Implement the National Prevention Strategy

Current Status:
The Affordable Care Act (ACA) established a National Prevention, Health Promotion, and Public Health Council and an Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, designed to provide coordination and leadership among 17 executive departments and agencies at the Federal level on prevention, wellness and health promotion practices through the public health system.

The Council, chaired by the Surgeon General, was created by Executive Order in June 2010.

The role of the council is to ensure federal health and prevention efforts are coordinated, aligned and championed; and to encourage partnerships to benefit all Americans among all levels of government, the private sector, philanthropic organizations, educational organizations community and faith-based organizations. The role of the Advisory Group is to offer recommendations to the members of the Council and advise them on effective, evidence-based prevention and health-promotion activities.

In June 2011, the Council released the National Prevention Strategy — a guide for the country to achieve, in the most effective way, improved health and well-being. The Strategy identified four Strategic Directions: 1) create, sustain and recognize communities that promote health and wellness through prevention; 2) ensure prevention-focused health care and community prevention efforts are available, integrated, and mutually reinforcing; 3) support people in making healthy choices; and 4) eliminate health disparities to improve the quality of life for all Americans. It also specified seven evidence-based priorities: 1) tobacco free living; 2) preventing drug abuse and excessive alcohol abuse; 3) healthy eating; 4) active living; 5) injury and violence free living; 6) reproductive and sexual health; and 7) mental and emotional well-being.

In June 2012, the Council released the National Prevention Council Action Plan, which builds from the vision, goal, recommendations, and actions of the landmark National Prevention Strategy. The Action Plan identifies commitments shared across all 17 departments and unique department actions being taken to further each of the Strategic Directions and Priorities of the National Prevention Strategy.

The Council identified three shared commitments across the federal government: 1) identifying opportunities to consider prevention and health; 2) increasing tobacco-free environments; and 3) increasing access to healthy and affordable food.

Why The National Prevention Strategy Matters:

- Numerous factors outside the health care system — including housing, education, transportation, the availability of quality affordable food, and conditions in the workplace and the environment — often play a large role in public health so working across agencies to identify and develop reforms can have a major impact in improving the health of all Americans.
- If every federal agency focuses increased attention on prevention and health promotion, benefits will flow to the public’s health and will help each agency fulfill its mission.
Recommendations:

▲ Fully implement the National Prevention Strategy recommendations: Each agency should implement the policy recommendations and actions identified as part of the National Prevention Strategy and National Prevention Council Action Plan. On-going leadership is needed to ensure effective implementation, and agency leaders must continue to work together to meet the goals they laid out.

▲ Facilitate partnerships to meet agencies’ goals: The federal government should encourage partnerships among federal, 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; and individuals to improve health through prevention.

HOW IT’S WORKING:

■ The U.S. Department of Housing and Urban Development (HUD) and U.S. Department of Health and Human Services (HHS) are working together to provide the approximately 2.1 million people who live in public housing with a healthy and safe living environment, including the option to live smoke-free. Since 2009, HUD has strongly encouraged Public Housing Authorities to adopt smoke-free policies and, by 2011, at least 230 had adopted smoke-free policies for all or some of their buildings. HUD is working with HHS, the American Academy of Pediatrics and the American Lung Association to release a collection of resources for property owners, housing managers, landlords, resident organizations, and residents to help them create smoke-free environments. HUD and HHS are also collaborating with other partners to increase residents’ access to proven tobacco cessation services.

■ North Carolina created the Healthy Environments Collaborative (HEC) — an interagency partnership between four state agencies (the state’s departments of Health and Human Services, Transportation, Environment and Natural Resources, and Commerce) — whose mission is to integrate and align departmental efforts to improve the health of North Carolina’s people, economy and environment. The collaborative identified three key areas where all four departments could work together — data, comprehensive planning and research. In addition, the agencies are working together on initiatives to promote health in communities across the state. For example, all four agencies are working together to increase the number of communities across the state that include health considerations in their comprehensive plans. The agencies are also working together on the development of a Statewide Bicycle and Pedestrian Plan — the first of its kind in the nation.
RWJF AND THE FEDERAL RESERVE PARTNER FOR HEALTHY COMMUNITIES

Over the past two years, Robert Wood Johnson Foundation (RWJF) and various Federal Reserve Banks hosted multiple national and regional conferences and symposiums to forge partnerships and convene stakeholders to discuss health and community and economic development. These meetings joined leaders from community and economic development organizations, government, financial institutions, foundations, nonprofits and private-sector organizations to design a community development plan in order to improve the health of neighborhoods, schools and workplaces.¹

These forums have explored how a range of sectors have been overlapping and partnering in recent years with increasing knowledge that where people live, work, learn and play have a huge impact on overall health and well-being. The Federal Reserve Bank of San Francisco and the Low Income Investment Fund published a book, *Investing in What Works for America’s Communities*, based on issues raised during their symposium highlighting ways to build strong communities and promote health in places where people live, work and play, including policy, finance and education. In her essay featured in the book, Risa Lavizzo-Mourey, President and CEO of RWJF, highlights the importance of health inequalities and vulnerable populations. She focused on the need to address poverty and poor health together, rather than working to solve the problems in isolation.²

HEALTH IMPACT ASSESSMENTS

Health impact assessments (HIAs) can help policy makers evaluate the effects that new laws, regulations, projects and programs may have on health. This tool can help determine opportunities to adapt policies so they can meet their objectives while also helping to improve health while also avoiding unintended negative health consequences. For instance, factoring health into community development can help identify increased opportunities for safe, convenient recreation spaces and encourage walking, biking and other physical activity.

Health impact assessment:
- Brings community members, business interests and other stakeholders together, which can help build consensus;
- Acknowledges the trade-offs of choices under consideration and offers decision makers comprehensive information and practical recommendations to maximize health gains and minimize adverse effects;
- Puts health concerns in the context of other important factors when making a decision; and
- Considers whether certain impacts may affect vulnerable groups of people in different ways.³
Breaking the Link Between Unhealthy Housing and Unhealthy Children

By Ruth Ann Norton, Executive Director, Green & Healthy Homes Initiative™

American taxpayers lose hundreds of millions of dollars annually in medical bills, energy costs and lost wages due to inefficient and unhealthy housing and nearly six million households live with moderate to severe physical housing problems. These hazards increase the risk for illnesses and injuries including asthma, falls, respiratory problems and lead poisoning. Children and seniors in low-income housing are hardest hit by home-based environmental health hazards.

Extensive research by CDC, HUD, NIH, and others confirm that home-based environmental health hazards that trigger asthma episodes and cause home injury cannot be fixed in the doctor’s office but must be remedied by taking the traditional health care system to the new frontier of prescriptive housing intervention services.

Currently severe home-triggered asthma attacks, which result in emergency room and hospital visits, are largely the domain of hospitals, which are somewhat powerless to actually stop these attacks from occurring. The hospitals treat the patient and then send him/her back to the same place that triggered the episode. It’s a revolving cycle, during which millions of dollars are spent and few are spared from preventable negative health outcomes in the future.

Besides the physical health toll an unhealthy home can have on its inhabitants, the monetary costs are enormous. Total annual costs for housing related childhood environmental diseases are estimated to be $54.9 billion. In addition, improving energy-efficiency provides financial relief to low-income families by cutting utility costs, better enabling them to meet basic needs, pay for much needed medications and invest in healthy housing maintenance. Families eligible for federal home energy assistance spend 20 percent of their income on energy bills — six times more than the national average.

Siloed and fragmented programs across all levels of government and the community undermine the ability of families, and the programs designed to serve them, to adequately address the high costs of unhealthy and energy inefficient housing. Without a coordinated assessment, intervention and investment strategy, residents with multiple housing deficiencies have to fill out countless applications and needlessly endure multiple home assessments. Far too often this scattered approach has left hundreds of thousands of homes unable to receive energy efficiency investments due to health and safety issues. These barriers leave the families most in need to be the least likely to receive necessary improvements and upgrades.

The Green & Healthy Homes Initiative™ (GHHI) was founded to address these glaring and costly gaps. GHHI, a national program designed to break the link between unhealthy housing and unhealthy children, utilizes a single stream education, assessment and intervention model to revolutionize health care service delivery, health-based housing intervention strategies, housing standards and intervention decision-making in the U.S.

Currently, GHHI is engaged at the ground level in 16 cities nationwide. In each site, GHHI works with local governments, nonprofits, and private sector entities to implement an integrated health, housing and energy efficiency platform that better aligns the multiple programs currently available to low-income residents. GHHI produces measurable results that demonstrate better service delivery and health outcomes for Medicaid and Medicare children and families and reduce long term costs for health care providers and CMS. In short, people get healthier and health care costs go down.

In Baltimore, one of our sites, we recently worked with the O’Bannon family. Dorothy O’Bannon and her two daughters, aged 4 and 13, lived in the home her family had owned for 40 years. Both girls were diagnosed with asthma, with the youngest daughter having been to the emergency room or hospitalized 13 times in the previous year due to severe asthma attacks, resulting in medical costs exceeding $53,000.

When Mrs. O’Bannon sought services to help her improve the conditions in her home that were exacerbating her daughters’ illnesses, she was turned away by five different publicly funded programs before she was referred to GHHI. Because the problems in her home were so significant, none of the available programs could address the issues individually.
When GHHI performed a comprehensive assessment of her home, multiple issues were found, including: lead paint hazards; damaged roof causing leaks in many rooms throughout the home; mice and roach infestations; little or no insulation causing air leaks and drafty doors and windows and high utility costs; holes in the living room floor; defective plumbing causing mold and dampness. All of the hazards found in the O’Bannon home were causing excessive asthma episodes for the children.

GHHI aligned and coordinated intervention services from seven different federal, city and community programs and funding sources to address the health and safety hazards in the home, completing the work in just four days. The scope of work included roof and floor repairs, lead and mold remediation, integrated pest management, window replacement, installation of foam insulation, and weather-stripping and other energy efficiency measures.

The repairs and improvements performed in the O’Bannon home have had a dramatic impact on the health and well-being of the family. Since the work was completed, neither child has returned to the emergency department nor the hospital with asthma-related illnesses and the girls have not missed school as a result of asthma either. In addition, Mrs. O’Bannon’s gas usage to heat the home has been reduced by 27 percent. By coordinating the services, the work was completed in less than half the time it would otherwise take and the cost for all of the interventions was 28 percent lower than it would have been had all of the work been done independently.

Unfortunately, Mrs. O’Bannon’s story is not unique. Thousands of families are faced with the same challenges and the same choices when it comes to improving their housing in order to improve their health.

GHHI was designed to serve families just like this all over the country. To date, more than 4,500 families have benefited from the integrated service model GHHI implements in local communities. Initial data shows similar results across the country as those experienced by the O’Bannon family, most notably:

- A 67 percent reduction in hospitalizations and emergency department visits for children with asthma episodes, saving taxpayer funds supporting Medicaid;
- Fewer missed school days, which improve academic performance and decrease parent’s need to miss work; and
- 20 percent to 25 percent more efficient use of federal funds.

Innovative programs like GHHI provide key opportunities under for investments in primary prevention by hospitals and managed care organizations.
In 2012, the Healthy Schools Campaign and Trust for America’s Health (TFAH), with support from the W.K. Kellogg Foundation, issued a new report Health in Mind, which recommended ways to incorporate health and wellness into school culture and environment, which would benefit the health, well-being and education of the nation’s students.

The report reviews the complex needs of health care for the nation’s youth, including how chronic diseases among children are increasing and school environments often do not provide conditions that support health. For instance, many students do not engage in physical activity during the day, which has been shown to increase school performance, or their school buildings lack healthy air and access to fresh water, nutritious food and/or a school nurse. Also, many students come to school with one or more health problems that undermine their ability to focus in school or even attend — studies have repeatedly shown that children cannot reach their potential in school unless they are as healthy as can be.

The Health in Mind report recommendations included:

• Providing safe and healthy places to learn and play. All students deserve access to a clean and safe environment with good air quality. Schools should provide students with nutritious meals and opportunities for physical activity and teach students about the importance of nutrition and activity.

• Recognizing health as an integral part of excellence in education. We must integrate health and wellness into the definition of a successful school and recognize the ways in which these elements support learning. As we evaluate school performance, we must acknowledge the role that health and wellness play in student achievement.

• Closing the achievement gap, eliminating health disparities. Research shows that higher levels of achievement are often related to health—and that health problems are closely connected to hindered performance in school. Until we address the health disparities that many low-income minority students face, learning disparities will persist.

• Ensuring access to needed health services at school. Access to health services is necessary to ensure students are healthy and ready to learn. Making health services available at schools is an efficient and cost-effective way to reach the 52 million children who spend their days at school. Research shows that access to care—from a school nurse, for example—improves wellness and academic achievement.

“The link between student health and student achievement is not theoretical—it is a fact.” said Randi Weingarten, president of the American Federation of Teachers. “Yes, there are many educational and academic issues that we need to address. But making schools better also means that we must create environments that provide steady support for health and good nutrition.”

“Our members work with students every day whose health and school conditions impede their ability to learn,” said National Education Association President Dennis Van Roekel. “That’s why NEA members are taking the lead to advocate for school and learning conditions that result in a higher level of student engagement and fewer absences.”
In 2006, the North Carolina Department of Health and Human Services (NCDHHS) convened a meeting of the state Departments of Transportation (NCDOT), Environment and Natural Resources (NCDENR), and Commerce to discuss the possibility of the four agencies working together on common goals where public health, the natural environment, economic prosperity, and the built environment (e.g., greenways, bike ways, roads, parks) intersect. The result of this conversation was the development of the Healthy Environments Collaborative (HEC), an interagency partnership whose mission is to integrate and align departmental efforts to improve the health of North Carolina’s people, economy and environments.

When the HEC began meeting, partners focused on gaining an increased understanding of the work of each agency and where there were potential opportunities to work together to achieve common goals. Over the next couple of years, the HEC created a vision, mission and a strategic plan, and gained support from the Secretaries of the four state departments. In 2009, NCDHHS received Communities Putting Prevention to Work (CPPW) funding, through the American Reinvestment and Recovery Act (ARRA), to create more physical activity opportunities for North Carolinians by creating environments that support physical activity. With guidance from the University of North Carolina at Chapel Hill, Gillings School of Global Public Health, the HEC analyzed and prioritized the importance and feasibility of different activities that would support physical activity environments across the state. They also identified opportunities where they, as state agencies, could help remove obstacles that local governments face in their efforts to create physical activity environments.

Most recently the HEC held a strategic planning session and identified three key areas where all four departments could work together for mutual benefit: data, comprehensive planning and research. These key areas support current initiatives of all four agencies and provide an opportunity to undertake common efforts that align with the work that all agencies are already undertaking, which increases efficiency and use of resources. In addition to the collaborative efforts of the HEC, each agency now better understands and can support the efforts of other agencies. For example, NCDHHS was awarded Community Transformation Grant funding and is working very closely with NCDOT, NCDENR and Commerce to increase the number of communities across North Carolina that include health considerations in their comprehensive plans. NCDOT has included a health component in the development of its comprehensive Statewide Bicycle and Pedestrian Plan and is also working closely with NCDENR and Commerce to better connect biking and walking facilities to existing trails and provide active transportation options that enhance economic prosperity and promote a healthier workforce within the state. Commerce has added attributes, such as greenways, bike trails, and other recreational venues to its “Buildings and Sites” website as an offering.
North Carolina Healthy Communities CONTINUED

to local communities to further showcase available commercial buildings and industrial sites as “healthy worksites.” The allowance of this information informs prospective relocating businesses that there is access to parks and recreation, greenways, pedestrian walkways, etc., that is readily available to their employees. NCDENR and NCDOT have partnered to work through environmental design issues that, in the past, have been problematic for greenway construction.

The HEC has led to the identification of opportunities where four state departments can work together and achieve mutual goals — even with different organizational missions. The agencies have learned that the state will not realize significant positive changes in public health unless they look at the built environment in concert with efforts on prevention and the treatment of chronic disease.

Health and Transportation

The NCDOT’s mission is to connect people and places safely and efficiently with accountability and environmental sensitivity and to enhance the economy, health and well-being of North Carolina. NCDOT recognizes that the opportunity to increase physical activity, and therefore improve public health, lies in the department’s concept of “active” or “healthy” transportation. It is reported that people who live walking distance to trails, paths or stores report higher amounts of walking than those who do not. NCDOT recognizes that active transportation is important to creating livable, vibrant and healthy communities and is working to affect policy and organizational change through several collaborative efforts.

One such collaborative effort, currently underway, is the development of the Statewide Bicycle and Pedestrian Plan. The plan will integrate public health considerations; demonstrate how active transportation contributes to a healthier workforce that can increase worker productivity and enhance North Carolina’s recruitment/retention of businesses; and describe how biking and walking facilities can be co-located to provide enhanced access to conservation and green open space, as well as minimize overall impacts to the environment.

With regard to the transportation-related strategies, NCDOT recognizes that it will also have to be strategic to ensure the state is getting the best bang for the buck. For example, sidewalks, bike lanes and greenways cannot be put everywhere as funding is limited. This means that as NCDOT, state agency partners and local governments work together, they must understand what the community’s needs are with regard to mobility, while also considering where facilities could have the most potential to create increased choices for physical activity for the most at-risk populations.

There has never been a comprehensive statewide bicycle and walking plan, anywhere in the nation, as wide reaching as one NCDOT is creating. As part of the plan’s development, NCDOT is performing a Health Impact Assessment to articulate the benefits of integrating bicycling and walking intentionally into transportation policies and practices. The project, widely supported and funded by the Federal Highway Administration, Blue Cross Blue Shield of NC Foundation, Commerce, NCDENR, NCDHHS and others, has become a unique collaboration. When completed, the plan will reflect the linkages of active transportation, the economy, natural environment and public health. Going forward it will also help drive policy and decision making around bike and pedestrian transportation outcomes in local communities.

The Statewide Bicycle and Pedestrian Plan is one example of how NCDOT is collaborating with its partners to create the opportunity for improved health outcomes throughout North Carolina communities. North Carolina agencies will continue to engage others and work together toward common goals for healthy communities in order to more efficiently leverage resources and achieve goals related to mobility, public health, commerce, and environment and natural resources.
ENDNOTES


5 The programs and funding used were: HUD Office of Healthy Homes and Lead Hazard Control, the Baltimore City Community Development Block Grant and Community Services Block Grant Programs (ARRA), the Maryland Energy Administration, the Annie E. Casey Foundation, Osprey Foundation, and the Blaustein Foundation.

