

# Appendix 2

## Food Insecurity/Obesity



**IDOH Contact:** Alaina Adams, program director of disease prevention and community-based Programs

Division of Health Innovation Partnerships and Program, [ALAdams@health.in.gov](mailto:ALAdams@health.in.gov)

### Background of public health issue

The Indiana Department of Health's (IDOH) mission is to promote and provide essential public health services. Poor nutrition and low levels of physical activity (PA) are significant risk factors for obesity and other chronic diseases, such as type 2 diabetes, heart disease, stroke, hypertension, some cancers, and depression. These diseases are costly and are more likely to affect those of low socioeconomic status, specifically those in minority and rural populations, in Indiana.

Early adoption of PA and nutrition habits can support healthy growth and brain development, making it essential to create healthy habits early in life. However, Indiana ranks low on many factors that contribute to chronic diseases. 42.7% of adult Hoosiers eat fruits less than one time per day, and 20.9% eat vegetables less than one time per day (2021 Behavioral Risk Factor Surveillance System, BRFSS). Moreover, only 46.3% of Hoosiers meet the aerobic PA recommendations of at least 150 minutes per week, which ranks Indiana as the ninth worst of all 50 states (2019 BRFSS).

Indiana statistics continue to worsen for obesity, overweight, lack of nutrition and physical inactivity. In 2021, the obesity and overweight rates for adults more than 18 years old stood at 36.3% and 33.3%, respectively, according to the 2021 BRFSS; therefore, over two thirds (69.6%) of adults are overweight or obese. Trends have indicated a steady increase in Indiana over the last 20 years. Indiana rates are higher than the national averages; currently Indiana is ranked the 12th most obese of all states and D.C. Rates have also been steadily increasing for adolescents who are overweight and obese. According to the 2021 Youth Risk Behavior Survey (YRBS), Indiana adolescents have an obesity rate of 17.6% and an overweight rate of 14.8% for a total of 32.4% above a healthy weight. (2021 BRFSS).

Obesity has had a measurable impact on COVID-19 outcomes. The Centers for Disease Control and Prevention (CDC) has determined that having obesity increases the risk of severe illness from COVID-19 and those who are overweight may also be at increased risk. Having obesity may triple the risk of hospitalization due to a COVID-19 infection, for reasons of obesity being linked to impaired immune function and decreases in lung capacity and reserve, which makes ventilation more difficult. From the beginning of the pandemic through Nov. 18, 2020, models estimated that 271,800 (30.2%) of the 900,000 adult hospitalizations were attributed to obesity (CDC). Similar outcomes were seen in children younger than 18.

Additionally, COVID-19 has had an impact on levels of obesity. Updated statistics from the CDC showed 21 states most recently have obesity rates of 35% or higher (2021 BRFSS), an increase of five states in just one year. The findings confirm that many Americans have gained significant

weight since the COVID-19 crisis started, adults and children alike (*JAMA*. 2020;324(17):1709-1711). reasons for this include an increase in sedentary behavior, stress, and troubles such as job and income loss that make healthy eating harder. Food insecurity and reduced access to recreation during the pandemic made it more likely that people of all ages would gain weight. The pandemic has exacerbated a problem that was already quickly accelerating in the last decade.

**Purpose/description of proposal and funded activities/eligible groups to receive funding**

This approach represents a variety of activities, with an emphasis on environmental change, systems supports and planning efforts to address nutrition and physical activity in multiple settings. Activities can be implemented in a variety of statewide and local settings, including workplaces, communities, health care organizations, early care, and education (ECE) settings and schools/local education agencies.

Eligible groups to receive funding: workplaces, local education agencies, ECE settings, not-for-profit organizations, community-based organizations, local coalitions, hospitals, local government

Allowable activities must align with one or more of the goals stated below in the following categories:

1. Schools and After School
2. Early Care and Education
3. Workplace Wellness
4. Breastfeeding
5. Communities - Physical Activity
6. Communities - Nutrition
7. Other

**Ideally, funding will go to a community-wide applicant who plans to implement activities in most or all the categories. That applicant will be given a higher funding level. However, smaller projects that are only in 1-2 categories will still be considered given the demographics and need/impact of the project.**

1. Schools and After School (Best suited for Local Education Agencies, community-based organizations, not-for-profits, local coalitions, local government)

- Increase the number of schools that utilize the whole school, whole community, whole child model (WSCC) for school wellness
  - Example activities:
    - Implement the WSCC framework in schools/school districts
    - Support school corporation's use of a wellness policy assessment tool, such as WellSAT 3.0 and WellSATi



- *Other considerations:*
  - Application is required to address the goal for increasing the number of schools.
  - How many schools with number of children reached and specify specific populations, such as rural, racial/ethnic minorities, etc.
  - *How will you measure success?*
- Increase the number of school-based physical activity programs and policies such as Safe Routes to School, active recess, enhanced school-based physical education, classroom physical activity breaks, and extracurricular activities
  - Example activities:
    - Adoption of Shared Use/Joint-Use Agreements
    - Adoption of a Safe Routes to School Plan
    - Adoption of an out-of-school-time program that follows healthy eating and active living guidelines (HEAL) or [healthy eating and physical activity \(HEPA\) standards](#)
  - *Other considerations:*
    - Application is required to address the goal for increasing the number of programs
    - How many programs with number of children reached and specify specific populations, such as rural, racial/ethnic minorities, etc.
    - *How will you measure success?*
- Provide professional development to school staff on how to incorporate enhanced physical activity programs and policies before, during and after the school day
  - Example activities:
    - Train additional schools/school districts on the Comprehensive School Physical Activity Program (CSPAP)
    - Provide training to physical education teachers or after-school program providers to increase physical activity levels for children
  - *How will you measure success?*
- Increase the number of schools participating in Farm to School activities
  - *How will you measure success?*
- Increase the number of schools participating in school breakfast, summer feeding, or nutritious backpack programs.



- Examples activities:
  - Feeding America Backpack Program - <https://www.feedingamerica.org/our-work/hunger-relief-programs/backpack-program>
  - Summer Food Programs - <https://www.feedingamerica.org/our-work/hunger-relief-programs/summer-food-service-program>
  - School Breakfast Program - <https://www.fns.usda.gov/sbp/school-breakfast-program>
- *How will you measure success?*

## 2. Early Care and Education (ECE) (Best suited for LEA's, ECE providers, ECE Technical Assistance providers, community-based organizations, non-profits, local coalitions, local government)

- Increase the number of trainings, including webinars, provided to ECE settings that give guidance on increasing healthy foods and beverages and increasing opportunities for physical activity
  - Example activities:
    - Create webinars/trainings and training early care and education providers on best practices for increasing healthy foods and beverages and increasing opportunities for physical activity
    - Previously implemented examples:
      - GoNAPSACC & Indiana Learning Collaborative
      - Eat Well Play Hard in Child Care
      - Color Me Healthy
      - I am Moving, I am Learning training and implementation
  - *How will you measure success?*
- Increase the number of ECE homes, centers, and registered ministries engaged in Farm to ECE programming.
  - Previously implemented examples:
    - Grow It, Try It, Like It! - <https://www.fns.usda.gov/tn/grow-it-homes>
    - Harvest for Healthy Kids - <http://www.harvestforhealthykids.org/>
    - Growing Minds - <https://growing-minds.org/>
  - *How will you measure success?*

## 3. Workplace Wellness (Best suited for workplaces, community-based organizations, non-profits, local government)

- Increase the number of employers who utilize multi-component worksite wellness programs in Indiana
  - Example activities:
    - Train employers on CDC's Work@Health platform or other training model



- for workplace wellness
  - Implement an evidence-based assessment tool in workplaces and make changes to the environment based on gaps
- Ensure workplace compliance with federal lactation accommodation law (See workplace breastfeeding activity below in Breastfeeding section)
- Implement Food Service Guidelines in workplaces (See Food Service Guidelines in workplaces activity below in Community Nutrition section)

#### 4. Breastfeeding (Best suited for hospitals, community-based organizations, not-for-profits, local coalitions, local government)

- Increase access to breastfeeding friendly environments
  - Example activities
    - Provide professional development and support to hospital staff on how to incorporate breastfeeding friendly practices in labor and delivery (from SHIP)
      - Practices supportive of breastfeeding in birthing facilities
      - Previously implemented examples:
        - Breastfeeding Friendly certification for birthing centers
    - Provide access to professional and peer support for breastfeeding
      - Example activities:
        - Breastfeeding Peer and Professional support (CDC page)
    - Ensure workplace compliance with federal lactation accommodation law
      - Previously implemented examples:
        - Minnesota breastfeeding health departments initiative
        - Texas Mother-friendly workplace program
        - Wisconsin breastfeeding friendly childcare program
  - *How will you measure success?*

#### 5. Communities – PA (Best suited for community-based organizations, non-profits, local coalitions, local government)

- Increase the number of built environment plans and policies adopted to encourage physical activity, such as bicycle and pedestrian plans
  - Example activities:
    - Create or enhance access to places for physical activity with focus on walking combined with informational outreach
    - Design Street and Communities for Physical Activity
    - Previously implemented examples:
      - Promotion of local walking paths
      - Adoption of Bicycle and Pedestrian Plans
      - Boston Bike to Market Program
      - Kids in Parks



- *How will you measure success?*

## 6. Communities – Nutrition (Best suited for community-based organizations, non-profits, local coalitions, local government)

- Increase the number of sites that send healthy meals home for children 18 and under during school breaks (i.e., summer meals, backpack meals, fall/winter/spring breaks)
  - Example activities:
    - Feeding America BackPack Program - <https://www.feedingamerica.org/our-work/hunger-relief-programs/backpack-program>
    - Summer Food Programs - <https://www.feedingamerica.org/our-work/hunger-relief-programs/summer-food-service-program>
    - *How will you measure success?*
- Increase access to healthy foods and beverages
  - Example activities:
    - Provide access to healthier food retail (grocery stores, small stores, farmers markets, bodegas, mobile food retail). Action Guide: <https://www.cdc.gov/nccddphp/dnpao/state-local-programs/healthier-food-retail.html>
      - Previously funded examples:
        - Healthy Corner Store program
        - Healthy Vending across multiple workplaces
        - Healthy Food Financing (<https://www.nccor.org/healthy-food-financing-initiative/>)
      - *How will you measure success?*
    - Provide access to fruits and vegetables
      - Example activities:
        - Community Gardens
        - Increase healthy food options in pantries – healthy nudges, packages, etc.
        - Food Policy Councils
        - Increase number of SNAP and WIC accepting farmers markets
        - Double Up Bucks Programs
        - Mobile markets
        - Community-Supported Agriculture (CSA) Programs
      - *How will you measure success?*



- Promote adoption of the FSGs or other standards
  - Implement in priority settings (ECE, workplaces, hospitals, communities)
    - Previously funded examples:
      - Good Food, Healthy Hospitals
      - Better Bites at State Dept Cafeterias
      - Model healthy food environments in county venues
      - *Pricing Incentives in Hospitals*
  - *How will you measure success?*

## 7. Other

Some evidence-based strategies do not fit into the categories listed above. If you have a project not mentioned above that would help Indiana achieve better data collection or further the initiatives of better nutrition, physical activity, or working to decrease food insecurity, please propose your plan and suggested measures for data collection.

Who/how many will be impacted and how will you measure success?

### **Supporting Grant Guidance:**

Please describe your proposal for funding, stating which activities within each category you plan to implement.

### **Health equity statement (required):**

Describe populations disproportionately impacted by the specific topic area and how applicant will address these populations specifically.

Please refer to the General Grant Guidance for additional details.

### **Metrics and evaluation of funded activities**

Measures to be collected regularly and submitted monthly to IDOH:

1. Demographics:
  - a. Number of individuals served by race (Black/African American, American Indian/Alaska Native/Native Hawaiian/Other Pacific Islander, Asian, Caucasian/White, etc.)
  - b. Number of individuals served by ethnicity [Hispanic/Latin(a/o/x), other]
  - c. Number of individuals served by gender/gender identity (males, females, those who prefer not to answer)
  - d. Number of members of the LGBTQ+ community served
  - e. Age ranges served
  - f. Number of individuals served with a primary language other than English
  - g. Number of unique individuals served that meet at least one of the following criteria:



- i. Current active enrollment in MEDICAID/HIP; or
  - ii. Current active enrollment in SNAP/Food Stamps; or
  - iii. Current active enrollment in TANF; or
  - iv. Residing in a household at or below 200% of poverty per the HHS Poverty Guideline as noted in the HHS Poverty Guidelines for 2022 ([Poverty Guidelines | ASPE \(hhs.gov\)](#))
- h. Additional factors, including but not limited to education level, disability, substance abuse, mental illness, etc.
- 2. Health Equity: Please share progress made toward achieving your health equity goals (as defined in your Health Equity Statement)
- 3. Participation: Number of unique individuals served
- 4. Program Area Metrics (required measures will vary by category applicable to your program):
  - a. Breastfeeding
    - i. Number of individuals receiving breastfeeding support resources
    - ii. Number of opportunities/events providing access to breastfeeding support services
  - b. Food Access
    - i. Number of food insecure adults served by your program
    - ii. Number of food insecure children served by your program
    - iii. Number of participants provided with free food/meals
    - iv. Number of families provided with food deliveries
  - c. Food Pantry
    - i. Number of people served from your food pantry
    - ii. Number of food pantry improvements implemented
    - iii. Number of food deliveries received
  - d. Health Education
    - i. Number of students participating in new health course offerings
    - ii. Number of staff or faculty members offered and completing training
    - iii. Number of health education curricula adopted
  - e. Obesity
    - i. Number of individuals participating in BMI monitoring
    - ii. Number of adults with a decrease in BMI
    - iii. Number of children with a decrease in BMI
    - iv. Number of individuals achieving a decrease in BMI and are now within the healthy range for BMI (18.5 and 24.9)
  - f. Schools
    - i. Total number of students served by your program
    - ii. Number of students identified as food insecure and receiving nutritious foods
    - iii. Number of students provided access to fresh/nutritious food daily





- iv. Number of opportunities/events providing students and/or families with access to nutritious foods
- g. Wellness
  - i. Number of adults who did not previously meet the recommendation for physical activity achieving the recommendation for physical activity of 60 minutes per day.
  - ii. Number of children/adolescents who did not previously meet the recommendation for physical activity achieving the recommendation for physical activity of 60 minutes per day
  - iii. Number of individuals who did not previously eat fruits or vegetables that report now consuming fruits or vegetables at least once per day

**Provide a plan for how you will evaluate the program over your grant project period.**

The above measures may be altered at any time at the discretion of the Health Innovation Partnerships and Programs Division of IDOH.

**Reference section (data sources, etc.)**

- [The Community Guide](#)
- [CDC's Division of Nutrition, Physical Activity and Obesity \(DNPAO\) Proven Strategies](#)
- [CDC's DNPAO Health Equity](#)
- [CDC's Division of Adolescent and School Health](#)

**Resources for Evidence Based Approaches**

- [National Collaborative for Childhood Obesity interventions: SNAP-Ed Intervention Toolkit](#)
- [Food and Nutrition Service: Nutrition Evidence Library](#)
- [National Cancer Institute: Research-Tested Intervention Programs](#)
- [U.S. Department of Health and Human Services: Guide to Community Preventative Services](#)
- [U.S. Department of Health and Human Services: Rural Obesity Prevention Toolkit](#)
- [Work Works for Health: Policies and Programs to Improve Wisconsin's Health](#)
- [University of North Carolina Center of Excellence for Training and Research Translation](#)
- [Health Care without Harm: Healthy Food Playbook](#)
- PA – Example EBPs - <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/physicalactivity.html>
- Nutrition – Example EBPs - <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/nutrition.html>
- Breastfeeding – Example EBPs - <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/breastfeeding.html>
- Evidence-Based Food Access Projects- <https://foodcommunitybenefit.noharm.org/resources/implementation-strategy/funding-healthy-food-access-interventions>

