

## News from CDC (summer 2011)—translating knowledge to program action for nutrition, physical activity, and obesity interventions

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### Abstract

CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) focuses on supporting healthy eating and active living through policy and environmental changes where Americans live, work, learn, and play. Within DNPAO, the Program Development and Translation Team (PDATT)—a cross-disciplinary team of behavioral scientists, epidemiologists, nutritionists, physical activity specialists, and public health educators—works to identify, synthesize, and disseminate evidence- and practice-based interventions to state-funded programs. In addition to the translation efforts of PDATT, DNPAO provides external funding to the Center for Training and Research Translation to translate and disseminate evidence-informed interventions and train practitioners to adapt and implement obesity-prevention interventions.

### Keywords

Translation, Knowledge to practice, Dissemination, Training

CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) focuses on supporting healthy eating and active living through policy and environmental changes where Americans live, work, learn, and play. Within DNPAO, the Program Development and Translation Team (PDATT)—a cross-disciplinary team of behavioral scientists, epidemiologists, nutritionists, physical activity specialists, and public health educators—works to identify, synthesize, and disseminate evidence- and practice-based interventions to state-funded programs.

The state of the science in nutrition, physical activity, and obesity, as it is related to policy and environmental change, is varied and often limited. The Community Guide and other systematic reviews provide information on *which* strategies have enough evidence to be recommended for addressing nutrition, physical activity, and obesity-related issues; however, information and guidance on *how* practitioners should implement such interventions are often lacking. PDATT helps address this need by translating science to practice and

providing practical guidance to public health practitioners to facilitate the work they do. For example, PDATT has produced fact sheets such as the Body Mass Index Fact Sheet, which provides practical information for practitioners and translates the science associated with the body mass index (see <http://www.cdc.gov/obesity/stateprograms/resources.html>). Plans are also in place to provide online, interactive training modules for health care providers to promote use of WHO growth charts. Team members, in collaboration with others in the division, are producing action guides such as the Healthier Food Retail Action Guide and the Childcare Obesity Action Guide, both of which will provide guidance on developing and implementing policies and environmental strategies (expected late 2011) and toolkits, such as the Physical Activity Toolkit, providing guidance on how to create worksite cultures that promote physical activity among employees. The Health Equity Toolkit, which will provide guidance on how to address obesity-related health disparities in programming and policy formation, is also expected late 2011. These action guides and toolkits will be made available to the public via the CDC/DNPAO website and will provide guidance and direction on how to implement policy and environmental evidence-based strategies for state-funded programs and their community partners.

PDATT also translates practice to science and helps build the evidence base through collecting a wealth of practice-based information from state-funded programs in the form of Highlights (compilations of brief descriptions of state-funded program activities related to DNPAO's recommended strategies) and Stories from the Field (featuring accomplishments of state-funded programs) to share with Division scientists, partners, and state-funded programs on ongoing initiatives (available at: <http://www.cdc.gov/obesity/stateprograms/statestories.html>). PDATT, in collaboration with others in the division, is also conducting pre-evaluation assessments on active transportation and food policy council initiatives and a process and outcome evaluation on the New York City Health Bucks Farmers' Market Program to identify promising

practices in the field. Once identified, the promising practices will be disseminated to state-funded programs as recommended strategies to facilitate a positive health impact in nutrition, physical activity, and obesity.

In addition to the translation efforts of PDATT, DNPAO provides external funding to the Center for Training and Research Translation (Center TRT) to translate and disseminate evidence-informed interventions and train practitioners to adapt and implement obesity-prevention interventions. Since 2004, DNPAO has funded the Center TRT in the Center for Health Promotion and Disease Prevention at the University of North Carolina at Chapel Hill. In collaboration with DNPAO, Center TRT identifies, reviews, translates, and disseminates interventions to public health practitioners [1]. Center TRT reviews three types of interventions—research tested, practice tested, and emerging—to select those that are ready to be translated and disseminated. Research-tested interventions are those that have been tested and found to be effective in well-designed research studies. Practice-tested interventions have been developed and evaluated in real world practice, and emerging interventions show promise based on their underlying theory and approach but lack data in support of their effectiveness. The Center supports a panel of academic researchers with expertise in nutrition, physical activity, and/or obesity prevention, who review the interventions. Two members of the expert panel review each intervention using a structured review tool to assess interventions according to three broad categories of criteria: potential for public health impact, readiness for dissemination, and strength of the evidence in support of the intervention's effectiveness [1].

After an intervention is reviewed and recommended for dissemination, Center staff work closely with the intervention's developers to “translate” it into the Center's intervention template. The template provides a summary of the evidence that led to the Center's decision to disseminate the intervention along with details on the resources, links to intervention-specific protocols and materials, and steps required for implementation in practice. The web serves as the primary medium for disseminating evidence. The Center's site has broad reach; in 2010, the site had 12,852 unique visitors, representing all 50 states and 102 countries, who downloaded over 11,000 intervention templates and supporting materials. As of spring 2011, the Center TRT had reviewed 18 interventions, all of which are available on the Center TRT website (<http://www.center-trt.org/>).

Research/practice integration is the final phase in the Center's process. The Center supports the

integration of research and practice through its in-person and web-based trainings. Annually, the Center brings together practitioners from across the country for a week-long, in-person obesity prevention course, during which practitioners learn new approaches to obesity prevention and network about their experience implementing Center interventions. In addition, through its website, the Center provides access to seven web-based training modules free of charge. Three of the modules present current recommendations for healthy eating, physical activity, and obesity prevention. A fourth module provides training on the Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) framework's approach to evaluating public health impact [2] that was developed in collaboration with RE-AIM's developer, Russ Glasgow. The Center also has web-based trainings with step-by-step instructions to guide implementation of the interventions posted on its website. In 2010, 1,040 people registered for Center TRT's online trainings. The Center disseminates interventions to practitioners who then adapt them, evaluate them in practice, and feed their findings back to the Center to add new interventions or add to the evidence in support of existing interventions [3].

DNPAO is devoted to bridging the gap between research and public health practice with regard to promoting nutrition, physical activity, and the prevention and control of obesity. This includes not only identifying “what” to do but “how” to do it by providing the guidance, tools, and in some cases, training, to support state program grantee efforts. Together, the work of PDATT and Center TRT helps bridge this gap and moves the field of health promotion related to nutrition, physical activity and obesity policy, and environmental change forward.

The conclusions of this report are those of the authors' and do not necessarily represent the official position of CDC.

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