

Communities Putting Prevention to Work



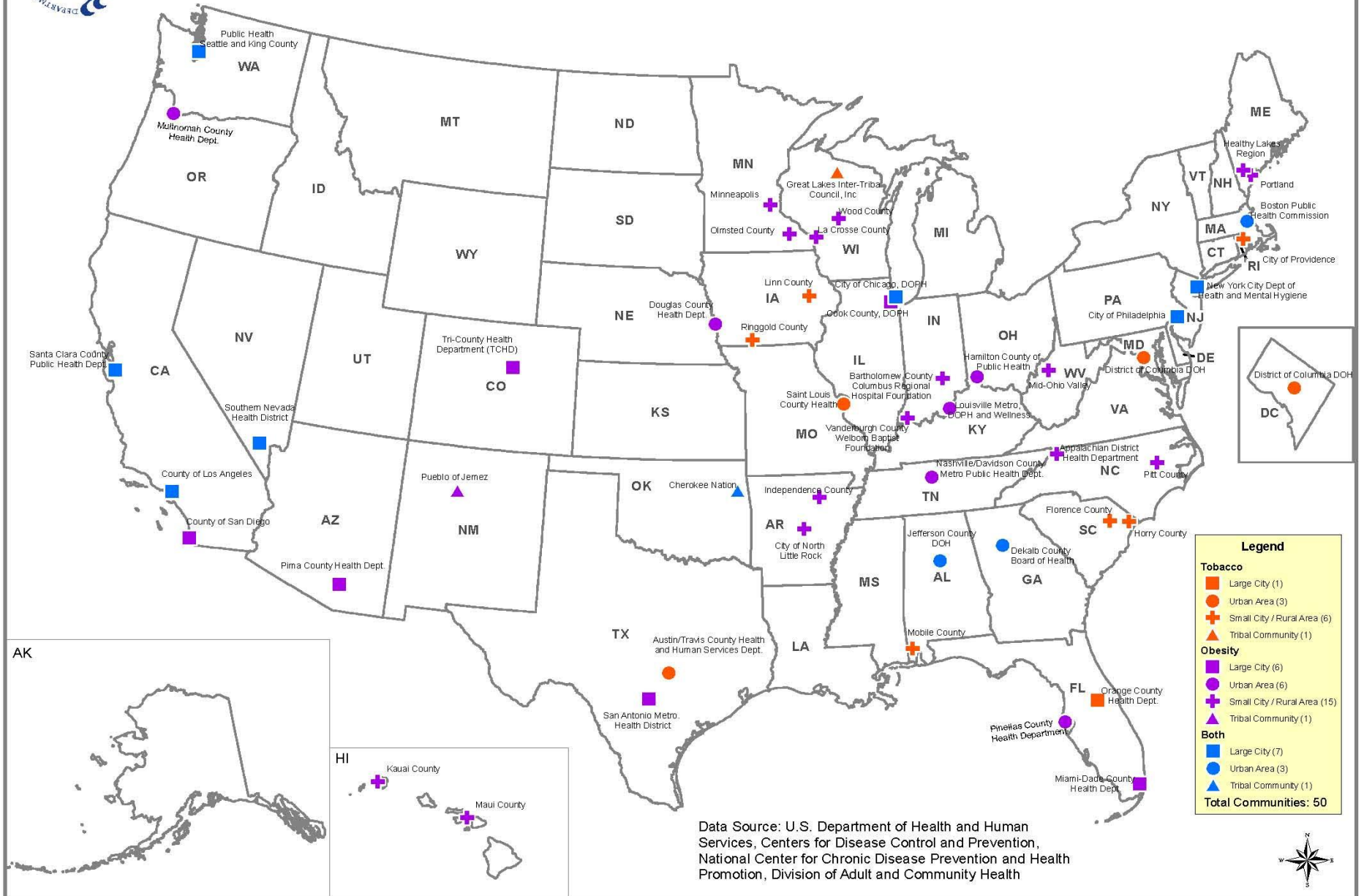
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Disability and Health Partners Meeting
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Overview

- **Brief Overview of CPPW**
- **Health Equity Efforts in CPPW**
- **Opportunities Moving Forward**



Communities Putting Prevention to Work Community Awards



New Chapter in Community Work

- **Expansion of Previous Community Health Programs**
- **Prescribed Menu; clearly PSE**
- **Truncated timeline & Historic funding**
- **Considerable reporting and visibility**
- **Building a movement; leaving legacy**

MAPPS Strategies

- **Media**
- **Access**
- **Price**
- **Point-of-Purchase**
- **Social Support**

CPPW Core Principles

Use PSE approach

- Policy, Systems, & Environmental Change strategies

Maximize Impact

- Jurisdiction-wide
- Potent & innovative interventions

Advance Health Equity

- Ensure interventions impact ALL members of the community

Factors that Affect Health

Smallest
Impact

Frieden, T. 2010
American Journal
of Public Health

Counseling
& Education

Clinical
Interventions

Long-lasting
Protective Interventions

Changing the Context

Socioeconomic Factors

Largest
Impact



Maximizing Public Health Impact

IMPACT = REACH X EXPOSURE X POTENCY

Focus on changing things that affect:

- many people
- with frequent exposure
- and in a comprehensive way

Advancing Health Equity in a Jurisdiction-wide Approach

- **In theory, jurisdiction-wide changes should impact all equally**
- **In practice, this may not be the case**
- **Goal is to make sure strategies impact different populations equitably.**

Equity Efforts Underway

- **Targeting population subgroups**
- **Supporting organizations and settings to reach underserved populations**
- **Addressing barriers and potential unintended consequences**

Population Subgroups Addressed

- Low-income communities
- Racial/ethnic populations
- Individuals with disabilities
- Homeless/transient populations
- LGBT communities
- Individuals with mental illness and/or substance abuse conditions

Disability and Health

- ❑ **Approximately 20% of U.S. adults have a disability**
- ❑ **There are differences in cigarette smoking, physical activity, and obesity by disability status**

Source: Behavioral Risk Factor Surveillance System, 2009

Disability and Health

Health Issue	Adults with Disability	Adults with No Disability
Obesity	37.6%	23.8%
Physical Inactivity	22.0%	10.0%
Cigarette Use	28.3%	16.1%

Source: Behavioral Risk Factor Surveillance System, 2009

Common Barriers to Physical Activity

- ❑ Built and natural environment
- ❑ Lack of transportation
- ❑ Equipment barriers
- ❑ Professional knowledge and training
- ❑ Information-related barriers
- ❑ Perceptions and attitudes of persons without disability

Equity Implications

□ Environments:

- *Should be Accessible*
- *Have Positive Social Attitudes and Norms*
- *Reflect Inclusive Policies and Services*

□ To Avoid:

- *Impairment*
- *Activity Limitations*
- *Participation Restrictions*

Source: WHO, ICF
Environmental Task Force

Partnerships:



- **Focusing on following strategies:**
 - **Require daily quality physical education in schools**
 - **Require daily physical activity in afterschool/childcare settings**
 - **Provide safe, attractive accessible places for activity**

Disability and Health Resources

- **Webinar Presentations**
- **School Wellness Policies**
- **Cultivating a Culture of Respect: Etiquette Guide**
- **Facilities Access: Trails Checklist**
- **Adapting Physical Education & Physical Activity Programs**

Activities Underway

- Healthy Lakes, ME: Updating school wellness policies in 12 schools
- Louisville, KY and Healthy Lakes, ME: Using accessible trails checklist and model resources
- BlazeSports: Trained over 175 professionals on ADA recreation facilities guidelines

Activities Underway

- Austin/Travis County, TX: Local authority for behavioral health and developmental disabilities, passed a comprehensive tobacco-free worksite policy
- The policy protects 19,000 clients and staff from exposure to tobacco at all of their 36 locations.

Community Transformation Grants

- **Authorized under Patient Protection and Affordable Care Act of 2010**
 - **Reduce chronic disease rates**
 - **Prevent development of secondary conditions**
 - **Address health disparities**
 - **Develop a stronger evidence base of effective prevention programming**

For More Information

ctg@cdc.gov

www.cdc.gov/communitytransformation

Opportunities Moving Forward

- ❑ **Disseminate resources**
- ❑ **Connect to key stakeholders**
- ❑ **Share successes**
- ❑ **Research environmental barriers**
- ❑ **Understand and make connections with other population subgroups**

“When [these] contextual factors change, the outcome, and hence the experience of disability may change.”

-WHO, ICF Environmental Task Force

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