Guide to Implementing the National Prevention Strategy

Parts 2 and 3 of the Guide to Implementing the National Prevention Strategy are derivatives of The University of New Hampshire’s Adaptation of the NPS. The University of New Hampshire retains all copyrights to its original work - © 2012 The University of New Hampshire and its Institute for Health Policy and Practice.

Part 1: About the National Prevention Strategy

The National Prevention Strategy (NPS, the Strategy), released June 16, 2011, aims to guide our nation in the most effective and achievable means for improving health and well-being, with the goal of increasing the number of Americans who are healthy at every stage of life. The NPS prioritizes prevention by integrating Recommendations and Actions across multiple community settings to improve health and save lives. The NPS’s vision is working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness.

The Strategy identifies four Strategic Directions and seven targeted health Priorities. The Strategic Directions provide a strong foundation for all of our nation’s prevention efforts and include core Recommendations and Actions necessary to build a prevention-oriented society. The Strategic Directions are:

- Healthy and Safe Community Environments;
- Clinical and Community Preventive Services;
- Empowered People; and
- Elimination of Health Disparities.

Within the framework of the Strategic Directions, the health Priorities provide evidence-based Recommendations and Actions that are most likely to reduce the burden of the leading causes of preventable death and major illness. Recommendations and Actions are provided for the following seven health Priorities:

- Tobacco Free Living;
- Preventing Drug Abuse and Excessive Alcohol Use;
- Healthy Eating;
- Active Living;
- Injury and Violence Free Living;
- Reproductive and Sexual Health; and
- Mental and Emotional Well-Being.

Each Strategic Direction and Priority has its own three- to four-page section in the NPS document, which describes the goals and objectives. Each section is ordered in the same way:

1. Background: This introductory paragraph provides an overview indicating why the Strategic Direction or Priority was chosen.
2. Key Facts: This section provides important data to underscore the importance of addressing the particular health issue.
3. Recommendations: This section explains how to achieve this Strategic Direction or Priority. The recommendations are consistent with available scientific standards and evidence. Five major scientific resources were used to validate the evidence base for each recommendation:

   - The Guide to Community Preventive Services;
   - The U.S. Preventive Services Task Force;
   - Healthy People 2020;
   - The Institute of Medicine; and
   - Cochrane Reviews.

4. Actions: This section specifies action items to address Prevention. (Please note that these Actions are not comprehensive. They represent examples of tasks that different sectors can address to implement the NPS recommendations in their communities. They should serve as a starting point for taking action.) There are two sections under the Actions heading:

   a. Federal Government will; and
   b. Partners Can.

The Federal Government will section is a listing of specific action items the Federal Government should address to encourage the development of a prevention-based health care system and culture. The Partners Can section is the section for community sectors, called Partners in Prevention. These Actions are assigned to the following Partners:

   - State, Tribal, Local, and Territorial Governments;
   - Businesses and Employers;
   - Health Care Systems, Insurers, and Clinicians;
   - Early Learning Centers, Schools, Colleges, and Universities;
   - Community, Non-Profit, and Faith-Based Organizations; and
   - Individuals and Families.

Aligning and coordinating prevention efforts across a wide range of Partners is central to the success of the NPS. 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. When all sectors are working toward common prevention priorities, improvements in health can be amplified. One example of such work can be found in Healthy UNH, located at the University of New Hampshire. The University’s implementation of NPS is one of the most comprehensive approaches taken to date.

**Part 2: Healthy UNH’s Implementation of the National Prevention Strategy**

Healthy UNH is an initiative at the University of New Hampshire, striving to increase the health of the campus population while simultaneously decreasing health care costs.

Healthy UNH arose from conversations within the UNH President’s Cabinet in 2008. Ten years of the University’s health care costs increasing by 10% annually, combined with the health cost benefit being the most expensive benefit provided to employees, led to a charge for the University to address these issues. In 2009, Healthy UNH launched as a campus program, aimed at increasing the health of faculty, staff, and students; educating our entire campus population about the burden of illness and health care costs; teaching people to take more responsibility for their own health; and helping them become wise
and engaged health care consumers. It was led by an Action Committee of key campus stakeholders, who helped define the work of Healthy UNH for its first three years.

Healthy UNH focuses its work in four areas:

1. Coverage and Reimbursement;
2. Environment & Market;
3. Health Care Delivery; and
4. Wellness.

After three years of work, Healthy UNH approached 2012 as a planning year, with a focus on reviewing its work to date and determining how to keep moving forward. Historically, programming had focused on decreasing the rising rates of chronic disease; addressing the increasing rates of stress, anxiety, and other mental health issues; and providing better information about resources available to promote health. The National Prevention Strategy seemed to align perfectly, and provided a framework to organize the planning efforts.

As a first step, Healthy UNH needed to determine its community role as a Partner in Prevention. Initially, the University appeared to be an Early Learning Centers, Schools, Colleges, and Universities Partner, as well as a Businesses and Employers Partner. But after reviewing all Actions included in the NPS, it became clear that UNH is a community with influences across all sectors:

- UNH serves as an Early Learning Centers, Schools, Colleges, and Universities Partner. Not only is it a University, it also operates an early learning center and has strong partnerships with schools throughout the area;
- UNH is a Businesses and Employers Partner. It operates as a business and employs almost 5,000 people;
- UNH functions as a State, Tribal, Local and Territorial Government Partner. UNH governs itself in many ways, such as providing behavioral regulations for students living in campus housing through the Departments of Residential Life and Housing, as well as through its own Campus Police Department.
- UNH is a Health Care System, Insurer, and Clinicians Partner. UNH provides direct health care services for students and employees at Health Services. In addition, it influences its Health Insurance plan (and is self-insured);
- UNH is a Community, Non-Profit, and Faith-Based Organization Partner. Numerous student clubs, community outreach, and other organizations exist on campus, many with a direct focus on health and wellness; and
- UNH is an Individuals and Families Partner because it is a community of students, employees, families, and residents.

As a second step, Healthy UNH needed to understand which Actions in the above Partner roles applied to UNH. Being a Partner in Prevention for all sectors does not necessarily mean that all Actions for all of the Partners are applicable to UNH. Healthy UNH reviewed each Action included in the NPS, and evaluated applicability in consideration of vision, values, and areas of need, as well as understanding what things are within the University’s ability to modify.
For example, under the *Priority Tobacco Free Living*, NPS indicates that “*Businesses and Employers can comply with restrictions on the sale, distribution, advertising, and promotion of tobacco products, including those set forth in the Tobacco Control Act.*” Although the University of New Hampshire is a *Businesses and Employers Partner*, it does not sell or advertise tobacco products. Therefore, this Action is an example of an Action that is not applicable.

As a third step, Healthy UNH needed to identify its existing community programming to identify available resources and other potential Partners. For each applicable Action, Healthy UNH researched available campus resources to help address it. To support this, Healthy UNH also identified campus departments responsible for providing specific, identified resources.

As a fourth step, Healthy UNH needed to determine its Partners in Prevention. Healthy UNH inventoried the frequency of which the names of campus departments were listed. The departments with the highest frequencies became the primary UNH Partners in Prevention. Healthy UNH’s Partners in Prevention are:

- Campus Recreation;
- Health Services;
- Campus Police;
- Campus Planning;
- Human Resources;
- Residential Life;
- Counseling Center;
- Department of Kinesiology;
- Dining Services; and
- Environmental Health and Safety.

As a fifth step, Healthy UNH met with each Partner to gather community buy-in, identify areas of strength and gaps in services, and get feedback about other potential Partners not included in the inventory of programs and resources.

And finally, as a sixth step, Healthy UNH synthesized its meeting findings to develop a set of Actions specific to the opportunities that were identified. This resulted in Healthy UNH’s NPS Action Plan – a set of 33 campus-specific Actions to address.

Healthy UNH’s process resulted in a logical, strategic set of tools that allowed implementation of NPS in a comprehensive way. These tools, which comprise the next section of this Guide, can be applied to other community settings - Universities, community regions, municipalities, and others. The Guide will help prevention stakeholders determine their places within the community sectors, help identify potential Partners, and steer communities through the implementation process. For specific questions about Healthy UNH’s process, email healthy.unh@unh.edu or visit www.unh.edu/healthyunh.
Part 3: Implementing the National Prevention Strategy with a Community Organization to Lead

Step 1. Determine your community role.
After becoming familiar with the format of NPS, the next step to implementing the NPS is to determine where your organization fits in terms of its community sector(s). In other words, what type of Partner in Prevention are you? NPS assigns specific Actions to each of its six essential community Partners. Like Healthy UNH, your organization may fit into multiple Partner categories. The six types of Partners are:

- State, Tribal, Local, and Territorial Governments;
- Businesses and Employers;
- Health Care Systems, Insurers, and Clinicians;
- Early Learning Centers, Schools, Colleges, and Universities;
- Community, Non-Profit, and Faith-Based Organizations; and
- Individuals and Families.

Step 2. Understand which Actions apply to you.
Now that you have identified the type of Partner(s) your organization is, you can begin to define your Actions. Each health Priority lists specific Actions for Partners to take to help address prevention in their communities.

For example, say you decided in Step 1 that your organization is a Businesses and Employers Partner. To define your Actions, you would look at all of the Actions listed for Businesses and Employers Partners in each of the seven health Priority sections.

Again, please note that these Actions are not comprehensive. They represent examples of actions that different sectors can take to implement the NPS recommendations, based on the existing evidence base. They should serve as a starting point for taking action and should not limit other actions needed in your community.

1. Create a tool to map out your Actions.
A template of Healthy UNH’s tool is available on the National Prevention Strategy page of the Healthy UNH website. The table below outlines the process thus far, using the Priority of Active Living as an example. The orange field indicates that the table is about Active Living, while the blue field indicates the Partner type. The white fields are the Actions for the Partner type in that Priority area.

<table>
<thead>
<tr>
<th>Name of Strategic Direction/Priority: Active Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>Businesses and Employers can:</td>
</tr>
<tr>
<td>Adopt policies and programs that promote walking, bicycling, and use of public transportation.</td>
</tr>
<tr>
<td>Design or redesign communities to promote opportunities for active transportation.</td>
</tr>
<tr>
<td>Sponsor a new or existing park, playground, or trail, recreation or scholastic program, or beautification or maintenance project.</td>
</tr>
</tbody>
</table>
Assess each action for applicability to your organization’s work.

While items included as Actions in the NPS further community-based prevention efforts, not all Actions make sense in all communities. To narrow your scope of work, you must focus on Actions that apply to your organization’s work.

For this step, return to the tool, focusing on column B, “Does this Action apply to our work?”, as seen below.

Review each Action, line by line, to assess whether it is applicable to your organization’s work. In doing this, it can be helpful to consider the following questions:

- Does this Action fall within our organization’s mission and/or scope of work?
- Does focusing efforts relating to this Action align with our organization’s values?
- Are there politics involved with addressing/not addressing this Action?
- Are there financial constraints involved with addressing/not addressing this Action?
- Are there any other potential barriers involved?

### Name of Strategic Direction/Priority: Active Living

<table>
<thead>
<tr>
<th>Businesses and Employers can:</th>
<th>Does this Action apply to our work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopt policies and programs that promote walking, bicycling, and use of public transportation.</td>
<td>Yes</td>
</tr>
<tr>
<td>Design or redesign communities to promote opportunities for active transportation.</td>
<td>No*</td>
</tr>
<tr>
<td>Sponsor a new or existing park, playground, or trail, recreation or scholastic program, or beautification or maintenance project.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Actions marked as “No” can be removed from the next iteration of the spreadsheet, if desired.

**Step 3. Inventory existing community programming to identify available resources and other potential Partners.**

We again return to the tool. This time, the focus is on column C, “Programs and Resources,” and column D, “Community Leads.” The “Programs and Resources” column will consist of all existing community programming available to address each Action. The “Community Leads” column will contain the names of community organizations providing the existing community programming. Since these organizations are already working to address some prevention-based efforts, they are potential Partners in Prevention.

### Name of Strategic Direction/Priority: Active Living

<table>
<thead>
<tr>
<th>Businesses and Employers can:</th>
<th>Does this Action apply to our work?</th>
<th>Programs &amp; Resources</th>
<th>Community Leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopt policies and programs that promote walking, bicycling, and use of public transportation.</td>
<td>Yes</td>
<td>Cat Cycles, Wildcat Transit, Campus Walking Paths, Heated</td>
<td>Transportation Services, Facilities,</td>
</tr>
</tbody>
</table>
### Step 4. Identify your community Partners in Prevention.

Count the number of times each community organization is included in the spreadsheet as part of *Community Leads*. The organizations listed most frequently are most likely your community’s Partners in Prevention.

### Step 5. Meet with each Partner to gather community buy-in, identify areas of strength and gaps in services, and get feedback about other potential Partners not included in your inventory of Programs and Resources.

Be sure to ask the following questions:

- Do existing resources address/meet each Action? If not, what resources are missing?
- Do resources exist that were not captured in Step 4?
- What are barriers to success (e.g. funding, space, politics)?
- What is the reach of accomplishing each action? Does this Action target a large enough population to be worthwhile?
- What other community organizations are key to this effort?

### Step 6. Synthesize the findings of your meetings to develop a set of Actions specific to the opportunities you identified.

Add another column to the right of the spreadsheet, entitled “Potential Activities.” Fill in this column with the gaps in services identified through the Partner meetings. These items represent your community-specific prevention Actions.

<table>
<thead>
<tr>
<th>Name of Strategic Direction/Priority: Active Living</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Businesses and Employers can:</strong> Adopt policies and programs that promote walking, bicycling, and use of public transportation.</td>
</tr>
</tbody>
</table>
Design or redesign communities to promote opportunities for active transportation. | No | | Work with Campus Planning to ensure adequate walking paths as campus expands.

Sponsor a new or existing park, playground, or trail, recreation or scholastic program, or beautification or maintenance project. | Yes | | Promote use of Main Street West Path

**Step 7: Prioritize your Actions.**

Once you have determined your organization’s set of Actions, it is time to prioritize them. It can be difficult to tackle multiple ideas at the same time – often times there are financial issues, political barriers, and time constraints to consider. Organizations may need to choose just one or two Actions as starter tasks to move the process along, with the intention to gain momentum along the way. To prioritize your Actions, it might be helpful to review each of them using the following questions:

- What are the barriers to accomplishing this Action?
- Are there costs associated with this Action? Are there resources for implementing the Action?
- Is the result of this action worth the amount of work/time associated?
- How likely is it that we will accomplish this Action?

It is important to consider both short-term and long-term goals when prioritizing Actions. It might be best to delay work for an Action in the short-term to build relationships in the long-term.

**Step 8: Go!**

Now that you have defined your Actions and prioritized them, the hard work really begins. Good luck!

In closing, the NPS provides evidence-based information to encourage communities to improve the health of Americans at every age, but every community is different. Use the experience of local stakeholders to create a strategy unique to your community’s needs.