



**2013**

## **ANNUAL STATUS REPORT**

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# National Prevention, Health Promotion, and Public Health Council

July 1, 2013

# NATIONAL PREVENTION, HEALTH PROMOTION, AND PUBLIC HEALTH COUNCIL MEMBERS

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**Surgeon General Regina M. Benjamin**  
*United States Public Health Service*

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*Department of Health and Human Services*

**Secretary Thomas J. Vilsack**  
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**Secretary Arne Duncan**  
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*Office of Personnel Management*

## MESSAGE FROM THE CHAIR OF THE NATIONAL PREVENTION, HEALTH PROMOTION, AND PUBLIC HEALTH COUNCIL

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It is with great pleasure that I present the 2013 Annual Status Report of the National Prevention, Health Promotion, and Public Health Council (National Prevention Council). This Annual Status Report demonstrates how the original 17 National Prevention Council departments are continuing to incorporate prevention into their activities to achieve the National Prevention Strategy's goal of increasing the number of Americans who are healthy at every stage of life.

Last June, we released the National Prevention Council Action Plan, which outlined the Federal commitment to implementing the vision, goal, and recommendations of the National Prevention Strategy. In the Action Plan, the National Prevention Council departments identified unique actions they are taking to advance the National Prevention Strategy and committed to working together to accelerate prevention in three areas: identifying opportunities to consider prevention and health; increasing tobacco free environments; and increasing access to healthy, affordable food. In the last year, the National Prevention Council departments have assessed current policies and developed plans to implement one or more of these commitments. I am proud to present the National Prevention Council's progress in this Annual Status Report, including each department's planned commitment activities and highlights from their individual actions to implement the National Prevention Strategy. This progress demonstrates the Federal government's leadership in prevention and shows the power of 17 departments working together toward shared goals.

As Surgeon General and Chair of the National Prevention Council, I encourage everyone—government, businesses, educators, health care systems, community and faith-based organizations, and each of us as Americans—to take actions toward making America a more healthy and fit nation. That's why I am so pleased that this Annual Status Report highlights the important work our partners are doing at the state and local level to make the National Prevention Strategy come alive in communities across the country. These collaborations are essential if we truly want to move the nation from a focus on sickness and disease to one based on prevention and wellness.

I welcome three new Federal agencies to the National Prevention Council: the Department of the Interior, the General Services Administration, and the Office of Personnel Management. Adding these departments strengthens the National Prevention Council's ability to lead by example and to advance high impact areas for prevention, such as within our nation's parks and Federal workplaces.

Finally, I want to thank the members of the National Prevention Council and our many partners for their continued commitment to achieving the vision and goals of the National Prevention Strategy.

**Regina M. Benjamin, MD, MBA**  
U.S. Surgeon General

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## INTRODUCTION

This Annual Status Report presents the National Prevention, Health Promotion, and Public Health Council's progress in implementing the National Prevention Strategy, including:

- An update on the Federal actions and commitments outlined in the National Prevention Council's Action Plan
- Documentation of widespread collaborations across the National Prevention Council departments and between the Federal government and partners
- Highlights of implementation efforts by public and private partners
- Identification of new opportunities for prevention through the addition of three Federal agencies to the National Prevention Council

This progress demonstrates the National Prevention Council's coordination and leadership at the Federal level and shows the ways that agencies are continuing to work both individually and cooperatively to improve our nation's health.

The National Prevention Council, created by Section 4001 of the Affordable Care Act and chaired by U.S. Surgeon General Dr. Regina Benjamin, provides coordination and leadership among 17 executive departments and agencies with respect to prevention, wellness, and health promotion activities.

On June 16, 2011, the National Prevention Council released the *National Prevention Strategy: America's Plan for Better Health and Wellness*<sup>1</sup>. 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." Since many of the strongest predictors of health and well-being fall outside of the health care setting, the Strategy envisions a prevention-oriented society where all sectors contribute to the health of individuals, families, and communities.

<sup>1</sup> <http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>



The National Prevention Strategy identifies four Strategic Directions—the foundation for all prevention efforts—and seven targeted Priorities designed to improve health and wellness for the entire U.S. population.

The National Prevention Strategy provides evidence-based recommendations for each Strategic Direction and Priority for improving health and wellness and addressing leading causes of disability and death. In addition, the National Prevention Strategy identifies actions that the Federal government will take and that partners can take to reach the Strategy's goal of "increasing the number of Americans who are healthy at every stage of life." The National Prevention Council departments' actions support and reinforce the ongoing contributions to *Healthy People 2020*, a 10-year set of science-based national health objectives developed through a multi-agency collaboration and intended to measure the impact of prevention activities.

On June 13, 2012, the National Prevention Council released the *National Prevention Council Action Plan: Implementing the National Prevention Strategy*<sup>2</sup>. The National Prevention Council's Action Plan outlines the Federal commitment to implementing the National

<sup>2</sup> <http://www.surgeongeneral.gov/initiatives/prevention/2012-npc-action-plan.pdf>

Prevention Strategy and demonstrates how departments are implementing prevention efforts in line with their respective missions. It also highlights how the National Prevention Council departments are working together and identifies specific areas in which prevention can be accelerated through the combined efforts of all 17 National Prevention Council departments.

This 2013 Annual Status Report provides an update on the National Prevention Council's work implementing the Federal actions and their commitments outlined in the 2012 Action Plan and highlights actions from public and private partners across the country who are working to implement the National Prevention Strategy.

Additionally, this Annual Status Report describes prevention opportunities that have developed as the National Prevention Council continues to build on the vision, goals, recommendations, and actions of the National Prevention Strategy. Specifically, this report highlights collaborations, both across the Federal government and with partners. This report also announces the addition of three Federal departments that will join the National Prevention Council to support implementing the National Prevention Strategy:

- Secretary Sally Jewell, Department of the Interior
- Administrator Dan M. Tangherlini, General Services Administration
- Acting Director Elaine Kaplan, Office of Personnel Management

## AFFORDABLE CARE ACT AND PREVENTION

The Affordable Care Act recognizes that focusing on wellness and prevention is key to improving the health of Americans.

Annual wellness visits and preventive services without cost sharing requirements enhance opportunities to ensure Americans are healthy and informed about their health status. More than 100 million Americans can now get cancer screenings and other essential preventive care without incurring out-of-pocket expenses. Through the Prevention and Public Health Fund, communities nationwide are supporting core public health activities and implementing community-

based strategies to address chronic diseases, such as heart disease, diabetes, and cancer.

As implementation of the Affordable Care Act continues, ensuring Americans have access to affordable, quality care remains a top health care priority.

Beginning in January 2014, new coverage available in the Health Insurance Marketplace will provide additional Americans better access to preventive care. Millions of uninsured individuals will be able to enroll in affordable private health plans and, in States that choose to expand, Medicaid plans. Enrollment begins in October 2013. The National Prevention Council departments and their partners will be critical to outreach efforts to help ensure that families and communities understand these new options and to provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. More information on the Health Insurance Marketplace is available at [www.HealthCare.gov](http://www.HealthCare.gov).

## NATIONAL PREVENTION COUNCIL: PROGRESS IMPLEMENTING THE NATIONAL PREVENTION STRATEGY

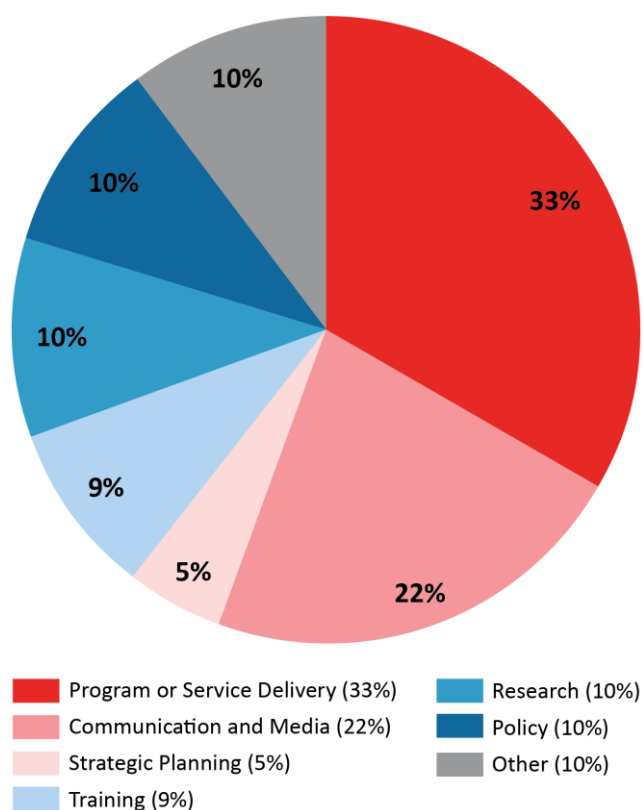
The National Prevention Council Action Plan illustrates how the National Prevention Council is working across sectors to implement the recommendations and actions of the National Prevention Strategy.

The departments and agencies' actions detailed here demonstrate how National Prevention Council departments are prioritizing prevention through innovative programs and proven initiatives. Some actions include incorporating prevention into policies and communications, while others incorporate or enhance prevention as part of existing programs. Status was reported on all 201 actions with 16% of National Prevention Council department actions fully implemented and 83% of actions in process. Appendix A of this Annual Status Report provides an update on the status of all National Prevention Council department actions.



The National Prevention Council departments are implementing specific activities to advance the actions outlined in the National Prevention Council Action Plan. Activities fall into seven categories: program or service delivery, communication and media, strategic planning, training, research, policy, or other. Most activities are program/service delivery (33%) or communication/media (22%) (figure 1). Examples in the “Other” category include compliance assistance, data collection and analysis, tool development, and program evaluation.

**Figure 1: Categories of National Prevention Council Department Activities**



*Includes 397 activities that were reported by National Prevention Council departments*

### Healthy and Safe Community Environments

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. Nine National Prevention Council departments are

implementing a total of 27 actions to promote healthy and safe community environments.

### **Highlight: Corporation for National and Community Service (CNCS)**

CNCS is working to coordinate investments in community infrastructure to promote sustainable and healthy communities. CNCS’ [Retired and Senior Volunteer Program \(RSVP\)](#) is one of the largest volunteer organizations in the United States for people over the age of 55. In the FY 2013 [RSVP](#) funding competition, [RSVP](#) grantees were required to identify a primary focus area. The Healthy Futures Focus Area represented 80% of the new grants by focus area. The Healthy Futures Focus Area serves rural and urban communities, engages youth in physical activity and teaches them the importance of nutrition, provides in-home services to seniors to make daily tasks easier, and connects people with programs and information to help them have healthier lives. A total of 240 [RSVP](#) grants, or 35% of the [RSVP](#) portfolio, were included in the FY 2013 competition. This competition marks the first time some of these Federal grants have been competed since 1971.

CNCS is currently evaluating the Senior Corps Programs. To determine potential health benefits of volunteering, Senior Corps Programs volunteers are being compared to a comparable subset of the 22,000 participants in the Health and Retirement Study, which is administered by the Department of Health and Human Services (HHS). This evaluation will, for the first time, survey all Senior Corps Programs volunteers, and allow CNCS to determine the feasibility of a future Senior Corps evaluation to determine the potential health benefits of volunteer participation for new Senior Corps Program volunteers.

### **Highlight: Department of Health and Human Services (HHS)**

HHS’s [Community Transformation Grant \(CTG\)](#) program enables communities to design and implement sustainable, community-level programs that prevent chronic diseases. Current CTG projects are expected to improve the health of more than four out of 10 citizens—about 130 million Americans. The CTG program improves health and wellness with strategies that focus on one or more of these three areas: tobacco-free living; active living and healthy eating; and clinical and community preventive services to prevent and control high blood pressure and high cholesterol. Approximately 24% of CTG program



funding is directed to rural or frontier areas. By promoting healthy lifestyles, collaborating across sectors, and leveraging resources, CTG awardees work to help improve health, reduce health disparities, and control health care spending.

The CTG program has already demonstrated success in communities across the country by educating and engaging partners from multiple sectors, such as education, transportation, and business, regarding the risk factors of chronic disease and the ways to improve the health of their communities. Because of the CTG program:

- In San Francisco, 44,000 children will have increased access to opportunities for physical activity at a safe recreational space through a new joint use agreement that allows increased access to 44 public school playgrounds during non-school hours.
- Nearly 39% (700,000) of Broward County, Florida, residents have opportunities to increase their level of physical activity because of strategies that will improve the safety and accessibility of walking and riding bikes.
- More than 11,000 students and all 1,500 staff within the Clover Park School District in Washington state now have increased access to healthier food and beverage options in school vending machines, which offer products that meet United States Department of Agriculture guidelines.

#### **Highlight: Bureau of Indian Affairs (BIA)**

The Bureau of Indian Education's (BIE) 21<sup>st</sup> Century Community Learning Centers grantees, funded by the Department of Education, are creating wellness and anti-bullying activities. BIA's Office of Justice Services Professional Standards Division address safety by conducting physical security assessments—which are based on standards from the Department of Homeland Security—on BIA schools. Partnerships with other Federal departments assist BIE in providing accurate, current information to its schools, students, and staff, including information concerning drug and alcohol abuse prevention, gang recognition, armed intruder response, suicidal ideation recognition, emergency preparedness, and flu season preparation.

#### **Highlight: Department of Housing and Urban Development (HUD)**

The National Prevention Strategy recommends designing and promoting affordable, accessible, safe, and healthy housing. To capitalize on this specific recommendation, HUD committed to several actions for providing healthy housing for their residents. Specifically, HUD is addressing residential health hazards, including unsafe conditions that may result in injury, asthma triggers, and lead-based paint hazards through intervention grants awarded under its Lead Hazard Control and [Healthy Homes](#) Production grant programs. In FY 2013, HUD is expected to award over \$98 million to fund 38 applicants to mitigate lead-based paint and other residential health and safety hazards in low-income housing. HUD grantees are on track to meet the annual performance goal of mitigating lead and other health and safety hazards in 12,100 low income homes in FY 2013.

HUD also continues working with HHS to implement initiatives that help older adults and persons with disabilities continue to live in healthy and safe community settings or to transition from institutions to community settings that prevent injuries and support positive physical and mental health. HUD, in partnership with HHS, announced funding for 13 state housing agencies to develop supportive housing for extremely low-income persons with disabilities in the [Section 811 Project Rental Assistance Demonstration Program](#). Similarly, HUD awarded Non-Elderly Disabled Category 2 Vouchers to 28 Public Housing Agencies (PHAs) for non-elderly people with disabilities to transition from nursing homes and institutions.

#### **Clinical and Community Preventive Services**

Providing and integrating evidence-based clinical and community preventive services is central to improving and enhancing physical and mental health. Clinical preventive services can be supported and reinforced by community prevention efforts that have the potential to reach large numbers of people. Seven National Prevention Council departments are implementing 24 actions to promote clinical and community preventive services that have the potential to reach large numbers of people.

**Highlight: Department of Homeland Security (DHS)**

The Office of Health Affairs provides component-wide guidance on how to implement quality assessment and performance improvement to support the department's Medical Quality Management (MQM) Quality Strategy Framework goals for the Department's First Responder, Emergency Medical Responder, and clinical staff to raise the quality of care, standardize the quality of care, and eliminate disparities in care delivery.

The Office of the Chief Human Capital Officer (OCHCO) developed a health and wellness management directive and guide to support employees in leading healthier and more productive lives. In addition, OCHCO conducts quarterly cross-component worklife meetings to share information, policies, and best practices for enhancing and implementing health, wellness, worklife and employee assistance programs.

**Highlight: Department of Health and Human Services**

The Affordable Care Act removes cost-sharing for recommended preventive benefits in new health plans, and today about 71 million Americans in private health insurance plans have access to free preventive health care services, such as a mammogram or flu shot. Additionally, an estimated 34 million Americans in traditional Medicare and Medicare Advantage plans have received at least one preventive service, such as an annual wellness visit, at no out-of-pocket-cost because of the health care law. The [Center for Medicare and Medicaid Innovation \(CMMI\)](#) funded 107 Health Care Innovation Awards, ranging from \$1 million to \$30 million, to identify and support a range of innovative service delivery and payment models that achieve better care, better health, and lower costs through improvements in communities across the nation. Preventive care services, including diabetes self-management training, medical nutrition therapy, and tobacco-cessation counseling, are being provided by a majority of these awards.

HHS, in addition, launched the Comprehensive Primary Care (CPC) initiative—a multi-payer initiative fostering collaboration between public and participating private health care payers. This initiative provides enhanced, population-based support that goes beyond visit-based, fee-for-service payments for CPC practices, aligns quality measures across public and private payers, and provides them with usage and cost data

that they can then use to help improve care and control costs. Comprehensive primary care is defined by five functions that enhance primary care: risk-stratified care management; planned care for chronic conditions and preventive care; improved access and continuity; patient and family engagement; and coordination of care across the medical neighborhood.

HHS continues to support [Million Hearts®](#), a collaboration across public health and health care to prevent one million heart attacks and strokes by 2017. Public health efforts are focused on empowering Americans to make healthy choices such as preventing tobacco use and reducing sodium and trans fat consumption. Health care improvements are focused on achieving excellence in the ABCS (Aspirin as appropriate, Blood pressure control, Cholesterol management, and Smoking cessation) by deploying health information technology, teams, and new models of care that reward value. [Million Hearts®](#) will achieve its goal by emphasizing how patients, health care professionals, communities and other stakeholders can contribute to better cardiovascular health. Million Hearts® has provided a robust platform to focus on prevention of cardiovascular events. The Million Hearts® website has numerous resources for individuals and professionals. More than 40,000 organizations and individuals have signed up to receive e-updates, and the initiative has a strong social media presence. A simple set of evidence-based quality of care measures has been established, and these measures have been incorporated into select Medicare programs. In the private sector, more than 140 large medical groups have committed to getting their hypertension control rates above 80%.

**Highlight: Environmental Protection Agency (EPA)**

EPA is creating and conducting continuing education programs for health professionals on the health effects of air pollution, including the relationship to heart disease and stroke as part of the [Million Hearts®](#) initiative. The [GreenHeart](#) website provides public health communications directed to health care providers, including Pediatric Environmental Health Specialty Units, and people at risk from high levels of air pollution on how to reduce exposure and risk. In addition, the Green Heart environmental health flyer, blogs, podcast, news articles, and tweets explain the association between air pollution and cardiovascular health.

## Empowered People

Although policies and programs can make healthy options available, people continue to have the responsibility to make healthy choices. When individuals have access to easy-to-understand information and resources, they are empowered to act and to make healthier choices. Ten National Prevention Council departments are implementing 21 actions to promote empowered people.

### **Highlight: Department of Agriculture (USDA)**

USDA is promoting the national multimedia campaign, Food Safe Families, by holding television and radio interviews in several cities as well as using multiple outreach methods. USDA hosted a Twitter chat during National Food Safety Education month as part of the Food Safe Families campaign. Public service announcements (PSAs) were issued via CBS Radio, and the “Todo Cuenta” food safety campaign educated Spanish-speaking populations in Baltimore and Houston about the risks associated with the improper handling and preparation of food. Radio stations provided a “Food Safety Message of the Day” to remind consumers to follow food safety steps when preparing holiday meals and posted banners on their websites that link to USDA’s website. CBS Radio also aired a comparable English-language PSA campaign in San Diego and Phoenix on five stations for six weeks, beginning in November 2012.

### **Highlight: Federal Trade Commission (FTC)**

FTC acts to prevent consumer deception and reduce consumers’ reliance on unproven remedies when it finds marketers making misleading health benefit claims about their products. The FTC focuses on identifying deceptive marketing of products promoted to treat or prevent diseases, advertised on fake news sites, and advertised for cognitive function/memory and other age-related health problems. The FTC accompanies its law enforcement actions with consumer education efforts to help consumers evaluate marketing promises and protect themselves from deceptive or fraudulent ads. FTC’s [Health and Fitness website](#) provides consumers with alerts and videos.

## Elimination of Health Disparities

Medical advances and new technologies have provided people in America with the potential for longer, healthier lives. However, persistent and well-documented health disparities can be eliminated while simultaneously improving the health of all Americans.

Seven National Prevention Council departments are implementing 16 actions to eliminate health disparities.

### **Highlight: Environmental Protection Agency**

To reduce health disparities, EPA is working with the agencies in the [Federal Interagency Working Group on Environmental Justice](#) to reduce exposures to environmental risks and increase access to positive environmental and health benefits. In 2012, the EPA assessed its best practices and lessons learned from regional implementation of community-based programs. The EPA committed to replicating and expanding use of these promising practices to better reduce environmental risks and promote healthy, sustainable, and livable communities. In 2013, EPA will apply these practices to its ongoing work in overburdened communities.

### **Highlight: Department of Health and Human Services**

Developed by the HHS Office of Minority Health in collaboration with Federal and non-Federal partners, the enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) establish a blueprint for public health, health care, and social service organizations to provide culturally and linguistically appropriate services. The enhanced National CLAS Standards, published in April 2013, are intended to advance health equity, improve quality and eliminate health disparities in an increasingly diverse nation. The enhanced standards promote a more inclusive definition of culture recognizing that health is influenced by factors such as race, ethnicity, language, spirituality, disability status, sexual orientation, gender identity and geography. The CLAS Standards also underscore the importance of the provision of health care services that are respectful of and responsive to the health beliefs, practices and needs of diverse patients and that can help close the gap in health care outcomes. They emphasize the importance of cultural competency in high-quality health care. Since the initial publication of the National CLAS Standards in 2000, several states have proposed or passed legislation related to cultural competency training for health care professionals.

In accordance with Section 4302 of the Affordable Care Act, HHS adopted new data standards for the collection of race, ethnicity, sex, primary language, and disability status for self-reported data collected

from population-based health surveys. Data collection is fundamental to the department's efforts to understand the causes of health disparities, design effective responses, and evaluate progress in reducing disparities. The new data standards for race, ethnicity, sex, primary language, and disability status represent a critical step in uniformly collecting data needed to track disparities and to ensure continued progress in efforts to reduce disparities. The new standards provide additional granularity for race and ethnicity, in particular for the Asian race and Hispanic ethnicity categories. In addition, this will be the first time self-reported data on primary language will be collected for many HHS surveys and the first time data on disability status will be uniformly collected. Collecting demographic data improves HHS' ability to monitor the health of population subgroups.

### **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 (COPD), periodontal disease, asthma, and other diseases. Four National Prevention Council departments are implementing a total of 13 actions to promote tobacco-free living.

#### ***Highlight: Department of Health and Human Services***

Because of the Affordable Care Act, Americans have greater access than ever to resources to help them quit smoking or using tobacco products. For many Americans with private insurance plans, tobacco use screenings for all adults, cessation interventions for tobacco users, and expanded counseling for pregnant women who smoke are now covered at no out-of-pocket cost. In addition, Medicare covers counseling for beneficiaries who smoke or use tobacco products.

To drive Americans to these resources and encourage them to quit smoking, in March 2012, with support from the Affordable Care Act's Prevention and Public Health Fund, HHS launched the national tobacco education campaign—*Tips From Former Smokers* (*Tips*). *Tips* encouraged people to quit smoking by highlighting the toll that smoking-related illnesses have on smokers and their loved ones. The hard-hitting ads showed people living with the real and painful consequences of smoking. The 12-week *Tips* campaign placed ads through multiple media channels including television, radio, billboards, print, and

Internet, and it continues to provide information to the public through the Internet, including Facebook, Twitter, and YouTube. Nearly 80% of adult smokers reported having seen a *Tips* ad during the campaign. The campaign had an immediate and intense effect. In 2012, the national quit line portal 1-800-QUIT-NOW received over 365,000 calls during the *Tips* campaign, up more than 130% from the same 12-week period in 2011. The website [www.smokefree.gov](http://www.smokefree.gov) received more than 629,000 unique visitors during the campaign, up nearly 430% from the same period in 2011.

The Commissioned Corps of U.S. Public Health Service is one of seven uniformed services of the United States, serving the American people at home and abroad. Its mission is to protect, promote, and advance the health and safety of our nation. Effective January 2014, the Department of Health and Human Services and the U.S. Surgeon General will implement a new Uniforms and Appearance policy that prohibits smoking and the use of tobacco products by Commissioned Corps officers while in uniform, making the Commissioned Corps the first of the uniformed services to prohibit smoking and tobacco use while in uniform.

#### ***Highlight: Department of Housing and Urban Development***

To encourage the adoption of smoke free multifamily housing policies, HUD's Office of Public and Indian Housing and Office of Housing published official program notices that provide guidance regarding smoke free policies and implementation procedures. HUD subsequently partnered with HHS, the American Lung Association and the American Academy of Pediatrics to encourage the adoption and implementation of smoke free multi-unit housing policies among Public Housing Agencies (PHAs) and federally assisted Multifamily housing by developing toolkits with information on various aspects of smoke free housing policies. The department estimates that over 300 PHAs have implemented smoke-free housing policies.

### **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. Six National Prevention Council departments are implementing a total of 14 actions to promote the prevention of drug abuse and excessive alcohol use.

**Highlight: Department of Justice (DOJ)**

DOJ's GetSmartAboutDrugs.com is a resource for parents, caregivers and educators to help them identify drug abuse, prevent children from using drugs, and help find resources for substance abuse prevention. The site is designed to speak to parents and caregivers of middle school, high school, and college-aged children in an informative and non-technical manner.

GetSmartAboutDrugs.com provides critical information for identifying drugs and paraphernalia, highlights new trends in the drug trade, and educates parents, caregivers, and educators with credible information about how to recognize and prevent drug use. In addition, the website provides drug prevention, education and resources for parents, and explains legal implications relating to drug abuse.

Justthinktwice.com, another website supported by DOJ, is aimed at helping teens make informed decisions about drug use by providing the facts about drug use and its consequences. The site provides information about commonly abused drugs, helps teens understand the difference between the truth and common misconceptions about drug use, educates teens on the life-changing events—legal, health, financial and social consequences—that can happen as a result of drug use, and features real teens writing about and responding to specific drug-related topics, such as drugged driving, marijuana, bath salts, partying and drug use, drinking, and K2/spice.

**Highlight: Department of Health and Human Services**

HHS's Sober Truth on Preventing Underage Drinking Act (STOP Act) grant program enables communities to implement programs that reduce and prevent youth alcohol use. The STOP Act grant program enhances intergovernmental cooperation and coordination on the issue of alcohol use among youth and provides communities timely information regarding state-of-the-art practices that have proven to be effective. Grantees utilize effective local community initiatives for preventing and reducing alcohol use among youth. Communities across the country have shown reduction in youth alcohol use and binge drinking after implementation of STOP Act funded programs such as the Hood River Prevention Coalition's program in Hood, Oregon.

**Highlight: Office of National Drug Control Policy (ONDCP)**

ONDCP is collaborating with HHS to support the integration of the [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#) practices into health care settings to improve the delivery of early intervention and treatment services for persons with substance use disorders and those at risk of developing these disorders. ONDCP is disseminating information about [SBIRT](#) practices, efficiencies, and outcomes, as well as the importance of integrating substance use services into primary care settings. ONDCP is educating associations of health professions, licensing boards, and provider organizations to increase screening and early interventions that thwart progression of risky use into dependence and addiction. In partnership with HHS and other stakeholders, ONDCP is disseminating information to a wide variety of health care settings, highlighting model programs that are using [SBIRT](#), and encouraging training opportunities for the allied health professions.

**Healthy Eating**

Eating healthy can help reduce people's risk of heart disease, high blood pressure, diabetes, osteoporosis, and several types of cancer, as well as help them maintain a healthy body weight. Communities can support healthy eating and make healthy options affordable and accessible. Six National Prevention Council departments are implementing a total of 22 actions to promote healthy eating.

**Highlight: Department of Agriculture**

USDA and HHS are addressing the availability of healthy food in underserved communities through farmers markets, farm stands, community gardens, community-supported agriculture, and other strategies to help individuals meet nutritional goals outlined in the [Dietary Guidelines for Americans, 2010](#). The Healthy Food Financing initiative coordinates 19 programs to provide financing for developing and equipping retail venues to sell healthy food in underserved areas.

**Active Living**

Regular physical activity is one of the most important things that people of all ages can do to improve their health. Safe and accessible options for physical activity can help promote active living. Six National Prevention Council departments are implementing 12 actions to promote active living.



**Highlight: Department of Transportation (DOT)**

DOT promotes pedestrian safety education for state agencies to educate older adults on pedestrian safety and to promote safe, active living among this population. DOT offered a series of free online trainings through the Livable Communities webinar series. Through the Pedestrian and Bicycle Information Center, DOT offered additional webinars on livable communities, and on bicycle and pedestrian safety tools and analysis. DOT also released a report to help communities establish bike share programs.

**Highlight: Department of Health and Human Services**

HHS supports the [President's Council on Fitness, Sports, and Nutrition \(PCFSN\)](#) by promoting the [Presidential Active Lifestyle Award](#) and supports [Healthy People 2020's national objectives for early and middle childhood and physical activity](#). PCFSN released the Physical Activity Outreach initiative which included radio, TV, and print PSAs to educate parents and caregivers about the importance of regular physical activity for kids and its positive impact on academic performance. In addition, HHS launched the Presidential Youth Fitness Program, and so far, 23,000 schools have adopted the Presidential Youth Fitness Program.

**Highlight: Department of Agriculture**

USDA protects America's natural resources and collaborates with partners to improve water and air quality, and protect open spaces. USDA also engages diverse communities in outdoor activities and recreation on 193 million acres of national forests and grasslands across the country. USDA in partnership with the U.S. Forest Service within the Department of the Interior, supports programs such as Junior Rangers, More Kids in the Woods, Children's Forests, and Green Schools as well as national activity days like [National Get Outdoors Day](#) and [National Public Lands Day](#) as part of USDA's focus on increasing participation in healthful outdoor recreation activities and supporting active living.

**Injury and Violence Free Living**

Violence and injuries are leading causes of death for young people, with the most frequent causes being motor vehicle related injuries, unintended poisoning, falls, homicide, and suicide. Violence and injuries affect people in all stages of life. Reducing injury and violence improves physical and emotional health. Six National Prevention Council departments are

implementing a total of 18 actions to promote injury and violence free living.

**Highlight: Department of Transportation**

DOT is acting to protect children from injuries that occur in and around passenger vehicles, including children being left in hot cars, being backed over in driveways, and being trapped in trunks. The heatstroke community outreach program partnered with Safe Kids in 2012, and conducted numerous public events. A press conference involving the Secretaries of Transportation and HHS highlighted the issue in spring 2012. In 2013, the National Highway Traffic Safety Administration expects to continue their heatstroke community outreach program.

**Highlight: Department of Justice (DOJ)**

The [Defending Childhood](#) Initiative, led by DOJ, is funding a partnership between the International Association of Chiefs of Police and the Yale Child Study Center to equip front-line practitioners with cutting-edge tools and resources; to formulate new policies and procedures to confront violence in communities; and to refine models for training law enforcement on responding to children exposed to violence. Demonstration sites in cities and tribal communities are implementing and expanding programs and organizations that focus on developing community-based solutions to address the problem of children exposed to violence.

The Attorney General's National Task Force on Children Exposed to Violence conducted four public hearings across the country to learn from practitioners, policymakers, academics, and community members about the extent and nature of children's exposure to violence in the United States, both as victims and as witnesses. In December 2012, the National Task Force issued a final report to the Attorney General with findings and policy recommendations that offer a blueprint for preventing children from being exposed to violence and for reducing the negative effects of that exposure.

**Highlight: Department of Homeland Security**

The Office of Health Affairs (OHA) developed a planning scenario in response to Executive Order 13527 that requires Federal agencies to establish the capability to dispense medical countermeasures (MCM) in the event of a biological attack to ensure continuity of mission-essential functions. In addition, OHA developed training materials including DVDs and

in person training courses to ensure the program will continue to implement exercises, drills and communications tools to grow and mature the program and will monitor success through data tracking.

***Highlight: Department of Labor***

DOL works to ensure that youth enjoy positive work experiences that do not jeopardize their health, well-being, or education. For example, regional and area office staff visit high schools and attend conferences to promote young worker safety and health. In addition, FedNet developed the brochure *Sold on Safety* for young workers in retail.

**Reproductive and Sexual Health**

Healthy reproductive and sexual practices play a critical role in enabling people to remain healthy and active in their communities. Planning and having a healthy pregnancy supports the health of women, infants, and families. Three National Prevention Council departments are implementing a total of 14 actions to promote reproductive and sexual health.

***Highlight: Department of Health and Human Services***

HHS, through the [Strong Start](#) initiative, is evaluating enhanced prenatal care for low-income women at risk for having a preterm birth. The Centers for Medicare and Medicaid Services (CMS) awarded 27 cooperative agreements to evaluate enhanced prenatal care interventions for women enrolled in Medicaid or Children's Health Insurance Program (CHIP) who are at risk for having a preterm birth.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program facilitates collaboration and partnership at the Federal, State, and community levels to improve health and developmental outcomes for at-risk children through evidence-based home visiting programs. Several HHS agencies including the Administration for Children and Families (ACF), Health Resources and Services Administration (HRSA), and CMS are evaluating MIECHV to examine the potential for evidence-based home-visiting programs to improve birth outcomes, reduce low-birth weight, and improve infant health.

***Highlight: Department of Veterans Affairs***

VA promotes screening and treatment for HIV, hepatitis, and other sexually transmitted infections through print, web-based, and in-person patient and

clinician education. Since starting this routine HIV testing policy, the VA has doubled the number of Veterans tested for HIV. Currently, more than 1.2 million Veterans have been tested.

**Mental and Emotional Well-Being**

Early childhood experiences have lasting, measurable consequences later in life; therefore, fostering emotional well-being from the earliest stages helps build a foundation for overall health and well-being. Eight National Prevention Council departments are implementing 20 actions to promote mental and emotional well-being.

***Highlight: Department of Education (ED)***

To increase access to integrated learning and development programs for low-income and disadvantaged children, ED funded nine states (California, Delaware, Maryland, Massachusetts, Minnesota, North Carolina, Ohio, Rhode Island, and Washington) in 2011 through their [Race to the Top Early Learning Challenge](#) grant competition. They also funded five more states (Colorado, Illinois, New Mexico, Oregon, and Wisconsin) beginning in 2012.

Several states have used this funding to expand comprehensive development screening and follow-up care for high-need children, including those who are from low-income families, have disabilities, or are learning English. In Delaware, for example, more than 27,000 children with high needs received developmental screening and nearly 5,000 were referred for follow-up services or treatment within the first year. In California nearly 30,000 additional children with high needs received developmental screening in 2012 and over 40,000 more received follow up care for developmental, learning, and other health needs compared to in 2011. During its first year in the program, North Carolina expanded developmental screening to nearly 20,000 additional children with high needs less than a year old.

***Highlight: Department of Health and Human Services***

HHS has a number of initiatives to prevent suicides and attempted suicides, including among high risk populations. States, tribes, and college campuses have received grants to prevent suicide attempts and completions and to enhance services for those with mental and substance use disorders that put them at high risk. An additional 21 Campus Suicide Prevention grants will be awarded this year to continue



supporting an array of campus activities and build a solid foundation for delivering and sustaining effective mental health and substance abuse prevention, treatment, and recovery support services.

As a result of these grants, states, tribes and communities are increasing the number of people in youth serving organizations and mental health providers who are trained to identify and refer youth at risk for suicide as well as increasing the use of services such as the National Suicide Prevention Lifeline. More than 500,000 people have been trained in suicide prevention since the inception of the program. Many communities have seen the positive effects of these grant-funded suicide prevention programs. The state of Connecticut found that the school based suicide prevention program "Signs of Suicide" reduced self-reported suicide attempts. The state of Utah found that youth who participated in the funded suicide prevention activities spent fewer days in juvenile detention centers.

**Highlight: Department of Homeland Security**

DHS employees stand on the front lines of our nation's efforts to protect the American people from threats of all kinds, be they acts of terrorism, natural disasters, or infectious diseases. The DHS Office of Health Affairs and the DHS Office of the Chief Human Capital Officer work together to provide programs that support the effectiveness of the DHS workforce to perform their duties through its Employee Assistance Program (EAP).

The U.S. Coast Guard (CG) implemented a blended EAP/worklife program called CG SUPRT that includes a dedicated call center, wellness coaching, a smartphone application to enhance access to services, a 12-session model, and a pilot project to explore virtual counseling. CG has offered webcasts and trainings on topics such as financial wellness, health coaching, and smoking cessation. CG is also deploying a campaign to address stigma against those seeking assistance that will employ posters, use of appropriate language in CG SUPRT materials, data analysis of stressors in the CG workplace, health provider tip sheets to build an understanding of the relationship between the health issues that employees/family members may present to the medical staff and the services provided by CG SUPRT.

Additionally, the Immigration and Customs Enforcement (ICE) EAP has collaborated with their

newly-developed peer support program to ensure program and policy integration. ICE has also delivered EAP training to specific high-needs populations such as their undercover and forensic units.

Every day, DHS employee activities are instrumental in helping to fulfill the critical mission of protecting the American people. These stressors often lead to many stressful physical, mental and emotional demands. To assess the impact of these demands, the DHSTogether program conducted a Safety Stand Down in 2010 to provide an opportunity for employees to discuss with each other, and with their managers, their concerns about managing the demands and stresses of their jobs and private lives. In 2011, DHSTogether released a workforce training course that is focused on Stress Management and Suicide Prevention and is available through the department's Learning Management System. The training raised awareness, decreased stigma, increased help-seeking behaviors, and enhanced life and "helping" skills. Both this first ever department-wide Safety Stand Down and the resultant workforce training course were completed by over 90% of the DHS Workforce.

## SHARED NATIONAL PREVENTION COUNCIL COMMITMENTS

An important role of the National Prevention Council is to ensure Federal health and prevention efforts are coordinated, aligned, and championed. The National Prevention Council recognizes that synergies may occur when all departments work together. Therefore, the National Prevention Council departments are working to implement activities to advance three commitments to accelerate prevention.

The National Prevention Council commitments are:

- Identifying opportunities to consider prevention and health within National Prevention Council departments and encouraging partners to do so voluntarily as appropriate.

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

National Prevention Council departments have completed internal assessments and engaged stakeholders in identifying opportunities to accelerate prevention since the release of the Action Plan in 2012. Each National Prevention Council department has set milestones for one or more of these commitments. The National Prevention Council will continue to advance these efforts over the next three years. Examples of prevention activities follow. Appendix B includes a complete list of National Prevention Council commitment activities by department.

### **Identifying Opportunities to Consider Prevention and Health**

Twelve National Prevention Council departments are identifying unique opportunities to consider prevention and health. The majority are implementing workplace health promotion activities and organizational policies to prevent disease and potentially save health care costs. Three departments are using the National Prevention Council model to support interdepartmental structures to promote the integration of health. In addition other departments are incorporating health and prevention criteria into funding announcements, training opportunities, and core program activities.

#### ***Prevention in Action: Department of Defense (DOD) Launches Healthy Base Initiative***

DOD's Healthy Base initiative represents the National Prevention Council's commitment to support prevention and health. Announced in March 2013, the Healthy Base initiative is a year-long demonstration project intended to improve the overall health and wellness of Service Members, families, and civilians in response to the National Prevention Strategy. This initiative is part of DOD's Operation Live Well (OLW) program through which DOD continues to promote department-wide education, outreach and behavior change initiatives designed to improve health, well-being and performance of the entire defense

community. A key component of OLW is providing tools and resources that encourage individuals to actively engage in every aspect of healthy living, including proper nutrition, exercise, mental health, and resilience, with the aim of making the healthy choice the easy choice.

Installations will be examined for their ability to create environments that enable sustainable healthy lifestyles. Currently, obesity and tobacco use among current U.S. military health care beneficiaries add more than \$3 billion per year to DOD's budget in health care costs and lost duty days. An estimated 25% of potential new recruits are unqualified because of their weight. Therefore, specific efforts of the Healthy Base initiative will focus on empowering the military community to make informed nutritional choices, increase physical activity, manage their weight, and use tobacco cessation. In addition, many of the .Services' and installations' longstanding programs will be evaluated to ensure efficiency and effectiveness and best practices will be shared for further implementation throughout the force of 9.6 million.

### **Increasing Tobacco-Free Environments**

Recognizing that tobacco use remains the leading preventable cause of disease and death in the United States, nine National Prevention Council departments are emphasizing increasing access to tobacco-free environments. Departments are creating tobacco- and smoke-free environments for their employees, customers, and partners. Importantly, departments are supporting current tobacco users in quitting by making them aware of cessation services and developing cessation programs.

#### ***Prevention in Action: Environmental Protection Agency Strengthens Smoke Free Policy***

In the past year, the EPA has expanded the smoke-free policy for its 17,500 employees and established new targets for increased enrollment in tobacco cessation programs over the next two years. EPA's strengthened policy covers all of its facilities, vessels, aircraft and motor vehicles, and agency-occupied and agency-controlled space in multitenant facilities. Such policies decrease cigarette and other tobacco product addiction and consumption, encourage tobacco users to quit, reduce negative health outcomes among nonsmokers, reduce environmental degradation on campus, contribute to employee wellness and productivity, and change social norms. In addition, they decrease the exposure to secondhand smoke to

nonsmokers, which research has shown can increase lung cancer risk by 20%–30% and heart disease risk by 25%–30%<sup>3</sup>.

Recognizing the need to provide opportunities to current tobacco users to quit, EPA is acting to ensure its employees and their dependents are aware that tobacco cessation services are provided with no copayments or coinsurance. In FY 2013, EPA will increase enrollment in tobacco cessation programs by 5% through an aggressive education and outreach campaign.

### ***Prevention in Action: Department of Veterans Affairs Develops Unique Tobacco Cessation Program***

VA is committed to helping the estimated 1.5 million Veterans who are smokers quit tobacco to reduce the current smoking rate amongst Veterans of 19.7%. This high rate of smoking among Veterans is often exacerbated by health conditions such as COPD and hypertension. Therefore, VA is undertaking a variety of innovative and aggressive tobacco cessation activities over the next two years. For instance, VA is developing a tobacco cessation telehealth disease management protocol that will allow for tobacco cessation services delivered in the home through a unique messaging service. In addition, VA is collaborating with HHS to pilot a smartphone application that will provide tobacco cessation coaching. These initiatives greatly increase the reach of smoking or tobacco use treatment, especially to rural or disabled Veteran populations.

While technology is supplementing VA's cessation services, VA continues to train its employees on tobacco-cessation services. The Veterans Health Tobacco Cessation Program Manual is being revamped and will be widely distributed to employees. Veterans diagnosed with conditions such as PTSD and HIV have higher rates of smoking. Thus, the VA has developed integrated smoking cessation care models for these populations, and is training health care professionals on how to integrate cessation into patient treatment. VA's commitment to supporting the nation's Veterans in quitting tobacco exemplifies the National

<sup>3</sup> U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

Prevention Council's commitment to increasing tobacco-free environments.

### ***Increasing Access to Healthy, Affordable Food***

Eleven National Prevention Council departments have committed to increasing access to healthy, affordable food. From providing fresh fruits and vegetables to increasing healthy options in vending machines and at dining facilities, departments are working to ensure the healthy choice is the easy choice and that their employees, customers, and partners have options that allow them to meet the *Dietary Guidelines for Americans, 2010*.

### ***Prevention in Action: Department of Defense Collaborates with Department of Agriculture to Provide Fresh Fruits and Vegetables to Schools***

A unique partnership between DOD and USDA has increased access to fresh fruits and vegetables for millions of schoolchildren. The DOD Fresh Fruit and Vegetable program allows DOD and non-DOD schools attached to DOD installations to use USDA resources to buy American-grown fresh produce. What started out as a pilot project is now a full-fledged operation in 46 states, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam, with more than \$100 million in purchases. To benefit local farmers, DOD and USDA are currently working to increase local procurement.

### ***Prevention in Action: Department of Veterans Affairs Providing Healthier Food Options***

To ensure the healthy choice is the easy choice for more than eight million Veterans currently enrolled in its health system, VA is aggressively improving its food and beverage offerings in VA medical facilities. VA is working to improve national and regional menus that include freshly prepared foods, fresh fruits and vegetables, whole grains, lower sodium, gluten free, and low fat baked items. In addition, VA is changing the offerings in its vending machines to include 25% more healthier options and working to increase the presence of farmers markets on VA medical center property.

In addition to increasing access to healthy choices, the VA is working to support Veterans in making healthy choices. To demonstrate that healthy eating can be easy, inexpensive, and enjoyable, the VA currently operates 44 Healthy Teaching Kitchens that show Veterans and their families how to select and prepare healthy foods, and it is adding more. Vending machines have tags on healthier options that identify

them as smart choices and smart receipts for foods purchased in dining facilities contain nutritional information.

## NATIONAL PREVENTION COUNCIL COLLABORATIONS

National Prevention Council departments are engaging in widespread collaboration that exemplifies the National Prevention Strategy’s vision of “working together” through cross-sector partnerships.

State, tribal, local, and territorial businesses, health care, education, and community and faith-based organizations are all essential partners in implementing the National Prevention Strategy.

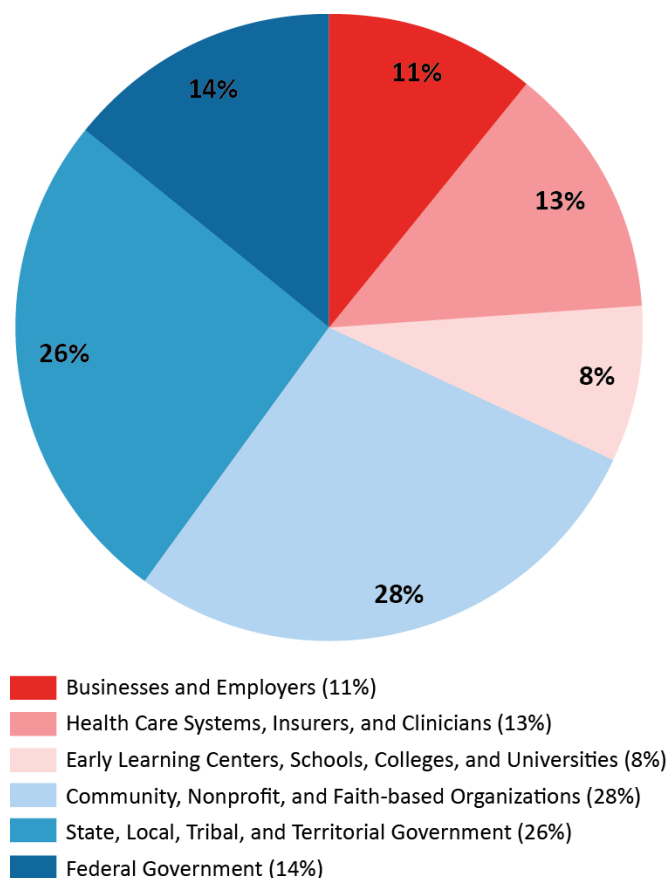
In addition to collaborations between the National Prevention Council departments, the National Prevention Council collaborated with 333 external partners across 140 Council department actions to advance the National Prevention Strategy (figure 2).

### Businesses and Employers

Six National Prevention Council departments (BIA, EPA, FTC, HHS, USDA, and VA) are collaborating with businesses and employers. HHS has a partnership with national drug store chains to increase the number of community pharmacies implementing medication-therapy management programs through the Team Up Pressure Down program.

Six National Prevention Council department actions are supporting the First Lady’s [Let’s Move!](#) initiative (BIA, EPA, FTC, HHS, USDA, and VA). In addition to traditional partnerships such as schools and community groups, BIA and HHS are building multiple innovative partnerships including businesses, professional organizations, and nonprofit public health organizations such as food service corporations (e.g., Aramark, Sodexo, etc.), the Culinary Institute of America, National Association of Blind Merchants and the National Alliance for Nutrition and Activity. BIA has a new partnership with Nike N7, a business foundation that brings sports to Native American and Aboriginal communities, and Notah Begay III Foundation that promotes sports in Indian Country to combat childhood obesity and Type 2 diabetes.

Figure 2: Collaborations on National Prevention Council Department Actions



### Health Care Systems, Insurers, and Clinicians

Four National Prevention Council departments (DOT, EPA, HHS, and VA) are collaborating with health care systems, insurers, and clinicians. HHS is collaborating with the National Initiative for Children’s Healthcare quality to help hospitals nationwide make quality improvements to maternity care to support mothers and babies to be able to breastfeed. The project is improving hospital practices to support breastfeeding by helping hospitals move toward [Baby-Friendly](#) status. Since 2008, the proportion of births in Baby Friendly facilities has tripled.

### Early Learning Centers, Schools, Colleges, and Universities

Five National Prevention Council departments (BIA, EPA, HHS, HUD, USDA) are collaborating with early learning centers, schools, colleges, and universities. EPA is collaborating with several

academic institutions in its launch of the [GreenHeart](#) website, a public health effort directed to health care providers and people at risk from high levels of air pollution on heart and blood vessel health on how to reduce exposure and risk. Those institutions include University of North Carolina at Chapel Hill School of Public Health, University of California at Los Angeles School of Public Health, and Duke University.

HHS is collaborating with the American College Health Association and the University of Michigan to support the Tobacco-Free College Campus Initiative, which encourages the voluntary adoption of tobacco-free policies at institutions of higher learning across the nation. These policies support the many people on campus who are trying to quit and dissuade young adults from starting. Since the launch of the initiative in September 2012, the number of tobacco- or smoke-free colleges and universities has increased from 774 to 1,159, as documented by the Americans for Nonsmokers' Rights Foundation.

### **Community, Nonprofit, and Faith-Based Organizations**

Eight National Prevention Council departments (BIA, DOL, DOT, EPA, HHS, HUD, USDA, and VA) are collaborating with community, nonprofit, and faith-based organizations. EPA released C-FERST (Community-Focused Exposure and Risk Screening Tool) and T-FERST (Tribal-Focused Exposure and Risk Screening Tool), a web-based GIS decision support tool for conducting cumulative human exposure and risk screening assessments, to help build sustainable and healthy communities. C-FERST and T-FERST are being developed, piloted, and vetted in phases. The first version of C-FERST is being piloted by several EPA Community Action for Renewed Environment (CARE) program communities. A number of tribal community partners are providing input on the design and content of the T-FERST tool, including the United South and Eastern Tribes (USET), and the Pleasant Point Passamaquoddy Tribe of Maine is currently piloting T-FERST as part of its sustainable and healthy community effort.

HUD partnered with HHS, the American Lung Association, and the American Academy of Pediatrics to encourage the adoption and implementation of smoke free multifamily housing policies among PHAs, the owners/management agents of federally assisted Multifamily housing, and residents, by developing

toolkits with information on various aspects of smoke-free living.

### **State, Local, Tribal, and Territorial Government**

Eight National Prevention Council departments (CNCS, DOL, DOT, EPA, FTC, HHS, HUD, and USDA) are collaborating with state, local, tribal, and territorial government's offices or organizations. HHS is collaborating with dozens of state, local, and tribal government offices and organizations, domestic violence organizations, and six Native American health clinics, to let them know that interpersonal violence screening and counseling benefits are now included as an Affordable Care Act preventive benefit. This benefit is covered without co-pay in new health plans and is recommended by the [Institute of Medicine Guidelines on Women's Preventive Services](#). Since the release of the National Prevention Strategy, almost 4,000 providers from 100 clinical sites received training on screening and grief counseling for violence and trauma; and programs serving nearly 200,000 women integrated assessment for abuse into routine care and offer help when needed, using an evidence-based and setting-specific clinical intervention. Using input from health providers, domestic and sexual violence advocates, community members and policymakers, new education materials for providers and patients/clients were developed.

The Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials each developed web-based toolkits to support implementation of the National Prevention Strategy at the state and local government level.

In addition, the Surgeon General collaborated with ASTHO to convene a meeting at the White House with leaders from national nonprofit organizations to catalyze state-level implementation of the National Prevention Strategy.

### **Federal Government**

Nine National Prevention Council departments (BIA, DOL, DOT, EPA, FTC, HHS, HUD, USDA, and VA) are collaborating with other Federal departments, agencies or organizations outside of the 17 National Prevention Council Departments.



EPA has a Memorandum of Agreement (MOA) with the National Oceanic and Atmospheric Association (NOAA) to cooperate in assisting coastal and other communities to become sustainable and resilient. While there are unique aspects to coastal community sustainability, the standard livability principles apply such as providing more transportation choices, including low polluting active transportation options. Technical assistance will include healthy community design that will improve water quality and improve public health. NOAA provides scientific expertise in weather and climate monitoring to examine transportation and development scenarios. For example, region 4 HUD-DOT-EPA [Partnership for Sustainable Communities](#) is collaborating with NOAA, as well as the U.S. Fish and Wildlife Service, USDA-Rural Development, Economic Development Administration and the Army Corps of Engineers to establish a Regional Community Resilience Work Group that is engaging communities in a broad discussion to enhance resilience to economic, environmental, and housing challenges as well as natural disasters.

## PARTNERS IN PREVENTION

Since the release of the [National Prevention Strategy](#) in 2011, a wide variety of organizations are using the Strategy to engage non-traditional partners in prevention; incorporate the Strategy recommendations into organizational planning; and develop new programs and initiatives.

### Businesses and Employers

Since 2011, the National Business Group on Health has honored businesses through the Innovations for Reducing Health Care Disparities Award. In 2012, the Surgeon General partnered with the National Business Group on Health to present awards to businesses that addressed disparities in the context of the National Prevention Strategy.

### Health Care Systems, Insurers, and Clinicians

The Health Systems Learning Group (HSLG) is a voluntary network of more than 43 organizations (including 36 nonprofit health systems) working together to identify promising practices for hospitals

and health systems in order to improve population health through community partnerships. HSLG member institutions are actively engaged in community programs and partnerships spanning all of the Strategic Directions and Priorities of the National Prevention Strategy. Innovative cross-sector programs include support of housing assistance and senior housing, partnerships to address community violence and childhood obesity, and work to create youth employment opportunities. Moving forward, HSLG participants will be working to document the return on investment and effect on hospital readmissions of these prevention programs aligned with the National Prevention Strategy.

### Early Learning Centers, Schools, Colleges, and Universities

The University of New Hampshire adopted the National Prevention Strategy to guide wellness efforts affecting more than 16,000 students and faculty. By reviewing the National Prevention Strategy actions, the university identified 33 gaps and ways to address them (e.g., promotion of campus fitness facilities to university employees and extension of nutritional education to faculty and staff who have meal plans).

### Community, Nonprofit, and Faith-Based Organizations

Healthy Detroit's overarching goal is to improve the health and quality of life for individuals, families, and communities and eliminate health disparities. It is founded on the vision and recommendations of the National Prevention Strategy. Healthy Detroit has three focus areas, Healthy Detroit Schools, Healthy Detroit Community, and Healthy Detroit Movement. The initiative promotes healthier school environments through health education for children, provides resources to residents in the community to support healthier lifestyles, and aims to increase awareness of preventable health issues through a city wide campaign.

The Joy-Southfield Community Development Corporation (Joy-Southfield CDC), is using the National Prevention Strategy as a communication tool to educate their partners about health issues, particularly the importance of eliminating health disparities. Relying on the National Prevention Strategy framework, Joy-Southfield CDC created a new model of the four Strategic Directions that

emphasizes their vision and mission with a focus on eliminating health disparities.

Prevent Blindness America developed *Vision Preservation and the National Prevention Strategy: A Call to Action* as a guide for its partner organizations. This guide provides a framework for how organizations can promote healthy vision and eye care using the recommendations from the Strategic Directions and Priorities.

### **State, Tribal, Local, and Territorial Governments**

The Virginia Department of Health funded 38 projects as part of Making a Healthier Virginia the Priority. Funded projects involve two or more organizations partnering to accomplish a goal related to one of four priority areas from the National Prevention Strategy (Active Living, Healthy Eating, Tobacco Free Living, and Clinical Preventive Services). For example, several projects related to Active Living and Healthy Eating involve partnering with Virginia schools. One multi-partner project will launch several healthy corner stores that stock locally grown fruits and vegetables in an urban area designated as a food desert. Each funded project will contribute to improving the health of the targeted community and to improving the overall health of Virginians.

The Washington Department of Health developed a CTG leadership team modeled after the National Prevention Council and the multisector collaboration model. It is developing a state plan around chronic disease prevention and health promotion and using the National Prevention Strategy to identify priorities and as a source for health indicators.

The Arkansas Department of Health developed a set of state-specific chronic disease objectives and a platform for strategic plans and related activities modeled after the National Prevention Strategy. It used the National Prevention Strategy's multisector collaboration model to partner with the state park service to improve employee health and wellness, specifically related to tobacco and healthy eating.

The Mid-America Regional Council, a planning organization for city and county governments in the Kansas City metropolitan area, uses the National Prevention Strategy as a framework for integrating

public health into its work. That council uses the Strategy as an evidence-base to help incorporate health and prevention into decision making.

## **PREVENTION ADVISORY GROUP: KEY ACTIVITIES**

The Prevention Advisory Group advises the National Prevention Council on effective, evidence-based prevention and health promotion practices.

The Advisory Group offers recommendations to the members of the National Prevention Council. They presented their third set of [recommendations](#) to the National Prevention Council in May 2013. The Advisory Group met twice (once in person and once via web meeting) during this reporting period, and the ad hoc work groups met regularly. Visit the [Advisory Group on Prevention, Health Promotion, and Integrative and Public Health Council website](#) to learn more.

## **MOVING FORWARD**

The National Prevention Council continues to build on the vision, goals, recommendations, and actions of the National Prevention Strategy and to use the best available data to monitor our nation's progress in achieving positive health outcomes.

### **Developing New Opportunities for Prevention**

As this Annual Status Report demonstrates, the National Prevention Council has made important progress in advancing the vision, goals, recommendations, and actions of the National Prevention Strategy. As the National Prevention Council has continued its work, it has become clear that additional involvement from other agencies would benefit the National Prevention Council in its mission to provide coordination and leadership at the Federal level with respect to prevention, wellness, and health promotion.



The Affordable Care Act and Executive Order 13544 allow the Chair to expand the membership of the National Prevention Council as appropriate. In May 2013, Surgeon General Regina Benjamin issued invitations to three additional departments:

- Department of the Interior
- General Services Administration
- Office of Personnel Management

Adding these departments broadens opportunities for collaboration and partnership across the Federal government and expands the ability of the National Prevention Council to advance high impact areas for prevention, such as within our nation's parks and Federal workspaces.

### ***The Department of the Interior (DOI)***

DOI protects America's natural resources and heritage, honors our cultures and tribal communities, and supplies the energy to power our future. Through its work related to national parks and other outdoor spaces, in particular, DOI plays an important role in health promotion. For example, DOI leads the Federal Interagency Council on Outdoor Recreation, which promotes collaboration among Federal agencies whose missions or programs include providing outdoor recreation amenities/opportunities and conserving or managing natural and cultural resources for outdoor recreation. DOI also leads the Youth in the Great Outdoors Initiative to encourage and educate youth from all backgrounds to explore and preserve America's natural and cultural outdoor spaces. The department further promotes active living through [Let's Move! in Indian Country](#).

DOI also plays a major role in environmental health through its involvement in water resources, such as its WaterSMART Program focused on water resource planning and management. Finally, DOI is a partner in the [Federal Interagency Working Group on Environmental Justice](#).

The Affordable Care Act specifically included the Assistant Secretary of Indian Affairs as a member of the National Prevention Council, and the Surgeon General has formally added the Secretary of the Interior. BIA has been an active partner in the work of the National Prevention Council. The addition of the full DOI presents incredible opportunities to enhance the National Prevention Council's work related to America's open spaces and natural resources.

### ***General Services Administration (GSA)***

GSA manages more than 9,000 buildings that are owned or leased by the Federal government, and its policies, guidance, and environmental supports affect more than one million Federal government employees that work in these buildings.

GSA is answering the Obama administration's call to create a culture of wellness through improving access to healthy food in the workplace. In 2011, GSA co-released with the HHS the Health and Sustainability Guidelines for Federal Concessions and Vending Operations, which have since been implemented in 20 of 107 current commercial cafeteria contracts. Additionally, GSA has used its expertise to support 25 GSA commercial cafeteria operators in voluntarily using the guidelines until they can be formally incorporated through contract amendments. Also in 2011, GSA teamed up with the First Lady's [Let's Move! Child Care](#) initiative, pledging that all of its 109 child care centers will use [Let's Move! Child Care's](#) five-step checklist to ensure healthy meals and physical activity for the more than 8,300 children they serve. In support of The People's Garden Initiative, GSA partnered with USDA to publish a guide to opening a farmer's market on Federal property, in addition to setting up its own farmers markets for Federal employees and the public.

In addition to its work focused on the food environment in Federal buildings, GSA is taking steps to support tobacco free environments. GSA is responsible for implementing Executive Order 13058, which made Executive agency buildings smoke free in 1997 and was updated to address limited outdoor areas in 2008. GSA has also recently been collaborating with the Centers for Disease Control and Prevention on promoting health and wellness through tobacco-free policies, healthy vending, and fitness centers.

GSA's expertise and impact can help the National Prevention Council implement the National Prevention Council Action Plan, while also achieving GSA's vision of "a government that works ever better for the American people."

### ***Office of Personnel Management (OPM)***

The mission of OPM is to "recruit, retain, and honor a world-class workforce to serve the American people." As the primary department responsible for the Federal workforce, OPM oversees functions related to the

National Prevention Council Commitments, including procurement, management of Federal employee health benefit plans, and promotion of wellness within the Federal workforce. For example, OPM's wellness policies and programs include operating WellCheck, an assessment of wellness programs at the building level. The OPM Chief Human Capital Officers Council includes representatives from 24 executive departments and agencies who act as each department's chief policy advisor on all human resources management issues, including health and wellness issues.

In addition to its work in wellness, OPM has been promoting smoking cessation through the recent expansion of Federal Employee Health Benefits to offer 100% coverage of tobacco cessation products and counseling.

OPM's relationships with National Prevention Council departments and their employees have the potential to greatly enhance implementation of the National Prevention Council Action Plan. The Action Plan's vision of the Federal government as a leader in prevention corresponds closely to OPM's vision that "the Federal government will become America's model employer for the 21<sup>st</sup> century."

### **Monitoring Progress**

The National Prevention Strategy includes key indicators for the overarching goal, "Increase the number of Americans who are healthy at every state of life," the leading causes of death, and each Strategic Direction and Priority. The baselines and 10-year targets for these indicators were drawn from existing measurement efforts. National Prevention Strategy indicators are aligned to the [Healthy People 2020](#) objective(s) where appropriate (See Appendix 2 of the National Prevention Strategy). The National Prevention Council will continue to update indicators and report updated data. The 2013 reporting can be found in Appendix C.

### **Next Steps**

Continued effective implementation of the National Prevention Strategy will require on-going leadership, a focus on the Strategic Directions and Priorities, and engagement of both public and private partners. In addition to making progress on their actions and commitments, over the next year the National Prevention Council will continue to engage partners from all sectors in American society, including State, Tribal, local, and territorial governments; business, industry, and other private sector partners; health care systems, insurers, and clinicians; early learning centers, schools, colleges, and universities; community, nonprofit, and faith-based organizations. Together, we can work to improve the health and quality of life for individuals, families, and communities and move the nation from a focus on sickness and disease to one based on prevention and wellness.

## APPENDIX A

### Status of National Prevention Council Actions

HEALTHY AND SAFE COMMUNITY ENVIRONMENTS		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
Bureau of Indian Affairs	BIA will work with USDA, ED, DOT, CNCS, and HHS to reinforce and improve upon goals of the First Lady's <i>Let's Move! in Indian Country</i> to connect communities, schools, and tribal leaders to resources, funding, opportunities, trainings, and programs that can support efforts to reduce high rates of obesity and improve the health of native youth by increasing access to healthy, affordable, and traditional foods, and opportunities for physical activity.	In Process
	BIA will engage with partners, such as EPA and ED, to improve access and infrastructure in BIA-funded schools to enhance efforts to improve air quality in schools, decrease greenhouse gas emissions, meet Leadership in Energy and Environmental Design (LEED) certification standards, recycle and clean up hazardous waste, and improve the health of the school environment.	In Process
	BIA will partner with DHS to prepare BIA-funded schools to respond to emergencies (e.g., manmade or natural disasters).	In Process
	BIA will ensure that BIA-funded schools provide a safe and secure environment for students and staff by conducting site visits to ensure that current safety measures are being used and by training staff in preventing suicide, bullying, and violence.	In Process
Corporation for National and Community Service	CNCS will continue to fund and support programs such as <i>RSVP</i> , <i>Senior Companions</i> , and <i>AmeriCorps</i> that increase seniors' ability to remain in their own homes with the same or improved quality of life for as long as possible. These programs will increase social ties and social support among homebound or older adults and individuals with disabilities, promoting mental health.	In Process
	CNCS will continue to fund and support grant activities with the <i>Social Innovation Fund</i> , <i>VISTA</i> , and <i>AmeriCorps State and National</i> programs that help economically disadvantaged people transition into or remain in safe, healthy, affordable housing and provide opportunities for communities to address housing transition and affordable housing resources.	In Process
Department of Justice	DOJ, in collaboration with HUD, HHS, ONDCP, and ED through the <i>National Forum on Youth Violence Prevention</i> , will assist and collaborate with cities on best practices for preventing youth and gang violence, and to support effective public safety measures to prevent injury and violence, such as community-based anti-crime and anti-gang initiatives.	In Process
Department of Education	ED is supporting <i>Promise Neighborhoods</i> to combat the effects of poverty and provide high-quality opportunities to improve educational outcomes, ensuring children are healthy and have safe places to live, learn, and play.	Fully Implemented

HEALTHY AND SAFE COMMUNITY ENVIRONMENTS		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
	ED will continue the <a href="#">ED-Green Ribbon Schools</a> initiative to recognize exemplary achievement in schools that save energy, reduce costs, feature environmentally sustainable learning spaces, protect health, foster wellness, and offer environmental education. DOD and the Bureau of Indian Education are working with ED to recognize schools that exemplify achievement in reduced environmental impact, energy efficiency, healthy school environments and practices, and effective environmental and sustainability education that teaches science, technology, engineering, and math (STEM) and civic skills.	Fully Implemented
Environmental Protection Agency	The HUD-DOT-EPA <a href="#">Partnership for Sustainable Communities</a> is working to improve access to affordable housing, increase transportation options, and lower transportation costs while protecting the environment in communities nationwide.	In Process
Department of Health and Human Services	HHS is supporting and disseminating the results of evidence-based research through programs such as the <a href="#">Community Guide</a> , the <a href="#">Prevention Research Centers</a> , and <a href="#">Partnerships for Environmental Public Health</a> and is increasing the use of evidence-based prevention research through programs such as the evidence-based <a href="#">Healthy Aging Program</a> and <a href="#">Community Transformation Grants</a> .	In Process
	HHS will continue to enhance epidemiology and laboratory capacity to detect and respond to infectious disease outbreaks through the <a href="#">Epidemiology and Laboratory Capacity for Infectious Disease</a> and the <a href="#">Emerging Infections Program Cooperative Agreements</a> .	In Process
	HHS is improving health information systems and accelerating national implementation of <a href="#">Electronic Laboratory Reporting (ELR)</a> to improve the use and functionality of health information technology, resulting in more accurate data and measurement of health impact.	In Process
	HHS will work with <a href="#">Regional Extension Centers</a> and <a href="#">Quality Improvement Organizations</a> to increase the number of meaningful users of health information technology to support prevention efforts and improve the quality of health data through system wide process improvements at the community level.	In Process
	HHS will implement the <a href="#">National Health Security Strategy</a> to improve public health and health care preparedness to promote a resilient nation that can prevent, protect, mitigate, respond to, and recover from all health threats.	In Process
	HHS, in collaboration with USDA, is developing the <a href="#">National Voluntary Environmental Assessment Information System</a> to identify factors contributing to foodborne outbreaks and help determine how to reduce the risk of foodborne illnesses associated with food-service establishments.	In Process

HEALTHY AND SAFE COMMUNITY ENVIRONMENTS		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
	HHS, USDA, and other partners will maintain and enhance the national surveillance networks for foodborne diseases (e.g., <a href="#">Foodborne Diseases Active Surveillance Network [FoodNet]</a> , <a href="#">PulseNet</a> , <a href="#">CaliciNet</a> National Notifiable Diseases) to share information and address incidents of unsafe food released in commerce.	In Process
Department of Housing and Urban Development	HUD will encourage recipients of Sustainable Communities Regional Planning Grants and <a href="#">Community Challenge Grants</a> to evaluate planning and development investments for potential to promote access to affordable communities and active and healthy living.	In Process
	HUD addresses residential health hazards, including unsafe conditions that may result in injury, asthma triggers, and lead-based paint hazards through housing intervention grants awarded under its Lead Hazard Control and <a href="#">Healthy Homes</a> Production grant programs.	In Process
	HUD will encourage <a href="#">Choice Neighborhoods</a> grantees to focus on health in their communities by incorporating health-related metrics into their evaluations and will encourage HUD grantees to collaborate with local public health agencies to implement neighborhood revitalization plans.	In Process
	HUD is working with HHS to implement initiatives, such as the Section 202 Supportive Housing for Elderly program and the <a href="#">Section 811 Supportive Housing for Persons with Disabilities</a> program, that help older adults and persons with disabilities live in healthy and safe community settings or transition from institutions to independent living in community settings that prevent injuries and support positive physical and mental health.	In Process
	HUD and HHS will continue to coordinate the provision of appropriate housing and services to people experiencing homelessness or at risk of homelessness by (1) aligning resources to ensure that persons who become homeless can be quickly rehoused and receive necessary resources; (2) using administrative data sources to better understand the intersection between homelessness and health and human service program usage; (3) conducting joint research to better understand the value of housing and services; and (4) developing and testing homelessness prevention initiatives that can be linked to existing programs designed to serve low-income populations with an increased risk of homelessness (e.g., Temporary Assistance for Needy Families, child welfare) to reduce housing instability and improve health and quality of life for individuals and families experiencing homelessness or at risk for homelessness.	In Process
Department of Agriculture	USDA will continue to collaborate with HHS to address foodborne illnesses, linking state and local governments, and facilitate communication and decision making in emergency outbreaks.	In Process
	USDA, in collaboration with the <a href="#">Food Emergency Response Network</a> (co-chaired by USDA and HHS), will disseminate information regarding national standards for Federal, state, local, and industry laboratory testing and results to promote consistency and to strengthen the food safety system.	Fully Implemented

HEALTHY AND SAFE COMMUNITY ENVIRONMENTS		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
	USDA, along with HHS, will train health specialists to better assess foodborne outbreak response and will also provide technical assistance to organizations in support of their food safety training efforts.	Not Yet Started
	USDA and HHS have developed high-level priority goals to reduce the rate of illnesses from certain high-risk pathogens in the population, especially salmonella.	In Process
Department of Veterans Affairs	VA, in collaboration with HUD, will provide permanent housing and ongoing case management treatment services through the <a href="#">Supportive Housing initiative (HUD-VASH)</a> to support homeless Veterans.	In Process

CLINICAL AND COMMUNITY PREVENTIVE SERVICES		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
Bureau of Indian Affairs	BIA will partner with HHS and USDA to strengthen linkages for medical, dental, nutrition, and mental health, and other health services for school-age children in BIA-funded schools to develop a comprehensive approach to addressing health and wellness in the school environment and to improve the health and academic outcomes of American Indian/Alaska Native students.	In Process
Department of Homeland Security	DHS will develop and disseminate a "Health & Wellness Management Directive and Instruction" guide to make supervisors and managers aware of tools and support available to their employees to help their employees lead healthier lives.	In Process
	DHS will develop and implement a <a href="#">Medical Quality Management (MQM) and Credentialing Program</a> department-wide, and provide guidance for the Department's First Responder, Emergency Medical Responder, and clinical staff to raise the quality of care, standardize the quality of care, and eliminate any disparities in care delivery, including the provision of appropriate preventive services.	In Process
Environmental Protection Agency	EPA will create and conduct continuing education programs for health professionals on the health effects of air pollution on heart disease and stroke as part of the multi-agency <a href="#">Million Hearts®</a> initiative.	In Process
Department of Health and Human Services	HHS will continue to identify Medicare and Medicaid payment and delivery system models that promote access to and delivery of preventive services through <a href="#">Center for Medicare and Medicaid Innovation</a> programs (e.g., the <a href="#">Federally Qualified Health Center Advanced Primary Care Practice Demonstration</a> , <a href="#">Pioneer Accountable Care Organizations</a> , and <a href="#">Comprehensive Primary Care Initiative</a> ), and evaluate the outcomes.	In Process

CLINICAL AND COMMUNITY PREVENTIVE SERVICES		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
	HHS will implement the <a href="#">National Quality Strategy</a> , catalyzing national, state, and local efforts to improve health care quality focused on common aims, priorities, and goals to ensure that all patients receive the right care including recommended clinical preventive services, at the right time, in the right setting, every time.	In Process
	HHS will continue to support the <a href="#">Million Hearts®</a> initiative, a collaboration across public health and health care to prevent a million heart attacks and strokes by 2017. Public health efforts focus on empowering Americans to make healthy choices such as preventing tobacco use and reducing sodium and trans fat consumption. Health care improvements are focused on achieving excellence in the ABCS (aspirin as appropriate, blood pressure control, cholesterol management, and smoking cessation) by deploying health information technology, teams, and new models of care that reward value.	In Process
	HHS is promoting the Medicare annual wellness visit through consumer education and outreach events with partners (such as a wellness bus tour), as well as by building awareness of the annual wellness visit among providers.	In Process
	HHS is continuing to develop materials for HealthCare.gov, which provides easy-to-use information for consumers in both English and Spanish, to improve consumers' understanding of new coverage options and consumer benefits, including preventive services, made available through the Affordable Care Act.	In Process
	HHS is working to inform clinicians and providers about the preventive service provisions of the Affordable Care Act through educational materials and other outreach to promote the available benefits.	In Process
	HHS, through the <a href="#">Health Information Exchange program</a> , supports the aim of seamless data interchange between clinical providers, laboratories, and public health officials by providing the infrastructure needed to implement and enable data exchange.	In Process
	HHS will continue to use the <a href="#">Standards and Interoperability Framework</a> , which enables data exchange by defining data standards to ensure high-quality patient care, including providing clinical preventive services.	In Process
	HHS will expand the use of patient-centered medical homes by supporting innovative care models (such as the <a href="#">Comprehensive Primary Care Initiative</a> , the <a href="#">Federally Qualified Health Center [FQHC]</a> , Advanced Primary Care Practice Demonstration, and <a href="#">Medicaid Health Home</a> ) designed to improve care planning, coordination, and delivery.	In Process
	HHS continues to educate Americans about evidence-based clinical and community preventive programs, services, and policies supported by the <a href="#">U.S. Preventive Services Task Force</a> and the <a href="#">Community Preventive Services Task Force</a> through websites such as <a href="http://www.HealthCare.gov">www.HealthCare.gov</a> and <a href="http://www.healthfinder.gov">www.healthfinder.gov</a> .	In Process



CLINICAL AND COMMUNITY PREVENTIVE SERVICES		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
	To identify high-priority preventive services and support delivery of preventive services, HHS will conduct research through initiatives such as the Health Care Innovation Challenge and Centers for Excellence in Clinical Preventive Services and support evaluation strategies through efforts such as the <a href="#">Community Transformation Grants</a> .	In Process
	HHS will implement the <a href="#">National Vaccine Plan</a> , a comprehensive strategy to enhance all aspects of vaccines and vaccination including research and development, supply, financing, distribution, safety, informed decision making by consumers and health care providers, monitoring of vaccine-preventable diseases, and vaccine effectiveness and use, and global cooperation.	In Process
	HHS is supporting research on interventions and approaches to advance the science and practice of symptom management, as well as enable better evidence-based decision making regarding use of complementary approaches and their integration into clinical preventive care.	In Process
Department of Housing and Urban Development	HUD will support research and program evaluations that provide evidence linking HUD investments in housing remediation, neighborhood revitalization, and housing assistance programs to health promotion and disease prevention including studies of 1) home interventions to reduce asthma symptoms and injuries and improve outcomes for vulnerable populations; 2) neighborhood revitalization investments such as <a href="#">Choice Neighborhoods</a> ; 3) the effect of housing and related household decisions on childhood development; and 4) housing assistance for homeless and older adult populations in order to produce evidence showing how these HUD investments may promote health and prevent disease.	In Process
	HUD will collaborate with HHS to develop aggregate health profiles of HUD-assisted households to identify effective combinations of programs and services to improve the health and quality of life of residents.	In Process
Office of National Drug Control Policy	ONDCP will collaborate with HHS to support the integration of the <a href="#">Screening, Brief Intervention, and Referral to Treatment (SBIRT)</a> program into health care settings, disseminate information about <a href="#">SBIRT</a> to a wide variety of health care settings, highlight model programs that are using <a href="#">SBIRT</a> , and encourage training opportunities for the allied health professions.	Fully Implemented
Department of Veterans Affairs	VA will implement <a href="#">Clinical Preventive Services Guidance Statements</a> with recommendations for screening, counseling, immunizations, and preventive medications to support the delivery of clinical preventive services to Veterans.	In Process
	VA will continue to monitor many clinical preventive services, report results on a monthly basis to medical facility leadership, and address issues related to these services as needed.	Fully Implemented

CLINICAL AND COMMUNITY PREVENTIVE SERVICES		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
	VA will provide Veterans (whose identity has been verified) with access to their lab results, wellness reminders, and other health information in their medical records securely within the Veteran web portal called My <a href="#">HealthVet</a> . This portal will provide Veterans access to key portions of electronic health information.	Fully Implemented
	VA will implement a model of patient-centered medical homes, called <a href="#">Patient Aligned Care Teams (PACT)</a> , throughout the VA health care system in order to provide accessible, coordinated, comprehensive, patient-centered care for Veterans.	In Process

EMPOWERED PEOPLE		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
<b>Bureau of Indian Affairs</b>	BIA's <a href="#">Families and Children's Education (FACE)</a> will partner with HHS and USDA to develop resources and strategies for BIA-funded schools and parents to reduce the obesity rates and improve the health of Indian youth and support the goals of the <a href="#">Let's Move! in Indian Country</a> initiative.	In Process
<b>Corporation for National and Community Service</b>	CNCS will continue to fund and support the <a href="#">Social Innovation Fund</a> , <a href="#">AmeriCorps VISTA</a> , and <a href="#">AmeriCorps State and National</a> programs that will increase physical activity and improve nutrition in youth by increasing access to information and activities to reduce childhood obesity and enhance access to nutritious, affordable foods.	In Process
<b>Department of Defense</b>	DOD will conduct data collection and assessment of health-related behaviors, such as nutrition and tobacco use, to achieve health objectives identified in the National Prevention Strategy.	In Process
<b>Department of Labor</b>	DOL, HHS, and the Department of the Treasury issued regulatory guidance in February 2012 requiring group health plans and health insurance issuers to provide consumers and employers clear, understandable, and concise explanations of their health insurance benefits and coverage, including preventive services coverage which will allow people to make more informed decisions when choosing an insurance plan and coordinating care with their providers.	In Process
	DOL will continue to require worker training in a language the worker understands and to target high risk industries to enhance worksite safety.	In Process
<b>Department of Transportation</b>	DOT will provide consumer-friendly education materials on the DOT website to help consumers select particular child safety seats that have been shown to fit well in specific vehicles to reduce childhood deaths and injuries.	In Process

EMPOWERED PEOPLE		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
Environmental Protection Agency	EPA will continue to conduct research to produce data, methods, and approaches that provide individuals, communities, and tribes with user-friendly tools and information that enable them to 1) more clearly identify issues and define problems associated with health equity and sustainability; 2) enable them to understand and communicate issues so they can create and implement effective policies and programs; and 3) increase their ability to make informed personal health choices for themselves and their children.	In Process
Federal Trade Commission	FTC will monitor, identify, and act when it finds marketers making misleading health benefit claims for their products to prevent consumer deception and reduce consumers' reliance on unproven remedies.	In Process
	FTC will monitor and report on anticompetitive activity that delays or prevents market entry of low-cost generic drugs, to help ensure that consumers have access to competitive prescriptions.	Fully Implemented
	FTC will maintain “Who Cares,” an online resource to help consumers find reliable sources of information on health care topics, to help consumers avoid scams, find relevant agencies and organizations, and find out whom to contact if a health care product or service does not live up to its promises.	In Process
Department of Health and Human Services	HHS will implement the <a href="#">National Action Plan to Improve Health Literacy</a> , promoting and encouraging departmental activities to identify and address barriers to sharing and using reliable health information. An example is providing Americans information about Alzheimer’s disease by creating a new website, <a href="#">alzheimers.gov</a> , a one-stop resource for patients and families.	In Process
	HHS is empowering consumers to make healthier choices through initiatives aimed at healthy eating (e.g., increasing access to healthy food through farmers’ markets), tobacco free living (e.g., the release of a public media campaign, increased promotion of cessation programs), physical activity (e.g., encouraging walking to school), and other healthy behaviors.	In Process
	HHS will continue comprehensive and integrated worksite wellness programming, such as the Affordable Care Act funded <a href="#">National Healthy Worksite™</a> program, to support employee wellness efforts and provide tools that can lower employee health risks.	In Process
Department of Agriculture	USDA is collaborating with states to improve health information by conducting outreach and education at retail sites on contamination of meat and poultry to help prevent foodborne illnesses at the retail level.	In Process
	USDA will continue to engage in public education efforts regarding food safety by using web-based platforms, such as <a href="#">FoodSafety.gov</a> , and social media to communicate food safety issues to the public. This engagement includes an improved alert system for consumers to receive food safety information, such as notification of food recalls.	Fully Implemented

EMPOWERED PEOPLE		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
	USDA will use consumer research to determine public understanding of product labeling and other health messages to enhance outreach and education programs in order to encourage healthier and safer food handling and ultimately contribute to preventing foodborne illness.	Fully Implemented
	USDA will continue to support human nutrition research programs to continue building the evidence base on the role of nutrition and physical activity in preventing obesity and chronic disease in the United States.	Fully Implemented
	USDA and the Ad Council, in partnership with HHS, will continue to support a national multimedia campaign called Food Safe Families to raise awareness of the risks of food-related illnesses and motivate consumers to act to reduce their risk of food-related illnesses by learning about safer food handling.	Fully Implemented
Department of Veterans Affairs	VA will implement an online <a href="#">Veterans Health Library</a> within the My <a href="#">HealtheVet</a> web portal, which will include Veteran-focused information on a range of health topics that has been vetted by VA subject matter experts, to provide Veterans with evidence-based, reliable, useful health information.	Fully Implemented
	VA will support home-based telehealth services for weight management through home telehealth devices and interactive voice response systems to improve access to care for those not easily able to be seen in clinic visits.	Fully Implemented
	VA will implement a " <a href="#">Healthy Living</a> " Communication Campaign for Veterans with messages about eating wisely, being physically active, being tobacco free, being safe, limiting alcohol, getting recommended screening tests and immunizations, managing stress, striving for a healthy weight, and being involved in one's health care to support Veterans' making healthy choices.	In Process

ELIMINATION OF HEALTH DISPARITIES		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
Corporation for National and Community Service	CNCS, through <a href="#">HealthCorp</a> a component of <a href="#">AmeriCorps</a> , supports medically underserved communities by providing preventive health care programs that include health education and outreach.	In Process
Department of Labor	DOL and USDA are supporting the multi-agency Jobs and Innovation Accelerator Challenge grant competitions to advance approximately 40 high-growth industry clusters in economically disadvantaged rural and urban regions across the country reaching disparate populations to promote job creation and training, which improve economic security and promote access to health insurance coverage and prevention services.	In Process

ELIMINATION OF HEALTH DISPARITIES		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
	DOL and HHS are linking community colleges and technical training organizations in rural communities to provide workforce training and other resources to expand the number of professionals trained in health information technology implementation.	In Process
Department of Transportation	DOT will reach older adults who are at increased risk of injuries and fatalities by partnering with the private sector through programs such as the American Medical Association's curriculum on assessing and counseling older drivers and the work by the American Occupational Therapy Association to engage occupational therapists on addressing safe driving.	In Process
	DOT has developed programs and activities, such as <a href="#">Parents Central</a> , to reduce disparities in child passenger safety among high-risk populations, including low-income families and minorities to reduce childhood deaths and injuries.	In Process
Environmental Protection Agency	EPA will work with the agencies in the <a href="#">Federal Interagency Working Group on Environmental Justice</a> to support implementing environmental justice strategies that seek to reduce exposures to environmental risks and increase access to positive environmental and health benefits.	In Process
	EPA will support efforts to encourage the integration of children's environmental health into health care provider education and practice.	In Process
Department of Health and Human Services	Consistent with the HHS <a href="#">Action Plan to Reduce Racial and Ethnic Health Disparities</a> , HHS will identify high-density health disparity areas throughout the United States and will use this information to assess HHS policies and programs and inform efforts to reduce disparities.	In Process
	HHS is implementing new standards to enhance data collection for race and ethnicity and has standardized data collection requirements for sex, primary language, and disability status where appropriate. New standards will improve data estimates on health outcomes in disparity and underrepresented populations.	In Process
	HHS is implementing the first ever Action Plan to Reduce Racial and Ethnic Health Disparities, outlining specific goals and actions to advance health equity for racial and ethnic minorities. The action plan promotes integrated, evidence-based strategies to address health disparities and support the implementation of <a href="#">Healthy People 2020</a> .	In Process
	HHS supports community-led programs such as <a href="#">Community Transformation Grants</a> and community engagement activities to promote participation in prevention, health education, and other efforts to reduce health disparities.	In Process

ELIMINATION OF HEALTH DISPARITIES		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
	HHS recruits health care providers in underserved areas through the <a href="#">National Health Service Corps</a> and supports training programs through public health fellowship programs, such as the <a href="#">Epidemic Intelligence Service</a> and <a href="#">Public Health Prevention Service</a> , to increase the capacity of the health care and public health workforces.	In Process
	With funding from the Affordable Care Act, HHS will support health centers and <a href="#">National Health Service Corps</a> providers to promote access to primary care services in underserved areas.	In Process
	HHS will continue to support sharing and using evidence-based health literacy practices and interventions through programs (such as the <a href="#">Occupational Health Disparities</a> program), websites (such as the CDC health literacy website), trainings, and activities to promote prevention and eliminate health disparities.	In Process
<b>Department of Housing and Urban Development</b>	HUD, in collaboration with HHS, VA, and other agencies, will identify activities that increase access of persons living with HIV/AIDS to housing and other nonmedical support services (e.g., mental health, substance abuse, and support services) as part of its efforts to implement the <a href="#">National HIV/AIDS Strategy</a> and improve coordination, leverage resources, and engage local partners.	In Process
<b>Department of Agriculture</b>	USDA will invest in rural health care facilities, providing discretionary state director and administrator priority scoring points to projects within persistent poverty areas, colonias, and tribal communities in order to help eliminate health disparities in the United States.	In Process

TOBACCO FREE LIVING		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
<b>Department of Defense</b>	DOD will implement a comprehensive tobacco control program with special emphasis on environmental and primary prevention activities to promote health and mission readiness and to lead by example.	In Process
	DOD is working to reduce tobacco use on DOD installations to promote health and mission readiness, help tobacco users to abstain/quit, and lead by example for all workplaces.	In Process
	DOD will consider how the availability of tobacco in military exchanges is contributing to tobacco consumption and how strategies outlined in the HHS Best Practices in Comprehensive Tobacco Control can improve the health of Military Health System beneficiaries and the civilian workforce.	In Process

TOBACCO FREE LIVING		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
Department of Health and Human Services	HHS will continue to establish and enforce youth tobacco advertising and youth promotion restrictions, as well as work with states to enforce age compliance checks.	In Process
	HHS will continue to support states, tribes, and communities through the <a href="#">National Tobacco Control Program</a> , which works to prevent initiation, promote quitting, eliminate disparities among population groups, and eliminate exposure to secondhand smoke through population-based community interventions, counter-marketing, and data collection.	In Process
	HHS will launch a tobacco website that provides users a single source of information on how to access available cessation resources to increase the use of such resources.	Fully Implemented
	HHS is working with partners to implement the expanded tobacco screening and cessation services now covered under the Affordable Care Act, including screening and cessation interventions for adults, counseling for pregnant tobacco users, and full coverage for tobacco cessation services for pregnant women in states' Medicaid programs.	In Process
	HHS will continue to match 50 % of the states' cost of providing tobacco cessation telephone quitline services for Medicaid patients to support convenient delivery of such services and maximize successful tobacco cessation rates.	Fully Implemented
	HHS announced the final rules requiring larger, more prominent cigarette health warning labels with accompanying color graphics in June 2011.	In Process
	HHS is supporting the <a href="#">Population Assessment of Tobacco and Health (PATH) Study</a> , a large-scale national longitudinal cohort study examining the factors that make people susceptible to tobacco product use and evaluating use patterns and resulting health problems.	In Process
	HHS will continue to include measures in its quality reporting programs that promote the assessment and treatment of smoking in adolescents and adults.	In Process
Department of Housing and Urban Development	HUD is partnering with HHS to encourage the adoption and implementation of smoke free multi-unit housing policies among Public Housing Agencies by developing toolkits with information about smoke free living and identifying and disseminating best practices in the creation of smoke free housing.	In Process
Department of Veterans Affairs	VA will support the delivery of evidence-based, effective tobacco cessation counseling to tobacco users through training of health care providers, screening patients for tobacco use, offering a variety of cessation services, and monitoring tobacco cessation processes to encourage and support smoking cessation efforts of Veterans who use tobacco products.	In Process



PREVENTING DRUG ABUSE AND EXCESSIVE ALCOHOL USE		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
Bureau of Indian Affairs	BIA will partner with HHS and DOJ to communicate with tribes regarding alcohol and substance abuse prevention, sharing information about programs as well as available resources to help implement these programs.	In Process
Department of Justice	DOJ and HHS will increase awareness of methods of safe and effective drug return and disposal consistent with ONDCP's National Prescription Drug Abuse Prevention Plan.	In Process
Department of Labor	DOL has implemented the <a href="#">Screening, Brief Intervention, and Referral to Treatment (SBIRT)</a> tool at selected YouthBuild program sites and will provide ongoing training for using this tool to better identify and address substance abuse among youth in the program.	Fully Implemented
	DOL and HHS will continue to provide information to consumers about the <a href="#">Mental Health Parity and Addiction Equity Act of 2008</a> through providing online resources and educating individuals on available mental health and substance use disorder resources.	In Process
Federal Trade Commission	FTC will continue to expand awareness of the FTC tool, " <a href="#">We Don't Serve Teens</a> " (" <a href="#">WDST</a> "), among states, industry, schools, and law enforcement, to encourage them to distribute WDST campaign materials, including radio ads, in their communities to reduce underage drinking, including binge drinking.	In Process
	FTC will continue to promote improvements in voluntary alcohol industry guidelines of the beer, wine, and spirits industries relating to the placement and content of alcohol advertising to better protect youth under 21 from exposure to alcohol marketing.	In Process
	FTC will continue to monitor and report on alcohol industry self-regulatory efforts to avoid targeting advertising to youth under age 21 by requiring companies to report on expenditures and promotional activities to assess any changes in marketing practices, provide data for researchers, and inform policy recommendations.	In Process
Department of Health and Human Services	Through curricula development and programs such as those aimed at medical residency training, HHS will support increased use of <a href="#">Screening, Brief Intervention, and Referral to Treatment (SBIRT)</a> for alcohol abuse and misuse to reduce excessive alcohol consumption and alcohol-related deaths.	In Process
	HHS is educating health care providers about preventing prescription painkiller overdoses and is developing educational materials for prescribers and patients on the appropriate use and disposal of pain relievers through programs such as the <a href="#">Opioid Risk Evaluation and Mitigation Strategies</a> program.	In Process
	HHS is working to expand the interoperability of Prescription Drug Monitoring Programs and has completed recommendations for data content and vocabulary standards, information usability and presentation, and transport and architecture.	In Process

PREVENTING DRUG ABUSE AND EXCESSIVE ALCOHOL USE		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
<b>Office of National Drug Control Policy</b>	ONDCP, in partnership with HHS, will continue to provide grants to local coalitions nationwide through its <a href="#">Drug Free Communities</a> support program, a program developed to provide resources to community-based coalitions to develop data-driven strategic plans that increase community collaboration to reduce youth substance use.	Fully Implemented
	ONDCP will continue collaborating with HHS to issue and implement a Surgeon General's Call to Action on Prescription Drug Abuse Among Youth as part of fulfillment of the <a href="#">National Drug Control Strategy</a> .	In Process
	ONDCP will work with HHS on developing testing guidelines to detect drug use among drivers to facilitate the enforcement of existing drugged driving laws.	In Process
	ONDCP will collaborate with DOT on drugged driving data collection to understand and improve strategies to prevent drugged driving.	In Process

HEALTHY EATING		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
<b>Department of Defense</b>	DOD will consider strategies for promoting healthy eating choices in food service operations on DOD installations, including menu guidelines, to promote mission readiness and health.	In Process
	DOD will implement a nutrition educational initiative across medical and community platforms to improve behaviors that can help prevent and reduce obesity among Military Health System beneficiaries and the civilian workforce.	In Process
	DOD will implement initiatives in its medical facilities that encourage breastfeeding infants through six months to promote infant health and improve maternal/infant bonding.	In Process
	DOD will standardize the assessment of nutritional environments in DOD facilities and incorporate findings to improve healthy eating options and promote nutritional fitness and healthy weight across military communities.	In Process
	DOD will implement evidence-based strategies to promote healthy eating choices in commissaries and military exchanges to encourage patrons to consume healthy, wholesome, and nutritious food items.	In Process
	DOD will leverage existing surveys to better measure National Prevention Strategy key indicators.	In Process
	DOD will standardize surveillance of obesity and weight to objectively measure obesity and overweight prevalence among Military Health System beneficiaries and the civilian workforce.	In Process

HEALTHY EATING		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
Department of Labor	DOL ensures breastfeeding female employees of covered employers have reasonable break time and space to express breast milk for their nursing children.	Fully Implemented
Federal Trade Commission	FTC will monitor and report on the marketing of food to children (e.g., expenditures and promotional activities) to assess any changes in marketing practices, provide data for researchers, and inform recommendations.	Fully Implemented
Department of Health and Human Services	HHS is implementing the HHS/GSA Health and Sustainability Guidelines for Federal Concessions and Vending Operations as a means of empowering employees to make healthy choices.	In Process
	HHS and USDA will address the availability of healthy food in underserved communities through program strategies (e.g., farmers markets, farm stands, community gardens, and community supported agriculture) to help individuals meet nutritional goals outlined in the <a href="#">Dietary Guidelines for Americans, 2010</a> .	In Process
	HHS will ensure a food safety system that includes rigorous standards for food safety, data collection and analysis for effective food safety inspections, and tools to help prevent or quickly identify and stop outbreaks.	In Process
	HHS has issued proposed rules on the provisions of the Affordable Care Act on nutrition labeling in chain restaurants and vending machines to support consumer access to nutrition information on foods consumed outside the home.	In Process
	HHS is implementing policies and programs to improve maternity care, support breastfeeding, and increase the number of <a href="#">Baby-Friendly Hospitals</a> .	In Process
Department of Agriculture	USDA will work with states and local schools to align school meals to new nutrition standards in the <a href="#">National School Lunch Program</a> and the <a href="#">School Breakfast Program</a> , which were completed in January 2012 and based on the <a href="#">Dietary Guidelines for Americans, 2010</a> .	In Process
	USDA and HHS are developing methods to better document and attribute foodborne illnesses to regulated food products to improve agency understanding of the products that pose the greatest risk to the public's health and identify ways to reduce that risk.	In Process
	USDA will improve access to healthy food from local and regional food systems by supporting school cafeterias, food banks and pantries, community kitchens, farmers markets, and community gardens to help Americans achieve a healthy diet.	In Process
	USDA will implement effective evidence-based strategies through national outreach such as Cooperative Extension and <a href="#">Expanded Food and Nutrition Education</a> programs to help those with limited resources acquire the knowledge and skills to support nutritionally sounds diets.	Fully Implemented

HEALTHY EATING		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
	USDA will work with HHS to implement and translate the <a href="#">Dietary Guidelines for Americans, 2010</a> through tools and resources for nutrition educators, health professionals, and consumers to support healthy food choices and physical activity.	In Process
	USDA is working with schools across the nation to increase the number of schools certified under the <a href="#">HealthierUS School Challenge</a> , a voluntary initiative recognizing schools that have created healthier school environments by promoting nutrition and physical activity, to help raise a healthier generation of kids.	In Process
	USDA will conduct the national nutrition dietary survey, i.e. "USDA's <a href="#">What We Eat in America/National Health and Nutrition Examination Survey (NHANES)</a> ," to evaluate food and nutrient consumption and eating patterns of Americans.	Fully Implemented
Department of Veterans Affairs	VA is implementing a policy requiring food served in VA medical facilities, cafeterias, canteens, and vending machines to meet nutrition standards, such as providing nutritional information and labeling and appropriate portion sizes and is supporting the development of teaching kitchens for Veterans in order to support healthy eating practices.	In Process

ACTIVE LIVING		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
Bureau of Indian Affairs	BIA will implement a standardized health and wellness policy across BIA-operated schools and inform Tribally Controlled Schools of the opportunity for adoption to improve health and wellness in the school environment and to support the goals of the <a href="#">Let's Move! in Indian Country</a> initiative.	In Process
Department of Transportation	DOT will promote a pedestrian safety education program for state agencies to educate older adults on pedestrian safety to promote safe, active living.	Fully Implemented
	DOT will encourage communities to provide safe and convenient facilities for active modes of transportation, such as increased bike lanes, in order to support livable communities and increase transportation options.	In Process
	DOT will educate health stakeholders including Federal, state, and community leaders about the planning and decision making process of transportation in order to expand active transportation opportunities.	In Process

ACTIVE LIVING		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
	DOT will encourage states to develop comprehensive <a href="#">Safe Routes to School</a> programs to encourage and increase the number of children, including those with disabilities, walking and biking to school. The planning, development, and implementation of projects and activities that will improve safety may also, in some instances, provide additional benefits that reduce traffic, fuel consumption, and air pollution in the vicinity of primary and middle schools.	In Process
Department of Education	ED proposes a streamlined Successful, Safe, and Healthy Students program to fund competitive grants to state educational agencies and high-need local educational agencies and their partners to develop and carry out programs and activities to improve school climate and students' physical health, mental health, and well-being so that students are able to focus on learning.	In Process
Department of Health and Human Services	HHS supports the <a href="#">President's Council on Fitness, Sports, and Nutrition</a> by promoting the <a href="#">Presidential Active Lifestyle Award</a> and supports <a href="#">Healthy People 2020's</a> national objectives for early and middle childhood and physical activity.	In Process
	HHS will incorporate physical activity recommendations and opportunities into the <a href="#">program performance standards for Head Start and Early Head Start</a> .	In Process
	HHS will disseminate tools and resources to promote the <a href="#">2008 Physical Activity Guidelines for Americans</a> and support parents, caregivers, and communities as part of the <a href="#">We Can! (Ways to Enhance Children's Activity &amp; Nutrition)</a> program to help children maintain a healthy weight.	In Process
	HHS will continue to bring together teams from primary care, public health, and community-based organizations to identify, test, and evaluate evidence-based program and policy changes to prevent and treat obesity and overweight.	In Process
Department of Agriculture	USDA will engage diverse and underserved communities through programs such as " <a href="#">National Get Outdoors Day</a> " and " <a href="#">National Public Lands Day</a> " and plan to increase participation in healthful outdoor recreation activities and support active living.	Fully Implemented
Department of Veterans Affairs	VA will implement the <a href="#">MOVE! Weight Management Program for Veterans</a> for those who are obese or overweight through individual and group visits, telephone-based coaching, home telehealth, and web-based services to help Veterans lose weight, keep it off, and improve their health.	Fully Implemented

INJURY AND VIOLENCE FREE LIVING		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
Bureau of Indian Affairs	BIA will engage with partners in <a href="#">Safe Routes to School</a> to communicate and plan methods to improve major school bus transportation routes for the safety of children and increase physical activity among students.	In Process
	BIA will coordinate with HHS to provide information and training on de-escalation techniques to schools to promote the safety and well-being of students and staff.	In Process
Department of Homeland Security	DHS is providing Medical Countermeasures to key personnel to carry out its mission while simultaneously protecting its key personnel in the event of a biological, chemical, or radiologic national security incident.	In Process
Department of Labor	DOL is inspecting and responding to workplace violence to protect workers from workplace violence.	In Process
	DOL will enhance enforcement of regulations, including designing outreach and education, to improve disease and injury prevention by focusing on mine operators' responsibilities to anticipate, recognize, and control mining hazards.	In Process
	DOL will reduce chronic lung diseases from mining exposures through improved enforcement, outreach, education, and stakeholder engagement.	In Process
	DOL works to ensure that youth enjoy positive work experiences that do not jeopardize their health, well-being, or education.	In Process
Department of Transportation	DOT will seek to increase seatbelt use by promoting high-visibility enforcement, nighttime enforcement, and programs targeting high-risk populations to reduce motor vehicle related fatalities and injuries.	In Process
	DOT, in collaboration with HHS, is promoting increased use of ignition interlocks and close supervision of impaired driving offenders in order to prevent alcohol impaired driving crashes and related injuries and fatalities.	In Process
	DOT will continue to provide a pedestrian and bicycle safety curriculum called " <a href="#">Walk and Bike Safely</a> " for use by teachers and volunteers working with beginning English language learners to promote road safety.	In Process
	DOT will continue to research the vehicular and human factors that lead to distracted driving, such as vehicle interfaces and portable devices, to build the evidence base on preventing injury and fatalities related to distracted driving.	In Process
	DOT will continue to research strategies to improve motor vehicle safety through the Intelligent Transportation Systems program, which supports innovative vehicle safety research such as Vehicle to Vehicle (V2V) connectivity technologies.	In Process



INJURY AND VIOLENCE FREE LIVING		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
	DOT will conduct a multipronged effort to protect children from injuries that occur in and around passenger vehicles, including hyperthermia, driveway backovers, and trunk entrapments.	In Process
	DOT will promote use of motorcycle and bicycle helmets by providing educational materials on the DOT website to help reduce the probability of death and serious injury among riders.	In Process
Department of Health and Human Services	HHS is supporting evaluation and research of violence and injury prevention programs, including developing collaborative strategies to reduce falls in the older population, supporting evidence-based violence prevention initiatives, and evaluating state and local injury prevention programs.	In Process
	HHS has released the <a href="#">National Action Plan for Child Injury Prevention</a> , which informs national and local efforts to reduce the burden of injury in children.	In Process
	HHS will continue to support and improve outreach efforts in injury and violence prevention through efforts such as the “ <a href="#">Protect the Ones You Love</a> ” and “ <a href="#">Heads Up</a> ” initiatives.	In Process
Department of Veterans Affairs	VA will implement a program for safe patient handling, including staff protocols and tools, in all Veterans Health Administration facilities in order to decrease musculoskeletal injuries among employees.	In Process

REPRODUCTIVE AND SEXUAL HEALTH		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
Department of Labor	DOL ensures that Federal contractors and subcontractors are not discriminated against on the basis of pregnancy or medical conditions related to pregnancy and childbirth in employment decisions.	In Process
Department of Health and Human Services	HHS will continue to support the <a href="#">Maternal and Child Health Services Block Grant Program</a> , the <a href="#">Health Center Program</a> , and the <a href="#">Title X Family Planning</a> program, which provide access to care (from preconception through postpartum) for low-income and at-risk women.	In Process
	HHS, through the <a href="#">Strong Start</a> initiative, is testing and evaluating enhanced prenatal care for low-income women at risk for having a preterm birth.	In Process
	HHS will implement the <a href="#">Sudden Unexpected Infant Death (SUID)</a> initiative, aimed at improving the investigation and reporting of Sudden Infant Death Syndrome (SIDS) and other SUID, to monitor trends and identify those at risk in order to prevent SUID.	Fully Implemented

REPRODUCTIVE AND SEXUAL HEALTH		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
	HHS, through the <a href="#">Personal Responsibility and Education Program</a> will support state efforts to provide evidence-based sexual health education to reduce teen pregnancy rates.	In Process
	HHS will continue to implement the <a href="#">Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis</a> , which focuses on preventing viral hepatitis, increasing the proportion of people who are aware of their infections, and improving access to care and treatment.	In Process
	HHS will promote HIV and STI screenings that follow evidence-based guidelines at federally supported health centers and through outreach campaigns to reduce risks among sexually active individuals.	In Process
	HHS will integrate HIV screening and prevention services into substance abuse treatment programs as appropriate to improve health outcomes.	In Process
	HHS supports the replication of evidence-based models to reduce teen pregnancies, STIs, and sexual risk behaviors.	In Process
	HHS will continue to implement the <a href="#">National HIV/AIDS Strategy</a> , which focuses on reducing new HIV infections through screening and targeted prevention and on improving support for people living with HIV by increasing access to and retention in high-quality care.	In Process
	HHS will use data from the <a href="#">National Intimate Partner and Sexual Violence Survey</a> to inform intimate partner and domestic violence prevention programs across the country.	In Process
	HHS will promote interpersonal violence screening and counseling, as recommended under the <a href="#">Institute of Medicine Guidelines on Women's Preventive Services</a> .	In Process
Department of Veterans Affairs	With the partnership of the VA/DOD Pregnancy Working Group, VA will continue to provide patient and evidence-based clinician education in support of quality preconception and prenatal care.	Fully Implemented
	VA will promote screening for HIV, hepatitis, and other sexually transmitted infections through print, web-based, and in-person patient and clinician education, to support testing and treatment of these conditions.	Fully Implemented

MENTAL AND EMOTIONAL WELL-BEING		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
Bureau of Indian Affairs	BIA will partner with HHS and Safe School specialists to provide information and on-site training on suicide prevention and bullying prevention for schools serving American Indian students.	In Process
Department of Homeland Security	DHS will implement the DHSTogether program, a department-wide program for employee and organizational resilience designed to promote the health and well-being of the entire DHS workforce and ensure that employees have the tools and resources for balancing work-life issues and thereby reducing sick leave, absenteeism, and stress.	In Process
	DHS will work with its employee assistance programs to make available preventive health educational and clinical programs to improve the psychological and physical well-being of its workforce.	In Process
	DHS will conduct "Resilience Symposiums," workshops on health and wellness on an annual or bi-annual basis to empower employees to take an active role and responsibility in their health and wellness.	In Process
Department of Defense	DOD will work to ensure its ability to identify and respond to DOD beneficiaries' mental health needs in order to promote mental and emotional well-being.	In Process
Department of Justice	DOJ, through the <a href="#">Defending Childhood</a> Initiative, will continue to support comprehensive community-based projects to prevent and reduce the impact of exposure to violence on children and their families, schools, and communities.	In Process
	DOJ will support professionals working with vulnerable children by coordinating Federal, state, local, and tribal efforts to protect drug-endangered children. DOJ will identify model protocols and promising practices and coordinate professional training programs to promote positive early childhood and youth development and prevent child abuse.	In Process
Department of Labor	DOL, by administering the <a href="#">Family and Medical Leave Act</a> , provides workplace flexibilities to eligible employees of covered employers. Those flexibilities enable them to balance work and personal life when certain family and medical care necessities arise (e.g., serious health condition of the employee, their parent, child, or spouse, or for certain military family leave reasons). They provide unpaid, job-protected leave, with continuation of health insurance coverage, under the same terms and conditions as if an employee had not taken leave.	Fully Implemented
	DOL will raise awareness among employers, group health plans, and issuers about the Mental Health Parity Act and Mental Health Parity and Addiction Equity Act through outreach and training to promote mental health and well-being in the workplace.	In Process

MENTAL AND EMOTIONAL WELL-BEING		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
Department of Education	ED will continue its Race to the Top Early Learning Challenge grant competition supporting state-based efforts to increase the number and percentage of low-income and disadvantaged children enrolled early in high-quality, integrated learning programs and services. Those program and services follow the recommendations of the National Research Council's reports on early childhood to improve early learning and development programs for young children.	In Process
Department of Health and Human Services	HHS will work with states, territories, and tribal governments to integrate mental health services and promote the expansion of behavioral health services in clinics, communities and health care settings, especially those that serve youth, tribal communities, and military families.	In Process
	HHS is working with employers and partners to promote and implement the <i>Employer's Guide to Emotional Wellness</i> and the <i>Employer's Guide to Behavioral Health Services</i> to ensure that employees have access to tools and resources for balancing their work and personal lives.	Fully Implemented
	HHS will promote prevention programs for child and family service settings that support healthy development and reduce exposure to violence and risk factors for trauma, such as Safe Schools/Healthy Students.	In Process
	HHS provides tools, such as <a href="#">Preventing Child Maltreatment and Promoting Well-Being: A Network for Action 2012 Resource Guide</a> , to service providers working with parents, caregivers, and their children to strengthen families and prevent child abuse and neglect.	Fully Implemented
	HHS, through their <a href="#">Strategic Initiative on Public Awareness and Support</a> , is disseminating evidence-based and emerging information and working with partners through the <a href="#">Outreach Partnership Program</a> to address the mental health needs within high-risk populations.	In Process
	HHS supports translational and health services research to better prevent and treat mental illness and to promote dissemination and implementation of evidence-based interventions.	In Process
	HHS is working with DOJ and community-based service providers through programs such as <a href="#">Drug Court</a> programs, the <a href="#">12 Cities HIV Program</a> , the <a href="#">Screening, Brief Intervention, and Referral to Treatment (SBIRT)</a> program, and the Primary and Behavioral Health Care Integration program, all of which are intended to improve the integration of substance abuse and mental health screening in programs that serve high risk communities.	In Process
Department of Veterans Affairs	VA will continue to provide a best practice for suicide prevention through the <a href="#">National Veterans Crisis Line</a> , a 24/7 telephone, text, and live chat service, to connect Veterans in crisis and their families and friends with qualified, caring VA responders and decrease the incidence of intentional injuries.	Fully Implemented

MENTAL AND EMOTIONAL WELL-BEING		
COUNCIL DEPARTMENT	DEPARTMENT ACTIONS	STATUS
	VA has implemented a mobile phone application called Post Traumatic Stress Disorder Coach (PTSD) that helps users learn about and manage symptoms that commonly occur after trauma. This application includes information on PTSD and treatments, tools for screening and tracking symptoms, information about easy-to-use skills to help people handle stress symptoms, and links to support and help, to provide interactive, reliable mental health resources for patients with PTSD.	Fully Implemented
	VA launched, in 2011, a web-based campaign <a href="#">Make the Connection</a> that describes how Veterans of all service eras, genders, and races successfully sought help for mental health services.	In Process

## APPENDIX B

### National Prevention Council Commitment Activities

IDENTIFYING OPPORTUNITIES TO CONSIDER PREVENTION AND HEALTH	
COUNCIL DEPARTMENT	ACTIVITY
<b>Corporation for National and Community Service (CNCS)</b>	<p>CNCS will include the following performance measures in <a href="#">AmeriCorps</a> and <a href="#">RSVP</a> funding opportunities:</p> <p>Number of clients to whom information on health insurance, health care access, and health benefits programs is delivered.</p> <p>Number of clients participating in health education programs.</p>
<b>Department of Homeland Security (DHS)</b>	<p>The Office of Health Affairs (OHA) in collaboration with the Department of Homeland Security (DHS) Office of Management, Office of the Chief Human Capital Officer (OCHCO) will jointly establish a cross-component DHS Prevention Council to formalize interdepartmental collaboration activities. The Council will explore the feasibility of a "One Healthier DHS" campaign that would incorporate incremental selection of consensus action items taken from the National Prevention Strategy. The Council will be established by September 2013.</p> <p>The OHA in conjunction with OCHCO will pilot a Health Risk Assessment tool for OHA employees (approximately 90 FTE). OHA will explore implementation issues before determining the feasibility of implementing broadly across the Department.</p>
<b>Department of Defense (DOD)</b>	<p>By February 2013, the Operation Live Well campaign will have formally launched a robust communications campaign to educate the population about DOD programs to enhance the health and well-being of the military community to include outreach events, media coverage, web presence, and social media interaction.</p> <p>DOD will evaluate the opportunity to fully implement an enterprise-wide Health and Wellness Assessment for all of the Department's beneficiaries. This effort is in development.</p> <p>The Department's Health Affairs, Military Community and Family Policy, and Acquisitions, Technology and Logistics Operating Divisions have joined together to form the Healthy Base Initiative Working Group. Implementation of the Healthy Base Initiative is expected to begin in summer 2013.</p>
<b>Department of Labor (DOL)</b>	<p>Every year, DOL Occupational Safety and Health Administration (OSHA) will offer Federal agencies the opportunities to attend a week of occupational safety and health training.</p> <p>Every year, OSHA will continue to support more than 40 Federal Field Safety and Health Councils (FSHCs). These councils are chartered by the Secretary of Labor and allow agencies to leverage their resources to address different safety and health concerns.</p> <p>Every year, OSHA will continue to respond to agencies' Agency Technical Assistance Requests concerning specific safety and health concerns at Federal agency worksites.</p> <p>By March 2013, OSHA had promoted the Department's free resource and referral service, WorkLife4You, which assists DOL employees by providing a comprehensive resource and referral service for those experiencing major life events. The promotion included information on the Department's Intranet and through free online webinars to employees.</p> <p>By September 2013, OSHA will host DOL Safety Day at DOL headquarters and regional offices to promote prevention and healthy living among employees.</p> <p>By September 2013, OSHA will establish Regional Safety and Health Committees and conduct quarterly meetings.</p>



## IDENTIFYING OPPORTUNITIES TO CONSIDER PREVENTION AND HEALTH

COUNCIL DEPARTMENT	ACTIVITY
<b>Department of Transportation (DOT)</b>	By 2015, DOT will adopt a Wellness Policy and will host five fitness events per year.
<b>Department of Education (ED)</b>	<p>By September 30, 2013, ED will make new awards under a revamped ED Carol M. White Physical Education Program (PEP) and prioritize schools most in need and support applicants with plans to maximize their reach by building cost effective, sustainable programs. New projects will be aligned with a new performance measure of fitness that is more multi-faceted than the previous measure used which focused on age-appropriate cardiovascular fitness levels.</p> <p>ED will promote wellness through increasing employee's awareness of and participation in physical fitness activities through the establishment of agreements that enable interested employees the opportunity to participate in physical fitness programs at discounted rates by September 30, 2013.</p>
<b>Environmental Protection Agency (EPA)</b>	EPA will ensure that by September 30, 2013, at least 75% of the Agency's 41 wellness reporting locations have implemented or offered at least 80% of best practices for health and wellness programs as suggested by the Office of Personnel Management. Additionally, EPA anticipates that 75% of employees will be participating in at least one of the activities offered through its health and wellness programs.
<b>Federal Trade Commission (FTC)</b>	By November 2013, the FTC will increase its score on Employee View Point Survey Question 75 from 22% to 24% of all employees by advertising and offering wellness opportunities including Wellness lunch walks on the Mall; support for employees who bike to work; programs on stress management and work life balance; flexible work schedules; lactation support facilities; free flu shots; and health screenings. The FTC will also participate in the Federal Workforce Wellbeing Work-Life Survey to specifically measure the effectiveness of its work life programs.
<b>Department of Health and Human Services (HHS)</b>	By December 2013, HHS will create a Department-wide Wellness Council with representation from every Operating Division (OPDIV) to share, develop, and implement wellness and sustainability practices. The Wellness Council will have clear HHS leadership support and representation, and will also advise leadership on employee wellness.
<b>Department of Housing and Urban Development (HUD)</b>	<p>In FY 2014, the HUD Office of Public and Indian Housing will publish streamlined requirements for Designated Housing that reflects considerations of the health needs of the elderly and disabled.</p> <p>Contingent on available resources, HUD's goal is to put on a Health and Wellness Expo by August 2013. The mission of the Expo is to sponsor a comprehensive health promotion event which provides information, resources, and interactive activities which will serve to enhance the quality of life of HUD employees.</p>
<b>Department of Agriculture (USDA)</b>	The corporate wellness pilot program was launched through the USDA Connect on-line portal in March 2012, National Nutrition Month, with the goal of employees participating in monthly challenges to use the e-tool, and report successes of employees in the pilot, by the end of March 2013, through USDA Connect.
<b>Department of Veterans Affairs (VA)</b>	By May 2013, it is anticipated that a new database for Health Risk Assessments (HRA), with appropriate privacy protections, will be used to guide the development of educational and fitness programs specific to employee needs determined by analysis of health risk behaviors.

## INCREASING TOBACCO FREE ENVIRONMENTS

COUNCIL DEPARTMENT	ACTIVITY
<b>Department of Homeland Security (DHS)</b>	DHS will explore, via the newly established Department of Homeland Security Prevention Council (DHSPC), a potential plan to improve access to tobacco cessation services and the promotion of tobacco free work environments where applicable. This will be an exploratory evaluation for the DHS Prevention Council to address with consensus derived from the DHS Prevention Council representatives for such activities.
<b>Department of Defense (DOD)</b>	<p>DOD TRICARE beneficiaries will be informed of new TRICARE smoking cessation benefit.</p> <p>DOD Service members who use tobacco will be encouraged to access barrier-free tobacco-cessation interventions, including medications and counseling.</p> <p>DOD will increase the number of installations with smoke free policies. This effort is in development and there are ongoing efforts to build consensus.</p> <p>Tobacco use questions will be integrated into the Health and Wellness Assessment. This effort is in development and there are ongoing efforts to build consensus.</p> <p>DOD will implement a more effective tobacco counter marketing campaign addressed at junior enlisted Service members. This effort is in development and there are ongoing efforts to build consensus among DOD stakeholders.</p> <p>DOD will expand the prohibition on tobacco use currently in basic training to advance training environments. DOD will implement "Deep Dive Innovation" initiatives that address tobacco use problems within DOD.</p>
<b>Department of Labor (DOL)</b>	DOL will continue to engage interagency agreement with HHS/Federal Occupational Health to promote tobacco cessation, conduct cardiac risk appraisals, health screenings, and outreach services to DOL employees, with appropriate privacy protections.
<b>Environmental Protection Agency (EPA)</b>	EPA revised its smoking policy on September 28, 2012, to reduce the exposures of secondhand smoke on employees and non-Federal workers. In FY 2013, the EPA plans to increase employee enrollment by 5% in smoking cessation programs and reducing employee and non-Federal worker's exposure to secondhand smoke by 10% through education and outreach.
<b>Federal Trade Commission (FTC)</b>	By November 2013, and in coordination with the Great American Smoke Out, the FTC will hold at least one smoking cessation program for employees at its headquarter facilities in Washington, DC.
<b>Department of Health and Human Services (HHS)</b>	By December 2013, HHS will have successfully implemented and promoted standardized smoke free conference policies and model tobacco-free signage across HHS.
<b>Department of Housing and Urban Development (HUD)</b>	All HUD headquarters and field locations are smoke free environments. HUD will work with the GSA to ensure all future leasing actions remain smoke free.
<b>Department of Veterans Affairs (VA)</b>	Training for VA Veterans Health Administration (VHA) Employee Wellness Coach/facilitators on Tobacco Cessation has been developed. By April 2013, the VHA Tobacco Cessation Program Manual and training program will have become available for VHA.

INCREASING ACCESS TO HEALTHY, AFFORDABLE FOOD	
COUNCIL DEPARTMENT	ACTIVITY
Department of Homeland Security (DHS)	DHS will explore, via the newly established Department of Homeland Security Prevention Council (DHSPC) a potential plan to improve access to health and affordable food for DHS employees.
Department of Defense (DOD)	<p>The DOD Military Nutrition Environment Assessment Tool (m-NEAT) will be further developed by Tri-Services Nutrition Working Group.</p> <p>DOD will update and implement the Department's Menu Standards for meals services in military dining facilities.</p> <p>DOD will improve the food purchasing policy used to estimate cost of meeting warfighters' nutritional needs. This effort is in development and there are ongoing efforts to build consensus.</p> <p>DOD will implement a point of purchase decision prompt that clearly identifies and promotes healthy food and beverage options.</p> <p>DOD will implement guidelines for vending/snack operations and procedures. This effort is in development and there are ongoing efforts to build consensus.</p> <p>The DOD Fresh Program (Defense Logistics Agency and Department of Agriculture) provides fresh fruits and vegetables to Department of Defense Education Activity (DODEA) schools and non-DODEA schools through a program sponsored by the USDA Farm Bill.</p>
Department of Labor (DOL)	By August 2013, DOL will increase consumer information on food nutrition and calories for DOL cafeterias and increase access to fresh fruits and vegetables.
Department of Transportation (DOT)	DOT continues to support the "Balanced Choices" program in the vending/snack operations and the "All Your Health Your Way" program in the regular cafeteria operations.
Department of Education (ED)	ED will partner with Food and Management Enterprise Corporation (FAME) to offer healthier snacks and beverages in the Department's onsite Edibles Cafeteria by September 30, 2013.
Environmental Protection Agency (EPA)	In FY 2013, the EPA will continue to work with the GSA to include or increase healthy food and beverage choices for employees at its nine cafeterias and 33 locations with vending machines.
Federal Trade Commission (FTC)	From April through December 2013, the FTC will advertise in the FTC Daily each week the availability of fresh fruit and vegetables every Thursday at the Penn Quarter Fresh Farm Market. This market is within walking distance of each of the agency's headquarter facilities.
Department of Health and Human Services (HHS)	By December 2014, at least 75% of all new applicable contracts for HHS cafeterias will be in compliance with the HHS/GSA Health and Sustainability Guidelines for Federal Concessions and Vending Operations.
Department of Housing and Urban Development (HUD)	HUD will work with GSA and contractors to provide access to healthy food options through GSA's contractors and the Healthier Choices vending program by September 30, 2013.
Department of Agriculture (USDA)	In the USDA Food Service Contract awarded on November 4, 2012, vending services are required to sell at least 35% healthy and nutritious products.
Department of Veterans Affairs (VA)	<p>VA established national and regional menus for its cafeteria entrees and side stations. The menu includes freshly prepared foods, fresh fruits and vegetables, whole grains, lower sodium, gluten free, and low fat baked items.</p> <p>VA is currently developing a low calorie/healthy choice identifier for the "Simply To Go" program.</p> <p>VA tested and implemented the baked chicken program and is currently testing the baked french fries/sweet potato fries.</p>

## INCREASING ACCESS TO HEALTHY, AFFORDABLE FOOD

### COUNCIL DEPARTMENT

### ACTIVITY

VA revised current offerings from vending machines to include a 25% increase of healthy selections. The Department will further test vending machine product selections in 20% of locations by August 2013.

VA has introduced the Healthy Vending machines in 10% of VHA facilities nationwide that include organic, low-calorie and healthful food items.

VA promotes the Farmers Market program encouraging all facilities to participate offering a variety of locally sourced fruits and vegetables.

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## APPENDIX C

### 2013 Reporting: National Prevention Strategy Indicators

GOAL INDICATORS				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>
Rate of infant mortality per 1,000 live births	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	6.8 per 1,000 live births (2007)	6.0 per 1,000 live births (2011) <sup>4</sup>
Proportion of Americans who live to age 25	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	98.3% (2007)	98.3% (2008)
Proportion of Americans who live to age 65	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	83.6% (2007)	83.7% (2008)
Proportion of Americans who live to age 85	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	38.6% (2007)	39.8% (2008)
Proportion of 0 to 24 year old Americans in good or better health	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	97.7% (2009)	97.3% (2011)
Proportion of 25-64 year old Americans in good or better health	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	88.6% (2009)	88.1% (2011)
Proportion of 65 to 84 year old Americans in good or better health	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	77.5% (2009)	76.7% (2011)

<sup>1</sup> All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

<sup>2</sup> Baseline reflects data that were released and analyzed as of June, 2011, the year the National Prevention Strategy was released.

<sup>3</sup> Data presented for each indicator reflects most recently released and analyzed data from the applicable data source(s).

<sup>4</sup> Data reflects the latest preliminary US infant mortality rate

GOAL INDICATORS				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>

Proportion of 85+ year old Americans in good or better health	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	64.9% (2009)	65.2% (2011)
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LEADING CAUSES OF DEATH				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>

Rate of cancer deaths	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)	172.8 deaths per 100,000 population (2010)
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Rate of coronary heart disease deaths <sup>4</sup>	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)	113.6 deaths per 100,000 population (2010)
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Rate of stroke deaths	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)	39.1 deaths per 100,000 population (2010)
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Rate of chronic lower respiratory disease deaths	National Vital Statistics System Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	41.4 deaths per 100,000 population (2007)	42.2 deaths per 100,000 population (2010)
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Rate of unintentional injury deaths	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)	38.0 deaths per 100,000 population (2010)
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<sup>2</sup> Baseline reflects data that were released and analyzed as of June, 2011, the year the National Prevention Strategy was released.

<sup>3</sup> Data presented for each indicator reflects most recently released and analyzed data from the applicable data source(s).

<sup>4</sup> 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 most (66%) deaths from disease of the heart, are the most amenable to prevention, and have an available 10- year target established for Healthy People 2020.



HEALTHY AND SAFE COMMUNITY ENVIRONMENTS				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>
Number of days the Air Quality Index (AQI) exceeds 100 <sup>4</sup>	Air Quality System (formerly the Aerometric Information Retrieval System), U.S. Environmental Protection Agency	Annually	2,200,000,000 (number of days, weighted by population and AQI value)	1,200,000,000 (number of days, weighted by population and AQI value)
Amount of toxic pollutants released into the environment	U.S. National Toxics Release Inventory, Environmental Protection Agency	Annually	1,950,000 tons (2008) <sup>5</sup>	N/A <sup>6</sup>
Proportion of State public health agencies that can convene, within 60 minutes of notification, a team of trained staff who can make decisions about appropriate response and interaction with partners	Centers for Disease Control and Prevention, Division of State and Local Readiness	Annually	84.0% (2010)	94% (2011)
Proportion of children aged 5 to 17 years with asthma who missed school days in the past 12 months	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Periodically	58.7% (2008)	N/A

<sup>1</sup> All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

<sup>2</sup> Baseline reflects data that were released and analyzed as of June, 2011, the year the National Prevention Strategy was released.

<sup>3</sup> Data presented for each indicator reflects most recently released and analyzed data from the applicable data source(s).

<sup>4</sup> The measure tracks the number of people living in counties that had an Air Quality Index (AQI) value more than 100. When AQI values are above 100, air quality is considered to be unhealthy-at first for certain sensitive groups of people, then for everyone as AQI values get higher. The measure is the sum of the populations of counties with AQI > 100 multiplied by the number of days that the AQI is > 100 multiplied by the AQI weight for each day and averaged over a three-year period.

<sup>5</sup> This baseline and target reflect that certain industrial facilities that manufacture, process, or otherwise use specified toxic chemicals (more than 600 toxic chemicals and chemical categories) in amounts above reporting threshold levels are required to submit annually the release and other waste management information to EPA (Toxics Release Inventory (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>

<sup>6</sup> Follow-up data are not currently available.

CLINICAL AND COMMUNITY PREVENTIVE SERVICES				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>
Proportion of medical practices that use electronic health records <sup>4</sup>	National Ambulatory Medical Care Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	25.0% (2007)	60.9% (2012)
Proportion of adults aged 18 years and older with hypertension whose blood pressure is under control	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually, released in 2-year increments biennially	43.7% (2005-2008)	48.0% (2007-2010)
Proportion of adults aged 20 years and older with high low-density lipoprotein (LDL) cholesterol whose LDL is at or below recommended levels	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually, released in 2-year increments biennially	33.2% (2005-2008)	31.6% (2009-2010)
Proportion of adults aged 50 to 75 years who receive colorectal cancer screening based on the most recent guidelines	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Periodically	54.2% (2008)	59.2% (2010)
Proportion of children and adults who are vaccinated annually against seasonal influenza <sup>5</sup>	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: 23.4% (2008)	N/A
	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	2-4 yrs: 39.6% (2008)	N/A
	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	5-12 yrs: 25.8% (2008)	N/A
	National Immunization Survey - Teen	Annually	13-17 yrs: 9.8% (2008)	N/A

<sup>1</sup> All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

<sup>2</sup> Baseline reflects data that were released and analyzed as of June, 2011, the year the National Prevention Strategy was released.

<sup>3</sup> Data presented for each indicator reflects most recently released and analyzed data from the applicable data source(s).

<sup>4</sup> 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.

<sup>5</sup> This key indicator is being reassessed in light of recent ACIP recommendations and data sources.

CLINICAL AND COMMUNITY PREVENTIVE SERVICES				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>
	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	18-64 yrs: 24.9% (2008)	N/A
	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	65+ yrs: 66.6% (2008)	N/A

EMPOWERED PEOPLE				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>
Proportion of persons who report their health care providers always explained things so they could understand them	Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality	Annually	60.0% (2007)	60.6% (2010)
Proportion of adults reporting that they receive the social and emotional support they need	Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention	Annually	80% (2008)	80.5% (2010)

<sup>1</sup> All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

<sup>2</sup> Baseline reflects data that were released and analyzed as of June, 2011, the year the National Prevention Strategy was released.

<sup>3</sup> Data presented for each indicator reflects most recently released and analyzed data from the applicable data source(s).

ELIMINATION OF HEALTH DISPARITIES				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>
Proportion of persons (from racial/ethnic minority groups) in fair or poor health	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	African Americans: 14.2% (2007)	African Americans: 15.0% (2011)
		Annually	Hispanics: 13.0% (2007)	Hispanics: 13.2% (2011)
		Annually	American Indian or Alaska Native: 17.1% (2007)	American Indian or Alaska Native: 14.4% (2011)
Proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines <sup>4</sup>	Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality	Annually	10.0% (2007)	10.3% (2010)
Proportion of persons who report their health care provider always listens carefully	Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality	Annually	59.0% (2007)	61.9% (2010)

TOBACCO FREE LIVING				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>
Proportion of adults who are current smokers (have smoked at least 100 cigarettes during their lifetime and report smoking every day or some days)	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	20.6% (2008)	19.0% (2011)
Proportion of adolescents who smoked cigarettes in the past 30 days	Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	Biennially	19.5% (2009)	18.1% (2011)
Proportion of youth aged 3 to 11 years exposed to secondhand smoke	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually, released in 2-year increments biennially	52.2% (2005-2008)	42.0% (2009-2010)

<sup>1</sup> All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

<sup>2</sup> Baseline reflects data that were released and analyzed as of June, 2011, the year the National Prevention Strategy was released.

<sup>3</sup> Data presented for each indicator reflects most recently released and analyzed data from the applicable data source(s).

<sup>4</sup> In addition to national summary data, as data are available, these indicators will be tracked by subgroup.

PREVENTING DRUG ABUSE AND EXCESSIVE ALCOHOL USE				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>
Proportion of adults aged 18 years and older who reported that they engaged in binge drinking during the past month	National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration	Annually	27.0% (2008)	26.7% (2011)
Proportion of high school seniors who reported binge drinking during the past two weeks	Monitoring the Future Survey, National Institutes of Health	Annually	25.2% (2009)	23.7% (2012)
Proportion of persons aged 12 years or older who reported nonmedical use of any psychotherapeutic drug in the past year	National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration	Annually	6.1% (2008)	5.7% (2011)
Proportion of youth aged 12 to 17 years who have used illicit drugs in the past 30 days	National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration	Annually	10.0% (2009)	10.1% (2011)

HEALTHY EATING				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>
Proportion of adults and children and adolescents who are obese	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually, released in 2-year increments biennially	Adults 20+ yrs: 34.0% (2005 - 2008)	Adults 20+ yrs: 35.7% (2009 - 2010)
			Children and Adolescents 2-19 yrs: 16.2% (2005-2008)	Children and Adolescents 2-19 yrs: 16.9% (2009-2010)
Average daily sodium consumption in the population	National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention, National Center for Health Statistics; U.S. Department of Agriculture, Agricultural Research Service	Annually, released in 2-year increments biennially	3,641 mg (2003-2006)	3,588 mg (2007-2010)

<sup>1</sup> All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

<sup>2</sup> Baseline reflects data that were released and analyzed as of June, 2011, the year the National Prevention Strategy was released.

<sup>3</sup> Data presented for each indicator reflects most recently released and analyzed data from the applicable data source(s).

HEALTHY EATING				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>
Average number of infections caused by salmonella species transmitted commonly through food	The Foodborne Disease Active Surveillance Network, Centers for Disease Control and Prevention	Annually	15.2 cases per 100,000 population (2006-2008)	16.4 cases per 100,000 population (2011)
Proportion of infants who are breastfed exclusively through 6 months	National Immunization Survey, Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, National Center for Health Statistics	Annually	14.1% (2006)	14.6% (2008)
ACTIVE LIVING				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>
Proportion of adults who meet physical activity guidelines for aerobic physical activity	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	43.5% (2008)	48.8% (2011)
Proportion of adolescents who meet physical activity guidelines for aerobic physical activity	Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	Biennially	18.4% (2008)	18.4% (2009)
Proportion of the nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours	School Health Policies and Programs Study, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	Periodically	28.8% (2006)	N/A
Proportion of commuters who use active transportation (i.e. walk, bicycle, and public transit) to travel to work	U.S. Census Bureau's American Community Survey	Annually	8.5% (2009)	8.2% (2006-2010)

<sup>1</sup> All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

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<sup>3</sup> Data presented for each indicator reflects most recently released and analyzed data from the applicable data source(s).



INJURY AND VIOLENCE FREE LIVING				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>
Rate of fatalities due to alcohol impaired driving	Fatality Analysis Reporting System, U.S. Department of Transportation	Annually	0.40 deaths per 100 million vehicle miles traveled (2008)	N/A
Rate of fall related deaths among adults aged 65 years and older	National Vital Statistics System-Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	45.3 deaths per 100,000 population (2007)	52.4 deaths per 100,000 population (2010)
Rate of homicides	National Vital Statistics System-Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	6.1 homicides per 100,000 population (2007)	5.3 homicides per 100,000 population (2010)
Rate of motor vehicle crash-related deaths	National Vital Statistics System-Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	13.8 deaths per 100,000 population (2007)	10.7 deaths per 100,000 population (2010)

<sup>1</sup> All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

<sup>2</sup> Baseline reflects data that were released and analyzed as of June, 2011, the year the National Prevention Strategy was released.

<sup>3</sup> Data presented for each indicator reflects most recently released and analyzed data from the applicable data source(s).

REPRODUCTIVE AND SEXUAL HEALTH				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>
Proportion of children born with low birth weight (LBW) and very low birth weight (VLBW)	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	LBW: 8.2% (2007)	LBW: 8.1% (2010)
			VLBW: 1.5% (2007)	VLBW: 1.4% (2010)
Proportion of pregnant females who received early and adequate prenatal care	National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	70.5% (2007)	N/A
Pregnancy rates among adolescent females aged 15 to 19 year	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: 39.5 pregnancies per 1,000 females (2008)
		Annually	18-19 yrs: 117.7 pregnancies per 1,000 females (2005)	18-19 yrs: 114.2 pregnancies per 1,000 females (2008)
Proportion of sexually active persons aged 15 to 44 years who received reproductive health services	National Survey of Family Growth, Centers for Disease Control and Prevention, National Center for Health Statistics	Periodically	Females: 78.6% (2006-2010)	N/A
			Males: 14.8% (2006-2010)	N/A
Proportion of people living with HIV who know their serostatus	HIV Surveillance System, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	Annually	79.0% (2006)	81.9% (2009)

<sup>1</sup> All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

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<sup>3</sup> Data presented for each indicator reflects most recently released and analyzed data from the applicable data source(s).

REPRODUCTIVE AND SEXUAL HEALTH				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>
Proportion of sexually active females aged 24 years or younger enrolled in Medicaid and commercial health insurance plans who were screened for genital Chlamydia infections during the measurement year	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: 54.9% (2011)
		Annually	21-24 year-old females enrolled in Medicaid plans: 59.4% (2008)	21-24 year-old females enrolled in Medicaid plans: 63.4% (2011)
		Annually	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: 41.5% (2011)
		Annually	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: 48.5% (2011)

MENTAL AND EMOTIONAL WELL-BEING				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>
Proportion of primary care physician office visits that screen adults and youth for depression	National Ambulatory Medical Care Survey, Centers for Disease Control and Prevention, National Center for Health Statistics	Annually	Adults (19+ yrs): 2.2% (2007)	Adults (19+ yrs): 1.6% (2008)
			Youth (12-18 yrs): 2.1% (2005-2007)	N/A
Proportion of children exposed to violence within the past year, either directly or indirectly (e.g., as a witness to a violent act; a threat against their home or school)	National Survey of Children's Exposure to Violence, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention	Periodically	60.6% (2008)	56.5% (2011)

<sup>1</sup> All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

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<sup>3</sup> Data presented for each indicator reflects most recently released and analyzed data from the applicable data source(s).

MENTAL AND EMOTIONAL WELL-BEING				
KEY INDICATOR <sup>1</sup>	DATA SOURCE	FREQUENCY	BASELINE (YEAR) <sup>2</sup>	MOST RECENT DATA AVAILABLE (YEAR) <sup>3</sup>
Rate of suicide attempts by adolescents	Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention	Biennially	1.9 suicide attempts per 100 (2009)	2.4 suicide attempts per 100 (2011)
Proportion of persons who experience major depressive episode (MDE)	National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration	Annually	Adolescents (12-17 yrs): 8.3% (2008)	Adolescents (12-17 yrs): 8.2% (2011)
			Adults (18+ yrs): 6.8% (2008)	Adults (18+ yrs): 6.6% (2011)

<sup>1</sup> All indicators are aligned to *Healthy People 2020* as appropriate. This alignment is available for reference and review in the National Prevention Strategy (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.html>).

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