



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.



Thought Leader Round Table

Leveraging Evidence-based Practices to Design Systems and Communities that Promote Healthy Weight

Summary Report

Prepared by the National Association of Chronic Disease Directors
Center for Advancing Healthy Communities
August 2023



Executive Summary and Call to Action

Since 1988, the [National Association of Chronic Disease Directors \(NACDD\)](#) has become the recognized leader in improving the health of the public by strengthening state-based leadership and expertise for chronic disease prevention and control. As a model anti-racist organization, NACDD promotes social justice and wellbeing so that communities can build healthier futures. We envision a world where all people reach their full health potential, free from the burdens of chronic disease.

NACDD supports communities, states, and territories in protecting the health of the public through primary and secondary prevention efforts and working upstream on root causes of chronic conditions. To ensure our constituents, partners, and funders are equipped to address public health challenges, NACDD develops and disseminates expertise to meet the expanding needs of public health practitioners in the field.

On behalf of our Board of Directors and more than 7,000 Members, I encourage you to review the recommendations provided in this report to accelerate health promotion efforts in your communities. Together, we can build a healthier future for all.

Sincerely,

John W. Robitscher, MPH
Chief Executive Officer





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Introduction

Many local, state, and territorial health department Chronic Disease Units implement interventions to improve physical activity and nutrition for their populations to reduce the risk of chronic disease and promote healthy lifestyles. These interventions are connected to [proven strategies](#) supported by the Centers for Disease Control and Prevention (CDC) and strategies outlined by other organizations such as [The Community Preventive Services Task Force](#) (known as The Community Guide) and the [U.S. Preventive Services Task Force](#). While these strategies are well-supported in the literature, there are opportunities to innovate around their implementation.

On September 13-14, 2022, the National Association of Chronic Disease Directors’ (NACDD) Center for Advancing Healthy Communities (CAHC) convened a Thought Leader Round Table (TLRT) to discuss the role of State and Territorial Health Department Chronic Disease Directors (CDD) and other partners in designing systems and communities that promote healthy lifestyles.

The meeting presentations and breakouts focused on CDC’s proven strategies, which were condensed into three topic areas:

1. Enhancing community design to increase active transportation.
2. Supporting the spread and scale of Family Healthy Weight Programs.
3. Implementing bold nutrition strategies including approaches to reduce consumption of added sugars, food service guidelines, and nutrition policy in early care and education.

Participants included:

- State public health CDDs and their staff.
- Local and national subject matter experts.
- Leadership from CDC’s Division of Nutrition, Physical Activity, and Obesity.
- NACDD Board of Director members and leadership.

NACDD would like to thank the CDC for their thought partnership and collaboration in the planning of the meeting.

Thought Leader Round Table Overview

NACDD’s TLRTs engage CDDs and other strategic leaders to discuss critical and emerging public health issues and develop actionable steps to further progress in those areas. Recommendations developed through the TLRT process prioritize multi-sector action.

This TLRT aimed to facilitate robust discussion about ways to innovate around CDC’s [proven strategies](#) to reduce the risk of chronic disease and promote healthy lifestyles. It was designed to answer the guiding question: What is the role of State/Territorial CDDs and other partners in designing systems and communities that promote healthy weight? The discussions focused on the CDD’s role in leveraging community design to increase active transportation, supporting the spread and scale of Family Healthy Weight Programs, and implementing bold nutrition strategies. In addition, the TLRT identified actionable recommendations for CDDs and national partners.

The meeting objectives included:

- Identify best practices and innovations related to CDC’s proven strategies.
- Identify recommendations for action for Chronic Disease Units and other partners.

Supporting Articles & Information

Before the meeting, participants were asked to review a [Summary of State Health Plan Language](#), which shared goals and objectives from five states’ plans (e.g., State Health Improvement Plan, Physical Activity Plan). The purpose of the pre-reading was to provide attendees with tangible examples of how states are already working on and innovating around the proven strategies and to lay a foundation for breakout discussions.

Presentation Summaries

Welcome

Jennie Hefelfinger, MS, Vice President of CAHC at NACDD, welcomed participants to the meeting. She provided an overview of NACDD, described the work of CAHC, and outlined the purpose and goals of the meeting.


Ruth Petersen, MD, MPH, Director of the Division of Nutrition, Physical Activity, and Obesity at CDC, provided an overview of the five [proven strategies](#) states can take to reduce chronic disease:

1. Making physical activity safe and accessible for all.
2. Making healthy food choices easier everywhere.
3. Making breastfeeding easier to start and sustain.
4. Strengthening obesity prevention standards for early care and education settings.
5. Spreading and scaling Family Healthy Weight Programs.

Innovation Focus Area 1: Community Design To Increase Active Transportation

- Learning objectives:
- Understand how community and transportation design impacts access to and opportunity for physical activity for community members and residents.
 - Understand how community and transportation design supports or prohibits Activity Friendly Routes to Everyday Destinations.
 - Review current best practices and recommendations around community design.
 - Reinforce an interdisciplinary approach to community design.
- Presenters:
- Heather Devlin, MA, Lead Health Scientist for the Physical Activity Translation and Evaluation Team at CDC
 - Leslie Meehan, MPA, AICP, Deputy Commissioner for Population Health at the Tennessee Department of Health
 - Allison Colman, Director of Health at the National Recreation and Park Association

Presentation Content

 Heather Devlin, MA shared [strategies](#) to increase physical activity, support [equitable and inclusive access](#), and an overview of CDC’s current work in this space. She discussed how different [sectors can support](#) increased physical activity and referenced a new [tool](#) to support collaboration between planning organizations, such as county or city governments, and public health. These activities are part of CDC’s [Active People, Healthy Nation](#)SM initiative.¹

Leslie Meehan, MPA, AICP described Tennessee’s intensive efforts to foster collaboration between Planning and Public Health by employing [Healthy Development Coordinators](#). These positions are embedded in local and regional planning efforts and inform local officials of the health impacts of planning decisions. She also described the health department’s Built Environment Grant Program, which uses a braided funding approach to support the development of health-promoting built environment projects available to the public at no cost.

Resources Shared

- [Tennessee Department of Health Design Charrette Manual](#)
- [Health Promoting Design, Economic ROI Toolkit](#)
- [Active Building Guidelines: Designing a Healthier TN](#)
- [Healthy Places Website](#)

Allison Colman provided an overview of the connections between Parks and Public Health (as providers of out-of-school meals, exercise/physical activity programs, evidence-based chronic disease prevention and management programs, etc.). She noted that parks are not always accessible, safe, inclusive, or welcoming, and there is an opportunity to better engage the community in informing how parks are used. She referenced a new Community Guide [recommendation](#) to invest in park, trail, and greenway infrastructure, combined with additional interventions, to increase physical activity. She also outlined the Association’s process for creating an equitable system-wide park master plan.

Resources Shared

- [Creating Equity-Based System Master Plans](#)
- [Inclusive Healthy Places Companion Guide](#)

- [Elevating Health Equity Through Parks and Recreation: A Framework for Action](#)
- [Resource Guide for Planning, Designing, and Implementing Green Infrastructure in Parks](#)
- [Equity in Parks and Recreation: A Historical Perspective](#)
- [Community Engagement Resource Guide: Creating Equitable Access to High-Performing Parks](#)
- [Health Impact Evaluation Framework](#)

Innovation Focus Area 2: Spread and Scale of Family Healthy Weight Programs

- Learning objectives:
- Understand the background, context, and evidence for Family Healthy Weight Programs (FHWP) as a childhood obesity prevention and treatment strategy.
 - Review CDC’s role and vision for the spread and scale of FHWP.
 - Learn about clinical and community-based models of implementation and sustainability.
- Presenters:
- Alyson Goodman, MD, MPH, Medical Epidemiologist and Lead for the Population Health and Healthcare Team with CDC’s Division of Nutrition, Physical Activity, and Obesity
 - Denise Wilfley, PhD, Scott Rudolph University Professor of Psychiatry, Medicine, Pediatrics, and Psychological and Brain Sciences at the Washington University School of Medicine
 - Harry MacMillan, Co-Founder and Managing Director for the Healthy Weight Partnership

Presentation Content

Alyson Goodman, MD, MPH provided an overview of evidence-based FHWP, introduced

COMPONENTS OF EFFECTIVE FAMILY HEALTHY WEIGHT PROGRAMS	
Content: <ul style="list-style-type: none">• Nutrition & Physical Activity Skills & Counseling• Focus on behavior modification• Family-centered Context: <ul style="list-style-type: none">• Address social determinants of health• Awareness of bias, stigma & shame	Dose & Delivery: <ul style="list-style-type: none">• >26 hours over 2-12 months<ul style="list-style-type: none">• Higher “dose” -> Better Outcome• Setting: Clinical or Community• Various Interventionist types• Group and/or Individual sessions• Virtual or in-person

the components of effective programming, and discussed CDC’s efforts to spread and scale the programs. She also shared information about CDC’s Childhood Obesity Research Demonstration ([CORD](#)) and the Childhood Obesity Management with Mind, Exercise, Nutrition – Do it! (MEND) Implementation Teams ([COMMIT](#)) projects.

Denise Wilfley, PhD shared Missouri’s work to increase access to FHWP. She presented the science behind these interventions and highlighted the lack of access and coverage as primary barriers to participation. She also outlined the state’s work to obtain Medicaid coverage for FHWP.

Resources Shared:

- [Missouri Medicaid Rule Language: Biopsychosocial Treatment of Obesity for Youth and Adults](#)
- [Parent Guide to Child Healthy Weight Programs](#)

Harry MacMillan outlined a well-researched example of a FHWP called [MEND - Mind, Exercise, Nutrition - Do It!](#). He described program implementation strategies and related health outcomes. He also shared lessons learned and recommendations related to cultural competency and coverage of the program.

1 Active People, Healthy Nation is an HHS service mark. Use of Active People, Healthy NationSM does not imply review, approval, or endorsement by HHS.

**Innovation Focus Area 3:
Bold Nutrition Strategies**

Learning objectives:

- Describe the work being done around nutrition including reducing added sugars, food service guidelines, and nutrition in early care and education settings (ECE).
- Identify strategies that State and Territorial Health Departments can employ to support innovative and bold nutrition strategies that promote healthy nutrition.

Presenters:

- Janelle Gunn, Associate Director of Policy, Partnerships, and Communications with CDC's Division of Nutrition, Physical Activity, and Obesity
- Anna Grummon, PhD, MSPH, David E. Bell Fellow at the Harvard University Center for Population and Development Studies
- Dawn Gordon, BS, Obesity Program Manager at the Maine Center for Disease Control and Prevention
- Chris Mornick, MPH, RDN, Nutrition Coordinator for the Healthy Eating Active Living Program at the Washington State Department of Health

Presentation Content

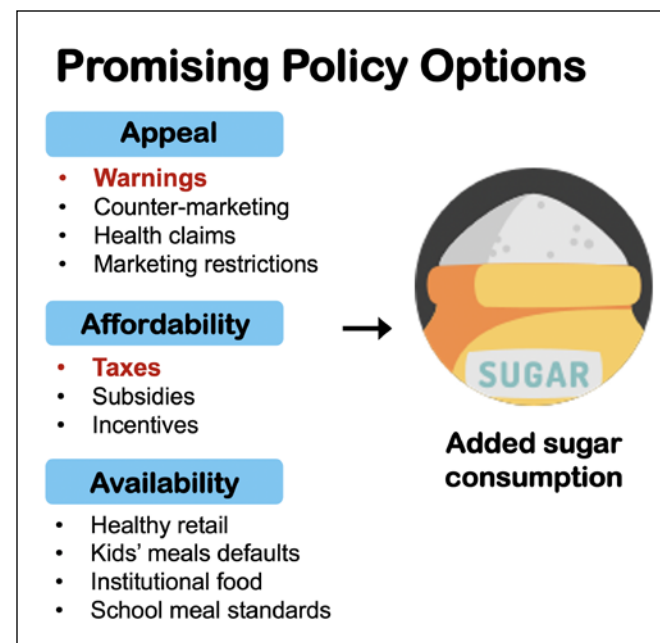
Janelle Gunn presented the health impacts of poor diets and provided an overview of the three nutrition strategies that this TLRT focused on:

- Reducing added sugar.
- Improving access to nutritious foods through food service guidelines.
- Improving nutrition environments in ECE settings.

Resources Shared:

- [Rethink Your Drink Communications Campaign](#)
- [Food Service Guidelines for Federal Facilities](#)
- [Food Service Guidelines Implementation Toolkit](#)

Anna Grummon, PhD, MSPH discussed the various policy opportunities to reduce consumption of added sugars. She discussed adoption and implementation considerations and implications for two policy interventions: food warning labels and sweetened beverage taxes.



Resources Shared:

- [Healthy Food America](#)
- [ChangeLab Solutions Sugary Drink Strategy Playbook](#)
- [Public Health Law Center Sugary Drinks Webpage](#)

Dawn Gordon, BS shared her state's work around improving ECE nutrition standards. She stressed the importance of partnerships and discussed three drivers for improved standards of care for ECE settings:

1. Licensing.
2. Alignment with the Child and Adult Care Food Program (CACFP) and Child Care and Development Block Grant.
3. Quality rating and improvement system (QRIS) and recognition programs.



Resources Shared:

- [GO NAPSACC](#)
- [The Spectrum of Opportunities Framework for State-Level Obesity Prevention Efforts Targeting the Early Care and Education Setting](#)

Chris Mornick, MPH, RDN discussed innovation around food service guidelines in her state. Specifically, Washington is working with the state's Department of Corrections and Special Olympics Washington to design and implement policies to improve food and beverage options.

Resources Shared:

Success Stories

- [Successful partnership brings healthier food options to incarcerated individuals](#)
- [Special Olympics Washington Adopts Organization-Wide Healthy Food and Beverage Policy to Reduce Health Disparities](#)

Educational Materials and Toolkits

- [Train-the-Trainer and Resource Toolkit for Executive Order 13-06 and the Dietary Guidelines for Americans](#) (Washington Department of Health)
- [Healthy Food & Beverage Toolkit](#) (Special Olympics Washington)

Other Resources

- [Food Service Guidelines for Federal Facilities](#) (Department of Health and Human Services)
- [Roadmap for Comprehensive Food Service Guidelines](#) (Center for Science in the Public Interest, CSPI)

Breakout Session Summaries

Attendees participated in breakout sessions to discuss the role of CDDs and partners in implementing strategies within the three innovation focus areas. High-level summaries are below.

Innovation Focus Area 1: Community Design To Increase Active Transportation

Participants considered strategies to increase the capacity of public health professionals working in community design. The group discussed the need for more ideas and resources to prevent gentrification in areas that receive design upgrades, authentic community engagement, and the need to be flexible with funding.

Innovation Focus Area 2: Spread and Scale of Family Healthy Weight Programs

Participants emphasized the need for more training on FHWPs, particularly around understanding which programs align with [key FHWP characteristics](#) as outlined by CDC. They also wanted more information on how these programs have and can be adapted to meet different populations’ needs. There was robust discussion around strategies for reimbursement, with a focus on engaging state Medicaid. The group discussed leveraging learnings from programs like the National Diabetes Prevention Program (National DPP) lifestyle change program and Falls Prevention Program as models for spread and scale. There was also discussion on the community partners that could support FHWPs such as food pantries/hubs, other social services agencies, Cooperative Extension, etc. Finally, the group reflected on potential referral processes and other topics related to program implementation.



Innovation Focus Area 3: Bold Nutrition Strategies

Much of the conversation centered on the need for partnerships and public health’s role as a convener. For added sugars, the group agreed that public health must cultivate community buy-in for taxes and warning labels. They also discussed the importance of not focusing solely on sugar-sweetened beverages and including other foods high in added sugars. With respect to food service guidelines, the group acknowledged existing opportunities across various settings, citing Washington state’s work with prisons and the Special Olympics. The group also considered several ideas for ECE settings including improving the care continuum for breastfeeding and nutrition and physical activity credentialing for providers. Lastly, they noted the opportunity to partner with food policy councils and enhance work around food sovereignty.

Recommendations for Action

The Thought Leaders in attendance collectively developed the following recommendations for State and Territorial Public Health Chronic Disease Units and partners.

Community Design To Increase Active Transportation

Recommendations for Chronic Disease Units

Partnerships

- Think broadly and strategically about partnerships.
 - o Include traditional community design partners (local public health, planning, transportation, public works, elected officials, disability partners, racial/ethnic equity partners, etc.).
 - o Engage different community design partners such as the American Association of Retired Persons, economic development, workforce, community development corporations, real estate development entities, university centers for excellence, parks and recreation, food producers (crossover with healthy food access), public transit, public housing, climate, resiliency, etc.
- Serve as conveners of interdisciplinary partners for active community design. This includes, but is not limited to, the following:
 - o Bring together partners from different disciplines and community sectors where people live, learn, work, play, pray, and receive care.
 - Convene with a purpose.
 - Be vulnerable and okay with not being the expert in the room.
 - Act as a neutral facilitator/process consultant.

- Listen, ask questions, and learn the language of other disciplines and sectors rather than coming up with the public health “fix.”
- o Ensure that community voice, people with lived experience, and/or populations of focus are at the table.
- Understand the power dynamics among convened partners and how these power dynamics can influence strategic directions.

- Collaborate with the state’s legislative planning office and actively engage in [NACDD’s Government Affairs](#) efforts.

Training and Technical Assistance

- Implement programmatic cross-training among State/Territorial Chronic Disease Unit staff to integrate active community design programming across multiple disciplines (e.g., physical activity program staff supporting heart disease and stroke).
- Provide training and technical assistance (T/TA) to local communities to develop community design champions (e.g., [NACDD Walkability Action Institute](#), [America Walks Walking College](#), replicating Tennessee’s [Culture of Health Grand Rounds](#), etc.).
 - o Develop, enhance, or sustain relationships with local health departments and play a consultative/subject matter expert role in supporting communities as they get organized, receive training, develop action plans, and implement community design strategies.
- Increase the capacity of local communities to acquire funding for active community design through current funding streams and connect them to funders (Bipartisan Infrastructure Bill, Inflation Reduction Act, private foundations, etc.).
 - o Provide T/TA to communities with fewer resources to apply for current legislated funds (e.g., grant writing).

- o Provide T/TA to communities in getting connected to time-sensitive opportunities such as the recent infrastructure and inflation reduction bills.

Implementation

- Explore reciprocal staffing models to embed public health staffing into other disciplines (Medicaid, Education, Transportation, Planning, Parks and Recreation) and integrate other disciplines into public health staffing.
 - o Example: Hiring planners at State Health Departments and hiring public health practitioners in planning organizations (e.g., [Tennessee Healthy Development Coordinators](#)).
- Explore, adapt, and/or implement models for training interdisciplinary partners on key activities and interests across disciplines concerning community design to build interdisciplinary relationships, build knowledge, and create reciprocal workflows.



- o Examples: [TN Grand Rounds Training](#), [TN Livability Collaborative](#)
- Address the myth/fear that implementing active community design strategies harms businesses economically.
- Use GIS mapping to illustrate data and overlapping SDoH data indicators relevant to active community design (e.g., housing, poverty, distance to parks, food deserts).
 - o Refer to built environment data and information such as [Safe Routes National Partnership State Report Cards](#) and [State Transportation Alternative Funding \(TAP\) Competition Fact Sheets](#), [updated BRFSS active travel indicators](#), [Smart Growth America's Complete Streets Policy Map](#), etc.
- Review existing state Complete Streets plans as models for replicating a statewide Complete Streets policy; pay attention to how equity is considered and integrated into the legislation (e.g., [Connecticut](#)).
- Explore and communicate the overlap between active community design and mental health, social connection, and injury prevention.
- Implement PSE changes to the built environment that augment and support access to healthy foods (e.g., access to food pantries, farmer's markets, mobile farmer's markets, etc.).

Equity

- Leverage the expertise of CDC State Disability and Health programs, University Centers for Excellence in Developmental Disabilities (UCEDD), and state Centers for Independent Living (CIL) to help embed disability inclusion into active community design efforts.
- Explore assessment and recognition opportunities for community design efforts, focusing on livability and age-friendliness.
- Advocate for active community design initiatives in under-invested and under-resourced locations:
 - o Implement [gentrification prevention](#)

[strategies](#) while pursuing active community design improvements.

- o Support authentic community engagement; invite community members to the table to discuss needs and priorities and share in decision making around implementation of activities according to the identified needs.
- o Recognize that equity needs within states/territories are different. Chronic Disease Units can help partners determine how to distribute funds in a way that addresses gaps in many places across the same state. For example, a needs assessment may identify displacement mitigation and prevention measures in Durham, North Carolina, while infrastructure access is a bigger need in the rural North Carolina mountains. Both are inequities that require intervention, and yet are very different from one another.
- Understand that equity may be defined differently across partners.

Funding

- Seek and/or provide funding for active community design from a variety of sources; considering funding "loopholes," underutilized funds, funds from interdisciplinary partners, and seed grants:
 - o Capitalize on the current equitable community resources ([Robert Wood Johnson Foundation](#), etc.).
 - o Invest in seed grants/funding to initiate community design efforts and do not underestimate the power of lighter/quicker/cheaper efforts, pop-up events, tactical urbanism (creating opportunities in cities), and demonstration projects as temporary, semi-permanent, or permanent policy, system, or environmental (PSE) changes to the built environment.
 - o Look for the loopholes/gray areas in funding streams to capitalize on underutilized funding sources, both within and outside the health department, and have the courage to "color outside the lines."

- o Identify interdisciplinary and multi-sectoral partners who could fund various aspects of community design and address other upstream social determinants of health (SDoH).
 - Explore creative pooling of funding streams among interdisciplinary partners.
- o Consider federal funding streams that support systems change across sectors such as community-clinical linkages.
- Develop partnerships with state Medicaid agencies to bridge the relationship between health and SDoH factors (housing, transportation, etc.); aim to tap into their funding to help address these issues.
- Prioritize better understanding the funding ecosystem outside of public health, CDC, and HHS (e.g., U.S. Department of Transportation).

Recommendations for Partners

- Continue to scale and implement the [NACDD Walkability Action Institute](#) and promote cross-disciplinary T/TA around shared community design goals.
- Establish important milestones and benchmark activities for active community design in other contributing disciplines and facilitate training on these benchmarks.
 - o Example: Review the [TN Grand Rounds Training](#) and scale this plan for national-level implementation.
- Consider creating and housing an interdisciplinary community design repository of resources as a go-to location for public health professionals.
 - o Build a subsequent and corresponding repository of local, regional, and/or state-based case studies and success stories.

Spread and Scale of Family Healthy Weight Programs

Recommendations for Chronic Disease Units

Planning

- Conduct an assessment to identify geographic areas and populations disproportionately affected by chronic disease to better understand the social service landscape in these areas (e.g., local resources and supports that could be leveraged); consider how FHWP fit into state/territorial health improvement and other relevant plans.
- Reference similar evidence-based programming, such as the National DPP lifestyle change program or Falls Prevention Program, as models for FHWP implementation.
- Identify the partners who are interested in FHWP and whether there are policymakers who will champion the work.
- Research the available program models:
 - What programs have an evidence-base, meet guidelines, and have an equity lens?
 - What programs have been implemented in communities that are disproportionately affected by overweight and obesity?
 - What are the social needs of the families in greatest need of the programs?

Implementation

- Convene all relevant partners: What existing partnerships/coalitions can be convened across the clinical, behavioral, and community sectors, both at local and/or state/territorial levels? How can different state/territorial agencies work together on these programs? What supporting partners can address barriers to participation (e.g., food pantries; Women, Infants, and Children (WIC); community gardens; childcare; transportation; etc.)?
- Leverage existing programs within health departments who have established partnerships

with health systems (e.g., National DPP lifestyle change program) to help get in the door.

- Consider integrating Community Health Workers into program implementation efforts to support the necessary level of patient interaction and control costs.
- Explore parks and recreation as program implementation sites in the community.
- Create provider education to include the “what”, “why”, and “how” of FHWP; be open/flexible with the way the information is packaged and be mindful of the terms used (e.g., weight; body mass index, BMI; obesity, etc.).
- In addition to in-person, explore offering FHWP online, using distance learning, or a combination of modalities.
- Set up referrals to FHWP from the National DPP lifestyle change program and 211. National DPP providers often get questions from the community about why they need to do more upstream (healthy weight) work; FHWP meet these needs.

Coverage

- Assess the Medicaid coverage landscape in your state:
 - What is your current relationship with your state Medicaid agency?
 - What are the priorities of your state Medicaid agency?
 - What is Medicaid already offering on the spectrum of obesity interventions (e.g., ask for Current Procedural Terminology or CPT codes)?
 - What other evidence-based programming is covered under your state Medicaid agency?
 - Who are the current partners working on this?
 - Are other private payers in the state reimbursing for FHWP or similar programs?
 - Do you have buy-in from your leadership?
 - If applicable, how can you leverage Medicaid Managed Care Organizations?



- Are there other sources of funding that could be tapped?
- Learn how the [Medicaid 1115 Waivers](#) and state plan amendments work in your state and how these can be applied to FHWP. Similarly, learn how to speak Medicaid’s language (e.g., public health calls FHWP “programs” and the Centers for Medicare and Medicaid Services calls them “services”).
- Cultivate relationships with state Medicaid agency staff, but plan on leadership churn due to gubernatorial transition.
- Consider bundling services to address challenges for payment (e.g., including parent counseling and child counseling).
- Pursue coverage for FHWP for state employees.
- Leverage [NACDD’s National DPP Coverage Toolkit](#) to learn more about how to pursue coverage through:
 - [State Medicaid Plans](#)
 - [Medicaid 1115 Waivers](#)
 - [Medicaid Managed Care Organizations](#)
 - [Commercial Payers](#)
 - [Umbrella Hub Arrangements](#)

Recommendations for Partners

- Host a webinar outlining the evidence-based FHWP (components, costs, partners, resources etc.) to increase State and Territorial Health Department understanding of the programs.
- Host a spotlight series of programs successfully implemented and/or programs that have attracted third-party payers.
- Write up lessons learned from early adopters who make changes easily.
- Host a learning collaborative on Medicaid to include information on CPT codes, value-based payment models, and 1115 waivers. Consider different collaboratives for expansion states and non-expansion states.
- Craft the elevator pitch description for FHWP that can be used by public health and others. Speaking points should include how these programs are flexible, adaptable, & cost-effective.
- Create a readiness checklist for potential program providers.
- Create an operational guide for states/territories.
- Create a menu of possible partners/collaborators at the state/territorial and local levels.

- NACDD could:
 - Implement State Engagement Meetings (StEM) focused on FHWP to support convening of partners.
 - Build awareness and buy-in of CDDs on the importance of FHWP.
 - Guide CDDs on how to start the conversation internally and “influence up.”
 - Develop a playbook on how State and Territorial Health Departments and CDDs can fund, spread, and scale FHWP, depending on state Medicaid status and other details.
 - Create a toolkit for FHWP, like [NACDD’s National DPP Coverage Toolkit](#), that outlines ways states and territories can support funding, implementation, and reimbursement for the program.

Bold Nutrition Strategies

Recommendations for Chronic Disease Units

Policy and Communications Initiatives Around Added Sugars

- Use and build on existing, freely available CDC communications and messaging resources such as [Rethink Your Drink](#).
- Conduct formative research to understand what state/territorial and local audiences know, don’t know, and value about nutrition policy initiatives (e.g., taxes, warning labels) and related outcomes.
- Cultivate community support and advocacy for bold nutrition policies (e.g., taxes, warning labels) by discussing the evidence and tailoring messaging to shared values.
- Have strategic conversations with groups, people, and influencers that represent different communities (e.g., Indigenous populations, National Association for the Advancement of Colored People, La Raza) early in the process to better understand their values and concerns, and how best to draft and frame a policy before



- it’s introduced. Find community partners who can take the lead and advocate for policy initiatives.
- Ensure that the community is involved in determining how proposed tax revenue is spent (e.g., earmarking for universal preschool, community parks, poverty reduction, SDoH) to increase public support.
 - Find ways to support bold nutrition policy initiatives (e.g., provide data to policy makers, economic analysis, formative research, community engagement, communications campaign, etc.) even if not leading the charge.
 - Obtain help from subject matter experts (e.g., [American Heart Association](#), [Healthy Food America](#), [Public Health Law Center](#), [Rudd Center for Food Policy and Health](#)) on state and local policy preemption and best practices in policy development; design policy language with flexibility as science advances (e.g., tying standards to the Dietary Guidelines).
 - Partner with the [National Salt and Sugar Reduction Initiative](#) and find national and state/territorial partners to advocate for policy proposals.
 - Consider introducing and supporting state/territorial and/or local policies that change the local restaurants’ default beverage or side(s).
 - Explore opportunities for counter-marketing, social media, and other communications campaigns, possibly involving youth, that educate the public on predatory marketing practices and discourage celebrities from endorsing products high in added sugars.

- #### Food Service Guidelines Initiatives
- Build capacity on the topic of food service guidelines.
 - Explore opportunities for change in organizational policies and practices (e.g., the University of California San Francisco campus ban on sugar-sweetened beverages).
 - Consider state laws that change institutional procurement standards so that bidding decisions consider nutritional quality and not just the lowest cost.
 - Consider ways that the state (e.g., Department of Agriculture) could initiate a “buy local” campaign that recognizes restaurants and other institutional purchasers buying from local food producers.

Early Care and Education Nutrition Initiatives

- Build staff capacity around nutrition in ECE settings; explore and educate staff around opportunities within [QRIS](#), provider credentialing, professional development for

- providers around nutrition and physical activity, and more.
- Consider using the [Spectrum of Opportunities](#) to identify the partners and levers to support nutrition innovation in ECE settings.
- Find opportunities to partner with ECE settings and see where State and Territorial Health Departments can help them meet their requirements (e.g., integrating nutrition into what is already happening).
- Ensure state/territorial social services, Head Start, and Child and Family Services are at the table given their different licensing standards.
- Build flexibility into the language for QRIS and licensing standards so “quality” can be defined by communities and standards are adaptable and relevant for different cultures and groups.
- Continue to improve continuity of care and seek ways to set up systems outside of WIC to support parental care and breastfeeding.



- Explore ways to bring in partners (e.g., Department of Agriculture, Department of Recreation, [CACFP](#), farmers) to support farm-to-ECE and nature-based learning.
- Ensure that breastfeeding/chest feeding/body feeding promotion and education are not based on a color-blind or color-neutral approach and are culturally and linguistically specific and responsive. Explore opportunities to partner with Community Health Workers, Doulas, and/or lactation specialists in breastfeeding/chest feeding/body feeding promotion, education, and support.

General and Other Food and Nutrition Initiatives

- Learn about the difference between food security/insecurity and nutrition security/insecurity; educate staff and partners about this difference, as well.
- Convene and/or partner with state/territorial, regional, and local food policy councils, cooperative extension (e.g., SNAP-Ed), and local agricultural producers to build more integrated support and capacity.
- Learn about opportunities to leverage state Medicaid dollars to support nutrition interventions such as [Food Rx](#) or [Food as Medicine](#) initiatives.
- Think creatively about leveraging other chronic disease-specific funding streams (e.g., Comprehensive Cancer Control, WISEWOMAN, Cardiovascular Disease Prevention and Management, Diabetes) with shared goals to support work around nutrition- and/or physical activity-related PSE change initiatives.
- Initiate and support conversations around food sovereignty and culturally appropriate food services.
- Explore ways to support local and regional food processing hubs, distribution models, and the acceptance of food assistance benefits (e.g., improved point of sale systems to accept SNAP or WIC at farmer’s markets, [CACFP](#)

- [reimbursement](#) for community-supported agriculture (CSA) boxes to childcare providers).
- Consider the role of State and Territorial Health Departments in summer meal sites; encourage sites and providers to think more about nutrition security and not just food access.

Recommendations for Partners

- National partners can organize around and advocate for restrictions on unhealthy food marketing.
- Explore opportunities to conduct more advanced research on the health impacts of sugar-sweetened beverages and support legal pursuit given the doubt and skepticism the industry has instigated.
- NACDD could:
 - o In partnership with the Association of State and Territorial Health Officials (ASTHO) and other agencies, engage organizations representing communities most affected by health inequities (e.g., Bureau of Indian Affairs Office, Office of Community/Minority Health, community based organizations) to build support at a national level for added sugar taxes.
 - o Support CDDs in leveraging workforce development funds to promote cross-sector work (e.g., develop sample job descriptions to support a public health-trained person in WIC, transportation, or another department).

A Look Forward

This TLRT, facilitated by NACDD’s CAHC, created a forum for State Public Health Departments, NACDD, CDC, and other subject matter experts to discuss innovation around current evidence-based practices to support healthy weight. The presentations and breakout dialogue informed the recommendations offered in this report.

The CAHC fosters resilient, healthy communities for all by advancing healthy equity and eliminating social barriers to health. The Center works to make public health programs more effective, more equitable, and more inclusive in communities across the states and territories by providing thought leadership; expanding capabilities and resources; promoting healthful policy, systems, and environmental change; collaborating to foster mutually beneficial partnerships; and providing technical assistance and training for program implementation. Focus areas include:

- food and nutrition security
- access to safe physical activity opportunities
- transportation and the built environment
- tobacco use prevention and control
- school health (including social and emotional well-being)
- social connectedness and mental health
- arthritis and diabetes prevention
- engaging employers and healthcare providers

NACDD’s CAHC encourages state and territorial public health departments to leverage the recommendations offered by their peers in this report to accelerate work around active transportation and safe physical activity, FHWP’s, and nutrition. The Center is committed to supporting states, territories, and communities by:

- Refining and consolidating these recommendations to promote efficient, coordinated implementation.
- Strengthening partnerships across chronic disease areas to support specific recommendations (e.g., engaging NACDD’s Diabetes portfolio for guidance and best practices around obtaining Medicaid coverage for FHWP’s).
- Aligning the recommendations from this TLRT with the Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health.

[Learn more about the Center for Advancing Healthy Communities.](#)

Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health

On September 28, 2022, the Biden-Harris Administration hosted the [White House Conference on Hunger, Nutrition, and Health](#) with the bold goal of ending hunger in America and increasing healthy eating and physical activity by 2030, so fewer Americans experience diet-related diseases and disparities. The Administration also released a [National Strategy](#) outlining actions the federal government will take and a call to action for partners across all levels and sectors to help achieve this goal. NACDD is dedicated to supporting its Members and strategic partners with the tools, resources, and T/TA needed to impact change in alignment with the National Strategy. Throughout 2023, CAHC is offering a series of [T/TA opportunities](#) that support the implementation of chronic disease prevention and management/health promotion activities that align with the National Strategy, resources related to each Pillar of the National Strategy, and success stories and updates on the White House’s progress towards National Strategy goals.

List of Participants

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Appendix: Meeting Agenda

Thought Leader Round Table

Leveraging Evidence-based Practices to Design Systems and Communities that Promote Healthy Weight

September 13-14, 2022
Crowne Plaza Atlanta Perimeter at Ravinia
4355 Ashford Dunwoody Road, Atlanta, GA 30346

Meeting Purpose:

This Thought Leader Round Table will explore various strategies that State Health Departments can employ to support innovation in three focus areas:

- 1) community design to increase active transportation;
- 2) spread and scale of family healthy weight programs; and
- 3) bold nutrition strategies to include approaches to reduce consumption of added sugars, food service guidelines, and nutrition policy in early care and education.

Guiding Question: What is the role of State/Territorial Chronic Disease Directors and other partners in designing systems and communities that promote healthy weight?

Agenda

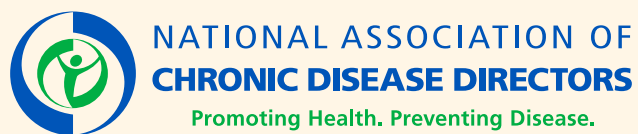
Day 1: Tuesday, September 13, 2022	
8:30 – 9:00 am	Registration Coffee and Networking
9:00 – 9:15 am	Welcome Jennie Hefelfinger, MS Vice President, Center for Advancing Healthy Communities National Association of Chronic Disease Directors
	Ruth Petersen, MD, MPH Director, Division of Nutrition, Physical Activity, and Obesity National Center for Chronic Disease Prevention and Health Promotion Centers for Disease Control and Prevention Elizabeth Vegas Managing Partner Drive Commonality
9:15 – 9:35 am	Introductions & Warm Up
9:35 – 10:25 am	Innovation Focus Area 1: Community Design to Increase Active Transportation Heather Devlin, MA Lead Health Scientist Physical Activity Translation and Evaluation Team Division of Nutrition, Physical Activity & Obesity Centers for Disease Control and Prevention
	Leslie Meehan, MPA, AICP Deputy Commissioner for Population Health Tennessee Department of Health Allison Colman Director of Health National Recreation and Park Association
10:25 – 11:00 am	Group Breakouts – Innovation Idea Generation

11:00 – 11:25 am	Report Out and Discussion
11:25 – 11:35 am	Break
11:35 – 12:25 pm	Innovation Focus Area 2: Spread and Scale of Family Healthy Weight Programs CDR Alyson B. Goodman, MD, MPH Medical Epidemiologist; CDR, US Public Health Service Lead, Population Health & Healthcare Team Division of Nutrition, Physical Activity & Obesity Centers for Disease Control and Prevention Denise E. Wilfley, PhD Scott Rudolph University Professor of Psychiatry, Medicine, Pediatrics, and Psychological & Brain Sciences Washington University School of Medicine Harry MacMillan Co-Founder, Healthy Weight Partnership
12:25 – 1:15 pm	Lunch - Provided
1:15 – 1:50 pm	Group Breakouts – Innovation Idea Generation
1:50 – 2:15 pm	Report Out and Discussion
2:15 – 2:25 pm	Break

2:25 – 3:15 pm	Innovation Focus Area 3: Bold Nutrition Strategies CAPT Heidi Blanck, PhD, MS Chief, Obesity Prevention and Control Branch Division of Nutrition, Physical Activity & Obesity Centers for Disease Control and Prevention Anna Grummon, PhD, MSPH David E. Bell Fellow & Research Scientist Harvard TH Chan School of Public Health Harvard University Dawn L. Gordon, BS Obesity Program Manager Maine Center for Disease Control & Prevention Chris Mornick, MPH, RDN Healthy Eating Active Living Program Manager (Interim) & Nutrition Coordinator Washington State Department of Health
3:15 – 3:50 pm	Group Breakouts – Innovation Idea Generation
3:50 – 4:15 pm	Report Out and Discussion
4:15 – 4:30 pm	Closing and Setting the Stage for Day 2
4:30 pm	Adjourn

Day 2: Wednesday, September 14, 2022

9:00 – 9:10 am	Welcome
9:10 – 11:45 am	Synthesis & Recommendation Prioritization
11:45 – 12:00 pm	Closing and Next Steps
12:00 pm	Adjourn



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