



The **National Prevention Strategy** provides a foundation for all prevention efforts and include four strategic directions necessary to build a prevention-based strategy. **a)** Healthy and Safe Community Environments; **b)** Clinical and Community Preventive Services; **c)** Empowered People, and **d)** Elimination of Health Disparities

Seven priorities provide evidenced-based recommendations that are most likely to reduce the burden of the leading causes of preventable death and major illness. The Priorities are designed to improve health and wellness, including those groups disproportionately affected by: **a)** disease and injury; **b)** Tobacco Free Living; **c)** Preventing Drug Abuse and Excessive Alcohol Use; **d)** Healthy Eating Active Living; **e)** Injury and Violence Free Living; **f)** Reproductive and Sexual Health, and **g)** Mental and Emotional Well-Being.

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FIGURE ● Three Buckets of Prevention



The CDC has developed a conceptual population health and prevention framework with 3 categories—“buckets”—of prevention. Each one will be needed to yield the most promising results for a population, regardless of whether the population is defined narrowly, as, for example, the patients in a medical practice, or broadly, as, for example, the residents of a state.

This 3-part framework may be particularly useful as a way of maximizing the likelihood that clinicians, insurers, and public health practitioners attend to traditional office-based as well as innovative clinical approaches and do not neglect the community factors that have an enormous impact on health.



This effort focuses on the patient-oriented approaches—the **first 2 buckets**—which is designed to promote the adoption of evidence-based interventions by health care purchasers and payers to improve health and control costs.

CDC provides these partners with rigorous evidence about six high-burden health conditions and 18 evidence-based interventions to inform their decisions to have the greatest health and cost impact in a relatively short time period.

This initiative aligns evidence-based preventive practices with emerging value-based payment and delivery models.



With bucket 3, the focus shifts from patient to population center approaches. It includes interventions that are no longer oriented to a single patient, or all of the patients within a practice, or even all patients covered by a certain insurer. Rather, the target is an entire population or subpopulation usually identified by a geographic area. Interventions are not necessarily implemented by a clinical provider but out of community consortium as proposed by the **Health Enhancement Community** model.

A portfolio of population based interventions with strong evidence base can lead to improved health and/or cost reduction within a relatively short time. For example, cigarette taxes, smoking ban regulations or laws, and well-designed advertising campaigns have each been shown to have a rapid impact on reduced cigarette use. There is also evidence that community-wide, multifactorial, coordinated efforts to promote healthful eating and increased physical activity have resulted in a decline in the childhood risk for obesity within a few years. Similarly, housing policies that reduce environmental triggers have been shown to reduce active asthma symptoms and health services utilization within a few years.

An optimal strategy is one in which prevention approaches span the 3 buckets—traditional and innovative clinical preventive as well as total population interventions. Each bucket requires its own prioritized interventions and funding sources.