

From Clinic to the Community: Lessons for a Growing PBRN

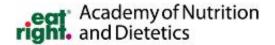
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Global network

Registered Dietitian Nutritionists

~60% of members practice in clinical settings

Nutrition Research Network



Past NRN Projects





FROM THE ACADEMY

Inpatient Staffing Needs for Registered Dietitian Nutritionists in 21st Century Acute Care Facilities

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FROM THE ACADEMY



Sense of Competence Impedes Uptake of New Academy Evidence-Based Practice Guidelines:

Results of a Survey

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Available online 17 February 2016



Planning grant from General Mills to Academy Foundation in 2016

Goal: Develop a food security and nutrition assessment tool and process to guide communities through a decision making process for selecting interventions that meet community needs and capacity



Multiple possible interventions for food and nutrition security

Multiple objectives, e.g. filling gaps in nutritional needs, emergency preparedness, addressing access issues, short-term versus long term

Each community has unique needs and existing programs



Phase I

- Examination of interest/needs and current prioritization tools and identification of appropriate framework
- Development of facilitation guide and tools
- Beginning of face and content validation with experts



Discussions with multiple groups to determine interest, needs and possible paths forward

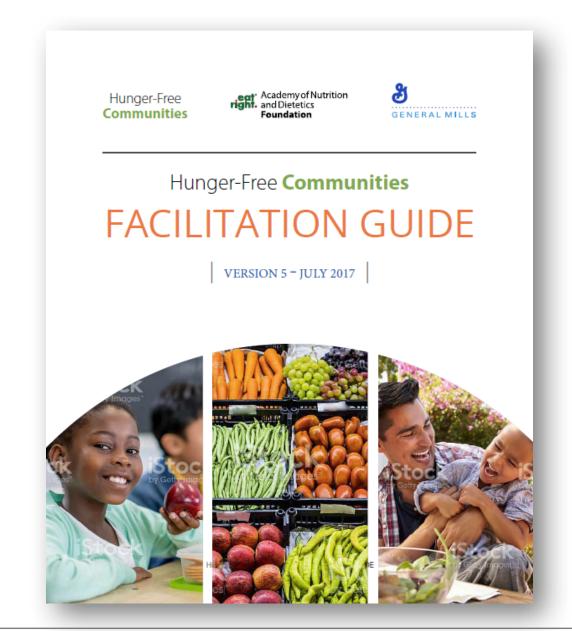
- Participants at:
 - General Mills Food Insecurity Insights Summit (July 2016): Follow-up discussions with representatives from Share Our Strength/No Kid Hungry, Mission Measurement, the Global FoodBanking Network
 - International Congress of Dietetics (September 2016):
 Discussions with participants from Argentina, the United
 Kingdom, Spain, Israel, Malaysia, India and the United States
 - Micronutrient Forum (October 2016): Discussions with UC Davis MINIMOD and World Food Programme Nutrient Gap Analysis teams; beginning of extensive identification of assessment resources



Gaps identified through discussions with 15 food security experts

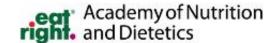
- Needed a decision making tool appropriate for local level use
- That tool needed to be logical and rigorous, but pragmatic:
 - Able to be completed within a relatively short time frame
 - Understandable by people without extensive training in modeling
 - Able to be implemented with minimal technology/software
 - Be able to proceed with data that is available at the time, and refine when additional data are available







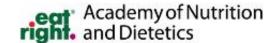
- Formation of the decision team
- Food and Nutrition Security Assessment
 - Community Assessment Tool
 - Intervention Inventory Tool
- Intervention Assessments
 - Individual Intervention Assessment Tool
- Prioritization/Decision-Making
 - Overall Intervention Scoring Tool
- Appendices
 - Other nutrition-related decision resources
 - Sample stakeholder outreach letter
 - Publicly available data
 - Tool for collecting and analyzing data



Phase II

- Pilot communities were recruited through the Alliance to End Hunger and General Mills
 - Kalamazoo, MI; Mumbai, India; Northbrook, IL

- NRN helped to identify nutrition practitioners as partners
- Funding was provided to both participating sites and RDNs



NRN-Practitioner Involvement

RDNs assisted pilot sites with:

- conducting a community food security assessment
- identifying possible interventions
- estimating intervention cost, potential impact and uncertainty

Hunger-Free **Communities**right. Academyof Nutrition and Dietetics Foundation

INDICATORS

INDICATORS	DATA	RANKING (IF
		AVAILABLE)
Socioeconomic status		
% of food insecure households below 165% poverty		
% of food insecure households between 165-185% poverty		
% of food insecure households above 185% poverty		
Average monthly participation in TANF		
Median household income		
Poverty rate		
Child poverty rate		
Food security and access		





Phase III

Two additional sites collecting data using ANDHII

- Tampa, FL
- Guatemala (Maya Health Alliance)

ANDHII designed to collect clinical data

Developing changes to systematically gather community data



Guide and tools are useful and feasible for community use

Identified some necessary adjustments to the instructions and the need for more training and support

- intervention cost estimates
- working with coalitions

Building future capacity through enhancements to ANDHII





Working in the community setting required different strategies than clinical settings

Forming partnerships with other existing networks

Facilitating relationships between community organizations and RDNs via technical assistance and funding structure