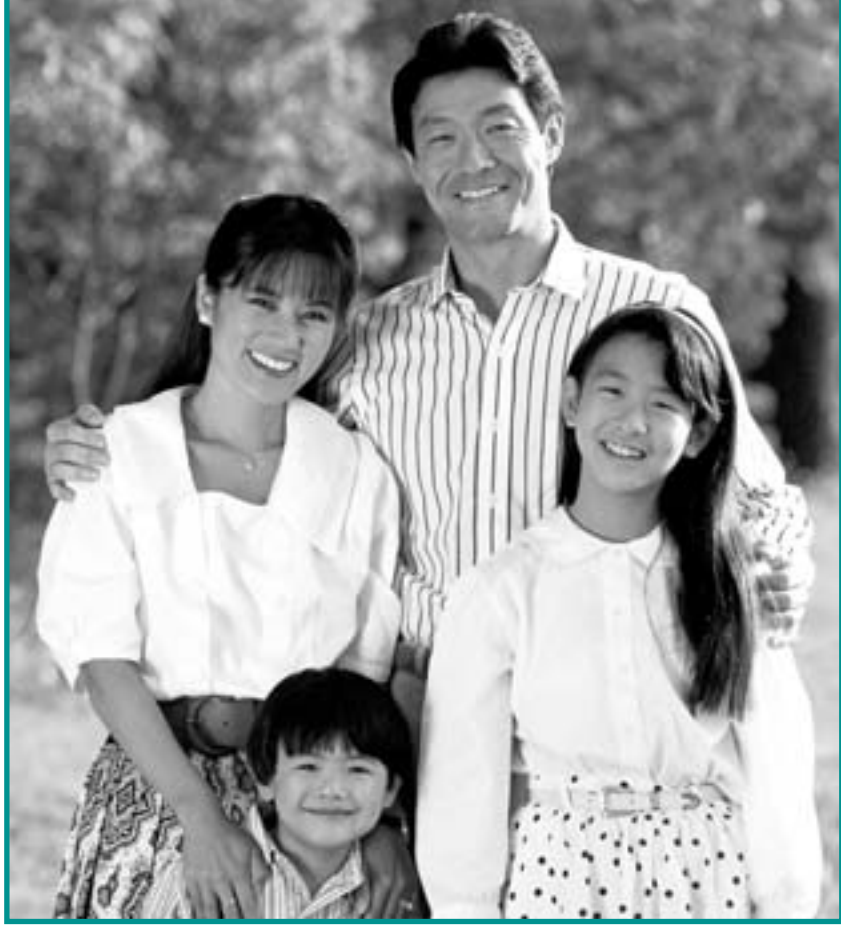


Block Grants

Preventing Chronic Disease



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Exercising Native Traditions in Alaska

Public Health Problem

Inactivity and poor dietary habits are responsible for extremely high rates of overweight in Alaska and lead to many health problems, including high rates of diabetes and cardiovascular disease. More than 63% of Alaskan adults are overweight or obese, according to the state's 2000 and 2001 Behavioral Risk Factor Surveys. More than 21% of Alaskan adults are not physically active, and more than 76% do not consume the recommended five servings of fruits and vegetables a day. Weight problems are especially a problem during youth, a critical time when diet and activity behaviors and patterns begin to form. About 44% of southeast Alaskan young people are overweight compared with 10% of U.S. young people, according to the SouthEast Alaska Regional Health Consortium (SEARHC).

Program Example

The Exercising Native Traditions program, funded by the Preventive Health and Health Services Block Grant, inspires Alaska Native adolescents and adults in Juneau to adopt a more active lifestyle and make healthy eating choices. The four-part program encourages activities that are an integral part of the traditional native lifestyle. The program has involved 300 Alaska Native young people and adults in Native canoeing as a traditional way to be physically active during the summers. The program has also involved Alaska Native young people and adults in a variety of culturally oriented physical activities and offers an educational and media campaign, based on cultural traditions, to promote physical activity among Alaska Natives. The program is increasing the number of young people and adults who eat at least five servings of fruits and vegetables a day.

Implications and Impact

The Exercising Native Traditions program is making a significant contribution to Alaska's efforts to increase physical activity and reduce overweight and obesity. SEARHC recently completed a survey to identify culturally appropriate physical activity preferences for targeted populations. Swimming and walking were identified as two top-preference activities. On the basis of the survey findings, SEARHC sponsored swimming pool sessions for 104 young people and adults, developed and sponsored native drumming and dance sessions for 27 young people and adults, and developed and conducted the Traditional Canoe Racing project. Elders have expressed how proud they are to see this traditional activity being revitalized. Moreover, during the 5 A Day media campaign, the program provided nutrition education and healthy snacks to 400 young people and 50 adults. Exercising Native Traditions is one of several programs that are helping the state achieve its *Healthy People 2010* goal of reaching at least 50% of the population with strong health promotion and health education programs by 2005.

Contact Information

Alaska Department of Health and Social Services • Division of Public Health • Block Grant Coordinator
350 Main Street, Room 508 • Juneau, Alaska 99801
Phone: (907) 465-5729 • Web site: <http://health.hss.state.ak.us/>



Limiting the Sun, Not the Fun Through the SunWise Program

Public Health Problem

In Arizona, melanoma has increased 150% since 1973, and deaths from melanoma have increased 44%. Skin cancer is the most common type of cancer in America, and rates of skin cancer incidence in Arizona are triple the national average. Nationwide, children as young as 11 years old are being diagnosed with deadly skin cancers. Just one blistering sunburn during childhood is estimated to double the risk of getting melanoma later in life, according to the Skin Cancer Foundation.

Program Example

Arizona is the first state in the nation to provide a staff person to administer the SunWise program, funded by the Preventive Health and Health Services Block Grant. Presented in both English and Spanish, the SunWise curriculum is free to educators and teaches children in grades K–8 how to protect themselves from overexposure to the sun. The program increases student and teacher awareness of sun protective behaviors through activities such as the statewide poster contest. The goal is to increase students' ability to practice health-enhancing behaviors to further reduce their health risk for overexposure to the sun at home and at school. The program provides children with scientific knowledge and helps them to better understand environmental concepts related to sun protection.

Implications and Impact

More than 400 schools statewide have enrolled in the SunWise program since February 2003, and 12,000 children have completed SunWise activities. Program staff have met with more than 11,000 children to teach sun safety. In addition, extensive partnerships have been created throughout the state, and more than 3,000 students submitted entries in a statewide SunWise poster contest. Measuring the effectiveness of the SunWise program will be a challenge, given the long amount of time between overexposure to the sun and the onset of UV-related health effects; however, changes in children's attitudes and knowledge can be measured. In 2004, the state will release results of an evaluation involving 2,000 Arizona schoolchildren to determine their attitudes about a variety of factors, including sunscreen use, tanning practices, and knowledge of sun protection practices.



California

Expanding People's Access to Fluoridated Water to Prevent Dental Decay

Public Health Problem

More than half of all school-aged children in California have untreated tooth decay. The percentage of California children aged 6–8 years with untreated decay is more than twice as high as the national average. More than 1 of every 5 of California 10th graders urgently need dental care for extensive decay, pain, or infection. Dental decay is a problem that starts at an early age: almost one-third of California preschoolers and more than two-thirds of elementary and high schoolchildren have experienced dental decay. Just 3 years ago, with only 17% of its water fluoridated, California ranked 48th among the states in the percentage of its residents having access to fluoridated drinking water. Almost 1 billion dollars is spent annually in the federal Medicaid dental program, known as Denti-Cal, to restore teeth due to decay in children and adults.

Program Example

The California Fluoridation Implementation Project is administered by the California Department of Health Services. The program provides consultation and technical assistance to communities interested in fluoridating their drinking water and includes a public-private partnership to help communities obtain funds for these efforts. Preventive Health and Health Services Block Grant funds were used as leverage to obtain \$15 million dollars in funding from the California Endowment to carry out this program. Program goals are to improve youths' access to dental care and preventive dental programs, promote statewide fluoridation efforts, and strengthen the public sector's capacity to fluoridate water supplies. The program has been instrumental in fluoridating water in Los Angeles, Sacramento, Mountain View, and Pico Rivera. Program staff have worked with the second largest water wholesaler in California, the San Francisco Public Utilities Commission, to provide fluoridated water to an additional 400,000 people. In addition, the largest private water wholesaler in the United States, the Metropolitan Water District of Southern California, voted to fluoridate its 5 treatment plants, thus providing fluoridated water to an additional 18 million Californians.

Implications and Impact

Given this program's success, the percentage of Californians with access to fluoridated drinking water is projected to increase from 17% (6 million residents) to an estimated 66% (23 million residents) by early 2006. These fluoridation efforts will move California from 48th in the nation to the top third and will bring the state closer to the *Healthy People 2010* goal of 75% of Californians having access to fluoridated drinking water.

Contact Information

California Department of Health Services • Preventive Health and Health Services Block Grant Coordinator
 P. O. Box 942732 • Sacramento, California 94234-7320
 Phone: (916) 552-9960 • Web site: <http://www.californiateenhealth.org/>



Applying Proven Methods to Increase Heart-Healthy Behaviors

Public Health Problem

In Ohio, rates of death caused by chronic diseases are among the highest in the nation. Rates of tobacco use, obesity, poor dietary habits, and lack of physical activity—all risk factors for chronic diseases—are also high in this state. Eighty-three percent of Ohio adults reported having at least one modifiable risk factor for cardiovascular disease, and nearly 80% reported having two or more modifiable risk factors. Data from the state's 2000 Behavioral Risk Factor Survey indicate that nearly 79% of people in Ohio have poor dietary habits, 60% have a sedentary lifestyle, more than 26% smoke cigarettes, and nearly 22% are obese.

Program Example

Healthy Ohioans, funded in part by Preventive Health and Health Services Block Grant funds, is a statewide health and wellness program that addresses lifestyle risk factors such as obesity, tobacco use, and lack of physical activity. The program uses proven social marketing methods to identify high-need communities: those communities that have heart disease death rates significantly higher than the national average and high concentrations of residents living in poverty. For example, 7 urban projects have populations of more than 250,000 and substantial numbers of impoverished people. In addition, 14 rural and suburban regional projects cover a total of 35 counties, including 22 high-need counties. Health communication tools and principles are used to disseminate health messages that encourage healthy behaviors by creating awareness, changing attitudes, and motivating individuals to adopt recommended behaviors.

Implications and Impact

The Heart Health project is one of the most successful projects within the Healthy Ohioans program. In 2003, the program reached 21 projects and covered 42 counties. As a result of the Heart Health project, seven communities have established new walking paths. One community has reclaimed and opened an urban park that had been closed for 20 years. A unique barbershop program in inner-city Cleveland targeting African American men has trained barbers to talk with customers about high blood pressure. Screenings are held monthly for barbershop patrons. The barbershops and the Heart Health messages were promoted to Cleveland residents via 361 media spots. In northwest Ohio, Henry County has established a partnership with a local food vending machine company that covers 11 counties and 100 work sites. The vendor has labeled appropriate items with 5 A Day or Heart Healthy stickers. To date, sales of the 5 A Day items have increased by 15% and the Heart Healthy items by 80%.

Rhode Island



Changing Policy and the Environment, Using Prompts to Promote Healthy Eating and Physical Activity

Public Health Problem

In 2000, 17% of Rhode Island adults were obese, compared with 20% of adults nationally. These numbers are up from 10% in Rhode Island and 13% for the nation in 1991. Although poor nutrition is not the only factor contributing to overweight and obesity, it contributes to chronic diseases such as diabetes, heart disease, stroke, and some forms of cancer. Overweight and obese adults also are at higher risk for musculoskeletal disorders, work disability, and sleep apnea. Overweight and obesity cost Americans an estimated \$117 million per year, and this figure is expected to increase at 14% per year.

Program Example

To expand health promotion and disease prevention efforts statewide, the Rhode Island Department of Health formed the Rhode to Health Coalition, a partnership that includes the health department and 16 hospitals. The coalition created a powerful and practical idea—a chart known as the Fast Food Prompt, which compares high-calorie versus low-calorie items for seven national fast food chains. The chart is designed to fit neatly over the visor of an automobile or in the glove compartment. Participating hospitals and the health department are distributing more than 10,000 of these charts throughout Rhode Island. The Rhode to Health Coalition also is creating stairway prompts, to be posted in hospital buildings and community buildings, to encourage people to take the stairs for physical activity. In addition, the coalition is creating a pedometer campaign to encourage hospital workers and other community partners to use pedometers and promote physical activity.

Implications and Impact

The Rhode Island Department of Health and its partners have developed, conducted, and evaluated nutrition and physical activity programs that are changing policies and the environment to promote physical activity and healthy eating among high-priority populations in the state. The state also is developing partnerships through the Rhode Island Obesity Planning Council to create a state plan for preventing, reducing, and controlling obesity. In addition, public databases with information on nutrition, physical activity, obesity, diabetes, and heart disease will be assessed to identify gaps in data collection and compare data elements and common health trends.

Contact Information

Rhode Island Department of Health • Preventive Health and Health Services Block Grant Coordinator
3 Capital Hill • Providence, Rhode Island 02904 • Phone: (401) 222-2231
Web site: <http://www.health.state.ri.us/topics/fastfood.htm>