

# County of Santa Clara

## Santa Clara Valley Health & Hospital System

### Public Health



---

HHS02 111009


Prepared by: Colleen Martin  
Health Care Program Manager

Reviewed by: Dolores Alvarado  
Division Director

Submitted by: Dan Peddycord, RN, MPA/HA  
Public Health Administrator

DATE: November 10, 2009

TO: Board of Supervisors

FROM:   
Kim Roberts  
SCVHHS - Chief Executive Officer

SUBJECT: Grant Application to Centers for Disease Control and Prevention for Communities Putting Prevention to Work Initiative (American Recovery and Reinvestment Act)

### **RECOMMENDED ACTION**

Approve delegation of authority to Public Health Administrator to submit Grant Application to Centers for Disease Control and Prevention relating to grant funding provided through the American Recovery and Reinvestment Act of 2009 for the Communities Putting Prevention to Work initiative in an amount up to \$20,000,000 for period February 26, 2010 through February 25, 2012.

## **FISCAL IMPLICATIONS**

There is no impact on the General Fund as a result of this action. There is no General Fund or in-kind match requirement to be eligible for funding.

The requested amount of grant funds from the Centers for Disease Control and Prevention (CDC) will be between \$10,000,000 and \$20,000,000 for a two year period beginning February 26, 2010. Funding will be inclusive of Object 2 (services and supplies) for sub-contracts with community partners and schools.

If funds are awarded, the Public Health Department (PHD) will return to the Board with the appropriation modification and staffing recommendations. CDC is expected to issue notices of award in early 2010.

## **CONTRACT HISTORY**

In 2004, in an effort to respond to high rates of chronic disease, childhood obesity and asthma in Santa Clara County, the Public Health Department submitted a proposal to CDC and was awarded a five-year "Steps to a Healthier US" grant. The Public Health Department was one of two funded programs in the State of California, and San Jose was one of 40 communities across the U.S., to receive this prestigious chronic disease prevention grant.

Steps to a Healthier US grant funds were aimed at preventing three major chronic diseases - diabetes, obesity, and asthma – by addressing key risk factors, physical inactivity, poor nutrition and tobacco use. The Steps grant was targeted to communities where health disparities exist and a large portion of the population is uninsured and at the poverty level. The program targeted 360,000 residents of communities where the greatest health disparities exist focusing interventions in the downtown and eastern portions of San Jose, and high priority geographic areas identified in Gilroy and Mountain View.

Through collaborations with subcontracted community based organizations and five school districts, the Steps program was able to accomplish many objectives during the initial five year funding period. Deliverables ranged from community based activities such as providing tobacco and asthma prevention education at community events to policy implementation such as advocating for the passage of no-smoking ordinances in City of San Jose parks and working with the Board of Supervisors' and County Executive's Offices on the "Be Sugar Savvy, Rethink Your Drink" initiative.

As the Steps grant was scheduled to end on September 21, 2009, the Public Health Department submitted a formal request to CDC in June 2009 for a 12 month no-cost extension and carryover dollars in the amount of \$569,942 for the purpose of completing outstanding activities and required grant close-out reports. The request was approved and on September 29, 2009, the Board approved delegation of authority to the Public Health Administrator to execute the extension agreement for period through September 21, 2010.

## **REASONS FOR RECOMMENDATION**

The American Recovery and Reinvestment Act of 2009 provided funding for the purpose of carrying out "evidence-based clinical and community-based prevention and wellness strategies authorized by the Public Health Service Act that deliver specific, measurable health outcomes that address chronic disease rates."

In response, the Department of Health and Human Services, in coordination with the CDC, developed an initiative, "Communities Putting Prevention to Work". The focus of this initiative will be on policy, systems and environmental changes in both schools and the community, with the goal being to reduce risk factors and prevent/delay chronic disease and promote wellness in both children and adults. More specifically, this initiative will seek to address the leading preventable causes of death and disability by addressing key risk factors - poor nutrition, physical inactivity and tobacco

use, by expanding the use of evidence-based strategies and programs, and by mobilizing local resources at the community level.

Given the importance placed on community prevention and wellness in the recent past, the Public Health Department believes the County of Santa Clara is well positioned to embrace additional policy, systems and environmental change concepts as underlying constructs to improve the health of entire communities across the whole county.

The Public Health Department is planning to respond to this funding opportunity by submitting applications in partnership with community and schools. This initiative would breathe new life into sustaining the collective efforts of the Steps initiative.

The Public Health Department was made aware of this funding opportunity on September 17, 2009 and is actively working to solicit input from the community prior to the grant application deadline of December 1, 2009.

In order to gather input from community partners, PHD solicited participation (by means of an electronic notice to more than 300 individuals) in the following ways:

1. Completion of a survey designed to prioritize key strategies using the guidelines from the CDC. Deadline for submission was on Monday, October 26, 2008. Fifty-seven (57) individuals representing community organizations and school districts completed the survey. (See attachment.)
2. Participation in a community forum, which took place on Tuesday, October 27, 2009, from 1:30 – 5:00 p.m. at the Sobrato Center for Nonprofits. More than 60 individuals attended from more than 35 community organizations. (See attachment.)

The information gathered from the community will be used to develop the plan to implement population-based approaches such as policy, systems, and environmental changes across the 5 evidence-based MAPPS strategies- **Media, Access, Point of decision information, Price, and Social support services** –strategies to create healthy environments.

As stated in the attached MAPPS document, communities must take evidence-based action in each of the areas, choosing from actions listed in the table. Each community will address all 5 strategies for each risk factor area. These actions will change policy and environment in schools and communities, including in worksites and businesses, health care settings, faith-based communities, and other places where people live, work and play.

After multiple years of successive budget reductions this opportunity presents itself as a mechanism to help fund a large scale effort address to two of Santa Clara County's most pressing health issues, obesity and tobacco use.

## **BACKGROUND**

Obesity and tobacco use remain two leading causes of morbidity and mortality in Santa Clara County. In the United States today, seven of ten deaths and the vast majority of serious illness, disability and health care costs are caused by chronic diseases, such as obesity, diabetes and cardiovascular disease. Key risk factors - lack of physical activity, poor nutrition and tobacco use - are major contributors to the nation's leading causes of death. More than 75% of health care expenditures in the United States are spent to meet the health needs of persons with chronic conditions. Many Americans die prematurely and suffer from disease that could be prevented or more effectively managed.

The Centers for Disease Control and Prevention recognizes that in order to make a substantial impact in these areas, an environment conducive to the health of our citizens must be created. As such, the express focus of this grant is in the

areas of policy, organization, and system change. Rather than funding specific projects or client related services, the intention is to create long lasting change in order to better the health of the community.

### **CONSEQUENCES OF NEGATIVE ACTION**

Failure to approve the recommended action will impact the ability to apply for grant funding from the Centers for Disease Control and Prevention.

### **ATTACHMENTS**

- Communities Putting Prevention To Work Press Release
- Letter to Community Partners
- Community Participation Survey
- MAPPS Interventions for Communities Putting Prevention to Work

FOR IMMEDIATE RELEASE  
Thursday, September 17, 2009

Contact: HHS Press Office  
(202) 690-6343

## **HHS Secretary Sebelius Announces Cornerstone Funding of the \$650 Million Recovery Act Community Prevention and Wellness Initiative**

Creating ways for healthful lifestyle habits to be the natural first choice for Americans is the goal of a \$650 million initiative of the U.S. Department of Health and Human Services (HHS). The funds from the American Recovery and Reinvestment Act will be used to increase physical activity, improve nutrition, decrease obesity, and decrease smoking in U.S. communities.

HHS Secretary Kathleen Sebelius today announced a funding opportunity for communities and tribes to apply for \$373 million in cooperative agreements for the comprehensive public health initiative, *Communities Putting Prevention to Work*, to be led by the Centers for Disease Control and Prevention (CDC).

“This initiative will make disease prevention and health promotion top priorities in states and communities across the country,” Secretary Sebelius said. “Preventing disease is vital as a strategy to improve our nation’s health and reduce health care costs.”

*Communities Putting Prevention to Work* will change systems and environments—for example, improving access to healthy foods and opportunities for physical activity—and putting into place policies, such as clean-indoor-air laws, that will promote the health of populations. Funded entities will have two years to complete their work.

-more-

The \$373 million in cooperative agreements will be awarded to communities through a competitive selection process. The cooperative agreements will support evidence-based prevention strategies for youth and adults and will promote partnerships across communities and sectors.

The remainder of the funds for this initiative will be made available in the coming weeks to states, territories, and organizations to support, extend and evaluate the reach and impact of the community projects.

Funded projects will emphasize high-impact, broad-reaching policy, environmental, and systems changes in schools (K-12) and communities. For example, communities will work to make high-fat snack foods and sugar-sweetened beverages less available in schools and other community sites and to use media to promote healthy choices. In addition, funded communities will be encouraged to provide quality physical education in the nation's schools and enact comprehensive smoking bans.

“The CDC is excited to have this opportunity to help states and communities do more to deliver proven prevention strategies, in ways that reach whole communities and populations,” said CDC Director, Thomas Frieden, M.D., M.P.H. “Chronic diseases linked to obesity, poor nutrition, physical inactivity, and tobacco use are the leading causes of death and disability in our nation. These additional resources will improve the quality of life for millions of Americans.”

Communities interested in applying for *Communities Putting Prevention to Work* grants can find more information at [www.grants.gov](http://www.grants.gov). The application deadline for the community projects is Dec. 1, 2009. Deadlines for state, territory, and other prevention projects that are part of the Communities Putting Prevention to Work initiative will be announced soon.

To learn more about the *Communities Putting Prevention to Work* public health initiative visit <http://www.hhs.gov/recovery/programs/cdc/chronicdisease.html>

###

**Administration**

976 Lenzen Avenue, Second Floor | San Jose, CA 95126  
408.792.5040 | 408.792.5041 fax  
www.sccphd.org

**Public Health Department**

Santa Clara Valley Health & Hospital System



October 9, 2009

Dear Community Partner:

**Subject: Funding Opportunity CDC RFA-DP09-912ARRA09**

The Center for Disease Control (CDC) Procurement and Grants Office has published a funding opportunity announcement entitled, "American Recovery and Reinvestment Act of 2009: Communities Putting Prevention to Work" (stimulus funding). Approximately \$373 million will be available in fiscal year 2009 to fund thirty to forty awards. (<http://www.cdc.gov/nccdphp/recovery/index.htm>)

The Santa Clara County Public Health Department plans to respond to this funding opportunity announcement by submitting an application for a grant award, in partnership with community and schools.

**A letter of intent must be submitted by October 31, 2009 and the final proposal is due no later than December 1, 2009.**

In order to receive community input regarding the preparation and content of this proposal, we are inviting you to a community forum hosted by the Public Health Department's Chronic Disease and Injury Prevention Unit. The community forum details are listed below:

October 27, 2009  
1:30 P.M. – 5:00 P.M.  
Sobrato Center for Non-Profits  
1400 Parkmoor Avenue  
San José, CA 95126

The goal of the *Communities Putting Prevention to Work initiative* is to create healthier communities through sustainable, proven, population-based approaches such as broad-based policy, systems, organizational and environmental changes in communities and schools that will:

- ◆ Reduce risk factors
- ◆ Prevent / delay chronic disease
- ◆ Promote wellness in children and adults
- ◆ Provide positive, sustainable health change in communities

Through policy, systems and environmental change, *Communities Putting Prevention to Work* seeks to address the leading preventable causes of death and disability, namely

***Dedicated to the health of the whole community***

*The Public Health Department is a division of Santa Clara Valley Health & Hospital System, owned and operated by the County of Santa Clara.*

**obesity and tobacco use**, by: (1) expanding the use of evidence-based strategies and programs; and (2) mobilizing local resources at the community-level.

The initiative's target environments are communities and schools, including the local health department's entire jurisdiction.

The CDC has selected a "menu" of evidence based strategies covering issues of **Media, Access, Point of decision making, Price, and Social support (MAPPS)** that will be eligible for funding under this grant. Please read the funding opportunity announcement (FOA) before joining us on the 27th with your ideas regarding program design and stakeholder participation.

For additional information or to confirm your attendance, please contact Bonnie Broderick, Program Manager, Chronic Disease and Injury Prevention, at (408) 793-2706 or [bonnie.broderick@hhs.sccgov.org](mailto:bonnie.broderick@hhs.sccgov.org).

Additional information will be sent out next week.

Sincerely,



Martin Fenstersheib, MD, MPH  
Health Officer



Dan Peddycord, RN, MPA/HA  
Public Health Administrator



Dolores Alvarado, MSW, MPH  
Division Director



Bonnie Broderick, RD, MPH  
Program Manager

# Communities Putting Prevention to Work Survey

## 1. Introduction

The Santa Clara County Public Health Department (SCCPHD) plans to apply for the CDC funding opportunity, Communities Putting Prevention to Work, which utilizes federal stimulus funding to prevent and control chronic disease by creating healthier communities through innovative and proven prevention approaches that address obesity prevention, physical activity, nutrition, and tobacco use. The focus of the funding will be the implementation of community-wide policy, systems, and environmental changes. <http://www.cdc.gov/nccdphp/recovery/>

This survey will help the SCCPHD identify the interest of organizations and coalitions in pursuing key prevention strategies, learn more about how this funding could build on existing interventions, policies and strategies, and determine the capacity for putting the funding to work on a short time frame.

Please respond to this survey by noon, October 26, 2009.

If you have any questions, please contact Susan Stuart, Chronic Disease and Injury Prevention Division, SCCPHD at (408)793-2721 or [Susan.Stuart@hhs.sccgov.org](mailto:Susan.Stuart@hhs.sccgov.org)

Thank you for your assistance.

### \* 1. Agency/Coalition Information

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Title:	<input type="text"/>
Agency Name:	<input type="text"/>
Coalition/Collaborative:	<input type="text"/>
Email Address:	<input type="text"/>

### \* 2. Areas of Application Interest

	Yes	No
1. Category A: Obesity Prevention, Physical Activity, and Nutrition	<input type="checkbox"/>	<input type="checkbox"/>
2. Category B: Tobacco Prevention and Control	<input type="checkbox"/>	<input type="checkbox"/>
3. Category A & B	<input type="checkbox"/>	<input type="checkbox"/>

# Communities Putting Prevention to Work Survey

## 2. Nutrition Interests

Nutrition Interests – based on CDC MAPPS strategies (Media, Access, Point of Purchase/Promotion, Price, and Social Services)

### 1. Please rate your interest in the following Media Strategies.

	Low	Medium	High	Not Applicable
Campaign that establishes community and school access to healthy foods as a food environment issue (not just a personal choice issue) and the need for access to healthy food in community organizations, schools, workplaces, restaurants, and grocery stores	jn	jn	jn	jn
Campaign that exposes sweetened beverages and junk food marketing tactics	jn	jn	jn	jn
Campaign that advocates consumption of drinking water as the drink of choice	jn	jn	jn	jn
Breastfeeding promotion campaign	jn	jn	jn	jn
Campaign on healthy eating	jn	jn	jn	jn
Campaign promoting locally grown produce	jn	jn	jn	jn
Expansion of Champions for Change campaign for Moms, Youth, and Community Leaders	jn	jn	jn	jn

### 2. Please rate your interest in the following Access Strategies.

	Low	Medium	High	Not Applicable
Incorporate strategies to increase access to healthy food into general plans	jn	jn	jn	jn
Develop and establish healthy food standards for foods distributed on city/county properties	jn	jn	jn	jn
Develop and establish healthy beverage policies for worksites and programs	jn	jn	jn	jn
Establish policies for affordable and sustainable access to locally produced food (in city and county venues)	jn	jn	jn	jn
Develop and implement strategies to promote access to healthy foods in retail environments (e.g. attract grocery stores or improve food in corner stores)	jn	jn	jn	jn
Build capacity in child care and after-school programs to provide healthy food options	jn	jn	jn	jn
Require clean drinking water in local government operated and administered outdoor areas and other public places and facilities including schools and after-school programs	jn	jn	jn	jn
Limit fast food near schools and in low-income neighborhoods	jn	jn	jn	jn
Develop farm to school programs in school districts	jn	jn	jn	jn
Expand and protect community gardens and work to include community gardens in open space requirements and zoning codes	jn	jn	jn	jn
Develop CSAs (Community Supported Agriculture programs) in community organizations and worksites	jn	jn	jn	jn
Sustain and expand school wellness policies and programs in high need districts	jn	jn	jn	jn

# Communities Putting Prevention to Work Survey

3. Please rate your interest in the following Point of Purchase/Promotion Strategies.

	Low	Medium	High	Not Applicable
"Breastfeeding Welcome Here" signs	jn	jn	jn	jn
Signage and shelf markers to promote locally grown fresh produce	jn	jn	jn	jn
Expand Champions for Change program (promotion of fresh fruits and vegetables) beyond existing areas	jn	jn	jn	jn

4. Please rate your interest in the following Price Strategies.

	Low	Medium	High	Not Applicable
Implement strategies to reduce consumption of sugar-sweetened beverages through pricing (e.g. fee or lower cost for healthier beverages)	jn	jn	jn	jn
Provide subsidies for low-income and develop Food Stamp capacity in Community Supported Agriculture programs (CSAs)	jn	jn	jn	jn

5. Please rate your interest in the following Social Support & Services.

	Low	Medium	High	Not Applicable
Support breastfeeding through organizational policy change	jn	jn	jn	jn
Increase enrollments and consistent nutrition messaging in federally funded food programs (WIC, Food Stamps, School Lunch, Child and Adult Care Food Programs, etc.)	jn	jn	jn	jn
Require acceptance of Food Stamps (EBT) at farmers markets countywide	jn	jn	jn	jn

6. Describe any other nutrition strategies in which you are interested

# Communities Putting Prevention to Work Survey

## 3. Physical Activity Interests

Physical Activity Interests – based on CDC MAPPS strategies (Media, Access, Point of Purchase/Promotion, Price, and Social Services)

### 1. Please rate your interest in the following Media Strategies.

	Low	Medium	High	Not Applicable
Campaign that talks about physical activity as a healthy environment issue (not just a personal choice issue) and explains the need for developing healthy city plans and providing access to parks, playing fields, sidewalks, bike paths, etc.	jn	jn	jn	jn
Physical activity promotion campaign	jn	jn	jn	jn
Promotion of Santa Clara County Healthy Trails program	jn	jn	jn	jn
Campaign to promote active forms of transportation (walking, bicycling and transit) to school and work	jn	jn	jn	jn
Develop website to identify best routes for walking/bicycling to key destinations	jn	jn	jn	jn
Campaign for pedestrians, bicyclist and drivers to jointly share the road	jn	jn	jn	jn

### 2. Please rate your interest in the following Access Strategies.

	Low	Medium	High	Not Applicable
Establish Santa Clara County Pedestrian Master Plan	jn	jn	jn	jn
Incorporate strategies to increase physical activity into general plans	jn	jn	jn	jn
Update or develop city policies related to pedestrian safety and accessibility	jn	jn	jn	jn
Conduct neighborhood assessments/audits countywide to develop inventories of needs for safer walking and biking and improved access to parks, schools, services, etc.	jn	jn	jn	jn
Coordinate advocacy efforts to improve bike lanes, paths and sidewalks	jn	jn	jn	jn
Adopt community policing strategies that improve safety and security of streets, especially in higher crime neighborhoods	jn	jn	jn	jn
Collaborate with schools to develop and implement Safe Routes to School programs to increase the number of children safely walking and bicycling to school	jn	jn	jn	jn
Promote increased transit use through reduced fares and improved service to schools parks, recreation centers and other family destinations	jn	jn	jn	jn
Work with schools and community organizations to establish joint use of physical activity facilities allowing community to have access for recreational purposes in off hours	jn	jn	jn	jn
Mandate standards in afterschool care for physical activity	jn	jn	jn	jn
Develop worksite policies and practices that build physical activity into routines (e.g. activity breaks, stair usage, bike lockers)	jn	jn	jn	jn
Expand the Santa Clara County Healthy Trails Program	jn	jn	jn	jn

# Communities Putting Prevention to Work Survey

3. Please rate your interest in the following Point of Purchase/Promotion Strategies.

	Low	Medium	High	Not Applicable
Implement a signage system for Safe Routes To School designated routes for children, including yard signs, street signs, etc.	jn	jn	jn	jn

4. Please rate your interest in the following Price Strategies.

	Low	Medium	High	Not Applicable
Provide supplies or incentives for schools/students to increase walking and bicycling through the Safe Routes to School Program	jn	jn	jn	jn
Provide incentives for people who walk, bike or use transit to and from work and work-related travel (e.g. expansion of VTA Eco Passes)	jn	jn	jn	jn

5. Please rate your interest in the following Social Support Strategies.

	Low	Medium	High	Not Applicable
Increase walking and bicycling to school, by expanding the comprehensive Safe Routes School Program to school districts throughout the county	jn	jn	jn	jn

6. Describe any other physical activity strategies in which you are interested

# Communities Putting Prevention to Work Survey

## 4. Tobacco Prevention and Control Interests

Tobacco Prevention and Control Interests – based on CDC MAPPS strategies (Media, Access, Point of Purchase/Promotion, Price, and Social Services)

### 1. Please rate your interest in the following Media Strategies.

	Low	Medium	High	Not Applicable
Anti-industry advertising (countering pro-tobacco influences), including youth	jn	jn	jn	jn
Promote smoking cessation	jn	jn	jn	jn
Secondhand smoke advertising	jn	jn	jn	jn

### 2. Please rate your interest in the following Access Strategies.

	Low	Medium	High	Not Applicable
Smoke-free Multi-Unit Housing policies	jn	jn	jn	jn
Smoke-free College Campus policies	jn	jn	jn	jn
Smoke-free Workplace outdoor dining policies	jn	jn	jn	jn
Smoke-free Workplace: Labor Code 6404.5 exemption policies (e.g., Hotels and Motels, single-owner venues, cigar/tobacco only shops)	jn	jn	jn	jn
Smoke-free Workplace: licensed health care and/or assisted living (e.g., acute care health facilities, mental health facilities, drug and rehab facilities) care health facilities, mental health facilities, drug and rehab facilities)	jn	jn	jn	jn
Tobacco Retail Licensing policies (e.g., local annual licensing fees with a portion of the fee designated for tobacco enforcement)	jn	jn	jn	jn
Conditional Use Permit Zoning policies (e.g., limit number of tobacco retail outlets near schools, libraries, community centers or for entire city/certain parts of city)	jn	jn	jn	jn

### 3. Please rate your interest in the following Point of Purchase/Promotion Strategies.

	Low	Medium	High	Not Applicable
Restrict time, place, and manner of tobacco advertising and promotions inside of stores (e.g., eliminate tobacco advertising near candy/below 3 feet)	jn	jn	jn	jn
Restrict time, place, and manner of tobacco advertising and promotions outside of stores (e.g., stronger window coverage restrictions, restrict amount of tobacco advertising at stores near schools)	jn	jn	jn	jn
Require counter-tobacco advertising in tobacco retail stores	jn	jn	jn	jn

### 4. Please rate your interest in the following Price Strategies.

	Low	Medium	High	Not Applicable
Ban the free distribution of all tobacco products (tobacco sampling)	jn	jn	jn	jn
Ban the distribution of tobacco price discounts/coupons	jn	jn	jn	jn

# Communities Putting Prevention to Work Survey

5. Please rate your interest in the following Social Support Strategies.

	Low	Medium	High	Not Applicable
Nicotine Replacement Therapy (patches, Zyban, etc) provision for Cessation Services	jñ	jñ	jñ	jñ
Tobacco litter reduction policies (built environment)	jñ	jñ	jñ	jñ
Use of social media to support smoking cessation (e.g. Face book, internet)	jñ	jñ	jñ	jñ
Enhanced electronic infrastructure (e.g. webinars, teleconference) to support collaborative planning, communication, and technical assistance	jñ	jñ	jñ	jñ

6. Describe any other tobacco strategies in which you are interested

# Communities Putting Prevention to Work Survey

## 5. Organizational Capacity

1. Please rate your ability to establish and maintain within 90-days of a grant award paid project or contract staff sufficient to carry out the administrative, fiscal, programmatic, and evaluation-related efforts required to support a project.

Low

Medium

High

Not Applicable

2. Please rate your ability to comply with fiscal, job creation, and evaluation reporting described in the funding opportunity.

Low

Medium

High

Not Applicable

3. Please describe any other community-based efforts that you could leverage including other Recovery Act funding, foundation activities, etc

# Communities Putting Prevention to Work Survey

## 6. Thank You

Preliminary findings of this survey will be shared at a community forum on Tuesday, October 27, 2009 from 1:30-5:00pm at the Sobrato Center for the Non-Profits-San Jose, 1400 Parkmoor Avenue, Cupertino Room.

If you plan to attend please RSVP to Bonnie Broderick at [Bonnie.Broderick@hhs.sccgov.org](mailto:Bonnie.Broderick@hhs.sccgov.org)

Thank you for sharing your thoughts on prioritization process.

# MAPPS Interventions for Communities Putting Prevention to Work

Five evidence-based MAPPS strategies, when combined, can have a profound influence on improving health behaviors by changing community environments: Media, Access, Point of decision information, Price, and Social support/services. Communities will take evidence-based action in each of these areas, choosing from the actions listed in the table. Each community will address all 5 strategies for each risk factor area. These actions will change policy and environment in schools and communities, including in worksites and businesses, health care settings, faith-based communities, and other places where people live, work and play.

	<b>Tobacco</b>	<b>Nutrition</b>	<b>Physical Activity</b>
<b>Media</b>	<ul style="list-style-type: none"> <li>Media and advertising restrictions consistent with federal law (k)</li> <li>Hard hitting counter-advertising (l-n)</li> <li>Ban brand-name sponsorships (o)</li> <li>Ban branded promotional items and prizes (p)</li> </ul>	<ul style="list-style-type: none"> <li>Media and advertising restrictions consistent with federal law (38-44)</li> <li>Promote healthy food/drink choices (42, 43, 45)</li> <li>Counter-advertising for unhealthy choices (46)</li> </ul>	<ul style="list-style-type: none"> <li>Promote increased physical activity (i, ii, vi, ix, xxix-xxx)</li> <li>Promote use of public transit (i, ii, vi, ix, xxix-xxx)</li> <li>Promote active transportation (bicycling and walking for commuting and leisure activities) (i, ii, vi, ix, xxix-xxx)</li> <li>Counter-advertising for screen time (i, ii, vi, ix, xxix-xxx)</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>Usage bans (i.e. 100% smoke-free policies or 100% tobacco-free policies) (f, g, v)</li> <li>Usage bans (tobacco-free school campuses) (e-g, h-j)</li> <li>Zoning restrictions (e-g)</li> <li>Restrict sales (e.g. internet; sales to minors; stores/events w/o tobacco) (e-g)</li> <li>Ban self-service displays &amp; vending (e-g)</li> </ul>	<ul style="list-style-type: none"> <li>Healthy food/drink availability (e.g., incentives to food retailers to locate/offer healthier choices in underserved areas, healthier choices in child care, schools, worksites) (7-9, 10-21, 63-68, 76-82)</li> <li>Limit unhealthy food/drink availability (whole milk, sugar sweetened beverages, high-fat snacks) (17, 22-25, 69-73)</li> <li>Reduce density of fast food establishments (15, 26)</li> <li>Eliminate transfat through purchasing actions, labeling initiatives, restaurant standards (29-31)</li> <li>Reduce sodium through purchasing actions, labeling initiatives, restaurant standards (32-34)</li> <li>Procurement policies and</li> </ul>	<ul style="list-style-type: none"> <li>Safe, attractive accessible places for activity (i.e., access to outdoor recreation facilities, enhance bicycling and walking infrastructure, place schools within residential areas, increase access to and coverage area of public transportation, mixed use development, reduce community design that lends to increased injuries) (xxxix – xli)</li> <li>City planning, zoning and transportation (e.g., planning to include the provision of sidewalks, parks, mixed use, parks with adequate crime prevention measures, and Health Impact Assessments) (ii,iii,iv,v,viii,ix)</li> <li>Require daily quality PE in schools (xvi – xxiii)</li> <li>Require daily physical</li> </ul>

		practices (8, 9, 13, 14, 35, 36) <ul style="list-style-type: none"> <li>• Farm to institution, including schools, worksites, hospitals, and other community institutions (35, 36, 37)</li> </ul>	activity in afterschool/childcare settings (i, ii, iii, v, viii, ix, xxiv-xxvii) <ul style="list-style-type: none"> <li>• Restrict screen time (afterschool, daycare) (x, xi, xii, xiii, xiv)</li> </ul>
Point of Purchase/ Promotion	<ul style="list-style-type: none"> <li>• Restrict point of purchase advertising (q)</li> <li>• Product placement (q)</li> </ul>	<ul style="list-style-type: none"> <li>• Signage for healthy vs. less healthy items (8, 9, 47, 48, 74-75)</li> <li>• Product placement &amp; attractiveness (8, 9, 47, 48, 49, 74-75)</li> <li>• Menu labeling (50-53)</li> </ul>	<ul style="list-style-type: none"> <li>• Signage for neighborhood destinations in walkable/mixed-use areas (library, park, shops, etc) (ii, iii, iv, ix, xlxiii)</li> <li>• Signage for public transportation, bike lanes/boulevards (ii, iii, iv, ix, xlxii, xlxiii)</li> </ul>
Price	<ul style="list-style-type: none"> <li>• Use evidence-based pricing strategies to discourage tobacco use (a-c)</li> <li>• Ban free samples and price discounts (d)</li> </ul>	<ul style="list-style-type: none"> <li>• Changing relative prices of healthy vs. unhealthy items (e.g. through bulk purchase/procurement/competitive pricing) (5-9, 60-62)</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced price for park/facility use (xxxvi – xxxviii)</li> <li>• Incentives for active transit (xxxvii, xxxviii)</li> <li>• Subsidized memberships to recreational facilities (ii, iii, viii, ix)</li> </ul>
Social Support & Services	<ul style="list-style-type: none"> <li>• Quitline and other cessation services (r-t)</li> </ul>	<ul style="list-style-type: none"> <li>• Support breastfeeding through policy change and maternity care practices (54-59)</li> </ul>	<ul style="list-style-type: none"> <li>• Safe routes to school (vii, xv, xxxi-xxxv)</li> <li>• Workplace, faith, park, neighborhood activity groups (e.g., walking hiking, biking) (ii, iii, viii, ix)</li> </ul>

10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**Tobacco references**

Use evidence-based strategies to discourage tobacco use

- a. Centers for Disease Control and Prevention. Reducing tobacco use: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, CDC; 2000
- b. Institute of Medicine. Ending the tobacco problem: a blueprint for the nation. Washington, DC: The National Academies Press; 2007.
- c. Task Force on Community Preventive Services. Guide to community preventive services: tobacco use prevention and control. Am J Prev Med 2001;20(2 Suppl 1):1--87.

Ban free samples and price discounts

- d. Loomis BR, Farrelly MC, Mann NH. The Association of retail promotions for cigarettes with the Master Settlement Agreement, tobacco control programmes and cigarette excise taxes. Tob. Control 2006; 15:458-63.

- 29 Access (youth specific)  
30  
31 e. Centers for Disease Control and Prevention. Reducing tobacco use: a report of the Surgeon General.  
32 Atlanta, GA: US Department of Health and Human Services; 2000  
33 f. Institute of Medicine. Ending the tobacco problem: a blueprint for the nation. Washington, DC: The  
34 National Academies Press; 2007.  
35 g. Task Force on Community Preventive Services. Guide to community preventive services: tobacco use  
36 prevention and control. Am J Prev Med 2001;20(2 Suppl 1):1--87.  
37

38 Usage bans (smoke free campuses)  
39

- 40 h. Pentz MA. The power of policy: the relationship of smoking policy to adolescent smoking. *American*  
41 *journal of public health* 1989;79(7):857-62.  
42 i. Wakefield MA. Effect of restrictions on smoking at home, at school, and in public places on teenage  
43 smoking: cross sectional study. *BMJ* 2000;321(7257):333-7.  
44 j. Kumar R. School tobacco control policies related to students' smoking and attitudes toward smoking:  
45 national survey results, 1999-2000. *Health education & behavior* 2005;32(6):780-94.  
46

47 Media and advertising restrictions  
48

- 49 k. National Cancer Institute. The role of the media in promoting and reducing tobacco use. Tobacco Control  
50 Monograph, No. 19; 2008.  
51

52 Hard-hitting counter-advertising  
53

- 54 l. Task Force on Community Preventive Services. Guide to community preventive services: tobacco use  
55 prevention and control. Am J Prev Med 2001;20(2 Suppl 1):1--87.  
56 m. National Cancer Institute. The role of the media in promoting and reducing tobacco use. Tobacco Control  
57 Monograph, No. 19; 2008.  
58 n. Institute of Medicine. Ending the tobacco problem: a blueprint for the nation. Washington, DC: The  
59 National Academies Press; 2007.  
60

61 Ban Brand-name sponsorship  
62

- 63 o. National Cancer Institute. The role of the media in promoting and reducing tobacco use. Tobacco Control  
64 Monograph, No. 19; 2008.  
65

66 Ban Branded promotional items and prizes  
67

- 68 p. National Cancer Institute. The role of the media in promoting and reducing tobacco use. Tobacco Control  
69 Monograph, No. 19; 2008.  
70

71 Restrict point of purchase advertising/product placement  
72

- 73 q. National Cancer Institute. The role of the media in promoting and reducing tobacco use. Tobacco Control  
74 Monograph, No. 19; 2008.  
75

76 Quitline and other cessation services  
77

- 78 r. Fiore MC, Jaen CR, Baker, TB, et al. Treating tobacco use and dependence: 2008 Update. Quick Reference  
79 Guide for Clinicians. Public Health Service; 2008.  
80 s. Task Force on Community Preventive Services. Guide to community preventive services: tobacco use  
81 prevention and control. Am J Prev Med 2001;20(2 Suppl 1):1--87.

- 82 t. Institute of Medicine. Ending the tobacco problem: a blueprint for the nation. Washington, DC: The  
83 National Academies Press; 2007.  
84

## 85 86 Nutrition References

87  
88 1. Dietary Guidelines for Americans, 2005. U.S. Department of Health and Human Services and U.S. Department of  
89 Agriculture. Dietary Guidelines for Americans, 2005. 6th Edition, Washington, DC: U.S. Government Printing  
90 Office, January 2005. Foods Encouraged, Available at:  
91 <http://www.health.gov/DietaryGuidelines/dga2005/document/html/chapter5.htm>  
92

93 5. French, S.A., M. Story, and R.W. Jeffery, *Environmental influences on eating and physical activity*. *Annu Rev*  
94 *Public Health*, 2001. 22: p. 309-35.  
95

96 6. French SA, Wechsler H. School-based research and initiatives: fruit and vegetable environment, policy, and  
97 pricing workshop. *Prev Med*. 2004 Sep;39 Suppl 2:S101-7.  
98

99 7. Ayala G. et al., 2009 – Evaluation of the Healthy Tienda project. The Public Health Effects of Food Deserts.  
100 Workshop Summary. Institute of Medicine and National Research Council, p 49-51.  
101 <http://www.iom.edu/Object.File/Master/62/082/Session%204%20920%20am%20Ayala.pdf>.  
102

103 8. Glanz K, Yaroch AL. Strategies for increasing fruit and vegetable intake in grocery stores and communities:  
104 policy, pricing, and environmental change. *Prev Med*. 2004 Sep;39 Suppl 2:S75-80. Review.  
105

106 9. Nonas C, 2009. Health Bucks in New York City. The Public Health Effects of Food Deserts. Workshop  
107 Summary. Institute of Medicine and National Research Council, p 59-60. Available at  
108 <http://www.iom.edu/CMS/3788/59640/62040/62078.aspx>  
109

110 Increase healthy food/drink availability (e.g., grocery, child care, schools, worksites)

### 111 *Grocery*

112  
113 10. Bodor, J. N., Rose, D., Farley, T. A., Swalm, C., & Scott, S. K. (2007). Neighbourhood fruit and vegetable  
114 availability and consumption: the role of small food stores in an urban environment. *Public Health Nutrition*.  
115

116 11. Gittelsohn J, Ethelbah M. Evaluation of the White Mountain and San Carlos Apache Healthy Stores Program, a  
117 multi-component intervention that included stocking healthier food items. Available at  
118 <http://www.farmfoundation.org/news/articlefiles/450-Gittelsohn.pdf>.  
119

120 12. Morland K, Diez Roux AV, Wing S. *Am J Prev Med*. 2006 Apr;30(4):333-9 Supermarkets, other food stores,  
121 and obesity: the atherosclerosis risk in communities study.  
122

123 13. Larson, N., Story, M., & Nelson, M. (2009). Neighborhood Environments Disparities in Access to Healthy  
124 Foods in the U. S. *American Journal of Preventive Medicine*. 36(1):74-81.  
125

126 14. Story M, Kaphingst KM, Robinson-O'Brien R, Glanz K. Creating healthy food and eating environments: policy  
127 and environmental approaches. *Annu Rev Public Health*. 2008;29:253-72.  
128

129 15. Moore, L.V., et al., *Associations of the local food environment with diet quality--a comparison of assessments*  
130 *based on surveys and geographic information systems: the multi-ethnic study of atherosclerosis*. *Am J Epidemiol*,  
131 2008. 167(8): p. 917-24.  
132

### 133 *Childcare*

134 16. Ward, D. S., Benjamin, S. E., Ammerman, A. S., Ball, S. C., Neelon, B. H., & Bangdiwala, S. I. (2008).  
135 Nutrition and physical activity in child care: results from an environmental intervention. *Am J Prev Med.*, 35(4),  
136 352-356. Epub 2008.  
137

138 *School*  
139 17. IOM (2007). Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth Committee on  
140 Nutrition Standards for Foods in Schools. Washington, D.C., The National Academies Press.  
141  
142 18. Ritenbaugh C, Tufel-Shone N, et al. A lifestyle intervention improves plasma insulin levels among Native  
143 American high school youth. *Prev Med*.2003;36:309-319.  
144  
145 19. Jaime, P.C. and K. Lock, Do school based food and nutrition policies improve diet and reduce obesity? *Prev*  
146 *Med*, 2009. 48(1): p. 45-53.  
147  
148 *Worksite*  
149 20. Sorensen, G., Linnan, L., & Hunt, M. K. (2004). Worksite-based research and initiatives to increase fruit and  
150 vegetable consumption. *Prev.Med.*, 39 *Suppl* 2, S94-100.  
151  
152 21. The Community Guide to Preventive Services. Obesity prevention through worksite programs. Available at  
153 <http://www.thecommunityguide.org/obesity/workprograms.html>  
154  
155  
156 Limit unhealthy food/drink availability (whole milk, sugar sweetened beverages, snacks)  
157  
158 See Ref 17  
159  
160 22. Schwartz, M. B., Novak, S. A., & Fiore, S. S. (2009). The Impact of Removing Snacks of Low Nutritional Value  
161 From Middle Schools. *Health Educ Behav*, 5, 5.  
162  
163 23. Kubik, M.Y., et al., *The association of the school food environment with dietary behaviors of young adolescents*.  
164 *Am J Public Health*, 2003. 93(7): p. 1168-73.  
165  
166 24. Cullen, K.W. and I. Zakeri, *Fruits, vegetables, milk, and sweetened beverages consumption and access to a la*  
167 *carte/snack bar meals at school*. *Am J Public Health*, 2004. 94(3): p. 463-7.  
168  
169 25. Templeton, S.B., M.A. Marlette, and M. Panemangalore, *Competitive foods increase the intake of energy and*  
170 *decrease the intake of certain nutrients by adolescents consuming school lunch*. *J Am Diet Assoc*, 2005. 105(2): p.  
171 215-20.  
172  
173 Reduce density fast food establishments  
174  
175 See Refs 12, 15  
176  
177 26. Ashe M, Jernigan D, Kline R, Galaz R. Land use planning and the control of alcohol, tobacco, firearms, and fast  
178 food restaurants. *Am J Pub Health*. 2003;93(9):1404-1408.  
179  
180 Eliminate trans fat  
181  
182 29. Mozaffarian D. Katan MB. Ascherio A. Stampfer MJ. Willett WC. Trans Fatty Acids and Cardiovascular  
183 Disease. *New England Journal of Medicine*. April 13, 2006. 354;15:1601-13.  
184  
185 30. Panel on Macronutrients, Institute of Medicine. Letter report on dietary reference intakes for trans fatty acids  
186 drawn from the Report on dietary reference intakes for energy, carbohydrate, fiber, fat, fatty acids, cholesterol,  
187 protein, and amino acids. Washington, DC 2003.  
188  
189 31. Trans Fat Regulation: NYC Department of Health and Mental Hygiene – Board of Health Approves Regulation  
190 to Phase Out Artificial Trans Fat. Available at:  
191 <http://www.nyc.gov/html/doh/html/cardio/cardio-transfat-healthcode.shtml>; How to Comply: What Restaurants,  
192 Caterers, Food-Vending Units, and Others Need to Know” Accessed June 24, 2009  
193 <http://www.nyc.gov/html/doh/downloads/pdf/cardio/cardio-transfat-bro.pdf>

194  
195 Reduce sodium  
196  
197 32. Sacks, FM et al.(2001) Effects on blood pressure of reduced dietary sodium and the Dietary Approaches to Stop  
198 Hypertension (DASH) diet. DASH-Sodium Collaborative Research Group. New England Journal of Medicine  
199 344(1):3-10.  
200  
201 33. City Purchasing Standards: New York City executive order for formal nutrition standards for all food purchased  
202 or served by New York City agencies including sodium. Available at :  
203 <http://www.nyc.gov/html/doh/downloads/pdf/cardio/cardio-food-standards.pdf>  
204  
205 34. New York City, Advocacy for External Efforts: Initiative to develop a voluntary partnership with industry  
206 leaders to reduce the level of sodium in processed and prepared foods nationwide. Available at:  
207 <http://www.nyc.gov/html/doh/html/cardio/cardio-salt-initiative.shtml>  
208  
209 Procurement policies and practices  
210  
211 See Refs 8, 9, 13, 14  
212  
213 35. Joshi, A., & Azuma, A. (2008). Do Farm-to-School Programs Make a Difference? Findings and Future Research  
214 Needs. *Journal of Hunger & Environmental Nutrition*, 3, 2-3.  
215  
216 36. Zudrow D (2005) Food Security Begins at Home: Creating Community Food Coalitions in the South. Southern  
217 Sustainable Agriculture Working Group, pp 45-67, Available at: <http://www.ssawg.org/cfs-handbook.html>  
218  
219 Farm to institution  
220  
221 See Ref 35  
222  
223 37. Texas, Farm to Work program. Farm to Work Initiative of the Texas State Health Service provides a Farm to  
224 Work Toolkit. Available at <http://www.texasbringinghealthyback.org/> and  
225 <http://www.dshs.state.tx.us/obesity/pdf/F2WToolkit1008.pdf>  
226  
227  
228 Media and advertising restrictions  
229  
230 38. The Guide to Community Preventive Services - Obesity Prevention: Interventions to Reduce Screen  
231 Time <http://www.thecommunityguide.org/obesity/screentime/index.html>  
232  
233 39. Story M, French S. Food Advertising and Marketing Directed at Children and Adolescents in the US. Int J  
234 Behav Nutr Phys Act. 2004 Feb 10;1(1):3.  
235  
236 40. Chou SY, Rashad I, Grossman M. Fast-Food Restaurant Advertising on Television and Its Influence on  
237 Childhood Obesity. *The Journal of Law and Economics*, 2008;51; p 599-618  
238  
239 41. Coon KA, Tucker KL: Television and children's consumption patterns. A review of the literature. *Minerva*  
240 *Pediatr* 2002, 54:423-436.  
241  
242 42. WHO. 2004. Global Strategy on Diet, Physical Activity and Health. WHA 57.17. Geneva: WHO. Available at  
243 [http://apps.who.int/gb/ebwha/pdf\\_files/WHA57/A57\\_R17-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA57/A57_R17-en.pdf)  
244  
245 43. Norwegian ministry of Children and Family Affairs, 2005. Norway enacted a ban on TV advertisements to  
246 children ages 12 years and younger in 1992. Available at  
247 <http://www.regjeringen.no/en/dep/bld/Documents/Reports-and-plans/Plans/2003-2/The-Norwegian-action-plan-to-reduce-comm.html?id=462256>  
248

249  
250 44. Kwate, NOA. Take one down, pass it around, 98 alcohol ads on the wall: outdoor advertising in New York  
251 City's Black neighbourhoods. *International Journal of Epidemiology*. 2007; 36 (5): 988-990.  
252  
253 Promote healthy food/drink choices  
254  
255 See Refs 42, 43  
256  
257 45. Evidence of impact of advertising on food and beverage purchase requests of 2-11 year olds and usual dietary  
258 intake of 2-5 year olds: IOM (2006), Committee on Food Marketing and the Diets of Children and Youth. Food  
259 Marketing to Children and Youth: Threat or Opportunity? Washington, D.C., National Academies Press.  
260  
261 Counteradvertising for unhealthy choices  
262  
263 46. Dixon HG, Scully ML, Wakefield MA, White VM, Crawford DA. The effects of television advertisements for  
264 junk food versus nutritious food on children's food attitudes and preferences. *Soc Sci Med*. 2007 Oct;65(7):1311-23.  
265  
266 Signage for healthy vs. less healthy items  
267  
268 See Refs 8, 9  
269  
270 47. Seymour JD, Yaroch AL, Serdula M, Blanck HM, Khan LK. Impact of nutrition environmental interventions on  
271 point-of-purchase behavior in adults: a review. *Prev Med*. 2004 Sep;39 Suppl 2:S108-36. Review.  
272  
273 48. Glanz K, Hoelscher D. Increasing fruit and vegetable intake by changing environments, policy and pricing:  
274 restaurant-based research, strategies, and recommendations. *Prev Med*. 2004 Sep;39 Suppl 2:S88-93.  
275  
276 Product placement & attractiveness  
277 Ref 8, 9, 47, 48  
278  
279 49. Curhan, R.C., The effects of merchandising and temporary promotional activities on the sales of fresh fruit and  
280 vegetables in supermarket. *Journal of Marketing Research* 1974. 11: p. 286-94.  
281  
282 Menu labeling  
283  
284 50. Bassett, M.T., et al., Purchasing behavior and calorie information at fast-food chains in New York City, 2007.  
285 *Am J Public Health*, 2008. 98(8): p. 1457-9.  
286  
287 51. Simon, Jarosz, Kuo & Fielding. Menu Labeling as a Potential Strategy for Combating the Obesity Epidemic: A  
288 Health Impact Assessment. Los Angeles, CA: Los Angeles County Dept of Public Health; 2008  
289  
290 52. Burton S and Creyer EH. "What Consumers Don't Know Can Hurt Them: Consumer Evaluations and Disease  
291 Risk Perceptions of Restaurant Menu Items." *Journal of Consumer Affairs*, 38(1): 121-45, 2004.  
292  
293 53. Kozup KC, Creyer EH and Burton S. "Making Healthful Food Choices: The Influence of Health Claims and  
294 Nutrition Information on Consumers' Evaluations of Packaged Food Products and Restaurant Menu Items." *Journal*  
295 *of Marketing*, 67(2): 19-34, 2003.  
296  
297 Support Breastfeeding  
298  
299 54. Philipp BL et al. 2001. Baby-Friendly Hospital Initiative Improves Breastfeeding Initiation Rates in a US  
300 Hospital Setting. *Pediatrics* 108(3):677-681.  
301  
302 55. DiGirolamo AM, Grummer-Strawn LM, Fein SB. Effect of Maternity-Care Practices on Breastfeeding.  
303 *Pediatrics* 2008 October 1;122(Supplement\_2):S43-S49.  
304

305 56. Baby-Friendly USA. Implementing the UNICEF/WHO Baby Friendly Hospital Initiative in the U.S; Available  
306 at: <http://www.babyfriendlyusa.org/eng/index.html> Accessed June 24, 2009.  
307

308 57. Cohen R, Mrtek MB. The impact of two corporate lactation programs on the incidence and duration of  
309 breastfeeding by employed mothers. *American Journal of Health Promotion* 1994;8(6):436–41.  
310

311 58. Fein SB, Mandal B, Roe BE. Success of Strategies for Combining Employment and Breastfeeding. *Pediatrics*  
312 2008 October 1;122(Supplement\_2):S56-S62.  
313

314 59. Health Resources and Services Administration. The Business Case for Breastfeeding Toolkit. HRSA 2008;  
315 Available at: <http://ask.hrsa.gov/detail.cfm?PubID=MCH00254&recommended=1> Accessed June 2, 2009.  
316

317 Selective Pricing (schools)  
318

319 60. French, S.A., Story, M., Jefferey, R.W., Snyder, P., Marla, E., Sidebottom, A., & Murray, D. (1997). Pricing  
320 strategy to promote fruit and vegetable purchase in high school cafeterias. *J Am Diet Assoc*, 97(9): 1008-1010.  
321

322 61. French, S.A., Jefferey, R.W., Story, M., Breitlow, K.K., Baxter, J.S., Hannan, P., & Snyder, M.P. (2001). Pricing  
323 and promotion effects on low-fat vending snack purchases: The CHIPS study. *Am J Public Health*, 91(1): 112-117.  
324

325 62. Hannan, P., French, S.A., Story, M., & Fulkerson, J.A. (2002). A pricing strategy to promote sales of lower fat  
326 foods in high school cafeterias: Acceptability and sensitivity analysis. *Am J Hlth Prom*, 17(1): 1-6.  
327

328 Healthy food/drink availability (schools)  
329

330 63. Cullen, K.W., Hartstein, J., Reynolds, K.D., Vu, M., Resnicow, K., Greene, N., et al., 2007. Improving the  
331 school food environment: results from a pilot study in middle schools. *J. Am. Diet Assoc.* 107 (3), 484–489.  
332

333 64. Lytle, L.A., Kubik, M.Y., Perry, C., Story, M., Birnbaum, A.S., Murray, D.M., 2006. Influencing healthful food  
334 choices in school and home environments: results from the TEENS study. *Prev. Med.* 43 (1), 8–13.  
335

336 65. Perry, C.L., Bishop, D.B., Taylor, G.L., Davis, M., Story, M., Gray, C., et al., 2004. A randomized school trial of  
337 environmental strategies to encourage fruit and vegetable consumption among children. *Health Educ. Behav.* 31 (1),  
338 65–76.  
339

340 66. Sahota, P., Rudolf, M.C., Dixey, R., Hill, A.J., Barth, J.H., Cade, J., 2001. Evaluation of implementation and  
341 effect of primary school based intervention to reduce risk factors for obesity. *BMJ* 323 (7320), 1027–1029.  
342

343 67. Sahota, P., Rudolf, M.C., Dixey, R., Hill, A.J., Barth, J.H., Cade, J., 2001. Randomised controlled trial of  
344 primary school based intervention to reduce risk factors for obesity. *BMJ* 323 (7320), 1029–1032.  
345

346 68. Muckelbauer R, Libuda L, Clausen K, Toschke AM, Reinehr T, Kersting M. Promotion and provision of  
347 drinking water in schools for overweight prevention: Randomized, controlled cluster trial. *Pediatrics*  
348 2009;123:e661-e667  
349

350 Limit unhealthy food/drink

351 69. Cullen, K.W., Hartstein, J., Reynolds, K.D., Vu, M., Resnicow, K., Greene, N., et al., 2007. Improving the  
352 school food environment: results from a pilot study in middle schools. *J. Am. Diet Assoc.* 107 (3), 484–489.  
353

354 70. Cullen, K.W., Watson, K., Zakeri, I., Ralston, K., 2006. Exploring changes in middle-school student lunch  
355 consumption after local school food service policy modifications. *Public Health Nutr.* 9 (6), 814–820.  
356

357 71. Cullen, K.W., Watson, K. 2009. The Impact of the Texas Public School Nutrition Policy on Student Food  
358 Selection and Sales in Texas. *Am J Public Health.* 2009 Apr;99(4):706-12  
359

360 72. Kubik M, Lytle L, Hannan P, Perry C, Story M. The association of the school food environment with dietary  
361 behaviors of young adolescents. *Am J Public Health* 2003;93:1168-73.  
362

363 73. Stone, E.J., Osganian, S.K., McKinlay, S.M., Wu, M.C., Webber, L.S., Luepker, R.V., et al., 1996. Operational  
364 design and quality control in the CATCH multicenter trial. *Prev.*  
365 *Med.* 25 (4), 384–399.  
366

367 Farm to institution  
368

369 See Ref 35  
370

371 Point of purchase promotion (in schools)  
372

373 74. French, S. A., Jeffery, R. W., Story, M., Breitlow, K. K., Baxter, J. S., Hannan, P. & Snyder, M. P. (2001)  
374 Pricing and promotion effects on low-fat vending snack purchases: The CHIPS study. *Am. J. Public Health* 91:112-  
375 117.  
376

377 75. French SA, Story M, Fulkerson JA, Hannan P. An Environmental Intervention to Promote Lower-Fat Food  
378 Choices in Secondary Schools: Outcomes of the TACOS Study. *Am J Public Health* 2004;94:1507-12  
379

380 76. Institute of Medicine. *Local Government Actions to Prevent Childhood Obesity*. Washington, DC: The National  
381 Academies Press; 2009.  
382

383 77. Centers for Disease Control and Prevention. Recommended Community Strategies and Measurements to Prevent  
384 Obesity in the United States. *MMWR* 2009;58(No. RR-07): 1-26.  
385

386 78. Ed Bolen et al., *Neighborhood Groceries: New Access to Healthy Food in Low-Income Communities*, (San  
387 Francisco, CA: California Food Policy Advocates, 2003).  
388

389 79 PolicyLink: Equitable Development Toolkit: Healthy Food Retailing provides an online tool that focuses on  
390 increasing access to retail outlets that sell nutritious, affordable food in low-income communities of color.  
391 <http://www.policylink.org/EDTK/HealthyFoodRetailing>  
392

393 80. Gittelsohn, J., et al., Process Evaluation of Baltimore Healthy Stores: A Pilot Health Intervention Program With  
394 Supermarkets and Corner Stores in Baltimore City. *Health Promot Pract*, 2009.  
395

396 81. Flournoy R and Treuhaft S (2005). *Healthy food, healthy communities: improving access and opportunities*  
397 *through food retailing*. Oakland, CA: PolicyLink.  
398

399 82. Bitler, M., and S. J. Haider. *An Economic View of Food Deserts in the United States. Research Conference on*  
400 *Understanding the Economic Concepts and Characteristics of Food Access*. Washington, DC: USDA, Economic  
401 Research Service and University of Michigan National Poverty Center, 2009.  
402

403  
404  
405 **Physical Activity References**  
406

407 i. US Department of Health and Human Services. Physical Activity Guidelines for Americans. Available at:  
408 <http://www.health.gov/PAGuidelines/>  
409

410 ii. The Guide to Community Preventive Services: What works to Promote Health?. Oxford University Press, 2005,  
411 pp 80-113.  
412 The Guide to Community Preventive Services is also Available at:  
413 <http://www.thecommunityguide.org/pa/index.html>  
414

415 iii. Kahn, E.B., Ramsey, L.T., Brownson, R.C., Heath, G.W., Howze, E.H., Powell, K.E. et al. 2002. The  
416 effectiveness of interventions to increase physical activity. A systematic review by the U.S. Task Force on  
417 Community Preventive Services. *American Journal of Preventive Medicine* 22, S73–102.  
418

419 iv. Heath GW, Brownson RC, Kruger J, et al. The effectiveness of urban design and land use and transport policies  
420 and practices to increase physical activity: a systematic review. *J Phys Act Health*. 2006;3(suppl 1):S55-S76.

421 v. Hoehner CM, Soares J, Parra DP, Ribeiro IC, Joshi C, Pratt M et al. 2008. Systematic review of physical activity  
422 interventions in Latin America. *Am J Prev Med* 34(3), 224-233  
423

424 vi. Roux L, Pratt M, Tengs TO, Yanagawa T, Yore M, et al., 2008. Cost Effectiveness of Community-based  
425 Physical Activity Interventions. *Am J Prev Med* 35(6), 578-588  
426

427 vii. Active Living Research Brief. Walking and biking to school, physical activity and health outcomes. May 2009  
428  
429

430 viii. Ramsey LT, Brownson RC. Increasing physical activity. *Am J Prev Med* 2002 (4S); 73-107  
431

432 ix. Centers for Disease Control and Prevention. Planning, implementing and evaluating interventions. Available at:  
433 [http://www.cdc.gov/nccdphp/dnpa/physical/health\\_professionals/interventions/index.htm](http://www.cdc.gov/nccdphp/dnpa/physical/health_professionals/interventions/index.htm)  
434

435 x. The Guide to Community Preventive Services - Obesity Prevention: Interventions to Reduce Screen  
436 Time. <http://www.thecommunityguide.org/obesity/screentime/index.html>  
437

438 xi. New York City Amendments to the NYC Health Code (established limits on passive, sedentary TV viewing in  
439 group childcare services to 60 minutes or less per day.  
440 [http://www.frac.org/pdf/nyc\\_cacfp\\_childcare\\_nutrphysact\\_law.pdf](http://www.frac.org/pdf/nyc_cacfp_childcare_nutrphysact_law.pdf)  
441

442 xii. Delaware Child Care Policy to Improve Children's Health: regulatory changes through the Office of Child Care  
443 Licensing for all childcare in DE (center-based, family and after-school) that limit sedentary and media exposure to  
444 a maximum of 1 hour per day for children >2 years. [http://www.nemours.org/department/nhps/policy-leader/child-](http://www.nemours.org/department/nhps/policy-leader/child-care.html)  
445 [care.html](http://www.nemours.org/department/nhps/policy-leader/child-care.html)  
446

447 xiii. Benjamin SE, Cradock A Walker EM, Slining M, Gillman MW. Obesity prevention in child care: a review of  
448 U.S. state regulations. *BMC Public Health*. 2008;8:188.  
449

450 xiv. Kaphingst LM, Story M. Child care as an untapped setting for obesity prevention: State child care licensing  
451 regulations related to nutrition, physical activity, and media use for preschool-aged children in the United States.  
452 *Preventing Chronic Disease*. 2009;6:1.  
453

454 xv. Centers for Disease Control and Prevention. Kids Walk to School. Available at:  
455 <http://www.cdc.gov/nccdphp/dnpa/kidswalk/>  
456

457 Require daily quality PE  
458

459 xvi. Kahn EB, Ramsey LT, Brownson RC, Heath GW, Howze EH, Powell KE. The effectiveness of interventions to  
460 increase physical activity: a systematic review. *Am J Prev Med* 2002; 22(4S): 73-107.  
461

462 xvii. McKenzie TL, Nader PL, Strikmiller PK, Yang M, Stone EJ, Perry CL, et al. School physical education: effect  
463 of the Child and Adolescent Trial for Cardiovascular Health. *Prev Med* 1996 25:423-431.  
464

465 xviii. Pangrazi RP, Beighle A, Vehige T, Vack C. Impact of Promoting Lifestyle Activity for Youth (PLAY) on  
466 children's physical activity. *J Sch Health* 73(8): 317-321.  
467

468 xix. Pate RR, Ward DS, Saunders RP, Felton G, Dishman RK, Dowda M. Promotion of physical activity among  
469 high school girls: a randomized controlled trial. *Am J Public Health* 2005; 95(9): 1582-1587.

470  
471 xx. Harrell JS, McMurray RG, Bangdiwala SI, Frauman AC, Gansky SA, Bradley CB. Effects of a school-based  
472 intervention to reduce cardiovascular disease risk factors in elementary-school children: The Cardiovascular Health  
473 in Children (CHIC Study). *J Pediatr* 1996; 128:797-805.  
474  
475 xxi. Reed KE, Warburton DER, Macdonald HM, Naylor PJ, McKay HA. Action schools! BC: a school-based  
476 physical activity intervention designed to decrease cardiovascular risk factors in children. *Prev Med* 2008; 46:525-  
477 531.  
478  
479 xxii. Webber LS, Catellier DJ, Lytle LA, Murray DM, Pratt CA, Young DR, et al. Promoting physical activity in  
480 middle school girls: Trial of Activity for Adolescent Girls. *Am J Prev Med* 2008; 34(3): 173-184.  
481  
482 xxiii. Manios Y, Moschandreas J, Hatzis C, Kafatos A. Evaluation of a health and nutrition education program in  
483 primary school children of Crete over a three-year period. *Prev Med* 1999; 28:149-159.  
484  
485 Daily physical activity in after school  
486  
487 xxiv. Sallis JF, McKenzie TL, Conway TL, Elder JP, Prochaska JJ, Brown M et al. Environmental interventions for  
488 eating and physical activity: a randomized controlled trial in middle schools. *Am J Prev Med* 2003;24:209-17.  
489  
490 xxv. Kelder S, Hoelscher DM, Barroso CS, Walker JL, Cribb P, Shaohua H. The CATCH Kids Club: a pilot after-  
491 school study for improving elementary students' nutrition and physical activity. *Public Health Nutrition* 2005; 8(2):  
492 133-140.  
493  
494 xxvi. Story M, Sherwood NE, Himes JH, Davis M, Jacobs DR, et al. An after-school obesity prevention program for  
495 African American girls: the Minnesota GEMS pilot study. *Ethn Dis* 2003; 13(1 suppl 1): S54-64.  
496  
497 xxvii. Yin, et al. Medical College of Georgia Fitkid Project. *Evaluation & the Health Professions* 2005; 67-89.  
498  
499 xxviii. Kien LC & Chiodo AR. Physical activity in middle school-aged children participating in a school-based  
500 recreation program. *Arch Pediatr Adolesc Med* 2003; 157:811-815.  
501  
502 Media to promote increased physical activity  
503  
504 xxix. Huhman M, Potter LD, Wong FL, Banspach SW, Duke JC, Heitzler CD. Effects of a mass media campaign to  
505 increase physical activity among children: year 1 results of the VERB campaign. *Pediatrics* 2005;116:e277-3284.  
506  
507 xxx. Huhman M, Bauman A, Bowles HR. Initial outcomes of the VERB campaign: tweens' awareness and  
508 understanding of campaign messages. *Am J Prev Med* 2008; 34(6S):S241-S248.  
509  
510 Safe routes to school  
511  
512 xxxi. Cooper AR, Page AS, Foster LJ, Qahwaji D. Commuting to school: are children who walk more physically  
513 active? *Am J Prev Med* 2003;25:273-6.  
514  
515 xxxii. Cooper AR. Physical activity levels of children who walk, cycle, or are driven to school. *Am J Prev Med*  
2005;29:179-84.  
516  
517 xxxiii. Tudor-Locke C, Neff LJ, Ainsworth BE, Addy CL, Popkin BM. Omission of active commuting to school and  
518 the prevalence of children's health-related physical activity levels: the Russian Longitudinal Monitoring Study.  
*Child Care Health Dev* 2002;28:507-12.  
519  
520 xxxiv. Alexander LM, Inchley J, Todd J, Currie D, Cooper AR, Currie C. The broader impact of walking to school  
among adolescents: seven day accelerometry based study. *BMJ* 2005;331:1061-2.

521 xxxv. Sirard J, Riner WJ, McIver K, Pate R. Physical activity and active commuting to elementary school. *Med Sci*  
522 *Sports Exerc* 2005;37:2062-9.

523 Reduced cost and use

524  
525 xxxvi. Managed-Medicare health club benefit and reduced health care costs among older adults. Nguyen HQ,  
526 Ackerman RT, Maciejewski M, Berke E, Patrick M. Williams B, LoGerfo JP, *Prev. Chronic Disease*, 2008 Jan 5(1)  
527 A14. Epub 2007 Dec 15.

528  
529 xxxvii. Economic interventions to promote physical activity. Application of the SLOTH model.  
530 Pratt, M, Macera CA, Sallis JF, O'Donnell M, Frank LD. *Am J Prev. Med* 2004, 27(S1)

531  
532 xxxviii. The economics of physical activity: Societal trends and rationales for interventions. Strum R, *Am J Prev.*  
533 *Med*, 2004, 27 (S1).

534  
535 Safety and Park Use

536  
537 xxxix. The built environment, neighborhood crime and constrained physical activity: An exploration of inconsistent  
538 findings. Foster, S, Giles-Corti B. *Prev Med* 2008, 47 (3) pp 241-251.

539  
540 xl. Unsafe to play? Neighborhood disorder and lack of safety predict reduced physical activity among urban children  
541 and adolescents. Molnar, S, Gortmaker, S, Bull F, Buka SL. *Am J Health Prom* 2004, 18(5) pp 378-386.

542  
543 xli. Parents' perceptions of neighborhood safety and children's physical activity. Weir, L, Etelson D, Brand D. *Prev.*  
544 *Med* 2006, 43(3) pp 212-217.

545  
546 xlxi. Besser LM, Dannenberg AL. Walking to public transit: steps to help meet physical activity recommendations.  
547 *Am J Prev Med.* 2005; 29(4):273-80.

548  
549 xlxiii. MMWR: Morbidity and Mortality Weekly Report. Recommended community strategies and measurements  
550 to prevent obesity in the United States. Centers for Disease Control and Prevention. July 24, 2009 58(RR07);1-26.  
551 <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

552  
553  
554 **Additional references**

555  
556 Comprehensive State and Community Programs

557  
558 Arkansas Center for Health Improvement. Assessment of childhood and adolescent obesity in Arkansas; Year Four  
559

560 Economos CD, et al. A community intervention reduces BMI z-score in children: Shape Up Somerville first year  
561 results. *Obesity* 2007;15:1325

562  
563 Hoelscher DM et al. Regional and state initiatives lead to significant decreases in the prevalence of child overweight  
564 in Texas. Manuscript submitted.

565  
566 **Other references for "Signage prompts" for deterring sedentary behavior:**

567  
568 R.E Andersen, S.C Franckowiak, J Snyder, S.J Bartlett and K.R Fontaine, Can inexpensive signs encourage the use  
569 of stairs? Results from a community intervention, *Ann Intern Med* **129** (1998), pp. 363-369.

570 J Kerr, F Eves and D Carroll, Posters can prompt less active people to use the stairs, *J Epidemiol Community Health*  
571 **54** (2000), pp. 942-943.

572  
573 W Russell, D Dzewaltowski and G Ryan, The effectiveness of a point-of-decision prompt in deterring sedentary  
574 behavior, *Am J Health Promot* **13** (1999), pp. 257-259.

575