Background
Chronic diseases such as heart disease, cancer, stroke, and diabetes account for 70% of all deaths in the US each year and reductions in quality of life for almost 10% of all Americans. High chronic disease prevalence is more common in populations where environmental conditions and circumstances reinforce unhealthy behaviors, which has contributed to poorer health outcomes in racial/ethnic and low-income communities. Highly preventable, chronic diseases can be reduced and prevented through adopting healthy behaviors such as eating nutritious foods. Because risk for chronic disease begins prenatally and in early childhood, there is substantial opportunity to prevent and reduce chronic diseases during these life stages.

Program Overview
CDC’s Division of Community Health (DCH) has funded the National WIC Association (NWA) to build and strengthen community infrastructure to implement population-based strategies to improve communities’ health. During this 3-year cooperative agreement with CDC, NWA is partnering with the American College of Obstetricians and Gynecologists and 32 local WIC agencies (sub-recipients) to reduce and prevent chronic disease by improving access to healthy food environments and improving access to prevention and disease management services, like WIC. NWA is funding and supporting two cohorts of local WIC agencies in select target states to work with community partners to build and enhance community coalitions, perform community needs assessments, and develop and implement community action plans to achieve community health goals.

Figure 1 | Map of Cohort #1 Project Locations

By the end of the 3 year project, NWA hopes to achieve the following outcomes: 1) increased collaboration between national and community partners, 2) increased community capacity to implement policy, systems, and environmental improvements, 3) increased messages on the importance of policy, systems, and environmental improvements, 4) increased access to environments with healthy food or beverage options in sub-recipient communities, and 5) increased opportunities for chronic disease prevention, risk reduction or management through community and clinical linkages in sub-recipient communities.