

REACH US Center of Excellence in the Elimination of Health Disparities: Community Action to Address Chronic Disease Disparities

UCLA: Antronette K. (Toni) Yancey (Principal Investigator), Roshan Bastani (Co-Principal Investigator), William J. (Bill) McCarthy, Annette Maxwell, Beth Glenn, Ritesh Mistry, Cynthia Mojica, Weng Kee Wong, William Vega, Allison Diamant, Alex Ortega, Michael Rodriguez, Marjorie Kagawa-Singer, Kate Crespi, Joyce Guinyard

Los Angeles County Dept of Public Health (DPH): Paul Simon (Co-Principal Investigator), Jeff Gunzenhauser, Eloisa Gonzalez, Cynthia Harding, Tony Kuo, Jonathan Fielding

Primary Community Partners: Asian Pacific Healthcare Venture, Inc., California Black Women's Health Project, Esperanza Community Housing Corporation, Latino Health Access, Los Angeles Urban League, Worksite Wellness LA

Community Investigator Team: American Cancer Society, Clinica Oscar Romero, Community Health Councils, Crystal Stairs, DPH, Latino 5-A-Day, Partnered for Progress, The City Project, Worksite Wellness LA

Our CDC-funded REACH US Center of Excellence in the Elimination of Health Disparities (CEED) is focused on eliminating disparities in cardiovascular disease, cancer, and other chronic diseases related to obesity among African Americans, Latinos, and Asians. Our CEED disseminates evidence- and practice-based strategies and policies that incorporate physical activity and healthy food choices into organizational routine. Examples of organizational policies and practices include: 10-minute group exercise breaks and walking meetings, healthy refreshments at organizational meetings and functions, replacing desktop candy dishes with fruit baskets, including healthy and competitively priced foods in vending machines, cafeteria and/or on-site food vendor offerings, and promoting stair use by posting prompts and improving stair accessibility, visibility and appeal (Table 1). In future years, we will also focus on other chronic disease and cancer risk reduction strategies in accordance with community priorities, such as tobacco control and cancer screening. Our target organizations include worksites, schools, churches, professional sports organizations, and safety-net clinics.

Our interventions reflect African American, Latino and Asian American cultural traditions. By using a participatory approach and building on rich cultural assets in our communities, e.g., collectivist values and dancing as a part of group social interaction throughout the lifespan, this academic-community partnership engages the broader community in dissemination, training, and advocacy efforts to achieve widespread improvements in nutrition and physical activity behaviors. Our goals are to focus dissemination and training activities to achieve sustainable healthy eating and active living policies and practices within organizations in at-risk communities, and to spark advocacy to influence such policies and regulations at the local, state and national levels. In addition to continuing to partner with existing community collaborators, CEED funds small Legacy Projects to engage minority-serving organizations not previously a part of UCLA's/Los Angeles County DPH's networks.

We rigorously evaluate the impact of these promising strategies on the practices and policies of

organizations and on the health status of the participating communities on an ongoing basis. Existing datasets are used as appropriate, e.g., the Los Angeles County Health Survey, the California Health Interview Survey, the California Department of Education FitnessGRAM and Academic Performance Index, and the California Healthy Kids Survey. Our CEHD serves as a national resource center for information, training and technical assistance on implementing organizational level changes within underserved communities.

Table 1. Model policies and practices	
Core (“push” strategies required for participation)	Elective (“menu of options”)
Incorporate 10-minute exercise breaks during lengthy meetings and at a certain time of the day. (“ <i>Lift Offs!</i> ” or Instant Recess™ breaks)	Encourage more casual attire compatible with lifestyle integration of physical activity, e.g., neckties and high-heeled shoes relegated to formal or special occasions, not everyday wear (daily expectation or norm).
Support other individual and group exercise during the routine “conduct of business,” e.g., walking meetings and scheduling sit-down meetings in rooms at a short distance from attendees’ workspace.	Post stair prompts and ask managers to take the lead in using stairs instead of elevators
	Replace desk and conference chairs with therapy balls (including stands for novice users)
Include healthy food choices at meetings in which refreshments are served, e.g., www.5colorsaday.com , www.sph.umn.edu/news/nutritionalguidelines , www.uhs.berkeley.edu/facstaff/healthmatters/healthymeeetings.shtml .	Provide a bowl of fresh fruit in the reception or central congregating area.
	Link networked computers to printer at a distance from employees’ workspace to necessitate a short walk (3-5 minutes)
Establish healthy food procurement & fundraising policies for catering & conference/meeting facility menus.	Install water fountains or dispensers.
Restrict nearby parking to the disabled and/or provide incentives for distant parking.	Improve stairwell appeal and accessibility and/or discourage elevator use by slowing them/skipping floors.
Include at least 50% healthy and competitively priced food choices in workplace vending machines, cafeterias and on-site food vendor offerings.	Change organizational culture to promote and reward lifestyle activity, e.g., standing up at intervals, doing “airline” exercises in one’s chair, stretching during meetings.
Replace candy/cookie jars on organizational leaders’ (and preferably all employees’) desks with bowls of fruit or small packages (no more than 2 oz.) of nuts (preferably unsalted) or dried fruit/nut mix.	Include language in sub-contracts mandating or providing incentives for suppliers’ adoption of healthy/fit practices & policies.
Adopt formal written policies institutionalizing these practices and informal policies.	Provide substantive incentives for mass transit use.
Include wellness policy implementation duties in job description of senior manager and line or administrative staff, i.e. organize and coordinate movement breaks and walking meetings, secure PA and nutrition promotion materials, handle water and fruit/nut snack purchasing & delivery, ensure food procurement policy adherence.	Move employee or student “drop-off” locations sufficiently far from workplace or school entrances to require at least a 5- to 10- minute walk to work or class.
	Encourage acquisition of dogs to prompt walking during non-work hours, e.g. by hosting adoption fairs by rescue organizations on-site.

Recess Break Online Resources and Web Links

- California Department of Public Health—original Instant Recess™ DVD (www.dhs.ca.gov/cpns/pa)
- Instant Recess™ and *Lift Off!* CD audio files (www.toniyancey.com/padres) and DVD files (www.toniyancey.com/ir2 -- save to your computer and then view)
- Instant Recess™ and *Lift Off!* CD and DVD order forms (www.toniyancey.com/liftoff)
- San Diego Padres FriarFit (<http://mlb.mlb.com/sd/community/friarfit.jsp>)
- UC Berkeley DVD http://webcast.berkeley.edu/event_details.php?webcastid=19296
- UCLA Kaiser Permanente Center for Health Equity (www.healthequity.ucla.edu/)
- National Public Radio <http://www.npr.org/templates/story/story.php?storyId=101151713>
- ESPN <http://sports.espn.go.com/espn/otl/news/story?id=4015831>
- SF 49ers <http://www.49ers.com/media-gallery/videos/rossum-and-49ers-donate-to-bay-area-youth/8f42133d-4f6c-4242-9cd8-842f1de515d9>
- California Center for Public Health Advocacy www.healcitiescampaign.com