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:

CDC
Centers for Disease Control and Prevention

PRC Preventive Research Centers

Coordinating Center

Healthy Eating Research

Robert Wood Johnson Foundation

UCSF Center for Vulnerable Populations
Department of Medicine
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 e-newsletters
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

Food Insecurity Screening Algorithm for Adults with Diabetes
(jointly with the PACES Initiative)

Screening for Food Insecurity Using the Hunger Vital Sign™

Preface Questions with:

1. "I asked 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."

2. "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."

3. "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."

4. "If often True or Sometimes True to EITHER STATEMENT, patient is food insecure.

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

Step 1: Clinical Management

- Nutritional modifications with lower risk for hypoglycemia
- Meal planning: dietary needs
- Meal planning: dietary preferences
- Meal planning: dietary restrictions
- Meal planning: dietary supplements
- Meal planning: dietary education

Step 2: Supportive Clinical Data

- Nutritional support
- Nutritional therapy
- Nutritional evaluation
- Nutritional counseling
- Nutritional interventions

Step 3: Patient Education

- Nutritional education
- Nutritional counseling
- Nutritional therapy
- Nutritional assessment
- Nutritional monitoring

Step 4: Refer to Resources

- Nutrition counseling
- Nutrition counseling
- Nutrition counseling
- Nutrition counseling
- Nutrition counseling

Step 5: Code for Food Insecurity

- 219 - Lack of adequate food and safe drinking water

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

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

Wellness Teams Work!

A Guide for Putting Wellness Policies into Practice in Schools

Figure 1: All school districts participating in federal child nutrition programs must have wellness policies that align with national guidelines. However, schools are some additional policies, beyond those at the district level.
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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