

The National Prevention Strategy Public Health and Health Care: Nursing Opportunities for Collaboration

Susan M. Swider, PhD, APHN-BC, FAAN, Rush University

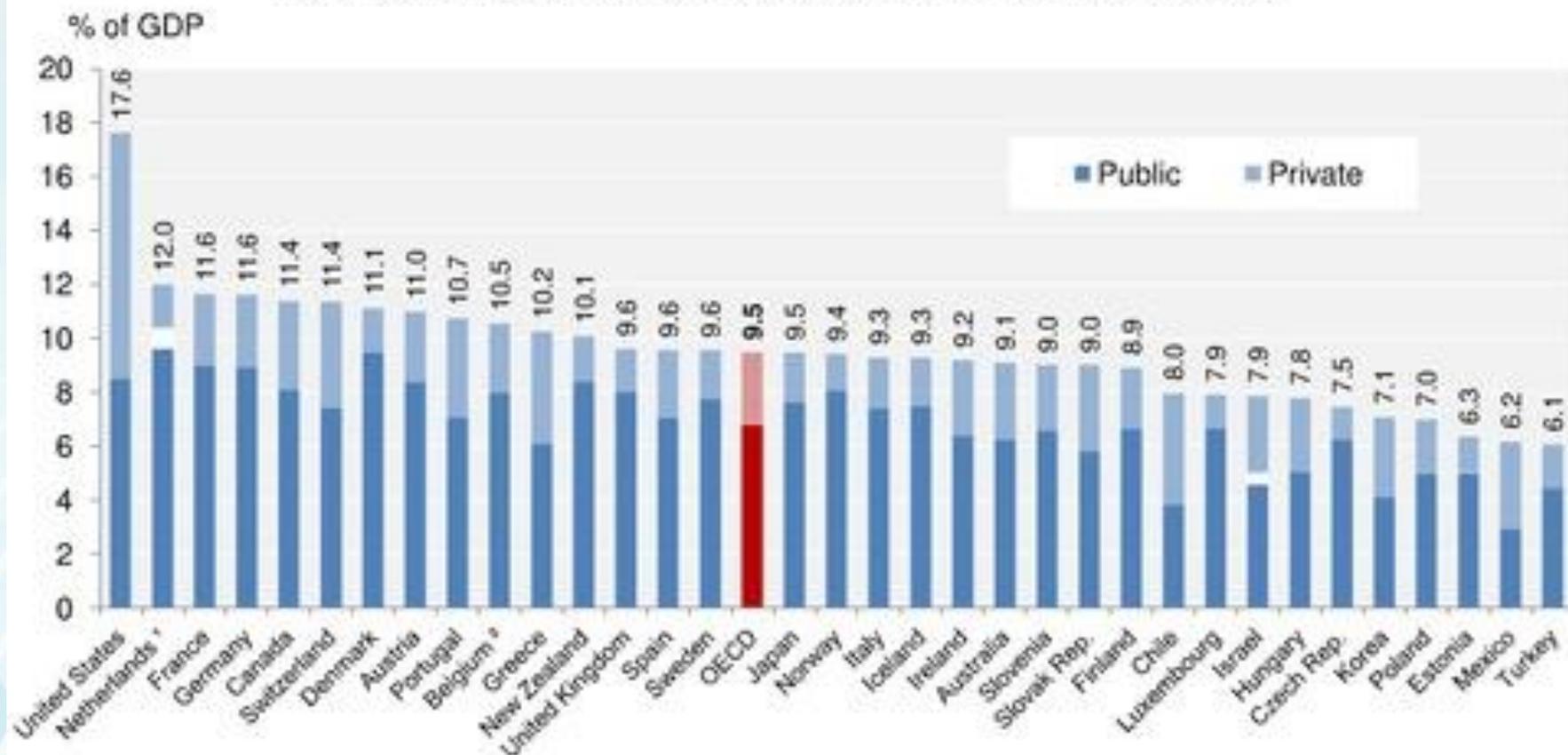
Susan_M_Swider@rush.edu

Nursing Professional Advisory Committee, USPHS

January 24, 2014

At 17.6% of GDP in 2010, US health spending is one and a half as much as any other country, and nearly twice the OECD average

Total health expenditure as a share of GDP, 2010 (or nearest year)



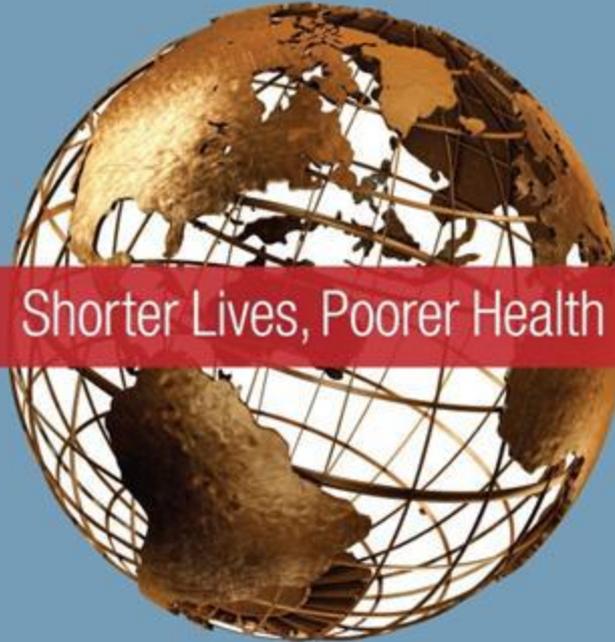
1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments.

2. Total expenditure excluding investments.

Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>.

Source: OECD Health Data 2012.

U.S. HEALTH
IN
INTERNATIONAL PERSPECTIVE

A globe with a wireframe structure, showing continents in a golden-brown color. A red banner is superimposed across the middle of the globe.

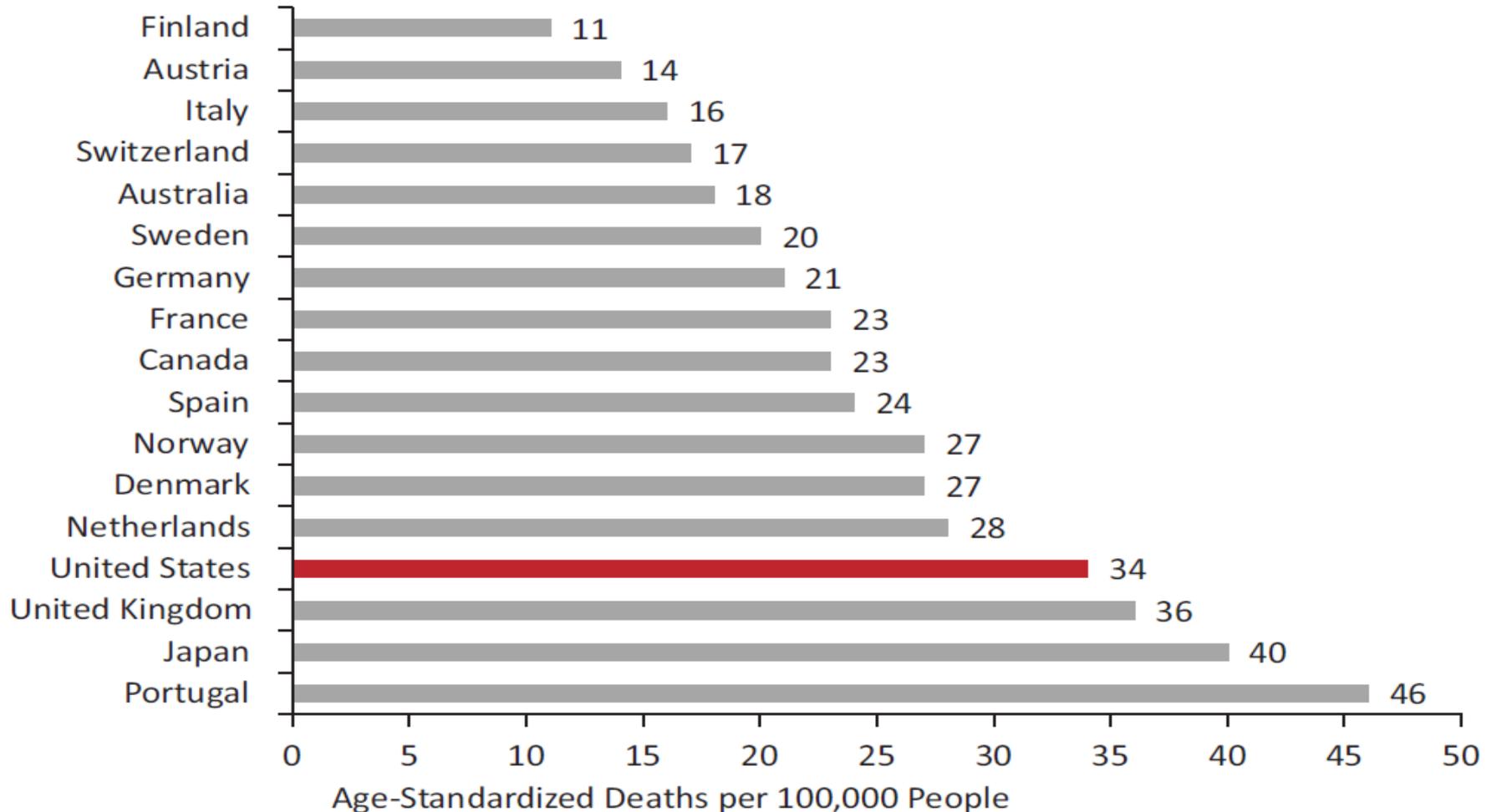
Shorter Lives, Poorer Health

NATIONAL RESEARCH COUNCIL AND
INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Life Expectancy at Birth, 2007

Males			Females		
Country	LE	Rank	Country	LE	Rank
Switzerland	79.33	1	Japan	85.98	1
Australia	79.27	2	France	84.43	2
Japan	79.20	3	Switzerland	84.09	3
Sweden	78.92	4	Italy	84.09	3
Italy	78.82	5	Spain	84.03	5
Canada	78.35	6	Australia	83.78	6
Norway	78.25	7	Canada	82.95	7
Netherlands	78.01	8	Sweden	82.95	7
Spain	77.62	9	Austria	82.86	9
United Kingdom	77.43	10	Finland	82.86	9
France	77.41	11	Norway	82.68	11
Austria	77.33	12	Germany	82.44	12
Germany	77.11	13	Netherlands	82.31	13
Denmark	76.13	14	Portugal	82.19	14
Portugal	75.87	15	United Kingdom	81.68	15
Finland	75.86	16	United States	80.78	16
United States	75.64	17	Denmark	80.53	17

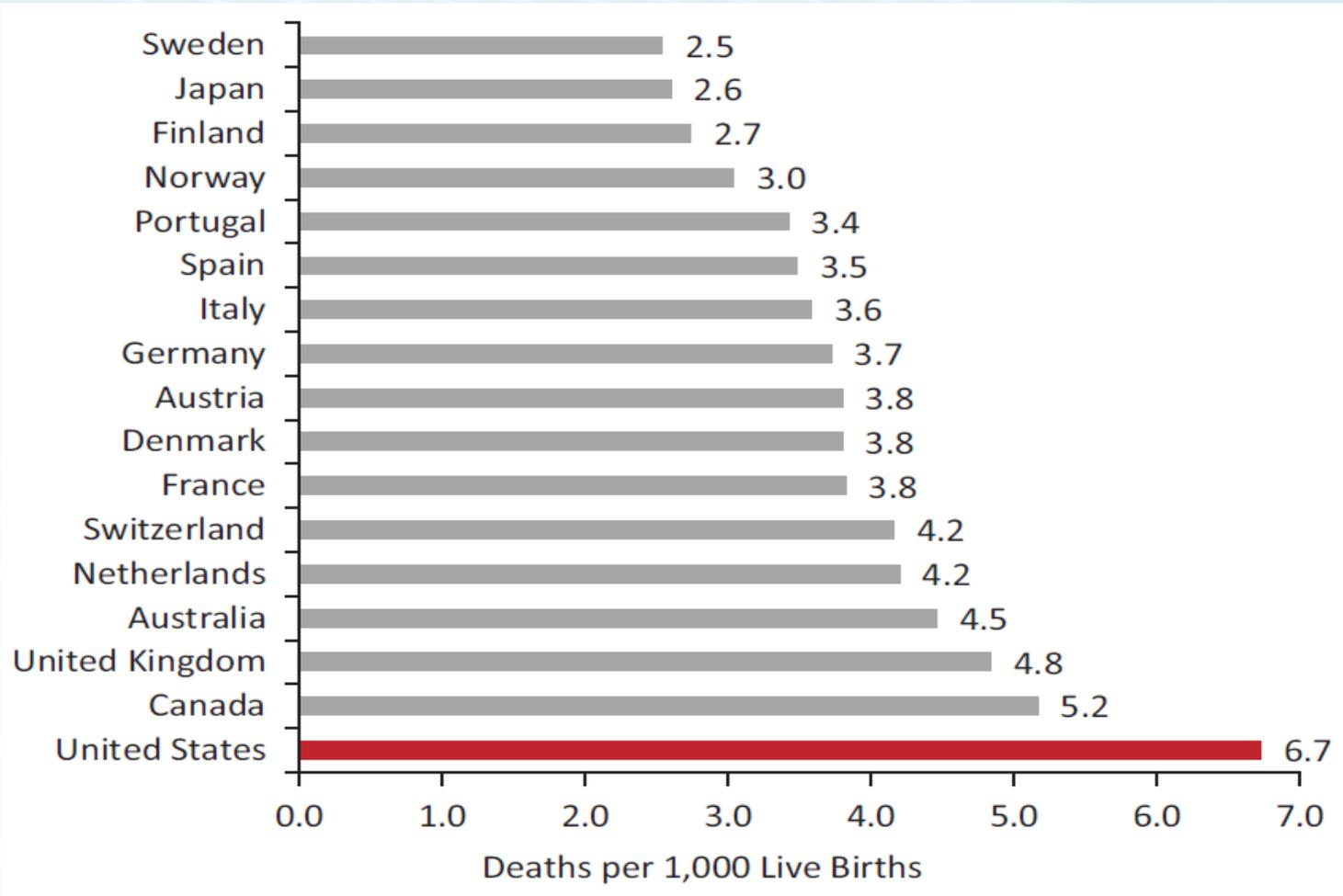
Mortality from Communicable (Infectious) Diseases, 2008



Mortality from Non-Communicable Diseases (NCD), 2008



Infant Mortality



Areas of US Health Disadvantage

- Infant Mortality & Low Birth Weight
- Injuries & Homicides
- Adolescent Pregnancy & STIs
- HIV and AIDS
- Drug related deaths
- Obesity and Diabetes
- Cardiovascular disease
- Chronic lung disease
- Disability

US Health Advantages

- Cancer mortality
- Stroke mortality
- Control of blood pressure and cholesterol levels
- Suicide
- Elderly survival
- Self-rated health

Factors Related to US Health Outcomes

- Education levels
 - Preschool enrollment
 - High school test scores
 - Graduation rates
- Income
 - Childhood poverty
 - Income inequality
 - Relative poverty

Factors Related to US Health Outcomes

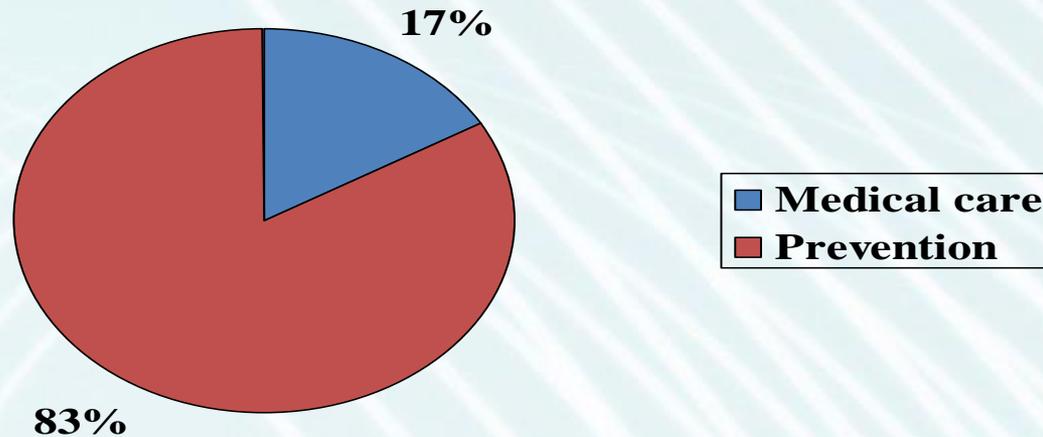
- Individual behaviors
 - Firearm possession
 - Alcohol use in drivers
 - Driving safety-helmet use, seatbelt use
- Public policies

Social determinants of health

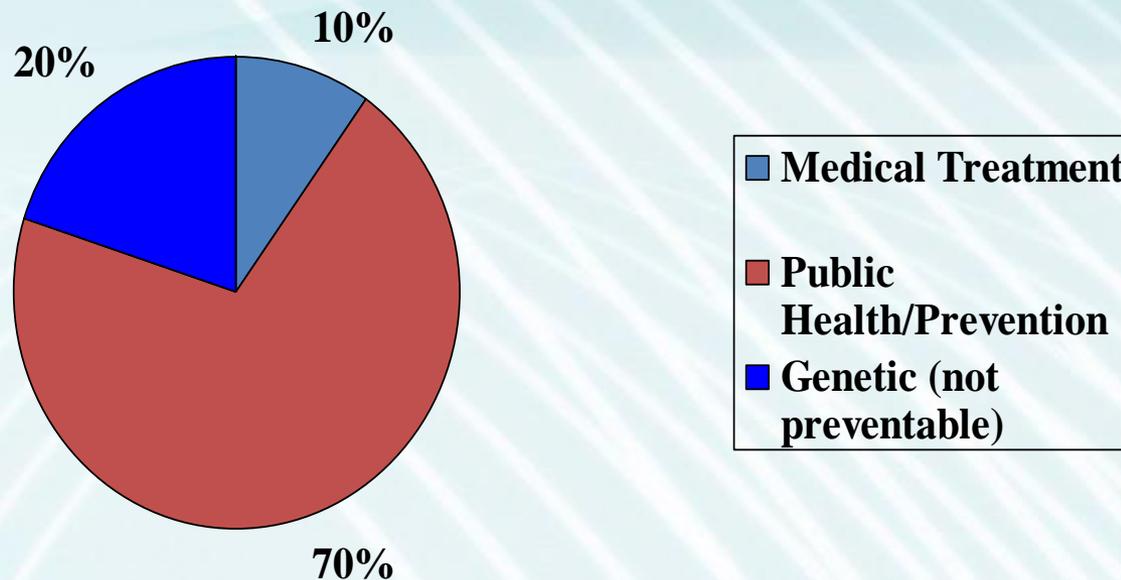
Economic and social conditions under which people live which determine their health.

- Race/ethnicity
- Income
- Education
- Housing
- Civil unrest

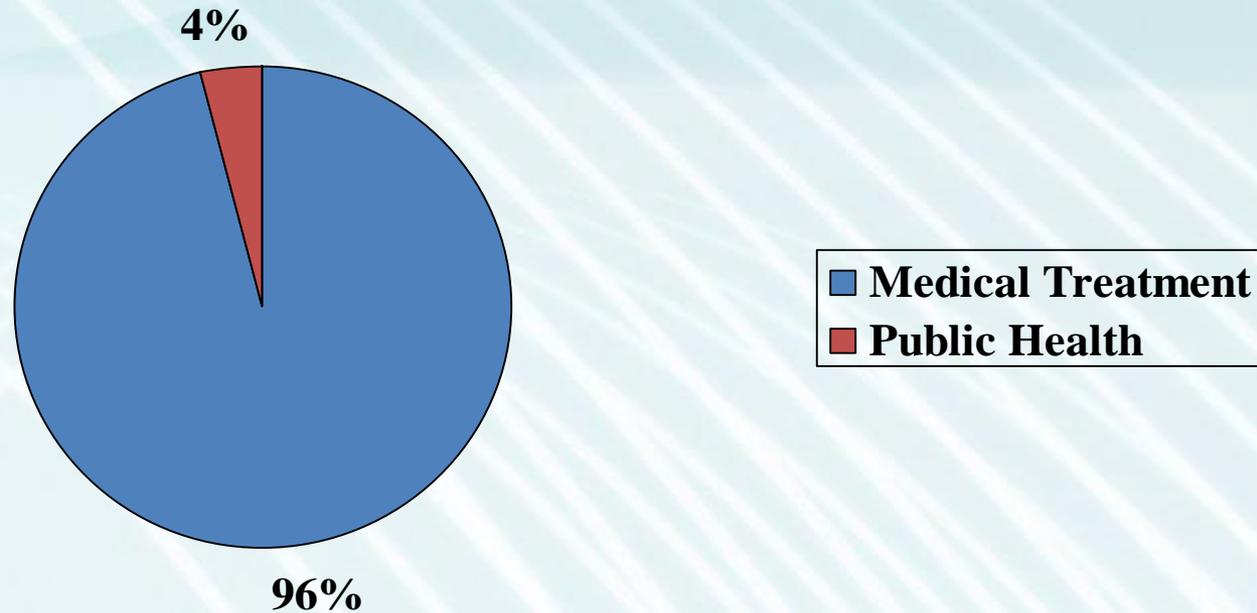
Contributions of Prevention and Medical Treatment to the 30 years of Increased Life Expectancy Achieved Since 1900



Proportion of Early Deaths Preventable by Treatment Type



Focus of U. S. Health Expenditures





National Prevention Strategy



National Prevention Council

Bureau of Indian Affairs	Department of Labor
Corporation for National and Community Service	Department of Transportation
Department of Agriculture	Department of Veterans Affairs
Department of Defense	Environmental Protection Agency
Department of Education	Federal Trade Commission
Department of Health and Human Services	Office of Management and Budget
Department of Homeland Security	Office of National Drug Control Policy
Department of Housing and Urban Development	White House Domestic Policy Council
Department of Justice	

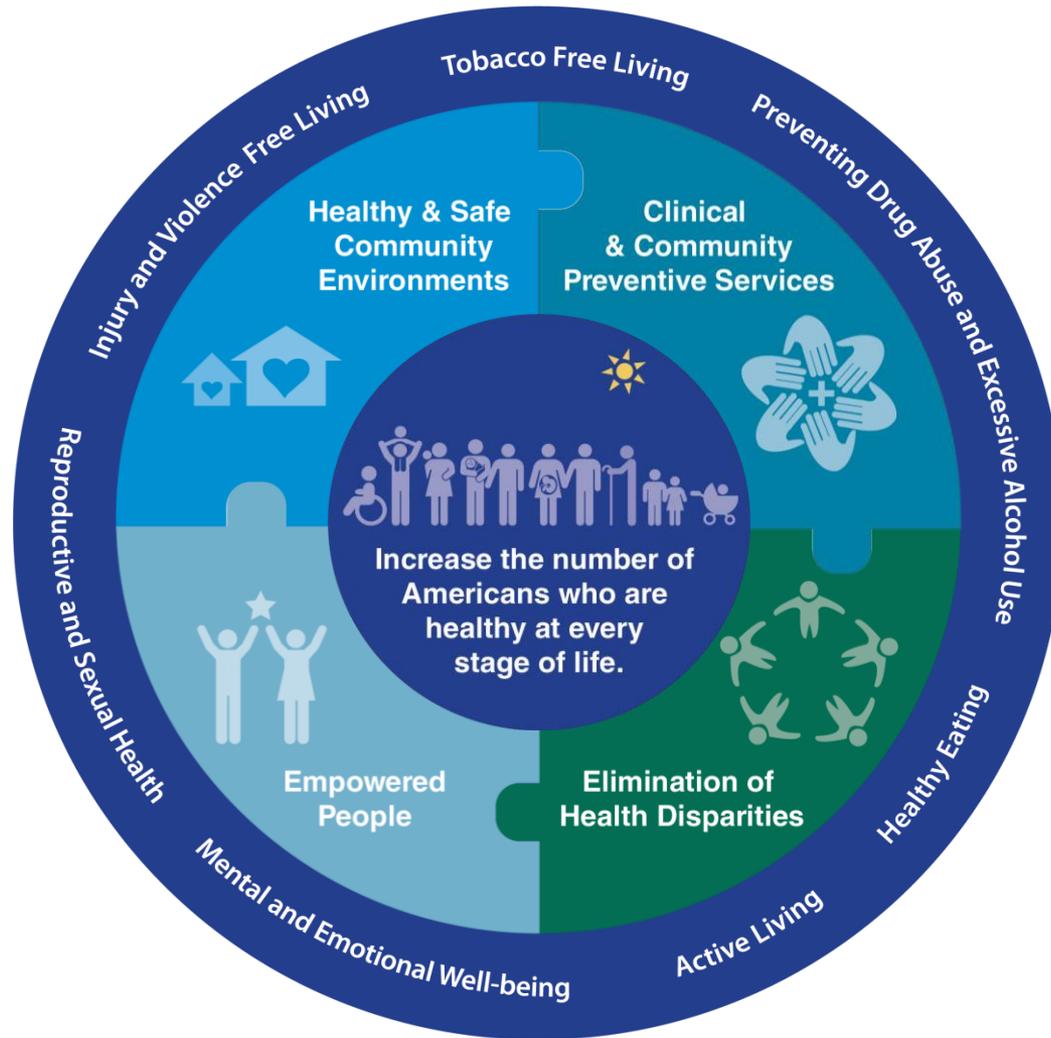
Advisory Group

- 23 non-federal members
- Statutory Role:
 - Develop policy and program recommendations
 - Advise National Prevention Council on prevention and health promotion practices

Vision

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.

National Prevention Strategy



Healthy and Safe Community Environments

Healthy & Safe
Community
Environments



- Clean air and water
- Affordable and secure housing
- Sustainable and economically vital neighborhoods
- Make healthy choices easy and affordable

Clinical and Community Preventive Services

- Evidence-based preventive services are effective
- Preventive services can be delivered in communities
- Preventive services can be reinforced by community-based prevention, policies, and programs
- Community programs can promote the use of clinical preventive service (e.g., transportation, child care, patient navigation issues)

**Clinical
& Community
Preventive Services**



Empowered People



- People are empowered when they have the knowledge, resources ability, and motivation to identify and make healthy choices
- When people are empowered, they are able to take an active role in improving their health, supporting their families and friends in making healthy choices, and leading community change

Elimination of Health Disparities

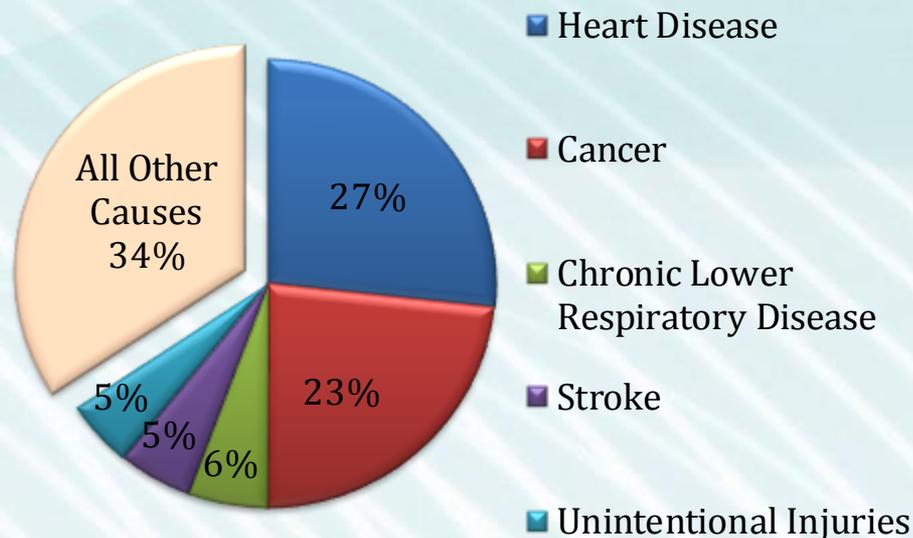
- Health outcomes vary widely based on race, ethnicity, socio-economic status, and other social factors
- Disparities are often linked to social, economic or environmental disadvantage
- Health disparities are not intractable and can be reduced or eliminated with focused commitment and effort



Priorities

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

Five Causes Account For 66% of All Deaths



Source: National Vital Statistics Report, CDC, 2008

Recommendations (Example)

Active Living

- Encourage community design and development that supports physical activity.
- Promote and strengthen school and early learning policies and programs that increase physical activity.
- Facilitate access to safe, accessible, and affordable places for physical activity.
- Support workplace policies and programs that increase physical activity.
- Assess physical activity levels and provide education, counseling, and referrals.

Actions (Example)

Federal Government will....

- Promote the development of transportation options and systems that encourage active transportation and accommodate diverse needs.
- Support adoption of active living principles in community design, such as mixed land use, compact design, and inclusion of safe and accessible parks and green space.
- Support coordinated, comprehensive, and multicomponent programs and policies to encourage physical activity and physical education, especially in schools and early learning centers.

Partners Can.... (Example)

States, Tribal, Local, and Territorial Governments

- Support schools and early learning centers in meeting physical activity guidelines.

Businesses and Employers

- Adopt policies and programs that promote walking, bicycling, and use of public transportation.

Health Care Systems, Insurers, and Clinicians

- Conduct physical activity assessments, provide counseling, and refer patients to allied health care or health and fitness professionals.

Individuals and Families

- Engage in at least 150 minutes of moderate-intensity activity each week (adults) or at least one hour of activity each day (children).

NPS Implementation Resources: Indicators/Key Documents

Priorities

Active Living

Key Indicators

	Current	10-Year Target
Proportion of adults who meet physical activity guidelines for aerobic physical activity	43.5%	47.9%
Proportion of adolescents who meet physical activity guidelines for aerobic physical activity	18.4%	20.2%
Proportion of the nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours	28.8%	31.7%
Proportion of commuters who use active transportation (i.e., walk, bicycle, and public transit) to travel to work	8.7%	20.0%

KEY DOCUMENTS

- Physical Activity Guidelines for Americans
- The White House Task Force on Childhood Obesity Report to the President

Optimal Implementation

Communication

Alignment

Network & Capacity Building

Partner Engagement

Analysis and Research

Evaluation and Accountability

Implementation and Dissemination

- Encourage partners to create and execute their own NPS action plans
- Support Prevention and Public Health Fund
- Increase public awareness of clinical preventive services under ACA
- Enhance prevention focus in all aspects of ACA
 - CCMI demonstration grants
 - IRS regulations on Tax exempt hospitals conducting community assessments
- Explore concept of Community Capacity

Implications for Nursing

- Practice-Education-Research
 - Public Health models of care
 - Competency on clinical preventive services, eg screening, techniques, individual/family community engagement skills
 - Education/awareness of social determinants
 - Primary care and public health collaboration
 - Partnerships and collaboration across settings to achieve health goals

For more information go to:

<http://www.surgeongeneral.gov/initiatives/prevention/strategy/>

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

Martin Luther King Jr.

FREE CEU

Health Literacy for Public Health Professionals

Target Audience: Physicians, Non-Physicians, Nurses, Certified Health Education Specialists, Pharmacists, and Other Professionals

Objectives: The purpose of this training is to educate public health professionals on the importance of health literacy and their role in providing health information and services and promoting public health literacy.

Length: 1.5-2 hours

Continuing Education: The continuing education credits offered for this course are as follows; 1.25 CME for physicians, 1.25 CME attendance for non-physicians, 1 CNE for nurses, .1 CEU for other professionals, 1 CHES for certified health education specialists and .1 CPE for pharmacists.

Cost: Free <http://www.cdc.gov/healthliteracy/gettraining.html>