



Confronting the Epidemic of Chronic Disease

Community Interventions for Health: An Oxford Health Alliance Programme



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Community Interventions in Health

Community Interventions for Health is a multinational collaborative for comprehensive community interventions.

The long-term goal of the CIH study is to create sustainable interventions that prevent and control the leading chronic diseases by **addressing the three main risk factors** – *tobacco use, diet, and physical activity*.



Community Interventions in Health

On the individual level the focus will be changes in **knowledge, attitude, and behaviour** as well as changes in **physical/biological risk factors**.

On the local level, the focus will be on changes in **policies and environments**.

Targeting structural (policy, environment, economic) changes as part of a comprehensive approach in neighbourhoods, schools, workplaces, and health centres is a primary strength of the CIH study.



Collaboration and commitment

Four sites are currently funded for a three-year pilot study with baseline data collection being conducted this year:

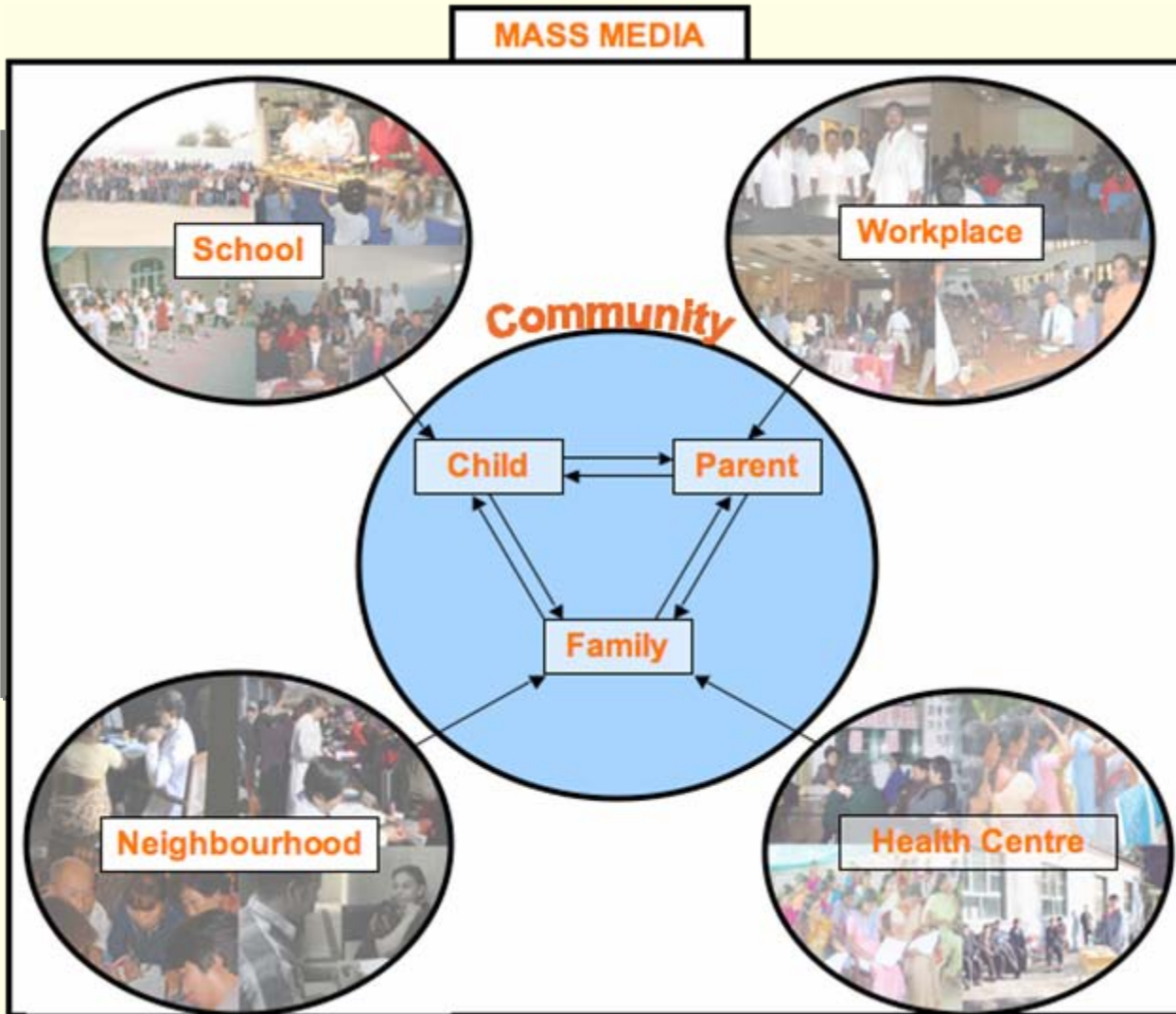
- India
- Mexico
- China
- United Kingdom

Additional funding is being sought for other sites, including Argentina, Tunisia, Israel, and India (Delhi)



Future directions: expansion to over 15 interested sites worldwide

Comprehensive Approach



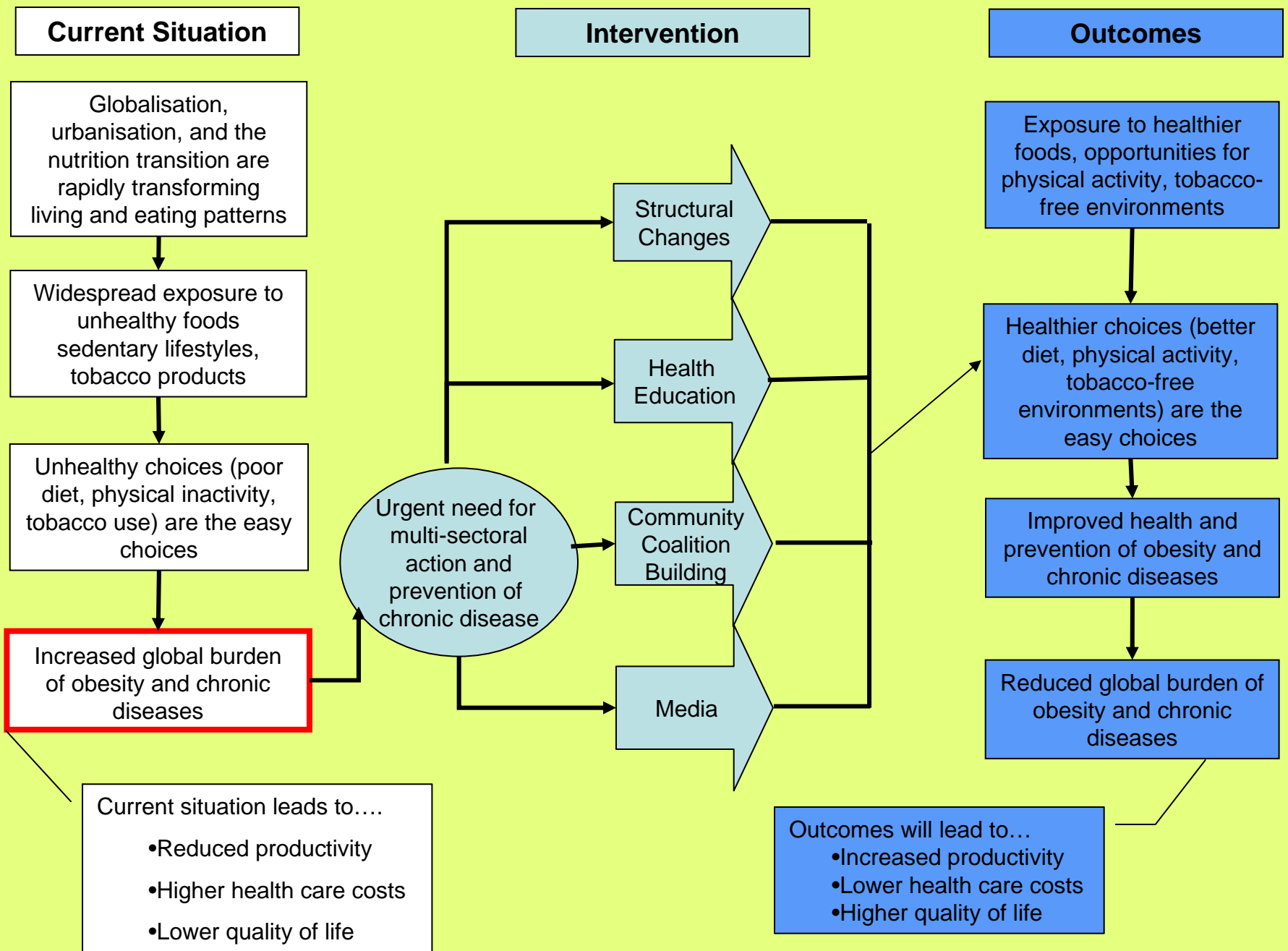
CIH is about individual behavioural change through policy and environmental changes.
Making the healthy choices the easy choices.



CIH: Community Interventions in Health

- **Four settings of the comprehensive intervention approach**
 - Neighbourhoods
 - Schools
 - Workplaces
 - Health centres

- **Four strategies for change**
 - Community coalition-building
 - Structural interventions
 - policy, environmental, and economic changes
 - Health education
 - Media and social marketing





Types of structural interventions

■ Community

- Health assessments and promotion at community events
- Affordable and accessible fruit carts or farmers markets
- Healthy food choices at local establishments and at events
- Safe routes for walking and bicycling
- Smoke-free policies





Types of structural interventions

■ Workplace

- Healthy and affordable food in vending machines and cafeterias
- Use of healthier oils in food preparation
- Health risk assessments and smoking-cessation programmes
- Incentives for participation in on-site and off-site physical activity
- Point-of-contact prompts
- Smoke-free workplaces





Types of structural interventions

Schools

- Affordable and healthy food and drinks in cafeterias and vending machines
- Advertisement-free schools
- 60 minutes of physical activity a day, three times per week
- Enhanced health curricula
- Annual health assessments



集健身、拳操为一体的木兰拳，深受妇女、儿童喜爱。
作者：孙兰娣 女
中南居委

预防高血压从青少年做起，从小锻炼，不做“小胖墩”。
作者：丁静娜 女
三村居委





Types of structural interventions

- **Healthcare settings**
 - Lifestyle-tracking for patients
 - Incentives and training for providers to screen for and prevent obesity and chronic diseases





Other primary intervention strategies

- Community Collaboration
- Health Education
- Media and social marketing





Evaluation Methodology

Intervention and Comparison Community

Intervention units selected as similar to comparison units on: SES, rural/urban status, and cultural/ethnic factors

Pre- and Post Assessments (of individual and community)

Individual Change

- Surveys for knowledge, attitude, and behaviour
- Physical and biological measurements

Community Change: changes in policy and environment

- Document review
- Environmental scans
- Key informant interviews
- GIS mapping

Implementation process evaluation (on-going)



Process Evaluation (ongoing)

The process evaluation will capture the methods used at each site, the dose of the intervention delivered and received, as well as the facilitators and barriers to change. These measures will be used to understand outcomes and to improve and replicate practices.

Process measures will include:

- Strength of community coalition
- Community readiness to change
- The number of and level of attendance at health education programmes across workplaces, schools, neighbourhoods
- The number of and level of attendance at health professional trainings to adopt the standardisation of risk factor assessment and advice in medical practice
- The types, distribution coverage, and placement of social marketing media
- The number and types of structural change interventions implemented (i.e., changes in environment and policies)



Impact of CIH

Impacts (beyond the pilot study):

- Lower rates of obesity and chronic disease (CVD, diabetes)
- Lower morbidity and mortality due to obesity and chronic disease (CVD, diabetes)
- Higher productivity, lower annual healthcare costs, higher quality of life



End Products of CIH

End Products:

- A comprehensive international database of intervention processes and outcomes
- A best-practice 'roadmap' of guidance to address chronic disease risk factors with adaptations for different settings
- Research articles to further the field in risk factor reduction and chronic disease prevention



Reach of CIH

Global reach

- CIH's network will provide local leverage as advocates for large-scale international changes in tandem with the Oxford Health Alliance.



Principal Investigators

China Site

- Liming Lee , MD

India Sites

- KR Thankappan, MD
- K. Srinath Reddy, MD
- Prabhakaran Dorairaj, MD

Israel Site

- Dov Tamir, MD

Latin American Sites

- Beatriz Champagne, Ph.D.
- Jorge Ramírez Hernández, MD, PhD
- Javier Saimovici, MD

Tunisia Site

- Hassen Ghannem, MD

UK Site PI

- Robert Baggott, Ph.D.

Support and Evaluation

Oxford Health Alliance

- Stig Pramming, MD
- Christine Hancock, RN

Evaluation Team

- Denise Stevens, PhD, Director of CIH, President, MATRIX PHC
- Brenda Fenton, PhD, Research Director of CIH, MATRIX PHC
- Kathleen O'Connor, M.Ed (PhD candidate) Yale School of Epidemiology & Public Health
- Fiona Wong, MIH, Senior Associate MATRIX PHC
- Karen Siegel, MPH, Associate MATRIX PHC



CIH Advisory Board

- **Diane Finegood**, Scientific Director, Canadian Institutes of Health Research, Canada
- **David Matthews**, Oxford Centre for Diabetes, Endocrinology & Metabolism, UK
- **Martin McKee**, Professor, London School of Medicine and Tropical Hygiene, UK
- **K.M. Venkat Narayan**, Hubert Professor of Global Health, Emory University School of Public Health, US
- **Pekka Puska**, Director of Health and Chronic Disease, National Institute of Public Health, Helsinki, Finland
- **Nizal Sarraf-Zadegan**, Professor, Isfahan University of Medical Sciences, Iran
- **Mark Woodward**, Statistician, George Institute, Australia
- **Derek Yach**, Director of Global Policy, PepsiCo, US



CIH Expert Panel

- **Samira Asma**, Global Tobacco Control, CDC (US)
- **Fiona Bull**, School of Sports and Exercise Science, Loughborough University (UK)
- **Loretta DiPietro**, Yale School of Public Health (US)
- **Tom Gaziano**, Harvard University (US)
- **William Haskell**, Stanford Prevention Research Center (US)
- **Vicki Lambert**, University of Cape Town (South Africa)
- **Victor Matsudo**, CELAFISCS (Brazil)
- **Carlos Monteiro**, University of Sao Paulo (Brazil)
- **Rachel Nugent**, Center for Global Development (US)
- **Pirjo Pietinen**, National Public Health Institute (Finland)
- **Michael Pratt**, WHO Collaborating Center for Physical Activity and Health Promotion, CDC (US)
- **Nigel Unwin**, Institute of Health and Society, Newcastle University (UK)
- **Walter Willett**, Harvard University (US)



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Thank You