What is ANCHOR?

Accelerating National Community Health Outcomes through Reinforcing Partnerships Program

Otherwise known as by CDC and our public health partners…

4. National Implementation and Dissemination for Chronic Disease Prevention (DP14-1418)

Category “A”
Role of Category A

- Awardees will use at least 75% of their annual award to identify, fund, monitor, and support two cohorts of 15-20 sub-recipients from among their chapters/affiliates.
- Selected chapters/affiliates will have 6-8 months to develop or strengthen their coalitions and examine community needs assessment data.
- Then implement a 15-month locally-driven community action plan, or work plan, that addresses one or more of the following chronic disease risk factors selected by their national organization: tobacco use and exposure, poor nutrition, physical inactivity, or lack of access to chronic disease prevention, risk reduction, or management opportunities.
Role of National Organizations

• Increase collaboration between national and community partners
• Increase community capacity to implement policy, systems and environmental change (PSE) improvements
  – Multi-sectorial coalitions
  – Community data
  – Community action plan
• Increase messages on the importance of PSE improvements
Role of Category “A” Sub-recipients (Local Grantees)

- Lead a new or enhanced multi-sectoral coalition
- Community assessment
- Identify chronic disease risk factors
- Select evidence-based PSE strategies
- Reach 50% of the population in the funded area
## Organizations That Were Funded

<table>
<thead>
<tr>
<th>Awardee</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category A:</strong></td>
<td></td>
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<tr>
<td>National WIC Association</td>
<td>$2,391,722</td>
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<tr>
<td>American Planning Association</td>
<td>$2,998,075</td>
</tr>
<tr>
<td>American Heart Association</td>
<td>$3,000,000</td>
</tr>
<tr>
<td><strong>Category B:</strong></td>
<td></td>
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<tr>
<td>Society for Public Health Education</td>
<td>$480,282</td>
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<tr>
<td>ASTDHPPHE</td>
<td>$500,000</td>
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AHA Approach to Our Application: Build upon Existing Programs

• Voices for Healthy Kids
• Tobacco Control Policy
• Check. Change. Control. and other AHA clinical programs
AHA Affiliates

**SouthWest Affiliate**
Midge LaPorte Epstein, EVP
AR, CO, NM, OK, *TX & WY

**Greater Southeast Affiliate**
David Markiewicz, EVP
AL, *FL, GA, LA, MS, PR & TN

**Midwest Affiliate**
Kevin Harker, EVP
IA, IL, IN,*KS, MI, MN, MO, ND, NE, SD & WI

**Mid-Atlantic Affiliate**
Jeremy Beauchamp, EVP
Est. Start Date: 12/1/2010
MD, NC, SC, *VA & WA, DC

**Great Rivers Affiliate**
Nicole Sapio, EVP
DE, KY, OH, *PA & WV

**Founders Affiliate**
Michael Weamer, EVP
CT, ME, MA, NH, NJ, *NY, RI & VT

**Western States Affiliate**
Roman J. Bowser, EVP
AK, AZ,*CA, HI, ID, MT, NV, OR, UT & WA

**National Center**

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AK, AZ, CA, HI, ID, MT, NV, OR, UT & WA
WA
OR
CA
NV
UT
NM
TX
OK
AR
LA
MS
AL
GA
SC
NC
FL
DE
NJ
CT
NY
RI
VT
NH
ME
MD
DC
PR
HI
KS
OK
ND
SD
WA
MT
IA
IL
IN
OH
MI
WI
IL
IN
TN
NC
VA

NYC
MA
SD
Tobacco Use and Exposure Strategies: Educate community residents on the benefits of tobacco and smoke-free environments

- Increase the number of settings that have 100% smoke-free policies
Nutrition Strategies: Increase the number of people with access to environments with healthy food and beverage options

- Increase availability and affordability of healthy foods and beverages in institutional settings, workplaces, prisons, senior centers, childcare settings, and government facilities
- Increase availability of healthy foods in communities, including working with community partners to incentivize new grocery store development, expanding farmers markets, community and school gardens, small store initiatives, mobile vending carts, and restaurant initiatives
- Promote purchase of fruits, vegetables, and other healthy foods through food assistance program incentives such as accepting EBT payments at farmers’ markets
AHA Priorities Identified in ANCHOR Grant Proposal

**Physical Activity Strategies: Increase the number of people with access to physical activity opportunities:**

- Work with education partners to share information on how quality physical education programs can improve their children’s health and academic performance
- Increase opportunities for physical activity in public settings:
  - Improve community designs to make streets safe for pedestrians, bicyclists, and public transit users
  - Shared use agreements
- Improve physical activity and education policies and practices in early child care settings
Chronic Disease Prevention, Risk Reduction and Management: Increase the number of people with access to opportunities for chronic disease prevention, risk reduction or management through community clinical linkages:

• Increase access to chronic disease preventive services and self-management programs in community settings

• Increase number of referrals to community-based resources and services for risk reduction and disease management

• Increase number and training of multi-disciplinary teams including core competency training for community health workers, cultural competence training for health care providers

• Leverage health IT systems to:
  – Collect data on populations bearing a disproportionate burden of chronic disease
  – Provide feedback on quality of care across health care providers and health care organizations
The AHA is committed to high impact at the population level through population-wide policy, systems and environmental change improvements.

We do this by selecting high-impact priority policy interventions.
Defining Terms

Priority Interventions: an intervention that more directly affects risk factors or behaviors

Supportive Interventions: an intervention that may not have high impact on their own, but can enhance the reach, effectiveness or knowledge about a primary intervention
How Can We Apply This to Our Work?

**Strategy:** Increase availability and affordability of healthy foods and beverages in institutional settings, workplaces, prisons, senior centers, childcare settings, and government facilities.

**Supportive Interventions:**

**Primary, High-impact Intervention:**
<table>
<thead>
<tr>
<th>Task</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>Finalize and publish application</td>
<td>November 10&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Affiliates write and submit proposals</td>
<td>November 10&lt;sup&gt;th&lt;/sup&gt; – December 12&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Notice of Award to Affiliates</td>
<td>January 26&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Select Community Leadership Team</td>
<td>January 26&lt;sup&gt;th&lt;/sup&gt; – February 25&lt;sup&gt;th&lt;/sup&gt;</td>
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<tr>
<td>Kick-off face-to-face meeting for all sub-recipients</td>
<td>February 25&lt;sup&gt;th&lt;/sup&gt;-27&lt;sup&gt;th&lt;/sup&gt; or Week of March 16&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Community Action Plans written</td>
<td>Kick-off meeting – May 31&lt;sup&gt;st&lt;/sup&gt;</td>
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<tr>
<td>Community Action Plans approved</td>
<td>June 30&lt;sup&gt;th&lt;/sup&gt;</td>
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<tr>
<td>Implementation of 15 month CAP begins</td>
<td>August 1&lt;sup&gt;st&lt;/sup&gt; – onwards</td>
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Need to follow-up?

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