

Winnable Battles Progress Report

2010-2015



Centers for Disease Control and Prevention
Office of the Director

OVERVIEW

To keep pace with emerging public health challenges and to address the leading causes of illness, injury, disability, and death, the Centers for Disease Control and Prevention (CDC) initiated an effort to achieve measurable impact on selected Winnable Battles. These Winnable Battles were chosen based on the magnitude of the health problems and our ability to make significant progress to improve outcomes.

There are evidence-based strategies available now to address the critical health challenges presented by each of the Winnable Battles areas. We have established important indicators and targets for measuring progress. Together with our partners, we can have a meaningful impact on health through a dedicated focus on these Winnable Battles.

In 2010, CDC identified the following Winnable Battles:

- **Tobacco** – Tobacco use is the leading preventable cause of disease, disability, and death in the U.S.
- **Nutrition, Physical Activity, and Obesity** – More than 72 million adults and 12 million youth in the U.S. are obese
- **Food Safety** – Foodborne diseases sicken 1 out of 6 Americans each year
- **Healthcare-Associated Infections (HAIs)** – 1 out of 20 hospitalized patients contracts an HAI
- **Motor Vehicle Safety** – Motor vehicle crashes are a leading cause of death among Americans ages 1 to 54
- **Teen Pregnancy** – The U.S. has one of the highest rates of teen pregnancy of any developed nation in the world
- **HIV** – More than 1 million people in the U.S. are living with HIV

TOBACCO



NUTRITION, PHYSICAL ACTIVITY, OBESITY & FOOD SAFETY



HEALTHCARE-ASSOCIATED INFECTIONS



MOTOR VEHICLE SAFETY



TEEN PREGNANCY



HIV



WINNABLE BATTLES APPROACH

The Plan

Each Winnable Battle area has established a shared plan of action that outlines an overarching goal, a clear set of targets, and a method to track and measure progress. The Winnable Battle plans also support related federal priorities and initiatives. Success will be achieved by our targeted efforts and by working closely with our public health partners.

The People

- Staff and leadership within each CDC Division/Program, who are critical to implementing these plans
- Agency leadership across core areas – science, communication, program, and policy
- Partners at the national, state, and local levels

The Progress

A comprehensive set of indicators establishes baselines and targets for all Winnable Battle areas. These indicators measure the impact of our programs and interventions, which support the Department of Health and Human Services' strategic plan and other federal priorities. The indicators help us measure the impact of programs and policies on our nation's health. Derived from Healthy People 2020 and other established measures, the related targets are ambitious yet achievable, evidence-based, and specific to the priorities and opportunities within each of these health areas.

Although we are making significant progress in areas like teen pregnancy and healthcare-associated infections, we still have a long way to go in other areas. By identifying key actions and clear overarching goals, and by working closely with our public health partners, we can achieve our Winnable Battles targets.

**“Winnable Battles
is a mindset – a
strategic attitude
that can be used for
all programs.”**

*--Dana Pitts, Associate
Director of Communications,
Division of Foodborne,
Waterborne, and
Environmental Diseases*

2015 Targets	Progress
<p>Red = Not on track to reach target Yellow = Progress is being made in some areas, but overall progress is limited or slow Green = On track to reach target</p>	
Tobacco	
<ul style="list-style-type: none"> Decrease the percent of adults who smoke cigarettes by 17.5% 	●
<ul style="list-style-type: none"> Decrease the percent of youth who smoke cigarettes by 12% 	●
<ul style="list-style-type: none"> Increase the proportion of the U.S. population covered by smoke-free laws by 59% 	●
Nutrition, Physical Activity, and Obesity	
<ul style="list-style-type: none"> Reduce the proportion of children and adolescents age 2-19 who are obese by 8% 	●
<ul style="list-style-type: none"> Increase the proportion of infants who are breastfed at 6 months by 35% 	●
Food Safety	
<ul style="list-style-type: none"> Reduce foodborne illness caused by <i>Salmonella</i> by 14.5% 	●
<ul style="list-style-type: none"> Reduce foodborne illness caused by Shiga toxin-producing <i>Escherichia coli</i> (STEC) O157:H7 by 29% 	●
Healthcare-associated Infections (HAIs)	
<ul style="list-style-type: none"> Reduce central line-associated blood stream infections (CLABSI) in hospitals by 60% 	●
<ul style="list-style-type: none"> Reduce healthcare-associated invasive methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) by 60% 	●
<ul style="list-style-type: none"> Reduce surgical site infections (SSI) in hospitals by 30% 	●
<ul style="list-style-type: none"> Reduce catheter-associated urinary tract infections (CAUTI) in hospitals by 30% 	●
Motor Vehicle Safety	
<ul style="list-style-type: none"> Reduce fatalities due to motor vehicle crashes by 31% 	●
Teen Pregnancy	
<ul style="list-style-type: none"> Decrease teen birth rates by 20% 	●
HIV	
<ul style="list-style-type: none"> Reduce the number of new HIV infections by 25% 	●
<ul style="list-style-type: none"> Increase the percent of people living with HIV who know their status by 11% 	●



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Prevent the initiation of tobacco use, promote quitting, and ensure smoke-free environments

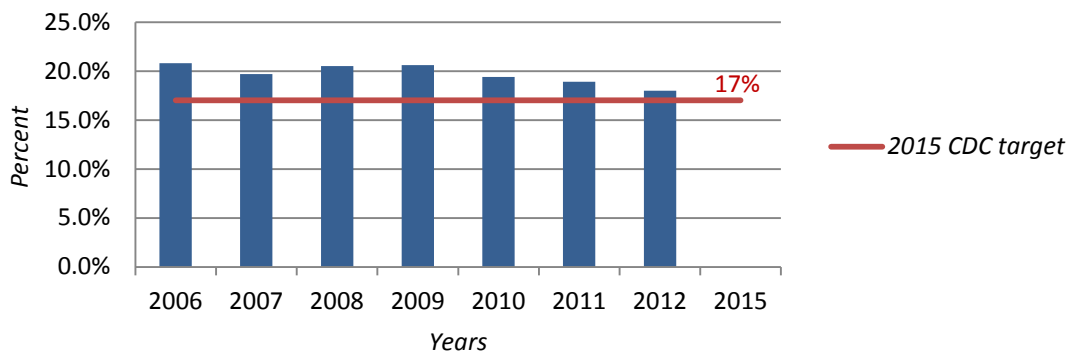
Key Actions

- Monitor tobacco use and prevention policies
- Protect people from secondhand smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

Targets

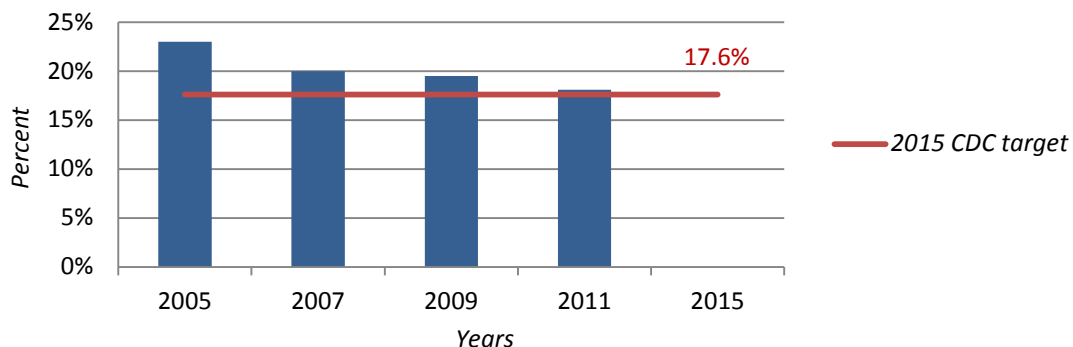
INDICATOR	BASELINE	2015 TARGET
Decrease the percent of adults who smoke cigarettes	20.6% (2008)	17% (17.5% reduction)
Decrease the percent of youth who smoke cigarettes	20% (2007)	17.6% (12% reduction)
Increase the proportion of the U.S. population covered by smoke-free laws	36.7% (2008)	58.5% (59% increase)

Trends in percentage of adults who smoke cigarettes, 2006-2012



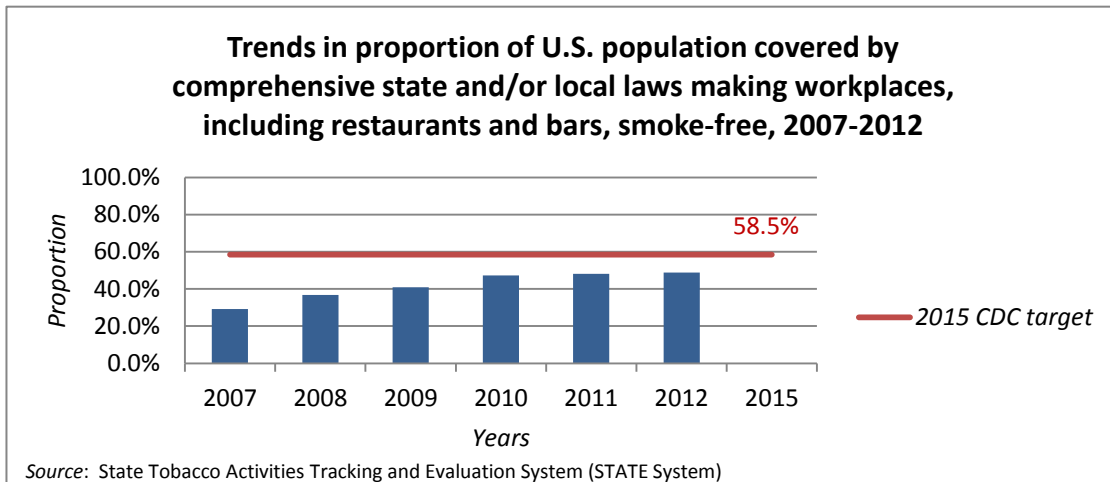
Source: National Health Interview Survey (NHIS)

Trends in percentage of youth who smoke cigarettes, 2005-2011



Source: Youth Risk Behavior Surveillance System (YRBSS)

TOBACCO



Key Accomplishments

Approximately 3 million fewer American adults are smoking today than in 2005, and tobacco use among American middle- and high-school students has seen a slow but steady decline from 2000 to 2011.

- The number of states with comprehensive laws making workplaces, including restaurants and bars, 100% smoke-free increased from 26 (plus D.C.) in 2010 to 27 in 2013.
 - Additionally, more than 26 million Americans without statewide protection live in communities with smoke-free laws, and are less likely to be exposed to cancer- and heart disease-causing chemicals in tobacco smoke in public areas.
- The *Tips from Former Smokers* campaign featured hard-hitting ads in a wide variety of media that encouraged people to quit smoking by highlighting the toll that smoking-related illnesses take on smokers and their loved ones.
 - An estimated 1.6 million smokers attempted to quit because of the campaign.
 - More than 200,000 Americans had quit smoking immediately following the three-month campaign, of which more than 100,000 will likely quit permanently.
 - A preliminary analysis of the second *Tips* campaign's impact showed that calls to the national quitline increased by 75%, and the number of unique visitors to the campaign website increased almost 40-fold.
- CDC studies of school programs to prevent cigarette use among middle- and high-school students showed that every dollar invested in school tobacco prevention programs saves almost \$20 in medical care costs.



NUTRITION, PHYSICAL ACTIVITY, & OBESITY

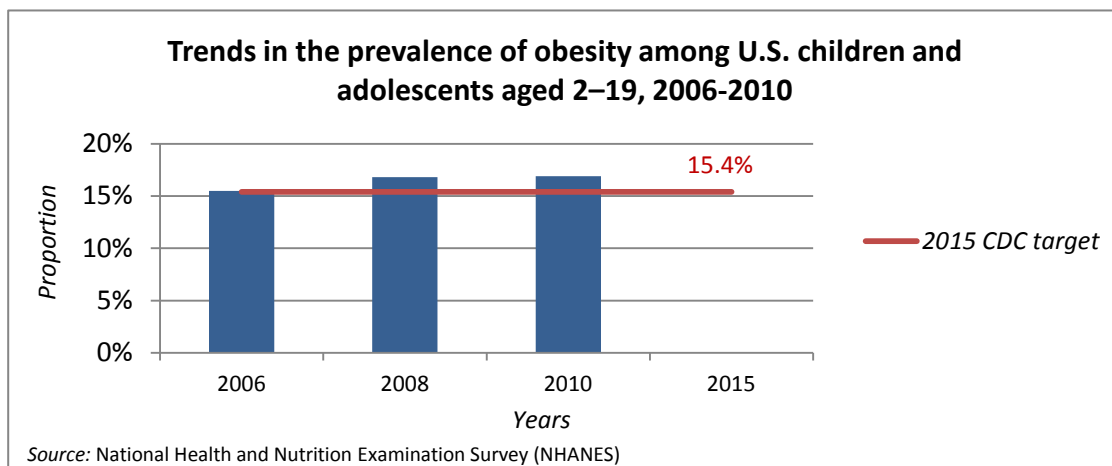
Support all Americans in achieving optimal health by making nutritious foods and physical activity easy, attractive, and affordable choices

Key Actions

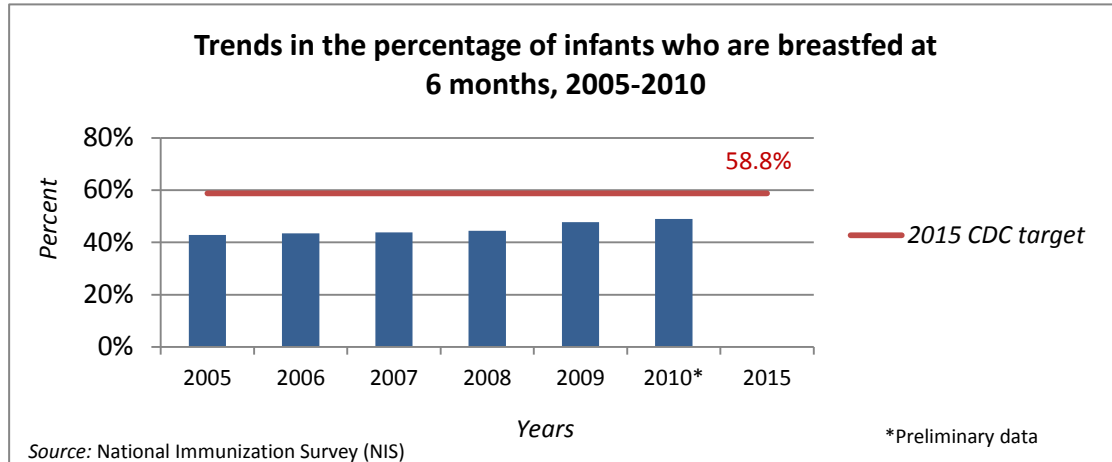
- Improve the food environments of child care centers, schools, hospitals, workplaces, and food retail outlets
- Reduce consumption of calories from added sugars
- Improve the environments/policies of child care centers, schools, workplaces, and communities to support increased physical activity
- Improve the quality of breastfeeding-related maternity care practices
- Eliminate artificial trans fat in the food supply
- Reduce sodium in the food supply

Targets

INDICATOR	BASELINE	2015 TARGET
The prevalence of obesity among U.S. children and adolescents aged 2–19	16.8% (2007-2008)	15.4% (8% reduction)
The proportion of infants who are breastfed at 6 months	43.5% (2006)	58.8% (35% increase)



NUTRITION, PHYSICAL ACTIVITY, & OBESITY



Key Accomplishments

We are making progress in childhood obesity – from 2008-2011, obesity among low-income preschoolers declined in 19 of 43 states and U.S. territories. Obesity in both children and adults, however, continues to be a serious health problem for our society. Many new federal initiatives are helping state and local governments and national partners create environments – child care centers, schools, workplaces, hospitals, and communities – that promote and support healthy eating and active living.

- Preventing obesity can begin with support for breastfeeding at maternity care facilities. The percent of hospitals designated as “baby-friendly,” which means they promote the 10 Steps to Successful Breastfeeding, increased from 1.79% in 2007 to 7.15% in 2013.
- Physical activity prevents heart disease, stroke, type 2 diabetes, depression, and some cancers.
 - In 2008, 43.5% of adults met the aerobic Physical Activity Guidelines for Americans. That percentage increased to 48.8% in 2011.
 - From 2005-2010, 6.2% more Americans reported walking for transportation or during leisure time.
- Through its Communities Putting Prevention to Work program, CDC supported communities in implementing evidence-based policy-level interventions to address and reverse obesity while improving nutrition and increasing physical activity.
 - As many as 14.4 million Americans in 22 communities have increased access to nutritious foods as a result of improved procurement policies, including lower pricing and increased availability of healthier foods in schools, hospitals, government buildings, and other settings, including retail stores.
 - Millions of Americans have greater access to opportunities for increased physical activity in both recreational and worksite environments, and more Americans live in communities with improved land use policies that promote physical activity.
- Our children are benefiting from healthier environments:
 - 31.5% of adolescents attend schools that offer daily physical education.
 - The percentage of districts that prohibit schools from offering junk food in vending machines has increased from 29.8% in 2006 to 43.4% in 2012.
 - *Let’s Move!* Salad Bars to Schools: As of October 2013, more than 2,700 salad bars have been delivered to schools, serving 1.3 million children.
 - *Let’s Move!* Early Care and Education: 2,517 child care providers met the *Let’s Move!* Child Care Active Play standards; 2,316 child care providers met the *Let’s Move!* Child Care infant feeding standards; and 2,929 child care providers met the *Let’s Move!* Child Care fruit juice standards.

NUTRITION, PHYSICAL ACTIVITY, & OBESITY

- CDC has concluded that 10,000–20,000 heart attacks and 3,000–7,000 coronary heart disease deaths each year in the U.S. could be prevented by removing artificial trans fat from processed foods. FDA conducted a study finding a reduction in trans fat in processed foods; CDC conducted an analysis of plasma trans fatty acid (TFA) levels among U.S. adults and found decreased TFA intake in the U.S. population. In conjunction, these efforts demonstrate not only the detrimental effects of TFA, but the health benefits by removing TFA from the food supply. As a result, FDA recently announced its preliminary determination that partially hydrogenated oils are not “generally recognized as safe” for use in food.
- Reducing sodium intake to levels consistent with the 2010 Dietary Guidelines for Americans is a priority for CDC. With CDC funding and technical support, communities are working with a variety of entities, including restaurants, schools, hospitals, and government facilities, to develop and test strategies to increase access to lower sodium options.
 - For example, the Los Angeles Department of Public Health and the Los Angeles Unified School District reformulated their menus, which enabled them to serve lower-sodium options for breakfast and lunch in 2011-2012. Their preliminary analysis showed that the breakfast menu (not including condiments) met the 10-year recommended sodium targets set by the U.S. Department of Agriculture (USDA). In addition, the average sodium content of elementary school lunches met the 2-year USDA School Meal sodium targets.



FOOD SAFETY

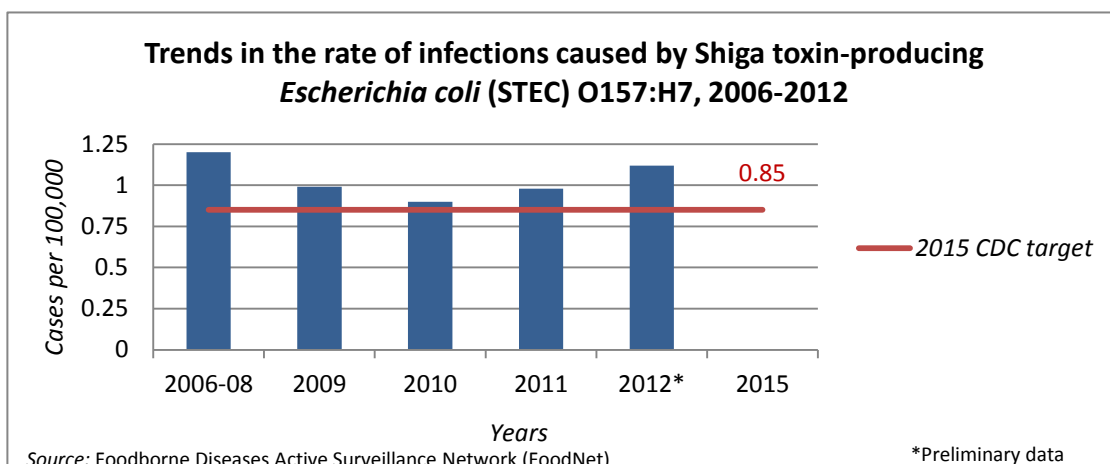
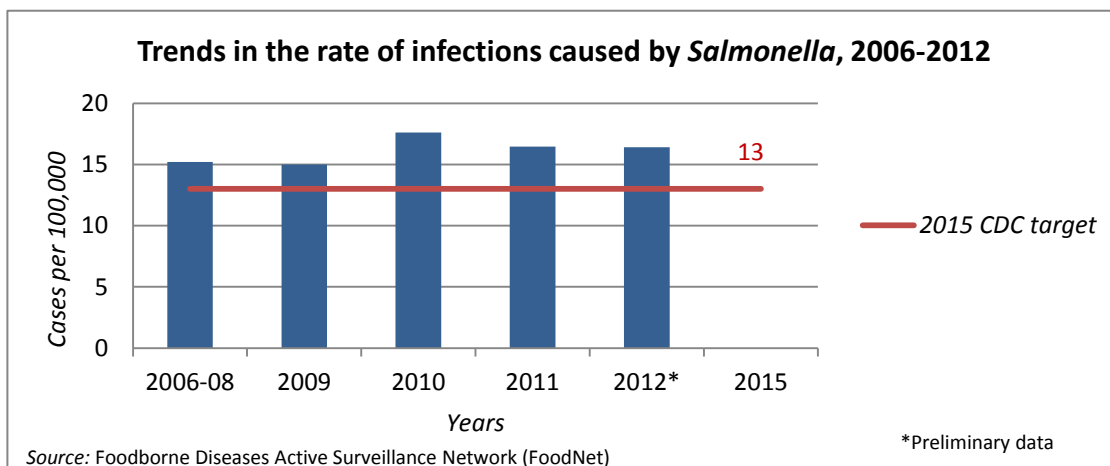
Keep America's food supply safe by preventing and responding to foodborne illness

Key Actions

- Improve knowledge of incidence, trends, burden, and causes of foodborne illness
- Improve state and federal epidemiologic, laboratory, and environmental health capacity to detect and respond quickly to foodborne outbreaks

Targets

INDICATOR	BASELINE	2015 TARGET
Reduce the rate of laboratory-confirmed infections caused by <i>Salmonella</i>	15.2 cases per 100,000 population (2006-2008)	13.0 cases per 100,000 population (14.5% reduction)
Reduce the rate of laboratory-confirmed infections caused by Shiga toxin-producing <i>Escherichia coli</i> (STEC) O157:H7	1.2 cases per 100,000 population (2006-2008)	0.85 cases per 100,000 population (29% reduction)



FOOD SAFETY

Key Accomplishments

America's food supply is safer than ever, thanks to improvements in developing an effective, coordinated response by the CDC, state and local health departments, the Food and Drug Administration, USDA, industry, and other partners.

- During 2012, CDC collaborated with multiple states, the FDA, and the USDA to quickly and effectively investigate more than 200 illness clusters. These investigations resulted in the identification of 66 enteric disease outbreaks, 11 of which resulted in product recalls.
- In September 2011, cantaloupes contaminated with the bacteria *Listeria monocytogenes* caused the deadliest foodborne disease outbreak in the United States in nearly 90 years. Thanks to an effective, coordinated response by the CDC, state and local health departments, and the FDA, the outbreak was detected, its source was identified, and a national warning was issued – all in just a matter of days.
 - CDC estimates that the public health response to this outbreak prevented 36 additional illnesses, 35 hospitalizations, and seven deaths.
- CDC's food safety program demonstrates a significant return on investment – prevention of a single fatal case of *E. coli* O157 infection saves an estimated \$7 million. In addition, an analysis concluded that the Colorado PulseNet system would recover all its costs if it averted as few as five cases of *E. coli* O157 infection annually.
- Significant progress has been made in reducing human illness caused by three major pathogens. For example, by 2012, compared with the 1996–1998 baseline, incidence of *Campylobacter* decreased by 22%, incidence of *Listeria* decreased by 42%, and incidence of Shiga toxin-producing *E. coli* O157 decreased by 31%. These decreases are the result of efforts by partners in industry and regulatory and public health agencies, informed by CDC data. Moreover, these decreases were estimated to result in more than 500,000 averted illnesses and approximately \$100 million in direct medical costs saved in calendar year 2010 compared with 1996-1998.
- CDC published an analysis estimating that produce was the source for most illnesses caused in recent years by major foodborne pathogens, and that poultry and meat were the major food sources for food-related deaths. These estimates are helping regulatory agencies to focus prevention resources.



HEALTHCARE-ASSOCIATED INFECTIONS (HAI)

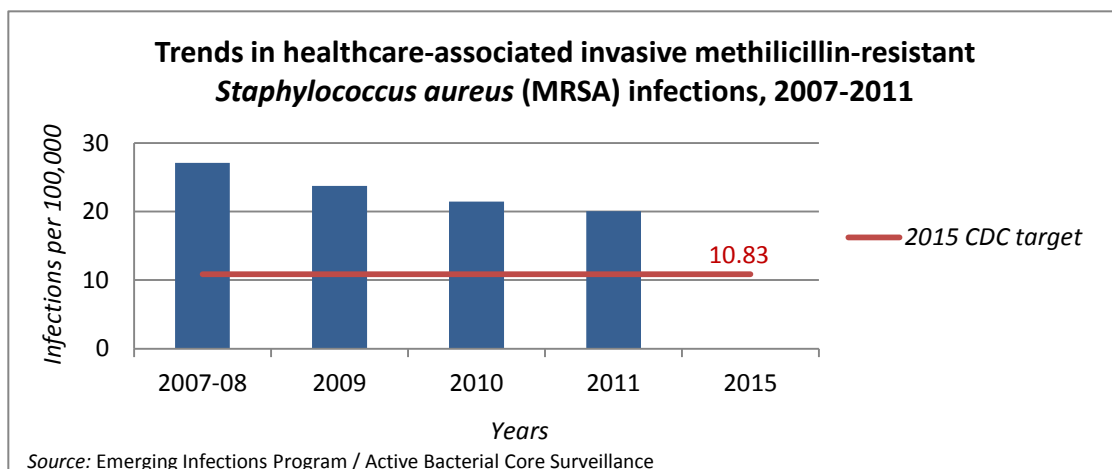
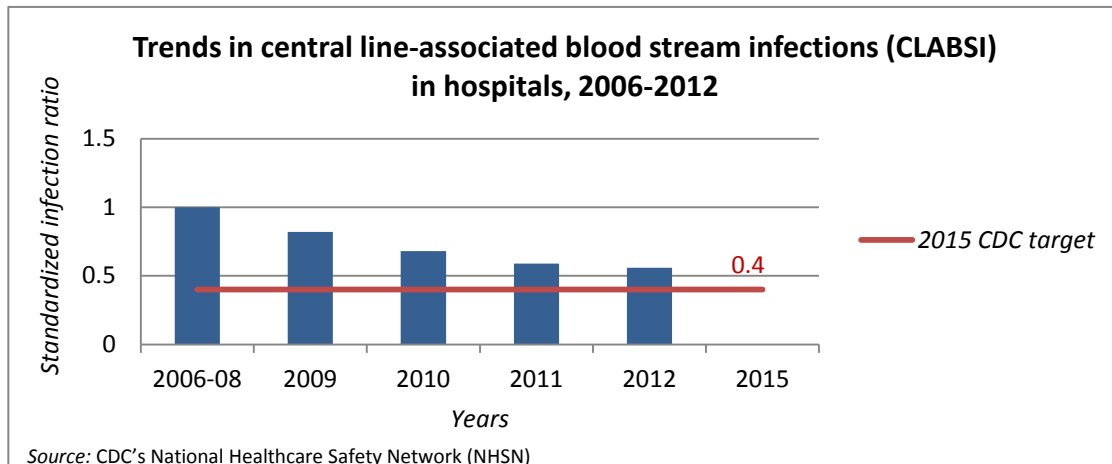
Ensure safe healthcare for all Americans by eliminating healthcare-associated infections

Key Actions

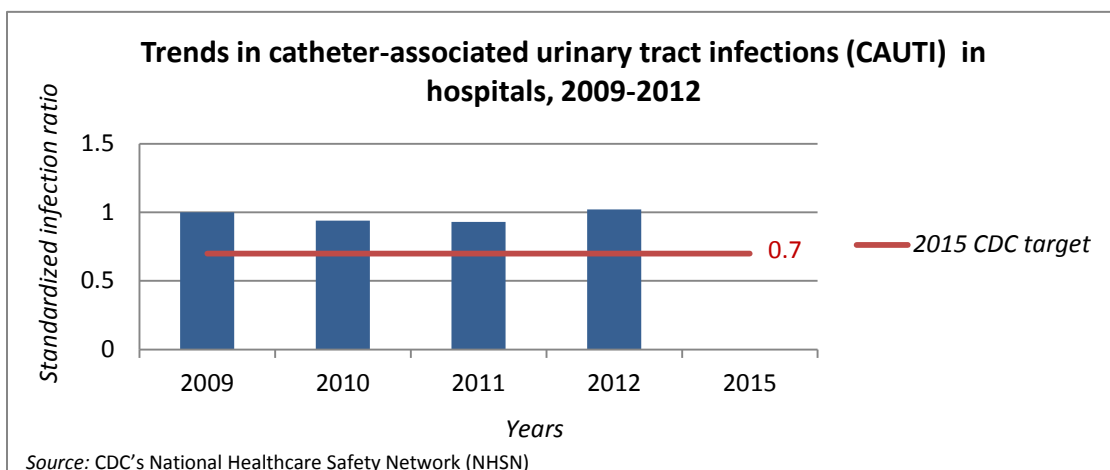
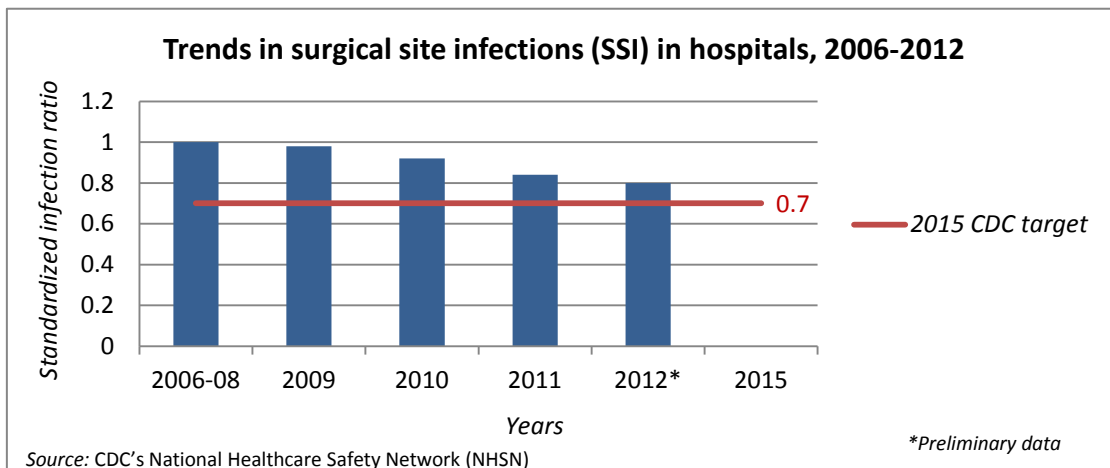
- Promote and implement proven HAI prevention practices
- Increase use of National Healthcare Safety Network (NHSN) to track and report HAIs and target prevention
- Develop novel strategies to detect and prevent HAIs across the health care system

Targets

INDICATOR	BASELINE	2015 TARGET
CLABSI Standardized Infection Ratio (SIR) (in hospitals)	1.0 (2006-2008)	0.4 (60% reduction)
Healthcare-associated MRSA	27.08 infections per 100,000 persons (2007-2008)	10.83 infections per 100,000 persons (60% reduction)
SSI SIR (in hospitals)	1.0 (2006-2008)	0.70 (30% reduction)
CAUTI SIR (in hospitals)	1.0 (2009)	0.70 (30% reduction)



HEALTHCARE-ASSOCIATED INFECTIONS (HAI)



Key Accomplishments

Fewer Americans are getting infections while in health care facilities, thanks to the implementation of CDC's HAI prevention strategies.

- There has been a dramatic increase in the number of health care facilities reporting HAI data. As of August 2013, more than 12,000 health care facilities, including nearly all U.S. hospitals, participate in the NHSN. CDC's NHSN data are used by state and federal partners, as well as health care facilities, to target and assess the impact of HAI prevention.
- Since 2008, the combination of CDC data systems, guidelines, and programs has contributed to significant reductions of HAIs in health care settings, saving up to 5,000 lives and an estimated \$38 million in health care costs.
- CDC continues to promote evidence-based interventions for HAI prevention in hospitals and other health care settings. Facilities participating in CDC's Dialysis Bloodstream Infections (BSIs) Prevention Collaborative observed a 31% reduction in BSIs.
- CDC promotes private-public health partnerships to prevent HAIs across the health care system and supports state health departments with at least one HAI coordinator in each state to facilitate HAI prevention activities. This enhanced HAI infrastructure was critical in the multistate fungal meningitis outbreak as demonstrated by the Tennessee Health Department's ability to rapidly detect and respond to the outbreak, including reaching out to patients for timely treatment.

HEALTHCARE-ASSOCIATED INFECTIONS (HAI)

- CDC HAI research, through the Prevention Epicenters, identifies novel strategies for preventing HAIs. The CDC-designed REDUCE MRSA Trial demonstrated that one strategy reduced BSIs by up to 44% and significantly reduced the presence of MRSA and other pathogens in ICUs.
- To highlight significant resistant threats in health care, CDC released *The Report on Antibiotic Resistant Threats*. Two of the three urgent threats are healthcare-related: carbapenem-resistant Enterobacteriaceae (CRE), which is resistant to nearly all antibiotics available, and *Clostridium difficile*.



MOTOR VEHICLE SAFETY

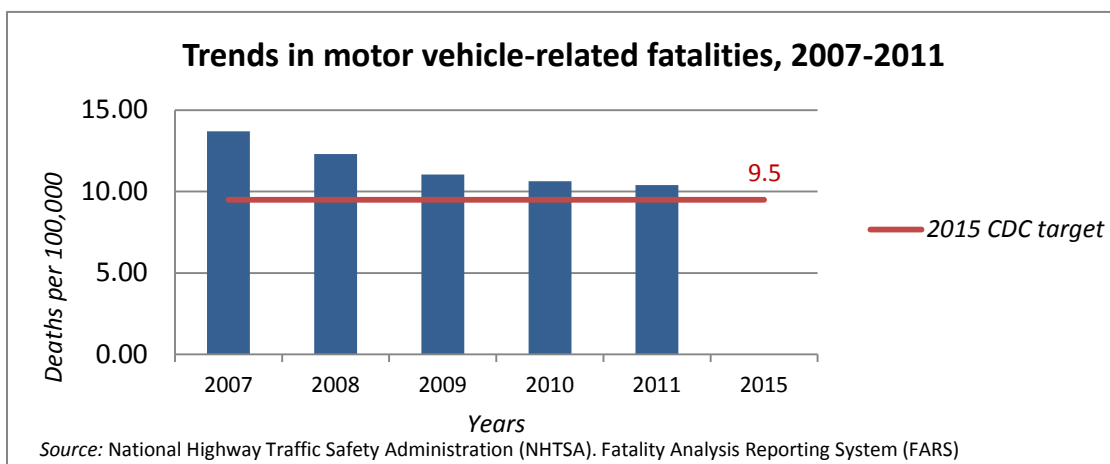
Keep people safe on the road – everyday

Key Actions

- Reduce injuries and deaths in motor vehicle crashes by increasing seat belt, child safety seat, and booster seat use
- Protect teen drivers with comprehensive Graduated Driver Licensing (GDL) systems and parental monitoring
- Reduce alcohol-impaired driving with evidence-based prevention strategies, such as ignition interlock programs

Target

INDICATOR	BASELINE	2015 TARGET
Rate of motor-vehicle related fatalities	13.8 deaths per 100,000 population (2007)	9.5 deaths per 100,000 population (31% reduction)



Key Accomplishments

Deaths from motor vehicle crashes have reached historic lows. What's more, between 2009 and 2011, encouraging improvements were shown in the percentage of teens who wear seat belts, do not ride with a driver who had been drinking alcohol, and do not drive a car when they had been drinking alcohol.

- Nineteen states now have laws for mandatory use of ignition interlock systems for all convicted drunk driving offenders (both first-time and repeat). Thirty-three states have implemented primary seat belt laws, which allow police to stop motorists solely for not wearing a seat belt.
- CDC created and launched the "Parents Are the Key" campaign to promote safe teen driving, which offers parents tools and proven steps for reducing teen driving injuries and deaths. CDC also continues to advance the scientific evidence base for teen driving through research and dissemination of evidence-based policy initiatives.
- CDC released state-specific fact sheets showing the tremendous cost burden of deaths from motor vehicle crashes, and highlighting strategies to prevent these deaths.
- Through the Tribal Motor Vehicle Injury Prevention Program, CDC works directly with American Indians and Alaska Natives to tailor and implement effective interventions. Improvements in seat belt and child safety seat use and prevention of alcohol-impaired driving have been demonstrated.
- Based on CDC work, a national consensus standard used by employers to develop safe driving programs for their employees was strengthened to recommend employer policies on seat belt use.



TEEN PREGNANCY

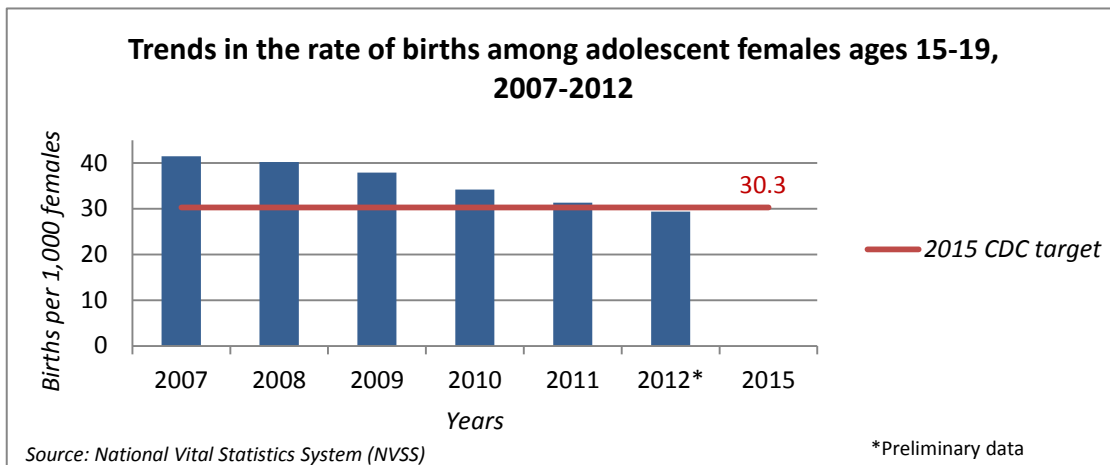
Reduce teen pregnancy and its contribution to the cycle of poverty for teens and their families

Key Actions

- Monitor teen pregnancy/birth rates and prevention policies
- Promote the delay of sexual initiation through evidence-based programs and social norm changes
- Expand the reach of Medicaid family planning services
- Promote the use of effective contraceptive methods, including long-acting reversible contraception, by sexually active teens

Target

INDICATOR	BASELINE	2015 TARGET
Teen birth rate among adolescent females ages 15 to 19	37.9 births per 1,000 females ages 15 to 19 (2009)	30.3 births per 1,000 females ages 15 to 19 (20% reduction)



Key Accomplishments

Teen birth rates in the U.S. are at a record low for young women aged 15-19 years, and more teens who are sexually active appear to be using effective methods of contraception than in previous years.

- In 2010, CDC issued *U.S. Medical Eligibility Criteria for Contraceptive Use, 2010* (US MEC), which provides guidance for clinicians on the safety of contraceptive methods for women with chronic medical or other conditions. In 2013, CDC released a companion guidance document, *U.S. Selected Practice Recommendations for Contraceptive Use, 2013* (US SPR), which provides guidance on how contraceptive methods can be used and how to remove unnecessary medical barriers for patients in accessing and successfully using contraceptive methods.
- Since 2010, more than 1,500 health care providers have completed continuing education training on the guidelines; the American College of Obstetrics and Gynecology has endorsed the CDC guidance; and major professional and service organizations have incorporated these recommendations into their protocols.

TEEN PREGNANCY

- CDC, in partnership with the Office of Population Affairs (OPA), has developed comprehensive recommendations for providing quality family planning services, which include specific recommendations for serving adolescent clients in primary care settings.
- CDC, in partnership with the Office of Adolescent Health (OAH), has provided funding to nine grantees to implement a community-wide initiative to reduce teen pregnancy and births in communities with the highest rates.
 - In Gaston County, North Carolina, the teen pregnancy rate dropped to record lows for the third consecutive year and disparities in pregnancy rates between white and African American females ages 15 to 19 have been virtually eliminated. The Gaston County Health Department, which provides care to a high proportion of African American clients, opened its Teen Wellness Center in early 2012. Twenty percent of the Center's clients that request birth control leave with one of the most effective methods (long acting reversible contraceptives such as IUDs and hormonal implants), compared with only 5% statewide.
 - In south San Antonio, Texas, all five school districts implemented an evidence-based teen pregnancy prevention program, reaching more than 2,000 ninth graders over the 2012-2013 school year.
- Through research and development of educational tools related to cost and health benefits, CDC has supported efforts to increase awareness of the benefits of expanding Medicaid family planning services to ensure access to contraceptives for teens at risk of unintended pregnancy. As of August 2013, 20 states have extended Medicaid family planning services to lower-income women under the age of 18.



HIV INFECTION

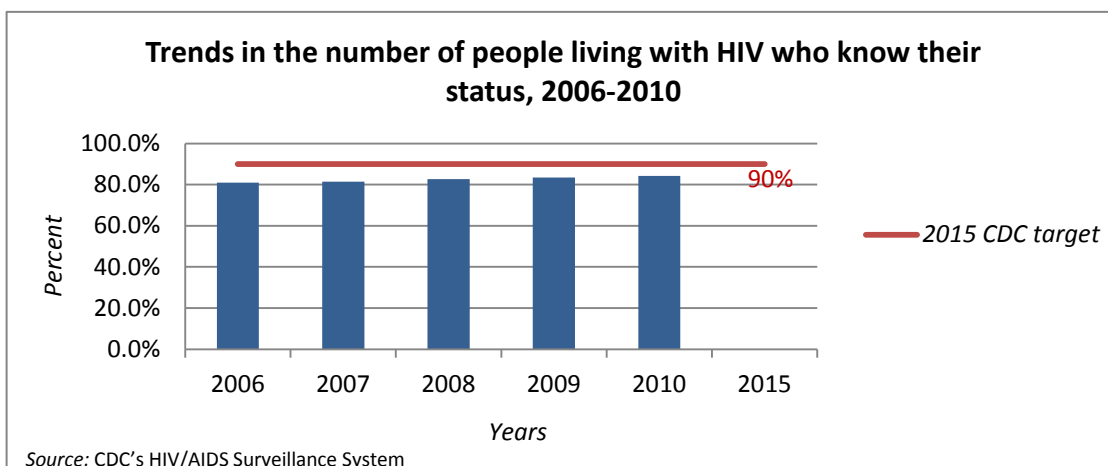
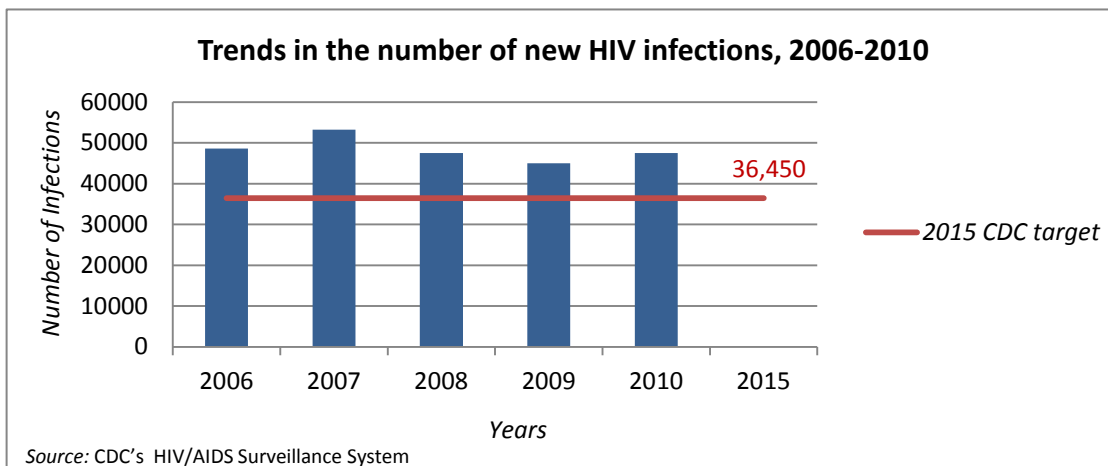
Prevent new HIV infections and ensure quality health care for persons living with HIV

Key Actions

- Intensify HIV prevention efforts in communities where HIV is most heavily concentrated
- Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches for persons living with HIV and those at high risk of infection
- Maximize the proportion of people with HIV who have suppressed viral load by improving diagnosis, linkage and retention in care, and antiretroviral provision and adherence
- Improve data monitoring, dissemination, and feedback
- Educate all Americans about the threat of HIV and how to prevent it

Target

INDICATOR	BASELINE	2015 TARGET
The number of new HIV infections	48,600 new HIV infections (2006)	36,450 new HIV infections (25% reduction)
The percent of people living with HIV who know their status	80.9% of people living with HIV know their status (2006)	90% of people living with HIV know their status (11% increase)



HIV INFECTION

Key Accomplishments

Since 2010, CDC has adopted a high-impact prevention (HIP) approach aimed at identifying and implementing cost-effective and scalable interventions and aligning them with the geographic and demographic burden of HIV infection. CDC also has led a national shift in the use of data for program improvement, public accountability, and public health action by implementing a number of changes aimed at increasing state health department and other CDC grantee use of data for program improvement.

- In alignment with CDC's emphasis on using data to track improvements in the continuum of care and to support public health action, 34 states (up from 26 in 2011) now require that all CD4 count and viral load test results be reported to health departments for surveillance purposes.
- CDC has revised the algorithms for allocating funding to health departments for HIV prevention programs and surveillance so that those areas with the greatest burden of disease also receive proportionately more support.
- CDC has expanded its testing efforts, especially focusing on communities that have a high burden of HIV infection among African Americans and Latinos. In 2011, CDC supported more than 3.3 million HIV tests in the United States, and 18,000 people were newly identified as HIV-positive. Preliminary data for 2012 indicate that more than 3.2 million tests were conducted, identifying more than 14,000 previously undiagnosed cases of HIV infection.
 - Models developed by CDC to evaluate the financial return on investment for large-scale HIV testing programs indicate that the health care system as a whole saves almost \$2 for every dollar invested in testing, and CDC saves more than \$11 for every \$1 spent.
- CDC has issued interim pre-exposure prophylaxis (PrEP) implementation guidance for providers for use with their patients at highest risk for becoming infected with HIV.
- To meet the needs of national, state, and local partners as well as the general public, CDC has created an interactive platform for accessing data about HIV, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB). The NCHHSTP Atlas provides interactive maps, graphs, tables, and figures, and the system also can generate customized, detailed reports, maps, and other graphics.

GETTING THE WORD OUT – Communications and Partnerships across All Winnable Battles

- **CDC Vital Signs:** The Vital Signs program, which includes a monthly edition focused on each of the Winnable Battle topics, uses the most recent CDC data on health behaviors and outcomes to create a call-to-action for key partners and the public. Since its inception, the program has been successful far beyond expectations, achieving more than 600 news stories per issue and about \$1 million earned media value (the amount CDC would have paid in advertisement costs). The Vital Signs program has transformed the way scientific information is distilled and released by CDC for various audiences, with an emphasis on making health information more accessible, clear, and actionable. The publication uses the best and most recent scientific data from CDC surveillance programs as the foundation for its messages and bases recommendations on systematic reviews of the scientific literature. Available in many formats and media outlets, with separate messages written for professional and lay audiences, Vital Signs ensures that all audiences will see, hear, and understand the relevance of the scientific information to their lives. <http://www.cdc.gov/vitalsigns/>
- **Prevention Status Report:** In 2011, CDC released the first Prevention Status Report (PSR) for each state, with information on key indicators of public health status, practice, and policy for each Winnable Battle area. Through the PSR, CDC is helping advance evidence-based policy and practice in the states and the District of Columbia by sharing with health officials and other policy makers their state's status on key public health indicators and performance on key policy indicators. The PSR also identifies areas where improvements can be made by implementing effective policies.
- **Sortable Stats:** CDC created this interactive data set comprised of behavioral risk factors and health indicators to serve as a resource in the promotion of policy, system, and environmental changes. This data set compiles state-level data for the 50 states, DC, and U.S. territories from various published CDC and federal sources into a format that allows users to view, sort, and analyze data at state, regional, and national levels. <http://www.cdc.gov/sortablestats/>
- **Collaboration with partners:** To maximize the impact of the Winnable Battles initiative, CDC works with partners at the national, state, and local levels, including the National Conference of State Legislatures (NCSL), the Association of State and Territorial Health Officials (ASTHO), and the National Association of County and City Health Officials (NACCHO). For example:
 - CDC supports and works with NCSL and ASTHO to bring together state policy makers to learn about Winnable Battles and share evidence-based interventions to address them. CDC also collaborated with NCSL to develop a Winnable Battle “toolkit” for states that outlines each Winnable Battle and includes examples of proven or promising strategies, policy options, and programs that have been effective in addressing Winnable Battles in other jurisdictions.
 - CDC works with NACCHO in support of Winnable Battles through overall product dissemination, technical assistance, evaluation, and communications. Working with CDC, NACCHO has developed messages and materials that assist local health departments in understanding their role in choosing and promoting Winnable Battles and provides communication and dissemination strategies for Winnable Battles materials and products. NACCHO developed a Winnable Battles web portal on its site, naccho.org, which features progress on a Winnable Battle each month. NACCHO also provides Winnable Battles-related resources, programs, tools, and policy guidelines via short articles in Public Health Dispatch and publicizes Winnable Battles-related news, information, and resources via e-communications and social media outlets, including NACCHO's blog, NACCHO Voice.

For more information about these Winnable Battles, visit <http://www.cdc.gov/winnablebattles/>.