



Partnering with Prevention Research Centers to Sustain Public Health Work

August 2, 2023 | 2:00-3:30 pm ET



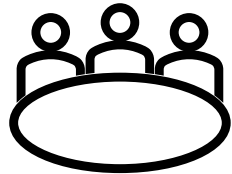
A few housekeeping reminders...



Use **Chat** for questions, comments and reactions, and to ask for help



We will share recording and chat notes/resources.



We **encourage** you to share



Please take a moment to complete the **survey, at end of the webinar**





Welcome Warm Up – Menti Word Cloud

Using 1-2 words, describe how *partnerships* have helped your work and public health practice.

Head to Menti.com and enter voting code **81544352** or **scan the QR code** on your mobile device.



Using 1-2 words, describe how partnerships have helped your work.





Today's Session – 90 minutes

- Level Setting with the topic and context with BRIC and SPINE
- Panel Presentations
 - History and Purpose of Prevention Research Centers
 - State Public Health Department and Prevention Research Center perspectives
- Large Group Discussion and Q&A
- Group Reflection Question via Jamboard
- Upcoming Trainings and Close
- Take the Survey!





Session Learning Objectives

1. Describe the history and purpose of Prevention Research Centers (PRC) as well as tools, trainings and resources they offer.
2. Learn how state health departments can connect with PRCs to improve public health practice.
3. Identify one way a partnership with a PRC can help sustain your public health work.





Audience Poll

Are you familiar with Prevention Research Centers?

- A. Yes
- B. No
- C. Not Sure





Chat – PRC/Academia Partnership

If you have partnered with a PRC, tell us about the type or nature of the work/partnership?





Meet Today's Speakers



Julie Dudley, MPA
Public Health Consultant
Center for Advancing Public Health Practice
NACDD





Meet Today's Speakers



**Diana Parra Perez, PhD,
MPH, PT**

Research Assistant Professor
Wash U in St. Louis PRC



James Vance, BA, TTS, MT
Associate Director

WV Division of Health
Promotion and Chronic Disease



Leesa Prendergast, MS
Deputy Director

WV PRC School of PH
WV University



Opportunities to Advance Sustainability with Practice and Research Partnerships



**NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS**
Promoting Health. Preventing Disease.



A Challenge for Public Health Practice:

Sustainability through continued commitment to achieving the program's goals and mission, increasing capacity in local systems, changing knowledge and attitudes, ongoing collaboration, improving services models, and implementing new policies that support program impact. (Rural Health Information Hub)

A Challenge for Public Health Research:

The timely transfer of evidence-based knowledge to practice, including the process and steps needed or taken to ensure effective and widespread use of science-based programs, practices, and policies.

The Opportunity:

Robust partnerships with continuous feedback loops between practitioners and researchers



CDC Prevention Research Centers (PRCs)

- CDC funds Prevention Research Centers to study how people and communities can avoid or reduce the risks for chronic illnesses.
- PRCs work with local communities to develop, test, and evaluate solutions to public health problems.
- During 2019–2024, CDC is funding 26 PRCs across the United States.
- Each PRC is funded for 5 years to maintain a research center and conduct prevention research that promotes health and prevents chronic illness and other diseases and disabilities.



Bringing Research to Practice through Collaboration

PRC's partner with practitioners and communities across the research translation continuum, including:

- Identifying the Public Health Challenge or Need
- Collaborative Planning and Co-Designing Interventions
- Supporting Implementation, Dissemination, and Bringing Efforts to Scale
- Facilitating Continuous Learning



The PRC Network

A network of all 26 PRCs

- Six Committees
 - Steering Committee
 - Operations Committee
 - Policy Committee
 - Community Committee
 - Communications Committee
- Four Workgroups
 - Mental Health Workgroup
 - Anti-Racism Workgroup
 - Monitoring Data Workgroup
 - Evaluation Workgroup



PRC Thematic Networks

- Cancer Prevention and Control Research Network (CPCRN)
- Dementia Risk Reduction Research Network (DRRRN)
- Managing Epilepsy Well 2.0 Network
- Nutrition and Obesity Policy Research and Evaluation Network (NOPREN)
- Physical Activity Policy Research and Evaluation Network



Recent Research Findings: Shared Priorities between PRCs and CDU

- **Working collectively to advance health equity** through upstream approaches focused on addressing social determinants of health and root causes through policy, system, and environmental changes
- **Deepening relationships / building trust** with communities and partners at multiple levels (local, state, regional, national)
- **Strengthening the role of communities and practitioners in generating and scaling knowledge / evidence**
- **Ensuring partners at all levels have the support and capacity** to meaningfully participate in generating, validating, and bringing knowledge to scale.
 - Support includes training, technical assistance, leadership development, flexible funding and other incentives, time for relationship building, forums for sharing knowledge and learning together in action, tools and templates, and communication tools.

PARTNERING WITH PREVENTION RESEARCH CENTERS TO SUSTAIN BRIC – THE PREVENTION RESEARCH CENTER AT WASHU

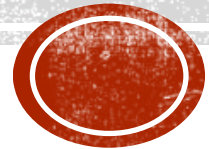
Diana C. Parra, PT, MPH, PhD

Research Assistant Professor

Prevention Research Center

Brown School at Washington University in St. Louis

August 2nd, 2023



THREE PILLARS OF MY WORK

Wellbeing and Health Equity



Movement

Community
Based Physical
Activity
Programs – Built
environment



Nourishment

Food based
dietary
guidelines –
Food Justice and
Nutrition
Security



Awareness

Mind body
approaches
Mindfulness,
Meditation
Mindful
movement –
eating
Social
Connectedness

2004

2013

2016

Ongoing



FIRST TIME ADAPTATION AND REPLICATION OF SOPARC IN LATIN AMERICA

Assessing Physical Activity in Public Parks in Brazil Using Systematic Observation

Diana C. Parra, et al.

Physical activity during leisure time has particular relevance for public health practitioners because of its important role in preventing chronic disease and improving mental health, perceived health status, and quality of life.^{1,2} Leisure-time physical activity can also contribute to increased social interactions and social support and promote a greater sense of community cohesion.¹ However, despite its well-known benefits, the prevalence of leisure-time physical activity continues to be low in many populations, particularly in low-income countries.³

Numerous studies have found that the built environment plays an important role in promoting active living and its corresponding health benefits,⁴⁻⁶ and public parks have been identified as important environmental resources for promoting leisure-time physical activity.⁷ Public health authorities have emphasized that

Objectives. We assessed park use in Recife, Brazil, and differences in physical activity and occupation rates in public parks with and without the Academia da Cidade Program (ACP), which provides cost-free, supervised physical activity classes.

Methods. We used the System for Observing Play and Recreation in Communities (SOPARC) in 128 targeted areas in 10 park sites (5 ACP sites, 5 non-ACP sites) to obtain data on the number of users and their physical activity levels and estimated age. Each area was assessed 4 times a day for 11 days over a 4-week period.

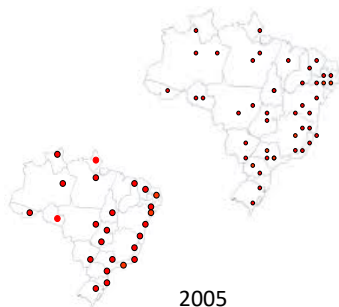
Results. A total of 32 974 people were observed during 5589 observation visits to target areas. People using ACP parks were more likely to be seen engaging in moderate-to-vigorous (64% vs 49%) and vigorous (25% vs 10%) physical activity. Relatively more participants in ACP sites than in non-ACP sites were females (45% vs 42% of park users) and older adults (14.7% vs 5.7% of park users).

Conclusions. On the basis of systematic observation, ACP appears to be a useful strategy in promoting park use and physical activity among the population in Recife. (*Am J Public Health*. Published online ahead of print June 17, 2010; e1-e7. doi:10.2105/AJPH.2009.181230)



NATIONAL SCALING UP OF A PHYSICAL ACTIVITY PROMOTION PROGRAM

guia Guide for Useful Interventions for
Physical Activity in Brazil & Latin America



2006



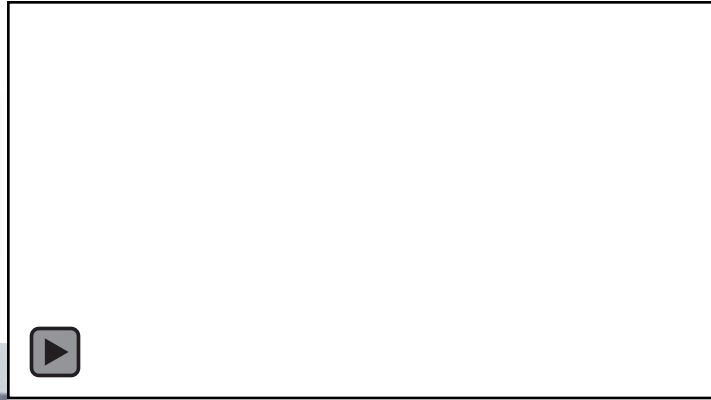
2007

2008

2009/2010



COMMUNITY BASED PHYSICAL ACTIVITY PROGRAMS AND BUILT ENVIRONMENT EQUITY





PARTNERSHIPS FOR SYSTEMS CHANGE TO SUPPORT ACTIVE, WELL NOURISHED, EQUITABLE AND SOCIALLY CONNECTED COMMUNITIES



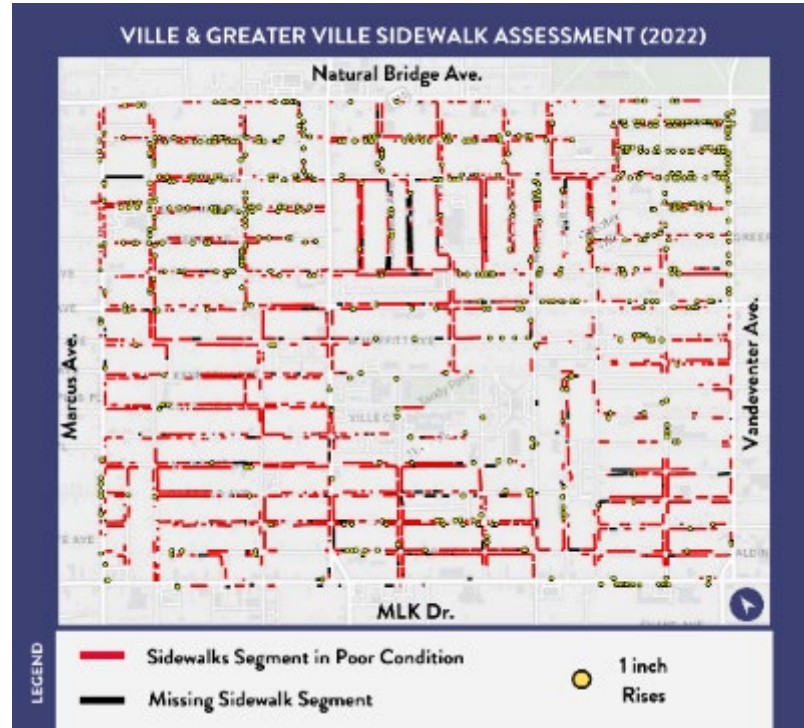
FOOD APARTHEID:

The systematic destruction of Black self determination to control our food (including land, resource theft and discrimination), a hyper-saturation of destructive foods and predatory marketing, and a blatantly discriminatory corporate controlled food system that results in our communities suffering from some of the highest rates of heart disease and diabetes of all times. Many tend to use the term “food desert” however food apartheid is a much more accurate representation of the structural racialized inequities perpetuated through our current system.

-Dara Cooper & LaDonna Redmond, National Black Food and Justice Alliance



THE LEGACY OF SEGREGATION



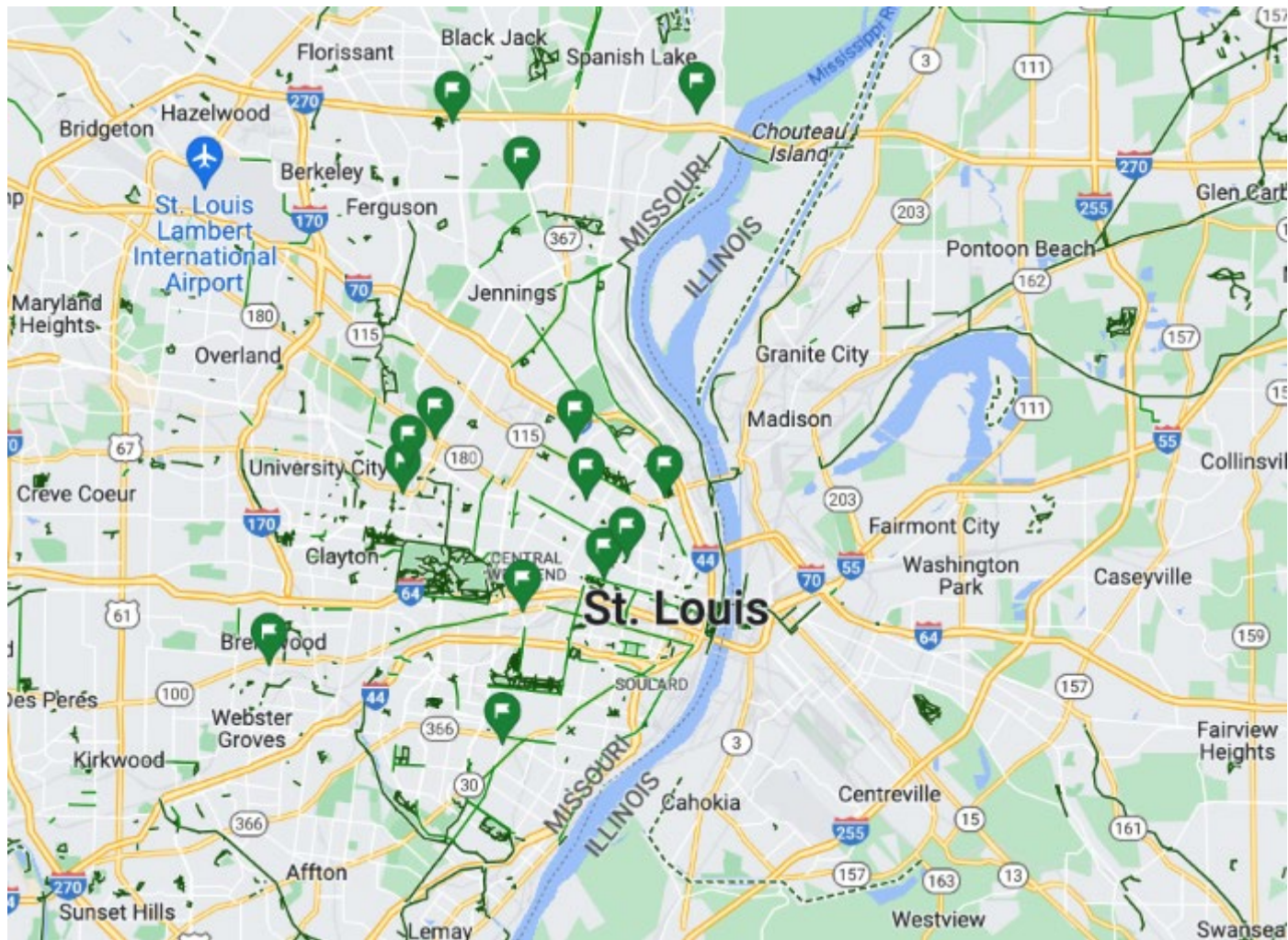
Assessment carried out by Trailnet for BRIC in February 2023



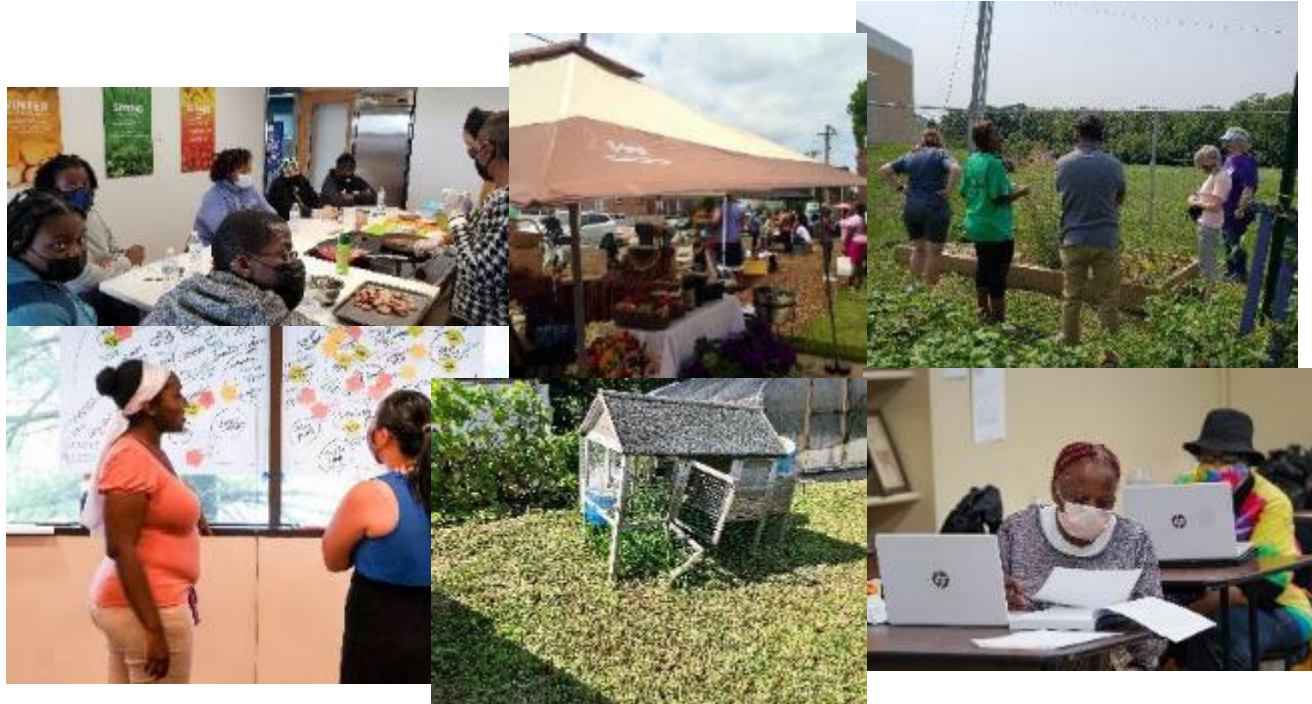
BRIC STRATEGIES / ACTIVITIES

1. Supporting local food banks and pantries to implement client choice models and source from local agriculture – community gardens, urban farms
2. Farmers Markets and mobile farmers markets
3. Local neighborhood community gardens network
5. Virtual cooking classes and demonstrations
6. Community Owned Grocery Store
7. Partner with local community podcast to disseminate information and resources
8. Yoga/mindfulness for seniors in AAA centers
9. Traffic safety planning and audits / traffic calming projects / pocket parks





BUILDING RESILIENT INCLUSIVE COMMUNITIES - BRIC COLLECTIVE



FEATURED PROFILE ON THE SLAAA'S NEWSLETTER AND THE HEALTHY PLACES BY DESIGN BLOG



Provider Highlights

Friendly Village (Robert Fulton, Inc.)



The vegetable garden at Friendly Village (Robert Fulton, Inc.) in St. Louis has a great variety of space for the residents.

Photo: Maria Pines of Washington University on left and David for Food Bank South County, roughly 1/2 mile from the garden.



December 6, 2022



Thanks to everyone who was able to attend our Local Leaders for Socially Connected Communities call last month on Partnerships for Systems Changes to Support Socially Connected Communities.



BUILDING AND NOURISHING COMMUNITY PARTNERSHIPS

- Look for work that is already ongoing, not trying to reinvent the wheel - Assess for existing coalitions
- Listen, respect, understand, be humble and inform yourself...
“nothing about us without us”
- Honor local knowledge and understand the history and the legacy of the communities, as well as their resiliency and wisdom
- Put equity and intersectionality at the center, not just a lens
- Compensate community members for their time, expertise, value and work
- Be an advocate and be flexible



BRIC + EQUITY

- The BRIC Collective Organizations (A Red Circle, Be Well Café, City Greens, Da Hood Talks Podcast, Food and Fit Connection, Great Rivers Greenway, North Side Youth and Senior Center, Operation Food Search-Metro Market, Robert Fulton INC, Saint Louis Area Agency on Aging, Saint Louis Area Food Bank, Trailnet, Urban Harvest, Wesley House, and Emmerson/Fergusson YMCA).

- Integrated Health Network

- Regional Response team

- Molly Metzger

- Patrick Fowler

Brown School

**COVID-19 and Health Disparities Research
Pilot Funds**

Supported by the:

**Neidorff Family and Centene Corporation
COVID & Health Disparity Response Fund.**

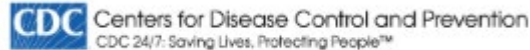


NEW PROSPECTIVE GRANTS FROM BRIC

- **Racial and Ethnic Approaches to Community Health (REACH)**

Due April 17th CO-PI Denise Wilfley, School of Medicine,
Collaborators, BRIC Collective, BJC, IHN, DHSS,

Division of Nutrition, Physical Activity, and Obesity





SPECIAL THANKS TO:

CONFLUENCE ZEN CENTER STL



WVPRC / WVBPH Partnership

National Association of Chronic Disease Directors BRIC Webinar

August 2, 2023

History of the Partnership

- ▶ How it started - WVU initial application to CDC
 - ▶ Small state, resource poor, collaboration a necessity
- ▶ The tobacco connection - research focus
 - ▶ Teen smoking cessation
 - ▶ Settlement funds
- ▶ Shared interests in research and programming related to tobacco, physical activity and nutrition
 - ▶ Held a co-sponsored symposium “Research, Practice and Policy” in 2003
- ▶ CDC funding to the state with opportunities for outside evaluation

What makes the partnership work?

- ▶ Mutual Respect
- ▶ Shared Learning
- ▶ Trust
- ▶ Responsiveness
- ▶ Friendship
- ▶ Shared Values (Collaboration, Innovation, Impact)
- ▶ Humor

What does the partnership do?

- ▶ Support one another through:
 - ▶ Strategic Planning / Leadership Engagement
 - ▶ Training
 - ▶ Evaluation
 - ▶ Program development and implementation
 - ▶ WVPRC Community Partnership Board - input, guidance, dissemination

Strategic Planning / Leadership Engagement

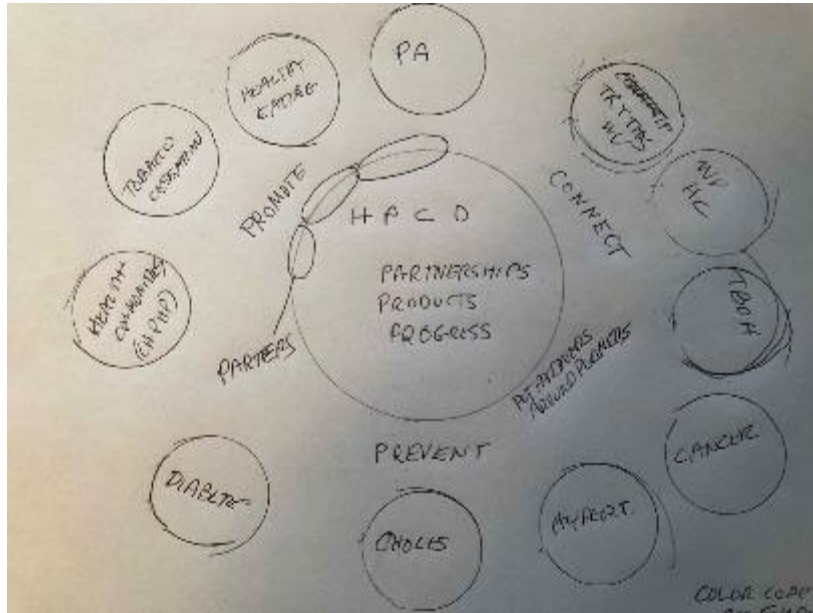


Typically a face to face meeting that could be Zoom, lunch somewhere in the middle of the state, to a few days away where we can delve deep into planning and future directions.

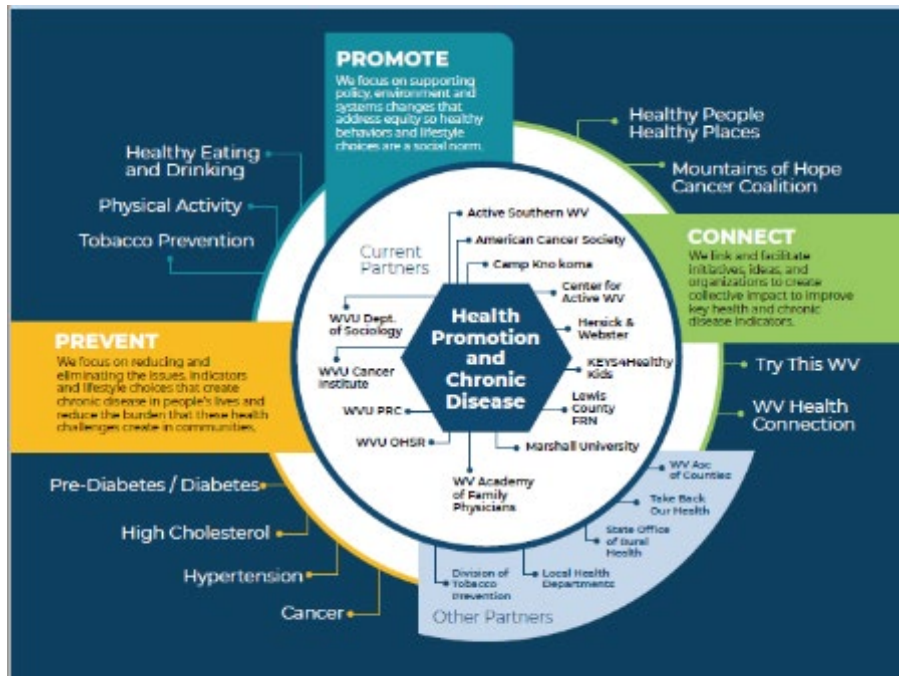
How does this look?

- ▶ Bi-directional strategic planning
- ▶ Creative Solutions to organizational challenges
 - ▶ In house evaluation
 - ▶ Statistical software
 - ▶ Funding for trainings

Brainstorming



Initial concept



Final version with input from other HPCD partners

OUR IMPACT ECO-SYSTEM

Our collaborative model connects and empowers organizations across our state allowing us to align initiatives and efforts to maximize impact and accelerate implementation of successful outcomes across West Virginia.

Training / Group Facilitation



Conducted with or among BPH Staff, BPH Subawardees, Community Organizations, etc.



- ▶ Ice Breaker for an Office wide training



Health Promotion and Chronic Disease - Team Building for Our Future

Synergy 2.0 – Tuesday, December 11, 2018

Goal... "Super" Energized, Collaborative, and Successful Division

10:00 am Coffee – Micah



Little Known Super Hero – "Bartosz Bear"

10:30 am **Welcome and Overview of the Day – Jessica and Geri**
What are our goals for the day? By the end of the day, I hope that we accomplished the following...

11:00 am **What is Synergy?** – Jessica
"Synergy is the creation of a whole that is greater than the sum of its parts." What was Synergy (1305 Funding) and now Synergy 2.0 – "Leveraging what we know and linking better!"

MAY THE FORCE BE WITH US!



HOLY HEALTH PROMOTION, BATMAN!

11:15 am

Introductions – Geri
Let us know who is your Super Hero (for today) and why did you choose her/him? Demonstrations welcome!



11:30 am

Shared Values and Ideal Work Environment – Leesa
What are your values for the Division? What kind of work environment do you prefer?



12:00 pm

Re-fueling for the afternoon adventures!

1:00 pm

Characteristics of Effective Teams – Geri



2:00 pm

Working as a Team – Micah and Leesa
What are your Super Powers (strengths)? How do these strengths add to the capacity of HPCD? What are the collective strengths of HPCD? What other Super Powers does the Division need to succeed?

2:45 pm

Team Skill Sets – Geri and Jessica
It is a year from now. What are the Super Powers (skills, knowledge, and abilities) that the team needs to be successful? Do we have them all covered?

3:30 pm

Next Steps – Ideas – Jessica



3:45 pm

Closing – Jessica
We are ready for you to use your Super Powers for the good of the WV Division of Health Promotion and Chronic Disease and for West Virginia!



Thank you!



Evaluation

- ▶ Some examples of WVPRC providing evaluation services to BPH:
 - ▶ Tobacco Prevention and Control, now the Division to Tobacco Prevention - evaluation of DTP for 20 of the last 23 years
 - ▶ The Office of Healthy Lifestyles (mid 2000's) - included Main Street projects
 - ▶ CDC 1305 - Diabetes and CVH
 - ▶ CDC 1815 - Diabetes and CVH
 - ▶ CDC 2103 - COVID-19 Health Disparities
 - ▶ Try This WV (2014-2016) - Grass roots organization that has received BPH support
 - ▶ Take Back Our Health (TBOH)
 - ▶ Capacity Building Grants (formerly Mini-Grants)
 - ▶ Building Resistant and Inclusive Communities (BRIC)
 - ▶ Celebrating Health WV - process evaluation to inform programmatic changes



Try This Evaluation Report 2014-2016

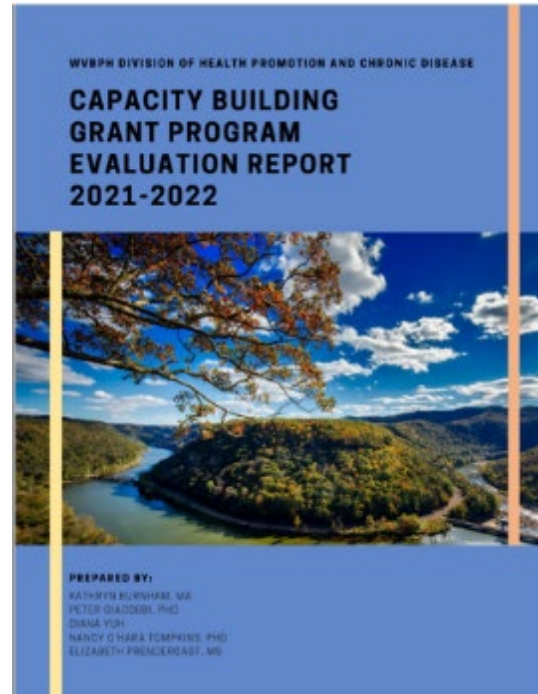
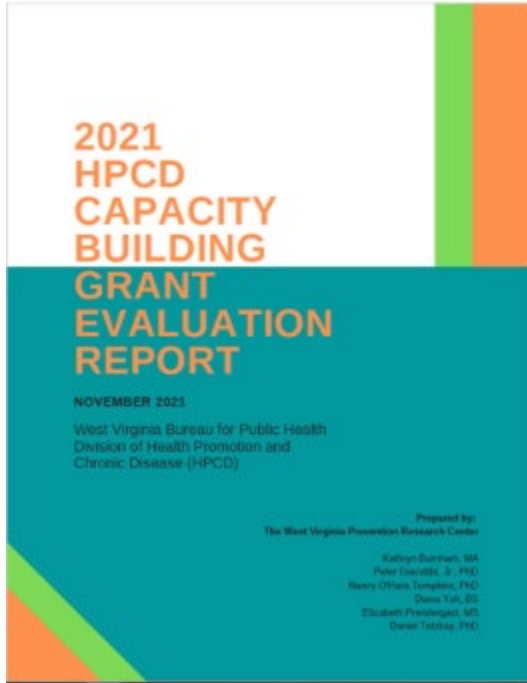


Traci Jarrett, PhD and Elizabeth Prendergast, MS
West Virginia Prevention Research Center

West Virginia Clinical Translational Science Institute

with support of the West Virginia University Health Sciences Center Associate Vice President's Office for Coordination and Logistics
and contributions by Sara Mathew, PhD, Stefanie Maurice, PhD, and Mitch Gregory

Capacity Building Grant (CBG) Program Evaluation



CBG - Infographs



Maximizing the Potential of Mini-Grants to Promote Policy, Systems, and Environmental Changes: Outcomes and Challenges

Nancy O'Hara Tomakins, PhD , Jessica Wright, RN, MPH, CHES , and Megan Ross, MPH  [View all authors and affiliations](#)

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Abstract

Purpose and Objectives

This article describes the implementation and evaluation of a chronic disease mini-grant initiative, coordinated by a state health department in collaboration with multiple stakeholders. Braided funding from federal and state sources was used to build and implement the initiative.









Intervention Approach

Mini-grants, facilitated by five different facilitating organizations, were funded to promote implementation of policy, systems, and environmental (PSE) changes at the local level. Grant recipients represented a variety of sectors, including education, government, and nonprofit organizations.

Evaluation Methods

Primary (surveys) and secondary (final reports) data documented achievement of PSE changes.

Results

Information	Authors
	Nancy O'Hara Tomakins, PhD 
	Jessica Wright, RN, MPH, CHES 
	Peter Giacobbi, Jr., PhD 
	Bayan Alalawot, MPH 
	James Vance, BA 
	Micah Gregory, BS 
	Craig Bramley, DC 
	Megan Ross, MPH 

Program Development and Implementation - *Healthy People Healthy Places*

- ▶ State Physical Activity and Nutrition State Engagement Meeting (SPAN SEM) -
 - ▶ Jessica Wright - former Director of Health Promotion and Chronic Disease discussed on multiple occasions and at multiple meetings the need to celebrate all of the wonderful work being done in WV, probably starting in 2012-2013
 - ▶ Southern Obesity Summit was held in Charleston, WV October 2018 and sparked further discussion of and enthusiasm for a recognition program.
 - ▶ HPCD working with NACDD convened a planning group to bring people together around the idea of developing the Healthy People Healthy Places recognition program including planning a meeting in 2019.
 - ▶ In October 2019 a group of nearly 100 people from across the state came together.
 - ▶ Organizers, presenters and participants included representation from HPCD, NACDD, CDC, WVPRC, state experts in SPAN, Public Health Practice Community, and Community Based Organizations



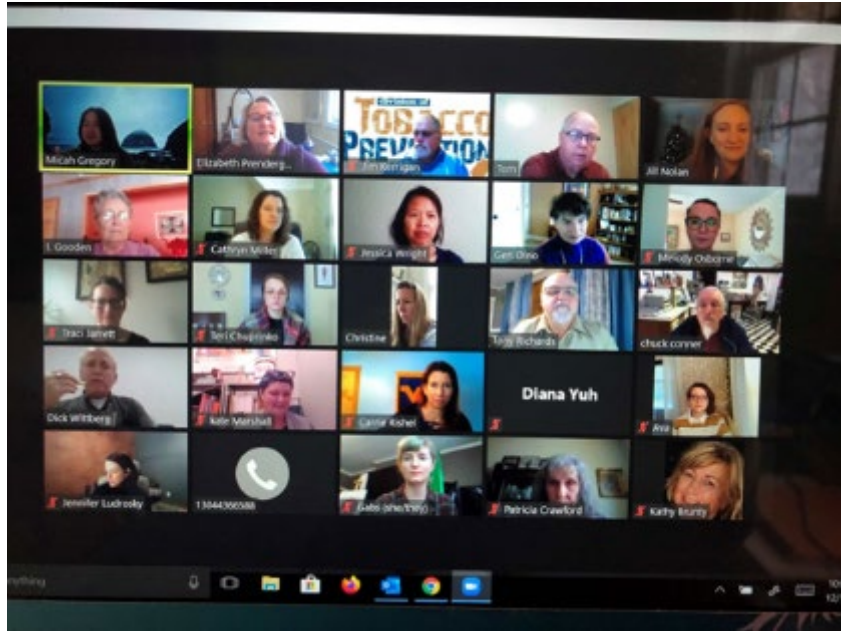
Figure 1. 2019-2020 Inaugural Year Timeline for the WV Healthy People Healthy Places Recognition Program



Healthy People, Healthy Places - currently Celebrating Healthy WV



WVPRC Community Partnership Board



← COVID
Version

CPB members include
individuals from the BPH

Currently, State Office of
Rural Health and the
Division of Tobacco
Prevention

Former Director of HPCD

Meets quarterly

Lessons Learned

- ▶ Our systems are not going to save us -
 - ▶ Be willing to search out creative solutions!
 - ▶ Be patient.
- ▶ Own what you don't know, because chances are that as a group, someone has the knowledge or knows where to get it.
- ▶ Count on one another for organizational and individual strengths.
- ▶ Celebrate and Share Successes - because we do not do this enough!

Thank you!

James Vance

Associate Director

West Virginia Division of Health Promotion and Chronic Disease

Office of Community Health Systems and Health Promotion

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/ Leesa G Prendergast, MS

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Top Recommendations

- Reach out to PRCs and commit to ongoing relationship building and bi-directional learning
- Collaborate with PRCs to identify new ways to address social determinants of health, to advance health equity, and to support state infrastructure for evidence-based public health and administrative evidence-based practices.
- Be intentional about adaptations to your interventions - evaluate and communicate your findings to expand the science (i.e. use implementation science and tell others what you learn)





Resources

- [List of Prevention Research Centers](#): This link includes direct links to the individual PRC websites and lists their areas of focus.





List of current PRCs

2019-2024 CDC Prevention Research Centers		
Institution	Center Focus Topic	Population or Setting of Focus
COLORADO SCHOOL OF PUBLIC HEALTH	chronic disease, ACES, cancer, social/emotional development	children, families
EMORY UNIVERSITY	cancer, chronic disease, tobacco use, physical activity, healthy eating, obesity, epilepsy	adults, children, rural
GEORGIA STATE UNIVERSITY	health and well-being of migrant children	children, migrant people, refugees
HARVARD T.H. SCHOOL OF PUBLIC HEALTH	family and child nutrition, physical activity, healthy eating, obesity prevention	children, families
JOHNS HOPKINS UNIVERSITY	youth job training and mental health, substance use, violence, physical activity, and sexual health	youth, adolescents
MOREHOUSE SCHOOL OF MEDICINE	population health, chronic disease, HIV/AIDS	African Americans, minority communities
NEW YORK UNIVERSITY SCHOOL OF MEDICINE/CUNY	chronic disease, surveillance	racial and ethnic minority groups, communities experiencing social and health disadvantages
UNIV OF MARYLAND, COLLEGE PARK	mental health, healthcare, HIV, substance use	LGBT+
UNIV OF MASSACHUSETTS MEDICAL SCHOOL WORCESTER	healthy eating, physical activity, tobacco cessation, obesity, hypertension, diabetes, asthma	youth, families, women
UNIV OF NORTH CAROLINA CHAPEL HILL	cancer, nutrition, obesity, high blood pressure, diabetes	racial and ethnic minority groups, rural, communities with limited resources
UNIV OF ALABAMA AT BIRMINGHAM	community health, built environment, sexual health	African Americans, rural, parents



2019-2024 CDC Prevention Research Centers

Institution	Center Focus Topic	Population or Setting of Focus
UNIV OF ARIZONA	chronic disease	Latinx
UNIV OF CALIFORNIA, SAN FRANCISCO	HIV	African American men, LGBTQ+ people, transgender women
UNIV OF ILLINOIS AT CHICAGO	child health (nutrition, physical activity, and risky health behaviors), PSE (policy, systems, and environmental change)	children, schools
UNIV OF IOWA	SDOH, physical activity	rural, micropolitan communities, Latinx, black, refugee, immigrant
UNIV OF MICHIGAN AT ANN ARBOR	built environment, violence prevention, sexual health, maternal and child health, drug and alcohol use, physical activity, healthy eating	youth, children, women
UNIV OF MINNESOTA	youth & adolescent health	youth/adolescents
UNIV OF NEW MEXICO	chronic disease, health-related quality of life	rural/frontier, hispanic, native american, spanish-speaking immigrants
UNIV OF ROCHESTER	community health, nutrition, physical activity, obesity	deaf American Sign Language users and people with hearing loss
UNIV OF SOUTH CAROLINA AT COLUMBIA	physical activity and healthy eating	african american adults, faith-based settings
UNIV OF TEXAS AT HOUSTON	cancer, sexual health, substance use	african american, hispanic
UNIV OF WASHINGTON	healthy aging/brain health, cancer, mental health, physical activity, workplace health	older adults
UNIV OF WISCONSIN-MADISON	maternal and child health, mental health	low income women, infants, and families
WASHINGTON UNIVERSITY IN ST. LOUIS	chronic disease, obesity prevention, physical activity, healthy eating	
WEST VIRGINIA UNIVERSITY	substance use (especially tobacco & opioids)	youth/adolescents, rural
YALE UNIVERSITY	chronic disease, diabetes, obesity, CVD, nutrition, physical activity	



Resources

- [CDC PRC Pathways to Practice Resource Center](#): The P2P Resource Center is a one-stop, easy-to-navigate website that features tools and resources produced by CDC-funded PRC research projects.



Related Core Research Project Options for 2024-2029

- Improve Health and Wellness Among Older Adults
- Improve the nutrition physical activity, health and wellness among overweight or obesity children from households with lower incomes
- Improve healthy food offerings served, sold, and distributed in community settings
- Improve the nutrition and physical activity among children (0-5 years) in Early Childhood Education (ECE) settings
- Increase physical activity and reduce disparities in physical activity participation
- Improve arthritis management and outcomes



Core Research Project Options for 2024-2029

CRP Categories	Population	Implementation Science Gaps	Evidence-Based Interventions (EBIs)
1 Improve Health and Wellness Among Older Adults	<ul style="list-style-type: none">Older Adults	<p>A. The literature on successful interventions for specific (sub)populations is sparse; for example, subpopulations include individuals with a history of cancer, non-U.S. born/foreign born persons, people with lower incomes, people who are underserved by age, race, ethnicity, disability status, or language.</p> <p>B. There are also important gaps in research, dissemination, and implementation and understanding impact on disparities across groups such as by race, ethnicity, education, income, age, sex, geography [rural/urban], disability status, and sexual orientation or gender identity.</p> <p>C. Strategies to address social isolation and social connectiveness with sufficient rationale, literature, and evidence may also be examined.</p>	<ul style="list-style-type: none">Enhance@Fitness - Project Enhance https://projectenhance.org/enhancefitness/Physical Activity: Social Support The Community Guide - https://www.thecommunityguide.org/findings/physical-activity-social-support-interventions-community-settings.htmlPhys Activity: Park, Trail, Greenway multicomponent The Community Guide - https://www.thecommunityguide.org/findings/physical-activity-park-trail-greenway-infrastructure-interventions-combined-additional-interventions.htmlNutrition, Physical Activity: Digital Health–Worksite The Community Guide - https://www.thecommunityguide.org/findings/nutrition-and-physical-activity-worksite-digital-health-and-telephone-interventions-increase-healthy-eating-and-physical-activity.htmlPhysical Activity: Digital Health for Adults 55+ The Community Guide- https://www.thecommunityguide.org/findings/physical-activity-digital-health-interventions-adults-55-years-and-older.htmlDepression Care Older Adults, Exercise-Based The Community Guide - https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-interventions-reduce-depression-among-older-adults.htmlAlleviating Depression Among Patients With Cancer (ADAPt-C) Evidence-Based Cancer Control Programs (EBCCP) - https://ebccp.cancercontrol.cancer.gov/programDetails.do?programId=3551008



Core Research Project Options for 2024-2029

CRP Categories	Population	Implementation Science Gaps	Evidence-Based Interventions (EBIs)
7 Improve healthy food offerings served, sold, and distributed in community settings.	<ul style="list-style-type: none">• Children• Adolescents• Adults	<p>A. How can CDC-funded states or communities interested in using food service guidelines (FSG) as an evidence-based intervention improve uptake and evaluation through implementation science frameworks, constructs, or logic models? Implementation constructs of interest include, acceptability, penetration of reaching those most at risk for poor diet and lack of food and nutrition security, cost, and/or maintenance. Specific focus areas include:</p> <ul style="list-style-type: none">○ Implementation of FSG in individual settings<ul style="list-style-type: none">▪ Using implementation science models and frameworks to address barriers and facilitators to implementation in individual settings such as a specific hospital or worksite.○ Implementation of FSG in systems<ul style="list-style-type: none">▪ Using implementation science models and frameworks to identify barriers and facilitators to participation in systems implementation of FSG – for example multiple organizational settings within a jurisdiction (all state parks, all county park and recreation centers, university system, multiple food pantries within the charitable system).○ Ensuring more equitable FSG implementation in low resource communities with high rates of chronic disease<ul style="list-style-type: none">▪ Determining community engagement processes for greater inclusive cultural foods and/or cooking adaptations, diverse coalitions or workgroups, procurement from socially disadvantaged producers that help support acceptability and uptake of FSG that maximize choice and profitability.	<p>B. Food Service Guidelines is the evidence-based intervention. https://www.cdc.gov/obesity/downloads/guidelines_for_federal_concessions_and_vending_operations.pdf</p>



Core Research Project Options for 2024-2029

CRP Categories	Population	Implementation Science Gaps	Evidence-Based Interventions (EBIs)
8 Improve the nutrition and physical activity among children (0-5 years) in early childhood education (ECE) settings.	<ul style="list-style-type: none"> • Infants • Children 	<p>A. Spreading the use of evidence-based interventions How can CDC-funded states or communities interested in using an evidence-based intervention (e.g., GONAP SACC or other evidence-based intervention) improve uptake through implementation science frameworks, constructs or logic models? Areas of interest include:</p> <ul style="list-style-type: none"> ○ Penetration, Acceptability, Cost, and/or Maintenance. <p>B. Using implementation science models and frameworks to determine barriers and facilitators to participation Determining the barriers and facilitators and what ECE programs and providers need to be able to participate/implement an evidence-based intervention in their program.</p> <p>C. Ensuring equitable implementation Determining if there are cultural or linguistic adaptations that need to support uptake. For example, are there populations an applicant might want to focus on to ensure the evidence-based intervention is acceptable?</p>	<ul style="list-style-type: none"> • SNAP ed toolkit Intervention Programs – SNAP-Ed Toolkit (snapedtoolkit.org) - https://snapedtoolkit.org/interventions/programs/ <ul style="list-style-type: none"> ○ Brighter Bites ○ CATCH Early Childhood ○ Child Health Initiative for Lifelong Eating and Exercise (CHILE) Plus (NM PRC) ○ Culture of Wellness in Preschools (Rocky Mountain PRC), ○ Culture of Wellness in Preschools: Policy, System and Environment Change Process (COWP) ○ Cooking Matters ○ Eat Well Play Hard in Child Care Settings (EWPHCCS) ○ Go NAPSACC – SNAP-Ed Toolkit (www.snapedtoolkit.org) ○ Harvest for Healthy Kids ○ Hip Hop to Health Jr. ○ Supporting Health and Activity in Preschool Environments (SHAPES) ○ The Children’s Healthy Living (CHL) Program ○ Together, We Inspire Smart Eating (WISE) ○ UCONN Husky Nutrition On-the-Go, Sugary Drink Reduction (SDR) • Healthy Caregivers/Healthy Children – evidence based ECE intervention with good results - https://clinicaltrials.gov/ct2/show/NCT01722032 • Preventing Obesity by Design – evidence based work to increase access to high quality outdoor learning spaces and PA - https://naturalearning.org/pod2



Core Research Project Options for 2024-2029

CRP Categories	Population	Implementation Science Gaps	Evidence-Based Interventions (EBIs)	
9	<p>Increase physical activity and reduce disparities in physical activity participation.</p>	<ul style="list-style-type: none"> • Children • Adolescents • Adults 	<p>A. Accelerating adoption and implementation of community-engaged policies and plans for community design to increase physical activity and reduce health disparities</p> <ul style="list-style-type: none"> ○ How can implementation science frameworks, constructs or logic models help CDC-funded states or communities accelerate adoption and implementation of plans and policies to increase physical activity through community design? Areas of interest include: Acceptability, feasibility, and sustainability of changes in policies and plans and their implementation over time. <p>B. Using implementation science models and frameworks to identify barriers and facilitators to adopting and implementing plans and policies to increase physical activity through community design in priority community and neighborhood contexts</p> <ul style="list-style-type: none"> ○ In these contexts, how does presence or absence of factors such as public support, political will, evidence of economic or other co-benefits, or resources or technical expertise such as may be needed to apply for Bipartisan Infrastructure Law grant programs influence adoption or implementation of plans and policies for community design to increase physical activity? <p>C. Ensuring equitable implementation—what resources, expertise, or facilitation are needed to:</p> <ul style="list-style-type: none"> ○ Promote community-engaged implementation in priority communities and neighborhoods? ○ Assess and address concerns over possible negative externalities (e.g., threats to community stability or community safety)? ○ Consider plans and policies to prevent or mitigate displacement in connection with interventions to increase physical activity through community design? ○ Insights on co-benefits of community design for physical activity, such as safety, social cohesion, or economic opportunity which could potentially benefit CDC’s state and local efforts to reduce disparities in implementation. 	<ul style="list-style-type: none"> • Physical Activity: Built Environment Approaches The Community Guide https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches.html • Physical Activity: Park, Trail, Greenway Multicomponent The Community Guide https://www.thecommunityguide.org/findings/physical-activity-park-trail-greenway-infrastructure-interventions-combined-additional-interventions.html



Audience Q & A and Discussion with Speakers





Group Reflection/Take Away

Jamboard Activity



What is one way a partnership with a PRC can help sustain your public health work?

**Get the latest
evidence-based
practices**

**help translate
and share
research with
practitioners**

**Evaluation
data can help
support your
argument for
additional
funds.**

**Consistent
Evaluation**

**Use best
practices
supported by
evidence-base
to advance
policy design.**

**New
collaborations
with different
types of
support**

What is one take away, action step or "aha" from today's session?

Sharing the invite for the informal chat groups with colleagues since we don't have a PRC in our state

Learn more about PRCs close to you and/or focusing on physical activity and nutrition.

Watch out for that cool PA focused training with Ken Rose/Mark Fenton in future years

Practice and Research chat opportunity

Realized how fortunate we are in our state to already partner with our PRC - didn't realize other states did not have that opportunity



What's Next

NACDD in Action! White House National Strategy, Learning and Discussion Series

Pillar 4: Physical Activity for All

August 17, 2023 | 2:00 – 3:15 pm ET

SPINE Special Training Learning Opportunity

Communications 101: Leveraging Communications for Food and Nutrition Security Work

September 19, 2023 | 2:00 – 3:30 pm ET

BRIC Webinar – SAVE THE DATE

Topic: TBD

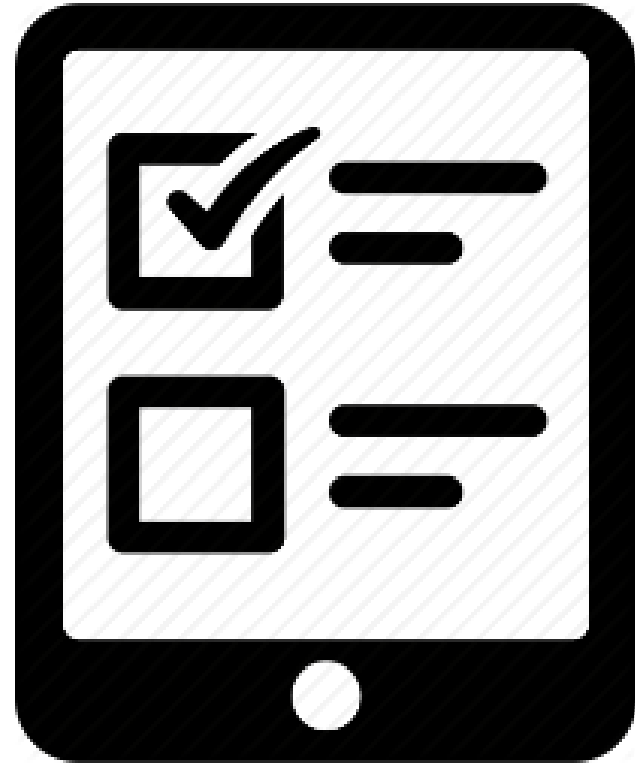
September 27, 2023 | 2:00 – 3:30 pm ET





Reminder!

Please take a moment to complete the survey at the end of this meeting!





Thank you!

