



# HEALTHY RETURNS:

## The Value of Investing in Community Health



**U.S. CHAMBER OF COMMERCE FOUNDATION**  
Corporate Citizenship Center

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This project was made possible through the support of CCC's Community Health and Wellness Network.



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# Healthy Returns: The Value of Investing in Community Health

By Marc DeCoursey, Senior Vice President,  
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America's economic competitiveness depends on improving the health of its citizens. In 2014, health expenditures accounted for 17.5% of GDP, and in the same year, employers providing insurance paid an average of \$4,598 in insurance premiums per employee. Poor health outcomes depress wages, reduce profits, divert money from investments in education and infrastructure, and create a feedback loop that only further accelerates poor health outcomes.

The U.S. Chamber of Commerce Foundation Corporate Citizenship Center (CCC) works with a broad range of companies to identify the best strategies for improving community health. The most advanced business leaders realize that you can't treat health in silos if you want to get to the heart of what makes us unhealthy. Initiatives aimed at treating problems like diabetes, obesity, access to care, and inactivity are needed. However, we must also understand what makes community





environments that holistically produce good health—and how issues seemingly unrelated to health (such as education, jobs, and social support networks) are actually inputs to it.

The cases in this report exemplify the newest and most advanced ways that businesses and foundations are addressing community health. Most emphasize the necessity of understanding how health is determined by the social features of our environment; others emphasize the importance of making the healthy choice the easy choice.

The report also discusses a number of trends that are critical to community health. Some include:

- Understanding and accepting that malnutrition exists (even in the developed world) and the power of fortification to combat it;
- Implementing innovative community approaches to distributing health interventions, such as telemedicine and improving corner-store foods through collective impact;

- Employing workplace wellness solutions that strategically motivate workers to eat better and move more; and
- Reaching underserved populations through professional development of community health workers and medical legal partnerships.

Just like individuals, American communities cannot go to work if they are sick. The corporate initiatives outlined in this report show how the American business community is bolstering the health of our citizens and our economy for years to come.

We hope you find the report valuable as you think through your own community health strategy. Keep in mind that CCC is always available to help make connections, share best practices, and tell the story of business contributions to society and the environment.



# CHAPTER 1: FIGHTING MALNUTRITION









# Look Before You Leap: How to Maximize Your Corporate Citizenship Activities

By Jeff Terry, Global Head, Corporate Social Responsibility, Amway



Many well-intentioned companies are getting involved in the fight against some of the world's toughest challenges. Amway is among those working to address the issue of childhood malnutrition. Our Nutrilite™ Power of 5 Campaign provides daily micronutrients in partnership with nongovernmental organizations that have established food distribution, education, and growth measurement programs.

In our work to address childhood malnutrition, we quickly realized that it is a very complex issue—and few people understand its full magnitude. It is all too easy for social and government leaders to deny that children in their regions and countries are malnourished. Community members also have a hard time understanding malnutrition and how to address its various implications.

Amway partnered with the Global Alliance for Improved Nutrition (GAIN) to develop an interactive map (<http://powerof5.nutrilite.com/the-facts-by-country>) that shows how malnutrition in all its forms is impacting people, communities, and nations. This is the first project to include such a broad range of geography and income.

Almost every country in the world—whether low-, middle-, or high-income—faces some form of malnutrition such as undernutrition, overweight/obesity, or a combination of these conditions. This overlap of different types of malnutrition is known as the double burden of malnutrition. We also provided in-depth information on nutrition in 35 countries that included a mix of high, medium, and low incomes.



Since the launch of the Malnutrition Mapping Project in April 2015, we have seen more interest and better understanding of the issue of malnutrition. Amway affiliates in many parts of the world are getting involved in the Nutrilite™ Power of 5 Campaign, and we're currently working to distribute 5 million packets of Nutrilite™ Little Bits™ micronutrient powder to 14,000 malnourished children around the world in 2016.

Here's one example of how the information is being employed: Amway Mexico is using the data to address the double burden of malnutrition through the Nutrilite™ Power of 5 Campaign and Body Key by Nutrilite™.

With Body Key, a weight management program, Amway Mexico is providing helpful lifestyle tools for individuals currently looking to improve their health and reduce their weight. Amway Mexico is also trying to support the nutritional health of young children. According to the Malnutrition Mapping study, roughly 23% of children under 5 years of age in Mexico are malnourished, 1.5 million are undernourished, and 1 million are overweight or obese. Amway Mexico





is helping to provide better nutrition through the Nutrilite™ Power of 5 Campaign.

The Nutrilite™ Power of 5 Campaign is designed to build awareness of childhood malnutrition and address the critical need for proper nutrition during the first five years of life. Researchers at Amway developed Nutrilite™ Little Bits™ to give undernourished children under age 5 the essential nutrients they need for a healthier brain and body. Through a relationship with Un Kilo de Ayuda, Nutrilite™ Little Bits™ is currently being distributed in Mexico. Amway is working to increase the number of children receiving Nutrilite™ Little Bits™—with an ultimate goal to support at least 20,000 children in Mexico by 2018.



Private sector partnerships with national and international organizations are essential in organizing worldwide efforts to combat this issue. This collaboration helps ensure the development of a complete solution to world challenges that are very complex. Amway is working with the United Nations Foundation, CARE, UN Scaling Up Nutrition initiative, UN Every Woman, Every Child Initiative, GAIN, Glasswing International, and many others to help in the fight against childhood malnutrition. Together, we will make far more progress than any of us would alone.



# No Equality in Learning and Earning Without Nutritional Equal Opportunity

By Hugh C. Welsh, President and General Counsel, DSM North America



The public conversation in this political cycle, both at home and abroad, is largely driven by the theme of equality: equality in wealth distribution, pay, access to resources, opportunity, voting, and education. Disappointingly little of this conversation is focused on equality in nutrition, the foundation to achieving equality in these other important socioeconomic areas.

As a global leader in nutrition, DSM believes that this narrative needs to change. Most people think of malnutrition as a lack of calories and associate it with pictures of starving children in far-off lands. While this traditional notion of “hunger” remains a terrible challenge for hundreds of millions of people worldwide, micronutrient deficiency—or the lack of essential vitamins, minerals, lipids, and carotenoids—prohibits billions of people every day from reaching their full potential. This form of malnutrition or “hidden hunger” is well recognized in the developing world; however, it is not yet seen in the United States as a serious public health issue, where it is particularly grave among children in the first 1,000 days of life.

Approximately 85% of Americans, of whom more than half are children, do not consume the U.S. Food and Drug Administration’s recommended daily intake of the most important vitamins and minerals necessary for proper physical and mental development. The lack of availability, affordability, and accessibility—as well as lifestyle choices with respect to fresh fruits and vegetables, meats, and dairy products—leaves as the alternative foods that are heavily processed, cheap, sugar- and fat-laden, and essentially devoid of nutrition. Failure to consume

sufficient essential nutrients has been shown to directly contribute to several significant health risks, such as obesity, diabetes, cognitive decline, bone health issues, cancers, and cardiovascular disease. These are tragedies for individuals and impose massive economic, productivity, and social costs on business and governments around the world. In the United States, the cost in terms of diminished productivity and increased health care expense is estimated to be in excess of US \$150 billion annually. Low-income persons are disproportionately affected, perpetuating cycles of poverty, adverse health impacts, and premature death.

One solution DSM is focused on is the fortification of widely consumed prepared foods. Low doses of various vitamins and micronutrients—vitamins C, D, E, A, and B complexes, as well as lipids and minerals—can be delivered daily to a large number of people in an extraordinarily cost-effective manner. In the United States, fortification of bread and milk started for national security reasons: hundreds of thousands of young men were disqualified from military service as a consequence of rickets, a disease eventually eradicated here through fortification. Fortified common staple foods used daily in food preparation and for consumption—such as oil, margarine, sugar, flour, and rice—typically cost less than 2% of the cost of the unfortified food. A case study analysis performed by DSM through its partnership with The United States Agency for International Development (USAID) determined that the cost of fortifying 1 metric ton of sugar in Guatemala is US\$9.51, and the cost per person is US\$0.36/year. Given that a kilogram of sugar





costs US\$0.45 before fortification, adding vitamin A increases the price to only US\$0.459.

Children who do not get sufficient essential nutrition in the first 1,000 days of life are condemned to never reaching their full physical or cognitive potential. There is no catching up; the opportunity is gone forever. Micronutrient deficiency early in life can cause irreversible damage to a child's brain development and physical growth, leading to a diminished capacity to learn, poorer performance in school, greater susceptibility to infection and disease, and a lifetime of lost earning potential. DSM finds this wholly unacceptable and works directly and via public-private partnerships with the UN World Food Programme, 1000Days, Global Health Corp, GAIN,

SUN, Vitamin Angels, World Vision, Sight & Life, and many others to try to ensure that every child gets the nutrition they need to reach their full physical and cognitive potential.

We can never have equality in learning and earning in the United States unless all American children enjoy nutritional equal opportunity, and DSM will continue to work tirelessly to ensure that every American child gets the essential nutrition he or she requires to reach his or her full potential. We suggest that the conversations regarding equality in the months and years ahead include ensuring that every American and global citizen has nutritional equal opportunity. Learn more about DSM at **[www.DSM.com](http://www.DSM.com)**.

# CHAPTER 2: ENGAGING EMPLOYEES







# Shell's Culture-of-Health Journey

By Faiyaz A. Bhojani, M.D., DrPH, Health Manager,  
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Shell's investment in employee wellness has spanned over two decades and is aligned with Shell's business principles and values, including caring for its people and maintaining a competitive advantage. Initial wellness interventions in the United States focused on personal health risk and were marketed—with both a group approach and an individual medical assessment—via health fairs and literacy. Driven by data and customer feedback, we transitioned to a focus on reducing obesity and targeted our worksites. Over the past five years, the emphasis has been on a change in mindset and a shift to a company-wide “Culture of Health” that seeks to “empower people and the business to thrive, and perform at their best.”

Shell's approach to well-being has evolved from one focused on health risk prevalence and health care costs, to a more holistic health approach, and it has broadened its list of success metrics to include employee engagement. In 1990, a third of our U.S. employees were at a healthy weight, but by 2012, this had declined to only 16%, and 45% of our U.S. workers were obese. The pattern applied across employee demographics. Productivity was impacted as indicated by rising absenteeism—which had been directly tied to increasing health concerns.

Against this backdrop, company leaders began to grasp the strategic importance of investing in universal well-being, and they recognized the opportunity it provided to demonstrate care for people. Today, and as a result of our Culture of Health, we share a common value of promoting “Healthy High Performance” in our lives. We are inspired to care for ourselves and others and ensure that people feel included, valued, and engaged. We strongly

believe and have evidence to support that healthier employees are more engaged and safe at work, which leads to higher performance.

Part of the toolbox for Healthy High Performance is Shell's Resilience Program. It is based on positive psychology and includes such topics as making connections, accepting change as part of living, and maintaining a hopeful outlook, and shifts the emphasis from stress management to empowering the individual to make choices in adversarial situations.

Regarding physical well-being, early interventions demonstrated both the feasibility of implementing wellness programs at manufacturing sites and the effectiveness of competition to achieve health-related goals. Later prototypes expanded to remote offshore and research and development (R&D) sites, and they revealed that face-to-face onsite coaching along with changes in worksite environment increased employee success in achieving behavioral change goals.

Our most recent well-being initiative started in 2013 and included over 2,500 employees (70% of those eligible). This program was unique in that it was available to all employees (that is, no restrictions based on body mass index [BMI]), and enjoyed visible support from top company leadership. Site-based nutritional programs emphasizing worksite changes in vending and cafeteria offerings were implemented. We purchased FitBits and installed walking trails in order to make physical activity more convenient and fun. Employees who met weight, educational, and physical activity goals qualified for an incentive.



Over 8,000 pounds were lost by participants in the program's first year; since then, company leadership has continued to invest in the program.

Since the beginning of this program in 2013, we have seen an increase in health literacy and changes in attitudes and practices for nutrition and physical activity. We saw a decrease in mean BMI and obesity prevalence, with the proportion of employees at a healthy weight increasing from 15% in 2013 to 23% in 2015, and the proportion of obese employees decreasing from 48% in 2013 to 39% in 2015. As the program enters its next phase, we will leverage learnings from our behavior change interventions in healthy eating and physical activity to augment interventions including resilience, healthy sleep, and smoking.

A successful Culture of Health will be apparent when (1) company leaders talk about health routinely, (2) visitors know and feel that Shell values health

and cares for people, (3) external agencies identify Shell as a healthy high-performing company, and (4) employees value wellness as equal to safety in importance. A healthy workplace goes well beyond worker protection or ergonomics, to a friendly and supportive environment that enables high performance. Those programs and activities that underlie the development of Shell's Culture of Health are aligned with one purpose: creating healthy high performance that adds value for our people and our business.

*The program implementation and success was made possible by key contributions from Kirk Vidrine, Judy Hess, James Fitko, Ed Haloulou, Dan Romasko and the Shell Motiva Asset Health teams and Ambassadors.*



# Redefining Wellness

By Chuck Gillespie, Executive Director, Wellness Council of Indiana



A simple Internet search can show why the wellness industry is at a crossroads. In today's market, the definition of "wellness" is based more on which classification best fits a person's specific need, want, or ability, or a vendor's specific product or service. Wellness is sometimes tied to chronic disease management, fitness, nutrition, weight loss, clinical health services, tobacco use, and behavioral therapy just to name a few. However, workplaces and communities that use an economics-based approach to wellness have proven to be the most successful at creating a culture of health and well-being.

Research conducted by the Wellness Council of Indiana led to the development and growth of its two signature initiatives, AchieveWELL and Indiana Healthy Community. Incorporated were best practices from multinational corporations and strategies by smaller firms throughout the United States. What we learned is that wellness requires the following:

- A plan with goals that tie to the mission of the organization;
- A focus on personal and professional growth of the individual;
- Support by leadership throughout the organizations;
- The blending of community well-being into a shared vision for economic prosperity; and
- Effective communication among everyone involved.

One of the key focuses for our wellness initiatives is the focus on helping people change their habits. The programs almost always include events for "better health." Physical activity challenges, nutrition education, and chronic disease management are most popular. However, health-specific wellness programs

have mixed results in terms of success. Studies by the RAND Corporation and Gallup have concluded that there is too much of a focus on physical wellness only and that a comprehensive wellness initiative combined with a strong coordination of care services to employees (especially those with chronic diseases) will yield the best return on investment. Current baselines have diluted the definition of "wellness," and it is now too closely tied to managing health care in the workplace. Although health care costs are critical measurements, they cannot be the only metrics used to identify the success of a wellness program.

Wellness programming aims to positively affect each individual's habits—whether health, financial, social, or purpose. The research proves, however, that policy and environmental changes affect behavior as much as changes to daily routine do. To quote the Centers for Disease Control and Prevention's Division of Community Health, "The environment can have a profound impact on the health of individuals. Where individuals live, learn, work, and play affects their behavior." And this is why wellness needs to move closer to its core definition.

Halbert Dunn, M.D., was the leading figure in establishing a national vital statistics system in the United States and is known as the father of the wellness movement. Dr. Dunn introduced the concept of wellness in the late 1950s and published his book *High Level Wellness* in 1961. His definition continues to resonate with high-level wellness workplaces and communities. Focusing on personal and professional growth and development is the key part of Dr. Dunn's definition. He understood the direct connection to a





person's environment as a key contributor to one's health and well-being.

For an employer to see success with their wellness initiative, there must be a clear focus on how strategy will affect the work and productivity of its employees. When analyzing how workplaces and communities are ranked and recognized, the center of these rankings includes employee and citizen engagement and their environment.

When discussing the health of our employees, the conversation centers on pathogenesis solutions, which focus on disease management. "Salutogenesis," however, is a term coined by Aaron Antonovsky, a professor of medical sociology. It describes an approach that focuses on factors that support human health and well-being rather than on factors that cause disease. Current wellness programming relies on how to treat a health issue rather than how to prevent it altogether. To reduce the average cost of health care in America, which has seen an average increase of 5% to 6% per year since 1999, business and community leaders must understand what the health events are and why they occur. Smoking cessation programs (a pathogenic approach) can be effective when the smoker is ready to quit, but a more

sustainable salutogenic solution would target policies and environmental factors so that fewer Americans take up smoking in their youth.

Another example that is often not considered is how the well-being of employees is effected their supervisor. A December 1, 2015, article in the Harvard Business Review titled "Proof That Positive Work Cultures Are More Productive" explained how highly stressful workplaces with poor working environments have nearly 50% higher health care expenditures. Most wellness programs seek ways to get employees moving more, eating right, and avoiding tobacco use to reduce health care costs; perhaps such programs should consider supervisor training, too.

Look at the definition of your wellness solution; make sure it includes personal and professional development of individuals and supervisors at work, and home, and at school. Developing an environment that encourages healthy habits for physical health, financial health, and mindful health will guide your employees and supervisors at work to create a high-performing team. These traits, if strategically blended with community initiatives, will follow them home and help create healthier, long-term habits.

# CHAPTER 3: REACHING NEW POPULATIONS THROUGH INNOVATION







# Education Plays Central Role in Teaching 100 Million People How to Save Lives

By Lance Chrisman, Executive Director, Anthem Foundation



Education plays an important role in helping companies inform stakeholders and communities about their various efforts. All too often, well-thought-out community programs are funded only to fall short of reaching their full potential due to a lack of awareness among the intended audiences and people in need. Overlooking the importance of creating awareness through educational campaigning in community efforts can have immeasurable losses in terms of program reputation, financial investments, and resources.

When it comes to health priorities for education, research has shown that educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. At Anthem, we are in the business of improving the health of all our stakeholders: 50,000 employees, 39 million members, and the communities we serve across the country. Achieving our goal to create a healthier generation of Americans is directly tied to our ability

to engage with all of these stakeholders. Creating awareness is the first step toward engagement and, ultimately, changed behaviors, which is the goal for all of the corporate social responsibility efforts coordinated by the Anthem Foundation, the philanthropic arm of Anthem, Inc.

Education research findings factor largely in how we construct our community partnership programs. We have found our most successful partner programs all have a key element in common—a focus on educating those influenced by the program about the effort's importance and how they can benefit from engaging in the program. By utilizing all of our company resources—financial contributions, skills-based employee volunteerism, leadership support, health care expertise, and public policy advocacy—we are able to help create awareness for and solve the most pressing health challenges facing our communities.





One example of how education is playing a critical role in an Anthem Foundation in partnership is with the American Heart Association (AHA). Cardiac arrest is a leading cause of death. There are nearly 40 out-of-hospital cardiac arrests per hour in the United States; performing lifesaving CPR can double or even triple the chances of survival. Unfortunately, less than half of all cardiac arrest victims will receive CPR, and only 1 in 10 will survive. Upon learning from the AHA that Hands-Only CPR (HOCPR) is equally as effective as CPR with breaths, and that people are more likely to feel comfortable performing it, Anthem Foundation jumped in wholeheartedly to help reverse the staggering statistics and set a goal of teaching 100 million people the lifesaving technique.

Simple in design, the program teaches anyone how to save a life in just 60 seconds with two steps: If you see a teen or adult suddenly collapse, call 911 and push hard and fast in the center of the chest to the beat of the Bee Gees' hit "Stayin' Alive," or another song with the correct rhythm (100 to 120 beats per minute—the rate at which you should push on the chest during CPR).

The Anthem Foundation's partnership plan features significant strategic goals for 2020:

- Double out-of-hospital cardiac arrest survival and dramatically increase in-hospital cardiac arrest survival for adults and teens; and
- Double the bystander CPR response rate from 31% to 62%.

To achieve these goals, AHA and Anthem Foundation defined key educational objectives to guide the implementation of the campaign, and these have played a significant role in the program's success:

- Increasing campaign awareness, training participation, and likelihood for stakeholders to perform CPR as a bystander;
- Enlisting community groups, schools, and corporations in campaign events in Anthem communities;
- Delivering an engaging, entertaining, and educational experience that rewards participants



and inspires media coverage/viral buzz to further public education;

- Inspiring and tracking event attendees to teach the training to their friends;
- Making the program scalable to maximize subsequent years of activations; and
- Accommodating multiple venue types to leverage communications opportunities.

By utilizing a mix of 60-second online educational videos, a national mobile tour, a texting program, and web-based assets, these educational efforts have helped to increase bystander CPR response by 50% (from 31% to 46%).

While the initiative is still evolving, it has achieved success through the countless stories of lives saved by individuals trained on HOCPR. Thanks to a sustained focus on educating people, all of the program's tactics have saved lives. Highlights include: an Anthem employee saving his wife's life; a college student saving a friend's life shortly after receiving training on the kiosk at the Dallas/Fort Worth International Airport; and a man who, after receiving 2,300 hands-only chest compressions, fully recovered and retained full brain function despite being clinically dead for 23 minutes.

For a company focused on delivering quality health care and decreasing health care costs for our stakeholders, we couldn't be bigger advocates for the vital role education plays in helping to create a healthier generation of Americans.

# A Long-Term Commitment to Improve the Health of Young People in Our Communities

By Kim Fremont Fortunato, Esq., Director, Community Affairs,  
President, Campbell Soup Foundation, Campbell Soup Company



Campbell Soup Company is a business engaged in investing in the health of our communities. That commitment was elevated five years ago, when Campbell made a 10-year, \$10-million investment to measurably improve the health and well-being of young people in our hometown communities by reducing childhood obesity and hunger by 50%.

At Campbell, we believe in the power of food to connect people. We believe that food can be good, delicious, and accessible—all three, without compromise. These beliefs led to the creation of our company purpose: Real food that matters for life's moments. Campbell's Healthy Communities is this purpose in action. Giving back to our communities and investing in the future are part of our DNA. They are as important as generating returns for our shareholders.



The program's initial focus has been Camden, New Jersey, Campbell's home and world headquarters since 1869, but Healthy Communities has also expanded to four additional communities where Campbell operates—Connecticut, Ohio, Detroit's metropolitan area, and Everett, Washington—and will continue to expand into additional Campbell communities.

At the core of our work, and foundational to our success, is the methodology on which we base our approach: collective impact. Since its inception, Campbell's Healthy Communities has employed a collective approach to solving the complex social challenges of childhood obesity and food insecurity. A diverse, cross-sector group of stakeholders has committed to this philosophy and has seen remarkable change. We continue to advance our efforts in four strategic areas: food access, nutrition education, physical activity and access, and public will. Our investees (funded by Campbell's Healthy Communities) report monthly on incremental measures on the four objectives. We measure body mass index annually and have implemented an innovative model to assess food insecurity with the emergency departments in two of our city hospitals and with our partners across the community.

Earlier this year, we released the results of our Healthy Communities program in our 2015 annual report. The results reveal our progress but show there is still work to do within our communities to end food insecurity. As we analyzed our results, we found that 40% of Camden residents surveyed stated that the food they bought ran out before they have money to buy more. To that end, Campbell's Healthy Communities continues to strive to promote and create healthy,





affordable food options for the people of Camden through the Camden Healthy Corner Store network. Seven additional stores enrolled in 2015, which means a total of 42 corner stores, or about 32% of the city's outlets, belonged to the network by the end of our fourth year of programming. Out of 21 corner stores surveyed, 95% reported an increase in sales since joining the program. Over the past four years, participating corner stores have introduced 710 new healthy products. The majority of these products are fresh fruits and vegetables but they also include healthy shelf-stable products, whole grain breads, and low-fat milk.

Education and accessibility go hand in hand. As we strove to educate the Camden community, we expanded our participation in Heart Bucks, an initiative that provides \$4 in coupons for any heart-healthy food to those who have taken an in-store nutrition education lesson. Ten of 42 corner stores participated in the program, and the coupon redemption rate was more than 85%.

Although we've seen continued success as our program has evolved, we know that we have more work to do, and we are reapplying our learnings each year. With the combined power of Campbell's corporate commitment, our employees' skills and passion, and a host of engaged community leaders, community members, and organizations, we are committed to improving life for our city's residents and helping to solve some of the complex social challenges that exist in our backyard.



# GE Foundation and Project ECHO: Priorities to Improve Health Disparities

By David Barash M.D., Executive Director and  
Chief Medical Officer, GE Foundation, and  
Jennifer Edwards, Director, US Developing Health,  
GE Foundation



Whether in rural New Mexico or downtown Chicago, patients across the country have limited access to care for common, complex conditions. This problem is particularly serious in rural and underserved areas, where it is extremely difficult to recruit and retain both primary and specialty care providers. However, a new model for health care delivery and education is taking root in the United States, and it has the potential to radically reduce health disparities and access to care worldwide. Since 2003, Project ECHO has brought high-quality specialty care to thousands of people living in poor, rural, and underserved communities.

Leveraging low-cost multipoint videoconferencing technology to spread best practices through case-based learning and mentoring, Project ECHO links primary care providers in remote communities with specialist expert teams to manage and treat complex chronic conditions—from hepatitis C (HCV) to rheumatoid arthritis, to addictions. In this way, ECHO exponentially expands the capacities of primary care providers to treat some of the most serious health problems in their communities. This collaborative learning model grew out of Dr. Sanjeev Arora's mission to demonopolize medical knowledge, to get the right care in the right place at the right time to save lives.

In 2003, Dr. Arora was one of two liver specialists treating HCV in the entire state of New Mexico. He became increasingly frustrated as his patients were suffering, and sometimes dying, from a treatable and curable condition, as they waited up to eight months to see a specialist. As a response to this

striking inequity in access to HCV treatment, Dr. Arora created a free, virtual clinic and mentored community providers across New Mexico in how to treat the condition.

The quality of care by community providers participating in Project ECHO, as demonstrated in a study published in the *New England Journal of Medicine*, was excellent, and as good as the care provided by Dr. Arora and his team at the University of New Mexico. That same study also showed that the ECHO model can reduce racial and ethnic disparities in treatment outcomes by expanding access to care. The GE Foundation shares both Project ECHO's commitment to free exchange of medical knowledge as a way to serve the underserved and its goal of touching 1 billion lives by 2025. We at the GE Foundation began working with Project ECHO in 2012 to prototype a new model of integrated primary and behavioral health care services at community health centers in New Mexico.

Our leadership quickly realized the potential of Project ECHO to advance its own effort to improve access to health care for underserved populations in the United States. Together, we embarked on a multiyear initiative to expand the model across the country, with a focus on growing the number of community health centers participating in ECHO. Community providers are the key to improving health care access, and we are convinced that Project ECHO is the key to bringing new knowledge to community providers when and where they need it. We envision a future in which





Project ECHO is embedded into the operating system of community health centers across the country.

The GE Foundation supports the ECHO Institute™ at the University of New Mexico Health Sciences Center, a relationship that helps fund Project ECHO's replication efforts and infrastructure, including monthly orientation visits and three-day immersion trainings, as well as ongoing implementation assistance and resources, information technology platforms and software development, communications, and administration and management of the ECHO Institute™.

Our relationship with Project ECHO is based on mutual sharing of expertise, leadership training, strategic planning, and much more. In order to build capacity, the GE Foundation offers leadership training opportunities to key Project ECHO participants and stakeholders at Project ECHO convenings. At a recent Project ECHO conference, GE trainers led sessions on

strengthening such key skills as change acceleration and building high-performing teams.

Additionally, the GE Foundation engages its own team members in Project ECHO's success and expansion through capacity-building initiatives, offering skills-based support in areas such as strategic planning and partnerships, amplification, outreach, sustainability, and more.

And Project ECHO has the potential to extend far beyond health. It holds promise for democratizing any kind of specialty knowledge across settings as far-reaching as education, corrections, medical examination, defense, and more.

At the GE Foundation, we want to build a world that works better—and our partnership with Project ECHO holds true to that commitment.

# Using Data to Take on Asthma and Track Outcomes

By Bridget Burke, Director, Public Affairs Investments & Reporting,  
Health Care Service Corporation



### Overview

Health Care Service Corporation (HCSC) effectively used claims data from its Blue Cross and Blue Shield plans to identify health centers serving large populations of high-risk pediatric patients with uncontrolled asthma. Using these data, HCSC has collaborated with the American Lung Association of the Upper Midwest to improve health outcomes for children with asthma by supporting the implementation of nationally recognized asthma-care guidelines at primary care health centers. Support through HCSC's corporate citizenship efforts enables the American Lung Association of the Upper Midwest to recruit health centers to take part in year-long training cohorts to improve the quality of care for children with asthma and to control symptoms more effectively. The program's impact is measured through analysis of medical claims data. In Illinois and New Mexico—the first two states for which data are available—children receiving care through these participating clinics experienced a 62% reduction in hospitalizations and a 54% reduction in emergency department visits.

### Background

Asthma is a chronic condition, and the Centers for Disease Control and Prevention reports that it affects more than 6.1 million children in the United States. If not properly diagnosed and managed, asthma diminishes quality of life and increases health care costs. With the right knowledge and treatment, most people with asthma can lead normal, active lives.

HCSC's long-standing commitment to improving community health is demonstrated through its Healthy Kids, Healthy Families® initiative, a

community involvement program for children and families across Illinois, Montana, New Mexico, Oklahoma, and Texas. Through this signature corporate citizenship program, HCSC partners with nonprofits, delivering outcomes-focused programs in the areas of nutrition, physical activity, preventing and managing disease, and supporting safe environments across its five states. The American Lung Association of the Upper Midwest is a key partner within the initiative's disease management pillar.

### The Initiative and Its Results

HCSC used member claims data from its Blue Cross and Blue Shield plans to identify health clinics treating pediatric patients with asthma reporting higher rates of hospitalization and emergency-related visits among those patients. The American Lung Association of the Upper Midwest then recruited those clinics to take part in a yearlong training program based on National Heart, Lung and Blood Institute guidelines to improve the quality of care. Clinic staff members—from physicians to nurses, to administrative staff—were trained on all aspects of asthma management, from proper diagnosis using spirometry equipment to daily asthma management. In addition to working directly with health center staff, the effort provides educational materials for young patients and their caregivers to help them better understand what asthma is and to explain how to avoid triggers and show them how to properly take medication.

A claims data analysis reveals that the results of the effort have been dramatic.

In Illinois, claims data showed a 60% decrease in hospitalizations and 53% decrease in emergency





department visits for every 100 pediatric patients of 16 clinic locations participating in the program. In New Mexico, results revealed an 80% decrease in both hospitalizations and emergency department visits for every 100 pediatric patients of 12 participating clinic locations.

Within three years, the project is estimated to have reached more than 350,000 children through nearly 90 clinic locations across Illinois, New Mexico, Oklahoma, and Texas. While HCSC used its members' claims data to identify where large populations of children with asthma receive their care, it's important to note that the program is not exclusive to Blue Cross and Blue Shield members—the project benefits all patients with asthma at the participating clinics.

### **The Future**

HCSC and the American Lung Association of the Upper Midwest are continuing the initiative in Illinois, New Mexico, Oklahoma, and Texas for the next two years and are expanding into Montana. At least 50 new primary care clinics will join the effort across these five states over the next two years.

HCSC and the American Lung Association of the Upper Midwest will also implement a new component to the partnership: home-based environmental visits for children whose asthma has not improved despite receiving improved quality of care. Experts will make home visits to determine whether there are allergens or irritants in the home preventing them from better managing their asthma.

Learn more about this partnership at [https://youtu.be/XHZ6C9i\\_ZLM](https://youtu.be/XHZ6C9i_ZLM).

# **CHAPTER 4: BUILDING COMMUNITY HEALTH LEADERS**







# Community Health Workers Essential to Improved Care

By Jacob Gayle, Ph.D., Vice President, Philanthropy, Medtronic;  
President, Medtronic Foundation



In September 2015, more than 190 world leaders committed to 17 sustainable development goals (SDGs) that serve as a global rallying point for civil society and public and private sectors to join together to address some of the world's most pressing issues.

SDG No. 3—"Ensure healthy lives and promote well-being for all at all ages"—is of particular interest to Medtronic, a leader in medical technology. It aligns perfectly with the company's ongoing commitment to health care access.

It should come as no surprise that a health care company like Medtronic would be deeply concerned about health, especially such conditions as heart disease, diabetes, cancer, and neurological and spinal conditions. After all, the company manufactures medical devices and therapies that address these degenerative and chronic conditions.

But the commitment runs deeper. Every day, more than 100,000 people die from one of these globally pervasive conditions. We are keenly aware that





millions of people live outside of the reach of care. They include people who cannot afford health care, cannot travel to medical services, have limited knowledge of their conditions, or don't know how to navigate their local health system.

Working with partners around the world, the Medtronic Foundation focuses its grant-making on removing economic, educational, social, and geographic barriers that block a person's personal journey through the health care system.

One important way we do that is through building the capacity of community health workers. Often based in and coming from the communities they serve, community health workers act as advocates for their patients, becoming trusted counselors and ensuring that a community's most vulnerable populations have a fair chance to receive the quality care they need.

Community health workers also are crucial for delivering cost-effective, localized health care that meets the needs of any community. Their influence on patient education, recovery, and compliance has been proven.

Here are just a few ways that Medtronic Foundation programs are supporting community health workers:

- In Minnesota, HealthRise program grants are helping recruit and train dozens of community health workers who reflect the cultures and languages of communities in greatest need, educating their own neighbors on chronic disease management. HealthRise projects are also active in Brazil, India, and South Africa.
- In Uganda and Tanzania, RHD Action Alliance partners are working to empower and support people living with rheumatic heart disease (RHD) and have begun implementing model programs to improve early detection and increase access to RHD care.



- In India, HeartRescue program community health responders are driving outreach efforts to improve knowledge of the signs and symptoms of heart attack and sudden cardiac arrest, teaching families how to call for emergency help and, if necessary, perform lifesaving CPR.

At Medtronic, we are driven by a belief that access to quality health care is fundamental for all people around the world. At the Medtronic Foundation, we believe that community health workers are integral to improving access.

While they may have different names, depending on where you are in the world—ASHAs, acompañantes, village health workers, accompagnateurs, navigators, or promotoras, to name a few—these individuals are making high-quality health care available to many.

# Social and Environmental Change Leads to Healthier Communities

By Paul Gerrard, Vice President, Strategic Communications, Blue Cross Blue Shield Association



A healthy lifestyle goes far beyond the four walls of your doctor's office and the number of times you exercise per week. If a person's basic needs—like housing, income, or education—are not being met, a wide range of health risks can arise that negatively impact individuals and their families. World Health Organization research<sup>1</sup> shows that the realities of living daily with such unmet needs can lead to premature death or disease.

According to Healthy People 2020,<sup>2</sup> a U.S. Department of Health and Human Services national initiative for improving the nation's health, social determinants of health include both social and physical conditions of the environments in which people are born, live, learn, play, work, and age.

Through strategic community partnerships and investments, Blue Cross and Blue Shield (BCBS) companies across the country are creating positive change to social and physical environments—our homes, schools, workplaces, and neighborhoods. By supporting innovative approaches, BCBS companies are providing resources to help improve the health of individuals and communities throughout the country.

### Creating a Bridge Between Clinical and Legal Professionals

Since 2014, the Blue Cross and Blue Shield of Minnesota (BCBSMN) Foundation has funded medical legal partnerships (MLPs)—integrated within hospitals, clinics, and other sites of care—to screen

individuals for unmet civil or legal needs that could be contributing to ill health. Clinical staff work in tandem with legal professionals and, when necessary, refer patients to a civil legal aid team.

MLPs assist low-income and other vulnerable patients with getting public benefits, such as health insurance or Social Security, and addressing food security concerns, disability issues, and housing problems like eviction, habitability, and utility advocacy. MLPs also address special education advocacy, employment instability, immigration issues, divorce, custody and visitation, and domestic violence, among other needs.

The BCBSMN Foundation supported three MLPs in 2015 and one dental-legal partnership, the first of its kind in the nation.

### Two-Generation Approach to Ending Poverty

With ongoing support over the past five years from Regence BlueShield of Idaho, an organization called Community Action Partnership (CAP) has been working to address generational poverty—a cycle in which children raised in poor families end up in poverty as adults. Through this partnership, CAP is building a two-generational model to break this cycle by coordinating with local elementary schools. By providing resources to meet basic needs like nutrition and transportation, and offering such services as job retention courses, income management lessons, and savings education, CAP staff and community volunteers are helping families achieve long-term goals.

1 WHO Conference of Social Determinants of Health 2011 Case Study ([http://www.who.int/sdhconference/resources/draft\\_background\\_paper2\\_usa.pdf?ua=1](http://www.who.int/sdhconference/resources/draft_background_paper2_usa.pdf?ua=1))

2 Healthy People 2020 (<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>)





Staff and volunteers discuss domestic violence prevention at San Francisco's W.O.M.A.N., Inc., a longtime partner of the BlueShield of California Foundation.

Regence BlueShield of Idaho provides CAP with financial grants, event support, board member involvement, featured placement in an annual employee giving campaign, and employee volunteer support.

### **Standing Together Against Violent Environments**

BCBS companies are working to end domestic violence across communities and among their employees. Since 2002, the Blue Shield of California Foundation has invested more than \$70 million to address domestic violence in California, ensuring that essential services, such as hotlines, shelters, counseling, and legal aid, are available to those in need, while also making changes to the systems and policies that can help survivors. Additionally, many BCBS companies have workplace domestic violence policies, supporting employees who are victims of domestic, emotional, or sexual violence.

### **The Power of Blue—The Power to Make a Difference**

The collective support of BCBS companies partnering and funding local and national initiatives to improve the health and wellness of all Americans demonstrates The Power of Blue—the power to make a difference, with meaningful impact in the communities we serve. BCBS companies are dedicated to improving health care quality and affordability, improving access to health care, and enabling healthier living. To learn more about how BCBS companies are improving the health and wellness of members and their communities, view the report at [www.bcbs.com/investingincommunities](http://www.bcbs.com/investingincommunities).

# Social Determinants of Health

By Stephen D. Anton, Associate Professor & Clinical Research Division Chief, Department of Aging and Geriatric Research, University of Florida; Reserveage Nutrition Scientific Advisory Board Member



In the 1979 surgeon general's "Report on Health Promotion and Disease Prevention," President Jimmy Carter stated, "We are killing ourselves by our careless habits. We are killing ourselves by carelessly polluting the environment. We are killing ourselves by permitting harmful social conditions to persist—conditions like poverty, hunger, and ignorance." Unfortunately, this message remains as true in 2016 as it was approximately four decades ago.

President Carter's message may be amplified today because we now have overwhelming evidence that the leading causes of death are directly related to our lifestyle behaviors, including tobacco use, dietary intake, physical activity (or inactivity), alcohol consumption, recreational drug use, and sexual behavior.<sup>1</sup>

In almost every case, these lifestyle decisions and health behaviors do not occur in a vacuum; rather, an individual's health behavior is strongly influenced by his or her social and environmental conditions. Moreover, environmental conditions can serve as potential barriers or facilitators to healthy lifestyle behaviors, such as physical activity. For example, individuals living in neighborhoods with no parks or walking areas have been found to engage less frequently in regular fitness activities, whereas individuals are much more likely to be active in areas where useable sidewalks and public facilities—such as parks and tennis courts—are located close to their homes. In contrast, individuals living within neighborhoods with adequate handicapped parking have been found to be more likely to engage in



social and work activities. Thus, social engineering of communities and neighborhoods to provide walking areas, adequate handicapped parking, and public transportation represents a promising approach to improve the health of entire communities.

Environmental stressors are also a major contributor to mortality and declining health in older individuals. In particular, air pollution and extreme temperature fluctuations are two environmental stressors that have been found to significantly influence health and

<sup>1</sup> Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Correction: actual causes of death in the United States, 2000. *JAMA* 2005;293:293-294.





quality of life in older adults. Outdoor air pollution (that is, particulate and chemical) in major population centers around the world has been directly linked to increased mortality and reductions in overall health.<sup>2</sup> Extreme temperatures can also significantly influence health behaviors as well as risk of mortality in vulnerable populations, including older adults.

The theoretical basis for current lifestyle interventions is derived largely from cognitive-behavioral models, particularly social cognitive theory, which describes how personal factors (that is, cognitions, emotions) and aspects of the social and physical environment influence behavior and how a person's behavior, in turn, may have a reciprocal influence on these personal and environmental factors. In support of this approach, the Multiple Risk Factor Intervention Trial, a large-scale study that tested the effectiveness of a multifactorial intervention targeting both lifestyle

and social factors, found a 14% reduction in rates of fatal and nonfatal coronary heart disease among men compared to the usual care group.<sup>3</sup> Such findings led the authors to conclude in their 25-year update on this important trial: "The first and foremost of the crucial disturbances (in culture) producing epidemic rates of major coronary heart disease is population-wide adverse dietary patterns, along with cigarette smoking and sedentary lifestyle at work and leisure."

Thus, it is clear that in order to impact health at the individual level, we must consider social and environmental influences. The promising news is that studies have shown that multi-modal approaches that involve modification to the environment can have a profound impact on the health of entire communities, and by extension, has the potential to impact the health of the entire population.

<sup>2</sup> Bentayeb M, Simoni M, Baiz N et al. Adverse respiratory effects of outdoor air pollution in the elderly. *Int J Tuberc Lung Dis* 2012;16:1149-116.

<sup>3</sup> Stamler J, Neaton JD, Cohen JD et al. Multiple risk factor intervention trial revisited: a new perspective based on nonfatal and fatal composite endpoints, coronary and cardiovascular, during the trial. *J Am Heart Assoc* 2012;1:e003640.

# Investing in People's Power to Build Healthier Communities for All

By Anthony Iton, M.D., J.D., HMP, Senior Vice President of Healthy Communities, The California Endowment



In 2016, The California Endowment (TCE) is celebrating its 20th anniversary as a health care conversion foundation. This year is also the halfway point for TCE's 10-year Building Healthy Communities (BHC) initiative, a billion-dollar, 14-site, place-based health improvement effort that targets comprehensive local and statewide policy and systems change. TCE launched BHC because where you live shouldn't determine how long you live, but it does. In fact, health has more to do with place than with doctors' visits. The odds are stacked against low-income communities and communities of color. Because of a legacy of racial and economic segregation, anti-immigrant policies, and a host of other historical "isms," there are many communities in California where the neighborhood environment conspires to harm residents. These environments lack basic health-protective amenities, like parks, grocery

stores, strong schools, functioning transportation systems, affordable and decent housing, living-wage jobs, and even potable water in some instances. Residents in these communities are often shrouded in a thick fog of unremitting chronic stress and are forced to constantly navigate multiple risks without the benefit of significant resources. These neighborhood and community environments are not natural; they are man-made, and they can be unmade.

Our goal is healthy, fair, and just communities for all people who call California home. BHC enlists communities in remaking their environments through holding local, regional, and state systems accountable for creating healthy and equitable community environments. Our theory is simple: We are strengthening the fabric of our democracy by investing in the social, economic, and political power of the very residents who have been the targets of exclusion, stigma, and discrimination. Transformative and sustained change also take youth leadership, strong partnerships, and a compelling new story about how health happens—or should happen—in all communities. Youth and adult residents are harnessing this power and voice to change the rules at multiple levels—local, regional, and statewide—so that everyone is valued and has access to the resources and opportunities essential for health. BHC is particularly focused on improving the social and health outcomes of populations that have been under threat, such as boys and men of color (BMOC); consequently, BHC has a special focus on strategies that enhance opportunity structures for BMOC. Over time, these changes will lead to better health outcomes for all.





Five years into the initiative, TCE is taking stock of what has been accomplished, and the return on investment is inspiring. There are over 100 policy “wins” across the 14 sites. These wins are driven by each community’s unique needs when it comes to eliminating the root causes of health inequities, and, as a result, they are as diverse as the communities themselves. They range from securing public investment in parks to reforming the use of ineffective school discipline policies, securing community benefits agreements that ensure local residents benefit from development, securing health coverage for the undocumented, ensuring public safety funds are invested community-based prevention efforts instead of jails, and beyond. The theme that runs through all of these efforts is the role of community power and voice in improving community health and eliminating health inequities. With TCE support, BHC partners are winning the reinvestment of real dollars into our local communities and changing the odds so that everyone has the opportunity to live a long and productive life.

Perhaps most exciting of all is that, by investing in people power, we anticipate that the gains to date will not only be sustained but also will be continued, to grow well beyond the end of the initiative.

BHC has important implications for public health and prevention efforts more broadly. To help spread the word and change the narrative on what it will take to build health communities for all, TCE recently released a new animation, “A Tale of Two Zip Codes.” Narrated by George Takei, a lifelong social justice activist fighting for inclusion for marginalized communities, this provocative and informative conversation starter tells the truth about place and the role it plays in determining our life chances. To view the video and join us in starting a new conversation about health, visit [www.buildinghealthycommunities.org](http://www.buildinghealthycommunities.org).



# ACE and the Inspiring Fitness Warriors of Richmond, Virginia

By Tom Richards, J.D., Director of Corporate Engagement,  
American Council on Exercise



For thousands and thousands of years, physical activity was the foundation of human existence. If you didn't move, then you didn't eat, you didn't have shelter, and you likely didn't have much of a support system to help you. But over the past 100-plus years, the human experience has transformed at a breathtaking pace.

We've evolved as a society to a point where most of us simply don't need meaningful physical activity to live day to day, at least not at the rates recommended by physical activity guidelines (150 minutes per week

of moderate activity). Our bodies, however, have not evolved at the same rate as our society. Our bodies still need to be active.

And that gap—between the sedentary nature of our society and the human body's fundamental need to move—led the acting surgeon general to declare in 2014 that “physical inactivity is the major public health issue in this country.”

Consider this statistic: Only one out of five adults in America meets aerobic and strength guidelines;





26% of American adults engage in no leisure-time physical activity; and minority populations are disproportionately inactive, including 32% of black women who report no leisure-time physical activity. Low-income communities of color suffer the lowest rates of activity and face the greatest barriers to accessing affordable, safe fitness opportunities.

At the American Council on Exercise (ACE), we believe physical inactivity is one of the greatest public health challenges the nation has ever faced. There is no cure, no vaccine, and no pill.

So, what's the solution?

Change will require a thousand solutions, but we believe that the fight against inactivity hinges on community-based fitness leadership—particularly, leadership from compassionate people who care enough about their communities and the people around them to get people moving; people who look around and see sedentary lifestyles and chronic disease, and believe that they can and must make a difference. The changes come community by community, school by school, workplace by workplace, park by park, from one house of worship to another, block by block, neighbor to neighbor, friend to friend, and family member to family member.

The Sports Backers' Fitness Warriors program in Richmond, Virginia, is a great and inspiring example of community-based fitness leadership.

The Fitness Warriors program trains members of the Richmond community to be professional fitness instructors for Richmond's communities with the highest rates of chronic disease. The Fitness Warriors are selected for their skills and leadership and train to be ACE-certified group fitness instructors.

During their training, Fitness Warriors provide free weekly fitness classes to nearly 1,000 people in a variety of community settings, including churches, schools, senior residences, and community centers. By teaching these weekly classes around Richmond, the Fitness Warriors hone their skills and provide their

fellow Richmonders with an important, accessible resource for behavior change and healthy living. In fact, in the current class of Warriors' participants, 65% report increased energy, 43% report improved flexibility, 39% report greater endurance, 37% report weight loss, and 6% report reduced medication.

In sum, the Fitness Warriors are changing the lives of the people around them, changing their communities, and providing a model for the rest of the nation.

In February 2016, ACE was thrilled to enter into a relationship with Sports Backers, the nonprofit behind the program, to help prepare the Fitness Warriors to lead transformational change in the Richmond region's most vulnerable areas.

As part of that collaboration, ACE agreed to provide curriculum support, create a study group for the Fitness Warriors led by the ACE Resource Center, and offer scholarships to expand the capacity of the Fitness Warrior program. Notably, the Fitness Warriors often come from low-resource communities, so the additional support from ACE is designed to prepare these individuals to succeed.

ACE will also work with Sports Backers to assess the impact of the program and leverage "lessons learned" to inform future similar efforts in order to address inactivity in vulnerable or underserved areas.

Fighting the inactivity epidemic will require a multisector, multipronged attack. There is no silver bullet. But the heart of the fight—the spiritual core—we believe, will come from community fitness leaders like the Fitness Warriors.

At ACE, we couldn't be more proud or excited to support the wonderful and inspiring Fitness Warriors of Richmond.

If you want to get involved as an advocate for health and fitness alongside ACE, please visit us at <https://www.acefitness.org/advocacy/stay-informed/>.

## SHAPE SUPPORTERS

This project was made possible through the support of CCC's Community Health and Wellness Network.



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