

## **CDC State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (DP14-1422PPHF14) Fact Sheet and Community Profiles**

Chronic diseases such as cancer, diabetes, heart disease and stroke are responsible for seven out of 10 deaths and cost \$1.3 trillion in treatment costs and lost productivity every year.<sup>1,2</sup> In 2010, approximately 86 percent of all health care spending in the United States was for people with one or more chronic health conditions<sup>3</sup>, which by 2025 is expected to plague the lives of 164 million Americans, or almost 49 percent of the population<sup>4</sup>. Additionally, two thirds of Americans are either obese or overweight and nearly 20 percent of Americans smoke. Obesity costs the country \$147 billion<sup>5</sup> and tobacco use \$96 billion in direct healthcare costs each year. By utilizing a variety of public health interventions, health departments and other community partners can improve the health and wellbeing of their communities while producing significant returns on investment; findings show that every \$1 spent on prevention yields \$5.60 in savings.<sup>6</sup>

The Prevention and Public Health Fund (PPHF), created by the Affordable Care Act, is the nation's largest dedicated investment from the federal government in prevention measures, and focuses on supporting cross-sector and public-private partnerships to improve health outcomes. It will provide \$16.5 billion over the next 10 years to improve public health promotion and disease prevention through tobacco cessation, increased screenings, counseling and care, immunizations, epidemiology and laboratory capacity, and state and local prevention programs. With support from PPHF, the Centers for Disease Control and Prevention (CDC) initiated the State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke grant program, otherwise known as CDC 1422, to act on preventing some of the leading causes of death in our nation.

### [CDC 1422 OVERVIEW](#)

The CDC 1422 program currently provides twenty-one grant awards to seventeen state health departments and four large city health departments for a total of \$69.5 million to help awardees focus on prevention. Focusing on areas of high need, each state sub-grants half of their funding to four to eight communities within their state that serve areas with the largest disparities in high blood pressure and pre-diabetes. Intended to supplement the preceding State Public Health Actions program, commonly known as [CDC 1305](#)<sup>7</sup>, CDC 1422 aims to intensify programs that work to prevent obesity, diabetes, heart disease, and stroke.<sup>8</sup> Some state and local examples include:

**Maryland Department of Health and Mental Hygiene (MD DHMH):** Maryland is using its 1422 grant to support and improve existing public health interventions, as well as develop public health interventions to focus specifically on the prevention and reduction of burden from diabetes, obesity, heart disease and stroke. MD DHMH is working on strengthening clinical-community linkages to reduce health disparities for their high-risk populations, as well as working with community partnerships to improve access to and the quality of public health interventions.

In partnership with the Maryland Department of Planning and the Maryland Department of Transportation, MD DHMH is aligning with the Surgeon General's recent Call to Action<sup>9</sup> to promote walking and further improve physical activity with their targeted 1422 communities. The collaboration has conducted built environment assessments within the community as well as worked with schools, hospitals, federally qualified health centers (FQHCs) and local businesses to improve the built environment around their building to create walkable, pedestrian-friendly communities. It is also building and sustaining the Diabetes Prevention Program (DPP) in targeted communities. In order to improve access to these programs, it is working with partners to act on a Medicaid reimbursement opportunity to include DPP as a covered benefit for Medicaid beneficiaries. In addition, the state launched a bidirectional referral pilot program between their QuitLine (tobacco cessation program) and DPP. Through this pilot, the QuitLine made referrals to DPP for individuals that presented with high risk for type 2 diabetes and DPP made referrals to QuitLine for individuals who presented high risk for smoking/tobacco habits.

**San Joaquin County, CA Public Health Services:** San Joaquin County Public Health Services is one of six sub-grantees of the California Department of Public Health's 1422 award (known state-wide as the Lifetime of Wellness: Communities in Action programs). The county is aligning their efforts with the California Wellness Plan to focus on preventing obesity, diabetes, heart disease, and stroke in targeted populations with high risk for development of hypertension and prediabetes. Additional efforts include collaborating with local community pharmacists to translate medication information into 22 languages at a 6th-9th grade reading level to assist patients with health literacy and medication self-management, and partnering with the University of the Pacific's Mobile Medicare Clinic to improve access to services while strengthening community-clinical linkages. The partnership assists patients with medication review, provides traditional screening services, and Medicare Part D navigation assistance for the targeted populations.

**San Diego County, CA Health and Human Services Agency's Public Health Services:** San Diego's 1422 funding supports the Health Works: Prevention Initiative. Through Healthy Works, San Diego County aims to implement general and population-specific interventions to prevent obesity, diabetes, heart disease, and stroke, in addition to reducing health disparities within the county through environmental and lifestyle change strategies as well as health systems and community-clinical linkage. The population-specific interventions will target

individuals with racial, ethnic, and/or socioeconomic disparities that experience uncontrolled high blood pressure, or are at high risk for type 2 diabetes.

In partnership with the City of San Diego and the University of California at San Diego (UCSD) Center for Community Health, Healthy Works is developing and implementing a Nutrition Standards Action Plan in an effort to adopt nutrition standards for public institutions and private workplaces. It is also designating healthy retailers and healthy restaurants within the county, as well as creating an economic development plan to attract new healthy food retailers to the area to strengthen access to healthy food. To encourage physical activity, Healthy Works is working with local Resident Leadership Academies to develop pedestrian plans for communities to implement community physical activity interventions.

The 1422 funding also supports Be There San Diego's efforts to strengthen the county's health systems and community-clinical linkages by developing a Regional Clinical Quality Indicators Reporting System to assist in monitoring quality measures for the targeted populations. In addition, it will work to include pharmacists and other non-physician team members to develop recommendations to improve hypertension management and the tools to promote identification, diagnosis and management of hypertension and prediabetes to improve quality of care for high-risk individuals. Healthy Works will also implement a bi-directional referral system to promote referrals between local health systems and community organizations.

**Tacoma-Pierce County, WA:** Tacoma-Pierce County's 1422 sub-grant focuses on people with uncontrolled high blood pressure and type 2 diabetes that also struggle with racial, ethnic and/or socioeconomic disparities. The county's health department is working with a coalition of local public, nonprofit and private health care organizations to improve the health outcomes in 10 low-income communities within the county. One of its efforts is working to connect community-based organizations with health care providers to strengthen these clinical-community linkages to offer screening and education for individuals on ways to control blood pressure, diabetes and obesity. To do so, it is training community health workers to offer blood pressure screening, education and support for community members to provide health and disease prevention information to these medically underserved populations.

The county is also bringing local food banks together with health care organizations and restaurants to ensure that excess healthy foods are being diverted to people in need, as opposed to going to waste. Furthermore, community health workers and food bank volunteers are reaching out to community members to connect them to healthy food options. In addition, Tacoma-Pierce County is partnering with local employers, such as Brown & Brown Insurance, McConkey Manufacturing, and Tacoma Rescue House to participate in worksite wellness programs. Through this effort, the health department is encouraging local businesses to assess their cafeterias and vending machines and identify policy, system and workplace strategies to increase consumption of healthy foods and physical activity for employees.

**YMCA of Greater Grand Rapids, MI:** The YMCA of Greater Grand Rapids serves the second largest city of Michigan, which has pockets of high poverty areas throughout the city. It is using its 1422 sub-grant to support the efforts of the Coordinated Health Impact Alliance, which is comprised of various local community organizations with a common goal to implement approaches to prevent obesity, heart disease, and stroke among adults living in Kent County.

The Alliance is working to increase consumption of nutritious food and beverages throughout the Grand Rapids region by collaborating with five corner stores to target merchandising of specific products, strategic shelving of nutritious food and beverage options, and point-of-sales nutritional advice. They are also partnering with local mobile farmers' markets and promoting the implementation of nutritional food and beverage policies at hospitals and workplaces to improve worksite wellness. Additionally, the Alliance is working to improve the built environment as well as increase physical activity in the Grand Rapids region by creating and improving walking routes and trails throughout the city, as well as implementing tobacco-free park policies in local parks to improve the air quality for outdoor physical activity.

Related to clinical-community linkages, the YMCA and Alliance have worked together on the DPP to increase engagement in lifestyle change programs, and have implemented active recruitment strategies within the community and with their health system partners. In addition, to assist with mediating financial barriers to accessing care, it is working with local employers to agree to reimburse or incentivize employees to participate in DPP. The Alliance has also partnered with local health systems to use their electronic health records to improve medication adherence for adults with high blood pressure. Local pharmacists perform blood pressure screenings within the community and help to distribute self-monitoring education and information.

<sup>1</sup>Kung HC, Hoyert DL, Xu JQ, Murphy SL. Deaths: final data for 2005. National Vital Statistics Reports 2008;56(10). [http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56\\_10.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf) (Accessed July 25, 2016).

<sup>2</sup>Milken Institute. Checkup Time: Chronic Disease and Wellness in America. Measuring the Economic Burden in a Changing Nation. Santa Monica, C.A.: Milken Institute, 2014. <http://assets1c.milkeninstitute.org/assets/Publication/ResearchReport/PDF/Checkup-Time-ChronicDisease-and-Wellness-in-America.pdf> (Accessed July 25, 2016).

<sup>3</sup>Gerteis J, Izrael D, Deitz D, LeRoy L, Ricciardi R, Miller T, Basu J. Multiple Chronic Conditions Chartbook. AHRQ Publications No, Q14-0038. Rockville, MD: Agency for Healthcare Research and Quality; 2014. <http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf> (Accessed July 25, 2016).

<sup>4</sup>John Hopkins University. Partnership for Solutions. Chronic Conditions: Making the Case for Ongoing Care. September 2004 Update. <http://www.partnershipforsolutions.org/DMS/files/chronicbook2004.pdf> (Accessed July 25, 2016).

<sup>5</sup>Trust for America's Health. (2015). The State of Obesity 2015. Robert Wood Johnson Foundation. Available at: <http://healthyamericans.org/assets/files/TFAH-2015-ObesityReport-final.22.pdf> (Accessed July 25, 2016).

<sup>6</sup>Trust for America's Health. Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities. Washington, D.C.: Trust for America's Health, 2008. <http://healthyamericans.org/reports/prevention08/> (Accessed July 25, 2016).

<sup>7</sup>The State Public Health Actions Program, also known as CDC 1305, is a program initiated by the Centers for Disease Control and Prevention that supports reducing risk factors associated with obesity, diabetes, heart disease and stroke in US children and adults. It provides grants to all 50 states and the District of Columbia to focus on building healthy environments within a community and working with health systems to reduce morbidity and mortality from chronic diseases. More information about the CDC 1305 program can be found here: <http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm> (Accessed July 25, 2016).

<sup>8</sup>Centers for Disease Control and Prevention. State and Local Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (DP14-1422PPHF14) October 1 2015. <http://www.cdc.gov/chronicdisease/about/foa/2014foa/public-health-action.htm> (Accessed July 25, 2016).

<sup>9</sup>U.S. Department of Health and Human Services. Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities. Washington, DC: U.S. Dept of Health and Human Services, Office of the Surgeon General; 2015. <http://www.surgeongeneral.gov/library/calls/walking-and-walkable-communities/call-to-action-walking-and-walkable-communities.pdf> (Accessed July 25, 2016).

<b>CDC 1422 FY 2014 State Grantees and County Sub-grantees</b>		
<b>State</b>	<b>Grant Award Amount</b>	<b>Sub-Grantee</b>
California	\$3,520,000	Fresno County Local Health Department
		Tulare County Local Health Department
		Solano County Local Health Department
		Shasta County Local Health Department
		Merced County Local Health Department
		San Joaquin County Local Health Department
Hawaii	\$2,750,813	Hawaii Public Health Institute
		Hawaii Primary Care Association
Kansas	\$3,254,319	Community Health Council of Wyandotte County
		Crawford County Health Department
		Finney County Community Health Coalition
		Johnson County Department of Health and Environment
		Mitchell County Regional Medical Foundation
		Central Plains Health Care Partnership
Maryland	\$3,520,000	Garrett & Allegany County Health Departments
		Washington County Health Department
		Baltimore City Health Department
		Dorchester & Caroline County Health Departments
		Wicomico, Worcester & Somerset County Health Departments
Massachusetts	\$3,520,000	Fall River City Health Department
		Springfield City Health Department
		Northampton City Health Department
		Franklin Regional Council of Governments

Michigan	\$3,520,000	Grand Rapids Metropolitan YMCA
		National Kidney Foundation of Michigan
		Emma L. Bixby Medical Center - Promedica
		Greater Detroit Area Health Council
Minnesota	\$3,520,000	City of Minneapolis Community Health Board
		PartnerSHIP 4 Health Community Health Board
		Healthy Northland Community Health Board
		Des Moines Valley and Nobles Community Health Board
Nebraska	\$2,640,000	Central Health District
		Douglas County Health Department
		Panhandle Public Health District
		Public Health Solutions District Public Health Department
		South Heartland District Health Department
		Two Rivers Public Health Department
New York	\$3,519,494	Albany County Department of Health
		Health Advancement Collaborative of Central NY (HealthConnections)
		Hudson River Healthcare, Inc.
		P2 Collaborative of Western NY
North Carolina	\$3,520,000	Region 1 Health District
		Region 7 Health District
		Region 8 Health District
		Region 9 Health District
		Region 10 Health District
Ohio	\$3,517,118	Athens City-County Health Department
		Lorain County General Health Department
		Public Health Departments of Dayton and Montgomery Counties
		Richland County Public Health
		Summit County Public Health
Oklahoma	\$2,640,000	Carter County Health Department
		Comanche County Health Department
		Seminole County Health Department
		Lincoln County Health Department
		McCurtain County Health Department
		Le Flore County Health Department
		Pittsburgh County Health Department

Rhode Island	\$3,520,000	Healthy Communities Office, City of Providence
		Local Initiatives Support Corporation
		North Providence School Department
		ONE Neighborhood Builders
		Thundermist Health Associates of Warwick
		Thundermist Health Associates of Woonsocket
		Women's Resource Center
		Town of Bristol
South Carolina	\$3,520,000	Upstate Region
		Midlands Region
		Pee Dee Region
		Lowcountry Region
Utah	\$3,519,999	Tooele County Health Department
		Bear River County Health Department
		Weber Morgan County Health Department
		Salt Lake County Health Department
Virginia	\$2,664,121	Crater Health District
		Lord Fairfax Health District
		Portsmouth Health District
		Prince William Health District
		West Piedmont Health District
Washington	\$3,520,000	Olympic Community (Kitsap Public Health District)
		Tacoma-Pierce County Health Department
		North Central Community (Grant County Health District)
		Better Health Together
		Healthy Living Collaborative of Southwest Washington

<b>CDC 1422 FY 2014 Large City Grantees</b>	
<b>City</b>	<b>Grant Award Amount</b>
Los Angeles, CA	\$3,520,000
San Diego, CA	\$3,520,000
New York, NY	\$3,519,079
Philadelphia, PA	\$2,785,592