Communities
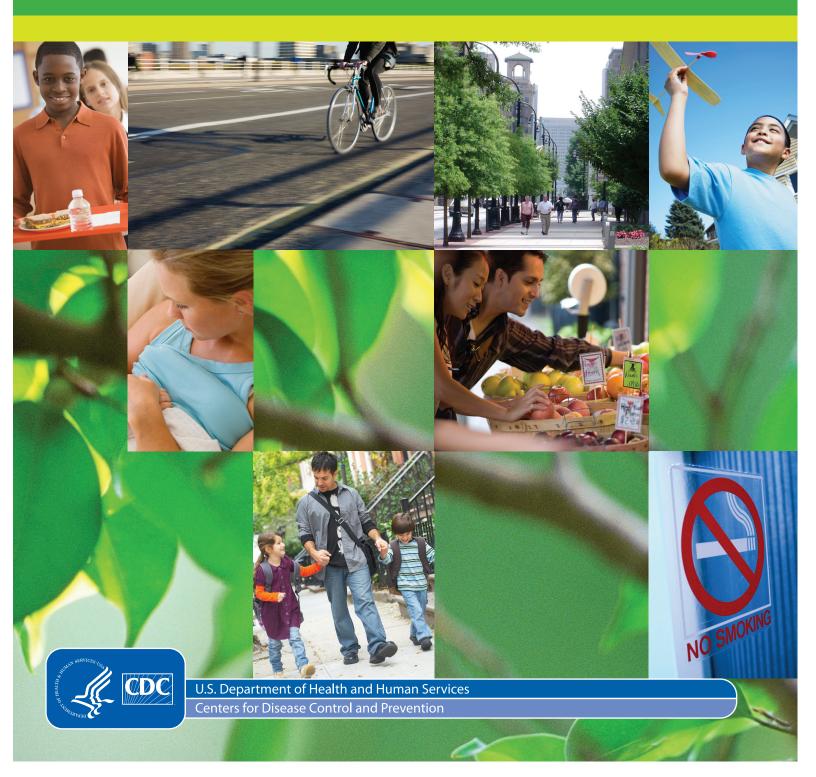# *Putting* Prevention *to Work*

Preventing Chronic Disease Through Policy, Systems, and Environmental Change

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Communities Putting Prevention to Work

The U.S. Department of Health and Human Services (HHS) created the Communities Putting Prevention to Work program to address two of the leading preventable causes of premature death and disability—obesity and tobacco use. The Centers for Disease Control and Prevention (CDC) is providing leadership, technical assistance, and oversight for this important program.

Fifty communities across the United States, including large cities, urban areas, small cities, rural areas, and tribes, are funded to tackle the issues of obesity, tobacco use, or both. Over 50 million people—or one in six Americans—live in a city, town, or tribe that will benefit from this program. Over the next two years, these communities will implement policy, systems, and environmental changes, such as increasing physical activity in schools, improving safe options for active transportation in the community, providing access to nutritious foods, and limiting exposure to secondhand smoke. The overarching goals of this program are to:

- Increase physical activity;
- Improve nutrition;
- Decrease overweight/obesity;
- Decrease smoking prevalence;
- Decrease teen smoking initiation; and
- Decrease exposure to secondhand smoke.

In addition to funding communities, HHS is supporting four related initiatives as part of the department's overall Prevention and Wellness Initiative to provide a broad approach to addressing chronic diseases.

States and Territories Policy and Environmental Change Initiative

The States and Territories Initiative, managed by CDC, supports all 50 states and 6 Pacific Territories, Washington, D.C., and Puerto Rico. These states and territories have received funding to implement state-level policy and environmental changes for obesity and tobacco use prevention, as well as to expand tobacco quitlines. Thirteen states were also funded to implement high-impact policy and environmental changes and reduce health disparities in the area of obesity or tobacco use prevention.

National Organizations Initiative

The National Organizations Initiative, managed by HHS's Office of Public Health and Science, will support community and state activities by engaging national organizations to provide expert advice and share what works with other states and communities.

National Prevention Media Initiative

The National Media Initiative, managed by CDC, complements and reinforces community and state activities with a hard-hitting national media campaign that will include national and community-linked mass media, ongoing outreach to news media, and targeted media interventions.

State Chronic Disease Self-Management Initiative

The State Chronic Disease Self-Management Initiative, managed by the HHS Administration on Aging, will support state-led partnerships with aging and public health networks to implement evidence-based self-management education programs at the community level to help seniors manage their chronic diseases.

Why Obesity and Tobacco Use?

Obesity (with its two modifiable risk factors—poor nutrition and lack of physical activity) and tobacco use are responsible for much of the illness, suffering, and early death related to chronic diseases. Effectively addressing these three behaviors through policy, systems, and environmental changes to make healthy choices easy choices can have a significant impact on preventing negative health consequences, such as heart disease, stroke, type 2 diabetes, and cancer.

Obesity

- In the United States, 1 in every 3 adults is obese, and 1 in 3 children between the ages of 2 and 19 years old is overweight or obese.
- Annual U.S. obesity-related medical spending is estimated at $147 billion.

Tobacco

- Tobacco use is the single most preventable cause of disease, disability, and death in the United States. Yet approximately 43 million U.S. adults smoke cigarettes, and an estimated 443,000 people die prematurely from smoking or exposure to secondhand smoke each year.
- Nationally, tobacco use accounts for $96 billion in direct medical expenses each year.

Why Policy, Systems, and Environmental Change?

The policies, systems, and environments around us, including those in our communities, worksites, transportation systems, schools, faith-based organizations, and health care settings, shape the pattern of our lives and have a profound impact on our health. For example, the design and walkability of communities, the availability of low-cost fruits and vegetables, and the smoking policies in our workplaces have a direct impact on whether we walk to school, consume healthy foods and drinks, or are protected from secondhand smoke. Changing policies, systems, and environments to help make healthy choices easy, safe, and affordable will improve community health. Engaging with partners in education, government, planning, and transportation, as well as in the business and civic sectors, is instrumental to achieving such changes. Effective policy, systems, and environmental changes can help reduce health disparities by alleviating some of the barriers to healthy choices and behaviors, particularly for those who traditionally bear the greatest burden of disease and have not had access to healthy, safe, and affordable options and environments. The practice and evidence-based strategies used in this program, often referred to as "MAPPS" strategies, focus on policy, systems, and environmental changes by addressing:

- **Media** – Increase awareness and impact knowledge, attitudes, beliefs, and social norms to encourage individual and community actions for improved health.

- **Access** – Increase opportunities for healthy choices and restrict opportunities for unhealthy choices.

- **Point-of-decision information** – Provide health information at points of decision, such as grocery lines, food menus, and neighborhood trails.

- **Price** – Leverage costs to incentivize healthy behaviors and discourage unhealthy behaviors.

- **Social support services** – Provide services and support necessary to facilitate healthy choices.

By using and applying multiple strategies in these different areas, communities are working to achieve sustainable changes, which will improve health and reduce health disparities.

Policy, Systems, and Environmental Changes in Action

CDC has worked with hundreds of communities across our nation to address chronic diseases through programs such as Racial and Ethnic Approaches to Community Health Across the U.S. (REACH U.S.) and CDC's Healthy Communities Program. Communities have learned that adopting healthy behaviors is much easier when supportive community norms, policies, systems, and environments are established.

The following examples highlight successful approaches implemented by communities and states. Communities supported by Communities Putting Prevention to Work will learn from and build on these successes as they implement similar strategies.

- In New York City, smoke-free workplace policies, tobacco pricing strategies, and hard-hitting media campaigns have resulted in 350,000 fewer adult smokers, a decline in the city's adult smoking rate from 21.6% in 2002 to 15.8% in 2008, and over 115,000 premature deaths prevented.

- In Texas, a notable environmental change occurred through a farm-to-work program, which delivers fresh local produce to 17 worksites, has been used by thousands of employees, and has generated over $390,000 in profits for Central Texas farmers.

- In Clearwater, Florida, a county licensing board required after-school programs to provide 30 minutes of physical activity 5 days a week, and a state law required the same of elementary schools—meaning kids in both get the recommended 60 minutes of daily physical activity.

- In Los Angeles, an incentive package was developed to attract grocery stores and sit-down restaurants to under-resourced communities. The city council also approved a proposal that prohibited new fast-food restaurants in the underserved areas for at least one year.

Highlights of Funded Communities

These highlights represent activities that some of the funded communities will be embarking on in the Communities Putting Prevention to Work program. The other communities will be implementing similar strategies.

San Diego County, California – Population: 3,001,072

The County of San Diego will establish a San Diego-based food distribution center, link local food demand to supply, and increase access to healthy foods, especially in high-need areas. The county will enhance school wellness and before- and after-school physical activity policies to create healthier school environments and will work to link public health, transportation, and land use to enhance community design that supports healthy nutrition and increased physical activity.

Jefferson County, Alabama – Population: 659,503

To combat obesity, Jefferson County will incorporate smart growth policies into land use plans; develop a greenway master plan to improve physical activity; require that fresh produce be provided in child care centers, schools, and after-school programs; and encourage grocery stores and public markets to move into "food deserts." Jefferson County's tobacco efforts will support jurisdiction-wide 100% smoke-free air policies, require removal of tobacco products from all pharmacies, and support coverage of tobacco cessation services through worksite health policies.

Austin/Travis County, Texas – Population: 998,563

Austin/Travis County will increase restrictions on tobacco use, implement a system for health care providers and substance abuse facilities to assess the tobacco use status of patients and refer them to cessation resources, reduce youth access to tobacco products and marketing, and use extensive media campaigns to promote tobacco-free lifestyles.

Portland and Lakes Region, Maine – Population: 112,065

These two communities will work to establish farm-to-school food systems and require daily physical activity in after-school/child care settings. These communities will also work to increase physical activity through signage in neighborhoods and public transportation, bike lanes/boulevards, subsidized memberships to parks and facilities, and Safe Routes to School programs.

Cherokee Nation, Oklahoma – Population: 260,628

To tackle obesity, Cherokee Nation will limit unhealthy food options in schools, implement a farm-to-school program, and work to increase physical education in schools. To reduce tobacco use, Cherokee Nation's tobacco efforts will increase access to cessation services and support jurisdiction-wide 100% smoke-free air policies that extend coverage to areas currently not covered under 24/7 tobacco-free policies.
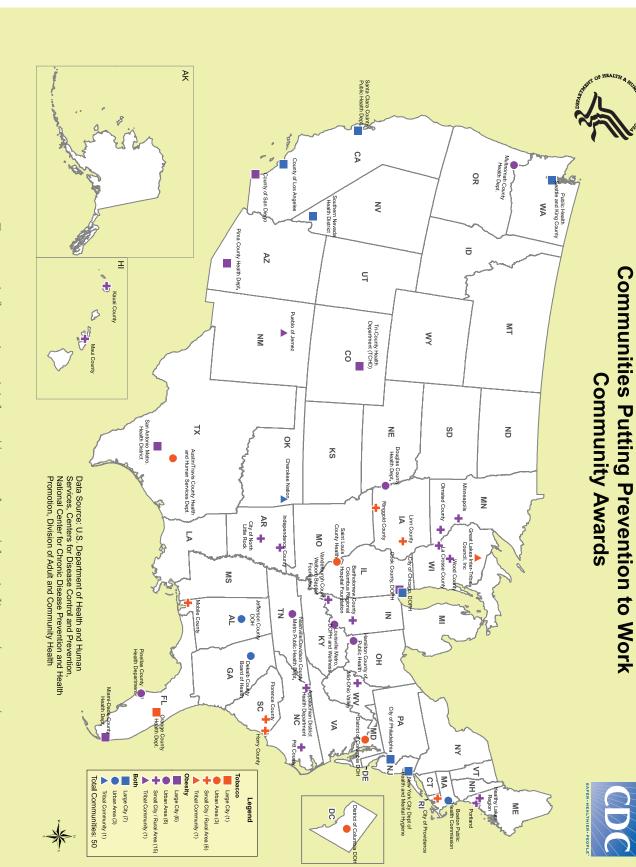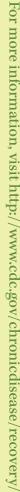
Communities Putting Prevention to Work
Community Awards

For more information, visit http://www.cdc.gov/chronicdisease/recovery/

Data Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adult and Community Health

AK

HI
- Kauai County
- Maui County

DC
- District of Columbia DOH

Legend

Tobacco
- Large City (1)
- Urban Area (3)
- Small City / Rural Area (6)
- Tribal Community (1)

Obesity
- Large City (6)
- Urban Area (6)
- Small City / Rural Area (15)
- Tribal Community (1)

Both
- Large City (7)
- Urban Area (3)
- Tribal Community (1)

Total Communities: 50

Map labels
- Santa Clara County Public Health Dept.
- Public Health Seattle and King County
- Multnomah County Health Dept.
- County of Los Angeles
- County of San Diego
- Southern Nevada Health District
- Pima County Health Dept.
- Pueblo of Jemez
- Tri-County Health Department (TCHD)
- San Antonio Metro. Health District
- Austin/Travis County Health and Human Services Dept.
- Cherokee Nation
- City of North Little Rock
- Independence County
- Mobile County
- Jefferson County DOH
- Dekalb County Board of Health
- Pinellas County Health Department
- Miami-Dade County Health Dept.
- Orange County Health Dept.
- Florence County
- Horry County
- Pitt County
- Appalachian District Health Department
- Nashville/Davidson County Metro Public Health Dept.
- Louisville Metro DOPH and Wellness
- Hamilton County Public Health
- Mid-Ohio Valley
- Vanderburgh County Welborn Baptist Foundation
- Bartholomew County Columbus Regional Hospital Foundation
- Saint Louis County Health
- Ringgold County
- Douglas County Health Dept.
- Linn County
- Cook County, DOPH
- City of Chicago, DOPH
- La Crosse County
- Wood County
- Great Lakes Inter-Tribal Council, Inc.
- Minneapolis
- Olmsted County
- District of Columbia DOH
- City of Philadelphia
- New York City Dept of Health and Mental Hygiene
- City of Providence
- Boston Public Health Commission
- Portland
- Healthy Lakes Region

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Communities Putting Prevention to Work Practice- and Evidence-Based "MAPPS" Strategies

	Nutrition	Physical Activity	Tobacco
Media	• Media and advertising restrictions consistent with federal law • Promote healthy food/drink choices • Counter-advertising for unhealthy choices	• Promote increased activity • Promote use of public transit • Promote active transportation (bicycling and walking) • Counter-advertising for screen time	• Media and advertising restrictions consistent with federal law • Hard-hitting counter-advertising • Ban brand-name sponsorships • Ban branded promotional items and prizes
Access	• Healthy food/drink availability (e.g., incentives to food retailers to locate/offer healthier choices in underserved areas and in child care, schools, worksites) • Limit unhealthy food/drink availability (whole milk, sugar-sweetened beverages, high-fat snacks) • Reduce density of fast-food establishments • Eliminate transfat through purchasing actions, labeling initiatives, restaurant standards • Reduce sodium through purchasing actions, labeling initiatives, restaurant standards • Procurement policies and practices • Implement farm-to-institution programs where healthy local food is brought into schools, worksites, hospitals, and other community institutions	• Safe, attractive, accessible places for activity (e.g., access to outdoor recreation facilities, enhance bicycling and walking infrastructure, place schools within residential areas, increase access to and coverage area of public transportation, mixed use development, reduce community designs that lead to injury) • City planning, zoning and transportation (e.g., planning to include the provision of sidewalks, mixed use, parks with adequate crime prevention measures, and health impact assessments) • Require daily quality physical education in schools • Require daily physical activity in after-school/child care settings • Restrict screen time (after-school, day care)	• Usage bans (i.e., 100% smoke-free policies or 100% tobacco-free policies) • Usage bans (tobacco-free worksites and/or school campuses) • Zoning restrictions • Restrict sales (e.g., on the Internet, to minors, in stores, at events) • Ban self-service displays and vending
Point-of-Purchase/Promotion	• Signage for healthy vs. less healthy items • Product placement and attractiveness • Menu labeling	• Signage for neighborhood destinations in walkable/mixed-use areas (e.g., libraries, parks, shops) • Signage for public transportation, bike lanes/boulevards	• Restrict point-of-purchase advertising as allowable under federal law • Product placement
Price	• Changing relative prices of healthy vs. unhealthy items (e.g., through bulk purchase/procurement/competitive pricing)	• Reduced price for park/facility use • Incentives for active transit (bicycling and walking) • Subsidized memberships to recreational facilities	• Use evidence-based pricing strategies that discourage tobacco use • Ban free samples and price discounts
Social and Support Services	• Support breastfeeding through policy change and maternity care practices	• Safe routes to school • Workplace, faith, park, neighborhood activity groups (e.g., walking, hiking, biking)	• Quitline and other cessation services