



NOPREN

Nutrition & Obesity

POLICY RESEARCH & EVALUATION NETWORK

NOPREN 101

NOPREN – WHAT IS IT?

- ❑ Collaborative, equity-focused applied research and practitioner network that informs policies and practices designed to support the intake of healthy, nutritious foods
- ❑ Funded by the CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) and led by a coordinating center based at the University of California San Francisco (UCSF)
- ❑ Members include:
 - Policy researchers and evaluators
 - Practitioners, professional organizations, non-profits, and government agencies
 - We encourage early career and junior faculty to join for networking, collaboration, and professional development opportunities

NETWORK STRUCTURE – Core Partners



In close partnership with:

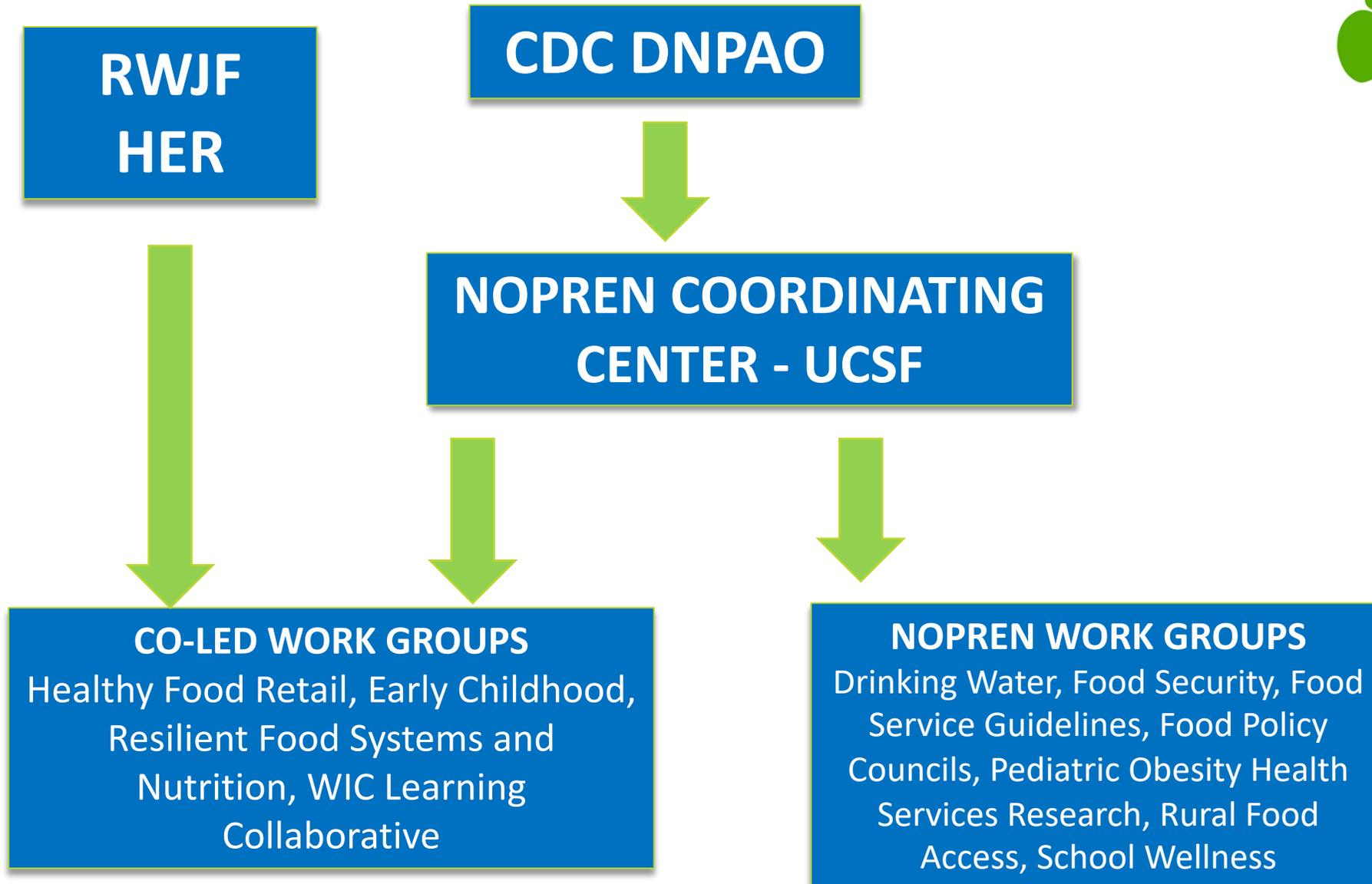
**Healthy
Eating
Research**



Coordinating Center



NETWORK STRUCTURE



NOPREN Coordinating Center: UCSF



Hilary Seligman, MD, MAS
NOPREN Director
Professor of Medicine, UCSF



Melissa Akers, MPH, CPH
NOPREN Manager



Ronli Levi, MPH, RD
NOPREN Coordinator



Jennifer Tong, MPH
NOPREN Coordinator

NOPREN COORDINATING CENTER - FUNCTIONS

The Coordinating Center serves as NOPREN's administrative home, acting as a liaison between the CDC and network members. The Center:

- Provides strategic direction for the network
- Facilitates collaboration among members
- Supports each of the work groups
- Hosts monthly state-of-the-science webinars
- Manages the member listserv and website
- Sends biweekly e-newsletter (reaching 2,500+)
- Provides professional development opportunities for members

NOPREN State-of-the-Science Monthly Series (2nd Monday at 12pm ET)

New and Upcoming CDC Nutrition & Obesity Data Sets

2020-2030 Strategic Plan for NIH Nutrition Research

True Cost Accounting – Applications to the US Food System

Data reveals Indian Country food security gaps and opportunities

Using Asset-Based Language & Centering Stakeholders

USDA's Actions on Nutrition Security

Climate/Environmental Change, Health, Agriculture, and Nutrition: a Global Ecology

Building Healthier Communities through Food Service & Procurement

New developments in research and application of the HER Nutrition Guidelines for the Charitable Food System

What can the healthcare sector do about patients' social conditions?

How to End Hunger, Advance Nutrition, and Improve Health: Policy Priorities after the White House Conference

Policy Implementation & Outcome Evaluation: Translating a Research Framework into Policy Action

Catalyzing Communities to Prevent Obesity and Achieve Child Health Equity



NOPREN NEWS

Nutrition & Obesity
POLICY RESEARCH & EVALUATION NETWORK

From the Coordinating Center

NOPREN State-of-the-Science February 13th @ 9am/12pm ET

Lessons from the Shape Up Somerville Impact Evaluation: Catalyzing Communities to Prevent Obesity and Achieve Child Health Equity

Christina Economos, PhD (Tufts
University)

Dr. Economos will discuss how they engage communities in the process of understanding and changing systems, putting community perspectives at the fore to advance shared goals and improve child health. This process places a unique emphasis on building community capabilities to visualize complexity, understand connections, generate deep understanding of health and wellbeing, and explore action to meaningfully impact the health of an entire community.

[Click here to join via Zoom](#)
Passcode: 610909
Meeting ID: 910 5393 6229

February Work Group Meetings

Upcoming topics include:

Measuring & communicating obesity risk in Head Starts, *Early Childhood WG*

Identifying schools with increased risk of lead in drinking water, *Drinking Water WG*

New and Innovative Measures in Healthy Food Retail, *Healthy Food Retail*

Use of an implementation science framework to advance healthy food retail, *Rural Food Access WG*

Breakfast in classroom initiatives and recess policies, *School Wellness WG*

WIC Research Impact Award Ceremony, *WIC Research Learning Collaborative*

Information about upcoming Work Group meetings can be found [here](#).

RESOURCES

Center on Budget and Policy Priorities

- Increase in TANF Cash Benefit Levels are Critical to Help Families Meet Rising Costs
- SNAP Is Linked With Improved Health Outcomes and Lower Health Care Costs
- States Are Using Much-Needed Temporary Flexibility in SNAP to Respond to COVID-19 Challenges
- Temporary Pandemic SNAP Benefits Will End in Remaining 35 States in March 2023

NIH - Update to Clinical Guidelines for Infant Feeding Supports Shared Decision Making: Clarifying Breastfeeding Guidance for People with HIV.

USAID Advancing Nutrition - How Can We Improve Nutrition Outcomes.

WEBINARS & EVENTS

Alliance for a Healthier Generation - **Fuel Your Minds and Bodies: Best Practices for Increasing School Meal Participation** Donna Martin, presented by Kohl's at Home, 2/15/23 @ 3p ET

Aspen Institute - **Conversations on Food Justice Designing Food Deserts: Urban Planning & Food Apartheid**, 2/27/23

EFOD Collaborative - **Reimagining All Futures: A look at community-contr funding in food systems and beyond** recording

NEWS & UPDATES

AP News - No more nuggets? School lunch goes farm-to-table - for some

FRAC - FRAC Receives \$2 Million Grant From U.S. Department of Agriculture to Support Equitable Access to Child Nutrition Programs

Hartford Courant - 20% of Hartford households are food insecure. School food pantries are used to help students and families combat hunger

Helio - Ultra-processed foods linked to higher cancer risk, mortality

HuffPost

- Coming Food Benefit Could Affect Older Americans Most
- SNAP Benefits Set For Cut As Pandemic Boost Expires

KUOW - WA bill would make school meals free for all students.

M Live - Michigan school kids could get free breakfast, lunch under Whitmer budget proposal

NPR

- Global food prices in 2022 hit a record high amid drought and war
- SNAP recipients will lose their pandemic boost and may face other reductions by March
- The USDA wants to limit added sugars and sodium in school meals

Public News Service - WA Bill Provides Free School Meals, But Worker Shortage is Hurdle

Public Health Institute

- Another Soda Tax Success Story: Sugary Beverage Consumption Drops in San Francisco
- Native American Voices, Traditions and Cultures Essential in Creating Healthier Communities

A. R., Hood, L. B., & L. (2023). Knowledge nutrition assistance young adult students.

C. (2023). The influence of and advertising law and ary and physical activity ary students in a qualitative study. *BMC*

S., Kijek, M., & Ohlhorst, Transformative Change Reduce Diet-Related ities: The White House er, Nutrition, and Health. *Journal of Clinical Nutrition*.

NOPREN Work Groups



Early Childhood

Healthy Eating Research



Healthy Food Retail

Healthy Eating Research



Rural Food Access



Food Service Guidelines



Pediatric Obesity Health Services Research



WIC Learning Collaborative

Healthy Eating Research



Drinking Water



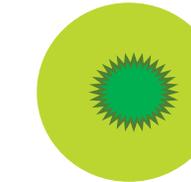
School Wellness



Food Security



Food Policy Councils



Resilient Food Systems and Nutrition

Healthy Eating Research

WORK GROUPS

Work groups are a core part of NOPREN. Members collaborate on policy-relevant topics and conduct action-oriented research translation to inform policy and create impact.

Examples of NOPREN work group activities include:

- Publishing editorials and original research
- Providing thought leadership and content expertise
- Developing measures and tools
- Creating and disseminating policy briefs

Work groups meetings typically occur monthly and are a combination of expert-led information sharing and project-specific activities.

Work groups are open to all interested members and your level of engagement is up to you.

WORK GROUP PRODUCTS: EXAMPLES



Wellness Teams Work!

A Guide for Putting Wellness Policies into Practice in Schools

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

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 district level.

Wellness policies can address:

Food Insecurity Screening Algorithm for Adults with Diabetes

(or Parents/Caregivers of Children with Diabetes)

Download the algorithm at: <http://bit.ly/foodinsecurityscreening>

Screening for Food Insecurity Using the Hunger Vital Sign™

Preface 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."

"Por cada una de las siguientes declaraciones, por favor indique si la declaración se aplica a su familia frecuentemente, a veces o nunca durante los últimos 12 meses."

- "I/We worried whether our food would run out before I/we got money to buy more."
"Estábamos (Estaba) preocupado(s) de que los alimentos se acabaran antes de que tuviéramos (tuviera) suficiente dinero para comprar más."
- "The food I/we bought just did not last, and I/we did not have money to get more."
"Los alimentos que compramos (compré) no duraron mucho, y no teníamos (tenía) suficiente dinero para comprar más."

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

STEP 1: Clinical Management

- Prioritize medications with lower risk for hypoglycemia
 - Metformin, if clinically appropriate
 - If using sulfonylureas: glipizide preferred immediately before meals (skip if not eating)
 - If using long-acting insulin: dose low using a peakless analog (e.g., glargine)
 - If using short-acting insulin: deliver by pen if possible; OK to use immediately after meal if meals are unreliable
- Prescribe glucose tabs

STEP 2: Gather Supportive Clinical Data

- Hyperglycemia and hypoglycemia frequency, patterns, 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

- Medication Management:
 - Days with unreliable or inadequate food access may require lower medication doses
 - Medication schedules should be defined by when patient eats rather than time of day
- Diet Counseling: Emphasize cost-neutral strategies, such as reducing carbohydrate portion size
- Ensure patient has refrigeration for insulin
- Smoking cessation (tobacco products divert money from food budget)

STEP 4: Refer to Resources

- Sustainable food resources may include:
 - SNAP: formerly Food Stamps
 - Congregate meal sites
 - Home delivered meals (e.g., Meals on Wheels)
 - Medically-tailored meals
 - If children in household: child nutrition programs, like WIC or school meals
- Emergency food resources may include:
 - Food pantries
 - Soup kitchens/free dining rooms
- Enroll in all eligible household benefits (e.g., childcare assistance, Medicaid, utilities/transportation assistance, earned income tax credit, etc.)
- Patient assistance programs for support with medication costs

STEP 5: Code for Food Insecurity

Z59.4: Lack of adequate food and safe drinking water

STEP 6: Follow-Up at Next Visit

- Referrals to resources
- Weight trajectory
- Hypoglycemic episodes
- Food insecurity

¹Hager E, Quigg A, Black M, Coleman S, Heeren T, Rose-John. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics* 2010;126(1):e26-e32.
Gundersen C, Engelhard EE, Crumblough AS, Seligman HK. Brief assessment of food insecurity accurately identifies high-risk US adults. *Public Health Nutr*. 2017 Feb;20:1-5. PubMed PMID:28215190.
This tool is the work of the Nutrition and Obesity Policy Research and Evaluation Network's (NOPREN) Hunger Safety Net Clinical Linkage Workgroup funded by the Prevention Research Centers at the Centers for Disease Control and Prevention. Content does not necessarily represent the official position of CDC or DHHS.

WORK GROUP PRODUCTS: EXAMPLES



The NEW ENGLAND
JOURNAL of MEDICINE

Perspective

Feeding Low-Income Children during the Covid-19 Pandemic

Caroline G. Dunn, Ph.D., R.D., Erica Kenney, Sc.D., M.P.H., Sheila E. Fleischhacker, J.D., Ph.D., and Sara N. Bleich, Ph.D.

PRELIMINARY SUGGESTED APPROACHES TO ADDRESSING FOOD INSECURITY IN U.S. CHILDREN DURING THE COVID-19 PANDEMIC.

Centralize and widely distribute information about schools and school districts offering meals during school closure

Decrease social exposures and reduce the time and transportation burden for families by providing multiple days' worth of meals, allowing for drive-through meal pickup (when reasonable), or coordinating meal delivery

Extend emergency benefits to caregivers of children in child care facilities participating in the Child and Adult Care Food Program, and authorize use into periods beyond the Covid-19 response, such as summer months or other emergencies

Codify efforts to expand Supplemental Nutrition Assistance Program access and benefits during future pandemics

Examine and amend policies that reduce or deter participation in the nutrition safety net (e.g., the public charge rule)

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Metrics ⓘ

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Ways to Engage!

- Join the NOPREN listserv
- Attend monthly state-of-science webinars
- Engage with your Work Group and its activities
- Read bi-weekly e-newsletters
- Participate in professional development opportunities

**Want to learn more about NOPREN
or join the network?**

**Visit www.nopren.ucsf.edu
or contact NOPREN@ucsf.edu**