

Confronting the Epidemic of Chronic Disease:

A Multinational Comprehensive Community Program



Multi-setting CAPCoD

Multi-setting CAPCoD = 12 Countries and 15 sites

Australia

China

India

- Delhi

- Kerala

Indonesia

Israel

Latin America

- Argentina

- Brazil

- Mexico

- Venezuela

Tunisia

USA

- Alaska

- Brooklyn, New York

- Chicago, Illinois

Vietnam



Country/Project Selection Criteria

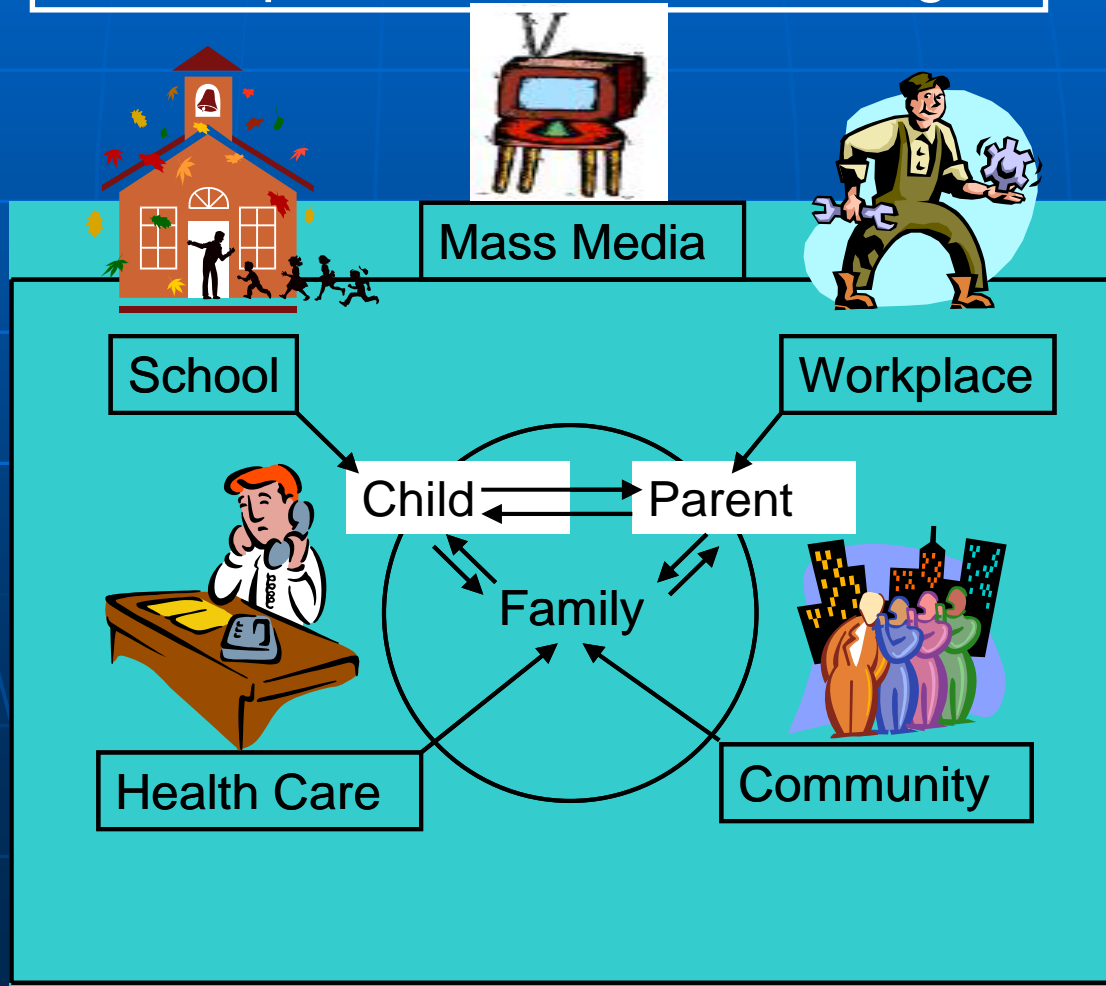
- Focus on multiple, simultaneous risk factor reduction (tobacco use, diet and physical activity)
- Interventions target family through a community approach that includes a minimum combination of worksite and school settings
- Focused on individual behavior change through policy interventions, environmental change, economic incentives
- Implement rigorous research methodology including a control group, common study design and metrics
- Evidence for local involvement:
 - Cost sharing
 - Community planning
 - Sustainability
- Experienced, passionate public health investigators

Benefits of a Multinational Program

- Implement evidence-based health promotion interventions across cultures, political structures, metropolitan and non-metropolitan communities
 - Identify barriers, communication systems, innovative approaches... what works and what doesn't
- Establish health-related productivity (e.g., school and worksite performance) as global community priority
- An international network of prevention researchers sharing expertise, methodology and outcomes - - working for change locally and globally.

Transferring evidence to action

- Policy/environmental Δ supporting behavior change
- Family focused, peer supported
- Multiple simultaneous settings



Evaluation

- Intervention vs. control and pre-post:
 - Δ Behavioral determinants (e.g., consumption patterns)
 - Δ Biometric measures (e.g., BMI, blood pressure)
 - Δ Behavioral risk factor prevalence
- Policy implementation (e.g., environmental changes within community settings)
- Program scope, reach and consistency
- Cost-benefit (e.g., school performance, healthcare costs, worksite productivity, absenteeism...)

Evidence for Local Commitment

- Total gov't and foundation support:
\$1.5 million
- Total in-kind contributions (program development, physical space, supplies, ongoing program support):
\$16 million

Total Matching Funds:
\$17.5 million

Funding Request

- Project request:
\$1-1.5 million per project
- Yale coordination and evaluation
core: TBD

Conclusion

- Comprehensive, multi-setting community intervention directed at primary prevention of chronic disease.
- Simultaneous approach to tobacco, diet and physical activity risk factors
- Designed to address individual/family behavior change through socio-ecologic model
- Focus on health, productivity AND economics of chronic disease
- Evaluation methodology designed to address data needed to create evidence-base for a globally relevant chronic disease prevention roadmap.

Thank you!