NOPREN Hunger Safety Net Work Group Meeting Minutes – August 24, 2015

1. **Partner perspective from Kevin Barnett, Public Health Institute**
   - Community benefits opportunity offered—relatively downstream investments by hospitals. With increasing emphasis on prevention with ACA coverage, there is growing interest among hospitals in beginning to address some of the drivers for poor health in communities.
   - As ACA roles out, there has been emphasis on different parts of coverage in different parts of the country. Some states have taken up no Medicaid expansion.
   - Some of the more thoughtful hospitals have started to take on the issues of diabetes and obesity prevention and treatment, nutrition, and food insecurity.
   - Hospitals are now required to **conduct community based needs assessments**.
   - HOWEVER, vast majority of dollars being spent are still for clinical care, mostly ER use for preventable conditions.
   - We have a way to go, but there is an opening. IRS has relegated some activities to Part 2 of the form, meaning hospitals don't get financial credit for them, e.g. youth development, housing improvements, clearly primary prevention and upstream.
   - What has happened through communications through a number of back channels is that many activities now recorded as community health initiatives or might have been recorded as community building in Part 2 can now be recorded as community benefits, but IRS hasn't given clear guidance as to what conditions and under what circumstances.
   - Investments in food and nutrition activities have been recognized as important areas of focus for these benefits. Increasing interest and potential in this moving forward.
   - Part of this challenge is degree to which hospitals in different environments are interested in working with community stakeholders, interested in moving from individual healthcare to population health in the context of communities in which they reside.
   - Ongoing efforts use GIS coding and other technology to highlight how related conditions are grouped in high poverty issues and call for more focused investment and targeting of resources.
   - Other emerging issue is the growing awareness of intersection between community health and community development. Looking for ways to leverage Community Reinvestment Act in grocery stores, and corner stores to build food access and reduce food insecurity.
   - Variety of activities underway to support this work, e.g. the Investment Fund (largest and most focused on this issue). Currently working in 5 cities around country to bring together community leaders, hospitals, and other stakeholders in community development that work on whole spectrum from nutrition education, cooking classes, food related development activities, and various overlays (community gardens, farmers markets) that are place based in communities where disparities and poverty are located.
   - Leadership from regional health system in the Midwest, Promedica, have conducted a series of 4 conferences in last 18 months that are centered around raising issue of food insecurity as being substantially related to healthcare and health, beginning to advocate for policy development in both private and public sector.

2. **Follow up partner perspective from Marydale Debor, Fresh Advantage**
   - Involved with Gus Schumacher from Wholesome Wave around this issue. A coalition originally formed and partnered with Wholesome Wave in order to generate a significant percentage of final comments on final regulation related to nutrition—not simply limited to clinical care.

- Nutrition called out specifically. Community benefits are not limited to clinical healthcare services but include social determinants of illness and health
- Conducting of community health needs assessment—all non-profits have filed at least their first community health needs assessment.
- Continuous quality improvement model - every three years the CHN assessment has to be redone, set priorities, set a plan with evaluation metrics and then implement certain investments.
- Food insecurity and implications on health: the first filers are now preparing their second CHN assessments and it is in this process that great work remains to infuse process with data on food insecurity and qualitative data hospitals can glean (focus groups and surveys in their own communities).
- In the first round of assessments done in 2012, there was very little data about community needs. This is a place where we need to be doing more work as public health professionals. Need attention to food insecurity as a public health issue.
- Lots of use of secondary data, quality of reports very variable, great reliance on consulting firms to do the CHNA. Breakdown between the CHNA report and the creation of meaningful plans and evaluations, real investments at the community level in food insecurity
- First place we need to turn our attention is on the CHNA, otherwise we will have a hard time making the argument for food insecurity programs as programs.
- Great opportunity here because we have the basic language in the IRS rules, but still need to appeal to the IRS for guidance on the rules because there is still a lot of discretion in how these CHNAs are conducted. Another organization sought guidance from IRS officially from housing (but housing not specifically called out as a rule)
- **Promedica**—initiative is coming from the CEO. If there are two constituencies we really need to get more involved it is the CEO and the physician community. See attached white paper from Randy Oster.
- **Group discussion**—too early to ask hospitals to write big checks for this – we need to come from a place of collaboration, so wait to pursue this agenda. Presents challenges for hospitals. Lots more opportunities to raise questions and help frame ways in which organizations ask these questions. Need to draw attention to leveraging programs that are already on the ground.
- Already dropping revenue in hospitals, at same time as investing in IT and building capacity to do more public health work. Haven't been a lot of savings accrued yet.
- Some reluctance from children's hospitals to participate in obesity prevention efforts because the family isn't their population. Let's focus where inequities are concentrated.

Partner Perspective, SHEILA Fleischhaker, PhD, JD: *'The National Institutes of Health Hunger and Food Insecurity Relevant Research and Resources'*

- NIH is identifying factors influencing health and health disparities in the US population
- NIDDK Office of Nutrition Research (ONR) established on August 1, 2015 and replaces NIH Division of Nutrition Research Coordination (DNRC)
- NIH nutrition research relevant investments
    - FY 2014 included 4,345 projects totaling $1.55 billion
    - Compared to FY 2013, projects increased by almost 150 and funding increased by $300,000
- New opportunities to develop NIH research agenda around nutrition research coming in the next year
- One activity for the new office is regular review of research being done in nutrition space
- You don't see hunger and food insecurity emerging but a number of research studies looking at social determinants are very relevant and have cross over

- We parcel out by institute and center so for those seeking funding this should help guide where you look
- SLIDE 8: Top 10 NIH spending categories within the Nutrition Research Portfolio helps guide how different institutes look at nutrition research
- Food insecurity research: big picture is that we look as hunger as having an effect on human health (relevant K awards)
- Recent domestic food security research is generally connected to reducing nutrition-related chronic diseases
- Examples studies (SLIDES 10-13):
    - THRIVE study is good example looking at convenience store intervention and correlates where food security is considered, (two publications on this work)
    - Race, Stress and Dysregulated Eating: Maternal to Child Transmission of Obesity (looking at intersection between obesity and food security)
    - Rapid weight gain study: looking at rapid weight gain among infants of low income Hispanic immigrant mothers
    - Designing a Food Benefit Program to Optimize Diet Quality for Obesity Prevention
- We're seeing more work regarding obesity policy research and evaluation and seeing federal nutrition programs as key audiences
- Univ. of Minnesota is exploring SNAP benefits and buying of certain foods
- These are still in study phase and don't have results quite yet but want to give a sense of what kind of projects NIH is funding
- NIH has compiled relevant studies on food insecurity, nutrition, and can share (already shared with RWJF and NOPREN Healthy Food Retail work group)
- NIH has several studies looking at healthy retail, farmers markets, etc. (food environment research has a lot of complementary goals)
- NIH has long history of funding school-based studies to reduce malnutrition and obesity
- SLIDE 17: NIH relevant funding mechanisms (more of a resource relevant to funding mechanisms, mostly focused on obesity prevention research)
- SLIDES 18-20: NIH Hunger and Health 2010 Meeting Recommendations for Future Research
- Summit tied in with IOM meeting around obesity and food security.
- Key recommendations to consider as you want to comment on NIH strategic plan or research gap opportunities.
- Collaborative activities: Interagency Committee on Human Nutrition Research (ICHNR)
    - Reassembled after 10-year hiatus and first activity was National Nutrition Roadmap
    - Over 90 federal experts created roadmap, near final draft to be disseminated in fall
- Healthy People 2020:
    - NWS-12: eliminate very low food security among children
    - NWS-13 Reduce household food insecurity and in doing so hunger
- Other initiatives: US Global Nutrition Coordination Plan, SNAP-ed, NCCOR, Dietary Guidance Development Project for Infants and Toddlers from Birth to 24 Months and Women Who Are Pregnant (B-24/P)

***Note: Many notes embedded in Sheila's slides. On pdf, click on View, then Comments to access these resources.

- **Group Discussion:**
- It has been difficult to get grants focused on food security through peer review because few of reviewers had experience in food security research. It's important to look at list of relevant funding opportunities. Contact appropriate programs and build relationships with program officers.

3. **Group Discussion: Product Development**

    - Based on survey results we will start the process of breaking off into subgroups for interested people
    - We will be reaching out to those interested in leading a work group
    - We will continue having the bigger calls, maybe monthly/quarterly on broader hunger safety net topics
    - If you are not part of NOPREN but would like to be, please let us know and you will be added to listserv