

Implementing the National Prevention Strategy: 2013 State Partners Meetings Overview

OVERVIEW

The National Prevention Strategy (NPS), released on June 16, 2011, aims to guide our nation in the most effective and achievable means for improving health and well-being. NPS identifies four strategic directions to build a prevention-oriented society, and seven priorities that provide evidence-based recommendations likely to reduce the burden of the leading causes of preventable death and illness. Guided by the National Prevention Council members, NPS prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives. This document describes the formation of a group of partners to facilitate this work at the state level, details the cross-sector approach to prevention that the group discussed, includes examples of partner organizations' initiatives, and lists the opportunities for multi-sector collaboration that the group identified.

To support NPS's work, ASTHO convened a group of nongovernmental organizations (NGOs) that represent state-level leadership in the sectors represented at the federal level by the National Prevention Council. This partnership helps organizations identify opportunities to promote the health and wellness of all Americans through NPS implementation. The group met for the first time at the White House in February 2013 with former Surgeon General Regina Benjamin to kick off the partnership. Through continued meetings and calls, the partners are planning ways to integrate NPS into their own organizations' and memberships' work by improving the health of their employees, members, and other professional networks.

Over the course of the project so far, state partner organizations contributed to a National Association of State Workforce Agencies (NASWA) resource document for unemployed individuals to include a focus on health resources. Also as a result of these collaborative efforts, ASTHO is partnering with the National Association of Attorneys General's (NAAG) Public Health Law Fellowship program to mentor a fellowship recipient working on prescription drug issues. Several organizations also expressed interest in worksite wellness initiatives at their organizations following a presentation by ASTHO about the benefits of HealthLead™, a worksite wellness program.

NGO State Partner Organizations

- American Public Transportation Association.
- Association of State and Territorial Health Officials.
- Environmental Council of the States.
- National Association of Area Agencies on Aging.
- National Association of Attorneys General.
- National Association of Medicaid Directors.
- National Association of State Alcohol and Drug Abuse Directors.
- National Association of State Boards of Education.
- National Association of State Departments of Agriculture.
- National Association of State Workforce Agencies.
- United Way Worldwide.

ROLE OF STATE PARTNER ORGANIZATIONS

All sectors play a role in health. NPS highlights that NGOs can help by convening diverse partners to promote strong cross-sector participation in planning, implementing, and evaluating prevention efforts.

Cross-sector work at the state level is a key component necessary to address many of NPS's strategic directions and priorities. For example, in the strategic direction of "Healthy and Safe Community Environments," NPS

identifies roles that state-level leadership can have, including:

- Facilitating collaboration among diverse sectors (e.g., planning, housing, transportation, energy, education, environmental regulation, agriculture, business associations, labor organizations, health and public health) when making decisions likely to have a significant effect on health.
- Including health criteria as a component of decisionmaking (e.g., policymaking, land use and transportation planning).
- Conducting comprehensive community health needs assessments and developing state and community health improvement plans.
- Promoting the use of interoperable systems to support data-driven prevention decisions, and implementing evidence-based prevention policies and programs, such as those listed in [“The Guide to Community Preventive Services”](#) (The Community Guide).
- Strengthening and enforcing housing and sanitary code requirements, and ensuring rapid remediation or alternative housing options.
- Participating in health departments’ national voluntary accreditation.

Leaders from the NGO state partners group have a unique ability to facilitate collaboration between multiple sectors of state governments, which is important to ensure that policies are aligned to promote health in all states.

Action Steps for Partner Organizations

- Research cross-sector projects in states.
- Develop and share materials in NPS priority areas.
- Present at targeted meetings and webinars.
- Build support from leadership.
- Engage federal-level and community-level partners.
- Develop communications materials for members and staff.
- Implement prevention policies through worksite wellness programs.
- Expand partnerships that support NPS efforts.

EXAMPLES OF PARTNERS’ MULTI-SECTOR WORK ADVANCING NPS

Organizations with experience working across NPS’s strategic directions and priorities shared presentations with the NGO state partners. These presentations provided relevant examples of how others can incorporate the NPS vision into their organizations and memberships. Below are several examples of information and resources shared by NGO state partner organizations.

ASTHO’s Worksite Wellness Initiatives

Worksite wellness programs at ASTHO utilize a two-pronged approach, including internal policies within ASTHO and external work with states. Worksite wellness is important because, although many factors that contribute to health are under an individual’s control, the work environment also plays an important role.

ASTHO’s [internal worksite wellness policies](#) and benefits include: (1) a healthy foods policy, including portion control and an emphasis on whole grains; (2) breastfeeding and lactation support for new moms and paid maternity leave; (3) a smoke-free meeting facilities policy; (4) wellness benefit for employees, and weekly wellness walks; (5) participation in an annual physical activity challenge; and (6) HealthLead accreditation, which allows ASTHO to be seen as a leader in worksite wellness.

One example of ASTHO’s [external worksite wellness work](#) is its environmental scan of public health departments’ worksite wellness policies. ASTHO also features several case studies on its website that cover diverse worksite wellness initiatives, including: (1) point-of-use signage in stairwells in [Texas](#); (2) a worksite wellness program across agencies’ employee assistance programs in Arkansas; and (3) an obesity and diabetes program in private and state government offices for more than 180,000 employees in [Maryland](#).

National Association of State Boards of Education (NASBE), “How to Work with Schools”

In schools, there is a decisionmaker at three levels: state agency, school district, and school. The most

effective avenue to policy change occurs when the change is already supported at one level. State boards of education are interested in supporting students' health, but there are a lot of other responsibilities that compete as priorities. [NASBE](#) shares resources that may be beneficial for organizations that are interested in working with schools. For example, it maintains the [State School Health Policy Database](#), published a series of "[Fit, Healthy, and Ready to Learn](#)" booklets, contributed to voluntary [publishing guidelines](#) for schools to help incorporate physical activity into curricula, and is updating a resource, "How Schools Work and How to Work With Schools," that provides guidance for partners interested in cross-sector work.

National Association of State Workforce Agencies (NASWA), "Prevention and the Workforce System"

More than half of the long-term unemployed feel hopeless, and unemployed individuals are more likely to be clinically depressed. More than 21 percent of people who are unemployed meet criteria for depression, compared to 6.6 percent of employed individuals.¹ The Unemployment Insurance (UI) program is the first place many displaced workers turn to, so the workforce system provides an ideal opportunity to provide health and other prevention resources. In follow up to the NPS meeting, NASWA invited a representative from the Office of the Surgeon General to an internal meeting of the organization's leadership to speak about opportunities to promote health during unemployment. Workforce system administrators reported staff would benefit from more information about the health risks of unemployment and healthcare resources, so they can respond to customers more holistically when they come to the system for assistance. To achieve this, NASWA helped the Department of Labor share resources with the state and local workforce system about the Affordable Care Act (ACA). This included co-hosting a webinar on ACA, and collaborating with the Financial Industry Regulatory Authority to update a brochure about

financial choices after a job loss to include relevant information about health and healthcare (including guidance about ACA, COBRA, and the healthcare tax credit). Separately, NASWA is developing new technologies to facilitate early connection of UI claimants to the job search assistance services of the workforce system. The technologies will enable the dissemination of prevention resources to UI claimants and other jobseekers.

KEY ISSUES IMPACTING NGO STATE PARTNER ORGANIZATIONS AND THEIR MEMBERSHIP

Throughout the project, partners discussed some of the main challenges that must be overcome to implement NPS at their organizations or among their memberships at the state level. Some key issues that the NGO state partners group identified included:

- Getting timely information from state-level partners.
- Availability of resources geared towards different regions (for example, large versus small cities).
- Budget constraints that force members to prioritize only the most basic programs, while a lot of other work has fallen by the wayside.
- Identifying challenges and opportunities for their membership as ACA begins being implemented.
- Funding losses and resource constraints, which mean having to do more with less and losing personnel. Organizations and members are trying to find ways to reduce costs and focus on return on investment (ROI).
- For data and IT, organizations are concerned about payment reform, delivery systems, data integration, and updating technology infrastructure.

FRAMING THE VALUE OF HEALTH FOR ALL SECTORS

One theme of the NGO state partners group's discussion was the challenge of funding prevention initiatives. Partners identified budget constraints as

¹ CDC. Current Depression Among Adults - United States, 2006 and 2008. *Morbidity and Mortality Weekly Report*. October 1, 2010. Available at: http://www.cdc.gov/features/dsdepression/revise_table_estimates_for_depression_mmwr_erratum_feb-2011.pdf. Accessed 10-30-2013.

a major challenge in expanding services beyond the basic level. ROI can be difficult to measure because prevention initiatives aren't as tangible as providing direct medical service, which can make it more difficult to find funding for prevention.

It is important to consider how to frame the value of health in different sectors. In the education sector, for example, leaders can help meet education goals by working on improving student health. Physical activity helps improve classroom behavior and academic achievement.² As far as negative health-related impacts, asthma increases absenteeism and hunger inhibits learning. For schools, absenteeism in particular is a budget concern that costs school districts money.

Example: Cross-Sector Health Impacts

The built environment and transportation systems impact access to healthcare. More than two million appointments are missed annually because of transportation issues.

The partners group identified several opportunities to re-frame health issues to make them relevant to different sectors. For example, organizations and states can set standards for how they allocate grant money by including health criteria in requests for applications. State leadership can also work with employers to help them see the value of employee health and wellness. The partners group discussed how prevention policies at their organizations can demonstrate to members that they value health and support their employees.

Organizations also identified some of their memberships' key priorities. Many of these key issues can be linked with health and prevention issues and opportunities. For example:

- For the education sector, supporting education reform, nutritious school meals, and the implementation of the Healthy Hunger-Free Kids Act is a current priority.

- For the law enforcement sector, tobacco consumer protection is a priority.
- For the transport sector, planning for sustainable growth in transportation infrastructure and preparing for the changing patterns of the millennial generation is key. The transport sector is also interested in the connection between the built environment, transportation, and health.

OPPORTUNITIES FOR CROSS-SECTOR COLLABORATION

An important way to support NPS's objectives is to collaborate across various sectors. The NGO state partners group agreed that these partnerships should be about meeting mutual goals. NGO partners identified several opportunities to collaborate, including:

1. Public transportation and education can work together to show young people how to use modes of transportation other than a car to get to school. For example, a "Walking School Bus" increases physical activity and engages law enforcement to ensure children are safe while walking to school. This can also impact asthma, due to the fumes school buses release from idling outside of schools. There are other creative strategies as well. New York City used idling buses to take seniors to farmers' markets during the day when kids were in school.
2. Agriculture and transportation can work together on procurement policies and use states' purchasing power to increase access to healthier food options. One of the commitments in the [National Prevention Council's action plan](#) was to serve healthier foods in federal agencies, and many states are working on these strategies as well. For example, Massachusetts issued [Executive Order 509](#) that requires state vendors that provide a package of services, including foods and beverages, to follow specific nutrition standards developed by the Massachusetts Department of Public Health.
3. Education and agriculture can work together on initiatives such as [farm-to-school programs](#) and teaching students about agriculture in the classroom.

² HHS, CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. "The association between school-based physical activity, including physical education, and academic performance." Atlanta, GA: HHS. 2010. Available at http://www.cdc.gov/healthyyouth/health_and_academics/pdf/pa-pe_paper.pdf. Accessed 10-30-13.

4. The workforce sector recognizes that unstable personal finances take a huge toll on physical and mental health. For example, South Carolina uses a database that connects people faced with a job loss to multiple service agencies covering health, schools, employment, and taxes. Small things in communities like financial planning can make a big difference to community health.

TAKING ACTION

The NGO state partners meetings provided a forum for groups to brainstorm potential next steps and initiatives. Organizations identified ideas to improve health among their membership and communities:

- **Research Cross-sector Projects in States.** Identify states or regions that provide major opportunities for improvement, and find synergies between memberships in overlapping areas to target first. Additionally, a survey to figure out what work states are already doing would provide a number of practical, real-world examples to share with the NGO state partners and each organization's stakeholders.
- **Develop and Share Materials.** Potential collaborations to share resources could include a toolkit for cross-sector work, including a [Health in All Policies \(HiAP\) resource](#). NGOs also shared examples of best practices in different sectors, including [The Community Guide](#), [Sustainable Communities](#), [County Health Rankings and Roadmaps](#), and [America's Health Rankings](#).
- **Speakers' Bureau for Meetings and Webinars.** The partners proposed forming a speakers' bureau to facilitate speaking at each other's meetings and linking organizations with prevention specialists. They expressed interest in participating in HHS regional meetings and inviting the surgeon general to their meetings to engage with their members and leadership. The organizations were also interested in inviting each other to attend their annual meetings, present at various meetings or webinars, or participate on panel discussions about health and cross-sector work.
- **Build Support from Leadership.** Many partners said that finding ways to build momentum for

NPS was a vital next step for their organizations. Strategies for making prevention a priority among leadership included conducting health impact assessments, leveraging board members' reach and partnerships, engaging nontraditional partners, increasing name recognition of the initiative, and sharing information about NPS and the NGO partners group.

- **Engage Federal-Level Partners.** Federal-level partners were also identified as having a role in state-level efforts. After building momentum at the state level, partners would like to reengage the federal agencies that are part of the National Prevention Council to drive attention to successful partnerships and give recognition to programs that could serve as models.
- **Develop Communications Materials.** Organizations should collaborate to develop messaging to articulate prevention's ROI/value-added to their organizations' and memberships' policymakers.
- **Implement Prevention Policies.** Partners were interested in adopting internal policies related to NPS. One example included developing and implementing healthier food guidelines for hosted meetings and events and finding greener ways of sharing resources.
- **Expand Partnerships.** The group also brainstormed organizations that were missing from the table. Partners were interested in working with other sectors.

CONCLUSION

In addition to hosting collaborative meetings with NGO state partners, ASTHO compiled toolkits that provide resources to support cross-sector initiatives aligned with NPS's goals. ASTHO's [NPS Implementation Toolkit](#) provides state and territorial leadership teams with state case studies and resources that illustrate how multiple sectors can effectively work together to increase the number of Americans who are healthy at every stage of life. Additionally, ASTHO's [HiAP website](#) and [toolkit](#) provide in-depth guidance on the HiAP approach to policymaking and program development at the state level.