HP/DP Contacts,

Here are resources and funding opportunities for August. Thanks to all who have provided information and excuse any cross posting. Please share this information and forward information that can be included in the update next month.

Updates:

1. The **Office on Violence Against Women** has extended the deadline for receipt of **nominations to the Task Force on Research on Violence Against American Indian and Alaska Native Women** to August 13, 2010. The Task Force will assist the United States Dept. of Justice's (DOJ) National Institute of Justice and OVW in the implementation of a program of research that examines violence against Native women. **See attached** letter from OVW Director Susan B. Carbon soliciting nominations for the Task Force or contact Lorraine P. Edmo, Deputy Director for Tribal Affairs OVW (202)-307-6026.

2. **CDC article shows that more states reach 30 percent obesity rate. Promoting** policies and programs at school, at work and in the community that make the healthy choice the easy choice is suggested. http://www.cdc.gov/Features/VitalSigns/AdultObesity/

3. **Financing Childhood Prevention Programs, 2004**, addresses the funding challenges of obesity prevention by profiling a variety of federal funding sources that can be used to support obesity prevention efforts for children and youth. While not recently published, it may provide information on how programs can be launched, expanded, or sustained. More at: http://www.financeproject.org/publications/obesityprevention.pdf

4. The **Affordable Care Act that enacted earlier this year supports of breastfeeding** with the requirement of employers to provide time and a safe space for women employees who want to express their milk. http://www.hhs.gov/news/press/2010pres/07/20100730b.html

5. The USDA **Food and Nutrient Database for Dietary Studies 4.0** (FNDDS) was recently released for the Food Surveys Research Group and can be found at: www.ars.usda.gov/ba/bhnrc/fsrg. FNDDS is the database of foods, their nutrient values, and weights for typical food portions that was used to process data from the survey. As a companion to the FNDDS 4.0, the **What's In The Foods You Eat** *Search Tool* is also available on the website. It provides an easy-to-use searchable version of foods, their portions and nutrients.

6. The July, Indian County Today (ICT) Insider Health has a nice article about the **Special Diabetes Program for Indians (SDPI).** http://campaign.constantcontact.com/render?v=0013FxZ1gY3q2srofcpnCe8XgsUw9dZUYvyptiqfD-We4U73d0nsIzjVuX2sEXN8fBEXRbtmHV_12KdUFWEJ2l5HdEaU3dTnLet

7. **Health Policy Leaders Prioritize Breastfeeding** at 2nd Annual Summit on Breastfeeding, for more information visit: http://view.exacttarget.com/?j=fe6216737c60057e7412&m=ff281776736c&ls=fdee1d737067017e741c7871&l=fe541576736c03747116&s=fdfd1575736c067f75107376&jb=ffcf14&ju=fe201677716000747c1272&r=0

8. **2010 National Prevention, Health Promotion and Public Health Council, Annual Status Report, attached.** This report outlines the preliminary work carried out and includes an overview of the Strategy development process, proposed guiding principles, plans to convene the Advisory Group, a work plan and timeline. **See attached PDF**

Funding Opportunities:

1. The **Women Helping Others (WHO) Foundation** nationally provides grants to organizations serving women and/or children in the United States and Puerto Rico. Specific projects and programs addressing health and social service needs are our priority. Funding request 1,000 – 40,000. Deadline for Applications: September 7, 2010. For more information visit: http://www.whofoundation.org/PDF/2011GeneralGrantFundingApplication.pdf

2. **DHHS NIH** - **Community-Based Partnerships for Childhood Obesity Prevention and Control: Research to Inform Policy (R03)**. This funding opportunity is to enhance childhood obesity research by fostering the formation of local, state, or regional teams consisting of researchers, policymakers, and other relevant stakeholders (e.g., community representatives, public health practitioners or officials, educators) in order to identify research questions and hypotheses, design and implement the relevant research, and translate the research into evidence relevant to potential policy efforts in this area. **Funding** for direct costs of up to **$50,000 per year (two year period) may be requested with maximum direct cost request not to exceed $100,000**.
   Deadline for Applications: Feb. 16, June 16, and Oct. 16. (Expires: May 8, 2012). For more information visit:
   http://grants.nih.gov/grants/guide/pa-files/PA-09-140.html

3. **DHHS NIH - Community-Based Partnerships for Childhood Obesity Prevention and Control: Research to Inform Policy (R21).** The funding opportunity is to enhance childhood obesity research by fostering the formation of local, state, or regional teams consisting of researchers, policymakers, and other relevant stakeholders (e.g., community representatives, public health practitioners or officials, educators) in order to identify research questions and hypotheses, design and implement the relevant research, and translate the research into evidence relevant to potential policy efforts in this area. **This is Exploratory/ Developmental (R21) grant runs in parallel with the above RO3 announcement. Funding is limited to $275,000** over a two-year period, no more than $200,000 in direct costs allowed a year. The R21 is not renewable. ***Deadline for Applications: Feb. 16, June 16, Oct. 16*** (Expires: May 8, 2012)

4. **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

5. **School Nutrition and Physical Activity Policies, Obesogenic Behaviors and Weight Outcomes.** NIH has several funding opportunities for research projects that to explore school nutrition and physical activity policies as well as obesogenic behaviors and weight outcomes in school-aged students. Award amounts vary. ***Application deadline: January 7, 2013.*** For more visit:
   http://www07.grants.gov/search/search.do;jsessionid=bVxQLpXFFlk5L4zFD21nNB1spHv2hyQG2d2sQ3whb2qBGXr56Jgv%21-1179711943?oppId=50610&mode=VIEW

11. **DHHS NIH - Reducing Health Disparities Among Minority and Underserved Children (R01)** Grants will fund research that addresses health disparities among minority and underserved children. Amount and number of grants will depend on the type and number of applicants. *Deadline for Applications:* **September 8, 2010.** For more information visit:
    http://grants.nih.gov/grants/guide/pa-files/PA-07-392.html

12. **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

U.S. Department of Justice

Office on Violence Against Women

Washington, D.C. 20530

June 17, 2010

Dear Tribal Leader:

The Office on Violence Against Women (OVW) is seeking nominations for membership on the Task Force on Research on Violence Against American Indian and Alaska Native Women. The Task Force was authorized by Section 904 (a)(3) of the Violence Against Women Act of 2005 (VAWA 2005), Pub. L. No. 1209-162, and is subject to the requirements of the Federal Advisory Committee Act.

As required by the statute, Task Force nominees must be representatives of one of the following entities:

(1) tribal governments;
(2) national tribal domestic violence and sexual assault non-profit organizations;
(3) and the national tribal organizations.

Nominations should be submitted to OVW by no later than **July 30, 2010**. The names of all nominees will be forwarded to the U.S. Attorney General for review, and those nominees who have been selected to serve on the Task Force will be contacted later this summer.

For each nominee, the nominating entity should submit a cover letter nominating the individual to serve as the entity's representative that explains the individual's qualifications to serve on the Task Force, as well as a copy of the individual's résumé or *curriculum vitae*. The cover letters and supporting documentation can be faxed to my attention at (202) 305-2589, or submitted by e-mail at OVW.VAIW@usdoj.gov, or mailed to my attention at:

Office on Violence Against Women
U.S. Department of Justice
800 K Street, NW, Suite 920
Washington, DC 20530

Federal advisory committees play such an important role in government. With the expertise of advisory committee members, Federal officials have access to information and advice on a broad range of issues affecting Federal policies and programs. The public, in return, is afforded an opportunity to provide valuable input in an open forum on matters of importance to the Federal Government.

The Task Force will assist the United States Department of Justice's National Institute of Justice and OVW in the implementation of a program of research that addresses Title IX, the Safety of Indian Women. The program of research will (1) examine violence against Indian women in Indian Country, including domestic violence, dating violence, sexual assault, stalking and murder, and (2) evaluate the effectiveness of Federal, state, tribal and local responses to these crimes.

Originally established on March 31, 2008, the Task Force met four times over the course of the past two years and has submitted recommendations on NIJ's Program. Additional information on the Task Force can be found on the OVW and NIJ websites.

The Task Force is intended to be a working body that will produce reports or other documents as necessary. Task Force members are expected to attend all meetings and be prepared to discuss topics and materials distributed in advance of each meeting. It is anticipated that the Research Task Force will meet once a year with the first meeting in the fall of 2010.

NIJ anticipates that the Task Force members will assist NIJ in the following ways:

1. Provide feedback on research and evaluation findings from studies conducted on violence against American Indian and Alaska Native women
2. Assist with recommendations resulting from study findings
3. Provide feedback on the program's priorities
4. Assist in developing new research questions to be addressed
5. Provide feedback on research design strategies
6. Provide feedback on research and evaluation protocol issues
7. When possible, participate at meetings with tribal communities to provide information on the program; answer questions; address any concerns; determine tribal support and willingness to participate; and gather input on the research program for all phases.
8. Provide of summary of the groups activities and recommendations by the end of the TF term.

Please feel free to contact me at (202) 307-6026 should you have any questions or concerns about the nomination process. I look forward to hearing from you in the near future.

Sincerely,

/Susan Carbon/
OVW Director

2010 Annual Status Report

National Prevention, Health Promotion and Public Health Council

July 1, 2010

National Prevention, Health Promotion and Public Health Council

Chair

Regina M. Benjamin MD, MBA
VADM, USPHS
Surgeon General

Members

Secretary Kathleen Sebelius, Department of Health and Human Services

Secretary Tom Vilsack, Department of Agriculture

Secretary Arne Duncan, Department of Education

Chairman Jon Leibowitz, Federal Trade Commission

Secretary Ray LaHood, Department of Transportation

Secretary Hilda L. Solis, Department of Labor

Secretary Janet A. Napolitano, Department of Homeland Security

Administrator Lisa P. Jackson, Department of Environmental Protection Agency

Director R. Gil Kerlikowske, Office of National Drug Control Policy

Director Melody Barnes, Domestic Policy Council

Assistant Secretary-Indian Affairs Larry Echo Hawk, Department of the Interior

Patrick Corvington, C.E.O., Corporation for National and Community Service

Introduction

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act (known together as the Affordable Care Act) mandate the creation of the National Prevention, Health Promotion and Public Health Council (Council) and the development of the National Prevention and Health Promotion Strategy (Strategy) (*See Appendix 1*). This presents a historic opportunity to bring prevention and wellness to the forefront of the nation's efforts to improve health. The Strategy's impact will be significant because it will take a community health approach to prevention and wellness — identifying and prioritizing actions across many sectors to reduce the incidence and burden of the leading causes of death and disability.

Especially important are requirements that the Strategy establish actions within and across federal departments and agencies relating to prevention, health promotion, and public health. These actions should be grounded in science-based prevention recommendations and guidelines. The Strategy's value will be determined, in part, by its ability to generate, align, and focus collaboration among governmental and nongovernmental partners in the development and implementation of prevention and wellness initiatives and programs.

The Strategy will prioritize evidence-based policy and program interventions intended to meet measurable goals related to the leading causes of death and disability and the factors that underlie these causes, including tobacco use, obesity, poor nutrition, physical inactivity, and excessive alcohol use. These priorities will align with specific *Healthy People 2020* objectives and the overarching goals of increasing quality of life (including years of healthy life) for Americans; eliminating health disparities; promoting healthy development and healthy behaviors across life stages; and creating social and physical environments that promote good health. Interventions will not be limited to the health and public health sectors, but will also include activities that influence health in such other areas as housing, transportation, in-school and outdoor education, the workplace, and the environment. The Strategy will include actions that help bring greater focus and attention to the role of prevention, health promotion, and wellness through the federal policies and programs that support and promote the well-being of individuals and communities.

The Strategy is being developed within the context of the Affordable Care Act. Both new and existing prevention, health promotion, and wellness activities will be examined. The Strategy will complement the *National Strategy for Quality Improvement in Health Care*, which is also mandated by the Affordable Care Act and will emphasize the link between prevention, wellness, and quality improvement.

The Strategy will provide new focus and energy and build on federal initiatives, including but not limited to the following:

- *Healthy People 2020*, which establishes national health objectives and serves as the basis for the development of state and community plans.
- *The First Lady's "Let's Move!"* initiative, which raises awareness about the problem of childhood obesity and how the nation can work together to solve it.

- *Solving the Problem of Childhood Obesity Within a Generation,* which aims to return the nation's childhood obesity rate to just 5 percent by 2030, the rate before childhood obesity first began to rise in the late 1970s.
- *The Surgeon General's Vision for a Healthy and Fit Nation 2010*, which expands and strengthens earlier efforts and outlines opportunities for prevention.
- *Communities Putting Prevention to Work,* which includes grants funded by the American Recovery and Reinvestment Act that expand the use of evidence-based prevention strategies and programs, mobilize local resources at the community level, and strengthen public health action by the states.
- *Ending the Tobacco Epidemic: A Tobacco Control Strategic Action Plan for the United States,* which aims to reduce tobacco use to a level at which it is no longer a public health problem.
- *Toward Zero Deaths: A National Strategy on Highway Safety,* which seeks to improve motor vehicle safety and includes the Presidential Executive Order prohibiting federal employees who are on official duty or using government equipment from text messaging while driving.
- *The Safe Routes to School Program,* which works to make walking and bicycling to school a safe and appealing form of transportation.
- *President's Food Safety Working Group*, which establishes a new, public health-focused approach to food safety based on three core principles: prioritizing prevention, strengthening surveillance and enforcement, and improving response and recovery.

This 2010 Annual Status Report outlines the preliminary work carried out from March to June 2010. The report includes an overview of the Strategy development process, proposed guiding principles, plans to convene the Advisory Group, a work plan and timeline, and a list of Council activities to date.

Developing the National Prevention and Health Promotion Strategy

The Strategy is being developed under the auspices of the National Prevention, Health Promotion and Public Health Council. Input will be provided by the Advisory Group and various stakeholders. The Assistant Secretary for Health will coordinate with the Department of Health and Human Services agencies and other federal departments; the Centers for Disease Control and Prevention (CDC) will conduct analysis and provide technical support in the development of the Strategy.

The Council is structured and organized as follows:

- The Surgeon General serves as Chair.
- Members include Cabinet Secretaries, Chairs, Directors, or Administrators of federal departments, as identified in the Affordable Care Act or as deemed necessary by the Surgeon General as Chair.
- The Council will meet periodically to review progress and input from the public and other relevant stakeholders, provide direction and input on the draft Strategy, and monitor implementation.

As required by the Affordable Care Act, the President will establish an Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (Advisory Group). The Advisory Group will be structured and organized as follows:

- The Advisory Group will reside within the Department of Health and Human Services (HHS) and report to the Surgeon General.
- Members will be appointed by the President and provide guidance to the Council.
- The Advisory Group will have not more than 25 non-federal members.

The Council will engage various stakeholders for input in developing the Strategy. Stakeholders will include the public; community-based organizations, practitioners and experts in the public and private sectors who are engaged in prevention and wellness programs and activities; federal, state, regional, and local officials engaged in work related to public health; Indian tribes and tribal organizations; voluntary health organizations; and others in various sectors that have an impact on the public's health.

Principles to Guide the Strategy

The development of the Strategy will be based on a set of guiding principles and grounded in evidence-based interventions. These core principles will help ensure that the maximum sustainable health impact is achieved. The Council will finalize the principles set forth below to ensure that they incorporate elements needed for success.

1. **Prioritize prevention and wellness**. Initiatives that promote health and wellness are critical to the long-term success of the Strategy. These initiatives must be supported by evidence that they help people live longer, healthier, and more productive lives. Crucial elements of the plan will be policies, programs, and environmental and systems changes (including the health care system) that support individuals, families, and communities in developing and maintaining life-long good health, rather than waiting to treat diseases or conditions.

2. **Establish a cohesive federal response**. Ownership of the Strategy by the Cabinet and federal agency heads can ensure that it produces significant, measurable results. Federal departments and agencies bring unique missions and assets that, when aligned, can accelerate progress on the Strategy's specific priorities. The result will be a rich array of policy initiatives poised to deliver on the promise of community health and wellness.

3. **Focus on preventing the leading causes of death, and the factors that underlie these causes.** A well-defined and limited focus is essential to the success of the Strategy. Addressing the five leading causes of death and their chief underlying risk factors will provide the necessary focus for the prevention efforts established by the Strategy. Effective prevention efforts will be needed to reduce tobacco use and obesity; increase healthy behaviors such as physical activity, good nutrition, and seatbelt use; and create sustainable occupational, environmental, and community change that supports individual and community well-being (e.g., healthy housing, transportation, education, and workplaces).

4. **Prioritize high-impact interventions**. All interventions set out in the Strategy should reach a high bar for effectiveness, impact, and sustainability. Interventions with the greatest impact will often prove to be policy, environmental, and systems changes

that are affordable, long-lasting, and have significant reach. Interventions must be grounded in science, be scalable, and be able to generate significant positive impact in supporting wellness and health. New evidence-based strategies from ongoing research must be readily incorporated into current and future priority setting.

5. **Promote high-value preventive care practices**. Relatively simple preventive care actions such as appropriate use of low-dose aspirin therapy according to recognized guidelines for people at high risk, control of high blood pressure and high cholesterol, tobacco cessation and screening, and brief intervention for depression and alcohol abuse would save tens of thousands of lives each year. Unfortunately, too few people—and especially too few low-income, underserved populations—receive preventive services even when they are available. The Affordable Care Act's requirement that new insurance plans fully cover proven prevention without cost sharing offers a new opportunity to increase utilization.

6. **Promote health equity**. There are vast inequities in the structures and systems that support health and well-being among subgroups of Americans as defined by race/ethnicity, age, sex, gender, sexual orientation, geography, socioeconomic status, and disability status. While striving to ensure that effective prevention is available to all Americans, the Strategy should include specific actions and metrics to monitor and eliminate disparities.

7. **Promote alignment between the public and private sectors.** Federal efforts will be best augmented if they leverage state and local government action. Likewise, positive health outcomes can be best achieved by collaborating with private and nonprofit entities, including, among others, businesses, health care organizations, faith-based organizations, community groups, private and nonprofit service providers, and labor organizations.

8. **Ensure accountability.** The Strategy should specify goals, metrics, and methods to evaluate its effectiveness.

Council Engagement and Federal Program Coordination and Alignment

The Affordable Care Act specifies that the Strategy should promote alignment of federal programs to ensure that they are efficient and grounded in science-based prevention recommendations. The Council's leadership in developing the Strategy will ensure that it increases adherence to evidence-based practices, promotes collaboration, and addresses duplication.

The Council will develop an approach to focus priority initiatives for prevention across the federal government. Examples of current departmental initiatives that support health include the following:

Department	Examples of Current Programs/Initiatives
Agriculture	• **The Dietary Guidelines for Americans, 2010** provides science-based dietary guidance to help Americans age 2 years and older improve their health and reduce risk of major chronic diseases through optimal diet and regular physical activity. • **Healthy Food Financing Initiative** will bring full-service grocery stores and other healthy food retailers to underserved urban and rural communities across America.
Education	• In response to the **White House Task Force Report on Childhood Obesity** the Department works to support policies and programs that increase learning time, expand the school day and high-quality after school programs, and enhance physical activity opportunities in these programs. • Initiatives of the **U.S. Department of Education Office of Safe and Drug-Free Schools** that work to ensure the health and well-being of students.
Environmental Protection Agency	• **National Asthma Program**, a national, multifaceted asthma education and outreach program, shares information about environmental factors found both indoors and outdoors that trigger asthma. • **AIRNow** reports the Air Quality Index (AQI), which focuses on health effects that may arise among the public within a few hours or days after breathing polluted air.
Federal Trade Commission	• Using its authority under the **Federal Trade Commission (FTC) Act,** the FTC has stopped the marketing of unproven cures or treatments for a variety of health conditions, including diabetes, heart disease, and cancer. • **Food Marketing to Children** examined food and beverage companies' marketing activities that target children and adolescents.
Health and Human Services	• **The 2008 Physical Activity Guidelines for Americans** provide science-based guidance to help Americans age 6 and older improve their health through appropriate physical activity. • **Heart Truth** raises awareness about heart disease in women.
Labor	• **The Employment and Training Administration (ETA)** makes investments to help meet the demand for a growing health care workforce through Workforce Investment Act dollars, competitive grants, and registered apprenticeships. • **The Occupational Safety and Health Administration (OSHA)** works to ensure safe and healthful working conditions for workers and seeks to prevent workplace injuries and illnesses.

Department	Examples of Current Programs/Initiatives
Office of National Drug Control Policy	• **Drug-Free Communities Program** funds the operation of small local community coalitions focused on preventing drug abuse. • The goal of the **National Youth Anti-Drug Media Campaign** is to prevent and reduce youth drug use through a combination of paid advertising, news media outreach and a new emphasis on supporting community-based efforts.
Transportation	• **Livability Initiative** encourages communities to create and maintain safe, reliable, integrated and accessible transportation networks that promote bicycling and walking and provide easy access to employment opportunities, housing, and other destinations while protecting the environment. • **Modal Safety Programs** reduce crashes, fatalities, and injuries to motor vehicle occupants, pedestrians, and bicyclists.

The Five Leading Causes of Death

Five leading causes of death contribute to reduced quality of life and account for nearly two-thirds of all deaths in the United States. Preventing these causes will result in significant cost savings to the U.S. health care system and public budgets. The five leading causes of death are:[1]

Heart Disease

- More than 616,000 people die of heart disease each year in the United States, representing more than one in every four deaths.
- In 2010, heart disease will cost an estimated $316 billion, which includes the cost of health care services, medications, and lost productivity.

Cancers

- Each year more than 560,000 people in the United States die from cancer.
- The annual cost of cancer in 2010 is estimated to be $264 billion. This includes $103 billion for direct medical costs and $161 billion for indirect costs due to illness and premature death.

Stroke

- Each year, more than 700,000 Americans suffer a stroke, and nearly 136,000 of them die as a result.
- In 2010, stroke will cost $74 billion, which includes the cost of health care services, medications, and lost productivity.

Chronic Lower Respiratory Disease

- Chronic lower respiratory disease—including chronic bronchitis, emphysema, asthma, and chronic obstructive pulmonary disease (COPD)—account for more than 127,000 U.S. deaths annually.

[1] Jiaquan Xu, M.D.; Kenneth D. Kochanek, M.A.; Sherry L. Murphy, B.S.; Betzaida Tejada-Vera, B.S.; Division of Vital Statistics. Deaths: Final data for 2007. National Vital Statistics Reports. 2010;58(19). Hyattsville, MD: National Center for Health Statistics.

- The 2010 projected direct cost of health care expenditures for COPD is $29.5 billion, including $13.2 billion for hospital care. For asthma, the projected direct cost is $15.6 billion, including $5.5 billion for hospital care.

Unintentional Injuries

- Unintentional injury accounts for more than 123,000 deaths each year, including approximately 42,000 from motor vehicle crashes, 30,000 from unintentional poisoning and almost 23,000 from unintentional falls.
- Although unintentional injuries cause roughly 5 percent of all deaths, they account for nearly 16 percent of all years of life lost (due to premature death) since they occur at younger ages than other causes.
- Unintentional injuries result in more than 27 million hospital emergency department visits each year.[2]
- Injuries cost the nation $406 billion in medical expenses and lost productivity annually.

The Affordable Care Act also specifies that the Council will address mental and behavioral health, substance abuse, and domestic violence screenings. For example, it is anticipated that the Strategy will address depression, a common and debilitating mental health condition experienced by nearly 19 million Americans.

Health Promoting Behaviors—Prevention Measures to Address the Underlying Causes of Death

The most effective approach to address the leading causes of death is to reduce and prevent underlying risk factors, including physical inactivity, poor nutrition, tobacco use, and underage and excessive alcohol use.

Tobacco Use

- Approximately 46 million adults smoke in the United States, with 6,600 new smokers starting each day.[3]
- Cigarette smoking and exposure to second-hand tobacco smoke kills an estimated 443,000 people each year.

Nutrition

- Good nutrition can help lower risk for many diseases, including heart disease, stroke, diabetes, some cancers, and osteoporosis.
- Only 23 percent of U.S. adults eat five or more servings of fruits and vegetables per day.
- The average daily sodium intake for Americans age 2 years and older is 3,436 mg, and most people consume twice the recommended maximum.

Physical Activity

- Physical activity can increase a person's life expectancy; control weight and reduce obesity; reduce risks for cardiovascular disease, type 2 diabetes, metabolic

[2] National Hospital Ambulatory Medical Care Survey: 2006 Emergency Department Summary, Table 13.
[3] Data are from the 2008 National Health Interview Survey and 2008 National Survey on Drug Use and Health. These 2008 data do not reflect changes that may have occurred as a result of the increase in federal excise tax on cigarettes as authorized by the Children's Health Insurance Program Reauthorization Act (Public Law 111-3, Sec. 701) in 2009.

syndrome, and some cancers; strengthen bones and muscles; improve mental health and mood; and among older adults can improve ability to perform daily activities and prevent falls.
- The vast majority of adults do not meet the recommendations for levels of aerobic physical activity that produce health benefits.

Underage and Excessive Alcohol Use
- Excessive alcohol use is associated with a wide range of health problems, including chronic diseases, suicide, and motor vehicle and other intentional and unintentional injuries.
- There are an estimated 79,000 alcohol-related deaths each year.

Effective Interventions

The Strategy will include specific, evidence-based interventions that will be needed to effectively put prevention into action. Interventions will be drawn from the *Guide to Community Preventive Services*, the *Guide to Clinical Preventive Services*, and other credible sources that provide evidence of effectiveness in improving health. The Council will work on specific plans to ensure that all federal prevention programs are consistent with available standards and evidence. *Healthy People 2020* provides a growing constituency among federal departments and agencies that will inform the prevention strategies, including the adoption and integration of evidence-based clinical and community prevention interventions.

The current evidence base for preventive services is strong, and when effectively implemented drives significant improvement in the public's health. However, there are areas where additional and more effective strategies are needed to address our nation's leading health problems. Ongoing and future research that builds the evidence base is critical to addressing the unmet prevention and wellness needs of individuals and communities. New evidence should be reviewed and adopted over time. Where the evidence base is not sufficiently robust, the Strategy may propose pilot interventions, which should be implemented and evaluated for impact.

Interventions must also be scalable in order to reach substantial portions of the population and thus improve the nation's health status.

Interventions can only be as effective as the systems that implement them. Quality state, local, and federal public health infrastructure is critical to success. This includes data collection, analysis, policy, epidemiology, and performance management capacity. Our nation's health infrastructure also needs a strong, diverse, integrated primary care and public health workforce that is trained to promote prevention and advance the public's health. Furthermore, improved linkages between the public health and health care systems will increase impact and better address challenges such as increased utilization of high-value clinical preventive services and coordination of care. Finally, broad public, nonprofit, and private sector initiatives in areas such as, but not limited to, education, housing, transportation, and the environment will improve outcomes.

Effective interventions are anticipated to fall into five major categories: (1) policy, (2) systems change, (3) environment, (4) communications and media, and (5) program and service delivery. Federal agencies have many tools and assets in each category at their disposal. Focusing on a shared set of goals and implementation of the highest-priority interventions will guide cross-government engagement and dramatically increase impact.

These examples illustrate the five strategies:

1. **Policy:** Establish and enforce evidence-based laws, regulations, and standard institutional practices that promote prevention, create healthy environments, and foster healthy behaviors.

   Example: Support transportation policy that removes barriers to safe and convenient walking and bicycling, resulting in increased physical activity.

2. **Systems Change:** Establish procedures and protocols within institutions and networks that support healthy behaviors.

   Example: Increase the control of high blood pressure and high cholesterol through the use of patient registries, appointment and medication reminder systems, and incentives for providers who meet targets for keeping patients healthy.

3. **Environment:** Create social and physical environments and protect the ecological environment in ways that support people leading healthy lives and ensure that they can easily make healthy choices.

   Example: Increase the availability of and access to healthy and affordable food options, such as fresh fruits and vegetables, by increasing consumer choice and eliminating “food deserts,” particularly in at-risk urban and underserved communities.

4. **Communications and Media:** Raise health awareness, especially among those who currently experience health disparities and limited health literacy. Strengthen social norms in support of healthy choices through interactive, social, and mass media.

   Example: Inform consumers about options for accessing and preparing healthy and affordable foods.

5. **Program and Service Delivery:** Design prevention programs and services to support healthy choices and contribute to wellness, offering them in a variety of clinical and community settings (e.g., schools, community recreation centers, and workplaces).

   Example: Provide safe and affordable opportunities for physical activity in schools, parks and other public lands, and communities.

Work Plan and Timeline

The Council has developed a work plan and timeline for its efforts. This information is provided in Appendix 2.

Activities to Date

Activities to date include:

- Executive Order establishing the National Prevention, Health Promotion and Public Health Council and appointing the Surgeon General as Chair of the Council, signed by the President on June 10, 2010.
- Preliminary analyses:
  - Review data on the leading and underlying causes of death.
  - Identification and preliminary review of existing national prevention plans and strategies (U.S. and international).
- 2010 Annual Status Report prepared.
- Preliminary consideration of additional Council members.
- Council teleconference held on June 25, 2010.
  - The full Council, including the Department of Health and Human Services, Department of Agriculture, Department of Education, Federal Trade Commission, Department of Transportation, Department of Labor, Department of Homeland Security, Environmental Protection Agency, Office of National Drug Control Policy, Domestic Policy Council, Department of the Interior-Indian Affairs, and Corporation for National and Community Service, was represented.
  - The Council approved the 2010 Annual Status Report.

Conclusion

This Annual Status Report presents guiding principles, data on the leading and underlying causes of death, examples of current federal programs, and brief descriptions of types of interventions that will form the basis of the National Prevention and Health Promotion Strategy. The critical work of developing the Strategy is taking shape under the direction of the Council. The Council's work, however, will extend beyond the development of the Strategy. As directed by the Affordable Care Act, the Council will provide coordination and leadership for federal prevention and wellness efforts on an ongoing basis. The work of the Council will be focused and guided by input from the Advisory Group and a broad array of stakeholders, ongoing reviews of existing scientific data and evidence, and identification of opportunities to strengthen and expand current efforts.

Appendix 1: Patient Protection and Affordable Care Act

TITLE IV—PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH
Subtitle A—Modernizing Disease Prevention and Public Health Systems

SEC. 4001. NATIONAL PREVENTION, HEALTH PROMOTION AND PUBLIC HEALTH COUNCIL.

(a) ESTABLISHMENT.—The President shall establish, within the Department of Health and Human Services, a council to be known as the ''National Prevention, Health Promotion and Public Health Council'' (referred to in this section as the ''Council'').

(b) CHAIRPERSON.—The President shall appoint the Surgeon General to serve as the chairperson of the Council.

(c) COMPOSITION.—The Council shall be composed of—
(1) the Secretary of Health and Human Services;
(2) the Secretary of Agriculture;
(3) the Secretary of Education;
(4) the Chairman of the Federal Trade Commission;
(5) the Secretary of Transportation;
(6) the Secretary of Labor;
(7) the Secretary of Homeland Security;
(8) the Administrator of the Environmental Protection Agency;
(9) the Director of the Office of National Drug Control Policy;
(10) the Director of the Domestic Policy Council;
(11) the Assistant Secretary for Indian Affairs;
(12) the Chairman of the Corporation for National and Community Service; and
(13) the head of any other Federal agency that the chairperson determines is appropriate.

(d) PURPOSES AND DUTIES.—The Council shall—
(1) provide coordination and leadership at the Federal level, and among all Federal departments and agencies, with respect to prevention, wellness and health promotion practices, the public health system, and integrative health care in the United States;
(2) after obtaining input from relevant stakeholders, develop a national prevention, health promotion, public health, and integrative health care strategy that incorporates the most effective and achievable means of improving the health status of Americans and reducing the incidence of preventable illness and disability in the United States;
(3) provide recommendations to the President and Congress concerning the most pressing health issues confronting the United States and changes in Federal policy to achieve national wellness, health promotion, and public health goals, including the reduction of tobacco use, sedentary behavior, and poor nutrition;
(4) consider and propose evidence-based models, policies, and innovative approaches for the promotion of transformative models of prevention, integrative health, and public health on individual and community levels across the United States;
(5) establish processes for continual public input, including input from State, regional, and local leadership communities and other relevant stakeholders, including Indian tribes and tribal organizations;

(6) submit the reports required under subsection (g); and
(7) carry out other activities determined appropriate by
the President.

(e) MEETINGS.—The Council shall meet at the call of the Chairperson.

(f) ADVISORY GROUP.—
(1) IN GENERAL.—The President shall establish an Advisory Group to the Council to be known as the ''Advisory Group on Prevention, Health Promotion, and Integrative and Public Health'' (hereafter referred to in this section as the ''Advisory Group''). The Advisory Group shall be within the Department of Health and Human Services and report to the Surgeon General.
(2) COMPOSITION.—
(A) IN GENERAL.—The Advisory Group shall be composed of not more than 25 non-Federal members to be appointed by the President.
(B) REPRESENTATION.—In appointing members under subparagraph (A), the President shall ensure that the Advisory Group includes a diverse group of licensed health professionals, including integrative health practitioners who have expertise in—
(i) worksite health promotion;
(ii) community services, including community health centers;
(iii) preventive medicine;
(iv) health coaching;
(v) public health education;
(vi) geriatrics; and
(vii) rehabilitation medicine.
(3) PURPOSES AND DUTIES.—The Advisory Group shall develop policy and program recommendations and advise the Council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion.

(g) NATIONAL PREVENTION AND HEALTH PROMOTION STRATEGY.—Not later than 1 year after the date of enactment of this Act, the Chairperson, in consultation with the Council, shall develop and make public a national prevention, health promotion and public health strategy, and shall review and revise such strategy periodically. Such strategy shall—
(1) set specific goals and objectives for improving the health of the United States through federally-supported prevention, health promotion, and public health programs, consistent with ongoing goal setting efforts conducted by specific agencies;
(2) establish specific and measurable actions and timelines to carry out the strategy, and determine accountability for meeting those timelines, within and across Federal departments and agencies; and
(3) make recommendations to improve Federal efforts relating to prevention, health promotion, public health, and integrative health care practices to ensure Federal efforts are consistent with available standards and evidence.

(h) REPORT.—Not later than July 1, 2010, and annually thereafter through January 1, 2015, the Council shall submit to the President and the relevant committees of Congress, a report that—
(1) describes the activities and efforts on prevention, health promotion, and public health and activities to develop a national strategy conducted by the Council during the period for which the report is prepared;

(2) describes the national progress in meeting specific prevention, health promotion, and public health goals defined in the strategy and further describes corrective actions recommended by the Council and taken by relevant agencies and organizations to meet these goals;
(3) contains a list of national priorities on health promotion and disease prevention to address lifestyle behavior modification (smoking cessation, proper nutrition, appropriate exercise, mental health, behavioral health, substance use disorder, and domestic violence screenings) and the prevention measures for the 5 leading disease killers in the United States;
(4) contains specific science-based initiatives to achieve the measurable goals of Healthy People 2020 regarding nutrition, exercise, and smoking cessation, and targeting the 5 leading disease killers in the United States; [*As revised by section 10401(a)*]
(5) contains specific plans for consolidating Federal health programs and Centers that exist to promote healthy behavior and reduce disease risk (including eliminating programs and offices determined to be ineffective in meeting the priority goals of Healthy People 2020); [*As revised by section 10401(a)*]
(6) contains specific plans to ensure that all Federal health care programs are fully coordinated with science-based prevention recommendations by the Director of the Centers for Disease
Control and Prevention; and
(7) contains specific plans to ensure that all non-Department of Health and Human Services prevention programs are based on the science-based guidelines developed by the Centers for Disease Control and Prevention under paragraph (4).

(i) PERIODIC REVIEWS.—The Secretary and the Comptroller General of the United States shall jointly conduct periodic reviews, not less than every 5 years, and evaluations of every Federal disease prevention and health promotion initiative, program, and agency. Such reviews shall be evaluated based on effectiveness in meeting metrics-based goals with an analysis posted on such agencies' public Internet websites.

Appendix 2: Anticipated Work Plan and Timeline

	Anticipated Timeline of Activities, including Strategy Development							
Anticipated Activities and Milestones	***March – June 2010***	**July – Sept. 2010**	**Oct. – Dec. 2010**	**Jan. – March 2011**	**Apr. – June 2011**	**July – Sept. 2011**	**Oct. – Dec. 2011**	**2012 onward**
Council established by Executive Order, Chair designated.	X							
Council planning activities undertaken.	X							
Council convened via teleconference (June 25, 2010).	X							
Council submits 2010 Annual Status Report to the President and Congress by July 1, 2010.		X						
Advisory Group established and convened.		X						
Council develops Strategy		X	X	X				
Stakeholder and expert input, via meetings and technology.		X	X	X				
Prevention goals and strategies for leading causes of death and their risk factors identified and prioritized.		X	X					
Federal initiatives and activities reviewed to facilitate improved alignment and adherence to the current evidence base.			X	X				
Actions and timelines identified.			X	X				
Performance metrics identified.			X	X				
Strategy released to the public.				X				

	Anticipated Timeline of Activities, including Strategy Development							
Anticipated Activities and Milestones	***March – June 2010***	**July – Sept. 2010**	**Oct. – Dec. 2010**	**Jan. – March 2011**	**Apr. – June 2011**	**July – Sept. 2011**	**Oct. – Dec. 2011**	**2012 onward**
Council prepares and submits second annual status report to Congress and the President by July 1, 2011, and annually thereafter through January 1, 2015.					X			X
Council coordinates implementation of the Strategy.					X	X	X	X
Council continues to review and update science-based recommendations and priorities.					X	X	X	X