CDC UPDATE 2020: PIVOT, REDIRECT, RESPOND

Terry O’Toole, PhD, MDiv

Good Nutrition
Regular Physical Activity
Healthy Weight

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity, and Obesity (DNPAO)

June 17, 2020
NATIONAL CENTER FOR
CHRONIC DISEASE
PREVENTION AND
HEALTH PROMOTION
Vision:  
A world where regular physical activity, good nutrition, and healthy weight are part of everyone’s life.

Mission:  
To lead strategic public health efforts to prevent and control obesity, chronic disease, and other health conditions through regular physical activity and good nutrition.
DNPAO STRATEGIC PRIORITIES

Reaching All Americans Across the Lifespan by Supporting

A Healthy Start for Infants
- Breastfeeding
- Maternal, Infant & Toddler Nutrition
- Vitamins & Minerals

Children & Youth Growing Up Strong & Healthy
- Good Nutrition & Healthy Food Environments
- Physical Activity & Access to Environments Designed for Physical Activity
- Healthy Weight Management & Obesity Prevention

Adults & Older Adults Maintaining a Healthy Lifestyle
## DNPAO Budget History (FY 2017 – FY 2020), With CORD
(Dollars in Thousands)

<table>
<thead>
<tr>
<th>Budget Activity/ Description</th>
<th>FY 2017 Enacted</th>
<th>FY 2018 Enacted</th>
<th>FY 2019 Enacted</th>
<th>FY 2020 Enacted</th>
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</thead>
<tbody>
<tr>
<td><strong>Nutrition, Physical Activity, and Obesity- BA</strong></td>
<td>$49,803</td>
<td>$54,920</td>
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<tr>
<td>High Obesity Counties (non-add)*</td>
<td>($10,000)</td>
<td>($15,000)</td>
<td>($15,000)</td>
<td>($15,000)</td>
</tr>
<tr>
<td>Farm to School (non-add) *</td>
<td>-</td>
<td>-</td>
<td>($2,000)</td>
<td>($2,000)**</td>
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<tr>
<td><strong>National Early Child Care Collaborative (PPHF)</strong></td>
<td>$4,000</td>
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<tr>
<td><strong>Hospitals Promoting Breastfeeding (PPHF)</strong></td>
<td>$8,000</td>
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<td>$8,000</td>
<td>$9,000</td>
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<tr>
<td><strong>Racial and Ethnic Approaches to Community Health (REACH)</strong></td>
<td>$34,950**</td>
<td>$34,950**</td>
<td>$34,950**</td>
<td>$38,950**</td>
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<td><strong>CDC’s Childhood Obesity Research Demonstration (CORD) Project</strong>***</td>
<td>$5,000</td>
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<td><strong>Total</strong></td>
<td><strong>$101,753</strong></td>
<td><strong>$106,870</strong></td>
<td><strong>$108,870</strong></td>
<td><strong>$113,870</strong></td>
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</table>

* High Obesity and Farm to School funding are non-adds, and therefore not included in the total (BA + PPHF) amount.

** Farm to School for fiscal year 2020 focused on Early Care and Education.

++ REACH program total line for FY 2017 and FY 2018 is $50,950 ($16,000 not shown for tribal work); FY 2019 is $55,950 ($21,000 not shown for tribal work); FY 2020 House Mark is $71,950 ($21,000 not shown for tribal work); FY 2020 final is $59,950 ($21,000 not shown for tribal work).

### National Center for Chronic Disease Prevention and Health Promotion
#### FY 2020 Budget by Division

(Dollars in Thousands)

<table>
<thead>
<tr>
<th>Division</th>
<th>Budget (in Thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIVISION OF CANCER PREVENTION AND CONTROL</td>
<td>$354,929</td>
</tr>
<tr>
<td>DIVISION OF DIABETES TRANSLATION</td>
<td>$175,429</td>
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<tr>
<td>DIVISION FOR HEART DISEASE AND STROKE PREVENTION</td>
<td>$172,225</td>
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<tr>
<td>DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY</td>
<td>$108,870</td>
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<tr>
<td>DIVISION OF ORAL HEALTH</td>
<td>$19,500</td>
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<tr>
<td>DIVISION OF POPULATION HEALTH</td>
<td>$120,961</td>
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<tr>
<td>DIVISION OF REPRODUCTIVE HEALTH</td>
<td>$58,000</td>
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<tr>
<td>OFFICE ON SMOKING AND HEALTH</td>
<td>$230,000</td>
</tr>
</tbody>
</table>


$9 billion per year

31¢ per person

Fiscal Year 2018

State Physical Activity and Nutrition Program (SPAN)
• 16 state and local recipients strengthening efforts to implement interventions that support healthy nutrition, safe and accessible physical activity, and breastfeeding

High Obesity Program (HOP)
• 15 land grant universities leveraging community extension services to increase access to healthier foods and opportunities for physical activity in counties that have more than 40% of adults with obesity

Racial and Ethnic Approaches to Community Health (REACH) Program
• 31 organizations aiming to improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic populations with the highest risk, or burden, of chronic disease
FIVE ACTION STEPS TO REDUCE CHRONIC DISEASE AT THE STATE, LOCAL, AND COMMUNITY LEVELS

1. Make physical activity safe and accessible for all
2. Make healthy food choices available everywhere
3. Make breastfeeding easier to start and sustain
4. Strengthen obesity prevention standards in early care and education centers (ECE)
5. Spread and scale pediatric weight management programs
OUR VISION: OPTIMAL NUTRITION ACROSS THE LIFESPAN

DNPAO works to reduce micronutrient deficiencies and establish healthier food environments

Breastfeeding
Maternal Nutrition
Early Child Nutrition
Early Care and Education
Farm to Education
Food Service Guidelines
Healthy Food Systems
Food Security
NEARLY 80% OF BRAIN DEVELOPMENT HAPPENS DURING THE FIRST 1,000 DAYS

Human Brain Growth

1,000 Days

Brain size, in cc

Birth 2 4 6 8 10

Age in years

Brain grows rapidly
Brain growth slows

Iron
Folic Acid
Iodine
Establishing healthy behaviors and eating patterns early in life can have long-lasting impacts

- Starts with ensuring babies get the nutrition they need
- Continues with the introduction and transition to family foods
- Is supported by family practices, pediatric provider recommendations and care, and within Early Care and Education settings and schools
Breastfeeding Is the Best Source of Nutrition for Most Infants

Breastfeeding reduces health risks and lowers medical costs

**Baby**
- Ear and respiratory infections
- Gastrointestinal infections
- Sudden infant death syndrome (SIDS)
- Asthma
- Obesity

**Mother**
- High blood pressure
- Type 2 diabetes
- Breast cancer
- Ovarian cancer

WHO and AAP recommend that babies are fed only breast milk for about 6 months and as complementary foods are introduced, continue breastfeeding to at least age 1 year (AAP) or 2 years (WHO).

PROBLEM: BREASTFEEDING RATES REMAIN LOW IN THE U.S.

Percentage of U.S. Infants Breastfed Exclusively Through 6 Months or Breastfeeding at Age 12 months, 2015

Any Breastfeeding

25% 36%

0% 100%

0 1 2 3 4 5 6 7 8 9 10 11 12 Age in months
WE HAVE MADE PROGRESS, BUT DISPARITIES REMAIN

Percentage of U.S. Infants Breastfed by Race and Ethnicity, 2015

Overall

- Ever Breastfed: 83%
- Never Breastfed: 17%

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Percent Never Breastfed</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH Black</td>
<td>31%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>15%</td>
</tr>
<tr>
<td>NH White</td>
<td>14%</td>
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</table>
Maternity Practices in Infant Nutrition and Care (mPINC)

- Started in 2007 and conducted every other year through 2015
- **Revised** survey fielded in 2018
- Census – ALL birth facilities in U.S. states and territories (~3100 facilities)
  - 82-83% response rate
- **Total score, comprised of multiple domains of care (0-100)**
  - Labor and Delivery
  - Feeding of Breastfed Infants
  - Breastfeeding Assistance
  - Contact Between Mother and Infant
  - Discharge Care
  - Staff Training
  - Structural and Organizational Aspects
State and Individualized Benchmark Reports

**Changes in maternity care improve breastfeeding outcomes.**

- CDC’s mPINC Reports have what you need to understand and improve care across Alabama:
  - 2015 survey scores and ranks
  - Action ideas to improve outcomes
  - Trends across all mPINC surveys:
    - **TOTAL SCORES** averaging all hospitals’ scores:
      - POLICIES for staff training and infant feeding care
      - PRACTICES in supplementing breastfed infants
      - PROTOCOLS for support after discharge to home

**Compare TOTAL SCORES from 2007 through 2015:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Survey</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>72</td>
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</tbody>
</table>

Examine **IDEAL RESPONSES TO SELECTED ITEMS** in Alabama hospitals for 2007-2015:

- **Complete Hospital Policies:**
  - Hospital breastfeeding policy includes all 10 model policy elements: (a) dissemination of organizational assets of care delivery

- **Appropriate Feeding Practices:**
  - Supplemental feeding to breastfeeding infants are rare: (in a setting of breastfed infants)

- **Adequate Discharge Protocols:**
  - Hospital provides appropriate discharge planning (referrals & other multi-modal support): (in hospital discharge plan)

**CDC’s Fantastic Medical Center’s Total Score:** 70

United States: 31
Georgia: 52
Similar Size Facilities: 16
CDC’s Fantastic Medical Center reported 16,104 births in the past year; it is in the size category of 10,000 births per year.
CDC is Increasing Breastfeeding Support for Mothers Across the Nation

We collect data to learn how best to improve breastfeeding rates in the United States.

We promote best practices in healthcare settings.

We support mothers at work and in their communities.
Resources for Parents and Caregivers

Breastfeeding and Special Circumstances

Visit the following pages to learn more about breastfeeding and special circumstances. This information is for healthcare providers and public health practitioners. If you are a patient, we strongly advise that you consult with your physician to interpret the information provided as it may not apply to you.

Environmental Exposures/Toxics
Vaccinations, Medications
Illnesses or Medications
Travel Recommendations

Infant and Toddler Nutrition

Good nutrition during the first 2 years of life is vital for healthy growth and development. Starting good nutrition practices early can help children develop healthy dietary patterns. This website brings together existing information and practical strategies on feeding healthy foods and drinks to Infants and Toddlers, from birth to 24 months of age. Parents and caregivers can explore these pages to find nutrition information to help give their children a healthy start in life.
Early Child Nutrition in the US

Dietary quality declines with age – beginning as early as 1 year

- **Fruit**: 69%
- **Vegetables**: 57%
- **Sweets**: 14%

Children 6 – 11 months

- **Fruit**: 69%
- **Vegetables**: 45%
- **Sweets**: 63%

Children 19 – 23 months

The Role of the Pediatrician: Birth to two years

- **Pediatricians can play a key role in the lives of young children**
  - At least 11 Well-Child visits from birth to 24 months
    - Birth to 11 months: 7 well-baby visits
  - A trusted source of information
    - 89% to 92% of pediatricians discuss healthy eating behaviors with parents
    - 40% or fewer pediatricians discuss responsive feeding behaviors

Education and Resources for Pediatricians

- **American Academy of Pediatrics developed:**
  - A Physician Education and Training on Breastfeeding Action Plan
    - Includes developing a strategy to support breastfeeding within the medical education and training process
  - Continuing Medical Education (CME) modules to support anticipatory guidance on early child nutrition practices and behaviors
    - A series of mini modules for health care providers
    - Providers can receive CME and Maintenance of Certification Part II credit
INFANT FEEDING PRACTICES STUDY III (IFPS III)

- IFPS III will:
  - provide data on a sample of US infants and toddlers
  - assess feeding practices as they relate to the U.S. Dietary Guidelines for Americans 2020–2025 recommendations
- Anticipate recruitment will begin in late 2021 or early 2022
- Support from USDA, FDA, NIH, NCCDPHP/OD and DOH
GOING FORWARD...

- How can we improve maternal nutrition?
- How can we improve breastfeeding rates?
- How can we reduce disparities?
- How can we support optimal early child nutrition through 2 years?
- How can we fill surveillance and research gaps?
OUR VISION: OPTIMAL NUTRITION ACROSS THE LIFESPAN

DNPAO works to reduce micronutrient deficiencies and establish healthier food environments.
NUTRITION STANDARDS – FULL DOSE

Nutrition Standards Across the Life Course - Healthy Choices in the places where Americans learn, work, pray, and play

- State and Local Policy
- Organization Policy and Practices

Food Service Guidelines/Healthy Procurement (Municipal Venues, Worksites, Hospitals, Universities, Food Banks, Park & Rec, Community Venues, FBO)

School PA/Nutrition Standards (NSBP, NSLP) *USDA, CDC-NCCDPHP/DPH/School Health Branch

OST/After School PA/Nutrition Standards*

Early Care and Education (CACFP, State Licensing/Regs/QRIS/Programs)
Early Care and Education (ECE) Spectrum of Opportunities

27 states are actively engaged with CDC through tailored TA, training, and/or funding to advance systems level ECE work through 31 projects

SPAN 16, Nemours TAPS 10, ASPHN 5

We also support Local/Facility Interventions
Other ECE Partners: Child Care Aware, PHI, NC State, UNC, Dell Foundation
5 ASPHN Mini-CoIIN states focusing on improving statewide access to Farm to ECE, TA Partner: National Farm to School Network

HOP: Farm to School Supplement, 14 Recipients
ASPHN, National Farm to School Network
DATA FOR ACTION: MONITORING STATE ECE STATE SYSTEM CHANGE

- DNPAO Funds NRC for Annual Policy Report
- ECE State Licensing Data/Regulations
- Caring for Our Children National Standards, 47 Obesity

- 2019 Webinar for ECE Stakeholders
- DNPAO Digest and ECE Website
- Notable: Tennessee’s 2018 licensing revisions catapulted the state from 39th in the nation to 1st
CHILDREN WITH OBESITY - WE KNOW WHAT WORKS: PEDIATRIC WEIGHT MANAGEMENT INTERVENTIONS (PWMI)

Evidence Base for Lifestyle Interventions:
Over 60 Randomized Controlled Trials show us that family-centered pediatric weight management interventions (PWMI) can result in 5-20% reduction in excess weight.

U.S. Preventive Services Task Force Recommendation:
Grade B*

Physicians should screen children ages 6+ using BMI and offer/refer children with obesity to intensive, family-centered PWMI.

Interventions should have 26+ hours of counseling over 2-12 months on nutrition, physical activity, and behavior change.

*The Grade B recommendation means that children on Medicaid have coverage for screening and treatment in intensive interventions as a preventive service.
Finding the best way to implement the USPSTF PWMIs for low-income children (aged 6-12) & their families

5 D&I Research Projects 2019-2023

CORD 1.0, 2.0 Lessons Learned

- Families want access to quality weight management programs, clinics and community
- Time spent in program matters (dose)
- Use of EHRs for screening and referral, clinical-community linkage for food security, PA
- Multi-disciplinary teams include RDs, CHWs
- Reduce barriers to participation, reimbursement

Working across the health system to reach children and families in need
Reaching low-income children and families

Years 1, 2 With the National Association of Community Health Centers, CDC brought child weight-management programs to FQHCs in 5 states.

The programs are evidence-based (MEND™), and serve children ages 7-13 with obesity.

Family-focused programs help children build new skills to make healthy choices.

This will help us find the key components of successful programs, to bring them to more people in more places.
CORD 3.0 Recipients
- Massachusetts General Hospital, Boston, MA
- Miriam Hospital, Providence, RI
- Stanford University, Stanford, CA
- University of Nebraska Medical Center, Omaha, NE
- Washington University in St. Louis, St. Louis, MO

CODI: Multi-sector electronic data sharing from clinical and community partners [SDOH, Interventions] with pediatric privacy linkage
SPAN/HOP/REACH
Recipients are working in a Variety of Settings:
- State/local government facilities
- Hospitals
- Colleges and universities
- Private worksites
- Parks and recreation
- Juvenile corrections
- Food banks/food pantries

HISTORY

2011
- HHS/GSA

2012
- FSGC Launched

2017
- Federal FSG
Institutional food service management is big business

Food service market in North America valued at $72 billion
  - About 60% outsourced to food service management company
  - Largest 3 companies (Compass Group, Aramark, and Sodexo) reached nearly $33 billion in revenue (2014)

Large procurement entities (Government, DoD, hospitals, worksites, universities) have the ability to change industry standards

Large institutions are critical change agents for modeling healthy behaviors

DNPAO is Government Lead unit for FSG
FOOD SERVICE GUIDELINES

Technical Assistance, Training, Tools, and Guidance

Strategic Policy, Communications, and Partnership

Applied Research, Evaluation, and Translation

Surveillance and Epidemiology

Food Service Action Institute with NACCHO

FSGC & NOPREN FSG Workgroup – Practitioners & Partners Invited!
NOPREN is a collaborative network that aims to build capacity to better understand the effectiveness of policies that improve nutrition and prevent obesity at both the population-level but also to improve health equity.

The network includes academic researchers, program evaluators, practitioners, professional organizations, NGOs, and government representatives.

NOPREN is a part of the CDC’s Division of Nutrition, Physical Activity, and Obesity (DNPAO) through the Prevention Research Centers Program.
Ways you can get involved:

• Join the NOPREN listserv
• Attend our monthly webinars
• Join a NOPREN/HER Work Group to hear about collaborative projects
• Nominate a study to be a Work Group Fellow
• Suggest a site or project for a research or evaluation project
• Lend your voice to make projects practical!
• Volunteer for a summer project

Want to learn more about NOPREN or join the network?
Visit www.nopren.org or contact NOPREN@ucsf.edu
 ✓ Make the Case for Prevention & In Children With Obesity – Treatment as *Prevention* of NCDs

 ✓ Collaborate with us (data sharing, share decision makers needs, dissemination of information and tools)

 ✓ Talk to us about your ideas for spread and scale
OUR VISION: SAFE AND PLENTIFUL OPPORTUNITIES FOR PHYSICAL ACTIVITY FOR EVERYONE

Community-Wide Improvements

Preschool-aged Children
Children and Adolescents
Adults
Older Adults

Healthy Built Environments • Activity-Friendly Routes
THE PROBLEM: TOO FEW AMERICANS GET THE RECOMMENDED AMOUNT OF PHYSICAL ACTIVITY

About 31 million adults aged 50 or older are inactive, meaning they get no physical activity beyond that of daily living.

Only 1 in 5 adults and 1 in 4 high school students meet the physical activity guidelines for aerobic and muscle-strengthening activities.
WHAT WORKS?

STRATEGIES TO INCREASE PHYSICAL ACTIVITY

- Activity-friendly routes to everyday destinations
- Access to places for physical activity
- School and youth programs
- Community-wide campaigns
- Social supports
- Individual supports
- Prompts to encourage physical activity
- Equitable and inclusive access

- Complete Streets policies
- Zoning policies
- Comprehensive or Master plans
- Safe Routes
- Shared-use agreements
- Workplace facilities and policies
- Parks and recreation centers
- Comprehensive physical education
- Opportunities to be active before, during, or after school
- Events combined with multi-channel messaging
- Walking or other activity groups
- Groups that support people with disabilities or chronic conditions
- Peer or professional support
- Technology
- Point-of-decision signage
ACTIVITY-FRIENDLY ROUTES TO EVERYDAY DESTINATIONS: AN ILLUSTRATION
Complete Streets Policies

2006: **10** state-level policies and **36** unique local or regional policies

2017: **33** state-level policies and **1260** unique local or regional policies

Adoption of Complete Streets Policies

**2006**
- State level policy
- 0 local or regional policies
- 1-5 local or regional policies

**2017**
- State level policy
- 0-10 local or regional policies
- 11-15 local or regional policies
- 16-20 local or regional policies
- 21+ local or regional policies
ACTIVE COMMUNITIES TOOL (ACT)

Activity-Friendly Routes
- Module 1: Street Design and Connectivity
- Module 2: Infrastructure for Pedestrians and Bicyclists
- Module 3: Public Transportation

Everyday Destinations
- Module 4: Land Use Planning
- Module 5: Parks and Recreational Facilities
- Module 6: Schools

The Active Communities Tool Assessment Modules
The Active Communities Tool (ACT): An Action Planning Guide and Assessment Modules to Improve Community Built Environments to Promote Physical Activity

All states and territories had more than 15% of adults who were physically inactive.

30% or more of adults were inactive in 9 states and territories (Tennessee, Oklahoma, Louisiana, Alabama, Kentucky, Arkansas, Mississippi, Puerto Rico, and Guam).

The South (28.0%) had the highest prevalence of physical inactivity, followed by the Northeast (25.6%), Midwest (25.0%), and the West (20.5%).
DISPARITIES PERSIST IN PHYSICAL INACTIVITY RATES

Non-Hispanic White

≥30% of adults were inactive in 5 states and Puerto Rico

Hispanic

≥30% of adults were inactive in 22 states and Puerto Rico

Non-Hispanic Black

≥30% of adults were inactive in 23 states and the District of Columbia
INCREASED PHYSICAL ACTIVITY CAN IMPROVE HEALTH, QUALITY OF LIFE, AND REDUCE HEALTHCARE COSTS

A national initiative led by CDC to help

27 million Americans
become more physically active by 2027

#ActivePeople
Join today!

https://www.cdc.gov/physicalactivity/activepeople/healthy-nation/join-active-people-healthy-nation
HOW OUR WORK LEADS TO HEALTHIER COMMUNITIES

DNPAO’S PROGRAM RECIPIENTS

OUR VISION: OPTIMAL NUTRITION ACROSS THE LIFESPAN

DNPAO works to reduce micronutrient deficiencies and establish healthier food environments.

Breastfeeding
Early Child Nutrition
Early Care and Education
Food Service Guidelines
Healthy Food Systems
Food Security

OUR VISION: SAFE AND PLENTIFUL OPPORTUNITIES FOR PHYSICAL ACTIVITY FOR EVERYONE

Community-Wide Improvements

Preschool-aged Children
Children and Adolescents
Adults
Older Adults

Healthy Built Environments • Activity-Friendly Routes
**STATE PHYSICAL ACTIVITY AND NUTRITION (SPAN)**

**Purpose:** Implement evidence-based strategies at state and local levels to improve nutrition, breastfeeding, and physical activity.

16 Recipients

- **Average Award:** $880,543 / **Total Funding:** $14,088,691

  - **Sample Overview:** The Colorado Department of Public Health and Environment will implement evidence-based strategies that improve the nutrition and physical activity status of Coloradans. This will be accomplished by: 1) implementing food service guidelines in worksites and community settings; 2) implementing supportive breastfeeding practices; 3) implementing and integrating nutrition and physical activity standards into statewide early care and education systems; and 4) influencing master plans and land use interventions to increase physical activity through activity-friendly routes.

  - **Sample Activity:** The Colorado Department of Public Health and Environment is working with hospitals to adopt food service guidelines through the Colorado Healthy Hospital Compact recognition program which identifies hospitals that improve the quality of their nutrition environments for patients, visitors, and staff.
RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH (REACH)

Purpose: Reduce health disparities among racial and ethnic populations with the highest burden of chronic disease (i.e., hypertension, heart disease, Type 2 diabetes, and obesity) through culturally tailored interventions to address preventable risk behaviors (i.e., tobacco use, poor nutrition, and physical inactivity).

- 31 Recipients
- Average Award: $748,301 / Total Funding: $23,197,325

- **Sample Overview:** Pima County (AZ) will work with Mexican-Americans and American Indians to: 1) increase tobacco-free living; 2) increase access to affordable and healthier foods; 3) promote physical activity through culturally and socioeconomically-tailored multimedia campaigns, education and training, policy development, and participation incentives; and 4) increase access to existing programs and services.

- **Sample Activity:** Pima County (AZ) will work with communities to establish pocket parks within walking distance of schools and identify safe routes to school to encourage walking and biking.
HIGH OBESITY PROGRAM (HOP)

**Purpose:** Fund land grant universities to work with community extension services to increase access to healthier foods and safe and accessible places for physical activity in counties that have more than 40% of adults with obesity.

15 Recipients

- **Average Award:** $724,909 / **Total Funding:** $10,873,643

- **Sample Overview:** Alabama Cooperative Extension System’s ALProHealth will continue and expand implementation and evaluation of evidence-based strategies to increase access to healthier foods and safe, accessible places for physical activity with the goal of reducing the obesity burden in 13 high-obese Alabama counties. ALProHealth will seek to influence multiple levels of the Social Ecological Model using a community participatory approach.

- **Sample Activity:** Engage Regional Planning Commissions to identify and increase the impact of health and non-motorized factors when scoring potential projects, and identify existing bicycle/pedestrian plans and the influence the statewide plan on regional development.
Ensure appropriate DNPAO resources are available and accessible to Ambassadors
  o National Training meeting, webinars, networking calls

Effectively coordinate with Ambassador program partners – NACDD and ASPHN so that Ambassadors have expanded opportunities for supporting their NPAO work

31 states are actively participating

Active participation in NACDD State Engagement Model meetings with select Ambassador states
DNPAO – STRATEGIES ACROSS SPAN, REACH, HOP

Nutrition (62)

- Implement interventions to support breastfeeding (47)
- Implement healthy nutrition standards in key institutions –ECE (32)
- Make improvements to state and local ECE programs/systems (33)
- Implement food service guidelines in worksites and community settings to increase availability of healthy foods (58)
- Work with food vendors, distributors and producers to enhance healthier food procurement and sales (53)
- Accelerate, adopt, or expand FTS (14)

Physical Activity (58)

- Collaborate with partners to connect activity-friendly routes to everyday destinations to increase physical activity (58)
- Implement and integrate physical activity standards into statewide early care and education (ECE) systems (28)

Promote Tobacco-Free Living (REACH) (10)

- Implement tobacco free policies within workplaces and multi-unit housing and address healthier retail options

Community/Clinical Linkages (29)

- Promote the use of appropriate and locally available programs for individuals in the priority population(s)
- Expand the use of health professionals to increase referral of individuals in the priority population(s) to appropriate and locally available health and preventive care programs
MEASURING SPAN, HOP, REACH IMPACT

- **Milestones**
  - *all strategies*
  - Demonstrated progress

- **Intermediate Performance Measures**
  - *all strategies*
  - Setting & population reach

- **Long Term Outcome Evaluation**
  - *1 strategy – SPAN/REACH*
  - *2 strategies – HOP*
  - Health behavior changes

- **Demonstrated progress**
- **Setting & population reach**
- **Health behavior changes**
THE PROBLEM…
NEEDS WE’RE SEEING
THANK YOU

Terry O'Toole, PhD, MDiv
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