

HP/DP Contacts,

I hope this finds you well, and that the holiday weekend was safe and full of healthy fun! Here are **updates and funding opportunities** for July. Thanks to all who have provided information and excuse any cross posting. I encourage you to share this information and forward me items to include in the next update.

Updates:

1. Please share this widely with your partners...**Healthy Native Communities Fellowship...Key Date - Letter of Interest deadline is August 12, 2011.**

The Healthy Native Communities Fellowship is for those ready to make a difference in their community! Submitting a letter of Interest for the **2012 Healthy Native Communities Fellowship** is the first step for you and your local team. This year, applying is easier than ever, Visit: <http://www.hncpartners.org/HNCP/Home.html> and http://www.hncpartners.org/HNCP/HNCF_Application.html. This **fully funded** fellowship, simply stated is **OUTSTANDING**. **It teaches teams effective strategies that build strong Native communities.** The Fellowship is created in collaboration with the Healthy Native Communities Partnership and the Indian Health Service National Health Promotion Program. **See attached PDF**

2. **HHS Office on Women's Health** (www.womenshealth.gov) is offering **one hour telephone trainings** on the OWH online information system



QuickHealthDataOnline. This database contains data on demographics, mortality, reproductive and maternal health, disease incidence, and access to care at the county level for all states and territories. Also, data are included on prevention, violence, and mental health at the state level. To the extent possible, data are provided by race, ethnicity and gender, and where applicable/ available, by age. Also, the system incorporates graphing and mapping features so that the data of interest can be used directly as tables, graphs/chart and maps. **Participating in this training will assist you with supporting data when applying for contracts and grants.** Access number and passcode for sessions; 1-877-925-6129, 410171

Training dates/times:

Quick Health Data Online 101:

Mon.	July 18	4-5 pm eastern
Wed.	July 20	2-3 pm eastern
Wed.	Aug. 24	2-3 pm eastern
Fri.	Aug. 26	11 am - 12 pm eastern
Mon.	Sept. 19	3-4 pm eastern
Wed.	Sept..21	1-2 pm eastern

Before the training starts, have <http://healthstatus2010.com/owh/> website open and available to view during the session. Also, please set phones on Mute.

3. **Congratulations, California Just Move It Partners!** You represent 26% of the 19 national events that contributed to celebrating the launch of the First Lady's Let's Move in Indian Country during the May 25 to June 22 timeframe. See attached PFD
5/25, JMI at the Medical Provider's Best Practice & GPRA Measures Conference, Sac
5/26, Boxing Aerobics, Oakland
5/31, Walking Along The River, Porterville
6/01, Native Fitness Cardio Mix Summer 2011, Sacramento
6/07, Rezrobics, Porterville
4. The **Just Move It 2011 California Challenge** continues, with more **T/U partners sharing their stories** at: www.justmoveit.org. If you are a Just Move It partner, please share your community activities. If your T/U program is not a Just Move It partner yet, please respond to this email to learn more about Just Move It and the Just Move It California Challenge. **Just Move It 2011 California Challenge t-shirts are still available**, contact beverly.calderon@ihs.gov for information on available sizes and quantity.
5. **The Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF)** released the **eighth annual *F as in Fat – How Obesity Threatens America's Future 2011* report**. This year's report examines, for the first time, state-by-state obesity rates over the past twenty years. <http://healthyamericans.org/report/88/>. Please note, you can scroll down to state-specific news releases.
6. **See final flyer on the Healthy Weight For Life**. You can take action now to fight the Obesity epidemic in Indian Country, and **everyone has a role to play**. The Healthy Weight For Live initiative involves health care providers, parents, teachers, community organizations, elected and Tribal leaders, and businesses **working to make a commitment every day to the role they can play to promote and inspire a Healthy Weight for Life**.
7. **National Collaborative on Childhood Obesity Research (NCCOR)**, July Newsletter, Spotlight section, **Ways to Curb Childhood Obesity**, summarized the **Institute of Medicines (IOM) Early Childhood Obesity Prevention Policies report**. It covers strategies to encourage physical activity, healthy eating and good sleep habits, all needed to reduce high rates of obesity among infants, toddlers and preschoolers in the United States. NCCOR July Newsletter is at:
http://www.nccor.org/newsletters/enewsletter_2011_july.html#spot_1
Full IOM report, release 6/2011 at: <http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies.aspx>
8. The **National Prevention Strategy (NPS)**, press release is attached. This long awaited documents **includes actions that public and private partners can take to help Americans stay healthy and fit and improve our nation's prosperity**. The strategy outlines **four strategic directions that, together, are fundamental to improving the nation's health**.
 1. Building Healthy and Safe Community Environments.

2. Expanding Quality Preventive Services, Clinical and Community.
3. Empowering People to Make Healthy Choices.
4. Eliminating Health Disparities.

To learn more view the attached press release or visit:

<http://www.healthcare.gov/center/councils/nphpphc/strategy/report.html>

9. **Secondhand smoke** is a recognized killer, with children at high risk...but **what about third-hand smoke?** Researchers are beginning to look into whether third-hand smoke, the residual fumes on draperies and furniture in a room after a smoker has left, are harmful to health. **See attached PDF, APHA Healthy You, July 2011**
10. **SAVE THE DATE** - May 7-9, 2012, Centers for Disease Control and Prevention Division of Nutrition, Physical Activity and Obesity, will host **Weight of the Nation™** at the Omni Shoreham Hotel, Washington, D.C. This conference follows the inaugural conference in 2009 and is designed to provide a forum that **highlights progress in the prevention and control of obesity** through policy and environmental strategies, and is **framed around five intervention settings: early care and education; states, tribes and communities; medical care; schools; and workplaces.** Plenary and concurrent sessions will highlight impactful strategies implemented in these settings that have lead to policy and environmental supports that have improved population-level health. For more information visit: <http://www.weightofthenation.org/>

Funding Opportunities:

1. **The California Wellness Foundation - Responsive Grantmaking Program (California).** The California Wellness Foundation is dedicated to improving the health of the people of California by offering program grants for health promotion, wellness education, and disease prevention. The foundation is offering grants to programs which address a number of health issues. **Deadline for Applications: Rolling.** For more information visit: http://www.calwellness.org/how_to_apply/
2. **Bayer USA Foundation – Community Health and Development Grants** support programs that enhance the quality of life, provide unique and enriching opportunities that connect diverse groups, and ensure preparedness for tomorrow's leaders. Proposals focused on health and human services, education and workforce development, environment and sustainability, and/or arts and culture are welcomed. **Deadline varies.** For more information visit: <http://www.bayerus.com/Foundation/giving.aspx>
3. **Blue Shield of CA Foundation, Domestic Violence Prevention.** This funding opportunity supports coordination of networks of domestic violence service providers. Awarded amounts and time periods vary widely and depend on the scope and significance of the project. Most grants are one to two years, and the average award amount is around \$90,000. Unsolicited Letter of Inquiry (LOIs) for

projects that improve collaboration and coordination between domestic violence organizations or with other agencies, to help build a stronger domestic violence field that is more sustainable, innovative, and collaborative being accepted. LOIs submitted by mid-November by lead to mid-December full proposal invitation.

For more information visit: <http://www.blueshieldcafoundation.org/grants/what-we-fund> Blue Shield Against Violence, and <http://blueshieldcafoundation.org/grants/application-process>

4. **The CA Wellness Foundation, supports** project-driven initiatives and nonprofit organizations ability to meet basic organizational needs. Core operating support can be used to help underwrite the regular, ongoing health promotion and disease prevention activities of your organization and strengthen organizational infrastructure. **For more information visit:** http://www.calwellness.org/how_to_apply/
5. **James Irvine Foundation, Information on the Special Initiatives funding** is available at: <http://www.irvine.org/grantmaking/our-programs/specialinitiatives>
6. **Operation Green Plant, of The America the Beautiful Fund, is offering free vegetable, flower, and herb seeds to outdoor community projects. Deadline for Applications: Rolling.** For more information visit: http://www.america-the-beautiful.org/free_seeds/index.php
7. Michael and Susan Dell Foundation - **Helping Children in Urban Poverty Grants funds projects that directly serve or impact children living in urban poverty**, particularly in the areas of education, childhood health and family economic stability. Funding amount varies, generally not funding more than 25% of a project's budget or more than 10% of an organization's total annual operating expenses. **Deadline: rolling. For more information visit:** <http://www.msdf.org/Grants/default.aspx>

CDC & NIH

A. Community-Based Partnerships for Childhood Obesity Prevention and Control: Research to Inform Policy (R03).

Application deadlines Cycle II July and Cycle III November 16, *new submissions June 16 and October 16 announcement expires: May 8, 2012.* For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PA-09-140.html>

B. Community-Based Partnerships for Childhood Obesity Prevention and Control:

Research to Inform Policy (R21). Application deadlines Cycle II March 16 and Cycle III, July 16, *new submission June 16, October 16 announcement expires May 8, 2012.*

For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PA-09-141.html>

C. Obesity Policy Research: Evaluation and Measures (R01) funding opportunity.

Application deadlines Cycle II July 5 and Cycle III November 5, *new submission June 5 and October 5 announcement expires January 8, 2013.* For more information visit:

<http://grants.nih.gov/grants/guide/pa-files/PA-10-027.html>

D. Obesity Policy Research: Evaluation and Measures (R03) funding opportunity.

Application deadlines Cycle II June 16 and Cycle III October 16, *new submission June 16 and*

October 16 announcement expires: January 8, 2013. For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PA-10-029.html>

E. School Nutrition and Physical Activity Policies, Obesogenic Behaviors and Weight Outcomes (R01). Application deadlines Cycle II June 16 and Cycle III October 16, *new submission June 5 and October 5, announcement expires January 8, 2013.* For more information visit: <http://grants.nih.gov/grants/guide/pa-files/PA-10-052.html#PartI>

F. School Nutrition and Physical Activity Policies, Obesogenic Behaviors and Weight Outcomes (R21). Application deadlines Cycle II March 16 and Cycle III, July 16, *new submission June 16, October 16 announcement expires: January 8, 2013.* For information visit: <http://grants.nih.gov/grants/guide/pa-files/PA-10-053.html>

G. School Nutrition and Physical Activity Policies, Obesogenic Behaviors and Weight Outcomes (R03). Application deadlines Cycle II June 16 and Cycle III, October 16, *new submission June 6 and October 16 announcement expires: January 8, 2013.* For information visit: <http://grants.nih.gov/grants/guide/pa-files/PA-10-054.html>

H. Home- and Family-Based Approaches for the Prevention or Management of Overweight or Obesity in Early Childhood (R01) Cycle deadlines (new submission): Feb. 5, June 5, Oct. 5 Expires: May 8, 2013. For more information: <http://grants.nih.gov/grants/guide/pa-files/PA-10-127.html>

I. Home- and Family-Based Approaches for the Prevention or Management of Overweight or Obesity in Early Childhood (R21) Application deadline: Feb. 16, June 16, Oct. 16 and Expires: May 8, 2013 For information visit: <http://grants1.nih.gov/grants/guide/pa-files/PA-10-128.html>

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Health is defined in the WHO constitution of 1948 as: A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities. Ref: Ottawa Charter for Health Promotion. WHO, Geneva, 1986

California Area Homepage is at: www.ihs.gov/california Health Promotion Disease Prevention information is in the Clinical Management section, with prior updates posted under the Resources hyperlink.

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A VISION FOR HEALTHY WEIGHT ACROSS THE LIFESPAN OF AMERICAN INDIANS AND ALASKA NATIVES

More than 80 percent of American Indians and Alaska Native adults are either overweight or obese. This high obesity rate is straining the Indian health system with an alarming number of patients with diabetes, heart disease, cancer, orthopedic problems, depression, and other disorders. Obesity is draining our precious resources.

Promoting a healthy weight across the lifespan is critical to improving the health status and well-being of American Indians and Alaska Natives. We need a coordinated approach with culturally appropriate messages to help fight the obesity epidemic. That's why Indian Health Service Director Dr. Yvette Roubideaux has designated **Healthy Weight for Life** as the new "umbrella" initiative for guiding all IHS activities that promote healthy weight in Native communities.

You Can Take Action Now to Fight the Obesity Epidemic in Indian Country

Everyone has a role to play in this initiative: health care providers, parents, teachers, community organizations, elected and Tribal leaders, and businesses. Make a commitment every day to the role you can play to promote and inspire a **Healthy Weight for Life**—for the people you serve, for your loved ones, and for you!

Visit the **Healthy Weight for Life** website—<http://www.ihs.gov/healthyweight>—to find the latest information about nutrition, physical activity, and healthy living activities in Indian Country.

- Use the site to find out if you're overweight or obese and learn what journey you can follow to find your **Healthy Weight for Life**. Also, learn about what you can do in your community and at work to promote healthy living.
- Read about Dione Harjo's personal success in overcoming overweight. If you have a success story, share it with the **Healthy Weight for Life** work group at healthyweight@ihs.gov.
- Take advantage of the growing library of resources on <http://www.ihs.gov/healthyweight>.
- Check back regularly to <http://www.ihs.gov/healthyweight> for updates on the **Healthy Weight for Life** initiative.
- Download the free **Healthy Weight for Life** action-oriented guidebooks from <http://www.ihs.gov/healthyweight>.

- continued on back -

Use the **Healthy Weight for Life** action guides—one for health care providers and one for communities, individuals, and families—to improve your practice and your community. These guides provide evidence-based strategies for taking action now. Both guides also list many online resources for healthy weight management programs and activities.

- Get copies of the **Healthy Weight for Life** action guides from <http://www.ihs.gov/healthyweight>. To order hard copies for you and your team, visit <http://www.ihs.gov/MedicalPrograms/Diabetes/RESOURCES/Catalog/rde>.



How to Use the HEALTHY WEIGHT FOR LIFE Action Guides

Review the guides and bring your team together to discuss the **Healthy Weight for Life** action guides. Assess the current situation at your facility or in your community:

- What are your current healthy weight promotion activities?
- What are your strengths? What are your weaknesses?
- What is the major priority for taking action?
- What gap needs to be filled?
- What actions can you take with limited resources?
- What additional resources do you need to support your healthy weight activities that you should plan and budget for in the future?

Look over the Resources section of the guides to help plan your **Healthy Weight for Life** action steps. There are dozens of online resources for you to use without reinventing the wheel. Write a **Healthy Weight for Life** action plan with goals, objectives, action steps, timeline, and budget.

Help the Indian Health Service spread the word about HEALTHY WEIGHT FOR LIFE

- Use the information you find at <http://www.ihs.gov/healthyweight> or in the **Healthy Weight for Life** action guides and put it in your own written materials, blogs, notices—wherever. We only ask that you use our information for non-commercial purposes, give us credit, and link back to us.
- Adopt the **Healthy Weight for Life** brand for your obesity prevention activities. Add the **Healthy Weight for Life** logo to your website and create a link to <http://www.ihs.gov/healthyweight>. (Easy instructions are on the website.) Also, add the **Healthy Weight for Life** logo to your healthy weight educational materials.
- Become a **Healthy Weight for Life** partner. We'll post your logo and promote your organization on our "Become a Partner" page.
- Promote **Healthy Weight for Life** in your meeting presentations, e-mails and correspondence, articles, blogs, and interviews with local media.
- Identify inspiring success stories in your workplace, community, Tribe, etc., and promote them via news articles, "Healthy Weight Role Model of the Month" posters, videos, podcasts, blogs, etc.

For more information about **Healthy Weight for Life**, contact us at: healthyweight@ihs.gov.

Just Move It Story for LMIC Blog – July 2011

JUST MOVE IT is a national campaign successfully engaging Native communities in promoting physical activity. Launched in 2005, the National **Just Move It** initiative has grown to 369 programs/communities reaching over 50,000 Native people! The www.justmoveit.org website is a place where **JMI** Partners share experiences and creative solutions to get people moving.

In May 2011, **Just Move It** Partners were invited to join together to celebrate the launch of the First Lady's *Let's Move! In Indian Country* (LMIC) by organizing physical activity events in their community during the first month of LMIC.

Nineteen **JMI** Partners organized special events (running, walking, boxing aerobics, Zumba class, aerobics, dancing, and water aerobics) in their community to celebrate and join in the launch of *Let's Move! In Indian Country*.

	Date	Event Name	JMI Partner	City & State
1	5/24-26/11	JMI at the Medical Provider's Best Practice & GPRA Measures Conference	Just Move It - California Area IHS	Sacramento, CA
2	5/26/11	Boxing Aerobics	Native American Health Center	Oakland, CA
3	5/26/11	The Challenger	Pueblo of Acoma	Acoma, NM
4	5/28/11	Walking the Rez	Standing Rock Diabetes Program/Fitness Center/Outreach	Kenel, SD
5	5/31/11	Walking Group Farm Tour	NARA NW Indian Health Clinic	Portland, OR
6	5/31/11	Walking Along The River	Porterville Family Litereracy	Porterville, CA
7	6/1/11	Native Fitness Cardio Mix Summer 2011	Sacramento Native American Health Center	Sacramento, CA
8	6/6/11	The San Carlos Apache Tribe Joining the First Lady in "Let's Move It" in Indian Country	San Carlos Apache Tribe Wellness Center	San Carlos, AZ
9	6/7/11	Elders Water Fitness	Ak-Chin Diabetes Prevention Physical Activity Program	Maricopa, AZ
10	6/7/11	Rezrobics	Porterville Family Litereracy	Porterville, CA
11	6/8/11	Aqua Fitness	Ak-Chin Diabetes Prevention Physical Activity Program	Maricopa, AZ
12	6/9/11	Him-Dak Summer kids swimming classes	Ak-Chin Diabetes Prevention Physical Activity Program	Maricopa, AZ
13	6/11/11	4th Annual Pueblo Crossroads Fun Run/Walk 2011	Cochiti Pueblo Diabetes Program	Cochiti Pueblo, NM
14	6/11/11	Walking the Rez	Standing Rock Diabetes Program/Fitness Center/Outreach	Cannon Ball, ND
15	6/11/11	Oklahoma City Indian Clinic Walk for Wellness 2011	Oklahoma City Indian Clinic	Oklahoma City, OK
16	6/18/11	Walking the Rez	Standing Rock Diabetes Program/Fitness Center/Outreach	Porcupine, ND
17	6/18/11	4th Annual Native American 5K National Championships & Open Community 5K run	Native American 5K National Championships and Open Community runs and walks	Albuquerque, NM
18	6/18/11	Sobriety Week Fun walk/run	Hualapai Healthy Heart SDPI program	Peach Springs, AZ
19	6/20/11	Just Move It Walk / Run	Shiprock Just Move It Series	Red Valley, AZ

Highlights shared by **JMI** Partners:

- Community members left with smiles from ear to ear thanking the facilitators for showing them a new way to exercise. More than half of all the participants said they were going to continue boxing aerobics at home. One patient said, "This is the most I have sweated in a long time, and I love it!"
- Getting people moving & watching them smile & visiting as they were walking.
- We toured the garden and harvested fresh greens and walked back to the clinic to finish with a 'Greens and Beans' taste-test and cooking demo. It was delicious! And nutritious!
- The conversations we had that helped make the walk more enjoyable.
- We all worked out to RezRobics.
- All participants that sign up for the event received a t-shirt and after the run/walk we provided refreshments to all and we all took a group picture and we gave out ribbons and incentives for the participants the ran the whole course. Everyone had a wonderful and great time at this event.
- The weather was perfect for a morning walk! Lots of participants & smiling faces.
- Some walked one mile and most walked 6 miles then enjoyed each others company and laughter during a healthy breakfast at the Lodge and a new tshirt. Staff placed river rocks with the mileage painted on each stone along the route so the walkers knew how far they had gone.

Just Move It is excited to bring our network of Native community partners to join *Let's Move! In Indian Country!* This month, **JMI** Partners are learning how they can be a part of the *LMIC* Presidential Active Lifestyle Award Challenge. Visit www.justmoveit.org to find out more about what is working to promote physical activity in Native communities.

Subject: FW: OBAMA ADMINISTRATION RELEASES NATIONAL PREVENTION STRATEGY
Attachments: National Prevention Strategy.pdf

News Release

FOR IMMEDIATE RELEASE
June 16, 2011

Contact: HHS Press Office
(202) 690-6343

Obama Administration releases National Prevention Strategy

Today, members of the National Prevention, Health Promotion, and Public Health Council, including Department of Health and Human Services (HHS) Secretary Kathleen Sebelius, Surgeon General Regina Benjamin (Chair), as well as Senator Tom Harkin and Domestic Policy Council (DPC) Director Melody Barnes, announced the release of the National Prevention and Health Promotion Strategy, a comprehensive plan that will help increase the number of Americans who are healthy at every stage of life. The National Prevention Strategy recognizes that good health comes not just from receiving quality medical care, but also from clean air and water, safe worksites and healthy foods. The strategy was developed by the National Prevention Council, which is composed of 17 federal agencies who consulted with outside experts and stakeholders.

“This National Prevention Strategy, called for under the Affordable Care Act, will help us transform our health care system away from a focus on sickness and disease to a focus on prevention and wellness,” said Secretary Sebelius. “We know that prevention helps people live long and productive lives and can help combat rising healthcare costs.”

"Helping Americans live more healthful lives is a top priority for the Obama Administration," said DPC Director Melody Barnes. "The National Prevention Strategy is a road map to help us achieve that goal, and will help public and private partners come together to build healthier communities using evidence-based strategies that we know work."

The National Prevention Strategy includes actions that public and private partners can take to help Americans stay healthy and fit and improve our nation's prosperity. The strategy outlines four strategic directions that, together, are fundamental to improving the nation's health. Those four strategic directions are:

- **Building Healthy and Safe Community Environments:** Prevention of disease starts in our communities and at home; not just in the doctor's office.
- **Expanding Quality Preventive Services in Both Clinical and Community Settings:** When people receive preventive care, such as immunizations and cancer screenings, they have better health and lower health care costs.
- **Empowering People to Make Healthy Choices:** When people have access to actionable and easy-to-understand information and resources, they are empowered to make healthier choices.
- **Eliminating Health Disparities:** By eliminating disparities in achieving and maintaining health, we can help improve quality of life for all Americans.

“As a family physician, I understand the importance of stopping disease before it starts,” said Surgeon General Regina Benjamin. “The leadership of this council and the strategy will help us create a healthy and fit nation by making prevention a part of our daily lives.”

The National Prevention Strategy was developed with guidance from the public and is supported by the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health as called for under the Affordable Care Act. Through listening sessions at national and regional meetings, webinars, and town hall meetings across the country, the advisory group and the public had the opportunity to work with the council members to craft the strategy. The National Prevention Council, the advisory group, and private and public partners will work together to help implement the strategy at the national, state, tribal, and local levels and recognize the importance of actively engaging all sectors of society in improving the health and well-being of our communities.

Already, a number of Obama Administration efforts are underway to help support and achieve the goals outlined in the National Prevention Strategy. Members of the President’s Cabinet are taking action to work together to implement programs to improve Americans’ lives, including the America’s Great Outdoors Initiative, the Neighborhood Revitalization Initiative, and Executive Order 13548 to make the federal government a model employer of persons with disabilities. Through these initiatives and others, the Obama Administration is working to ensure every American has the opportunity to live their healthiest life possible.

To read more about today’s announcement, visit www.HealthCare.gov/news/factsheets/prevention06162011a.html. More information on the National Prevention Strategy and the National Prevention Council can be found at www.HealthCare.gov/center/councils/nphpphc.

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The National Prevention Strategy: America’s Plan for Better Health and Wellness

The National Prevention and Health Promotion Strategy is a comprehensive plan that will help increase the number of Americans who are healthy at every stage of life. Created by the National Prevention, Health Promotion, and Public Health Council in consultation with the public and an Advisory Group of outside experts, the Strategy recognizes that good health comes not just from receiving quality medical care but from stopping disease before it starts. Good health also comes from clean air and water, safe outdoor spaces for physical activity, safe worksites, healthy foods, violence-free environments and healthy homes. Prevention should be woven into all aspects of our lives, including where and how we live, learn, work and play. Everyone—businesses, educators, health care institutions, government, communities and every single American—has a role in creating a healthier nation.

Called for by the Affordable Care Act, the National Prevention Strategy includes actions that public and private partners can take to help Americans stay healthy and fit. It helps move the nation away from a health care system focused on sickness and disease to one focused on wellness and prevention.

Importance of Prevention

Increasing the focus on prevention in our communities will help improve America’s health, quality of life and prosperity. For example, seven out of 10 deaths among Americans each year are from chronic diseases (such as cancer and heart disease), and almost one out of every two adults has at least one chronic illness, many of which are preventable. Racial and ethnic minority communities experience higher rates of obesity, cancer, diabetes

and AIDS. Children are also becoming increasingly vulnerable. Today, almost one in every three children in our nation is overweight or obese which predisposes them to chronic disease and the numbers are even higher in African American and Hispanic communities.

Focusing on preventing disease and illness before they occur will create healthier homes, workplaces, schools and communities so that people can live long and productive lives and reduce their healthcare costs. Better health positively impacts our communities and our economy:

- With better health, **children** are in school more days and are better able to learn. Numerous studies have found that regular physical activity supports better learning. Student fitness levels have been correlated with academic achievement, including improved math, reading and writing scores.
- With better health, **adults** are more productive and at work more days. Preventing disease increases productivity—asthma, high blood pressure, smoking and obesity each reduce annual productivity by between \$200 and \$440 per person.
- With better health, **seniors** keep their independence. Support for older adults who choose to remain in their homes and communities and retain their independence (“aging in place”) helps promote and maintain positive mental and emotional health.

Investments in prevention across the life span complement and support treatment and care. Prevention policies and programs can be cost-effective, reduce health care costs, and improve productivity.

A Plan for Better Health and Wellness

The overarching goal of the National Prevention Strategy is to increase the number of Americans who are healthy at every stage of life. The strategy provides evidence-based recommendations that are fundamental to improving the nation’s health through the active engagement of all sectors of society to help achieve four broad strategic directions:

- **Building Healthy and Safe Community Environments:** Prevention of disease starts in our communities and at home; not just in the doctor’s office. For example, businesses and employers can adopt practices to encourage their workforce to increase physical activity and reduce pollution (e.g., workplace flexibility, rideshare and vanpool programs, park-and-ride incentives, travel demand management initiatives, and telecommuting options).
- **Expanding Quality Preventive Services in Both Clinical and Community Settings:** When people receive preventive care, such as immunizations and cancer screenings, they have better health and lower health care costs. For example, expanding the linkages between clinical and community prevention efforts, such as diabetes prevention programs that support preventive efforts among underserved groups and can improve access to preventive services.
- **Empowering People to Make Healthy Choices:** Policies and programs can make healthy options the easy and affordable choice, and when people have access to actionable and easy-to-understand information and resources, they are empowered to make healthier choices. For example, health care professionals can use multiple communication tools (e.g., mobile phone applications, personal health records, and credible health websites) and culturally competent methods to support more traditional written and oral communication.
- **Eliminating Health Disparities:** By eliminating disparities in achieving and maintaining health, we can help improve quality of life for all Americans. For example, health care providers can train and hire more qualified staff from underrepresented racial and ethnic minority groups and people with disabilities.

To help achieve these goals, the Strategy identifies evidence-based recommendations that are most likely to reduce the burden of leading causes of preventable death and major illness. The Strategy’s seven priority areas are:

- Tobacco free living
- Preventing drug abuse and excessive alcohol use
- Healthy eating
- Active living
- Injury and violence-free living
- Reproductive and sexual health
- Mental and emotional wellbeing

A Broad Effort to Promote Health and Wellness

The National Prevention, Health Promotion, and Public Health Council, which is composed of the heads of 17 Federal agencies and chaired by the Surgeon General, was called for by the Affordable Care Act. The National Prevention Strategy was developed by the Council with input from stakeholders, the public, and the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health. Under the coordination of the National Prevention Council and the advice of the Advisory Group, Federal agencies and private and public partners will work together to help implement the Strategy at the national, state, tribal, and local levels, recognizing the importance of a broad approach to addressing the health and well-being of our communities.

Already, a number of Obama Administration efforts are underway to help support and achieve the goals outlined in the National Prevention Strategy. Members of the President's Cabinet are taking action to work together to implement programs to improve Americans' lives, including the Great Outdoors Initiative, the Neighborhood Revitalization Initiative, and Executive Order 13548 to make the federal government a model employer of persons with disabilities. Through these efforts and others like the President's Childhood Obesity Task Force and the First Lady's Let's Move! initiative aimed at combating childhood obesity, as well as programs supported by the American Recovery and Reinvestment Act of 2009, the Obama Administration is working to ensure every American has the opportunity to live their healthiest life possible.

Secondhand smoke: Their cigarettes can make you sick

By Teddi Dineley Johnson

If you've ever eaten in a smoky restaurant, walked past a smoker on the street or been to a party where people were smoking, you've been exposed to secondhand smoke. With every puff they take, smokers put their health and the health of the people around them at risk.



Photos and art courtesy iStockphoto. Ashtray photo by Chris At.

Secondhand smoke — the combination of smoke that comes from the burning end of a cigarette, cigar or pipe and the smoke exhaled by the

smoker — is far more than just annoying. Among nonsmokers, about 46,000 heart disease deaths and 3,400 lung cancer deaths are caused by secondhand smoke each year. Some research suggests that breathing in other people's smoke may increase the risk of breast cancer and nasal sinus cancer.

Though state and local smoke-free laws are a breath of fresh air, 88 million nonsmoking Americans ages 3 and older are exposed to secondhand smoke each year. A 2006 U.S.

surgeon general's report noted that non-smokers who live with smokers have a 20 percent to 30 percent greater chance of developing lung cancer.

"One of the most important discoveries we have made regarding the health of the public over the last 15 or 20 years has been the devastating effects of secondhand smoke, which we now know is a killer," said Norman H. Edelman, MD, chief medical officer for the American Lung Association. "It kills by causing lung cancer. It kills by causing heart attacks. And it causes a lot of extra disease burden."

According to the National Cancer Institute, about 250 of the more than 7,000 chemicals in secondhand tobacco smoke are known to be harmful, and about 70 of them cause cancer. Some of the chemicals in this toxic mix are the same things used to make chemical weapons, lighter fluid, pesticides, car batteries, paint thinners and other substances you would never dream of inhaling into your lungs.

Researchers are also beginning to look into whether thirdhand smoke is harmful to health.

"Thirdhand smoke is the residual fumes on draperies and furniture in a room after a smoker has left, and we are beginning to get some evidence that thirdhand smoke may be bad for health," Edelman says.

Thirdhand smoke triggers an inflammatory response, and when people are especially sensitive, they may get an asthma attack.

"Thirdhand smoke is a big problem and it is hard to deal with except to insist, if you live in a private home, that nobody smoke in the home, period," Edelman says.

Thirdhand smoke can linger long after smokers move out of a home. In one study, researchers detected nicotine on the hands of almost half of nonsmokers living in homes that had previously been occupied by smokers.

No butts about it: Kids at risk

Even brief exposure to secondhand smoke harms your heart and lungs, but that's just the tip of the smokestack. When your baby



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breathes in someone's smoke, she or he is being exposed to the same toxins and cancer-causing substances as the smoker. Children are more heavily exposed to secondhand smoke than adults. In fact, almost 60 percent of U.S. children ages 3 to 11 are exposed to secondhand smoke each year, putting them at increased risk for severe respiratory problems, including bronchitis, pneumonia, ear infections and more

frequent and severe asthma attacks. Secondhand smoke also increases a child's risk of sudden infant death syndrome. Higher levels of nicotine have been found in the lungs of babies who die from the syndrome — also called SIDS — than those who die from other causes.

"Because their bodies are still developing, infants and young children are especially vulnerable to the poisons in secondhand smoke," says Vince Willmore, a spokesman for the Campaign for Tobacco-Free Kids.

Parents can take steps to protect their kids from secondhand smoke, such as ensuring their homes and cars are smoke-free, and that places frequented by their children are also free of smoke, Willmore said.

"First and foremost, if a parent smokes, the best way to protect their child is to quit smoking," he says.

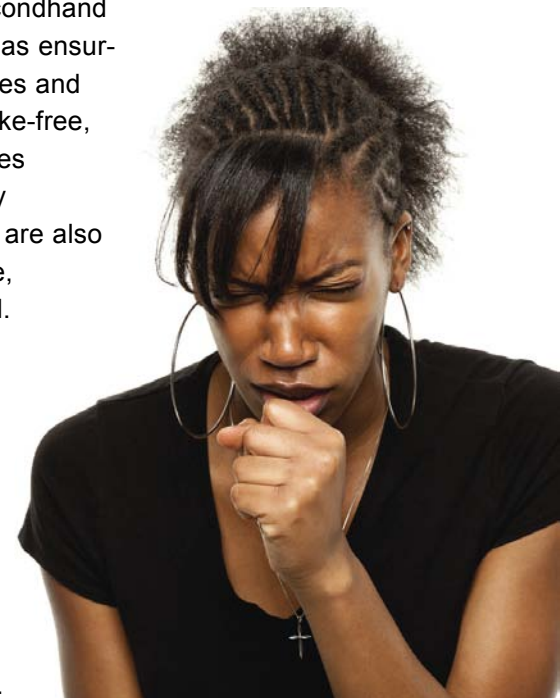


Strong smoke-free laws are key

The science is clear: There is no safe level of exposure to secondhand smoke. The solution is equally clear: Strong smoke free laws are the only way to completely protect nonsmokers from secondhand smoke. Some restaurants and bars provide nonsmoking sections, but separating smokers from nonsmokers and even ventilating buildings doesn't completely protect you.

In the past decade, 25 states and the District of Columbia have passed laws banning smoking in workplaces, restaurants and bars, leading to health improvements.

In some communities, the number of heart attacks has decreased by as much as 25 percent after public smoking has been banned, Edelman says.



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