Practice, Policy Implementation Collaborators
- Academy of Nutrition and Dietetics
- American Heart Association – Voices for Healthy Kids
- American Public Health Services Association
- American Society for Nutrition
- Association of SNAP Nutrition Education Administrators
- Center for Ecoliteracy
- Center for Science in the Public Interest
- Federal Nutrition Research Coalition
- Feeding America
- Food Research & Action Center
- Healthy Schools Campaign
- Hunger Free America
- Lunch Assist
- National Association for the Advancement of Colored People
- National Conference of State Legislatures
- National Farm to School Network
- National WIC Association
- School Nutrition Association (SNA)
- Share Our Strength’s No Kid Hungry Campaign
- Society for Nutrition Education and Behavior
- Trust for America’s Health
- Urban School Food Alliance
- Other NOPREN Working Groups & PAPREN (CDC-sponsored Physical Activity Policy Research and Evaluation Network)

Sub-Groups
Shared Data Collection Methods
- Survey
- Qualitative
- Implementation processes

Special Impact Topics
- Accelerated weight gain
- Innovations in meal service
- Pandemic/summer EBT
- Meals during instructional breaks
- Financial/operational health
- Early childhood
- Summer meal programs
- School/early childhood reopening
- State responses assessment

Case Studies
- Large urban district responses

Products (as of February 2021)
- Website
- Supported fellowship and co-chairs
- Student internship matchmaking tool
- Student summer seminar series and virtual poster session
- Resource manager, listserv, weekly resource digest
- 2 data collection repositories
- 40+ peer-reviewed research articles - accepted, under review or development
- 4 HER research briefs
- 4 fact sheets
- 7 Op-Eds
- 2 News article features
- 25+ presentations and webinars

Gabriella McLoughlin, PhD, Washington University in St. Louis

Eliza W. Kinsey, PhD, MPH, Columbia University

Hannah Lane, PhD, MPH, Duke

Christina Hecht, PhD, University of California’s Nutrition Policy Institute

Lauren Clay, PhD, MPH, D’Youville College

HER NOPREN COVID-19 School Nutrition Implications Working Group Leadership Team – Sub-Group Leaders
Hilary Seligman, MD, MAS  
UCSF

Amelie Hecht, PhD, HHS  
OPRE

Jessica Soldavini, MPH, RD, LDN,  
UNC

Lina Walkinshaw, MPH

Margaret Read, MS

HER NOPREN COVID-19 School Nutrition Implications Working Group  
Leadership Team – Sub-Group Leaders
SNA hosted a webinar featuring several NOPREN partners presenting research about the pandemic. 800+ people attended the live event and the webinar is available on demand to our members. In partnership with the Qualitative working group, throughout the summer we conducted a social media project to capture best practices from our membership. The project was a fun, engaging way to get qualitative information from our membership. We have also partnered with several organizations we met through NOPREN on grant applications. Working with HER NOPREN COVID-19 over the last year has provided many opportunities that we are grateful for and we hope to continue the collaboration to make sure kids get fed! 

The HER NOPREN group collaborations that we have been a part of have resulted in the development of timely fact sheets, interesting media articles, qualitative survey design, and have helped our Community of Practice calls grow from a small group of about 30 school nutrition directors in California to a cohort of over 1000 unique participants from nearly 50 states.

Jennifer McNeil, Lunch Assist
COVID-19 Updates

WHAT YOU NEED TO KNOW:

1. On April 6, Representatives James P. McGovern led a letter signed by 136 of their colleagues urging that packages that will: (1) boost the maximum SNAP by $30; and (2) place a hold on harmful rules proposed by the Department of Agriculture.

2. On March 27, the President signed into law the third COVID-19 relief bill – H.R. 784, the Coronavirus Relief, and Economic Security Act (CARES Act, originally S.3548). Read FRAC’s statement on the bill. Also, check out a summary from Senate Appropriations.
We just met with a Michigan house representative and her staffer this morning to discuss advocacy plans and she said the article (and especially the table) is, "fantastic."

Megan Reynolds, MPH, RD Candidate, University of Michigan
Collaborative research network focused 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 University of California San Francisco (UCSF)

Members include:
- Policy researchers and evaluators
- Practitioners, professional organizations, non-profits, and gov agencies
- We encourage early career and junior faculty to join for networking, collaboration, and professional development opportunities
Work Groups

- Early Childhood
- Food Policy Councils
- Rural Food Access
- Food Service Guidelines
- Drinking Water
- School Wellness
- Food Security
- Healthy Food Retail
- COVID-19
Network Activities

- Webinars:
  - ✓ Monthly state-of-the-science webinars
  - ✓ Work groups meetings
  - ✓ Summer student series

- Foster collaborations among network members

- Support the development and dissemination of resources (manuscripts, tools, policy briefs, surveys, etc)

- Create feedback loops between researchers and changemakers (including policymakers), local implementers, and practitioners

- Provide opportunities for early career professional development

Want to learn more about NOPREN or join the network?

Visit https://nopren.ucsf.edu or contact NOPREN@ucsf.edu
HER Program Goals

1. Build a research base for policy, systems, and environmental change (PSE) strategies that advance health and nutrition equity in the areas of healthy food access and security, diet quality, and healthy weight.

2. Foster a vibrant, inclusive, interdisciplinary field of research and a diverse network of researchers.

3. Communicate research findings to accelerate policy systems, and environmental changes that promote healthy eating and advance nutrition and health equity.
## Work Groups

<table>
<thead>
<tr>
<th>HER NOPREN Healthy Food Retail</th>
<th>HER NOPREN Early Childhood</th>
<th>HER NOPREN COVID-19 Food &amp; Nutrition</th>
<th>HER Early Stage Investigator</th>
<th>HER SOS Healthy School Meals for All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Chairs:</td>
<td>Co-Chairs:</td>
<td>Co-Chairs:</td>
<td>Co-Chairs:</td>
<td>Co-Chairs:</td>
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<tr>
<td>• Beth Racine</td>
<td>• Alison Tovar</td>
<td>• Margaret Read</td>
<td>• Chelsea Singleton</td>
<td>• Julia McCarthy</td>
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<tr>
<td>• Joel Gittelsohn</td>
<td>• Kate Bauer</td>
<td>• Lauren Clay</td>
<td>• Gabby McLoughlin</td>
<td>• Margaret Read</td>
</tr>
</tbody>
</table>

Visit the NOPREN website to learn more about the HER NOPREN Work Groups! [https://nopren.ucsf.edu/](https://nopren.ucsf.edu/)
HER NOPREN
COVID-19 Food & Nutrition Work Group

COVID-19 Weekly Digest

200+ Sources Compiled
63 Digests To-Date
1,200+ Weekly Recipients
New COVID-19 Food and Nutrition Working Group Leadership

Chairs
Lauren Clay, PhD, MPH
Margaret Read, MA

Fellow
Jessica Soldavini, PhD, MPH, RD, LDN

HER Liaisons
Kirsten Arm, MPH, RD
Lindsey Miller, MPH

NOPREN Liaison
Ronli Levi, MPH, RD

JOIN US!
3rd Thursday of every month from 2:00 pm – 3:00 pm EST
Next meeting is September 16
Email jessica6@live.unc.edu

**Overall Goal:** To identify, evaluate, and disseminate the most effective strategies to improve the diet quality, food and nutrition security, and overall health and well-being of children and their families *during and after* the COVID-19 pandemic.

**Longer-Term Goals:**

1. **Build evidence** to support what works for federal, tribal, state, and local policies, systems, environments, and practices.

2. **Be responsive to the strategic research gaps and needs** identified by decision makers and advocacy organizations related to public health emergencies and resiliency.

3. **Increase inter-disciplinary collaboration and coordination** among research, evaluators, advocacy organizations, decision makers, practitioners, and students.

4. **Increase access to and sharing of measurement tools, data collection, incorporation of implementation science principles, and findings** to inform ongoing and future food and nutrition public health emergency and disaster research.

5. **Increase the number and capabilities of food and nutrition early career researchers** related to policies and programs that are impacted by or can aid during public health emergencies.

6. **Disseminate high quality COVID-19 food and nutrition research** to make a difference in people’s lives.

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,

A COVID-19 spreads throughout the United States, school and child care facilities are balancing their role of helping to prevent disease transmission and providing access to food for children who rely on the federal nutrition safety net. Food service programs, school breakfast and lunch programs, child care centers, and organizations that provide meals daily, deliver meals when programs are interrupted, an example of meal spike in families.

Two thirds of children in low-income families live in food insecure homes. The school meals program is a source of food, but access is limited during school closure. Some families have to go without meals for two days or more when school is out.

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)

COVID-19-Related School Closings and Risk of Weight Gain Among Children

Andrew G. Rundle, Yoosun Park, Julie B. Herbstman, Eliza W. Kinsey, Y. Claire Wang

First published: 30 March 2020 | https://doi.org/10.1002/oby.22813 | Citation: 33

The coronavirus disease 2019 (COVID-19) pandemic is causing substantial morbidity and mortality, straining health care systems, shutting down economies, and closing school districts. While it is a priority to mitigate its immediate impact, we want to call attention to the pandemic’s longer-term effect on children’s health: COVID-19, via these school closures, may exacerbate the epidemic of childhood obesity and increase disparities in obesity risk. In many areas of the United States, the COVID-19 pandemic has closed schools, and some of these school systems are not expected to reopen this school year. The experiences in Hong Kong, Taiwan, and Singapore suggest that social distancing orders, if lifted after short periods, will have to be periodically reinstated to control COVID-19 flare-ups ([1]). In short, we anticipate that the COVID-19 pandemic will likely double out-of-school time this year for many children in the United States and will exacerbate the risk factors for weight gain associated with summer recess.

While much has been written regarding the poor food and physical activity environments in schools, the data show that children experience unhealthy weight gain not during the school year but rather primarily during the summer months when they are out of school ([2,4]). Von Hippel et al. ([22]) documented increases in student weight and the prevalence of obesity and overweight across 3 school years, with increases in obesity and overweight prevalence occurring only during summer recess. This and subsequent work have found that weight gain over the summer school recess is particularly apparent for Hispanic and African American youth as well as children already experiencing overweight ([23]). Importantly, the
“It’s unlikely that a child who gains excess weight will lose it, without a dramatic intervention,” said Erin Hager, a University of Maryland nutritional epidemiologist, and Baltimore County school board member. “We can’t just sit back and see what happens when these kids turn 30 or 40 years old. We may need to act fast to address this.”

https://thecounter.org/covid-19-childhood-obesity-health-school-lunch-crisis/
Objective: To examine how US states, the District of Columbia, US territories, and the US Department of Interior Bureau of Indian Education responded to school-based federal nutrition assistance meal service provision during COVID-19 related school closures.
Meal Service Innovations

Where
- SFSP/SSO sites
- Bus routes
- Home delivery
- Outdoor distribution

How
- Multiple meals, multiple days
- Bulk items
- Drive-through, touchless delivery
- Pre-ordering

To Whom
- Open to community members (separate times)
- Food bank/pantry partnerships
- Care for children or essential workers

Addressing Food Insecurity through a Health Equity Lens: a Case Study of Large Urban School Districts during the COVID-19 Pandemic

To pave the way for both of these strategies while preserving critical education funding, efforts to disentangle FRPM data from education are needed.
Introduction

Women who are pregnant, or breastfeeding, infants, and young children require nutritional support critical for healthy development and pregnancies recovery. The United States Department of Agriculture (USDA) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) was created to supplement essential nutrition to each of these populations and is widely considered to be one of the most successful nutrition interventions policies for improving maternal and child health.  Since 1972, this targeted federal nutrition assistance program has safeguarded the health of women who are pregnant, postpartum, and/or breastfeeding; infants and children up to 5 years old who are at nutritional risk and living in or near poverty (at 185% of the Federal Poverty Level). 4 Before the COVID-19 pandemic, WIC assisted more than 6 million income-eligible participants monthly—including roughly half of all infants born in the United States.5

Unprecedented increases in unemployment as a result of the COVID-19 pandemic, which are already larger than those during the Great Recession, have increased WIC enrollees—a trend that is likely to persist for years to come. Food insecurity—or lack of reliable access to healthy food—is also increasing.6 This rapid increase in need requires WIC program flexibility and continued efforts to serve eligible program participants. This brief (1) summarizes evidence on the effectiveness of WIC; (2) discusses key challenges, program adaptations, and needs resulting from COVID-19; outlining WIC provisions in the federal COVID-19 stimulus packages to date (additional stimulus packages are expected); and (3) identifies critical knowledge gaps and opportunities for future WIC policy and practice.

The Effectiveness of WIC: A Summary of the Evidence

WIC plays a crucial role in improving lifetime health7 and these benefits are well established in the scientific literature for both mothers and children (Table 1). Updates to the WIC package in 2009 that increased fruits, vegetables, whole grains, and lean fat milk, and expanded cultural food options resulted in additional positive changes to health and well-being (Table 2). Evidence is also developing regarding the cost-effectiveness of different facets of the WIC program.8 For example, when considering how WIC’s programs for prenatal care impact birth outcomes, a $1 WIC investment is estimated to save about $2.58 in medical, educational, and work productivity costs due to WIC-related reductions in pre-term births and improved health and development.

About WIC

Administered by the USDA, WIC provides federal grants to states (including Indian Tribal Organizations, the District of Columbia, and five territories) to develop policies and procedures for the provision of nutrition education and other social services, and to oversee essential WIC activities. States administer the WIC program by:

- Certifying participants’ eligibility.
- Managing enrollment and recertification.
- Providing nutrition education (at least every 6 months).
- Providing referrals to healthcare and other social services.
- Providing breastfeeding promotion and support.
- Distributing and tracking benefits.
- Working with food retailers to provide WIC-eligible foods and beverages.

Figure 3. Key opportunities to strengthen the public health impacts of SNAP in the next Farm Bill

**Evidence-based opportunity areas**

**Approaches to increase SNAP access and adequacy**
- Increase SNAP participation
- Increase SNAP benefit adequacy

**Federal nutrition education and promotion**
- Increase SNAP-Ed reach and impact

**Foster more resilient food systems**
- Strengthen the public health impacts of SNAP before, during, and after natural disasters and through resilient food systems

**Promote healthier foods in the retail environment**
- Strengthen requirements for SNAP-authorized retailers to promote healthier retail food environments
- Ensure more retailers are authorized for online SNAP
- Promote healthier purchases with SNAP benefits, including online purchases

*Racial equity and tribal government equity should be woven throughout all of these opportunities*
Lessons Learned from P-EBT Launch

North Carolina specific extractions regarding its P-EBT roll out – from administrating social service agency relevant to immigration status of child and family

Frequently Asked Questions

Q: Are Head Start and/or Great Start Readiness Program (GSRP) families receiving the P-EBT card?

A: Students in Great Start Readiness Programs, GSRP/Head Start Blends, Early Head Start, and Head Start that were reported as part of the Early Childhood Collection as eligible for Free and Reduced-Price Meals or directly certified have been included.
## Policy, Systems, and Environmental Strategies (PSE)

<table>
<thead>
<tr>
<th>Type of Change</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Policy</td>
<td>Policies at the legislative or organizational level that create or amend laws, ordinances, resolutions, mandates, regulations or rules.</td>
</tr>
<tr>
<td>Systems</td>
<td>Change that impact elements of an organization, institution or system. These could be rules, processes, procedures, or infrastructure changes.</td>
</tr>
<tr>
<td>Environmental</td>
<td>Alterations to the physical or observable environment. This could also include changes to the economic, social or cultural environment.</td>
</tr>
</tbody>
</table>
Examples of PSE Change Approaches to Support Healthy Eating

<table>
<thead>
<tr>
<th>Type of Change</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Policy**    | • Calorie and nutrient labelling on menus in restaurant and food retail venues.  
                • Nutrition standards for food/beverages available in childcare facilities and schools. |
| **Systems**   | • Screening for food insecurity in clinics and developing mechanisms for referral.  
                • Incorporating healthy eating education into maternal and early childhood home visiting programs. |
| **Environment** | • Increasing the availability and affordability of healthier foods/beverages in food retail environments.  
                    • Charging higher prices for less healthy food and beverages to decrease their use. |