

Nutrition

About Technical Assistance Briefs. The MCH Evidence Center provides ongoing technical assistance (TA) to Title V agencies related to the emerging evidence base, strategies, and measures related to many topics interconnected with National Performance Measures and other critical topics in MCH. *Technical Assistance Briefs* are an outcome of these TA sessions that are designed to act as *conversation starters* in thinking about programs that can be developed to address issues that affect women, infants, children, adolescents, youth, families, and communities. These briefs are not meant to be comprehensive; full analyses of the NPM topic areas are provided in [Evidence Analysis Reports](#).

The Center makes these customized briefs available during TA and on the program website to identify evidence-based/informed strategies, promising practices, examples of ESMs from the field and peer-reviewed resources. Please [contact us](#) if you would like us to develop a similar report for topics that you are working on.

Initial Query for this Brief. Measures, priorities, and resources around nutrition.

Evidence-Based Strategy Measures and State Performance Measures

ESM & SPM: These ESMs and SPMs have been chosen by other states. You can review the ESMs and SPMs to see if any resonate with your goals. Evidence Center staff are available to talk through how you could modify select ESMs and SPMs to serve your needs.

State	ESMs
WV	ESM 11.3 Number of children who receive Title V funded medically necessary medical foods.
NY	ESM 8.1.1 Percent of children and youth enrolled in School Based Health Centers (SBHCs) who have documentation of anticipatory guidance that includes physical activity and nutrition during a visit to a SBHC within the past year.
KY	ESM 8.1.1 Number of early care and education professionals or providers completing training modules on nutrition, physical activity, or other obesity related opportunities.
ID	ESM 8.1.1 Number of childcare professionals trained on healthy behaviors for young children and creating health environments with focus on nutrition and physical activity.
MO	ESM 8.1.1 Increase the number of programs/training's on promoting healthy eating and active lifestyle campaigns among children.
KY	ESM 8.2.1 Number of districts receiving training or technical assistance for strategies to create a healthy school nutrition environment, or evaluation of recess and multi-component education policies.
TN	ESM 8.1.7 Percent of eligible venues offering the Double Up Food Bucks Program

State	SPMs
HI	Reduce the rate of food insecurity for pregnant women and infants through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services
DC	Healthy Food Access- Percent children living in households that were food insecure at some point during the year
MA	Percent of families who have had difficulty since their child was born covering basics, like food or housing, on their income
DC	Percent of children living in a household that received food or cash assistance
TN	Rate of Double Up Food Bucks purchases per SNAP recipient

Priorities and Affiliated Strategies The following priorities and accompanying strategies align with access to nutritious food.

State	Priority	Strategy
FSM	Improve child health through healthy weight through physical activity and nutrition promotion	To do Weight Contest among school children, 6-11 years old, in the schools.
MA	Foster healthy nutrition and physical activity through equitable system and policy improvements.	<p>Collaborate with the MA Breastfeeding Coalition and the MA Baby Friendly Hospital Collaborative to support hospital policies that promote breastfeeding for all people giving birth, including those with disabilities.</p> <p>Increase access to lactation counseling services for WIC participants, including breastfeeding peer counselors who reflect the cultural and linguistic diversity of the communities in which they work.</p> <p>Partner with the Perinatal Neonatal Quality Improvement Network to promote breastfeeding/use of breastmilk among infants with opioid withdrawal syndrome.</p> <p>Maximize the access that families with young children have to food resources for which they are eligible by partnering with agencies such as MassHealth, Department of Transitional Assistance and Head Start through efforts such as enhanced data sharing about participant enrollment.</p> <p>Enhance the use of social media, digital marketing, and web-based tools to deliver targeted outreach to potentially eligible families and to facilitate enrollment in the WIC Program.</p> <p>Increase the availability of and access to fruits and vegetables through initiatives such as Healthy Incentives Program and the WIC Farmers Market Nutrition Program.</p> <p>Improve collaboration between WIC and Mass in Motion at the state and local levels to identify and implement upstream approaches to promoting food access and physical activity.</p> <p>Increase collaboration with the local food retailer community and with the national food retailer chains and EBT processors to maximize WIC access points and increase flexibilities for WIC benefit redemption through improvements in technology.</p> <p>Promote safe physical activity through injury prevention initiatives including roadway safety, water safety, built environment, and management of sports-related concussions</p> <p>Increase representation of MCH stakeholders in work led by other state agencies and coalitions focused on improving the built environment, such as the Falls Prevention Coalition, MA Prevents Injuries Now Network, the State Highway Strategic Plan, and the Healthy Aging Collaborative.</p> <p>Ensure the IPCP stakeholder network is informed about injury prevention news and opportunities by circulating 48 newsletters annually.</p> <p>Provide 12 trainings annually based on stakeholder needs, including sports concussion management and prevention, safe sleep and other injury topics as requested.</p>
NJ	Improving Nutrition & Physical Activity.	Increase births in Baby Friendly hospitals by promoting certification of hospitals and sharing breastfeeding data (birth certificate data and mPINC)

CNMI	Obesity related issues including nutrition and physical activity	To partner with the Northern Marianas College (NMC) to increase the number of parents/caregivers or families who enroll in an evidence based nutrition program (EFNEP). Increase community awareness on the importance physical activity for children.
OH	Improve nutrition, physical activity, and overall wellness of children	Increasing provider education/training for comprehensive well visits (Bright Futures, screenings and referrals to include: developmental screenings, lead, hearing vision, oral health, immunizations, BMI, social determinants of health, and ACEs). Partnership between programs that can mutually promote comprehensive well visit (e.g., state immunization). Explore opportunities to support/implement evidence-based models for pediatric primary care. Increase the awareness of the need for developmental screenings and other screenings among parents and caregivers. Educate primary care providers on billings for provision of services (expand QI initiative for vision screening billing and use results to inform efforts on other billing codes). Support MIECHV and other home visiting programs to provide developmental screening using Ages and States Developmental Screening tool. Implement Medicaid/CHIP reimbursement claim code for developmental screening activities at provider level. Educate parents about developmental screening tools.
OR	Improved lifelong nutrition	Promote & support laws and policies for pregnant & breastfeeding people in the workplace. Focus on populations with additional barriers. Support advanced training, coaching and quality improvement activities for home visitors related to breastfeeding. Ensure that providers who serve tribal members have training in culturally specific approaches to breastfeeding promotion and support. Support efforts to improve diversity in the workforce Ensure access to culturally responsive preventive clinical care for low income and undocumented women. Establish community based perinatal, women's and infant health advisory groups to share best practices, strategize and impact policy change. Engage affected communities including people of color in leadership.
TX	Improve nutrition across the life course.	Assess needs, gaps and opportunities to strengthen systems for provision of recommended breastfeeding support practices using methods including surveys and qualitative research. Foster coordination, collaboration, partnership, and collective impact with stakeholders across sectors --including birthing facilities, employers, state and local agencies, professional associations, insurers, coalitions, health care providers, service providers, community-based organizations, mothers, advocates, and other stakeholders— to address known barriers to breastfeeding through increased uptake and implementation of recommended practices in infant nutrition and care. Develop and disseminate materials, communications, outreach methods, and programmatic strategic plans for promoting breastfeeding support practices. Facilitate educational opportunities, such as through online breastfeeding modules, to increase breastfeeding support and lactation management knowledge and skills of health care professionals who care for lactating mothers and their babies.

UT	Breastfeeding/poor infant nutrition	<p>Implement the Stepping Up for Utah Babies program in delivering hospitals in Utah.</p> <p>Work with workplaces to create a written breastfeeding policy that complies with the federal lactation accommodation law.</p> <p>Increase access to, and use of, Utah WIC Breastfeeding Peer Counselor Program (BFPCP).</p> <p>Support Local Health Departments in efforts to help worksites meet the requirements of the federal lactation accommodations law. Measured by the number of worksites that meet the requirements.</p>
WI	Promote Optimal Nutrition and Physical Activity.	<p>Support local and tribal health agencies to partner with the University of Wisconsin Extension and FoodWise Programs to support health in children ages 6-11 years old.</p> <p>Support local and tribal health agencies to partner with K-5 schools and local partners on school wellness requirements.</p> <p>Support local and tribal health agencies to partner with local afterschool/out of school time programs and community organizations to support opportunities for improved physical activity and nutrition in children.</p> <p>Integrate community input into technical assistance opportunities, inform future planning efforts, and enhance partnership at the local level.</p> <p>Attend Healthy Early Collaborative meetings to support statewide collaboration among stakeholders.</p> <p>Formalize a voluntary nutrition and physical activity steering team with the Association of State Public Health Nutritionists to enhance partnerships and capacity.</p> <p>Enhance Title V workforce capacity to implement nutrition and physical activity (social, physical and mental) programming to the MCH population through skill building and peer-to-peer learning opportunities.</p> <p>Utilize MCH nutrition-related data sources in programs, initiatives and local and state policy, systems and environmental changes in Wisconsin.</p>
DC	Improving access to healthcare and healthful foods among children	<p>Provide free healthy foods to children and their families through pop up markets located in food insecure areas of the District.</p> <p>Build capacity among corner store managers to increase inclusion of healthy foods in their stores.</p> <p>Collaborate with the DC Department of Small and Local Business Development to explore sustainability strategies, such as cooperative produce purchases among Healthy Corners vendors.</p> <p>Increase access to fruits and vegetables for low-income DC residents, improve the viability of farmers' markets operating in communities with high poverty rates, and improve attitudes and understanding of healthy eating through education.</p> <p>Set up mobile farmers' markets in low-income neighborhoods.</p> <p>Provide nutrition education and healthy food demonstrations.</p>
FL	Promote breastfeeding to ensure better health for infants and children and reduce low food security.	<p>Continue to encourage hospitals to establish policies and protocols in support of breastfeeding and becoming a Baby Steps to Baby Friendly hospital or a Florida Breastfeeding Coalition's Quest for Quality Maternity Care Award recipient through the Florida Healthy Babies Initiative.</p> <p>Support the Bureau of Chronic Disease in their efforts to provide technical assistance to hospitals, work places, and early care and education program to implement breastfeeding policies and programs by partnering with the Florida Breastfeeding Coalition and the Florida Child Care Food Program.</p> <p>Contract with Healthy Start Coalitions to provide breastfeeding support and education to Healthy Start clients.</p> <p>Partner with the Pacify program to increase access to professional lactation support through telelactation services</p>

HI	Reduce food insecurity for pregnant women and infants through WIC program promotion and partnerships	Partner with agency and community programs to establish a working group that is committed to improving WIC utilization. Identify key barriers to WIC benefit utilization and enrollments. Develop recommendations for initiatives to pursue to improve WIC utilization.
NY	Increase access to affordable fresh and healthy foods in communities.	Promote evidence-based and family-centered health care for children to promote healthy behaviors and to prevent, identify, and manage chronic health issues so that children can be healthy and active. Promote home, school, and community environments that support developmentally appropriate active play, recreation, and active transportation for children of all ages and abilities. Apply public health surveillance and data analysis findings to improve services and systems related to children's health and health care. Apply a health equity lens to Title V activities to address social determinants of health and reduce disparities that impact children's health and well-being.
ND	To increase the percent of children and adolescents who are physically active.	Participate on the Full Service Community School (FSCS) advisory committee to identify opportunities to promote Physical Activity/Nutrition in children. Release funding opportunities to communities (LPHU, FSCS, ND REA's, Tribal agencies, and other state agencies) to work on Physical Activity/Nutrition evidence-based strategies or CDC Comprehensive School Physical Activity Programs (one or more). Provide funding to 7 school teams to attend the annual ND Roughrider (RR) conference. Assure access to healthy eating and good nutrition for children

MCHbest Strategies

The following strategies have been identified relating to nutrition.

[Nutrition Education for Expectant Mothers](#): Provide educational materials or trainings that increase awareness and identify risk factors for nutrition-related indicators that have been shown to increase cesarean deliveries.

[Provider Education \(Early Head Start, Home Visiting, WIC\) \(13.1\)](#): Collaborate with Early Head Start programs, home visiting programs, and/or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics to train staff to conduct oral health risk assessments, provide preventive oral health care, and refer pregnant women for dental visits.

[Women Infants and Children \(WIC\) Nutrition Programs](#): Utilize WIC clinics to provide developmental monitoring and referral.

Evidence-Based Strategies – Innovation Hub

Title (Click to Follow the Link)	Category
Building Capacity for Food Systems and Health Systems to Partner	Cutting-Edge

Resources from the MCH Digital Library

[Incorporating Nutrition into the Title V MCH Services Block Grant National Performance](#)

[Measures](#). Because there is no national nutrition data source that can be broken out at the state level, none of the current NPMs address nutrition issues. Nutrition strategies can impact most NPMs at the ESM level. This document lists the revised NPMs and suggests nutrition related ESMs.

[Biden-Harris Administration national strategy on hunger, nutrition, and health = White House national strategy on hunger, nutrition, and health](#)

This report on a national strategy on hunger, nutrition, and health, including oral health, in the United States provides information about moving toward the goal of ending hunger in the country and increasing healthy eating and physical activity so that fewer Americans experience diet-related diseases. The report provides information about the current hunger, nutrition, and health landscape and details five pillars of the national strategy: (1) improve food access and affordability, (2) integrate nutrition and health, (3) empower everyone to make and have access to healthy choices, (4) support physical activity for all, and (5) enhance nutrition and food security research, including the interplay between nutrition, oral disease, and overall health.

[Fighting hunger by connecting cross-sector partners and centering lived expertise](#). This report offers recommendations for policy makers to integrate individuals with lived expertise as partners in program and policy design, implementation, and evaluation to more effectively address food insecurity. Access to affordable, nutritious food is a significant challenge for many individuals enrolled in Medicaid. Experts with lived experience joined state policy makers and representatives from national health care and social services organizations to address hunger by increasing cross-agency partnerships and identifying solutions.

[**Maternal and child outcomes associated with the Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\).**](#) This systematic review evaluates whether participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is associated with nutrition and health outcomes for women, infants, and children, and whether the associations vary by duration of participation or across subgroups. The review prioritized studies published since 2009 and included studies comparing outcomes before and after the 2009 food package change. Conclusions showed that maternal WIC participation was associated with improved birth outcomes, lower infant mortality, and better child cognitive development, as well as purchasing healthier foods and improved diets for pregnant women and children.

[**Tailoring nutrition services: Development of a cultural toolkit for Iowa WIC staff.**](#) This fact sheet describes a toolkit developed by the Iowa WIC program to increase WIC staff knowledge of the cultural traditions of WIC clientele. The toolkit includes information to help WIC counselors recognize the food-related practices and beliefs of different cultures. It also provides suggestions for adapting counseling methods based on traditional communication styles and interpersonal behaviors, such as body language, vocal volume, distance, and touch. It provides contact information for obtaining a copy of the toolkit.

[**Healthy school meals for all: A toolkit for advocates.**](#) This toolkit provides information and resources to help advocates to improve the quality of school meals. It discusses the history of school meals; school meals today; the Healthy, Hunger-Free Kids Act of 2010, and lawsuits over a 2018 U.S. Department of Agriculture rule that weakened sodium, whole grain, and flavored milk standards for school meals. Also discussed are the effect of the COVID-19 pandemic on the importance of school meals, the Center for Science in the Public Interest's vision for school meals, and what advocates can do to help realize this vision. Fact sheets on key priorities are included, along with information on state and local model legislation and policy, messaging guidance, and sample communication materials.

[**Resources for addressing nutrition in the Title V five-year needs assessments: For state MCH Title V programs.**](#) This fact sheet provides information on the role of public health nutrition in Title V maternal and child health programs and ways to engage with public health nutritionists while working on the five-year needs assessment. It gives examples of connections between MCH outcomes and nutrition.

[**Nutrition during pregnancy and lactation: Exploring new evidence--Proceedings of a workshop.**](#) This publication summarizes presentations and discussions from a two-day workshop held in January 2020. Topics include macronutrient requirements; one-carbon metabolism micronutrients; iron, vitamin D, calcium, antioxidants, and iodine; dietary supplements; new developments and emerging topics; implications for maternal and infant health of maternal intakes and nutritional status during lactation; maternal nutrient intake and early-life programming; and the role of systems and policies in providing solutions to nutrition access and equity during pregnancy and lactation.

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Identifying evidence-based and evidence-informed nutrition interventions to advance maternal health in Title V Maternal and Child Health Services block grant programs. This maternal and child health nutrition program brief reviews opportunities to identify appropriate maternal health-related evidence-based and -informed nutrition interventions to advance Title V MCH Services Block Grant Programs' national performance measures (NPMs) using online databases.

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Access other resources at <https://www.mchevidence.org>

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