STATE AND LOCAL PUBLIC HEALTH ACTIONS (1422)

Closeout Performance Measures Snapshot

CDC funded 17 states and 4 large cities to address multiple risk factors for chronic diseases using the dual approach and mutually reinforcing strategies to implement environmental, health systems, and community-clinical linkage strategies. This snapshot reflects closeout performance measure data that were reported at the general population level as well as the priority population level through the work of subawardees.

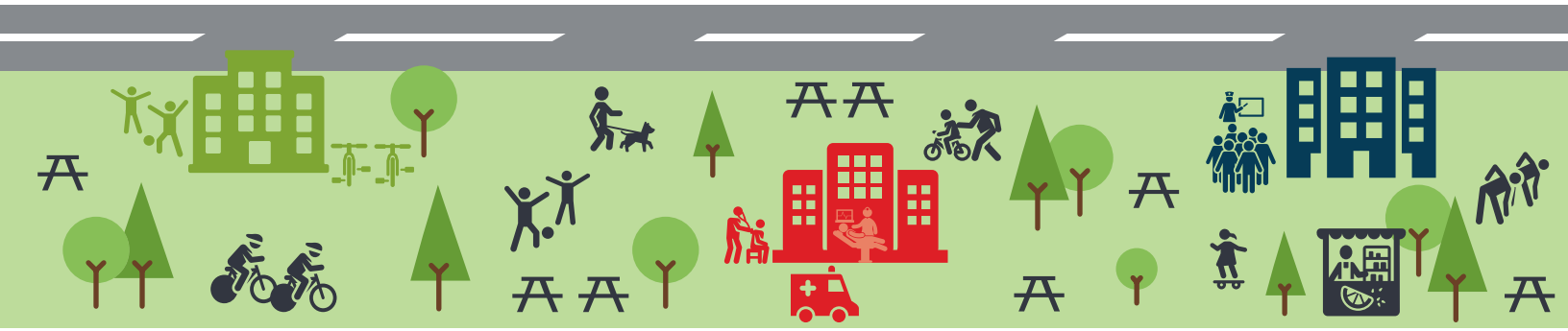
Dual Approach

General Population

Mutually Reinforcing Strategies

- **Environmental Approaches**
- **Health Systems Interventions**
- **Community Clinical Linkages**

Priority Population



Environmental Approaches

Environmental approaches such as increasing access to healthy food and physical activity, support healthy behaviors and are likely to have a lasting effect on population health.

- **1,721** community locations implemented nutrition and beverage standards *(increase of 1,519 locations from baseline).*
- **3,728** retail venues promote healthier food access through increased availability, and improved pricing *(increase of 2,218 venues from baseline).*

10.4 million more adults have access to retail and community venues that promote healthier food, compared to baseline.

- **2,478** community venues promoted physical activity through signage, worksite policies and shared-use agreements *(increase of 2,104 venues from baseline).*
- **471** communities developed and/or implemented a transportation plan that promotes walking *(increase of 398 communities from baseline).*

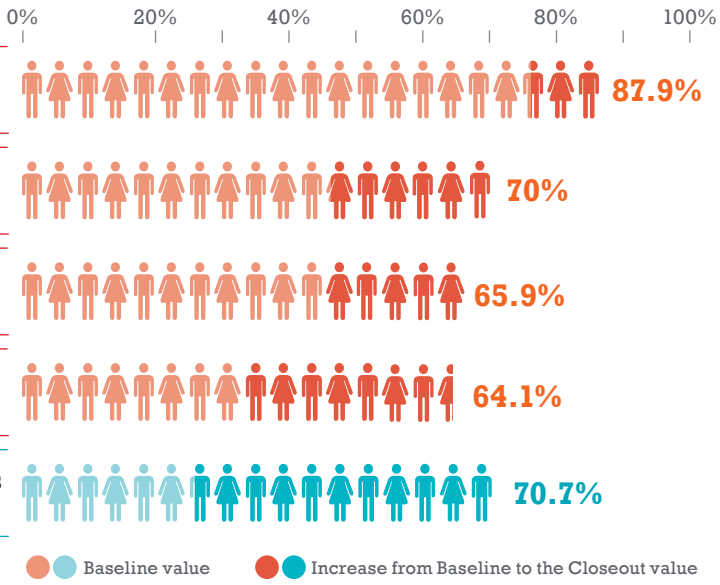
6 million more adults have access to community venues that promote physical activity, compared to baseline.

Note: Based on grantee reported data from the closeout report (2019); the number of grantees reporting differs for each measure

Health System Interventions

Health system interventions enhance the quality of health care delivery to improve the diagnosis and management of chronic disease. Grantees have worked to increase the number of health systems that are using electronic health record (EHR) systems, integrated care policies, and other policies to improve the monitoring, management, and diagnosis of hypertension and prediabetes.

% patients in health care systems with



Note: The number of health systems vary for each measure.

Community-Clinical Linkages

Community-clinical linkages increase engagement of non-clinical partners to support chronic disease prevention and management. Effective use of community resources ensures that those with or at high risk for chronic diseases have access to quality community resources to best manage their conditions or disease risk.

National Diabetes Prevention Program includes a structured program—in person or online—developed specifically to prevent type 2 diabetes. States, large cities, and sub-awardees worked to scale and sustain the National DPP by working through network partners, implementing evidence-based engagement strategies, and increasing coverage and referral policies.

Engaging community health workers (CHWs)

196 health care systems engage CHWs to link patients to National DPP *(increase of 157 systems from baseline).*

Improved referral policies

411 health care systems have policies to refer persons at high risk for type 2 diabetes to a National DPP *(increase of 319 systems from baseline).*

Tailored communication activities

117.5 million people were reached through evidence-based engagement strategies *(increase of 116.6 million people from baseline).*

Increased use

8,807 people with prediabetes or at high risk for type 2 diabetes enrolled in a CDC-recognized National DPP *(increase of 8,590 enrollees from baseline).*

Evidence-based lifestyle change programs, help persons with high blood pressure to lower and control their blood pressure through healthier diets and increasing physical activity. Grantees worked to increase use of lifestyle change programs by leveraging CHWs and increasing referrals from health care systems.

Engaging community health workers (CHW)

206 health care systems engage CHWs to link patients to resources to promote self-management of high blood pressure *(increase of 164 systems from baseline).*

Improved referral policies

333 health care systems have community referral system for people with hypertension *(increase of 248 systems from baseline).*

Increased use

5,476 people with high blood pressure enrolled in a lifestyle change program *(increase of 4,766 enrollees from baseline).*

Note: Based on grantee reported data from the closeout report (2019); the number of grantees reporting differs for each measure