RECOMMENDATIONS FOR FUTURE EFFORTS IN COMMUNITY HEALTH PROMOTION

Report of the National Expert Panel on Community Health Promotion

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EXECUTIVE SUMMARY

The Community Health and Program Services Branch, along with the Division of Adult and Community Health's Office of the Director, hosted a meeting of the National Expert Panel on Community Health Promotion on March 23–24, 2006, in Atlanta, Georgia. The purpose was to convene a group of experts external to the Centers for Disease Control and Prevention (CDC) to develop recommendations for efforts of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) to promote community health. Twenty-five experts from academia, state and local health departments, national nonprofit organizations, and community-based groups participated in the meeting. In addition, each division in NCCDPHP was represented in a CDC ad hoc committee that observed the meeting and provided continual feedback and support. An evaluation of CDC's roles and the subsequent recommendations are presented here.

Evaluation of CDC Roles

The members of the expert panel expressed appreciation for CDC's role in validating effective practice in community health promotion. This validation provides the credibility needed to win support for community health promotion. The members see a role and need for CDC to connect cutting edge research to practice in various communities and cultures. CDC can also help assure that grants and cooperative agreements are aligned with best practices in community health promotion. In this context, the expert panel evaluated seven roles of CDC:

1. ***Leader and Advocate:*** NCCDPHP could take a leadership role by stepping outside the traditional view of health to more carefully examine wellness in our society, and it could be an advocate for nontraditional approaches.
2. ***Overseer of Knowledge Transfer and Translation:*** NCCDPHP should be the knowledge broker, and the community can be the translators. Convening groups like the expert panel also helps the transfer of knowledge and builds the understanding that facilitates better translation.
3. ***Convener and Broker of Relationships:*** Throughout the area of community health promotion, NCCDPHP can be a catalyst of partnerships with federal and state agencies and nonprofit organizations and businesses.
4. ***Developer of Standards:*** NCCDPHP should continue to provide models of practices that have worked in communities; these strategies can serve as a guide rather than a standard.
5. ***Evaluator of Evidence-based Practice and Practice-based Evidence:*** CDC should not lose its focus on science and assessment. Community health promotion can benefit from the vast knowledge coming from practice-based research.
6. ***Monitor of Surveillance:*** Surveillance can identify social indicators that present opportunities for CDC to promote community health.
7. ***Grantor:*** CDC should structure funding levels to more closely align with resources needed to achieve public health goals in states and communities.

Recommendations

The expert panel made eight recommendations to NCCDPHP:

1. Enhance surveillance systems to go beyond individual risk factors to include community and social determinants of health.
2. Promote community-based participatory research by coordinating federal efforts, building capacity within communities, and disseminating research.
3. Champion a focus on wellness that acknowledges the roles of mental health, spirituality, and complementary and alternative medicine across the lifespan.
4. Promote training and capacity building that gives the public and private workforce in the area of public health the knowledge, skills, and tools to implement community health promotion approaches and principles, which may include strategies that address sustainability, program evaluation, and socioecological dimensions of health.
5. Promote an electronic mechanism to facilitate virtual community health promotion with capabilities to share knowledge, disseminate evidence-based programs and promising practices, and promote the dialogue between communities and CDC.
6. Shift a measurable part of NCCDPHP programs and funding for community health promotion to focus on improving living conditions across the lifespan and engages evidence-based interventions and promising practices in community health promotion.
7. Maximize the impact of federal resources dedicated to community health promotion through greater collaboration and coordination across federal agencies.
8. Maintain and improve successful CDC programs with integrated, long-term funding that is sufficiently flexible to meet the unique needs of local communities.

INTRODUCTION

Community Health Promotion at NCCDPHP

In response to the 1979 *Surgeon General's Report on Health Promotion and Disease Prevention, Healthy People*, the Center for Health Promotion and Education was created at CDC in 1981. This center was established as a broad-based entity that focused on health issues including reproductive health, nutrition, smoking, alcohol use, physical fitness, stress, violence, accidents, and other risk factors of public health significance. In subsequent years, the center's scope expanded to include important infant and maternal health initiatives, the widely used Planned Approach to Community Health, and the Behavioral Risk Factor Surveillance System and other key surveillance programs. By 1988, CDC established the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), which became increasingly disease-specific, spreading the expertise in health education and community health promotion across diversified programs. Consequently, no one unit within NCCDPHP is the primary resource for public health practitioners seeking to improve the efficacy and effectiveness of community health promotion.

NCCDPHP is focused on strengthening services to improve community health promotion by facilitating translation of research into practice and expanding collaborative efforts. The Division of Adult and Community Health (DACH) provides a home for cross-cutting expertise and consultation about community-based public health work at NCCDPHP. DACH is also working to expand the ability of the Community Health and Program Services Branch (CHAPS) to build healthy communities and eliminate health disparities by providing national leadership in community health promotion and disease prevention. The long-term goal for NCCDPHP and DACH is to serve as a center for cross-cutting expertise and support for community health promotion. Furthermore, in the future, CHAPS is intended to be a point of public access to evidence-based practice and practice-based evidence ready for translation in community settings.

National Expert Panel on Community Health Promotion

NCCDPHP selected the 25 members of the National Expert Panel on Community Health Promotion from various health care sectors and areas of expertise (refer to Appendix A). The panelists included persons from state and local health departments; experts on community-based participatory research, local community-based practice, aging, and mental health; and leaders from community-based and nonprofit organizations. The goal of the panel was to provide guidance for NCCDPHP activities to promote community health. NCCDPHP charged the expert panel with three objectives:

1. Identify and summarize gaps in the field of community health promotion.
2. Outline relevant and cutting-edge initiatives for community health promotion.
3. Prioritize recommendations for NCCDPHP activities to promote community health within 3–5 years.

On March 23–24, 2006, the expert panel participated in a 2-day meeting in Atlanta, Georgia. An ad hoc committee of CDC staff from several branches and programs also attended (refer to

Appendix A). This committee was responsible for: 1) observing the 2-day meeting to gain understanding of gaps and opportunities in community health promotion that were presented by the panel; 2) providing clarification and answering questions about CDC programs; and 3) giving feedback on the appropriateness and feasibility of panel recommendations.

Models of Community Health Promotion

To orient the discussion around community health promotion and to provide a context beyond individual health behaviors, the expert panel considered several socioecological models (see Appendix B). The panel appreciated the intent of the models, which acknowledged and placed importance on environmental influences on behavior. However, the expert panel found that even the best representations of a socioecological approach miss critical issues and opportunities, such as other social and political influences and the need to be adaptable to local reality, communicate with different constituencies, and facilitate change. Panel observations and insights are summarized here.

Models lack sociocultural and political influences on health. These socioecological models do not address several factors that influence behavior change and maintenance of change. These factors include influences on mental health and wellness (e.g., spirituality and complementary and alternative medicine); access to care; political and economic contexts of decisions; race, racism, and discrimination; and cultural beliefs and values as risk factors and protective factors. Elements of community efficacy, such as social capital and community competencies, should also be acknowledged.

Models must be adaptable to local realities. The expert panel objected to use of a single model for community health promotion. Models need to be sufficiently flexible to allow community choices based on available resources and local realities. In some communities and situations, it is important to give more weight to one dimension than another. The models should acknowledge continuous social stressors like poverty or discrimination as well as acute situations like Hurricane Katrina and the South Asian tsunami.

Models can be used to communicate with different constituencies. Models can be used to engage nontraditional partners, such as businesses and faith-based organizations. To engage business partners (e.g., industry and advertising), community health promoters need models that speak in business language. The panel suggested that health promotion strategies should include a "micro-enterprise" component; that partnerships with faith-based organizations could be encouraged through models recognizing the important roles of spirituality and faith; and that models should resonate with different cultures. For example, in Hawaiian culture, the Lokahi triangle shows spirit, land, and humans as the three elements of wellness.

Models can facilitate change. Empowerment of communities to advocate on their own behalf requires a more open and transparent discussion about the power relationships that perpetuate assaults on health. For example, awareness of parties that benefit from the production of choices that undermine health (e.g. tobacco, fast food, and alcohol), the costs of disease, and the benefits of health promotion is needed. In addition, choices made by communities may be the right thing to do even when they are not cost-effective. An important goal of community health promotion is to influence changes in social norms for "acceptable" health behavior and disease prevention. The expert panel also noted that the REACH 2010 model addresses how change occurs as a result of community health promotion and recognized the need for communities to become more knowledgeable about working through the political process.

Cutting-edge Initiatives

The expert panel and the CDC ad hoc committee were asked to share cutting-edge initiatives, which served as a creative platform to stimulate discussion and guide the formulation of the recommendations. Examples of these initiatives are presented here (see Appendix C for details on CDC initiatives).

Initiatives of Expert Panel

- Reaching the underserved by locating both a YMCA and a health clinic in apartment complexes and using a socioecological approach to promoting health
- Using community health promoters to train community activists as advocates for healthy families and livable communities
- Targeting mental illness in older adults and reproductive health, particularly for women at risk
- Focusing on environmental changes such as creation of food banks and walking paths

Initiatives of CDC Ad Hoc Committee

- Investigating social determinants of health
- Systems modeling of diabetes
- Developing community-based participatory approaches to remedy health disparities
- Disseminating promising practices and evidence-based programs to schools

The panel appreciated the tenacity exhibited in the attack on tobacco use. They also pondered which institutions of the 21st century would endure. Among the candidates were senior centers, schools, and local health departments.

The panelists separated into groups to brainstorm the cutting-edge initiatives that might be pursued if community health promotion took a socioecological approach. They were free to imagine the initiative of their dreams. Four ideas emerged: creating a virtual community for a healthy America; introducing a program to reduce high school dropout rates by promoting health; importing the idea of a green gym; and designing a template for a generic and integrated initiative.

<u>Virtual Community for a Healthy America</u>
Creation of a virtual community for a healthy America combines the best of Wikipedia, Google, Myspace, Meetup, and other popular Web applications to open a public portal for health. The initiative would bring together virtual and geographic communities. People would be able to use it as a platform for knowledge transfer, community mobilization, and grassroots efforts. This resource would offer information on topics such as social marketing, behavior change, evidence-based research, healthy kids, and fun competitions to promote health. A nonprofit organization or a partnership between CDC and the major Web companies could govern this project.

<u>Improvement of School Completion Rate to Promote Health</u>
Reduce Dropout to Reduce Disparities (R2D2) is an initiative that builds on the correlation between chronic diseases and high school dropout rates. Local councils could develop proposals to launch comprehensive, multisector activities to reduce dropout rates within 5 years.

These activities might include guaranteeing a college education, “second chance” programs for current high school dropouts, targeting mental health or substance abuse problems, establishing service learning projects, and encouraging older adults to mentor students. Every sector, including schools, health departments, the criminal justice system, community-based organizations, churches, and other partners would be focused on making a difference in the high school dropout rates in local communities. CDC could support this effort by partnering with the U.S. Department of Education and other agencies.

Green Gym
The Green Gym is a holistic community-based program developed in the United Kingdom to promote community building, as well as physical and mental well-being. Through creation or refurbishment of parks, open spaces, and landscaping, the program is a catalyst for physical activity and promotes mental and spiritual health and social connectedness. This program is built on partnerships with other organizations and targets all ages and all populations. Models such as the Agita Mundo Program have been effective in promoting physical activity specifically among Hispanic populations in Brazil, Bolivia, and elsewhere in Latin America (see *Revista Panamericana de Salud Publica,* 2003, 14 (3): 265-272).

Template for Generic Initiatives for the Future
The Template for Generic Initiatives for the Future could provide a framework for future health initiatives by better connecting the dots between health issues and community needs. The framework may include guidelines that allow communities to adapt and integrate programs, incorporate best practices, track costs, and provide for 8 to 10 years of funding. This template could empower communities to implement multilevel strategies and apply for continued funding.

Evaluation of CDC Roles

The members of the expert panel value the role of CDC in validating effective practice of community health promotion, which gives CDC credibility to win support for community health promotion. CDC is perceived as having “something rare and precious with its mystique of science”. This perception gives CDC credibility within the federal government and at the state and local levels. In this context, the panel evaluated a number of CDC roles, which are described here. Although the expert panel was not asked to rank the importance of these roles, the comments reflect the panel’s sense of important opportunities for community health promotion.

Leader and Advocate
NCCDPHP can take a leadership role by looking beyond the traditional view of health to investigate what truly constitutes wellness in our society. This careful examination might lead CDC to advocate nontraditional approaches addressing the outer rings of the socioecological model (refer to Appendix B). CDC has shown leadership in focusing on specific populations and geographic areas such as the U.S.-Mexico border, and the panel encouraged the agency to expand its presence in states and communities through programs such as CDC’s Epidemic Intelligence Service (EIS) Program and Public Health Prevention Service (PHPS) Program.

Overseer of Knowledge Transfer and Translation
The Expert Panel affirmed the role of CDC in knowledge transfer across communities with the caveat that the agency may be unable to appropriately translate research to specific communities and cultures. Therefore, while CDC should be the knowledge broker by providing templates that include essential information, the community can be the translator by tailoring the

information to fit the community's context. Convening groups similar to this expert panel also promotes knowledge transfer and builds understanding for more effective translation. CDC could also demonstrate the economic costs of failing to act to promote community health.

Convener and Broker of Relationships
CDC can be the voice for community health promotion with federal agencies (e.g., U.S. departments of agriculture, education, and justice), to facilitate more effective collaboration of community health organizations with federal agencies. To increase the synergy around community health promotion within CDC, NCCDPHP can be the catalyst for raising awareness and encouraging establishment of new policies on community health promotion. NCCDPHP could also broker partnerships with nonprofit organizations and businesses.

Developer of Standards
NCCDPHP should continue to provide models of programs that have been successful in communities. These models should be viewed as a guide rather than a standard. Models often require considerable cultural and geographic translation (e.g., models for rural areas, Indian country, and Hawaii). These models should acknowledge that some federal terminology can be problematic in certain contexts and should be sensitive to language (e.g. words like "stakeholders" and "branding" carry connotations of slavery in Indian country).

Evaluator of Evidence-based Practice and Practice-based Evidence
Community health promotion can benefit from the vast knowledge of practice-based evidence. The panelists value CDC's role in supporting community-based participatory research (e.g., through Prevention Research Centers) and its contribution as an evaluator of programs for certain communities and populations. Panel members expressed the view that CDC should not lose its focus on science and assessment and pressed the case for flexibility for local adaptation. Many state health departments are moving toward use of performance indicators, and these efforts would be better informed if CDC, as a major source of funding, participated in defining performance indicators.

Monitor of Surveillance
The panel views surveillance as an important role for CDC and identified social indicators as a priority and an opportunity to provide valuable information to state and local health departments.

Grantor
The expert panel suggested that NCCDPHP should offer long-term funding and, in collaboration with state and community partners, think strategically about directions for the next 5 to 10 years. The panel recommended that CDC should continue to build on relationships with states and communities.

RECOMMENDATIONS

The mission of the expert panel was to provide guidance in directing NCCDPHP efforts in activities to promote community health. Panel recommendations focus on and are consistent with the goals and agenda of NCCDPHP. The recommendations are intended to help NCCDPHP to 1) forge linkages across various sectors of research and practice in community health promotion; 2) enhance current initiatives in health promotion across the nation's local communities; 3) establish NCCDPHP as a national clearinghouse for efforts in community health promotion; and 4) pioneer a cross-cutting movement in community health promotion.

On the basis of in-depth discussions about models for community health promotion, cutting-edge initiatives, and CDC roles, the expert panel offered eight recommendations for NCCDPHP to consider pursuing for the next 3 to 5 years.

Broader Surveillance

CDC is the leader in supporting surveillance systems that are critical to monitoring health trends, health status, and emerging health concerns. The agency also provides invaluable resources for policy making at the national, state, and local levels. While there have been a few initiatives that have gathered community-level data (e.g. HRSA's community health status report, Redefining Progress Community Indicators Project), the field of community health promotion requires a more concentrated effort in gathering information that includes community health indicators and social determinants of health.

The expert panel recommends that NCCDPHP enhance surveillance systems beyond tracking of individual risk factors to include community health indicators and social determinants of health.

Promotion of Community-based Participatory Research

A community-based participatory approach to research is community driven and promotes civic engagement and social action. Increased support for this approach is necessary for five reasons:

1. There is history of researchers collecting data in communities where they had no long-term commitment to promoting the health of the community, and some research has harmed the community (e.g., Tuskegee).
2. The relevance and usefulness of research needs to be enhanced, and the return on investment increased.
3. Communities have a greater understanding of their strengths and assets, needs, culture, context, politics, and history than outside researchers have.
4. Positive changes in lifestyles and living conditions can be promoted by engaging community members and researchers in comprehensive and participatory approaches to research and action.
5. Community buy-in and investment are critical to implementation and maintenance of successful programs.

The expert panel recommends that NCCDPHP promote community-based participatory research by coordinating federal efforts, building capacity within communities, and disseminating research.

Promotion may include the following efforts:

- Conducting research and evaluation on social determinants of health by using a community-based participatory approach and integrating existing programs within CDC (e.g., Prevention Research Centers and research on social indicators)
- Investing in community-based participatory research (CBPR) initiatives that involve long-term funding of efforts to eliminate health disparities
- Reenergizing the federal Interagency Working Group on CBPR and supporting joint calls for proposals for CBPR projects
- Developing tools for capacity building and coalition building in the community to produce reliable research findings and successful intervention strategies
- Promoting dissemination of CBPR across CDC, health departments, local communities, and organizations

Mental Wellness and Complementary and Alternative Medicine

Fragmentation and overemphasis on the physical aspects of health exclude mental health and spirituality as an integral part of wellness. Approaches incorporating appropriate use of complementary and alternative medicine (CAM) partially address these dimensions of health but are usually not explicitly included among interventions in community health promotion. The panel noted the importance of acknowledging the unique differences between mental health, wellness and CAM, as well as the political complexity of bringing these approaches together. They recommended that CDC play an instrumental role in building the scientific base for holistic approaches to health.

The expert panel recommends that NCCDPHP champion a focus on wellness that acknowledges the roles of mental health, spirituality, and complementary and alternative medicine (CAM) across the lifespan.

This focus includes the following actions:

- Incorporating mental health and spirituality and CAM practices in existing programs and new initiatives in areas such as disease prevention, health promotion, and emergency preparedness
- Assessing the influence of culture on dimensions of health related to mental health and spirituality and CAM practices
- Funding research on the influence of mental health and spirituality and CAM practices on community health outcomes
- Building relationships to encourage parity in mental health care, such as reimbursement for mental health therapies, spiritually oriented techniques, and CAM services
- Addressing gaps in mental health services in specific population groups, such as women of reproductive age and older adults
- Ensuring the input of diverse community voices in implementation of programs related to mental health and spirituality and CAM

Workforce Training

Many in the federal, state, and local public health workforce and national, state, and local community organizations do not have the knowledge and skills to implement the socioecological approach to health promotion and prevention of disease and injury. The skills needed by the public health workforce include cultural competence, advocacy, policy development, evaluation, use of community indicators, development of partnerships, convening and facilitation, and use of new communication technologies.

The expert panel recommends that NCCDPHP promote training and capacity building that gives the public and private workforce in the area of public health the knowledge, skills, and tools to implement community health promotion approaches and principles, which may include strategies that address sustainability, program evaluation, and socioecological dimensions of health.

Virtual Community Health Promotion

There is no venue for the exchange of information on community health promotion between communities and practitioners. The Web may offer a platform for creating a virtual center for this expertise.

The expert panel recommends that NCCDPHP promote an electronic mechanism to facilitate virtual community health promotion with capabilities to share knowledge, disseminate evidence-based programs and promising practices, and promote the dialogue between communities and CDC.

This framework would include the following components:

- Allowing communities to contribute knowledge
- Translating evidence-based research into community practice
- Providing communication tools for grassroots organizing around local initiatives
- Collecting data on community health indicators (collection and modeling for planning purposes)
- Translating health and quality-of-life factors into economic impact
- Providing support for evaluation of practice-based research
- Training local and state workers in promotion of public health

Living Conditions across Lifespan

Although the public health community has experienced success in assessing and addressing lifestyle change, there is increasing evidence that analysis of social determinants is critical to understanding the health of a population and prioritizing public health interventions.

The expert panel recommends that NCCDPHP shift a measurable part of NCCDPHP programs and funding for community health promotion to focus on improving living conditions across the lifespan and engages evidence-based interventions and promising practices in community health promotion.

This emphasis would require actions that include the following changes:

- Dedicating 25% of projects and investments to interventions that focus on changing living conditions strongly associated with health
- Incorporating cultural competency and health literacy in policy and environmental interventions to address health disparities
- Using 50% of awarded project funds on evidence-based and practice-based interventions (50% in levels 3 to 5 and up to 15% in levels 1 and 2)
- Dedicating at least 10% of awarded project funds to evaluation, including measures of social determinants of health linked to the health problems addressed
- Enhancing CDC efforts to include culturally tailored interventions

Maximized Federal Investment in Communities

Because of the complex relationships among individuals, communities, and the environment in the manifestation of chronic diseases, no individual or agency can adequately address these issues without collaborating in community health promotion with a range of state and local organizations and institutions.

The expert panel recommends that NCCDPHP maximize the impact of federal resources dedicated to community health promotion through greater collaboration and coordination across federal agencies.

This approach would include the following initiatives:

- Encouraging collaboration among federal agencies, such as the Substance Abuse and Mental Health Services Administration, National Institute of Mental Health, Health Resources and Services Administration, Agency for Health Research and Quality, U.S. Administration on Aging, and U.S. Department of Education
- Exploring programs and pilot projects of sister federal agencies to assess funding streams and points of collaboration, maximize resources, and collaborate with federal partners, to enable pooling of funds and expertise and creation of cross-cutting, collaborative, and integrative programs in health promotion and prevention of chronic disease
- Seeking input from local communities to help inform federal planning and decision making related to funding opportunities

Funding Tailored to Realities of Community Health

Enormous investments of time, technical assistance, and resources are needed to build successful community programs. However, federal policies on programs do not accommodate the requirements for building a healthy community. Impediments include limited funding that does not allow for long-term policy and environmental change; short time frames imposed on grantees for demonstration of impact; and inflexibility in relation to local context and changing circumstances.

The expert panel recommends that NCCDPHP maintain and improve successful CDC programs by using integrated, long-term funding that is sufficiently flexible to meet the unique needs of local communities.

Necessary actions would include the following efforts:

- Providing community projects with appropriate guidance to ensure that communities implement evidence-based interventions whenever possible
- Expanding the investment in community projects and maintaining and enhancing funding for exemplary community programs such as REACH 2010 and STEPS to a Healthier U.S.
- Encouraging communities to conduct a continuous quality-improvement process to modify their programs on the basis of the local context and changing needs

APPENDIX A:
LIST OF MEMBERS: NATIONAL EXPERT PANEL ON COMMUNITY HEALTH PROMOTION AND CDC AD HOC COMMITTEE

Expert Panel on Community Health Promotion
Nicolas Freudenberg Distinguished Professor of Urban Public Health Hunter College/City University of New York Center for Community and Urban Health
Linda Burhansstipanov President and Executive Director Native American Cancer Initiative, Inc. (NACI) Native American Cancer Research, Corp. (NACR)
Cindy Burbach Director Health Surveillance & Disease Control Division Sedgwick County Health Department
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Elizabeth Howze Workforce Development Liaison ATSDR Office of the Director
Ellen Boyce Director Office of Professional Practice Region I-SCDHEC
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Joan Stine Director Center for Health Promotion, Education,& Tobacco Use Prevention Maryland Department of Health and Mental Hygiene
Lauren Jenks Director Comprehensive Cancer Prevention and Control Unit Washington State Department of Health
Elsa Mendoza Healthy Lifestyles Coordinator Community Health Division Monterey County Health Department
Adolfo Valadez Medical Director/Health Authority Austin/Travis County Health and Human Services Department
Richard Curtin Program Manager Steps to a Healthier FL - Pinellas
Carlos Ugarte Senior Health Advisor (Consultant) to the President National Council of La Raza (NCLR)
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Amparo Castillo Director of Diabetes Project/REACH & Associate Professor & Center Director Midwest Latino Health Research, Training and Policy Center UIC Jane Addams College of Social Work
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Clark Baker President/CEO YMCA of Greater Houston
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Ellen Jones Consultant
William Benson Principal Health Benefits ABCs
CDC Ad Hoc Committee
Dawn Satterfield Division of Diabetes Translation
Lynda Anderson Division of Adult & Community Health
Alyssa Easton Steps to a Healthier US
Linda Redman Division of Heart Disease and Stroke Prevention
Cynthia Morrison Division of Heart Disease and Stroke Prevention
Marilyn Metzler Division of Adult & Community Health
Lina Balluz Division of Adult & Community Health
Jo Anne Grunbaum Division of Adult & Community Health
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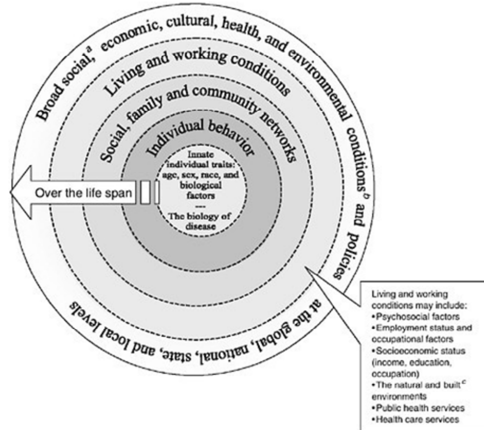
Michael Schmoyer Division of Adolescent & School Health
Sherry Williams Division of Oral Health
Renee Brown-Bryant Division of Reproductive Health
Brick Lancaster Office on Smoking & Health

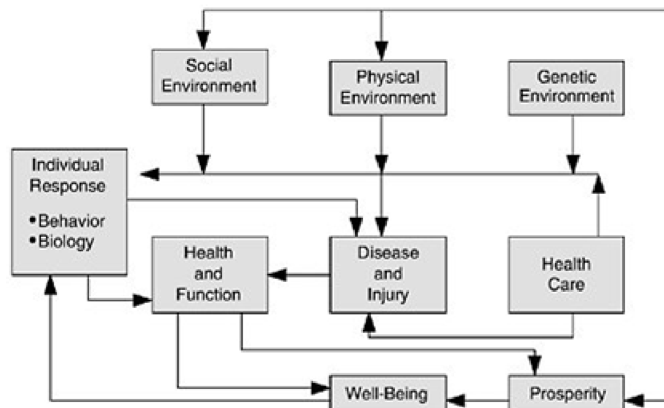
APPENDIX B:
SOCIOECOLOGICAL MODELS (FIGURES)

Example 1



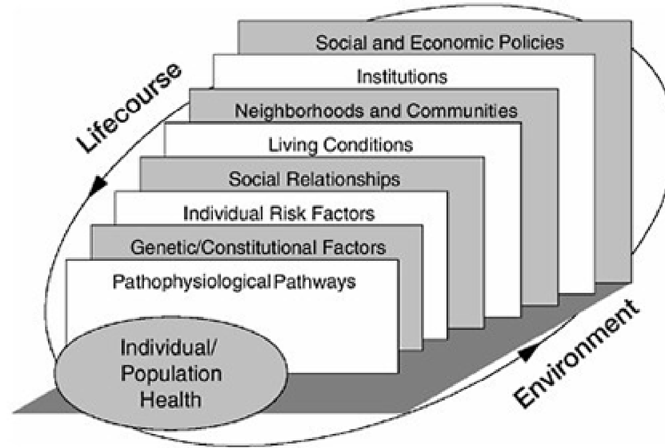
Reference: Institute of Medicine. (2003). The Future of the Public's Health in the 21st Century. Washington, D.C.: National Academies Press.
Original Source: Dahlgren G, Whitehead M. 1991. Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden: Institute for Futures Studies.
Notes: Model above adapted from Dahlgren and Whitehead, 1991. The dotted lines between levels of the model denote interaction effects between and among the various levels of health determinants.

Example 2



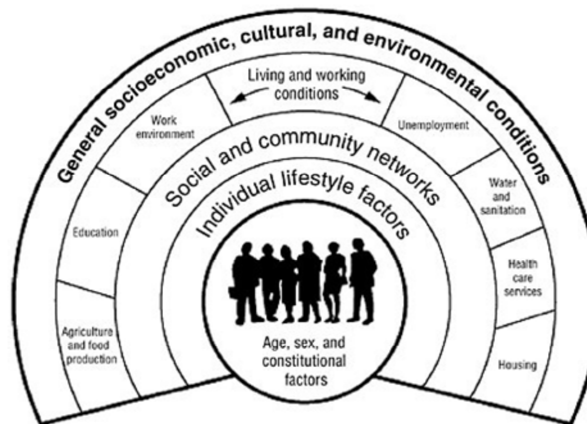
Reference: Institute of Medicine. (2003). The Future of the Public's Health in the 21st Century. Washington, D.C.: National Academies Press.
Original source: Evans RG, Stoddart GL. 1990. Producing health, consuming healthcare. Social Science and Medicine 31:1347–1363.

Example 3



Reference: IOM (Institute of Medicine). 2000. Promoting Health: Intervention Strategies from Social and Behavioral Research, p. 43. Washington, DC: National Academy Press.

Example 4



Reference: Institute of Medicine. (2003). The Future of the Public's Health in the 21st Century. Washington, D.C.: National Academies Press.
Original source: Dahlgren G, Whitehead M. 1991. Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden: Institute for Futures Studies.

APPENDIX C:
CUTTING-EDGE INITIATIVES FOR COMMUNITY HEALTH PROMOTION
CENTERS FOR DISEASE CONTROL AND PREVENTION

Definition: *Cutting-edge initiatives for community health promotion within NCCDPHP entail programs that work in a cross-cutting manner and provide the science-base, methodology, and public health practices to help local communities and entities move forward with community health promotion strategies.*

CDC-YMCA Partnership

The CDC and YMCA-USA (Y-USA) national partnership is aimed at furthering public health impact through the development and implementation of innovative community-based strategies. This public health collaboration links the resources and technical expertise of the federal government with YMCAs across the U.S. in an effort to widely disseminate evidence-based and promising community interventions that reduce the burden of chronic diseases and improve the health of local communities. This partnership also provides an opportunity for both organizations to reach outside their walls and join efforts in expanding public health's reach into new communities. Both organizations were able to build the framework for related joint efforts by recognizing the gaps that may be filled through the relationship and setting shared priorities. For Y-USA, the partnership presents an opportunity to take best community-based public health practices to communities served by local YMCA areas. For CDC, this is an opportunity to link research and dissemination, and ultimately, accelerating research into practice by providing the Y-USA with resources and information about state-of-the-art strategies and lessons learned.

Division of Adolescent and School Health

CDC's Division of Adolescent and School Health (DASH) seeks to prevent the most serious health risk behaviors among children, adolescents and young adults. To accomplish this mission, CDC funds several programs to enable its constituents to implement comprehensive adolescent and school health programs. Education agencies are funded to plan, carry out, and evaluate HIV Prevention Programs, which provide young people with the skills and knowledge needed to avoid infection with HIV, and other sexually transmitted diseases. In order to build infrastructure to support coordinated school health programs, CDC also provides funds to 23 states to establish and run a statewide coordinated school health program. These programs address a range of health issues including tobacco use, poor nutrition, and physical inactivity. CDC also provides funds to strengthen the capacity of more than 40 national non-governmental organizations (NGOs) to work with CDC's adolescent and school health programs to develop model policies, guidelines, and training to assist schools and other youth serving agencies implement high quality programming.

Diabetes Systems Modeling

In order to address the challenge of diabetes growth, a group of leaders from CDC's National Chronic Disease Prevention and Health Promotion's Division of Diabetes Translation (DDT) and other Divisions decided to employ system dynamics modeling as a tool for enhancing both learning and action. These models are designed to clarify the forces driving diabetes incidence and progression and to indicate opportunities for effective action. In addition to their usefulness in setting plausible goals, these models allow stakeholders and key decision makers to discover

for themselves the short- and long-term consequences of various policies and to explore new ways of combining and aligning policies for better results.

Racial and Ethnic Approaches to Health (REACH 2010)

Despite significant improvements in the overall health of our nation, troubling health disparities remain. In many areas, the health status of racial and ethnic minorities lags far behind that of non-minority populations. While advances in medical technology and the increased use of preventive health care have extended life expectancy and improved overall health, not all Americans benefit equally from these advances. For years, public health officials, program managers, and policy-makers have been frustrated by the seemingly intractable phenomenon of health disparities. As part of CDC's response, REACH 2010 – Racial and Ethnic Approaches to Community Health – is demonstrating results, particularly in the area of chronic disease control. Through 40 REACH community programs, communities most affected by poor health have been mobilized to implement evidence-based public health programs that fit their unique social, economic, and cultural circumstances. Across REACH programs, communities are actively making personal, health systems, and structural changes that lead to better health. Specifically, they are bridging gaps between the health care system and community members, and changing the social and physical environments of their communities to overcome barriers to good health. As a result, CDC is seeing improvements in health indicators in REACH communities, and reductions in health disparities. REACH is demonstrating that we can reduce health disparities, and we can improve health among those most severely impacted. Lessons learned from the successes being achieved in REACH communities will accelerate public health impact in selected chronic diseases as CDC and REACH communities disseminate the keys to what is working in REACH.

Social Determinants of Health Activity

Within NCCDPHP, the Division of Adult and Community Health is conducting several activities to address the social determinants of health. For example, DACH is leading the development of social and health indicators, with an emphasis on county and community levels to monitor and assess the conditions that promote health. To address the social determinants of health, DACH also partners and consults with other divisions within the National Center for Chronic Disease Prevention and Health Promotion and with other centers within CDC through a Social Determinants of Health Working Group. This working group, first convened in October 2000, seeks to deepen our understanding of the effects of social and economic conditions on health and to support development of public health research, programs, and policies to improve a broad range of social and economic determinants of health and to eliminate health-related disparities.

Steps to a HealthierUS

The Steps to a Healthier US Program aims to enhance chronic disease prevention efforts at the local, state, and national levels by building on existing infrastructure, identifying and promoting promising practices, and leveraging resources to create a cross-cutting approach to public health promotion and disease prevention. As of 2004, there were 40 funded communities that had received funds to implement chronic disease prevention efforts focused on reducing the burden of diabetes, overweight, obesity, and asthma and addresses three related risk factors—physical inactivity, poor nutrition, and tobacco use. At the heart of the Steps initiative lie both personal responsibility for the choices Americans make and social responsibility to ensure that policy makers support programs that foster healthy behaviors and prevention. To accomplish this, the Steps Program has implemented the following strategies: promoting health and wellness programs at schools, worksites, and community- and faith-based settings; enacting policies that promote healthy environments; ensuring access to quality health services;

implementing programs that focus on eliminating racial, ethnic, and socioeconomic health disparities; and educating the public about their health. In addition, the Steps program funded the national office of the YMCA in 2004 to help increase the capacity of the Steps community grantees through conferences, mini-grants, and formal partnerships with local YMCAs.

Prevention Research Centers

CDC's Prevention Research Centers (PRCs) Program is a national network of 33 academic research centers committed to prevention research and the translation of that research into effective programs and policies. The PRCs work with members of their communities to develop and evaluate community-based interventions that address the leading causes of death and disability in the nation. Linking university researchers, health agencies, community-based organizations, and national nonprofit organizations facilitates the translation of promising research findings into practical, innovative, and effective programs. The PRC Program serves public health programs by developing, testing, and evaluating strategies and interventions that can be broadly applied by state and local programs. They also conduct special research projects for CDC programs that seek to develop specific health promotion interventions and pursue promising results.

Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases

The Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases (NPAO), which funds 28 states to help reduce the prevalence of obesity and other chronic diseases in targeted communities, emphasizes and supports efforts on all levels of the Social Ecological Model, with particular emphasis on community-level policy and environmental change that improves access to healthful foods and places to be physically active. In the first half of 2005, the funded states reported 51 new policies, 72 legislative acts, and 44 environmental changes affecting nutrition and physical activity. NPAO trains funded states to: 1) link multiple levels of influence between individuals and the broader social context in which they live; 2) balance considerations of reach, acceptability, effectiveness, feasibility, and sustainability; and 3) foster community empowerment, involvement, and power-sharing whenever possible in their design, implementation and evaluation.