

under 1.a. (Recipient Activities for Capacity Building Program) or 1.b. (Recipient Activities for Basic Implementation Programs) and CDC will be responsible for the activities listed under 2. (CDC Activities).

The focus of this program component is implementation of nutrition and physical activity strategies for health promotion for the entire population and for the prevention and control of obesity. Major program areas are: obesity prevention and control including balancing caloric intake and expenditure; improved nutrition including increased breastfeeding and increased consumption of fruits and vegetables, increased physical activity; and reduced television time. For all capacity building and basic implementation program recipient activities, efforts to address poor nutrition and physical inactivity should be coordinated with State Health Agency programs in cardiovascular health, cancer, diabetes, oral health, maternal and child health (including breastfeeding), arthritis, and WISEWOMAN, as well as with the State Agriculture Agency, and coordinated school health programs in the State Education Agency (*see* <http://www.cdc.gov/nccdphp/dash/cshpdef.htm> for a description of a coordinated school health program), and other relevant State Agencies.

1.a. Recipient Activities for Capacity Building Programs

Note: As part of this program component, detailed descriptions of the program and additional information related to Capacity Building and Basic Implementation programs are located in "Technical Assistance Manual for State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases" at <http://www.cdc.gov/nccdphp/dnpa/rfainformation.htm>. The referenced Web site information will assist you in addressing the details of the recipient activities when completing your application.

(1) Develop a Coordinated Nutrition and Physical Activity Program Infrastructure. Provide indicators of sound program infrastructure including program staff placed high in the organization to coordinate the program with other related programs, high level administrative commitment to sustain the program, access to resources such as physical space, funding, and training, access to scientific resources such as subject matter specialists and surveillance resources, and broad partnerships to institutionalize nutrition and physical activity. Examples of coordination include shared positions; joint planning, and combined strategy development and implementation.

Organizational location of the program is recommended to be in the agency's chronic disease or health promotion section so that this program is aligned with chronic disease programs, such as cardiovascular health and diabetes, to allow for maximum collaboration. (*See* referenced Web site above).

(a) *Staffing.* Identify, hire, or reassign, and supervise at least three dedicated full-time staff with appropriate competencies to plan and implement the program (major program areas: Obesity prevention and control including caloric intake and expenditure, improved nutrition including increased breastfeeding and increased consumption of fruits and vegetables, increased physical activity, and reduced television time). Staff includes a full-time high-level program coordinator to coordinate the crosscutting nutrition and physical activity functions for health department programs and other partners, a full-time physical activity coordinator, and a full-time nutrition coordinator. Staffing patterns are encouraged to include program skills and expertise necessary to carry out the program. Part of staff capacity building must be in 5 A Day fruit and vegetable promotion efforts.

(b) *Training.* Participation in training, conferences, and frequent communication with national and State collaborators including other funded States.

(2) Collaborate and coordinate with State and local government and private partners, including members of the population throughout the planning process. (*See* referenced Web site above).

(a) Develop new linkages and maintain collaborations with State and local partners to coordinate nutrition and physical activity efforts, especially State Health Agency programs in cardiovascular health, cancer, diabetes, oral health, maternal and child health (including breastfeeding), arthritis, and WISEWOMAN, as well as the State Agriculture Agency, coordinated school health in the State Education Agency, and other relevant State Agencies. State programs should serve as a training and technical assistance resource for local health departments and others to conduct nutrition, physical activity, and obesity prevention interventions.

(b) Collaborate with Prevention Research Centers, academic partners, and other relevant organizations in the State.

(3) Conduct a planning process that leads to a comprehensive nutrition and physical activity plan to prevent and control obesity and other chronic

diseases, and start to implement the plan. (*See* referenced Web site above.)

(a) Describe the obesity epidemic and other chronic diseases in the State related to poor nutrition and physical inactivity.

(b) Describe the nutrition and physical activity risk factors associated with obesity and other chronic diseases.

(c) Describe the population subgroups affected by obesity that will be targeted for interventions.

(d) Conduct inventories of strategies and programs currently used in the State to prevent or control obesity and other chronic diseases in one or more settings, such as worksite, faith-based organizations, health care services, or communities.

(e) Establish priorities with and for the subgroups; identify the behaviors and influences of the population subgroups which are priorities for intervention.

(f) Use the social-ecological theoretical model to guide State planning to address obesity and other chronic diseases in these populations; select and implement interventions from the list of proven strategies at <http://www.cdc.gov/nccdphp/dnpa/rfainformation.htm> so that multiple levels of influence in the social-ecological model are addressed. Consider using a social marketing approach in the intervention.

(g) With key stakeholders, write the comprehensive State plan for nutrition and physical activity for the State, not just for the State Department of Public Health. One reference document to consider when developing the plan is the "Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity" at <http://www.astphnd.org>. Documents guiding coordinated school health programs are at <http://www.cdc.gov/nccdphp/dash/>.

Design the plan to address nutrition and physical activity needs of the population including the pediatric population. The State plan should address at a minimum the following major program areas: Obesity prevention and control including caloric intake and expenditure, improved nutrition including increased breastfeeding and increased consumption of fruits and vegetables, increased physical activity, and reduced television time.

Include descriptions of how the State Health Department will work with the State Education Agency to address nutrition and physical activity needs of the population through school programs.

(h) Begin to implement components of the comprehensive State plan for