

Summary of Boston and Denver Convenings



A report of the Discussion Notes from Boston and Denver

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For NACCHO

Overview

- The Boston meeting was held September 15 and 16th, 2022
- The Denver meeting was held August 17 and 18, 2022

Goal of Meetings

Learn from participants what is needed to create a sustainable community-level program aimed at ensuring nutrition security for 0-2 year olds in BIPOC communities (beyond breastfeeding). Specifically:

- What are the facilitators that need to be in place?
- What are the barriers that need to be planned for and overcome?
- Who are the key partners?
- What else do we need to consider?

Write-Up Overview

This write-up includes the notes we took while at the meeting during group discussion and the notes captured on flip charts. We are also attaching an Excel sheet that lists everything on the Quiet Brainstorming sheets. Please note, much of that information is already in this report because of our group discussion following that activity.



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Tips For Reading Report

Acronyms

- BOND – Boston Organization of Nutritionist and Dietitians of Color
- CACFP – Child and Adult Care Food Program
- CHW – Community Health Worker
- FBO – Faith Based Organization
- FFV – fresh fruit and vegetables
- SSB – sugar sweetened beverages



Denver Attendees

Individuals with expertise in infant and toddler nutrition, engaging BIPOC communities, and communication strategies were invited to attend the meeting. The following participants were in the room for the meeting:

First Name	Last Name	Agency/Coalition/Organization
Leisha	Andersen	Bright by Text
Emily	Bash	Colorado Department of Public Health and Environment
Megan	Berry	Denver Dept of Public Health & Environment
Jessie	Boukarim	Monarch Montessori
Gabriela	Buccini	University of Nevada Las Vegas
Nicole	Bungum	Southern Nevada Health District
Giulia	Chioetto	MotherWise Colorado
Paulina	Erices	Lifespan Local
Alana	Gowin	Colorado Department of Public Health and Environment
Lucy	Guereca	Community
Tawanda	McIntosh	Dignity Health/Maternal Child Health/ Black community
Anni	McKinnon	Salt Lake County Health Department
Jini	Puma	University of Colorado - Anschutz Medical Campus
Trina	Robertson	Dairy Council of California
Briana	Sherlock	Plumas County Public Health Agency
Jollina	Simpson	Kijiji Sisterhood
Sandra	Stenmark	University of Colorado Medical Center
Madeline	Weinkauf	Thriving Families
Allison	Wilson	Jefferson County Public Health



There were a number of invitees who confirmed attendance and did not actually attend the convening. The CPHI and NACCHO teams are looking at strategies to reduce the attrition rate.

Boston Attendees

Individuals with expertise in infant and toddler nutrition, engaging BIPOC communities, and communication strategies were invited to attend the meeting. The following participants were in the room for the meeting:

First Name	Last Name	Agency/Coalition/Organization
Jennifer	Bellamy	University of Denver
Akua Odi	Boateng	DC WIC State Agency
Angela	Brown	Boston Organization of Nutritionists/Dietitians of Color
Jennifer	Cabezas	Center for Families
Sonia	Carter	Boston Public Health Commission
Rachael	Cross	Cambridge Public Health Department
Dipti	Dev	Organization
Frances	Fleming-Milici	UConn Rudd Center for Food Policy and Health
Zipporah	Freeman-Baa'ith	Healthy Hearts Plus II
Jeanmerli	Gonzalez	Lowell Community Health Center
Martine	Hippolyte	FRESHFARM
Bhagya	Kolli	EAST SIDE HEALTH DISTRICT
Renada	Lewis	Healthy Hearts Plus II - Mommies, Bellies, Babies & Daddies
Brandon	Meline	Champaign-Urbana Public Health District
Niem	Nay Kret	Lowell Community Health Center
Cara	Ruggerio	Massachusetts General Hospital
Blythe	Thomas	1,000 Days
Rachel	Whooten	Massachusetts General Hospital
Angela	Conway	Baby University



Early Childhood Nutrition Convening
Boston

CPH

NACCH

There were only a few who had to cancel at last minute and only one who did not return for day two. Personal emails prior to the meeting for those who have not submitted slides and having program presentations at the meeting seems to help.

Overarching Recommendations Identified from Participants

- There are a lot of barriers to overcome to address this issue. In Boston there was an example that even once you have a success like increasing breastfeeding, a new challenge arises like toddler milk.
 - A Boston participant said - “The marketing of food ‘undoes’ the interventions. What is promoted is highly processed food”. Food made at home is almost always better than what is advertised. Marketing sabotages good work
 - Boston participants said - Benefits not being enough for people to value. Should we serve fewer people and give them more money each? So much goes unused.
 - Boston Farmers markets are great - but they are expensive.
- In Denver we heard - Eating is a “family business”. That was reinforced by the Boston team.
 - Both the Boston and Denver group noted that:
 - Older siblings and grandparents may play role to help raise young children
 - The Denver group noted community may be an extension of the family
 - The Boston group noted that there are cultural norms around breastfeeding (if grandma didn’t breastfeed, there is a lot she does not understand so she may not support her daughter breastfeeding).
 - A program in Richmond had the grandmothers come to breastfeeding training to get support for the mother and bridge the knowledge gap for the grandmother.
 - Another program had “grandmother’s tea” to help with this education and bridge the generational gap - <https://publichealthweekly.com/tag/grandmother-tea/>
 - The Boston group also noted that your extended family and culture plays a role in what healthy looks like (e.g. obese toddlers are well fed and well loved as a myth) and what your go to foods are (nostalgia over formula/powder milk brands).
 - The Denver group that food/food recommendations should be culturally relevant
 - The Boston group talked about providing an explanation of what fruit and vegetables were given to families (name, how store, how prepare, recipes).
 - The Bost group gave many examples of trying to teach how to cook food (bags with recipes and name of food, video cooking classes, etc.)
- Both groups identified that there is a broad range of influencers in what 0-2 eat (parents, grandparents, friends, healthcare providers, childcare providers CHWs, etc.)
 - The Boston group talked about having food benefit programs that included seniors could help (e.g. farmer market coupons for seniors as well as SNAP and WIC) could help support whole family healthy eating.
 - Both groups also talked about healthy eating choice messaging reaching these other groups (grandparents, health care providers, CHWs, etc.) to combat misconceptions and aggressive marketing.
 -

- The Boston group noted that there is a need for coordinated strategy around serving BIPOC families, providing unified messaging, and using multiple modes to get messaging out to BIPOC families.
 - The Denver group noted messages should be family/community-centered in plain language (e.g. fruits and vegetables vs produce)
 - The Denver group recommended messaging that focus on how good nutrition early optimizes lifelong health for many stakeholders (families, politicians, health insurance providers, etc.). This helps with political buy-in.
 - The Denver team recommended targeting marketing/messaging to reflect community, community values, community vocabulary, community foods
 - Both groups noted there is a need for coordinating efforts to enroll people in multiple services
- Both groups discussed stigma around using food benefit programs like SNAP and WIC.
 - The Boston group discussed there was stigma from the vendors – they weren't set up to use it, didn't know how to use it, found it difficult to use, and had is conceptions about who used it.
 - Stigma around what you could buy with SNAP. Families get very little money for fresh fruit and vegetables on SNAP. One participant shared a story where they community banded their food benefit together and had a crab cookout.
- Education should be focused on how to MAXIMIZE all the benefits available. Some groups held education sessions telling people about the different benefits and how to use their benefits together to make them work best. This helped communities learn about programs they may not be using but which can make their benefits more useful like SNAP Match (e.g. some groceries stores allow SNAP participants to get 2x the fruit and vegetables for their funds)- making sure people know.
 - Give lots of information around benefits in lots of languages.
- Farmers markets are great but there is a need to ensure the farmers get what they need to stay in business while the community gets a great price
 - Farmer markets in some of the neighborhoods in Boston are different than others. They work towards helping people use all of their money. WIC/Seniors/Farmers markets coupons. These programs help to elevate the farmer and the user.
<https://www.boston.gov/departments/food-justice/boston-double-food-bucks>
 - Another participant talked about her program (Fresh Farm) where they go and get the produce from the farmers and then take it to low-income areas.
 - Programs are harder to do in rural towns where they don't have the tax base to buy in high quantities (to reduce the cost to the community while paying enough to support the farmers)
- Both groups mentioned using an asset-based approach
 - The Denver groups talked about highlighting the strengths of the community

- The Denver group felt screening tools should capture strength of family and community
- The Boston group talked about using an asset-based approach when actively bringing in fathers (not just biological but whomever plays that role in the child's life).
- When talking about working with the community a few recommendations came up:
 - The Denver team talked about macro support with local implementation.
 - The Boston team highlighted that it takes time to understand community needs and choices (e.g. lack of space to prepare and store food, broken oven).
 - One Boston participant shared that she was trying to build a group that included agencies and community representatives and she realized she needed to back up and help the community representatives bond, build trust with her, and be ready to be equal partners with the agencies. It took over 6 months. Funders need to understand this.
- The Boston group noted there are many benefits to using technology but also need to remember technological illiteracy and fatigue.
- Both groups talked about sharing resources with other programs/participants so communities were not starting from scratch/reinventing the wheel.
 - While there may be a quick start (e.g. NACCHO's Community of Practice), there may also be a need for a Clearinghouse of sorts – somewhere that houses information on successful programs that is organized and easy to use.
 - The Boston group mentioned the National Collaborative for Infants and Toddlers, funded by Pritzker Children's Initiative, might already be doing this work. Maybe they could include a section on nutritional security for BIPOC families. - <https://www.thencit.org/>



Things To Think About/Check Perceptions

- A member in the Boston group noted Medicaid as presumptive entry for WIC will end when the public health emergency ends; people will need to reenroll in Medicaid but many do not know this. Several programs in the room were not aware of this change. One participant said “Medicaid is ‘unwinding’”.
- Public health funding is funding de jur (fund one thing, and it goes away, new topic, not consistent).
 - It takes 10-12 years to build the trust, see the change and funding does not last that long.
- The Denver group noted that not all cultures have a hierarchy. There may not be a community representative per se. Engage with the broader group in the community.
- The Boston group noted different religious beliefs can influence how families interact with food.
- The Denver group suggested - go where people are, don’t expect them to come to you. Go often.
 - How make it easy for people creating programs to find resources? - collapse resources into a clearinghouse or place easy to see? Do these already exist?
- The Boston group noted that just as groups such as “Latinx” are not a monolith, the language spoken by these groups are not a monolith. One example is Spanish. Spanish is not spoken the same way in all Spanish speaking communities. This gets at the need for translation by the community vs by a machine so that the dialect spoken and word choice are more meaningful.
- The Boston group also noted that some solid foods, particularly ones that are from other countries, are contaminated. They mentioned imported milk/candy. One of the facilitators also mentioned some Mexican pottery that contains lead in the painting on the plates, etc.
- Both groups noted the current funding approach is problematic
 - Sometimes we need to get out of the way - give funding to communities directly vs giving them funds and telling them what they can do.
 - Funding agencies should work with programs to make sure the amount provided, and reporting needed, fit their needs and resources.
 - An example was given of a program aimed at helping people afford fresh produce from farmer’s markets - City of Boston is trying to gather the dollars. Need help to get sustainable funding for these programs so they aren’t fighting for dollars every year - need big systems changes. (Double Up Food Bucks - <https://www.boston.gov/departments/food-justice/boston-double-food-bucks>).
- The Boston group brought up community members who are not eligible for programs but still struggling financially. What about those families? How ensure equity?
- Need to train people working with families not to make assumptions. One Boston participant talked about a mom who asked for already prepared foods in bags. Someone may have assumed she didn’t want to cook but they found out that her oven had been broken for years. Don’t assume they are choosing not to cook; ask why they need the accommodation.

Definitions

Nutrition Security¹

- Everyone has all meals & snacks, every day
 - Abundance index - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7177314/>

BIPOC Communities for Western Region Convening (CO, CA, UT, NV)

- Refugees
 - SE Asia
 - African Countries
 - Syria
 - Lebanon
 - South American
 - Columbia
 - Venezuela
- Asylum Seekers
 - Central American
 - Nicaraguans
 - El Salvador
 - Green Card seekers who may not applying for benefits because it will show up in their green card application
- Venetian
- Haitian
- Latino/Latinx (preferred term may be generational with younger preferring Latinx or could be if first generation or not. Should ask community preferred term.
- Native American
- African American/Black
- Language Access (not 100% sure what this means)
- Other identities (not BIPOC specific, are sub-populations in BIPOC communities)
 - Disabled Community
 - Transgendered

¹ This was not discussed in Boston. We just told them what Nutrition Security was.

BIPOC Communities for Boston Region Convening (MA, DC, VA, IL, NB)

- Like the Denver group, they noted documentation status is important
- Haitian
- Portuguese (maybe Brazilian)
- African Diaspora (look at who should go under here)
 - Ethiopian
 - Congolese
 - Cape ford
 - Nigerian
- Arabic
- Afghanistan
- Burmese
- Nepalese
- Vietnamese
- Chinese
- Cambodian
- Loas
- Bangladesh
- Caribbean
- Latinx, Hispanic
 - South and Central America
 - Salvadorian
- Eritrean
- Black
- Native American



Building a Program²

What is Needed to Build a Program (notes after Silent Brainstorming)

- Buy in from community, political will, advocacy groups
- “Evidence-based” for the community we are serving
- Work closely with the community
 - o Co-creation with community
 - o Culturally responsive practices - less talking, more doing.
 - o Longer commitment - support what community wants
 - o Changing hiring practices and requirements (take off MBA for example).
 - o Living wage paid to all the workers
 - o strengths -based communication
 - o when creating messaging for community use a writing/messaging team that represents their culture and communities to better understand preferences, language, other cultural considerations.
- Plan of what is going to be done and who is going to do (Strategic plan, defined roles) Community build it and what skills do they need
 - o What do, who will do it (job descriptions, funding)
- Start small, learn from what doing and then scale up
- Funding is sustainable and flexible



² We did not directly ask the Boston group this question

What is Needed for the Program to be Adopted by the Community (notes after Silent Brainstorming)

- Culturally appropriate/owned by the community
- Sustainable partnership, collective impact
- Sustainable funding, give more money the second year
- Use data and CQI to ensure it is working and to make needed adjustments
 - Continuous quality improvement
 - Measures of success and ways to gather the data so can determine if it is working/needs to change (qual and quant)
 - Impact of program on community
 - Show cost savings of having the program
 - What is needed to show that this is important to get buy-in

Resources to Support Program Development³

- Organizations
 - Local foundations - Colorado Health Foundation
 - WIC
 - Any food rescue organization - rescue food from big box stores
 - My plate.gov
 - Dairy council of CA
 - SNAP ed toolkit
 - CACFP (USDA) - WIC, SNAP Ed, etc.
- Resources –
 - Staff, volunteers
 - Funding
 - - policy makers, evaluators, grant writers, mentors, coaches

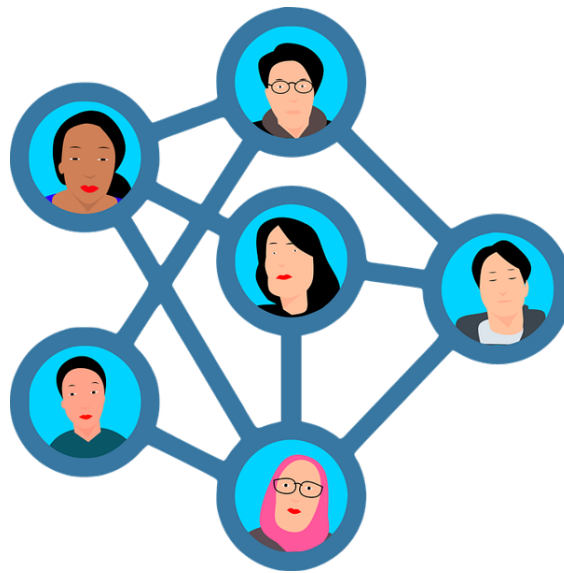
³ We did not ask the Boston group this question directly

Stakeholders

Families (multi-generational)	Denver	Boston
• Grandparents are a good place to start		X
• Include fathers (biological or those acting in the role) from the beginning, even if not at home		X
• Aunts/uncles/cousins/friends/neighbors		X
Infants and Toddlers	X	X
Anyone Who Works with Families with Kids under 5	X	
• Healthcare <ul style="list-style-type: none"> ○ AAP (American Academy of Pediatrics, Nurse Practitioners, pediatricians, paraprofessionals, Ob/Gyns), ACOG ○ FQHCs 	X	X
• Education	X	
• Community Groups below	X	X
• Home visitors/home visiting program providers	X	X
• CHWs in the community		X
• Medicaid & other insurance providers	X	
• Immigration Organizations	X	
• Lactation Groups/Lactation Support Providers	X	X
Educational Agencies	X	
• Head Start	X	X
• Education at all levels (K-12, college (this was just in 1 group's story)	X	
• Academia	X	
Community Agencies/Groups	X	
• Churches, Faith-based organizations	X	
• Chamber of Commerce and businesses	X	
• Community Brokers/Navigators	X	X
• Community Centers	X	
• Libraries	X	
• Food Banks, Food Pantries, Food Rescue Organizations	X	
• Community Based Organizations (CBOs)	X	X

• Barber Shops	X	
• Grocers		X
Mental Health Agencies	X	
• Mental Health Centers	X	
• Nutrition Psychiatry	X	
Housing Agencies	X	
• Resident leadership/housing groups trained to provide social support and housing support	X	
Environmental Health Agencies (food, water)	X	
Federal Agencies, City and State Government		X
Community Members – formal role	X	
• Community Health Workers (CHW)	X	X
• Community Partners who work to serve families (they said work together)	X	X
• Cultural Groups	X	X
• Café Moms - https://cafemom.com/tag/nutrition	X	
• Politicians		X
Agencies Focused On Nutrition (Federal and Local)	X	
• WIC	X	X
• Snap	X	X
• CACFP & USDA	X	X
Community Members – informal role	X	X
• Friends/neighbors/family in community who got services (word of mouth)	X	X
• Playgroups	X	
• Influencers		X

Childcare Providers	X	X
Food Stores (big box stores, Amazon Corner Market, etc.) – <ul style="list-style-type: none"> https://www.brookings.edu/blog/techtank/2017/08/29/how-the-amazon-whole-foods-merger-shrinks-food-deserts/ 	X	
Food & Formula companies	X	X
Policy Makers <ul style="list-style-type: none"> White House conference on nutrition, health, and hunger 	X	X
Farmers	X	X
Local Foundations	X	
<ul style="list-style-type: none"> For example, Colorado Health Foundation 	X	



Stakeholders who have helped you succeed in program or policy (Boston quiet Brainstorming)

Family Members
<ul style="list-style-type: none"> New parents (dad's in particular) – getting their feedback on what/how/etc. they want in terms of info, way of delivery, etc. (fits with recommendation to include community)
Community Members formal role
<ul style="list-style-type: none"> Advocates and “believers” in education (see notes below as well), DC Hunger Solutions Non-profit and clinical sectors who vouched for the work and supported recruitment. (emphasized) Food pantry _ Feedmore (https://feedmore.org/) , Food Rescue Program (https://foodrescue.us/) , Martha's Table (https://marthastable.org/) (on several sheets) Capitol Area Health Network (listed twice) - https://cahealthnet.org/ FRESHFARM - https://www.freshfarm.org/ Safe Sleep Diaper Banks (comprehensive resource for families) Faith-based community organizations (listed on several papers) & local churches Recreation Center Directors (emphasized) Local coalitions (emphasized) Health advocates Home visiting programs (emphasized) YMCA United Way
Community Members (informal role) (on separate sheets)
<ul style="list-style-type: none"> Influencers in the community
National Coalitions
<ul style="list-style-type: none"> Learning collaboratives
Federal Agencies, City and State Government
<ul style="list-style-type: none"> VA Department of Health City of Richmond DMAS - https://www.dmas.virginia.gov/ Cooperative Extension (USDA) - https://www.nifa.usda.gov/about-nifa/how-we-work/extension/cooperative-extension-system (emphasized) Department of Education (emphasized); NDE (Nebraska Dept of Ed?) Office of Early Childhood (emphasized) (on several sheets)

<ul style="list-style-type: none"> • City Council Members (emphasized)
<ul style="list-style-type: none"> • Food Policy Director (may not be in all cities (emphasized))
Agencies Focused On Nutrition (Federal and Local)
<ul style="list-style-type: none"> • SNAP Ed & Local SNAP officer (emphasized)
<ul style="list-style-type: none"> • CACFP
<ul style="list-style-type: none"> • WIC Nutritionists (emphasized)
<ul style="list-style-type: none"> • Public School food service directors
Healthcare (FQHCs, pediatricians) (listed on several sheets)
<ul style="list-style-type: none"> • Local Hospitals
Technology
<ul style="list-style-type: none"> • Teletask (https://www.teletask.com/) , Pacify (https://www.pacify.com/)
Education
<ul style="list-style-type: none"> • Local University (listed on several sheets)
<ul style="list-style-type: none"> • Head start (emphasized)
<ul style="list-style-type: none"> • Childcare programs, providers, directors; home daycares; childcare subsidized programs (emphasized) (several sheets)
<ul style="list-style-type: none"> • ESOL classrooms (learn English at the basis of health lifestyles & resources (emphasized))
Housing Agencies
<ul style="list-style-type: none"> • Housing development (emphasized)
Food Stores
<ul style="list-style-type: none"> • corner store, carryout owners
<ul style="list-style-type: none"> • food distributors
Funding
<ul style="list-style-type: none"> • Grants from state
<ul style="list-style-type: none"> • Grants from CDC
Local Foundations (targeted at equity, chronic health dollars) (emphasized)

Other notes (Boston)

- Building end user agreement/feedback takes time. Hard to reach. More efficient way has been to reach out to groups already involved in the community to get their insights. Other stakeholders as advocates. (emphasized)
 - Communities members in council who also acted as advisory board.
- Mentoring program for leaders in the community

What Advice Give LPH trying to create a program to increase nutrition security for BIPOC Communities

Involve community members (emphasized) “Those closest to the problem are closest to the solution”. In each stage of program design. (on several sheets)
<ul style="list-style-type: none"> Create a community engagement committee to share out program and get their feedback (also fits below with comm you like to serve)
<ul style="list-style-type: none"> Involve CBO/home visiting program who have the community trust and numbers (emphasized)/find valuable partners (emphasized) (on several sheets)
<ul style="list-style-type: none"> Be visible in the community – get to know who you will be serving
Multiple Languages (emphasized) (do in consumer’s language)
Understand the community you would like to serve (emphasized)
Serve consumers where they are at.
<ul style="list-style-type: none"> Research, interviews, etc. (emphasized)
<ul style="list-style-type: none"> Community-building and relationships are the most important thing. You can not jump right into work/programs. Take your time, keep showing up. When the relationships are built trust is there; ideas and programs and energy will follow. (on several sheets)
<ul style="list-style-type: none"> Let your programs be driven by the needs of the community, not your ideas. (emphasized)
<ul style="list-style-type: none"> The communities’ members are the experts (emphasized)
Education Decisions
<ul style="list-style-type: none"> Tailor education to use foods from the community and images of community members (emphasized)
<ul style="list-style-type: none"> Do not make assumptions about foods people will need. Offer foods even if you assume they are not the healthiest (typed as written – does not make sense to me) (emphasized)
Exercise Cultural Humility
<ul style="list-style-type: none"> Go into these spaces using a culturally humble lens. You are not the expert of these communities (emphasized).
Be flexible and not afraid to iterate (emphasized)
Equity must be considered (emphasized)
Realistic expectations and goals (emphasized)
<ul style="list-style-type: none"> Customized to fit needs of community vs forcing other programs on local community
Conduct Needs Assessment (emphasized)
<ul style="list-style-type: none"> Map life expectancy by zip code or similar and find disparities/cross-reference demographics (emphasized) (a type of needs assessment)

<ul style="list-style-type: none"> • Do needs assessment/ Assess the scope of the issues/challenges first before jumping into programing. (emphasized)
<ul style="list-style-type: none"> • Look at food permits/licenses and how many serve BIPOC communities (identify food desserts)
<ul style="list-style-type: none"> • Survey community and map out health food outlets including community gardens and farms. (emphasized)
Suggestions Around Data (outside of Needs Assessment)
<ul style="list-style-type: none"> • Make sure data used leads with equity consideration (emphasized)
<ul style="list-style-type: none"> • Communicate data back to the communities (emphasized)
Talk to Others (on multiple sheets)
<ul style="list-style-type: none"> • Find others in similar communities who are doing this work and pick their brains (emphasized)
<ul style="list-style-type: none"> • Look at what Head Start is doing or other existing systems with good infrastructure and build onto that (don't reinvent the wheel)
Take Grant Writing Class
<ul style="list-style-type: none"> • Apply for funding beyond core funding streams (emphasized)
Reduce paperwork and bureaucracy to facilitate implementation/improve community experience (emphasized)



Successful Strategies

Strategies Around Working with Stakeholders (Denver)

Education
<ul style="list-style-type: none">• Continuing education opportunities for advocates/community members• CEUs for providers (e.g. doctors, nurses, etc.)
<ul style="list-style-type: none">• Shared intake/info/screening tool between support agencies so family does not have to repeat information over and over (YKG's idea – like the common app – shared fields and then special questions for each agency) (in strategies to get families support as well)
<ul style="list-style-type: none">• Have support services in “one-stop” center – mental health, physical health, nutrition support, etc. (came up in stories and success strategies during introductions (2 times)) (in strategies to get families support as well)
<ul style="list-style-type: none">• Train childcare providers around nutrition security and sound nutrition for 0-3 year olds• Have in-person classes/training
Collaborations/Partnerships
<ul style="list-style-type: none">• Tap into/create Academe/Community partnerships• Tap into/create Public Health/Community partnerships



Strategies To Help Families Get Needed Support (Denver)

Be flexible	Denver	Boston
Advocacy	X	
Recognize the multiple facets of a person	X	
<ul style="list-style-type: none"> Transgendered 	X	
<ul style="list-style-type: none"> Disabled (toolkit for professionals supporting lactation people with a disability - https://www.youtube.com/watch?v=i4snMmfJVMl) 	X	
Healthy Literacy Approach	X	
<ul style="list-style-type: none"> Obtain, Process, Understand <ul style="list-style-type: none"> For obtain – text messages to families about nutrition programs created by/with members of that cultural group (e.g. don't suggest frozen or canned fruit for some groups, others love it) [Put in call out box in report – Jini's example that some cultures don't like frozen or canned fruit, others love it]. For obtain – increase access to underserved communities For obtain – community-based health centers 	X	X
<ul style="list-style-type: none"> For process – multiple languages (native speakers help with vs “translated”) 	X	X
Minimize Burden on the Family Seeking Support	X	X
<ul style="list-style-type: none"> Shared intake/info/screening tool between support agencies so family does not have to repeat information over and over (YKG's idea – like the common app – shared fields and then special questions for each agency) 	X	X
<ul style="list-style-type: none"> Meet people/family where at – start with small changes (SMART goals) that they want (Motivational Interviewing) 	X	X
<ul style="list-style-type: none"> Have support services in “one-stop” center – mental health, physical health, nutrition support, etc. (came up in stories and success strategies during introductions (2 times)) 	X	X
Build Skills to Sustain Change/Empower families	X	
<ul style="list-style-type: none"> Help family build skills for resiliency 	X	
<ul style="list-style-type: none"> Help family build skills to get the resources they need 	X	X
<ul style="list-style-type: none"> Information/education for choices (I think this is also somewhere else) 	X	
<ul style="list-style-type: none"> Help parents with skills to negotiate with children when they push back 	X	X
<ul style="list-style-type: none"> Skills to cook 	x	X

Connect Families to Services	X	
<ul style="list-style-type: none"> Connect to WIC (came up at least 2 times) <ul style="list-style-type: none"> Focus on improving WIC participation rates 	X	
<ul style="list-style-type: none"> Connect to SNAP 	X	
<ul style="list-style-type: none"> Emergency kits to families for feeding support and supplies 	X	
Equity/Minimize Stigma (right title?)	X	
<ul style="list-style-type: none"> Everyone gets WIC and Medicaid at birth (opt out vs opt in) 	X	X

Biggest Wins From Boston Group

- Feedback from providers (less stress for feeding and more nutrition for families)
- Local gas station providing healthy snacks (e.g. string cheese) (noted that may go away since not big sellers)
- 5,000 BF (breast feeding?) resource guides distributed to providers
- Community gardens and cooking classes
- Getting dad's involved in home visiting with intervention reduced child neglect (find an article by Jenn and cite it)
- Benefits of Breastfeeding Campaign – glossary for terms in target language
- Special Series AJPH Oct 26, 1000 days!
- First Heroes (Mom, dad, infant) study
- Shifting power dynamic, getting community members engaged (Fresh Farm)
- Enrolling dads up 32% for Baby University
- Using failure to offer more capacity for partnerships

Strategies Around Nutritional Security (Denver and Boston)

	Denver	Boston
Messaging/Education Should Be Coordinated	X	X
<ul style="list-style-type: none"> Unified message, up-to-date guidance. 		
<ul style="list-style-type: none"> Modes - faxing to training to social media to modeling to being people's home 		X
Wholistic Nutrition	X	X
<ul style="list-style-type: none"> Discuss whole nutrition – fruit, vegetables, meat, nuts, iron enriched cereal, whole grains, etc. MyPlate (which has cultural examples - https://www.snap4ct.org/snap4ct-blog/myplate-for-all-cultures, https://www.usda.gov/media/blog/2013/08/02/enjoy-foods-many-cultures-myplate) 	X	
<ul style="list-style-type: none"> Discuss nutrition for whole family (needs by age groups including elderly, young children, adolescents, etc.) 	X	X
<ul style="list-style-type: none"> Talk about/address connection between trauma and food (eating unhealthy when stressed, upset) (does this fit here?) 	X	
Connect with Nature and fresh fruit and vegetables (right title?)	X	X
<ul style="list-style-type: none"> Community/school gardens that include young children (community gardens came up in stories and as a success during introductions) 	X	
<ul style="list-style-type: none"> Exposure to fresh fruit and vegetables for young children and repetition (may not like initially or may make a face when trying initially) (Montessori) 	X	X
<ul style="list-style-type: none"> WIC Farmer's Market 	X	X
Educate Care Providers for Children 0-8	X	X
<ul style="list-style-type: none"> Choices for Charlie book (https://www.goodreads.com/book/show/60534820-choices-for-charlie) 	X	
Education/Resources to Helpers/Providers	X	X
<ul style="list-style-type: none"> Includes strategies/tools/information in FDA SnapED Toolkit - https://snapedtoolkit.org/ 	X	
<ul style="list-style-type: none"> Local and statewide interest in 1st 1,000 Days (repeated in collaboration Section) 	X	
Collaboration Between Providers/Agencies	X	X
<ul style="list-style-type: none"> Local and statewide interest in 1st 1,000 Days (repeated in education section) 	X	X
<ul style="list-style-type: none"> Rules that agencies need to partner (Wildwood CACFP - https://www.wildwoodonline.org/ & WY example) 	X	
<ul style="list-style-type: none"> One-stop/under 1 roof for multiple agencies/shared family information (under strategies to reduce families as well) 	X	X

Financial Support	X	X
• Grant funding	X	X
• Give funding to community agencies (vs have them go through someone who will take some of the money to cover their costs)	X	X
• Healthy foods grant that is now directed at children 0 to 5 years	X	
Policy/Regulations	X	
• Different Interpretations for Policies (may allow group to do nutritional security work under a policy)	X	
• Update regulations to include nutrition (breastfeeding, activity) and early childhood (0-3)	X	



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Strategies Around Working With/Co-Creating With Community/Meaningful Involvement of BIPOC Communities (Denver and Boston)

	Denver	Boston
Listen to community members (emphasized) (on several sheets)	X	X
• Work with experts in the community/people with lived experienced (emphasized)	X	X
• Engage community leaders <ul style="list-style-type: none"> ○ All leaders/decision makers have to have approval of the community 	X	X
• Work with faith-based leaders. Trust is already there.		X
• Learn the power structure, respect and who can be an influence for the community. (on several sheets) (emphasized) (e.g. unless husband agrees, mom may not be able to make changes)		x
• Ask the community how they hear about things	X	
• Understand the services they are using and where	X	
• Go to their community meetings and engage/ask (emphasized)		X
• Go to where they are (barber shops, BIPOC owned businesses (emphasized)		X
• Provide multiple modes of feedback – surveys, focus groups, town halls (emphasized)		X
• Work with local city departments & health depts. The program must align with the needs of the community (emphasized) (several sheets)		X
• Be culturally aware. Recognize where people are coming from – need to talk, gain knowledge based on their experience (emphasized)		X
Community leaders design programs & supervise implementation	X	X
• CHWs or community champions from the community provide education, information, training, etc. (on several sheets and emphasized) Representation matters		X
• Build their voices into all programming and facets of the project (ideation, implementation, course correction/edits, execution) (this was emphasized & listed on several sheets) (CBPR – several sheets)		X
• Invite them to community health planning meetings (emphasized)		X
• Community advisory boards as part of research		X
Bring in Community to Help Identify What Is Needed	x	x
• Have a listening session - ask community what do you want?	x	x
• Public Health Depts and Hospitals have to do community health assessments every 3-5 years - invite communities to those meetings (public health and hospitals have to do). This sets policy.		

Build Trust/Be honest (several sheets, emphasized)		X
• Mean what you say and say what you mean. (emphasized)		X
• Go in to learn rather than teach (fits with a theme above as well) (emphasized)		X
• Provide benefits that is with the trouble that is not a “token”. A \$20 coupon is not covering childcare or gas.		X
Workforce Capacity	X	X
• For programs – hire within/from the community and pay a fair, living wage. Pay them in the currency they want and quickly (may be a cash app) (don’t expect them to wait 3 weeks or a month to get paid). (emphasized) (on several sheets)	X	X
• If have community at an event – pay for their time to be here and travel. Not just one or the other (often taking time off of work to attend, may have to find others to fill in)	X	
• Mentor, train, support, and hire people in the community to do the work.		X
Leverage Social Networks	X	
• Word-of-mouth	X	
•		
Invest in the long-term health of the community	x	x
• Provide programs that will build-up community and give back (ex trade programs, college) (several sheets)		X
Long-term sustainable, flexible funding directly to the community	X	X
• Provide programs that will build up the community and give back (e.g. college programs, etc.)		x
• Think about/strategize how you will sustain grant funding.		x
Setting up support systems/networks	X	
• Build a faith-based network for engagement (emphasized)		X
• Match community members to families, parents to do outreach (emphasized)		X
Use relatable culturally appropriate language	X	X
• Ensure translation needs are met (emphasized)		X
Make meetings family-friendly/children can come	X	X
Give back to the community		
• Provide materials, reports, research back to community so they see the value in participating and can use this info to help their communities in their own way. (emphasized)		X

Approaches	X	X
<ul style="list-style-type: none"> Art of Hosting - https://artofhosting.org/ & https://www.researchgate.net/publication/272170381_Practicing_the_Art_of_Hosting_Exploring_what_Art_of_Hosting_and_Harvesting_workshop_participants_understand_and_do 	X	
<ul style="list-style-type: none"> Community Based Participatory Research (above as well) 	X	X
<p>If doing research/have a grant program ask:</p> <ul style="list-style-type: none"> Stop and ask do we need to research them again? Already know stuff. Make sure research, findings, etc. gets back to the community. Make sure community benefits, don't take advantage of community. You can lose the community's trust. Tangible results (want to see them, tell the community how this helps them/what they can do) <ul style="list-style-type: none"> Don't come in, do something and leave. Get degree, study done and move on. My community is still the same after you leave. Funding is a short cycle, research staff has temp jobs. How support researchers so can continue to work with community? Value in partnering so someone who can stay long term. Work with Local PH, agencies in community so they can continue the work, continue the relationship. 	X	X
<p>If have a program that is grant funding consider:</p> <ul style="list-style-type: none"> When have grant and money disappears, community expects the support and funding to continue. "What happens to the money you had?" Funders see success as indicator box is checked so can move on. 		X

Barriers (Denver and Boston)

	Denver	Boston
Pressure from the Community, Older Family Members		X
<ul style="list-style-type: none"> Culturally - feel need to start food early 		X
<ul style="list-style-type: none"> Pressuring a child to eat is a way of showing affection for a child/cultural norm that an overweight/obese child is a loved child 		X
<ul style="list-style-type: none"> Obesity is seen as culturally healthy weight (Boston group, said true for Hispanic families) 		X
<ul style="list-style-type: none"> Not respect child's internal cues 		X
<ul style="list-style-type: none"> Culture around supplements 		X
Time consuming for Families to provide nutritious foods	X	
<ul style="list-style-type: none"> Often have multiple jobs 	X	
<ul style="list-style-type: none"> Time consuming to cook 	X	
<ul style="list-style-type: none"> Time consuming to cook new foods & learn how to cook new foods 	X	
Healthcare Providers	X	
<ul style="list-style-type: none"> Language used by providers, including health care providers 	X	
<ul style="list-style-type: none"> Not all professionals are up-to-date on training and understanding what is good nutrition for children and what isn't (i.e. healthcare providers handing out coupons for toddler milk) 	X	X
Conflicting Information	X	
<ul style="list-style-type: none"> Multi-generational households and not everyone understands what is healthy for the baby/toddler given what we know today 		X
<ul style="list-style-type: none"> Marketing messaging may confuse families, providers on what is healthy and needed. Marketers are targeting BIPOC community 	X	X
<ul style="list-style-type: none"> One group of friends/family may conflict with another, or with providers, or with marketing 	X	X
<ul style="list-style-type: none"> No one is tackling the issue of misinformation around products like formula, toddler milk 	X	X
<ul style="list-style-type: none"> Lobbyists for formula, juice 		X
<ul style="list-style-type: none"> WIC free formula/formula rebates 		X
Family "need"	X	
<ul style="list-style-type: none"> Families may not perceive they have a need/don't see self as "food insecure" 	X	
<ul style="list-style-type: none"> Stigma associated with needing help/using government programs (rugged individualism, pull self up by bootstraps – especially in Rocky Mountain Region) 	X	X

○ Should have to opt out vs opt in so everyone has it	X	
• Green card seekers may not apply because it afraid it will hurt their green card application (also listed in BIPOC communities)	X	X
Stigma Around Using Food Benefits	X	X
• Addressing stigma of vendors who accept federal nutrition benefits. Widely inaccurate myths		X
• Users may save to use to spend were less shame (e.g. crab leg party, more accepting vendor)		X
Distrust of System		X
• Not check box - is this to help me or hurt me?		X
Hard to Get Food Benefits/Adequate food benefits		X
• Barriers to enrollment - why SNAP office, than WIC office, then next office. (need one catch all place or website to enroll)		X
• Transportation to use benefits can be hard (Need to bus, farmer's market not in community)		X
• when getting WIC only \$20 for fresh fruit and vegetables so no point. (persona story of a former WIC recipient who was at Boston meeting) Now is \$35 or \$43 if pregnant		X
• What about the group who is not eligible for programs but still struggling financially. What about those families? How ensure equity?		X
Getting Community-Buy In & Political Buy-in	X	
• Food is not seen as a right (economic and social injustice)	X	
• Healthcare dollars are not focused on early years	X	
• Reducing child poverty is not a national priority	X	
Silos Between Programs (should note you may want to silo service providers from those who are mandatory reporters)	X	
• No communication	X	
• Don't share info about family	X	
• Good resources are hard to find & share – coordination. Need to a repository.		X
Lack of reliable internet for rural families	X	X
Lack of long-term access to nutrient-dense foods	X	
Food Storage Issues		X
• Need to find out how much prep and storage space families have		X
• Takes a while for people to open up about their space. That is the value of home visitors and CHWs		X

• It is possible someone thinks they don't like a food item because it went bad before they tried it		X
What Food Is Available		X
• Current Ag policies		X
• Food Options at food banks		X
• Wasted food items		X
• Food Deserts/Food Apartheid		X
• Dollar Stores		X
• Electronic WIC – bundled food packages – harder to educate		X
Layout of Stores		X
Safety		X
• Crime and safety		X
Children's food preference for sweet		X
Food Allergies/Choking Messages		X
Low pay for volunteers and/or CHWs	X	X

Overcoming Barriers (Denver and Boston)

- Everybody needs to be on the same page - what the problem is, vocabulary (produce vs fruit and vegetables) (both Denver and Boston)
- Connect with coalitions, community-based org, how address social determinants of health (both Denver and Boston)
- What is a problem this community has identified? (both Denver and Boston)
 - Who helps figure this out - more one on one approach especially in beginning. Advocates.
 - Map assets we have in the community. (Denver)
 - Connect with others - Unite Us - <https://uniteus.com/> (Denver)
 - Go to websites of resources to understand communication, historical implications, cultural food norms (falls on researcher not the community and then ask questions to clarify) (Denver)
 - ICTS (Academic Community Partnership grants) (Denver)
 - Elevate the value of keeping people healthy (providers need to not just refer but make sure the connection is made). It is more profitable to do things this way. (Denver)
 - Robust home visiting program (Denver)
 - Small community so they help build trust with provider by sharing experiences, get others to classes/resources (Denver)
- Build Political Will Examples

Denver

- Director meet with local mayors in the county
- Don't wait for invitation, say why you should be at the table
- Can schedule time with the mayors
- Have empowered champion
- Have community share with politician how the issue impacts them - politicians are driven by stories
- Had kids take pictures of meals and send to politician to get an issue discussed/voted
- Start at local level (state, city, community, school)
- PTO
- Local school wellness policies (K-12, preschool) set the standards and policies to make it easier
- Michelle Obama good example - brought in nontraditional partners (e.g. Walmart), bring in all political sides, multi-sector coalition.
- Highlighting how much money can be saved. Show financial benefit (ST and LT gains)
- Educating politicians - do you know what CACIP is, how impacts constituents, talk to aides (they make it happen) talk to them yearly so they get to know you
- Engage advocate agencies who can speak up for topic and who will buy-in/be part of your work.
- Need allies in the decision-making spacing. Need to get BIPOC community members in so they can share their voice, their experiences.

Boston

- Community level
 - City, county, state rep., etc. Election officials on health board
 - Invite them to health events, activities
 - Program used as a model for mayor's breastfeeding initiative. Given city declaration by mayor. Get grants from city counseling rep and health agencies.
 - Program provides weekly & annual report - pictures, even after funding ends
 - For research - do press releases on findings include links to products (e.g. videos). Acknowledge work that has been done, even when doing new work. Become the expert they call for issue.
 - When have someone who is good at speaking. Someone from community who stays on talking points.
 - Make your message fit your audience - Marketing prevention is not politically sexy
 - Left side wants service, access, humanity
 - Right wants cost savings as a result of work
 - Give talking points aimed at both sides, nuance to ask. Tailor message to audience.
 - Show up to city council meetings so they see your face the entire time. Shows we have a vested interest in the communities too.
 - Federal Advocacy
 - Being a resource for them - share info, acknowledge people in office is not expert - we are, treat with respect (all of them)
 - Know who you are talking to. If more conservative policy maker may not say 1st 1,000 days from conception (maybe say early childhood). Don't let language trip you up.
 - Social media - do graphic and thank legislator to help build the relationship
 - Developing messaging for influencer/implementer. Write out key points for them. Elevator pitch.
 - Prep and help those with lived experience so they can tell their story effectively.
 - Co-facilitate community group
 - Raise up issues and have community groups tell politicians
- Make SNAP better/easier to use (examples of what is being done from Boston group)
 - Tie in TA piece if opening grocery and restaurants and want to be a SNAP vendor, here is how you do this (Boston – IL doing this)
 - Want a whole foods vs dollar store vendor (Boston)
 - MA has a rule - if qualify for one service, Common Application
 - Communities in MA did SNAP matching if going to farmer's market. Cambridge only one doing because city pays for it.
 - Wrap around services to support it better
 - DC has reloadable card - how check balances without vendor

- 1 supermarket in Richmond decided if family comes in with WIC, only in produce dept double size of produce order (4 lbs. vs 2 for grapes)
- Supermarket has program to show “non-perfect” produce so WIC/SNAP participants can buy it at a reduced price
- Examples of how to ensure families can use healthy foods from Boston Participants
 - Cooking with confidence class - shows how combine all the benefits getting (WIC, SNAP, local program) how maximize what get when grocery shopping (Boston)
 - In-home cooking class, culturally appropriate recipes
 - Have a team in the store making recipe which they give out and then they purpose the food
 - When provide food bag one program has a QR code - what is in the bag, how prepare, flavor profiles. Don’t need a big history about how grown – just the basics.
- Address Food Storage Issue
 - Find out how much prep space
 - Find out how much freezer space
 - Give examples of how you can eat together as a family if there is not table. One participant said they tell them to get on floor, on blanket, have picnic.



Matrix Discussions (stakeholders and barriers incorporated above)

In Denver participants were divided into four groups based on individual experience with each of the four topics. The groups were charged with identifying tasks that are required to achieve success in one of the four program questions posed to them. In Boston, participants got to rotate to each topic with one person left behind – like a World Café model.

Increase Fruit and Vegetable Intake (only in Denver)

Need to have/easy to do:

- Sustainable funding for Nutrition Incentive Programs (SNAP, WIC, CACFP)
 - Make easier to use
 - More reimbursement for meals
- Expand WIC and SNAP (see photos) – benefits for families, ECE providers
- Increase summer meals
- Get food/food benefits to ECEs
- Use sugar sweetened beverage (SSB) tax to pay for things

Need to have/harder to do:

- Need to see sticky – something about Medicaid to WIC/SNAP
- Access for undocumented families to programs
- Access to culturally appropriate fruits and veggies
- Tax and pricing incentives to promote healthy foods
- Address climate change and impact on access to nutrient dense foods

Who has implemented a program like this?

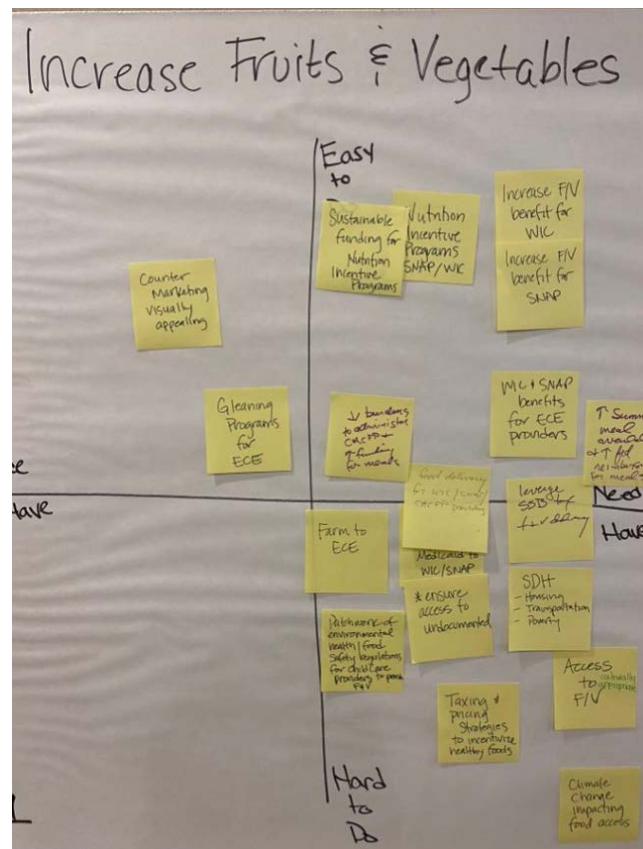
- TOP Star (Utah) - <https://slco.org/health/healthy-living/topstar/>
- Federal government increased budget for WIC during the pandemic - <https://www.fns.usda.gov/wic/wpm-2022-3>
- Boulder County uses SSB tax to pay for farmers markets to distribute FFV (fresh fruits and veggies) to WIC? - <https://bouldercounty.gov/news/public-health-uses-boulder-soda-tax-funds-to-provide-healthy-food-during-covid-19/>
- Oakland SSB tax for overcome misinformation campaigns - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7929915/>
- Colorado state budget has money specifically for FFV (can't find info on this)
 - Another program - <https://cdhs.colorado.gov/departments-of-defense-fresh-fruit-and-vegetable-program>
- Other countries
 - Great Britain

- Scandinavian countries

Other ideas captured during discussion

- WIC card pays for veggies and farmer's markets
- Child tax credit works.
- Access to fruit and vegetables are complicated in some areas. Water shortages may make this harder. Need to be culturally appropriate fruit and vegetable. Need to be affordable and sustainable. [in report put this in a call out box – In some communities there are no fruit and vegetables close by, they need to be brought in. Also, water shortages are making farming harder. – Las Vegas]

Denver



Food Insecurity/Ensuring Food Security

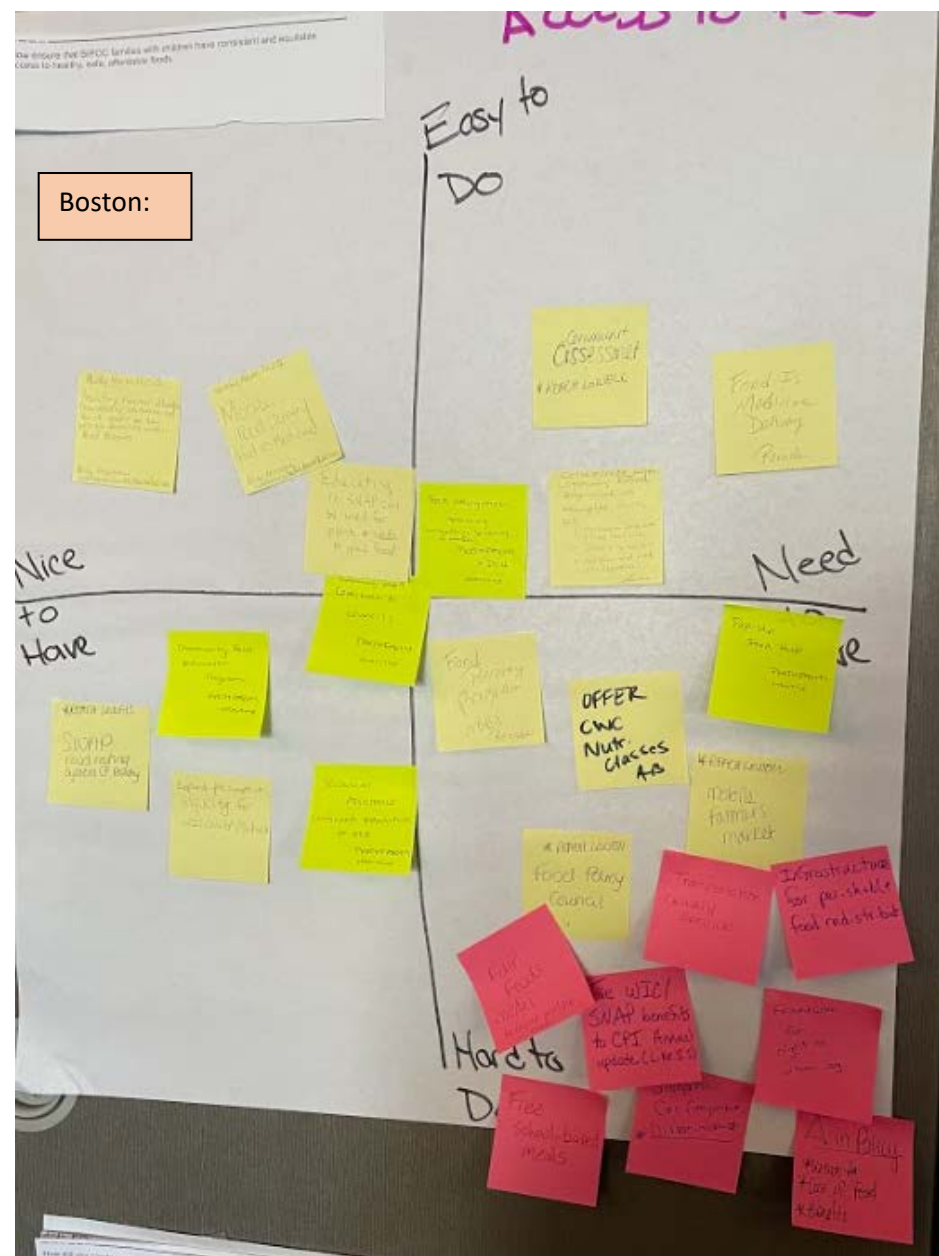
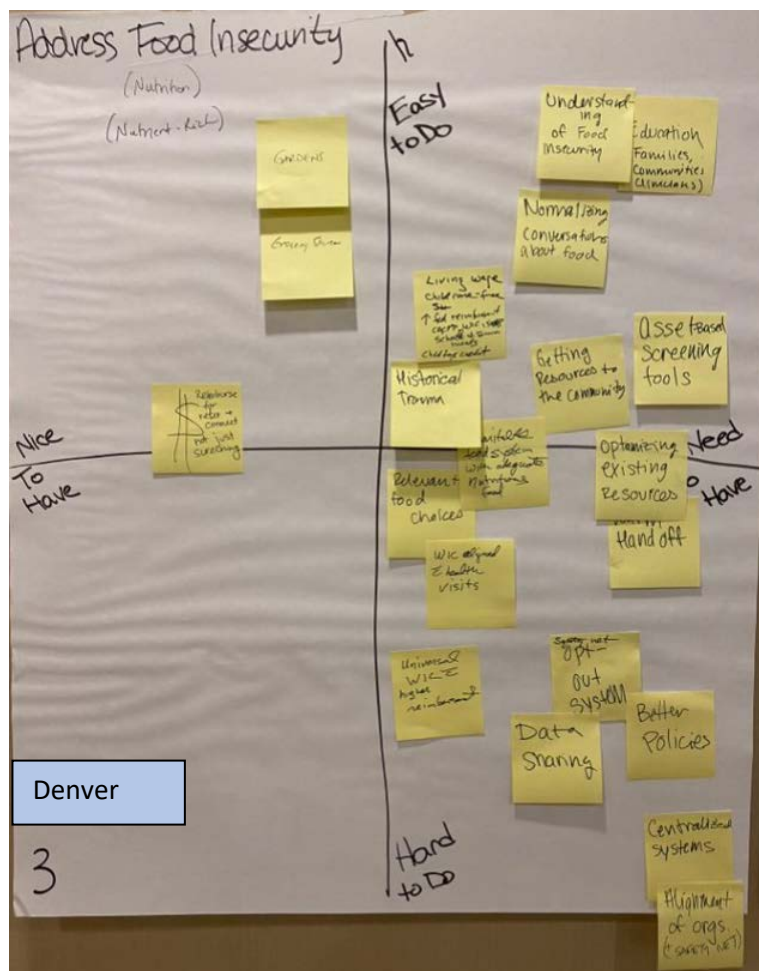
Need to have/easy to do:

- Understand the problem (Denver)
- Normalize conversations about food (Denver)
- Educate families, communities, and clinicians (Denver)
- Asset-based screening tools (Denver)
- Getting resources to the community (Denver)
- Living wage (Denver)
- Free child-care (Denver)
- Need nutrition information (what is iron rich, etc., grains, meats, nuts) (Denver)
- Community assessment (REACH LoWELL – being done) (Boston)
- Food is Medicine Delivery (Renada – being done) (Boston)
- Food Navigation Training – leveraging benefits at market (being done – Fresh Farm, DOH, Martine) (Boston) (Boston)
- Collaborate with CBO such as BOND of color, Neighborhood food coalition, Mattapan Food and Fitness coalition (being done, Sonia) - <https://www.childrenshospital.org/community-health/collaboration-community-health/funded-partner-stories/mattapan-food-and-fitness>; <https://bondofcolor.wixsite.com/home>; <https://www.facebook.com/bond.color>

Need to have/harder to do:

- Universal WIC (Denver)
- Higher reimbursement (Denver)
- Data sharing across groups/agencies (so family does not have to give info over and over) (Denver)
- Opt-out system (have above) (Denver)
- Centralized systems (have above) (Denver)
- Food Recovery Program MBBD (being done, Renada) (Boston)
- Offer CWC Nutrition Classes (being done, Angela B) (Boston)
- Popup food hub (being done, Fresh Farm, Martine) (Boston)
- Mobile farmer's market (REACH LoWELL, being done) (Boston)
- Food Policy Council (being done, REACH LoWELL) (Boston)
- Fair foods model, remove middle man (Boston)
- Tie WIC/SNAP benefits to CPI Annual update (like S.S.) (Boston)

- Blue print, core components, disseminate (Boston)
- Change in policy – urban agriculture, cost of food, benefits (Boston)
- Infrastructure for perishable food redistributions (Boston)
- Transportation delivery services (Boston)
- Framework for right to urban ag (Boston)
- Free School-based meals (Boston)



Who has implemented a program like this?

- Countries with lower poverty (captured in notes on slides) (Denver)
- Denver Health (Denver)
- Food As Medicine (Boston)
- Healthy Hearts (Boston)
- Mobile food pantries (Boston)
- Backpack for kids program (Boston)
- Food reuse programs (Boston)
- Food pantry networks (ex: Merrimack valley & Cambridge) (CEOC) (Boston)
- Seed Swap (Boston)
- Community gardens (Boston)
- Farmer's markets (Boston)
- Fair food (Boston)

Denver - Other ideas captured during discussion

- Remember may not trust government agencies and history of BIPOC community with government
- Understanding in community about what food insecurity is so they can recognize that they may be food insecure/eligible for benefits
- Opt out vs opt in
- Look to other countries as models
- Increasing BIPOC in community and government roles
-

Boston - Facilitators not captured elsewhere

- Food banks
- Home delivery (FedEx, Uber, Lyft, Instacart, Local small business)
- Farmers
- Social medial online cooking food prep classes
- Schools
- Instacart

Aggressive Formula Marketing and Toddler Milk

Need to have/easy to do:

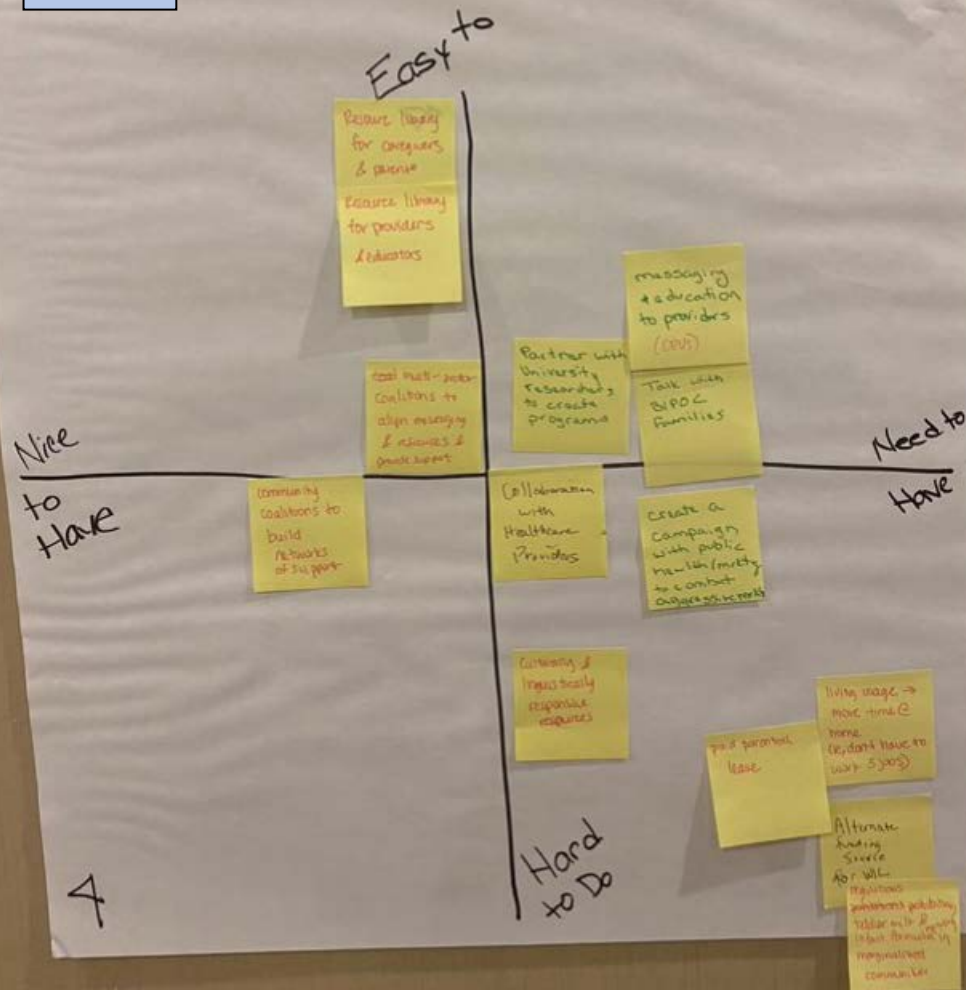
- Messaging and education to providers (Denver)
- Talk with BIPOC Families (Denver)
- Partner with university researchers to create a program (RUDD is an example of this) (Denver)
- Use Social media (being done, Fran) (Boston)
- Conversations around formula nutrition – WIC everyday (being done, Angela B) (Boston)
- Community expertise (Boston)

Need to have/harder to do:

- Collaborate with healthcare providers (Denver)
- Align education messaging (healthcare providers, WIC, family) (Denver)
- Create a campaign with public health /marketing to combat aggressive formula marketing (Denver)
- Culturally and linguistically appropriate resources (Denver)
- Paid parental leave (Denver)
- Living wage so more time at home with young children (Denver)
- Alternate funding for WIC (Denver)
- Reduce reliance on milk as main source of food (Boston)
- Emphasize eating instead of drinking calories (culture shift from supplements) (Boston)
- Govt alters/communication (Boston)

Toddler Formula: Aggressive Marketing

Denver:



Easy to Do

Boston:

Amplify B

Use Social Media Fra

Community Outreach

Funding

Need to Have

Partner, release & talk to men about 9, 10, 11

Partner, release & talk to men about 9, 10, 11

Emphasize strong names of delivery centers. Counselors for Supplemental

Government Alerts/Communication

Hard to Do

Who has implemented a program like this?

- University of Connecticut RUDD - <https://uconnruddcenter.org/healthydrinksfortoddlers/>
- Early Head Start/Head Start (Boston)
- Baby Friendly Hospitals (Boston)
- CBO/semi government like Baby University in Cambridge (Boston)

Ideas captured during Boston discussion

- Some of the group at the Boston meeting were not familiar with what is out there (protein drinks aimed at kids)
- There are a group out there who have good intentions but have wrong info
 - pediatricians, friends, grandparents - how do we make sure they have good info and know products not as beneficial
- Products marketed to parents
 - Where placed in supermarkets, similar names so when stop giving formula this is what you should use - if worried about child getting the best, use this or not doing enough.
 - Do certain cultures only take specific brands - Haitian cultures like Nido (sp). From home countries. Call them “growing up milk”. Nostalgia because you had brand as a child.
 - Coupons at the doctor’s office
 - Social media
 - Not everyone is exposed to the counter message
- Need to educate community - tap into people who know the population/community and have lived experience These members were elevated during COVID.
 - Coalition in Boston forming Healthy Hubs - one stop service (nutrition, infectious disease)
 - CBOs as stakeholders - important stakeholders
- Get products off the shelves or change labeling.
 - Individuals have so much to worry about so learning about one more thing to not do - focus on changing policy so individuals don’t have to think about it; it just isn’t there.
- Framing things as what you can have (milk and water) vs what you can’t have (toddler milk)
- It is great to have Baby friendly hospitals - breast fed supportive hospitals - can’t give out formula, not send home. Example of policy change that addresses.

Ideas captured during Denver discussion

- Build up community coalitions
- Resource library (caregivers and parents)
- Include BIPOC families in all stages of program dev and evaluation
 - PCORI grants (NIH) - do more of those that are more accessible to take on (patient-centered)
 - Capacity Building workshops to help CBOs with grant writing - university faculty teach them grant writing skills
 - Be honest with community - What's next after research? When research funding dries up.
 - Need sustainable funding - always grant funding
 - CBPR - be honest when have funding and stay after funding, commitment to project even when grant ends
 - How do you want the results to be shared? To whom? Did data walks.
- How work with formula and toddler milk companies?



Timely and Appropriate Introduction of Complimentary Foods for BIPOC

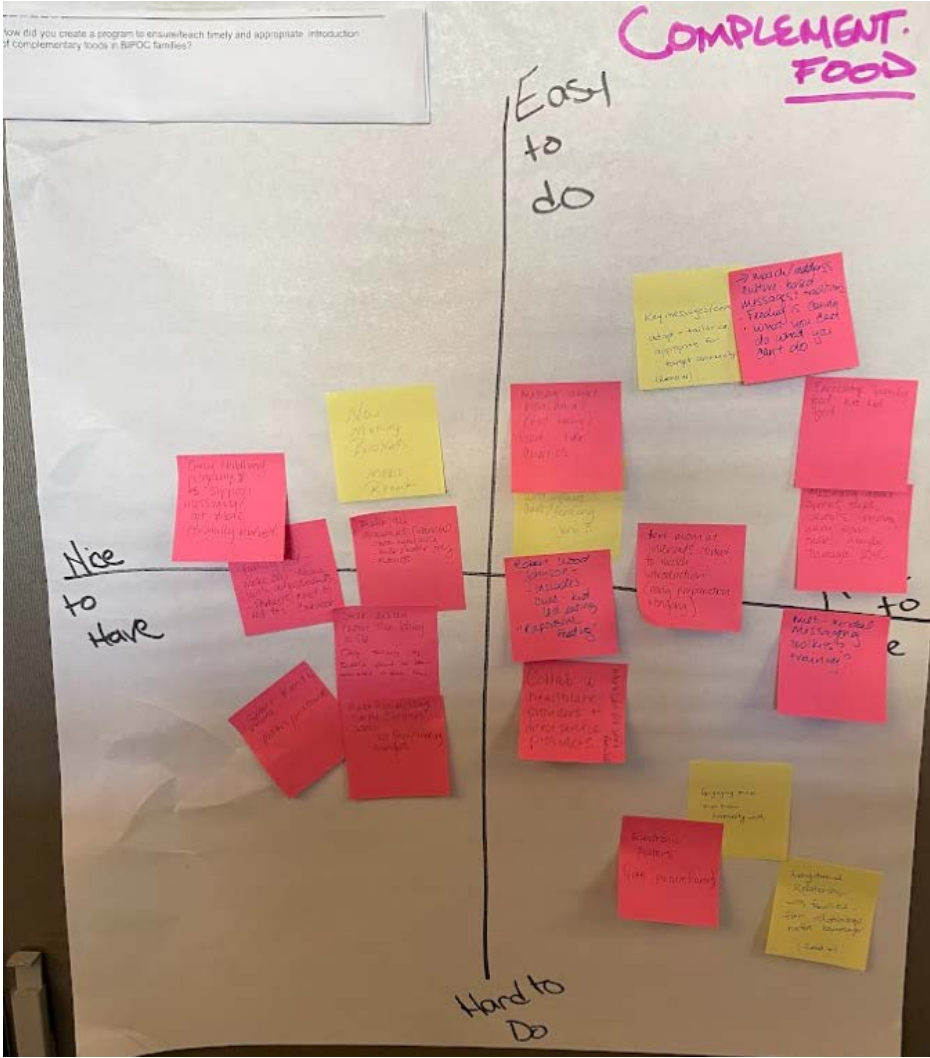
Need to have/easy to do:

- Take education to the community (Denver)
- Implement into Festival Events (Denver)
- Hands on family class to learn how to cook, portion sizes, food prep, sequence of introduction of foods (language justice) (Denver)
- Responsive feeding/infant mental health aspects (Denver)
- Incorporate toddler feeding education into lactation curriculum (in Spanish too) (Denver)
- Understand historical oppression and how it has affected food choices(Denver)
- Ways to honor culture, & body/families, tradition(Denver)
- More community navigators (Denver)
- Group peer support (GPS) (Denver)
- Messages about economical (not baby) food like Cheerios (Boston)
- Text mom at intervals time to match introduction (e.g. early prep & ongoing) (Boston)
- Match/address culture based messages & traditions (feeding is caring, what you can do and what you can't do) (Boston)
- Encourage family food not "kid food" (Boston)
- Messaging about spoons, cups, utensils. Moving away from milk – maybe through WIC (Boston)
- Key messages that are adapted and tailored to target community (being done, Rachel W) (Boston)

Need to have/harder to do:

- Revealing inequities and systemic racism and then addressing resources immediately (Denver)
- Clear pediatric guidelines for families in terms of milestones around age (language justice) (Denver)
- Address system barriers to qualifications for peer counselors (navigators, IBCLC for community) (Denver)
- Robert Wood Johnson – includes cue – kid led eating and "responsive feeding" (Boston)
- Multi-modal messaging? Toolkits? Training? (Boston)
- Electronic posters (like picture frames) (Boston)
- Engage a mom that knows the community well (already doing) (Boston)
- Longitudinal relationships with families – form relationships before key messaging (already doing) Rachel W (Boston)

Boston:



Who has implemented a program like this?

- Bright by Text - <https://brightbytext.org/> & <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6286891/> (research found “Caregivers with lower incomes and education, minorities and non-English speakers were less likely to enroll in BBT.”) Has this changed? Does opt-out approach work?
- Healthy baby/Healthy Child
- Family Nurturing Center
- Parent programs
- The Satter Division of Responsibility in Feeder (sDOR) (group commented that model research, less for families) (Boston)
 - <https://www.ellynsatterinstitute.org/how-to-feed/the-division-of-responsibility-in-feeding/>
 - [PDF in English](#)
 - [PDF in Spanish](#)
- Mommies, Bellies, Babies, & Daddies (Boston) - <https://www.healthyheartplus2.com/services.html#:~:text=%E2%80%8BMommies%2C%20Bellies%2C%20Babies%20%26,mortality%20rate%20in%20minority%20communities.>
- Head start (Boston)
- Show Our Strength (Boston) - <https://www.shareourstrength.org/>
- BOND of Color (organizations that look like the community) (Boston) - <https://www.facebook.com/bond.color>; <https://bondofcolor.wixsite.com/home>; bondofcolor@gmail.com; info.bondcolor@gmail.com
- We Can - broader program (Boston)
- Keep It Simple Campaign - <https://uconnruddcenter.org/healthydrinksfortoddlers/> (Boston)

Denver Other ideas captured during discussion

- Generational access to foods/how view foods (how influence new families’ nutrition) Need to change this (whole nutrition to everyone)

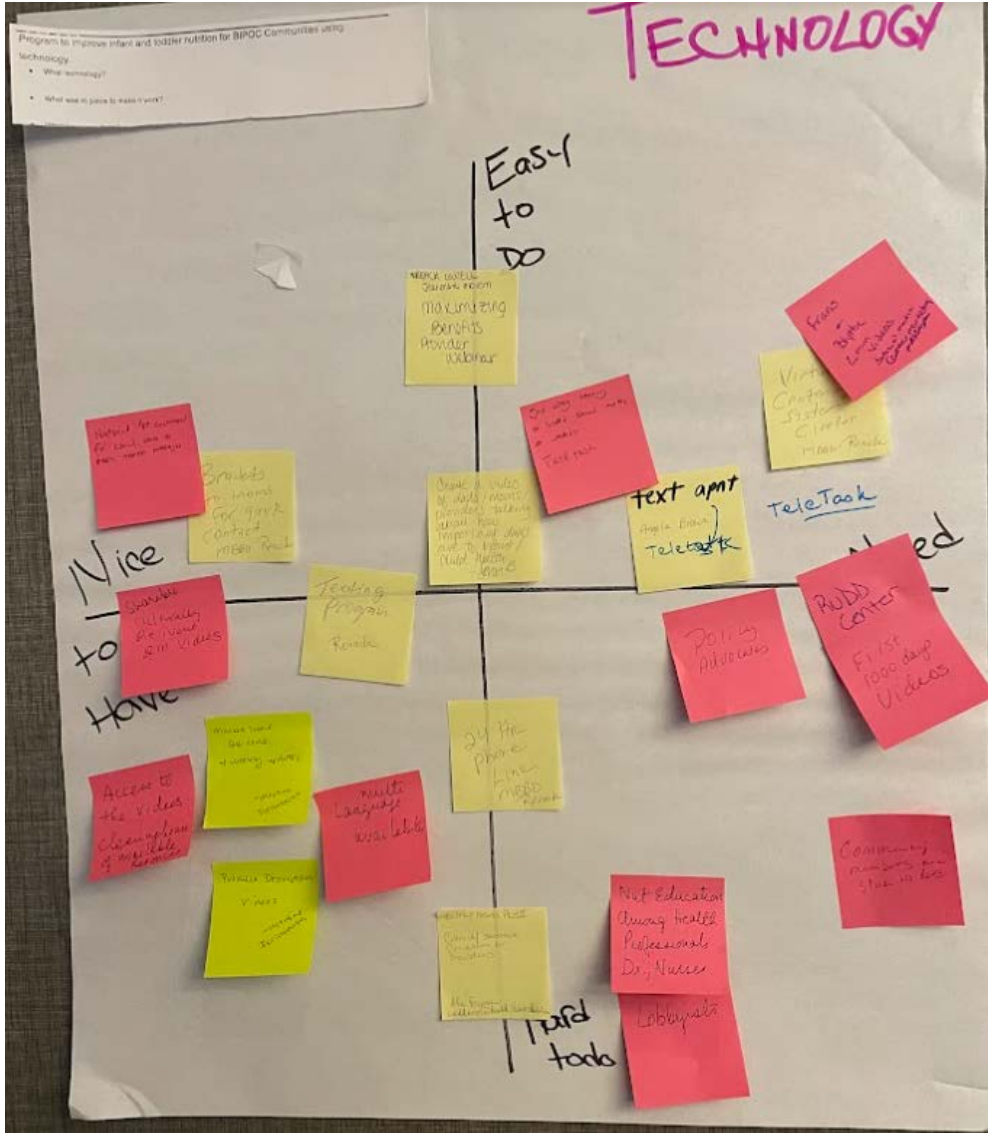
Boston Other ideas captured during discussion

- Why not introducing complementary foods on appropriate time, pressure from community, grandparents
 - Culturally - feel need to start food early
 - Grandparents are a good target audience - looked at toddler milk videos
 - Not respect child’s internal cues
 - Pressuring a child to eat is a way of showing affection for a child
- Obesity rate is higher in Hispanic feedings because culturally healthy weight
- Tap into TikTok, Google

Program to improve infant and toddler nutrition for BIPOC Communities Using Technology (Boston only)

- Easy to Do/Need – Being done right now
 - Text apnt – teletask (ask Angela Brown) - <https://www.teletask.com/>
 - Virtual Centering Sister Circles – Mothers, Babies, Bellies, Daddies (Renada)
 - Maximizing Benefits Provider Webinar (REACH LOWELL, Jeanmerli & Niem)
 - Create a video of dads/moms/providers talking about how important dads are to infant/child health (Jenn B)
 - Fran and Blythe 2 min videos social media counter marketing messages
 - Rudd Center first 1,000 days videos
- Hard to Do/Need – Being done right now
 - Health hearts plus II – culturally sensitive curriculum for providers (Alice Freeman)
 - 24 Hour phone line MBBD Renada
 -
- Hard to Do/Need – Ideas (not being done right now)
 - Community members are stakeholders
 - Policy advocates
 - Nutrition education among health professionals (drs, nurses, lobbyists) (listed on pink sticky but also as a model program)
- Who has implemented a program like this
 - Mainstream apps

Boston:



- Broad notes
 - Different generations may need different technology
 - Scalability concerns
 - Texting programs are so expensive - need program that goes out, automate. Having a team who sends out the messages is great but not very scalable.
 - Virtual visits were great because scalable. Have infrastructure
 - Post-COVID people are hesitant to gather. Tech can help
 - Tech helps people do things on their own/own time.
- What technology?
 - Social media, text in app. Create sister circle connect to each other and experts. Tapped into a community that was already developed. Centralized social media. Mom's able to connect.
 - Text to call for breastfeeding services
 - Telehealth
 - Email to build network, find network. Reach and teach.
 - Blog - kitchenlifestyle blog. Angela Brown - <https://abrown89.wixsite.com/kitchenlifestyles>
 - WhatsApp - immigrant communities use. Tap into things communities using that don't require Wi-Fi.
- Barriers to using technology
 - May feel like research subjects. May not feel personal. May not pick up the phone when call. Plus reach out via text and they can respond in their own time.
 - Remember some are tech illiterate. Tech is not the solution for everyone.
 - Tele-everything fatigue now
- What have you done?
 - Learn background of community first (Lowell)
 - Buy-in helps interaction.
 - Get word out about your program, success of program
 - BOND - virtual cooking with confidence series. Offer it 3 times per year. Big interest and demand.
 - Cooking in home with generational span
 - Don't want to dismiss our culture but also prepare things that are healthy
 - Families need laptops
 - Collaboration is important – One member talked about working with community to get hotspots so community could access Wi-Fi__33. Not all communities have access to Wi-Fi__33. MA did this to during COVID.
 - Mobile food pantry (Alice Freeman's project). Who needs this food the most - may not be eligible for WIC. Go to same place, not questions asked, provide recipes and info in the bag.

What Else Should We Make Sure Is Included In the Report?

Denver

- The rural urban divide - challenges of BIPOC communities
- Equity lens, social determinants of health, co-creation of programs
- Approachable language and interacting with local officials (“breaking” down the door)
- Make distinction between programs (supporting vs reporting) (programs that have to report you vs those that can offer services to everyone)
- Sustainable and efficient funding at a local level and how do you keep that work going?
- Hiring practices-community member to be part of the program/representation from the community
- Engage with the community and stay engaged
- Nutrition and the children are very important as it helps their brains and to be successful as adults and that is the way they will educate the next generation
- Optimize health thru nutrition security that is culturally relevant
- Identifying the easier things to do and how to move forward and offer support at the local level
- ID’ing health outcomes/benefits from different health and economic programs “happily ever after”
- Building a rapport with short term and long-term results; what enables communities get what they need to solve issues; dignity and strength of the communities; provide children opportunities and of promise (not “at risk”)
- Reframing strength-based communities (they have the solutions and strength - learning from them); funding given to community members for their time and expertise
- Valuing those that are giving community perspective and not forgetting the reason we are partnering in finding the solutions
- Eating is a family business! Who influences these children? Who is part of their community/world/family? Evidenced based information is based on the right community
- How can we support the family business? We want the “employees” to be self-sufficient; evidence-based information on how different products or marketing can affect the community
- Flexible funding and fewer funding restrictions from research grants so they can support community members and their solutions.

Boston (** means emphasized)

- Have existing programs that work - don’t repeat, build on them. If doing research, what does the community want, build on what works.
 - Invest in programs already out there and find ways to replicate programs so others can do it (make it available nationally)
- Nobody wants to reinvent the wheel but it what we expect people to do in every state because don’t know programs exist. Raise up programs that are working and sharing widely as model programs. With contact info.
- Resources should be easy to find.

- Why invest in this
 - Realize that these are real people - real lives, real families. And need funding for that.
 - Investing in nutrition for preg people and babies is the best way to achieve all your goals.
 - Invest in this group important because of impact of COVID. Lost people, lost education. This is our next generation so important to fund and nurture so they can be there for our society.
 - When you use responsive feeding can create pleasant meal time and build bonds within family and that can reduce school absence/drop out.
- There is a group who are not getting the right nutrition.
 - Some do not qualify for food benefits
- People don't want to hear about nutrition, physical movement - obesity is not an issue
- Funding
 - Funding - fund those that are on the ground doing the work, communities know and trust them.
 - Flexible funding*** . Co-create with communities, pay for community time. Can't buy a stove to fill gap, etc. (deconstructing institutions)
 - Give real funding. (more than \$50,000 here and there) fund community org to build a staff that you can maintain. (e.g. marketing consultant goes away when funding goes away).
- Take the time to build relationships with the community
 - Honor the time it takes to build trust. Community-paced (give them the time they need)**
 - Longitudinal relationship (with community agencies, families. Don't just dash in with a message)
- Be family based in program messaging. (beyond mother/child) Remember whole family system (siblings, grandparents, both parents, etc.)
- Communicate
 - Invest in marketing and communication - make the information mainstream (vs just one community). Hire someone who understands marketing and communication.
 - Food marketing. Acknowledge and consider ways to combat food marketing that gets in the way of healthy eating. Stop blaming the individual, help them make good decisions by taking away bad options that are marketed as good. People are more likely to die of diet related disease.
- Need to measure and communicate impact effectively to stakeholders. Invest in assessments already known. (e.g. how know impact about food access. Use consistent measures and coordinate data system around system impact.
- Build a shared place to share what doing and resources
 - We are working in silos - report all this work to the CDC, this is working, this is working, these are the best models. Put in place so I can see what models work (clearinghouse idea).
- Fund research that shows this works, this doesn't, this would if you did X. Do research on program level vs getting data from individuals.

- Father engagement - assist the couple who is keeping the family together. Allocate resources so both parents supported and don't have to identify as "single parent".
 - Should be thinking about fathers in all the spaces - what name program, message
 - Approach this as a strengths-based (humans, fathers can help mothers and kids).
 - They have own needs we should attend to.
- Policy - 1 year for parental leave (mothers and fathers) and still have a job.
- Like to address behavioral change - structures for these changes to be successful. (e.g. have food available)
- Impact should be tangible
- Choices model



Appendix A – Boston Program Presentations

First 1,000 Days – Jennifer Whooten

Slides

Rachel Whooten,
MD MPH
Pediatrician and
Researcher,
MassGeneral for
Children

Co-investigator for the “First Heroes” study - an obesity prevention intervention building from the “First 1000 Days” Program, designed to equally engage fathers and mothers in the first 1,000 days, prioritizing **diversity and representation** in study enrollment.

Stakeholder Engagement – interviewed new fathers and collaborated with community advisors to guide program design.

Obesity Prevention Interventions - Implemented the “First Heroes” Program for new mother-father-infant triads, including health coaching visits and educational materials for healthy sleep, nutrition, and activity behaviors.



First 1,000 Days Program Overview

1. Universal screening of social and behavioral needs in early pregnancy and after birth;

2. Training and alignment of clinicians and staff on health promotion and disease prevention;

3. Enhanced tracking of gestational weight gain and infant growth in health record;

4. Patient navigation, care coordination, resource sheets, text messaging, and educational materials to support behavior change and social needs;

5. Individualized health coaching for women at high risk of obesity or depression.



Pregnancy

- Reduced odds of increased gestational weight gain
- Improved health behaviors

First Year of Life

- Increased rates of breastfeeding, care engagement
- Decreased odds of unhealthy weight among infants at 12 months

<https://www.massgeneral.org/children/research/first-1000-days-program>

Overview of Current Work

First 1,000 Days

Prevention of **obesity** and related **racial/ socioeconomic disparities** among mother-infant **dyads** early in life

Infrastructure
→
Lessons Learned

First Heroes Project Goals

- (1) **Enhance** father involvement in pregnancy & parenting
- (2) **Reduce** obesity-related health behaviors and **address** social determinants of health among fathers & mothers



Overall Goal

For **mother-father-infant triads** at risk for health disparities:

- (1) **Influence** weight and health trajectories
- (2) **Modify** disease risk
- (3) **Improve** healthcare services



Current Study: Randomized controlled trial of participation in the fatherhood intervention vs control group
*Recruitment of **225** mother-father dyads, with participation in pregnancy through 1st year of life*



Program Content



Mass General Brigham
Mass General for Children

Intervention Time Point	Prenatal	0-1 Month	3-4 Months	4-6 Months	6-12 Months
Intervention Modalities					
Health Coaching (Virtual Visit)	X	X	X		
Education Materials	X	X	X	X	X
Text Messaging	X	X	X	X	X
Parent Domains					
Maternal & Paternal Health Behaviors	<ul style="list-style-type: none">• Goal setting for post-partum health behaviors• Nutritional recommendations• Beverages Choice• Physical activity recommendations• Sleep hygiene• Routine Healthcare Maintenance	<ul style="list-style-type: none">• Review of Prenatal Goals• Physical Activity routines• Sugar-Sweetened Beverages (SSBs)	<ul style="list-style-type: none">• Review of Goals• Nutritional recommendations• Beverages Choice• Physical Activity• Changing sleep routines with infant	<ul style="list-style-type: none">• Nutrition recommendations• Beverages Choice reminders• Physical Activity recommendation reinforcement• Sleep hygiene reminders	
Social and Emotional Well-being	← Mental Health Social Support Co-parenting & Communication →				
Social Determinants of Health & Community Resources	← Screening and Referral for food insecurity, housing, employment benefits, and COVID related →				
Infant Domains					
Feeding	<ul style="list-style-type: none">• Breastfeeding• Formula Feeding• Hunger/Fullness Cues	<ul style="list-style-type: none">• Breastfeeding• Formula Feeding• Hunger/Fullness Cues• Avoidance of SSBs• Delayed introduction of complementary foods• Growth Expectations	<ul style="list-style-type: none">• Breastfeeding• Formula Feeding• Hunger/Fullness Cues• Avoidance of SSBs• Complementary food readiness• Growth Expectations	<ul style="list-style-type: none">• Introduction of Complementary Foods• Avoidance of SSBs• Age-appropriate breastmilk/formula intake	<ul style="list-style-type: none">• Continued exposure to complementary foods• Importance of repeated exposures to flavors• Age-appropriate nutrition and liquid intake (breastmilk, formula, water)
Sleep	<ul style="list-style-type: none">• Newborn sleep patterns• Safe sleep	<ul style="list-style-type: none">• Age-appropriate sleep expectations• Bedtime Routine• Sleep Location• Night awakenings	<ul style="list-style-type: none">• Age-appropriate sleep expectations• Bedtime Routine• Night awakenings	<ul style="list-style-type: none">• Age-appropriate sleep expectations• Bedtime Routine• Night awakenings	
Soothing	<ul style="list-style-type: none">• Soothing Strategies (5 S's))	<ul style="list-style-type: none">• Reasons for fussiness• Soothing Strategies	<ul style="list-style-type: none">• Reasons for fussiness• Soothing Strategies		
Age-appropriate play		<ul style="list-style-type: none">• Tummy Time• Age-appropriate toys• Screen avoidance	<ul style="list-style-type: none">• Tummy Time• Age-appropriate toys• Screen avoidance	<ul style="list-style-type: none">• Tummy Time• Age-appropriate toys• Screen avoidance	<ul style="list-style-type: none">• Creating safe gross motor opportunities (crawling, standing, walking)• Screen avoidance

Cara Ruggiero Experience

Cara Ruggiero
PhD, RD

Postdoctoral
Research Fellow

Massachusetts
General Hospital

Identifying individual factors that contribute to weight gain during infancy and early childhood, with a focus on family systems

Improving the food environment of the home and broader community context

Collaborating with community stakeholders, clinical professionals, and decision-makers to identify interventions and policies to maximize sustainability

Projects



IdeaBoardz Comments for Round 1

Program Sharing Inspirations – Round One

List your 'a-ha' moments (name the program as well) +

Loved how you all incorporated health center who are often working on these initiative as a result of working with underserved populations. (First + 2 1,000 days)	First Heros- This is important to include fathers/coparenting. Important to focus on family systems and more than just the mother-child dyad. +1	Increased breastfeeding rates! Yay! Yaya! First 1000 Days + 2	First 1000 days: multiple stakeholders involved including maybe those not typically engaged e.g.: "front desk staff" were mentioned. + 0	First Heroes: Engaging dads from the beginning, as part of the family, not as extra or add on. + 1	B'more Healthy Communities for Kids used the students for nutrition education: Gittelsohn J, Anderson Steeves E, Mui Y, Kharmats AY, Hopkins LC, Dennis D. B'more Healthy Communities for Kids: decision of a multi-level + 0	Healthy weight clinic. Cara + 0	Cara: worked through a spectrum o and breadth of interventions....including nurses already in the organization...Good luck Cara! + 0
Rachel mentioned using EMR, very innovative! Wonder how hard was it to do.... + 0	1,000 days-starting in pregnancy is key since some interve + 0	Realized that increasing breastfeeding rates probably contributes to healthier transition to first foods because it may protect mother from aggressive + marketing - less time in the formula aisle less co-sleeping + 0	Dipti's - The Family Style Model and the Sensi Tray. These are great resources for Early Childhood. + 0	Reach LoWell: Community food needs assessment and food policy board. + 0	Reach LoWell: Community baby shower + 0	ABCs: Bringing mental health into breastfeeding/nutrition support + 0	ABCs: Thinking about water, not just food + 0

Healthy Hearts Plus II/Mommies, Babies, Bellies, and Daddies – Renada Lewis & Zipporah Freeman

Slides



REV. DR. ALICE FREEMAN
CEO, Founder

RENADA LEWIS
Program Director

ZIPPORAH FREEMAN
Executive Administrator

Healthy Hearts Plus II
Richmond, Virginia

MOMMIES, BELLIES, BABIES, & DADDIES



Inform new mothers about the importance of breastfeeding, nutrition during and after pregnancy, and combating the maternal and infant mortality rate in minority communities. Mommies, Bellies, Babies, and Daddies, provides breastfeeding and parenting support through education utilizing a unique urbanized curriculum that speaks directly to the concerns of the women who are pregnant and parent children in underserved areas. With the assistance of a certified Doula, participants gain knowledge in **breastfeeding** support and techniques as well as pre-natal and post-partum support by utilizing birth plans created to meet their specific needs and desires as well as post-partum care for mom and baby. Participants are taught basic **nutrition education** through workshops, **hands on training/breastfeeding** demonstrations, mentorship **sister circles**, and **Mommy Support/Care packages**.



A MOTHER'S JUSTICE

Acknowledging the critical linkages between food system issues and health inequities. A Mother's Justice provides a **holistic approach to reducing maternal mortality and low infant birth weight through good nutrition and advocacy**. MBBD: A Mother's Justice invests resources in **hunger prevention, nutrition education**, MCH health planning, and baby/maternal risk. Utilizing **a holistic approach to self-care and advocacy**, we help mothers take ownership of their pregnancy and overall health. Women are equipped with the knowledge to ask the right questions to their care providers about pregnancy, personal vital signs, and to reduce maternal mortality through good nutrition.



FOOD IS MEDICINE

We all deserve the human right to adequate food, freedom from food deserts, and healthcare. A **nutrition and food delivery program** that provides access to **local produce and farm fresh foods, nutritional support**, and specialized care to pregnant women and their families in food desert communities. These services allow expectant moms and their families a chance to experience a **healthy and safe prenatal, intrapartum, and postpartum journey through good nutrition**.



Our ABC'S of Breastfeeding program was created and designed to educate, encourage, and empower mothers to **A**ppreciate themselves, **B**ond with their baby, and be a better **C**aretaker of self and baby.

What We Do

our program Mommies, Bellies, Babies, and Daddies (MBBD) through empowering women and families in public housing. Our impact is based on collective outcomes and evidence-based programs.

Our Mission

HHP II uses centering for pregnant women and sister circles to organize and empower breastfeeding women seeking pathways to their future.

Our Approach

We have developed a **CBS** approach in addressing the range of complex barriers faced by families with children that are breastfeeding. This approach is simple:

- **C**REATE relationships with families
- **B**UILD trusting relationships with families
- **S**USTAIN those relationships through visibility

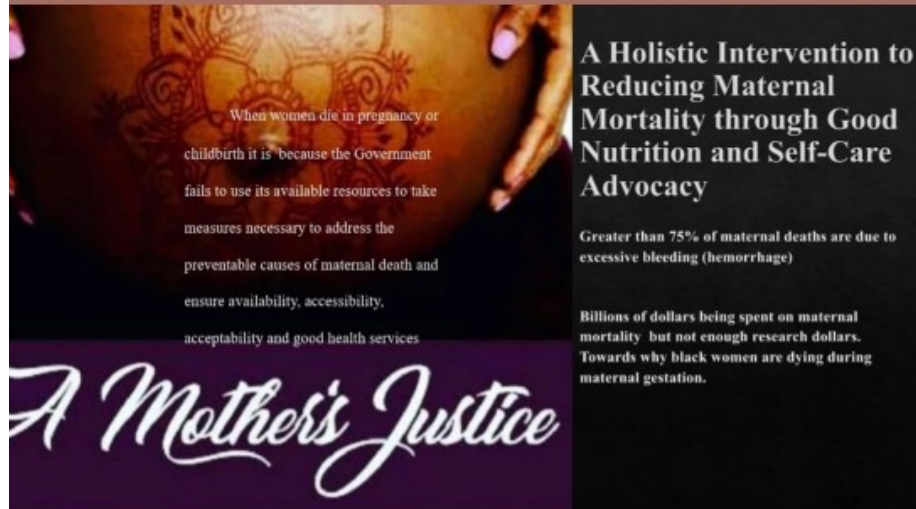
HHP II Mommies, Bellies, Babies, and Daddies program applies a deepening engagement approach to our families to build trusting and supportive relationships. Our evidence-based health promotion program contribute to maternal and infant health.

Through the MBBD program we engage entire families and effectively address barriers that accompany adolescent pregnancy and education that affect a woman's ability to obtain post-secondary education, become career ready, and connect them to positive networks including employers.

The ABC's of Breastfeeding

Workshops	Mommy SelfCare, Basic Nutrition, Breastfeeding demos, Exercise
Support (pre/postpartum)	Peer-to-Peer Mentoring, Sister Circles, Free Doula services
Birthing Support	Free Doula Support , Pregnancy, Delivery, postpartum plans
Educational Speakers Series	Finance, Domestic Violence, Housing, Education
Mommy Support Bags	Diapers , Breast Pads, Mothers Tea, Clothing for Mothers and Children, Free Breast Pump Resources
Nutrition	Healthy Food Preparation Menus, Samples and Recipes. Mobile Food Pantry Food Items
Access	Free Transportation and NewEast End/Community Locations

HealthyHeartsPlusII MBBD's



MBBD: A Mother's Justice invests resources in **hunger prevention, nutrition education**, MCH health planning, and **baby/maternal risk**. Utilizing a holistic approach to **self-care and advocacy**, we help **mothers take ownership** of their pregnancy and overall health. Women are equipped with the knowledge to ask the right questions to their care providers about pregnancy, personal vital signs, and to **reduce maternal mortality through good nutrition**.

Acknowledging the critical linkages between food system issues and health inequities. A Mother's Justice provides a holistic approach to reducing maternal mortality and low infant birth weight through good nutrition and advocacy.

A Mother's Justice

As a result of the plight of our nation and exclusion of black and brown mothers in sacrificial zones, a Mother's Justice is a holistic approach to **reducing maternal mortality and low infant birth weight** through **good nutrition, self-regulation and advocacy**.

Methodology

Expectant mothers are welcomed to this program through efforts that include distribution of materials such as flyers and wristbands inscribed with the contact number to call. Referrals for at risk mothers are also provided by other agencies as well as moms who are currently a part of the sister circle.

Utilizing a culturally sensitive curriculum Healthy Hearts Plus II provides **nutrition education** on how to **eat the best for less**, food combining and **food preparation** along with water therapy and **personal self-regulation**.

Nutrition & Self-Regulation

Because food sovereignty is an issue in this community, **fresh whole foods distributed and served once a week** to participants (**FOOD IS MEDICINE**) is a very crucial component of this program as many of these moms live in food deserts and do not have access to affordable healthy foods.

Nutritional cooking demonstrations and lunch is also provided at the weekly sessions where moms can experience **ease and affordability of preparing healthy meals for the entire family**

Birth plan journals are provided to track pregnancy vitals such as blood pressure and blood glucose so that they will know what to ask their health care providers. Stethoscopes are used to listen to mom and babies' heartbeat. Journals are reviewed to determine the progress of their pregnancy vitals.



We all deserve the human right to adequate food, freedom from food deserts, and healthcare.

A nutrition and food delivery program that provides access to local produce and farm fresh foods, nutritional support, and specialized care to pregnant women and their families in food desert communities.

These services allow expectant moms and their families a chance to experience a healthy and safe prenatal, intrapartum, and postpartum journey through good nutrition.

For More Information: Email: wellness@healthyheartsplus2.com
 Facebook.com/Mommies, Bellies, Babies and Daddies
 Facebook.com/A Mother's Justice
 Website: www.healthyhearts2plus.com

MOBILE FOOD PANTRY



The Central Virginia Food Bank's Mobile Food Pantry Program has been serving the Richmond community since October 2009. It was designed to decrease hunger within the community on a nutritional level base on the individual's needs. This program has improved the lives of those who are homeless and struggling to make ends meet.

The program takes place in 4 locations: Vernon J. Harris, Whitcomb Court, Chester, and Petersburg. The food pantry serves an average of 500 people at each site; this number is steadily rising. Petersburg distributes on the 1st of every other month, Vernon J. Harris is on the 2nd of every other month, Chester is on the 3rd of every other month and Whitcomb Court is on the 4th of every other month.

Notes

- ABCs of Breastfeeding - empowering women (breastfeeding); sister circles - reaching women beyond VA
- Creating, Building, Sustaining relationships through visibility
- Have a MH prof in sister circle (have a referral form)
- Support for mom and baby (mommy support bags)
- Free Transportation
- What is sacrificial zone - communities with low income housing
- Use bracelet with program information
- Food is medicine
- Give food and water

Reach LoWELL – Jeanmerli Gonzalez & Niem Nay-kret

Slides

Jeanmerli
Gonzalez
Reach LoWELL
Program
Director Lowell
Community
Health Center

Launched a Community and provide Chest feeding assessment and shared findings with stakeholder to determine areas of improvement

Sustained partnership with over 15 partners who serve as Maternal Child Health Service Provider

Supported the creation of a Benefits of Breastfeeding Campaign that included a Community Baby Shower Resource Fair Event

Niem Nay-kret
Reach LoWELL
Community
Health Worker
Lowell
Community
Health Center

Coordinated 2 Breastfeeding Basics Webinar. Implemented and launched Infant Feeding assessment

Support “Moms Café Group” for 2+ years w/ Pediatrics LICSW

Supported OBGYN Birthing Classes w/ nurses for 2+ Years

REACH LoWELL Overview



PROGRAM GOAL:

REACH LoWELL, led by Lowell Community Health Center, seeks to eliminate disparities among the Southeast Asian and Hispanic/LatinX communities as it relates to diabetes.

REACH LoWELL Coalition Partners:



Program Strategy Area & Goals:




Notes

- Infant feeding glossary & Community baby shower

IdeaBoardz Comments for Round 2

Program Sharing Inspirations – Round 2

List your 'a-ha' moments (name the program as well) 

<p>mommies, babies, bellies-love the idea of the 24 hour hotline!</p> <p>An all rounded approach to community health</p> <p>👉👉</p> <p>+ 3</p>	<p>So cool to see the different approaches when working with dad. Also so great to see a task force breakthrough series collaborative model to promote maternal health services - dads matter</p> <p>+ 0</p>	<p>healthy start - love the hands on grassroots approach !</p> <p>+ 0</p>	<p>Fresh farm - loved the idea of the Qr code. I also loved the multilevel approach.</p> <p>+ 0</p>	<p>Fresh farm - really appreciated the realistic perspective of community member engagement - difficult to breakthrough barriers/ gain trust!</p> <p>+ 0</p>	<p>1,000 days - so nice to see grandma representation</p> <p>+ 2</p>	<p>Fran - loved the commercials so simple and straight to the point</p> <p>+ 2</p>	<p>I'm looking to stay connected with Blythe and incorporate the first 1000 days into my blog kitchenlifestyles!</p> <p>+ 1</p>
<p>Love the videos. All of them (both brands and grandparents role influence)</p> <p>+ 1</p>	<p>Love the idea to continue to support families with dads who are dealing w substance abuse! Urie Bronfenbrenner (community model to raise children)</p> <p>+ 1</p>						

Dad's Matter & Jenn Bellamy Breakthrough Series Collaborative – Jenn Bellamy Slides

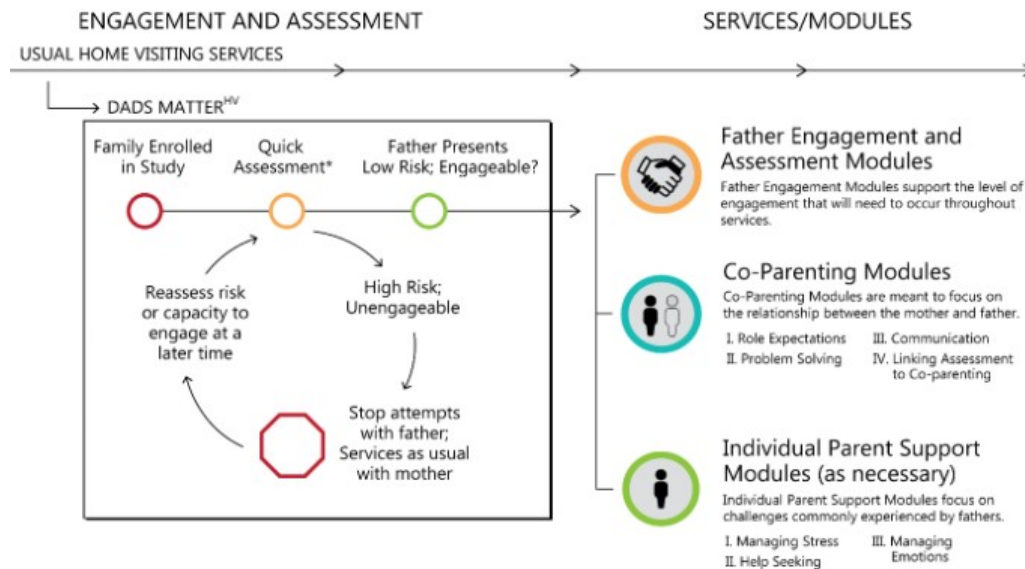
Jenn Bellamy
Associate Dean
for Research and
Faculty
Development,
Professor
University of
Denver Graduate
School of Social
Work

Father engagement in child and family services

Home visiting interventions

Community partnerships to advance evidence-based practice

The Dads Matter-HV Enhancement for Home Visiting



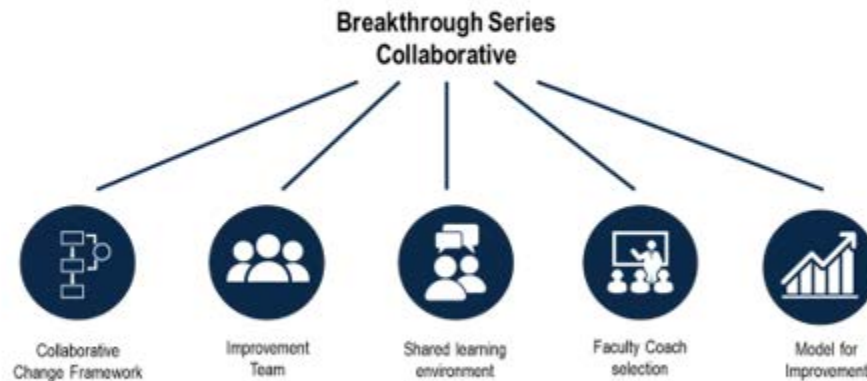
Adaptations to Dads Matter-HV: Integration with Peer Support

- Nurturing Dads and Partners Program
 - Fatherhood Fire Grant supported by the Administration for Children and Families (HMRF Grant to Colorado Department of Early Childhood)
 - Newly developed intervention integrating peer support (Nurturing Fathers) for fathers with co-parenting modules (Dads Matter)
- Addressing Psychosocial Needs to Improve the Relational Health of Black fathers Involved in Early Childhood Home-Visiting Programs
 - University of Pittsburgh KL2 Career Development Award supported project led by Dr. Paula Powe
 - Adapting Dads Matter-HV for Black fathers by developing and integrating peer support

Notes

- Dad's Matter - Intervention is modular so it is made to go into other things.
 - Dad's come in at the very beginning, first touch. Ask at beginning - who are all the important people
 - Dad does not just mean biological father - any male playing this role in the family.
 - Get dad services if have other issues like domestic violence, drug use, gangs, etc.
 - Gave home visitor options as to what module they think families would benefit, can reorder pieces
 - Co-parenting can be both in the room, one on video one in person, one at a time. . . .
 - Improves dad's engagement in service, reducing child neglect

Fathers and Continuous Learning: Project Overview and Goals



Notes

- Breakthrough Series Collaborative
 - Good when multiple players involved
 - We're all working on the same problem - start with a vision, build teams, create shared learning environments like we just did (for 1.5 years - meet over time; affinity groups and they take back to the larger group); faculty coach (someone like Fran for marketing), model for improvement
 - YKG thought can be model for addressing some of the barriers

East Side Health District – Bhagya Kolli

Slides

Bhagya Kolli,
MS.RD.IBCLC

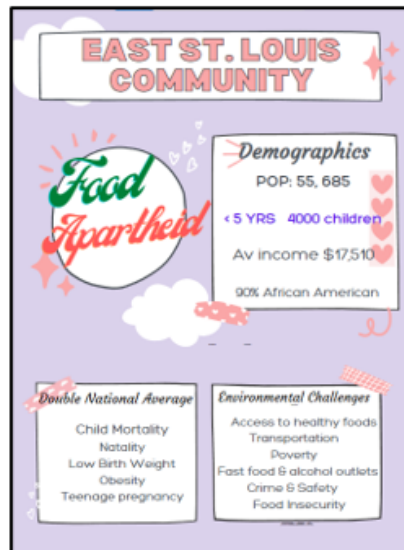
Assistant Administrator,
MCH Coordinator

East Side Health District
East St. Louis, IL

Worked with the WIC program for over 23 years and implemented numerous programs to improving nutrition and health in the community

Started Make Health Happen Coalition to address food insecurity and challenges in the built environment in the community

Led community garden projects and Farmers market programs to increase availability of healthy foods in the community



Notes

- Small community - 55000 is what she serves, 90% AA, 10% Hispanic. 4,000 children
- Look at slide provides overview of community
- CHNA (comm health needs asses) - chronic disease - obesity, hypertension, low birthweight double national average.
- High percentage (didn't catch) don't have transportation
- 40 liquor stores for 40,000
- Small stores - liquor, high fat, high salt
- 90% not using WIC voucher for FFV because not easily available in the community. Starting farmer's market. Only 15% used coupons. Got the market to come to their neighborhood, issued coupons on that day. Brought in seniors also.
- Food insecurity for those not WIC and not senior but still food insecure - if low income can get coupons (she gets funding for)
- Make health happen coalition
- Had BRICK grant (building) For food pantry - evaluated them on how much healthy food offering - donated coolers. Have to have certain amount of healthy options. Did 5 food pantries last year.
- Community gardening. - have grant from the state. Will do with WIC mom's. Hydroponic and Aeroponic (look up)
- Liquor is biggest tax base so they don't want to upset that formula. Present at the council meetings.
- Healthier together - MCH health safe sleep, maternal mortalities also increased
- Healthy Start - breastfeeding, safe sleep

FRESHFARM – Martine Hippolyte

Slides

Martine Hippolyte
Director of Community Engagement
FRESHFARM

Empowers, equips and educates community members in council and coalition spaces.

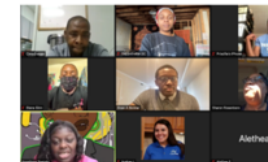
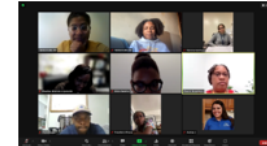
Provides technical assistance and continued learning opportunities to early childcare providers and families.

Collaboratively develops tools to support community procurement and utilization of fresh produce.



Coalition Building

- Intentional communication and meeting facilitation to build trust and rapport with community members
- Empowering, equipping and educating community members in human-centered meeting spaces
- Community voices influence and inform direct/indirect education opportunities and tools to support the procurement and utilization of fresh produce



Supporting Pop Up Food Hub

- Creating innovative tools to support those receiving childcare shares and family shares
 - Generating a QR code that leads families to information about produce identification, storage tips and recipe suggestions
 - Embarking on video production project to help families and early childcare staff navigate frequently asked about produce
 - Providing trainings and technical assistance to early childcare staff online and in-person



Supporting Community Food Education at Schools and Early Childcare Centers

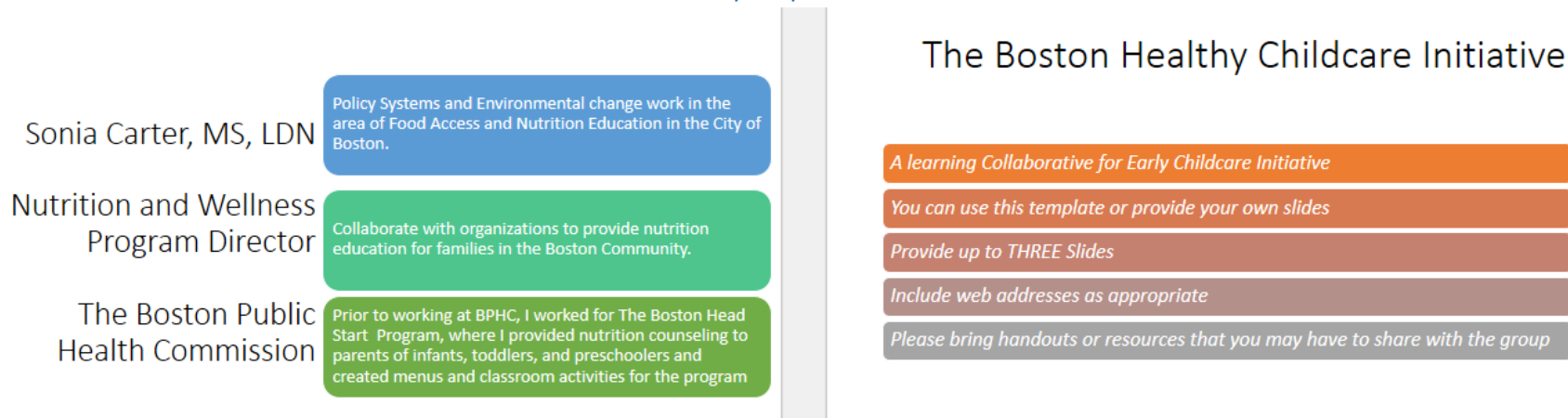
- Recruiting, training and empowering Community Food Educators
- Learning from those with lived expertise to maximize impact
- Providing equitable continued learning opportunities for community members that generate excitement about growing, procuring and utilizing local produce



Notes

- Fresh Farm - local food system nonprofit. Operate 33 farmer's market
- Have card system that reloads every month
- Partner with farmer, Fresh Farm puts produce on a truck and they take it to the people (vs. farmer)
- Education - have food education Food XX grow, cook, eat, and grow. Cook in class. Sneak in math, social studies to get buy-in for teacher. DC Public Schools is seeing value and giving them \$\$.
- Farm to ECE Coalition
- Talked about community members and having a hard time with talking with community agencies
- Changed time of meeting
- Built trust in community first and honored as experts; 5-6 months to build trust and confidence
- Now ready for multi-stakeholder meeting
- Giving gradual release so community can own the space
- Pop-up food hub. Explain why don't always follow all recommendations. Love you said this, I'm going to go this way.
- See pop up food hub for example of food bag and how use it.
- Don't give me long narrative (growing season), just tell me how to store it, use it.
- ECE Staff don't like making lunch (usually not food or cooking part, other part) and don't eat fruit and vegetables
- Hire underemployed individuals with tons of expertise. Have bi-weekly meetings - what felt good, what do you want to learn (so one person doing food education and data entry)
- Wrote a food navigator training to de-stigmatize food benefits

Sonia – Boston Health Childcare Initiative – Sonia Carter, MS, LDN



Notes

- Shared who she is - would have gone to space close to the neighborhoods where the work is being done.
- Would have shared - Boston Public Health Commission have child and adolescent bureau that deals with childhood mental health and healthy baby/healthy child.
- Her role in chronic disease is nutrition expert manager
- Food is Medicine MA. Sit on community org board - ACO - advocate for resources and dollars
- Sit in a lot of coalitions
- Run Boston Healthy Child initiative (YKG thought - these guys do a lot of roles and have a lot of programs which may be what is needed given the diversity of the communities they serve)
- Look at Dipti's nap sack (in her slide) tool
- Did workshops for childcare providers or parents of children at childcare centers on Saturdays. So now do 6:30-8:30 pm online and it works. A lot are knowledgeable, know how to feed child healthy meals. Create an outdoor space for children to be active and engaged, what resources do they need.
- Ah-ha - Boston has an office of childcare at city hall. Train them to be businesses. Sonia offers them nutrition, etc.

Boston Organization of Nutritionists and Dietitians of Color (BOND) – Sonia Carter and Angela Brown

Angela Brown
Nutrition Educator/President
WIC/BOND
Boston Organization of Nutritionist and Dietitians
of Color
Blog Author
[KitchenLifestyles](http://KitchenLifestyles.com)

women, infant and children
nutrition counselor

certified lactation counselor

nutrition education for
families



Boston Organization of Nutritionist
and Dietitians of Color

BOND is a community-based organization whose mission is to offer nutrition education and in-services that address cultural concerns around health inequity and disparities, food access, healthy eating and overall wellness.

Contact us at

bondofcolor@gmail.com
info.bondcolor@gmail.com

- Farmer's Markets
- Health Centers
- Virtual Cooking Class
- Community Organizations

<https://bondofcolor.wixsite.com/home>

<https://www.facebook.com/bond.color>

1,000 Days Strategic Communication, An Initiative of FHI Solutions – Blythe Thomas
Slides

Blythe Thomas,
Initiative Director

1,000 Days, an
Initiative of FHI
Solutions

Responsible for strategic planning, growth and development; coalition management; federal policy-advocacy; marketing and new partnerships for global and domestic portfolio.

Marketer and storyteller. Fundraiser. Passionate advocate. Servant leader and humbled by the amazing staff and partners in our sphere!

Mom of teenage boys, Colton (17) and Wyatt (14), and always crushingly busy. Unprepared to become an empty nester and take full responsibility of pet hedgehog, Piper. 🦔

1,000 Days: Vision, Mission & Strategic Objectives

Our Vision: We envision a world in which families everywhere get the nutrition, care, and support they need to thrive during the first 1,000 days (and beyond).

Our Mission: Our mission is to make health and well-being during the first 1,000 days a policy and funding priority, both in the U.S. and around the world. Through strategic partnerships, communications, and advocacy, we seek to eliminate disparities and create a world in which every family has an opportunity to be healthy.

Strategic Objectives:



Inspire leaders to change the policies, systems, and environments that burden women and families in their 1,000-day window.



Mobilize resources (people and money) to amplify and scale proven solutions – and innovate on their delivery.



Galvanize, inform, and learn from families striving to have the healthiest possible 1,000 days.



Nutrition in the 1,000-day window:

A Special Series of the American Journal of Public Health

The 1,000 days between pregnancy and a child's 2nd birthday set the foundation for all the days that follow. While the medical, public health, and social support communities in the United States know which interventions are most critical to support the health and well-being of vulnerable families, a clear, unifying plan for policy, systems, and environmental change to improve nutrition security has been elusive. We know that how well or how poorly mothers and children are nourished and cared for during this time has a profound impact on a child's ability to grow, learn and thrive. This is because the first 1,000 days are when a child's brain begins to grow and develop and when the foundations for their lifelong health are built. Now more than ever – in the face of persistent racial health disparities, an ongoing pandemic and its economic fallout, we must unify around early childhood nutrition to make a significant impact on maternal and child health.

The American Journal of Public Health (AJPH), in collaboration with 1,000 Days, an initiative of FHI Solutions (501C3), will launch a special series focused on the importance of nutrition in the 1000-day window, through pregnancy, infancy and toddlerhood. With contributions from 15 authors, the series will highlight the state of science and research needs, as well as how policies, systems, and environments affect the nutrition of mothers and children.

WHEN: October 26, 2022

WHAT: Original research, systematic reviews, essays, and editorials

WHERE: American Journal of Public Health (www.ajph.aphapublications.org)

WHY: Breaking the cycle of poverty and inequity starts at the very beginning. The United States must prioritize nutrition for families in their 1,000-day window.

The series will release October 26, 2022. Three of the papers will be available in a 'soft launch' the week of September 19 in anticipation of the White House Conference on Hunger, Nutrition and Health to build momentum and continue informing leadership about the powerful 1,000-day window.

Authors include, but are not limited to:

- **Dr. Ruth Petersen**, Centers for Disease Control and Prevention (CDC) Division of Nutrition, Physical Activity and Obesity (and guest editor)
- **Shawn Baker**, Chief Nutritionist, United States Agency for International Development (USAID)
- **Sara N. Bleich**, Director of Nutrition Security and Health Equity, Food and Nutrition Service, United States Department of Agriculture
- **Rafael Perez-Escamilla**, Professor, Yale School of Public Health
- **Dr. Kofi Essel**, Community Pediatrician, Children's National Hospital
- **Usha Ramakrishnan**, Professor and Chair, Rollins School of Public Health, Emory University

This AJPH series provides the opportunity for the early childhood, health care, philanthropy and public sectors to embrace a clear unifying plan to ensure every family can access optimal nutrition.

Contact: Jennifer Weber, contractor for 1,000 Days // jennifer@webermoorepartners.com

Let's connect

- Twitter: @1000Days, @BlytheThomas
- Facebook: [Facebook.com/1000Days](https://www.facebook.com/1000Days)
- IG: @First1000Days, @Blythe_Thomas
- Website: www.ThousandDays.org
- YouTube: [youtube.com/ FirstThousandDays](https://www.youtube.com/FirstThousandDays)
- Email: bthomas@fhisolutions.org

Notes

- [youtube.com/FirstThousandDays](https://www.youtube.com/FirstThousandDays)

Fran Fleming

Director of Marketing Initiatives

Rudd Center for Food Policy & Health

Study marketing of baby and toddler foods and drinks to caregivers of young children

Created and tested video intervention to prevent caregivers from serving toddler milks and fruit drinks (sugar-sweetened drinks) to their children

Continue to find ways to address food industries' marketing techniques that mask true ingredients and make products low in nutrition appear to be healthy choices

Current projects to prevent sugary drink consumption among young children

Fran Fleming-Milici, PhD

Improve labeling of children's drinks

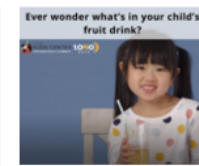


Counter-marketing campaign to prevent parents from serving toddler milks and fruit drinks to children (12-36 months)



Deliverables for campaign

1. Develop videos to counteract common misperceptions
2. Pilot and refine videos
3. Disseminate via social media and other channels
4. Test videos using online experiment



Lessons learned

- Piggyback on a successful campaign
- Importance of brevity
- Use social media
- Consider format for translation
- Create a page for videos and resources for target audiences – continue to promote and update
<https://uconnruddcenter.org/healthydrinksfortoddlers>
- Academic publications – provide evidence and disseminate



Notes

- <https://uconnruddcenter.org/healthydrinksfortoddlers>
- Talking to FDA about statement of identity, how marketed.
- For fruit juice - if put in clear statement of identity people will know what is in the drinks.
- Counter marketing has worked for tobacco so Fran's group is using this idea for her ads.
- Was able to partner with another group (1,000 days) to get videos shot and edited.
- Short videos, easy to use.
- Some are no voice overs, just words on the screens - hearing impaired, easier to translate and get out.
- Need some videos without brands so can get into WIC. Does show brands in videos.

IdeaBoardz Comments for Round 3

Program Sharing Inspirations – Round 3

List your 'a-ha' moments (name the program as well) +

<p>Check how your Public Health Depts are funded. Illinois has 3 of these, 2 represented here today. This model is key.</p> <p>https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=9865&ChapterID=45</p> <p>+ 2</p>	<p>Medicaid Unwinding</p> <p>https://aspe.hhs.gov/reports/unwinding-medicaid-continuous-enrollment-provision</p> <p>+ 0</p>	<p>So cool to hear you brought the farmers markets right to the community. With zoning, city plans, etc. it's not an easy feat but SO worth it.</p> <p>+ 0</p>	<p>FreshFarm 101 sites, reaching food deserts!</p> <p>+ 0</p>	<p>LOVE the QR code and quick videos. Great idea. -Martine / FreshFarm</p> <p>+ 0</p>	<p>Working together to change policy across the board seems to be an over arching theme.</p> <p>+ 0</p>	<p>Boston early childcare--I would love to know more about your success in engagement and keeping participants on zoom so long!</p> <p>+ 0</p>	<p>Sustainably policies !</p> <p>+ 0</p>
<p>Blythe! Love all of those videos! Informative and impactful!</p> <p>+ 0</p>	<p>Love the videos! How did you settle on just milk and water? Did you get any pushback on leaving 100% juice out?</p> <p>+ 0</p>	<p>Is there a way CDC/NACCHO could vet successful programs and 'accredit' those models and curate those somewhere for folk to find and replicate?</p> <p>+ 1</p>					

Appendix B – Program Slides for Those Who Did Not Present (Boston)

EAT (Ecological Approach to) Family Style” Responsive Feeding in Childcare – Dipti Dev

Dipti Dev
Associate Professor
and
Extension Specialist
University of
Nebraska–Lincoln



EAT Family Style

- Preschoolers
- Families
- Infants and Toddlers


Nebraska Go NAP SACC

Measure Development

- Sensi Tray
- MOCC
- MEC

EAT (Ecological Approach to) Family Style : Responsive feeding in Childcare



Children's Knowledge & Familiarity Regarding FV:


- Significant increase in **total knowledge** score was observed as a post intervention effect, $t(52) = 4.55, p < .001$.
- The **mean knowledge score for vegetables** increased from 6.75 to 7.74 on a scale of 0 to 10 ($t(52) = 3.92, p < .001$).
- The **knowledge score for fruits** increased from 4.87 to 5.51 ($SD = 1.429$) on a scale of 0 to 8 ($t(52) = 3.268, p = .002$).
- Familiarity for vegetables** also increased significantly in the post intervention ($t(52) = 2.290, p = .026$).

Children's Dietary Intake:

- Children's **FV consumption** increased significantly during the post intervention data collection ($t(53) = 5.132, p < .001; t(53) = 3.365, p = .001$).

Dev, D. A., Potosos, L., Hillburn, C., Carraway-Stage, V., & Drzewaltowski, D. A. (2022). Using the RE-AIM Framework in Formative Evaluation of the EAT Family Style Multilevel Intervention. *Accepted in Journal of Nutrition Education and Behavior*

EAT (Ecological Approach to) Family Style : Responsive feeding in Childcare



We opted to make EAT Family Style training available on the BKC platform because:

- BKC has national and international reach**
 - > 300,000 childcare providers from all 50 states and 56 countries have completed training modules on the BKC platform.
- BKC offers in-service hours** to ECE providers towards their annual licensure requirement in 43 US states.
- Cost.** While all on-demand modules are free, a \$5.00 fee is required for a certificate of completion.

EAT (Ecological Approach to) Family Style : Infants and Toddlers

Currently Developing Videos and
Modules Infants and Toddlers

- Responsive Feeding
- Baby Led Weaning
- Introducing Solids
- Healthy Foods for Babies
- Supporting Moms While Breastfeeding



EAT Family Style @ Home Creating Memorable Mealtimes



Positive Mealtimes

Tips for making mealtimes relaxed, appealing, and less stressful



Recipe Stories

Tried-and-tested, easy family recipes that bring back memories of good times together



Cooking with Kids

Simple age-appropriate activities for children to help with in the kitchen



Spark Conversations

Ideas for conversation starters for talking around the dinner table



Activities by Age Group

Explore and learn about activities based on children's ages



Family Resources

Ideas and resources to support you and your family



EAT

Family Style @ Home

- Create Memorable Mealtimes -

Cambridge Center for Families – Jennifer Cabezas

Jennifer Cabezas
Parent Education
and Home Visiting
Coordinator
Cambridge Center
for Families

Received training as a lactation counselor and supported many new parents with early feeding

Provided consultation around infant and toddler nutrition within well-child visits at MGH Revere

Supported feeding through therapeutic methods as an early intervention clinician

Cambridge Center for Families

The Center for Families is a family support program serving Cambridge families.

We provide a variety of support in an effort to meet all families where they are.

Support from the Center for Families includes:

Cambridge Dad's program, infant massage class and infant playgroups, parent support groups, parent education workshops, school readiness playgroups, community events, case management and advocacy, home visiting, information and referrals, and concrete support in times of need.

<https://www.cambridgema.gov/dhsp/programsforfamilies/centerforfamilies> | <https://www.cambridgema.gov/-/media/Files/DHSP/centerforfamilies/CenterNews.pdf>

Champaign-Urbana Public Health District – Brandon Meline

Brandon Meline, MS, RD
Maternal and Child Health
Director

Champaign-Urbana Public
Health District (CUPHD)

21 years at CUPHD (2 as Nutritionist, 3 as Coordinator, 16 as Director)

University town: research collaborations in child feeding behaviors.

Added Summer Food Service Program and Community Garden Initiaves over tenure.

Champaign-Urbana Public Health District

WIC, Summer Food Service, and SNAP facilitation

Integrated pediatric Medicaid dental clinic, at age 1

Farmers Market Match Program

PSE work around food environment

www.c-uphd.org and www.familyresiliency.illinois.edu

Baby University – Angela Conway

Angela Conway

Program Coordinator

Baby University

I have been in the field of Human Services and Early Childhood Administration for over 30 years

Worked as a community health worker for CDC, then as an early childhood educator, then as a family support supervisor

Now Program Coordinator for Baby University

Baby University (Baby U)

Baby University (Baby U) is an intensive family support, home-visiting program of the Center for Families in Cambridge, MA that serves families with children 3 years old or younger. The program, which runs for 14 weeks each January, provides parent education, family playtime, home visits, and beneficial community resources. Parents who complete the program are invited to join the Baby U Alumni Association. The Association offers workshops, discussion groups, family fun events, and one-on-one services that provide ongoing support and maintain connections between staff and families until their youngest child successfully completes Kindergarten.

- Baby U is modeled after The Harlem Children's Zone Baby College and influenced by much of Geoffrey Canada's visionary work. In 2007, the City of Cambridge, MA sent a delegation to New York City and formed an advisory committee made up of 13 organizations in the City of Cambridge.
- At Baby U, we prioritize Cambridge families who live in low-income housing, and we have a strong commitment to enrolling and engaging fathers, a population who is often not intentionally included in parenting support programs. Baby U provides opportunities for parents to connect with each other and learn more about a variety of relevant topics (including feeding and nutrition) while also strengthening their relationships with their children. Fathers and mothers participate together and separately, sharing their thoughts in small group settings and learning from each other during meetings as a larger group.
- To date, over 423 parents have graduated from Baby U. In January 2023, we will start our 15th Core Program.




What Our Parents Say:

"Baby U gave me great, concrete tools to use but I learned the most by listening to other parents"

"Reflecting on my childhood has helped me to become more patient and flexible with my daughter"



"Having a space for Dad's is like giving Dad's a shout-out"

"I learned that I have to give myself credit and that I'm a good enough parent"





DC WIC PROGRAM

Akua Odi Boateng MS, RDN, LD
Sep-15-2022
NACCHO Infant Feeding Meeting



DC WIC PROGRAM

- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- **Mission:** To safeguard the health of pregnant, postpartum, and breastfeeding women, infants, and children up to age 5
- 9,000 households enrolled
- 53% (6,800) children between 1 to 5 years
- 24% (3,100) infants
- www.dcwic.org





HOW DC WIC SUPPORTS INFANT AND TODDLER NUTRITION

Breastfeeding Support [Text]

- Peer counseling program
- Online group education support
- BFeDC Text service
- Pacify App for 24-hour support for nursing parents

Nutrition WIC Food Package

- Anticipatory guidance during nutrition appointments for newborn, 3 months, 6 months and 9 months
- Tailored for developmental needs as child grows
- Culturally Specific programming and engagement

Professional Development All Staffing Levels

- Technology
- Para-Professional education

Community Collaborations and Partnerships

- DC American Academy of Pediatrics
- DC Breastfeeding Coalition
- Office of the State Superintendent of Education
- DC Hunger solutions
- Marketing – Social Media, Website

Rachael Cross, MS, RD

Public Health Nutritionist
Healthy Eating Active Living

Cambridge Public Health
Department



Cambridge
Public Health
Department



3 years as a Public Health Nutritionist and
Registered Dietitian

Help plan and facilitate the [Cambridge Health Improvement Plan \(CHIP 2.0\)](#) and
continuously engage partners in our
priority area of healthy eating active living.

Provide food and nutrition education,
materials, and technical assistance for
wellbeing to groups, classes and
organizations across Cambridge.

HEAL Partnership with the Office of Early Childhood (OEC)



Public Health Nutrition works with [OEC](#) to reach early education and care facilities and families with young children. OEC provides scholarships to families so they can attend private daycares/early education programs and ensure all children in Cambridge have access to quality education and care. This partnership relies on OEC's longstanding relationships to promote healthy eating and active living for young children and families more effectively, particularly those who are low-income.

- OEC invitation to join meetings with directors of childcare facilities, home visiting programs, and other groups working with young children and families.
- Provide a regular page in the OEC monthly newsletter promoting HEAL technical assistance and projects (HEAL Corner).
- Relay important health and safety information via OEC staff (ex: formula shortage and recall information)
- Technical assistance for HEAL work provided directly to programs.

HEAL Partnership with the Office of Early Childhood (OEC)

Ongoing Partnerships Resulting from OEC Collaboration:

- [Baby University](#) (infant-3 years)
 - **New 2022 partner.** Provide food and nutrition education and engaging activities for families. In the process of building relationships and programming.
- [Home Based Early Childhood Education Program](#) (18 months-4 years)
 - **New 2022 partner.** Provide annual wellbeing support for staff. Planning for annual food events, education and parent support during "Food and Family" curriculum.
- Daycare & Preschool Connections (infant- 5 years)
 - **Partners since 2018.** Assist programs with policies (breastfeeding, maternity leave, menu rotations, etc.). Provide support and materials for taste tests, gardening programs, parent education nights, handouts/flyers to support the provision of healthy lunch and snacks. Available for nutrition expertise as needed.

Appendix C – Kahoot from Denver Meeting

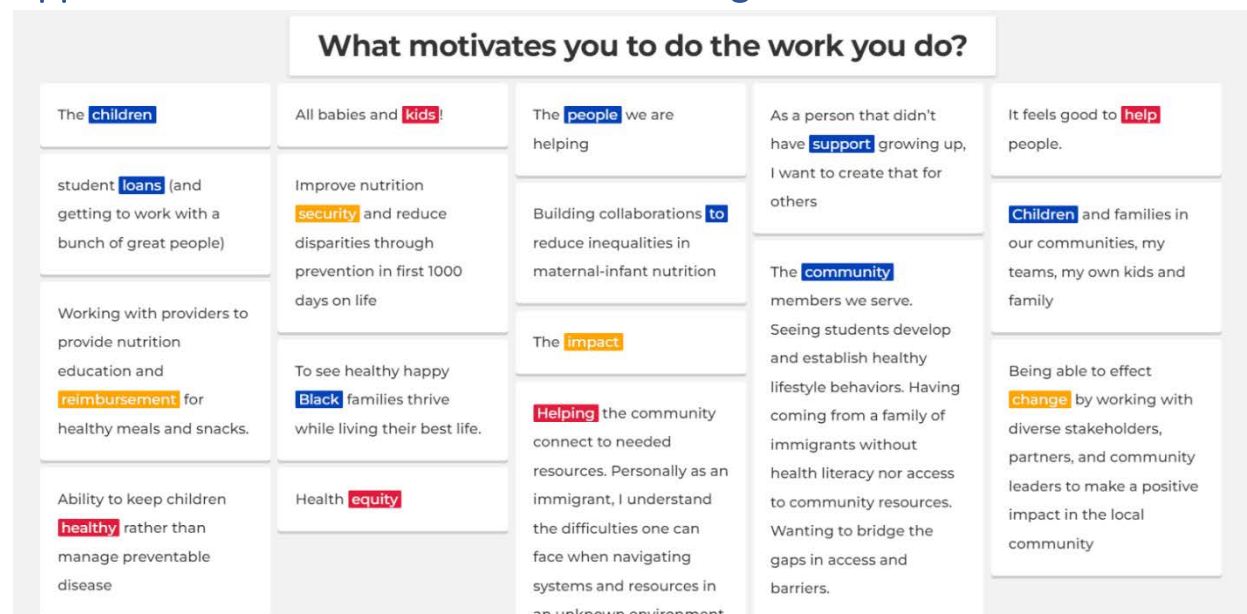


Figure 1. What our meeting attendees said motivates them to do the work they do. Did not ask in Boston.

Top Strategies

At the end of day 1, we asked participants “What would a group need to think about if they were going to create a program aimed at creating a sustainable community-level program ensuring nutrition security for 0-2 year olds in BIPOC communities? What HAS to be done?”

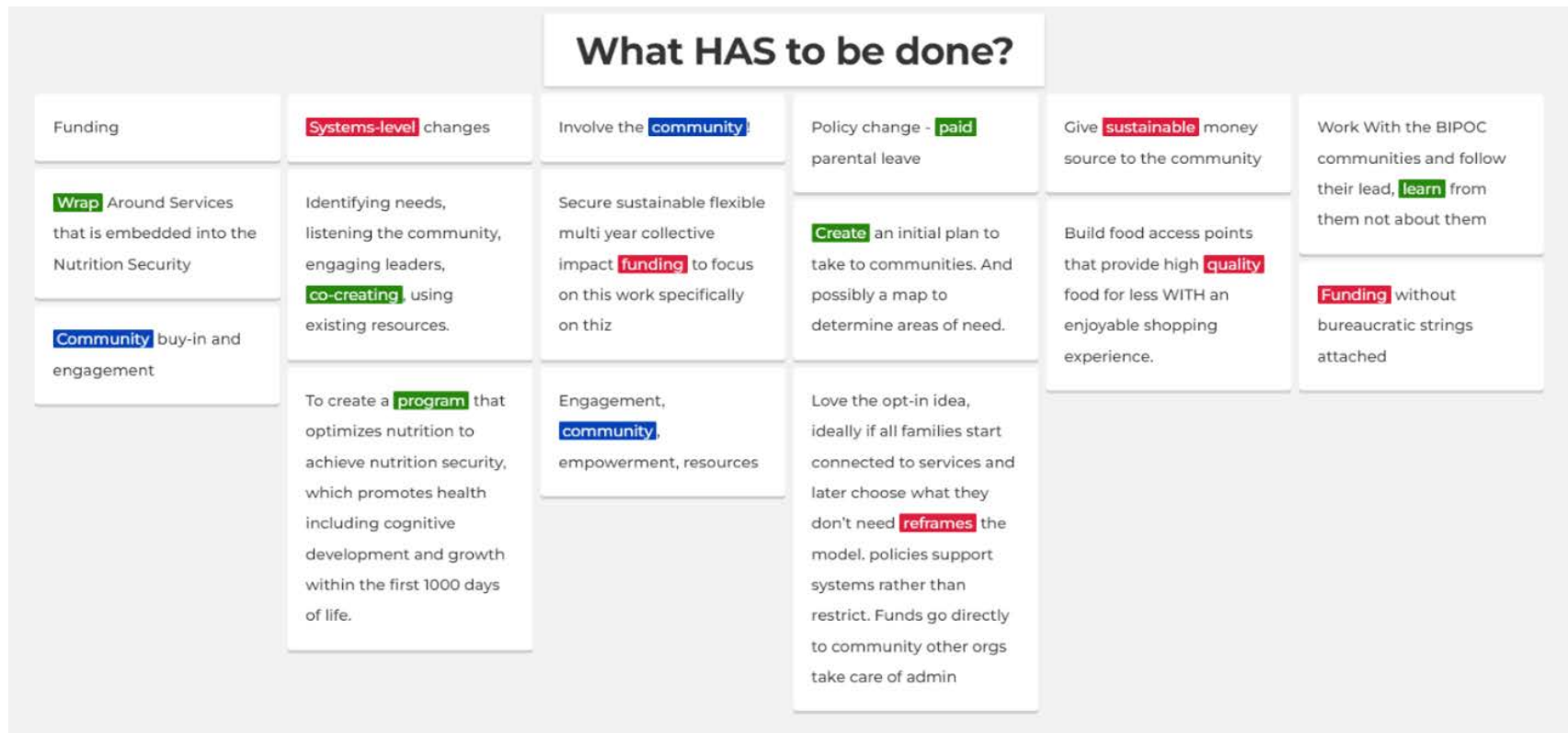


Figure 2. What meeting participants felt had to be done to create nutritional security programs for BIPOC communities aimed at 0-2 year olds.