Healthy Living

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- The City of Asheville diabetes management program resulted in improved control of A1c levels, reduced direct medical costs and sick time, and $18,000 aggregate annual savings in productivity.[47]
- The City of Asheville asthma management program showed emergency department visits decreased from 9.9 percent to 1.3 percent and reduced direct and indirect medical costs. In addition, patients had fewer missed/nonproductive workdays.[48]

Ideas That Work

Community health planners and local businesses also can collaborate to help prevent chronic illness through primary prevention by:

- Developing an agenda for addressing the health conditions, such as diabetes and asthma, and prevention needs affecting the local population.
- Increasing community opportunities for physical activity.
- Providing widespread programming and support for smoking cessation.
- Working to reduce exposure to secondhand smoke.
- Facilitating weight management and adoption of healthy dietary behaviors.
- Encouraging responsible alcohol use.
- Encouraging and facilitating the use of screenings, such as risk identification (health risk assessment), health fairs, and biometric measurement and evaluation.
- Educating individuals regarding the value of disease prevention, medical self-care, and wise medical consumerism.
- Providing access to immunizations, disease screenings, and behavioral counseling.

The CDC *Healthy Communities Program* (formerly, *Steps Program*)[49] is designed to foster community-based prevention programs that will address the health risk factors of obesity, physical inactivity, poor nutrition, and tobacco use. The CDC *Healthy Communities Program* communities provide successful models of how engaging local businesses, educational organizations, nonprofit concerns, affinity groups, and governmental departments can create sustainable behavior change to prevent chronic illness.[49,50]

Florida Heart Research Institute

Living for Health®

Community Initiative Theme

- Community-based preventive cardiovascular risk factor screenings.

Program Goals

- Reduce the number of underserved and uninsured adults with undiagnosed or untreated high blood pressure, cholesterol, or glucose.
- Determine whether treatment was sought by those referred and whether lifestyle and treatment recommendations were followed.

Program Components

- Free cardiovascular risk factor screenings include blood pressure, body mass index, cholesterol, and glucose.
- Immediate printed results, educational pamphlets, culturally-sensitive health coaching, and referral for medical evaluation for high-risk participants.
- Follow-up telephone surveys at intervals of one, three, six, and twelve months from the initial screening.

Program Highlights

- Since its inception, *Living for Health®* has screened over 4,163 people for cardiovascular disease.
- As of May, 2010, of those who were referred for medical evaluation and were able to provide post-clinical data, 40 percent moved from high-risk status to borderline or normal levels as a result of treatment or lifestyle changes.
- Of those referred for medical evaluation, 14 percent who previously used emergency rooms or did not go for primary health care were successfully matched with a medical home.

"Florida Heart Research Institute's mission is to stop heart disease through research, education, and prevention. FHRI is saving lives by seeking solutions through community involvement, educational programs, and preventive initiatives."

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