As you read the following we would like for you to consider the following:

1. If there was a National Performance Measure on Nutrition how would that support your state work in nutrition?
2. What are the opportunities to a Food Insecurity Performance measure?
3. What are the limitations/concerns to a Food Insecurity Performance measure?
4. This is what the CoIIN steering committee has developed, do you have any other ideas that states could address?
5. What else needs to be added?

ASPHN CoIIN National Performance Measure

Title: Nutrition and Reducing Food Insecurity (FI)

Goal: To decrease the number of Household, with Children, who are foods insecure.

Measurement Goal: Percent of Households, with Children under 18, who experience food insecurity during a 12 month period.

Definition: Food security for a household means access by all members at all times to enough food for an active, healthy life or Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods or uncertain ability to acquire acceptable foods in a socially acceptable way. (HP 2020)

Data Sources:

1) USDA ERS (Economic Research Service). Reports produced by FRAC. (*Combines 3 years of data with each report for each state to allow for small sample size*). It was discussed that WIC data was too limited for NPM.

2) National Survey of Children's Health- The NSCH is a national survey, funded and directed by the Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB) that provides rich data on multiple, intersecting aspects of children's health and well-being – including physical and mental health, access to and quality of health care, and the child's family, neighborhood, school, and social context.

3) Other data sets. Concern that these 2 data sets may not be truly represented of pediatric population

Background to support FI as a NPM

Background is not complete. Ideas include:

1. Background will acknowledge ASPHN Steering Committee concerns that FI is multi-faceted. It may be too much for MCH programs to address because FI is not just a nutrition issue and without addressing other than nutrition issues may not make much of an impact. Another concern is that low income families may not complete surveys and are dropping out of assistance programs.
2. Are we reaching the at risk population.
3. Physical Determinants of Diet: Access to and availability of healthier foods can help people follow healthful diets..
4. Role of inequities and nutrition (e.g., racism, poverty, environment)
5. Social and Physical Determinants of Weight/obesity:
    a. The social and physical factors affecting diet and physical activity may also have an impact on weight. The association of income with obesity varies by age, gender, and race/ethnicity. As new and innovative policy and environmental interventions to support diet and physical activity are implemented, it will be important to identify which are most effective and whether or not being on food supplement programs classifies the child as food insecure.
    b. There currently is a National Obesity Measure on obesity, so this NPM will not focus on obesity but will be a supportive measure.
    c. The Evidence Analysis Library (EAL) of the Academy of Nutrition and Dietetics (AND) completed a systematic review to answer the following PICO-formatted research question: ***In the pediatric population (in the US), what is the association between food insecurity and risk of malnutrition related to under- or over-nutrition (defined by anthropometrics)?*** The summary of the review is…
    d. "The preponderance of evidence suggests no association between food insecurity status and underweight. There are mixed findings regarding the association between food insecurity status and overweight/obesity status, due to heterogeneity in how exposures and outcomes were measured and reported. However, several large, well-designed cross-sectional studies suggest a potential positive relationship between food insecurity and overweight/obesity status".
    e. Child Nutrition: Several studies have shown that participation in the National School Lunch Program may have a preventive effect on risk for overweight in food insecure children. (Jones). Additionally, other studies have found food insecurity and obesity depends on gender, income, age and race/ethnicity (Papas).

Suggestions on how states could utilize the NPM

Although FI is multifaceted – we will focus on nutrition and can develop broad priority areas for states to address as other NPM have done- states can choose priority they will address. Focus on how to measure upstream approach- Title V is focusing on "accelerate upstream together". This approach maybe more attractive to MCHB leadership. ASPHN potentially has the ability to support the development of resources to help with states.

Suggestions to include:

- Nutrition and wellness
- Sustainable foods
- Nutrition education
- School gardens
- Community gardens
- Ability to access food such as SNAP, WIC, Food pantries, etc
- Ability to access emergency foods
- Address college and University student's FI
- Food budgeting
- Generational poverty (lack of safety nets)
- *Other ideas*

<u>Additional NPM</u>

Although FI was will be the first NPM, steering committee members were very interested in other NPM. The following were recommended, concerns are in ( ).

- Gestational weight gain- current strong markers. Limited data sets (primarily WIC)
- Number of nutritional trained profession per 100,000 people (what data source could be used)
- People reporting access to nutrition services (fruit and veg intake- WIC data)
- Appropriate gestational weight gain (difficult to obtain pre pregnancy weight and account for multiple births. WIC data maybe too limiting; where is data and is it available for each state)
- Number of Federal Qualified Health Centers that provide nutrition services by nutrition professional. No current data set, but in the future, other data sets may become available..

May need to propose adding nutrition to other existing NPM. Examples include:

1. Preconception Care - % of women with well-woman visit in the past year; women 18-44 (or 15-45); Source: BRFSS
% of women of child bearing age in a healthy weight range
Rationale: pre-pregnancy obesity can lead to pregnancy complication such as diabetes pre-eclampsia, postpartum hemorrhage.
Source: BRFSS

4. Perinatal Regionalization - % of very low birth weight babies born in a hospital with a Level III + NICU; Source: linked birth certificate and hospital data
Reduce the number of low-birth weight deliveries by ensuring adequate weight gain during pregnancy
Rationale: IOM includes low maternal pre-pregnancy weight, total pregnancy weigh gain less than 22 pound or poor nutrition are associated with pregnancy hypertension, diabetes and low birth weight
Source: Birth certificates

Increase the number of prenatal and infants eligible for WIC enrolled in WIC
Source: WIC has been shown to improve weight gain and reduce the risk for pregnancy and low birth weight infants
Source: WIC data