

CDC's Division of Nutrition, Physical Activity, and Obesity's (DNPAO) Implementation Guide for the Notice of Funding Opportunity

Racial and Ethnic Approaches to Community Health Program (CDC-RFA-DP18-1813)



October 2018



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

Purpose of the Racial and Ethnic Approaches to Community Health (REACH) Implementation Guide

The Racial and Ethnic Approaches to Community Health Implementation Guide contains guidance and resources to help implement the required strategies under the REACH Notice of Funding Opportunity (NOFO). The REACH program funds communities to improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic populations with the highest risk, or burden, of chronic disease (i.e., hypertension, heart disease, Type 2 diabetes, and obesity). Recipients will work with one or two of the following five priority populations including African Americans/Blacks, Hispanic Americans, Asian Americans, Native Hawaiian/Other Pacific Islanders, and American Indians/Alaska Natives.

Recipients must work in three of the four strategies (tobacco, nutrition, physical activity, and community-clinical linkages) and their accompanying activities. This guide provides background information for each of the strategies and potential recipient activities to support implementation.

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 should consider several key cross-cutting issues as they address the planning and implementation of community based strategies for their priority populations with highest risk or burden of chronic disease. The following section offers definitions and implementation guidance to inform the development of recipient work plans.

Community Participatory Approach and Community Coalition Engagement

Recipients are required to identify and convene a community coalition, which is defined as a community-based formal arrangement for cooperation and collaboration among groups or sectors of a community in which each group retains its identity, but all agree to work together toward a common goal. Recipients will collaborate with the coalition to develop and carry out an action plan to address community specific health disparities and social determinants of health. 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. The community coalition is encouraged to collaborate with other CDC prevention programs within state or local health departments that address chronic disease and conditions.

Recipients should use 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. The community-based participatory approach helps to ensure that interventions meet the unique needs of selected populations by including priority populations in both the identification of needs and the determination of solutions valuing community wisdom along with evidence and practice based approaches.

Community Health Needs Assessment

Recipients are expected to use the results from a community health needs assessment completed within the last five years. A community health needs assessment is a systematic process for determining and addressing needs or gaps between current conditions and desired conditions. With these data, communities can map out a course for health improvement by creating strategies to make positive and sustainable changes in their communities. The assessment should provide specific information on disparities experienced by the proposed priority population(s) and a justification for the proposed geographical area. Recipients must cite the data sources used to define and describe the demographic characteristics, health status and the geographic area of the priority population(s). The geographic area must have at least 20% of the population with income below 100% federal poverty threshold (based on census tract or community health needs assessment data).

A needs assessment is a part of the community planning process, and the results of the assessment can guide future action. When findings from community assessments are used to develop policy-based strategies and solutions, it can enhance the credibility, strategic focus, and buy-in among policy makers and the larger community.

Health Disparities and Health Equity

This REACH NOFO is designed to address health disparities in priority populations. 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. Recipients must describe their specific target population(s) by selecting up to two of the following five priority populations: African Americans/Blacks, Hispanic Americans, Asian Americans, Native Hawaiian/Other Pacific Islanders, and American Indians/Alaska Natives and explain how the target will achieve the goals of the award and/or alleviate health disparities. Recipients are encouraged to consider people with disabilities in all aspects of the program (e.g., advisory boards, planning committees, project staff, consultants, etc.) and where appropriate, include: rural populations; non-English speaking populations; lesbian, gay, bisexual, and transgender (LGBT) populations; and people with limited health literacy.

As recipients select and implement interventions, they should determine how those interventions will address health disparities and advance health equity. 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. 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/in-kind, 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, beginning the second year of funding cycle year (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
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*
https://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
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/>
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, asthma and tobacco.
- *Nutrition, Physical Activity, and Obesity: Data, Trends, and Maps*
<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.

- *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>
 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>
 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/>
 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
 This guide helps users step through the process of preparing a story.
- *State and Community Health Media Center*
<https://nccd.cdc.gov/chmc/Apps/overview.aspx>
 This online application helps state and local programs to 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>
 This file helps 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>
 This tool helps plan earned, paid/in-kind, partner, digital/social, and partner media efforts over a 12-month period. It is also designed to support and sustain communication activities.

REACH Strategies

Tobacco Strategy

Collaborate with partners to promote tobacco free living among priority population(s).

- Support and leverage CDC's national tobacco education campaigns (i.e., *Tips from Former Smokers*®) and tobacco-related Surgeon General Reports at the community-level.
- Develop and implement community-based culturally-appropriate messages that focus on: harmful effects of tobacco use; exposure to secondhand smoke; encouraging tobacco users to quit; and promoting the quitline (i.e., 1-800-Quit Now, 1-855-DEJELLO-YA, and the Asian Smoker's Quitline).
- Work with health care providers to ensure that every patient is screened for tobacco use, advised to quit, and provided resources for counseling and medications.
- Identify and train community-level spokespersons to communicate the burden of tobacco use and secondhand smoke exposure through local media outlets and community events.
- Inform and educate leaders, decision makers and the public about the evidence-based solutions to protect workers and multi-unit housing residents from exposure to second hand smoke.
- Support implementation of tobacco free policies within workplaces and multi-unit housing.
- Engage and leverage community stakeholders and assets to address healthier retail options.

Nutrition Strategy

Collaborate with partners to improve nutrition in priority population(s).

- 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 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).

- Increase continuity of care/community support for breastfeeding by incorporating services into existing community support services (early care and education centers, community health centers, home visiting programs, etc.); establishing lactation support services (support groups, walk-in clinics, Baby Cafés, etc.) that are accessible and culturally appropriate for the priority population; and providing breastfeeding support training to health care providers, community health workers, peer support providers, etc., that work with mothers and babies.

Physical Activity Strategy

Collaborate with partners to improve physical activity in priority population(s) 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).

Community-Clinical Linkages Strategy

Collaborate with partners to increase referral and access to community-based health programs for the priority population(s).

- Promote the use of appropriate and locally available programs for individuals in the priority population(s) (e.g., Diabetes Prevention Program, Chronic Disease Self-Management Program, tobacco cessation services, Food Nutrition Education Programs, Special Supplemental Nutrition Program for Women, Infants, and Children, access to food banks, and assistance with housing or job training).
- Expand the use of health professionals such as Community Health Workers, patient navigators, and pharmacists, to increase referral of individuals in the priority population(s) to appropriate and locally available health and preventive care programs.

Definitions, background information, and potential activities are included for each of the 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:

[Tobacco](#)

[Nutrition](#)

[Breastfeeding](#)

[Physical Activity](#)

[Community-Clinical Linkages](#)

Tobacco

Strategy

Collaborate with partners to promote tobacco-free living among priority population(s).

- Support and leverage CDC's national tobacco education campaigns (i.e., *Tips From Former Smokers*®) and tobacco-related Surgeon General Reports at the community-level.
- Develop and implement community-based culturally-appropriate messages that focus on: harmful effects of tobacco use; exposure to secondhand smoke; encouraging tobacco users to quit; and promoting the quitline (i.e., 1-800-QUIT-NOW, 1-855-DÉJELO-YA, and the Asian Smokers' Quitline).
- Work with health care providers to ensure that every patient is screened for tobacco use, advised to quit, and provided resources for counseling and medications.
- Identify and train community-level spokespersons to communicate the burden of tobacco use and secondhand smoke exposure through local media outlets and community events.
- Inform and educate leaders, decision makers, and the public about evidence-based solutions to protect nonsmokers from secondhand smoke exposure via comprehensive tobacco-free policies (workplaces, restaurants and bars) and tobacco-free multiunit housing policies.
- Support implementation of tobacco-free policies within workplaces and multiunit housing.
- Engage and leverage community stakeholders and assets to address evidence-based tobacco control interventions, in coordination with state and local tobacco control programs, including smoke-free, price, and point of sale interventions.

Tobacco Related Health Disparities

Tobacco-related disparities exist among racial/ethnic and other groups, including persons with less than a high school diploma and those living below the federal poverty level (low socioeconomic status); persons with mental illnesses and substance use disorders; the lesbian, gay, bisexual, and transgender community; persons with disabilities; persons living in certain geographic regions. Disparities in the number of smokers who quit using tobacco persist among specific groups including persons with lower education and persons on Medicaid or without health insurance. Individuals with lower socioeconomic status, living in states without comprehensive smoke-free laws, work in service or hospitality jobs or live in multi-unit housing have the greatest disparities and exposure to secondhand smoke. Secondhand tobacco smoke exposure causes heart disease, stroke, and lung cancer in nonsmoking adults. In children, secondhand smoke can cause sudden infant death syndrome, acute respiratory infections, ear infections, and more frequent and severe asthma attacks. Low-income children are exposed to second-hand smoke at higher rates than children with higher socioeconomic status.

Recipients should work with CDC-funded state tobacco control programs and partners to ensure culturally appropriate inclusion of priority populations in the recipient's interventions.

The most effective state and community interventions are those in which specific strategies for promoting tobacco use cessation, preventing tobacco use initiation, and eliminating exposure to secondhand smoke are combined with mass-reach health communication interventions and other initiatives to mobilize communities and to integrate these strategies into synergistic and multicomponent efforts. Below are three examples of evidence-based, effective tobacco control interventions that are components of a comprehensive tobacco prevention and control program.

Mass-reach health communications. Health communications interventions in tobacco control can empower individuals to change their behavior while also empowering communities to adopt policies that reduce tobacco use, prevent initiation, promote quitting, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Health communications are an essential part of a comprehensive tobacco control program because they can contribute to reducing tobacco use and secondhand smoke exposure, counter the industry's extensive advertising and promotion efforts, support tobacco control policy and program efforts, shift social norms around tobacco use, reduce tobacco-related disparities, and potentially generate a favorable return on investment. Typically, effective health communication interventions and counter-marketing strategies employ a wide range of paid and earned media, including: television, radio, out-of-home (e.g., billboards, transit), print, and digital advertising at the state and local levels; promotion through public relations/earned media efforts, including press releases/conferences, social media, and local events; health promotion activities, such as working with health care professionals and other

partners, promoting quitlines, and offering free nicotine replacement therapy; and efforts to reduce or replace tobacco industry sponsorship and promotions. Innovations in health communication interventions include the ability to target and engage specific audiences through multiple communication channels, including digital platforms such as online video, mobile Web, and smartphone and tablet applications (apps). Social media platforms such as Twitter and Facebook have facilitated improvements in how messages are developed, fostered, and disseminated to target audiences, and allow for relevant, credible messages to be shared more broadly within the target audiences' social circles. These digital strategies can serve to complement the primary communication strategies.

Tobacco quitlines. Quitlines are telephone-based services that help tobacco users quit by providing callers with counseling, practical information on how to quit, referral to other cessation resources, and, in many states, a limited supply of free nicotine replacement therapy for certain populations. Quitlines have the potential for broad reach (depending on funding), are effective with diverse populations, and increase quit rates. Because of their convenience, state quitlines are one of the most accessible cessation resources, and have the potential to efficiently reach large numbers of smokers. In addition, when effectively promoted, quitlines are effective in reaching certain racial/ethnic populations, including African Americans; persons who predominantly speak Asian languages; and smokers of lower-socioeconomic status. State quitlines are also often the most visible component of state tobacco control programs, and frequently serve as a hub for state cessation efforts. State quitlines can also serve as clearinghouses and referral/triage centers, for example by referring callers to their insurers or employers for additional cessation assistance.

Protecting multiunit housing residence from secondhand smoke exposure. Approximately 80 million (1 in 4) people in the U.S. live in multiunit housing such as apartments. Tobacco use and secondhand smoke exposure is often high in multiunit housing, especially in public housing and affordable/low-income housing. About 20% of adults in multiunit housing use combustible tobacco products. Children, elderly people, and people with disabilities who live in public housing may be especially vulnerable to the health effects of secondhand smoke exposure. Multiunit housing residents who have established household smoke-free home rules are often still exposed to secondhand smoke which infiltrates into their homes from other units or common areas where smoking occurs. Secondhand smoke can travel within multiunit housing through doorways, cracks in the walls, electrical lines, ventilation systems, and plumbing. Opening windows and using fans does not effectively protect nonsmokers from secondhand smoke. Heating, air conditioning and ventilation systems cannot eliminate exposure to secondhand smoke. Adopting, implementing, and enforcing smoke-free and tobacco-free policies in multiunit housing properties is the most effective way to protect all residents from involuntary exposure to secondhand smoke.

Potential Recipient Activities

- Create a smoke-free multiunit housing workgroup comprised of partners in the community that have experience and interest in voluntary smoke-free policies.
- Work with coalition members and other partners to expand voluntary, indoor multiunit housing smoke-free and tobacco-free policies.
- Facilitate training for landlords and housing owners on the benefits of transitioning to smoke-free housing and how to implement smoke-free/tobacco-free policies.
- Conduct outreach to residents and direct them to state quitlines, free or reduced-cost, evidence-based cessation treatments, and other community cessation resources to help them quit.
- Create and disseminate messages to motivate community members to be tobacco-free.
- Use messages found to be effective with the population you are trying to reach and targeted media outlets/channels to educate and build awareness of the health effects of smoking and secondhand smoke exposure in underserved populations.
- Educate stakeholders about the public health benefits of comprehensive local and state policies that protect all workers from exposure to secondhand smoke and e-cigarette aerosol in public places and workplaces, including but not limited to restaurants, bars, hotels/motels, and casinos.
- Provide technical assistance to private entities, small businesses, and other local organizations that are seeking to implement smoke-free/tobacco-free policies.
- Facilitate access to culturally appropriate proven cessation treatments, including individual, group, and telephone counseling and FDA-approved cessation medications, emphasizing that the combination of counseling plus medication gives smokers the best chance of quitting.
- Work with employers to take steps to help their workers quit tobacco use, including implementing tobacco-free policies, covering proven cessation treatments with minimal barriers, and linking employees to state quitlines and other community cessation resources for more intensive follow-up cessation assistance.
- Conduct community assessments of tobacco retail density, the amount of point of sale (POS) advertising, and tobacco-related health disparities.
- Engage partners who can provide technical assistance on identifying viable point of sale (POS) strategies and on overcoming barriers to implementing these strategies.

Participate in community coalitions and events in order to understand community priorities, align point of sale (POS) efforts with those priorities, and educate the community around these efforts.

- Coordinate with state and local tobacco control programs who have goals to:
 - » Establish tobacco control point of sale and licensure policies that reduce access to and availability of tobacco products, such policies that: require that all tobacco products are kept behind the sales counter or in a locked box; prohibit sales of flavored tobacco products; and establish time, place and manner restrictions on tobacco sales.
 - » Raise tobacco product prices and restrict the redemption of coupons.
 - » Increase the age of legal tobacco product sales to 21 years.

Key Strategy Resources

- *Let's Make the Next Generation Tobacco-Free: Your Guide to the 50th Anniversary Surgeon General's Report on Smoking and Health*
<https://www.surgeongeneral.gov/library/reports/50-years-of-progress/consumer-guide.pdf>
- *The Guide to Community Preventive Services*
<https://www.thecommunityguide.org/topic/tobacco>
- *CDC Best Practices Guide for Comprehensive Tobacco Control Programs (2014)*
https://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm
- *Health Equity in Tobacco Prevention and Control: Best Practices Guide (2015)*
<https://www.cdc.gov/tobacco/stateandcommunity/best-practices-health-equity/pdfs/bp-health-equity.pdf>
- *Integrating Tobacco Control and Obesity Prevention Initiatives at Retail Outlets*
https://www.cdc.gov/pcd/issues/2016/15_0426.htm
- *Point-of-Sale Strategies to Address Access and Exposure to Tobacco Products*
<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/pdf/health-equity-guide/Health-Equity-Guide-sect-2-4.pdf>

Nutrition

Strategy

Collaborate with partners to improve the food system to increase access to healthy foods by implementing some or all of the following:

- Work with food vendors, distributors and producers to enhance healthy food procurement and sales: establish/support food hubs; establish a network of food sales outlets; establish a network for cooperative purchasing; 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 healthy foods at community venues).
- Increase continuity of care/community support for breastfeeding by incorporating services into existing community support services (e.g, early care and education centers, community health centers, home visiting programs.); establishing lactation support services e.g., (support groups, walk-in clinics, Baby Cafés.) that are accessible and culturally appropriate for the priority population; and providing breastfeeding support training to health care providers, community health workers, peer support providers and others, that work with mothers and babies.

Work with food vendors, distributors and producers to enhance healthy food procurement and sales: establish/support food hubs; establish a network of food sales outlets; establish a network for cooperative purchasing; develop tools to match local producers with institutions; and explore innovative practices that can support this work.

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 healthy food retail are transportation, storage, and processing and packaging. Recipients can work with their partners to help improve distribution systems to retailers so that consumers in underserved areas have access to healthy foods.

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 healthy 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 healthy food, integrating federal nutrition program incentives into food venues, and standardizing an agreed-upon list of healthy foods with distributors.
- Establish and support a cooperative purchasing network of food venues to collectively purchase healthy foods to overcome purchasing barriers.
- Support opportunities for small food retailers to share lessons learned and best practices with each other.
- Collaborate 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

- *[Healthy Food Retail: Beginning the Assessment Process in Your State or Community](http://www.cdc.gov/obesity/downloads/HFRassessment.pdf)*

<http://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.

- *[Healthy 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)*

<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 healthy 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.

- *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/foodaccessreport.pdf

Developed by the American Planning Association, this document offers a spectrum of community plans and the spectrum of topics, approaches included among them.

- *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

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.

Establish healthy nutrition standards in key institutions such as hospitals, after school 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 healthy 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 or community settings. Worksite may include hospitals, universities and colleges, private workplaces, and state, local, and tribal governments. Community settings may include buildings where organizations meet such as afterschool and recreation programs, community health centers, faith-based organizations, food banks/pantries, and in park and recreation food services. Food services in schools are not targeted by this strategy.

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 for recipients to understand their ECE system and be familiar with their 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. REACH recipients should focus on facilities (e.g., child care centers, family child care homes) that serve priority populations.

Ways to incorporate 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 support 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.

NOTE: 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*.

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).
- Collaborate 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.
- Apply a comprehensive set of venue-appropriate behavioral design strategies to increase healthy food choices/consumption and to decrease unhealthy 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 guidelines to help facilitate peer-to-peer learning and problem solving and to help create the demand for similar healthy 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, healthy entrée recipes, healthy cooking methods, promotion of healthy items, and how to track sales/procurement of healthy 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 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. Apply culturally tailored approaches to meet the community needs.
- 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. Use the equity worksheet to identify appropriate cultural approaches that apply to the cooperative agreement activities.
- 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. Use culturally tailored approaches to tailor professional development, trainings, and technical assistance to meet the community needs.
- 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. Use culturally tailored approaches to tailor interventions to meet the community needs.
- 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>

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

- » *The Food Service Guidelines for Federal Facilities*
https://www.cdc.gov/obesity/downloads/guidelines_for_federal_concessions_and_vending_operations.pdf
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 healthy and more sustainable.
- » *The Smart Food Choices: How to Implement Food Service Guidelines in Public Facilities*
<https://www.cdc.gov/obesity/downloads/smart-food-choices-how-to-implement-food-service-guidelines.pdf>
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 Healthy Food, Beverage, and Physical Activity Choices*
<https://www.cdc.gov/obesity/strategies/healthy-hospital-env.html>
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.
- *CDC Division of Nutrition, Physical Activity, and Obesity (DNPAO) Early Care and Education Resources*
<https://www.cdc.gov/obesity/strategies/childcareece.html>
 - » *Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting (ECE) CDC Technical Assistance Briefing Document*
https://www.cdc.gov/obesity/strategies/early-care-education/pdf/TheSpectrumofOpportunitiesFramework_May2018_508.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 Early Care and Education](https://www.cdc.gov/obesity/strategies/early-care-education/pdf/ECE_2018_QuickStartActionGuide_April2018_508.pdf)
https://www.cdc.gov/obesity/strategies/early-care-education/pdf/ECE_2018_QuickStartActionGuide_April2018_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.

- » [Early Care and Education State Indicator Report 2016](https://www.cdc.gov/obesity/downloads/early-care-education-report.pdf)
<https://www.cdc.gov/obesity/downloads/early-care-education-report.pdf>

This report provides information about state efforts to address childhood obesity in the ECE setting.

- [National Resource Center, Achieving a State of Healthy Weight](http://nrckids.org/HealthyWeight)
<http://nrckids.org/HealthyWeight>

This is a national assessment of the child care regulations in all 50 states and the District of Columbia relative to newly revised expert consensus-defined and evidence-based best practices encompassed in Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition.

- [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, which provide examples of relevant work that you may consider pursuing.

- [Caring for Our Children National Guidelines for Obesity Prevention Standards in ECE](http://nrckids.org/CFOC/Childhood_Obesity)
http://nrckids.org/CFOC/Childhood_Obesity

The second edition of Preventing Childhood Obesity (PCO) is a compilation of the final comprehensive set of national standards published in Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs, 3rd edition. The standards describe evidence-based best practices in nutrition, physical activity, and screen time for early care and education programs.

- [Child Care Aware of America State Resources and Fact Sheets](http://childcareaware.org/resources/map/)
<http://childcareaware.org/resources/map/>

This organization works with state and local Child Care Resource and Referral agencies nationwide. The website includes state-level resources on early care and education setting including state fact sheets, descriptions of the types of child care, and resources for families and providers.

- *BUILD Initiative*

<http://www.buildinitiative.org/>

This organization helps state leaders develop an early childhood system – programs, services and policies tailored to the needs of a state’s unique young child population. BUILD supports states to strengthen their commitment to diversity, equity, and cultural and linguistic inclusion.

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 healthy foods at community venues).

Background Information and Key Definitions

Nutrition incentive programs exist for federal programs such as 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.

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 United States Department of Agriculture Food and Nutrition Program, 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 healthy foods (e.g. farmers markets, community supported agriculture pick-up) at community service sites such as libraries, food banks/pantries, health care facilities, churches, or ECE.

Key Strategy Resources

- *Healthy 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 healthy 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/foodaccessreport.pdf
 Developed by the American Planning Association, this document offers a spectrum of community plans and the spectrum of topics, 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 healthy 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
 This website, from Safe Routes to School National Partnership, describes how transit agencies can help to provide food access to communities while earning revenue.

Breastfeeding

Strategy

Increase continuity of care/community support for breastfeeding by incorporating services into existing community support services (early care and education centers, community health centers, home visiting programs, etc.); establishing lactation support services (support groups, walk-in clinics, Baby Cafés, etc.) that are accessible and culturally appropriate for the priority population; and providing breastfeeding support training to health care providers, community health workers, peer support providers, etc., that work with mothers and babies.

Background Information and Key Definitions

Communities, workplaces, child care centers, health care providers, and related social support service providers play an important part in a family's decision making around breastfeeding and are essential to enabling families to achieve their desired breastfeeding goals. Continuity of care is defined by health care services that are consistent, collaborative, and seamless over time and across providers and service institutions within the community. The Surgeon General's Call to Action to Support Breastfeeding states: "A woman's ability to initiate and sustain breastfeeding is influenced by a host of factors, including the community in which she lives. A woman's community has many components, such as public health and other community based programs, coalitions and organizations, schools and child care centers, businesses and industry, and the media. The extent to which each of these entities supports or discourages breastfeeding can be crucial to a mother's success in breastfeeding."

Women more likely not to breastfeed include non-Hispanic blacks, low income, rural, and those living in the South-east or Midwest. A woman's ability to initiate and continue breastfeeding is influenced by cultural- and community-based factors including long held beliefs and the ability to access needed support, particularly within her own community. Lactation support providers can provide a wide range of education and support services. Lactation support providers include healthcare professionals, International Board Certified Lactation Consultants, individuals certified as lactation or breastfeeding educators/counselors, and peer support providers.

Health care professionals should provide culturally appropriate information and consistent evidence-based care to mothers during pregnancy, during the hospital stay, after discharge from the hospital, and until the child is weaned. Health care professionals can support mothers individually or in a group and in a variety of settings including in-home visits, breastfeeding clinics at hospitals, health departments, or women's health clinics as well as in community settings such as churches and community centers.

Peer support is designed to encourage and support pregnant and breastfeeding women. It is often provided by specifically trained mothers who are from the same community and who have breastfeeding experience. The two most common and effective methods are peer support groups and individual peer support. Peer support may include community meetings, one-on-one support through telephone calls or visits in a home, clinic, or hospital. Peer support includes emotional support, encouragement, education, help with solving problems, and referrals to a health care provider or lactation consultant for more complex lactation issues.

Potential Recipient Activities:

- Collaborate with key stakeholders, including local health departments, state and local breastfeeding coalitions, community-based organizations, birthing and health care centers, and home visiting programs to develop a strategy to implement comprehensive, high-quality seamless community-based breastfeeding support programs, especially among at-risk populations.
- Encourage and assist maternity hospitals, birthing centers, providers, and community breastfeeding support sites (e.g., Women, Infants, and Children Supplemental Nutrition Program clinics, community support groups) to develop communication, referral and follow up systems to ensure that breastfeeding mothers and their infants receive timely follow-up, access to the appropriate level of skilled lactation support, and facilitated connection to community resources.
- Improve opportunities for people representative of the community to work toward becoming lactation professionals or improving peer-counseling skills by increasing access to training, mentoring, clinical practice opportunities, and continuing education credits.
- To meet the unique needs of the community, provide culturally appropriate training and technical assistance on community-based breastfeeding support to local breastfeeding organizations, hospitals, community-based clinics, and work sites, especially among those that serve at-risk populations
- Coordinate breastfeeding support efforts among, and facilitate continuing education opportunities for, local lactation support providers such as Women, Infants, and Children Supplemental Nutrition Program peer counselors, International Board Certified Lactation Consultants, and other certified lactation counselors/educators.
- Develop, tailor, and distribute messages or materials on community-based breastfeeding support and workplace lactation accommodations. Messages may be developed and tested locally or available from partners such as coalitions, CDC, United States Breastfeeding Coalition, Office of the Surgeon General, Association of State and Territorial Health Officials, and National Association of County and City Health Officials.

Optional Additional Activities to Supplement Continuity of Care/Community Support

Recipients may pursue additional activities in the hospital or worksite settings to supplement continuity of care/ community support for breastfeeding. These activities should leverage existing work or partnerships and should be complementary to the community-based activities described above. Activities within the worksite and hospital setting alone do not fulfill this required funded strategy. Hospital or worksite activities may be adapted from those listed in the State Physical Activity and Nutrition Implementation Guide

https://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf

<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/SPAN-Implementation-Guide-508.pdf>

Key Strategy Resources

- *The Surgeon General's Call to Action to Support Breastfeeding*

<https://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>

This resource (Appendix 1, pages 72–73) outlines steps that state and local government can take to increase mother to mother and professional support.

This document outlines steps that can be taken to remove some of the obstacles faced by women who want to breastfeed their babies, including seven actions related to health care.

- *Loving Support[®] Through Peer Counseling: A Journey Together.*

<https://wicworks.fns.usda.gov/resources/wic-breastfeeding-support>

Training materials for WIC managers and WIC breastfeeding peer counselors to be able to provide WIC mothers with breastfeeding support and information.

- *The CDC Guide to Breastfeeding Interventions.*

https://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf

This resource includes ideas and examples of how to support breastfeeding women through peer and professional support.

» Peer Support https://www.cdc.gov/breastfeeding/pdf/BF_guide_3.pdf

» Professional Support http://www.cdc.gov/breastfeeding/pdf/BF_guide_5.pdf

- *The Baby-Friendly USA Guidelines and Evaluation Criteria (Steps 3 and 10)*

<https://www.babyfriendlyusa.org/for-facilities/practice-guidelines/>

Baby-Friendly USA is the US organization responsible for coordinating and conducting all activities necessary to confer the Baby-Friendly designation. The Guidelines and Evaluation Criteria describe the standards of maternity care that hospitals should strive to achieve for all women and infants and include the Ten Steps to Successful Breastfeeding. Steps Three and Ten of the Ten Steps address continuity of care in breastfeeding support. This resource may be helpful for program officials that work with communities and hospitals to implement evidenced-based lactation support initiatives.

Physical Activity

Strategy

Collaborate with partners to improve physical activity in priority population(s) 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)*

<https://www.thecommunityguide.org/task-force/community-preventive-services-task-force-members>

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 workplaces, 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*

<https://www.thecommunityguide.org/content/combined-built-environment-features-help-communities-get-active>

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 communities to implement combined built environment approaches to increase physical activity.
- Assess concerns about combined built environment approaches leading to gentrification or displacement, and engage community organizations and housing policy experts who can help understand and address these concerns.
- 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 via activity-friendly routes or can be made accessible via 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)*

<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)*

<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.

Community-Clinical Linkages

Strategy

Collaborate with partners to increase referral and access to community-based health programs for the priority population(s) by:

- Promoting the use of appropriate and locally available programs for individuals in the priority population(s) (e.g., Diabetes Prevention Program, Chronic Disease Self-Management Program, tobacco cessation services, Food Nutrition Education Programs, Special Supplemental Nutrition Program for Women, Infants, and Children, access to food banks, and assistance with housing or job training).
- Expanding the use of health professionals such as Community Health Workers, patient navigators, and pharmacists, to increase referral of individuals in the priority population(s) to appropriate and locally available health and preventive care programs.

Background Information and Key Definitions

For purposes of this strategy:

The **Community Setting** is composed of organizations that provide services or programs, in a non-clinical environment, to community members to improve their health. These organizations may include worksites, parks and recreation, faith-based organizations, barber shops, community centers, volunteer and nonprofit organizations.

The **Clinical Setting** is composed of organizations that provide services or resources that relate to screening, diagnosis and management or treatment of medical conditions of community members. These organizations may include primary care centers, federally qualified health centers, hospitals, rural clinics, public housing primary care programs, and pharmacies. These organizations may refer to and work with health programs in the community setting.

Community Clinical Linkages are defined as sustainable, effective relationships between the clinical and community settings to improve community members' access to health programs that address both preventive and chronic care services – such as those for obesity, cardiovascular disease, and diabetes. These relationships range in complexity and intensity from networking, coordinating, cooperating, and collaborating to merging of roles and services.

Effective community clinical linkages have demonstrated improvements in the prevention of chronic disease, management of several chronic conditions and maintenance of behavioral change.

Potential Recipient Activities:

- Promote the use of appropriate and locally available programs for individuals in the priority population(s) (e.g., Diabetes Prevention Program, Chronic Disease Self-Management Program, tobacco cessation services, Food Nutrition Education Programs, Special Supplemental Nutrition Program for Women, Infants, and Children, access to food banks, and assistance with housing or job training).
- Identify other locally-available health programs that are culturally-tailored for the community.
- Work with healthcare systems to increase the use of referrals to non-pharmaceutical interventions and services such as physical activity, food banks, disease prevention and condition management programs that are culturally and linguistically appropriate.
- Expand the use of health professionals such as community health workers, patient navigators, and pharmacists, to increase referral of individuals in the priority population(s) to appropriate and locally available health and preventive care programs.
- Work with healthcare systems to create or enhance non-physician teams (nurses, pharmacists, nutritionists, physical therapists, and community health workers) engaged in patient chronic disease management.
- Educate about policies concerning occupational regulation and standards for pharmacists and/or community health workers.
- Develop strategies and trainings with clinical and community setting partners to increase the number of health professionals (including community health workers, patient navigators, and pharmacists) with cultural competency to provide culturally and linguistically appropriate services.
- Work with clinical and community setting partners to increase access to health programs (including preventive and chronic disease services and self-management programs) by improving coverage of or reimbursement for these services such as through: managed care organizations' reimbursement for services provided by non-physician teams; employers' strengthening of existing health plans to ensure reimbursement for services; and/or insurers' expansion of coverage for community-based prevention and disease management via insurance waivers and related payment mechanisms.
- Partner with other programs that already have consistent uptake within the practice or community to leverage mutual resources and achieve common goals.
- Facilitate health care organizations in using measures to assess cultural and linguistic appropriateness in their internal audits, assessments, and outcomes-based evaluations.

- Enhance or use a health IT system to inform and improve population-level chronic disease management by identifying at-risk patients and initiate referrals processes; using the system to monitor bi-directional referrals; integrating decision support tools or prompts into the system to promote referrals and care consistent with clinical practice guidelines; and/or providing regular feedback on quality of care across health care providers and health care organizations, e.g., quantifying consistency and volume of referrals, use of guidelines or tools applicable to the disease condition.

Key Strategy Resources

Community-Clinical Linkages for the Prevention and Control of Chronic Diseases: A Practitioner's Guide

<https://www.cdc.gov/dhdsp/pubs/docs/ccl-practitioners-guide.pdf>

This document provides guidance for public health practitioners on developing effective strategies for implementing community-clinical strategies.

Clinical Community Relationships Measures Atlas

<https://www.ahrq.gov/sites/default/files/publications/files/ccrmatlas.pdf>

This resource is designed for public health practitioners and/or researchers by providing a measurement framework and a listing of existing measures to assess the clinical-community relationship.

NOTES

A series of horizontal dotted lines for writing notes, spanning the width of the page.

NOTES

A series of horizontal dotted lines for writing notes, spanning the width of the page.

