Embarking on our Community Transformation Journey

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Division of Community Health (proposed)

CTG Kickoff Meeting
October 24, 2011

CDC Community Transformation Grant Awards

Map produced by CDC/NCCDPHP/DACH/EIAMB-GIS

Date: 9/27/2011

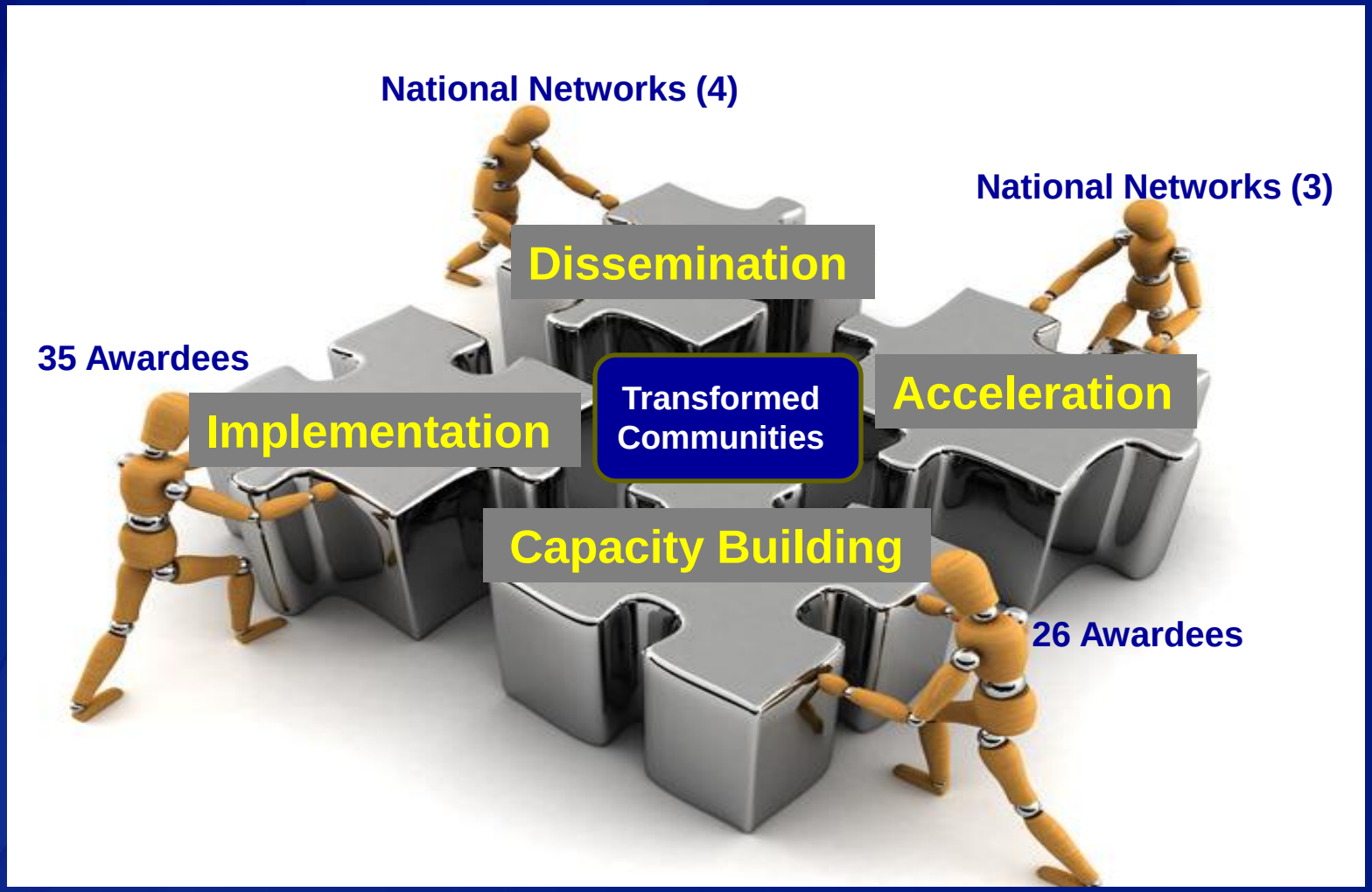
American Indian/Alaskan Native Grantees

- Confederated Tribes of The Chehalis Reservation
- Great Lakes Inter-Tribal Council, Inc.
- Sault Ste Marie Tribe of Chippewa Indians
- Sophie Trettevick Indian Health Center
- Southeast Alaska Regional Health Consortium
- Toiyabe Indian Health Project
- Yukon-Kuskokwim Health Corporation

National Networks

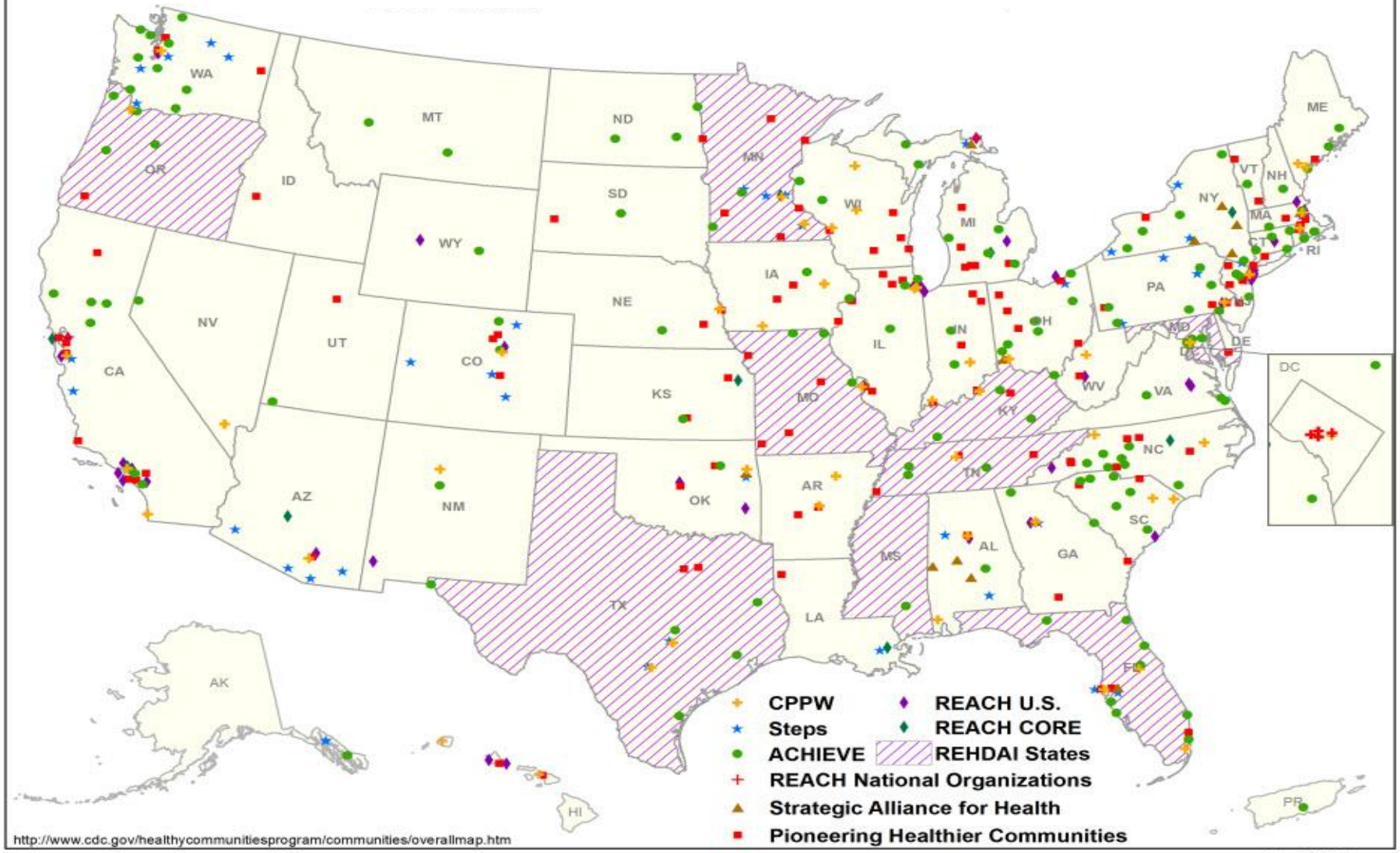
- Dissemination Awards:
  - American Public Health Association
  - Community Anti-Drug Coalition
  - National Farm to School Network at Occidental College
  - Asian Pacific Partners for Empowerment, Advocacy and Leadership
- Acceleration Awards:
  - American Lung Association
  - National REACH Coalition
  - YMCA of the USA

Community Transformation



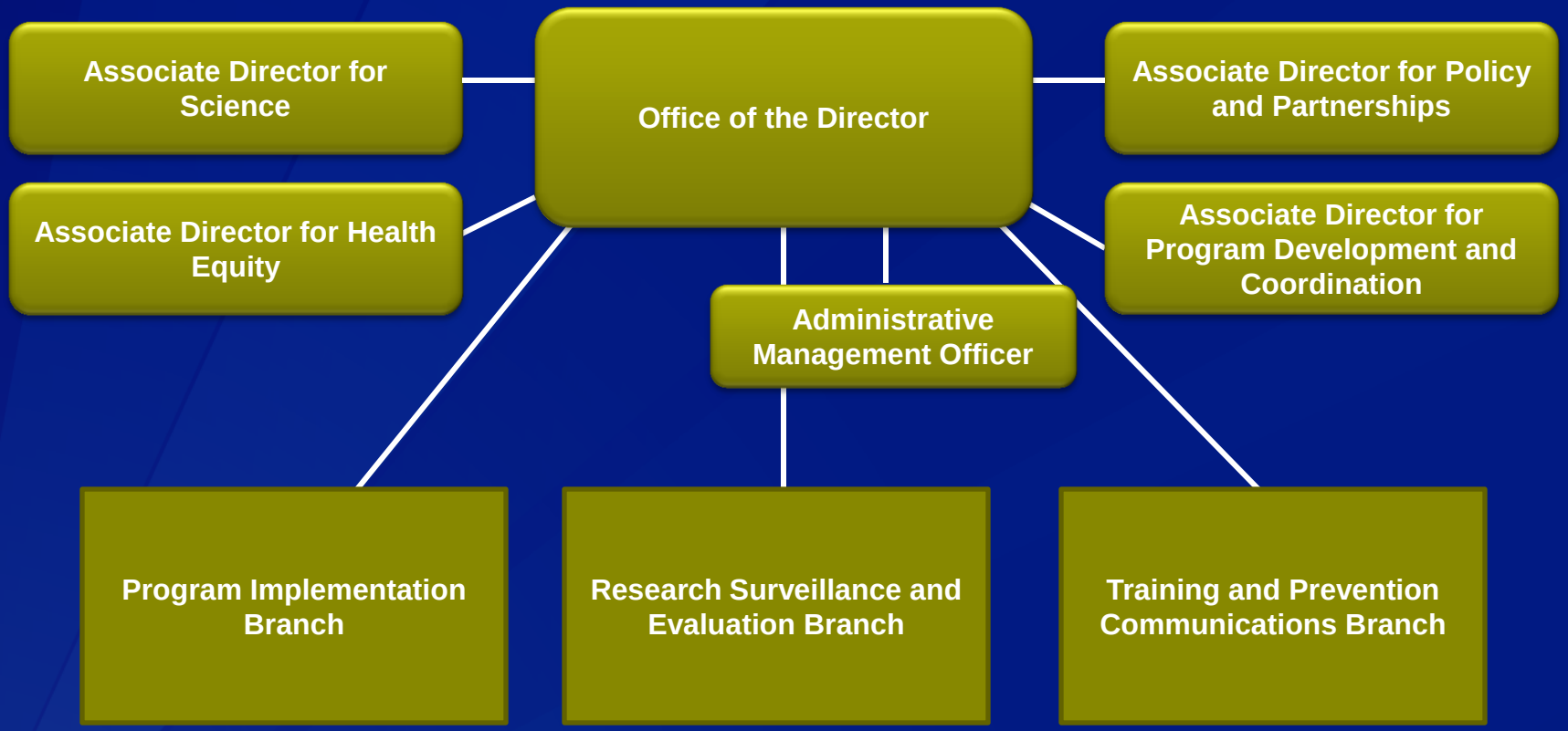
CDC's Community Work

Over 450 Communities and $1 Billion invested in last decade



INFORMATIONAL USE ONLY

Division of Community Health *(proposed)*



Collaborative Effort Across CDC

- Office of Director
- National Center for Chronic Disease Prevention and Health Promotion
- Procurement and Grants Office (PGO)
- Sister Centers and Divisions
  - Integrated Impact Team model
- CDC Contractors

Embarking on new journey

Overview

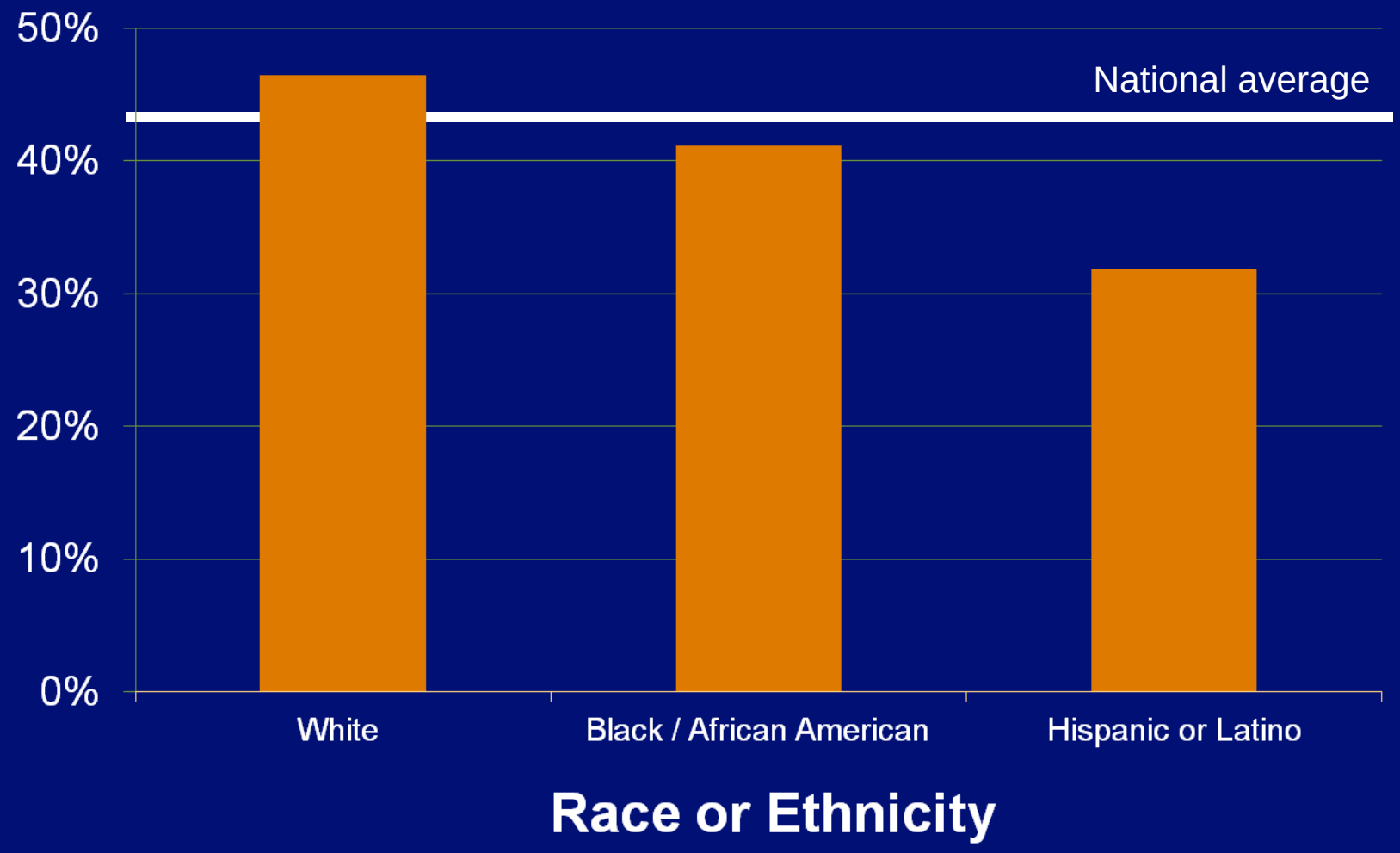
- **WHY a community transformation journey?**
  - **Chronic Diseases and Health disparities**
  - **Legislative and national strategy mandate**
- **WHAT is our CTG Road Map?**
  - **Core Principles and Strategic Directions**
  - **Tell our story**
- **HOW will we achieve transformation?**
  - **Multi-sector approach**
  - **Local tailoring of CTG Road Map**
  - **Working together**
- **Conclusion**

Why a Community Transformation journey?

Tsunami of Chronic Disease

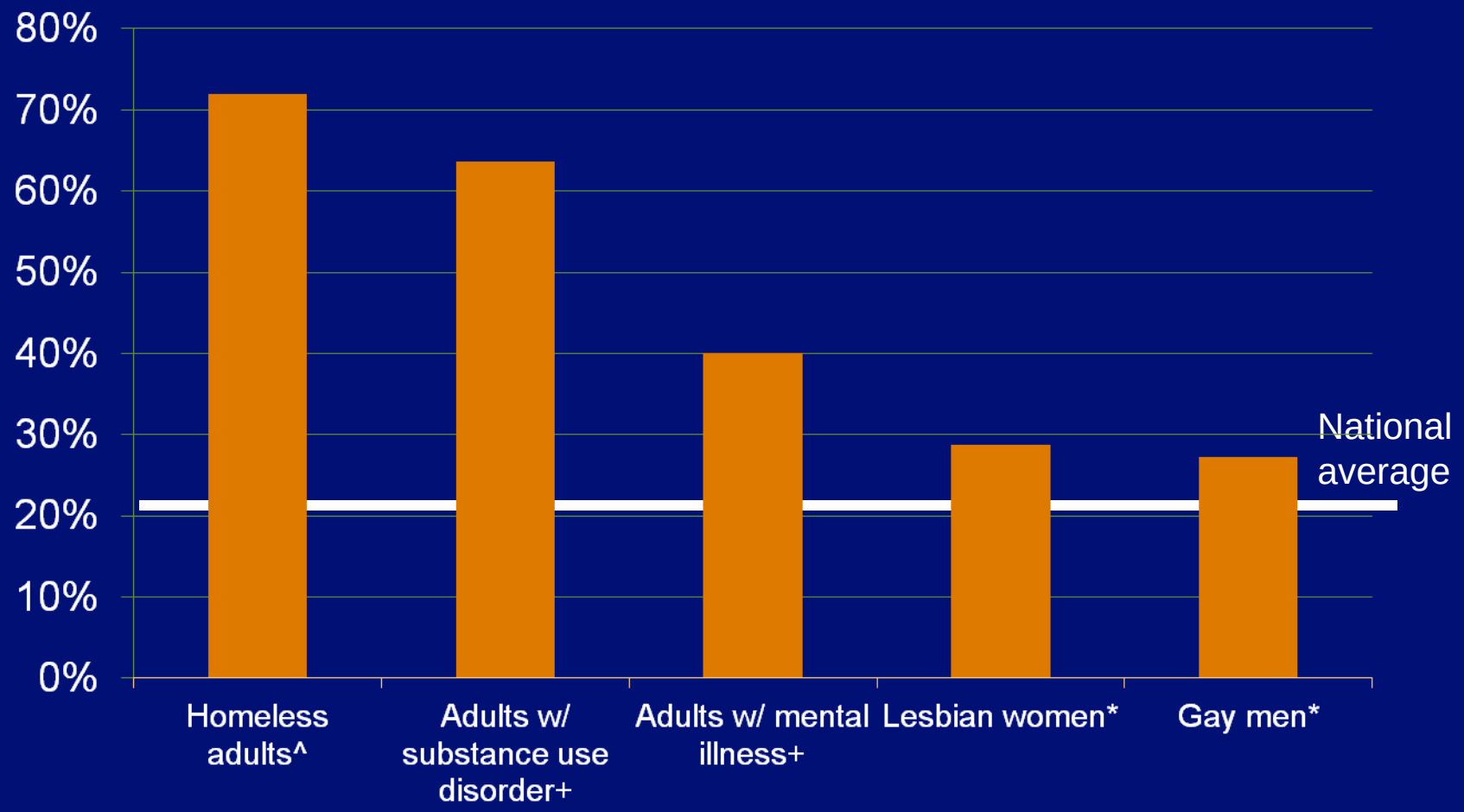
- Over 2 million heart attacks and strokes occur every year; 800,000 die
- Chronic conditions account for 75% of $2 trillion annual health care costs
- Large Gaps in Clinical Preventive Services:
  - 1 in 3 Americans have high blood pressure
    - Only 47% have it adequately controlled

Percentage of adults with hypertension whose blood pressure is under control



Source: NHANES, 2008 (National Center for Health Statistics)

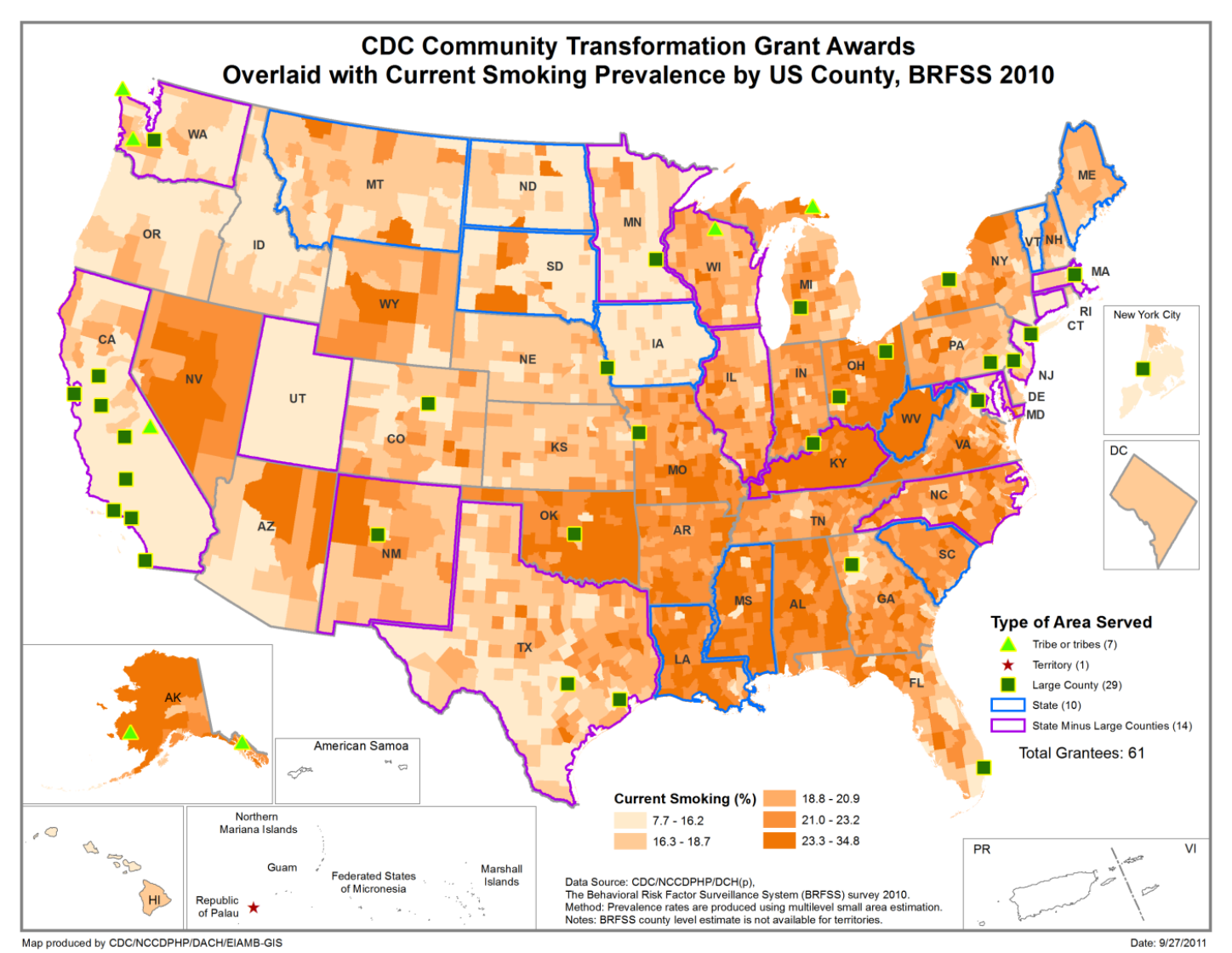
Percentage of adults who smoke cigarettes



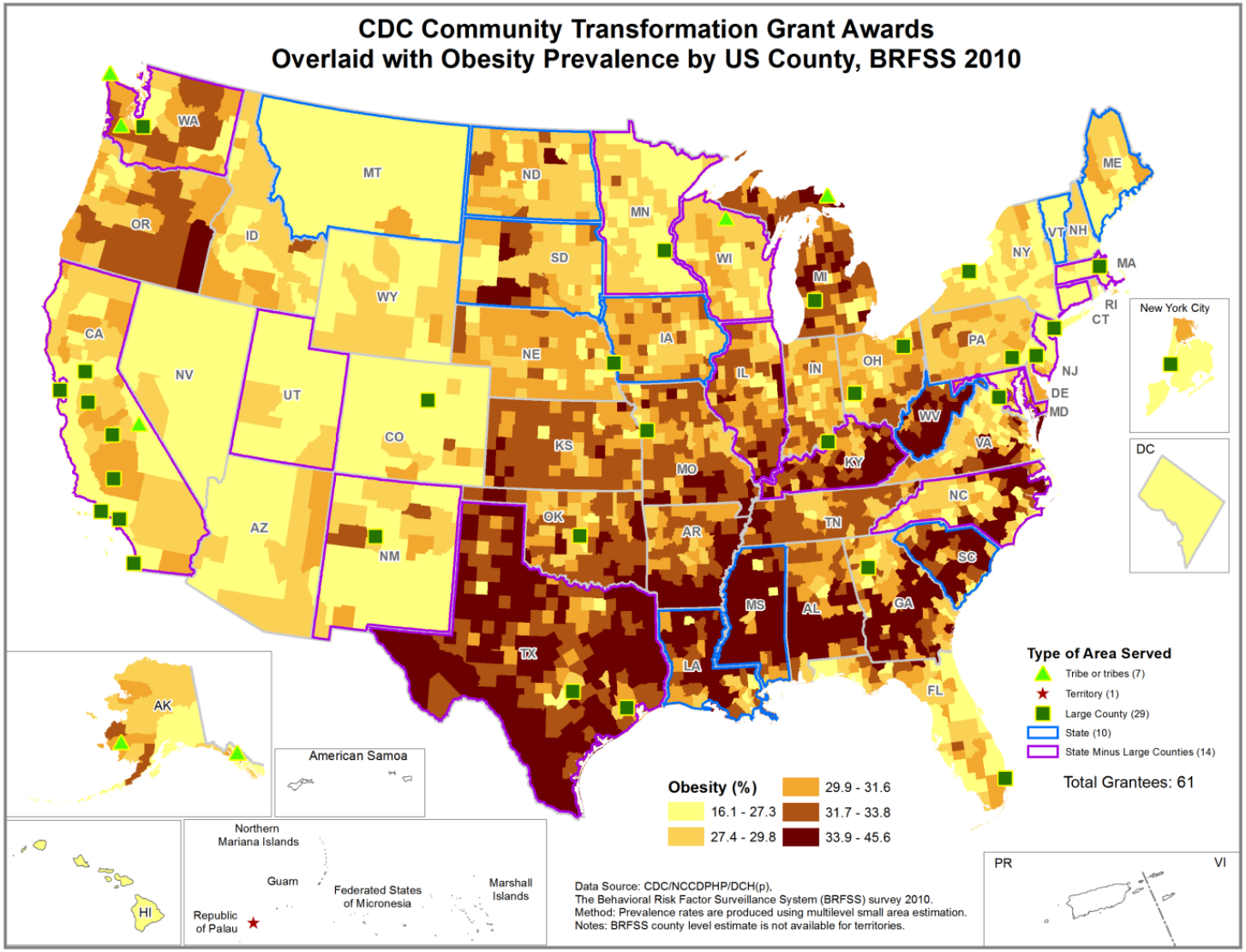
Other Groups Experiencing Health Disparities

Sources: ^ Bagget et al 2010. Am J Prev Med 39(2). [2003 Health Care for the Homeless User Survey - National]
+ Lawrence et al 2009. *BMC Public Health* 9(1). [2001-2003 National Comorbidity Study, National survey]
* Gruskin et al 2007. Am J Pub Health 97(8). [2003-2004, California population-based survey]

Smoking Prevalence



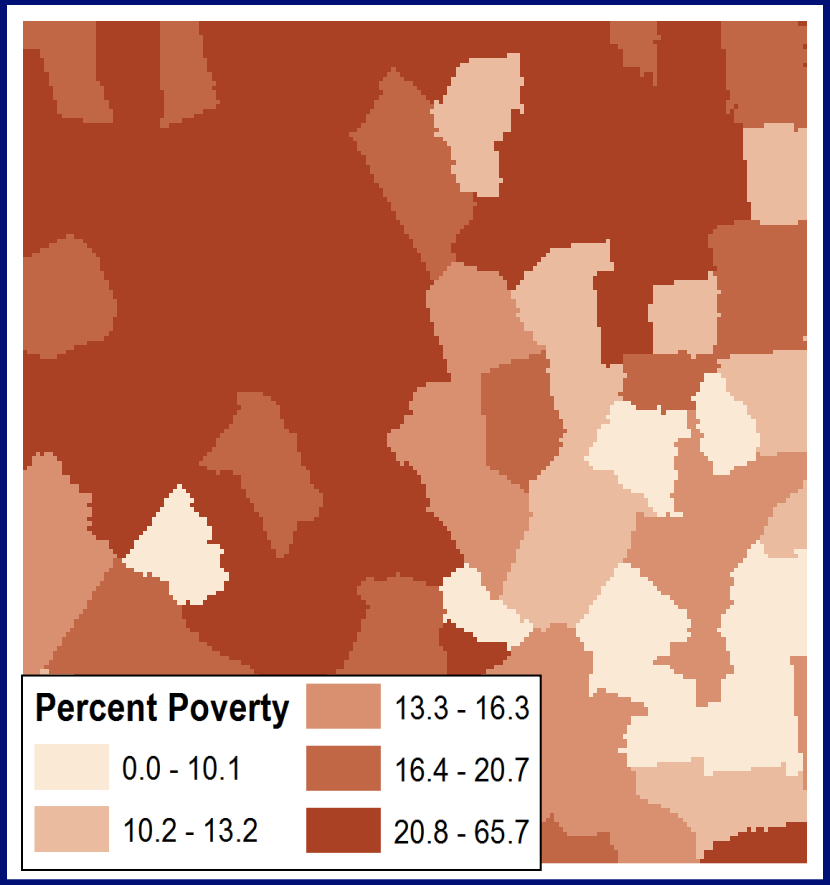
Obesity Prevalence

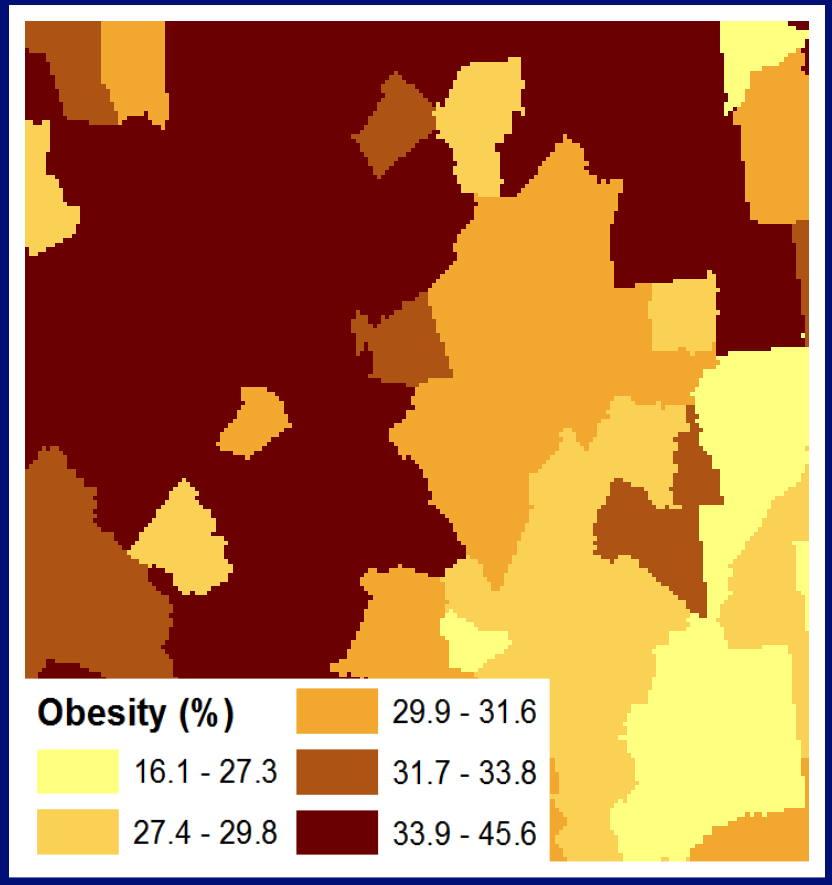


Rural/Frontier Health Challenges and CTG Requirements

- Higher disease and risk factor burdens
  - Tobacco use, poor nutrition, physical inactivity
- Limited transportation
- Shortage of Health Professionals (77% of rural counties)
- Poverty, cultural barriers, low literacy rates
- CTG Rural funding requirements:
  - 20% of overall CTG funding for rural areas
  - 20% ,or the proportion rural in the state, whichever is higher

Place Matters





High poverty concentration has negative effects on health

Health Disparities and Economic Determinants

- <u>Cost of Health Disparities</u>* - Combined costs of health disparities and premature deaths for minorities from 2003-2006 is estimated at $1.24 trillion*

- <u>Income and Poverty Data</u>**- Our nation's official poverty rate in 2010 was 15.1 percent; highest in 52 years of measurement.

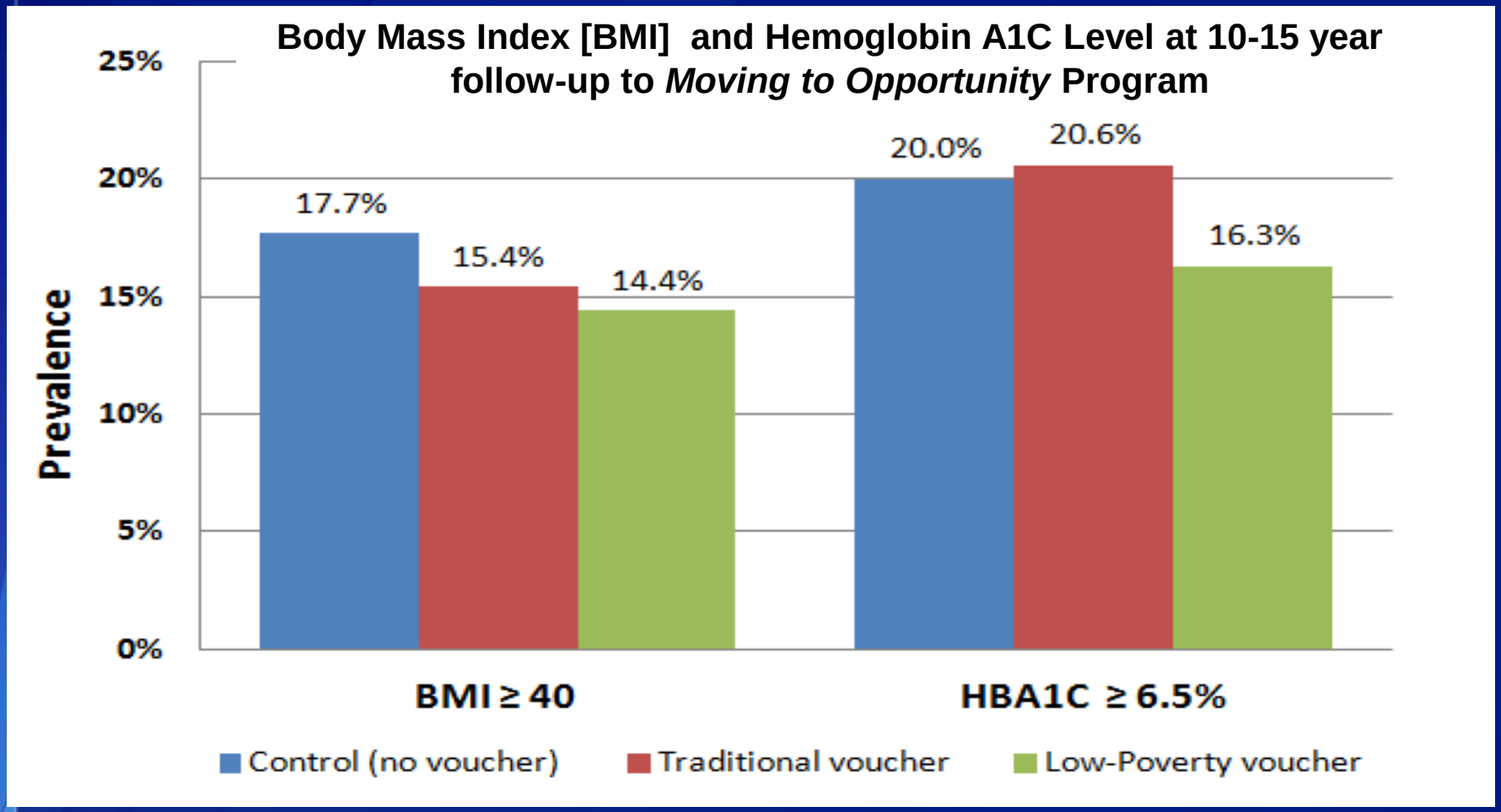
- <u>Wealth Gaps have also risen to record highs</u>***
  - Median wealth of white households is:
    - 20 times that of Black households
    - 18 times that of Hispanic households

Sources: "*"The Economic Burden Of Health Inequalities in the United States" – Joint Center for Policy and Economic Studies

** U.S. Census Bureau, 2010

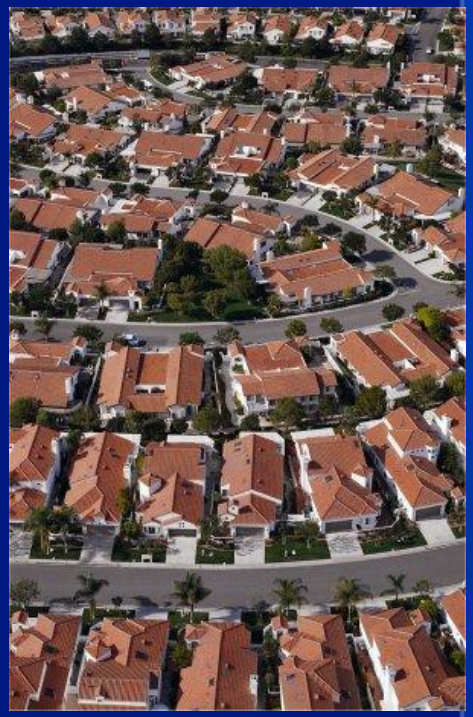
***Pew Research Center tabulations of Survey of Income and Program Participation Data, 2011

Moving to lower poverty neighborhoods associated with obesity and diabetes reductions

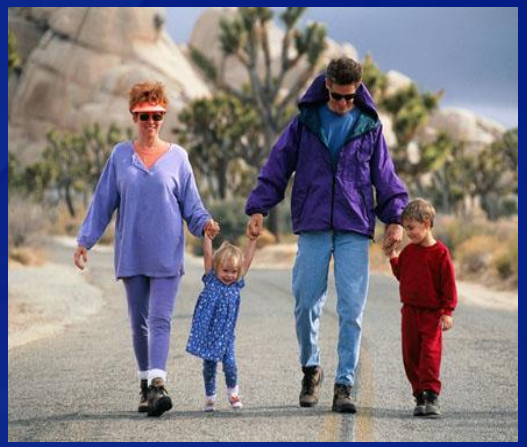


Ludwig J, *et al* 2011. Neighborhood, Obesity, and Diabetes – a Randomized Social Experiment. *N Engl J Med* 365: 16.

Unhealthy Communities



Growing Evidence Base for Obesity and Tobacco prevention at the community level

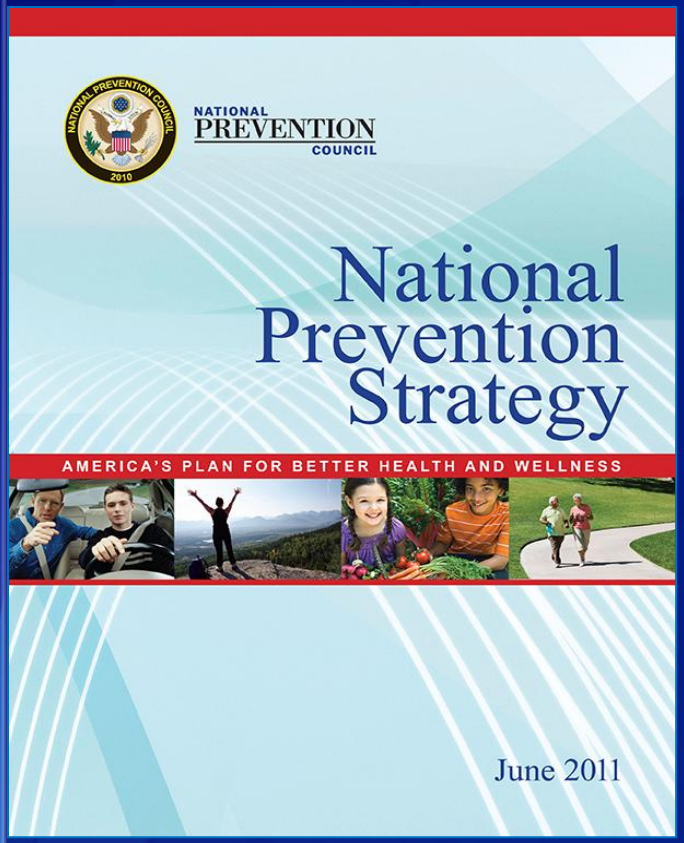


The Affordable Care Act

Historic Opportunity

Authorized CTG Funding

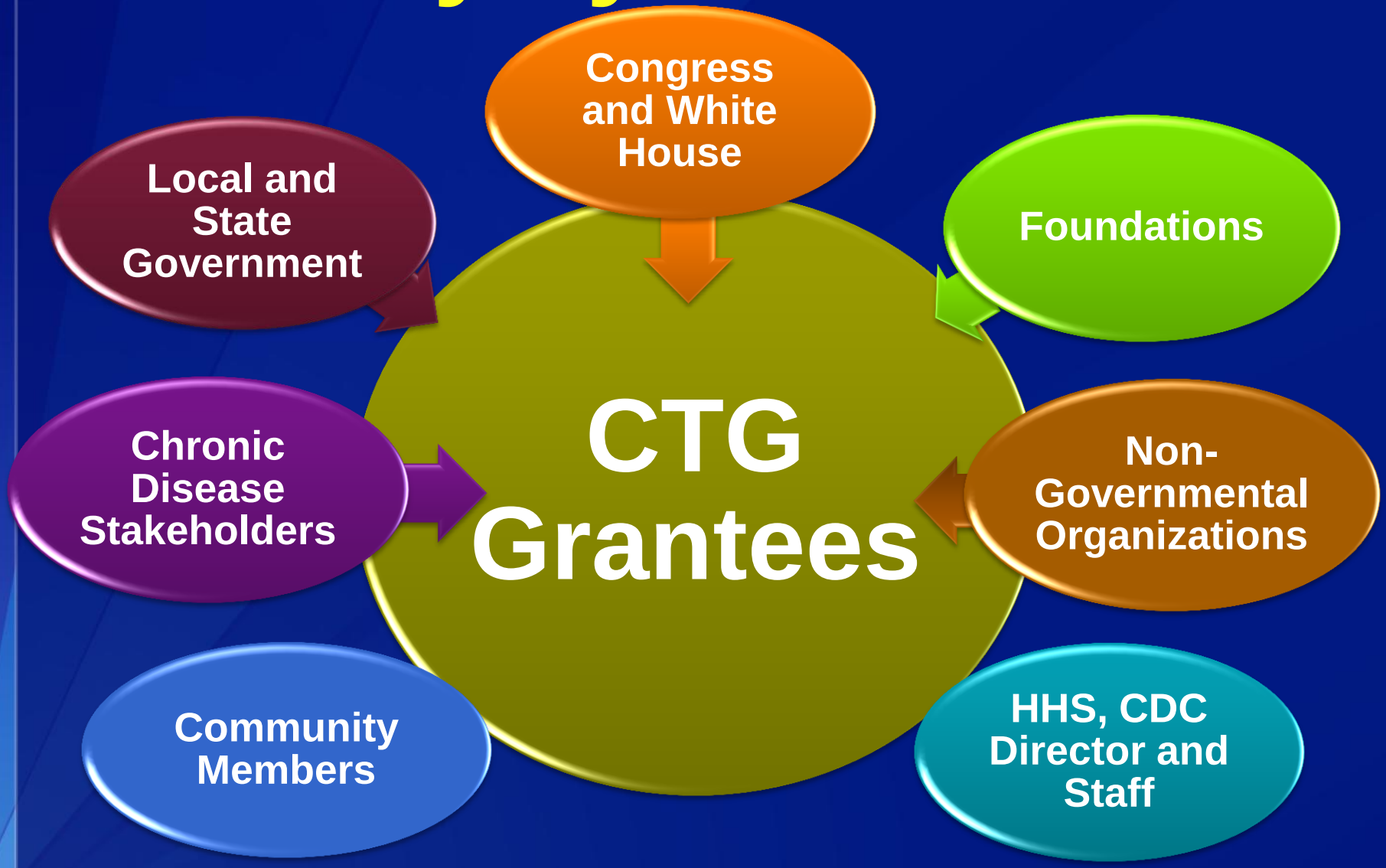
National Prevention Strategy



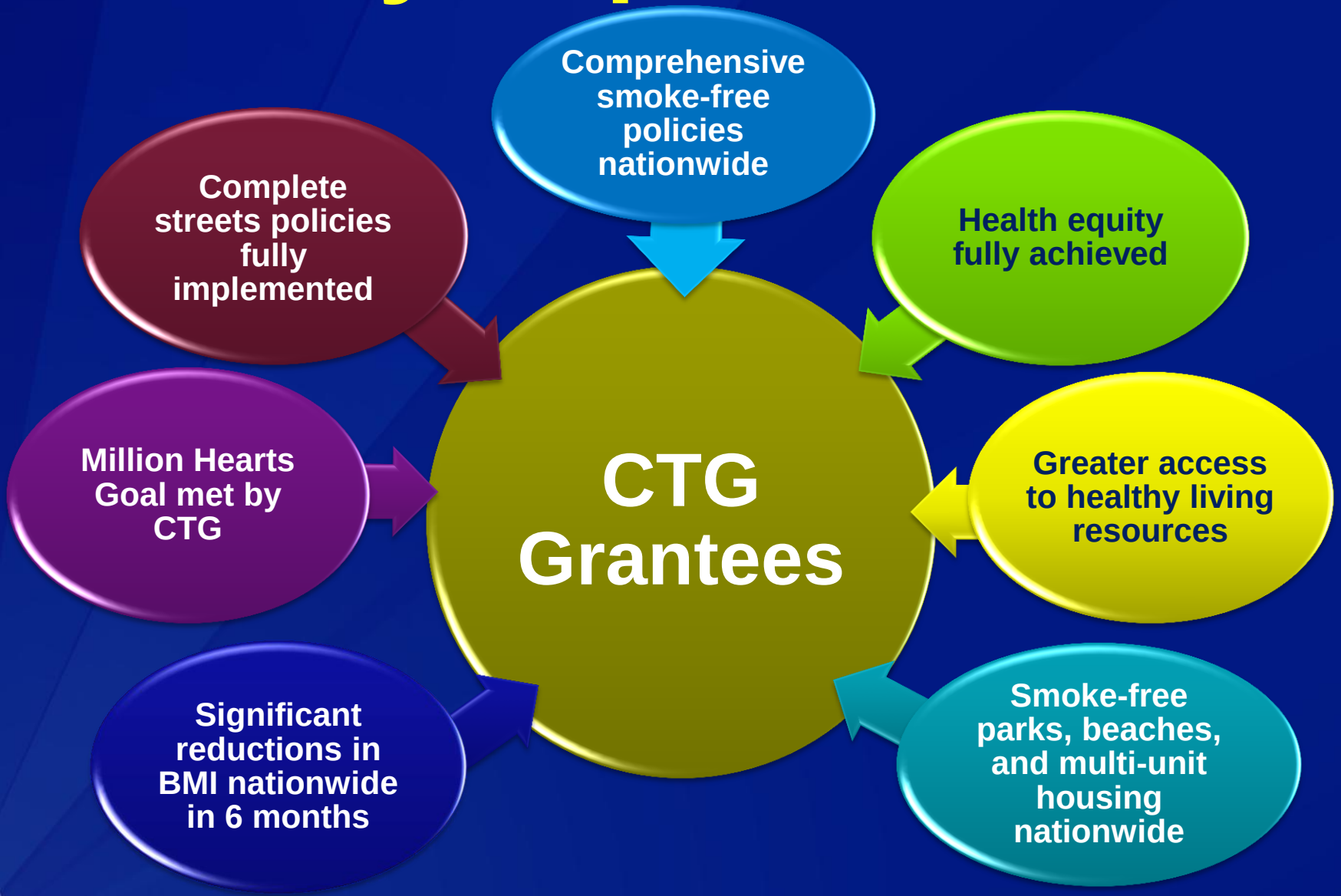
Million Hearts

- Goal: Prevent 1 million heart attacks and strokes over the next 5 years
- Engage public and private sector partners in a coordinated approach to:
  - Reduce number of people who need treatment
  - Improve quality of treatment
  - Maximize current investments in cardiovascular health
- CTG a key contributor to Million Hearts
  - CTG launched as part of Million Hearts

Many eyes on CTG



Many Expectations…



What is our Road Map for Community Transformation?

Policy, Environment, Programmatic, and Infrastructure Change

- **Policy** – Educate the public and stakeholders about policy interventions to improve population health
- **Environment** – create social and physical environments that support healthy living
- **Programmatic** – Increase access to prevention programs to support healthy living
- **Infrastructure** – Change systems, procedures, and protocols within communities and institutions that support healthy behavior

Core Principles of CTGs

Maximize health impact through prevention

Advance health equity and reduce disparities

Use and expand the evidence base

What is our Road Map for Maximizing Impact?

Maximizing Impact

- Pursue jurisdiction-wide policy and environmental changes that:
  - impact many people, frequently, in a comprehensive way
- Work together and build capacity
- Use focused strategies
  - Evidence-based

    or
  - Innovative

What is our Road Map for Advancing Health Equity?

Common Public Health Approach

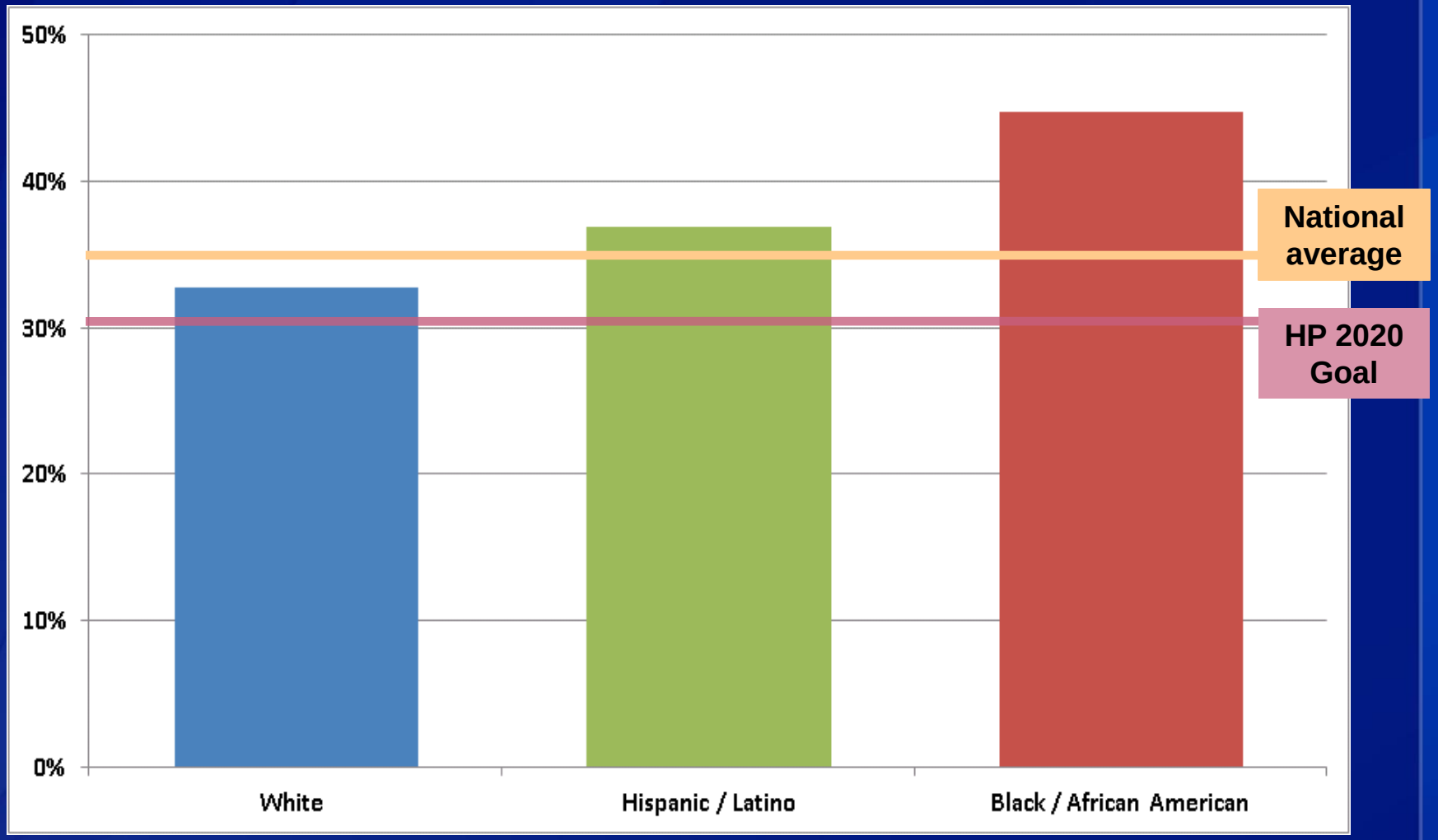
Either

Reduce health disparities

Or

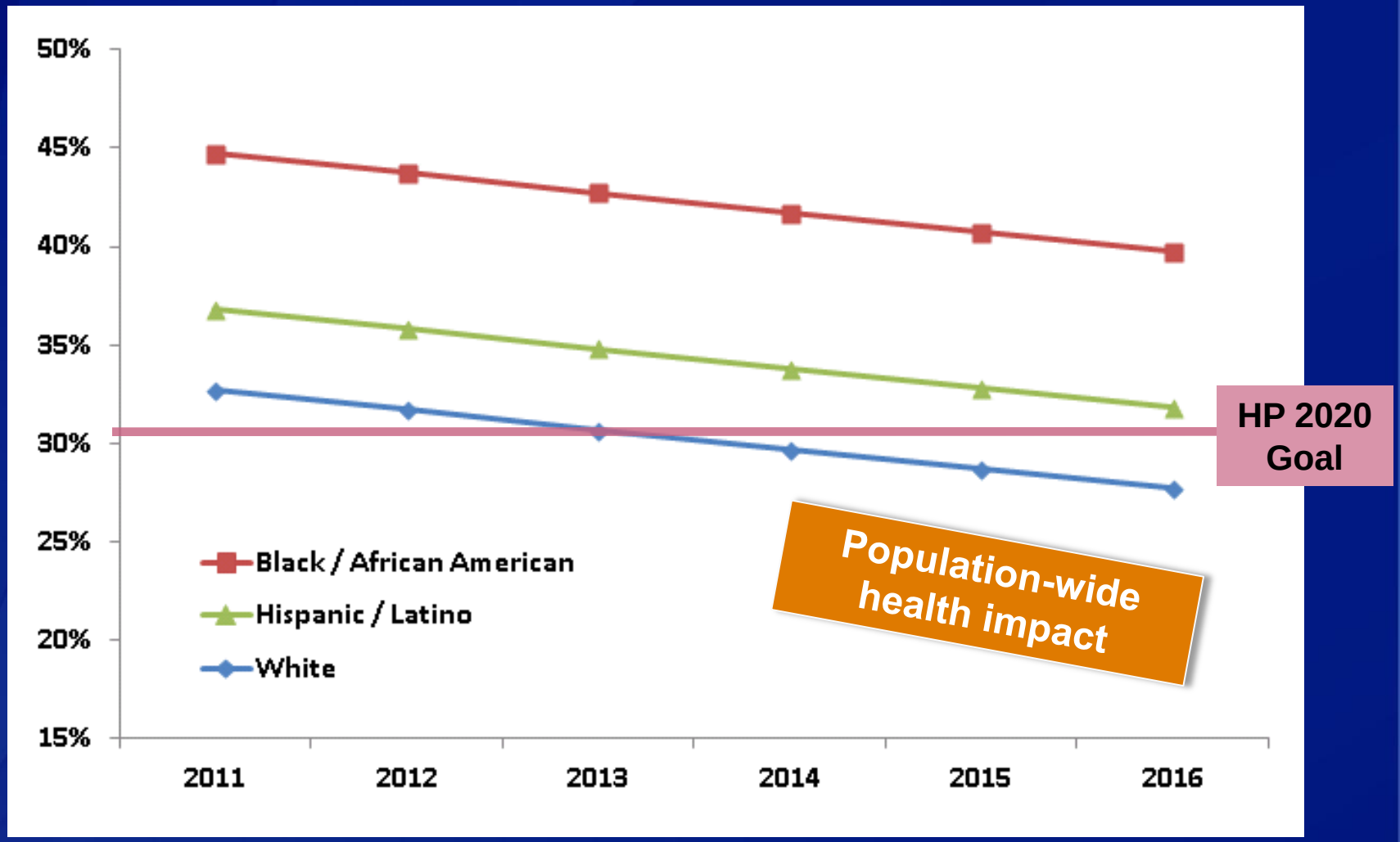
Achieve jurisdiction-wide health impact

Percent of adults who are obese (by race/ethnicity)



Source: NHANES, 2008 (National Center for Health Statistics)

Percentage of adults who are obese [hypothetical projection]



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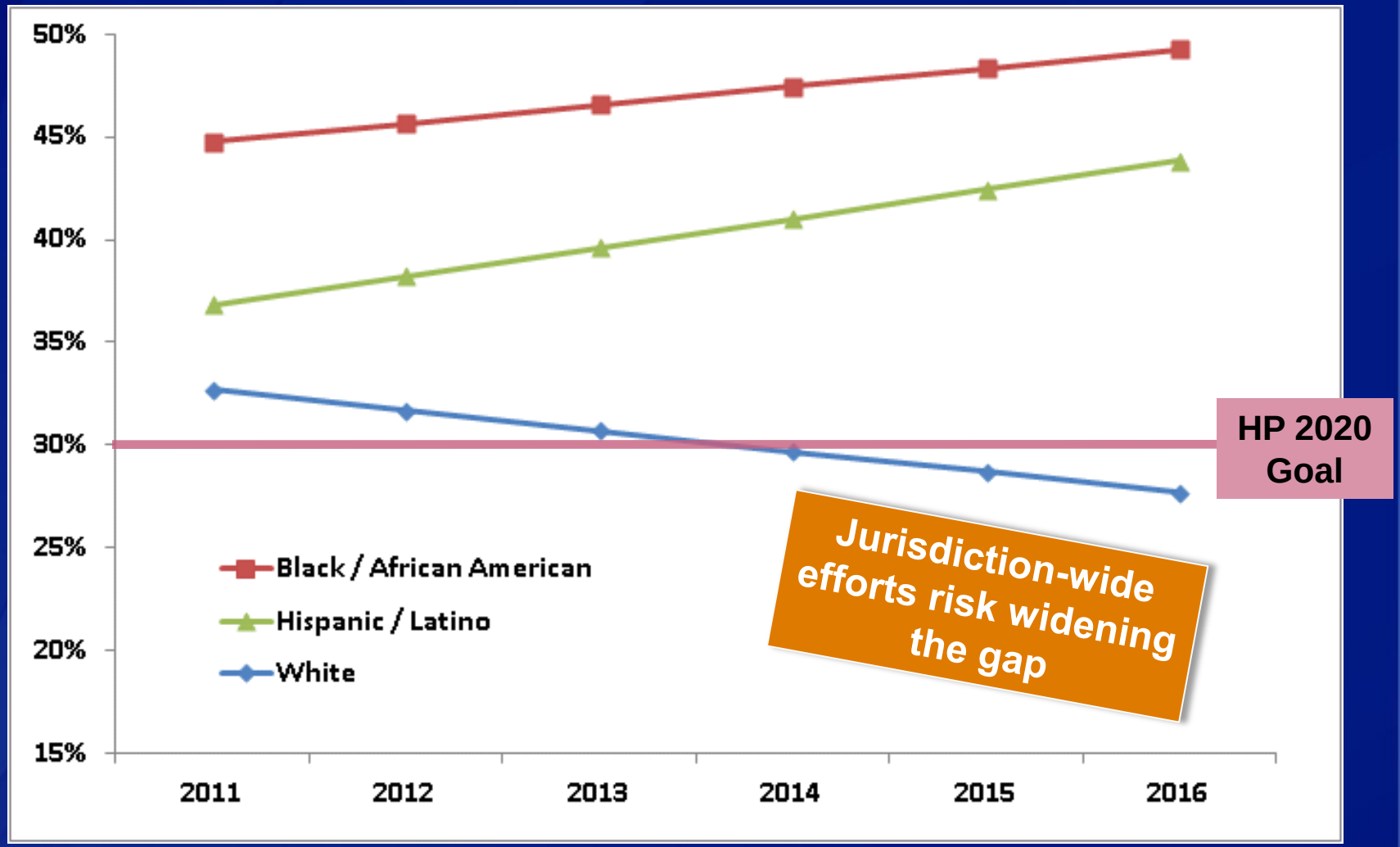

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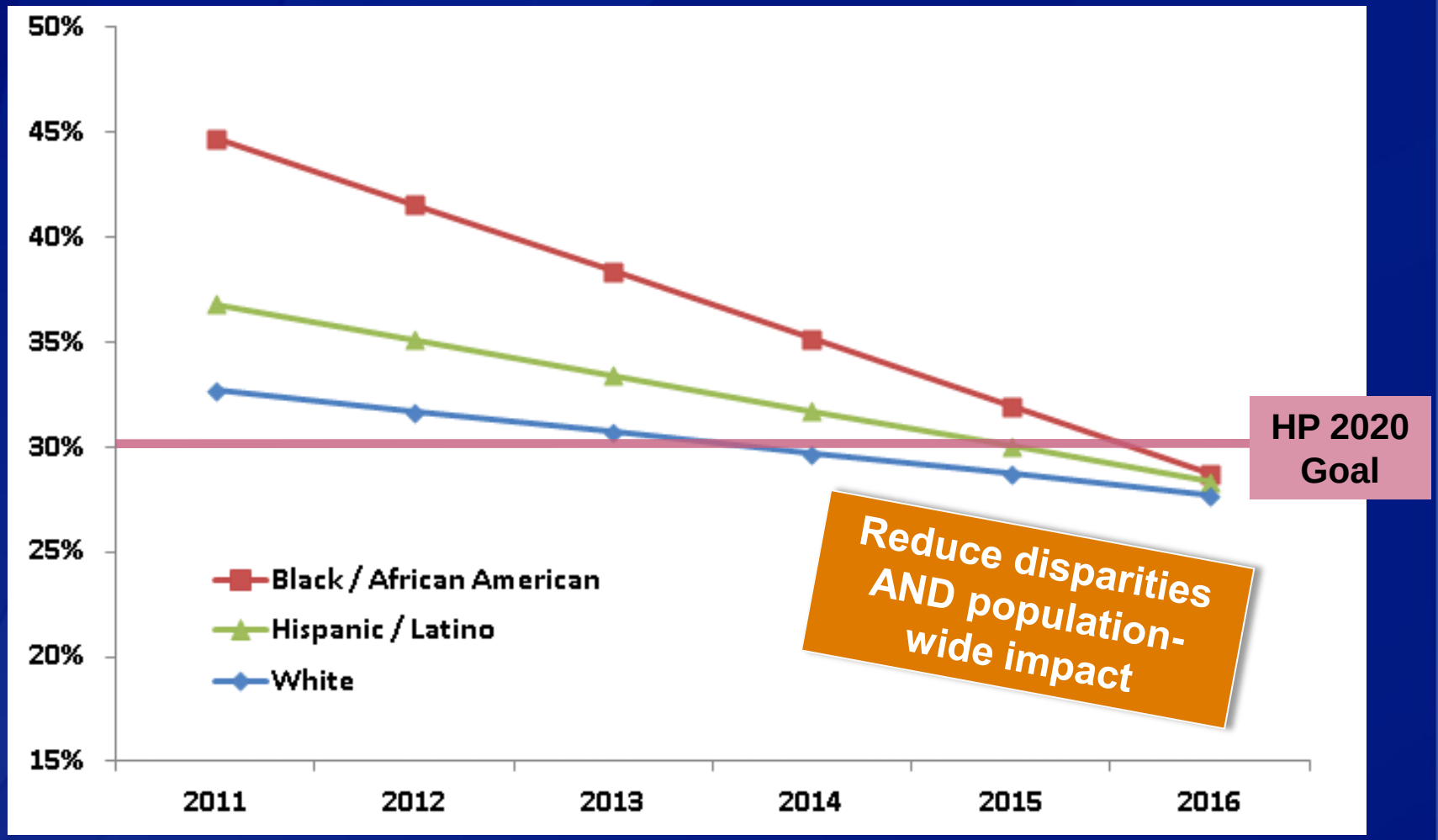


Twin Approach to Health Equity

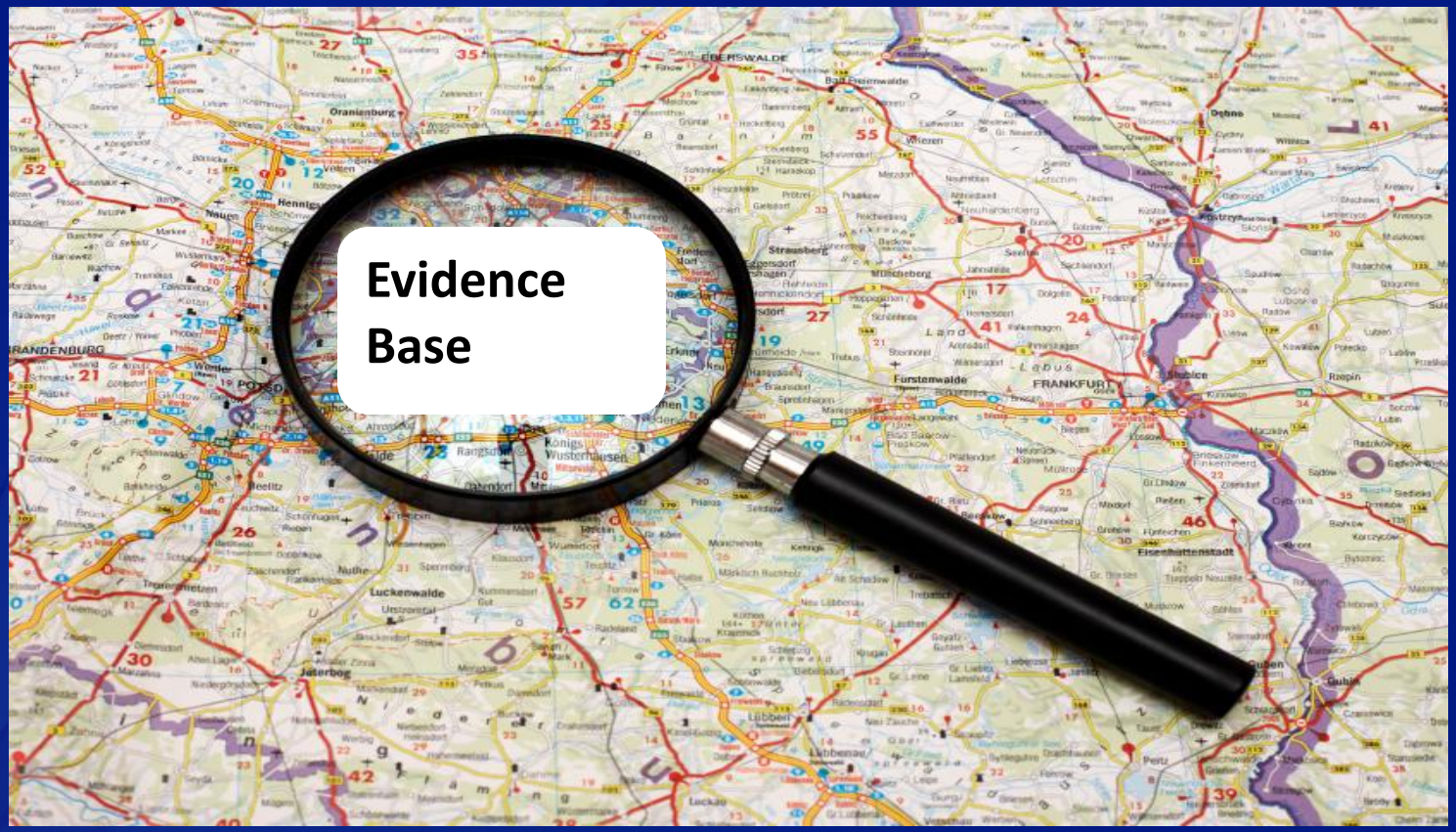
Both *And*

Population-wide interventions + **Targeted interventions**

Using a "Health Equity Lens"

- Organizational Structure/Supports
- Conducting Needs Assessments
- Leadership Teams, Coalitions, Community Engagement
- Intervention Planning and Implementation
- Evaluation and Dissemination

What is our Road Map for Using and Building the Evidence Base?



Use and Expand the Evidence Base

- **Empower and enhance your community efforts** – Ensure that your communities are focusing their efforts on changes that are impactful
- **Innovate and evaluate** – promising new ideas offer opportunities for enhanced evaluation
- **Document and disseminate your successes** – from performance monitoring to scientific publications

Strategy selection

Five CTG Strategic Directions

- Tobacco–Free Living
- Active Living and Healthy Eating
- High Impact Quality Clinical and Other Preventive Services (High Blood Pressure and Cholesterol)
- Social and Emotional Wellness
- Healthy and Safe Physical Environment

What is our Road Map for Capacity Building?

Road Map for Building Capacity

- **Building capacity:**
  - **at multiple levels across multiple grantee types**
  - **of leadership teams and coalitions**
  - **through peer-to-peer exchange and work**

- **Building capacity to Transition from Capacity-Building to Implementation**

- **Building our collective capacity to Tell Our Story**

Building Capacity to Tell our Story

- Example Newsletters
- Social and earned media training
- Web-based opportunities
- Supporting collection of coverage numbers
- Templates for combining personal stories and coverage numbers

How will we achieve transformation?

Multi-Sector Approach

- Transformation cannot be achieved by health sector alone
- Cannot be achieved by government alone
- Needs engagement of multiple sectors
- Broad multi-sector leadership teams
- Specific members reflect local needs and opportunities

Community Defines local "How"

- Solid practice base on formation of Leadership Teams and Coalitions
  - Community-specific circumstances
  - Who are best people to bring to the table
  - Which champions can make a difference

- Community engagement approaches will be locally driven

Locally tailor CTG Road Map:

- Use evidence base to select and implement impactful strategies that meet local needs
- Apply Health Equity Lens to identify and implement your own local and state opportunities to reduce disparities
- Stay focused

>50% of CTG grantee proposals focused on key strategies:

- Smoke-Free Multi-Unit Housing
- Schools:
  - physical activity policies
  - nutrition quality of food and beverages
- Increase accessibility, affordability of healthy food in communities with health equity focus
- Increase Workplace Active Living Interventions

Clearly Defined Community Capacity-Building and Implementation Plans

LOI Strategic Directions and Strategies Checklist (Appendix G)

Instructions to applicants: Indicate which strategy/strategies you anticipate addressing in the Community Transformation Grants application from the following table. You may select multiple strategies, however recipients must utilize a minimum of 50% of resources provided through this FOA towards strategic directions 1, 2, and 3. This checklist will be used to facilitate planning the objective review process, but will not be used to limit the scope of strategic directions submitted in the final application. This checklist must be included in the Letter of Intent.

Strategic Direction 1: Tobacco Free Living

Goal: Prevent and Reduce Tobacco Use

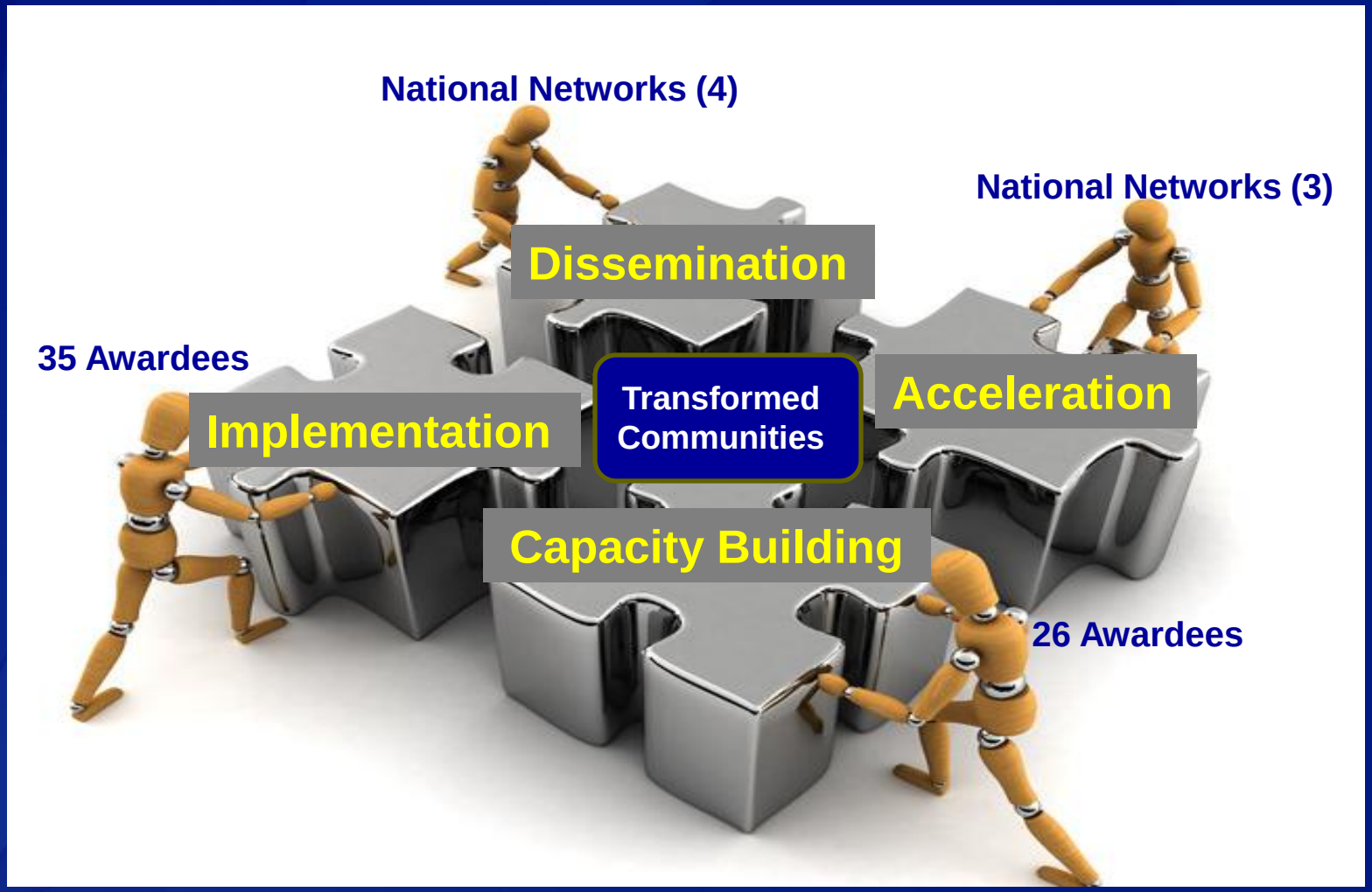
Strategies		
☒ **Implement evidence-based strategies to protect people from 2nd hand smoke.** ☐ Increase smoke free multi unit housing. ☒ Implement evidence-based strategies to prevent and reduce tobacco use among youth and adults.	☐ Increase types of outdoor venues where tobacco use is prohibited. ☐ Implement smoke free parks. ☐ Implement smoke-free schools and campuses.	☐ Tobacco Free Living Innovative Proposals

Strategic Direction 2: Active Living and Healthy Eating

Goals: Prevent and Reduce Obesity, Increase Physical Activity; Improve Nutrition in Accordance with the Dietary Guidelines for Americans 2010

Strategies		
☐ Increase availability and affordability of healthful foods in institutional settings, workplaces, senior centers, and government facilities. ☐ Farm to Institution strategies ☐ Food procurement policies to increase access to low sodium options, decrease access to high sodium options. ☐ Increase availability of fruits and vegetables to employees in their workplaces	☒ Increase accessibility, availability, affordability and identification of healthful foods in communities, including provision of full service grocery stores, farmers markets, small store initiatives, mobile vending carts, and restaurant initiatives ☒ Carry more low-sodium and no-sodium options ☒ Promote healthy food and beverage availability and identification ☒ Placement and promotion strategies Incentivize new grocery store development ☐ Menu labeling support	☐ Improve jurisdiction-wide nutrition, physical activity, and screen time policies and practices in early child care settings.

Working Together across CTG Grantees



Effective Collaboration saves time and money

- Requests for Proposals (RFPs) will be critical to CTG success
- Sharing RFP language and templates

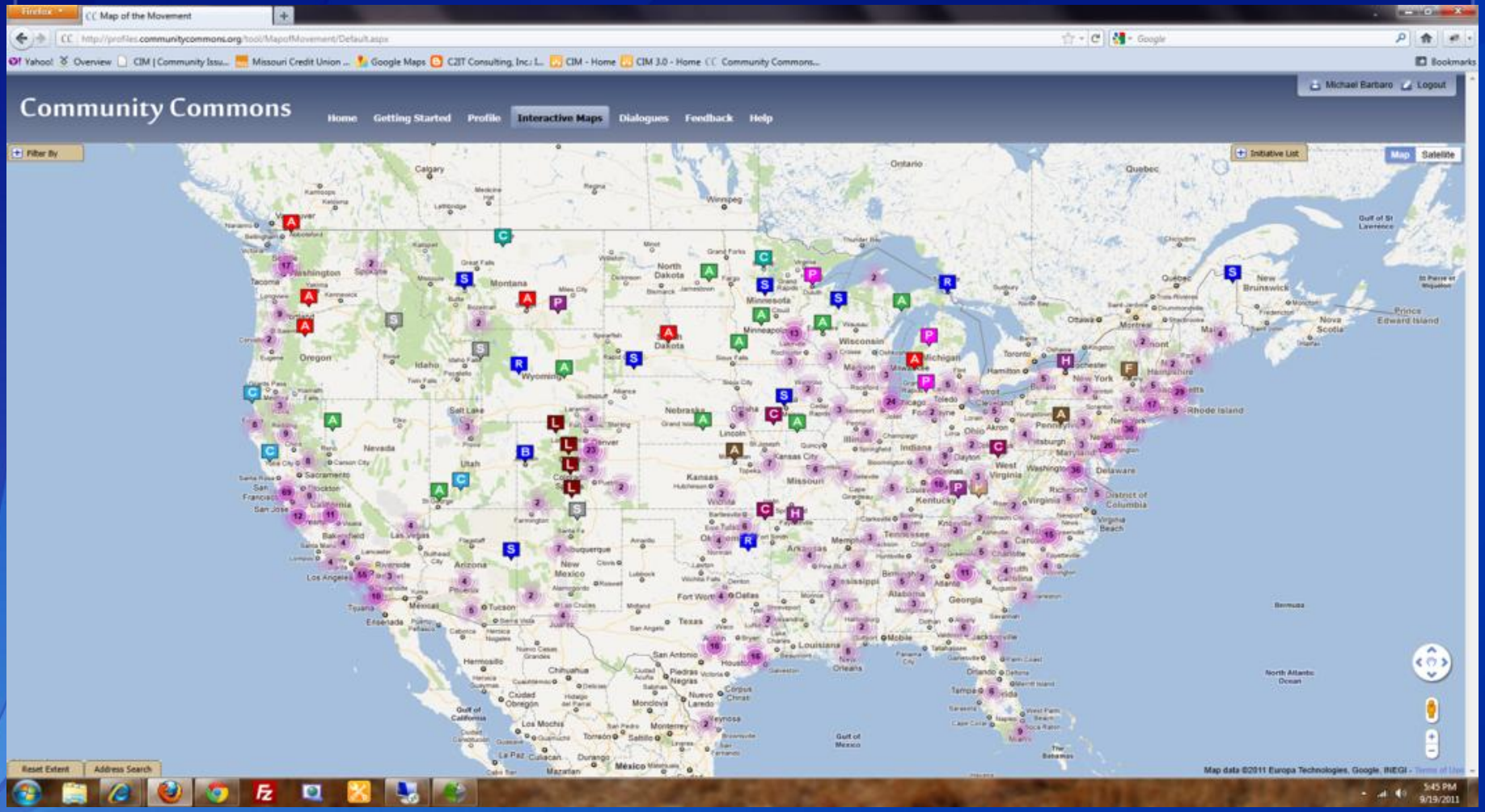
Collaboration

- Provides more effective voice for telling our story
- Advances local objectives by
  - building national momentum
  - strengthening negotiation power in case of procurement
- Strengthens our ability to build evidence base

CDC Support for Collaborative Work

- National Meetings for Networking
- Regular calls and Affinity groups
- Web-based opportunities
- Project Officer Impact Teams
- Peer-to-peer exchanges and TA opportunities
- Data analysis and writing workshops

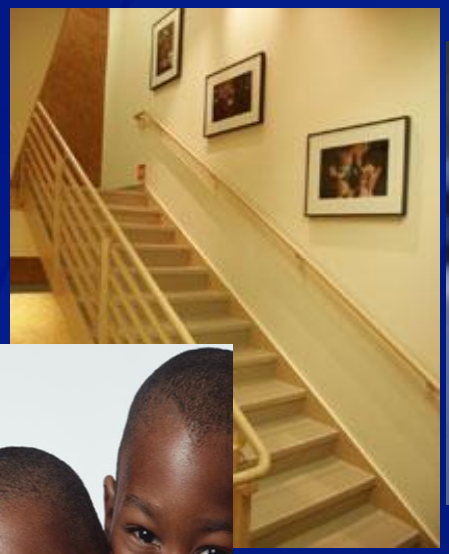
Community Commons
www.communitycommons.org



Summary and conclusions

Equipped for our journey

- Clear mandate for CTG
- Road map for the “what”
- Communities, states and organizations to shape the local “how”
- Power of collaboration



This facility is smoke free.
No Smoking

CHILDREN WALKING
25
SLOW DOWN

Prevention/Wellness