

* A grant from PepsiCo Foundation is supporting these sites.

Community Interventions for Health (CIH)

Lifestyle challenges of the 21st century

- Around the world, lifestyles are changing. Globalisation is leading to advances in technology, changes to the built environment and food habits, and increased advertising.
- It is increasingly difficult to make healthy choices: access, availability and affordability of healthy foods are decreasing while unhealthy foods have become readily available and cheap; tobacco products are widely advertised and readily available; environments that promote physical activity are dwindling.
- Three risk factors – poor diet, tobacco use and lack of physical activity – lead to four chronic diseases – cardiovascular disease (CVD), type 2 diabetes, chronic lung disease and many cancers – that account for well over 50% of deaths worldwide.
- Chronic diseases are rising at alarming rates in both developed and developing countries: over 1 billion people are overweight or obese, diabetes currently affects 246 million people worldwide (expected to affect 380 million by 2025), and CVD is the primary cause of death worldwide.
- The economic impact of these diseases is staggering – the World Health Organisation predicts that in the next 10 years, China, India and the UK will lose \$558 billion, \$237 billion and \$33 billion, respectively, in foregone national income due to heart disease, stroke and diabetes.

Simple solutions to preventing chronic disease exist, yet are not implemented.

Barriers to implementation

Barriers to implementation include the following:

- time and monetary constraints for engaging in healthy behaviours;
- lack of knowledge and awareness of disease risk, as well as solutions;
- varying cultural perceptions of good health (such as ideal body weight);
- lack of accessibility, affordability and availability of healthy options;
- insufficient knowledge and awareness of evidence-based practices for preventing chronic disease.

Community Interventions for Health (CIH) addresses these barriers



What is Community Interventions for Health?

- CIH is the community action arm of the Oxford Health Alliance (OxHA).
- CIH focuses on disease prevention, addressing the risk factors for chronic disease (poor diet, lack of physical activity and tobacco use) and the barriers to change.
- CIH draws upon the knowledge and skills of researchers around the globe who work together to implement and evaluate interventions to address chronic disease risk factors through comprehensive community interventions.

Why is prevention important?

Prevention is critical on two levels, in terms of ethics and cost.

- It is unethical for decision-makers to fail to take the steps that are needed to prevent millions of people from developing chronic diseases.
- Once a disease has presented, the high cost of healthcare, as well as the unavailability of health services in some areas, excludes the majority of the population from accessing treatment. Health systems have finite resources and are simply unable to meet the needs of the population if the growth in chronic disease goes unabated.

Aim of CIH

The long-term goal of CIH is to create environments and policies that reduce exposure to the three main risk factors – *tobacco use*, *poor diet* and *lack of physical activity* – for the four leading chronic diseases.

During the two-year intervention pilot study, the focus at the individual level will be changes in knowledge and behaviour as well as change in physical/ biological risk factors (blood pressure, lipid profile, hip-to-waist ratio, body mass index, and glucose level). At the community level, the focus will be on policy and environmental changes. Targeting structural (policy, environmental and economic) changes as part of a comprehensive approach in neighbourhoods, schools, workplaces, and health centres is the strength of CIH.

The interventions will simultaneously include *community coalition building*, *health education*, *structural interventions*, and *social marketing strategies*.

Features of CIH

Four main components

- *Community coalition-building* – key stakeholders working together to encourage healthy lifestyle change throughout the community, such as advocating for bicycle paths and smoke-free environments, or creating farmers' markets.
- *Health education* – dissemination of health messages, such as the training of health professionals or peer educators.
- *Structural interventions* – advocating for and implementing policy change, environmental change (improving opportunities for physical activity in schools and workplaces) and economic change (reducing taxes on healthy foods). These components interact to create communities in which the healthy choices are the easy choices.
- *Social marketing* – using and adapting marketing applications to change health behaviours.

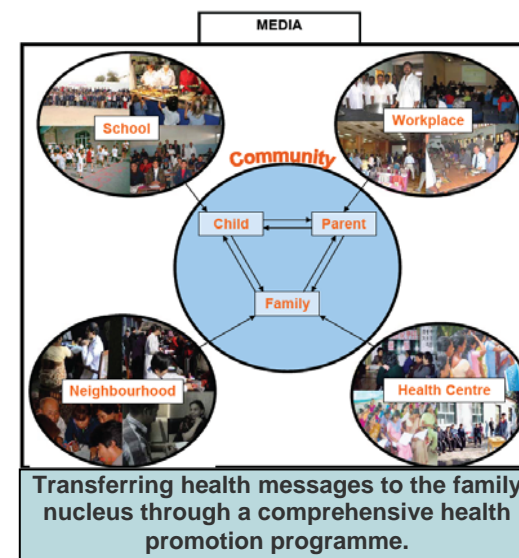
Common features across CIH sites

- Implementation in high-risk communities in developing and developed countries.
- Implementation in four key settings (communities, schools, workplaces, and health centres), targeting children and families where they live, work, learn, play, and receive care.
- Assessment of the interventions through a rigorously designed research study.
- Assessment to understand how culture and community context affect intervention implementation and effectiveness.
- Cross-cultural, comparative analysis with other sites, using a shared set of measures, with a view to building the roadmap of best practice in chronic disease prevention.

End products

- A best-practice 'roadmap' of guidance to address chronic disease risk factors.
- A comprehensive international database of intervention processes and outcomes.
- Research articles to advance the field of risk-factor reduction and chronic disease prevention.

Comprehensive community interventions



This diagram illustrates how health education will occur simultaneously across multiple settings. The family will receive health messages from the shared behaviour-shaping settings of schools, workplaces, health centres, and the community (neighbourhoods). Information received by individual family members will be transferred to other members. Thus, for example, educational messages from schools will reach parents through their children. These efforts will be reinforced through local media efforts.