



When the Stars Align: A New Context for Chronic Disease Prevention and Control

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Our New Context

- Leadership
- American Recovery and Reinvestment Act
- FDA Regulation
- Health Reform

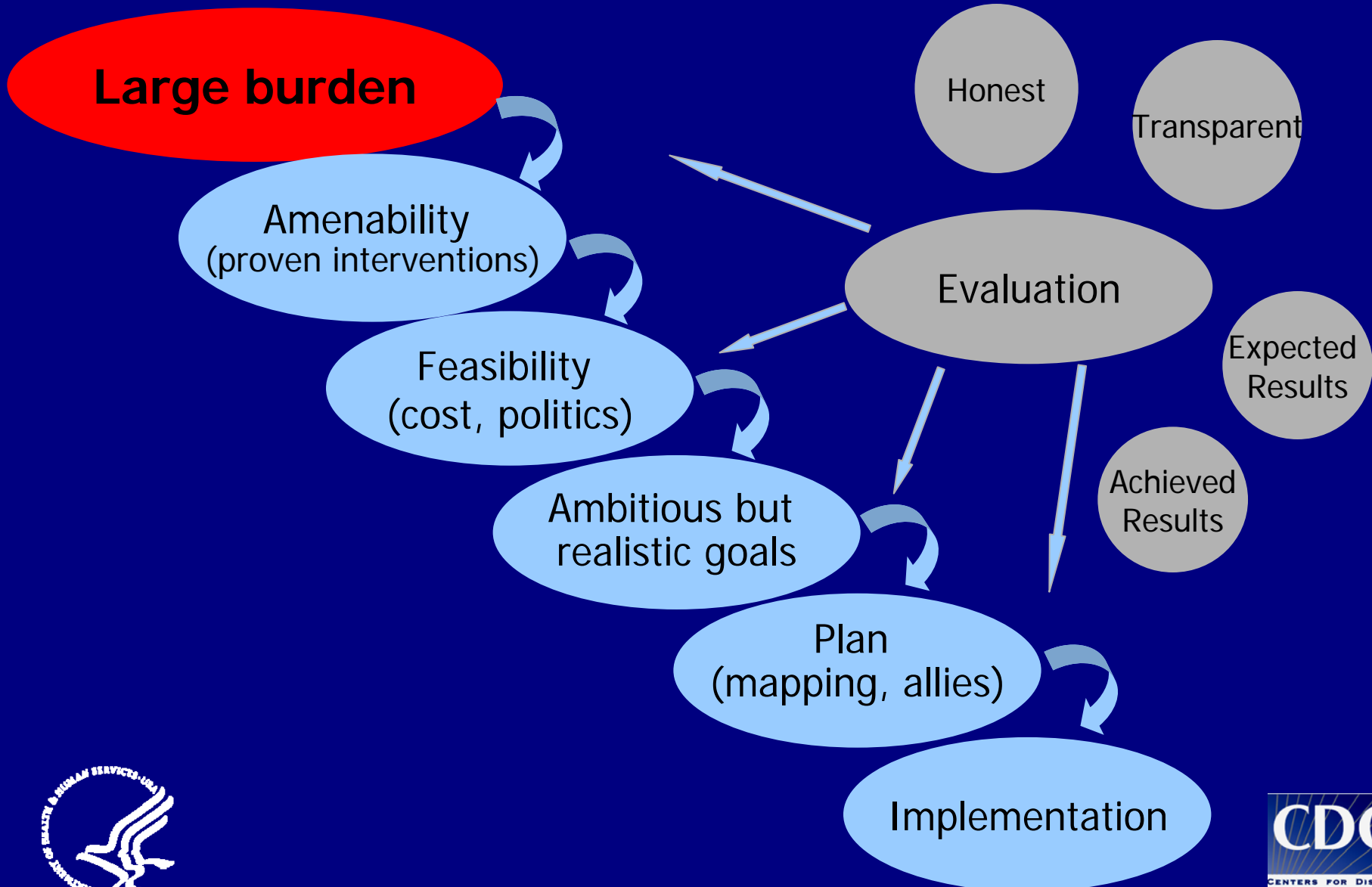


Strategic Directions for CDC

- Strengthen surveillance and epidemiology
- Improve ability to support state and local public health
- Increase impact promoting global health
- Increase prevention effectiveness of policies including health reform
- Better address leading causes of illness, disability, and death



Prioritization



Factors that Affect Health

Examples

Smallest
Impact

Counseling
& Education

Eat healthy, be
physically active

Clinical
Interventions

Rx for high blood
pressure, high
cholesterol, diabetes

Long-lasting
Protective Interventions

Immunizations, brief
intervention, cessation
treatment, colonoscopy

Changing the Context
*to make individuals' default
decisions healthy*

Fluoridation, 0g trans
fat, iodization, smoke-
free laws, tobacco tax

Largest
Impact

Socioeconomic Factors

Poverty, education,
housing, inequality



Some Important, Winnable Battles

- Tobacco control
- Nutrition
- Heart disease and stroke
- Motor vehicle safety
- Teen pregnancy
- Food safety



Why Tobacco Control?

- Leading preventable cause of premature death in U.S. and worldwide
- Low use of proven tobacco use reduction methods
- 50% of Americans not protected from second-hand smoke
- National average estimates for counter ads less than one-fifth recommended level
- Potential to save millions of lives if national results analogous to better-performing areas
- No other public health program has as large a potential impact



What Can Be Done?

- Taxation and tax enforcement at federal, state, local levels
- Protection from second-hand smoke without preempting stronger state/local measures
- Effective counter-advertising and media coverage
- Regulation including product standards
- Ratify Framework Convention on Tobacco Control
- Resources from ARRA and health reform prevention fund to accelerate state/local progress



Why Nutrition?

- Obesity rates have doubled for adults and tripled for children over past 20 years
- Obesity is increasing health care costs, illness, and death
- Sodium intake reduction would prevent many heart disease and stroke deaths
- Artificial trans fats elimination can save lives
- Junk food access reduction at schools, workplaces, and community settings could reduce obesity in children and adults



What Can Be Done?

- Price
 - Decrease cost of fruits and vegetables
 - Increase cost of unhealthy foods
- Exposure/access
 - Increase exposure to healthy foods
 - Remove junk food from all schools, health care facilities, government institutions, at least
 - Federal, State and local procurement standards
- Image
 - Eliminate ads to children
 - Show human cost of empty calories
- ARRA resources and potential health reform prevention dollars to accelerate state and local policy and program implementation

Why Heart Disease and Stroke?

On ABCS, the USA Gets an “F”

- People at increased risk of CVD who are taking **A**spirin – 33%
- People with hypertension who have adequately controlled **B**lood pressure – 44%
- People with high **C**holesterol who have adequately controlled hyperlipidemia – 29%
- **S**mokers who try to quit get help – 20%



Despite spending 1 out of every 6 dollars on health care



What Can Be Done?

- Change the environment
 - Tobacco control
 - Improve nutrition (reduce trans fat, salt, calories)
 - Increase physical activity
- Improve care
 - Blood pressure and cholesterol monitoring and control
 - More affordable medications and simpler regimens
 - Focused EHR implementation
 - Attention and accountability with programmatic monitoring through health care data



Family Smoking Prevention and Tobacco Control Act of 2009

- On June 22, 2009, President Obama signed legislation granting the FDA the authority to regulate:
 - **CONTENT** of tobacco products
 - **MARKETING** of tobacco products
 - **SALES** of tobacco products



2009 American Recovery and Reinvestment Act

■ Community Initiative

- \$450 million is allotted to support 30-40 communities (urban, rural, and tribal).

■ State Policy and Environmental Change

- \$125 million for policy and environmental change, and to expand tobacco quit lines and cessation media

■ National Prevention Media Initiative and National Organizations Initiative

- \$30 million for National Preventive Media Initiative to increase demand for, and direct people to, health promotion programs and preventive health services in communities.
- \$10 million for National Organizations to Strengthen the national movement toward prevention by promoting diffusion of effective practices and policies nationally.



MAPPS Strategies

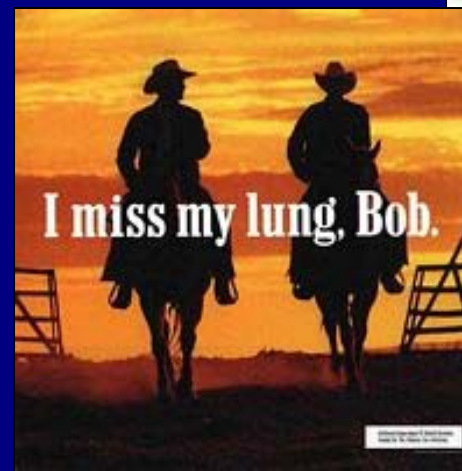
(Media, Access, Point of Purchase/Promotion, Price, Social Support and Services)

- List of evidence-based interventions that, when combined, can have a profound influence on improving health behaviors by changing community environments
- Drawn from the peer-reviewed literature as well as expert syntheses from the community guide and other peer-reviewed sources
- Awardees are expected to use this MAPPS list to design a comprehensive and robust set of strategies to produce the desired outcomes for the initiative



Aggressive Media Campaigns

- **Media campaigns**
 - Reduce youth initiation
 - Encourage cessation
 - Increase negative attitudes toward tobacco use



Access



Point of Purchase

Impact of Pictorial Warnings on Brazilian Smokers

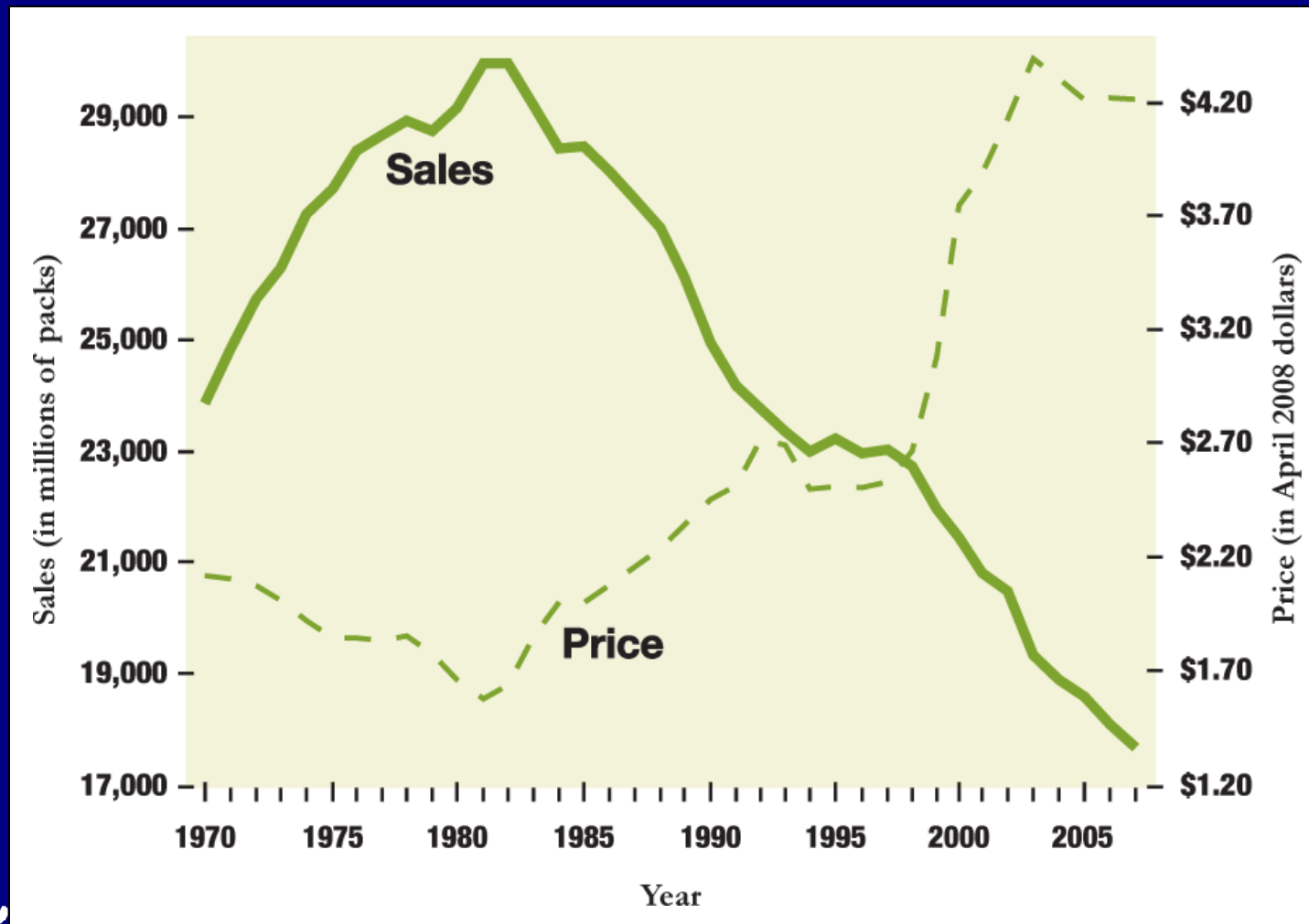


Source: Datafolha Instituto de Pesquisas, 2002.



Price

Cigarette Sales and Cigarette Prices, U.S., 1970-2007



Source: ImpacTeen Chartbook: Cigarette Smoking Prevalence and Policies in the 50 States.

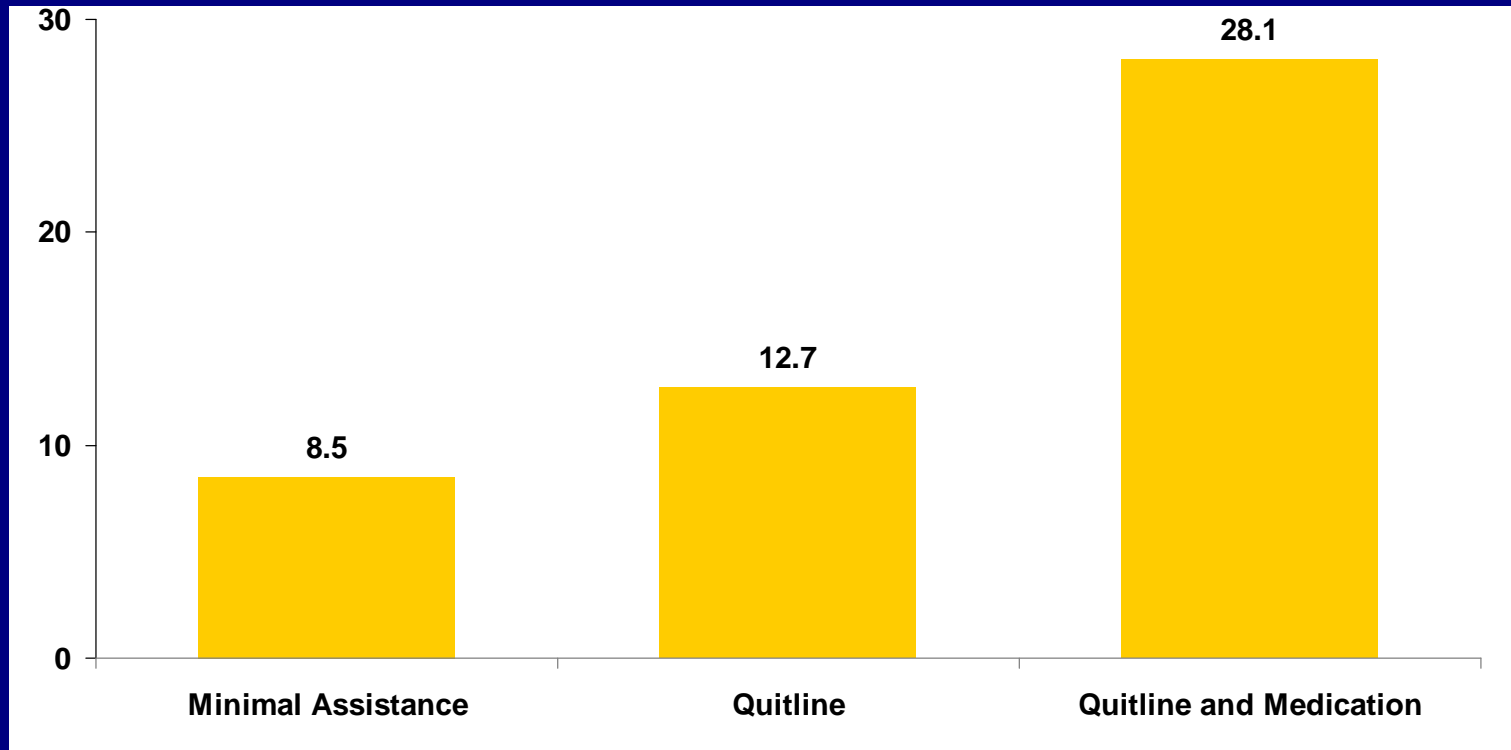




Social Support

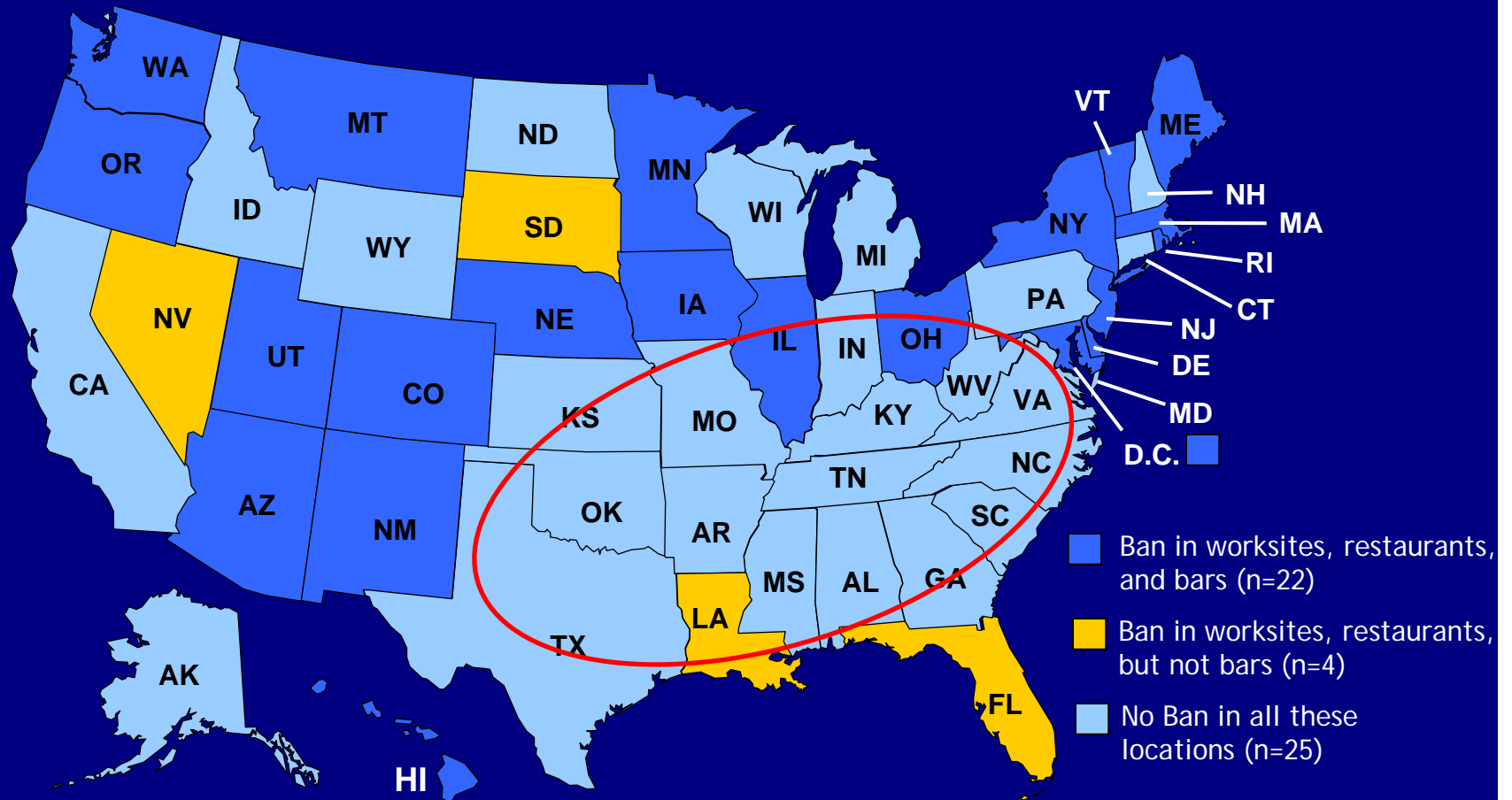
Telephone Quitline Counseling
Significantly Boosts Quit Rates

Percent Quit at 6 Months



State Smoke-Free Laws for Private Worksites, Restaurants, and Bars

Laws in effect as of November 1, 2009*

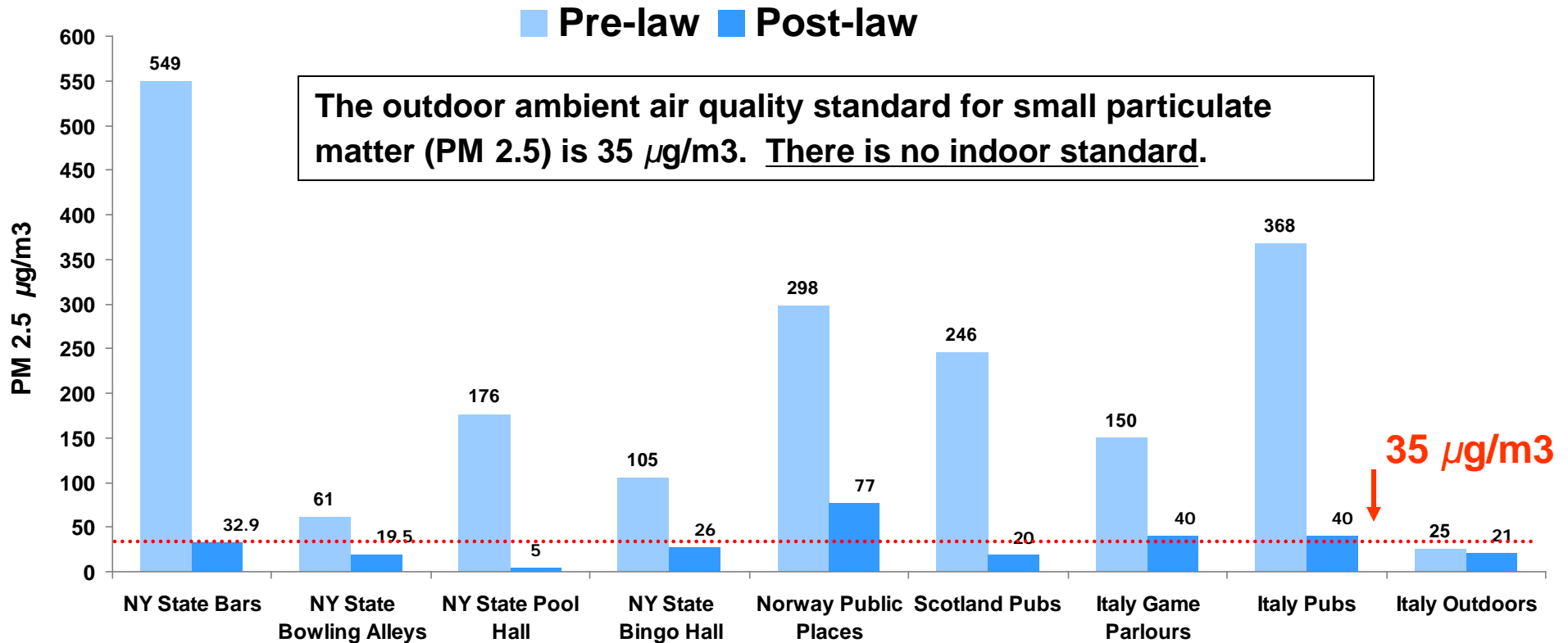


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Source: Centers for Disease Control and Prevention. State Tobacco Activities Tracking and Evaluation (STATE) System. Available at: <http://www.cdc.gov/tobacco/statesystem>.

*Enacted legislation is not yet effective in Wisconsin.

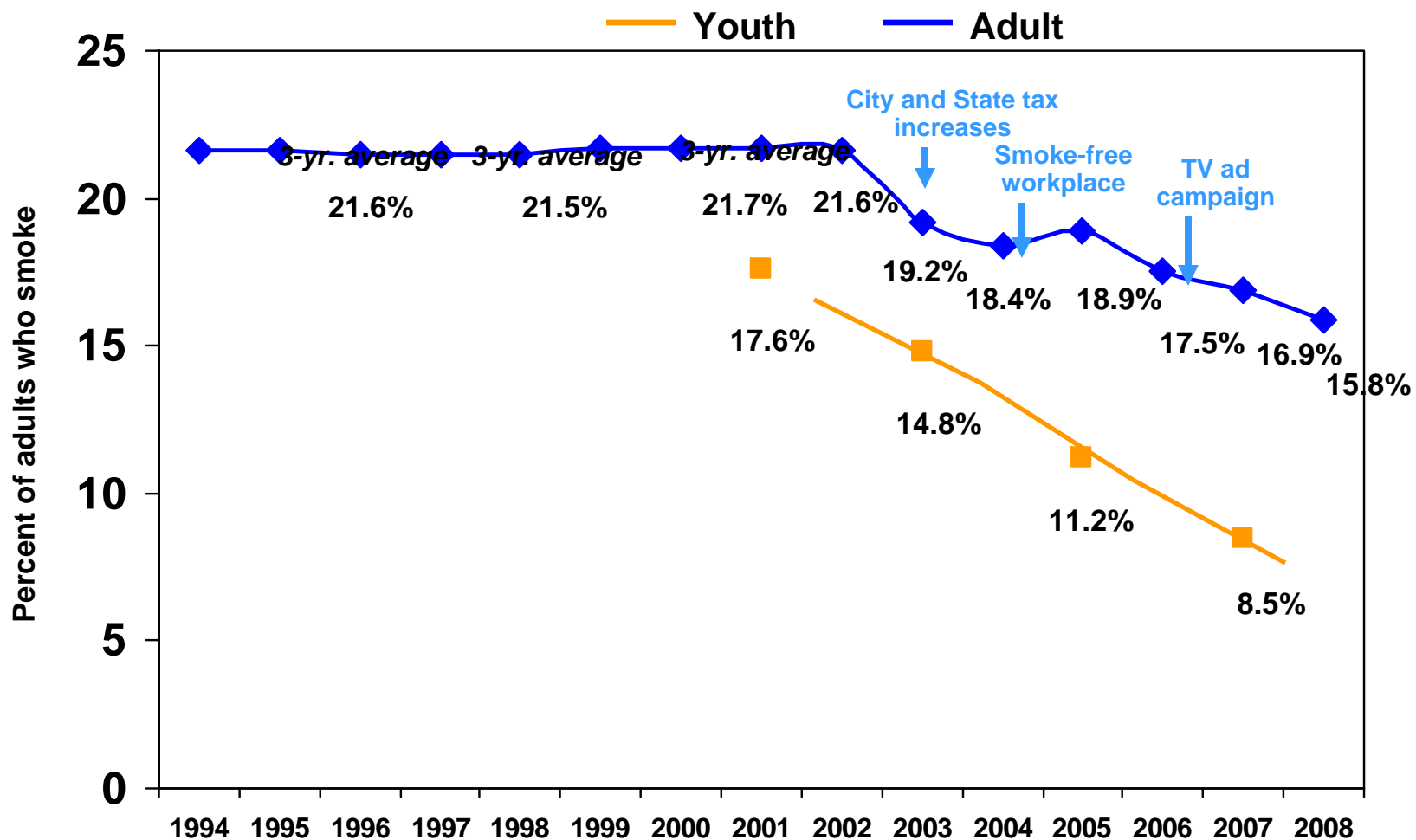
Indoor Air Quality Before and After Implementing a Smoke-Free Law



Source: Institute of Medicine. Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence. Washington, DC: The National Academies Press; 2009.



Adult and Youth Smoking Prevalence in New York City



Source: CDC. Decline in Smoking Prevalence -- New York City, 2002—2006. MMWR. 2007. 56(24);604-608; and New York City Department of Health and Mental Hygiene.

Prevention and Wellness Provisions in Senate and House Health Reform Bills

- Award grants to communities for programs to promote physical activity, good nutrition, and smoking cessation
- Boost education on disease prevention
- Broaden evidence base for clinical and community prevention
- Help companies create wellness programs
- Create incentives for people to acquire health insurance
- Eliminate co-payments and deductibles for approved preventive care techniques



The Stars Are Aligning

- Strong evidence base
- Historic funding opportunities
- Renewed political will
- Expanding national, state, local partnerships

