

25
TWENTY FIVE YEARS

25 HEALTHY LIVING FOR ALL
YEARS

National Center for
Chronic Disease Prevention
and Health Promotion

NCCDPHP 25th Anniversary Report MARCH 2014



[VERB Yellowball Ad, 2006](#)



Statement from the Director

Building on a quarter century of experience and insight, the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) is a much different organization from

the one HHS Secretary Dr. Otis R. Bowen approved for start-up in October 1988. Bringing together several programs from across the agency, the early center was, as founding director Dr. Jeffrey P. Koplan described it, more like a western movie set—realistic storefronts were in place, but construction of the buildings behind the facades was largely incomplete.

Now, after 25 years of expanding resources and additional mandates from Congress, we have mature national programs that are addressing many of the diseases and risk factors that cause the lion's share of death, disease, disability, and health care costs in the United States.

While we always seek and welcome additional resources, our key challenge now is to become more focused, efficient, and effective in how we manage and deploy our resources and achieve public health gains from the work that's already underway. For example, it's no longer enough to have a prevention program in every state. We must ensure that the activities of the program are actually improving health and quality of life nationwide.

NCCDPHP's recent move to a new building on CDC's Chamblee campus is a visual symbol of our work in recent years to increase our impact through even better coordination, collaboration, and communication among our staff and across our programs. Highlights of our recent efforts include

- Negotiated agreement pilot projects in Colorado, Massachusetts, North Carolina, and Wisconsin.
- Communities Putting Prevention to Work and its successor, the Community Transformation Grants.

- The Coordinated Chronic Disease Prevention and Health Promotion Program.
- Regional teams to help coordinate state programs across NCCDPHP's portfolio.
- Our combined cooperative agreement, called the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health.

In the years to come, we will strengthen and refine our strategies for delivering coordinated, evidence-based chronic disease prevention and health promotion programs at national, state, and local levels. At the same time, we will preserve and enrich our expertise in addressing specific diseases and risk factors and helping population groups with the highest rates of chronic diseases.

To achieve the greatest improvements in public health, we must work with our partners at all levels to prioritize our work and focus on activities that promise to deliver the greatest return on our investments. This document is intended to firmly ground us in our past and focus us on our future—to remind us of who we are and where we've been and to guide us toward the actions we must take to most effectively, efficiently, and expeditiously prevent chronic disease and promote the health of all Americans.

Ursula E. Bauer, PhD, MPH
Director
National Center for Chronic Disease Prevention
and Health Promotion



National Center for
Chronic Disease Prevention and Health Promotion

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[First Issue of PCD, January 2004](#)

Importance of Chronic Disease Prevention and Health Promotion

In the United States, chronic diseases and conditions are the principal causes of death, disability, health-related suffering, and health care expenditures.

About one-half of all adults in the United States have at least one chronic condition, and 28% have two or more conditions.

Activities of daily living are limited for nearly 1 of 10 Americans because of chronic conditions. In 2011, a total of 10 of the 15 overall leading causes of death in the United States were chronic conditions—including 7 of the top 10.

The United States ranks last among 16 other high-income “peer” countries in several key health indicators, including obesity, diabetes, heart disease, chronic lung disease, and disability. In addition, the United States lags behind many other developed countries in rates of preterm birth, infant death, and maternal death.

Chronic conditions are expensive. In 2010, total Medicare spending in the United States was more than \$300 billion, 93% of which was for people with two or more chronic conditions.

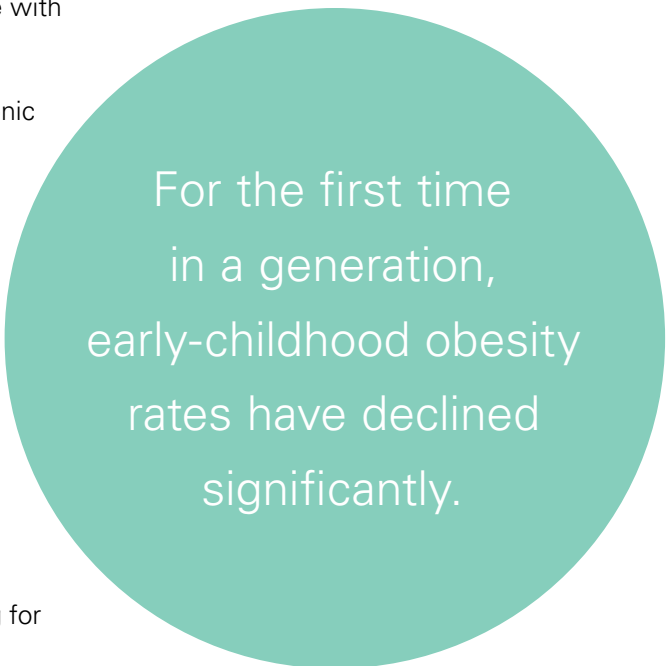
Reductions in productivity associated with chronic conditions and their risk factors are also costly, both for people who stay in the workforce and those who leave prematurely because of disability or death.

Chronic diseases are largely preventable and associated with a short list of common risk factors, including tobacco use, poor diet, physical inactivity, obesity, alcohol consumption, uncontrolled high blood pressure, and high cholesterol. For example, tobacco use remains the leading preventable cause of death in the United States, accounting for about 1 of every 5 deaths each year.

In addition, several studies have found that an increasing number of pregnant women in the United States have chronic conditions such as high blood pressure, diabetes, or heart disease that can put them at higher risk of adverse health outcomes, such as heart attacks, strokes, and amputations.

Risk factors for many chronic diseases can be reduced through population-wide policies and environmental changes that support and reinforce healthy lifestyles and behaviors for individuals. Many chronic diseases can be detected early or managed more effectively through efforts designed to slow the progression of disease, mitigate complications, and prevent adverse outcomes.

And with adequate community support, many people living with chronic diseases can learn self-management practices that improve quality of life and reduce the number of health care visits needed to maintain health.



For the first time
in a generation,
early-childhood obesity
rates have declined
significantly.

About NCCDPHP

The First 10 Years

Since 1946—ironically, the year CDC was created as the Communicable Disease Center—chronic diseases have been the leading causes of death in the United States. Although this fact was well known even in 1946, more than 40 years would pass before a federal organization that focused on chronic disease prevention was created. The formation of the Center for Chronic Disease Prevention and Health Promotion in 1988 (the word “National” was added 3 years later) was a recognition that chronic diseases are the leading causes of death and they are preventable.

Creation of the NCCDPHP was an example of CDC using data for action to address a critical need at a critical time. Research clearly showed the epidemic of death and disease had shifted from infectious to chronic diseases.

The work of the NCCDPHP began in the former Center for Health Promotion and Education (CHPE), which was established in 1981. The CHPE consisted of the divisions of reproductive health, nutrition, and health education. Over time, the CHPE’s scope of work grew to include

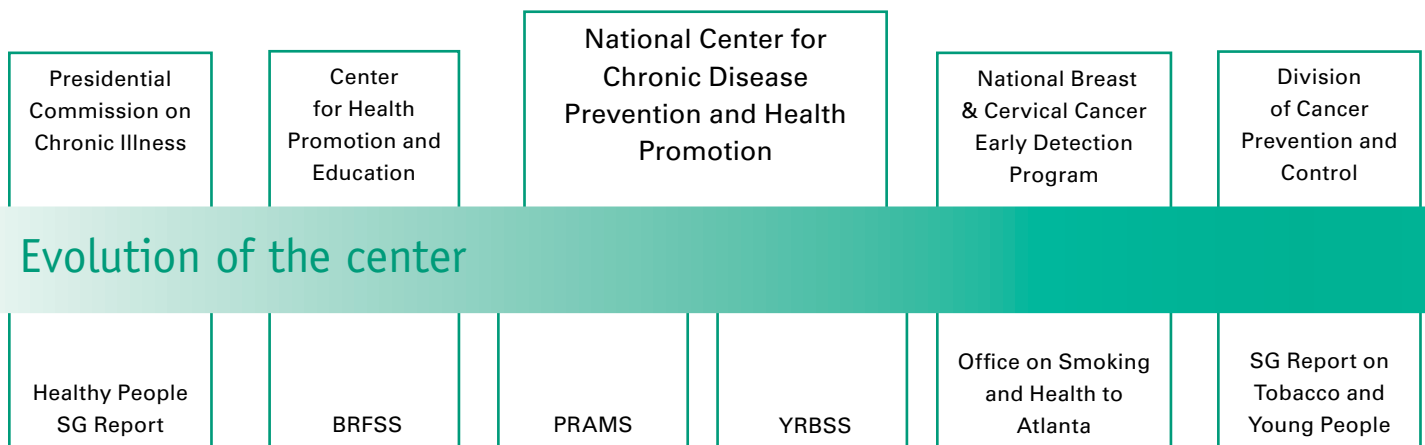
- More infant and maternal health surveillance, including the Pregnancy Mortality Surveillance System (PMSS) and Pregnancy Risk Assessment Monitoring System (PRAMS).

- The widely used Planned Approach to Community Health (PATCH) method.
- The Behavioral Risk Factor Surveillance System (BRFSS), which addressed the need for state data.
- The Office on Smoking and Health.
- The Prevention Research Centers, which are designed to expand the evidence base for chronic disease programs.

The CHPE was also funded to develop an AIDS education program for school-aged children. This program later developed into a comprehensive adolescent and school health program.

In 1988, the expanded CHPE had an annual budget of \$120 million, and by 1991, it had become the NCCDPHP. The center now included programs from other areas of CDC, including

- The Division of Diabetes Control (now called the Division of Diabetes Translation [DDT]) and the Preventive Health and Health Services (PHHS) Block Grant from the former Center for Prevention Services.
- The Division of Chronic Disease Control from the Center for Environmental Health and Injury Control (now divided into NCEH and NCIPC).



In its first decade, our center’s work was based on the findings of a 5-year study funded by CDC called the South Carolina Cardiovascular Disease Prevention Project. This study argued that CDC and state health departments could be more effective if they focused limited public health resources on making broader policy and environmental changes in health systems, churches, restaurants, grocery stores, and work sites, instead of focusing on the screening and treatment of people at high risk for certain conditions. Shifting attention to larger populations and settings, the study concluded, would help more people overall.

This change represented a major step in the NCCDPHP’s early path. The center also began working to expand its surveillance tools and prevention programs to address priority health conditions, risk factors, and populations.

For example, the NCCDPHP

- Set up the Youth Risk Behavior Surveillance System (YRBSS) to complement the adult-focused BRFSS.
- Created the Division of Cancer Prevention and Control (DCPC) and its major programs in breast and cervical cancer early detection, cancer registries, and comprehensive cancer control.
- Created the WISEWOMAN program to provide screening, referral, and lifestyle intervention services to disadvantaged women to help prevent heart disease and other chronic diseases.

- Created the Division of Oral Health (DOH).
- Published the first *Assisted Reproductive Technology Fertility Clinic Success Rates Report*.
- Partnered with the National Institutes of Health to create the National Diabetes Education Program (NDEP).
- Began a long-term partnership with *The Guide to Community Preventive Services*, which publishes the findings of systematic reviews designed to identify effective interventions.

Since 1991,
the National Breast
and Cervical Cancer Early
Detection Program has
diagnosed more than 56,000
breast cancers and 3,200
invasive cervical
cancers.



About NCCDPHP

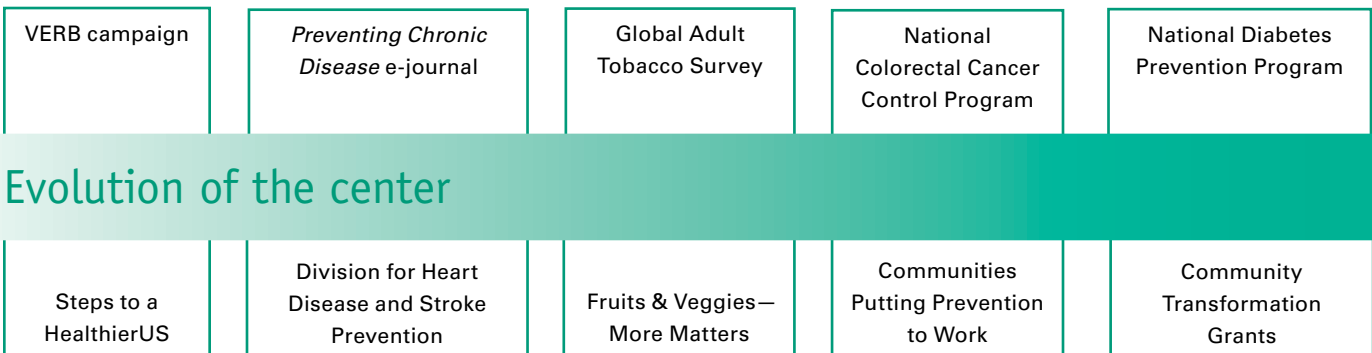
The Second 10 Years

In its second decade, the NCCDPHP expanded its support for community interventions by launching the Racial and Ethnic Approaches to Community Health (REACH) program and funding communities through the Steps to a HealthierUS program to improve nutrition, increase physical activity, and reduce tobacco use. The center also

- Created the Division for Heart Disease and Stroke Prevention (DHDSP).
- Created the Arthritis Program to improve the quality of life of people affected by arthritis.
- Funded states for obesity prevention for the first time.
- Set up new surveillance systems, including the Paul Coverdell National Acute Stroke Registry, the Global Tobacco Surveillance System, and the National Oral Health Surveillance System.
- Launched the School Health Index, an online self-assessment and planning tool for schools.
- Began publishing the electronic journal *Preventing Chronic Disease* to promote the exchange of information between researchers, practitioners, and policy makers.
- Conducted the 5-year VERB social marketing campaign to increase physical activity among young people.

- Led development of the first Surgeon General's Report on physical activity and the first *Physical Activity Guidelines for Americans*.
- Took over federal leadership of the 5 A Day for Better Health program, later renamed Fruits & Veggies—More Matters.

Since the 1970s, death rates for cardiovascular disease have been cut by more than half.



The Past 5 Years

During the most recent 5 years of its 25-year history, the NCCDPHP has played a major role in changing the way states and communities are working to prevent chronic disease and promote health. We are coordinating our efforts across many different disease and risk factor programs by focusing on common populations, strategies, and settings. Addressing these common factors in a coordinated way is critical to creating the greatest public health improvement with limited resources.

Our current efforts include recent grant programs designed to transform the way communities work across sectors and settings to prevent and control chronic diseases. For example, the historic Communities Putting Prevention to Work (CPPW) was an intensive 2-year initiative funded by the American Recovery and Reinvestment Act of 2009.

It built on the work of CDC's REACH and Steps to a HealthierUS programs and focused on broad-scale environmental improvements to achieve substantial and sustainable public health impacts. The CPPW initiative funded 44 communities to tackle obesity and

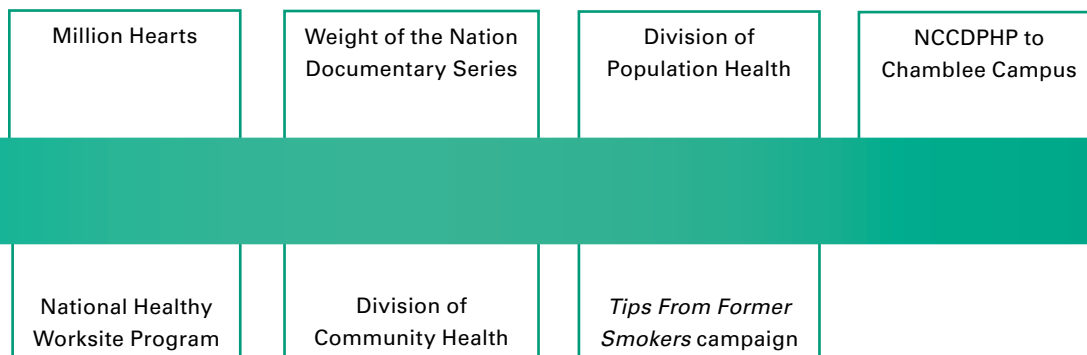
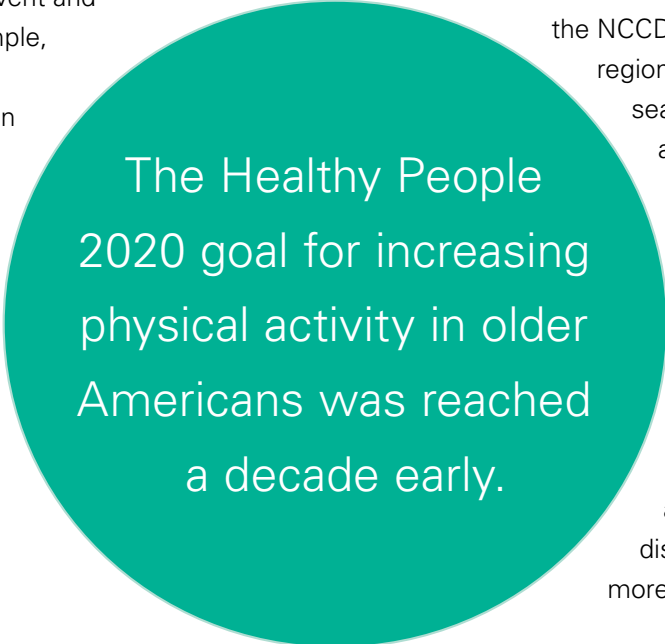
tobacco use.

In 2011, the center launched a new generation of healthy community interventions, the Community Transformation Grants (CTG), funded by the Prevention and Public Health Fund.

This grant program crystalized the NCCDPHP's approach of using policy, environmental, programmatic and infrastructure changes to improve community health and prevent and reduce the leading causes of death, disease, and disability.

To support a coordinated approach to preventing chronic disease and promoting health, the NCCDPHP has established regional teams to deliver seamless technical

assistance to states and communities. We also created two new divisions, the Division of Community Health (DCH) and the Division of Population Health (DPH), to help us connect programs and address multiple diseases and risk factors more efficiently.



The Past 5 Years (cont)

The center also launched the

- Epilepsy Program, a prototype for addressing low-prevalence conditions.
- National Colorectal Cancer Control Program.
- National Diabetes Prevention Program.
- Million Hearts, a national initiative to prevent 1 million heart attacks and strokes by 2017.
- National Healthy Worksite Program.
- *Tips from Former Smokers*, the first federally funded, paid national tobacco education media campaign.

All of these programs depend on multiple stakeholders and sectors—including health care providers, health insurance companies, community organizations, multiple federal and state government agencies, foundations, businesses, and employers—coming together to advance a public health goal.

As we reflect on the accomplishments of the past 25 years, the center is positioning itself to take full advantage of future opportunities in chronic disease prevention and health promotion. To achieve this goal, the center’s current structure includes nine divisions that address numerous chronic diseases and conditions.

During 2006–2012, school districts allowing soft drink advertising on school grounds decreased from 1 out of every 2 to 1 of 3. At the same time, districts requiring PE in elementary schools increased from 83% to 94%.

OFFICE ON SMOKING AND HEALTH

- National Tobacco Control Program
- Youth Tobacco Prevention
- Global Tobacco Control
- Tobacco Use Cessation
- Smoke-Free Environments

DIVISION OF REPRODUCTIVE HEALTH

- Women’s Reproductive Health
- Maternal/Pregnancy Health
- Teen Pregnancy Prevention
- Preterm Birth Prevention
- Sudden Unexpected Infant Death
- Global Reproductive Health

DIVISION OF POPULATION HEALTH

- School Health
- Coordinated Chronic Disease Prevention and Health Promotion
- Arthritis, Epilepsy, and Lupus
- BRFSS
- Healthy Aging
- Alcohol and Public Health
- Workplace Health
- Prevention Research Centers

National Center for Chronic Disease Prevention and Health Promotion

Divisions and Key Programs

DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY

State-Based Nutrition, Physical Activity, and Obesity Program
Physical Activity Promotion
Healthy Foods and Beverages
Micronutrient Malnutrition
Breastfeeding

DIVISION OF ORAL HEALTH

School-Based Dental Sealant Program
Community Water Fluoridation
National Oral Health Surveillance System

DIVISION OF CANCER PREVENTION AND CONTROL

Breast and Cervical Cancer Early Detection
Cancer Registries
Comprehensive Cancer Control
Colorectal Cancer Control

OFFICE OF THE DIRECTOR

Office of Science
Office of Communication Science
Office of Planning, Evaluation, and Legislation
Office of the Medical Director
Office of the Public Health Practice
Office of Informatics and Information Resource Management

DIVISION OF COMMUNITY HEALTH

Community Transformation Grants (CTG)
Racial and Ethnic Approaches to Community Health (REACH)

DIVISION OF DIABETES TRANSLATION

State-Based Diabetes Prevention and Control
National Diabetes Prevention Program
National Diabetes Education Program
Vision Health
Chronic Kidney Disease

DIVISION FOR HEART DISEASE AND STROKE PREVENTION

National Heart Disease and Stroke Prevention Program
Paul Coverdell National Acute Stroke Registry
WISEWOMAN
Sodium Reduction in Communities
Million Hearts

NCCDPHP's Vision, Mission, and Values

Vision

Healthy people in healthy communities.

Mission

To help people and communities prevent chronic diseases and promote health and wellness for all.

Values

We commit to

- Be a diligent steward of the funds entrusted to us.
- Provide an environment for intellectual and personal growth and integrity.
- Base all public health decisions on the highest quality scientific data, openly and objectively derived.
- Place the benefits to society above the benefits to the institution.
- Treat all people with dignity, honesty, and respect.

Thanks to Communities Putting Prevention to Work, 22 million Americans have better places to walk and bike, and 12 million people have better access to healthy foods.



A TIP FROM A
FORMER
SMOKER

**DON'T TELL PEOPLE
SMOKING IS BAD,
SHOW THEM.**

You can quit. Call 1-800-QUIT-NOW.



Tips Campaign, 2012

Since the first Surgeon General's Report, adult smoking rates have been cut by more than half.

During the first decade of the 2000s, 40% more schools adopted tobacco-free policies.

Since the late 1990s, youth smoking rates have been cut almost in half.

25 HEALTHY LIVING FOR ALL
YEARS

National Center for
Chronic Disease Prevention and Health Promotion

Four Domains of Chronic Disease Prevention and Health Promotion

The NCCDPHP is committed to leading strategic public health efforts to prevent chronic diseases and conditions, help people lead healthier lives, and end health disparities. To be more effective, the center is working to coordinate its efforts in four key areas or domains:

- Epidemiology and Surveillance.
- Environmental Approaches.
- Health System Strategies.
- Community-Clinical Links.

HOW THE FOUR DOMAINS DEFINE OUR WORK

Chronic diseases such as heart disease, cancer, stroke, diabetes, and arthritis are caused or made worse by many of the same risk factors and can be prevented or lessened by many of the same strategies and interventions. The NCCDPHP is working to create and sustain environments that will support and reinforce healthy behaviors and deliver effective prevention and control services in communities and in health care settings. Through these efforts, we can improve public health and reduce the high costs associated with chronic diseases.

The four domains are a way to think about and organize the work of the NCCDPHP. They help us organize and focus the critical work we've been doing for many years. At the same time, they can help us strengthen our programs and build expertise to address gaps in services. This framework helps us, our grantees, and our partners find new ways to work together and support each other's efforts.

The four domains help us focus on strategies that

- Collectively address the behaviors and other risk factors that can cause chronic diseases.
- Work to prevent and control multiple diseases and conditions at the same time.
- Reach more people by strengthening systems and environments to support health.

- Link community and health care efforts to prevent and control disease.

Many chronic disease programs are working to prevent and control specific diseases and risk factors. By working together to coordinate our efforts across multiple programs, we can more efficiently and effectively improve the health and quality of life of millions of Americans. The four domains offer a way of organizing our work that highlights shared strategies and opportunities to make real health improvements across a range of diseases, conditions, and risk factors.

During 2005–2010, adults who walked for exercise, transportation, or fun increased more than 10%.



WHAT WE DO

- Provide leadership and technical assistance
- Monitor chronic diseases, conditions, and risk factors
- Conduct and translate research and evaluation to enhance prevention
- Engage in health communication
- Develop sound public health policies
- Implement prevention strategies

WHO WE WORK WITH

- State, tribal, territorial, and local governments
- National, state, and local non-governmental organizations

WHERE WE DO IT

- Communities
- Workplaces
- Schools and academic institutions
- Health care settings
- Child care settings
- Faith organizations
- Homes

HOW WE DO IT—THE FOUR DOMAINS

EPIDEMIOLOGY AND SURVEILLANCE

Provide data and conduct research to guide, prioritize, deliver, and monitor programs and population health

ENVIRONMENTAL APPROACHES

Make healthy behaviors easier and more convenient for more people

HEALTH SYSTEM STRATEGIES

Improve delivery and use of quality clinical services to prevent disease, detect diseases early, and manage risk factors

COMMUNITY-CLINICAL LINKS

Ensure that people with or at high risk of chronic diseases have access to quality community resources to best manage their conditions

WHY WE DO IT

- Healthier environments
- Healthier behaviors
- Greater health equity
- Increased productivity
- Lower health care costs
- Increased life expectancy
- Improved quality of life

- LESS TOBACCO USE
- LESS OBESITY
- LESS HEART DISEASE AND STROKE
- LESS CANCER
- LESS DIABETES
- LESS ARTHRITIS
- MORE PHYSICAL ACTIVITY
- BETTER NUTRITION
- BETTER ORAL HEALTH
- HEALTHIER MOTHERS AND BABIES
- HEALTHIER KIDS



National Center for
Chronic Disease Prevention and Health Promotion

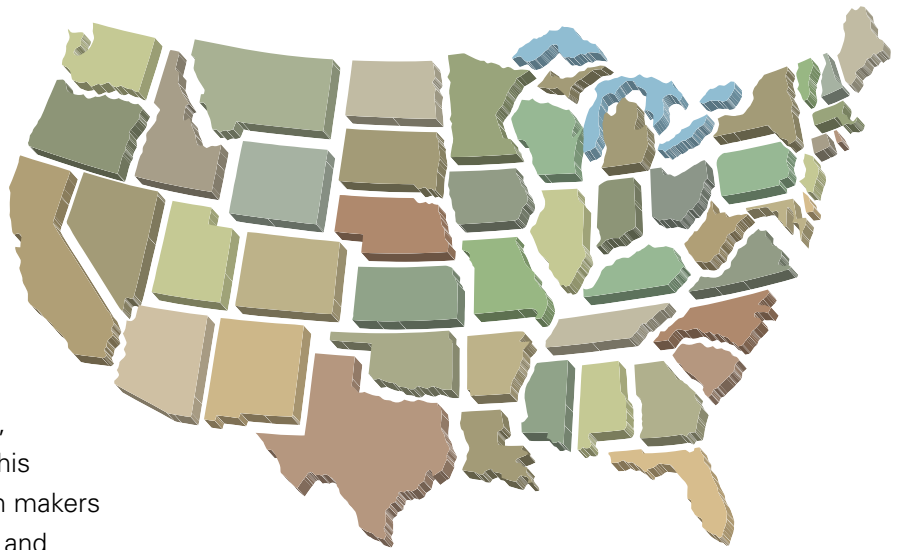
Domain 1: Epidemiology and Surveillance

Epidemiology and surveillance allow us to collect, analyze, and share data to help identify and solve problems and evaluate public health efforts. The data can be used to guide and monitor programs, policies, interventions, and research to improve public health.

With robust public health data and expertise in epidemiology and surveillance, we can track our progress in meeting health goals, identify gaps in program reach, and develop more effective interventions. This information can be used to educate decision makers and the public about the high rates of death and disability and the high health care costs associated with chronic diseases, what CDC is doing to prevent and control them, and where the unmet need is. It can also be used to identify what works and set priorities, so our efforts will be as effective as possible.

STRATEGIES TO ADVANCE OUR WORK

- Track chronic diseases and their risk factors and share the information in easy-to-use formats. Multiple data systems make up our surveillance work, including the BRFSS and PRAMS, birth and death certificates (from the National Vital Statistics System), registries of cancer cases and deaths (such as the National Program of Cancer Registries), and health care data (from Medicare data sets).
- Build skills in maternal and child health epidemiology and data collection in local areas by assigning maternal and child health epidemiologists and fellows from CDC to work with states and tribes.
- Monitor behavioral risk factors and social and environmental factors that influence health, as well as policies that affect chronic diseases, such as those related to smoke-free air, access to healthy foods, and community water fluoridation.



- Use health care data to conduct public health surveillance of key preventive services, such as cancer screening, the “ABCS” of heart disease and stroke prevention (aspirin, blood pressure, cholesterol, and smoking), and measures of diabetes control (e.g., A1C).
- Share data and information to quantify the health problems and financial costs associated with chronic diseases, identify unmet needs, show the effect of interventions, and support the efforts of policy makers and decision makers.

Pregnancy rates among US women aged 15–19 reached a record low in 2011.


Domain 2: Environmental Approaches

Environmental approaches promote health and support and reinforce healthy behaviors across the nation, in states and communities, and in settings such as schools, child care programs, work sites, and businesses.

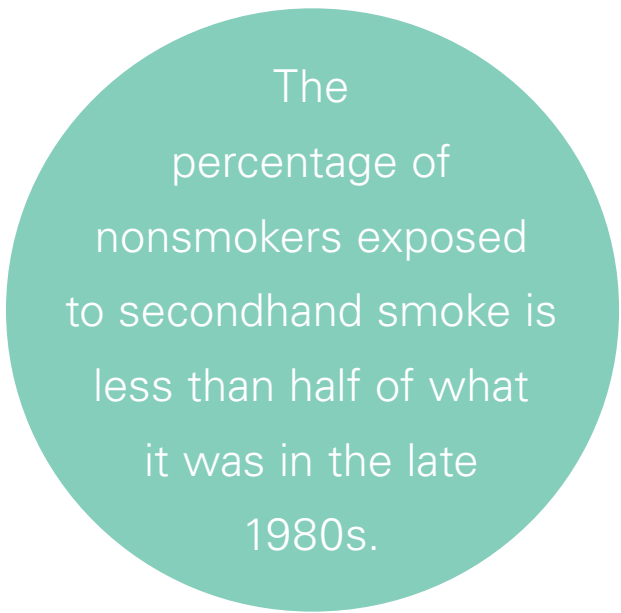
Changes to social and physical environments can make it easier for people to make healthy choices and take charge of their health. Approaches that change the environment reach more people, are more cost efficient, and are more likely to have a lasting effect on population health.

STRATEGIES TO ADVANCE OUR WORK

- Increase access to healthy foods and beverages through policies and programs that expand options in underserved areas, promote farmers' markets, and encourage restaurants to offer healthy menu items.
- Make sure all schools offer high-quality physical education and all child care programs follow national physical activity standards.
- Design streets and communities in ways that make it easier and safer for people to be physically active.
- Support smoke-free policies in public places, multi-unit housing (such as apartments or condominiums), work sites, and health care settings.
- Increase the number of people who are served by community water systems that have the best level of fluoride to prevent cavities.



More than 200 million Americans now receive optimally fluoridated water—100 million more people than in 1975.



The percentage of nonsmokers exposed to secondhand smoke is less than half of what it was in the late 1980s.

Domain 3: Health System Strategies

Health system strategies improve the delivery and use of clinical and other preventive services that are designed to prevent disease or detect it early, reduce risk factors, and manage complications.

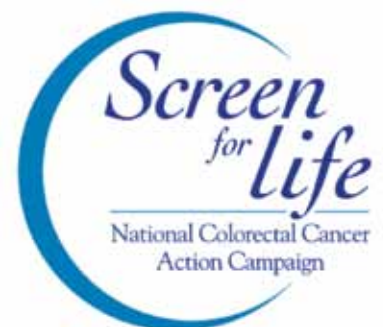
By helping health systems deliver services and manage risk factors more effectively, we can improve health outcomes and overall population health. Interventions that increase access to and build demand for quality preventive services can help reduce health disparities among population groups.

STRATEGIES TO ADVANCE OUR WORK

- Encourage policies that require reporting of key health outcomes, such as control of high blood pressure.
- Strengthen partnerships with state Medicaid programs and insurers to increase coverage for underserved populations.
- Support the use of health information technology systems, including electronic health records and clinician reminder and feedback systems, to more effectively manage the delivery of health services.
- Enhance the ability of perinatal care providers to work with public health professionals through state networks to improve pregnancy outcomes for women and infants.
- Increase the use of team-based care in health systems.

Since the mid-1990s, rates of diabetes-related end-stage renal disease have decreased 37% and hospitalization rates for foot amputations have declined 67%.

During 1990–2007, death rates from breast and cervical cancer decreased 2% or more each year.



Domain 4: Community-Clinical Links

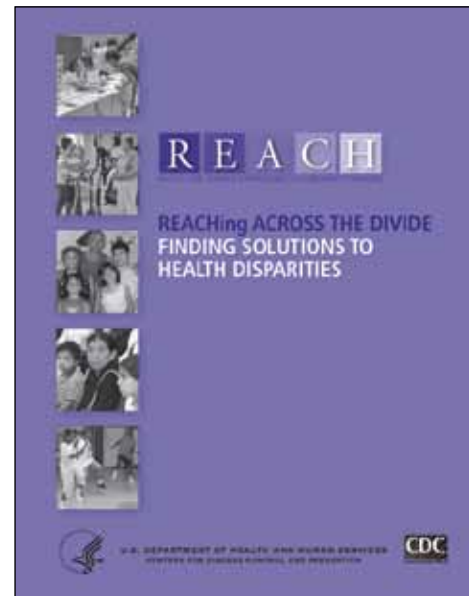
Strategies that link community and clinical services ensure that people with or at high risk of chronic diseases have access to the resources they need to prevent or manage these diseases.

These strategies emphasize approaches that reduce chronic diseases by helping people with or at high risk of chronic diseases better manage their conditions and take charge of their health. If people have the support they need to prevent or manage chronic diseases, they can improve their quality of life, delay the onset or progression of disease, avoid complications, and reduce the need for more health care.

Improved links between the community and clinical settings offer community delivery of proven programs, to which patients may be referred by a clinician, with third-party payments to community organizations and lay providers.

STRATEGIES TO ADVANCE OUR WORK

- Increase the use of effective community interventions—such as chronic disease self-management programs, the National Diabetes Prevention Program, and smoking cessation services—by making them widely available, ensuring that doctors refer their patients to them, and ensuring that they are covered by health insurance.
- Link existing public health services, such as tobacco quitlines, to health care systems.
- Partner with hospitals and health care providers to improve community and population health through use of community benefit investments and advocacy.
- Use health care data for public health surveillance (such as for cancer registries) and use community and population data to set health care goals and guide health care practices.
- Encourage more people working in health care positions—such as pharmacists, patient navigators, and community health workers—to get even more involved in helping people manage their own health.



More information about these strategies and others that support the NCCDPHP's four domains are presented on pages 18–21.

Chronic Disease Strategies by Topic Area

Chronic Disease Topic Area	Epidemiology and Surveillance	Environmental Approaches	Health System Strategies	Community-Clinical Links
Tobacco	<ul style="list-style-type: none"> • Surveillance of tobacco knowledge, attitudes, and behaviors among youth and adults (e.g., Adult Tobacco Survey, National Adult Tobacco Survey, Youth Tobacco Survey, National Youth Tobacco Survey). • Translation and sharing of data and information for action. • Surveillance and monitoring of policies and laws related to tobacco control. 	<ul style="list-style-type: none"> • Comprehensive tobacco control policies, such as <ul style="list-style-type: none"> ▫ Comprehensive smoke-free indoor air laws. ▫ Higher costs for tobacco products. ▫ Media campaigns to promote quitting and raise awareness. ▫ Zoning and tobacco vendor licensing and regulatory strategies to reduce access. ▫ Smoke-free policies on school campuses, in multi-unit housing, and in outdoor areas. 	<ul style="list-style-type: none"> • Access to cessation services and treatments, including insurance coverage for quitline coaching and cessation treatments. 	

TIPS FROM FORMER SMOKERS CAMPAIGN RESULTS

1.6 MILLION!
An estimated 1.6 million smokers **tried** to quit due to the Tips campaign.

6 MILLION!
Non-smokers **talked** with friends and family about the dangers of smoking.

300,000+
More than 300,000 years of life were **added** to the U.S. Population.

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

TIPS FROM FORMER SMOKERS

Chronic Disease Topic Area	Epidemiology and Surveillance	Environmental Approaches	Health System Strategies	Community-Clinical Links
Physical Activity	<ul style="list-style-type: none"> • Surveillance of behavioral risk factors and monitoring of environmental changes, policies, and laws related to physical activity. 	<ul style="list-style-type: none"> • Policies for the built environment to promote active transportation. Examples include policies that support Complete Street designs, health impact assessments, and programs that promote safe routes to school and walking and bicycling as modes of transportation. • Policies and environmental support for <ul style="list-style-type: none"> ◻ Daily, high-quality physical education in schools. ◻ Daily physical activity and standards in early care and education programs. ◻ Access to physical activity for employees through workplace wellness initiatives. • Comprehensive school policies to promote physical activity. 	<ul style="list-style-type: none"> • Access to information and counseling for physical activity through initiatives like Exercise is Medicine. • Promotion of physical activity consultation as a regular part of patient visits. 	
Reproductive Health	<ul style="list-style-type: none"> • Monitoring of risk factors, health behaviors, and chronic conditions of women before, during, and after pregnancy through PRAMS to improve health of mothers and infants by reducing adverse outcomes. • Surveillance of maternal deaths during and within 1 year of pregnancy to understand causes of pregnancy-related deaths and factors associated with these deaths. 	<ul style="list-style-type: none"> • Comprehensive reproductive and family planning services, including health insurance coverage for preventive services for women. 	<ul style="list-style-type: none"> • High-quality, accessible, and confidential family planning services, including safe and effective contraception, preconception, and interconception care. • Support of state Perinatal Quality Collaboratives, which are networks of perinatal care providers and public health professionals working together to improve quality of care and outcomes for pregnant women and their infants. • Support for programs to identify women at risk of adverse pregnancy outcomes and develop screening and intervention strategies to improve their health. 	<ul style="list-style-type: none"> • Effective outreach to populations at high risk to increase use of clinical and other preventive services that improve the health of women and reduce disparities. • Support for the Text4baby mobile information service to provide timely information to pregnant women and new mothers to help them improve their health and the health of their infants.

Chronic Disease Strategies by Topic Area

Chronic Disease Topic Area	Epidemiology and Surveillance	Environmental Approaches	Health System Strategies	Community-Clinical Links
<p>Heart Disease, Cancer, Stroke, Diabetes, Arthritis, and Obesity</p>	<ul style="list-style-type: none"> Monitoring of risk factors and chronic conditions of interest through surveillance systems such as the BRFSS and NPCR. Use of resulting data to quickly share information, describe comorbidities, and guide state and local public health action. 	<ul style="list-style-type: none"> Comprehensive workplace wellness programs, including health insurance coverage for preventive services. Policies that expand the scope of work for allied health professionals (e.g., pharmacists, nurses) so they can help doctors manage patients with heart disease, cancer, stroke, and diabetes. Reimbursement policies for community health workers so they can help people manage chronic conditions such as heart disease, stroke, and diabetes. 	<ul style="list-style-type: none"> Organized systems of care to deliver high-quality clinical and other preventive services. For example, <ul style="list-style-type: none"> Electronic health records that link with disease registries, decision-support systems, and electronic reminders. Team-based care. Population care across panel of patients. Systems that ensure proper follow-up of abnormal screening tests and timely treatment. Patient-centered medical homes. Access to and high rates of use of high-quality screening for breast, cervical, and colorectal cancer. Health care information systems with automated systems to prompt doctors or send patient reminder letters for screening tests and follow-up counseling. Quality assurance to improve clinical care for cancer screening and control of patients' high blood pressure, high cholesterol, and high blood sugar levels, as well as their body mass index and tobacco use. Coverage and reimbursement for diabetes self-management education (DSME), chronic disease self-management (CDSM), and diabetes prevention programs. For example, reduced patient insurance copayments and other out-of-pocket costs for preventive services and diabetes testing supplies and higher coverage rates for self-management education. 	<ul style="list-style-type: none"> Available and accessible self-management education programs for arthritis, diabetes, and other chronic diseases, including physical activity programs. Use of allied health professionals to improve management of patients' high blood pressure, high cholesterol, and high blood sugar levels (e.g., the pharmacist model). Access to sustainable, evidence-based lifestyle interventions to prevent or delay onset of type 2 diabetes among people at high risk. Systems to increase provider referrals of people with prediabetes or multiple diabetes risk factors to effective lifestyle intervention programs. Provision of DSME and CDSM programs to reach populations at risk in community settings. Use of community health workers to help people control high blood pressure, high cholesterol, and high blood sugar levels. Effective outreach to increase use of clinical and other preventive services among more people. Guidelines and systems within clinical care and community settings to address cancer survivorship by ensuring appropriate follow-up care and promoting lifestyle interventions to reduce risk for recurrence.

Chronic Disease Topic Area	Epidemiology and Surveillance	Environmental Approaches	Health System Strategies	Community-Clinical Links
Nutrition	<ul style="list-style-type: none"> • Surveillance of behavioral risk factors and monitoring of environmental changes, policies, and laws related to healthy nutrition. 	<ul style="list-style-type: none"> • Nutrition standards for foods and beverages offered onsite in state agencies, local and tribal governments, private businesses, schools, and early care and education programs. • Accessible, available, and affordable healthy foods in communities, through full-service grocery stores, farmers' markets, small store initiatives, mobile vending carts, farm-to-school programs, salad bar initiatives, and restaurant initiatives. • Comprehensive school policies to promote healthy nutrition, such as <ul style="list-style-type: none"> ▫ Implementing Institute of Medicine recommendations on competitive foods. ▫ Prohibiting sale of certain competitive foods. ▫ Offering drinking water free throughout the day. 	<ul style="list-style-type: none"> • Breastfeeding policies in birthing hospitals that follow the recommendations of the Baby-Friendly Hospital Initiative and implement the Ten Steps to Successful Breastfeeding. 	
Alcohol		<ul style="list-style-type: none"> • Limiting the relative number of alcohol outlets in communities. • Better enforcement of laws that prohibit sales to minors. • Higher alcohol prices. 		
Oral Health	<ul style="list-style-type: none"> • Collection, use, and sharing of data on oral diseases and use of preventive oral health services. 	<ul style="list-style-type: none"> • Access to community water fluoridation. • Modification of state laws to expand the scope of work that dental hygienists can perform. 	<ul style="list-style-type: none"> • Access to clinical and preventive oral health services. 	<ul style="list-style-type: none"> • Access to school-based dental sealant programs.



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