

# CDC's Division of Nutrition, Physical Activity, and Obesity's (DNPAO)

## Implementation Guide for the Notice of Funding Opportunity:

High Obesity Program (CDC-RFA-DP18-1809)



October 2018



**Centers for Disease  
Control and Prevention**  
National Center for Chronic  
Disease Prevention and  
Health Promotion



# Purpose of the High Obesity Program (HOP) Implementation Guide

The High Obesity Program Implementation Guide contains guidance and resources to help implement the required strategies under the HOP Notice of Funding Opportunity (NOFO). The HOP funds land grant universities to leverage community extension services to implement evidence-based strategies that increase access to healthier foods and safe, accessible places for physical activity in counties with an adult obesity rate of over 40%.

Under the HOP NOFO, recipients must propose work in both the nutrition and physical activity strategies (described on page 6). This guide assists in that effort by providing potential activities and resources to support the strategies. If a county is already working on the strategies, the recipient can propose activities in their work plan that build upon the existing work.

## Post-Award Technical Assistance

In addition to this information and related resources, recipients will receive technical assistance from CDC project officers, evaluators, and subject matter experts to refine and finalize their work plans. The finalization of the work plan as well as the evaluation and performance measurement plan will be achieved through an open dialogue including regularly scheduled calls and e-mail communication as needed. In addition, CDC intends to conduct site visits to recipients within 3 to 4 months post award to finalize the plans no later than 6 months post award.

## Cross-cutting Implementation Guidance

Recipients are encouraged to consider several key cross-cutting issues as they address the planning and implementation of obesity prevention strategies in their target communities. The following section offers definitions and implementation guidance on these cross cutting issues to inform the development of recipient work plans.

## Community Participatory Approach and Coalition Engagement

Recipients should utilize a community participatory model, which is a collaborative practice that builds on community assets and involves existing coalitions and partners in the community health improvement process and recognizes the unique strengths of each partner. If a community coalition does not currently exist, recipients should work with communities to form a coalition comprised of diverse community stakeholders. The community participatory approach helps to ensure that interventions meet the unique needs of selected populations by including includes priority populations in both the identification of needs and the determination of solutions valuing community wisdom along with evidence and practice based approaches. Strong long-term community collaborations can ensure an ongoing capacity to identify and successfully address critical health needs despite shifts in funding or program priorities. They can also help ensure priority strategies are sustained past the project period and build capacity to attract future funding and partnership opportunities.

## Community Needs Assessment

Recipients are expected to conduct or use existing community needs assessments in target counties. Existing community assessments may have already taken place so check with your partners to see if they have conducted one recently. A community needs assessment is a systematic process for determining and addressing needs or gaps between current conditions and desired conditions. A needs assessment is a part of the community planning process, and the results of the assessment can guide future action. With this data, communities can map out a course for health improvement by creating strategies to make positive and sustainable changes in their communities. The community action plan, that uses results from the needs assessment, should be locally-developed and can serve as a communication tool between the funded recipient and target communities. When findings from community assessments are used to develop policy-based strategies and solutions, it enhances the credibility, strategic focus, and buy-in among policy makers and the larger community.

## Health Equity

Recipient activities should be conducted in the entire funded counties, as well in specific communities or with specific priority populations within that county that experience high rates of disease. Recipients should consider both population-wide activities and priority population activities. Population-wide activities include those that address the needs of a large group of people inhabiting a particular area (e.g., county, city, town, parish). Priority population activities include those that address the needs of a specific group of individuals (e.g., Asian men, Latino children, older Black adults) that is at increased susceptibility to adverse health outcomes due to social and environmental inequities.

The goal is for all populations—regardless of age, education, environment, gender, income, race/ethnicity or sexual orientation—to obtain equal opportunities to be healthy—specifically tailored to their needs, environment, and unique characteristics. As you select and implement your interventions, determine how those interventions will address health disparities and advance health equity. Health disparities are the differences in health outcomes and their determinants between segments of the population, which are defined by social, demographic, environmental, and geographic attributes. Health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances (e.g., low income, unsafe neighborhoods, substandard education, unstable housing and lack of access to healthy foods). Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment. Health equity is improved by making it easier to live healthy, particularly in communities with the greatest chronic disease burden.

## Communication

Communication is the means of delivering a message through channels, such as radio, television, newspapers, magazines, billboards, digital and social media, or other avenues to reach or impact people widely. It is more than public service announcements, brochures, and presentations. Mass media or health marketing are also used to describe communication. Communication is one component of effective public health program implementation and can support program objectives. It helps engage, inform, and educate communities of program activities. Communication can also impact awareness, knowledge, attitudes, and behaviors of individuals and groups to encourage new perspectives and approaches to make healthy living easier. Communication can result in early “wins”, increase community support, share successes, and help make healthy living the norm.

## Types of media - Recipients may consider using:

- Earned media is primarily news coverage. It is “earned” through media outreach.
- Digital/social media includes paid, earned, and partner media through online, social, and mobile media channels.
- Partner media includes coverage in partner newsletters, listservs, websites, social media or similar channels.
- Paid or in-kind media pushes information out through paid advertising or marketing. Recipients may use leveraged resources from partners to support paid media efforts.

## Potential Recipient Communication Activities:

- Embed specific communication activities that support program strategies in the work plan.
- Identify staff responsible for communication activities.
- Test messages and ads/materials with intended audience(s) before use.
- Aim for a minimum of one public message and one partner message each month. Use a mix of earned, digital/social, paid, or partner media. Public messages should focus on advancing program objectives. Messages to partners and leaders should focus on activities, resources, and successes.
- Track communication activities (e.g., earned media news stories, digital/social media, paid or in-kind media, messages sent to partners), including in work plan reporting to CDC, and share the information with stakeholders on a routine basis, as needed.
- Submit to CDC at least two success stories per year for Years 2–5. The success stories highlight recipients' efforts to implement and evaluate the NOFO strategies.

## Key Cross-Cutting Resources:

- *Principles of Community Engagement – 2nd Edition*  
([https://www.atsdr.cdc.gov/communityengagement/pdf/PCE\\_Report\\_508\\_FINAL.pdf](https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf))  
This document provides public health professionals, health care providers, researchers, and community-based leaders and organizations with both a science base and practical guidance for engaging partners in projects that may affect them.
- *The Role of Community Culture in Efforts to Create Healthier, Safer, and More Equitable Places: A Community Health Practitioner Workbook* (<https://www.preventioninstitute.org/publications/the-role-of-community-culture-in-efforts-to-create-healthier-safer-and-more-equitable-places-a-community-health-practitioner-workbook>) – This workbook draws on the experiences and lessons of numerous communities working to advance place-based prevention efforts. It is designed to guide community health practitioners who want to learn more about the role of community culture in environmental change efforts.
- *Community Engagement Guide for Sustainable Communities*  
([http://www.policylink.org/sites/default/files/COMMUNITYENGAGEMENTGUIDE\\_LY\\_FINAL%20%281%29.pdf](http://www.policylink.org/sites/default/files/COMMUNITYENGAGEMENTGUIDE_LY_FINAL%20%281%29.pdf))  
– The Sustainable Communities Initiative provides an opportunity to create a new collaborative framework for both local communities and regions to foster a vision that builds on strengths and reduces harmful disparities.

- *[A Sustainability Planning Guide for Healthy Communities](https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability_guide.pdf)*  
([https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability\\_guide.pdf](https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability_guide.pdf))  
This Guide provides science- and practice-based evidence to help public and community health professionals develop a sustainability plan and learn key sustainability approaches.
- *[ChangeLab Solutions](http://changelabsolutions.org/)*  
(<http://changelabsolutions.org/>)  
This organization provides community-based solutions, including sustainability tools and resources, for America's most common and preventable diseases such as cancer, heart disease, diabetes, obesity, and asthma.
- *[A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease](http://www.cdc.gov/NCCDPHP/dch/pdf/health-equity-guide/Practitioners-Guide-full-version.pdf)*  
(<http://www.cdc.gov/NCCDPHP/dch/pdf/health-equity-guide/Practitioners-Guide-full-version.pdf>)  
– The purpose of the Health Equity Guide is to assist practitioners with addressing the well-documented disparities in chronic disease health outcomes. This resource offers lessons learned from practitioners on the front lines of local, state, and tribal organizations that are working to promote health and prevent chronic disease health disparities.
- *[A New Way to Talk about Social Determinants of Health](http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023)*  
(<http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023>)  
This portfolio presents ways to effectively communicate and frame the discussion around the social determinants of health—not just for people working in the field, but for policymakers.
- *[Health Equity Resource Toolkit for State Practitioners Addressing Obesity Disparities](https://www.cdc.gov/obesity/downloads/CDCHealthEquityObesityToolkit508.pdf)*  
(<https://www.cdc.gov/obesity/downloads/CDCHealthEquityObesityToolkit508.pdf>)  
The purpose of this toolkit is to increase the capacity of state health departments and their partners to work with and through communities to implement effective responses to obesity in populations that are facing health disparities.
- *[NCCDPHP Success Stories Application](https://nccd.cdc.gov/NCCDSuccessStories/)*  
(<https://nccd.cdc.gov/NCCDSuccessStories/>)  
This online application provides a step-by-step template for recipients to develop success stories.
- *[The Success Stories Development Guide](https://nccd.cdc.gov/NCCDSuccessStories/pdfs/Success_Stories_Development_Guide.docx)* helps users step through preparing a story.  
[https://nccd.cdc.gov/NCCDSuccessStories/pdfs/Success\\_Stories\\_Development\\_Guide.docx](https://nccd.cdc.gov/NCCDSuccessStories/pdfs/Success_Stories_Development_Guide.docx)

- *State and Community Health Media Center*

<https://nccd.cdc.gov/schmc/Apps/overview.aspx>

This online application helps state and local programs find and request advertisements, support materials, and photos on nutrition, physical activity, obesity, built environment, clinical and community linkages, and other chronic disease topics. Technical assistance is available for finding items to support program objectives and placing an order.

- *Media Impressions Worksheet*

<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/crosscutting-resources.html#CommunicationMaterials>

Recipients can track and report earned news media, paid/in-kind, and digital/social media efforts.

- *Communication Planning Tool*

<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/crosscutting-resources.html#CommunicationMaterials>

Recipients can use this tool to plan earned, paid/in-kind, partner, digital/social, and partner media efforts over a 12-month period. This tool is also designed to support and sustain communication activities.

# HOP Strategies

## Nutrition Strategy

Collaborate with partners to improve the food system to increase access to healthier foods:

- Work with food vendors, distributors and producers to enhance healthier food procurement and sales: establish/support food hubs; establish a network of food sales outlets; establish a group purchasing collective; develop tools to match local producers with institutions; and explore innovative practices that can support this work.
- Establish healthy nutrition standards in key institutions such as hospitals, afterschool and recreation programs, community health centers, faith-based organizations, food banks/pantries, and early care and education.
- Make improvements to state and local programs/systems (e.g., voucher incentive programs, increased electronic benefit transfer acceptance where food is purchased, improved public transportation routes to food stores, access to healthier foods at community venues).

## Physical Activity Strategy

Collaborate with partners to connect sidewalks, paths, bicycle routes, public transit with homes, early care and education, schools, worksites, parks, or recreation centers through implementing master plans and land use interventions:

- Establish new or improved pedestrian, bicycle, or transit transportation systems (i.e., activity-friendly routes) that are combined with new or improved land use or environmental design (i.e., connecting everyday destinations).

Definitions, background information, and potential activities are included for each of the two strategies in the next sections of this document. Recipients should review and adapt the activities to the context and readiness of the communities in which they are working.

## Section Links:

[Nutrition](#)

[Physical Activity](#)

[Additional Resources for Core Public Health Functions](#)

# Nutrition

## Strategy

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- Work with food vendors, distributors and producers to enhance healthier food procurement and sales: establish/support food hubs; establish a network of food sales outlets; establish a group purchasing collective; develop tools to match local producers with institutions; and explore innovative practices that can support this work.
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## Background Information and Key Definitions

Food distribution systems are the mechanisms by which food moves from the producer (farmer) to the customer. Although food distribution systems have many inter-connected elements, the primary components related to healthier food retail are transportation, storage, processing and packaging. You and your partners can help improve distribution systems to retailers so that consumers in underserved areas have access to healthier foods.

As a recipient, you are using county extension staff to directly engage the community to identify activities that fit the needs of residents of each targeted county. If you select food system strategies as your focus and want to determine the food system strategies that best fit in your communities, start by conducting a regional/community food system assessment. This process can help you plan and execute actions to improve access to and distribution of healthier foods in communities and regions. To build partnerships or conduct a community food systems assessment, you can work through a food policy council, healthy food coalition, or other similar organization. These organizations may also help with conducting an overall community needs assessment, which not only looks at food systems but the health needs of the community.

A number of strategies can be used to improve access and distribution. For example, you can establish a network of food retail outlets working with broadline or wholesale distributors, local producers, and/or food hubs to reduce food costs. Forming or connecting retailers with a cooperative purchasing network of independent food retailers (generally, small, independent retailers) gives the retailers enough buying power to attract business from food distributors and allows them to offer healthier foods (such as fresh produce) that they would not be able to afford otherwise. In addition, supporting a community of practice among retailers enables sharing of lessons learned and successful ideas. A food hub is defined by USDA as “a centrally located facility with a business management structure facilitating the aggregation, storage, processing, distribution, and/or marketing of locally/regionally produced food products.” Existing food hubs can help connect producers with institutional buyers (such as schools, hospitals, early care and education facilities, small stores, mobile vendors, and/or restaurants) and consumers. If a food hub does not exist, developing a food hub should not be a focus -- consider, instead, using existing partnerships and developing small retail networks to accomplish this work.

### **Potential Recipient Activities:**

- Connect with existing regional or local food hubs to expand and enhance their aggregation, distribution, and marketing of healthier foods to institutions.
- Establish a plan to connect local producers (e.g. small farmers associations, local farms, and farmer networks) with food hubs, food service settings (e.g., worksites, hospitals, ECE), and retail food venues.
- Provide an opportunity for regional food retailers and agencies supporting them (such as public health departments or cooperative extension) to share lessons learned and best practices with community stakeholders on procuring and selling healthier food, integrating federal nutrition program incentives into food venues, and standardizing an agreed-upon list of healthier foods with distributors.
- Establish and support a cooperative purchasing network of food venues to collectively purchase healthier foods to overcome purchasing barriers.
- Support opportunities for small food retailers to share lessons learned and best practices with each other.
- Work with tax-exempt hospitals on their Community Health Needs Assessments (CHNA) and subsequent implementation plans to integrate food security and local food system capacity into their CHNA process.
- Work with food banks and food pantries to establish healthy nutrition standards; establish and promote use of nutrition incentive programs; connect with local farmers to investigate feasibility of gleaning program; co-locate community gardens and farmers markets as a hands-on teaching environment for food pantry recipients and to increase availability of produce.

## Key Strategy Resources

- *Healthier Food Retail: Beginning the Assessment Process in Your State or Community*  
(<https://www.cdc.gov/obesity/downloads/hfrassessment.pdf>)  
This document provides public health practitioners with an overview of how to develop an assessment of their state's or community's food retail environment.
- *Healthier Food Retail: An Action Guide for Public Health Practitioners*  
(<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/healthier-food-retail-guide-full.pdf>)  
This document provides guidance for public health practitioners at the state, regional, and community levels on how to develop, implement, and partner on initiatives and activities around food retail to improve access, availability, and affordability of healthier foods and beverages.
- *Rural Food Access Toolkit* (<https://www.ruralhealthinfo.org/community-health/food-access/>)  
This document was produced by the Rural Health Information (RHI) Hub. The toolkit is intended for use by rural communities across the United States. Resources and topics include evidence-based model programs and initiatives, program implementation, evaluation, sustainability, and dissemination.
- *Supporting Local Food Councils* (<https://www.canr.msu.edu/supporting-local-food-councils/>)  
This free online course (developed in 2018) provides information and a basic set of skills related to leading or assisting with food council development. The course was developed by and targeted to Cooperative Extension nutrition professionals.
- *Tackling Hunger to Improve Health in Americans* (<http://www.phihungernet.org/tools-for-change>)  
This resource from the Public Health Institute includes tools on community health needs assessments involving food insecurity, chronic disease, and health systems.
- *Healthy Food and Small Stores: Strategies to Close the Distribution Gap in Underserved Communities*  
([http://thefoodtrust.org/uploads/media\\_items/healthy-food-and-small-stores.original.pdf](http://thefoodtrust.org/uploads/media_items/healthy-food-and-small-stores.original.pdf))  
Developed as a result of a national convening of experts, this document discusses the challenges and best practices for distributing healthy food to small stores across the United States.
- *Food Value Chains and Food Hubs*  
(<https://www.ams.usda.gov/services/local-regional/food-hubs>)  
This site provides an overview of food value chains and food hubs, and resources for more information.

***Establish healthy nutrition standards in key institutions such as hospitals, afterschool and recreation programs, community health centers, faith-based organizations, food banks/pantries, and early care and education.***

## **Background Information and Key Definitions**

Food service guidelines (FSGs) are specific standards for food and nutrition, facility efficiency, environmental support, community development, food safety, and behavioral design for use in worksites, organizations, or programs to create healthy food environments at cafeterias, cafés, grills, snack bars, concession stands, and vending machines, and in areas where social functions are held. In addition to improving the availability of healthy foods, FSGs ensure that environmentally responsible food service practices, local and regional food sourcing, and food safety practices are used. FSGs also promote healthy dietary choices by using behavioral design strategies such as pricing incentives, food placement, and promotion. Behavioral design is the science of how the physical and informational environments influence people's decisions and actions. When applied to food service, it involves how foods and beverages are prepared, placed, presented, promoted, and priced, and the overall characteristics of the experiential environment, including building design and construction. Behavioral design strategies can be used to make healthier foods and beverages default, normative, less expensive, and easier to select.

*Food Service Guidelines for Federal Facilities*, which were designed to improve food choices at federal facilities, can be used as a model to change food environments in other concessions to align with the *Dietary Guidelines for Americans, 2015–2020*. These concessions can be located in worksites such as hospitals, universities and colleges, private workplaces, and state, local, and tribal governments. Community settings may be applicable as well, such as in buildings where organizations meet and in park and recreation food services. Food services in schools are not targeted by this strategy.

This funding opportunity does not support the development of new food service guidelines. Use of guidelines other than the *Food Service Guidelines for Federal Facilities* requires a strong justification and must align with the *Dietary Guidelines for Americans, 2015–2020* to be considered. The focus of this strategy is on implementation of FSGs referenced in the *Food Service Guidelines for Federal Facilities*.

Establishing nutrition standards in the early care and education (ECE) settings would require a different approach than the implementation of food services guidelines. If recipients elect to work on nutrition standards in the ECE setting, recipients are encouraged to consider a comprehensive approach that focuses on nutrition, physical activity, and gross motor skill development standards and practices. ECE activities should increase the reach and successful implementation of state-level standards and policies by supporting or building upon those efforts. Thus it is important to understand your ECE system and be familiar with your state's ECE system components, which may include licensing, quality rating and improvement systems (QRIS), the Child and Adult Care Food Program (CACFP), early learning standards, statewide ECE recognition and intervention programs, statewide technical assistance and training networks, and ECE pre-service and professional development.

Increasing support for physical activity in ECE settings may include structured (adult-led) physical activities; unstructured physical activity; outdoor physical activity; classroom lessons on physical activity; physical activities to reinforce other classroom topics and subjects; physically active transitions; and physical activity stations in center time. ECE providers can promote physical activity and gross motor skill development by establishing policies on physical activity in their center or day care home; training teachers on how to lead physical activities for infants, toddlers, and preschoolers, and how to integrate physical activity across the child care day; and establishing an environment with adequate indoor space, outdoor space, and equipment (e.g., loose objects such as riding toys, bean bags, hoops) that encourages physical activity for infants, toddlers, and preschoolers.

## Potential Recipient Activities

Review existing FSG policies and/or contracts for various settings to assess alignment to the current [\*Food Service Guidelines for Federal Facilities\*](#) and determine the need for FSG policies and contractual inclusion.

- Convene a workgroup of diverse stakeholders to adopt FSG policies, include FSG language in new food service contracts, and/or integrate FSG into other systems-level food service mechanisms (e.g. large-scale food procurement agreements, contracts, and permits). One example of a workgroup may be a group which includes hospital administrators, hospital labor union representatives, food service managers, and applicable worksite wellness staff to develop and implement a FSG policy based on guidelines such as [\*Food Service Guidelines for Federal Facilities\*](#) for a hospital system.
- Work with partners (e.g. local or regional food policy councils) to address lack of healthy food access by integrating FSG through large procurement entities such as hospitals, universities, and other worksites. Distributors (suppliers) and GPOs (group purchasing organizations) could also be important entities with which to work to facilitate success.
- Provide training/consultation to institutions on a comprehensive set of venue-appropriate behavioral design strategies to increase healthier food choices/consumption and to decrease unhealthier food choices/consumption as outlined in the [\*Food Service Guidelines for Federal Facilities\*](#).
- Provide technical assistance to organizations for operationalizing food service guidelines and, if needed, adapt pre-existing tools in alignment with the [\*Food Service Guidelines for Federal Facilities\*](#). If working with multiple organizations, encourage them to use the same guideline and provide venues that facilitate peer-to-peer learning and problem solving and to help create the demand for similar healthier products. Formal training with food service staff should be conducted on strategy implementation and monitoring implementation of strategies.

- Provide trainings to food service management and staff to facilitate healthy food service implementation; training topics could include appropriate portion sizes, healthier entrée recipes, healthier cooking methods, promotion of healthier items, and how to track sales/procurement of healthier items.
- Provide training in food environment assessment tools to establish baseline data and to monitor progress.
- Regularly evaluate compliance and the effects of a FSG policy through sales data, procurement data, and/or customer/stakeholder surveys.

## **Potential Recipient Activities (for working in the ECE setting)**

- Convene and work with the relevant state and local organizations to align local ECE efforts with state ECE standards and policies through partnership development and planning, including the development of a shared action plan for local efforts targeting the ECE setting.
- Participate in state or local stakeholder meetings focused on implementing and promoting obesity prevention in ECE.
- Complete a state profile and local landscape assessment documenting how ECE standards, and support for ECE providers to meet these standards, are already integrated into state and local ECE systems, using the Spectrum of Opportunities framework.
- Identify training needs in your community by reviewing and mapping existing technical assistance and trainings on nutrition, physical activity, or gross motor skill development in ECEs.
- Use existing state or local pre-service and professional development networks and training and technical assistance networks [e.g., SNAP-ED, CACFP, QRIS, Head Start, licensing monitors, Child Care Resource and Referral Agencies (CCR&Rs), Child Care Development Fund (CCDF), cooperative extension services] to promote implementation of obesity prevention standards and policies to ECE providers within the community.
- Promote evidence-based ECE facility-level interventions such as Go NAP SACC; Eat Well, Play Hard in Childcare; CATCH Early Childhood; or the facility-level intervention promoted or endorsed by your state. Assist ECE providers in achieving recognition through existing state-level obesity prevention recognition or designation programs (where applicable).
- Implement community efforts for farm to ECE that align with state level initiatives (e.g., establish or strengthen fresh food procurement and distribution chains in the localities you are working with).

## Key Strategy Resources:

- [CDC Division of Nutrition, Physical Activity, and Obesity \(DNPAO\) Food Service Guidelines Resources \(http://www.cdc.gov/obesity/strategies/food-serv-guide.html\)](http://www.cdc.gov/obesity/strategies/food-serv-guide.html)

This is the main DNPAO website for food service guideline resources including:

- » The [Food Service Guidelines for Federal Facilities](#) which provides voluntary best business practices that can be used to increase healthy and safe food options for employees. State and local governments, businesses, and non-governmental organizations can use the guidelines to make cafeteria menus and other food services healthier and more sustainable.
  - » The [Smart Food Choices: How to Implement Food Service Guidelines in Public Facilities](#) includes guidelines to assist contractors in increasing healthy food and beverage choices and sustainable practices in federal worksites.
  - » [A Toolkit for Creating Healthy Hospital Environments: Making Healthier Food, Beverage, and Physical Activity Choices](#) provides guidance to hospital nutritionists, human resource and employee health staff, and others who wish to promote and support healthy food, beverage, and physical activity options in hospitals. It includes information about engaging stakeholders, assessing needs, and also contains assessment tools for food, beverage, and physical activity environments.
  - » [Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting \(ECE\) CDC Technical Assistance Briefing Document \(https://www.cdc.gov/obesity/downloads/Spectrum-of-Opportunities-for-Obesity-Prevention-in-Early-Care-and-Education-Setting\\_TABriefing.pdf\)](#) This document outlines a 'Spectrum of Opportunities' by which states and communities can support ECE facilities in their jurisdictions to achieve recommended standards and best practices for nutrition and physical activity.
- [CDC's Quick Start Action Guide for Obesity Prevention in ECE \(https://www.cdc.gov/obesity/strategies/early-care-education/pdf/ECE\\_2018\\_QuickStartActionGuide\\_June2018\\_508.pdf\)](https://www.cdc.gov/obesity/strategies/early-care-education/pdf/ECE_2018_QuickStartActionGuide_June2018_508.pdf) This guide provides "how to" guidance on bringing together key state-level stakeholders to build consensus on identifying and prioritizing policy and environmental approaches for obesity prevention in the ECE setting.
  - [Nemours Healthy Kids Healthy Future – Success in State and Local Efforts \(https://healthykidshealthyfuture.org/about/success-stories/\)](https://healthykidshealthyfuture.org/about/success-stories/) Under the [Success in State and Local Efforts](#) tab there are examples of local efforts for the ECE setting that provide examples of relevant work that could be done.

***Make improvements to state and local programs/systems (e.g., voucher incentive programs, increased electronic benefit transfer acceptance where food is purchased, improved public transportation routes to food stores, access to healthier foods at community venues.***

## **Background Information and Key Definitions**

Nutrition incentive programs exist for federal programs such as United States Department of Agriculture (USDA)'s Supplemental Nutrition Assistance Program (SNAP); Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); WIC Farmers Market Nutrition Program (FMNP); and Senior FMNP. SNAP participants use incentives at locations that accept electronic benefit transfer (EBT) cards or vouchers. More grocery stores now accept SNAP nutrition incentives and some of these stores incorporate local foods as part of those incentive initiatives. Another nutrition incentives model is a fruit and vegetable or produce prescription program, whereby a healthcare provider offers a voucher to food insecure patients and families to purchase produce from local fresh food sources such as farmers markets, farm stands, community supported agriculture (CSA) programs, and other local farm-to-consumer venues. The recipient can conduct a short-term pilot to assess the feasibility of planning for the sustainability of such a program.

Improving public transportation can overcome transportation barriers to healthy food access. Consider inviting local or county-level regional planning department representatives to the local food policy council. They can share existing transportation plans and help identify new ways the public transportation system can better connect areas of extreme food insecurity and food outlets in your community. You can also address food access challenges by using central community sites as CSA or grocery delivery drop-off sites; these sites can include libraries, recreation centers, hospitals, schools, and more.

## **Potential Recipient Activities:**

- Conduct an assessment of ongoing regional nutrition incentive and produce prescription programs.
- Work with partners in your state including USDA's nutrition incentive programs, public health, and non-profit organizations to expand nutrition incentive programs in food retail settings.
- Connect with your local/regional planning department to assess active and mass transportation options, and implement connectivity solutions to increase access to food retail venues (e.g., adding a bus route, repair sidewalks, or connect trails or bike lane routes).
- Expand existing shuttle systems to include retail food access by working with local transportation partners.
- Co-locate access to healthier foods (e.g. farmers markets, community supported agriculture pick-up) at community service sites such as libraries, food banks/pantries, health care facilities, faith-based organizations, or ECE.

## Key Strategy Resources:

- *Healthier Food Retail: An Action Guide for Public Health Practitioners*  
(<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/healthier-food-retail-guide-full.pdf>)  
This document provides guidance for public health practitioners at the state, regional, and community levels on how to develop, implement, and partner on initiatives and activities around food retail to improve access, availability, and affordability of healthier foods and beverages.
- *Planning for Food Access and Community-Based Food Systems: A National Scan and Evaluation of Local Comprehensive and Sustainability Plans*  
([https://planning-org-uploaded-media.s3.amazonaws.com/legacy\\_resources/research/foodaccess/pdf/food-accessreport.pdf](https://planning-org-uploaded-media.s3.amazonaws.com/legacy_resources/research/foodaccess/pdf/food-accessreport.pdf))  
Developed by the American Planning Association, this document offers a spectrum of community plans and the spectrum of topics and approaches included among them.
- *Healthy Food Access Portal: Mobile Markets*  
(<http://www.healthyfoodaccess.org/node/44211>)  
This website provides key strategies, resources, and success stories for the use of mobile markets to reach communities with limited access to healthier foods.
- *Rural Health Information Hub* (<https://www.ruralhealthinfo.org/topics/food-and-hunger>)  
This website provides information, opportunities, and resources on rural health and is home to the *Rural Food Access Toolkit*, which supports organizations implementing food access programs in rural areas by highlighting evidence-based and promising strategies and resources.
- *The Wheels on the Bus Go to the Grocery Store*  
([http://www.saferoutespartnership.org/sites/default/files/resource\\_files/wheels\\_on\\_the\\_bus\\_0.pdf](http://www.saferoutespartnership.org/sites/default/files/resource_files/wheels_on_the_bus_0.pdf))  
This website, from Safe Routes to School National Partnership, describes how transit agencies can help to provide food access to communities while earning revenue.

# Physical Activity

## Strategy

Collaborate with partners to connect sidewalks, paths, bicycle routes, public transit with homes, early care and education, schools, worksites, parks, or recreation centers through implementing master plans and land use interventions:

- Establish new or improved pedestrian, bicycle, or transit transportation systems (i.e., activity-friendly routes) that are combined with new or improved land use or environmental design (i.e., connecting everyday destinations).

## Background Information and Key Definitions

This strategy aligns with the [\*Community Preventive Services Task Force \(Community Guide\)\*](#) recommendation on using built environment approaches to increase physical activity.

An **activity-friendly route** is one that is a direct and convenient connection with everyday destinations, offering physical protection from cars, and making it easy to cross the street. These can include crosswalks, protected bicycle lanes, multi-use trails, greenways or bikeable shoulders in rural areas, and pedestrian bridges.

**Everyday destinations** are places people can get to from where they live or work by walking, bicycling, or using transit systems. These can include jobs, grocery stores, early care and education facilities, schools, libraries, parks, restaurants, faith-based institutions, senior centers, cultural and natural landmarks, or healthcare facilities.

Activity-friendly routes connected to everyday destinations can make it safe and convenient for people of all abilities to walk, run, bike, skate, or use wheelchairs. Recipients should collaborate with strategic partners to implement combined built environment approaches in selected communities based on community capacity and readiness.

To align with the [\*Community Preventive Services Task Force's built environment recommendation\*](#) combined built environment approaches to increase physical activity must include at least one element from both of the categories below:

- Pedestrian, bicycle and transit transportation system interventions (i.e., activity-friendly routes).  
These may include:
  - » Street pattern design and connectivity (e.g., designs that increase street connections and create multiple route options, shorter block lengths)
  - » Pedestrian infrastructure (e.g., sidewalks, trails, traffic calming, intersection design, street lighting and landscaping)
  - » Bicycle infrastructure (e.g., bicycle route networks, protected bicycle lanes, bikeable shoulders in rural areas, trails, traffic calming, intersection design, street lighting and landscaping)
  - » Public transit infrastructure and access (e.g., expanded transit services, times, locations, and connections)
- Land use and environmental design interventions (i.e., everyday destinations). These may include:
  - » Mixed land use (e.g., residential, commercial, cultural, institutional, or industrial land uses that are physically and functionally integrated to provide a complementary or balanced mix of restaurants, office buildings, housing, and shops)
  - » Increased residential density (e.g., smart growth communities and new urbanist designs, relaxed planning restrictions in appropriate locations to reduce sprawl, sustainable compact cities and communities with affordable housing, or small towns that encourage residences in downtown areas)
  - » Proximity to community or neighborhood destinations (e.g., community destinations such as stores, early care and education facilities, schools, libraries, parks, restaurants, faith-based institutions, senior centers, cultural and natural landmarks, or healthcare facilities that are accessible and close to each other)
  - » Parks and recreational facility access (e.g., public parks, public recreational facilities, private fitness facilities)

Combined built environment approaches to increase physical activity may address new or improved:

- » **Policies:** e.g., Complete Streets, Safe Routes, or Vision Zero policies, including relevant county or municipal parks and recreation policies, and siting policies for schools and ECE facilities
- » **Plans:** e.g., Master/general plans, pedestrian/bicycle plans or Vision Zero action plan
- » **Codes:** e.g., Zoning, building, subdivision, or unified development codes, including codes that support Safe Routes for All
- » **Programs:** e.g., Safe Routes to School or Safe Routes to Parks
- » **Systems:** e.g., Public transit systems, pedestrian/bicycle networks, or pathways/trail networks between school/ECE facilities and local parks, fields, and open spaces in the community.

## Potential Recipient Activities:

All of the activities described below should be conducted in collaboration with key partners.

### *Recipient Activities for Implementing Combined Built Environment Approaches*

- Expand or participate in a state, regional, or local cross-sectoral coalition that includes public health, transportation, planning, housing, business and economic development, community organizing, early care and education, and parks/recreation. State level engagement may be particularly important in states with large rural areas, because substantial parts of the roadway, parks, trails, and greenspace infrastructure in those areas may fall within the control of state agencies instead of municipal, county, or regional government staff.
- Promote policies that can enhance local efforts to create activity-friendly communities, such as state or regional level policies on Complete Streets or Safe Routes. Participate in establishing or updating state or regional pedestrian and bicycle master plans, state trail planning and access to outdoor recreational opportunities (e.g. increased access points to National Forests).
- Work with metropolitan, rural and/or regional planning organizations to integrate health considerations into project scoring criteria so that projects with non-motorized transportation components get more weight, especially in high-need areas.
- Work in cities, towns, or parishes within target counties to implement combined built environment approaches to increase physical activity.

- Develop, tailor, and distribute messages supporting active lifestyles. Messages could be developed and tested locally by the awardee or available from partners, such as state coalition members, CDC, Office of the Surgeon General, AARP, National Physical Activity Plan Alliance, EveryBody Walk! Collaborative, Y-USA, Million Hearts 2022.
- Provide training or technical assistance to coalition members and opinion leaders on combined built environment approaches to increase physical activity.
- Engage partners to use existing data collection and analysis opportunities to plan, guide, and evaluate county and community efforts. Identify relevant state and local data for planning purposes. The Nutrition, Physical Activity, and Obesity: Data, Trends and Maps includes state-level estimates from multiple sources including the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), and the American Community Survey (ACS). Additional sources to consider may include EPA's Smart Location Database, Benchmarking Report, Safe Routes to School State Report Card, WISQARS (Web-based Injury Statistics Query and Reporting System), the Fatality Analysis Reporting System (FARS), and the Travel Monitoring Analysis System (TMAS).

### ***Optional Supporting Activities to Encourage Use of Activity-Friendly Built Environments***

The following may be additional, optional recipient activities to support or encourage the use of activity-friendly built environments. These activities are designed to leverage existing related work and should be complementary to the core activities described above. These activities alone do not fulfill this required funded strategy:

- Promote participation in existing social support programs, such as walking or bicycling groups, to encourage community members to walk, run, bike, skate, or use wheelchairs on activity-friendly routes to reach their everyday destinations.
- Enhance and promote use of existing destinations for physical activity that are accessible through activity-friendly routes or can be made accessible by the core activities summarized above. Use of these destinations can be facilitated by Shared Use Agreements (SUAs) or other arrangements that allow the general public to access locations such as parks, playgrounds, or other recreational facilities.

## Key Strategy Resources

- *Real World Examples*

*Community Preventive Services Task Force's built environment recommendation to increase physical activity*

<https://www.cdc.gov/physicalactivity/downloads/built-environment-recommendation.pdf>

This brief guide offers examples from rural and urban locations across the country illustrating the many ways to implement this recommendation from simple, small-scale built environment changes to more complex, community-wide changes. Examples are not models but are intended to offer every community ideas for how to start implementing combined approaches according to their setting, budget, and scale of work.

- *Resources for Implementing the Built Environment Recommendation from the Community Preventive Services Task Force*

<https://www.cdc.gov/physicalactivity/downloads/built-environment-implementation-resource-guide.pdf>

This Resource Guide compiles and organizes resources for implementing the new Task Force recommendation on combined built environment approaches to increase physical activity. Resources are categorized by suggested action steps to help guide implementation.

- *Small Town and Rural Multimodal Networks Guide*

[https://www.fhwa.dot.gov/environment/bicycle\\_pedestrian/publications/small\\_towns/fhwahep17024\\_lg.pdf](https://www.fhwa.dot.gov/environment/bicycle_pedestrian/publications/small_towns/fhwahep17024_lg.pdf)

This guide translates existing street design guidance and facility types for bicycle and pedestrian safety and comfort for smaller scale places. It pairs design guidance with success stories from small communities. It also includes photographs, visual illustrations, and technical diagrams and provides examples of how to interpret and apply design flexibility to improve bicycling and walking conditions.

## Additional Resources for Core Public Health Functions

These resources provide more information to support core public health functions in the areas of health equity and community engagement.

*[A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease \(Health Equity Guide\)](https://www.cdc.gov/NCCDPHP/dch/pdf/health-equity-guide/Practitioners-Guide-full-version.pdf)*

<https://www.cdc.gov/NCCDPHP/dch/pdf/health-equity-guide/Practitioners-Guide-full-version.pdf>

The purpose of the Health Equity Guide is to assist practitioners with addressing the well-documented disparities in chronic disease health outcomes. This resource offers lessons learned from practitioners on the front lines of local, state, and tribal organizations that are working to promote health and prevent chronic disease health disparities.

*[Health Equity Resource Toolkit for State Practitioners Addressing Obesity Disparities](https://www.cdc.gov/obesity/downloads/CDCHealthEquityObesityToolkit508.pdf)*

<https://www.cdc.gov/obesity/downloads/CDCHealthEquityObesityToolkit508.pdf>

The purpose of this toolkit is to increase the capacity of state practitioners and their partners to work with and through communities to implement effective responses to obesity in populations that are facing health disparities.

*[Principles of Community Engagement—2nd Edition](https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf)*

[https://www.atsdr.cdc.gov/communityengagement/pdf/PCE\\_Report\\_508\\_FINAL.pdf](https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf)

This document provides public health professionals, health care providers, researchers, community-based leaders, and organizations with both a science base and practical guidance for engaging partners in projects that may affect them.

*[Community Engagement Guide for Sustainable Communities](http://www.policylink.org/sites/default/files/COMMUNITYENGAGEMENTGUIDE_LY_FINAL%20%281%29.pdf)*

[http://www.policylink.org/sites/default/files/COMMUNITYENGAGEMENTGUIDE\\_LY\\_FINAL%20%281%29.pdf](http://www.policylink.org/sites/default/files/COMMUNITYENGAGEMENTGUIDE_LY_FINAL%20%281%29.pdf)

The Sustainable Communities Initiative provides an opportunity to create a new collaborative framework for both local communities and regions to foster a vision that builds on strengths and reduces harmful disparities.

*[The Role of Community Culture in Efforts to Create Healthier, Safer, and More Equitable Places: A Community Health Practitioner Workbook](https://www.preventioninstitute.org/publications/the-role-of-community-culture-in-efforts-to-create-healthier-safer-and-more-equitable-places-a-community-health-practitioner-workbook)*

<https://www.preventioninstitute.org/publications/the-role-of-community-culture-in-efforts-to-create-healthier-safer-and-more-equitable-places-a-community-health-practitioner-workbook>

– This workbook draws on the experiences and lessons of numerous communities working to advance place-based prevention efforts. It is designed to guide community health practitioners who want to learn more about the role of community culture in environmental change efforts.

*[Nutrition, Physical Activity, and Obesity: Data, Trends, and Maps](https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html)*

<https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html>

This interactive database provides information about the health status and behaviors of Americans, state-by-state, via clickable maps, charts, and tables. Topics include obesity, breastfeeding, physical activity, and other health behaviors and related environmental and policy data from multiple sources.

Footnote: Links to non-federal government organizations found in this document are provided solely as a service to the reader. These links do not constitute an endorsement of these organizations or their programs by CDC or the Federal Government, and none should be inferred. CDC is not responsible for the content of the individual organization sites listed in this document.



