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

Implementation Guide for the Notice of Funding Opportunity:

State Physical Activity and Nutrition Program (CDC-RFA-DP18-1807)

August 2018

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

Purpose of the State Physical Activity and Nutrition Program (SPAN) Implementation Guide

The SPAN Implementation Guide contains guidance and resources to help implement the required strategies under the SPAN Notice of Funding Opportunity (NOFO). The SPAN provides funding to work on systems at the state and local levels to implement evidence-based strategies derived from relevant national guidelines or standards.

Important Considerations in Using this Guide

Under the SPAN NOFO, recipients must work on all five strategies. However, recipients have flexibility to define the target populations and geographic area(s) of focus. This guide provides potential activities and resources to support the strategies; however, recipients have the flexibility to select activities on the basis of the context and readiness of their state and the communities with whom they will be working. If a state is already working on the strategies, the recipient can propose activities in their work plan that build upon the existing work.

As recipients determine geographic areas of focus and target populations, they should consider how the activities will address disparities related to poor nutrition or physical inactivity.

Recipients are encouraged to use a community-based participatory approach to develop a community action plan that builds on existing community assets and existing coalitions for their local level work. If a community coalition does not currently exist, recipients should work with communities to form a coalition comprising relevant community stakeholders. This approach helps to ensure that interventions meet the unique needs of selected populations. Recipients can maximize the reach and effectiveness of their interventions by engaging multiple stakeholders and sectors and leveraging stakeholder resources as appropriate for each strategy.

Recipients should consider including core public health activities to support the successful implementation of the strategies. These activities could include developing or strengthening partnerships, community engagement, technical assistance and training, strategic communication, surveillance and epidemiology, and evaluation. Selected resources are provided at the end of this guide.

Post-Award Technical Assistance

In addition to this information and 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 and 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.

SPAN Strategies

Implement interventions supportive of breastfeeding that address one or more of the following:

- Maternity care practices in birthing facilities.

- Continuity of care/ community support.

- Workplace compliance with the federal lactation accommodation law.

Implement food service guidelines (FSGs) in work sites (e.g., hospitals, universities and colleges, private workplaces, and state, local and tribal government facilities) and in community settings (e.g., parks, stadiums, buildings/areas where community organizations meet), in multiple venues (e.g., cafeterias, cafés, grills, snack bars, concession stands, and vending machines) to increase the availability of healthy foods.

Implement and integrate nutrition standards into statewide early care and education (ECE) systems such as quality rating improvement systems, state professional development systems, licensing, statewide technical assistance networks, state subsidy programs, statewide recognition programs, and others outlined in the CDC ECE opportunities framework.

Implement and integrate physical activity standards into statewide early care and education (ECE) systems such as quality rating improvement systems, state professional development systems, licensing, statewide technical assistance networks, state subsidy programs, statewide recognition programs, and others outlined in the CDC ECE opportunities framework.

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

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

Definitions, background information, and potential activities are included for each of the five strategies in the next sections of this document. Recipients should review and adapt the activities to the context and readiness of their state.

Section Links:

- *Breastfeeding*
- *Food Service Guidelines*
- *Nutrition and Physical Activity Standards in ECE Settings*
- *Physical Activity Access*
- *Additional Resources for Core Public Health Functions*

Breastfeeding

Strategy

Implement interventions supportive of breastfeeding that address one or more of the following:

- Maternity care practices in birthing facilities.

- Continuity of care/ community support

- Workplace compliance with the federal lactation accommodation law.

Implement maternity care practices supportive of breastfeeding in birthing/maternity hospitals

Background Information and Key Definitions

CDC supports work to improve maternity care practices and policies that support breastfeeding including the safe implementation of evidence-based maternity care practices such as the *Ten Steps to Successful Breastfeeding (https://www.babyfriendlyusa.org/about-us/10-steps-and-international-code)* (Ten Steps). The Ten Steps are evidence-based practices that facilitate breastfeeding initiation within the first hour of life and help mothers who choose to breastfeed, continue to do so while in the hospital and beyond the hospital stay. Maternity care practices supportive of breastfeeding are defined as those practices that take place before, during, and after the birth hospitalization and include immediate prenatal care, care during labor and birthing, and postpartum care. These maternity care practices increase breastfeeding initiation and duration among mothers who choose to breastfeed.

Research shows racial disparities in access to evidence-based maternity care practices supportive of breastfeeding such as early initiation of breastfeeding and rooming in, and interventions; these barriers are experienced disproportionately by black mothers. See the *MMWR* article "*Racial Disparities in Access to Maternity Care Practices That Support Breastfeeding—United States, 2011*" *(https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6333a2.htm)* for more information.

Potential Recipient Activities:

- Provide technical assistance to hospitals on the safe implementation of evidence-based maternity care practices such as the Ten Steps.

- Establish programs that recognize hospitals for incremental implementation of the Ten Steps.

- Plan and conduct a statewide summit of key decision makers at maternity care facilities to improve maternity care practices across the state. Educate and engage key hospital decision makers about the benefits of becoming designated as Baby-Friendly; and show how their leadership is essential to implementing changes in policies and practices around maternity care.

- Encourage hospitals to participate in the biennial Maternity Practices in Infant Nutrition and Care (mPINC) survey to receive a customized benchmark report, and track their successes in implementing maternity practices supportive of breastfeeding.

- Use the mPINC state reports and facility benchmark reports to assess current maternity care efforts and prioritize areas for quality improvement.

- Focus on improving maternity care practices that support breastfeeding in hospitals that serve women at risk of not breastfeeding.

- Provide opportunities for hospital staff members and health care providers to participate in breastfeeding training that is being provided to public health staff.

- Encourage hospitals to integrate maternity care into related quality improvement effort and track quality measures to drive improvement.

- Create in-person or virtual learning collaboratives to encourage joint problem solving and resource sharing between hospitals as they work to safely implement the Ten Steps.

- Encourage hospitals to use *The Joint Commission's Perinatal Care Core Measure Set* (http://www.jointcommission .org/assets/1/6/S11.pdf) to collect data on exclusive breastfeeding.

- Develop, tailor, and distribute messages or materials related to maternity care practices supporting breastfeeding. Messages may be developed and tested locally or available from partners such as state and local coalitions, CDC, and US Breastfeeding Committee.

Key Strategy Resources

- *The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies* (https://www.cdc.gov/breastfeeding/pdf/Strategy1-Maternity-Care.pdf)
  The Guide includes a chapter on maternity care practices, and it provides descriptions and examples of different ways to improve maternity care practices.

- *Maternity Care Practices in Infant Nutrition and Care (mPINC) Survey* (https://www.cdc.gov/breastfeeding/data/mpinc/index.htm)
  The CDC's Maternity Practices in Infant Nutrition and Care (mPINC) Survey is a national census of US birth hospitals that is conducted every other year. Every birthing hospital in the United States that routinely provides maternity care services is invited to participate, and facilities that choose to take part in the survey receive an individualized benchmark report. Aggregate data are shared with state-level organizations to facilitate their work with hospitals and birth centers in improving maternity care. This resource provides state-level data to help public health practitioners make informed decisions about quality improvement as it relates to breastfeeding supportive maternity care provided in their state.

- *Infant Safety in Maternity Care Practices that Support Breastfeeding in US Birth Facilities* (https://www.cdc.gov/breastfeeding/recommendations/safety-in-maternity-care.html)
  This CDC webpage provides links to documents and resources for current guidance related to breastfeeding and infant safety in US maternity hospitals.

- *The Surgeon General's Call to Action to Support Breastfeeding* (http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html)
  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.

- *The Baby-Friendly USA Guidelines and Evaluation Criteria* (http://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria)
  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. This resource may be helpful for program officials working with hospitals to implement evidenced-based maternity care practices and/or working toward the Baby-Friendly designation.

Enhance continuity of care and community support for breastfeeding

Background Information and Key Definitions

Communities, workplaces, child care agencies, 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. Lactation support providers can provide a wide range of education and support services.

Women more likely not to breastfeed include non-Hispanic blacks, low income, rural, and those living in the Southeast or Midwest. A woman's ability to initiate and continue breastfeeding is influenced by a host of cultural- and community-based factors including long held beliefs and the ability to access needed support, particularly within her own community.

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.

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:

- Work 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.

- Work with community-based clinics, organizations, and provider offices to help them implement breastfeeding-friendly practices that meet the unique needs of the community using their facility.

- 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 and referral 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 more 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.

- Provide 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 breastfeeding professionals such as Women, Infants, and Children Supplemental Nutrition Program peer counselors, International Board Certified Lactation Consultants, and Certified Lactation Counselors.

- Develop, tailor, and distribute messages or materials on community-based breastfeeding support. Messages may be developed and tested locally or available from partners such as state 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.

Key Strategy Resources

- *The Surgeon General's Call to Action to Support Breastfeeding* (http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf)
  This resource (Appendix 1, pages 72–73) outlines steps that state and local government can take to increase mother to mother and professional support.

- Peer Counseling Training for WIC Managers (https://wicworks.fns.usda.gov/resources/peer-counseling-training-wic-managers)
  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.
  This resource includes ideas and examples of how to support breastfeeding women through peer and professional support.

  » *Peer Support* (http://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)* (http://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria) 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. This resource may be helpful for program officials that work with communities and hospitals to implement evidenced-based lactation support initiatives.

Ensure workplace compliance with federal lactation accommodation law

Background Information and Key Definitions

CDC efforts focus on encouraging employers to provide lactation accommodations to all nursing mothers and to find solutions to challenges in implementing the federal lactation accommodation law. The evidence demonstrates that supportive policies and programs at the workplace enable women to continue providing breast milk for their infants for significant periods after they return to work. Employment is the norm for US women of childbearing age, yet employed women are less likely to initiate breastfeeding and tend to breastfeed for a shorter length of time than women who are not employed. Most employed mothers who are lactating must express milk at work for their children.

In 2010, the Fair Labor Standards Act (FLSA) was amended to address breastfeeding mothers. It requires employers to provide reasonable break time and a private place for a covered nonexempt nursing mother to express milk for her nursing child for one year after the child's birth each time such employee has need to express the milk. This law covers most hourly wage-earning and some salaried employees. The FSLA requirement does not preempt state laws that provide greater protections to employees. For instance, employers are not required under the FLSA to provide breaks to nursing mothers who are exempt from the requirements of section 7; however, these employees may be covered under a state law providing breaks for nursing mothers. The Department of Labor encourages employers to provide breaks to all nursing mothers regardless of their status under the FLSA. The Department of Labor Wage and Hour Fact Sheet 73: *Break Time for Nursing Mothers under the FLSA* (http://www.dol.gov/whd/regs/compliance/whdfs73.pdf), and the *Frequently Asked Questions-Break Time for Nursing Mothers* (https://www.dol.gov/whd/nursingmothers/faqbtnm.htm) (FAQs), provide basic information about the law.

Comprehensive, high-quality lactation programs go beyond providing time and space for expressing breastmilk, but also provide employees with breastfeeding education, access to lactation consultation, and equipment such as high-grade electric breast pumps, see *Action 14 of the Surgeon General's Call to Action to Support Breastfeeding* (https://www.ncbi.nlm.nih.gov/books/NBK52691/#acallto.s28) for more information.

Potential Recipient Activities:

- Work with key stakeholders including state and local breastfeeding coalitions, community representatives, employers, and business organizations to develop a strategy to implement comprehensive, high-quality breastfeeding support programs in the workplace and implement existing work site accommodation laws.

- Provide employers with resources and technical assistance to help them comply with federal and state regulations on breastfeeding support in the workplace and supply examples of how the federal law can be implemented in a variety of work settings. Design and disseminate materials to educate employers about the benefits of providing comprehensive, high-quality support for breastfeeding employees.

- Target efforts to businesses and employers with a workforce composed of hourly wage employees with low hourly rates.

- Collaborate with partners to provide training on how to implement the steps in *The Business Case for Breastfeeding toolkit* (http://www.womenshealth.gov/breastfeeding/employer-solutions/business-case.php).

- Share innovative solutions to the obstacles to breastfeeding that women face when returning to work in non-office settings.

- Create recognition programs for businesses to set up comprehensive, high-quality breastfeeding support programs in the workplace.

- Enhance lactation support within state agencies to include all nursing mothers and establish and maintain comprehensive, high quality lactation support programs.

- Plan and conduct a summit of employers, business organizations, and other key decision makers to address ongoing challenges to implementing comprehensive, high-quality breastfeeding support programs in the workplace.

- Develop, tailor, and distribute messages or materials educating employers about the federal law protecting nursing mothers. Messages and materials may be created and tested locally or available from partners such as state breastfeeding coalitions, CDC, Department of Labor, Office of the Surgeon General, Office on Women's Health, and the US Breastfeeding Committee.

Key Strategy Resources

- *The US Department of Health and Human Services Office on Women's Health (OWH), Website - The Business Case for Breastfeeding Support* (http://www.womenshealth.gov/breastfeeding/employer-solutions/business-case.php)

  This is a comprehensive program designed to educate employers about the value of supporting breastfeeding employees in the workplace and provides a number of tools and resources for implementing lactation support programs.

- *The US Department of Health and Human Services OWH, Supporting Nursing Moms at Work: Employer Solutions* (https://www.womenshealth.gov/breastfeeding/employer-solutions/index.html)

  This resource highlights practical and low-cost ideas for lactation accommodations that can be shared with employers.

- *The US Department of Labor Fact Sheet #73: Break Time for Nursing Mothers Under the FLSA* (http://www.dol.gov/whd/regs/compliance/whdfs73.pdf)

  This fact sheet provides general information on the break time requirement for nursing mothers. It is useful for employers and public health professionals.

- *The US Department of Labor Frequently Asked Questions-Break Time for Nursing Mothers* (https://www.dol.gov/whd/nursingmothers/faqbtnm.htm)

  This webpage provides answers to frequently asked questions regarding the Break Time for Nursing Mothers and it is useful for employers and public health professionals.

- *The United States Breastfeeding Committee, Workplace Support in Federal Law* (http://www.usbreastfeeding.org/workplace-law)

  This website is a clearinghouse for general information about the law as well as examples of specific resources and ideas on implementing lactation support in the workplace, and it is useful for employers and public health professionals.

Food Service Guidelines

Strategy

Implement food service guidelines (FSGs) in worksites (e.g., hospitals, universities/colleges, private workplaces, and state, local and tribal government facilities) and in community settings (e.g., parks, stadiums, buildings/areas where community organizations meet) in multiple venues (e.g., cafeterias, cafés, grills, snack bars, concession stands, and vending machines) to increase the availability of healthy foods.

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

Food Service Guidelines for Federal Facilities (https://www.cdc.gov/obesity/downloads/guidelines_for_federal _concessions_and_vending_operations.pdf) , 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_ (https://health.gov/dietaryguidelines/2015/guidelines/). These concessions can be located in work sites such as hospitals, universities and colleges, private workplaces, and state, local, and tribal governments. Community settings may be applicable as well, such as in buildings where organizations meet and in park and recreation food services. Food services in schools, child care, and other facilities that have programs governed by federal laws and regulations (e.g., the National School Lunch Program or the Child and Adult Care Food Program) are not targeted by this strategy.

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* (https://www.cdc.gov/obesity/downloads/guidelines_ for_federal_concessions_and_vending_operations.pdf) requires a strong justification and must align with the *Dietary Guidelines for Americans, 2015–2020* (https://health.gov/dietaryguidelines/2015/guidelines/) to be considered. The focus of this strategy is on implementing FSGs referenced in the *Food Service Guidelines for Federal Facilities* (https://www.cdc.gov/obesity/downloads/guidelines_for_federal_concessions_and_ vending_operations.pdf).

Potential Recipient Activities:

- Review existing FSG policies and/or contracts within system entities to assess alignment to the current *Food Service Guidelines for Federal Facilities* (https://www.cdc.gov/obesity/downloads/guidelines_for_federal_ concessions_and_vending_operations.pdf) and determine the need for FSGs policies and contractual inclusion.

- Convene a workgroup of diverse stakeholders to adopt FSGs policies, include FSGs language in new food service contracts, and/or integrate FSGs into other systems level food service mechanisms (e.g., large scale food procurement agreements). One example of a workgroup may be that a state public health nutritionist convenes hospital administrators, hospital labor union representatives, food service managers, and applicable work site wellness staff to develop and implement a FSGs policy using guidelines such as *Food Service Guidelines for Federal Facilities* (https://www.cdc.gov/obesity/downloads/guidelines_for_federal_concessions_and_vending_operations.pdf) for a hospital system.

- Work with state partners (e.g., state or regional food policy councils) to address lack of healthy food access by integrating FSGs through large procurement entities and food distribution systems.

- Apply a comprehensive set of venue-appropriate behavioral design strategies to increase healthier food choices for consumption and to decrease unhealthier food choices that are available as outlined in the *Food Service Guidelines for Federal Facilities* (https://www.cdc.gov/obesity/downloads/guidelines_for_federal _concessions_and_vending_operations.pdf). An example of a set of strategies for a cafeteria could include color-coded menu labeling, offering of a healthier plate of the day, positioning healthier foods first in line and at or above eye-level, displaying fresh fruit and vegetable snacks in multiple locations and near cash registers, and increasing the ratio of healthier drinks vs. unhealthier drinks.

- Provide technical assistance to organizations for operationalizing food service guidelines to align with the *Food Service Guidelines for Federal Facilities* (https://www.cdc.gov/obesity/downloads/guidelines_for_federal _concessions_and_vending_operations.pdf) . 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 healthier products.

- Provide trainings to food service staff to help facilitate healthy food service implementation such as appropriate portion sizes, healthier entrée recipes, healthier cooking methods, promotion of healthier items, and how to track sales/procurement of healthier items.

- Provide training in food environment assessment tools to establish baseline data and to monitor progress.

- Regularly evaluate compliance and the effects of a FSGs policy through sales data, procurement data, and/or stakeholder surveys.

Key Strategy Resources

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

  » The *Food Service Guidelines for Federal Facilities* (https://www.cdc.gov/obesity/downloads/guidelines_for_federal_concessions_and_vending_operations.pdf) provides voluntary best business practices that can be used to increase healthy and safe food options for employees. State and local governments, businesses, and nongovernmental organizations can use the guidelines to make cafeteria menus and other food services healthier and more sustainable, and use the suggested behavioral design strategies to help consumers select healthier food choices.

  » *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 action steps to assist contractors in increasing healthy food and beverage choices and sustainable practices in federal work sites.

- *CDC's Sodium Reduction in Communities Program Resources* (https://www.cdc.gov/dhdsp/programs/srcp_resources.htm) This website includes toolkits, briefs, webinar links, and videos by the Division for Heart Disease and Stroke Prevention. The toolkit, *Partnering with Food Service to Reduce Sodium: A Toolkit for Public Health Practitioners*, highlights strategies, case studies, and resources to support partnerships with food service providers to reduce sodium in foods prepared, served, and sold. The toolkit helps public health practitioners understand the context of food service settings and the language of food service providers to support effective partnerships.

- *Exceed, the Tool for Using Healthy Food Service Guidelines Tool* (http://www.exceedtool.com) In partnership with CDC, ChangeLab Solutions created this tool to provide information on how to include healthy food service guidelines in an organization's food service solicitation and contract process. The tool explains the history of food service guidelines and provides detailed strategies for incorporating strong language into legal documents to support successful implementation.

- *Public Health Law Center's Healthy Eating Resources* (http://www.publichealthlawcenter.org/topics/healthy-eating)
  The Public Health Law Center provides several policy-related resources such as a *50-state review of mini Randolph-Sheppard acts* (http://publichealthlawcenter.org/resources/mini-randolph-sheppard-acts-50-state-review) and *Key Components of Food Procurement & Vending Policies* (http://www.publichealthlawcenter.org/sites/default/files/resources/PHLC.fs_.healthy.vending.procurement.WEB_.2015.pdf) is designed for a variety of organizations interested in developing and implementing a healthy vending and/or food procurement policy.

- *Building and Implementing Healthy Food Services* (http://thefoodtrust.org/uploads/media_items/healthyfoodservices.original.pdf)
  This document provides implementation guidance for food service operations, including behavioral design strategies such as product, pricing, promotion, and placement.

Nutrition and Physical Activity Standards in Early Child Care and Education

Strategies

Implement and integrate nutrition standards into statewide early care and education (ECE) systems such as quality rating improvement systems, state professional development systems, licensing, statewide technical assistance networks, state subsidy programs, statewide recognition programs, and others outlined in the CDC ECE opportunities framework. Learn more at *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)

AND

Implement and integrate physical activity standards into statewide early care and education (ECE) systems such as quality rating improvement systems, state professional development systems, licensing, statewide technical assistance networks, state subsidy programs, statewide recognition programs, and others outlined in the CDC ECE opportunities framework. Learn more at *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)

Background Information and Key Definitions

Statewide Early Care and Education (ECE) system refers to a state's programs that administer the federal child care food (CACFP), subsidy (CCDF), and education (Head Start) programs; as well as state child care licensing and ECE provider pre-service and professional development training systems; quality rating and improvement systems (QRIS); ECE provider technical assistance networks; early learning standards; state-run facility-level intervention, designation, and recognition programs that are available and promoted to providers statewide; and statewide farm-to-ECE initiatives.

Implement and integrate standards into statewide ECE systems refers to making sustainable changes within a state's ECE system as outlined in CDC's 'Spectrum of Opportunities' framework (described below). Expanding a state's technical assistance networks for ECE providers or establishing a protocol that ensures all staff within statewide technical assistance networks are trained on and using up-to-date resources to assist providers in meeting nutrition and physical activity standards are examples of supporting the implementation of standards through statewide ECE system components. Adding or strengthening standards in a state's Quality Rating and Improvement System (QRIS),

licensing, or subsidy programs, are examples of integrating standards into statewide ECE system components. The intent is for grantees to focus on activities that result in statewide impact by making changes that either have the potential to reach all legally operating ECE providers or the subset of providers statewide that are served under a particular ECE system component (e.g., all licensed providers; all providers participating in QRIS, and all providers accepting subsidy funds).

Nutrition and Physical Activity Standards for ECE refers to the subset of national health and safety standards included in *Caring for Our Children (3rd Ed.)* that are designated as Preventing Childhood Obesity standards. These standards, which include nutrition, breastfeeding, physical activity, and screen time topics are published in *Preventing Childhood Obesity in Early Care and Education Programs (2nd Ed.)*.

CDC's 'Spectrum of Opportunities' framework (see Key Resources) outlines how both nutrition and physical activity standards and support for ECE providers to achieve these standards can be embedded into state ECE systems to achieve statewide impact. *CDC's Quick Start Action Guide* (see Key Resources on page 20) provides a standardized process and assessment and action planning tools that can be used by all states regardless of their level of experience targeting children in the ECE setting to improve nutrition and physical activity. Several evidence-based ECE facility-level interventions, which states can use to support ECE providers in their jurisdiction to implement nutrition and physical activity standards, are readily available (e.g., Go NAP SACC; Eat Well, Play Hard in Childcare; CATCH Early Childhood; and SPARK). More information can be found about these facility-level interventions in the US Department of Agriculture's *SNAP-ED Toolkit* (https://snapedtoolkit.org/age-population-group/preschool-5-years-old/ ?classification=research-tested&s=&post_types=toolkit-items).

Potential Recipient Activities:

The activities below are a sequential and cyclical process for embedding nutrition and physical activity standards and providing support for ECE state-system components to achieve statewide impact. A state's prior work will determine which activity is the best starting point under this award.

- Assess and strengthen partnerships between the state health agencies, state ECE agencies and program offices (such as licensing, QRIS, subsidy, and food programs), state taskforces and advisory committees (such as the state early childhood advisory committee, child obesity workgroup) and other state-level stakeholders (such as early childhood foundations, state ECE professional organizations).

- Convene state and local ECE partners as needed for partnership development and decision-making purposes.

- Complete a state profile and landscape assessment documenting how well nutrition and physical activity standards, and support for ECE providers to meet these standards, are integrated into components of the state ECE system, using the Spectrum framework.

- Identify opportunities to integrate standards and implementation support into the state's ECE system from the 'Spectrum of Opportunities' to achieve statewide impact including, but not limited to, state licensing, QRIS, food, and subsidy programs; statewide ECE technical assistance networks; pre-service and professional development training systems, and state-run facility level interventions, recognition, and designation programs.

- Collaborate with partners to develop and implement a shared action plan for new or expanded ECE state system-level integration of nutrition and physical activity standards and implementation support.

- Monitor progress of implementing the shared action plan. Update the landscape assessment and action plan accordingly.

- Tailor, distribute, and promote messages or materials supporting implementation of nutrition and physical activity standards. Messages and materials may be developed and tested locally or available from partners such as state education departments, CDC, and other organizations.

Key Strategy Resources

- *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/The SpectrumofOpportunitiesFramework_May2018_508.pdf)
  This document outlines a 'Spectrum of Opportunities' by which states and communities can support ECE facilities in their jurisdictions to achieve potential standards and best practices for nutrition and physical activity.

- *CDC's Quick Start Action Guide for Obesity Prevention in ECE* (https://www.cdc.gov/obesity/strategies/early-care-education/pdf/ECE_2018_QuickStartActionGuide_June2018_508.pdf)
  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.

- *DNPAO State Program Early Care and Education Highlights* (https://www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/early-care-and-education-highlights.pdf)
  This document showcases four states' successful efforts along CDC's 'Spectrum of Opportunities' framework.

- *CDC's Strategies To Prevent and Manage Obesity ECE Webpage* (https://www.cdc.gov/obesity/strategies/childcareece.html) This webpage houses tools and resources that can help funding recipients to assess, implement, and monitor nutrition, physical activity, and obesity prevention efforts targeting young children in the ECE setting statewide.

Physical Activity Access

Strategy

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

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

Background Information and Key Definitions

This strategy aligns with the *Community Preventive Services Task Force (Community Guide) recommendation (https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches)* 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, multiuse trails, and pedestrian bridges.

Everyday destinations are places people can get to from where they live or work by walking, bicycling, or using transit systems. These can include jobs, grocery stores, schools, libraries, parks, restaurants, cultural and natural landmarks, or health care facilities. They are often desirable, useful, and attractive.

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 on the basis of community capacity and readiness.

To align with the *Community Preventive Services Task Force's built environment recommendation* (https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches) , you need to combine built environment approaches to increase physical activity that must include at least one element from both of the categories on the following page:

- Pedestrian and bicycle 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, and shorter block lengths).
  - » Pedestrian infrastructure (e.g., sidewalks, trails, traffic calming, intersection design, street lighting, and landscaping).
  - » Bicycle infrastructure (e.g., bicycle systems, protected bicycle lanes, 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, and sustainable compact cities and communities with affordable housing).
  - » Proximity to community or neighborhood destinations (e.g., community destinations such as stores, health facilities, banks, and social clubs that are accessible and close to each other).
  - » Parks and recreational facility access (e.g., public parks, public recreational facilities, and private fitness facilities).

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

  - » *Policies:* e.g., Complete Streets and Safe Routes policies that include relevant school district, parks and recreation centers, or municipal policies.
  - » *Plans:* e.g., Master/general plans, pedestrian/bicycle plans or Vision Zero action plans and strategies.
  - » *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, Safe Routes to Parks, or Safe Routes for All programs.
  - » *Systems:* e.g., Public transit systems or pedestrian/bicycle networks.

Potential Recipient Activities:

The activities listed below align with *Active People, Healthy Nation* (https://www.cdc.gov/physicalactivity/downloads/APHN-Role-of-Public-Health.pdf) , a national initiative by CDC and its partners to save lives and protect health by helping Americans become more physically active.

- Establish, expand, or leverage a state-level, cross-sectoral coalition that includes partners representing transportation, planning, housing, business and economic development, community organizing, education, and parks/recreation.

- Create interdepartmental Memoranda of Understanding (MOUs) or Interagency Agreements (IAGs) with other key departments such as transportation, housing, to formalize the public health relationship and identify topics/projects, communication channels, and opportunities for collaboration.

- Work with Metropolitan Planning Organizations (MPOs) to integrate health considerations into project scoring criteria so that projects with non-motorized transportation components get more weight, especially in high-need areas.

- Promote state level policies that can enhance local efforts to adopt or improve policies to create activity-friendly communities, such as state level policies on Complete Streets or Safe Routes.

- Establish or update the State Pedestrian and Bicycle Master Plan.

- 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.

- Use data on health conditions/health behaviors and local capacity/readiness to select and fund local jurisdictions to implement combined built environment approaches to increase physical activity in selected communities, prioritizing communities facing health disparities. Health data may include physical activity, sitting time, weight status, or health status. Readiness and capacity indicators may include an active cross-sector coalition, needs assessment data, champions or political consensus, a current action plan, experience with evaluation, and/or experience addressing health disparities.

- Provide communities with technical assistance on community engagement, coalition building, needs assessment, action planning, evaluation, and how to identify additional funding sources.

- Provide or promote training to educate state and local staff, state and local coalition members, and opinion leaders on combined built environment approaches to increase physical activity.

- Identify relevant state and local data for planning purposes. The *Nutrition, Physical Activity, and Obesity: Data, Trends and Maps* (https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html) 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).

Key Strategy Resources:

- *Real World Examples—Community Preventive Services Task Force's Built Environment Recommendation to Increase Physical Activity* (https://www.cdc.gov/physicalactivity/downloads/built-environment-recommendation.pdf)
  This brief guide offers examples from urban and rural locations across the country illustrating the many ways to implement this recommendation from simple, small-scale built environment changes to more complex, community-wide changes. Examples are not models but are intended to offer every community ideas for how to start implementing combined approaches according to their setting, budget and scale of work.

- *Resources for Implementing the Built Environment Recommendation from the Community Preventive Services Task Force* (https://www.cdc.gov/physicalactivity/downloads/built-environment-implementation-resource-guide.pdf)
  This Resource Guide compiles and organizes resources for implementing the new Task Force recommendation on built environment. Resources are categorized by suggested action steps to guide implementation.

- *Small Town and Rural Multimodal Networks Guide* (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. The guide includes photographs, visual illustrations, and technical diagrams and provides examples of how to interpret and apply design flexibility to improve bicycling and walking conditions.

Additional Resources for Core Public Health Functions

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

A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease (Health Equity Guide) (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 practitioners and their partners to work with and through communities to implement effective responses to obesity in populations that are facing health disparities.

Principles of Community Engagement — 2nd Edition (https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf)
This document provides public health professionals, health care providers, researchers, community-based leaders, and organizations with both a science base and practical guidance for engaging partners in projects that may affect them.

Community Engagement Guide for Sustainable Communities (http://www.policylink.org/sites/default/files/COMMUNITYENGAGEMENTGUIDE_LY_FINAL%20%281%29.pdf)
The Sustainable Communities Initiative provides an opportunity to create a new collaborative framework for both local communities and regions to foster a vision that builds on strengths and reduces harmful disparities.

The Role of Community Culture in Efforts to Create Healthier, Safer, and More Equitable Places: A Community Health Practitioner Workbook (https://www.preventioninstitute.org/publications/the-role-of-community-culture-in-efforts-to-create-healthier-safer-and-more-equitable-places-a-community-health-practitioner-workbook)
This workbook draws on the experiences and lessons of numerous communities working to advance place-based prevention efforts. The workbook design guides community health practitioners who want to learn more about the role of community culture in environmental change efforts.

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

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

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