

## Editor's Notes

### A National Health Promotion Plan Is Within Our Grasp

The Patient Protection and Affordability Act signed into law by President Obama on March 23, 2010, includes provisions for developing a national health promotion plan.<sup>1</sup> Of all the many important health promotion–related provisions in the health care reform bill, the provisions on creating a national health promotion plan have the potential to be the most important because they provide the opening we need to fully integrate health promotion concepts into all aspects of federal policy. I feel a sense of pride in seeing these provisions in the bill because the readers of this journal were instrumental in conceiving this idea and building the support necessary to have it included in the bill.

### Origins of the Concept

In 2000 and 2001, we reached out to our readers to ask for recommendations on the best way to integrate health promotion concepts into national health policy. One of the most frequent recommendations was to develop a national health promotion plan. We shared this idea with many receptive Congressional offices in 2002 and 2003 and created a separate nonprofit advocacy group called Health Promotion Advocates<sup>2</sup> to engage more people in advancing this approach. The result was a piece of legislation, S 2798: Health Promotion Funding Integrated Research, Synthesis, and Training Act, which was first introduced by Senators Lugar (R-IN) and Bingaman (D-NM) on September 14, 2004,<sup>3</sup> and then subsequently reintroduced in the Senate in 2005, 2007, and 2009 and introduced in the House by Representatives Schakowsky (D-IL) and Burgess (R-TX) on April 17, 2008,<sup>4</sup> and again in 2009.

### Components

These planning provisions call for creation of a National Prevention, Health Promotion, and Public Health Council composed of the secretaries of the departments of Health

and Human Services, Agriculture, Transportation, Labor, Education, and Homeland Security; the heads of other federal offices and agencies; plus an Advisory Group on Prevention, Health Promotion, and Integrative and Public Health composed of 25 nonfederal experts. Their charge is to develop a health promotion plan and update it annually through 2015.

Creation of this Council and Advisory Group, and the directive they will be given, are significant for several reasons. First, their efforts will produce a more coordinated federal approach to identify strategies to enhance the health of the nation through health promotion and public health. This work is intended to provide better coordination among federal agencies like the National Institutes of Health, the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and state and county health departments. This coordination should lead to better identification and rigorous testing of the most effective strategies, and to better dissemination of the best strategies to employers, clinicians, and community public health professionals who can implement them. The direct result of this coordination should be more effective programs reaching more people and producing better health outcomes through classic intervention approaches. Second, and more important, involving Cabinet-level officials from the departments of Agriculture, Transportation, Labor, and Education and other agencies, creates the potential to harness the full powers of the federal government, beyond those of Health and Human Services, to enhance health. For example, imagine the impact of shifting the mission of the Department of Agriculture from maximizing agribusiness profits to supporting an agriculture industry that can provide the most nutritious food to the greatest number of people at an affordable price. Imagine the impact if the mission of the Department of Transportation were to support transportation modes that move people and products efficiently, but do so in a way that enhances health through active transportation modes (like walking and cycling), facilitates social interaction and creation of a sense of community, and minimizes environmental toxins. Imagine the impact if the mission of the Department of Education were to improve the physical, emotional, social, intellectual, and spiritual health of

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the youth of the nation. The impact of all of these changes would be to create an environment in which the healthy choice is the easiest choice.

### How Do We Maximize Success?

Changing the mission of major government departments, with a focus on creating environments that promote health, is revolutionary and will not be achieved easily. I believe we need to do at least three things to achieve this goal.

1. We need to ensure that the most effective people are named to the Advisory Group. In addition to having knowledge and experience in disease prevention, health promotion, and public health, the members need to be innovative, collaborative people who understand the social and environmental determinants of health and are motivated by a desire to enhance health rather than preserving their status quo.
2. We need to keep the focus on changing core federal policy and the environment. The natural tendency of health professionals serving on this Advisory Group will be to focus on what they know best ... traditional campaigns to increase utilization of preventive medicine services and maximize participation in the most effective intervention programs to improve health behavior. These approaches are important but insufficient components of a larger strategy.
3. We need to instigate a national dialogue around the importance of enhancing health through healthy lifestyle and come to a consensus on this issue. This is an important lesson I learned from observing the debacle created by the Obama administration in failing to create national dialogue on the importance of health care reform. They assumed that the general public knew and embraced the arguments the public health community had used to persuade Congress and the administration to attempt this change. The void left around this issue allowed political opponents and self-serving special interest groups to hijack the public dialogue and fill it with myths like “we have the best health care system in the world,” when in fact we have health outcomes comparable to Cuba, or that “socialized medicine is

repugnant to the American people,” when the very popular Medicare program is one of the largest government-run health care programs in the world, or that “we cannot afford health care reform,” when lack of reform will literally bankrupt the federal government in our lifetimes and force most employers to stop providing medical insurance coverage. Creating better coordination with Health and Human Services will be relatively easy because it is one federal department and it is staffed by professionals who embrace the importance of health. Transforming other federal departments will force trillion-dollar industries that employ millions of people to change their basic business models. It may put some of them out of business and it may result in thousands of people losing or at least changing their jobs. These industries will spend billions of dollars to prevent these changes from happening. The only way these changes can be achieved is if the people of our nation, including the people who work in these industries, embrace these changes. I look forward to hearing ideas on how we can stimulate dialogue that leads to a national consensus on this approach.



**Michael P. O'Donnell**, PhD, MBA, MPH  
Editor in Chief

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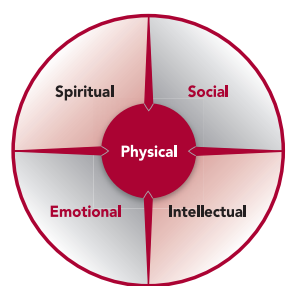
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(O'Donnell, *American Journal of Health Promotion*, 2009, 24,1,iv)

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Carol E. O'Neill	294	Editor's Note: Integrating Financial Incentives for Workplace Health Promotion Programs Into Health Plan Premiums Is the Best Idea Since Sliced Bread
Theresa A. Nicklas	294	Author Instructions
Ronald Kleinman	291	Relationship Between 100% Juice Consumption and Nutrient Intake and Weight of Adolescents
Jeffrey J. VanWormer	298	Satisfaction With a Weight Loss Program: What Matters?
Anna M. Martinez	246	Associations Among Body Mass Index, Waist Circumference, and Health Indicators in American Indian and Alaska Native Adults
Dan Cosentino	255	Six-Month Follow-up and Participant Use and Satisfaction of an Electronic Mail Intervention Promoting Physical Activity and Nutrition
Nicholas P. Frank	269	The Effectiveness and Efficacy of an Intensive Cardiac Rehabilitation Program in 24 Sites
Martha J. Slattery	267	Effects of a Built Environment on Physical Activity of Adults Living in Rural Settings
Elizabeth D. Francis	284	Behavioral Predictors of Low Fat Intake Among Economically Disadvantaged African-American Adolescents
Maureen A. Montanagh	288	Database Research and Evaluation Results
Shirley Edwards	293	Abstracts
Ruth A. Etzel	293	Errata
Lillian Jones-Osmer	293	Value-Based Design: A New Powerful Perspective for Workplace Health Promotion
Anne P. Lanier	293	Selected Abstracts
Ronald C. Plotnikoff	293	Closing Thoughts
Michael A. Pickering		
Leslie J. McCargar		
Constance A. Loucaides		
Kate Hagan		
Anna Silberstein		
Rajni Borthia		
Brian S. Ensey		
Colleen Kemp		
John Scudiero		
Dennis Hateran		
Dawn Orsini		
Stephanie S. Frost		
R. Turner Gustin		
Rebecca H. Hunter		
Steven H. Harker		
Lucinda L. Boyner		
Jack Kruger		
Dolores Blum		
Jennifer Di Noia		
Indira R. Coomaras		

**The Art of Health Promotion**

John E. Reuter

Cindy Nayer	TAMP-1	Value-Based Design: A New Powerful Perspective for Workplace Health Promotion
Larry S. Chapman	TAMP-11	Selected Abstracts
	TAMP-12	Closing Thoughts

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