Prevention Research Centers Webinar Series

PRC and Public Health Partnerships to Improve Access to Nutrition in Communities
26 Prevention Research Centers
NOPREN, a thematic network of Prevention Research Centers, fosters identification of effective policies and practices for improved nutrition and obesity prevention through research and evaluation.

- Increases capacity for state/local public health practitioners and researchers by expanding collaborative efforts, increasing knowledge, and sharing tools and resources.

To learn more visit [https://nopren.org/](https://nopren.org/)

- Schedule of monthly NOPREN calls
- Description of funded research projects
- Latest nutrition and obesity policy research publications and resources
Webinar Objectives

• Understand how PRCs and other affiliated partners within NOPREN evaluate effective nutrition policies.

• Learn how state health departments can partner with PRCs to improve access to nutrition in low-income and low-access communities.

• Gain ideas for working with community partners to reduce health disparities by implementing nutrition policies and programs.
Webinar Logistics

- This webinar is being recorded and the recording will be shared with you via email.
- There will be a Q&A after each presentation.
- Any time during the webinar, submit discussion questions in the chat box.
PRC & Public Health Partnerships to Improve Access to Nutrition in Communities throughout Ohio

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Agenda

• Prevention Research Center for Healthy Neighborhood’s engagement with state and local health departments

• Health department’s engagement with PRCs

• PRC and Health Department collaborations on nutrition-related policy, systems, and environmental interventions
  ▪ Building Capacity for Obesity Prevention
  ▪ Ohio Nutrition Incentive Network

• Questions/Answers
Prevention Research Center for Healthy Neighborhood’s Engagement with State & Local Health Departments
Prevention Research Center for Healthy Neighborhoods (PRCHN)

Fostering partnerships for developing, testing, & implementing strategies to prevent and reduce the burden of chronic disease
PRCHN’s Primary Areas of Research

- Food Access & Community Nutrition
- Supportive Environments for Healthy Eating & Active Living
- Place-based Environmental Surveillance
- Chronic Disease Management
- Tobacco Use Prevention and Cessation
PRCHN’s Collaborations with Health Departments
Nutrition-related PRCHN-Health Department Collaborations
Nutrition-related PRCHN-Health Department Collaborations
Health Department’s Engagement with PRCs
Public Health in America

• Core Functions of Public Health
  ▪ Assessment
  ▪ Policy development
  ▪ Assurance

• Purpose of Public Health
  ▪ Prevent epidemics and spread of disease
  ▪ Protect against environmental hazards
  ▪ Prevent injuries
  ▪ Promote and encourage healthy behaviors
  ▪ Respond to disasters and assist communities in recovery
  ▪ Assure the quality and accessibility of services
Key Areas

- Research-Practitioner Partnership
- Community Health Needs Assessments/Planning
- Leverage Skills and Capacity
Building Capacity for Obesity Prevention (BCOP)
Building Capacity for Obesity Prevention (BCOP) is...

✓ A collaborative study between researchers and practitioners
BCOP Team

1. Case Western Reserve University, Prevention Research Center for Healthy Neighborhoods

2. The Ohio State University, SNAP-Ed (state & county level)
   SNAP-Ed = Supplemental Nutrition Assistance Program Education

3. Ohio Department of Health, Creating Healthy Communities (CHC) Program (state & county level)

PSE = policy, systems, and environmental changes
Building Capacity for Obesity Prevention (BCOP) is...

- A collaborative study between researchers and practitioners
- To identify key aspects of community readiness and practitioner capacity for obesity prevention
Factors that Affect Health

- Counseling & Education
  - Examples: Eat healthy, be physically active
- Clinical Interventions
  - Examples: Rx for high blood pressure, high cholesterol, diabetes
- Long-lasting Protective Interventions
  - Examples: Immunizations, brief intervention, cessation treatment, colonoscopy
- Changing the Context to make individuals' default decisions healthy
  - Examples: Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax
- Socioeconomic Factors
  - Examples: Poverty, education, housing, inequality
Targeted Nutrition-related Policy, Systems, Environmental (PSE) Interventions

Learn More:
GOOD WORK, BUT I THINK WE NEED JUST A LITTLE MORE DETAIL RIGHT HERE!
BCOP Goal

Creation of four tools to optimize implementation of nutrition-related policy, systems, and environmental (PSE) interventions to promote healthy eating and prevent or reduce obesity trends.
Building Capacity for Obesity Prevention (BCOP) is...

- A collaborative study between researchers and practitioners
- To identify key aspects of community readiness and practitioner capacity for obesity prevention
- A mixed methods, consensus modeling study
Data Collection Methods
PSE Readiness Assessment & Diagnostic Instrument
PSE READI Questions

• Common question structure and response format for all indicators:
  “To what extent...” 0.0-not at all or don’t know, 0.25-slightly, 0.50-moderately, 0.75-very, 1.0-extremely

• Example questions:
  ▪ To what extent does your organizational or program budget have sufficient funds to support farmers’ market PSE projects this year?
  ▪ To what extent is there parent buy-in and support for healthy eating PSE projects in childcare centers or preschools in your service area?
Recommendations Tailored to Stage

Getting Started → Developing & Growing → Sustaining & Expanding

Example Recommendations

- **Integrating FM PSE projects in your work** will require financial resources. Refer to the following resources for information on taking the first steps to develop a realistic budget to support FM PSE projects.

- **Summarize the outcomes of your farmers’ market customer survey results** and begin to develop strategies for expanding or enhancing the availability of the produce selection.

- **Identify potential partners, coalitions, and networks** in your service area that focus on farmers’ markets. Get involved and establish relationships with these groups to build a foundation for developing community partnerships.
What’s next for BCOP?

- Usability Assessment: 17 counties in OH (2017)
- Tool Refinement
- Ohio-wide Dissemination
- Validation
Ohio Nutrition Incentive Network
• **Vision**: Making the Healthy Choice the Easy Choice

• **Mission**: Creating Healthy Communities (CHC) is committed to preventing and reducing chronic disease statewide. Through cross-sector collaboration, we are activating communities to improve access to and affordability of healthy food, increase opportunities for physical activity, and assure tobacco-free living where Ohioans live, work and play. By implementing sustainable evidence-based strategies, CHC is creating a culture of health.
Nutrition Incentives

• Alternative currency, in the form of a coupon, token or electronic voucher, that can be spent on produce at farmers markets and grocery stores.

• A catalyst for healthy food purchases that makes it easier for low-income Americans to buy fruits and vegetables.
Ohio Nutrition Incentive Program

• Farmers’ Markets
• Retailers
• Produce Prescriptions
Statewide Program Development

**KEY COMPONENTS**

- **Capacity-Building:**
  - Produce Perks Midwest as statewide administrative lead
  - Statewide Program Coordinator Hire

- **Growth:**
  - Cultivate state-level partnerships
  - Identify new program implementation partners (direct-to-consumer & retail)

- **Sustainability:**
  - Formalize Network Structure & Operating Procedures
  - Apply for program funding through private sources & FINI

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*EVALUATION: CASE WESTERN RESERVE UNIVERSITY*

*CONTRACT MANAGEMENT: OHIO DEPARTMENT OF HEALTH*
Ohio: State of the State

THE NEED (2016 Data)

➤ AFFORDABILITY:
  ▪ 1.56 million Ohioans participating in SNAP
  ▪ $2.5 billion in SNAP distributed annually
  ▪ < 1% of SNAP dollars are redeemed at farmers markets
  ▪ 16.1% food insecurity rate

➤ ACCESS:
  ▪ 103+ farmers markets accept SNAP
  ▪ <1/3 (70/320) of farmers markets offer nutrition incentives
  ▪ Small retail grocery pilots in development

➤ HEALTH:
  ▪ Ohio’s obesity rate is 29.8% among adults & 17.4% among children
  ▪ 11th in the nation for hypertension & 17th for diabetes

A SOLUTION

• This project is a pioneering investment by a State Department of Health in nutrition incentive programs as a tool to improve healthy food access and affordability among its low-income and high-need residents.
Statewide Nutrition Incentive Program

**IMPACT**

**Reach (anticipated):**
- Year 1: 9,000 customers
- Year 2: 15,000 customers

**Affordability: $600,000**
- Incentives = $300k
- SNAP = $300k (min.)

**Access: 88 sites (min.)**
- Direct-to-consumer
  - Y1: 78 sites
  - Y2: 84 sites (min.)
- Retail
  - Y1: 2-4 sites
  - Y2: 4+ (min)

**PROJECT COMPONENTS**

- Statewide Program Development (Capacity-Building & Sustainability)
- Retail Grocery Incentive Program
- Farmers Market Incentive Program
- FVRx Diabetes Prevention Program (DPP) Pilot
- Statewide Marketing & Promotion
- Project Evaluation
Project Evaluation

**KEY COMPONENTS**

WW and Case Western Reserve University will use data and key findings to inform improvements to program implementation throughout the project.

Of key importance will be robust data collection up front to strengthen a fall 2017 FINI application.

- **Additional components of evaluation include:**
  - Behavioral changes in purchasing and consumption among program participants (retail, DTC)
  - Effective marketing & outreach strategies
  - Impact of incentives on retail grocery produce sales
  - Replicability and potential improvements to programs at all venues
Next Steps

• Target new partnerships to expand program reach exponentially
  – Leverage additional funding
• Expand program resources to create a single-source customer website
• Expand Network

• Directly target SNAP user with drive-to-market messaging
• Expand overall program awareness through paid media
• Increase social media presence, reach and word of mouth
How are we making it happen?

• **Buy-In**
  - State Health Improvement Plan
  - Ohio’s Plan to Prevent and Reduce Chronic Disease

• **Funding**
  - Center’s for Disease Control and Prevention
    - Chronic Disease Prevention
    - Preventive Health and Health Services Block Grant
    - State and Local Public Health Actions to Prevent Obesity, Diabetes and Heart Disease
    - Cancer Prevention
  - State Funds
    - General Revenue
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Questions?

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Feeding America
CDC
NIH
USDA

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Objectives

• Introduce NOPREN
• Describe the charitable feeding network in the US & the FRESH-Foods project
• Highlight some ways in which LHD’s can interact with the charitable feeding network
NOPREN is a thematic research network of the CDC’s Prevention Research Centers.

**Goal:** to foster understanding of the effectiveness of policies to prevent childhood obesity through improved access to affordable, healthier foods and beverages in child care, schools, worksite, and other community settings.

**Strategy:** conduct transdisciplinary practice-based policy research and evaluation along the continuum of policy identification, development, and implementation.
Strategy 1: Working Groups

- Multiple academic disciplines
- Deep content expertise
- Focus is on evaluation of policies and dissemination of findings through academic literature, reports, workshops, webinars, etc.

www.nopren.org
Strategy 2: Five Funded Sites

1. University of Minnesota
2. University of Illinois at Chicago
3. University of California San Francisco
4. University of New Mexico
5. Johns Hopkins University
Strategy 2: Five Funded Sites

- Federal Advisors: NIH, USDA
- Partners: RWJF, NCCOR
- Collaborative members: academics across US
UCSF Project: Foodbanking Research to Enhance the Spread of Healthy Foods (FRESH-Foods)
42 Million people are food insecure in America.
13 Million CHILDREN ARE FOOD INSECURE
The Feeding America Network

200 MEMBER FOOD BANKS

1 NATIONAL OFFICE

60K FOOD PANTRIES AND MEAL PROGRAMS

= 46M AMERICANS SERVED ANNUALLY
The Feeding America Network Serves Every County in the U.S.
Our Goal

By 2025, Feeding America, in collaboration with our network and our partners, will ensure access to enough nutritious food for people struggling with hunger and make meaningful progress toward ending hunger.
How Feeding America Provides Meals

We Secure Donations
from national and local retailers, foodservice locations, food companies and government agencies.

We Move Food
to where they are needed most.

We Safely Store and Distribute Donations
at our member food banks.

We Feed People in Need
at food pantries, soup kitchens, youth programs, senior centers and emergency shelters.
food bank ≠ food pantry
FANO
Food Bank
Agency
(Food Pantry)
Client

Leverage Points
Example Point of Leverage: Food Sourcing
(2025 estimates of annual meals provided through FANO)

Donations (4.75 billion meals)

Purchases (0.35 billion meals)

Federal programs (0.9 billion meals)
FANO
Food Bank
Agency (Food Pantry)
Client

Leverage Points

Donations
FRESH-Foods seeks to support the development and implementation of strategies that improve the nutrition of foods that move through the charitable feeding network, with a particular focus on nutrition policies.
Project 1: Executive Director Interviews (n=30)

• Broad-scale, but not universal, theoretical support for providing healthier foods
  – Recognition of importance of healthy food broadly and role of FB/pantry in helping clients be healthy

• Produce no longer seen as a scarce commodity
  – Geographic and economic disparities in access exist

• Concerns: “We are the bottleneck.”
  – Agency (and client) demand
  – Food bank and agency infrastructure
    • Low availability: transportation costs & sourcing
    • High availability: handling & distribution
Project 2: FRESH-Foods Survey

• Historically, food bank impact has been measured entirely by distribution (pounds)

• Challenges with pounds metric:
  – Healthy foods weigh less
  – No understanding of impact on dietary intake
    • Measurement is challenging
    • Demand for this information was scarce
FRESH-Foods Survey

• Driving interest in measuring **dietary intake**
  – Impact of nutrition interventions at many levels:
    • Which are most effective? Most cost-effective?
  – Public health importance (and therefore individual impact) of food increasingly recognized
  – Food waste movement: spoiled food does not help people, raises costs to transport it
    • If produce IS really less desirable for clients, don’t bring it
FRESH-Foods Survey: Goals

- Develop a dietary assessment tool optimized for pantry population
- Provide a ready-to-use tool that food banks can “check out”
  - Assessment of impact of PSE changes at local and national levels
  - FANO provides data back to food bank
FRESH-Foods Survey

• FLASH-E Survey: dietary assessment tool
  – New assessment measure; NCI funded
  – Adolescent targeting
    • Includes lots of “new foods”: ramen, frozen pizza, SSBs, etc.
    • Assumes limited numeracy and literacy skills
  – Already some cognitive interviewing done in low-income populations
  – Relatively brief
FRESH-Foods Survey

- FLASH-E \(\rightarrow\) FRESH-Foods Survey
  - Limited changes to FLASH-E dietary measure
    - Shelf-stable milk, canned meat
  - Additional items food banks are interested in
    - Satisfaction with pantry, grocery access, food insecurity, barriers to healthy dietary intake, use of federal nutrition programs, etc.
    - Constructed “modules” that could be added or removed based on food bank needs
  - Multiple rounds of cognitive interviews with pantry clients
FRESH-Foods Survey

• Competitive application process to choose 3 food banks
  – Phase 1: cross-sectional administration for psychometric testing
  – Phase 2: “test” impact of an intervention or policy change by administering pre-post surveys
• ~10% of food banks in the network applied
• 1422 grantees given priority in scoring system
FRESH-Foods Survey

• Feeding San Diego (1422)
  – Accrediting agencies as “nutrition pantries” if they work with food bank to meet certain criteria

• Food Bank of Western New York (1422)
  – “Just Say Yes to Fruits & Vegetables”: behavioral economics redesign of the pantry

• Atlanta Community Food Bank
  – Traditional nutrition education in food pantry
FA Nudges in Choice Pantries

- Signs on shopping carts/baskets
- Recipes near healthy foods
- Attractive, organized, and full displays of fruits and vegetables
- Pantry layout
  - Healthy foods displayed
    - First
    - Eye-level
    - At multiple locations for maximum exposure
  - Unhealthy foods
    - Lower quantity of same item displayed simultaneously
Nutrition Policies at the Level of the Food Bank

• Lots of heterogeneity among the >200 food banks
• Very highly charged topic
  – Threats to food donors and board members
  – One policy (turndown policy) reduces “pounds distributed”, a food bank’s traditional measure of success
  – Some food banks have no capacity to purchase product to fill in gaps
  – Mission to “end hunger”
• Preference for slowly changing distribution mix, rather than creating a formal policy
Free! Available to foodbanks, pantries, and those who work with them!

An online course:

DEVELOPING A FOOD BANK NUTRITION POLICY

Nutrition Policy Institute, University of California
Division of Agriculture and Natural Resources

COURSE DETAILS

Available at: https://www.canvas.net/browse/cwl/courses/food-bank-nutrition-policy-1

- Self paced course – best done in about an hour per week over 6 weeks
- Participate in active learning-view short video segments & short narrated slide presentations, reflect on learnings and participate in online discussions with other course participants.
FANO Investment

• Measurement of healthy food distribution (in progress)
  – “Counting” variety as well as pounds distributed
  – Collaboration with Rudd Center

• Supporting food bank collaborations with health care sector—creates external pressure
  – Multiple workshops hosted for ED’s
  – TA on HIPAA compliance
    • Collaboration with Harvard; discussions with HHS
  – TA on CHNA and CHIP involvement
  – Pilot interventions: diabetes self-management support, pre-diabetes screening and referral to DPP
  – Education: Hunger Vital Sign, food insecurity-health connections, etc.
FANO Investment

- Regional Mixing Hubs (n=8)
  - Enable the delivery of a higher variety of produce
  - Lower acquisition costs
  - Provide produce consistently to all food banks
  - Accept more donations and eliminate more food waste

- Sourcing to MyPlate
We share an opportunity and responsibility to contribute to conditions for people to grow and live healthier lives. Nutritious food is the foundation for a healthy body and mind. Through research, policy advocacy, education, mobilization, and food distribution, Feeding America can contribute to better health while working to end hunger.

*WORKING DRAFT FOR DISCUSSION ONLY*
Conclusions

• We have come a long way in the last 2 years
  – Conversations are less charged
  – Need to wrestle with these questions of policy is widely appreciated
  – We will soon be able to measure impact on dietary impact
  – New FA leadership has quickened the pace of organizational change

• We have a long way to go...
Opportunities for LHD’s to Collaborate with Food Banks

• Screening clients in other programs for food insecurity
  – Use the Hunger Vital Sign™

• Refer food insecure clients to local resources
  – Food pantries, SNAP, WIC, NSLP, Summer Meals, etc

• Partner with food bank on local- and state-level initiatives that reduce food insecurity
  – Many food banks now have personnel dedicated entirely to policy and advocacy

• Provide on-site services for clients, eg food pantry co-located at site offering other services

• Establish community coalition to address food insecurity and invite food bank to the table
Resources

https://hungerandhealth.feedingamerica.org/

Video: https://hungerandhealth.feedingamerica.org/understand-food-insecurity/hunger-health-101/

Thank You!

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San Francisco
advancing health worldwide
Please complete your evaluations following the webinar – we value your feedback!

WHAT
DO
YOU
THINK?
Thank you for joining us!

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https://nopren.org/
https://www.cdc.gov/prc/index.htm