

Nutrition and Physical Activity Information for American Recovery and Reinvestment Act (Recovery Act) Communities Putting Prevention to Work

State Supplemental Funding for Healthy Communities, Tobacco Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System

Introduction

This document provides additional information on the nutrition and physical activity **Media, Access, Point of Decision Information, Price, and Social Support & Services (MAPPS)** interventions found in the State Supplemental Funding for Healthy Communities, Tobacco Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System document. For each intervention, a definition/description is given with selected resources for more information. This is not a review of the literature under each MAPPS strategy.

In some interventions, information is only provided on applying the intervention in one or two settings; however, this does not mean that American Recovery and Reinvestment Act (ARRA) funds are limited to applying the intervention in just those settings.

A. Nutrition Interventions from MAPPS Table

Media Interventions

1. Media and Advertising Restrictions Consistent with Federal Law

Television advertising influences children to prefer and request high-calorie and low-nutrient foods and beverages and influences consumption among children between the ages of 2 and 11 years (IOM, 2006). Legislation to limit advertising of less healthy foods and beverages is usually introduced at the Federal or State level. However, local governing bodies, such as district-level school boards, might have the authority to limit advertisements of less healthy foods and beverages in areas within their jurisdiction (Joint Center for Political and Economic Studies and PolicyLink, 2004) (Keener, Goodman, Lowry, Zaro, & Kettel Khan, 2009, p. 25).

Resources

- Strategy 9: Limit advertisements of less healthy foods and beverages. From: *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. This guide provides 24 recommended strategies to encourage and support healthy eating and active living along with measures to help communities track their progress over time.
http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf
- *Marketing Food to Children and Adolescents: A Review of Industry Expenditures, Activities, and Self-Regulation: Federal Trade Commission*. This report provides an overview of food and

beverage industry efforts to market to children and adolescents.

<http://www.ftc.gov/os/2008/07/P064504foodmktngreport.pdf>

- *Institute of Medicine: Food Marketing to Children and Youth: Threat or Opportunity?* This report provides recommendations for different segments of society to guide the development of effective marketing and advertising strategies that promote more healthful foods, beverages, and meal options to children and youth. <http://iom.edu/CMS/3788/21939/31330.aspx>
- *Guidelines for Responsible Food Marketing to Children: The Center for Science for the Public Interest (CSPI)*. The guidelines provide the criteria for marketing food to children in a way that does not compromise their health. CSPI suggests that anyone who advertises to children (all industries) as well as parents and schools should utilize the tool. <http://www.cspinet.org/marketingguidelines.pdf>

2. Promote Healthy Food/Drink Choices

Marketing of foods and beverages influences children's preferences, purchase requests, and consumption (IOM, 2006). A preponderance of public health research focuses on issues surrounding marketing of less healthy foods, but few have addressed the effects of marketing healthier nutrient-dense foods and beverages (RWJF, 2008, p.7).

Marketing healthier choices in schools can support policy changes being considered or already in effect around access to healthier foods. As schools begin to reduce access to sugar-sweetened beverages and replace them with items such as water and low-fat milk, messages promoting the new options can support behavioral change. This could include posters, print-ads, student newspaper articles, messages on the school Web site and school radio station, and connecting with student clubs and organizations. Similar messages could be applied to encouraging consumption of less energy dense foods such as fruits and vegetables.

3. Counter-Advertising for Unhealthy Choices

Virtually all the advertising around food choices, especially for youth, is developed by the food industry which tends to promote less healthy foods (IOM, 2006; Powell, et al., 2007; RWJF, 2008).

Counter-advertising—the use of messages to “counter” or offer an alternative option or viewpoint—is one way to provide viewers the advantages of consuming healthier foods. For example, in August 2009, the New York City Department of Public Health launched widely disseminated ads headlined with “Are You Pouring on the Pounds?” A graphic portrays a soda bottle pouring out lumps of fat into a glass. The text offers this recommendation: “Don’t Drink Yourself Fat. Cut back on soda and other sugary beverages. Go with water, seltzer, or low-fat milk instead.”

Counter-advertising has been effectively used by tobacco control programs. Successful counter-marketing campaigns: are long-term; consist of integrated, not isolated, components; are integrated into larger health promotion programs; are culturally competent; are strategic; should be evaluated; and should be adequately funded (adapted from CDC, 2003).

Counter-advertising and social marketing can also be used to support breastfeeding. This counteracts advertising that markets infant formula and helps to promote breast-feeding as a viable option for infant feeding. Normalizing the concept of breastfeeding makes it a more feasible choice for many women, who often see it as an unattainable ideal.

Resources

- *The CDC Guide to Breastfeeding Interventions*. The guide provides information to state and local community members on choosing the breastfeeding intervention strategy that best meets their needs. <http://www.cdc.gov/breastfeeding/resources/guide.htm>

Access Interventions

4. Healthy Food/Drink Availability, e.g.:

- **Incentives to food retailers to locate/offer healthier choices in underserved areas**
- **Healthier choices in child care, schools, worksites**

Limited availability of healthier food and beverage choices (e.g., foods with low calorie, sugar, fat, and sodium content) can be a barrier to healthier eating and drinking. Improving the availability of healthier food and beverage choices (e.g., fruits, vegetables, and water) may increase the consumption of healthier foods (Keener et al., 2009, p. 7).

This can include the following:

- Providing incentives to food retailers to locate/offer healthier choices in underserved areas by
 - Attracting new stores to underserved areas.
 - Improving existing small stores in underserved areas.
 - Improving public transportation to these venues and influencing business owners to provide transportation for customers.
- Ensuring that students have appealing, healthier choices in foods and beverages offered outside of the school meals program.
- Promoting water consumption by making safe and palatable (quality) drinking water easily accessible to children and adults in homes and public facilities, including parks, playgrounds, schools, public buildings, worksites, and clinics.
- Promoting healthful foods at workplace cafeterias, in workplace vending machines, and at meetings and conferences.
- Developing farm programs, community supported agriculture, and community gardens.
 - Including or expanding farm-to-where-you-are programs in all possible venues, including farm-to-institution, farmers markets, and community-supported agriculture (CSA).
 - Supporting and promoting community gardens.

Resources

- Strategy 1: Increase availability of healthier food and beverage choices in public service venues. From: *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. This guide provides 24 recommended strategies to encourage and support healthy eating and active living along with measures to help communities track their progress over time. http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf
- *State Indicator Report on Fruits and Vegetables*, 2009. The report provides for the first time information on fruit and vegetable (F&V) consumption and policy and environmental support within each state. http://www.fruitsandveggiesmatter.gov/health_professionals/statereport.html
- *PolicyLink* has several resources available at <http://www.policylink.org/>

- Grocery Store Attraction Strategies: A resource for community activists and local governments.
- Equitable Development Toolkit: Healthy food retailing
- Healthy Food, Healthy Communities: Improving access and opportunities through food retailing.
- Starting and Sustaining Farmers Markets
- *The Environmental Nutrition and Activity Community Tool (ENACT)*, developed by the Strategic Alliance for Healthy Food and Activity Environments. This toolkit describes a menu of strategies for local nutrition and activity environments, including model programs and policies. <http://www.preventioninstitute.org/sa/enact/members/index.php>.
- *The Food Trust* works on initiatives to improve food access, education and marketing campaigns to help consumers improve their health, and public policies to advance these initiatives. <http://www.thefoodtrust.org/>
- *Healthy Corner Stores Network* has compiled a list of resources that cover a range of topics related to improving access to healthier foods through work with small stores and corner stores. <http://www.healthycornerstores.org>
- *Making it Happen! School Nutrition Success Stories* provides a collection of success stories describing approaches that schools, districts, or states have used to improve the nutritional quality of foods offered at school. www.cdc.gov/HealthyYouth/MIH
- *Changing the Scene: Improving the School Nutrition Environments* provides a tool kit that focuses on multiple facets of the nutrition environment of schools, such as school meals, competitive foods, nutritional education and nutrition marketing. www.fns.usda.gov/TN/resources/changing.html
- *Healthier Worksite Initiative* of the Centers for Disease Control and Prevention provides information for federal and state government workplace planners. It contains information, resources and toolkits for workplace health promotion. <http://www.cdc.gov/hwi>
- CDC's *Lean Works!* offers interactive tools and evidence-based resources to design effective worksite obesity prevention and control programs. <http://www.cdc.gov/leanworks/index.html>
- *National Farm to School* is an organization which provides how-to guides, information about funding opportunities, policies and legislation, and collaborating organizations. <http://www.farmtoschool.org/>
- *The Community Food Security Coalition* is a non-profit organization dedicated to building strong, sustainable, local and regional food systems that ensure access to affordable, nutritious, and culturally appropriate food for all people at all times. <http://www.foodsecurity.org/>
- *USDA Farmers Market Consortium: Resource Guide* offers information on federal farmers market programs and those within the private sector. <http://www.ams.usda.gov/AMSV1.0/getfile?dDocName=STELDEV3100937&acct=frmrdirnkt>
- *USDA—Community Supported Agriculture* has a Web site which contains a thorough listing of CSA-related resources. <http://www.nal.usda.gov/afsic/pubs/csa/csa.shtml>
- *Got Dirt? A Gardening Initiative*, from Wisconsin Department of Health and Family Service's Nutrition and Physical Activity program, is a program that assists with the implementation of community, school, and child care gardens. <http://www.dhfs.state.wi.us/Health/physicalactivity/gotdirt.htm>

5. Limit Unhealthy Food/Drink Availability (whole milk, sugar sweetened beverages, high-fat snacks)

Research has shown that the availability of less healthy foods in schools is inversely associated with fruit and vegetable consumption and is positively associated with fat intake among students (Kubik,

Lytle, Hannan, Perry, & Story, 2003). Schools can restrict the availability of less healthy foods by setting standards for the types of foods sold, restricting access to vending machines, banning snack foods and food as rewards in classrooms, or prohibiting food sales at certain times of the school day (Keener et al., 2009, p.21). The Institute of Medicine recommends that competitive foods (food sold outside the USDA reimbursable school meal programs such as in vending machines, school stores, snack bars) be limited (IOM, 2007). When food is offered or sold, it should be nutritious foods, including fruits and vegetables (IOM, 2007) (CDC, 2009, p.3).

Other public service venues that can restrict the availability of less healthy foods include afterschool programs, regulated child care centers, community recreational facilities (e.g., parks, swimming pools), city and county buildings, and prisons and juvenile detention centers (Keener et al., 2009, p.21).

In addition to less healthy foods, sugar-sweetened beverages (SSBs) are readily accessible in homes, schools, work sites, and communities. Limiting availability and accessibility of SSBs can decrease SSB consumption and increase the consumption of more healthful beverages.

Resources

- Strategy 7: Restrict availability of less healthy foods and beverages in public service venues. From: *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. This guide provides 24 recommended strategies to encourage and support healthy eating and active living along with measures to help communities track their progress over time.
http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf
- *IOM Nutrition Standards for Foods in Schools: Leading the Way to a Healthier Youth*: Funded by the Centers for Disease Control and Prevention and developed by the Institute of Medicine. This report sets nutrition standards for K-12 schools focused on competitive foods.
<http://www.iom.edu/CMS/3788/30181/42502.aspx>
- *Healthy Beverage Toolkit: Food Trust*. The toolkit provides school staff and administration, parents and the community with information about promoting healthy beverage consumption in schools to address childhood obesity. The toolkit highlights the importance of advocating for policies, engaging key partners, coalition building and other relevant topics.
<http://www.thefoodtrust.org/php/programs/school.food.beverage.reform.php>
- *School Beverage Guidelines Toolkit: Alliance for a Healthier Generation*. This toolkit provides guidelines for schools to assist them in revising their beverage policies in order to promote the consumption of more healthful beverage options among students.
http://www.healthiergeneration.org/uploadedFiles/For_Schools/Helpful_Tools/Alliance%20School%20Beverage%20Toolkit.pdf

6. Reduce Density of Fast Food Establishments

Local governments can use zoning to address health and welfare of residents who do not have access to healthier food. Zoning policies that address fast food establishments can:

- Control a fast food outlet's ability to occupy a retail space.
- Limit how many are allowed in a given space and their density.
- Put a freeze on their development and proximity to each other.
- Require a minimum distance from schools.

Resources

- *The Use of Zoning to Restrict Fast Food Outlets: A Potential Strategy to Combat Obesity*, from The Center for Law and the Public's Health at Johns Hopkins and Georgetown Universities. This document describes why zoning fast food outlets can address obesity and the legal basis of zoning fast food outlets.
<http://www.publichealthlaw.net/Zoning%20Fast%20Food%20Outlets.pdf>
- The City of Detroit, MI, requires a minimum distance of 500 ft between specified standard, carry-out, fast-food and drive-in restaurants and elementary, junior high and high schools.
<http://www.preventioninstitute.org/sa/policies/pdf/Detroit-Zoning%20and%20Fast%20Food.pdf>

7. Eliminate Trans Fats through Purchasing Actions, Labeling Initiatives, Restaurant Standards

The consumption of trans fat raises LDL cholesterol, lowers HDL cholesterol, and negatively impacts other risk factors for heart disease, thereby increasing the risk of coronary heart disease (Mozzafarian & Clarke, 2009). Food containing or fried in partially hydrogenated oils provide approximately 80% of trans fat in the diet (Eckel, Borra, Lichtenstein, & Yin-Piazza, 2007). Many international policies as well as U.S. state and local policies limit the amount of industrially produced trans fat allowed in food served in restaurants. Additionally, public service venues, such as schools, child care centers, city and county buildings, prisons, and juvenile detention centers, are key venues for instituting procurement standards that eliminate industrially-produced trans fats from foods purchased and served.

States and localities are encouraged to establish and enforce the following policies that will reduce consumption of industrially produced trans fat:

- Restaurant standards restricting trans fats. Example policies to follow include those from New York City, Philadelphia, the State of California (or many others).
- Purchasing standards requiring zero grams trans fat in foods bought and served by state agencies. Example standards include those from Massachusetts and New York City.

For more information on labeling initiatives, such as menu labeling or point of purchase labeling, please see Nutrition Interventions #11: Signage for Healthy vs. Less Healthy Items and #13: Menu Labeling. Trans fat would be a potential nutrient to label.

Resources

- *Massachusetts State Agency Food Standards*. The document outlines proposed standards for food purchased and meals prepared, with the goal of improving the health of individuals served by all state agencies within the Executive Department which are covered under Executive Order 509.
http://www.mass.gov/Eeohhs2/docs/dph/com_health/nutrition_phys_activity/eo509_proposed_food_standards.pdf
- *New York City Agency Food Standards*. The document outlines standards for food purchased and meals served, with the goal of improving the health of all New Yorkers served by City agencies.
<http://www.nyc.gov/html/doh/downloads/pdf/cardio/cardio-food-standards.pdf>
- *The Regulation to Phase out Artificial Trans Fat in New York City Food Service Establishments*. The document provides an overview of trans fat, compliance with and enforcement of the regulation, and how to substitute for trans fat.
<http://www.nyc.gov/html/doh/downloads/pdf/cardio/cardio-transfat-bro.pdf>

8. Reduce sodium through Purchasing Actions, Labeling Initiatives, Restaurant Standards

The majority of sodium consumed in the diet, approximately 75 percent, comes from processed and restaurant foods (US DHHS, 2005). For the majority of people, the high levels of sodium in processed and restaurant foods leaves little control for those wanting or needing to reduce sodium intake. Policy and environmental changes are needed to quicken decreases in sodium intake. States and localities are encouraged to create strategies to reduce sodium intake. Potential policies include the following:

- Establish procurement standards for foods purchased and served with state or local government dollars.
- Work with major institutions (e.g., universities, businesses) to adopt procurement standards within their jurisdiction.
- Establish or enhance menu labeling in all food-serving establishments.
- Establish restaurant standards or guidelines for sodium reduction.

9. Procurement Policies and Practices

Procurement policies and practices establish mechanisms and guidelines for obtaining healthier foods, including fresh fruits and vegetables. They can be used to promote healthier foods, including fruits and vegetables, at workplace cafeterias; in workplace vending machines; and at meetings, events, and conferences. Examples of such practices might include the modification of food and beverage contracts at schools or the identification of vending suppliers who carry healthier vending items at worksites.

Resources

- Strategy 6: Provide incentives for the production, distribution, and procurement of foods from local farms. From: *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. This guide provides 24 recommended strategies to encourage and support healthy eating and active living along with measures to help communities track their progress over time. http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf
- CDC's *Lean Works!* offers interactive tools and evidence-based resources to design effective worksite obesity prevention and control programs. <http://www.cdc.gov/leanworks/index.html>
- *Growers' Collaborative* is a program organized by Community Alliance with Family Farmers (CAFF). The collaborative organizes small, family farms into a single marketing unit. This lightens the marketing and distribution burden from farmers and provides a more unified delivery option for purchasers, such as public and private grade schools, colleges, hospitals, and corporate cafeterias. <http://www.caff.org/programs/growerscollaborative.shtml>
- *Making it Happen! School Nutrition Success Stories* provides a collection of success stories describes approaches that schools, districts, or states have used to improve the nutritional quality of foods offered at school. www.cdc.gov/HealthyYouth/MIH

10. Farm to Institution (including schools, worksites, hospitals, and other community institutions)

Farm-to-institution programs and policies allow regional farms to sell fruits and vegetables directly to community institutions such as schools, including universities; hospitals; faith-based communities; and government and non-government worksites to facilitate convenient and regular access to fresh produce. Program structure primarily consists of institutional purchasing of locally and regionally grown fruits and vegetables for use in cafeterias, restaurants, meetings and conferences, catering

services, and special events. Programs and policies may incorporate education about fruits and vegetables, food preparation, or agriculture. Farm-to-school programs also may include activities that provide students with hands-on learning opportunities, such as food preparation and cooking classes, school gardening and composting, and farm visits.

Resources

- Strategy 5: Improve availability of mechanisms for purchasing foods from farms. From: *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. This guide provides 24 recommended strategies to encourage and support healthy eating and active living along with measures to help communities track their progress over time.
http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf
- *State Indicator Report on Fruits and Vegetables, 2009*. The report provides for the first time information on fruit and vegetable (F&V) consumption and policy and environmental support within each state. http://www.fruitsandveggiesmatter.gov/health_professionals/statereport.html
- *National Farm to School* is an organization which provides how-to guides, information about funding opportunities, policies and legislation, and collaborating organizations.
<http://www.farmtoschool.org/>
- *The Community Food Security Coalition* is a non-profit organization dedicated to building strong, sustainable, local and regional food systems that ensure access to affordable, nutritious, and culturally appropriate food for all people at all times. <http://www.foodsecurity.org/>
- *Bringing Local Food to Local Institutions* is a resource guide for farm-to-school and farm-to-institution programs produced by the National Sustainable Agriculture Information Service.
<http://attra.ncat.org/attra-pub/PDF/farmtoschool.pdf>
- *Healthy Food, Healthy Hospitals, Healthy Communities: Stories of Health Care Leaders Bringing Fresher, Healthier Food to their Patients, Staff, and Communities* is a compilation of eight case studies by the Institute for Agriculture and Trade Policy's Food and Health Program.
<http://www.healthobservatory.org/library.cfm?refid=72927>

Point of Purchase Information Interventions

11. Signage for Healthy vs. Less Healthy Items

Signage for healthier vs. less healthy items can be implemented in a number of settings including restaurant programs, stores where food is purchased, and in the workplace. Policies or practices to impact signage for healthier food items include the following:

- Providing menus and/or signage that identifies healthful food choices based on established criteria.
- Announcing and encouraging consumption of healthier food choices by providing promotional and communication materials such as advertising, posters, and other communication media (e.g., table tents).
- Providing communication materials in stores where food is purchased.
- Providing nutritional information or healthier product labeling to encourage consumption of healthier foods (also see Nutrition Intervention 13: Menu Labeling).

Resources

- *Healthy Stores*. This Web site includes case studies for the Apache Healthy Stores, Baltimore Healthy Stores, and Marshall Islands Healthy Stores. www.healthystores.org
- *California 5 a Day- Be Active! Worksite Program* is designed to assist employers in implementing healthy dining menu standards. This program uses a check mark system to identify healthier food choices. <http://www.cdph.ca.gov/programs/cpns/Documents/CPNS-HealthyDiningMenuGuidelines.pdf>

12. Product Placement and Attractiveness

Product placement and attractiveness refers to the location and presentation of healthier food choices in retail and other locations. This can be addressed in a variety of venues. Strategies include the following:

- Increasing supply of and shelf space dedicated to high quality, affordable fruits and vegetables at retail stores.
- Worksite policies that require a variety of appealing, high-quality and affordable healthier foods at cafeterias or other onsite dining facilities.

Resources

- *California Fit Business Kit Tools* is a resource for workplaces to implement vending machine food and beverage standards. http://www.takeactionca.com/docs/fit-business-kit-tools/BRO-155_FEB_2008FINAL.pdf
- *The Healthy Corner Store Initiative*, a project of the Food Trust of Philadelphia, aims to improve the food environment in low-income Philadelphia communities through an integrated approach of assistance to corner store owners, social marketing, nutrition education, and research. <http://www.thefoodtrust.org/php/programs/corner.store.campaign.php>

13. Menu Labeling

Menu labeling involves providing the nutritional content of foods on menus, menu boards, and item tags at the point of purchase in restaurants and fast food establishments. Examples include the Common Sense Consumption Act or the Menu Labeling and Education Act (MEAL), both which have been introduced, but not enacted, at the federal level. The state of California and local municipalities such as Philadelphia, New York City, Seattle, King County Washington, and Multnomah County Oregon have passed similar menu labeling legislation. Common features of these ordinances require that menu boards post calorie information adjacent to the food item in a font, format, and size that it is visible from the ordering line and as prominent as the name and price. New York City and Philadelphia require that nutrition information also be posted on drive through menu boards. In these legislations, exemptions are provided for self-serve condiments, daily specials that appear less than the time specified in the legislation, alcoholic beverages, and custom orders.

Resources

- The *Robert Wood Johnson Foundation* has a “Healthy Eating Research” paper on menu labeling. http://www.healthyeatingresearch.org/images/stories/her_research_briefs/her_menu_labeling_brief_06_29_09_final.pdf
- The *Rudd Center for Food Policy & Obesity, Yale University*, provides a policy brief to inform for decision-makers interested in implementing menu labeling requirements in their states or

communities.

http://www.naco.org/Template.cfm?Section=New_Technical_Assistance&template=/ContentManagement/ContentDisplay.cfm&ContentID=27930

- The *American Heart Association* has written a position statement on menu labeling. <http://www.americanheart.org/downloadable/heart/1223922075937Menu%20Labeling%20Position%20Statement-final%2010-08.pdf>

Price Interventions

14. Changing Relative Prices of Healthy vs. Unhealthy Items (e.g., through bulk purchase/ procurement/competitive pricing)

Healthier foods are generally more expensive than less healthy foods, posing an economic barrier to healthier eating, particularly among low-income populations (Drewnowski, 2004) (Keener et al., 2009, p.9). Pricing strategies can be used to promote healthier foods and beverages through decreasing their relative cost. This is intended to increase the purchasing behavior related to healthier foods.

Changing the relative price of healthier foods can be implemented in a number of ways.

- Establishing policies that lower prices of healthier foods and beverages relative to the cost of less healthy foods (Keener et al., 2009, p.9).
- Offering coupons, discounts, subsidies, or vouchers redeemable for healthier foods and incentives or bonuses for the purchase of healthier foods (Keener, et al., 2009, p.9).
- Increasing the price of less healthy foods relative to the prices of more healthful choices.

Resources

- Strategy 2: Improve availability of affordable healthier food and beverage choices in public service venues. From: *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. This guide provides 24 recommended strategies to encourage and support healthy eating and active living along with measures to help communities track their progress over time. http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf
- *Rudd Report, Soft Drink Taxes: Opportunities for Public Policy: Rudd Center for Food Policy and Obesity*. This report a policy brief for policymakers and citizens interested in the benefits of soft drink taxes, research on taxing soft drinks and policy recommendations. <http://www.yaleruddcenter.org/resources/upload/docs/what/reports/RuddReportSoftDrinkTaxMay2009.pdf>
- *Texas! Bringing Healthy Back Presents: Growing Community: Texas Department of State Health Services*. This video series is a communications initiative and tool created to educate and inspire communities into action against obesity. Watch “Positioned for Change: Decreasing Sugar-Sweetened Beverages” at the following site. <http://www.dshs.state.tx.us/obesity/growingcommunity/default.shtm>
- *California Fit Business Kit* helps employers develop and implement a culture and environment at their workplaces that support healthy eating and physical activity among workers. <http://www.cdph.ca.gov/programs/cpns/Pages/WorksiteFitBusinessKit.aspx>
- The *Healthy Food Environment in Hospitals* project through *NC Prevention Partners* helps North Carolina hospitals offer healthier food options for patients, staff and visitors. The program includes a pricing component. www.healthyhospital.org

- *Making it Happen! School Nutrition Success Stories* provides a collection of success stories and describes approaches that schools, districts, or states have used to improve the nutritional quality of foods offered at school. Some success stories include a pricing component. www.cdc.gov/HealthyYouth/MIH
- The *Baltimore Healthy Stores* program promotes healthier food choices through store promotions and on-site education at point-of-purchase. The program includes a coupons and incentive card component. <http://www.healthystores.org/about.html>

Social Support and Services Interventions

15. Support Breastfeeding through Policy Change and Maternity Care Practices

Policy change and maternal care practice strategies are focused in two areas: (1) implementation of evidence-based policies to improve practices in hospitals/birth centers and (2) implementation of workplace policies and programs that support employed mothers to begin and continue breastfeeding.

Resources

- Strategy 11: Increase support for breastfeeding. From: *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. This guide provides 24 recommended strategies to encourage and support healthy eating and active living along with measures to help communities track their progress over time. http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf
- *Breastfeeding Report Card—United States, 2009*. The Report Card shows how breastfeeding is being protected, promoted, and supported in each state using five “outcome” and nine “process” indicators. http://www.cdc.gov/BREASTFEEDING/DATA/report_card.htm
- *2007 CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)*. Provides a summary of a national survey of maternity care feeding practices and policies at all facilities in the United States and Territories providing intrapartum care. <http://www.cdc.gov/breastfeeding/data/mpinc/index.htm>
- *The CDC Guide to Breastfeeding Interventions*. The guide provides information to state and local community members on choosing the breastfeeding intervention strategy that best meets their needs. <http://www.cdc.gov/breastfeeding/resources/guide.htm>

B. Physical Activity Interventions from MAPPS Table

Media Interventions

1. Promote Increased Physical Activity

One media option to promote increased physical activity is through community-wide campaigns. These are large-scale campaigns that deliver messages by using media such as television, radio, newspaper columns and inserts, and trailers in movie theaters. They also include other components such as support and self-help groups, physical activity counseling, risk factor screening and education at worksites, schools, and community health fairs, community events, and the creation of walking trails. Campaign messages can be directed to large and relatively undifferentiated audiences through diverse media and communication or can be tailored to fit the needs of specific target populations. These interventions are generally sustained efforts with ongoing high visibility.

Additionally, media strategies can be used when creating or enhancing facilities, places or other opportunities for physical activity. Include various forms of informational outreach such as marketing and advertising, programmatic activities, skills training, incentives.

Resources

- *CDC's Division of Nutrition, Physical Activity, and Obesity-Social Marketing Resources*. Resources include a Web-based training course in social marketing. www.cdc.gov/nccdphp/dnpa/socialmarketing/index.htm
- *Center of Excellence for Training and Research Translation at UNC Chapel Hill*. This site provides a review of materials for the Verb Scorecard Intervention. <http://www.center-trt.com/index.cfm?fa=opinterventions.intervention&intervention=verb&page=intent> or www.verbsummerscorecard.com.
- *Center of Excellence for Training and Research Translation at UNC Chapel Hill*. Description of Community-wide Campaigns. <http://www.center-trt.com/index.cfm?fa=opstrategies.pa&page=community>
- *Media Access Guide: A Resource for Community Health Promotion*, from CDC's Healthy Communities Program. This guide includes information on accessing the media, as well as tip sheets, templates, and timelines for media relations. <http://www.cdc.gov/healthycommunitiesprogram/tools/pdf/mediaaccessguide.pdf>
- *CDC's VERB™ Youth Media Campaign*. This site describes the VERB™ campaign to increase physical activity among tweens. <http://www.cdc.gov/youthcampaign/>
- *Physical Activity: Steps to Effective Cancer Control Planning*, from Cancer Control P.L.A.N.E.T.—Plan, Link, Act, Network with Evidence-based Tools. http://cancercontrolplanet.cancer.gov/physical_activity.html

2. Promote Use of Public Transit

Walking to and from public transportation can help individuals attain recommended levels of daily physical activity (Besser & Dannenberg, 2005). Public transportation includes mass transit systems such as buses, light rail, street cars, commuter trains, and subways, and the infrastructure supporting these systems (e.g., transit stops and dedicated bus lanes). Improving access to public transportation may help promote more active lifestyles (Keener, et al., 2009, p. 53).

Transportation and travel policies and practices can encourage use of public transport by facilitating walking and bicycling to public transport; expanding, subsidizing, or otherwise increasing the availability of and access to public transportation; providing bicycle racks on buses; and increasing parking costs. Media support for public transit can include advertising and/or signage that promotes the use of public transit in multiple settings.

Resources

- *CDC's Healthier Worksite Initiative: Alternative Transportation policies*. This site provides laws, policies, and guidelines that support federal agency employees who commute to work by means other than single-occupancy traditional fuel vehicles.
http://www.cdc.gov/nccdphp/dnpa/hwi/policies/alternative_transportation.htm
- Strategy 20: Improve access to public transportation. From: *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. This guide provides 24 recommended strategies to encourage and support healthy eating and active living along with measures to help communities track their progress over time. http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

3. Promote Active Transportation (bicycling and walking for commuting and leisure activities)

Transportation and travel policies and practices can encourage active transport by facilitating and increasing the safety of walking and bicycling, as well as facilitating public transportation use, reducing car use, and improving air quality. Environmental changes that support these goals include using bicycling and walking strategies such as changing roadway design standards, creating or enhancing bike lanes, and providing bicycle racks on buses. Other strategies that encourage active transport include the following:

- Expanding, subsidizing or otherwise increasing the availability of and access to public transportation (Heath et al., 2006).
- Increasing parking costs (Heath et al., 2006).
- Active transportation to school interventions (See Physical Activity Intervention #15: Safe Routes to School).

Media support for active transportation can include advertising and/or signage that promotes the use of active transportation in multiple settings.

Resources

- *Healthy Eating and Active Living Convergence Partnership: Transportation and Health 101 Toolkit*. This toolkit presents an overview of transportation policy and planning, the connections between transportation, health and equity as well as policy opportunities to create healthy communities.
http://www.convergencepartnership.org/site/c.fhLOK6PELmF/b.4950415/k.4FF7/Transportation_and_Health_Toolkit.htm
- *Environmental Strategies to Promote Physical Activity: A Quick Start Resource*. This Web site provides key references, tools, and components for the planning, implementation, evaluation, and maintenance of environmental interventions to promote physical activity.
http://www.cdc.gov/nccdphp/dnpa/physical/pdf/pa_qs_environmental_change.pdf
- *The Community Guide for Preventive Services- Environmental and Policy Approaches to Increase Physical Activity: Street-scale Urban Design Land Use Policies & Practices*. This Web site describes results from the Community Guide's systematic reviews.
<http://www.thecommunityguide.org/pa/environmental-policy/streetscale.html>

- *CDC's Healthier Worksite Initiative: Walkability*. This Web site provides basic information about walkability and a walkability audit.
<http://www.cdc.gov/nccdphp/dnpa/hwi/toolkits/walkability/index.htm>

4. Counter-Advertising for Screen-Time

When children spend too much time watching television and playing video games, they may have less time for physical activity and they can be exposed to advertising of less unhealthy foods and beverages (Hancox, Milne, & Poulton, 2004; Viner & Cole, 2005). The American Academy of Pediatrics recommends limiting children's media time to that children spend no more than 2 hours per day for children 2 years and older and discourages exposure to any screen time for younger children and infants watching television (American Academy of Pediatrics, 2001).

Counter-advertising—the use of messages to “counter” or offer an alternative option or viewpoint—is one way to inform viewers of the advantages of decreasing screen time. Successful counter-marketing campaigns: are long-term; consist of integrated, not isolated, components; are integrated into larger health promotion programs; are culturally competent; are strategic; should be evaluated; and should be adequately funded (adapted from CDC, 2003).

Resources

- *NIH's National Institute of Child Health and Human Development. Media Smart Youth Program; Media-Smart Youth: Eat, Think, and Be Active*. Media Smart Youth is an interactive after school education program for children 11-13. <http://www.nichd.nih.gov/msy/#subnav2>
- *CDC's VERB™ Youth Media Campaign*. This site describes the VERB™ campaign to increase physical activity among tweens. <http://www.cdc.gov/youthcampaign/>
- *CDC National Prevention Information Network Health Communication Strategies*. This site provides basic information on health communication strategies. <http://www.cdcnpin.org/scripts/campaign/strategy.asp>
- *CA State PTA—Television and Media Literacy*. This Web site from the state of California provides recommended actions for schools, PTAs and the home. <http://www.capta.org/sections/communication/media-lit.cfm>

Access Interventions

5. Safe, Attractive, Accessible Places for Activity, e.g;

- **Access to outdoor recreation facilities**
- **Enhance bicycling and walking infrastructure**
- **Place schools within residential areas**
- **Increase access to and coverage area of public transportation**
- **Mixed use development**
- **Reduce community design that leads to increased injuries**

Interventions that create or enhance access to places for physical activity combined with informational outreach activities may involve the efforts of worksites, coalitions, agencies, and/or communities to

change the local environment to create opportunities for physical activity. Many of these interventions are multi-component and influence behavior at multiple levels.

Some potential areas for interventions include the following:

Environmental components: May include policies that allow for the creation of walking trails, building of exercise facilities, or improving access to existing nearby facilities (CDC, 2001).

Bicycling and walking infrastructure: Research shows a strong and significant association between bicycling infrastructure and frequency of bicycling for both recreational and commuting purposes (Dill & Carr, 2003; Staunton et al., 2003). Infrastructure that supports bicycling includes bike lanes, shared-use paths, bike routes on existing and new roads, and bike racks in the vicinity of commercial and other public spaces (Keener et al., 2009, p. 47). Walking is a basic form of transportation and can be an important source of daily physical activity. However, walking can be difficult for residents when communities lack sidewalks, footpaths, walking trails, and safe pedestrian street crossings. Local governments play a key role in shaping community infrastructure to support walking by promoting transit, community planning, and zoning provisions, and by retrofitting existing areas to better serve pedestrians (Keener et al., 2009, p. 49).

School placement: Walking to and from school can be a source of physical activity for children. However, fewer children are able to walk to school today because many new schools are not accessible to pedestrians due to current land use trends and policies (Environmental Protection Agency, 2003). Local governments can support locating schools within easy walking distance of residential areas by changing land use policies and/or renovating existing schools located in residential neighborhoods (Keener et al., 2009, p. 51).

Urban design and land use: Community scale urban design and land use policies and practices support physical activity in geographic areas, generally several square kilometers in area or more. Policy interventions on this scale develop and implement infrastructure projects to improve continuity and connectivity of streets, sidewalks, and bike lanes. Zoning regulations and roadway design standards that promote destination walking and co-location of residential, commercial, and school properties (i.e., mixed land use zoning), and transit-oriented development may also be appropriate (Heath et al., 2006). Street scale urban design and land use policies support physical activity in small geographic areas, generally limited to a few blocks. Policy interventions on this scale include improving street lighting, increasing ease and safety of street crossing, introducing or enhancing traffic calming, enhancing aesthetics of the streetscape and ensuring sidewalk continuity (Heath et al., 2006).

Safety considerations: People may be less inclined to walk and play outdoors in neighborhoods that are perceived to be unsafe due to crime and violence (Ferreira et al., 2007). Safety considerations have been shown to affect parents' decisions to allow their children to play and walk outside (IOM, 2005). Local governments can implement efforts to improve neighborhood safety such as increasing police presence, reducing the number of abandoned buildings, and improving street lighting (Keener et al., 2009, p. 57). Traffic safety can be enhanced by engineering streets for lower speeds or by retrofitting existing streets with traffic calming measures or improved street crossings for pedestrians (Keener et al., 2009, p. 59).

Resources

- Action Guide “*Action Steps for Facilitating Development of a Community Trail and Promoting Its Use to Increase Physical Activity among Youth and Adults*”. This guide was created by CDC and Partnership for Prevention. <http://www.prevent.org/content/view/full/157/175/>

- *CDC's LEANWorks: Worksite Promising Practices*. This site provides environmental and policy strategies that can be used in worksites for health promotion programs. <http://www.cdc.gov/leanworks/resources/communityguide.html>
- *CDC's Healthier Worksite Initiative: Worksite Built Environment*. This site provides laws, policies, and resources that provide guidelines for the built environment at federal work sites. http://www.cdc.gov/nccdphp/dnpa/hwi/policies/built_environment.htm
- *Safe Routes to School National Partnership: School Siting*. This resource provides information on how location affects the potential to walk or bike to school. <http://www.saferoutespartnership.org/state/5638/5652>
- Strategy 17: Enhance infrastructure supporting bicycling; Strategy 18: Enhance infrastructure supporting walking; Strategy 19: Support locating schools within easy walking distance of residential areas; Strategy 22: Enhance personal safety in areas where persons are or could be physically active; Strategy 23: Enhance traffic safety in areas where persons are or could be physically active. From: *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. This guide provides 24 recommended strategies to encourage and support healthy eating and active living along with measures to help communities track their progress over time. http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

6. City Planning, Zoning, and Transportation, e.g.:

- **Planning to include the provision of sidewalks, parks, and mixed use**
- **Parks with adequate crime prevention measures**
- **Health Impact Assessments**

Interventions in this area are related to urban design and land use including zoning for mixed-use development.

Community scale urban design and land use policies and practices support physical activity in geographic areas, generally several square kilometers in area or more. These interventions use policy instruments and practices to develop and implement infrastructure projects to improve continuity and connectivity of streets, sidewalks, and bike lanes. Zoning regulations and roadway design standards that promote destination walking and co-location of residential, commercial, and school properties (i.e., mixed land use zoning), and transit-oriented development may also be characteristics of the interventions (Heath et al., 2006).

Mixed-use development is the combination of residential, commercial, industrial, and public land use within close proximity of one another and is associated with the number of trips people make on foot or by bicycle (Saelens, Sallis, & Frank, 2003). Zoning laws restricting the mixing of residential and nonresidential uses can be a barrier to physical activity, whereas zoning regulations that accommodate mixed land use could increase physical activity by encouraging walking and bicycling for commuting purposes (Keener et al., 2009, p. 55).

One tool for assisting in city planning is health impact assessment. Health impact assessment (HIA) is commonly defined as “a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population” (1999 Gothenburg consensus statement, <http://www.euro.who.int/document/PAE/Gothenburgpaper.pdf>). HIA can be used to evaluate objectively the potential health effects of a project or policy *before* it is built or implemented. It can provide recommendations to increase positive health outcomes and minimize adverse health outcomes.

Resources

- *CDC's NCEH Healthy Places: Health Impact Assessment (HIA)*. Provides a description of HIA and major steps involved. <http://www.cdc.gov/healthyplaces/hia.htm>
- *CDC's NCEH Healthy Places: Healthy Community Design*. Provides resources on healthy community design. http://www.cdc.gov/healthyplaces/healthy_comm_design.htm
- *CDC's NCBDDD Disability and Health: Accessibility Guides*. Provides guidelines for making fitness and recreation more accessible to people with disabilities. <http://www.cdc.gov/ncbddd/dh/accessibilityguides.htm>
- Strategy 21: Zone for mixed-use development. From: *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. This guide provides 24 recommended strategies to encourage and support healthy eating and active living along with measures to help communities track their progress over time. http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

7. Require Daily Quality PE in Schools

Evidence suggests that school-based physical education (PE) increases students' level of physical activity and improves physical fitness (Zaza, Briss, & Harris, 2005). The National Association for Sport and Physical Education (NASPE) and the American Heart Association (AHA) recommend that "all elementary school students should participate in at least 150 minutes per week of physical education, and all middle and high school students should participate in at least 225 minutes of physical education per week, for the entire school year" (NASPE & AHA, 2006, p. 2). Although school administrators express concerns that PE classes compete with traditional academic curricula, the Task Force for Community Preventive Services found no evidence that time spent in PE classes harms academic performance (Zaza et al., 2005) (Keener et al., 2009, p. 35).

Even when PE classes are required in school, students are not necessarily physically active during those classes, particularly in the absence of high-quality curricula or well-trained PE teachers. Increasing the amount of time students spend engaged in physical activity during school-based PE classes might increase physical activity among children (Keener et al., 2009, p. 37). Both policy (time and frequency of classes) and curricula and teaching techniques (amount of moderate to vigorous activity during class time) are required to implement the necessary strategies.

Resources

- *CDC Physical Education Curriculum Analysis Tool (PECAT)*. This tool can assist school personnel in assessing how closely the written PE curricula align with national standards, guidelines, and best practices for quality physical education programs. <http://www.cdc.gov/healthyyouth/PECAT/pdf/PECAT.pdf>
- Action Guide "Action Steps for Working with Schools to Increase Physical Activity among Children and Adolescents in Physical Education Classes" created by CDC and Partnership for Prevention. <http://www.prevent.org/content/view/full/153/176/>.
- Strategy 12: Require physical education in schools; Strategy 13: Increase the amount of physical activity in physical education programs in schools. From: *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. This guide provides 24 recommended strategies to encourage and support healthy eating and active living along with measures to help communities track their progress over time. http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

8. Require Daily Physical Activity in After School/Childcare Settings

Opportunities for children to be active exist across multiple settings. Because many children attend afterschool programs or child care, these settings represent important venues for physical activity. Policies can be made to require daily physical activity in these settings.

Resources

- Strategy 14: Increase opportunities for extracurricular physical activity. From: *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. This guide provides 24 recommended strategies to encourage and support healthy eating and active living along with measures to help communities track their progress over time. http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf
- *CDC's DASH Healthy Youth: After School Care*. This Web site provides additional details on physical activity in after school settings. http://www.cdc.gov/HealthyYouth/PhysicalActivity/promoting_health/strategies/afterschool.htm
- *Center for Excellence in Training and Research Translation at UNC Chapel Hill*. This site provides information on and materials for the Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC). <http://www.center-trt.org/index.cfm?fa=opinterventions.intervention&intervention=napsacc&page=intent>

9. Restrict Screen Time (after school, daycare)

When children spend too much time watching television and playing video games, they have less time for physical activity and they can be exposed to advertising of less healthy foods and beverages (Hancox, Milne, & Poulton, 2004; Viner & Cole, 2005). The American Academy of Pediatrics recommends limiting children's media time to no more than 2 hours per day for children 2 years and older and discourages exposure to any screen time for younger children and infants (American Academy of Pediatrics, 2001). State and local policymakers have an important role in limiting screen time for children in schools, day care centers, and afterschool programs (Keener et al., 2009, p. 41). Providing specific regulations/policies that limit television and other screen media are reasonable strategies in child care settings.

Resources

- Strategy 15: Reduce screen time in public service venues. From: *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. This guide provides 24 recommended strategies to encourage and support healthy eating and active living along with measures to help communities track their progress over time. http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf
- *Regulations in child care to limit TV, NYC*. This document describes the New York City regulations limiting television viewing. http://www.frac.org/pdf/nyc_cacfp_childcare_nutrphysact_law.pdf
- *NHLBI: We Can!—Limit Screen Time Strategy*. This Web site provides information on the reduction of screen time strategy in the We Can! program. <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/learn-it/screen-time.htm>
- *CDC Report: Reducing Children's TV Time to Reduce the Risk of Childhood Overweight: The Children's Media Use Study*. This report describes qualitative research to understand how parents and children use TV, challenges and opportunities around limiting TV, and strategies

for reducing TV that might work for families.

http://www.cdc.gov/obesity/downloads/TV_Time_Highlights.pdf

- CDC's VERB™ Campaign Press Room: Reducing Screen Time. Information from the VERB campaign regarding reduction of screen time.
<http://www.cdc.gov/youthcampaign/pressroom/article/decreasing-screen.htm>

Point of Decision Information Interventions

10. Signage for Neighborhood Destinations in Walkable/Mixed-Use Areas (library, park, shops, etc.)

Enhancing community infrastructure to increase awareness through provision of information is a component of creating access. The perception of distance and pedestrian safety of those who live and work in a particular community determine whether they use the pedestrian infrastructure as a mode of travel to access services within that environment. Therefore, a provision of information that includes informative content regarding what is available in the area, how far it is, and navigational supports to direct a potential user to these services can increase awareness as well as create access for those who were unaware the service existed or a feasible pedestrian path existed to get to the destination.

Resources

- Action Guide “*Action Steps for Facilitating Development of a Community Trail and Promoting Its Use to Increase Physical Activity Among Youth and Adults*” created by CDC and Partnership for Prevention. <http://www.prevent.org/content/view/157/175/>

11. Signage for Public Transportation, Bike Lanes/Boulevards

Enhancing community infrastructure to increase awareness through provision of information is a component of creating access. Those who rely on public transportation have been shown to have increased levels of physical activity above those who choose the automobile as their mode of preference. Therefore, to ease the use of alternative options and reduce the complexity for new users of public transportation, consider posting signage that includes routes and times for buses as well as navigational supports for pedestrians and bicyclists to endpoints or transit nodes of interest. Further, if transportation and navigational signage is available in areas of public interests and/or social endpoints (e.g., public parks, downtown areas, tourist destinations) this will also increase access for those who were unaware of public transportation access to their destination.

Price Interventions

12. Reduced Price for Park/Facility Use

Recreation facilities provide space for community members to engage in physical activity and include places such as parks and green space, indoor or outdoor sports fields and facilities, walking and biking trails, public pools, and community playgrounds. Access to recreation facilities is affected by proximity to homes or schools, cost, hours of operation, and transportation. Improving access to

outdoor recreation facilities may increase physical activity among children and adolescents (Keener et al., 2009, p. 45). One strategy to improve access to recreational facilities is to reduce the price for using those facilities.

Resources

- Strategy 16: Improve access to outdoor recreational facilities. From: *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. This guide provides 24 recommended strategies to encourage and support healthy eating and active living along with measures to help communities track their progress over time. http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

13. Incentives for Active Transit

Transportation and travel policies and practices can encourage active transport by facilitating walking, bicycling, and public transportation use, increasing the safety of walking and bicycling, reducing car use, and improving air quality. Environmental changes that support these goals and that increase physical activity by can be achieved by using strategies such as changing roadway design standards, creating or enhancing bike lanes, expanding, subsidizing or otherwise increasing the availability of and access to public transportation, providing bicycle racks on buses and safe cycle storage facilities (Heath et al., 2006). Worksite and home based incentives for walking, cycling or using transit include financial and motivational incentives such as reduced transit fares, subsidized bicycles, free pedometers, group rewards and recognition.

Resources

- *CDC's Healthier Worksite Initiative: Alternative Transportation*. This Web site provides information and sample federal policies for alternative transportation. http://www.cdc.gov/nccdphp/dnpa/hwi/policies/alternative_transportation.htm
- *Designing for Active Transportation*. This document provides a research summary and on the design of communities to encourage active transportation. www.activelivingresearch.org/files/transportationrevised021105.pdf
- *Bike for All: The Essential Cycling Resource*. This Web site describes a UK tax incentive program to encourage employees to bike to work. http://www.bikeforall.net/content/cycle_to_work_scheme.php

14. Subsidized Memberships to Recreational Facilities

Recreation facilities provide space for community members to engage in physical activity and include places such as parks and green space, indoor or outdoor sports fields and facilities, walking and biking trails, public pools, and community playgrounds. Access to recreation facilities is affected by proximity to homes or schools, cost, hours of operation, and transportation (Keener et al, 2009). Subsidized memberships to recreational facilities with fees help address the barrier of cost.

Resources

- Strategy 16: Improve access to outdoor recreational facilities. From: *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. This guide provides 24 recommended strategies to encourage and support healthy eating and active living along with measures to help communities track their progress over time. http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

Social Support and Services Interventions

15. Safe Routes to Schools

Active transport to school interventions are designed to encourage and support youth in engaging in active transportation (e.g., walking, bicycling, skating) to school. These interventions may be referred to by a variety of names (e.g., KidsWalk, Walk to School, Walking School Bus, or Safe Routes to School). They may involve urban design elements and practices, land use policies and practices to improve conditions for active transport, and non-infrastructure activities such as walking programs. Also, see Physical Activity Intervention #5: Safe, Attractive, Accessible Places for Activity (*School placement* section).

Resources

- *CDC DNPAO's KidsWalk Resources*. Information and resources for the KidsWalk-to-School program. <http://www.cdc.gov/nccdphp/dnpa/kidswalk/index.htm>
- *CDC Injury Prevention Center: Walk to School*. Information and resources on preventing injuries and walking to school. http://www.cdc.gov/MotorVehicleSafety/Pedestrian_Safety/walk_to_school.html

16. Workplace, Faith, Park, Neighborhood Activity Groups (e.g., walking, hiking, biking)

Social support interventions in community settings focus on building, strengthening, and maintaining social networks that provide supportive relationships for physical activity behavior change. New social networks can be formed or pre-existing networks in a social setting outside of the family, such as the workplace or community can be utilized. Intervention components might include those such as setting up a “buddy” system, making “contracts” with others to complete specified levels of physical activity, or setting up walking or other groups to provide companionship, friendship and support while being physically active. Participants might be connected to other participants and staff members to monitor progress and to encourage continuation of activities. Some programs or interventions involve formal discussion groups in which barriers and negative perceptions about activity are addressed (CDC, 2001).

Resources

- Action Guide “*Action Steps for Establishing a Community-Based Walking Group Program to Increase Physical Activity Among Youth and Adults*” created by CDC and Partnership for Prevention, at <http://www.prevent.org/content/view/full/158/177/>

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