

# SPAN, REACH, HOP

KEEPING AMERICANS HEALTHY AND STRONG AT EVERY STAGE OF LIFE

JANUARY 14, 2109

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion



# Program Development and Evaluation Branch

- **Vision:** Healthy Eating, Active Living Communities across the Nation
- **Mission:** Increase the capacity of funded and unfunded partners to work with communities, including those most impacted by risk factors for chronic disease, to promote healthy eating and physical activity.



# SPAN, REACH, HOP

## Cooperative Agreement Distribution

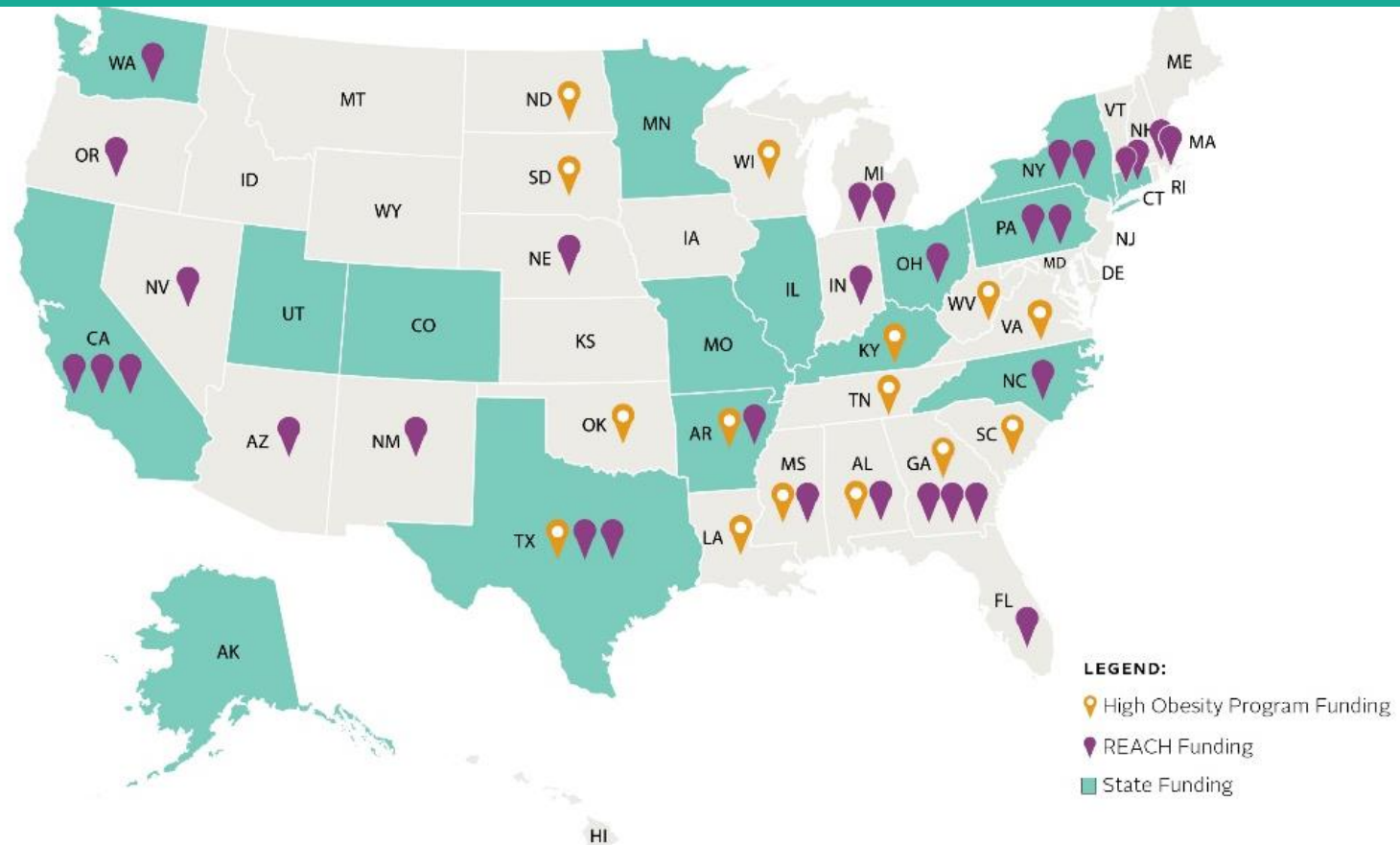
A Healthy Start  
for Infants



Children & Youth  
Growing Up Strong  
& Healthy



Adults & Older  
Adults Maintaining  
a Healthy Lifestyle



# DNPAO – COOPERATIVE AGREEMENT STRATEGIES

## Nutrition

- Implement interventions to support breastfeeding
- Establish healthy nutrition standards in key institutions such as ECE
- Make improvements to state and local programs/systems
- Implement food service guidelines in worksites and community settings to increase availability of healthy foods
- Work with food vendors, distributors and producers to enhance healthier food procurement and sales

## Physical Activity

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

## Community/Clinical Linkages

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

# STATE PHYSICAL ACTIVITY AND NUTRITION (SPAN)

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

16 Recipients

- ❑ Average Award: \$880,543 / Total Funding: \$14,088,691
- ❑ **Sample Overview:** The Colorado Department of Public Health and Environment will implement evidence-based strategies that improve the nutrition and physical activity status of Coloradans. This will be accomplished by: 1) implementing food service guidelines in worksites and community settings; 2) implementing supportive breastfeeding practices; 3) implementing and integrating nutrition and physical activity standards into statewide early care and education systems; and 4) influencing master plans and land use interventions to increase physical activity through activity-friendly routes.
- ❑ **Sample Proposed Activity:** The Colorado Department of Public Health and Environment is working with hospitals to adopt food service guidelines through the Colorado Healthy Hospital Compact recognition program which identifies hospitals that improve the quality of their nutrition environments for patients, visitors, and staff.

# RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH (REACH)

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

- ❑ 31 Recipients
- ❑ Average Award: \$748,301 / Total Funding: \$23,197,325
- ❑ **Sample Overview:** Pima County (AZ) will work with Mexican-Americans and American Indians to: 1) increase tobacco-free living; 2) increase access to affordable and healthier foods; 3) promote physical activity through culturally and socioeconomically-tailored multimedia campaigns, education and training, policy development, and participation incentives; and 4) increase access to existing programs and services.
- ❑ **Sample Activity:** Pima County (AZ) will work with communities to establish pocket parks within walking distance of schools and identify safe routes to school to encourage walking and biking.

# HIGH OBESITY PROGRAM (HOP)

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

15 Awardees

❑ Average Award: \$724,909 / Total Funding: \$10,873,643

- **Sample Overview:** Alabama Cooperative Extension System's ALProHealth will continue and expand implementation and evaluation of evidence-based strategies to increase access to healthier foods and safe, accessible places for physical activity with the goal of reducing the obesity burden in 13 high-obese Alabama counties. ALProHealth will seek to influence multiple levels of the Social Ecological Model using a community participatory approach.
- **Sample Proposed Activity:** Engage Regional Planning Commissions to identify and increase the impact of health and non-motorized factors when scoring potential projects, and identify existing bicycle/pedestrian plans and the influence the statewide plan on regional development.



# OUR KEY EVALUATION QUESTIONS

- How have **community environments changed** since the implementation of SPAN, HOP and REACH strategies?
- To what extent have **healthy behaviors** (healthier food purchasing, breastfeeding, physical activity, tobacco-free living and community-clinical linkages) **increased** in specific settings and for specific populations?
- To what extent have **community clinical collaborations increased** to improve access for priority populations?

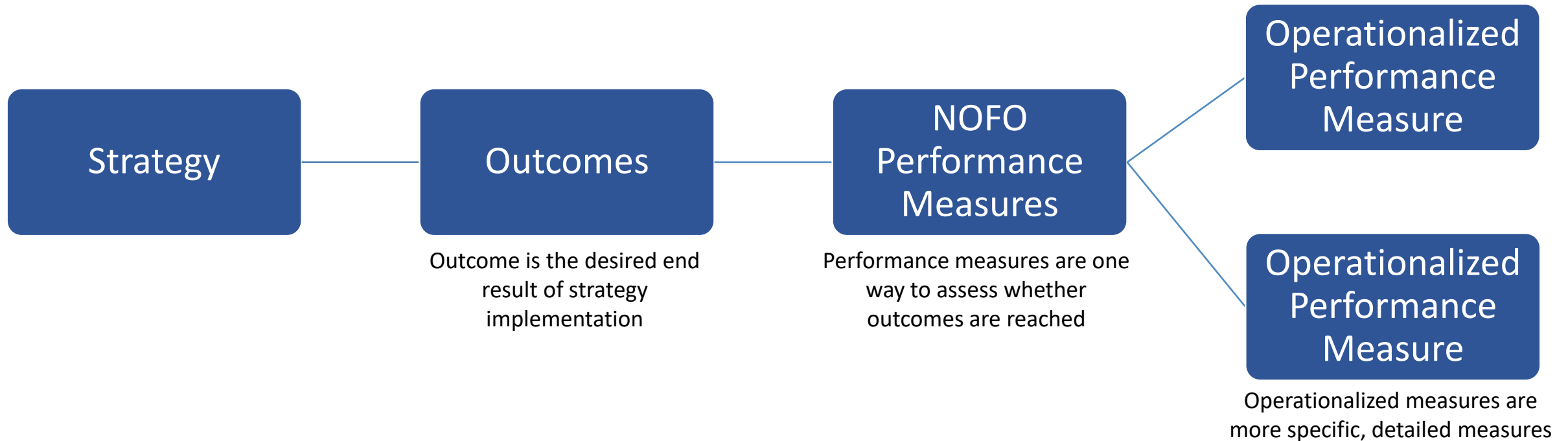


# EVALUATION REQUIREMENTS

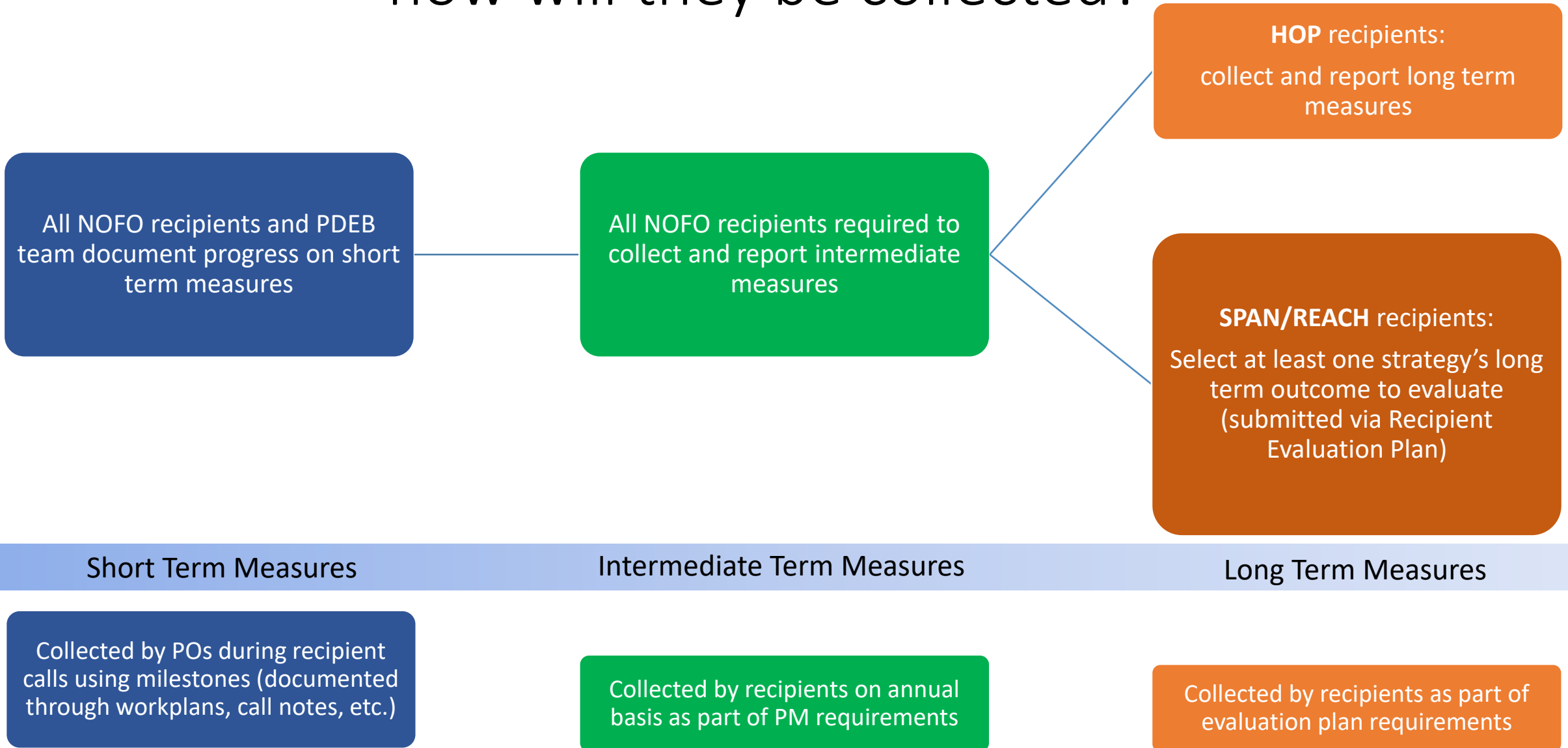
- Must report on performance measures listed in the NOFO
- Must develop and implement an Evaluation and Performance Measurement Plan
- Recipients will be required to submit a more detailed plan 6 months post-award
  - CDC will work collaboratively with recipients during the first 6 months to finalize performance measures
- Must budget at least 10% of annual award to support evaluation activities

# How do strategies, outcomes, and performance measures relate to each other?

## Overarching NOFO Evaluation Questions



# Which performance measures are required, and how will they be collected?



# WHAT TYPE OF INFORMATION WILL BE CAPTURED BY PERFORMANCE MEASURES?

- Short-term measures – all 62 recipients
  - Demonstrated progress on programmatic activities through the achievement of key milestones
- Intermediate measures – all 62 recipients
  - Number of places, settings, policies, practices
  - Number of people **potentially reached** by the intervention
- Long-term measures – all HOP (15) + plus selected SPAN and REACH
  - Number of people **actually used** an intervention
  - Changes in behaviors, e.g., PA, BF, purchasing healthier foods
  - Other proximal indicators, e.g., number of linear miles of bike/ped routes, mPinc scores, sales data

# WHAT'S INCLUDED IN THE PM PROFILE TEMPLATE?

- PM as written in NOFO
- Operationalized PM
- Implementation considerations
- Intended/priority population
- Numerator
- Denominator
- Baseline
- Disparity/equity focus
- Data source

CDC Operationalized Performance Measure Profile	
Date: [Date Profile is finalized or revised]	
NOFO: [Official name of program] (e.g., State Physical Activity & Nutrition Program (SPAN))	
Strategy: [Complete strategy as it is worded in the NOFO] (e.g., Implement food service guidelines (FSG) 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, vending machines) to increase the availability of healthy foods.)	
Performance Measure(s): [Performance measure as it is worded in the NOFO] (e.g., Using SPAN FSG Performance Measure: Number and type of setting(s) with implemented food service guidelines)	
Intervention Type/Focus: [Section would describe and differentiate among the various intervention types/focus/approaches as described in the NOFO that recipients could chose to implement recipients could implement for the selected strategy] (e.g., Using SPAN FSG Strategy <input type="checkbox"/> Implementing food service guidelines in worksite setting (e.g., hospitals, universities/colleges, private workplaces, and state, local and tribal facilities) to increase the availability of healthy foods. <input type="checkbox"/> Implementing FSG 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, vending machines) to increase the availability of healthy foods.) <input type="checkbox"/> Intermediate <input type="checkbox"/> Long Term	
AREAS	EXPLANATION
Operationalized Measure(s)	[Section will list actual measures or information recipients will be expected to report data on. Wording of measure(s) may or may not be the same as what is listed in the NOFO] (e.g., Using SPAN FSG Performance measure <ul style="list-style-type: none"> <li>• Number of worksites with implemented food service guidelines</li> <li>• Number of community settings with implemented food service guidelines                             <ul style="list-style-type: none"> <li>◦ Number of venues used to implement food service guidelines?)</li> </ul> </li> </ul>
Purpose of Performance Measure(s)	[Provides information on what measure is intended to collect and why. Section could include evidenced-based statement/reference/research and summarize what recipient will be reporting]
Results Statements	[Example statement of how PM data collected could be used by CDC]
Definition of Terms / Key	[Definitions of key terms and concepts that will be critical for recipient to have and

# NOFO Long Term Outcomes

Long term outcome	NOFOs
Increased purchasing of healthier foods	SPAN HOP REACH
Increased physical activity with an emphasis on walking	SPAN HOP REACH
Increased breastfeeding	SPAN
Increased early care and education nutrition and physical activity standards met	SPAN
Reduced health disparities in chronic conditions (i.e., hypertension, heart disease, type 2 diabetes, obesity)	REACH
Increased tobacco free living	REACH

# Evaluation Peer Learning Communities

- Purpose of EPLCs
  - Advise CDC on NOFO evaluation approach
  - Review draft operationalized performance measure profiles for feasibility
  - Share and discuss innovative methods of evaluating long term outcomes
- Year 1 – quarterly virtual meetings and in-person meeting at 2019 DNPAO National Training Meeting
- Years 2-5 – scope and frequency of meetings will be revisited based on recipient and CDC needs



# PREVENTING CHRONIC DISEASE

## PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

STATE AND LOCAL PUBLIC HEALTH  
ACTIONS TO PREVENT AND  
CONTROL CHRONIC DISEASES

### State and Local Public Health Actions to Prevent and Control Chronic Diseases

1. **Coordinated Approaches to Strengthen State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke**  
Gla E. Rutledge, MPH; Kimberly Lane, PhD, RDN; Caitlin Merlo, MPH, RDN; Joanna Elmi, MPH
2. **State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors, and Promote School Health**  
Barbara Z. Park, RDH, MPH; Letitia Cantrell, PhD; Holly Hunt, MA; Rosanne P. Farris, PhD; Patricia Schumacher, MS, RD; Ursula E. Bauer, PhD
3. **Evaluating Cross-Cutting Approaches to Chronic Disease Prevention and Management: Developing a Comprehensive Evaluation**  
Marla Vaughan, MPH; Jan Jernigan, PhD; Seraphine Pitt Barnes, PhD, MPH, CHES; Pat Shea, MPH, MA; Rachel Davis, MPH; Stephanie Rutledge, PhD, MA
4. **Using Health Information Technology and Data to Improve Chronic Disease Outcomes in Federally Qualified Health Centers in Maryland**  
Erica A. Smith, MS; Judy Lapinski, PharmD; Judy Lichty-Hess, MPH; Kristi Pier, MHS
5. **Pharmacist-Driven Strategies for Hypertension Management in Los Angeles: A Community and Stakeholder Needs Assessment, 2014–2015**  
Noel C. Barragan, MPH; Amelia R. DeFosset, MPH; Jennifer Torres, MSSW, MPH, PhD; Tony Kuo, MD, MSHS
6. **A Framework for Implementing the National Diabetes Prevention Program in Los Angeles County**  
Jennifer T. Mosst, PhD, MSSW, PScPh; Amelia R. DeFosset, MPH; Lauren Gase, PhD, MPH; Laura Baetscher, MPH, MA; Tony Kuo, MD, MSHS
7. **Using a Community Workshop Model to Initiate Policy, Systems, and Environmental Change That Support Active Living in Indiana, 2014–2015**  
Peter J. Fritz; Kim Irwin, MPH; Lindsey Bouza, MPH
8. **A Project to Promote Adherence to Blood Pressure Medication Among People Who Use Community Pharmacies in Rural Montana, 2014–2016**  
Carrie S. Oser, MPH; Crystelle C. Fogle, MBA, MS, RD; James A. Bennett, RPh, CDM, CDE
9. **Implementation of Best Practices in Obesity Prevention in Child Care Facilities: The Arizona Empower Program, 2013–2015**  
Jillian Papa, MPH; Joan Agostinelli, MA; Gertrudes Rodriguez, MBA, RD; Deborah Robinson, MPH, RD
10. **Implementing Key Drivers for Diabetes Self-Management Education and Support Programs: Early Outcomes, Activities, Facilitators, and Barriers**  
Jennifer Murphy Morgan, MSPH; Yvonne Mensa-Wilmot, PhD, MPH; Shelly-Ann Bowen, PhD, MS; Monica Murphy, MPH; Timethia Bonner, DPM, PhD; Stephanie Rutledge, PhD, MA; Gla Rutledge, MPH
11. **Early Results of States' Efforts to Support, Scale, and Sustain the National Diabetes Prevention Program**  
Yvonne Mensa-Wilmot, PhD, MPH; Shelly-Ann Bowen, PhD, MS; Stephanie Rutledge, PhD, MA; Jennifer Murphy Morgan, MSPH; Timethia Bonner, DPM, PhD; Kimberly Farris, PhD, MPH, MSW; Rachel Blacher, MPH; Gla Rutledge, MPH
12. **Supporting Obesity Prevention in Statewide Quality Rating and Improvement Systems: A Review of State Standards**  
Nora Ann Geary, MPH, MSW; Carrie Ann Dooyema, MSN, MPH, RN; Meredith Ann Reynolds, PhD
13. **Early Outcomes of State Public Health Actions' School Nutrition Strategies**  
Seraphine Pitt Barnes, PhD, MPH, CHES; Syreeta Skelton-Wilson, MPA; Adina Cooper, MA, MEd; Caitlin Merlo, MPH, RD; Sarah Lee, PhD



A group of young children are outdoors, smiling and holding up freshly harvested vegetables. In the foreground, a young girl with dark skin and curly hair, wearing a white tank top with a colorful beaded necklace, holds up a large carrot. Behind her, another child in a pink shirt and blue overalls also holds up a carrot. To the right, a boy in a striped shirt holds up a radish. Other children in the background are also holding up carrots and radishes. The scene is set in a garden or field with green foliage and a wooden fence in the background. A white banner with black text is visible in the upper right corner.

**Thank you!**