

RFP – I + PSE Approaches to Child Obesity Prevention

Applicant – Oregon, Robin Stanton MCH Nutritionist, lead

Background

Oregon Health Authority / Public Health Division's [State Health Improvement Plan](#) includes Slow the increase of obesity as a priority, with comprehensive, population-based strategies. A cross-agency team meets monthly to coordinate and monitor obesity prevention work in the division. Current coordination includes providing expertise to committees charged with development of a child obesity metric for Coordinated Care Organizations. Although formal support for Oregon's Pediatric Obesity Mini-CoIIN has ended, the early care and education state partnerships that were strengthened will continue to target outreach for Child and Adult Care Food Program to increase participation in under-served areas of Oregon. The current Healthy Weight CoIIN - physical activity workstream is focused on activities to increase physical activity before, during and after school. This includes conducting focus groups with school administrators, assessing opportunities for supplemental instructional materials for physical activity, and leveraging partnerships with Safe Routes to School. The Title V program has three priorities that directly relate to child obesity prevention: breastfeeding, food insecurity, and physical activity. Each priority has identified strategies for state and local activities. The WIC program has a RENEW initiative (REvitalizing Nutrition Education in WIC) for staff training which combines providing participant centered counseling, trauma and resilience informed practice, and brain science to focus on navigating difficult conversations in counseling families. A pending CDC grant through Health Promotion and Chronic Disease Prevention program includes priorities with child obesity prevention activities in breastfeeding, early care and education and built environment. And lastly, Oregon has a strong history of collaboration with statewide partners, including those that serve the American Indian population and rural areas of the state, through SNAP-Ed Advisory Council and the Nutrition Council of Oregon (NCO) where tribes are represented by the Northwest Portland Area Indian Health Board (NWPAIHB). The MCH nutritionist currently chairs NCO and sits on the SNAP-Ed Advisory Council.

Proposed Activities:

Obesity-related priorities identified above and their associated evidence-based strategies for the MCH Title V Block Grant will be the primary springboard for this project along with CDC grant 1807 if funded, which has a breastfeeding component serving the American Indian population. There may be overlap with both CoIIN projects and WIC RENEW for components that align with Title V priorities. Oregon Title V will be conducting a statewide needs assessment in spring 2019 for the next 5-year Block Grant cycle. Food insecurity, breastfeeding and physical activity priorities along with new or emerging health issues, including social determinants of health, will be assessed. Previous needs assessment identified obesity, including childhood obesity, as an issue of concern.

The population to be served for this project is American Indian/Alaska Native. Oregon has nine federally recognized tribes, and Title V provides funds to five tribes who have chosen to apply for funding. WIC supports clinics at two tribal reservations. The American Indian population comprises 1% of Oregon's total population; Portland has the 9th largest American Indian population of US cities.

Specific activities include:

Informing the Title V needs assessment process with particular focus on childhood obesity in American Indian/Native Alaskan populations.

- Needs assessment will determine the health-related needs of mothers, infants, children, adolescents, and children with special health needs to identify statewide priorities and plan for better services
- Use *Incorporating Nutrition into the Title V MCH Services Block Grant National Performance Measures* (Association of Public Health Nutritionists) to include obesity prevention strategies in needs assessment

Tribal engagement:

- Learn from Northwest Portland Area Indian Health Board (NWPaiHB) about effective native-specific obesity interventions
- Work with five Title V funded tribes to understand type of support needed
- Reach out to tribes and urban Indian organization (NAYA) not funded through Title V to identify ways to help support

Messaging and/or framing of child obesity in culturally-specific ways

- Through needs assessment and tribal engagement, identify how to approach child obesity in a culturally sensitive and appropriate way that does no harm, for example using the term obesity may not be culturally appropriate.
- Develop plan to engage and train internal and external partners around communication

Partner engagement:

- Use existing partnerships (e.g. NCO, SNAP-Ed, WIC, others) to leverage needs assessment process and share information about tribal engagement and opportunities for expanding partnerships with tribes

In the I + PSE framework, activities are aimed in the following tiers:

- Promote Community Education (through needs assessment process)
- Educate Providers (through identification of a plan to provide training)
- Foster Coalitions & Networks (through leveraging existing partnerships)
- Change Organizational Practices (through development of a plan to address consistent messaging)

Success will be determined by the extent to which this project is able to conduct a needs assessment that addresses child obesity with focus on American Indian populations, engage identified partners to learn about needs and framing of obesity, develop a plan that addresses both messaging and training, and leverage partnerships to accomplish the work.

Organizational Team and Community Partners

The organizational team will include MCH Title V staff: Robin Stanton - MCH Nutritionist, Heather Morrow-Almeida - Policy Analyst (team member of both CoIIN projects and physical activity lead), Julie McFarlane – MCH tribal liaison, Nurit Fischler - Title V Coordinator, Jennifer Young – Oregon Department of Education and lead for Healthy Weight CoIIN, Meredith Russell – Early Learning Division and Pediatric Obesity CoIIN member, team members from Child and Adult Care Food Program who are members of Pediatric Obesity CoIIN.

Potential partners to support the proposal activities include other program staff within the Public Health Division, Northwest Portland Area Indian Health Board, Oregon tribes, NAYA, SNAP-Ed, NCO. For all identified partners, both internal and external, there is a history of working together collaboratively either through grant-funded projects or as part of a coalition.