

nutrition and physical activity by year two.

(4) Identify and assess data sources to define and monitor the burden of obesity. Strengthen capacity to assess the burden of obesity and the impact of the program to change overweight and obesity related behaviors, particularly nutrition and physical activity. Data systems should monitor trends, disseminate data/information, and support evaluation efforts. Monitor at minimum, body mass index (BMI), BMI-for-age, and dietary and physical activity behaviors. Data sources may include established surveillance systems (e.g., the Behavioral Risk Factor Surveillance System [BRFSS], Pediatric Nutrition Surveillance System, Pregnancy Nutrition Surveillance System, and Youth Risk Behavior Surveillance System) or alternative sources. Include a review process of considering potential changes needed in current surveillance systems and designate who is responsible for implementing and maintaining the surveillance system. (See referenced Web site above.)

CDC will work with States to develop standard measures/indicators, and States will need to adopt these standardized measures. States are encouraged to retain flexible systems that can be modified as needed.

(5) Implement and evaluate an intervention to prevent obesity and other chronic diseases. (Complete between years two to five.)

Address one or more of the major program areas from the State plan in the intervention: Obesity prevention and control including caloric intake and expenditure, improved nutrition including increased breastfeeding and increased fruit and vegetable consumption, increased physical activity, and reduced television time. Provide a balance between nutrition and physical activity related interventions. Consider using a social marketing approach in the intervention. Specify clear, measurable process and impact objectives, and outcome objectives where feasible. Programs are encouraged to approach change at the State, community (towns, cities, counties, or regions), organizational (e.g., worksites), and group level (e.g., families). (See referenced Web site above.)

(6) Evaluate progress and impact of the State plan and intervention projects.

Develop an evaluation plan that includes baseline data and intermediate outcomes for the State plan's objectives. CDC has developed a plan for evaluating the State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases based on a

logic model framework. State evaluation plans should include issues addressed in the national evaluation plan as well as specific State program components.

*1.b. Recipient Activities for Basic Implementation Programs.* Basic Implementation programs will expand their efforts to fully implement the State plan by enhancing surveillance activities, implementing Statewide interventions, funding communities to implement interventions, rigorously evaluating a new or existing intervention, and enhancing partnership efforts particularly with coordinated school health programs in the State Education Agency and with secondary prevention partners. In addition to providing evidence of and enhancing the Recipient Activities for Capacity Building Programs, Activities 1–6, Basic Implementation programs will address the following activities.

(1) Expand the existing coordinated nutrition and physical activity program infrastructure. (Year One) Expand staffing beyond the capacity building program to fully implement the State plan. Support and expand the program infrastructure at the local/regional level throughout the State.

(2) Implement the State comprehensive plan for nutrition and physical activity and review and update the plan periodically. Develop and provide mini-grants and other assistance to support communities to adopt effective interventions. (Years One-Five) Assure that there is a continuing focus on strategic planning to reach objectives agreed upon within the State and to respond to new challenges and events. Review the written State plan annually. Adopt and diffuse effective interventions statewide or in communities and populations based on the State plan. Select and implement interventions from proven strategies so that multiple levels of influence in the social-ecological model are addressed, as guided by the State plan. Interventions can target the full State or local populations. Implement the "Community Guide to Preventive Services" physical activity recommended interventions in more depth or in more communities. Build community capacity to carry out and sustain an effective nutrition program. Provide intervention mini-grants to communities. Basic implementation programs located in States with CDC-funded coordinated school health programs must include a school-based intervention, working closely with the State Education Agency.

(3) Expand partnerships with State Health Department units, the State Education Agency, other State agencies,

local communities, and private partners to maximize impacts of the basic implementation program. (Years One-Five)

Leverage resources for nutrition and physical activity working with the health department director, other health department units, the State Education Agency, other State agencies that share mutual goals, and other partners including local health partners and community groups. Identify environmental and policy issues; promote optimal standards and practices for nutrition and physical activity programs; and increase capacity through shared resources and expertise.

(4) Develop a new or apply an existing intervention and evaluate its effectiveness to prevent or control obesity and other chronic diseases every five years. Provide a balance between nutrition and physical activity interventions. Basic implementation programs should design the intervention project to detect realistic changes in post-intervention outcome measures when compared with pre-intervention measures. Sample sizes should provide adequate power to detect these changes. Specify clear, measurable evaluation objectives using process, impact, and outcome objectives. Intervention protocol development, project evaluation, and the preparation of publications and presentation of findings should be done in collaboration with community partners, Prevention Research Centers, university affiliates, relevant experts, and CDC, as appropriate.

(5) Collaborate with partners on secondary prevention strategies. (Years One-Five).

Describe activities supporting secondary prevention related to obesity. Integrate secondary prevention strategies and activities into the State plan, partnerships, policy and environmental changes, and training for health professionals to ensure that recognized national guidelines are followed. (See <http://www.cdc.gov/nccdphp/dnpa/rfainformation.htm> for additional information regarding this activity.)

(6) Develop resources and training materials to help other State and local projects adopt successful programs. (Years Four-Five).

Develop one or more training reports on at least one component of a program that works and train staff from other State or local programs. Assist in the dissemination and training of other State and local partners regarding the report findings. (See <http://www.cdc.gov/nccdphp/dnpa/>