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Purpose

To report perceived benefits and challenges to coordinated chronic disease prevention among a national sample of state health department staff as part of a larger evidence-based public health study.

Background

- Historical categorical funding of chronic disease prevention programs that often operated separately
- Common risk factors for multiple chronic diseases: tobacco use, physical inactivity, poor nutrition
- CDC now funding combined state health department approaches to chronic disease prevention

Methods: Participants

- State health department staff identified through health department websites and partner organizations
- Emailed invitations to staff from tobacco, obesity, physical activity, nutrition, cancer, cardiovascular health, diabetes
- Phone calls and email reminders were used as needed to increase the response rate from 43% to 77%

Methods: Survey Questions

- Perceived benefits and challenges response options developed from feedback from public health practitioners in evidence-based public health courses and then pilot tested
- Item wording revised after hour-long cognitive testing interviews with 11 former chronic disease directors or staff
- For perceived benefits and challenges, participants were asked to select and rank their top three response options

Results: Participants

Characteristics (N=865)	%
Female	80.5
Program managers or directors	64.1
Masters in public health or certified health education specialist certification	36.1
Any master's or doctoral degree	70.2
Program area	
Tobacco	12.6
Obesity prevention, physical activity, nutrition	17.2
Cancer	10.8
Cardiovascular health or diabetes	10.6
Generalists	14.9
All else	33.9

Results: Perceived Benefits and Challenges

Figure 1. Perceived benefits of state health department coordinated chronic disease prevention practice (top three), N=865

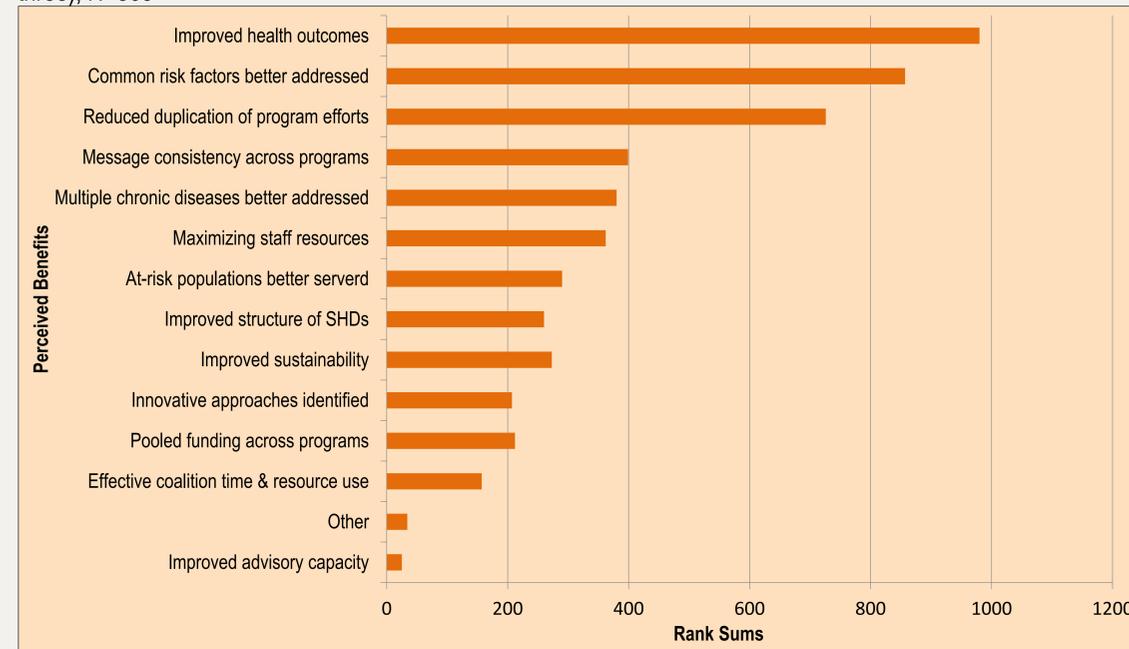
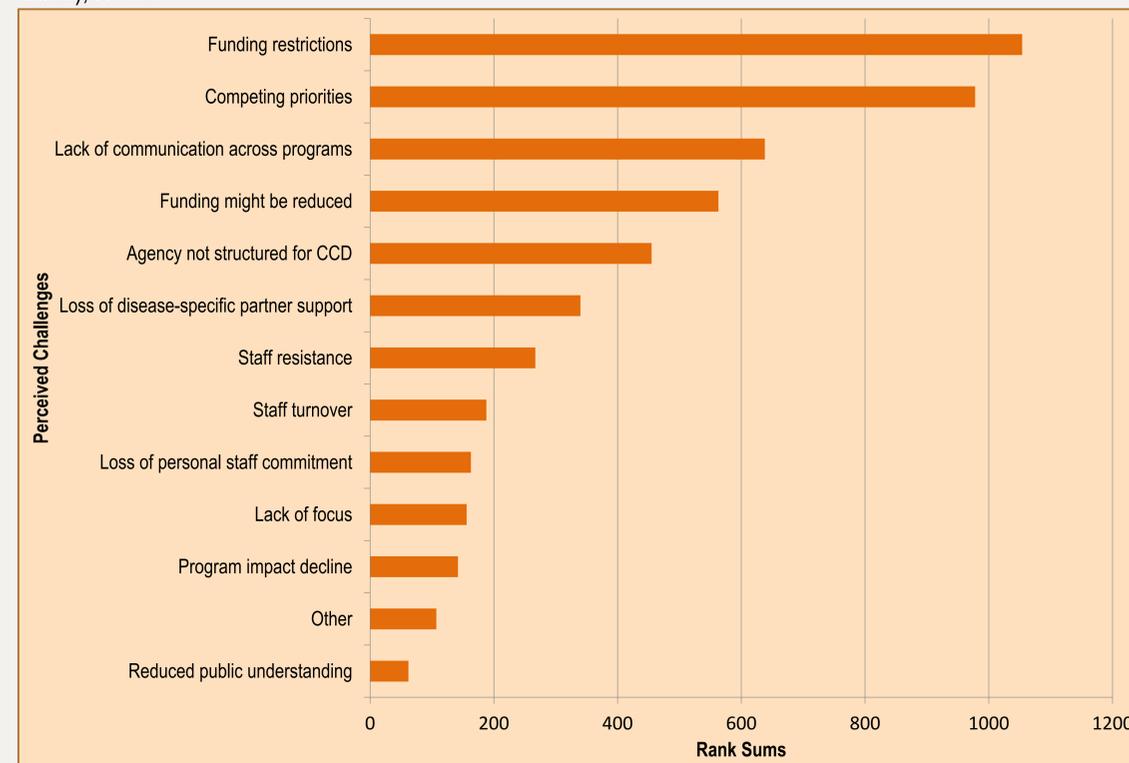


Figure 2. Perceived challenges of state health department coordinated chronic disease prevention practice (top three), N=865



Results: By Characteristics

- Perceived **benefits** were similar across positions and program areas
- Perceived **challenges** differed by program area:
 - “Lack of communication across programs” higher ranking among those in cancer prevention and control (p=.02)
 - “Funding might be reduced” higher ranking among those in cardiovascular health or diabetes (p<.001)
 - “Health impact decline” higher ranking among those in tobacco control (p=.01)
 - “Competing priorities” and “funding might be reduced” more commonly ranked among those from states with high chronic disease burden (p=.03, p=.01 respectively)

Discussion

- Main perceived benefits of coordinated approaches are improved health outcomes, better addressing of common risk factors, and reduced duplication of efforts, though this study did not test whether the anticipated benefits will occur
- State population chronic disease burden may affect how health department staff react to the transition to coordinated approaches, though further exploration is needed

Implications for Public Health

- Findings may be used by funding agencies and state health departments for planning, training, and technical assistance
- Several perceived challenges are potentially modifiable by state health departments with support from funders and training and technical assistance providers
- Coordinated training and technical assistance so that all program areas recognize differing concerns in their chronic disease units may facilitate the transition to coordinated chronic disease prevention

Acknowledgements

The study is funded by the National Cancer Institute of the National Institutes of Health under Award Number 5R01CA160327 and supported by the Prevention Research Center in St. Louis Cooperative Agreement Number U48/DP001903 from the Centers for Disease Control and Prevention. The findings and conclusions are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention or the National Institutes of Health.

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Canadian Partnership Against Cancer: Jon Kerner
Centers for Disease Control and Prevention: Vicki Benard, Marcus Plescia
McMaster University, Ontario, Canada: Maureen Dobbins
National Association of Chronic Disease Directors: John Robitscher
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