The Pillars of Building a Healthy Community:

Health Care Providers

Physical Activity

Physical activity is the cornerstone of healthy lifestyles. Regular physical activity helps improve overall health and fitness, and reduces the risk for many chronic diseases.

Reduces Risk of Cardiovascular Disease
Heart disease and stroke are two of the leading causes of death in the United States. But getting at least 150 minutes a week of moderate-intensity aerobic activity can lower the risk for these diseases. Regular physical activity can also lower blood pressure and improve cholesterol levels.

Reduces Risk of Type 2 Diabetes and Metabolic Syndrome
Regular physical activity can reduce the risk of developing type 2 diabetes and metabolic syndrome. Research shows that lower rates of these conditions are seen with 120 to 150 minutes (2 hours to 2 hours and 30 minutes) a week of at least moderate-intensity aerobic activity. And the more physical activity you do, the lower your risk will be.

Reduces Risk of Some Cancers
Being physically active lowers the risk for two types of cancer: colon and breast. Research shows that:
- Physically active people have a lower risk of colon cancer than do people who are not active.
- Physically active women have a lower risk of breast cancer than do people who are not active.

Although the research is not yet final, some findings suggest that the risk of endometrial cancer and lung cancer may be lower with regular physical activity. And, if you are a cancer survivor, research shows that getting regular physical activity not only helps give you a better quality of life, but also improves your physical fitness.

Increase Chances of Living Longer

Science shows that physical activity can reduce the risk of dying early from the leading causes of death, like heart disease and some cancers. This is remarkable in two ways:

1. Only a few lifestyle choices have as large an impact on your health as physical activity. People who are physically active for about 7 hours a week have a 40 percent lower risk of dying early than those who are active for less than 30 minutes a week.
2. You don't have to do high amounts of activity or vigorous-intensity activity to reduce your risk of premature death. You can put yourself at lower risk of dying early by doing at least 150 minutes a week of moderate-intensity aerobic activity.

To what extent does the institution/organization encourage **Physical Activity**	Policy	Environment	Notes
1. Promote stairwell use (e.g., make stairs appealing, post motivational signs near stairs to encourage physical activity) to patients, visitors, and staff?			
2. Assess patients' physical activity as part of a written checklist or screening used in all routine office visits?			
3. Provide regular counseling about the health value of physical activity during all routine office visits?			
4. Implement a referral system to help patients access community-based resources or services for physical activity?			

Nutrition

Nourishing food helps build healthy bodies. Short, tall, thin, fat, young, old – we all need healthy food every day to prevent illness and promote wellness.

Healthy Lifestyles

A healthy lifestyle involves many choices. Among them, choosing a balanced diet or eating plan.

- Healthy diets rich in fruits and vegetables may reduce the risk of cancer and other chronic diseases.
- Fruits and vegetables also provide essential vitamins and minerals, fiber, and other substances that are important for good health.
- Most fruits and vegetables are naturally low in fat and calories and are filling.

Breastfeeding

The best start for a baby is aligned with their early nutrition. Both babies and mothers gain many benefits from breastfeeding.

More Matters

Fruits and vegetables are sources of many vitamins, minerals and other natural substances that may help protect you from chronic diseases. Eating fruits and vegetables of different colors gives your body a wide range of valuable nutrients, like fiber, folate, potassium, and vitamins A and C.

Weight Control

The key to achieving and maintaining a healthy weight isn't about short-term dietary changes. It's about a lifestyle that includes healthy eating, regular physical activity, and balancing the number of calories you consume with the number of calories your body uses.

To what extent does the institution/organization encourage **Nutrition**	Policy	Environment	Notes
1. Implement <u>breastfeeding initiative</u> for future or current moms?			
2. Assess patients' nutrition as part of a written checklist or screening used in all routine office visits?			
3. Provide regular counseling about the health value of good nutrition during all routine office visits?			
4. Provide free or low cost weight management or nutrition programs?			
5. Implement a referral system to help patients access community-based resources or services for nutrition?			
6. Institute <u>healthy food and beverage options</u> in vending machines?			
7. Institute <u>healthy food and beverage options</u> served to their patients?			
8. Institute <u>healthy food and beverage options</u> in the onsite cafeteria and food venues?			
9. Institute <u>pricing strategies</u> that encourage the purchase of <u>healthy food and beverage options</u>?			
10. Institute healthy food purchasing (e.g., to reduce the caloric, sodium, and fat content of foods offered) for cafeteria and onsite food venues?			
11. Institute healthy food preparation practices (e.g., steaming, low fat, low salt, limiting frying) in onsite cafeteria and food venues?			
12. Institute nutritional labeling (e.g., 'low fat,' 'light,' 'heart healthy,' 'no trans fat') at the onsite cafeteria and food venues?			
13. Ban marketing (e.g., counter advertisements, posters, other print materials) of less than healthy foods and beverages onsite?			
14. Provide smaller <u>portion sizes</u> in onsite cafeteria and food venues?			

Tobacco

Creating tobacco-free communities will take a community-wide effort. Each of us can play a role in preventing our children from being exposed to tobacco products.

Smoking causes coronary heart disease, the leading cause of death in the United States. Cigarette smokers are 2–4 times more likely to develop coronary heart disease than nonsmokers.

Cigarette smoking approximately doubles a person's risk for stroke.

Cigarette smoking causes reduced circulation by narrowing the blood vessels (arteries). People who smoke have a much greater risk of developing peripheral vascular disease than nonsmokers.

Smoking causes abdominal aortic aneurysm.

Secondhand smoke exposure causes heart disease and lung cancer in nonsmoking adults.

Nonsmokers who are exposed to **secondhand smoke** at home or work increase their heart disease risk by 25–30% and their lung cancer risk by 20–30%.

Breathing **secondhand smoke** has immediate harmful effects on the cardiovascular system that can increase the risk of heart attack. People who already have heart disease are at especially high risk.

The risk of developing **lung cancer** is about 23 times higher among men who smoke cigarettes and about 13 times higher among women who smoke cigarettes compared with never smokers.

Cigarette smoking increases the risk for many types of cancer, including cancers of the lip, oral cavity, pharynx, esophagus, pancreas, larynx (voice box), lung, uterine cervix, urinary bladder, and kidney.

Rates of **cancers related to cigarette** smoking vary widely among members of racial/ethnic groups but are highest among African-American men.

To what extent does the institution/organization discourage **Tobacco Use**	Policy	Environment	Notes
1. Institute a smoke-free policy 24/7 for indoor public places?			
2. Institute a tobacco-free policy 24/7 for indoor public places?			
3. Institute a smoke-free policy 24/7 for outdoor public places?			
4. Institute a tobacco-free policy 24/7 for outdoor public places?			
5. Assess patients' tobacco use as part of written checklist or screening used in all routine office visits?			
6. Assess patients' exposure to tobacco smoke as part of written checklist or screening used in all routine office visits?			
7. Provide regular counseling about the harm of tobacco use and exposure during all routine office visits?			
8. Implement a referral system to help patients access tobacco cessation resources and services, such as a quitline (e.g., 1-800-QUIT-NOW)?			
9. Provide access to free or low cost pharmacological quitting aids for their patients?			
10. Implement a provider-reminder system to assess, advise, track, and monitor tobacco use?			

Chronic Disease Management

With almost half the adult population living with a chronic disease, it supports an organizational mission to provide resources to our community to help manage these conditions.

Stroke is a leading cause of death in the United States. Over 800,000 people die in the U.S. each year from cardiovascular disease and strokes. Stroke can cause death or significant disability, such as paralysis, speech difficulties, and emotional problems. Some new treatments can reduce stroke damage if patients get medical care soon after symptoms begin. When a stroke happens, it is important to recognize the symptoms, call 9-1-1 right away, and get to a hospital quickly.

The most common type of **heart disease** is coronary artery disease (CAD), which can lead to heart attack. If you have a heart attack, you are more likely to survive if you know the signs and symptoms, call 9-1-1 right away, and get to a hospital quickly. People who have had a heart attack can also reduce the risk of future heart attacks or strokes by making lifestyle changes and taking medication.

Cardiovascular disease is the leading cause of early death among people with **diabetes**. Adults with diabetes are two to four times more likely than people without diabetes to die of heart disease or experience a stroke. Also, about 70% of people with diabetes have high blood pressure, a risk factor for cardiovascular disease.

To what extent does the institution/organization provide **Chronic Disease Management**	Policy	Environment	Notes
1. Implement a referral system to help patients access community-based resources or services for chronic disease management?			
2. Provide routine follow-up counseling and education to patients to help address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, hypertension, high cholesterol, elevated blood sugar levels, tobacco use and exposure)?			
3. Provide screening for chronic diseases in adults with risk factors?			
4. Measure weight and height, and calculate appropriate body mass index (BMI) for every patient at each visit?			
5. Adopt a plan or process to increase patient adherence to chronic disease (e.g., cardiovascular disease, diabetes) treatment?			
6. Institute a systematic approach to the processes of diabetes care?			
7. Institute the latest emergency heart disease and stroke treatment guidelines (e.g., Joint National Committee 7, American Heart Association)?			
8. Provide access to resources and training for using a stroke rating scale?			
9. Provide specialized stroke care units?			
10. Provide specialized heart disease units?			

Leadership

The leadership of an organization in the community has significant impact on the direction of the policies and environment created for those that are served. Depending on the structure of your organization, it could be the decisions of the Board of Directors or the CEO.   And while some community organizations can make quick decisions about the mission statement or the contents of the vending machines, for others, it will take many meetings and months to move proposed changes through the system. The important thing is to identify areas of potential improvement to support health and healthy behaviors, put them on the agenda, and start the process moving in the right direction. We cannot build a healthy community without your support.

To what extent does the institution/organization leverage **Leadership**	Policy	Environment	Notes
1. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?			
2. Participate in the public policy process to highlight the need for community changes to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?			
3. Enhance access to childhood overweight prevention and treatment services to reduce health disparities?			
4. Promote high standards of modifiable risk factor (e.g., poor nutrition, physical inactivity, tobacco use and exposure) practice to healthcare and provider associations?			
5. Institute standardized treatment and prevention protocols that are consistent with national evidence-based guidelines to prevent heart disease, stroke, and related risk factors?			
6. Institute an electronic medical records system and patient data registries to provide immediate feedback on a patient's condition and compliance with the treatment regimen?			
7. Adopt the Chronic Care Model in hospitals?			
8. Provide patient services using provider care teams that cross specialties (e.g., physician/pharmacist teams)?			
9. Provide access to medical services outside of regular working hours (e.g., late evenings, weekends)?			
10. Promote collaboration between health care professionals (e.g., physicians and specialists) for managing chronic diseases (e.g., cardiovascular disease, diabetes)?			
11. Partner with community agencies to provide free or low cost chronic disease health screenings, follow-up counseling, and education for those at risk?			
12. Institute annual cultural competence training for all health workers for optimal care of all patients (regardless of their race/ethnicity, culture, or background)?			

-Glossary of Terms-

1. **Active Time:** Engaging in physical activity that is moderately to vigorously active, and equal in intensity to (or more strenuous than) fast walking.

2. **American Heart Association (AHA):** Is a national voluntary health agency whose mission encompasses: "Building healthier lives free of cardiovascular diseases and stroke." AHA treatment guidelines can be found at: http://www.americanheart.org/presenter.jhtml?identifier=3004546.

3. **Americans with Disabilities Act**: Gives civil rights protection to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications.

4. **Community Garden Initiatives**: The process of growing, processing, and distributing food in and around cities and suburbs or urban agriculture provides individuals and families with many benefits. Advantages of urban agriculture include an alternative source of fresh produce, improved life satisfaction, and a way to preserve cultural identity and traditions. Most importantly, community gardening and urban farming have the potential to provide a supplemental source of fruits and vegetables. Urban agriculture may be done on land owned by a community group, institution, municipality, land trust, or some other entity. Food grown on these plots can be kept for personal consumption or used to procure supplemental income. Additional benefits of urban agriculture beyond food provision include building job skills, improving self-esteem, and contributing to community revitalization. Characteristics of community gardening initiatives comprise: land and supply procurement; organization of participants; reduction of barriers to fresh produce; production of primary or alternative source of fresh produce; and entrepreneurial gardens.

5. **Community Gardens**: Empower people to supplement their food supply by growing it themselves. Community gardening stimulates social interaction, encourages self-reliance, truly beautifies neighborhoods and produces nutritious foods, while reducing family food budgets. Each garden is an autonomous neighborhood-based effort where community members share work and responsibility.

6. **Culturally and Linguistically Appropriate**: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable effective work in cross-cultural and multi-lingual situations.

7. **Environmental Changes:** Alterations or changes to physical, social, or economic environments designed to influence people's practices and behaviors.   Examples include:
   a. Physical: Structural changes or the presence of programs or services, including the presence of healthy food choices in restaurants or cafeterias, improvements in the built environment to promote walking (e.g., walking paths), the availability of

smoking cessation services to patients or workers, and the presence of comprehensive school health education curricula in schools.

b. Social: A positive change in attitudes or behavior about policies that promote health or an increase in supportive attitudes regarding a health practice, including an increase in favorable attitudes community decision makers have about the importance of nonsmoking policies or an increase in non-acceptance of exposure to secondhand smoke from the general public.

c. Economic: The presence of financial disincentives or incentives to encourage a desired behavior, including paying higher prices for tobacco products to decrease their use or the provision of nonsmoker health insurance discounts to encourage smoking cessation.

8. **Health Disparities**: Are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.

9. **Incentive:** Any factor (financial or non-financial) that provides a motive for a particular course of action, or counts as a reason for preferring one choice to the alternatives. Examples are: certificates of appreciation or certificates of participation in the program, movie passes, transportation passes or tokens, phone cards, meal certificates, and/or cash.

10. **In-kind Contributions**: A non-cash input that can be given as a cash value. Examples of in-kind contributions include: 1) a local community "loans" a school or a church to a literacy program for classroom space; 2) a government agency donates some paper to print books; 3) a consultant donates his time to your program; 4) a taxi company donates the use of its taxis at no cost or at a cost below market.

11. **Minimal Nutritional Foods:** Foods of minimal nutritional value as identified by the Secretary of the USDA and federal regulations governing the National School Lunch Program and School Breakfast Program include: soda water, water ices, chewing gum, hard candy, jellies and gums, marshmallow candies, fondant, licorice, spun candy, and candy coated popcorn.

12. **Policy**: Laws, regulations, rules, protocols, and procedures, designed to guide or influence behavior. Policies can be either legislative or organizational in nature. Policies often mandate environmental changes and increase the likelihood that they will become more permanent (institutionalized or sustainable). Examples of legislative policies include taxes on tobacco products, provision of county or city public land for green spaces or farmers' markets, or clean indoor air laws. Examples of organizational policies include menu labeling in restaurants, required quality assurance protocols or practices (e.g., clinical care processes), or a human resources policy that requires healthy foods to be served at meetings.

13. **Poverty:** The U.S. Census Bureau, with support from other federal agencies, created the Small Area Income and Poverty Estimates (SAIPE) program to provide more current estimates of selected income and poverty statistics than the most recent decennial census. Estimates are created for states, counties, and school districts. The percentage of individuals living below the poverty level can be

obtained from the SAIPE at: http://www.census.gov/housing/saipe/estmod03/est03ALL.xls
http://www.census.gov/hhes/www/saipe/tables.html.

14. **Reasonable walking distance**: One mile is considered a reasonable distance to walk.

15. **Strategies:** Means by which policy, programs, and practices are put into effect as population-based approaches (e.g., offering healthy food and beverage options in vending machines at schools, implement activity breaks for meetings longer than one hour) versus individual-based approaches (e.g., health fairs, cooking classes).

16. **Subsidized Membership**: A free or reduced-price membership, which is fully and/or partially financially supported by the employer.

17. **Tobacco company subsidiary food products:** Products made by companies controlled or owned by another tobacco company. For example, food or beverage products that are manufactured by a company that is owned and/or controlled by a tobacco company.

18. **Tobacco Free Policy 24/7**: All tobacco products, such as cigarettes, cigars, and chewing tobacco, are prohibited around the clock to be used by anyone inside and/or outside buildings, at sponsored events (on- or off- grounds), and within all vehicles.

19. **Underserved Areas**: Areas without availability of services and/or barriers to the use of available services.

20. **Walk to School Initiative**: A community-based program (e.g., *Safe Routes to School*) that aims to increase opportunities for daily physical activity by encouraging children to walk to and from school in groups accompanied by adults. At the same time, the program advocates for communities to build partnerships with the school, PTA, local police department, department of public works, civic associations, local politicians, and businesses to create an environment that is supportive of walking and bicycling to school safely.