



NOPREN

Nutrition & Obesity

POLICY RESEARCH & EVALUATION NETWORK

NOPREN 101

NOPREN – WHAT IS IT?

- ❑ **Collaborative research network** focusing on the effectiveness of **policies that improve nutrition and prevent obesity**
- ❑ 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:

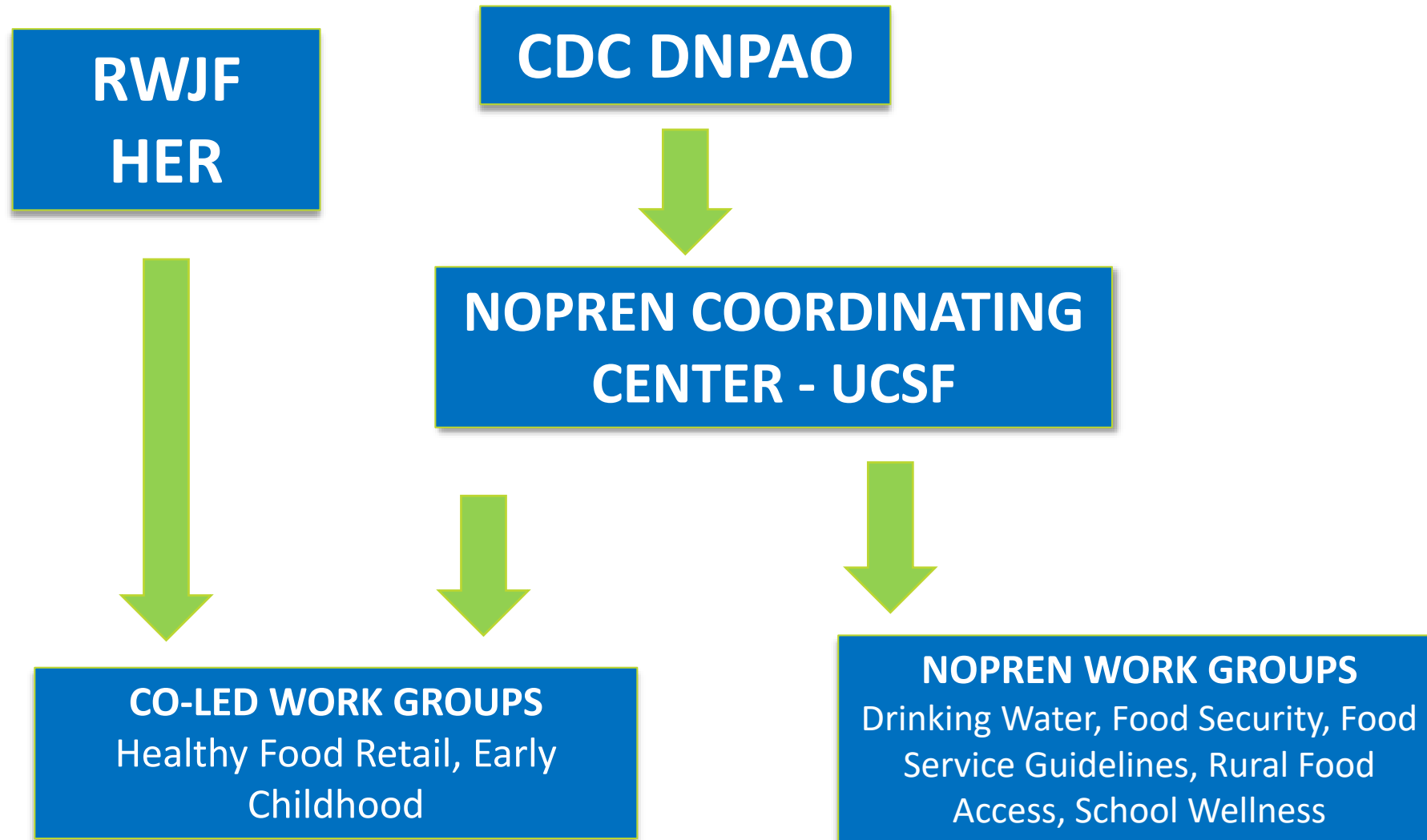
**Healthy
Eating
Research**



Coordinating Center



NETWORK STRUCTURE



NOPREN COORDINATING CENTER - UCSF



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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
- Send e-newsletters

WORK GROUPS



Early Childhood

Healthy Eating Research



Drinking Water



Food Policy Councils



School Wellness



Rural Food Access



Food Security

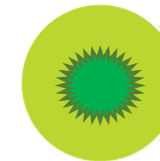


Food Service Guidelines



Healthy Food Retail

Healthy Eating Research



COVID-19

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

*Hager 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, Crumroahugh AS, Seligman PK. Brief assessment of food insecurity accurately identifies high-risk US adults. *Public Health Nutr*. 2017 Feb;20:1-5. PubMed PMID:28215190.
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WORK GROUP PRODUCTS: EXAMPLES



The NEW ENGLAND
JOURNAL of MEDICINE

Perspective

Feeding Low-Income Children during the Covid-19 Pandemic

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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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Want to learn more
about NOPREN or join
the network?

Visit

www.nopren.ucsf.edu

or contact

NOPREN@ucsf.edu



CDC's Division of Nutrition,
Obesity, & Physical Activity

UCSF Center for
Vulnerable Populations
Department of Medicine