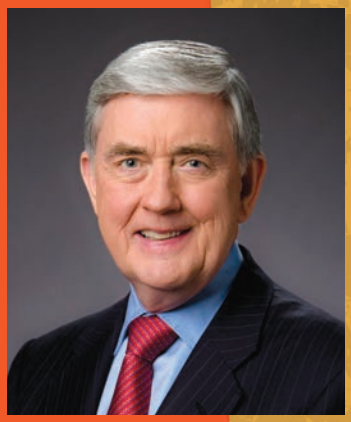
Cancer Action Network℠
American Cancer Society®

# Staying Well

## real stories

### from the Prevention and Public Health Fund



**John R. Seffrin, PhD**
CEO of the American Cancer Society
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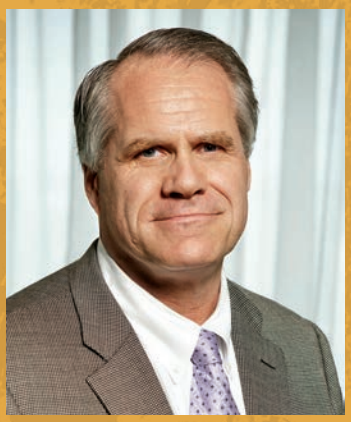

**Christopher W. Hansen**
President of the American Cancer Society
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**Prevention**—through reduced tobacco use, improved nutrition, increased physical activity, and expanded use of established screening tests—could save half the people who die of cancer every year and many more who die of heart disease and complications from diabetes and other chronic diseases.

prevention

# Foreword

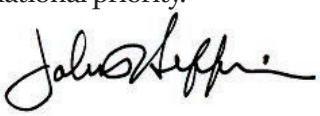
Cancer and other chronic diseases kill more than 1.7 million Americans each year and are responsible for 7 of 10 deaths in the United States. This year, cancer is projected to drain nearly $21 billion from the US economy due to lost productivity, cause an additional $104 billion in direct medical costs, and create another $123 billion in losses as a result of premature death. While we have made great strides over the past two decades in reducing the rate of death from cancer, we are in danger of falling behind in preventing cancer in the first place. Although we have cut in half the percentage of regular tobacco users, 20 percent of the population still smokes. Meanwhile, the rate of childhood obesity due to unhealthy diet and lack of physical activity has reached epidemic proportions. As a result, for the first time in our nation's history, our children could live shorter lives on average than their parents.

Two years ago, our nation took a major step forward in addressing chronic disease when Congress created the Prevention and Public Health Fund. The Prevention Fund is helping to reorient US health care toward wellness, while also restraining cost growth driven by the high prevalence of chronic disease.

In the two short years since it was established, the Prevention Fund created new evidence-based programs in all 50 states and dozens of communities across the country. These grantees are using Prevention Fund dollars to help control the obesity epidemic, reduce tobacco use, increase mammograms, fight health disparities that disproportionately impact low-income Americans, and fill the gaps in our health care workforce.

There has never been a more challenging, nor a more ideal, time to make progress against cancer and other chronic diseases. Prevention—through reduced tobacco use, improved nutrition, increased physical activity, and expanded use of established screening tests—could save half the people who die of cancer every year and many more who die of heart disease and complications from diabetes and other chronic diseases. The Prevention Fund is a transformative investment to put the nation back on the right path. It's good health policy and also good for the bottom line.

This report serves as a guide to the cross-cutting approaches that communities are taking to improve the health and well-being of their residents. Prevention Fund grants are addressing the unique barriers communities face in their prevention efforts and will empower their residents to make healthy choices. As you will see, the stories of those who are impacted and of those who make an impact are the stories of our nation. They represent an important portrait of what the Prevention Fund is and what it can yet achieve when we make prevention a national priority.



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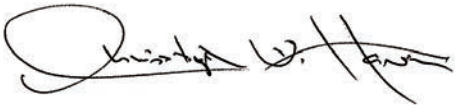

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# The People behind the Programs

The hundreds of programs supported in some way by the Prevention and Public Health Fund are large and small, with funding ranging from hundreds to millions of dollars. But every one of them is, ultimately, about an individual staying well. The mom of three who doesn't have the time or money to get a mammogram. The suburban child with no sidewalks on the route to school. The young woman who can't get nutritious, affordable food at the tiny corner store. The cancer survivor who can't find a place to exercise—which would reduce his chances of a cancer recurrence. The Midwestern teen who wants to quit using smokeless tobacco but can't find any help. The time-strapped professional who's been dining from the vending machine and suddenly gets a bewildering diagnosis of pre-diabetes.

People are fighting tough battles that never let up—to stop smoking, to lose pounds and keep them off, to stay on a medication regime, and to find the time, transportation, and money to get mammograms and other vital cancer screenings. These programs are by them and for them.

The programs featured here take a close look at some of these battles and demonstrate how Prevention Fund grantees are fulfilling their potential with data-driven, collaborative, and sustainable solutions.

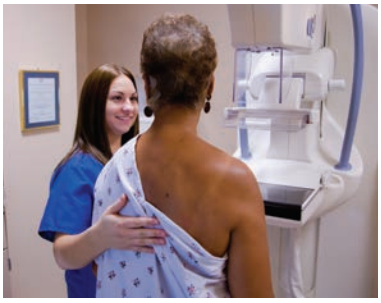
Experts in public health, nutrition, technology, planning, and more inform, direct, and assist with these programs. They're the nurses taking vital statistics, the community workers talking with people, the epidemiologists charting cancer trends, the academics researching behavior.

But the people of these communities are no lesser experts. They understand very well their needs and their daily experiences. Their investments are no less at stake. Every prevention program is driven by their contributions.

In these pages, you'll see just a small sample of the hundreds of ways communities are succeeding in staying well, today and into the future.

Black Belt Counties, Alabama

# Improving Access to Lifesaving Cancer Screenings



Increasing access to mammograms and other cancer screenings saves lives.


### Helping At-Risk States

The Mid-South CEED covers six states—Alabama, Arkansas, Kentucky, Louisiana, Mississippi, and Tennessee—and targets mainly underserved African American populations. Five of these states rank among the nation's top 10 in cancer mortality, and breast cancer mortality among African Americans is significantly higher than among whites in each of them.

Alabama's agricultural Black Belt counties have some of the highest poverty in the country, with jobs and medical care lacking for too many. Racial disparities in health care access and treatment continue today. In Alabama overall, the death rate for African American women from breast cancer between 2003 and 2007 was 32 per 100,000—for white women it was 22 per 100,000.

The Mid-South Center of Excellence in the Elimination of Disparities (CEED) at the University of Alabama at Birmingham (UAB) is working to close these health care gaps. Since its creation in 2007, reducing the death rate for breast and cervical cancer has been its top goal.

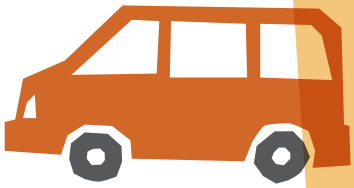
CEED is one of 18 such centers set up across the nation by the US Centers for Disease Control and Prevention's Racial and Ethnic Approaches to Community Health (REACH) program, supported by the Prevention Fund.

The Mid-South CEED's research showed what may be behind the high death rate in Alabama: African American women weren't able to access screenings and were getting treatment far later in the course of their disease than women of other backgrounds.

Based on CEED's research, a local coalition created solutions that address the entire continuum of breast and cervical cancer care, from prevention to survivorship. Awareness, access, adequacy, and affordability: these were the cornerstones.

The coalition trained volunteers to serve as community health advisors and patient navigators and explored the role poverty plays in health disparities. A patient navigation system was launched in eight counties to address the racial gap in mammography screening.

And the plan got results. After the two-year intervention, the number of women who reported never having a mammogram dropped from 14 percent to just 4 percent. The racial health gap has been eliminated in several counties and was reduced by over 70 percent overall across the region.



## Transportation Makes for Good Prevention

Macon County, deep in the Black Belt counties, has an academic center and new mammogram clinic right in Tuskegee. But it might as well be as far away as Atlanta, given the transportation challenges faced by many African American women in Macon County. Most live in rural areas and small towns, and 75 percent have never had a mammogram. If the car is working and there's money for gas, the first priority is usually getting to work—preventive medical appointments come later.

When community leaders realized that transportation was the biggest obstacle to cancer screening, that's when the wheels started turning.

The community pooled resources ranging from church group vans to school buses. The B&D Cancer Care Center cleared its appointment decks for several days each month. On these dates, the community would make a caravan, picking up women and taking them to their appointments. As the women traveled and waited for screenings, community health workers gave their captive audience presentations about cancer prevention and care.

"There was not enough public money for the state or county government to do this," says Dr. Mona Fouad, UAB professor of medicine and principal investigator for CEED. "The community had to develop its own infrastructure. And we couldn't come in from the outside and start doing this, either—the effort had to come from within the community for it to work.

"A lot of the time we go in and say: 'You have to have a mammogram; you need to have a Pap test,' but they say: 'That's irrelevant to me if I don't have a job,' " Dr. Fouad says. "We have to address these economic needs at the same time that our volunteers get out the prevention message."

## Deadly Disparities

- For most cancers, African Americans have the highest death rates of any racial or ethnic group in the United States.
- Breast cancer is the second most common cause of death among African American women.
- From 2003 through 2007, the death rate for breast cancer was 39 percent higher among African American women than among white women.
- The five-year relative survival rate for African American women with breast cancer diagnosed from 1999 through 2006 was 78 percent; for white women, the rate was 90 percent.

SOURCE: American Cancer Society, *Cancer Facts and Figures for African Americans* 2011-2012

## Reaching More Minorities

Beyond Alabama, the five other Mid-South states helped by CEED have shown successes as well and are sharing strategies and lessons learned with one another. Louisiana, for instance, has community health workers called Coffee Mates (it stands for Circle of Friends for Education and Early Detection), who have taught thousands of women about the importance of breast and cervical cancer screening.

Through their efforts, many women were screened for breast cancer for the first time. The Coffee Mates are now replicating their program in the state's large Vietnamese and Latina populations.

## Southeast Alaska

# Incorporating Tradition to Improve Diets and Health

SEARHC, a nonprofit tribal health consortium of 18 Alaska Native communities, serves the health interests of the Tlingit, Haida, Tsimshian, and other Native people of Southeast Alaska. It is one of the oldest and largest Native-run health organizations in the nation. The consortium's mission starts at the community level, with each tribe having a representative on the board of directors. SEARHC is often the sole health care provider in the smallest isolated communities, many of which can be reached only by plane or boat.

Young people learn traditional ways of life at Knowledge Camp programs. Photos from the video *Food is Our Way of Life*, a digital story sponsored by SEARHC.

Salmon, berries, black seaweed—these healthy foods had been plentiful, relatively inexpensive diet staples for indigenous Tlingit, Haida, and Tsimshian people. For centuries, Alaskan streams and forests provided wildlife and sustenance. As processed foods and tobacco traveled up from the "lower 48," however, the health of Native Americans in Southeast Alaska suffered.

From 1990 to 2007 alone, diabetes shot up by 118 percent for Alaska Natives in the area. Colorectal cancer is a leading cause of death, and Alaska Natives have the highest smoking rates in the state. A lack of access to—or use of—medical care complicates matters: Local health services estimate that about 25 percent of those who have diabetes don't know it.

To combat these statistics, the Southeast Alaska Regional Health Consortium (SEARHC) found hope in the region's traditional way of life, recognizing the super-nutritional value of indigenous foods such as salmon and blueberries. Super foods are rich in vitamins, antioxidants, phytochemicals, and disease-fighting omega-3 fatty acids, which help prevent many chronic diseases like diabetes and heart disease.

Alaska Natives benefit from these foods in other ways. Hunting, fishing, and gathering traditional foods require endurance and strenuous physical activity.

SEARHC found a way to combine the strength of traditional beliefs with contemporary clinical and public health practices. SEARHC has built, renovated, and expanded a regional infrastructure of clinics, while creating health programs that have won international recognition as models for the delivery of health services to rural communities.

SEARHC supports Knowledge Camp programs to teach families the time-honored ways of hunting, fishing, preserving and storing food, preparing black seaweed and seal, and harvesting edible plants. Students learn how to prepare healthy, traditional meals instead of relying on store-bought foods that are much higher in processed sugars and simple carbohydrates—and are proven contributors to chronic diseases. SEARHC is taking the healthy foods processed at the camps and linking

Totem Photo Credit: Amy Fletcher/Juneau Empire

Obesity rates have reached epidemic proportions among our nation's young people, especially among Native American and Alaska Native children. To help combat this disturbing trend, SEARHC is working with the Alaska Breastfeeding Coalition to increase access to worksite breastfeeding and also partnering with the Head Start programs to integrate a new physical activity curriculum for children across the region. These initiatives will help decrease risk factors for obesity and chronic disease in the Alaska Native community.

them to institutional meal providers so that the region's schools and senior centers can start serving the super foods on a regular basis.

The Knowledge Camps also teach community members how to prevent cancer, diabetes, and other chronic diseases. Compared to baseline data, preliminary evaluations show decreases in blood pressure, weight, total cholesterol, and tobacco use.

Martha Pearson, the grant manager at SEARHC, says the Knowledge Camps and other programs supported by the Community Transformation Grant will create a major paradigm shift for area residents. "This funding is helping to build sustained, even permanent, changes," Martha says. She sees such programs as more than a way to improve wellness and revive traditions. By bringing the community together, they also create opportunities to promote health screenings, provide preventive care, and combat the alcoholism and high suicide rates that remain serious social threats in Alaska.

## Connecting Food to Family and Heritage

"The first time our grandson successfully hunted a seal, he was eager to say a prayer for the animal's spirit as he had been taught by his grandfather—and to put water in its mouth for its journey to the next world.

"With the Knowledge Camp project, our Elder, Ruth Demmert, worked with us on preparing the seal's nutrient-rich meat. Since I never had my mother teach me how to prepare it, I appreciated having a woman's perspective in this process. Ruth taught us Tlingit terms as we worked. We had three generations helping to prepare our seal, and it was served at the annual Honoring Our Elders luncheon in late spring.

"There was lots of laughter, lots of hard work, lots of good company. Ruth made a comment while we were working: 'Yei na teech,' which translates to 'It doesn't get any better.' "

*Edna Jackson*
*Kake*

Santa Clara County, California

# Outreach to Vietnamese Community Combats Dangerous Trend

## How do you say "secondhand smoke kills" in a way everyone can understand?


In Vietnamese, it's "hit khoi thuoc cua nguoi khac hut con nguy hiem hon la qui vi nghi." In Spanish, it's "usted fuma, ellos fuman." And in English, it's "you smoke, they smoke."

All three languages come into play in California's ethnically diverse cities of San Jose and Palo Alto. While Santa Clara County is home to a significant Latino population, the number of Vietnamese American residents has grown rapidly in recent decades to 7.5 percent—making Santa Clara the county with the second-largest Vietnamese population in the United States.

Unfortunately, the smoking rate among Vietnamese men (24 percent) is nearly twice that of men in the county overall (13 percent). Because of this cultural trend, Vietnamese adults now have the second-highest incidence and mortality rates for lung cancer. And secondhand smoke has become a major problem for all Californians.

Secondhand smoke contains hundreds of toxic chemicals—more than 50 of which may cause cancer. The impact on children is especially harsh. Each year in California, secondhand smoke exposure alone is responsible for an estimated 31,000 asthma episodes in children, as well as 3,600 heart disease deaths and 400 lung cancer deaths in nonsmoking adults, according to the California Environmental Protection Agency's Office of Environmental Health Hazard Assessment.

These figures sparked the Santa Clara County's INSPIRE Tobacco Prevention Initiative to spread the message about the dangers of secondhand smoke to Vietnamese and other ethnic communities. The INSPIRE team created Web sites and fliers in English, Spanish, and Vietnamese, along with ads that appeared on television stations targeting audiences that speak these languages. The media campaign reached more than 1.34 million Santa Clara County residents.

As the anti smoking movement spread, more and more groups and clinics joined the effort. For example, Asian Americans for Community Involvement disseminated INSPIRE information at the local San Jose clinic. The Kelley Park Medical Center targeted smoking cessation efforts at its location in the heart of Little Saigon, a San Jose neighborhood of nearly 10,000 Vietnamese American residents.

"Each person visiting the center would be instructed how to use nicotine replacement therapy and then given enough to use for two weeks at home," says Dr. Vu Ho, DDS, board member of Viet-American Voters. And the program had a self-perpetuating element. "Returning attendants would have a chance to share their quitting progress and discuss the methods they applied," Dr. Ho says.

Reaching the Vietnamese community requires special efforts but offers great rewards. "People in this community are passionate about helping," says Kris Vantornhout, a program manager within the Santa Clara County Public Health Department. "When community leaders and popular media outlets reach out to the Vietnamese community, people listen."

## Impressive Numbers

More than 50 clinics, hospitals, and community-based organizations now actively participate in Santa Clara County's INSPIRE Tobacco Prevention Initiative. Collectively, they have distributed approximately 2,500 units of nicotine replacement therapy. Their work is paying off: initial survey results show a 50 percent success rate of quitting.

Currently, 45 staff members from many of these organizations are certified as cessation counselors and provide group counseling to help people stop smoking. An additional 90 clinicians have been trained in brief therapy.

### Other notable results include:

- Ten health facilities have implemented practices such as the Tobacco Use as a Vital Sign and Ask, Advise, and Refer methods for intake and to refer patients to smoking cessation programs, reaching almost 420,000 people in Santa Clara County.
- Eight university and college clinics have introduced institutional changes to support smoke-free campuses, reaching more than 130,000 students.
- Five community-based organizations, such as the African American Community Services Agency, have made similar smoke-free institutional changes and are providing outreach to vulnerable groups that have a higher rate of smoking, reaching approximately 6,000 county residents.

## A Community's Cancer Crisis

When Santa Clara County health officials performed a health assessment of the Vietnamese community in 2011, they found alarming numbers of disparities. Here are just a few:

- Cancer, the leading cause of death among Vietnamese residents, accounted for a larger percentage of total Vietnamese deaths (32 percent) than for all county residents (26 percent) or residents of all other major racial/ethnic groups in 2009.
- Vietnamese adults have the second-highest lung cancer incidence and mortality rates among the county's racial and ethnic groups.
- The smoking rate for Vietnamese men in 2011 was nearly twice as high as that of men in the county as a whole.
- At a community forum held in October 2011, diverse stakeholders from the Vietnamese community selected cancer and cancer screening as a top health priority.

Pinellas County, Florida

# High School Students Face Obesity Head On

In a high school classroom, Josh Jones shows fellow students a photo on his cell phone. It's a picture of himself, at 235 pounds. He tells them about the names he was called.

These days, he's called a different name: champion. Joining a local boxing team helped Josh drop 70 pounds and reach a level of fitness that includes regular five-mile runs and hours of gym workouts.

In Pinellas County, Florida, one in four high-schoolers is obese. The county is taking that health threat seriously—and it's helping students like Josh challenge the alarming trend. With support from the Pinellas County Health Department and its partners in the community, Josh and others are telling their stories, giving presentations and making videos that document their struggles, and mentoring other kids to get fit in healthy ways that last.

This way, teens see for themselves what's possible—and hear it as well, in language and a format that's meaningful and speaks directly to them. As Josh says: "I weighed 235 pounds and realized I was going nowhere. It's mostly important just for yourself to stay active. You want to stay healthy for yourself—and for the girls."

**Too many people of Florida could face a future of cancer, heart disease, diabetes, and stroke—all consequences of obesity. The concern starts early: even among children ages 10 to 17, the obesity rate in Florida is estimated to be as high as 33%.**

**Prevention programs and grantees serve the entire urban area of Pinellas County and its 24 municipalities. But the county's school-age populations are a special focus, because the stakes—and the potential for healthy change—are so high.**

## Getting More Out of Schools

Often, parents and community groups looking for more ways to add exercise to their daily lives don't know how accessible their existing school and park facilities really are.

The Pinellas County Health Department made some simple and effective decisions that are going a long way toward helping residents find ways to improve their health, by:

- Opening up school gyms and fields for community use
- Improving the quality of food in school vending machines
- Adding signs and lights to local schools and parks to make them easier for the whole community to use
- Creating more and better physical education activities in the schools

### There's an App for That

**Check it out:** Pinellas County's mobile application and Web site at findthefunnow.com has all kinds of creative ways for you to get fit, now. Tap in a few specs—neighborhood, age, time of day, budget—and it will come up with the ideal park or activity for you.

The county health department got together with more than a dozen groups, from faith communities to early learning centers, to create the app and Web site. It leads users to anything from a dog park to a farmers market in seconds—and serves as an extra information source for tourists as well, an important group to the county's economy.

### Walking School Bus Gets Children Moving

In 1970, nine out of 10 kids walked or biked to school if they had a mile or less to go. But today, only one out of three walk or bike, and that number is dropping. This change is just one of the many ways in which opportunities to get children moving have been vanishing in communities around the country—and one reason childhood obesity rates are rising. But it's one reason that Pinellas County could fight.

With temperate Gulf Coast weather during the school year usually fine for walking, why were so many children being driven to school? Safety issues were parents' top concern. Vehicle traffic and a lack of safe sidewalks justified their worries. So Pinellas County found a solution that was not only safe, but also fun: the Walking School Bus.

"Walking bus drivers" are trained volunteers who get groups of children from one point to the next on a planned route to school, teaching safety habits for walking and biking along the way. Parents say volunteering for the "bus" is prompting whole families to leave the car at home, in what is now a walking and walkable community. The change also helps reduce traffic congestion and saves time for parents.

West Humboldt Park, Chicago, Illinois

# Bringing Good Food to the Desert

On the northwest side of Chicago, the low-income neighborhood of Humboldt Park doesn't look much like a desert. But it's been designated a "food desert" because of the miles residents must drive to get fresh produce. Even for those who use public transportation, many buses don't run on weekends, and there isn't a transit train nearby.

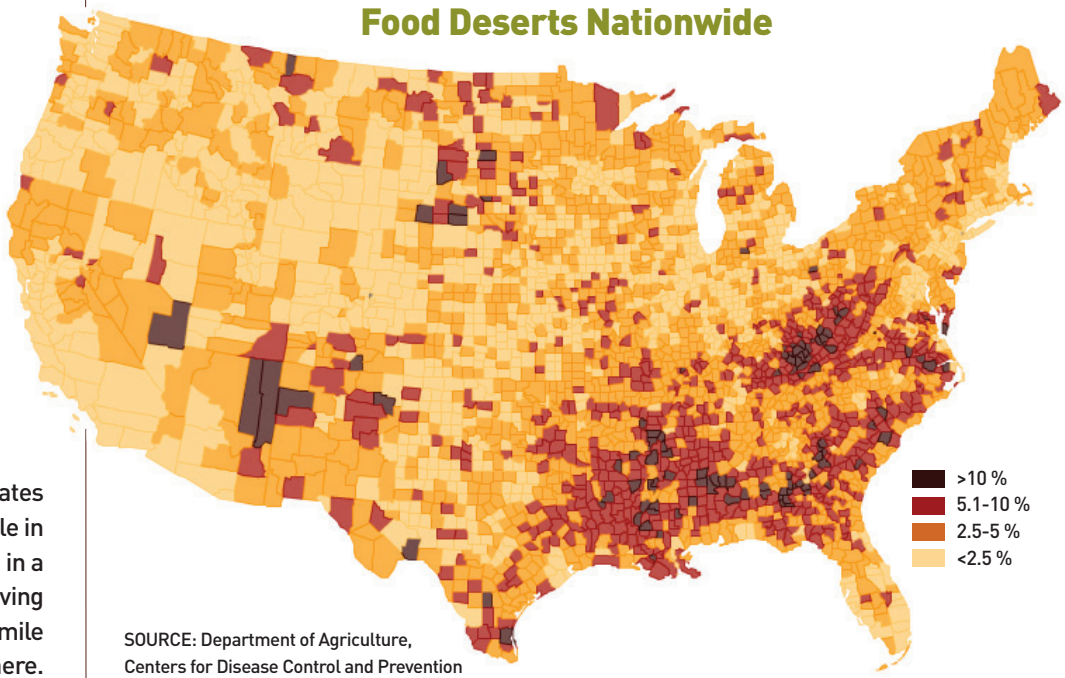
Food deserts describe neighborhoods and communities, like Humboldt Park, that have limited access to affordable and nutritious foods.

Typically, a community's food desert status is measured by its number of grocery stores—food deserts don't have many. Rather, they often have a disproportionately high number of fast-food and processed food outlets.

The negative health effects associated with living in a food desert are evident. Studies show that as grocery-store access decreases, obesity increases. In Humboldt Park, 48 percent of children are obese, which is double the national average. Like many food deserts, Humboldt Park is

The federal government estimates that more than 23 million people in the United States live in a "food desert," defined as having no supermarket store within a mile or no car to get there.

## Food Deserts Nationwide




SOURCE: Department of Agriculture, Centers for Disease Control and Prevention

home primarily to low-income residents, and poor access to nutritious food plays a significant role in their health profiles.

Walking a block or two to the corner store to get a meal or a snack is a part of daily life here. There are more than 27 corner stores in this neighborhood, but most have limited or no access to fresh produce. It is extremely difficult for residents to provide healthy options to their families since sodas, chips, and canned meats packed most store shelves.

But starting last year, visitors found something more than chips and soda at the Central Park Food Mart convenience store. The store started selling fresh produce and healthy snacks such as yogurt, nuts, dried fruit, and energy bars.

The Healthy Places program, a joint partnership between the Consortium to Lower Obesity in Chicago Children and the city health department, approached convenience store owners, including Central Park's Ray Samhan, offering to help stock fresh, healthy food for residents in the neglected areas. Healthy Places assisted Ray and 10 other corner stores in Chicago in obtaining, displaying, and marketing produce and healthy foods. The program also helped stores make their environments cleaner and healthier.

The transition to yogurt and spinach hasn't always been easy, but Ray and the other store owners have seen positive results so far. The healthy improvements at Ray's store attracted more people than usual—and resulted in a story in *The New York Times*. "Everybody eats fruit," Ray was quoted in the article. "Maybe a store owner doesn't want to bring it in the store. But then he brings it, and people buy it."

Similar programs across the country are also showing promising results. A recent study of corner stores in a low-income neighborhood in Hartford, Connecticut, found that for each additional type of fruit or vegetable available in the store, customers' fruit purchases increased by 12 percent. The odds of customers purchasing vegetables increased by 15 percent.

## Tackling Child Obesity: Making Smart Choices from the Start

More than half of Chicago adults and one-third of youth are overweight or obese, meaning they are at increased risk for serious, costly health problems such as cancer, heart disease, and diabetes. Furthermore, nearly half of Chicagoans eat less than three servings of fruits and vegetables per day.

Obesity cost Illinois $3.6 billion in 2008 alone. To help combat this devastating epidemic, the city of Chicago established the Healthy Places project with the Consortium to Lower Obesity in Chicago Children and the city health department. The partners were granted $5.8 million through the Prevention and Public Health Fund to help reduce obesity by improving access to healthy food and safe opportunities for physical activity at the city, school, and neighborhood level.

These funds will also support the development of tools to integrate urban agriculture and other forms of food production into city and open-space planning—which will help ensure equal access to healthy foods for all Chicagoans.

Des Moines, Iowa

# Dialing Down Tobacco Use

> We know Quitline is effective. We know it's beneficial. It does everything that we don't have the time to do.

Lori Mein, nurse practitioner

Lori Mein sees her share of tobacco users at the Mercy Clinic in suburban Des Moines, Iowa. One telltale sign: repeat cases of bronchitis, pneumonia, or sinus infection. A nurse practitioner, Mein is committed to educating her patients on the deadly effects of tobacco—and the positive effects of smoking cessation.

Most smokers want to quit. According to the Iowa Department of Health, 83 percent of smokers across the state say they want to stop. Too often, they lack the resources and support to do so successfully.

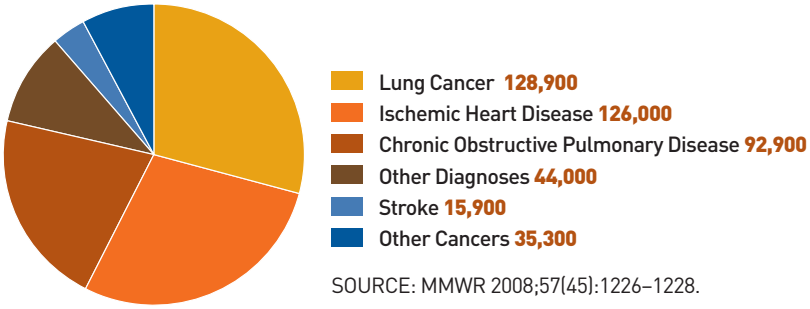
"Lots of patients are ready to think about quitting," says Mein, who watched both a parent and grandparent suffer from tobacco-related illnesses. "But in my clinic, I only have 15 minutes to spend with a patient. I'll give them basic direction, but I don't have time to help them figure out how they're going to quit."

However, Mein can—and does—refer patients to Quitline Iowa for additional support, including custom quit plans, aids, and coaches. She is one of many health care providers across the state generating more calls into the smoking cessation telephone and texting service.

From July to November 2011, Iowa's state-run Quitline saw a 68.4 percent gain in referrals over the same period a year earlier, thanks to the statewide physician referral program. Dubbed Operation 83—after the percent of Iowan smokers who want to quit—the successful campaign started last year. Quitline helps by providing needed counseling and nicotine replacement therapy, a combination proven over time to be the most effective way of kicking tobacco and staying off cigarettes permanently.

"We know Quitline is effective. We know it's beneficial," Mein says. "It does everything that we don't

## About 443,000 US Deaths Are Attributable Each Year to Cigarette Smoking




SOURCE: MMWR 2008;57(45):1226–1228.

Deaths from many causes can be traced to cigarette smoking or secondhand smoke.

have the time to do." Even better, the counseling is free. "Patients at the clinic don't have money to pay for tobacco cessation," she adds. "The cost of quitting could be more than $500 out of pocket. That's why the resources we receive from the Prevention Fund are so critical."

For health care providers like Mein, referrals to Quitline Iowa are critical to helping their patients. Studies suggest smokers who use quitlines are twice as likely to stop smoking as those who don't seek assistance. In Iowa, 20 percent to 24 percent of Quitline clients weren't using tobacco seven months after completing their program. Only 3 percent to 5 percent of smokers without support could say the same.

**Tobacco is the leading preventable cause of death for Iowans, killing more than**

# 4,400 residents every year.

**State health care costs directly related to tobacco use total $1 billion a year.**

SOURCE: Iowa Department of Public Health, Division of Tobacco Use Prevention and Control


## Teen Talk Gives Voice to Healthy Choices

Most teenagers are explicitly aware of the health-related dangers of tobacco. Still, each day in the United States, approximately 3,800 young people under the age of 18 smoke their first cigarette—and an estimated 1,000 youth in that age group become daily cigarette smokers.

This reality confirms a need to reframe the anti tobacco message for youth to a more powerful choice campaign that resonates with teenagers. In Linn County, Iowa, local high school students are doing just that. They created a virtual media campaign called Don't Start With Me that speaks to fellow students in their own language about the dangers of tobacco, specifically smokeless tobacco.

With training and support from the county health department, the students created an Internet landing page and interactive counter marketing strategy to give their peers the tools and support they need to take control and make informed decisions.

By April 2012, Don't Start With Me had received 1,811 Facebook "likes" and tens of thousands of views. Next up: a series of online videos featuring youth advocates from the Cedar Rapids area sharing their personal tobacco stories and tobacco-free living experiences.

# Kansas

## Fighting Old Habits with New Media

Convenience stores across Kansas have been stocking "tobacco sticks." These products look and taste like candy, but they include a powerfully addictive ingredient: nicotine. And they're exacerbating an already significant problem. More than 20,000 high school students and nearly 5,000 middle school students in Kansas smoke—figures that outnumber the entire population of many of the state's small rural towns.

The toll-free Kansas Tobacco Quitline has been connecting thousands of callers to resources that greatly improve their odds of kicking the tobacco habit. In fact, 41 percent of those who have completed the Quitline's counseling were tobacco-free four months later.

Only one problem: Younger tobacco users weren't dialing in. When the health department reached out to teens, it discovered they wanted a Web-based option instead.

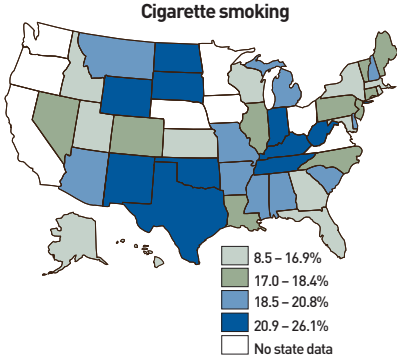
The health department responded by reaching out to teen tobacco users online—where they live and interact the most. A new Web site—promoted through Facebook and other social media platforms—features photos and stories of young people who have given up cigarettes and smokeless tobacco, plus a calculator to add up just how much tobacco use can cost over a lifetime. Community groups can also access the site for training materials, educational videos, statistics, and reports to run their own smoking cessation programs.

It's a much-needed investment. Tobacco use costs Kansas roughly $900 million a year in health care costs related to smoking, including $196 million in Medicaid costs attributed to tobacco use. Kansas also reports an estimated $860 million in lost productivity each year from tobacco use, according to the US Centers for Disease Control and Prevention (CDC).

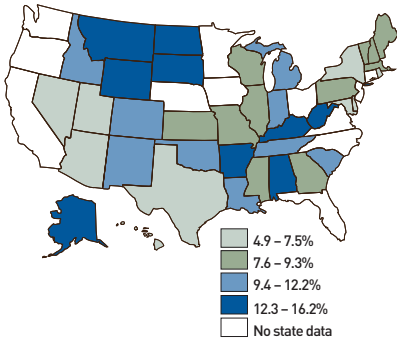
**Prevalence of Current Cigarette Smoking and Smokeless Tobacco Use among High School Students, by State, 2009**

Smoking and smokeless tobacco use usually gets started—and becomes a habit—during adolescence. More than 80 percent of adult smokers begin smoking before they turn 18. Adolescent smokeless tobacco users are more likely than nonusers to become adult cigarette smokers.

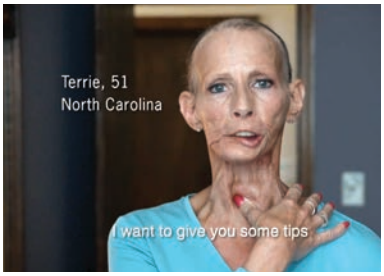
Cigarette smoking




Smokeless tobacco use




SOURCE: Youth Risk Behavioral Surveillance System, 2009





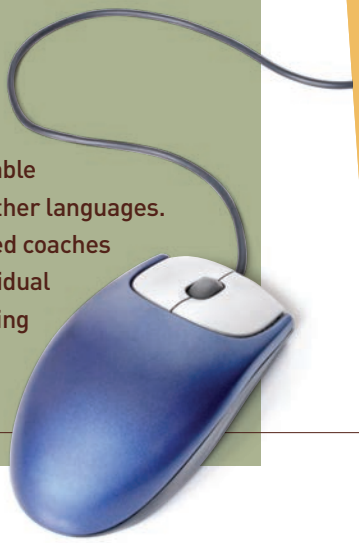
Funding for tobacco prevention and cessation programs will be critical to reversing such figures, according to a new report from the Surgeon General, *Preventing Tobacco Use Among Youth and Young Adults.*

An environment needs to be created—online and offline—where smokers are encouraged to try to quit and are connected to the resources that will help them succeed.

**According to the *Journal of Internet Medical Research*, 72 percent of online 18- to 29-year-olds use social networking Web sites, with 45 percent doing so on a typical day.**

## Help Is Just a Click Away

For Kansas residents who are ready to stop using any form of tobacco or help a loved one quit, the Kansas Tobacco Quitline delivers free advice, one-on-one coaching, and resources such as nicotine patches and gum. Telephone counseling is available in English and Spanish, as well as 150 other languages. Equipped with strategies and tips, trained coaches support participants in creating an individual plan for fighting their cravings and quitting tobacco for good.



## National Tobacco Control Campaign Works

A hard-hitting national public education campaign launched in spring 2012 immediately made a major impact.

The "Tips from Former Smokers" campaign focuses on smoking-related afflictions, such as lung and throat cancer, heart attacks, stroke, asthma, and Buerger's disease—a disorder linked to tobacco use that causes blood vessels in the hands and feet to become blocked and can result in infection or gangrene.

The much-needed print, radio, and TV ads and public service announcements are meant to counter the millions of dollars spent by the tobacco industry every year to persuade people to smoke.

The CDC found evidence that shows this kind of hard-hitting advertising works. In just the first two weeks of the campaign, calls to state quitlines doubled, and hits to smokefree.gov nearly tripled. The CDC estimates the initial campaign will help 50,000 people quit smoking. That will translate not only into thousands of people who will not die from smoking, but it will also pay for itself in a few years in reduced health costs.


# Strengthening the Front Lines of Public Health

You might find public health workers in any state investigating whooping cough outbreaks or teaching a community group about the importance of cancer screenings. They're on the ground in communities fighting infectious diseases, obesity, cancer, diabetes, high blood pressure, and the nation's other top health threats.

But their ranks are thinning. By the end of the next decade, the country will face a shortage of 250,000 public health workers, according to the Association of Schools of Public Health. By the end of 2012, more than one out of four will reach retirement age, leaving fewer experienced professionals in the field to develop programs, collect data, measure results, and understand the daily struggles individuals and communities face trying to become—and stay—healthy.

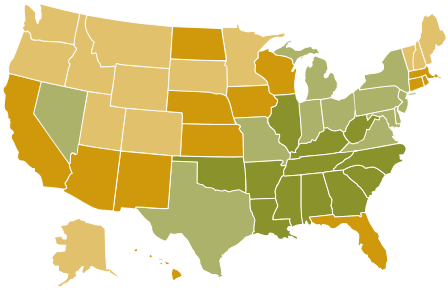
Kentucky already is feeling the pinch. More than half of the state's public health workers lack the training to tackle complex problems such as poor access to health care in rural areas—which, according to the US Centers for Disease Control and Prevention, is part of the reason residents of Kentucky's 54 Appalachian region counties are three times more likely to die from diabetes-related causes than those in neighboring counties.

The Public Health Training Center at the University of Kentucky is working to change this statistic for the better. It's one of 27 programs around the nation dedicated to disease prevention and health services access for all. "One of the areas where there are substantial health disparities is Appalachia, which is one of our major orientations," says Glen Mays, professor at the university's College of Public Health.

The Training Center strives to get more health workers into the field—and deliver accessible continuing education to those already there. Another critical component: public health training for nurses, dentists, and physicians, so they'll be equipped for the coming challenges that chronic conditions present.

An important part of Dr. Mays' efforts is ensuring such initiatives deliver

## Geographic Variation in Preventable Mortality



Quartile (range)

- Top (70.2–83.3) Best: MN
- Second (85.9–96.9)
- Third (98.5–111.5)
- Bottom (112.8–160) Worst: DC

**Deaths per 100,000 population**

US Average = 103 deaths per 100,000

SOURCE: Commonwealth Fund 2008

> **We found that mortality rates fell between 1.1 percent and 6.9 percent for each 10 percent increase in public health spending.**
>
> Glen Mays, Professor
> University of Kentucky College of Public Health

maximum impact for the money spent. "We're working on methods for analyzing the return on investment in public health," he says. "We're making sure everything they're doing is evidence-based and helping programs get accredited."

## Probing Public Health's ROI—and Lifesaving Power

Does spending on public health pay off? Award-winning research by Glen Mays indicates "yes."

His article, "Evidence Links Increases in Public Health Spending to Declines in Preventable Deaths," co-written with doctoral student Sharla Smith of the University of Arkansas, examined spending by local public health agencies over 13 years and shed light on the value of prevention and public health dollars and programs.

"We found that mortality rates fell between 1.1 percent and 6.9 percent for each 10 percent increase in public health spending," Dr. Mays wrote in the article, which the Robert Wood Johnson Foundation listed among its top five most influential research projects of 2011.

"Investments in local public health activities have been overlooked and understudied for so long," Dr. Mays says. "We hope this can help broaden awareness of the power and potential of public health within larger health system reform."

## The Worksite Community:
### National Prevention Effort Gets to Work

Most people spend the longest stretches of their waking hours at work—making the worksite a perfect place to focus on prevention. That's the theory behind the National Healthy Worksite Program.

Through a grant from the Prevention and Public Health Fund, the program is helping to create innovative and measurably effective worksite wellness programs for an estimated 70 to 100 small, midsized, and large employers in regions across the country.

For most employers, chronic diseases—such as cancer, heart disease, stroke, obesity, arthritis, and diabetes—are among the most prevalent, costly, and preventable of all health problems. The National Healthy Worksite Program seeks to promote good health through prevention, reducing chronic illness and disability, and improving productivity and employer competitiveness.

Participating worksites will take steps to create or expand health programs that include the following science-based activities and promising practices:

- **Assessments:** to define employee health and safety risks and concerns and to describe current health promotion activities, capacity, and needs
- **Planning:** to determine goals, select priority interventions, and build organizational infrastructure—such as establishing a wellness committee and engaging senior leadership
- **Implementation:** to put in place selected health promotion programs,


policies, practices, and environmental supports, including:

  - Stairwell enhancement, physical fitness/lifestyle counseling, walking trails/clubs, flexible scheduling policies
  - Worksite farmers markets, nutrition counseling/education, menu labeling, healthy foods in cafeterias and vending machines, weight management counseling
  - Tobacco-free campus policies and subsidized quit-smoking counseling
- **Evaluation:** to systematically investigate the reach, quality, and effectiveness of the workplace health program

Portland, Maine

# Calling It Quits for Life

"I cannot communicate to a nonsmoker what it was like," Mike Blanchard says. "I must have quit at least 20 times." He once made it without a cigarette for nine months. Another attempt lasted four. "But most times," he recalls, "I would be smoking within days—or even hours."

His message to other smokers: "If you light up and dislike what you're doing, you're not alone." Mike, who works to help people in Portland navigate a potentially complex health care system, hated the emotional roller coaster that came with his addiction. "There was a rush of feelings each time I started again," he recalls. "I thought I was weak. I felt ashamed at what I was doing to myself and that I was letting down the people in my life."

Mike's cessation journey is not unusual. Cigarettes are engineered with enough nicotine to get people addicted quickly and to keep them that way. Nicotine craving is so powerful that smokers on average quit seven times before they eventually kick the habit. Only 4 percent to 7 percent of smokers who try to quit on their own succeed. But one day, Mike found himself too sick to light up. An acute case of bronchitis, sinusitis, and a double ear infection kept him from smoking. Before he realized it, he had gone three days without a cigarette.

So he reached for the phone—and dialed the Maine Tobacco HelpLine.

"I explained my smoking history to the cessation specialist who answered," he says. Together, they decided the best plan for him. This time, Mike wouldn't have to do it alone. The specialist explained that Mike would be receiving a packet of helpful tips and cessation ideas. Even more important, he'd be getting support calls. That was June 12, 2008.

"The support packet gave me things to do on a daily basis to build skills that would help me in my journey away from cigarettes," Mike says. Among the suggestions: visit his

**"The HelpLine gave me short-term support and helped me build a long-term strategy for quitting smoking and staying stopped."**

Mike Blanchard
former smoker

primary care physician, check out support groups and counseling, and cut down on caffeine. "When I was at my wits' end, I would get a call that would reset my focus. The HelpLine gave me short-term support and helped me build a long-term strategy for quitting smoking and staying stopped."

Exercise was an important part of that strategy. "Just walking around the block would get me winded," Mike says. "I had really damaged my lungs with years of smoking. But I kept at it." One day, a friend suggested he get in the pool. "After a while," Mike says, "swimming became as good for my soul as it was for my body."

In 2011—three years after his last cigarette—Mike completed the YMCA Peaks to Portland Swim: 2.4 miles across the open waters of a shipping channel.

## Partnership for a Tobacco-Free Maine

Since its founding in 1997, the Partnership for a Tobacco-Free Maine has helped reduce the number of adult smokers in the state from 30 percent to 18.2 percent. The decline among Maine's high school students was even greater, plunging by nearly 60 percent. The state has received national attention for its tobacco-prevention strategies in schools, workplaces, communities, and retail establishments.

In 2011, the American Lung Association named Maine the nation's "Most Quit Friendly State" for its hands-on approach to smoking cessation.

Prevention Fund dollars enable Maine to bring inspiring quitters like Mike Blanchard to more audiences around the state. The funding makes it possible for someone to be on the other end of the phone more often, even when budget constraints threaten many jobs and programs. And it gives hope that the more than $600 million that the state says smoking costs each year might soon be spent on better things for Maine's communities.

## State Tobacco HelpLine Changes Lives

The HelpLine's latest numbers, from 2010, show impressive achievements:

- **21%** long-term quit rate—three times higher than seen among smokers who quit on their own
- Number of direct calls in 2010: **16,022**
- Number of tobacco users registering for Web-based services: **3,393**
- Number of tobacco users referred in 2010: **940**

# The Doctor's Solution to a Weighty Issue

Helping a child drop extra pounds isn't easy—even when you try and do all the right things. Just ask Teneka Williams. She is struggling to keep her 9-year-old daughter, Tiarra, from sliding into obesity. Teneka is determined, but the odds are stacked against her family. How does a parent urge a child to play outside in an unsafe neighborhood? How can she switch to healthier food if there's precious little affordable and close by?

Fortunately, Teneka heard a radio spot that led her to seek medical advice from Boston Children's Hospital, where a team helps medically underserved youth and their families combat obesity together.

Through the program, Teneka and Tiarra received an easily understandable plan called STEPS to Health. The steps include incorporating more vegetables, sleep, and physical activity in their lives. Tiarra's doctor was able to explain body mass index (BMI) in a way that made sense. Mother and daughter were also referred to a psychologist and a social worker to teach and encourage them to make healthier choices.

Thanks to the new plan, Teneka now serves baked (not fried) chicken with more vegetables for dinner. Water and low-fat milk substitute for sugary juices. And fresh fruit replaces empty-calorie snacks after outdoor fun. Still, Teneka says, it's tough to stick to the plan on a fixed budget and busy schedule. Healthy foods often cost more, take longer to cook, or simply aren't available at her nearby grocery. But Teneka knows it's best for her family, and she has already seen Tiarra make steady progress.

## Helping Patients Understand What BMI Means

It's a source of frustration to many doctors: How do you explain a complex health measure like body mass index (BMI) to patients? Without understanding what BMI means, being told that yours is 31 is of little use. The Healthy Weight Collaborative in Boston produced new BMI charts for physician offices to go hand-in-hand with the STEPS to Health, so health care professionals can easily show parents where their children are on the spectrum and if they're at risk.

## A Simple Way to Better Health

What is **STEPS to Health?** It's the Healthy Weight Collaborative's new messaging plan and campaign to help prevent childhood obesity. The collaborative came up with the following acronym, which is easy for children and parents to remember:

**S** —Sugar Smarts
**T** —TV and media time limits
**E** —Exercise
**P** —Plan your plate for a balanced diet
**S** —Sleep Sufficiently

The plan is to follow these steps for years and to use the messages in other sectors, such as schools, community centers, and daycare facilities.

## Starting Early in the Fight against Obesity

In Massachusetts, the vast majority of children are now insured, so more parents are bringing their children to the doctor for yearly checkups. What better time to screen for obesity and gather information about the lifestyle factors that can lead to it? It's a golden opportunity to help children and parents with counseling, information, and a program that works—but it was an untapped opportunity until recently.

That's the gap Dr. Jennifer Cheng of Boston Children's Hospital and her Healthy Weight Collaborative colleagues filled. With the help of a federal grant, the collaborative took its strategy of evidence-based clinical and community solutions to three health centers in the Roxbury neighborhood, a low-income community of approximately 70,000 residents.

The solutions rely on teamwork among primary care practices at Children's Hospital, Dimock and Whittier Street Community Health Centers, the WIC office, the Boston Public Health Commission, and early education programs. Instead of simply telling parents, "Your child really should lose weight," the collaborative partners help families like Teneka's to set their own health goals and address the problem at a young age.

For example, weight status assessments are now a standard part of every visit for pediatric practices involved in the collaborative, just like checking a child's blood pressure, vision, and hearing. The idea is to brand weight checks as a new vital sign—one that gives providers a natural segue to discuss obesity concerns and potential lifestyle changes.

Once the problem is identified, the doctor or nurse addresses health issues and oversees the patient's care, a dietitian offers advice on eating better and exercising more, and a case manager helps connect the patient to community resources, such as walk-to-school programs and intramural sports programs.

Enlisting the help of primary care is just one piece of the Boston collaborative's overall strategy, which aims to educate the city's residents about what makes a healthy community. As Dr. Cheng says, "When your provider talks to you, it changes how healthy your community is." This team-based model is one of 10 nationwide putting rapid-turnaround tactics against childhood obesity into testing and practice, customizing them to fit the needs of individual communities.


# Prevention in the Primary Care Provider's Office

More than 35 million people in the United States live in areas that have a shortage of physicians to meet their basic health care needs. In these underserved communities, nurses have proven to be an effective health care solution.

Across the country, in rural and urban areas alike, 250 Nurse-Managed Health Clinics provide a full range of health services—including primary care, health promotion, and disease prevention—to low-income and underinsured patients. Together, these centers record more than 2.5 million visits each year.

The clinics, funded partly through the Prevention and Public Health Fund, create opportunities for ongoing relationships and patient education about everything from nutrition to vaccinations. Nurse practitioners typically spend 15 to 30 minutes with each patient, giving them time to check on compliance with cancer screenings, for instance, and push prevention strategies.

"We're there for the patients," says Dr. Terry Doddato, associate dean for administrative affairs at the University of Mississippi Medical Center School of Nursing. "We became nurses to help people."

Dr. Doddato and her colleagues do just that at University Nursing Associates Community Access to Health Resources and Education (UNACARE). As the state's first urban health care center managed by nursing faculty, UNACARE has been meeting Jackson's primary and preventive needs—from prenatal and newborn care to diabetes and hypertension management—five days a week for nearly 15 years.

Located in midtown Jackson, the facility serves 2,500 patients a year with care they might not otherwise receive. "We are dedicated to providing our patients with excellent clinical care in a small, private setting," Dr. Doddato says. "We bring the care to the community, rather than bringing the community to the care," she adds, borrowing from the clinic's motto.

**"We bring the care to the community, rather than bringing the community to the care."**

Dr. Terry Doddato
University of Mississippi Medical Center
School of Nursing

"It is a warm, friendly neighborhood clinic," says Lee Alice Harris, 77, a UNACARE patient since its first year of operation. "They treat me like family, and I can talk to my nurse practitioner."

That personal attention also makes a difference to Rhonda Dixon, whose children, sister, and sister's children all receive care at UNACARE. "They get to the point of your problem and explain things to you so you understand."

In addition to providing community health care, UNACARE also offers unique teaching resources for the University of Mississippi Medical Center School of Nursing. Undergraduate and graduate nursing students undergo clinical and didactic training at the site. Clinical training is incorporated into the nursing curriculum, and the clinic gives students a chance to observe and interact with patients where they live.

## Taking Time to Target Lifestyle Changes

Jackson sits in the middle of Hinds County, where approximately 26 percent of residents are obese. To help combat the community's obesity problem, UNACARE has incorporated a weight control program as part of clinical visits. Including this intervention during patient interactions is changing lives for the better.

Jerome Thompson, who lives nearby in the midtown area, visited the UNACARE health center on a recent Friday morning for a checkup and to get his prescriptions renewed.

But Dr. Audwin Fletcher, a nurse practitioner at UNACARE, wouldn't let Thompson leave before talking to him about his diet.

When asked what he ate for dinner the night before, Jerome confessed that he had scarfed down some chicken nuggets. That resulted in a conversation on how to properly manage his diabetes. "It's not only quantity, it's also quality," explained Dr. Fletcher, advising Jerome to avoid fried foods and stick with vegetables and meats that have been baked or broiled. Dr. Fletcher set Jerome's weight loss target at 26 pounds and explained that achieving the goal would require a lifestyle change and time.

Dr. Fletcher stayed with Jerome until he fully understood the new nutritional plan. Dr. Fletcher also persuaded Jerome to get both flu and pneumonia shots during his visit.

# Getting Proactive about Diabetes Prevention

Nearly a decade ago, Tabatha Elsberry had her "aha moment." Her father's entire family had diabetes, and Tabatha wanted to avoid becoming a statistic. So she lost 50 pounds and dropped six dress sizes. She gained more energy and a much more positive outlook on life. Still, her high blood sugar and family background continued to put her at risk for developing diabetes.

Almost 26 million Americans have type 2 diabetes, according to the US Centers for Disease Control and Prevention (CDC). Based on current trends, one in three adults nationwide will have diabetes by 2050. The good news: most diabetes cases are preventable with weight loss and increased physical activity. Tabatha found help for focusing on both of these goals by joining the Cardiovascular Disease and Diabetes Prevention Program (CDDPP) in Billings, Montana.

CDDPP, an intensive lifestyle change program, was created to help Montana residents at high risk for diabetes. Trained lifestyle coaches use a curriculum focused on diet, exercise, and behavior change. Participants are contacted monthly for six months. A blog on the program Web site provides added encouragement to participants and others looking to make healthy lifestyle changes. Ideas range from tips on improving fitness for hunters to hosting healthier meetings (by serving nutritious snacks or having a walking meeting).

For Tabatha, CDDPP helped her make adjustments to her nutrition and activity. Her lab values quickly began to move into the normal range. "I had to start with weight loss and the realization that I didn't want to join the ranks of those diagnosed with type 2 diabetes," she says. "Now I just focus on eating right most of the time and staying active—all the while teaching my children to do the same, since they too are at risk."

The results of Montana's CDDPP are impressive. Adult participants who increased their physical activity to 150 minutes each week and decreased their weight by 7 percent lowered their risk of developing type 2 diabetes by an average of 58 percent. Moreover, the entire state will reap the financial benefits of a healthier population. People with diabetes consume nearly two and a half times the amount of health care than those without the condition. The cost of diabetes care in Montana exceeds $580 million a year.

**"Now I just focus on eating right most of the time and staying active—all the while teaching my children to do the same, since they too are at risk."**

Tabatha Elsberry

## Preventing Illnesses in Care Settings

Health care-associated infections (HAIs) are among the top 10 leading causes of death in the United States. The CDC estimates that, at any given time, about 1 in every 20 inpatients has an infection related to their hospital care. Cancer patients are especially susceptible to HAIs because they have compromised immune systems and often require surgery and the use of other invasive technologies.

HAIs lead to lengthened hospital stays, increase the likelihood of readmission, and add significantly to the cost of patient care. Hospital-acquired HAIs alone are responsible for up to $33 billion in health care expenditures annually.

HAIs—and their devastating consequences—are largely preventable. The Montana Department of Health and Human Services received funding to develop a state program targeting HAI prevention.

The program, together with new federal financial penalties imposed on hospitals that fail to proactively reduce HAIs, is beginning to produce results. Over the past two years, Montana has standardized statewide surveillance practices and data-collection tools. The state has succeeded in bringing infection control professionals together to share ideas and best practices.

In addition, officials have created educational sessions for health care professionals interested in HAI prevention. In a rural state like Montana, these information-sharing and networking efforts are invaluable for helping hospitals take the necessary steps toward prevention.

"Our goal is to have the healthiest Montana we can—to have people live long, healthy lives, to be productive, and to live at home and not in nursing homes," says Todd Harwell, Montana's bureau chief of chronic disease prevention and health promotion. "The more we focus on prevention-related issues, the less we are going to spend on medical care and related costs, which are key issues that affect our ability to live independently."

Why do programs like CDDPP succeed? Because they encourage small, realistic changes—and connect people to the knowledge, resources, and support they need to turn education into action. "Even if you know what to do to be healthy, figuring out how to do it and fitting it into your daily routine can be a big challenge," says Anna Whiting Sorrell, director of the Montana Department of Public Health and Human Services.

Harwell and his colleagues have supported programs across the state to help people plan meals, exercise safely, monitor their weight, and work with doctors and insurers. The health department also developed software to track people's progress and program data.

Hospitals, clinics, and county health departments can find more information online at mtprevention.org.

> "I found the training invaluable. The tools have given me a better way to communicate and track infection rates at the small hospital where I work. I appreciate the updated information and support that the Montana HAI program has given me to keep my practice current and effective."
>
> Leslie Teachout, MT
> Bozeman Deaconess Hospital

Clark County, Nevada

# A County Helps Make It Easier to Get Fit and Healthy

What would you change in order to make your community healthier? That's the question the almost 2 million residents of Clark County had to face squarely.

As the most populous county in Nevada and the home to Las Vegas, the odds were starting to run against Clark County when it came to healthy living. Roughly two-thirds of adults in Clark County are overweight or obese. There's also serious concern about tobacco use among youth, who make up about a quarter of Clark County residents. Approximately 12.8 percent of high school students in Clark County are smokers.

The short- and long-term impact of these behaviors is clear. In 2012, an estimated 14,000 Nevada residents will be diagnosed with cancer and approximately 5,000 will lose their lives to cancer.

Any solutions to Clark County's chronic disease crisis must arise from what matters most to the community: family and school.

The vast majority of respondents (92.8 percent) in a recent community survey indicated that they strongly supported community planning practices that make it easier to walk and bike as an intervention to address childhood obesity.

"Some of the community is not walkable," resident Cheryl Wagner says. "It's really spread out and designed big-time for cars."

To help achieve a healthier environment, the Southern Nevada Health District is working with its transportation experts to build road networks that are safer, more livable, and welcoming to everyone. This will help ensure that transportation planners and engineers consistently design and operate the entire roadway with all users in mind—including bicyclists, public transportation vehicles and riders, and pedestrians of all ages and abilities.

Clark County is also expanding Safe Routes to School, a program enabling children to walk and bike to school safely and to make it more appealing for them.

Both of these initiatives make it easier to develop the overall environment around schools to promote health—for instance, with better and safer sidewalks. School-wide events

The Safe Routes to School program enables and encourages students to get fit by walking and biking to school.

designed to make walking and riding fun have encouraged more children each year, and interest has increased sharply. During last year's Nevada Move Day, an event to promote Safe Routes to School, 56 schools and more than 21,000 students participated—up from 15 schools in 2010.

To help prevent tobacco use among youth, the Southern Nevada Health District is also taking a comprehensive approach. In the past two years, the District has educated over 3,300 tobacco retail establishments on laws regarding tobacco sales to minors and assured that tobacco prevention curriculum and cessation services are available to all employees and students within the Clark County School District.

Exposure to secondhand smoke is also a major concern for Clark County families living in multi-unit homes. Nearly one-quarter (23 percent) of Nevada adults still report secondhand smoke exposure at home. Clark County's Tobacco Control Program was able to help families overcome these barriers by working with the public housing authority and creating a new smoke-free policy for multi-unit homes. Private multi-unit homes weren't excused from the efforts, either. As a result, more than 3,000 new smoke-free housing units are now available—and children and families in Clark County can breathe a little easier.

## Feeling the Burn, Virtually

Losing 10 pounds in 10 weeks added up to Nevada getting 1,000 pounds lighter in 2011—and continued good health into 2012.

Last year, the Southern Nevada Health District launched the 10 in 10 Challenge, an online program to help participants cut calories and increase daily caloric burn.

Participants sign up online for the free program. Each week, they receive two emails with suggestions about how to swap out foods they've been eating with healthier, less calorie-dense choices. They also get lots of tips on how to increase physical activity. Participants can track their progress online, setting short- and long-term goals. They share quotes or photos to help them stay motivated and achieve their goals. On the Web site's Get Healthy blog, participants can share ideas and thoughts or ask questions.

"The 10 in 10 Challenge is a realistic and simple program where participants can see real results after making reasonable and small adjustments to their diet and fitness routines," says Deborah Williams, manager of the Office of Chronic Disease Prevention and Health Promotion.

Clark County turns it up beyond 10, however, when it comes to fitness. Other programs include the Nutrition Challenge, which encourages participants to eat more fruits and vegetables, and the Get Healthy Meal Planner, which helps users incorporate their favorite foods in a healthy meal plan.

In another program, a health educator or registered dietitian gives group tours in a local grocery store, pointing out ways to make smarter food choices. Finally, there's Walk Around Nevada—an online tool to track physical activity. Together, the community is getting what it needs to combat its health crises in simple, practical ways.

Akron, Ohio

# Reversing a Dangerous Trend toward Chronic Disease

**"What I have learned, and continue to learn even after the group, has changed my family's eating and lifestyle habits. What was once seen as an overwhelming problem became something we could manage."**

Daniel Sanders

"When I was first told I was 'pre-diabetic,' I was given some pills and told to watch my diet," says Daniel Sanders, 59. The semiretired psychologist and former university professor has an active life in an Akron suburb and enjoys photography and traveling, yet he carries the risk of joining the more than 10 percent of residents in his community who have diabetes.

"I thought I just needed to stay on my medications and go on with life as usual, with a slight nod to healthier eating habits," Daniel says. It turned out that "slight nod" wasn't enough. Then his doctor told him about a program that could turn things around.

From the start, the Diabetes Self-Management Group, part of the Accountable Care Community, was different. In 12 sessions, group members got down to basic practicalities—looking through stacks of food containers, reading labels, shopping, weighing and measuring people, and learning about portion sizes and how to exercise. Together, they discovered many of their assumptions needed an overhaul—from carb counts to calories burned. And the new knowledge and behavior stuck, in large part because the members knew they were in it together.

"I believe what made this experience most powerful was that we were able to support each other in a positive and confidential environment," Daniel says. "We congratulated each member on even the smallest improvement and shared tips on reaching goals."

After a few sessions, Daniel and others brought their spouses along—because health changes end up affecting the whole family.

"What I have learned, and continue to learn even after the group, has changed my family's eating and lifestyle habits," he says. "What was once seen as an overwhelming problem became something we could manage. I understood how to shop more

intelligently at the grocery store and eat more intelligently at a restaurant. My philosophy used to be 'live to eat.' Now I feel it is more 'eat to live.' My overall health has improved: on the scale, with my clothing, my energy level, and my bloodwork numbers."

Akron, Ohio, is the largest city in Summit County—a county of about 500,000 people. With strengths in engineering, technology, and medicine, its biomedical corridor is a leader in health innovation. Yet Summit County has a

**diabetes rate of**

**10.8%**

—more than 2 percentage points above the national rate. Barring corrective action, this could take a toll on the quality of life in northeast Ohio for generations to come.

## New Care Model Offers Hope in Fighting Chronic Disease

The key to turning Daniel Sanders' life around was support from a group that worked together. To reverse the high diabetes rate in Akron, the health system as a whole would need to work together, too. This is the idea behind the transformation of Akron's health care system into an Accountable Care Community (ACC), one of the first in the nation.

Instead of patients being sent from one clinic or doctor to another asking and answering the same questions, an ACC eliminates fragmentation and creates a seamless path from health concerns to care to results. It gets all health professionals, from doctors to nutritionists to social services, working as teams.

It links community groups so they're enhancing—not duplicating—each other's efforts. And it uses technology in smart ways: to streamline records, to measure results and discover what really saves lives, and to share information and ideas.

With experience in both high tech and helping people, the Austen BioInnovation Institute in Akron (ABIA) first asked community health leaders what they needed. Professionals from more than 60 Akron-area organizations pointed out persistent health gaps and challenges and identified efforts that were working and should be expanded. Then, ABIA matched this information with its data power to pinpoint solutions.

ABIA tracks performance, squeezes more out of budgets and resources, and uncovers effective ways patients and communities can help themselves. As the ACC keeps tabs on what gets measurable results, it applies this information to shape a healthier future.

ABIA's initial pilot project focused on diabetes self-management. Ultimately, participants changed their behaviors and took more control over their disease. Significant results included reduced blood sugar and bad cholesterol levels, weight loss, decreased body mass, and fewer emergency room visits.

# Working Together, Community Partners Lighten Up

Today, almost two-thirds of adults and one-third of children in Lancaster County, Pennsylvania, are overweight or obese. Together, they total more than 250,000 people at risk for cancer, diabetes, heart disease, and other chronic diseases.

However, through the help of local partners, including the business and tourist community, Lancaster General Health is leading the charge for change. A regional health care system, Lancaster General is teaming up with the Lancaster Health Improvement Partnership (LHIP) to achieve healthy results.

Since Lancaster County doesn't have a local health department, LHIP established priorities by analyzing data from morbidity and mortality reports, behavioral surveys, focus groups, hospitals and health systems, and other studies of the area. "We analyzed federal, state, and local data to identify our community's most pressing health concerns," says Al Duncan, CEO of a local restaurant group, who serves on LHIP's leadership team. "We select issues that affect the most people and do, or will, cost society the most in either dollars or quality of life."

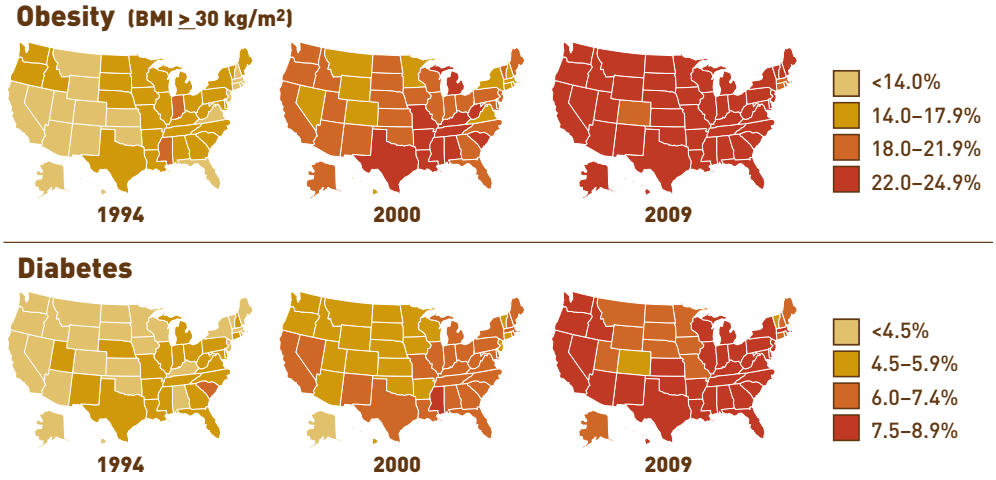
"We don't want to be in a position of making choices without the information we need," says Alex Henderson, a local attorney who chairs the Lancaster General Board of Trustees.

LHIP rallied more than 350 school, government, business, and community representatives for Lighten Up Lancaster County, a coalition that equips residents with online resources to make healthy living easier. For instance, the Lancaster On the Move Recreation Directory identifies hundreds of nearby, low-cost options for physical activity. One of these activities, Girls on the Run, has engaged hundreds of girls since the Lancaster chapter started in 2009.

Lancaster General uses a scorecard to gauge the effectiveness of health programs like Eat Well for Life—which provides a fun and easy system of green, yellow, and red flags for educated food choices in hospital cafeterias. The scorecard tracks participant weight loss, changes in behavior, and


Residents of Lancaster County can easily access tools online to make healthy changes in their homes, schools, and workplaces.

## Two Alarming Trends Converge




SOURCE: CDC's Division of Diabetes Translation

other key measures. Meanwhile, LHIP tracks community indicators, such as the overall percentage of area adults who are physically active and eat the recommended number of fruits and vegetables, along with the percentage of youth and adults at a healthy weight.

Healthy changes have also affected the county's vital tourism industry.

"Visitors were requesting, but not finding, healthier dining options," Al says. For Al and his restaurants, Lighten Up Lancaster County resources helped provide the research and strategies that encouraged him to add healthy alternatives to the menu of traditional favorites, benefiting diners' health and the company's bottom line.

## Coalitions in Action

Through guidance from Lighten Up Lancaster County, the city of Lancaster is now planning for its first bike lane as part of the reconstruction of the Walnut/Plum Street intersection. City plans also call for designated walking and biking routes between city parks. Restaurant owner Al Duncan believes the promotion of hiking and cycling, as cities such as Denver and Philadelphia have done, will lead to both healthier lifestyles and increased tourism.

Another LHIP coalition is focused on eliminating tobacco use on all county hospital campuses—providing multiple methods and greater access to cessation services.

In addition, LHIP is helping to improve access to primary care for underserved communities. LHIP collaborated with primary care providers on electronic health records, building upon an existing protocol for asking patients if they followed up on their primary care doctor's recommendations. Initially, the protocol was focused only on tobacco use, but it now tackles obesity as well. LHIP is currently exploring ways to include high blood pressure and cholesterol control as two added measures in all patient health records.

Grant support has been essential to LHIP's many efforts, says Alice Yoder, Lancaster General's director of community health. Without it, she says, "it would have taken a lot longer to reach our goals."

Richmond, Virginia

# The Community that Exercises Together Beats Diabetes Together

> "When others see us participating in such a large number, it gives them the reassurance that a program like this could work for them, too."

Valerie Russell, DART participant

After she retired following 20 years at her state job, Valerie Russell had more time to do what she enjoyed—and that included trying new recipes. "And I picked up some weight," she says. After a while, Valerie found retirement didn't suit her, and she decided to go back to work. When she took a required physical, she was shocked to learn that she had diabetes.

Valerie knew she had to fight the disease, so she enrolled in a local program called DART—Diabetes Action Resources and Training. DART supports diabetics like Valerie in the day-to-day self-management of their disease. In fact, she was so intent on beating diabetes that she signed up her husband, daughter, father, and mother for DART as well. Even though her father is the only other person in her family with diabetes, she knew they were all at risk, and they could all benefit.

"It taught us all how to eat healthier," Valerie says. "We learned more things we could do to monitor our cholesterol, blood pressure, and food intake."

And it's paid off. Valerie's lost about 30 pounds and has brought her blood sugar levels down to the point where she doesn't need to go to a clinic regularly anymore. But that doesn't mean she's left the DART program behind. "I'm counting my carbs, watching my calorie intake, and looking at nutritional labels on foods before buying," Valerie says.

At the heart of the program are volunteer health educators who once were DART students. Valerie is no exception. She took on the teaching responsibility, speaking at DART classes once or twice a month. Her walking group, a big factor in her weight loss, gets together for neighborhood walks a few times a week. The whole DART experience creates a bond that benefits her community as well as her personal health.

"The community has really come together," Valerie adds. "Even people who aren't in the program have taken part in activities. We're out exercising, getting to know one another a little bit better, and that's not something that happened much before."

**Among African Americans in Virginia, 13.5 percent have been diagnosed with diabetes compared to 8.5 percent of Caucasian Virginians, according to the state health department.**

**13.5% VS 8.5%**

African Americans Caucasians

## DART Reaches the People Other Programs Can't

Reaching and helping every person with diabetes is an ongoing challenge for health care workers. Poverty, isolation, generations of dietary and activity habits, a deep-rooted belief that the disease is inevitable—these and many more factors stand in the way of healing.

Yet a simple six-week program in inner-city Richmond has succeeded where others failed. It's called DART—and its success is based on hands-on support from people who have been there and have changed their lives. From the beginning, the program took into account the culture of the area and its unique health needs.

The overall goal of the program is to support African American adults with diabetes who live in underserved neighborhoods. Developed through the CDC's Racial and Ethnic Approaches to Community Health (REACH) program, DART doesn't supplant other diabetes education—it supplements it. The program is tightly focused on what people can do on a daily basis to manage their own health. The responsibility is put directly on the person with the disease and on their family members.

Participants gather at the Vernon J. Harris East End Community Health Center in the historic Church Hill area, a predominantly African American neighborhood.

The biggest factor that keeps them going, they say, is getting help from a peer.

Community members work together to change their collective health from the ground up. Can't find fresh vegetables in your neighborhood? Let's work together to change that. The only food you have comes from the food bank? Let's get the food bank to share diabetic-friendly recipes that can be made with donated food. Your neighborhood isn't safe for walking? Let's take to the sidewalks and support each other to turn the area around.

Overcoming obstacles turns participants into champions. DART has developed healthy versions of favorite African American foods and has encouraged growing vegetables at home. The program is collaborating with housing projects to create community garden space and with local convenience stores to improve the availability of healthy foods. It's all part of growing in a healthy direction.

Pierce County, Washington

# Families Head Outside to Fight Fat

Lack of physical activity and poor nutrition are key culprits behind the rise in childhood obesity. And the obesity rates in Tacoma-Pierce County in Washington are higher than the state's average: In 2010, 25 percent of Tacoma-Pierce County high school students were overweight or obese. The root cause? Too little exercise plus too many calories consumed.

To remedy the situation, the Tacoma-Pierce County Health Department looked to federal funding for support to establish community-based programs that would help increase access to healthy foods.

When children are out of school for the summer, they miss the opportunity to get school lunches—and they may go hungry. The USDA Simplified Summer Food Program brings meals to these children through local parks and playgrounds. However, in many areas around the country, the meals provided by the summer food program barely meet USDA nutritional standards.

The Tacoma-Pierce County Health Department is working with Metro Parks Tacoma to change that and ensure healthy meals are provided to more than 14,000 children. Setting itself apart, Tacoma-Pierce County has determined to not only feed children, but to feed them healthy meals that exceed nutritional standards. This summer, lunches in Tacoma-Pierce County could include turkey sandwiches on wheat bread, yogurt, fruit, carrots, and low-fat milk. Once at the parks, kids are also encouraged to participate in at least 30 minutes of physical activity.

The Tacoma-Pierce County Health Department is also working with schools to improve food choices there. School meals have extraordinary influence on the development of lifelong eating patterns, but they can also be a source of empty calories. In a recent study in the Archives of Pediatrics and Adolescent Medicine, researchers found that about half of US schools had vending machines, stores, and cafeterias that offered unhealthy foods.

**Currently, more than one-third of children are overweight or obese. The number of adolescents with type 2 diabetes increased tenfold between 1982 and 1994. The CDC estimates that one in three children born in 2000 will have the disease at some point, unless they start moving more and eating less.**

Clover Park School District wanted to ensure that what students and staff ate at school would contribute to good health. So instead of stocking school vending machines with the usual sugar-sweetened beverages and candy bars, the school district revamped what's sold to include foods that are considered healthier. To ensure that the school district wouldn't lose income, the contract with Health Vending by H.U.M.A.N. specifies that the company will pay for any lost revenue. This eliminates cost barriers to the school—and improves access to healthy foods for over 11,000 students and 1,500 staff.

Through these measures and clear messages about physical activity and nutritious meals, the Tacoma-Pierce County Health Department is encouraging and empowering students and families to achieve and maintain a healthy weight—not only in the short term but over their lifetimes. Expanding healthy choices and nutrition education will help residents understand how all foods can fit into their diet responsibly.

## Breathing Easier in Tacoma-Pierce County

The Tobacco-Free Alliance of Pierce County set an ambitious goal: to ensure that all 796,000 of the county's residents have access to smoke-free environments—including multi-unit public and private housing, parks and recreational areas, and health care and educational campuses.

The alliance uses Prevention Fund resources to provide education and raise awareness about the health benefits of smoke-free environments.

As a result of these efforts, the Peninsula Metropolitan Park District adopted a resolution in May 2012 to help ensure that all its properties are smoke-free. Tobacco-free parks reduce exposure to second-hand smoke for children and families and reduce pollution from cigarette butts, the main source of litter in public places.

# Prevention and Public Health Fund Allocations for Fiscal Years 2010–2012

Detailed Activities by Agency
(dollars in millions)

| | FY 2010 | FY 2011 | FY 2012 |
|---|---|---|---|
| **Agency for Health Care Research and Quality** | 5.500 | 12.000 | 12.000 |
| Clinical Preventive Services Research | — | 5.000 | 5.000 |
| Clinical Preventive Services Task Force | 5.000 | 7.000 | 7.000 |
| Healthy Weight Practice-Based Research Networks | 0.500 | — | — |
| **Centers for Disease Control and Prevention** | 191.797 | 610.900 | 799.000 |
| Tobacco Prevention, Quitlines, National Media Campaign | 14.500 | 50.000 | 83.000 |
| Community Transformation Grant Program | — | 145.000 | 226.000 |
| Communities Putting Prevention to Work | 44.430 | — | — |
| Racial and Ethnic Approaches to Community Health (REACH) | — | 25.000 | 40.000 |
| Nutrition, Physical Activity, and Obesity State Grants | — | 10.000 | 10.000 |
| Chronic Disease Innovation Grant (Diabetes Prevention Program) | — | — | 10.000 |
| Community Guide/Community Preventive Services Task Force | 5.000 | 7.000 | 10.000 |
| Prevention Research Centers/Public Health Research | — | 30.000 | 10.000 |
| Education and Outreach Campaign Regarding Preventive Benefits | — | 2.000 | — |
| Coordinated Chronic Disease Prevention State Grants | — | 42.000 | — |
| HIV Screening and Prevention | 30.367 | — | — |
| Public Health Workforce | 7.500 | 25.000 | 25.000 |
| National Public Health Improvement Initiative | 50.000 | 40.200 | 40.200 |
| Health Care-Associated Infections | — | 11.750 | 11.750 |
| Epidemiology and Laboratory Capacity Grants | 20.000 | 40.000 | 40.000 |
| Section 317 Immunization Program | — | 100.000 | 190.000 |
| CDC Health Care Surveillance | 19.858 | 30.000 | 35.000 |
| Environmental Public Health Tracking | — | 35.000 | 35.000 |
| National Prevention Strategy | 0.142 | 1.000 | 1.000 |
| Promoting Obesity Prevention in Early Childhood Programs | — | 0.750 | — |
| National Youth Fitness Survey | — | 6.000 | — |
| Workplace Wellness | — | 10.000 | 10.000 |
| Baby Friendly Hospitals/Breastfeeding | — | — | 7.050 |
| Viral Hepatitis Surveillance | — | — | 10.000 |
| Healthy Weight Task Force/Let's Move | — | — | 5.000 |

# Prevention and Public Health Fund Allocations for Fiscal Years 2010–2012

Detailed Activities by Agency
(dollars in millions)

| | FY 2010 | FY 2011 | FY 2012 |
|---|---|---|---|
| **Health Resources and Services Administration** | 270.655 | 20.000 | 37.000 |
| Alzheimer's Disease Provider Education | — | — | 2.000 |
| Primary Care Residencies and Physician Assistant Training | 198.122 | — | — |
| Traineeships for Nurse Practitioner Students | 31.431 | — | — |
| State Health Workforce Development Grants for Primary Care | 5.750 | — | — |
| Nurse Managed Care Centers | 15.628 | — | — |
| Public Health Workforce Development | 14.829 | 20.000 | 25.000 |
| Nutrition, Physical Activity, and Screen Time Standards in Child Care Settings | 0.255 | — | — |
| Healthy Weight Collaborative | 5.000 | — | — |
| Mental and Behavioral Health—health professions | — | — | 10.000 |
| **Substance Abuse and Mental Health Services Administration** | 20.000 | 88.000 | 88.000 |
| Primary and Behavioral Health Integration | 20.000 | 35.000 | 35.000 |
| Suicide Prevention | — | 10.000 | 10.000 |
| Screening, Brief Intervention, and Referral to Treatment | — | 25.000 | 25.000 |
| SAMHSA Health Care Surveillance | — | 18.000 | 18.000 |
| **Administration on Aging** | — | — | 14.000 |
| Chronic Disease Self-Management | — | — | 10.000 |
| Alzheimer's Disease Activities | — | — | 4.000 |
| **Office of the Secretary** | 12.045 | 19.100 | 50.000 |
| Tobacco Prevention and Cessation | 0.900 | 10.000 | 10.000 |
| Obesity Media Activities | 9.120 | 9.100 | — |
| Healthy Living Innovation Awards/Evaluation | 0.100 | — | — |
| President's Council on Fitness, Sports, and Nutrition | 0.925 | — | — |
| Strategic Planning | 1.000 | — | — |
| Emerging Public Health Issues and Prevention Outreach | — | — | 40.000 |
| **Total, All Activities** | 500.000 | 750.000 | 1,000.000 |

## Cancer Data and Prevention and Public Health Funding Data by State

| State | New Cancer Cases in 2012 | Deaths from Cancer in 2012 | Prevention Fund (FY2010 + FY2011) |
|---|---|---|---|
| Alabama | 26,440 | 10,290 | $9,201,000 |
| Alaska | 3,640 | 930 | 6,621,000 |
| Arizona | 31,990 | 11,090 | 9,409,000 |
| Arkansas | 16,120 | 6,570 | 13,856,000 |
| California | 165,810 | 56,620 | 90,607,000 |
| Colorado | 22,820 | 7,190 | 17,289,000 |
| Connecticut | 21,530 | 6,940 | 23,890,000 |
| Delaware | 5,340 | 1,930 | 1,761,000 |
| District of Columbia | 2,980 | 1,010 | 23,095,000 |
| Florida | 117,580 | 42,170 | 34,866,000 |
| Georgia | 48,130 | 15,790 | 18,253,000 |
| Hawaii | 6,610 | 2,380 | 7,133,000 |
| Idaho | 7,720 | 2,640 | 4,682,000 |
| Illinois | 65,750 | 23,970 | 31,058,000 |
| Indiana | 35,060 | 13,240 | 16,578,000 |
| Iowa | 17,010 | 6,410 | 10,592,000 |
| Kansas | 14,090 | 5,400 | 6,009,000 |
| Kentucky | 25,160 | 9,890 | 5,075,000 |
| Louisiana | 23,480 | 9,150 | 13,140,000 |
| Maine | 8,990 | 3,230 | 10,053,000 |
| Maryland | 31,000 | 10,440 | 16,083,000 |
| Massachusetts | 38,470 | 12,930 | 42,701,000 |
| Michigan | 57,790 | 20,430 | 22,831,000 |
| Minnesota | 28,060 | 9,490 | 18,366,000 |
| Mississippi | 15,190 | 6,330 | 5,223,000 |
| Missouri | 33,440 | 12,710 | 11,682,000 |
| Montana | 5,500 | 2,010 | 3,979,000 |
| Nebraska | 9,030 | 3,450 | 7,374,000 |
| Nevada | 13,780 | 4,590 | 7,516,000 |
| New Hampshire | 8,350 | 2,700 | 4,557,000 |
| New Jersey | 50,650 | 16,650 | 20,671,000 |
| New Mexico | 9,640 | 3,530 | 9,415,000 |
| New York | 109,440 | 34,140 | 62,044,000 |
| North Carolina | 51,860 | 18,440 | 39,017,000 |
| North Dakota | 3,510 | 1,300 | 1,544,000 |
| Ohio | 66,560 | 25,030 | 17,007,000 |
| Oklahoma | 19,210 | 7,800 | 13,285,000 |
| Oregon | 21,370 | 7,790 | 10,974,000 |
| Pennsylvania | 78,340 | 28,790 | 29,654,000 |
| Rhode Island | 6,310 | 2,190 | 2,672,000 |
| South Carolina | 26,570 | 9,670 | 18,023,000 |
| South Dakota | 4,430 | 1,630 | 1,973,000 |
| Tennessee | 35,610 | 13,880 | 15,115,000 |
| Texas | 110,470 | 36,820 | 38,050,000 |
| Utah | 10,620 | 2,780 | 8,838,000 |
| Vermont | 4,060 | 1,300 | 5,372,000 |
| Virginia | 41,380 | 14,610 | 20,075,000 |
| Washington | 35,790 | 12,170 | 21,745,000 |
| West Virginia | 11,610 | 4,600 | 9,952,000 |
| Wisconsin | 31,920 | 11,240 | 18,375,000 |
| Wyoming | 2,650 | 940 | 2,232,000 |

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