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The Key to Pivoting and Adapting: Networked Partnerships, Long-Standing Relationships, and Functioning Program Infrastructure

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Keywords

program infrastructure; component model of infrastructure; nutrition; physical activity; obesity prevention; chronic disease; REACH: racial and ethnic approaches to community health; SPAN: state physical activity and nutrition program; HOP: high obesity program; sustainability; health equity; policy; systems; environmental strategies; capacity building; networked partnerships

WELCOME

Welcome to this supplemental issue of *Health Promotion Practice* (*HPP*), "Reducing Chronic Disease Through Physical Activity and Nutrition: More Public Health Practice in the Field" which is devoted to practice-based information from the field of nutrition, physical activity, and obesity programs. This is the second supplemental issue in this series showcasing the Centers for Disease Control and Prevention (CDC), Division of Nutrition, Physical Activity, and Obesity (DNPAO; https://www.cdc.gov/nccdphpd/dnpao/index.html) cooperative agreement recipients: State Physical Activity and Nutrition (SPAN) Program (https://www.cdc.gov/nccdphp/dnpao/state-local-programs/span-1807/index.html), Racial and Ethnic Approaches to Community Health (REACH; https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/index.htm), and the High Obesity Program (HOP; https://www.cdc.gov/nccdphp/dnpao/state-local-programs/hop-1809/high-obesity-program-1809.html).[1] The first issue was published in November 2022 The articles presented in the November supplemental issue demonstrated how SPAN, REACH, and HOP recipients implemented "what we know works" to build healthier communities. DNPAO has identified and prioritizes five specific population-focused public health actions (see Figure 1) to reduce chronic disease and support health equity:

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Supplement Note: *This article is part of the* Health Promotion Practice *supplement, "Reducing Chronic Disease through Physical Activity and Nutrition: More Public Health Practice in the Field." The purpose of the supplement is to showcase innovative, community-centered, public health actions of SPAN, REACH, and HOP programs to advance nutrition and physical activity among priority populations in various settings. The Society for Public Health Education is grateful to the Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity for providing support for the issue. The entire supplement issue is available open access at* https://journals.sagepub.com/toc/hppa/24/1_suppl.

1.State Physical Activity and Nutrition Program (SPAN; DP18-1807), Racial and Ethnic Approaches to Community Health (REACH; DP18-1813), and the High Obesity Programs (HOP; DP18-1809).

Action Item 1: Make Physical Activity Safe and Accessible for All

Action Item 2: Make Healthy Food Choices Easier

Action Item 3: Make Breastfeeding Easier to Start and Sustain

Action Item 4: Strengthen Obesity Prevention Standards in Early Care and Education (ECE) Settings

Action Item 5: Spread and Scale Family Healthy Weight Programs. (O'Toole et al., 2022)

The work demonstrated by the articles in this series showcases what can be done with investment in program infrastructure and chronic disease prevention even with major pivots during a global pandemic. As of 2022, DNPAO funds 16 states through the SPAN program, 40 recipients through the REACH program, and 15 state land grant institutions through the HOP program to implement what we know works (see Figure 2).

SPAN PROGRAM

Under SPAN, DNPAO funds 16 state recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. Recipients are encouraged to use a community-based participatory approach to develop an action plan that builds on existing community assets such as established coalitions, networked partnerships, and strategic plans to enhance program infrastructure and capacity for their state and local level work to address disparities related to poor nutrition or physical inactivity.

REACH

The REACH program celebrated its 20th anniversary in 2019. Under REACH, DNPAO currently funds 40 community programs to implement evidence-based strategies to carry out local, culturally appropriate programs to address a wide range of health issues among Black or African American, Hispanic or Latino, Asian, American Indian, Native Hawaiian, Pacific Islander, and Alaska Native persons to reduce racial and ethnic health disparities. Recipients work in three of four strategies (tobacco, nutrition, physical activity, and community–clinical linkages) and their accompanying activities. REACH recipients are encouraged to use a community participatory approach to enhance and maintain program infrastructure and capacity to address health disparities and healthy equity in priority populations.

HOP

DNPAO funds 15 land grant universities through the HOP program to work with community extension services in counties where more than 40% of adults experience obesity. This allows HOP programs to connect with locally based staff with extensive knowledge about community assets and networked partnerships and leverage and enhance existing infrastructure. Efforts focus on increasing access to healthier foods and safe places for physical activity, including activities that will reduce or eliminate health disparities related to nutrition, physical activity, and obesity. HOP recipients use a combination of community coalitions, networked partnerships, engaged data, and dynamic plans and planning (see

Figure 3) to enhance program infrastructure and capacity to identify and successfully address critical health needs.

PROGRAM INFRASTRUCTURE

DNPAO funds SPAN, REACH, and HOP programs to enhance and maintain existing program infrastructure (see Figure 3) and improve capacity to reduce disparities experienced and the health consequences. The articles in this supplement address those goals. The findings suggest that those goals are largely met even when the programs had to pivot during a global pandemic. Strong, supporting program infrastructure can facilitate being able to pivot during a crisis and being ready to take advantage of opportunities (CDC, 2014, 2017; Lavinghouze et al., 2014). Identifying and focusing on components of essential program infrastructure that leverage opportunities for progress on health achievements may act as key drivers of public health impact. These components have been identified in the Component Model of Infrastructure (CMI), an evidence-based model of infrastructure (CDC, 2014, 2017; Lavinghouze et al., 2014) (Figure 3). Program infrastructure is the foundation that supports SPAN, REACH, and HOP program capacity; implementation; and sustainability. *Healthy People* (HP) objectives acknowledged that infrastructure is the foundation for planning, delivering, and evaluating public health (Public Health Infrastructure HP2020, 2020; Public Health Infrastructure HP2030, 2022). Maintaining infrastructure in one area supports and reinforces infrastructure in the other core areas. Programs that focus on all the core components are better prepared to pivot during crises such as COVID-19 and to take advantage of opportunities as will be seen in many of the articles in this supplement (CDC, 2014, 2017; Lavinghouze et al., 2014). Sustainability of a program is not just about funding (CDC, 2017; Lavinghouze et al., 2014). In addition to funding, sustainability also includes the ability to maintain program activities and their benefits over time for lasting impact that will permeate the community (Calhoun et al., 2014; CDC, 2017; Luke et al., 2014).

POLICY, SYSTEMS, AND ENVIRONMENTAL (PSE) STRATEGIES

PSE strategies are an essential component to a comprehensive approach to address nutrition and physical inactivity in the nation. This is reflected in the programmatic requirements, technical assistance, and resource investments manifested in the cooperative agreements. PSE strategies have the broadest population impacts by changing the overall environment and context for health-related decision making (Frieden, 2010). It has been demonstrated that additional support (e.g., technical assistance) and resources such as those found through a cooperative agreement, can promote and enhance the use of PSE approaches (Townsend et al., 2019). The PSE changes described in this supplement leverage program infrastructure to support voluntary and regulatory organization policy or environmental changes in early childhood education (ECE) settings, schools, worksites, health systems, and communities.

HEALTH EQUITY

PSE strategies have the potential to improve the conditions in which we are born, live, learn, work, play, worship, and age. The REACH program, which has been in place for over 20 years, is one of the only CDC programs that focuses on reducing high rates of

chronic disease for specific racial and ethnic groups in urban, rural, and tribal communities. The work of SPAN, REACH, and HOP programs are rooted in addressing health equity and reducing barriers to promote health and wellness for all. SPAN, REACH, and HOP recipients work with partners and priority populations to improve access to healthy foods, change the built environment to promote physical activity, and make the healthy choice an easier choice. Publication in the literature accelerates translation of research into practices and facilitates filling gaps in the evidence base that address health equity. Our programs use their data to identify disparities and collaborate with networked partners from different sectors to enhance and strengthen program infrastructure to support progress on health achievements and address health equity in their communities.

PIVOTING IN RESPONSE TO A CHALLENGE

A global pandemic such as COVID-19 is an influential barrier to achieving essential progress in public health. However, SPAN, REACH, and HOP recipients (1) demonstrated their value as trusted messengers of communications, (2) quickly adapted to use virtual technologies, (3) leveraged their infrastructure, (4) used funding flexibilities, and (5) demonstrated effective expertise to pivot quickly to respond to community needs (Calo et al., 2020; McElfish et al., 2021). Despite barriers experienced, recipients demonstrated flexibility and noted that networked partnerships, long-standing relationships, and having functioning program infrastructure in place were key to their ability to quickly respond and pivot.

Publishing program practice-based experiences and successes in a journal such as *HPP* allows recipients to expand the evidence base in the literature (reducing gaps in the literature), educate partners and decision makers, increasing knowledge translation from research to practice implementation, and improve the adaptation process to address public health challenges. This is one avenue for communicating program processes, successes, challenges, and adaptation, related to disparities, and nutrition and physical inactivity public health challenges. We hope you will delve deep into each manuscript as we showcase the innovative initiatives used by SPAN, REACH, and HOP recipients to advance the evidence-base and reduce literature gaps in nutrition and physical activity among priority populations in various settings. We strive to improve the understanding of the effectiveness of PSE interventions to address health inequities in communities and to improve nutrition and physical activity.

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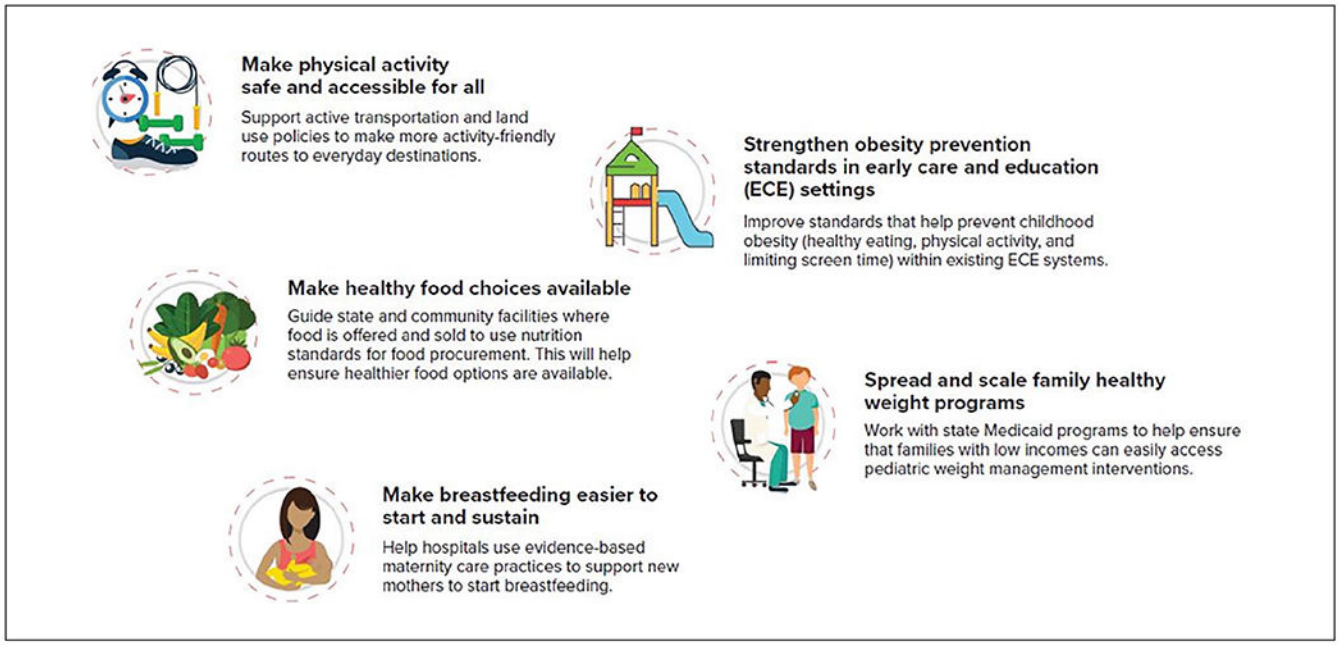

FIGURE 1.

Five Action Steps to Reduce Chronic Disease Through Improved Physical Activity and Nutrition

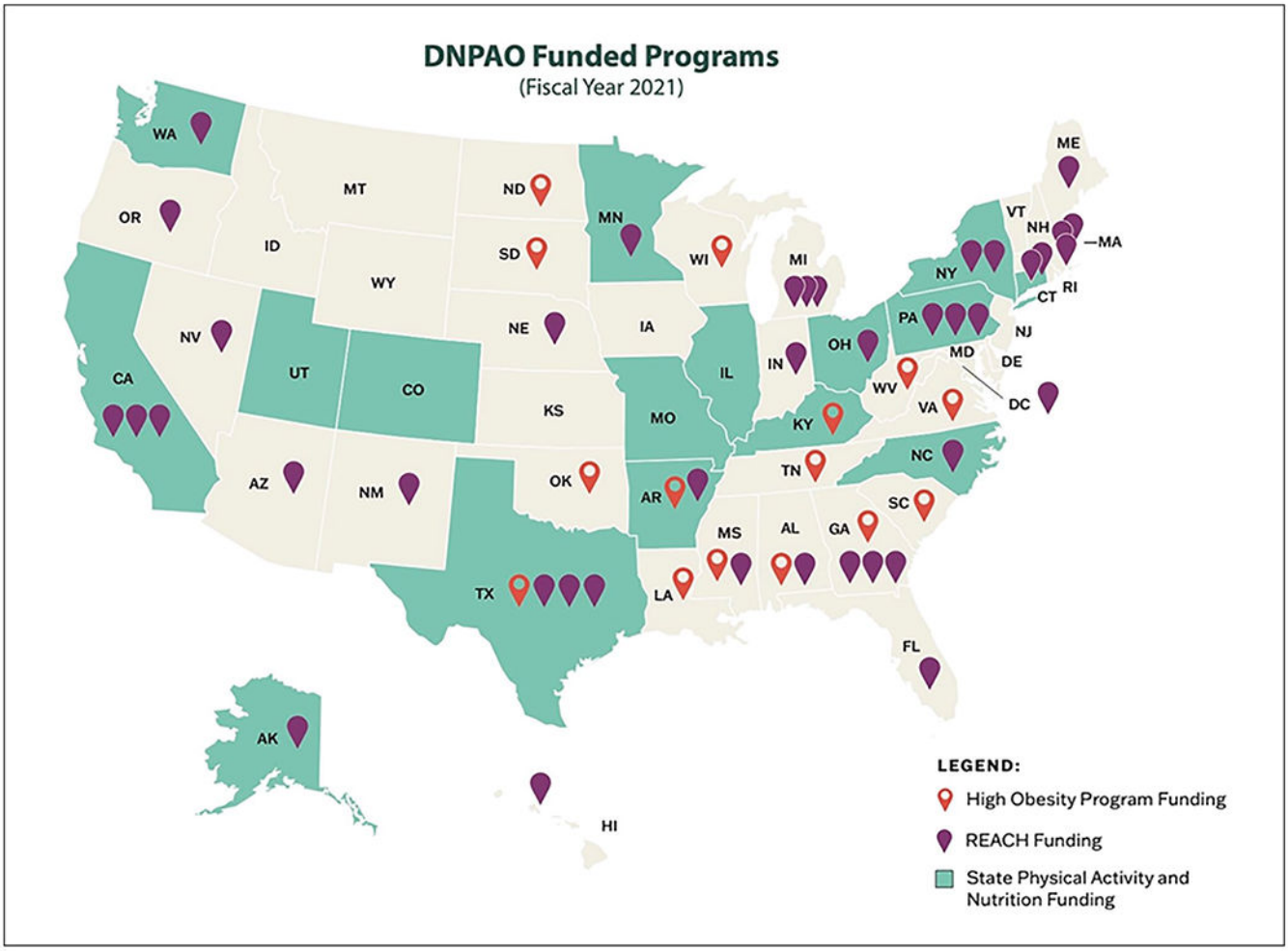

FIGURE 2. Division of Nutrition, Physical Activity, and Obesity-Funded Programs: Fiscal Year 2021

Note. REACH = Racial and Ethnic Approaches to Community Health.

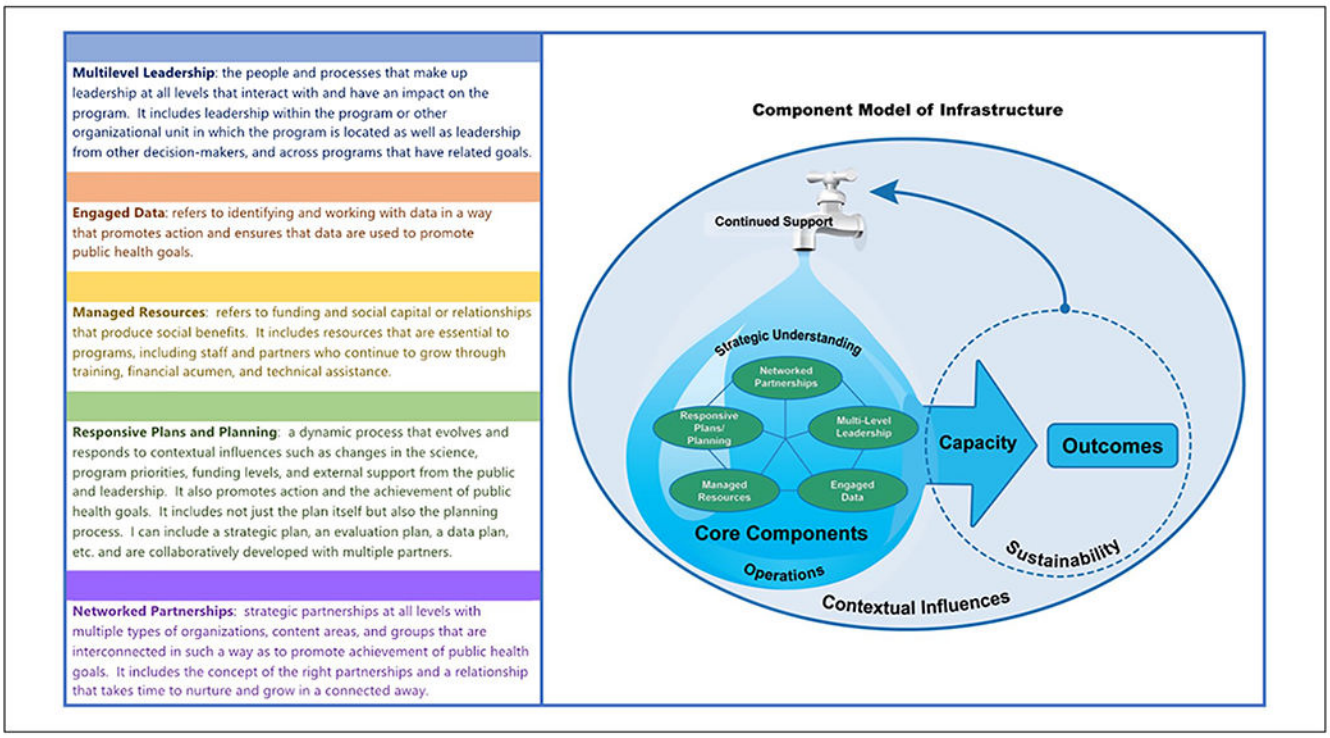

FIGURE 3. Component Model of Infrastructure
Source: Adapted from Lavinghouze et al. (2014).