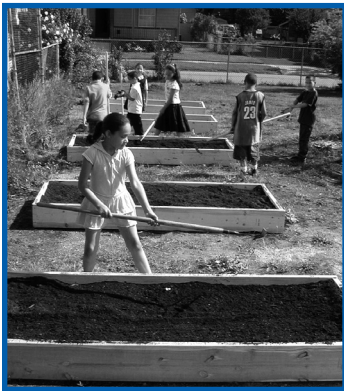




# Healthier Communities

## Preventing Chronic Disease by Activating Grassroots Change 2008



*“Turning the tide in chronic disease will require changes in our communities that support health where we live, learn, work, and play.”*

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## A National Chronic Disease Crisis: The Time to Act is Now

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Our nation faces a crisis in the burden of chronic disease. Chronic diseases are the leading causes of death in our nation, accounting for 70% of all deaths. Chronic diseases such as heart disease, stroke, cancer, diabetes, and arthritis cause suffering and limitations to function, health, activity, and work that affect the individuals with these conditions as well as their families. For example,

- Heart disease is a leading cause of premature, permanent disability in the U.S. workforce, and 66% of heart attack victims never fully recover.
- Sixty percent of leg and foot amputations unrelated to injury are among people with diabetes. Diabetes also is the leading cause of new cases of blindness and kidney failure in adults.
- Arthritis, the nation's most common cause of disability, results in activity limitations for nearly 19 million Americans. These limitations include difficulty lifting or carrying 10 pounds (e.g., a bag of groceries or a grandchild) or grasping small objects (e.g., a pen or door handle). Arthritis also causes work limitations for 1 in 3 working-age adults (18–64 years) with arthritis.

A significant portion of U.S. health care costs is spent on treating chronic diseases. Health care costs for people with chronic conditions account for more than 75% of the \$1.4 trillion spent on annual medical care costs. As a result, the national chronic disease crisis is central to the future of health care in our nation. This issue is of great concern among policy makers and those who pay for public and private health insurance plans.

Preventable risk factors such as tobacco use, physical inactivity, and poor diet contribute greatly to the development and severity of many chronic diseases. Community and national leaders are concerned about trends in these risk factors and their future impact on our nation's health.

### Communities Respond

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Local communities are concerned about trends in chronic diseases and have responded with a groundswell of energy, ideas, and the will to make the local changes needed to reverse trends in the chronic disease burden across our nation.

There is much that local communities can do. To a large extent, the patterns of people's lives and the barriers they confront from the moment they wake up to the time they go to bed set the course of risk for chronic disease. Turning the tide in chronic disease will require mobilizing resources and changing the places, organizations, and systems that touch people's lives every day. For example, we need changes in our

For example,

- Over the past 30 years, the rates of overweight have more than doubled in children and tripled in adolescents. About one-third of U.S. adults are obese, and another one-third are considered overweight.
- In the last 15 years, the number of people in the United States with diagnosed diabetes has more than doubled, reaching 14.6 million in 2005. Researchers predict that one-third of all children born in the year 2000 will develop type 2 diabetes during their lifetime.
- Recent surveys indicate that the rate of decline in smoking rates may have stalled among both youth and adults.

Serious and persistent health disparities continue to exist in chronic disease. For example,

- Heart disease death rates are 30% higher for African Americans than for whites, and stroke death rates are 41% higher.
- Diabetes rates are 2.5 times higher among American Indians and more than twice as high among Alaska Natives compared with whites.

Over the past several decades, the United States has undergone profound societal changes that have made it increasingly difficult for adults, children, and families to engage in the healthy behaviors that can prevent and control chronic disease. These new challenges include larger portion sizes, poor access to fresh fruits and vegetables, less physical education in schools, labor-saving devices, sedentary jobs, nonwalkable communities, urbanization, and stress. They also include increased television viewing and other "screen time," businesses unable to afford adequate health insurance plans, a "sandwich generation" caring for both their children and their aging parents, fear of crime that keeps people from being active outdoors, and a persistence of the social issues that drive health disparities.

schools, work sites, faith-based organizations, and community groups; healthy and affordable food options in local grocery stores and restaurants; safe places where people can be physically active; effective preventive health care; and transportation systems that support walking and biking.

Key decisions rest in the hands of local decision makers. To support these decisions, CDC, state health departments, national organizations with extensive community reach, and a wide range of local leaders and groups are collaborating to emphasize, activate, support, and spread local change across our nation.

## CDC's Role in Activating Local Change

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Over the past 2 years, CDC has convened national experts and leaders in community health promotion to chart a course that will accelerate national and state strategies in chronic disease through local change. Community mobilization will be key to reversing the looming crises in the national chronic disease burden and health disparities. All of CDC's efforts in this area are conducted in close collaboration with partners who can spread change widely, such as state health departments, local health departments, community-based organizations, faith-based organizations, national associations with local affiliates, and decision makers across a wide range of sectors that influence community health.

### Action Institutes

CDC is convening teams of leaders from communities across the country to assess what can be done locally. Community leaders from multiple sectors receive training, tools, and guidance to develop local action plans. When they return to their communities, they receive ongoing assistance to carry out these plans and are linked with a consultation and learning network that includes their state chronic disease leaders, national experts, and peer communities. In 2008, CDC will engage with local teams on topics that address changing communities, health disparities, and older adult health.

### Activating Communities

#### Racial and Ethnic Approaches to Community Health Across the United States (REACH U.S.)

CDC's REACH U.S. program has produced improvements in health and reductions in health disparities in communities that face serious community health problems. In fiscal year 2007, CDC launched Centers of Excellence in the Elimination of Health Disparities (CEEDs) to disseminate innovative strategies developed in REACH communities and to train and mentor new communities. REACH's Action Communities also continue to implement successful local strategies.

### CDC's Steps Program

Communities supported through CDC's Steps Program are taking local action to reverse trends in risk factors for obesity and chronic disease. They are showing what local communities can do and are producing local success. Hundreds of communities have requested CDC training and support. CDC is collaborating with the YMCA of the USA, state health departments, the National Association of Chronic Disease Directors, the National Association of City and County Health Officials, and other organizations to spread the impact of the Steps Program.

### Pioneering Healthier Communities

The YMCA of the USA is blazing new trails in community health. It is mobilizing its vast network—which has established roots in communities across our nation—to convene key local leaders to improve health and confront the national crisis in obesity and chronic disease.

The YMCA of the USA has developed innovative models for community change and has convened, trained, and supported action teams of key leaders in 64 communities through its Pioneering Healthier Communities Program. By the end of 2008, nearly 100 communities will be impacted. CDC provides guidance and support as local leaders make important and long-lasting changes to their communities.

### Spreading Change Across the Nation

CDC is disseminating effective strategies for local change and key lessons learned from local communities. CDC is providing communities with tools, guidance, and support for effective local action to turn the national tide in chronic disease and reduce health disparities. An ever-widening network of communities is ready to take action with CDC's support. To date, more than 170 communities have been impacted, and hundreds more have requested assistance.

## Communities in Action: Turning the Tide at the Grassroots Level

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### Empowering Minority Communities To Seek Better Health

In south central Los Angeles, local African American communities came together to address gaps in local access to healthy food options. The local REACH coalition, led by the Community Health Councils of Los Angeles, played a key role in assessing the problem and developing effective solutions. Community leaders and local policy makers are now taking action by creating business incentives to increase access to healthy food and using community approaches to decrease local exposure to unhealthy foods.

In New York City, the Bronx Health REACH Coalition implemented a nutrition and fitness initiative to improve residents' access to healthy foods. City schools have switched from whole milk to low-fat milk, neighborhood grocers carry low-fat milk and healthier snacks, and local restaurants highlight their healthy menu options. The coalition also has achieved changes within influential local faith organizations, which are now changing their practices to help local residents eat healthier diets, be more physically active, and control chronic diseases such as disease and diabetes.



### **Linking Health Systems to the Community**

In South Carolina, the REACH Charleston and Georgetown Diabetes Coalition is working to improve diabetes care and control for more than 12,000 African Americans with diabetes. The coalition has worked with local community members to assess reasons for disparities in health and to seek community-driven solutions. The coalition also has taught community members how to navigate the health care system. In addition, it created a system to ensure that people have access to the community resources and support they need to make lifestyle changes and control the effects of diabetes.

Results have been dramatic. A 21% gap in annual blood sugar testing between African Americans and whites has been virtually eliminated. Lower-extremity amputations among African Americans with diabetes also decreased sharply. In Charleston County, the rate of amputations among African American men with diabetes who were hospitalized decreased nearly 54% over 7 years. In Georgetown County, the rate decreased 54% over 4 years.

### **Partnering with Work Sites to Promote Better Health**

Work sites have much to gain from participating in community action plans designed to improve community health. Through the Steps Program in Austin, Texas, the local health department worked with a prominent local employer, Capital Metro, to assess and implement a comprehensive work site wellness program to reduce diabetes and heart disease risk factors among employees. The program's success led to decreases in health care costs and employee absences and improvements in participants' health and healthy behaviors. Employee absences decreased 44%; rising health care costs increased by only 9% annually, compared with 27% in previous years.

### **Helping Native American Nations Address Health Disparities**

CDC's community agenda has given Native American nations unprecedented opportunities to address severe health disparities in their communities. Through the Steps Program, the Cherokee Nation implemented *CDC's School Health Index: A Self-Assessment and Planning Guide* in 19 schools with predominantly American Indian populations. All schools made significant changes in the school environment, such as developing overall wellness policies, offering healthier choices in vending machines and cafeterias, and providing access to exercise facilities after school. Nine schools implemented 24/7 tobacco-free policies.

### **Getting Healthy Foods to Underserved Communities**

In Pittsburgh, Pennsylvania, low-income children and families have access to low-cost fruits and vegetables as a result of the YMCA of the USA's Pioneering Healthier Communities initiative. This initiative convenes and supports leadership teams from local communities to assess local conditions that may be increasing chronic disease rates, and then to make widespread and long-lasting changes. The PHC leadership team in Pittsburgh created a way for local after-school programs to buy low-cost fruits and vegetables. As a result, 5,000 children from diverse backgrounds and 1,000 low-income teenagers now have access to healthy foods each week. Local after-school programs also ensure that participants have 45–60 minutes of physical activity each day.

### **Ensuring Physical Activity in Schools and Child Care**

In Clearwater, Florida, key leaders on the Pioneering Healthier Communities leadership team decided to lead by example. As part of the team's community action plan, the two largest providers of after-school programs in the area (R'Club Child Care, Inc. and the YMCA of the Suncoast) decided to provide all children in their programs with 30 minutes of physical activity a day.

As a result of this leadership, the county licensing board now requires that all such programs in Pinellas County (which includes Clearwater) provide children with at least 30 minutes of physical activity 5 days a week in order to be licensed. In addition, the leadership team provided information and concepts that played a critical role in the passage of a state law that requires all elementary schools to provide 30 minutes of daily physical education 5 days a week. As a result of these changes, children across Pinellas County are now achieving the recommended 60 minutes of daily physical activity.

### **Future Directions**

Turning the tide on chronic disease will require changes in our communities that support health where we live, learn, work, and play. Working with key partners, CDC will activate these changes in an ever-widening network of communities that are ready to take action. CDC will continue to develop and disseminate successful strategies to address chronic disease and health disparities at local levels. CDC will synthesize and translate lessons learned and successful models into tools, guides, training, and interventions, and we will make these resources widely available.

**For more information, please contact the Centers for Disease Control and Prevention  
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