National Leadership

National leadership is critical to support our nation’s focus on prevention, catalyze action across society, and implement the Strategic Directions and Priorities of the National Prevention Strategy. The National Prevention Council, created through the Affordable Care Act, comprises 17 Federal departments, agencies and offices and is chaired by the Surgeon General. The National Prevention Council developed the Strategy with input from the Prevention Advisory Group, stakeholders, and the public (Appendix 3). The Council will continue to provide national leadership, engage a diverse array of stakeholders, facilitate coordination and alignment among Federal departments, agencies, and offices and non-Federal partners, champion the implementation of effective policies and programs, and ensure accountability.

Provide National Leadership
The National Prevention Council provides coordination and leadership at the Federal level and identifies ways that agencies can work individually, as well as together, to improve our nation’s health. The Council helps each agency incorporate health considerations into decision making, enhances collaboration on implementing prevention and health promotion initiatives, facilitates sharing of best practices, and, as appropriate, coordinates guidance and funding streams. The Council will identify specific, measurable actions and timelines to carry out the Strategy, and will determine accountability for meeting those timelines within and across Federal departments and agencies.

Engage Partners
The Council will ensure ongoing engagement of partners from all parts of society to understand and act upon advancements and developments that may affect health and wellness through prevention. Partners are necessary to implement the Strategy at the national, state, tribal, local, and territorial levels. The Council will foster partnerships, identify areas for enhanced coordination and alignment, and disseminate best practices.

Align Policies and Programs
Aligning policies and programs at the national, state, tribal, local, and territorial levels can help ensure that actions are synergistic and complementary. When all sectors are working toward common prevention priorities, improvements in health can be amplified. The National Prevention Council will work to identify and facilitate the sharing of best practices to support the alignment of actions with what has been shown to be effective.

Assess New and Emerging Trends and Evidence
The prevention landscape continuously evolves as scientific evidence, new plans and reports, new legislation, and innovative partnerships emerge. The Strategy will adapt its approaches as new information becomes available. The Council will review new and emerging data and evidence, prioritizing our nation’s health needs and providing information to the President and Congress concerning the most pressing health issues confronting the United States.

Ensure Accountability – Annual Status Report
The National Prevention Council will track progress in implementing the National Prevention Strategy, report on successes and challenges, and identify actions that are working, as well as areas where additional effort is needed. The Strategy contains metrics that will be used to measure progress. Key indicators are identified for the overarching goal, the leading causes of death, and each of the Strategic Directions and Priorities. Each year, the National Prevention Council will deliver an Annual Status Report to the President and Congress.

The Prevention Advisory Group
The Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (Prevention Advisory Group), also created by the Affordable Care Act, brings a non-Federal perspective to the Strategy’s policy and program recommendations and to its implementation. The Presidentially appointed Prevention Advisory Group (Appendix 4) will assist in the implementation of the Strategy, working with partners throughout the nation. The Prevention Advisory Group will advise the National Prevention Council in developing public, private, and nonprofit partnerships that will leverage opportunities to improve our nation’s health. The Prevention Advisory Group will also continue to develop and suggest policy and program recommendations to the Council.
Partners in Prevention

Aligning and coordinating prevention efforts across a wide range of partners is central to the success of the National Prevention Strategy. Engaging partners across disciplines, sectors, and institutions can change the way communities conceptualize and solve problems, enhance implementation of innovative strategies, and improve individual and community well-being.

Who are the Partners in Prevention?
The Federal government alone cannot create healthier communities. State, tribal, local, and territorial governments, businesses, health care, education, and community and faith-based organizations are all essential partners in this effort.

Roles that Partners Play
A wide range of actions contribute to and support prevention, ranging, for example, from a small business that supports evidence-based workplace wellness efforts, to a community-based organization that provides job training for the unemployed, to the parent of young children who works to provide healthy foods and ensure they receive appropriate preventive services. Partners play a variety of roles and, at their best, are trusted members of the communities and populations they serve. Opportunities for prevention increase when those working in housing, transportation, education, and other sectors incorporate health and wellness into their decision making. The following roles exemplify opportunities that partners can take to support prevention:

**Policy Maker**
Individuals, organizations, and communities have a role in developing, implementing, and enforcing policies, laws, and regulations within their jurisdictions, whether they are states, cities, communities, work sites, schools, or recreation areas. Organizations can explicitly consider the potential health impact of policy options and choose to implement those policies that improve health. For example, a metropolitan planning organization can institutionalize the use of health criteria when making planning decisions on land use and design to provide opportunities for safe physical activity.

**Purchaser**
Individuals, agencies, and organizations purchase various goods and services, such as food, vehicles, health insurance, and supplies, and some finance the construction of infrastructure projects, such as buildings, housing, and roads. They can use their purchasing power to promote health and wellness. For example, businesses can adopt policies to procure healthy foods and build healthier environments for their workers and customers.

**Employer**
Employers have the ability to implement policies and programs that foster health, wellness, and safety among their employees. Evidence-based work-site employee wellness and safety policies and programs can reduce health risks and improve the quality of life for millions of workers in the United States. For example, employers can provide tailored, confidential counseling to promote life skills, combat depression, address substance use problems, and enhance overall emotional well-being for employees.

**Funder**
Funding for research, programs, operations, and infrastructure (e.g., roads) can be used to improve prevention. Organizations that provide financial support can encourage funding recipients to adhere to health principles and standards, leverage cross-sector collaboration, and support development of healthy communities. For example, state, tribal, local, and territorial governments can incorporate recommendations for physical activity and standards for healthy eating into performance standards for schools and child care centers.

**Data Collector and Researcher**
Data and research can be used to strengthen implementation of the National Prevention Strategy. For example, a university can help demonstrate the business case for prevention and share these findings with corporate decision makers (e.g., board chairs, corporate officers). Further, researchers can work with communities by providing data that present a comprehensive community profile (e.g., community health status and data on transportation, recreation, labor, environment, and education), helping identify evidence-based strategies, and measuring progress.
Health Care Provider
Individuals and organizations that deliver health care services can implement policies and systems to support the delivery of high-impact clinical preventive services and enhance linkages between clinical and community prevention efforts. For example, a health care system can adopt a decision support system that prompts clinicians to deliver appropriate clinical preventive services to patients.

Communicator and Educator
Individuals and communities provide and receive information through many sources. Advertising, educational campaigns, informational websites, and trainings can raise awareness, provide people with knowledge and skills, and create supportive environments to help people make healthy decisions.

PROJECT HIGHLIGHT: Incorporating Health in Regional Transportation Planning: Nashville, Tennessee
Recognizing the relationship between the built environment, transportation, and health, the Nashville Area Metropolitan Planning Organization adopted a set of guiding principles, goals, and objectives to help the region pursue quality growth as a central part of its 25-year regional transportation plan. Emphasizing mass transit, active transportation (e.g., biking, walking), and preservation and enhancement of roadways, the plan incorporates health considerations into infrastructure project selection. Sixty percent of the selection criteria are related to health, safety, congestion reduction, and active transportation, which has resulted in the inclusion of sidewalks, bicycle lanes, or shared-use lanes in 70 percent of funded roadway projects (up from 2 percent). The plan also reserves a minimum of 25 percent of Federal Surface Transportation Project dollars for active transportation.