HER NOPREN

Summer Speaker Series for Students

Sheila Fleischhacker, PhD, JD, RDN
Adjunct Professor of Law, Georgetown University
COVID-19 School Nutrition Implications Co-Chair
HER NOPREN WIC Learning Collaborative Co-Chair
HER NOPREN Summer Speaker Series for Students Coordinator
This summer the series will focus on COVID-19 related adaptations of the key federal nutrition assistance programs.

Speakers represent different sectors in the topical space and different career stages.

The speaker series is designed to provide students a safe environment to learn the fundamentals of the topic, along with relevant professional opportunities in research, policy, and practice.
**HER NOPREN Summer Speaker Series for Students**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>Late April</td>
<td>Dr. Katie Bauer asked if HER NOPREN COVID-19 School Nutrition Implications Working Group can use some interns</td>
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</table>
| Early May  | Drs. Fleischhacker and Dunn ponder projects and possible matching approaches  
            Dr. Fleischhacker meets with a variety of students exploring internships, sees need for supplemental student series |
| Mid May    | HER NOPREN indicate support for speaker series for students  
            Students joining various calls, working on projects  
            Variety of members and collaborators comment to speaking and disseminating series |
| June       | Series Launched  
            More than 140 students sent calendar invites |
Series Overview Panelists

- **Heidi Blanck, PhD**, CDC Division of Nutrition, Physical Activity and Obesity, Obesity Prevention and Control Branch Chief
- **Amy Lowry Warnock, MPA**, CDC Division of Nutrition, Physical Activity and Obesity, Public Health Policy Analyst
- **Hilary Seligman, MD, MAS**, Professor of Medicine at the University of California at San Francisco and the Nutrition and Obesity Policy Research and Evaluation Network Director
- **Caroline Dunn, PhD, RD**, Research Associate, Harvard T.H. Chan School of Public Health and HER NOPREN COVID-19 School Nutrition Implications Working Group Fellow
- **Amanda Samuels Sharfman**, MS, MPH, Project Manager for National Collaborative on Childhood Obesity Research, FHI 360
The findings in the presentation are those solely those of the author and do not represent the official view of the CDC or DHHS.
CDC’S NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

General Mission Areas per Lens of Researcher

CDC – Surveillance, Program Evaluation
NIH – Research
USDA – Agriculture, Food Assistance Programs
FDA – Regulatory (Nutrition Facts Panel, Labeling)
Vision:
A world where regular physical activity, good nutrition, and healthy weight are part of everyone’s life.

Mission:
To lead strategic public health efforts to prevent and control obesity, chronic disease, and other health conditions through regular physical activity and good nutrition.
OUR VISION: OPTIMAL NUTRITION ACROSS THE LIFESPAN

DNPAO works to reduce micronutrient deficiencies, establish healthier food environments, and reduce the risk of obesity and other chronic diseases.

*Collaborate with DASH and DPH-School Health Branch
Infant and Toddler Nutrition

Good nutrition during the first 2 years of life is vital for healthy growth and development. Starting good nutrition practices early can help children develop healthy dietary patterns. This website brings together existing information and practical strategies on feeding healthy foods and drinks to infants and toddlers, from birth to 24 months of age. Parents and caregivers can explore these pages to find nutrition information to help give their children the healthy start they need for a lifetime of good health.

Human Milk Storage Guidelines

- **Concentration of Fat**:
  - 77% in amniotic fluid
  - 43% in mature milk
  - 6% in formula
- **Maturation**:
  - Tip of 4 hours
  - Tip to 12 hours
  - 24 hours
  - 36-48 hours
- **Freeze Storage**:
  - 1-3 hours
  - Up to 4 days (in freezer)
  - Immediate consumption

These guidelines are for healthy term infants and are not intended for premature infants or sick infants. Check with your health care provider for guidelines on feeding preterm or sick infants.

Healthy Habits Start Early: Tips for Feeding Picky Eaters

Eating a variety of healthy foods is important for your child's health. But it's not always easy to get kids to try new and different foods — and sometimes, it can be downright frustrating. This means you need to help your child get comfortable eating a variety of foods. And you both may wind up having some fun while you're at it.

Take steps to prevent picky eating:
- Offer a variety of foods right from the start. Before 8 months, babies' taste buds are not as developed as the baby's body and preference for new foods. Take advantage of this and offer your baby different flavors and textures when the baby is ready for solids.
- Serve foods as fast. Offering vegetables and meat before your baby gets used to the sweet flavors of fruit can help him learn to enjoy these foods, too.
NUTRITION STANDARDS – FULL DOSE

Nutrition Standards Across the Life Course - Healthy Choices in the places where Americans learn, work, pray, and play

- Food Service Guidelines/Healthy Procurement
  (Municipality Venues, Worksites, Hospitals, Universities, Food Banks, Park & Rec, Community Venues, FBO)
- School PA/Nutrition Standards
  (NSBP, NSLP, CACFP) USDA, CDC-NCCDPHP/DPH/School Health Branch
- Early Care and Education
  (CACFP, State Licensing/Regs/QRIS/Programs)
- State and Local Policy
- Organization Policy and Practices
State System-Level Change: Embed 47 High Impact Obesity standards & implementation support *Licensing, QRIS, TA Networks (TAPS)*

Facility-Level Interventions at Scale (e.g. NAPSACC, Farm to ECE, Professional Development, Curriculum)

Monitoring & Tracking: state-level, provider-level (pilot state-based surveillance)
4 State ECE Surveillance Pilot (2018-2020) C-SAW

- Westat -pilot ECE surveillance system survey; Currently obtaining OMB approval. Hope to be in the field in Spring 2021, 4 states
- Policies and practices of ECEs

NRC State Licensing Data, Annual Technical Report
https://nrckids.org/StateRegulations
FOOD SERVICE GUIDELINES - RATIONALE

- 1/3 of Americans have cafeterias and 1/2 have vending machines at work.
  - Over 7 million adults eat food/drinks from a cafeteria daily.
  - Over 9 million eat food/drinks from a vending machine daily.
  
  Note: Parks and Recreation, Hospitals, and other venues are sources of food for all ages

- Foods from cafeterias and vending machines do **not** align with dietary guidance.

- Nearly 50% of calories consumed from vending machines comes from added sugars.

- USDA guidelines available for schools (School Meal Patterns/Smart Snacks) and early care and education (Child and Adult Care Feeding Program Meal Patterns) but not in most settings

- Dietary Guidelines for Americans for individuals, but needs to be operationalized


FEDERAL FOOD SERVICE GUIDELINES – CAN BE ADAPTED FOR OTHER NON-FED VENUES

- 2011, 2017
- Latest standards
  - 60 representatives from 9 federal departments or agencies
  - Subcommittees were formed for 4 sections
  - Formal Request for Information to public
- Sections
  - Food and Nutrition Standards
  - Facility Efficiency, Environmental Support, and Community Development Standards
  - Food Safety Standards
  - Behavioral Design
- An ancillary report was written simultaneously; Updated Smart Choices
  - Describes methods used to update FSG
  - Provides rationales for the standards

FOOD SERVICE GUIDELINES

Settings

- **Worksites:**
  - Municipal buildings
  - Hospitals
  - Colleges and universities
  - State/local government facilities
  - Private worksites

- **Community Facilities**
  - Parks and recreation
  - Juvenile corrections
  - Stadiums
  - Food banks/food pantries

Venues

- Cafeterias
- Cafes
- Snack bars
- Grills
- Concession stands
- Sundry shops
- Micro markets
- Vending machines

OUR VISION: SAFE AND PLENTIFUL OPPORTUNITIES FOR PHYSICAL ACTIVITY FOR EVERYONE

Preschool-aged Children (2-5 years)

Early Care and Education (Physical Activity Standards)

Walking
Bicycling
Safe Routes to Schools/Walking School Bus

Children and Adolescents (6-17 years)

Worksite Wellness Supports (stairwell prompts, gym facilities, paid gym memberships, paid time for physical activity)

Adults

Wheeling
Safe Streets for Seniors

Older Adults

Parks
WHAT WORKS?

STRATEGIES TO INCREASE PHYSICAL ACTIVITY

- Activity-friendly routes to everyday destinations
- Access to places for physical activity
- School and youth programs
- Community-wide campaigns
- Social supports
- Individual supports
- Prompts to encourage physical activity
- Equitable and inclusive access

- Complete Streets policies
- Zoning policies
- Comprehensive or Master plans
- Safe Routes
- Shared-use agreements
- Workplace facilities and policies
- Parks and recreation centers
- Comprehensive physical education
- Opportunities to be active before, during, or after school
- Events combined with multi-channel messaging
- Walking or other activity groups
- Groups that support people with disabilities or chronic conditions
- Peer or professional support
- Technology
- Point-of-decision signage
INCREASED PHYSICAL ACTIVITY CAN IMPROVE HEALTH, QUALITY OF LIFE, AND REDUCE HEALTHCARE COSTS

A national initiative led by CDC to help

27 million Americans

become more physically active by 2027

#ActivePeople
FIVE ACTION STEPS TO REDUCE CHRONIC DISEASE AT THE STATE, LOCAL, AND COMMUNITY LEVELS

1. Make physical activity safe and accessible for all
2. Make healthy food choices available everywhere
3. Make breastfeeding easier to start and sustain
4. Strengthen obesity prevention standards in early care and education settings (ECE)
5. Spread and scale pediatric weight management programs
State Physical Activity and Nutrition Program (SPAN)
- 16 state and local recipients strengthening efforts to implement interventions that support healthy nutrition, safe and accessible physical activity, and breastfeeding

High Obesity Program (HOP)
- 15 land grant universities leveraging community extension services to increase access to healthier foods and opportunities for physical activity in counties that have more than 40% of adults with obesity

Racial and Ethnic Approaches to Community Health (REACH) Program
- 31 organizations aiming to improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic populations with the highest risk, or burden, of chronic disease
PARTNERSHIP ENGAGEMENT

Carrying our Messages
DNPAO’S DATA, TRENDS, AND MAPS

- Interactive state-by-state and national data via clickable maps, charts, and tables
- Policies, environmental data, behaviors
- Export data & save visualizations
- Create custom maps and charts
- Data available for 59 indicators

Select a topic to see nationwide maps, charts, and tables

• Can be used for your research projects
• Includes more than 1,4000 ads, materials, or photos on nutrition, obesity, physical activity and other chronic diseases
• Includes audience testing and research
• Saves time and money compared to producing new materials
• Source: https://ncdd.cdc.gov/schmc
• For more information, email schmc@cdc.gov
Whether you are on a career track or deciding on which career you would like to pursue, CDC has many diverse fellowship, internship, training, and volunteer opportunities for students and professionals. Many of these opportunities provide invaluable experience and potentially offer clear cut paths to exciting careers with CDC.
HAVE YOU HEARD ABOUT OUR ONLINE RESOURCES?

Data Trends and Maps
Interactive database that provides national and state health status and behaviors

State Community Health Media Center
Collection of free and low-cost, audience-tested advertising and support materials

Division of Nutrition, Physical Activity, and Obesity (DNPAO) Website
CDC.gov/nccdphp/dnpao

DNPAO Facebook Page
Facebook.com/CDCEatWellBeActive

DNPAO Twitter
@CDCObesity
@CDCMakeHealthEZ

www.nccor.org
Measures Registry
-User Guides
Surveillance Systems
SNAP-Ed Toolkit
Join today!

https://www.cdc.gov/physicalactivity/activepeople
healthynation/join-active-people-healthy-nation
THANK YOU

Help us keep America healthy and strong. See how at: cdc.gov/nccdphp/dnpao

CAPT Heidi Michels Blanck
HBlanck@cdc.gov
NOPREN HER
Student Seminar Series

Hilary Seligman, MD MAS
NOPREN Director

UCSF Center for Vulnerable Populations
Department of Medicine
NOPREN is a collaborative research network that fosters understanding of the effectiveness of policies that improve nutrition and prevent obesity.

The network includes academic researchers, practitioners, professional organizations, and government representatives.

NOPREN is a part of the CDC’s Division of Nutrition, Physical Activity, and Obesity (DNPAO) and the Prevention Research Centers Program.
NOPREN WORK GROUPS

- Early Childhood*
- Drinking Water
- Rural Food Access
- Food Service Guidelines
- School Wellness
- Food Security
- Healthy Food Retail*
This WG is comprised of NOPREN and HER researchers and practitioners exploring ways to inform policy and practice in real-time, as well as examine the impacts of federal, tribal, state, and local COVID-19 relevant decisions on food security and dietary intake. Examples of subgroups include:

- Accelerated Weight Gain
- COVID-19 Food Relevant Survey Compilation
- Financial Health of Foodservice Operations
- Large Urban District Case Study
- Missed Meals
- Pandemic EBT/Summer EBT
- Qualitative Projects
- State Assessment Project
- Spring Break
What NOPREN Does

- Supports networking and **collaboration**
- Facilitates **information-sharing and dissemination**
- Hosts **monthly state of the science webinars**
- Invests in **capacity-building** for the next generation of nutrition policy researchers
- Supports Work Groups in producing **manuscripts and tools** for academics & practitioners
Example of Monthly Webinar Topics

• Food deserts and the causes of nutritional inequality
• Poverty measurement
• Designing successful healthy food pricing incentive programs
• Leveraging implementation science for public health impact
• Preemption in nutrition and obesity policy
• Exploring the co-benefits of healthy eating policies
Feeding Low-Income Children during the Covid-19 Pandemic

As Covid-19 spreads throughout the United States, schools and child care facilities are balancing their role of helping to prevent disease transmission with ensuring access to food for children who rely on the federal nutrition safety net. Together, the U.S. Department of Agriculture (USDA) National School Lunch Program, School Breakfast Program, and Child and Adult Care Food Program serve nearly 55 million children daily, delivering vital nutrition and financial assistance to families in need. With such programs interrupted, an essential element of the Covid-19 response will be feeding children from low-income families.

Meals and snacks from schools or child care centers fulfill up to two thirds of children’s daily nutritional needs and are generally contracting communicable diseases. Even brief periods of food insecurity can cause long-term developmental, psychological, physical, and emotional harms. Children from low-income households, who are already at higher risk for poorer health and academic performance than children from high-income households, may be further disadvantaged by nutrition shortages.

Lost access to school meals also highlights the fragile financial health of families in the federal nutrition safety net. When schools and child care centers close, children miss out on food or preparing foods or the higher price of real foods as compared with schools’ bulk-purchasing rates. Increased food-related financial burdens can harm all household members by forcing families to ration food or forgo other critical needs, such as medication, utilities, and rent.

The current situation is unprecedented, and it’s unclear how long school closures will last. The USDA hasn’t mandated that schools offer food service during closures. Instead, local education authorities (such as school superintendents and school boards) are being permitted to apply approaches from the USDA’s summer feeding programs and have been “encouraged to ensure that the needs of low-income children are met during extended school dismissals.” However, many schools lack
What is a school wellness team?

A school wellness team is a committee that supports schools in the implementation of policies and programs that aim to improve student health.

Wellness policies and the role of school wellness teams

Wellness policies are written documents that outline a school district’s vision for supporting student health (see Figure 1 for examples of wellness policy topics). An effective wellness policy can improve food choices, dietary intake, and physical activity for children in schools. However, to be effective, the wellness policy must be aligned with national guidelines. However, schools can have additional policies beyond those at the state level.

Figure 1

All school districts participating in federal child nutrition programs must have wellness policies that align with national guidelines. However, schools can have additional policies beyond those at the state level.

Wellness policies can address...
Screening for Food Insecurity Using the Hunger Vital Sign™

**Screening Questions with:**

"I ask all of my patients about access to food. I want to make sure that you know the community resources that are available to you. Many of these resources are free of charge."

"For each statement, please tell me whether the statement was:"

**Often True, Sometimes True, or Never True** for your household in the past 12 months:

1. "1/We worried whether our food would run out before I/we got money to buy more."
   "Estábamos preocupados de que los alimentos se acabaran antes de que tuviéramos (tuviere) suficiente dinero para comprar más."

2. "The food I/we bought just did not last, and I/we did not have money to get more."
   "Los alimentos que compramos (compró) no duraron mucho, y no teníamos (teníamos) suficiente dinero para comprar más."

**If Often True or Sometimes True to EITHER STATEMENT, patient is food insecure.**

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**STEP 1: Clinical Management**

- Prioritize medications with lower risk for hypoglycemia
- Thrombin, if intensity appropriate
- H using sublingual/glucose absent if preferred immediately before meals (skip dose eating)
- H using long-acting insulin dose to be used with a patient's marker (e.g., glucometer)
- H using short-acting insulin dose delivered by pen if possible
- OK to use when immediately after meal if meals are unreliable

**STEP 2: Gather Supportive Clinical Data**

- Hypertension and hyperglycemia
- Frequency, pattern, and management skills
- Adherence to and affordability of medications and supplies
- Depression and anxiety
- Social support
- Dietary intake, sleep, and physical activity

**STEP 3: Patient Education**

- Medications Management:
  - Decay with unreliable or inadequate food access may require lower medication doses
  - Medication schedules should be defined if patient eats rather than three of day
  - Diet Counseling:
  - Emphasis on cost-neutral strategies, such as reducing carbohydrate intake
  - Ensure patient has access to insulin
  - Smoking cessation (tobacco products divert money from food budget)

**STEP 4: Refer to Resources**

- Sustainable food resources may include:
  - School-based food programs
  - Congregate meals
  - Home-delivered meals (e.g., Meals on Wheels)
  - Medicare-covered meals
  - H food in household child nutrition programs, free WIC or school meals
  - Emergency food resources may include:
  - Food pantries
  - Snack kitchens, free dining rooms
  - Enroll in all eligible household benefits
    - SNAP, child care assistance, Medicaid, utilities, transportation assistance, earned income tax credit, etc.
  - Patient assistance programs for support with medication costs

**STEP 5: Code for Food Insecurity**

- 25P.4 Lack of adequate food and safe drinking water

**STEP 6: Follow-Up at Next Visit**

- Work with resources
- Weight trajectory
- Hypertension updates
- Food insecurity

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*American Diabetes Association (ADA) 2018 Standards of Medical Care in Diabetes (ADA Standards of Medical Care in Diabetes)*. Available at: https://care.diabetesjournals.org/content/17-Suppl_1/17-Suppl_1/A01.51168.17.132.2017.20130010.full.pdf
Changes to SNAP-authorized retailer stocking requirements and the supply of foods and beverages in low-income communities in seven U.S. states

Lisa M. Powell, Chelsea R. Singleton, Yu Li, Elizabeth Anderson Steeves, Jana A. Castro, Diana Grigsby-Toussaint, Lindsey Haynes-Maslow, Bailey Houghtaling, Melissa N. Laska, Lucia A. Leone, Rebecca Seguin, Daniella Usli

Abstract
Low-income communities often lack access to supermarkets and healthy foods. Enhanced stocking requirements for staple foods for Supplemental Nutrition Assistance Program (SNAP)-authorized retailers may increase availability of healthy foods in smaller stores which are prevalent in low-income areas. This study aimed to evaluate the extent that small food stores located in low-income areas met the U.S. Department of Agriculture’s 2016 final rule on SNAP-authorized retailer stocking requirements, which increased the minimum number of required staple food varieties from three to seven for each staple food category, required a depth of stock of three units of each variety, and increased the required number of categories with perishables from two to three. A multisite research project was conducted in 2017. Nine research teams located

Implications
Practice: This study emphasizes for practitioners that technical assistance may be needed for retailers if stronger USDA SNAP-authorized retailer stocking requirements are implemented.

Policy: This study provides evidence for policymakers on how stronger stocking requirements for SNAP-authorized retailers may lead to increases in the supply of staple foods in low-income areas of the USA.
Kids’ Hunger Doesn’t Take a Spring Break:

While closed for COVID-19, school districts can serve meals over spring break.

School districts can keep providing their students with healthy meals over the spring break, even while they are closed for safety during the COVID-19 pandemic. Of course, these meals help kids stay healthy and ready to learn when school resumes. They also help families stretch their food budget by offering their children meals free of charge and bring revenue into financially strapped districts.

Exemplary Practice: Spring Break Meals in One California School District

What COVID-19 meal service was being provided before spring break?

About 1,800 packages daily that include breakfast and lunch, with 2/3 distributed by curbside pickup and 1/3 by delivery.

What meal service is planned for the spring break?

Breakfast and lunch to cover each of the 5 spring break days.

- **How is it authorized?** Through the Seamless Summer Option. Alternatively, districts could use the traditional Summer Food Service Program.1
- **How will it be reimbursed?** The 2020 reimbursement rates for SFSP meals apply.
- **Who is doing this work over spring break?** To provide respite for food service staff, 5 days of meals were provided on the last scheduled day before spring break.
- **When, where and how will the food be served?** As with the pre-break meals, 1/3 will be delivered and 2/3 will be picked up on the last scheduled school day before the break, between 10 AM and 1 PM.
- **What do the meals contain?** Mostly meals requiring no preparation to accommodate those who are classified homeless. Individually wrapped frozen meals will be available after spring break for those who have access to microwave/oven with reheating instructions available in both English and Spanish. The no-preparation meals will still be available for those who do not have access to microwave/oven.

1 USDA COVID-19 Summer Food Service Program (SFSP) and Seamless Summer Option (SSO): Meal Delivery Using Existing Authority, https://www.fns.usda.gov/sfsp/covid-19-meal-delivery. Check your state’s requirements.
Ways you can get involved:

• Join the NOPREN listserv
• Attend our monthly webinars
• Join a NOPREN/HER Work Group
• Apply to be a Work Group Fellow
• Volunteer for a summer project

Want to learn more about NOPREN or join the network? Visit www.nopren.org or contact NOPREN@ucsf.edu
Healthy Eating Research
HER/NOPRENS Summer Speaker Series for Students
June 3, 2020
Kirsten Arm, MPH, RDN
About Me
Roles and Responsibilities

- Manage the program’s commissioned research portfolio
- Track published research relevant to HER and RWJF priority areas and collaborate with partners and key stakeholders to identify research gaps and priorities
- Provide logistical support and content expertise to HER Working Groups
- Assist with the application and review processes for HER’s funding opportunities
Healthy Eating Research is a national program of the Robert Wood Johnson Foundation (RWJF). The program aims to support research on and accelerate evidence-based strategic, actionable, and equitable solutions for improving children’s weight and nutrition, diet quality, and food access and security.
Robert Wood Johnson Foundation (RWJF)

- Nation’s largest philanthropy dedicated solely to health.
- Committed to building a Culture of Health, a national framework for improving health, equity, and well-being where everyone has the opportunity to live a healthier life.
- Seeks actionable research that advances health equity in the areas of nutritional disparities, better nutrition, and food security.
HER Program Goals

1. Establish a research base for policy, systems, and environmental change (PSE) strategies that advance health equity in the areas of diet quality and nutrition.

2. Build a vibrant, multidisciplinary field of research and a diverse network of researchers.

3. Ensure that findings are communicated effectively to inform the development of solutions with the goal of promoting health equity.
What We Fund

• **Focus** on children and their families, including pregnant women, with a priority on lower-income and racial and ethnic minority populations that are at highest risk for poor health and well-being and nutrition-related health disparities.

• **Supports** studies to identify and evaluate policy, systems, and environmental (PSE) change approaches.

• **Targets** focused studies, shorter in duration, that strategically address timely, policy-relevant research questions.
What is Policy, Systems, and Environmental Change (PSE)?
NOPREN/HER Working Groups

HEALTHY FOOD RETAIL (HFR)
- HER liaison: Kirsten Arm
- Co-Chairs: Shannon Zenk and Joel Gittelsohn

EARLY CHILDHOOD (EC)
- HER liaison: Lindsey Miller
- Co-Chairs: Dipti Dev and Alison Tovar

COVID-19 FOOD ACCESS
- HER Liaisons: Kirsten Arm and Lindsey Miller
- Co-Chairs: Sheila Fleischhacker and Erin Hager
- Fellow: Caroline Dunn
COVID-19 Food Access

HER’s Role

- Listserv Management
- Weekly Digest Email
- COVID-19 HER Resource Manager
HER and COVID-19 Response

New Resources:
• Feeding Children During the Pandemic: Media Briefing
• Increasing SNAP Benefits to Stabilize the Economy, Reduce Poverty and Food Insecurity
• What Parents Need to Know about Infant Feeding during COVID-19
HER and COVID-19 Response

COVID-19 Rapid-Response Funding Opportunity

- USDA Federal Nutrition Assistance Programs serving children and families

- The goal is to inform decision-making regarding innovative policies and/or programs during and after the COVID-19 pandemic.
Advice for students: NETWORK!

Questions?

Email: Kirsten.Arm@duke.edu
Website: healthyeatingresearch.org
NOPREN & HER Ad hoc Joint Working Group COVID-19 School Nutrition Implications

Caroline Dunn, PhD, RDN
Research Associate, Harvard Chan School
COVID-19 School Nutrition Implications Fellow
COVID-19 RESPONSE

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NOPREN COVID-19 Food Access Work Group

This ad hoc work group is comprised of NOPREN researchers and practitioners exploring ways to inform policy and practice in real-time, as well as examine the impacts of federal, tribal, state, and local COVID-19 relevant decisions on food security and dietary intake. Subgroups are focusing on school meals (school closures mean millions of children have lost access to school-based breakfast and lunch on weekdays), the charitable food system, and other pandemic-related issues.

- Meets every Friday (3:30pm-5:00pm EST)
- Next meeting: Friday, April 3
- Contact Caroline Dunn Glagola Dunn at: cdunn@hsph.harvard.edu for more information or to join

Publications:

- Kids’ Hunger Doesn’t Take a Spring Break fact sheets developed by Christina Hecht (NPI), Ken Hecht (NPI) and Anisha Patel (Stanford). These fact sheets highlight practices, regulations & resources for school districts to provide healthy school meals over the break, even while closed for COVID-19.
- National: PDF fact sheet and Modifiable template
- California: PDF fact sheet and Modifiable template
- New Review: US Coronavirus Relief Package: Update on Food and Nutrition Provisions, Editorial Board, Nutrition Today. Sheila Fleischacker PhD, JD at Georgetown University Law School provides a review of the U.S. Coronavirus Relief Package and how food and nutrition workers can ensure the food and nutrition needs of...
Working Group – Overview

Erin Hager, PhD (Co-Chair), University of MD School of Medicine

Sheila Fleischhacker, PhD, JD, RDN (Co-Chair), Georgetown University Law Center

Caroline Dunn, PhD, RD/LDN (Fellow), Harvard T.H. Chan School of Public Health
Background & Timeline

- 8 meetings so far
- Next Meeting is on June 6th

Recorded Meetings:

nopren.org/covid19
Academy for Nutrition and Dietetics (AND)
American Heart Association (AHA) - Voices for Healthy Kids
Center for Science in the Public Interest (CSPI)
Food Research & Action Center (FRAC)
Laurie M. Tisch Center for Food, Education & Policy Program in nutrition at Columbia University
National Association for the Advancement of Colored People (NAACP)
Nutrition Policy Institute, University of California, Division of Agriculture and Natural Resources
School Nutrition Association (SNA)
Share our Strength (SOS), which runs the No Kid Hungry National Campaign
University of Arkansas Indigenous Food and Agriculture Initiative
# Ongoing Projects & Subcommittees

## Completed:
- “School Closures During Covid-19: Opportunities for Innovation in Meal Service” – paper submitted
- Meal Delivery During Spring Beak

## Ongoing:
- Accelerated Weight Gain (Eliza Kinsey)
- COVID-19 Food Relevant Survey Compilation (Lauren Clay)
- Financial Health of Foodservice Operations (Erin Hager)
- Large Urban District Case Study (Gabriella McLoughlin)
- Pandemic EBT/Summer EBT (Sheila Fleischhacker)
- Qualitative Projects (Hannah Lane)
- Nationwide Assessment of Meal Service Responses (Gabriella McLoughlin)

## Collaborative:
- Early Childhood Missed Meals Implications
- ECE State Assessment
- WIC Policy the Pandemic Response
Joining US!

Working Group Fellow
Caroline Dunn, PhD, RDN
Research Associate
Department of Health Policy and Management
Harvard TH Chan School of Public Health
cdunn@hsph.harvard.edu

- Biweekly Calendar Invites & Agenda
- Group and Sub-Group Member Management

Listserv Manager (HER)
Kirsten Arm, MPH, RDN
Research Analyst
Healthy Eating Research
Duke Global Health Institute
Duke University
Kirsten.Arm@Duke.edu
<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
<th>Journal/Source</th>
<th>Publish Date</th>
<th>Topic area (i.e., WIC, SNAP, ECE, Schools)</th>
<th>Brief Description</th>
</tr>
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<tbody>
<tr>
<td>Leveraging SNAP to alleviate poverty — a proven policy approach needed now</td>
<td>Sara Blech, Caroline Dunn, Sheila Fleischacker</td>
<td>The Hill</td>
<td>03/29/2020</td>
<td>SNAP</td>
<td><a href="https://thehill.com/opinion/finance/590727-leveraging-snap-to-alleviate-poverty-a-proven-policy-approach-needed-now">Link</a></td>
</tr>
<tr>
<td>Quick COVID-19 Publishing Resource: COVID-19 Science Backed Research Portal</td>
<td>Mary Ann Liebert, Inc. Publishers</td>
<td></td>
<td></td>
<td></td>
<td>The editorial team behind Health Security was approached by the CDC to publish several fast-moving papers that specifically pertain to COVID-19. This study discusses an online cross-sectional survey on 3 social media platforms from 3/31-3/20. Responses were captured from 9099 individuals, with 26.1% of US counties having at least one responder. Lifestyles changes were evaluated, and participants reported stocking food and supplies (6486 (74.1%)); Concerns were also captured, and 2154 (32.2%) of participants reported difficulty getting food.</td>
</tr>
<tr>
<td>US Public Concerns About the COVID-19 Pandemic From Results of a Survey Given via Social Media</td>
<td>Lawrence M. Nelson, Julia F. Simard, Abdoulay Olyomi, Venessa Nava, Lisa G. Reoah, Melissa Bendy, Elefat Limos</td>
<td>JAMA Internal Medicine</td>
<td>04/27/2020</td>
<td>Consumers stocking food, difficulty getting food</td>
<td>Discourages, increase in child hunger rate since onset of crisis, implications of financial difficulties on adult hunger, call for SNAP increase in response to new polling data.</td>
</tr>
<tr>
<td>As Child Hunger Soars Across USA, National Poll Finds Nearly One in Four Parents Reducing Food for Children</td>
<td>Hunger Free America</td>
<td>Published online</td>
<td>04/13/2020</td>
<td>Food Insecurity, Child Hunger</td>
<td>Repub providing information on food insecurity in the United States. Responses are based on a representative, post-strata weighted national sample (n=10,368) of U.S. adults collected in the last week of March 2020. The descriptive.</td>
</tr>
</tbody>
</table>
Student Involvement to Date

- Research
- Advocacy
- Organization
ACCELERATING PROGRESS TO REDUCE CHILDHOOD OBESITY
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- Evaluate a health promotion program

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• Let us know at nccor@fhi360.org and we may feature you in our next webinar!
Questions?
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Questions? Ideas?
Email – Sheilafly9@gmail.com