing their procedure (compared with a 1 percent decrease in completion rates in comparison hospitals over the same time).

Businesses and Employers can

- Offer health coverage that provides employees and their families with access to a range of clinical preventive services with no or reduced out-of-pocket costs.
- Provide incentives for employees and their families to access clinical preventive services, consistent with existing law.
- Give employees time off to access clinical preventive services.
- Provide employees with on-site clinical preventive services and comprehensive wellness programs, consistent with existing law.
- Provide easy-to-use employee information about clinical preventive services covered under the Affordable Care Act.

Health Care Systems, Insurers and Clinicians can

- Inform patients about the benefits of preventive services and offer recommended clinical preventive services, including the ABCS, as a routine part of care.
- Adopt and use certified electronic health records and personal health records.
- Adopt medical home or team-based care models.
- Reduce or eliminate client out-of pocket costs for certain preventive services, as required for most health plans by the Affordable Care Act, and educate and encourage enrollees to access these services.
- Establish patient (e.g., mailing cards, sending e-mails, or making phone calls when a patient is due for a preventive health service) and clinical (e.g., electronic health records with reminders or cues, chart stickers, vital signs stamps, medical record flow sheets) reminder systems for preventive services.
- Expand hours of operation, provide child care, offer services in convenient locations (e.g., near workplaces), or use community or retail sites to provide preventive services.
- Create linkages with and connect patients to community resources (e.g., tobacco quitlines), family support, and education programs.
- Facilitate coordination among diverse care providers (e.g., clinical care, behavioral health, community health workers, complementary and alternative medicine).
- Communicate with patients in an appropriate manner so that patients can understand and act on their advice and directions.

Early Learning Centers, Schools, Colleges and Universities can

- Train providers (e.g., doctors, nurses, dentists, allied health professionals) to use health information technology and offer patients recommended clinical preventive services as a routine part of their health care.
- Promote the use of evidence-based preventive services within their health services (e.g., school health program).

Community, Non-Profit, and Faith-Based Organizations can

- Inform people about the range of preventive services they should receive and the benefits of preventive services.
- Support use of retail sites, schools, churches, and community centers for the provision of evidence-based preventive services.
- Expand public-private partnerships to implement community preventive services (e.g., school-based oral health programs, community-based diabetes prevention programs).
- Support community health workers, patient navigators, patient support groups, and health coaches.

Individuals and Families can

- Visit their health care providers to receive clinical preventive services.
- Use various tools to access and learn about health and prevention and ways they can better manage their health (e.g., personal health records, text reminder services, smart phone applications).

KEY DOCUMENTS

- The National Strategy for Quality Improvement in Health Care
- The Guide to Clinical Preventive Services, U.S. Preventive Services Task Force
- The Guide to Community Preventive Services, Task Force on Community Preventive Services
- Recommendations of the Advisory Committee on Immunization Practices
- The National Vaccine Plan
- Multiple Chronic Conditions: A Strategic Framework
- National Health Care Quality Report

Empowered People

Although policies and programs can make healthy options available, people still have the responsibility to make healthy choices. People are empowered when they have the knowledge, ability, resources, and motivation to identify and make healthy choices.[75] When people are empowered, they are able to take an active role in improving their health, support their families and friends in making healthy choices, and lead community change.[76]

KEY FACTS

- Health information is often presented in a way that many Americans find difficult to understand and put into action.[77] Nearly 9 in 10 adults have problems using the health information available to them in health care facilities, retail outlets, media, and communities.[78]
- A person's decisions are influenced by how choices are presented (i.e., choice architecture).[79] For example, presenting fruit in a more attractive way to school children can more than double the amount of fruit they purchase.[80]
- Discrimination, stigma, or unfair treatment in the workplace can have a profound impact on health.[81] For example, discrimination can increase blood pressure, heart rate, and stress, as well as undermine self-esteem and self-efficacy.[82]
- Education, employment, and health are linked. Without a good education, prospects for a stable and rewarding job with good earnings decrease.[83] Education is associated with living longer, experiencing better health, and practicing health-promoting behaviors such as exercising regularly, refraining from smoking, and obtaining timely health checkups and screenings.[84]

Recommendations: What Can Be Done?

Decision making is a complex process, influenced by personal, cultural, social, economic, and environmental factors, including individuals' ability to meet their daily needs, the opinions and behaviors of their peers, and their own knowledge and motivation.[85] Information alone is often not enough to change behavior—communities, workplaces, schools, and neighborhoods can support people in making and sustaining healthy choices.[86] Providing tools and information, making healthy choices easy and affordable, and improving the social environment and context in which decisions are made all support people in making healthy choices.[87]

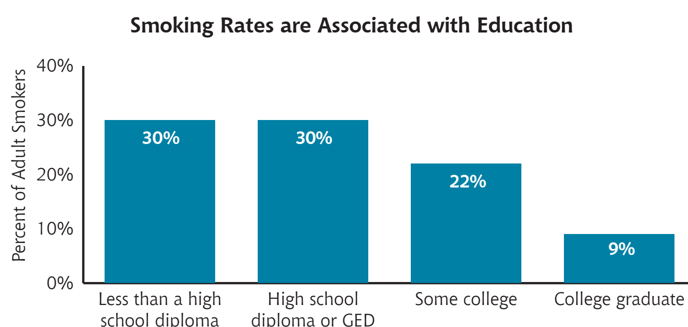
1 Provide people with tools and information to make healthy choices. Information needs to be available to people in ways that make it easy for them to make informed decisions about their health.[88] Providing people with accurate information that is culturally and linguistically appropriate and matches their health literacy skills helps them search for and use health information and adopt healthy behaviors.[89] For example, providing people with information about the risks and benefits of preventive health services can motivate them to seek preventive care.[90] Providing people with information (e.g., nutrition information on menus and food product labels) can help increase demand for healthy options and may influence supply, because companies are more likely to provide healthy options when they perceive consumer demand for such products.[91]

2 Promote positive social interactions and support healthy decision making. Interactions with family members, friends, and coworkers, involvement in community life, and cultural attitudes, norms, and expectations, have a profound effect on the choices people make and on their overall health.[92] Enhanced social networks and social connectedness (e.g., through volunteer opportunities, transportation services, or workplace safety and health initiatives) can help encourage people to be physically active, reduce stress, eat healthier, and live independently.[93] Mass media and social media can be used to help promote health and well-being.[94] Individuals' decisions are influenced by how environments are designed and how choices are presented.[95] Small changes to the environment in which people make decisions can support an individual's ability to make healthy choices.[96] For example, making stairwells more attractive and safe increases their use and placing healthy options near cash registers can increase their likelihood of purchase. [97]

3 Engage and empower people and communities to plan and implement prevention policies and programs. Providing people with tools and skills needed to plan and implement prevention policies and programs can help create and sustain community change.[98] Effective public participation can help ensure that health equity and sustainability are considered in decision making

(e.g., community planning, zoning, and land use decisions).[99] Community coalitions can be effective in raising awareness and attention to a broad range of issues (e.g., alcohol and other substance abuse, teen pregnancy, cancer prevention and control) and implementing effective policies and programs.[100]

4 Improve education and employment opportunities. Without employment and education, people are often ill-equipped to make healthy choices.[101] Education can lead to improved health by increasing health knowledge, enabling people to adopt healthier behaviors and make better-informed choices for themselves and their families.[102] Employment that provides sufficient income allows people to obtain health coverage, medical care, healthy and safe neighborhoods and housing, healthy food, and other basic goods.[103] Employment can also influence a range of social and psychological factors, including sense of control, social standing, and social support.[104] Programs and policies to reduce high school dropout rates make advanced education more affordable, and promote job growth and quality can have a large impact on people's ability to make healthy choices.[105]



Source: National Health Interview Survey, CDC, 2009

Actions

The Federal Government will

- Identify and address barriers to the dissemination and use of reliable health information.
- Use plain language in health information for the public in alignment with the Plain Writing Act.
- Support research and evaluation studies that examine health literacy factors in the study of other issues (e.g., patient safety, emergency preparedness, health care costs).
- Work to reduce false or misleading claims about the health benefits of products and services.
- Support research and programs that help people make healthy choices (e.g., understand how choices should be presented).

Partners Can

State, Tribal, Local, and Territorial Governments can

- Create healthy environments that support people's ability to make healthy choices (e.g., smoke-free buildings, attractive stairwells, cafeterias with healthy options).
- Offer accurate, accessible, and actionable health information in diverse settings and programs.

Businesses and Employers can

- Implement work-site health initiatives in combination with illness and injury prevention policies and programs that empower employees to act on health and safety concerns.
- Use media (e.g., television, Internet, social networking) to promote health.

Health Care Systems, Insurers, and Clinicians can

- Use proven methods of checking and confirming patient understanding of health promotion and disease prevention (e.g., teach-back method).
- Involve consumers in planning, developing, implementing, disseminating, and evaluating health and safety information.
- Use alternative communication methods and tools (e.g., mobile phone applications, personal health records, credible health websites) to support more traditional written and oral communication.
- Refer patients to adult education and English-language instruction programs to help enhance understanding of health promotion and disease prevention messages.

Early Learning Centers, Schools, Colleges, and Universities can

- Provide input, guidance, and technical assistance to state, tribal, local, and territorial health departments in assessing health impacts and conducting comprehensive health improvement planning.
- Incorporate health education into coursework (e.g., by embedding health-related tasks, skills, and examples into lesson plans).

Key Indicators	Current	10-Year Target
Proportion of persons who report their health care provider always explained things so they could understand them	60.0%	66.0%
Proportion of adults reporting that they receive the social and emotional support they need	80.0%	88.0%

Empowered People

Community, Non-Profit, and Faith-Based Organizations can

- Empower individuals and their families to develop and participate in health protection and health promotion programs through neighborhood associations, labor unions, volunteer/service projects, or community coalitions.
- Identify and help connect people to key resources (e.g., for health care, education, and safe playgrounds).
- Support and expand continuing and adult education programs (e.g., English language instruction, computer skills, health literacy training).

Individuals and Families can

- Actively participate in personal as well as community prevention efforts.
- Participate in developing health information and provide feedback regarding the types of health information that are most useful and effective.
- Provide clinicians with relevant information (e.g., health history, symptoms, medications, allergies), ask questions and take notes during appointments, learn more about their diagnosis or condition, and follow up with recommended appointments.

KEY DOCUMENTS

- National Action Plan to Improve Health Literacy
- Questions are the Answer
- Health Literacy Online
- Healthfinder.gov (http://www.healthfinder.gov)

PROJECT HIGHLIGHT: Active Living by Design: Albuquerque, New Mexico

Working to create community-led change, Active Living By Design helps support individual's choices to eat healthier and increase physical activity. Albuquerque's Healthy Eating School-Based Partnership includes school districts, individual schools, and local farmers working to increase student, parent, and teacher consumption of fresh fruits and vegetables by expanding access to locally grown produce.

Elimination of Health Disparities

America benefits when everyone has the opportunity to live a long, healthy, and productive life, yet health disparities persist. A health disparity is a difference in health outcomes across subgroups of the population. Health disparities are often linked to social, economic, or environmental disadvantages (e.g., less access to good jobs, unsafe neighborhoods, lack of affordable transportation options). Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health on the basis of their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to discrimination or exclusion.[106] Many health concerns, such as heart disease, asthma, obesity, diabetes, HIV/AIDS, viral hepatitis B and C, infant mortality, and violence, disproportionately affect certain populations. Reducing disparities in health will give everyone a chance to live a healthy life and improve the quality of life for all Americans.[107]

KEY FACTS

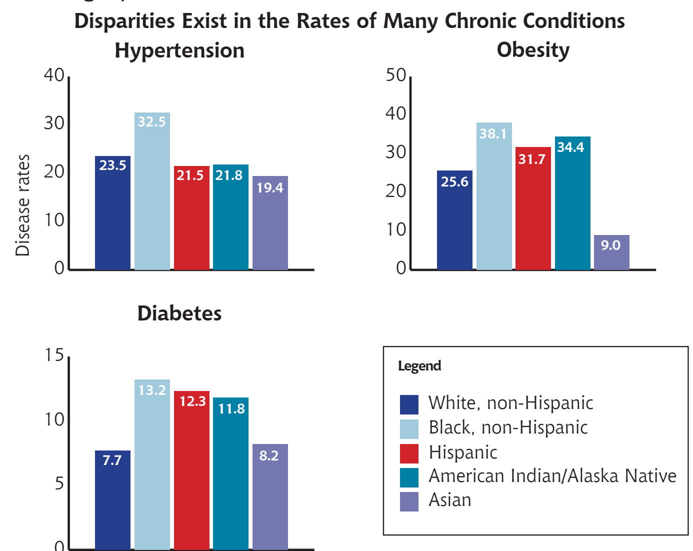
- Low-income and minority neighborhoods are less likely to have access to recreational facilities and full-service grocery stores and more likely to have higher concentrations of retail outlets for tobacco, alcohol, and fast foods.[108] Adolescents who grow up in neighborhoods characterized by concentrated poverty are more likely to be a victim of violence; use tobacco, alcohol, and other substances; become obese; and engage in risky sexual behavior.[109]
- Low-income and minority populations are at increased risk of being exposed to pollution. As a result, they face higher risks for poor health outcomes, such as asthma.[110]
- Coronary heart disease and stroke account for the largest proportion of inequality in life expectancy between whites and blacks, despite the existence of low-cost, highly effective preventive treatment.[107]
- On average, adults with serious mental illness die 25 years earlier than their peers, largely due to preventable health conditions.[111]
- Adults with disabilities are more likely to report their health to be fair or poor[112] and to experience unmet health care needs due to costs.[113]
- Residents of rural areas are more likely to have a number of chronic conditions (e.g., diabetes, heart disease) and are less likely to receive recommended preventive services (e.g., cancer screening and management of cardiovascular disease) in part due to lack of access to physicians and health care delivery sites.[114]
- Lesbian, gay, bisexual, and transgender (LGBT) individuals may be at increased risk for negative health behaviors (e.g., smoking, underage alcohol use) and outcomes (e.g., sexual assault, post-traumatic stress disorder, obesity). However, only a limited number of reports include information on sexual orientation, making it difficult to understand the extent of health disparities and how best to address them.[115]

Recommendations: What Can Be Done?

Determinants of health (i.e., the personal, social, economic, and environmental factors that influence health) have a significant impact on health disparities. Disparities can be reduced by focusing on communities at greatest risk; building multisector partnerships that create opportunities for health equity and healthy communities; increasing access to quality prevention services; increasing the capacity of individuals in the affected communities and the health care and prevention workforce to address disparities; conducting research and evaluation to identify effective strategies and ensure progress; and implementing strategies that are culturally, linguistically, literacy- and age-appropriate.[116]

1 Ensure a strategic focus on communities at greatest risk. To effectively address health disparities, we should implement community-based approaches that promote healthy behaviors and prevent injury and disease among populations at greatest risk.[116] The participation of community leaders, members, and organizations helps ensure that programs and policies align with local culture and are effective in addressing the health issues of greatest importance.[117] Initiatives grounded in the unique historical and cultural contexts of communities are more likely to be accepted and sustained.[118] Furthermore, ensuring that clinical, community, and workplace prevention efforts consider language, culture, age, preferred and accessible communication channels, and health

Disparities Exist in the Rates of Many Chronic Conditions



Source: National Health Interview Survey, CDC, 2009

Elimination of Health Disparities

literacy skills increases people's use of information and adoption of healthy behaviors.[119]

2 Reduce disparities in access to quality health care. Strengthening health systems and reducing barriers to health services (e.g., lack of patient-centered care, use of evidence-based clinical guidelines) can improve access to timely, quality care.[120] Specific population health needs can be addressed by broadening the scope of preventive care (e.g., to include environmental and occupational health services), increasing access to and use of clinical and community preventive services, enhancing care coordination and quality of care, increasing use of interoperable health information technology, providing outreach and support services (e.g., community health workers), and increasing the cultural and communication competence of health care providers.[121] Providing services and information in ways that match patients' culture, language, and health literacy skills also can improve patients' trust, facilitate adoption of healthy behaviors, and increase future use of health services.[122] In addition, preventive health care should be accessible to people with physical, sensory, and cognitive disabilities.[123] Clinicians and community health workers can improve quality of care if they better understand the health beliefs and practices of the people they treat.[122]

3 Increase the capacity of the prevention workforce to identify and address disparities.
In order to address patient and community needs, the prevention workforce needs to be sufficiently knowledgeable of and sensitive to community and population conditions and the factors that contribute to disparities.[124] The prevention workforce should be able to mobilize and partner with those sectors across the community that can influence the social determinants of health (e.g., education, labor, justice and public safety, housing, transportation).[116] The workforce should not only be culturally competent but also sufficiently diverse to reflect underlying community characteristics (e.g., race/ethnicity, culture, language, disability).[125] Furthermore, the workforce should be equipped to serve the needs of an increasingly aging population.[126] A well-trained, diverse, and culturally competent workforce helps enhance development and delivery of prevention programs and patient-centered care.[127]

4 Support research to identify effective strategies to eliminate health disparities.
Prevention efforts are more effective when targeted and tailored to the needs of specific populations; however, research is often lacking in effective ways to address the needs of some populations.[128] Health disparities research can inform initiatives to improve the health, longevity, and quality of life among populations experiencing health disparities by bridging the gap between knowledge and practice. Health impact assessments can inform policy makers of likely impacts of proposed policies and programs on health disparities.[116]

5 Standardize and collect data to better identify and address disparities. Data, particularly for vulnerable populations, are needed to inform policy and program development, evaluate the effectiveness of policies and programs, and ensure the overall health and well-being of the population. Privacy and security policies can help ensure that health information is protected and electronically exchanged in a manner that respects individuals' views on privacy and access.[107] Improving the standardization of population data, especially for race/ethnicity, age, gender, religion, socioeconomic status, primary language, disability status, sexual orientation and gender identity, and geographic location, will improve our ability to identify and target efforts to address health disparities.[129]

Actions

The Federal Government will

- Support and expand cross-sector activities to enhance access to high quality education, jobs, economic opportunity, and opportunities for healthy living (e.g., access to parks, grocery stores, and safe neighborhoods).
- Identify and map high-need areas that experience health disparities and align existing resources to meet these needs.
- Increase the availability of de-identified national health data to better address the needs of underrepresented population groups.
- Develop and evaluate community-based interventions to reduce health disparities and health outcomes.

Key Indicators	Current	10-Year Target
Proportion of adults (from racial/ethnic minority groups) in fair or poor health	African Americans: 14.2% Hispanics: 13.0% American Indian/ Alaskan Native: 17.1%	8.8%
Proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines ✦	10.0%	9.0%
Proportion of persons who report their health care provider always listens carefully ✦	59.0%	65.0%

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

PROJECT HIGHLIGHT: Reducing Asthma Disparities by Addressing Environmental Inequities: San Francisco, California

The Regional Asthma Management and Prevention Initiative convened a diverse group (including public health, community-based organizations, schools, clinicians, and environmental health and justice groups) to improve air quality and reduce asthma rates that disproportionally impact low-income African American and Latino communities. The groups' success led to the passage of state-level diesel emissions regulations that will reduce diesel particulate matter by 43 percent by 2020 and are expected to prevent 150,000 cases of asthma, 12,000 cases of acute bronchitis, and 9,400 premature deaths over the next 15 years. Economic benefits of the regulations are estimated at between $48 and $69 billion.

- Support policies to reduce exposure to environmental and occupational hazards, especially among those at greatest risk.
- Support and expand training programs that bring new and diverse workers into the health care and public health workforce.
- Support health center service delivery sites in medically underserved areas and place primary care providers in communities with shortages.
- Increase dissemination and use of evidence-based health literacy practices and interventions.

Partners Can

State, Tribal, Local, and Territorial Governments can

- Use data to identify populations at greatest risk and work with communities to implement policies and programs that address highest priority needs.
- Improve coordination, collaboration, and opportunities for engaging community leaders and members in prevention.
- Improve privacy-protected health data collection for underserved populations to help improve programs and policies for these populations.

Businesses and Employers can

- Provide opportunities for workplace prevention activities, including preventive screenings.
- Partner with local resources such as libraries and literacy programs to enhance employees' ability to identify and use reliable health information.

Health Care Systems, Insurers, and Clinicians can

- Increase the cultural and communication competence of health care providers.
- Train and hire more qualified staff from underrepresented racial and ethnic minorities and people with disabilities.
- Enhance care coordination and quality of care (e.g., medical home models, integrated care teams).

Early Learning Centers, Schools, Colleges, and Universities can

- Conduct research to identify new, effective policy and program interventions to reduce health disparities.
- Conduct outreach to increase the diversity (e.g., racial/ethnic, income, disability) in health care and public health careers.
- Offer preventive services (e.g., mental health services, oral care, vision, and hearing screenings) for all children, especially those at risk.
- Develop and implement local strategies to reduce health, psychosocial, and environmental conditions that affect school attendance and chronic absenteeism.

Community, Non-Profit, and Faith-Based Organizations can

- Bring together professionals from a range of sectors (e.g., transportation, health, environment, labor, education, and housing) with community representatives to ensure that community health needs are identified and that needs and barriers are addressed.
- Help ensure that prevention strategies are culturally, linguistically, and age appropriate, and that they match people's health literacy skills.
- Provide internet access and skill-building courses to help residents find reliable health information and services.

Individuals and Families can

- Participate in community-led prevention efforts.
- Use community resources (e.g., libraries, literacy programs) to improve their ability to read, understand, and use health information.

KEY DOCUMENTS

- The National Action Plan to Improve Health Literacy
- HHS Action Plan to Reduce Racial and Ethnic Health Disparities
- National Stakeholder Strategy for Achieving Health Equity
- Eliminating Racial and Ethnic Health Disparities: A Business Case Update for Employers
- The Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities
- National Standards on Culturally and Linguistically Appropriate Services (CLAS)
- National Health Care Disparities Report

Tobacco Free Living

Tobacco use is the leading cause of premature and preventable death in the United States. Living tobacco free reduces a person's risk of developing heart disease, various cancers, chronic obstructive pulmonary disease, periodontal disease, asthma and other diseases, and of dying prematurely.[130] Tobacco free living means avoiding use of all types of tobacco products—such as cigarettes, cigars, smokeless tobacco, pipes and hookahs—and also living free from secondhand smoke exposure.

KEY FACTS

- Cigarette smoking, which is the most common form of tobacco use, causes approximately 443,000 deaths and costs about $96 billion in medical expenditures and $97 billion in productivity losses in the U.S. each year.[130]
- After 40 years of steadily declining smoking rates, the decline in adult smoking rates in the U.S. has stalled. Currently about 1 in 5 adults smoke.[131] Smoking is more common among people who live in poverty, live with mental illness or substance abuse disorders, have less than a high school education, or work at jobs that consist primarily of physical labor.[132]
- Every day, nearly 4,000 young people try their first cigarette and approximately 1,000 will become daily smokers.[133] More than 80 percent of adult cigarette smokers start before their 18th birthday. Children of parents who smoke are twice as likely to become smokers.[134]
- More than a quarter of the U.S. population (88 million people), and more than half of all children in the U.S., are currently exposed to secondhand smoke on a regular basis.[132]
- Smoking bans in workplaces, restaurants, and other public places have been shown to decrease heart attacks among nonsmokers by approximately 17-19 percent.[135]
- Nearly 9 percent of high school students report using smokeless tobacco, which can cause cancer and oral health problems and is not a safe alternative to smoking cigarettes.[136]

Recommendations: What can be done?

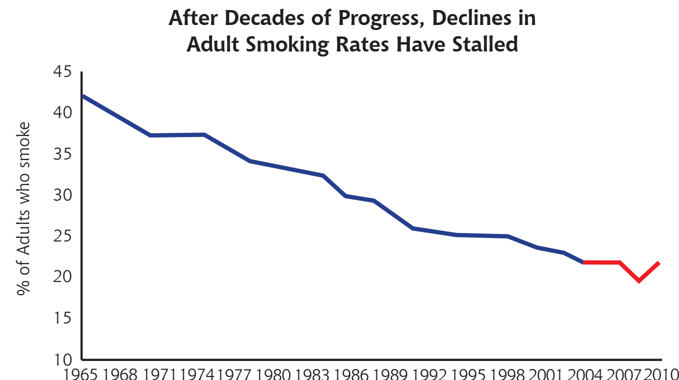
We know how to end the tobacco epidemic. We can prevent young people from using tobacco products, help those who want to quit, and protect people from exposure to secondhand smoke. Implementing effective, comprehensive tobacco control measures decreases tobacco use. Effective strategies include enforcing comprehensive smoke free laws; implementing mass-media and counter-marketing campaigns; making options that help people quit accessible and affordable; and implementing evidence-based strategies to reduce tobacco use by children and youth.

1 Support comprehensive tobacco free and other evidence-based tobacco control policies. There is no safe level of secondhand smoke exposure.[137] Smoke free and tobacco free policies improve indoor air quality, reduce negative health outcomes among nonsmokers, decrease cigarette consumption, and encourage smokers to quit.[138] Comprehensive policies, that prohibit smoking or all forms of tobacco use, can be adopted by multiple settings such as workplaces, health care educational facilities, and multi-unit housing.[139]

2 Support full implementation of the 2009 Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act). The Tobacco Control Act grants the U.S. Food and Drug Administration authority to regulate the manufacture, marketing, and distribution of tobacco products.[140] Federal, state, tribal, local, and territorial governments will all play a role in enforcing the Tobacco Control Act.[141]

3 Expand use of tobacco cessation services. More than 7 in 10 smokers want to quit.[142] Tobacco cessation services, including counseling and medications, are effective in helping people quit using tobacco.[143] The combined use of counseling and medications is more effective than either strategy alone. Clinicians can ask all adults about tobacco use and provide counseling and tobacco cessation medications as appropriate.[144] Promoting quitlines and encouraging utilization of cessation benefits that are available through many health plans increases the use of tobacco cessation services.[145]

After Decades of Progress, Declines in Adult Smoking Rates Have Stalled



Source: National Health Interview Surveys, 1965–2006

PROJECT HIGHLIGHT: Community Health Center Tobacco Cessation Program: Iowa
This program provides free cessation services, including counseling and medication, to primarily low-income populations, people with mental health and substance abuse disorders, and people who are homeless. Through improved patient protocols and systems and provider training, the community health centers have increased tobacco use screening rates to over 90 percent. The program has enrolled thousands of patients and achieved 20 percent quit rates, saving the state-funded health care system hundreds of thousands of dollars.

When health plans offer tobacco cessation medications at little or no out-of-pocket cost, use of such services increases further.[146]

4 Use media to educate and encourage people to live tobacco free. When sustained mass-media advertising and counter-marketing campaigns are combined with other tobacco control strategies, tobacco use declines.[147] Effective media campaigns can use advertising in a variety of media (e.g., television, radio, billboard, print) in addition to social/viral marketing strategies to accurately convey the health risks of tobacco use, promote cessation, decrease social acceptability of tobacco use, and build public support for tobacco control policies. Effective campaigns deliver messages through the media channels and in the languages and formats people prefer.[148] Additionally, efforts to decrease depictions of tobacco use in entertainment media (e.g., movies, music videos) can reduce youth tobacco use.[149]

Actions

The Federal Government will

- Support states, tribes and communities to implement tobacco control interventions and policies.
- Promote comprehensive tobacco free work site, campus, and conference/meeting policies.
- Promote utilization of smoking cessation benefits by Federal employees, Medicare and Medicaid beneficiaries, and active duty and military retirees.
- Make cessation services more accessible and available by implementing applicable provisions of the Affordable Care Act, including in government health care delivery sites.
- Implement the warnings mandated to appear on cigarette packages and in cigarette advertisements to include new textual warning statements and color graphics depicting the negative health consequences of tobacco use, as required by the Tobacco Control Act.
- Research tobacco use and the effectiveness of tobacco control interventions.
- Encourage clinicians and health care facilities to record smoking status (for patients age 13 or older) and to report on the core clinical quality measure for smoking cessation counseling, in accordance with the Medicare and Medicaid Electronic Health Records Incentive Program.

Partners Can

State, Tribal, Local, and Territorial Governments can

- Implement and sustain comprehensive tobacco prevention and control programs, including comprehensive tobacco free and smoke free policies and paid media advertising.
- Work with the FDA to enforce the provisions set forth in the Tobacco Control Act.
- Implement and enforce policies and programs to reduce youth access to tobacco products (e.g., Synar program).
- Balance traditional beliefs and ceremonial use of tobacco with the need to protect people from secondhand smoke exposure.

Businesses and Employers can

- Provide employees and their dependents with access to free or reduced-cost cessation supports and encourage utilization of these services.
- Provide evidence-based incentives to increase tobacco cessation, consistent with existing law.
- Comply with restrictions on the sale, distribution, advertising, and promotion of tobacco products, including those set forth in the Tobacco Control Act.
- Make work sites (including conferences and meetings) tobacco free and support smoke free policies in their communities.
- Provide smoke free commercial or residential property.

Health Care Systems, Insurers, and Clinicians can

- Implement evidence-based recommendations for tobacco use treatment and provide information to their patients on the health effects of tobacco use and secondhand smoke exposure.

Key Indicators	Current	10-Year Target
Proportion of adults who are current smokers (have smoked at least 100 cigarettes during their lifetime and report smoking every day or some days)	20.6%	12.0%
Proportion of adolescents who smoked cigarettes in the past 30 days	19.5%	16.0%
Proportion of youth aged 3 to 11 years exposed to secondhand smoke	52.2%	47.0%

Tobacco Free Living

- Implement provider reminder systems for tobacco use treatment (e.g., vital signs stamps, and electronic medical record clinical reminders).
- Reduce or eliminate patient out-of-pocket costs for cessation therapies.

Early Learning Centers, Schools, Colleges, and Universities can

- Promote tobacco free environments.
- Restrict the marketing and promotion of tobacco products to children and youth.

Community, Non-Profit, and Faith-Based Organizations can

- Work with local policy makers to implement comprehensive tobacco prevention and control programs.
- Implement sustained and effective media campaigns, including raising awareness of tobacco cessation resources.

Individuals and Families can

- Quit using tobacco products and ask their health care provider or call 1-800-QUIT-NOW for cessation support.
- Teach children about the health risks of smoking.
- Make homes smoke free to protect themselves and family members from secondhand smoke.
- Refrain from supplying underage youth with tobacco products.

KEY DOCUMENTS

- Ending the Tobacco Epidemic, A Tobacco Control Strategic Action Plan for the U.S. Department of Health and Human Services
- The World Health Organization Framework Convention on Tobacco Control and MPOWER
- Reducing Tobacco Use: A Report of the Surgeon General
- Best Practices for Comprehensive Tobacco Control Programs
- U.S. Public Health Service: Treating Tobacco Use and Dependence

Preventing Drug Abuse and Excessive Alcohol Use

Preventing drug abuse and excessive alcohol use increases people's chances of living long, healthy, and productive lives. Excessive alcohol use includes binge drinking (i.e., five or more drinks during a single occasion for men, four or more drinks during a single occasion for women), underage drinking, drinking while pregnant, and alcohol impaired driving.[150] Drug abuse includes any inappropriate use of pharmaceuticals (both prescription and over-the counter drugs) and any use of illicit drugs.[151] Alcohol and other drug use can impede judgment and lead to harmful risk-taking behavior. Preventing drug abuse and excessive alcohol use improves quality of life, academic performance, workplace productivity, and military preparedness; reduces crime and criminal justice expenses; reduces motor vehicle crashes and fatalities; and lowers health care costs for acute and chronic conditions.[152]

KEY FACTS

Excessive Alcohol Use

- Excessive alcohol use is a leading cause of preventable death in the United States among all adult age groups, contributing to more than 79,000 deaths per year.[153] The alcohol-related death rate for American Indians and Alaska Natives is six times the national average. [154]
- Over half of the alcohol consumed by adults and 90 percent of the alcohol consumed by youth occurs while binge drinking.[155] Most Americans who binge drink are not dependent on alcohol.[156]
- The relative low cost and easily availability of alcohol and the fact that binge drinking is frequently not addressed in clinical settings contribute to the acceptability of excessive alcohol use.[157]
- Every day, almost 30 people in the United States die in motor vehicle crashes that involve an alcohol impaired driver – one death every 48 minutes.[158]

Drug Abuse

- Prescription drug abuse is our nation's fastest growing drug problem.[159] In a typical month, approximately 5.3 million Americans use a prescription pain reliever for nonmedical reasons.[160] Emergency department visits involving the misuse or abuse of pharmaceutical drugs have doubled over the past five years.[161]
- Chronic drug use, crime and incarceration are inextricably connected.[162] At least half of both state and Federal inmates were active drug users at the time of their offense. Further, nearly 1/3 of state prisoners and a 1/4 of Federal prisoners committed their crimes while under the influence of drugs.[163]
- Six million children (9 percent) live with at least one parent who abuses alcohol or other drugs.[164] Children of parents with substance use disorders are more likely to experience abuse (physical, sexual, or emotional) or neglect and are more likely to be placed in foster care.[165]
- Drugs other than alcohol (i.e., illicit, prescription, or over-the-counter drugs) are detected in about 18 percent of motor vehicle driver deaths.[166]
- Injection drug use accounts for approximately 16 percent of new HIV infections in the U.S. In addition, injection and non-injection drug use is associated with sexual transmission of HIV and other STIs.[167]
- Rates of marijuana use by youth and young adults are on the rise and fewer youth perceive great risk from smoking marijuana once or twice a week.[168]

Recommendations: What can be done?

Effective local drug abuse and excessive alcohol use prevention include implementing policies to reduce access, identifying substance abuse early and providing people with necessary treatment, and changing people's attitudes toward drug abuse and excessive alcohol use.

1 Support state, tribal, local, and territorial implementation and enforcement of alcohol control policies. States with more stringent alcohol control policies tend to have lower levels of binge drinking among adults and college students.[169] Evidence-based policies that decrease excessive alcohol use and related harms include those that prohibit the sale of alcohol to minors and intoxicated persons; reduce days and hours of sale; and limit the number of places that legally sell alcohol.[170] Laws addressing alcohol impaired driving – including 0.08 percent blood alcohol limits, zero tolerance for persons under age 21, and ignition interlock systems (i.e., devices that prevent vehicle operation when blood alcohol concentration is above a specified level) – have cut alcohol-related traffic deaths in half over the past 30 years.[171] Current age 21 minimum legal drinking age laws are effective in reducing alcohol-related motor vehicle crashes and associated injuries and deaths.[172] Adopting campus-based policies and practices (e.g., alcohol-free late-night student activities, restrictions of alcohol marketing to primarily underage audiences, supporting and enforcing the minimum legal drinking age) can reduce high-risk alcohol use among college students.[173]

2 Create environments that empower young people not to drink or use other drugs. Environments can create social conditions that help teens avoid underage and binge drinking, or use of other drugs.[174] Exposure to alcohol marketing may increase the likelihood that young people will start drinking or drink more; therefore, reducing youth exposure to alcohol marketing can change attitudes toward drinking.[175] Furthermore, exposing youth to counter-marketing, such as anti-drug media messages, may be effective. Furthermore, exposing youth to counter-marketing, such as anti-drug media messages, may be effective. For example, youth exposed to the National Anti-Drug Youth Media Campaign are less likely to begin marijuana use.[176] Social environments that provide meaningful

Preventing Drug Abuse and Excessive Alcohol Use

PROJECT HIGHLIGHT: Consistent Care Program: Spokane, Washington

The Emergency Department (ED) Consistent Care Program helps clinicians increase the quality of care for their patients and limit inappropriate use of prescription drugs. The program, implemented across hospitals in central southwest Washington State, identifies people who frequent the ED due to chronic health problems, unmanaged medical conditions, chemical dependency, or mental illness and links them to a multidisciplinary team that develops an individualized plan of care that includes guidelines on treatment, including prescribing of painkillers. In an evaluation of the program, patients experienced a 55 percent reduction in annual ED visits and a 54 percent reduction in inflation-adjusted charges to insurance companies (70 percent of which were charges to government payers).

alternative youth activities, enhance family relationships, build self esteem, and dispel myths about drinking and other drug use can help youth make healthy decisions.[177]

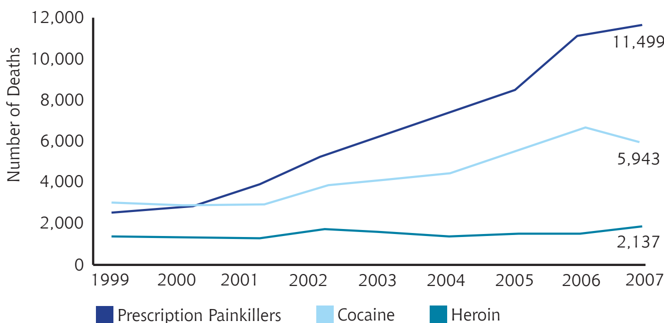
3 Identify alcohol and other drug abuse disorders early and provide brief intervention, referral and treatment.

Implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) services in primary care and trauma centers reduces excessive alcohol consumption and alcohol-related deaths among adults.[178] In addition, early detection and referral to treatment is effective in reducing illicit drug use in the short term.[179]

4 Reduce inappropriate access to and use of prescription drugs.

A comprehensive approach to address prescription drug abuse, driven primarily by abuse of prescription pain relievers (opioids), should focus on reducing abuse while ensuring legitimate access for pain management.[180] Developing, linking, and encouraging use of prescription drug monitoring programs, coupled with implementation and enforcement of laws that reduce inappropriate access (e.g., laws to prohibit doctor shopping and "pill mill" pain clinics), can reduce misuse of prescription drugs.[181] In addition, consumer and prescriber education about appropriate and safe medication use and disposal practices can help them manage prescription drugs safely.[182]

Prescription Painkillers Cause More Overdose Deaths than Cocaine and Heroin Combined



Source: National Vital Statistics System, CDC, 1999–2007

Actions

The Federal Government will

- Foster development of a nationwide community-based prevention system involving state, tribal, local, and territorial governments and partners such as schools, health and social service systems, law enforcement, faith communities, local businesses, and neighborhood organizations.
- Enhance linkages between drug prevention, substance abuse, mental health, and juvenile and criminal justice agencies to develop and disseminate effective models of prevention and care coordination.
- Educate health care professionals on proper opioid prescribing, SBIRT, and effective use of prescription drug monitoring programs.
- Educate and inform consumers regarding the risks and benefits of regulated products using strategies appropriate to culture, language, and literacy skills (e.g., prescription drug safety and side effects, public health alerts, general information about safe and appropriate medication use).
- Conduct ongoing, independent, and brand-specific monitoring of youth exposure to alcohol marketing in order to ensure compliance with advertising standards.
- Promote implementation of interoperable state prescription drug monitoring programs.
- Develop programs consistent with Drug Enforcement Agency regulations that provide easily accessible, environmentally responsible ways to properly dispose of medications.
- Provide education, outreach, and training to address parity in employment-based group health plans and health insurance

Key Indicators	Current	10-Year Target
Proportion of adults aged 18 years and older who reported that they engaged in binge drinking during the past month	27.0%	24.3%
Proportion of high school seniors who reported binge drinking during the past two weeks	25.2%	22.7%
Proportion of persons aged 12 or older who reported nonmedical use of any psychotherapeutic drug in the past year	6.1%	5.5%
Proportion of youth aged 12 to 17 years who have used illicit drugs in the past 30 days	10.0%	9.3%

coverage for substance use disorders.
- Further investigate and heighten attention to issues related to driving under the influence of illicit and prescription drugs.

Partners Can

State, Tribal, Local, and Territorial Governments can

- Maintain and enforce the age 21 minimum legal drinking age (e.g., increasing the frequency of retailer compliance checks), limit alcohol outlet density, and prohibit the sale of alcohol to intoxicated persons.
- Require installation of ignition interlocks in the vehicles of those convicted of alcohol impaired driving.
- Implement or strengthen prescription drug monitoring programs.
- Facilitate controlled drug disposal programs, including policies allowing pharmacies to accept unwanted drugs.
- Implement strategies to prevent transmission of HIV, hepatitis and other infectious diseases associated with drug use.

Businesses and Employers can

- Implement policies that facilitate the provision of SBIRT or offer alcohol and substance abuse counseling through employee assistance programs.
- Include substance use disorder benefits in health coverage and encourage employees to use these services as needed.
- Implement training programs for owners, managers, and staff that build knowledge and skills related to responsible beverage service.

Health Care Systems, Insurers, and Clinicians can

- Identify and screen patients for excessive drinking using SBIRT, implement provider reminder systems for SBIRT (e.g., electronic medical record clinical reminders) and evaluate the effectiveness of alternative methods for providing SBIRT (e.g., by phone or via the internet).
- Identify, track, and prevent inappropriate patterns of prescribing and use of prescription drugs and integrate prescription drug monitoring into electronic health record systems.
- Develop and adopt evidence-based guidelines for prescribing opioids in emergency departments, including restrictions on the use of long-acting or extended-release opioids for acute pain.
- Train prescribers on safe opioid prescription practices and institute accountability mechanisms to ensure compliance. For example, the use of long-acting opioids for acute pain or in opioid-naïve patients could be minimized.

Early Learning Centers, Schools, Colleges, and Universities can

- Adopt policies and programs to decrease the use of alcohol or other drugs on campuses.
- Implement programs for reducing drug abuse and excessive alcohol use (e.g., student assistance programs, parent networking, or peer-to-peer support groups).

Community, Non-Profit, and Faith-Based Organizations can

- Support implementation and enforcement of alcohol and drug control policies.
- Educate youth and adults about the risks of drug abuse (including prescription misuse) and excessive drinking.
- Work with media outlets and retailers to reduce alcohol marketing to youth.
- Increase awareness on the proper storage and disposal of prescription medications.

Individuals and Families can

- Avoid binge drinking, use of illicit drugs, or the misuse of prescription medications and, as needed, seek help from their clinician for substance abuse disorders.
- Safely store and properly dispose of prescription medications and not share prescription drugs with others.
- Avoid driving if drinking alcohol or after taking any drug (illicit, prescription, or over-the-counter) that can alter their ability to operate a motor vehicle.
- Refrain from supplying underage youth with alcohol and ensure that youth cannot access alcohol in their home.

KEY DOCUMENTS

- National Drug Control Strategy
- Prescription Drug Abuse Prevention Plan
- Drinking in America: Myths, Realities, and Prevention Policy
- Surgeon General's Call to Action to Prevent and Reduce Underage Drinking

PROJECT HIGHLIGHT: The Drug Free Communities Program

Operating under the philosophy that local problems require local solutions, the Drug Free Communities (DFC) Support Program involves community-based coalitions working to prevent youth substance use. Coalition strategies are aimed at reducing availability and accessibility of alcohol and other drugs. Approaches include reducing the number of alcohol and tobacco retail outlets, addressing high rates of alcohol and drug abuse in blighted urban areas, and working to increase fines pertaining to illegal possession of substances. Rates of alcohol, tobacco, and marijuana use have declined significantly in DFC communities over the life of the program.

Healthy Eating

Eating healthy can help reduce people's risk for heart disease, high blood pressure, diabetes, osteoporosis, and several types of cancer, as well as help them maintain a healthy body weight.[183] As described in the Dietary Guidelines for Americans, eating healthy means consuming a variety of nutritious foods and beverages, especially vegetables, fruits, low and fat-free dairy products, and whole grains; limiting intake of saturated fats, added sugars, and sodium; keeping trans fat intake as low as possible; and balancing caloric intake with calories burned to manage body weight.[184] Safe eating means ensuring that food is free from harmful contaminants, such as bacteria and viruses.[185]

KEY FACTS

- Fewer than 15 percent of adults and 10 percent of adolescents eat recommended amounts of fruit and vegetables each day.[186]
- Sixty-three percent of adults and 84 percent of adolescents consume at least one sugar-sweetened beverage (e.g., soda, sport drinks, fruit drinks and punches, low-calorie drinks, sweetened tea) each day.[187]
- Most American adults consume more than twice the recommended average daily sodium intake level.[188] Nearly 80 percent of sodium consumed comes from packaged, processed, and restaurant foods.[189]
- Over two-thirds of the adult population is overweight or obese. Approximately one in five children are overweight or obese by the time they reach their sixth birthday and over half of obese children become overweight at or before age two.[190]
- Over 23 million people, including 6.5 million children, live in "food deserts" – neighborhoods that lack access to stores where affordable, healthy food is readily available (e.g., full-service supermarkets, grocery stores). These communities commonly have an abundance of fast food restaurants and convenience stores that offer foods high in calories but low in nutritional value.[191]
- Low-income women are more likely than their higher-income counterparts to return to work earlier after childbirth and to be engaged in jobs that make it challenging for them to breastfeed.[192] Babies who are breastfed may be less likely to become obese.[193]
- Almost 15 percent of households (50 million people) experience food insecurity at least occasionally during the year, meaning that their access to adequate food is limited by a lack of money and other resources.[194] Individuals and families that experience food insecurity may be more likely to be overweight or obese, potentially because the relative lower cost of junk foods (i.e., foods low in nutrients but high in calories) can promote over-consumption of calories.[195]
- Each year, roughly 1 in 6 Americans (48 million people) get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases. Reducing foodborne illness by 10 percent would keep about 5 million Americans from getting sick each year.[196]

Recommendations: What can be done?

Healthy eating is influenced by access to healthy, safe, and affordable foods, as well as by individuals' knowledge, attitudes, and culture. Communities can support healthy eating and make healthy options affordable and accessible, and people can be provided with the information and tools they need to make healthy food choices.

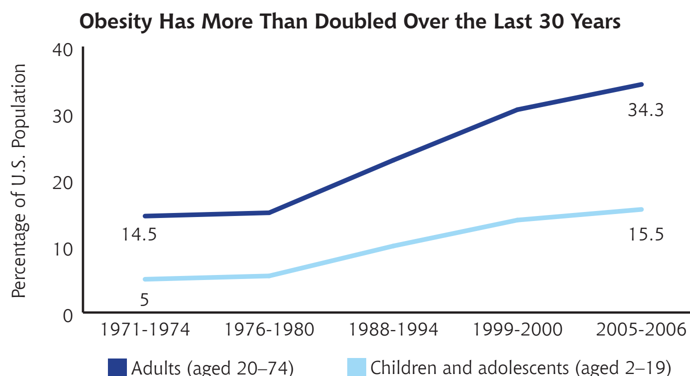
1 Increase access to healthy and affordable foods in communities.

Increasing access to healthy, affordable food options provides people with the opportunity to make healthy choices.[197] Providing healthy foods in existing establishments, increasing the availability of full-service supermarkets and grocery stores, and supporting local and regional farm-to-table efforts (e.g., farmers markets, community gardens) have all been shown to increase access to healthy food.[198] In addition, providing a greater variety of healthy options that are affordable can help increase consumption of healthy foods, as the price of healthy food choices is frequently more expensive (per calorie) than less healthy food options.[199]

2 Implement organizational and programmatic nutrition standards and policies.

Nutrition standards and policies (e.g., food procurement policies) that align with the Dietary Guidelines for Americans increase access to healthy food and beverages and limit access to less healthy foods.[200] Such policies can be implemented in work sites, schools, early learning centers, institutional cafeterias/food service, hospitals, and living facilities

Obesity Has More Than Doubled Over the Last 30 Years



Source: National Health and Nutrition Examination Survey I and II, CDC, 1984-2008
*Age-adjusted by the direct method to the year 2000 U.S. Bureau of the Census estimates using the age groups 20-39, 40-59, and 60-74 years.

for older adults, as well as within Federal and state-supported food services and programs.[201] Such policies not only help people make healthier food choices, but over time will lead to a wider variety of healthier products from which to choose.[202]

3 Improve nutritional quality of the food supply. Manufacturers and retailers (e.g., stores, restaurants) have a key role in producing and serving healthy food options. Processed and prepared foods, such as packaged, restaurant (both sit-down and fast food), and convenience foods often contain high amounts of calories, sodium, added sugars, and saturated and trans fat.[203] Providing appropriate portion sizes helps people limit calorie intake, particularly when eating high-calorie foods.[204]

4 Help people recognize and make healthy food and beverage choices. People are better able to make healthy decisions when provided with the information and motivation to identify and make healthy choices.[205] Easy-to-understand nutrition information at the point of purchase can help people make healthier food choices.[206] Strengthening individuals' ability to prepare and cook healthy foods at home can help them make healthy meals and improve their overall nutrition.[207] Providing people with the knowledge and tools to balance their caloric intake and output can help them achieve and maintain a healthy weight.[208] The media can support healthy decision making by promoting healthier food choices and limiting the marketing of unhealthy food to children.[209]

5 Support policies and programs that promote breastfeeding. For nearly all infants, breastfeeding is the best source of nutrition and immunologic protection, and also provides health benefits to mothers (e.g., faster weight loss, reduced risk of breast and ovarian cancers).[210] Institutional changes in maternity care practices (e.g., helping mothers initiate breastfeeding within one hour of birth, referring mothers to breastfeeding support groups) increase breastfeeding initiation and duration rates. Support is important to help new mothers establish and continue breastfeeding as they return to work or school. Lactation policies that provide private space and flexible scheduling and that offer lactation management services and support (e.g., breastfeeding peer support programs) can make it easier for a mother to breastfeed.[211]

6 Enhance food safety. Proper food handling, preparation, and storage, as well as adoption of hand washing practices within commercial establishments and homes, help reduce contamination and prevent foodborne illness.[212] Procedures to monitor, detect, and control contamination when it occurs are essential to protecting our nation's food supply.[213]

Food Safety Working Group

The President's Food Safety Working Group aims to modernize food safety through collaborative partnerships with consumers, industry, and regulatory partners. The website FoodSafety.gov (http://www.foodsafety.gov) provides consumers with information and tools they need to stay healthy, including information on food recalls and alerts.

Actions

The Federal Government will

- Work to ensure that foods purchased, distributed, or served in Federal programs and settings meet standards consistent with the Dietary Guidelines for Americans.
- Improve agricultural policies to better align with the nutrition goals of the Dietary Guidelines for Americans.
- Strengthen the nation's comprehensive food safety system.
- Develop voluntary guidelines for food marketed to children and monitor and report on industry activities.
- Support initiatives to increase the availability of healthy and affordable foods in underserved urban, rural, and frontier communities.
- Implement the menu labeling provisions of the Affordable Care Act to help provide consistent facts about food choices in chain restaurants.
- Provide information, tools, and expertise to help Americans understand and apply the Dietary Guidelines for Americans (e.g., MyPlate).
- Support breastfeeding, including implementing the breastfeeding provisions in the Affordable Care Act.

Key Indicators	Current	10-Year Target
Proportion of adults and children and adolescents who are obese	Adults: 34.0%	30.6%
	Children and Adolescents: 16.2%	14.6%
Average daily sodium consumption in the population	3,641 mg	2,300 mg
Average number of infections caused by salmonella species transmitted commonly through food	15.2 cases per 100,000 population	11.4 cases per 100,000 population
Proportion of infants who are breastfed exclusively through 6 months	14.1%	25.5%

Priorities

Healthy Eating

PROJECT HIGHLIGHT: Healthy Food Financing Initiatives

Twenty-three and a half million Americans, including 6.5 million children, live in identified food deserts. Of those, 11.5 million live in low-income urban and rural communities where the closest supermarket is more than one mile from their homes. In response to this issue, the Departments of Treasury, Agriculture, and Health and Human Services have coordinated an approach that encourages the construction of healthy food retail outlets and other projects that make healthy food available in high poverty communities. The projects increase access to healthy foods, as well as small business and employment opportunities.

- Implement programs and regulations to increase access to healthy food and eliminate food insecurity (e.g., Healthy, Hunger-Free Kids Act, USDA Healthier U.S. School Challenge).
- Improve and expand the use of existing food and nutrition systems to track changes in eating patterns and conduct research to identify effective approaches.

Partners Can:

State, Tribal, Local, and Territorial Governments can

- Ensure that foods served or sold in government facilities and government-funded programs and institutions (e.g., schools, prisons, juvenile correctional facilities) meet nutrition standards consistent with the Dietary Guidelines for Americans.
- Strengthen licensing standards for early learning centers to include nutritional requirements for foods and beverages served.
- Work with hospitals, early learning centers, health care providers, and community-based organizations to implement breastfeeding policies and programs.
- Ensure laboratories, businesses, health care, and community partners are prepared to respond to outbreaks of foodborne disease.
- Use grants, zoning regulations, and other incentives to attract full-service grocery stores, supermarkets, and farmers markets to underserved neighborhoods, and use zoning codes and disincentives to discourage a disproportionately high availability of unhealthy foods, especially around schools.

Businesses and Employers can

- Increase the availability of healthy food (e.g., through procurement policies, healthy meeting policies, farm-to-work programs, farmers markets).
- Adopt lactation policies that provide space and break time for breastfeeding employees (in accordance with the Affordable Care Act) and offer lactation management services and support (e.g., breastfeeding peer support programs).
- Provide nutrition information to customers (e.g., on menus), make healthy options and appropriate portion sizes the default, and limit marketing of unhealthy food to children and youth.
- Reduce sodium, saturated fats, and added sugars and eliminate artificial trans fats from products.
- Implement proper handling, preparation, and storage practices to increase food safety.

Health Care Systems, Insurers, and Clinicians can

- Use maternity care practices that empower new mothers to breastfeed, such as the Baby-Friendly Hospital standards.
- Screen for obesity by measuring body mass index and deliver appropriate care according to clinical practice guidelines for obesity.
- Assess dietary patterns (both quality and quantity of food consumed), provide nutrition education and counseling, and refer people to community resources (e.g., Women, Infants, and Children (WIC); Head Start; County Extension Services; and nutrition programs for older Americans).

Early Learning Centers, Schools, Colleges, and Universities can

- Implement and enforce policies that increase the availability of healthy foods, including in a la carte lines, school stores, vending machines, and fundraisers.
- Update cafeteria equipment (e.g., remove deep fryers, add salad bars) to support provision of healthier foods.
- Eliminate high-calorie, low-nutrition drinks from vending machines, cafeterias, and school stores and provide greater access to water.
- Implement policies restricting the marketing of unhealthy foods.
- Provide nutrition education.

Community, Non-Profit, and Faith-based Organizations can

- Lead or convene city, county, and regional food policy councils to assess local community needs and expand programs (e.g., community gardens, farmers markets) that bring healthy foods, especially locally grown fruits and vegetables, to schools, businesses, and communities.
- Implement culturally and linguistically appropriate social supports for breastfeeding, such as marketing campaigns and breastfeeding peer support programs.

Individuals and Families can

- Eat less by avoiding oversized portions, make half of the plate fruits and vegetables, make at least half of the grains whole grains, switch to fat-free or low-fat (1%) milk, choose foods with less sodium, and drink water instead of sugary drinks.
- Balance intake and expenditure of calories to manage body weight.

- Breastfeed their babies exclusively for the first 6 months after birth when able.
- Prevent foodborne illness by following key safety practices—clean (wash hands and surfaces often), separate (do not cross-contaminate), cook (cook food to proper temperatures), and chill (refrigerate promptly).

KEY DOCUMENTS

- The Surgeon General's Vision for a Healthy and Fit Nation
- The White House Task Force on Childhood Obesity Report to the President
- The Surgeon General's Call to Action on Breastfeeding
- The Dietary Guidelines for Americans and MyPlate

PROJECT HIGHLIGHT: Let's Move!

Let's Move! is a comprehensive initiative dedicated to solving the problem of obesity within a generation. Let's Move! has sparked national awareness and attention among all sectors of the nation. This past year, groundbreaking legislation ensuring all children have healthier food in school was passed; Walmart announced a Nutrition Charter to bring healthier and more affordable foods to their stores; national sports leagues are operating clinics across the nation to encourage children to be physically active for 60 minutes a day; and Let's Move! has also released new public service announcements to help parents make healthier food choices and be more physically active with their families. More than 500 communities across the nation have signed up to be a Let's Move! city or town committed to improving the health of their residents.

Active Living

Engaging in regular physical activity is one of the most important things that people of all ages can do to improve their health. Physical activity strengthens bones and muscles, reduces stress and depression, and makes it easier to maintain a healthy body weight or to reduce weight if overweight or obese.[214] Even people who do not lose weight get substantial benefits from regular physical activity, including lower rates of high blood pressure, diabetes, and cancer.[215] Healthy physical activity includes aerobic activity, muscle strengthening activities, and activities to increase balance and flexibility. As described by the Physical Activity Guidelines for Americans, adults should engage in at least 150 minutes of moderate-intensity activity each week, and children and teenagers should engage in at least one hour of activity each day.[214]

KEY FACTS

- At least 40 percent of adults and 80 percent of adolescents do not meet the Physical Activity Guidelines for Americans.[214]
- Less than 4 percent of elementary schools, 8 percent of middle schools, and 2 percent of high schools provide opportunities for daily physical education.[216]
- Only 13 percent of children walk or bike to school, compared with 44 percent a generation ago.[217]
- The average 8- to 18-year-old is exposed to nearly 7.5 hours of passive screen time (e.g., television, videos, computers, smart phones, video games) every day.[218]
- More than a quarter of trips made by car are within one mile of home.[219]
- Physical activity levels are lower in low-income communities and among racial/ethnic minority children due in part to people feeling unsafe in their communities.[220]
- Activity levels decline with age, despite physical (e.g., falls prevention) and emotional (e.g., decreased levels of depression) benefits.[221]
- Physical inactivity is a primary contributor to one-third of the adult population being overweight or obese and one in six children and adolescents being obese.[222]

Recommendations: What can be done?

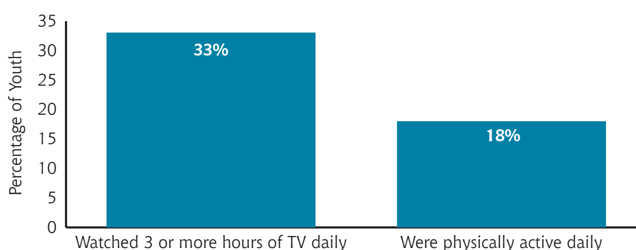
Personal, social, economic, and environmental factors all influence physical activity levels among youth, adults, and seniors. Americans should live, work, and learn in environments that provide safe and accessible options for physical activity, regardless of age, income level, or disability status.

1 Encourage community design and development that supports physical activity. Sidewalks, adequate lighting, and traffic slowing devices (e.g., modern roundabouts) improve the walkability of communities and promote physical activity.[223] Increasing access to public transportation helps people maintain active lifestyles.[224] People are also more likely to use active modes of transportation (e.g., walking, biking) for their daily activities when homes, workplaces, stores, schools, health care facilities, and other community services are located within close proximity and neighborhoods are perceived as safe.[225]

2 Promote and strengthen school and early learning policies and programs that increase physical activity. Schools, early learning centers, and before- and after-school programs can all adopt standards, policies, and programs that support active lifestyles.[226] Programs that increase the length or quality (i.e., time spent being active) of school-based physical education improve overall student activity levels and academic performance.[227]

3 Facilitate access to safe, accessible, and affordable places for physical activity. Safe, accessible, and affordable places for physical activity (e.g., parks, playgrounds, community centers, schools, fitness centers, trails, gardens) can increase activity levels.[228] Ensuring availability of transportation and developing these places with universal design features facilitates access and use by people of all ages and functional abilities.[229] Public areas that are well-lit and patrolled by law enforcement have been shown to make communities safer and increase use of these places for physical activity.[230] Implementing joint use or after-hours agreements for school gymnasiums and community recreation centers increases the use of these facilities

More Youth Watch 3 Hours of TV than Exercise



Source: Youth Risk Behavior Surveillance System, CDC, 2009

PROJECT HIGHLIGHT: Safe Routes to School
Community leaders, schools, and parents across the United States are encouraging more children, including children with disabilities, to walk and bicycle to school. Safe Routes to School programs improve safety and accessibility as well as reduce traffic and air pollution in the vicinity of schools. As a result, these programs help make bicycling and walking to school a safer and more appealing transportation choice, thus encouraging a healthy and active lifestyle from an early age.

by community members.[231] In addition, providing opportunities for older adults to participate in physical activity (e.g., low-cost fitness classes at community centers) promotes functional health, lowers the risk of falls, and improves cognitive function.[232]

4 Support workplace policies and programs that increase physical activity.

Effective workplace programs and policies can reduce health risks and improve the quality of life for millions of U.S. workers.[233] Workplace initiatives such as flextime policies, lunchtime walking groups, and access to fitness facilities, bicycle racks, walking paths, and changing facilities with showers can increase the number of employees who are physically active during the work day.[234]

5 Assess physical activity levels and provide education, counseling, and referrals.

Health professionals in a variety of settings can provide education, counseling, and referrals to community resources to help people lead more active lifestyles.[235] Programs that are tailored to individual interests and preferences can be more effective in increasing physical activity.[236]

Actions

The Federal Government will

- Promote the development of transportation options and systems that encourage active transportation and accommodate diverse needs.
- Support adoption of active living principles in community design, such as mixed land use, compact design, and inclusion of safe and accessible parks and green space.
- Support coordinated, comprehensive, and multicomponent programs and policies to encourage physical activity and physical education, especially in schools and early learning centers.
- Develop and disseminate clinical guidelines, best practices, and tools on increasing physical activity and reducing the number of overweight and obese individuals.

Moderate-Intensity Physical Activity
Moderate-intensity activities include brisk walking, bicycling, dancing, swimming, basketball, tennis, water aerobics, mowing the lawn, and general gardening. Aerobic activity should be supplemented with resistance training for muscular strength and endurance.

Partners Can

State, Tribal, Local, and Territorial Governments can

- Design safe neighborhoods that encourage physical activity (e.g., include sidewalks, bike lanes, adequate lighting, multi-use trails, walkways, and parks).
- Convene partners (e.g., urban planners, architects, engineers, developers, transportation, law enforcement, public health) to consider health impacts when making transportation or land use decisions.
- Support schools and early learning centers in meeting physical activity guidelines.

Businesses and Employers can

- Adopt policies and programs that promote walking, bicycling, and use of public transportation (e.g., provide access to fitness equipment and facilities, bicycle racks, walking paths, and changing facilities with showers).
- Design or redesign communities to promote opportunities for active transportation (e.g., include places for physical activity in building and development plans).
- Sponsor a new or existing park, playground, or trail, recreation or scholastic program, or beautification or maintenance project.

Key Indicators	Current	10-Year Target
Proportion of adults who meet physical activity guidelines for aerobic physical activity	43.5%	47.9%
Proportion of adolescents who meet physical activity guidelines for aerobic physical activity	18.4%	20.2%
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	28.8%	31.7%
Proportion of commuters who use active transportation (i.e., walk, bicycle, and public transit) to travel to work	8.7%	20.0%

Active Living

PROJECT HIGHLIGHT: America's Great Outdoors

America's Great Outdoors promotes efforts to conserve outdoor spaces and to reconnect Americans to the outdoors. It supports local efforts such as the Piedmont Environmental Council of Virginia which promotes active living by supporting efficient transportation networks that connect people in both urban and rural communities to parks and other outdoor recreation venues.

Health Care Systems, Insurers, and Clinicians can

- Conduct physical activity assessments, provide counseling, and refer patients to allied health care or health and fitness professionals.
- Support clinicians in implementing physical activity assessments, counseling, and referrals (e.g., provide training to clinicians, implement clinical reminder systems).

Early Learning Centers, Schools, Colleges, and Universities can

- Provide daily physical education and recess that focuses on maximizing time physically active.
- Participate in fitness testing (e.g., the President's Challenge) and support individualized self improvement plans.
- Support walk and bike to schools programs (e.g., "Safe Routes to School") and work with local governments to make decisions about selecting school sites that can promote physical activity.
- Limit passive screen time.
- Make physical activity facilities available to the local community.

Community, Non-Profit, and Faith-Based Organizations can

- Offer low or no-cost physical activity programs (e.g., intramural sports, physical activity clubs).
- Develop and institute policies and joint use agreements that address liability concerns and encourage shared use of physical activity facilities (e.g., school gymnasiums, community recreation centers).
- Offer opportunities for physical activity across the lifespan (e.g., aerobic and muscle strengthening exercise classes for seniors).

Individuals and Families can

- Engage in at least 150 minutes of moderate-intensity activity each week (adults) or at least one hour of activity each day (children).
- Supplement aerobic activities with muscle strengthening activities on two or more days a week that involve all major muscle groups.
- Consider following the American Academy of Pediatrics (AAP) recommendations for limiting TV time among children.

KEY DOCUMENTS

- Physical Activity Guidelines for Americans
- The White House Task Force on Childhood Obesity Report to the President

Injury and Violence Free Living

Reducing injury and violence improves physical and emotional health. The leading causes of death from unintentional injury include motor vehicle-related injuries, unintended poisoning (addressed in the "preventing drug abuse and excessive alcohol use" chapter), and falls.[237] Witnessing or being a victim of violence (e.g., child maltreatment, youth violence, intimate partner and sexual violence, bullying, elder abuse) are linked to lifelong negative physical, emotional, and social consequences.[238]

KEY FACTS

- Each year, more than 29 million people suffer an injury severe enough to warrant medical attention, and 180,000 people die from their injuries.[237]
- Every day on average, 12 working men and women are killed on the job and more than three million people—including approximately 150,000 youth (ages 15 to 17)—suffer a work-related injury or illness.[239] Men and Hispanic and foreign-born individuals have higher rates of work-related fatal injuries.[240]
- Motor vehicle crash-related injuries are the leading cause of death among younger people aged 5 to 34 years.[237] Motor vehicle crash fatality rates are especially high in rural areas and for residents of tribal lands, in part because of poor road maintenance, higher rates of alcohol impaired driving, lower rates of seat belt and child safety seat use, and less access to emergency response and trauma care.[241]
- A history of exposure to adverse experiences in childhood, including exposure to violence and maltreatment, is associated with health risk behaviors such as smoking, alcohol and drug use, and risky sexual behavior, as well as health problems such as obesity, diabetes, ischemic heart disease, sexually transmitted diseases, and attempted suicide.[242]
- Each year, about a third of adults aged 65 years and older experience a fall, and 20 to 30 percent of them suffer a moderate to severe injury (e.g., hip fracture, head trauma).[243] Those injuries can make it more difficult for older adults to live independently and increase their risk of early death.[244]
- Homicide rates are almost eight times higher among African Americans than among white Americans. Homicide is the leading cause of death for African Americans age 10 to 24 years.[245]

Recommendations: What can be done?

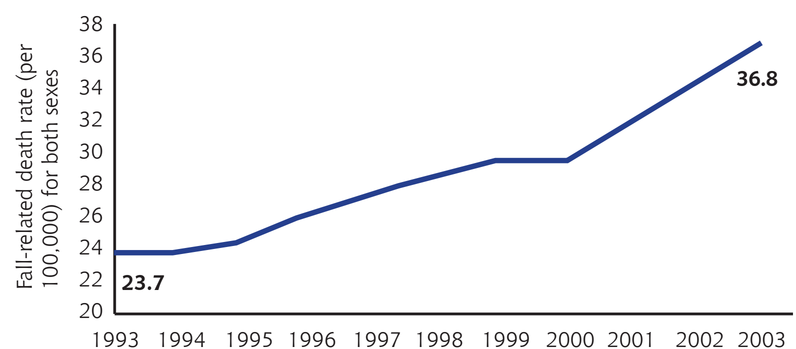
Injury and violence can be prevented by making homes, communities, schools, and work sites safer; strengthening and implementing community-based prevention policies and programs; and focusing efforts among groups at highest risk for injuries and violence, including youth and older adults.

1 Implement and strengthen policies and programs to enhance transportation safety. Effective traffic safety policies and programs prevent motor vehicle-related injuries and death.[246] Examples include primary seat belt laws, child safety and booster seat laws, graduated driver licensing systems for young drivers (e.g., that include restrictions on nighttime driving and carrying passengers), policies that reduce driving while under the influence of alcohol or drugs (e.g., alcohol ignition interlocks, sobriety checkpoints) or while drowsy or distracted (e.g., prohibitions on texting), motorcycle and bicycle helmet laws, pedestrian safety education, enhanced enforcement of speeding, and other safety regulations.[247]

2 Support community and streetscape design that promotes safety and prevents injuries. Communities and streets can be designed to reduce pedestrian, bicyclist, and vehicle occupant injuries.[248] Road modifications (e.g., separating traffic from pedestrians and bicyclists, speed bumps, pedestrian refuge islands, roundabouts) can reduce the number of deaths and injuries. Many of these modifications, which are included in the Complete Streets and Safe Routes to School models, can also increase levels of physical activity.[249]

3 Promote and strengthen policies and programs to prevent falls, especially among older adults. Exercise programs to increase strength and balance, medication review and modification to eliminate all but essential drug treatments, home modifications (e.g., grab bars, railings), and vision screening can prevent falls among older adults.[250] Enhancing linkages between clinical- and community-based prevention efforts increases the availability and use of these programs.[251] Properly designed and maintained playgrounds, home safety devices (e.g., stair gates), and use of protective gear when playing active sports can help prevent children from sustaining injuries related to falls.[252]

The Fall-Related Death Rate is Increasing for Americans 65 and Over



Source: National Vital Statistics System, CDC, 1993–2003

Injury and Violence Free Living

PROJECT HIGHLIGHT: Teenage and Adult Driver Responsibility Act: Georgia
The Georgia General Assembly passed the Teenage and Adult Driver Responsibility Act requiring graduated driver licensing and imposing additional restrictions on young drivers, including automatic license revocation for excessive speeding. As a result, the number of fatal crashes among drivers subject to the law has dropped by 38 percent. These drivers are also less likely to be convicted of speeding or driving under the influence of alcohol.

4 Promote and enhance policies and programs to increase safety and prevent injury in the workplace. Comprehensive workplace prevention programs that include management commitment, employee participation, hazard identification and remediation, worker training, and program evaluation can successfully reduce workplace injuries and illnesses.[253] Effective prevention strategies for workplace deaths and injuries include developing and implementing engineering controls and protective technologies; comprehensive, written programs that are part of formal work site safety training initiatives; and training on work practices that promote a culture of safety within the workplace.[254] Electronic tracking systems help identify hazards, inform prevention planning, and measure progress. In multiemployer work sites, enhanced safety communication is also critical.[255]

5 Strengthen policies and programs to prevent violence. Modifications to the physical environment (e.g., windows that overlook sidewalks and parking lots, landscape designs that facilitate lines of sight) can deter criminal behavior and enhance community safety.[256] Decreasing the number of businesses selling alcohol has also been shown to reduce violent crime.[257] In addition, housing and economic development and education initiatives (e.g., reducing concentrated poverty, increasing high school graduation rates) show promise in reducing rates of crime and violence.[258]

6 Provide individuals and families with the knowledge, skills, and tools to make safe choices that prevent violence and injuries. Education and skills-building programs can provide individuals and families with knowledge, skills, and tools to help them prevent violence and injuries.[259] Strategies include school-based programs to prevent violence (e.g., bullying, teen dating violence) and reduce unintentional injury risks (e.g., bike helmet use); intimate partner violence prevention efforts; social development strategies that teach children how to handle difficult social and peer situations without violence; parent and family skill-based programs that support positive family interactions and prevent infant and early childhood exposure to trauma and violence; and youth development programs.[260] In addition, workplace interventions (e.g., worker training, security systems, safety procedures) can reduce violence, bullying, and other negative behaviors.[261]

Actions

The Federal Government will

- Support state, tribal, local and territorial agencies in implementing, strengthening, and enforcing transportation safety policies and programs.
- Enhance enforcement of current safety regulations, provide training and technical assistance to improve worker safety, and empower workers to report health and safety concerns.
- Develop and test innovative and promising strategies to prevent injuries and violence.
- Educate adults and youth on actions they can take to prevent injury at home, work, and school and in their communities.

Partners Can

State, Tribal, Local, and Territorial Governments can

- Strengthen and enforce transportation safety policies and programs (e.g., primary seat belt laws, child safety and booster seat laws, graduated driver licensing systems for young drivers, motorcycle helmet use laws, ignition interlock policies).
- Implement traffic engineering strategies (e.g., sidewalks and pedestrian safety medians) that allow pedestrians, bicyclists,

Key Indicators	Current	10-Year Target
Rate of fatalities due to alcohol impaired driving	0.40 deaths per 100 million vehicle miles traveled	0.38 deaths per 100 million vehicle miles traveled
Rate of fall-related deaths among adults age 65 and older	45.3 deaths per 100,000 population	45.3 deaths per 100,000 population
Rate of homicides	6.1 homicides per 100,000 population	5.5 homicides per 100,000 population
Rate of motor vehicle crash-related deaths	13.8 deaths per 100,000 population	12.4 deaths per 100,000 population

motorists, and public transportation users to safely move along and across streets.
- Implement countermeasures for impaired driving (e.g., alcohol sobriety checkpoints) and enhance enforcement of speeding and other safety regulations.
- Implement per se drug impairment laws (presence of any illegal drug in one's system), train law enforcement personnel to identify drugged drivers, and develop standard screening methodologies to detect the presence of drugs.
- Develop systems to increase access to trauma care.
- Implement policies to support modifications to the physical environment to deter crime (e.g., crime prevention through environmental design).

Businesses and Employers can

- Implement and enforce safety policies for all drivers (e.g., seat belts or restraint use, zero tolerance for distracted driving).
- Implement comprehensive workplace injury prevention programs that include management commitment, employee participation, hazard identification and remediation, worker training, and evaluation.
- Expand and improve occupational injury and illness reporting systems.

Health Care Systems, Insurers, and Clinicians can

- Conduct falls-risk assessments for older adults, including medication review and modification and vision screening.
- Implement and test models for increasing falls-risk assessments (e.g., physician education, and linkages with community-based services).
- Include occupational and environmental risk assessment in patient medical history-taking.

Early Learning Centers, Schools, Colleges, and Universities can

- Encourage youth to use seat belts, bicycle helmets, and motorcycle helmets, and not drive while distracted or under the influence of alcohol or drugs.
- Collect and report statistics on crimes that occur and result in injuries on or around campuses and issue timely warnings to campus communities about crimes that may threaten safety and health.
- Implement policies, practices, and environmental design features to reduce school violence and crime (e.g., classroom management practices, cooperative learning techniques, student monitoring and supervision, limiting and monitoring access to buildings and grounds, performing timely maintenance).

Community, Non-Profit, and Faith-Based Organizations can

- Promote safer and more connected communities that prevent injury and violence (e.g., by designing safer environments, fostering economic growth).
- Build public awareness about preventing falls, promote fall prevention programs in home and community settings, and educate older adults on how to prevent falls.
- Implement programs that assist juveniles and adults who are re-entering their communities following incarceration that support their returning to school, securing employment, and leading healthy lifestyles.

Individuals and Families can

- Refrain from driving while under the influence of alcohol or drugs or while drowsy or distracted (e.g., texting).
- Use seat belts, bicycle helmets, motorcycle helmets, and protective sports gear.
- Establish clear expectations and consequences with teenagers about safe driving, including speeding, seat belt use, alcohol- or drug-impaired driving, and distracted driving.
- Engage in regular physical activity to increase strength and balance to help prevent falls.

KEY DOCUMENTS

- National Highway Traffic Safety Administration: Traffic Safety Fact Sheets
- Best Practices for a Safe Community
- Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Well-Being
- Youth Violence: A Report of the Surgeon General
- Preventing Falls: What Works

PROJECT HIGHLIGHT: Urban Networks to Increase Thriving Youth (UNITY)

Promoting effective, sustainable efforts to prevent violence before it occurs, UNITY cities and communities emphasize collaboration across multiple sectors and disciplines, including justice, education, labor, social services, public health and safety, and youth-serving organizations. For example, in Louisville, Kentucky, a multidisciplinary coalition worked to implement policies that limit alcohol promotion, increase neighborhood lighting, and decrease graffiti and neighborhood blight. In Boston, a community coalition connects students to employment opportunities and to after-school and summer activities that build coping skills and prevent violence.

Reproductive and Sexual Health

Healthy reproductive and sexual practices can play a critical role in enabling people to remain healthy and actively contribute to their community. Planning and having a healthy pregnancy is vital to the health of women, infants, and families and is especially important in preventing teen pregnancy and childbearing, which will help raise educational attainment, increase employment opportunities, and enhance financial stability.[262] *Access to quality health services and support for safe practices can improve physical and emotional well-being and reduce teen and unintended pregnancies, HIV/AIDS, viral hepatitis, and other sexually transmitted infections (STIs).*[263]

KEY FACTS

- Infant mortality rates are higher among women of color, adolescents, unmarried mothers, people who smoke, those with lower educational attainment, and those who did not obtain adequate prenatal care.[264]
- Nearly half of all pregnancies are unintended.[265] Risks associated with unintended pregnancy include low birth weight, postpartum depression, and family stress.[266]
- Black, Hispanic and American Indian/Alaska Native youth experience the highest rates of teen childbearing.[267]
- The preterm birth rate has risen by more than 20 percent during the past 20 years.[268] Preterm infants are more likely to suffer complications at birth (e.g., respiratory distress), die within the first year of life, and have lifelong health challenges (e.g., cerebral palsy, learning disabilities).[269]
- There are approximately 19 million new cases of STIs in the United States each year—almost half of these in young people ages 15 to 24.[270] Rates of gonorrhea are 20 times higher in blacks than whites, and rates of chlamydia are 8 times higher.[271]
- More than one million people in the United States are estimated to be living with HIV infection, and more than 50,000 people become infected each year.[272] Men who have sex with men (MSM) account for only about 2 percent of the U.S. population, yet they account for 57 percent of new HIV infections (including MSM who have also injected drugs).[273] Blacks, Latinos, and substance users are also at elevated risk for infection.[274] Major contributors to these disparities include poverty and STIs.[275]
- Binge drinking and illicit drug use are associated with intimate partner violence and risky sexual behaviors, including unprotected sex and multiple sex partners.[276] These activities increase the risk of unintended pregnancy and acquiring HIV and other STIs.[277]
- One in four females and one in 12 males have experienced sexual violence at some time in their lives.[278]

Recommendations: What can be done?

Improving reproductive and sexual health requires empowering people with the information they need to make healthy, respectful, and responsible choices and increasing effective utilization of health care services.[279]

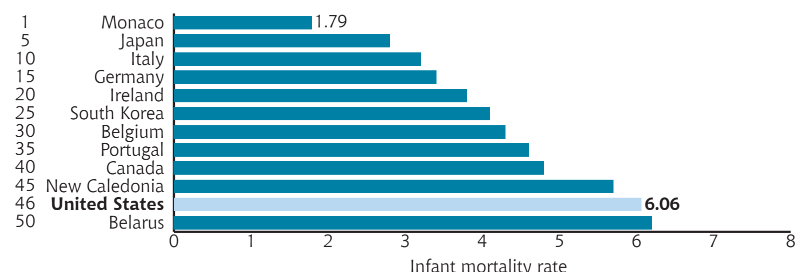
1 Increase use of preconception and prenatal care.

Preconception and prenatal care can reduce birth defects, low birth weight, and other preventable problems.[280] Comprehensive preconception and prenatal care includes encouraging women to stop smoking, refrain from using alcohol and other drugs, eat a healthy diet, take folic acid supplements, maintain a healthy weight, control high blood pressure and diabetes, and reduce exposure to workplace and environmental hazards.[281] In addition, screening and providing services to prevent intimate partner violence and infections (e.g., HIV, STI, and viral hepatitis) help to improve the health of the mother and the baby.[282]

2 Support reproductive and sexual health services and support services for pregnant and parenting women.

Reproductive and sexual health care services can help prevent unintended pregnancy, HIV, and other STIs.[283] Supporting access to affordable contraceptive services can reduce unintended pregnancy.[284] Health services can also help promote knowledge about, and compliance with, recommended screening and vaccination for specific STIs.[285] Providing pregnant and parenting teens and women with supportive services during this time can help ensure positive outcomes for both moms and children, such as graduation rates and parenting skills. These supports can include services needed to help these teens and women complete school, access health care services, child care, and other critical support services. It can also include efforts to combat violence against women.[286]

The U.S. Infant Mortality Rate is Higher than 45 Other Countries



Source: The World Factbook, Central Intelligence Agency, 2011 Estimates

3 Provide effective sexual health education, especially for adolescents.

Medically accurate, developmentally appropriate, and evidence-based sexual health education provides people with the skills and resources to help make informed and responsible decisions.[287] In adolescents, this decision making may delay initiation of sexual behavior; in adults, including seniors, it may encourage safe sex even if pregnancy is no longer a concern.[288] Effective sexual health education, mentoring programs, and other evidence-based activities can reduce risks associated with unintended pregnancy or HIV and other STIs and increase communication, decision-making, and healthy relationship skills needed to foster relationships free of sexual violence.[289] Parental and caregiver monitoring, support, and effective communication with their children about sexual topics can decrease sexual risk-taking behavior among adolescents.[290] Programs that empower parents and caregivers with the knowledge and skills to effectively guide their children about sexual health can effectively prevent sexual risk behavior among youth.[291]

4 Enhance early detection of HIV, viral hepatitis, and other STIs and improve linkage to care.

Routine screening can enhance early detection of HIV, viral hepatitis, chlamydia, and other STIs. Linking people to treatment reduces transmission and improves health[292]; for example, people living with HIV who receive antiretroviral therapy are 92 percent less likely to transmit HIV to others.[293] Early identification and treatment of HIV and chronic viral hepatitis infections can halt disease progression and improve the quality and length of life. Many common STIs (e.g., gonorrhea, chlamydia) can generally be cured with a single treatment. Increasing access to and fostering linkages between health care and community systems, especially those that provide low cost services, can improve early detection and treatment.[294]

Actions

The Federal Government will

- Increase access to comprehensive preconception and prenatal care, especially for low-income and at-risk women.
- Research and disseminate ways to effectively prevent premature birth, birth defects, and Sudden Infant Death Syndrome (SIDS).
- Support states, tribes, and communities to implement evidence-based sexual health education.
- Promote and disseminate national screening recommendations for HIV and other STIs.
- Promote and disseminate best practices and tools to reduce behavioral risk factors (e.g., sexual violence, alcohol and other drug use) that contribute to high rates of HIV/STIs and teen pregnancy.

Key Indicators	Current	10-Year Target
Proportion of children born with low birth weight and very low birth weight	Low birth weight: 8.2%	7.8%
	Very low birth weight: 1.5%	1.4%
Proportion of pregnant females who received early and adequate prenatal care	70.5%	77.6%
Pregnancy rates among adolescent females aged 15 to 19 years	15–17 years: 40.2 pregnancies per 1,000 females	36.2 pregnancies per 1,000 females
	18–19 years: 117.7 pregnancies per 1,000 females	105.9 pregnancies per 1,000 females
Proportion of sexually active persons aged 15 to 44 years who received reproductive health services	Females: 78.9%	Females: 86.7%
	Males: 14.9%	Males: 16.4%
Proportion of people living with HIV who know their serostatus	79.0%	90.0%
Proportion of sexually active females aged 16 to 20 years and 21 to 24 years enrolled in Medicaid and commercial health insurance plans who were screened for genital Chlamydia infections during the measurement year	16–20 years enrolled in Medicaid plans: 52.7%	74.4%
	21–24 years enrolled in Medicaid plans: 59.4%	80.0%
	16–20 years enrolled in commercial health insurance plans: 40.1%	65.9%
	21–24 years enrolled in commercial health insurance plans: 43.5%	78.3%

Reproductive and Sexual Health

- Encourage HIV testing and treatment, align programs to better identify people living with HIV, and link those who test positive to care.
- Research and disseminate effective methods to prevent intimate partner violence and sexual violence.

Partners Can

State, Tribal, Local, and Territorial Governments can

- Increase access to comprehensive preconception and prenatal care, especially for low-income and at-risk women.
- Strengthen delivery of quality reproductive and sexual health services (e.g., family planning, HIV/STI testing).
- Implement evidence-based practices to prevent teen pregnancy and HIV/STIs and ensure that resources are targeted to communities at highest risk.
- Use social marketing, support services and policies to increase the number of people tested and linked to care for HIV, viral hepatitis, and other STIs.

Businesses and Employers can

- Provide health coverage and employee assistance programs that include family planning and reproductive health services.
- Provide time off for pregnant employees to access prenatal care.
- Implement and enforce policies that address sexual harassment.

Health Care Systems, Insurers, and Clinicians can

- Advise patients about factors that affect birth outcomes, such as alcohol, tobacco and other drugs, poor nutrition, stress, lack of prenatal care, and chronic illness or other medical problems.
- Include sexual health risk assessments as a part of routine care, help patients identify ways to reduce risk for unintended pregnancy, HIV and other STIs, and provide recommended testing and treatment for HIV and other STIs to patients and their partners when appropriate.
- Provide vaccination for Hepatitis B virus and Human Papillomavirus, as recommended by the Advisory Committee on Immunization Practices.
- Offer counseling and services to patients regarding the range of contraceptive choices either onsite or through referral consistent with Federal, state, and local regulations and laws.
- Implement policies and procedures to ensure culturally competent and confidential reproductive and sexual health services.

Schools, Colleges, and Universities can

- Support medically accurate, developmentally appropriate, and evidence-based sexual health education.
- Support teen parenting programs and assist parents in completing high school, which can promote health for teen parents and children.
- Provide students with confidential, affordable reproductive and sexual health information and services consistent with Federal, state, and local regulations and laws.
- Implement mentoring or skills-based activities that promote healthy relationships and change social norms about teen dating violence.

Home visitation transforms the lives of moms and their babies

Ongoing home visits from trained professionals provide low-income, first-time moms the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient. Evidence based home visitation programs can result in improved prenatal health, reduced childhood injuries, increased intervals between births, increased maternal employment, and improved school readiness.

Community, Non-Profit, and Faith-Based Organizations can

- Support pregnant women obtaining prenatal care in the first trimester (e.g., transportation services, patient navigators).
- Educate communities, clinicians, pregnant women, and families on how to prevent infant mortality (e.g., nutrition, stress reduction, postpartum and newborn care).
- Promote and offer HIV and other STI testing and enhance linkages with reproductive and sexual health services (e.g., counseling, contraception, HIV/STI testing and treatment).
- Provide information and educational tools to both men and women to promote respectful, nonviolent relationships.
- Promote teen pregnancy prevention and positive youth development, support the development of strong communication skills among parents, and provide supervised after-school activities.

Individuals and Families can

- Eat healthfully, take a daily supplement of folic acid, stay active, stop tobacco use and drinking alcohol and see their doctor before and during pregnancy.
- Discuss their sexual health history, getting tested for HIV and other STIs, and birth control options with potential partners.
- Notify their partner if they find out they have HIV or another STI.
- Discuss sexual health concerns with their health care provider.
- Use recommended and effective prevention methods to prevent HIV and other STIs and reduce risk for unintended pregnancy.
- Communicate with children regarding their knowledge, values, and attitudes related to sexual activity, sexuality, and healthy relationships.
- Make efforts to know where their children are, and what they're doing and make sure they are supervised by adults in the after-school hours.

KEY DOCUMENTS

- National HIV/AIDS Strategy for the United States
- CDC's Recommendations to Improve Preconception Health and Health Care
- The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior
- CDC's Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings
- Combating the Silent Epidemic: U.S. Department of Health and Human Services Action Plan for the Prevention, Care and Treatment of Viral Hepatitis

PROJECT HIGHLIGHT: Get Yourself Tested (GYT)

Supported by a cross section of public and private partners, the GYT: Get Yourself Tested campaign seeks to reduce the spread of STIs among young people through information, communication, testing, and treatment as necessary.

Mental and Emotional Well-being

Mental and emotional well-being is essential to overall health. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Early childhood experiences have lasting, measurable consequences later in life; therefore, fostering emotional well-being from the earliest stages of life helps build a foundation for overall health and well-being. Anxiety, mood (e.g., depression) and impulse control disorders are associated with a higher probability of risk behaviors (e.g., tobacco, alcohol and other drug use, risky sexual behavior), intimate partner and family violence, many other chronic and acute conditions (e.g., obesity, diabetes, cardiovascular disease, HIV/STIs), and premature death.[295]

KEY FACTS

- Many mental health and emotional disorders are preventable and treatable. Early identification and treatment can help prevent the onset of disease, decrease rates of chronic disease, and help people lead longer, healthier lives.[296]
- A child experiencing mental health issues is more likely to have problems in school and is at greater risk of entering the criminal justice system.[297] About one in five youths experience a mental, emotional, or behavior disorder at some point in their lifetime.[296]
- In a given year, less than half of people diagnosed with a mental illness receive treatment. The unmet need for mental health services is greatest among underserved groups, including elderly persons, racial/ethnic minorities, those with low incomes, those without health insurance, and residents of rural areas.[296]
- More than 34,000 Americans die every year as a result of suicide—approximately one suicide every 15 minutes.[237] Suicide rates are highest among American Indian/ Alaska Native youth.[298] Risk factors for suicide include alcohol or substance abuse, isolation, extreme emotional stress, history of child maltreatment, and mental health conditions such as depression.[296]
- Racial discrimination is associated with chronic stress and can lead to negative health outcomes such as high blood pressure and depression.[299]
- Family and community rejection of lesbian, gay, bisexual, and transgender (LGBT) youth, including bullying, can have profound and long-term impacts (e.g., depression, use of illegal drugs, and suicidal behavior).[300]

Recommendations: What can be done?

Positive mental and emotional well-being depends on many factors, including quality relationships with family and friends, employment in a positive workplace environment, the ability to participate and contribute to the community, and the ability to access appropriate mental health services when needed.

1 Promote positive early childhood development, including positive parenting and violence-free homes.

The early years of life are crucial to a child's social, emotional, and cognitive development.[301] Positive parenting practices (e.g., spending time interacting with children, communication and supportive supervision, appropriate disciplinary actions, lack of alcohol and other drug abuse in the home, and lack of violence directed to children and others) reduce the likelihood of child maltreatment and of the emergence of child behavioral problems.[302] Family interventions (e.g., home visitation, parenting training), and comprehensive center-based early childhood development programs (e.g., Head Start) reduce the development of aggressive and antisocial behaviors in children (e.g., bullying) and their associated problems, such as substance abuse and delinquency.[303] Such programs also improve parent-child interactions and promote healthy development and well-being in both parents and children.[304]

2 Facilitate social connectedness and community engagement across the lifespan.

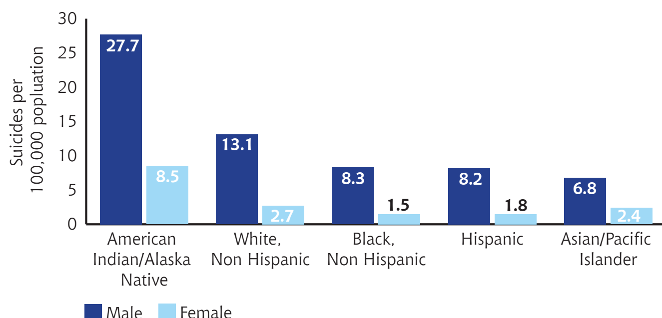
Safe shared places for people to interact (e.g., parks, faith-based and community organizations) foster healthy relationships and positive mental health among community residents and help prevent depression and suicide.[305] Supportive relationships, such as family connections, long-term friendships, and meaningful connections between youth and adults including students and teachers or coaches, build resilience and well-being.[306] Adolescents who feel more connected to their families, schools, and society are less likely to have suicidal thoughts or behavior.[307] Creating safe, supportive, and healthy schools also promotes student attendance and academic achievement.[308] Support for older adults who choose to remain in their homes and communities and retain their independence ("aging in place") helps promote and maintain positive mental and emotional health. Increasing accessibility and employment opportunities for people with disabilities helps improve social connectedness, life satisfaction, and sense of fulfillment.[309]

3 Provide individuals and families with the support necessary to maintain positive mental well-being.

Enhancing problem-solving and coping skills and improving relationships supports mental and emotional well-being.[310] Social developmental strategies (e.g., enhancing social and life skills, positive peer-bonding) can enhance self-esteem, help people handle difficult social situations, and empower people to seek help when needed.[311]

In addition, regular physical activity enhances thinking, learning, and judgment skills, reduces risk of depression, and helps people sleep better, especially as they age.[312] Community wide programs and policies can increase public awareness of mental health concerns (e.g., depression, warning signs for suicide) and encourage people to identify and address mental health needs.[313]

The Suicide Rate Is Highest among Males in All Population Groups



Source: Web-based Injury Statistics Query and Reporting System (WISQARS), CDC, 2009

4 Promote early identification of mental health needs and access to quality services.

Clinicians are key to identifying mental health needs as early as possible and making appropriate referrals.[314] Reducing the stigma associated with mental health services is important to improve access to and utilization of effective mental health treatment.[315] Identifying and integrating mental health needs into traditional health care, social service, community, and work-site settings is particularly important for youth and those who have experienced trauma.[316] Promoting stress identification and prevention in work sites can reduce job stress, promote health, and prevent injury.[317]

Actions

The Federal Government will

- Improve access to high-quality mental health services and facilitate integration of mental health services into a range of clinical and community settings (e.g., Federally Qualified Health Centers, Bureau of Prisons, Department of Defense, and Veterans Affairs facilities).
- Support programs to ensure that employees have tools and resources needed to balance work and personal life and provide support and training to help them recognize co-workers in distress and respond accordingly.
- Provide tools, guidance, and best practices to promote positive early childhood and youth development and prevent child abuse.
- Provide easy-to-use information about mental and emotional well-being for consumers, especially groups that experience unique stressors (e.g., U.S. Armed Forces, firefighters, police officers, and other emergency response workers).
- Research policies and programs that enhance mental and emotional well-being, especially for potentially vulnerable populations.

Partners Can

State, Tribal, Local, and Territorial Governments can

- Enhance data collection systems to better identify and address mental and emotional health needs.
- Include safe shared spaces for people to interact (e.g., parks, community centers) in community development plans which can foster healthy relationships and positive mental health among community residents.
- Ensure that those in need, especially potentially vulnerable groups, are identified and referred to mental health services.
- Pilot and evaluate models of integrated mental and physical health in primary care, with particular attention to underserved populations and areas, such as rural communities.

Businesses and Employers can

- Implement organizational changes to reduce employee stress (e.g., develop clearly defined roles and responsibilities) and provide reasonable accommodations (e.g., flexible work

Key Indicators	Current	10-Year Target
Proportion of primary care physician office visits that screen adults and youth for depression	Adults (19 years and older): 2.2%	2.4%
	Youth (12 – 18 years): 2.1%	2.3%
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)	60.6%	54.5%
Rate of suicide attempts by adolescents	1.9 suicide attempts per 100	1.7 suicide attempts per 100
Proportion of persons who experience major depressive episode (MDE)	Adolescents (12 – 17 years): 8.3%	7.4%
	Adults (18 years and older): 6.8%	6.1%

PROJECT HIGHLIGHT: Wellness Resources for the Military Community
Afterdeployment.org (http://www.afterdeployment.org) is a proactive Department of Defense program designed to help families and service members identify their own symptoms and access assistance before a mental health or stress-related problem becomes serious. Through anonymous online self-assessments, the program provides a non-threatening way for military families to gauge their emotional well-being while providing information on how and where to seek help.

schedules, assistive technology, adapted work stations).
- Ensure that mental health services are included as a benefit on health plans and encourage employees to use these services as needed.
- Provide education, outreach, and training to address mental health parity in employment-based health insurance coverage and group health plans.

Health Care Systems, Insurers, and Clinicians can
- Educate parents on normal child development and conduct early childhood interventions to enhance mental and emotional well-being and provide support (e.g., home visits for pregnant women and new parents).
- Screen for mental health needs among children and adults, especially those with disabilities and chronic conditions, and refer people to treatment and community resources as needed.
- Develop integrated care programs to address mental health, substance abuse, and other needs within primary care settings.
- Enhance communication and data sharing (with patient consent) with social services networks to identify and treat those in need of mental health services.

Early Learning Centers, Schools, Colleges, and Universities can
- Implement programs and policies to prevent abuse, bullying, violence, and social exclusion, build social connectedness, and promote positive mental and emotional health.
- Implement programs to identify risks and early indicators of mental, emotional, and behavioral problems among youth and ensure that youth with such problems are referred to appropriate services.
- Ensure students have access to comprehensive health services, including mental health and counseling services.

Community, Non-Profit, and Faith-Based Organizations can
- Provide space and organized activities (e.g., opportunities for volunteering) that encourage social participation and inclusion for all people, including older people and persons with disabilities.
- Support child and youth development programs (e.g., peer mentoring programs, volunteering programs) and promote inclusion of youth with mental, emotional, and behavioral problems.
- Train key community members (e.g., adults who work with the elderly, youth, and armed services personnel) to identify the signs of depression and suicide and refer people to resources.
- Expand access to mental health services (e.g., patient navigation and support groups) and enhance linkages between mental health, substance abuse, disability, and other social services.

Individuals and Families can
- Build strong, positive relationships with family and friends.
- Become more involved in their community (e.g., mentor or tutor youth, join a faith or spiritual community).
- Encourage children and adolescents to participate in extracurricular and out-of-school activities.
- Work to make sure children feel comfortable talking about problems such as bullying and seek appropriate assistance as needed.

KEY DOCUMENTS
- Mental Health: A Report of the Surgeon General
- Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities

PROJECT HIGHLIGHT: Triple P: Positive Parenting Program
Enhancing practical parenting strategies and strengthening parent-child relationships, the Positive Parenting Program (Triple P) incorporates community wide media strategies, outreach to primary care services and community agencies, and behavioral counseling into a system of parenting and family support. Systems of support, such as Triple P, contribute to reduced rates of child maltreatment, out-of-home placements, and child injuries.[318]

Economic Benefits of Preventing Disease

Prevention can reduce the significant economic burden of disease in addition to improving the length and quality of people's lives. Treatment, lost productivity, and health care costs are significant burdens to the economy, families, and businesses. Prevention policies and programs often are cost-effective, reduce health care costs, and improve productivity. The following examples show why prevention is the best buy in health.

Prevention lowers health care costs

- For every HIV infection prevented, an estimated $355,000 is saved in the cost of providing lifetime HIV treatment.[319]
- A proven program that prevents diabetes may save costs within three years.[320] One of every five U.S. health care dollars is spent on caring for people with diagnosed diabetes.[321] People who increased physical activity (2½ hours a week) and had 5 to 7 percent weight loss reduced their risk of developing type 2 diabetes by 58 percent regardless of race, ethnicity, or gender.[322]
- A 5 percent reduction in the prevalence of hypertension would save $25 billion in 5 years.[323]
- Annual health care costs are $2,000 higher for smokers, $1,400 higher for people who are obese, and $6,600 higher for those who have diabetes than for nonsmokers, people who are not obese, or people do not have diabetes.[324]
- A 1 percent reduction in weight, blood pressure, glucose, and cholesterol risk factors would save $83 to $103 annually in medical costs per person.[325]
- Increasing use of preventive services, including tobacco cessation screening, alcohol abuse screening and aspirin use, to 90 percent of the recommended levels could save $3.7 billion annually in medical costs.[326]
- Medical costs are reduced by approximately $3.27 for every dollar spent on workplace wellness programs, according to a recent study.[327]
- Dietary sodium is linked to increased prevalence of hypertension, a primary risk factor for cardiovascular and renal diseases. Cardiovascular disease alone accounts for nearly 20 percent of medical expenditures and 30 percent of Medicare expenditures.[328]
- Reducing average population sodium intake to 2,300 milligrams per day could save $18 billion in health care costs annually.[329]
- Tobacco use accounts for 11 percent of Medicaid costs and nearly 10 percent of Medicare costs.[330]
- Tobacco screening is estimated to result in lifetime savings of $9,800 per person.[331]

Prevention increases productivity

- Indirect costs to employers of employee poor health—lower productivity, higher rates of disability, higher rates of injury, and more workers' compensation claims—can be two to three times the costs of direct medical expenses.[332]
- Asthma, high blood pressure, smoking, and obesity each reduce annual productivity by between $200 and $440 per person.[333]
- Workers with diabetes average two more work days absent per year than workers without diabetes.[334]
- Absenteeism costs are reduced by approximately $2.73 for every dollar spent on workplace wellness programs, according to a recent study.[327]
- Research from the Milken Institute suggests that a modest reduction in avoidable risk factors could lead to a gain of more than $1 trillion annually in labor supply and efficiency by 2023.[335]

Appendix 2

National Prevention Strategy Indicators

Key Indicators: Goal

Key Indicator	Aligned HP2020 Objective	Data Source	Frequency of Data Collection	Baseline (Year)	Target for 2030 (Method)
GOAL INDICATORS					
Rate of infant mortality per 1,000 live births	MICH-1.3	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	6.7 per 1,000 live births (2007)	4.5 per 1,000 live births (additional 15% improvement after linear extrapolation to 2030)[1, 2]
Proportion of Americans who live to age 25	N/A	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	98.3% (2007)	98.9% (additional 15% improvement after linear extrapolation to 2030)[2]
Proportion of Americans who live to age 65	N/A	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	83.6% (2007)	90.6% (additional 15% improvement after linear extrapolation to 2030)[2]
Proportion of Americans who live to age 85	N/A	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	38.6% (2007)	57.7% (additional 15% improvement after linear extrapolation to 2030)[2]
Proportion of 0 to 24 year old Americans in good or better health	N/A	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	97.7% (2009)	97.9% (additional 15% improvement after linear extrapolation to 2030)[3]
Proportion of 25-64 year old Americans in good or better health	N/A	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	88.6% (2009)	87.2% (additional 15% improvement after linear extrapolation to 2030)[3, 4]
Proportion of 65 to 84 year old Americans in good or better health	N/A	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	77.5% (2009)	83.3% (additional 15% improvement after linear extrapolation to 2030)[3]
Proportion of 85+ year old Americans in good or better health	N/A	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	64.9% (2009)	71.7% (additional 15% improvement after linear extrapolation to 2030)[3]

1 The National Prevention Strategy provides a 20 year target in order measure progress on the goal over a generation, while Healthy People 2020 provides a 10 year target.
2 These calculations involved a linear extrapolation of the age-specific death rates for 2008-2030 based on the trend in age-specific mortality from 1980-2007. However, in some cases the trend was not linear during this period. As a result, for some age groups, the extrapolation was based on the most recent, approximately linear trend. Extrapolations for infant mortality, ages 20-24 and 25-29 were based on data from 1995-2007. Extrapolations for ages 1-4, 5-9, 10-14 and 15-19 were based on data for 2000-2007. Extrapolations for all other age groups were based on data for 1980-2007. A life table was then calculated for 2030 based on these extrapolated age-specific rates.
3 Linear extrapolation to 2030 was based on the trend for proportions from 1997-2009.
4 Due to the increasing percentage of adults in this age cohort who reported “fair” or “poor” health status, the aim for the target is to slow the decline in those who report “good” or “better” health status.

Key Indicators: Leading Causes of Death, Strategic Directions, and Priorities

Key Indicator	Aligned HP2020 Objective	Data Source	Frequency of Data Collection	Baseline (Year)	10-Year Target (Method)
LEADING CAUSES OF DEATH					
Rate of cancer deaths	C-1	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	178.4 deaths per 100,000 population (2007)	160.6 deaths per 100,000 population (10% improvement)
Rate of coronary heart disease deaths[5]	HDS-2	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	126.0 deaths per 100,000 population (2007)	100.8 deaths per 100,000 population (20% improvement)
Rate of stroke deaths	HDS-3	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	42.2 deaths per 100,000 population (2007)	33.8 deaths per 100,000 population (20% improvement)
Rate of chronic lower respiratory disease deaths	N/A	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	40.8 deaths per 100,000 population (2007)	35.1 deaths per 100,000 population (modeling/ projection)
Rate of unintentional injury deaths	IVP-11	National Vital Statistics System - Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	40.0 deaths per 100,000 population (2007)	36.0 deaths per 100,000 population (10% improvement)
HEALTHY AND SAFE COMMUNITY ENVIRONMENTS					
Number of days the Air Quality Index (AQI) exceeds 100	EH-1	Air Quality System (formerly the Aerometric Information Retrieval System), U.S. Environmental Protection Agency	Annually	11 days (2008)[6]	10 days (modeling/ projection)[6]
Amount of toxic pollutants released into the environment	EH-11	U.S. National Toxics Release Inventory, Environmental Protection Agency	Annually	1,950,000 tons (2008)[7]	1,750,000 tons (10% improvement)[7]

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

6 This baseline is based on combined days above AQI values of 100 for the current indices for ozone and PM 2.5, which were issued in 2008 and 1999, respectively. This baseline and target were derived by weighting the number of days the air quality indices for ozone and PM2.5 were above 100 (code orange and above) in 2008 by population and by "severity," to determine an average nationwide value.

7 This baseline and target reflect that certain industrial facilities that manufacture, process or otherwise use specified toxic chemicals (over 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 (TRI)) 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

National Prevention Strategy Indicators

Key Indicator	Aligned HP2020 Objective	Data Source	Frequency of Data Collection	Baseline (Year)	10-Year Target (Method)
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	N/A	Centers for Disease Control and Prevention, Division of State and Local Readiness	Annually	84.0% (2010)	98.0% (consistency with national programs)
Proportion of children aged 5 to 17 years with asthma who missed school days in the past 12 months	RD-5.1	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Periodically	58.7% (2008)	48.7% (minimal statistical significance)
CLINICAL AND COMMUNITY PREVENTIVE SERVICES					
Proportion of medical practices that use electronic health records[8]	HC/HIT-10	National Ambulatory Medical Care Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	25.0% (2007)	27.5% (10% improvement)
Proportion of adults aged 18 years and older with hypertension whose blood pressure is under control	HDS-12	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)	61.2% (40% improvement)
Proportion of adults aged 20 years and older with high low-density lipoprotein (LDL) cholesterol whose LDL is at or below recommended levels	N/A	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually, released in 2-year increments biennially	33.2% (2005-2008)	36.5 % (10% improvement)
Proportion of adults aged 50 to 75 years who receive colorectal cancer screening based on the most recent guidelines	C-16	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Periodically	54.2% (2008)	70.5% (modeling/ projection)
Proportion of children and adults who are vaccinated annually against seasonal influenza[9]	IID-12.1	National Immunization Survey, Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, National Center for Health Statistics	Annually	6 – 23 mos: 23.0% (2008)	6 – 23 mos: 80.0% (consistency with national programs)
	IID-12.2	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics		2 – 4 yrs: 40.0% (2008)	2 – 4 yrs: 80.0% (consistency with national programs)

8 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.
9 This key indicator is being reassessed in light of recent ACIP recommendations and data sources.

Key Indicator	Aligned HP2020 Objective	Data Source	Frequency of Data Collection	Baseline (Year)	10-Year Target (Method)
Proportion of children and adults who are vaccinated annually against seasonal influenza[9] (cont.)	IID-12.3	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	5 – 12 yrs: 26.0% (2008)	5 – 12 yrs: 80.0% (consistency with national programs)
	IID-12.4	National Immunization Survey - Teen		13 – 17 yrs: 10.0% (2008)	13 – 17 yrs: 80.0% (consistency with national programs)
	IID-12.5	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics		18 – 64 yrs: 24.9% (2008)	18 – 64 yrs: 80.0% (consistency with national programs)
	IID-12.7	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics		65+ yrs: 67% (2008)	65+ yrs: 90% (retention of Healthy People 2010 target)
EMPOWERED PEOPLE					
Proportion of persons who report their health care providers always explained things so they could understand them	HC/HIT-2.2	Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality	Annually	60.0% (2007)	66.0% (10% improvement)
Proportion of adults reporting that they receive the social and emotional support they need	N/A	Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention	Annually	80% (2008)	88% (10% improvement)
ELIMINATION OF HEALTH DISPARITIES					
Proportion of adults (from racial/ethnic minority groups) in fair or poor health	N/A	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	African Americans: 14.2% (2007) Hispanics: 13.0% (2007) American Indian or Alaska Native: 17.1% (2007)	8.8% (baseline for non-Hispanic Whites)
Proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines[10]	AHS-6.1	Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality	Annually	10.0% (2007)	9.0% (10% improvement)
Proportion of persons who report their health care provider always listens carefully[10]	HC/HIT-2.1	Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality	Annually	59.0% (2007)	65.0% (10% improvement)

9 This key indicator is being reassessed in light of recent ACIP recommendations and data sources.
10 In addition to national summary data, as data are available, these indicators will be tracked by subgroup.

Appendix 2

National Prevention Strategy Indicators

Key Indicator	Aligned HP2020 Objective	Data Source	Frequency of Data Collection	Baseline (Year)	10-Year Target (Method)
TOBACCO FREE LIVING					
Proportion of adults who are current smokers (have smoked at least 100 cigarettes during their lifetime and report smoking every day or some days)	TU-1.1	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	20.6% (2008)	12.0% (retention of HP2010 target)
Proportion of adolescents who smoked cigarettes in the past 30 days	TU-2.2	Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	Biennially	19.5% (2009)	16.0% (retention of HP2010 target)
Proportion of youth aged 3 to 11 years exposed to secondhand smoke	TU-11.1	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)	47.0% (10% improvement)
PREVENTING DRUG ABUSE AND EXCESSIVE ALCOHOL USE					
Proportion of adults aged 18 years and older who reported that they engaged in binge drinking during the past month	SA-14.3	National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration	Annually	27.0% (2008)	24.3% (10% improvement)
Proportion of high school seniors who reported binge drinking during the past two weeks	SA-14.1	Monitoring the Future Survey, National Institutes of Health	Annually	25.2% (2009)	22.7% (10% improvement)
Proportion of persons aged 12 years or older who reported nonmedical use of any psychotherapeutic drug in the past year	SA-19.5	National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration	Annually	6.1% (2008)	5.5% (10% improvement)
Proportion of youth aged 12 to 17 years who have used illicit drugs in the past 30 days	N/A	National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration	Annually	10.0% (2009)	9.3% (7% improvement)
HEALTHY EATING					
Proportion of adults and children and adolescents who are obese	NWS-9	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: 34.0% (2005 - 2008)	Adults 20+ yrs: 30.6% (10% improvement)
	NWS-10			Children and Adolescents 2 – 19 yrs: 16.2% (2005 - 2008)	Children and Adolescents 2 – 19 yrs: 14.6% (10% improvement)

Key Indicator	Aligned HP2020 Objective	Data Source	Frequency of Data Collection	Baseline (Year)	10-Year Target (Method)
Average daily sodium consumption in the population	NWS-19	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	3,641 mg (2003 - 2006)	2,300 mg (evidence-based approach)
Average number of infections caused by salmonella species transmitted commonly through food	FS-1.4	The Foodborne Disease Active Surveillance Network, Centers for Disease Control and Prevention	Annually	15.2 cases per 100,000 population (2006 - 2008)	11.4 cases per 100,000 population (25% improvement)
Proportion of infants who are breastfed exclusively through 6 months	MICH-21.5	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)	25.5% (modeling/ projection)
ACTIVE LIVING					
Proportion of adults who meet physical activity guidelines for aerobic physical activity	PA-2.1	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	43.5% (2008)	47.9% (10% improvement)
Proportion of adolescents who meet physical activity guidelines for aerobic physical activity	PA-3.1	Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	Biennially	18.4% (2008)	20.2% (10% improvement)
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	PA-10	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)	31.7% (10% improvement)
Proportion of commuters who use active transportation (i.e. walk, bicycle, and public transit) to travel to work	N/A	U.S. Census Bureau's American Community Survey	Annually	8.7% (2009)	20.0% (consistency with national policies and evidence base)

Appendix 2

National Prevention Strategy Indicators

Key Indicator	Aligned HP2020 Objective	Data Source	Frequency of Data Collection	Baseline (Year)	10-Year Target (Method)
INJURY AND VIOLENCE FREE LIVING					
Rate of fatalities due to alcohol impaired driving	SA-17	Fatality Analysis Reporting System, U.S. Department of Transportation	Annually	0.40 deaths per 100 million vehicle miles traveled (2008)	0.38 deaths per 100 million vehicle miles traveled (5% improvement)
Rate of fall related deaths among adults aged 65 years and older	IVP-23.2	National Vital Statistics System-Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	45.3 deaths per 100,000 population (2007)	45.3 deaths per 100,000 population (maintain the baseline rate)
Rate of homicides	IVP-29	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)	5.5 homicides per 100,000 population (10% improvement)
Rate of motor vehicle crash-related deaths	IVP-13.1	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)	12.4 deaths per 100,000 population (10% improvement)
REPRODUCTIVE AND SEXUAL HEALTH					
Proportion of children born with low birth weight (LBW) and very low birth weight (VLBW)	MICH-8.1	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	LBW: 8.2% (2007)	LBW: 7.8% (5% improvement)
	MICH-8.2			VLBW: 1.5% (2007)	VLBW: 1.4% (5% improvement)
Proportion of pregnant females who received early and adequate prenatal care	MICH-10.2	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	70.5% (2007)	77.6% (10% improvement)
Pregnancy rates among adolescent females aged 15 to 19 years	FP-8.1	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: 36.2 pregnancies per 1,000 females (10% improvement)

Key Indicator	Aligned HP2020 Objective	Data Source	Frequency of Data Collection	Baseline (Year)	10-Year Target (Method)
Pregnancy rates among adolescent females aged 15 to 19 years (cont.)	FP-8.2	Abortion Provider Survey, Guttmacher Institute; National Vital Statistics System, 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; Abortion Surveillance Data, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	Annually	18 – 19 yrs: 117.7 pregnancies per 1,000 females (2005)	18 – 19 yrs: 105.9 pregnancies per 1,000 females (10% improvement)
Proportion of sexually active persons aged 15 to 44 years who received reproductive health services	FP-7.1	National Survey of Family Growth, Centers for Disease Control and Prevention, National Center for Health Statistics	Periodically	Females: 78.9% (2006 – 2008)	Females: 86.7% (10% improvement)
	FP-7.2			Males: 14.9% (2006 – 2008)	Males: 16.4% (10% improvement)
Proportion of people living with HIV who know their serostatus	HIV-13	HIV Surveillance System, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	Annually	79.0% (2006)	90.0% (consistent with National HIV/AIDS Strategy)
Proportion of sexually active females aged 16 to 20 years and 21 to 24 years enrolled in Medicaid and commercial health insurance plans who were screened for genital Chlamydia infections during the measurement year	STD-3.1	Healthcare Effectiveness Data and Information Set, National Committee for Quality Assurance	Annually	16 – 20 year-old females enrolled in Medicaid plans: 52.7% (2008)	16 – 20 year-old females enrolled in Medicaid plans: 74.4% (modeling/ projection)
	STD-3.2			21 – 24 year-old females enrolled in Medicaid plans: 59.4% (2008)	21 – 24 year-old females enrolled in Medicaid plans: 80.0% (modeling/ projection)
	STD-4.1			16 – 20 year-old females enrolled in commercial health insurance plans: 40.1% (2008)	16 – 20 year-old females enrolled in commercial health insurance plans: 65.9% (modeling/ projection)
	STD-4.2			21 – 24 year-old females enrolled in commercial health insurance plans: 43.5% (2008)	21 – 24 year-old females enrolled in commercial health insurance plans: 78.3% (modeling/ projection)

Appendix 2

National Prevention Strategy Indicators

Key Indicator	Aligned HP2020 Objective	Data Source	Frequency of Data Collection	Baseline (Year)	10-Year Target (Method)
MENTAL AND EMOTIONAL WELL-BEING					
Proportion of primary care physician office visits that screen adults and youth for depression	MHMD-11.1	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% (10% improvement)
	MHMD-11.2			Youth (12 – 18 yrs): 2.1% (2005-2007)	Youth (12 – 18 yrs): 2.3% (10% improvement)
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)	IVP-42	National Survey of Children's Exposure to Violence, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention	Periodically	60.6% (2008)	54.5% (10% improvement)
Rate of suicide attempts by adolescents	MHMD-2	Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention	Biennially	1.9 suicide attempts per 100 (2009)	1.7 suicide attempts per 100 (10% improvement)
Proportion of persons who experience major depressive episode (MDE)	MHMD-4.1	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): 7.4% (10% improvement)
	MHMD-4.2			Adults (18+ yrs): 6.8% (2008)	Adults (18+ yrs): 6.1% (10% improvement)

Stakeholder Outreach and Input

The National Prevention Strategy reflects the prevention priorities of a diverse array of cross-sector stakeholders. The Strategy development process actively engaged individuals within and outside of the Federal government to gather input on key components of the Strategy.

Materials were developed that outlined the Strategy framework and draft recommendations and made available for review by subject matter experts, sector leaders, partner organizations and the public. All comments received were documented and analyzed for applicability and relevance, and a systematic review process was used to incorporate updates and feedback into the Strategy where applicable. Input was evaluated against the following criteria:

- Alignment with evidence base
- Association with leading causes of death
- Feasibility within current resource and policy environments
- Alignment to the scope of the strategic direction, priority, and/or recommendation
- Consistency with the findings of relevant subject matter experts

We obtained input from stakeholders through the following efforts.

Outreach Mechanism	Description
Engagement Sessions held at National Conferences or Meetings	The Surgeon General and other Council leadership conducted engagement sessions at conferences or meetings across the country. These sessions were held to share information about the Strategy and to obtain feedback on the draft framework and the Strategy's overall development and implementation.
National Webinars	The Surgeon General and other Council leadership hosted webinars for large organizations to solicit input from their constituents throughout the nation. Presentations were conducted on the Strategy and its draft framework; attendees were encouraged to go to the hhs.gov (http://www.hhs.gov) input form to provide their individual comments on the Strategy.
Sector Outreach Events (i.e., business, state and local government, etc.)	Federal staff facilitated sessions, similar to the ones held at the national conferences, to engage participants in a discussion on the draft framework and to obtain feedback on the Strategy's development and implementation.
E-mail/Web Submissions	Two opportunities to view the draft Strategy framework (vision, goals, Priorities recommendations) as it evolved were provided on the hhs.gov (http://www.hhs.gov) landing page. An input form with specific questions about each draft was promoted on the National Prevention Council website (http://www.healthcare.gov/nationalpreventioncouncil), as well through an electronic badge placed on several of the Council member websites. In total, 240 submissions were received via the online portal.
Letters from organizations	In addition to the online input form, dozens of organizations submitted letters directly to the National Prevention Council or the Office of the Surgeon General, or both. Those letters were documented and analyzed similarly to the web submissions.

Appendix 4

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

Members

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Justification for Evidence-Based Recommendations

The recommendations detailed within the National Prevention Strategy are consistent with available scientific standards and evidence and with ongoing goal setting activities of the respective Council departments. Five major scientific resources were used to validate the evidence base for each recommendation. Each of these resources applies systematic review to all recommended interventions and indicators to ensure the appropriate level of scientific rigor. New or additional evidence-based interventions not included in the table below may be found at the websites for each of these resources. If these five resources did not validate the scope of the full recommendation, additional sources were used to ensure that all content is evidence-based. These sources can be found in the full reference section included in Appendix 7. Below are descriptions of the five resources and their alignment to each Strategy recommendation.

The Guide to Community Preventive Services (CG), or Community Guide, is a resource to help states, communities, and other organizations choose population-based programs and policies to improve health and prevent disease. It is based on systematic scientific reviews of evidence and recommendations by the Task Force on Community Preventive Services, an independent, non-Federal, volunteer body of public health and prevention experts, whose members are appointed by the Director of CDC. The purpose of the Community Guide is to provide information and recommendations about interventions including their effectiveness; population specific guidance; economic considerations and return on investment; additional benefits or harms associated with the intervention; and, areas for further research. By providing these tools, the Community Guide aims to reduce bias in how conclusions are reached, improve the power and precision of results, summarize evidence about the effectiveness of particular approaches for addressing a public health problem, analyze application of findings, and identify knowledge gaps and needs for additional research.

The U.S. Preventive Services Task Force (USPSTF) is a leading independent panel of non-Federal experts in prevention and evidence-based medicine. The USPSTF makes recommendations about the use of clinical preventive services including screening, counseling, and preventive medications. Their recommendations focus on services delivered in primary care to people without signs or symptoms of particular conditions. USPSTF recommendations are used by primary care teams and the patients they serve to determine together which services are right for each individual. The USPSTF utilizes a transparent process and bases its recommendations on independent systematic reviews of the published medical evidence conducted by AHRQ Evidence-based Practice Centers. The USPSTF recommends clinical preventive services when the benefits for the population outweigh the harms (grade A and B). It recommends against services when the harms for the population outweigh the benefits (grade D). For some clinical preventive services, the balance of benefits and harms may be small or too close to call, in which case the USPSTF recommends shared decision making between patients and clinicians (grade C). For some services, the USPSTF concludes that the evidence is insufficient to assess the benefits and harms (I statement). All USPSTF recommendations included as part of this Strategy received either an A or B grade.

Healthy People 2020 (HP) provides science-based, 10-year national objectives for promoting health and preventing disease. Since 1979, Healthy People has set and monitored national health objectives to meet a broad range of health needs, encourage collaborations across sectors, guide individuals toward making informed health decisions, and measure the impact of our prevention activity. The development process strives to maximize transparency, public input, and stakeholder dialogue to ensure that Healthy People 2020 is relevant to diverse public health needs and seizes opportunities to achieve its goals. Since its inception, Healthy People has become a broad-based, public engagement initiative with thousands of citizens helping to shape it at every step along the way. Drawing on the expertise of a Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, public input and a Federal Interagency Workgroup, Healthy People provides a framework to address risk factors and determinants of health and the diseases and disorders that affect our communities.

The Institute of Medicine (IOM) applies the National Academies' rigorous research process, aimed at providing objective and straightforward answers to difficult questions of national importance. Consensus studies are conducted by committees carefully composed to ensure the requisite expertise and to avoid conflicts of interest. The committee's task is developed in collaboration with the study's sponsor, which may be a government agency, a foundation, or an independent organization. Once the statement of task and budget are finalized, the committee works independently to come to consensus on the questions raised. Committees may gather information from many sources in public meetings; they carry out their deliberations in private in order to avoid any external influence. All IOM reports undergo an independent external review by a second, independent group of experts whose comments are provided anonymously to the committee members.

Appendix 5

Justification for Evidence-Based Recommendations

Cochrane Reviews (Cochrane) are systematic reviews of primary research in human health care and health policy. They are sponsored by the Cochrane Collaboration, an international network of people helping health care providers, policy makers, patients and their advocates make well-informed decisions about human health care. They investigate the effects of interventions for prevention, treatment, and rehabilitation. Each systematic review addresses a clearly formulated question. All the existing primary research on a topic that meets certain criteria is searched for and collated, and then assessed using stringent guidelines, to establish whether or not there is conclusive evidence about a specific treatment. The reviews are updated regularly, ensuring that treatment decisions can be based on the most up-to-date and reliable evidence. They also assess the accuracy of a diagnostic test for a given condition in a specific patient group and setting.

Recommendation	Supporting Evidence-Based Interventions
HEALTHY AND SAFE COMMUNITY ENVIRONMENTS	
Improve quality of air, land, and water.	• HP: Reduce exposure to selected environmental chemicals in the population, as measured by blood and urine concentrations of the substances or their metabolites. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=12 • HP: Improve quality, utility, awareness, and use of existing information systems for environmental health. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=12 • HP: Increase the number of States, Territories, Tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to environmental hazards. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=12
Design and promote affordable, accessible, safe, and healthy housing.	• HP: Reduce indoor allergen levels. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=12 • HP: Increase the number of homes with an operating radon mitigation system for persons living in homes at risk for radon exposure. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=12 • HP: Increase the percentage of new single family homes (SFH) constructed with radon-reducing features, especially in high-radon-potential areas. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=12 • HP: Increase the percentage of new single family homes (SFH) constructed with radon-reducing features, especially in high-radon-potential areas. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=12 • HP: Reduce the number of U.S. homes that are found to have lead-based paint or related hazards. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=12 • HP: Reduce the proportion of occupied housing units that have moderate or severe physical problems. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=12
Strengthen state, tribal, local, and territorial public health departments to provide essential services.	• HP: Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services to support essential public health services. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=35 • HP: Increase the proportion of Tribal, State, and local public health agencies that provide or assure comprehensive epidemiology services to support essential public health services. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=35 • IOM: The committee finds that the core functions of public health agencies at all levels of government are assessment, policy development, and assurance. http://books.nap.edu/openbook.php?record_id=10548&page=411
Integrate health criteria into decision making, where appropriate, across multiple sectors.	• HP: Reduce the number of new schools sited within 500 feet of an interstate or Federal or State highway. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=12

Recommendation	Supporting Evidence-Based Interventions
Enhance cross-sector collaboration in community planning and design to promote health and safety.	• IOM: Private and public purchasers, health care organizations, clinicians, and patients should work together to redesign health care. http://www.nap.edu/openbook.php?record_id=10027&page=8
Expand and increase access to information technology and integrated data systems to promote cross-sector information exchange.	• HP: Increase the number of States that record vital events using the latest U.S. standard certificates and report. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=35 • HP: Increase the proportion of quality, health-related websites. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=18 • HP: Increase the proportion of online health information seekers who report easily accessing health information http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=18 • HP: Increase the proportion of medical practices that use electronic health records. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=18
Identify and implement strategies that are proven to work and conduct research where evidence is lacking.	• IOM: Making evidence the foundation of decision making and the measure of success. http://books.nap.edu/openbook.php?record_id=10548&page=4
Maintain a skilled, cross-trained, and diverse prevention workforce.	• IOM: Greater emphasis in public health curricula should be placed on managerial and leadership skills, such as the ability to communicate important agency values to employees and enlist their commitment; to sense and deal with important changes in the environment; to plan, mobilize, and use resources effectively; and to relate the operation of the agency to its larger community role. http://books.nap.edu/openbook.php?record_id=10548&page=418 • IOM: Schools of public health should strengthen their response to the needs for qualified personnel for important, but often neglected aspects of public health such as the health of minority groups and international health. http://books.nap.edu/openbook.php?record_id=10548&page=418 • IOM: Schools of public health should encourage and assist other institutions to prepare appropriate, qualified public health personnel for positions in the field. When educational institutions other than schools of public health undertake to train personnel for work in the field, careful attention to the scope and capacity of the educational program is essential. http://books.nap.edu/openbook.php?record_id=10548&page=418
CLINICAL AND COMMUNITY PREVENTIVE SERVICES	
Support the National Quality Strategy's focus on improving cardiovascular health.	• CG: Increasing Tobacco Use Cessation: Provider Reminders When Used Alone. http://www.thecommunityguide.org/tobacco/cessation/providerreminders.html • CG: Increasing Tobacco Use Cessation: Provider Reminders With Provider Education. http://www.thecommunityguide.org/tobacco/cessation/providerreminderedu.html • CG: Increasing Tobacco Use Cessation: Reducing Client Out-of-Pocket Costs for Cessation Therapies. http://www.thecommunityguide.org/tobacco/cessation/outofpocketcosts.html • CG: Increasing Tobacco Use Cessation: Multicomponent Interventions that Include Telephone Support. http://www.thecommunityguide.org/tobacco/cessation/multicomponentinterventions.html • USPSTF: Recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac2.htm • USPSTF: Recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke. http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac2.htm

Appendix 5

Justification for Evidence-Based Recommendations

Recommendation	Supporting Evidence-Based Interventions
Support the National Quality Strategy's focus on improving cardiovascular health. (cont.)	• USPSTF: Recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage. http://www.uspreventiveservicestaskforce.org/uspstf/uspsasmi.htm • USPSTF: Recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage. http://www.uspreventiveservicestaskforce.org/uspstf/uspsasmi.htm • USPSTF: Recommends screening for high blood pressure in adults aged 18 years or older. http://www.uspreventiveservicestaskforce.org/uspstf/uspshype.htm • USPSTF: Strongly recommends screening men aged 35 years or older for lipid disorders. http://www.uspreventiveservicestaskforce.org/uspstf/uspschol.htm • USPSTF: Recommends screening men aged 20 to 35 years for lipid disorders if they are at increased risk for coronary heart disease. http://www.uspreventiveservicestaskforce.org/uspstf/uspschol.htm • USPSTF: Strongly recommends screening women aged 45 years or older for lipid disorders if they are at increased risk for coronary heart disease. http://www.uspreventiveservicestaskforce.org/uspstf/uspschol.htm • USPSTF: Recommends screening women aged 20 to 45 years for lipid disorders if they are at increased risk for coronary heart disease. http://www.uspreventiveservicestaskforce.org/uspstf/uspschol.htm • USPSTF: Recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac2.htm • USPSTF: Recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke. http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac2.htm • HP: Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=21 • HP: Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=21 • HP: Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=21 • HP: Increase the proportion of adults with hypertension whose blood pressure is under control. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=21 • HP: Increase smoking cessation attempts by adult smokers. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41 • HP: Increase recent smoking cessation success by adult smokers. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41 • HP: Increase tobacco cessation counseling in health care settings. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41
Use payment and reimbursement mechanisms to encourage delivery of clinical preventive services.	• IOM: That purchasers, regulators, health professions, educational institutions, and the Department of Health and Human Services create an environment that fosters and rewards improvement by (1) creating an infrastructure to support evidence-based practice, (2) facilitating the use of information technology, (3) aligning payment incentives, and (4) preparing the workforce to better serve patients in a world of expanding knowledge and rapid change. http://www.nap.edu/openbook.php?record_id=10027&page=5

Recommendation	Supporting Evidence-Based Interventions
Expand use of interoperable health information technology.	• HP: Increase the proportion of persons who use electronic personal health management tools. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=18 • HP: Increase the proportion of quality, health-related websites. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=18 • HP: Increase the proportion of medical practices that use electronic health records. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=18
Support implementation of community-based preventive services and enhance linkages with clinical care.	• USPSTF: Integrating Evidence-Based Clinical and Community Strategies to Improve Health. http://www.uspreventiveservicestaskforce.org/uspstf07/methods/tfmethods.htm • IOM: Clinicians and patients, and the health care organizations that support care delivery, adopt a new set of principles to guide the redesign of care processes. http://www.nap.edu/openbook.php?record_id=10027&page=5
Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.	• HP: Increase the proportion of persons with a usual primary care provider. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=1 • HP: Increase the proportion of persons who have a specific source of ongoing care. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=1 • HP: Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=1
Enhance coordination and integration of clinical, behavioral and complementary health strategies.	• HP: Increase the proportion of persons who use electronic personal health management tools. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=18 • HP: Increase the proportion of quality, health-related websites. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=18 • HP: Increase the proportion of medical practices that use electronic health records. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=18 • IOM: All health care organizations, professional groups, and private and public purchasers should pursue six major aims; specifically, health care should be safe, effective, patient-centered, timely, efficient, and equitable. http://books.nap.edu/openbook.php?record_id=10027&page=6 • IOM: Private and public purchasers, health care organizations, clinicians, and patients should work together to redesign health care processes. http://books.nap.edu/openbook.php?record_id=10027&page=8
EMPOWERED PEOPLE	
Provide people with tools and information to make healthy choices.	• HP: Increase the proportion of elementary, middle, and senior high schools that provide school health education to promote personal health and wellness in the following areas: hand washing or hand hygiene; oral health; growth and development; sun safety and skin cancer prevention; benefits of rest and sleep; ways to prevent vision and hearing loss; and the importance of health screenings and checkups. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=11 • HP: Increase the proportion of college and university students who receive information from their institution on each of the priority health risk behavior areas (all priority areas; unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity). http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=11

Appendix 5

Justification for Evidence-Based Recommendations

Recommendation	Supporting Evidence-Based Interventions
Provide people with tools and information to make healthy choices.	• IOM: Industry should make obesity prevention in children and youth a priority by developing and promoting products, opportunities, and information that will encourage healthful eating behaviors and regular physical activity. http://www.nap.edu/openbook.php?record_id=11015&page=8 • IOM: Nutrition labeling should be clear and useful so that parents and youth can make informed product comparisons and decisions to achieve and maintain energy balance at a healthy weight. http://www.nap.edu/openbook.php?record_id=11015&page=8
Promote positive social interactions and support healthy decision making.	• HP: Increase the proportion of the Nation's elementary, middle, and high schools that have official school policies and engage in practices that promote a healthy and safe physical school environment. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=12 • IOM: Schools should provide a consistent environment that is conducive to healthful eating behaviors and regular physical activity. http://www.nap.edu/openbook.php?record_id=11015&page=13 • IOM: Parents should promote healthful eating behaviors and regular physical activity for their children. http://www.nap.edu/openbook.php?record_id=11015&page=15 • IOM: Local governments, private developers, and community groups should expand opportunities for physical activity including recreational facilities, parks, playgrounds, sidewalks, bike paths, routes for walking or bicycling to school, and safe streets and neighborhoods, especially for populations at high risk of childhood obesity. http://www.nap.edu/openbook.php?record_id=11015&page=11
Engage and empower people and communities to plan and implement prevention policies and programs.	• HP: Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives that address the knowledge and skills articulated in the National Health Education Standards (high school, middle, elementary). http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=11 • HP: Increase the proportion of the Nation's public and private schools that require daily physical education for all students. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=33 • IOM: Local governments, public health agencies, schools, and community organizations should collaboratively develop and promote programs that encourage healthful eating behaviors and regular physical activity, particularly for populations at high risk of childhood obesity. Community coalitions should be formed to facilitate and promote cross-cutting programs and community-wide efforts. http://www.nap.edu/openbook.php?record_id=11015&page=10 • IOM: Industry should develop and strictly adhere to marketing and advertising guidelines that minimize the risk of obesity in children and youth. http://www.nap.edu/openbook.php?record_id=11015&page=9
Improve education and employment opportunities.	• HP: Eliminate very low food security among children. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=29 • HP: Reduce household food insecurity and in doing so, reduce hunger. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=29 • IOM: Health professions educational institutions (HPEI) governing bodies should develop institutional objectives consistent with community benefit principles that support the goal of increasing health-care workforce diversity including, but not limited to efforts to ease financial and nonfinancial obstacles to URM participation, increase involvement of diverse local stakeholders in key decision-making processes, and undertake initiatives that are responsive to local, regional, and societal imperatives. http://www.nap.edu/openbook.php?record_id=10885&page=17

Recommendation	Supporting Evidence-Based Interventions
ELIMINATION OF HEALTH DISPARITIES	
Ensure a strategic focus on communities at greatest risk.	• HP: Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in the following areas: injury, violence, mental illness, tobacco use, substance abuse, unintended pregnancy, chronic disease programs, nutrition, and physical activity. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=11 • IOM: Private and public (e.g., Federal, state, and local governments) entities should convene major community benefit stakeholders (e.g., community advocates, academic institutions, health-care providers), to inform them about community benefit standards and to build awareness that placing a priority on diversity and cultural competency programs is a societal expectation of all institutions that receive any form of public funding. http://www.nap.edu/openbook.php?record_id=10885&page=17
Reduce disparities in access to quality health care.	• USPSTF: To continue the improvement in the health of the people in the United States, we need to use the complete array of effective prevention tools at our disposal, increase their effectiveness and utilization by connecting them where possible, and systematically apply them at all levels of influence on behavior. http://www.uspreventiveservicestaskforce.org/uspstf07/methods/tfmethods.htm • HP: Increase individuals' access to the Internet. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=18 • IOM: All health care organizations, professional groups, and private and public purchasers should pursue six major aims; specifically, health care should be safe, effective, patient-centered, timely, efficient, and equitable. http://books.nap.edu/openbook.php?record_id=10027&page=6 • IOM: HPEIs should be encouraged to affiliate with community-based health-care facilities in order to attract and train a more diverse and culturally competent workforce and to increase access to health care. http://www.nap.edu/openbook.php?record_id=10885&page=15
Increase the capacity of the prevention workforce to identify and address disparities.	• IOM: Health professions education accreditation bodies should develop explicit policies articulating the value and importance of providing culturally competent health care and the role it sees for racial and ethnic diversity among health professionals in achieving this goal. http://www.nap.edu/openbook.php?record_id=10885&page=12 • IOM: Health professions education accreditation bodies should develop standards and criteria that more effectively encourage health professions schools to recruit URM students and faculty, to develop cultural competence curricula, and to develop an institutional climate that encourages and sustains the development of a critical mass of diversity. http://www.nap.edu/openbook.php?record_id=10885&page=12 • IOM: Private entities should be encouraged to collaborate through business partnerships and other entrepreneurial relationships with HPEIs to support the common goal of developing a more diverse health-care workforce. http://www.nap.edu/openbook.php?record_id=10885&page=12
Support research to identify effective strategies to eliminate health disparities.	• IOM: Additional data collection and research are needed to more thoroughly characterize URM participation in the health professions and in health professions education and to further assess the benefits of diversity among health professionals, particularly with regard to the potential economic benefits of diversity. http://www.nap.edu/openbook.php?record_id=10885&page=18
Standardize and collect data to better identify and address disparities.	• IOM: Collect data on granular ethnicity using categories that are applicable to the populations it serves or studies. Categories should be selected from a national standard on the basis of health and health care quality issues, evidence or likelihood of disparities, or size of subgroups within the population. The selection of categories should also be informed by analysis of relevant data (e.g., Census data) on the service or study population. In addition, an open-ended option of "Other, please specify:—" should be provided for persons whose granular ethnicity is not listed as a response option. http://www.ahrq.gov/research/iomracereport/reldatasum.htm • IOM: Pursue studies on different ways of framing the questions and related response categories for collecting race and ethnicity data at the level of the OMB categories, focusing on completeness and accuracy of response among all groups. http://www.ahrq.gov/research/iomracereport/reldatasum.htm

Appendix 5

Justification for Evidence-Based Recommendations

Recommendation	Supporting Evidence-Based Interventions
TOBACCO FREE LIVING	
Support comprehensive tobacco free policies and other evidence-based tobacco control policies.	• CG: Reducing Exposure to Environmental Tobacco Smoke: Smoking Bans and Restrictions. http://www.thecommunityguide.org/tobacco/environmental/smokingbans.html • CG: Decreasing Tobacco Use Among Workers: Smoke-Free Policies to Reduce Tobacco Use. http://www.thecommunityguide.org/tobacco/worksite/smokefreepolicies.html • HP: Reduce the proportion of nonsmokers exposed to secondhand smoke. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41 • HP: Increase the proportion of persons covered by indoor work-site policies that prohibit smoking. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41 • HP: Increase tobacco-free environments in schools, including all school facilities, property, vehicles, and school events. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41
Support full implementation of the 2009 Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act).	• CG: Restricting Minors' Access to Tobacco Products: Community Mobilization with Additional Interventions. http://www.thecommunityguide.org/tobacco/restrictingaccess/communityinterventions.html • HP: Reduce tobacco use by adolescents. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41 • HP: Reduce the initiation of tobacco use among children, adolescents, and young adults. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41 • HP: Reduce the proportion of adolescents and young adults grades 6 through 12 who are exposed to tobacco advertising and promotion. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41 • HP: Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41
Expand use of tobacco cessation services.	• CG: Decreasing Tobacco use Among Workers: Incentives & competitions when combined with additional interventions. http://www.thecommunityguide.org/tobacco/worksite/incentives.html • CG: Increasing Tobacco Use Cessation: Provider Reminders When Used Alone. http://www.thecommunityguide.org/tobacco/cessation/providerreminders.html • CG: Increasing Tobacco Use Cessation: Provider Reminders With Provider Education. http://www.thecommunityguide.org/tobacco/cessation/providerreminderedu.html • CG: Increasing Tobacco Use Cessation: Reducing Client Out-of-Pocket Costs for Cessation Therapies. http://www.thecommunityguide.org/tobacco/cessation/outofpocketcosts.html • CG: Increasing Tobacco Use Cessation: Multicomponent Interventions that Include Telephone Support. http://www.thecommunityguide.org/tobacco/cessation/multicomponentinterventions.html • USPSTF: Clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac2.htm • USPSTF: Clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke. http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac2.htm • HP: Increase smoking cessation attempts by adult smokers. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41 • HP: Increase recent smoking cessation success by adult smokers. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41 • HP: Increase smoking cessation during pregnancy. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41 • HP: Increase smoking cessation attempts by adolescent smokers. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41

Recommendation	Supporting Evidence-Based Interventions
Expand use of tobacco cessation services. (cont.)	• HP: Increase tobacco screening in health care settings. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41 • HP: Increase tobacco cessation counseling in health care settings. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41
Use media to educate and encourage people to live tobacco free.	• CG: Reducing Tobacco Use Initiation: Mass Media Campaigns When Combined with Other Interventions. http://www.thecommunityguide.org/tobacco/initiation/massmediaeducation.html • HP: Reduce the proportion of adolescents and young adults in grades 6 through 12 who are exposed to tobacco advertising and promotion. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41 • IOM: A national, youth-oriented media campaign should be funded as a permanent component of the nation's strategy to reduce tobacco use. State and community tobacco control programs should supplement the national media campaign with coordinated youth prevention activities. The campaign should be implemented by an established public health organization with funds provided by the Federal government, public-private partnerships, or the tobacco industry (voluntarily or under litigation settlement agreements or court orders) for media development, testing, and purchases of advertising time and space. Institute of Medicine. Ending the Tobacco Problem: A Blueprint for the Nation. ttp://books.nap.edu/catalog/11795.html
PREVENTING DRUG ABUSE AND EXCESSIVE ALCOHOL USE	
Support state, tribal local, and territorial implementation and enforcement of alcohol control policies.	• CG: Preventing Excessive Alcohol Consumption: Enhanced Enforcement of Laws Prohibiting Sales to Minors. http://www.thecommunityguide.org/alcohol/lawsprohibitingsales.html • CG: Reducing Alcohol-Impaired Driving: Maintaining Current Minimum Legal Drinking Age (MLDA) Laws. http://www.thecommunityguide.org/mvoi/AID/mlda-laws.html • CG: Reducing Alcohol-Impaired Driving: School-Based Programs. http://www.thecommunityguide.org/mvoi/AID/school-based.html • IOM: States should strengthen their compliance check programs in retail outlets, using media campaigns and license revocation to increase deterrence. http://books.nap.edu/openbook.php?record_id=10729&page=6 • IOM: States should require all sellers and servers of alcohol to complete state-approved training as a condition of employment. http://books.nap.edu/openbook.php?record_id=10729&page=7 • IOM: States and localities should implement enforcement programs to deter adults from purchasing alcohol for minors. http://books.nap.edu/openbook.php?record_id=10729&page=7 • IOM: States and communities should establish and implement a system requiring registration of beer kegs that records information on the identity of purchasers. http://books.nap.edu/openbook.php?record_id=10729&page=8 • IOM: States should facilitate enforcement of zero tolerance laws in order to increase their deterrent effect. http://books.nap.edu/openbook.php?record_id=10729&page=8 • IOM: States and localities should routinely implement sobriety checkpoints. http://books.nap.edu/openbook.php?record_id=10729&page=8 • IOM: Local police, working with community leaders, should adopt and announce policies for detecting and terminating underage drinking parties. http://books.nap.edu/openbook.php?record_id=10729&page=8 • IOM: States should strengthen efforts to prevent and detect use of false identification by minors to make alcohol purchases. http://books.nap.edu/openbook.php?record_id=10729&page=8 • IOM: States should establish administrative procedures and noncriminal penalties, such as fines or community service, for alcohol infractions by minors. http://books.nap.edu/openbook.php?record_id=10729&page=9

Appendix 5

Justification for Evidence-Based Recommendations

Recommendation	Supporting Evidence-Based Interventions
Create environments that empower young people not to drink or use other drugs.	• CG: Adolescent Health: Person-to-Person Interventions to Improve Caregivers' Parenting Skills. http://www.thecommunityguide.org/adolescenthealth/PersonToPerson.html • HP: Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=40 • HP: Increase the proportion of adolescents never using substances. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=40 • HP: Increase the proportion of adolescents who disapprove of substance abuse. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=40 • HP: Increase the proportion of adolescents who perceive great risk associated with substance abuse. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=40 • HP: Reduce past-month use of illicit substances. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=40 • HP: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=40 • HP: Reduce the proportion of adolescents who have been offered, sold, or given an illegal drug on school property. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=2 • IOM: Alcohol companies, advertising companies, and commercial media should refrain from marketing practices (including product design, advertising, and promotional techniques) that have substantial underage appeal and should take reasonable precautions in the time, place, and manner of placement and promotion to reduce youthful exposure to other alcohol advertising and marketing activity. http://books.nap.edu/openbook.php?record_id=10729&page=4 • IOM: The alcohol industry trade associations, as well as individual companies, should strengthen their advertising codes to preclude placement of commercial messages in venues where a significant proportion of the expected audience is underage, to prohibit the use of commercial messages that have substantial underage appeal, and to establish independent external review boards to investigate complaints and enforce the codes. http://books.nap.edu/openbook.php?record_id=10729&page=4 • IOM: The entertainment industries should use rating systems and marketing codes to reduce the likelihood that underage audiences will be exposed to movies, recordings, or television programs with unsuitable alcohol content, even if adults are expected to predominate in the viewing or listening audiences. http://books.nap.edu/openbook.php?record_id=10729&page=5 • IOM: The film rating board of the Motion Picture Association of America should consider alcohol content in rating films, avoiding G or PG ratings for films with unsuitable alcohol content, and assigning mature ratings for films that portray underage drinking in a favorable light. http://books.nap.edu/openbook.php?record_id=10729&page=5 • IOM: The music recording industry should not market recordings that promote or glamorize alcohol use to young people; should include alcohol content in a comprehensive rating system, similar to those used by the television, film, and video game industries; and should establish an independent body to assign ratings and oversee the industry code. http://books.nap.edu/openbook.php?record_id=10729&page=5 • IOM: Television broadcasters and producers should take appropriate precautions to ensure that programs do not portray underage drinking in a favorable light, and that unsuitable alcohol content is included in the category of mature content for purposes of parental warnings. http://books.nap.edu/openbook.php?record_id=10729&page=5 • Cochrane: Social norms interventions to reduce alcohol misuse in university and college students. http://www2.cochrane.org/reviews/en/ab006748.html

Recommendation	Supporting Evidence-Based Interventions
Identify alcohol and other drug abuse disorders early and provide brief intervention, referral and treatment.	• USPSTF: Recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings. U.S. Preventive Services Task Force. Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse: Recommendation Statement. April 2004. http://www.uspreventiveservicestaskforce.org/3rduspstf/alcohol/alcomisrs.htm • HP: Increase the number of admissions to substance abuse treatment for injection drug use. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=40 • HP: Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=40 • HP: Increase the number of Level I and Level II trauma centers and primary care settings that implement evidence-based alcohol Screening and Brief Intervention (SBI). http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=40 • IOM: Residential colleges and universities should adopt comprehensive prevention approaches, including evidence-based screening, brief intervention strategies, consistent policy enforcement, and environmental changes that limit underage access to alcohol. They should use universal education interventions, as well as selective and indicated approaches with relevant populations. http://books.nap.edu/openbook.php?record_id=10729&page=9
Reduce inappropriate access to and use of prescription drugs.	• HP: Reduce the past-year nonmedical use of prescription drugs. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=40
HEALTHY EATING	
Increase access to healthy and affordable foods in communities.	• HP: (Developmental) Increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the Dietary Guidelines for Americans http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=29 • HP: Increase the proportion of schools that offer nutritious foods and beverages outside of school meals. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=29
Implement organizational and programmatic nutrition standards and policies.	• HP: Increase the proportion of schools that offer nutritious foods and beverages outside of school meals http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=29
Improve nutritional quality of the food supply.	• HP: Increase the contribution of fruits to the diets of the population aged 2 years and older. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=29 • HP: Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=29 • HP: Increase the contribution of whole grains to the diets of the population aged 2 years and older. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=29 • HP: Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=29 • HP: Reduce consumption of saturated fat in the population aged 2 years and older. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=29 • HP: Reduce consumption of sodium in the population aged 2 years and older. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=29 • HP: Increase consumption of calcium in the population aged 2 years and older. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=29
Help people recognize and make healthy food and beverage choices.	• IOM: Food and beverage companies should use their creativity, resources, and full range of marketing practices to promote and support more healthful diets for children and youth. http://books.nap.edu/openbook.php?record_id=11514&page=382 • IOM: Full serve restaurant chains, family restaurants, and quick serve restaurants should use their creativity, resources, and full range of marketing practices to promote healthful meals for children and youth. http://books.nap.edu/openbook.php?record_id=11514&page=382

Appendix 5

Justification for Evidence-Based Recommendations

Recommendation	Supporting Evidence-Based Interventions
Support policies and programs that promote breastfeeding.	• HP: Increase the proportion of infants who are breastfed. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=26 • HP: Increase the proportion of employers that have work site lactation support programs. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=26 • HP: Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=26 • HP: Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=26 • Cochrane: Optimal duration of exclusive breastfeeding. http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD003517/frame.html
Enhance food safety.	• HP: Reduce infections caused by key pathogens transmitted commonly through food. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=14 • HP: Reduce the number of outbreak-associated infections due to Shiga toxin-producing E. coli O157, or Campylobacter, Listeria, or Salmonella species associated with food commodity groups. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=14 • HP: Prevent an increase in the proportion of nontyphoidal Salmonella and Campylobacter jejuni isolates from humans that are resistant to antimicrobial drugs. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=14 • HP: Reduce severe allergic reactions to food among adults with a food allergy diagnosis. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=14 • HP: Increase the proportion of consumers who follow key food safety practices. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=14 • IOM: Integrating Food Safety Programs and Educating the Public. http://www.iom.edu/Reports/2010/Enhancing-Food-Safety-The-Role-of-the-Food-and-Drug-Administration.aspx • IOM: Enhancing the Efficiency of Inspections. http://www.iom.edu/Reports/2010/Enhancing-Food-Safety-The-Role-of-the-Food-and-Drug-Administration.aspx
ACTIVE LIVING	
Encourage community design and development that supports physical activity.	• CG: Environmental and Policy Approaches to Increase Physical Activity: Community-Scale Urban Design Land Use Policies. http://www.thecommunityguide.org/pa/environmental-policy/communitypolicies.html • CG: Environmental and Policy Approaches to Increase Physical Activity: Street-Scale Urban Design Land Use Policies. http://www.thecommunityguide.org/pa/environmental-policy/streetscale.html • CG: (Expanding Evidence) Environmental and Policy Approaches to Increase Physical Activity: Transportation and Travel Policies and Practices. http://www.thecommunityguide.org/pa/environmental-policy/travelpolicies.html • CG: (Expanding Evidence) The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This lack of evidence does NOT mean that the intervention does not work, but that additional research is needed to determine whether the intervention is effective. http://www.thecommunityguide.org/about/methods.html • HP: (Developmental) Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=33

Recommendation	Supporting Evidence-Based Interventions
Promote and strengthen school and early learning policies and programs that increase physical activity.	• CG: Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education. http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html • HP: Increase the proportion of the Nation's public and private schools that require daily physical education for all students. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=33 • HP: Increase the proportion of adolescents who participate in daily school physical education. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=33 • HP: Increase regularly scheduled elementary school recess in the United States. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=33 • HP: Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=33 • HP: Increase the number of States with licensing regulations for physical activity provided in child care. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=33
Facilitate access to safe, accessible, and affordable places for physical activity.	• CG: Environmental and Policy Approaches to Increase Physical Activity: Creation of or Enhanced Access to Places for Physical Activity Combined with Informational Outreach Activities. http://www.thecommunityguide.org/pa/environmental-policy/improvingaccess.html • HP: Reduce the proportion of adults who engage in no leisure-time physical activity. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=33 • HP: Increase the 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 (that is, before and after the school day, on weekends, and during summer and other vacations). http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=33 • IOM: Those responsible for modifications or additions to the built environment should facilitate access to, enhance the attractiveness of, and ensure the safety and security of places where people can be physically active. http://books.nap.edu/openbook.php?record_id=11203&page=14
Support workplace policies and programs that increase physical activity.	• CG: Environmental and Policy Approaches to Increase Physical Activity: Point-of-Decision Prompts to Encourage Use of Stairs. http://www.thecommunityguide.org/pa/environmental-policy/podp.html • CG: Behavioral and Social Approaches to Increase Physical Activity: Social Support Interventions in Community Settings. http://www.thecommunityguide.org/pa/behavioral-social/community.html
Assess physical activity levels and provide education, counseling, and referrals.	• CG: Behavioral and Social Approaches to Increase Physical Activity: Individually-Adapted Health Behavior Change Programs. http://www.thecommunityguide.org/pa/behavioral-social/individuallyadapted.html • HP: Increase the proportion of physician office visits that include counseling or education related to physical activity. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=33 • Cochrane: Interventions for promoting physical activity. http://www2.cochrane.org/reviews/en/ab003180.html
INJURY AND VIOLENCE FREE LIVING	
Implement and strengthen policies and programs to enhance transportation safety.	• CG: Use of Child Safety Seats: Community-Wide Information and Enhanced Enforcement Campaigns.http://www.thecommunityguide.org/mvoi/childsafetyseats/community.html • CG: Use of Child Safety Seats: Distribution and Education Programs. http://www.thecommunityguide.org/mvoi/childsafetyseats/distribution.html • CG: Use of Child Safety Seats: Incentive and Education Programs. http://www.thecommunityguide.org/mvoi/childsafetyseats/incentives.html • CG: Use of Safety Belts: Primary (vs. Secondary) Enforcement Laws. http://www.thecommunityguide.org/mvoi/safetybelts/enforcementlaws.html

Appendix 5

Justification for Evidence-Based Recommendations

Recommendation	Supporting Evidence-Based Interventions
Implement and strengthen policies and programs to enhance transportation safety. (cont.)	• CG: Use of Safety Belts: Enhanced Enforcement Programs. http://www.thecommunityguide.org/mvoi/safetybelts/enforcementprograms.html • CG: Reducing Alcohol-Impaired Driving: Maintaining current minimum legal drinking age (MLDA) Laws. http://www.thecommunityguide.org/mvoi/AID/lowerbaclaws.html • CG: Reducing Alcohol-Impaired Driving: Sobriety checkpoints. http://www.thecommunityguide.org/mvoi/AID/sobrietyckpts.html • CG: Reducing Alcohol-Impaired Driving: Mass media campaigns. http://www.thecommunityguide.org/mvoi/AID/massmedia.html • CG: Reducing Alcohol-Impaired Driving: Multicomponent interventions with community mobilization. http://www.thecommunityguide.org/mvoi/AID/multicomponent.html • CG: Reducing Alcohol-Impaired Driving: Ignition interlocks. http://www.thecommunityguide.org/mvoi/AID/ignitioninterlocks.html • CG: Reducing Alcohol-Impaired Driving: School-Based Programs Instructional programs. http://www.thecommunityguide.org/mvoi/AID/school-based.html • HP: Increase use of safety belts. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=24 • HP: Increase age-appropriate vehicle restraint system use in children. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=24 • HP: Increase the proportion of motorcycle operators and passengers using helmets. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=24
Support community and streetscape design that promotes safety and prevents injuries.	• CG: Environmental and Policy Approaches to Increase Physical Activity: Street-Scale Urban Design Land Use Policies. http://www.thecommunityguide.org/pa/environmental-policy/streetscale.html • CG: Environmental and Policy Approaches to Increase Physical Activity: Community-Scale Urban Design Land Use Policies. http://www.thecommunityguide.org/pa/environmental-policy/communitypolicies.html • Cochrane: Interventions for increasing pedestrian and cyclist visibility for the prevention of death and injuries. http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD003438/frame.html
Promote and strengthen policies and programs to prevent falls, especially among older adults.	• HP: Prevent an increase in the rate of fall-related deaths. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=24 • HP: Reduce the rate of emergency department visits due to falls among older adults. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=31 • Cochrane: Population-based interventions for the prevention of fall-related injuries in older people. http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD004441/frame.html
Promote and enhance policies and programs to increase safety and prevent injury in the workplace.	• IOM: Develop and Implement Risk-Based Conformity Assessment Processes for Non-Respirator PPT. http://www.iom.edu/Reports/2010/Certifying-Personal-Protective-Technologies-Improving-Worker-Safety.aspx • IOM: Enhance Research, Standards Development, and Communication. http://www.iom.edu/Reports/2010/Certifying-Personal-Protective-Technologies-Improving-Worker-Safety.aspx • IOM: Establish a PPT and Occupational Safety and Health Surveillance System.http://www.iom.edu/Reports/2010/Certifying-Personal-Protective-Technologies-Improving-Worker-Safety.aspx
Strengthen policies and programs to prevent violence.	• CG: Early Childhood Home Visitation to prevent child maltreatment. http://www.thecommunityguide.org/violence/home/homevisitation.html • CG: Youth Violence Prevention: School-Based Programs to Reduce Violence. http://www.thecommunityguide.org/violence/schoolbasedprograms.html • CG: Therapeutic Foster Care to Reduce Violence for chronically delinquent juveniles http://www.thecommunityguide.org/violence/therapeuticfostercare/index.html

Recommendation	Supporting Evidence-Based Interventions
Provide individuals and families with the knowledge, skills, and tools to make safe choices that prevent violence and injuries.	• HP: Increase the proportion of adolescents who are connected to a parent or other positive adult caregiver. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=2 • HP: Reduce bullying among adolescents http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=24 • HP: Reduce children's exposure to violence http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=24 • Cochrane: School-based secondary prevention programs for preventing violence. http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD004606/frame.html • Cochrane: Safety education of pedestrians for injury prevention. http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD001531/frame.html
REPRODUCTIVE AND SEXUAL HEALTH	
Increase utilization of preconception and prenatal care.	• USPSTF: Recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 μg) of folic acid. http://www.uspreventiveservicestaskforce.org/uspstf09/folicacid/folicacidrs.htm • USPSTF: Recommends that clinicians screen all pregnant women for syphilis infection. http://www.uspreventiveservicestaskforce.org/uspstf/uspssyphpg.htm • HP: Increase the proportion of pregnant women who receive early and adequate prenatal care. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=26 • HP: Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=26 • HP: Increase the proportion of women of childbearing potential with intake of at least 400 μg of folic acid from fortified foods or dietary supplements. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=26 • HP: Reduce the proportion of women of childbearing potential who have low red blood cell folate concentrations. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=26 • HP: Increase the proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=26 • CG: Prevention of Birth Defects: Community-Wide Campaigns to Promote the Use of Folic Acid Supplements. http://www.thecommunityguide.org/birthdefects/community.html • CG: Interventions to fortify food products with folic acid. http://www.thecommunityguide.org/birthdefects/index.html • Cochrane: Smoking cessation interventions in pregnancy reduce the proportion of women who continue to smoke in late pregnancy, and reduce low birthweight and preterm birth. Smoking cessation interventions in pregnancy need to be implemented in all maternity care settings. Given the difficulty many pregnant women addicted to tobacco have quitting during pregnancy, population-based measures to reduce smoking and social inequalities should be supported. http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD001055/frame.html

Appendix 5

Justification for Evidence-Based Recommendations

Recommendation	Supporting Evidence-Based Interventions
Support reproductive and sexual health services and support services for pregnant and parenting women.	• CG: Prevention of HIV/AIDS, other STIs and Pregnancy: Interventions to Reduce Sexual Risk Behaviors or Increase Protective Behaviors to Prevent Acquisition of HIV in Men Who Have Sex with Men (MSM). http://www.thecommunityguide.org/hiv/msm.html • USPSTF: Recommends high-intensity behavioral counseling to prevent STIs for all sexually active adolescents and for adults at increased risk for STIs. http://www.uspreventiveservicestaskforce.org/uspstf/uspsstds.htm • HP: Increase the proportion of sexually active persons who received reproductive health services. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=13 • HP: Increase the proportion of sexually active persons aged 15 to 19 years who use condoms to both effectively prevent pregnancy and provide barrier protection against disease. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=13 • HP: Increase the proportion of sexually active persons aged 15 to 19 years who use condoms and hormonal or intrauterine contraception to both effectively prevent pregnancy and provide barrier protection against disease. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=13 • HP: Increase the proportion of females in need of publicly supported contraceptive services and supplies who receive those services and supplies. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=13 • HP: Increase the proportion of sexually active persons who use condoms. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=22
Provide effective sexual health education, especially for adolescents.	• CG: Prevention of HIV/AIDS, other STIs and Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents. http://www.thecommunityguide.org/hiv/riskreduction.html • CG: Youth Development Behavioral Interventions Coordinated with Community Service to Reduce Sexual Risk Behaviors in Adolescents. http://www.thecommunityguide.org/hiv/youthdev-community.html • HP: Increase the proportion of adolescents who received formal instruction on reproductive health topics before they were 18 years old. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=13 • HP: Increase the proportion of adolescents who talked to a parent or guardian about reproductive health topics before they were 18 years old. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=13 • HP: Increase the proportion of substance abuse treatment facilities that offer HIV/AIDS education, counseling, and support. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=22

Recommendation	Supporting Evidence-Based Interventions
Enhance early detection of HIV, viral hepatitis and other STIs and improve linkage to care.	• CG: Interventions to Identify HIV-Positive People through Partner Counseling and Referral Services. http://www.thecommunityguide.org/hiv/partnercounseling.html • USPSTF: Recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit. http://www.uspreventiveservicestaskforce.org/uspstf/uspshepbpg.htm • USPSTF: Strongly recommends that clinicians screen persons at increased risk for syphilis infection. http://www.uspreventiveservicestaskforce.org/uspstf/uspssyph.htm • HP: Increase the proportion of sexually active females aged 24 years and under enrolled in Medicaid plans who are screened for genital Chlamydia infections during the measurement year. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=37 • HP: Increase the proportion of sexually active females aged 24 years and under enrolled in commercial health insurance plans who are screened for genital Chlamydia infections during the measurement year. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=37 • HP: Increase the proportion of people living with HIV who know their serostatus. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=22 • HP: Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=22 • HP: Increase the proportion of adults with tuberculosis (TB) who have been tested for HIV. http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=22 • IOM: Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C. http://www.iom.edu/Reports/2010/Hepatitis-and-Liver-Cancer-A-National-Strategy-for-Prevention-and-Control-of-Hepatitis-B-and-C.aspx. 2010.
MENTAL AND EMOTIONAL WELL-BEING	
Promote positive early childhood development, including positive parenting and violence-free homes.	• CG: Early Childhood Development Programs: Comprehensive, Center-Based Programs for Children of Low-Income Families. http://www.thecommunityguide.org/social/centerbasedprograms.html • CG: Violence Prevention Focused on Children and Youth: Early Childhood Home Visitation. http://www.thecommunityguide.org/violence/home/index.html • CG: Violence Prevention Focused on Children and Youth: Reducing Psychological Harm from Traumatic Events. http://www.thecommunityguide.org/violence/traumaticevents/index.html • CG: Violence Prevention Focused on Children and Youth: Therapeutic Foster Care. http://www.thecommunityguide.org/violence/therapeuticfostercare/index.html • HP: Increase the proportion of parents who use positive parenting and communicate with their doctors or other health care professionals about positive parenting. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=10 • HP: Increase the proportion of children with disabilities, birth through age 2 years, who receive early intervention services in home or community-based settings. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=9
Facilitate social connectedness and community engagement across the lifespan.	• CG: School-Based Programs to Reduce Violence. http://www.thecommunityguide.org/violence/schoolbasedprograms.html • HP: Increase the proportion of children and youth with disabilities who spend at least 80 percent of their time in regular education programs. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=9 • HP: Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in the following areas: injury, violence, mental illness, tobacco use, substance abuse, unintended pregnancy, chronic disease programs, nutrition, physical activity. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=11

Appendix 5

Justification for Evidence-Based Recommendations

Recommendation	Supporting Evidence-Based Interventions
Provide individuals and families with the support necessary to maintain positive mental well-being.	• CG: Adolescent Health: Person-to-Person Interventions to Improve Caregivers' Parenting Skills. http://www.thecommunityguide.org/adolescenthealth/PersonToPerson.html • HP: Increase the proportion of students in grades 9 through 12 who get sufficient sleep. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=38 • HP: Increase the proportion of adults who get sufficient sleep. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=38 • HP: Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives that address the knowledge and skills articulated in the National Health Education Standards (high school, middle, elementary). http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=11 • HP: Increase the proportion of college and university students who receive information from their institution on each of the priority health risk behavior areas (all priority areas; unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity). http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=11 • IOM: States and communities should develop networked systems to apply resources to the promotion of mental health and prevention of mental, emotional, and behavioral disorders among their young people. These systems should involve individuals, families, schools, justice systems, health care systems, and relevant community-based programs. Such approaches should build on available evidence-based programs and involve local evaluators to assess the implementation process of individual programs or policies and to measure community-wide outcomes. http://books.nap.edu/openbook.php?record_id=12480&page=6
Promote early identification of mental health needs and access to quality services.	• CG: Collaborative Care for the Management of Depressive Disorders. http://www.thecommunityguide.org/mentalhealth/collab-care.html • CG: Interventions to Reduce Depression Among Older Adults: Clinic-Based Depression Care Management. http://www.thecommunityguide.org/mentalhealth/depression-clinic.html • CG: Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management. http://www.thecommunityguide.org/mentalhealth/depression-home.html • USPSTF: Recommends screening of adolescents (12 – 18 years of age) for MDD when systems are in place to ensure accurate diagnosis, psychotherapy (e.g., cognitive-behavioral, interpersonal), and follow-up. In 2002, the USPSTF concluded that there was insufficient evidence to recommend for or against routine screening of children or adolescents for MDD (I recommendation). http://www.uspreventiveservicestaskforce.org/uspstf09/depression/chdeprrs.htm • HP: Increase depression screening by primary care providers. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=28 • HP: Increase the proportion of homeless adults with mental health problems who receive mental health services. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=28 • Cochrane: Prompts to encourage appointment attendance for people with serious mental illness. http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD002085/frame.html

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America's Children: Key National Indicators of Well-Being	Federal Interagency Forum on Child and Family Statistics. America's Children in Brief: Key National Indicators of Well-Being, 2010. Washington, DC: U.S. Government Printing Office; 2010. Available at http://www.childstats.gov/pdf/ac2010/ac_10.pdf. Accessed May 25, 2011.
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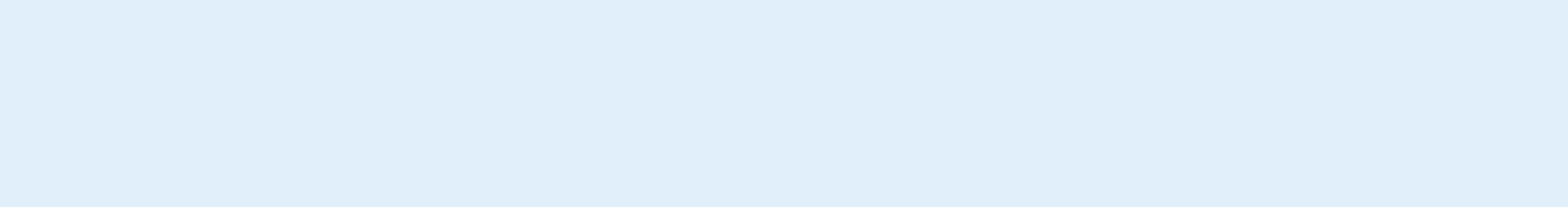

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