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American Academy of Pediatrics

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# Illinois Partnership for Childhood Nutrition Security

## Collective Impact Plan

September 21, 2022



## **Introduction**

The Illinois Partnership for Childhood Nutrition (Partnership) was convened through a grant from the American Academy of Pediatrics (AAP) to the Illinois Chapter, the American Academy of Pediatrics (ICAAP). The grant period was nine months, from September 1, 2021, through June 30, 2022. ICAAP created an internal ICAAP Childhood Nutrition Security Team (Team) for the project. The following individuals comprised the ICAAP Team: Maggie Chen, Amy Christison, MD, FAAP, Mary Elsner, JD. Vera Goldberg, MD FAAP, Zohra Moeenuddin, MD, FAAP. Alisa Seo-Lee, MD, FAAP, Jabari Taylor, MPH, and Alexandra Vaughn. The project aims were to improve food insecurity (FI) screening and family connections to food resources in the state of Illinois by fostering collaboration between pediatricians, state food delivery, and family support partners. Through facilitated Partnership meetings, the Team compiled best practices from organizational partners, learned about food and educational resources, elicited pediatrician awareness and educational needs about child food insecurity, and drafted the collective impact plan. As an initial step from this plan, the Team disseminated information and resources to pediatricians about FI screening and approaches to connecting patients to nutritious food in their communities.

## **Executive Summary**

In 2019, 1,211,410 or 9.6% of Illinoisans were considered food insecure (Feeding America, 2021). The rate of food insecurity is even higher for children across the state. 336,810 children were identified as food insecure in the state at a rate of 12% in 2019. The COVID-19 pandemic exacerbated this crisis in Illinois for many vulnerable groups. Inaccessibility to healthy food resources and inadequate food options negatively affect the health of children at every developmental stage. Additionally, food insecurity (FI) is associated with poor academic performance, hyperactivity, absenteeism, and inattention in school-age children. Nutrition insecurity is defined as the co-existence of food insecurity and diet-related diseases and disparities as defined by the United State Department of Agriculture. For the purposes of this Collective Impact plan (CI), the Partnership intends to use the more comprehensive definition of nutrition-insecurity interchangeably with food-insecurity.

The primary vision of the Illinois Partnership for Childhood Nutrition Security (Partnership) is to ensure every child in the state of Illinois is nutrition secure through partnership and collaboration. Since the inception of this Partnership, three convenings were held with participating organizations in December 2021, and January and February 2022. To date, thirty-five organizations have participated in the Partnership. During the meetings, workgroups addressed the following questions after initially identifying best practices in the Healthcare, Community Connections, and Resource workgroups: 1) Which best practices should be prioritized in each workgroup, 2) How should best practices be piloted and trialed, and 3) How should progress and success be measured.

First, the Healthcare Workgroup discussed best practices related to effective screening and referrals for food insecurity. The Workgroup gathered input relating to the implementation of FI screening and referrals in multiple clinical settings. Second, the Community Connection Workgroup shared best practices for connecting families to food. This included elevating the community voice by surveying community members about improved access to nutritious food and culturally appropriate nutrition education. This Workgroup also created a tool for suggested best practices to improve nutrition access among those experiencing FI. The tool was divided into the following sections: Processes to Prioritize; Findings from Partners; Insight; Pediatric Network Opportunities. (See Appendix 1.) Finally, the Resource Workgroup discussed the development of online modules that could be easily disseminated and evaluated. These modules would include information about access to federal, state, local nutrition programs, and food resources available in Illinois.

### **Collective Impact**

The byproducts of the workgroup discussions informed the development of the Partnership's collective impact plan. The framework of this collective impact plan includes the following components: common agenda, shared measurement, and proposed mutually reinforcing activities. Given the short time frame of the grant period, we describe the initial work that we hope will be a starting point to grow our collaboration.

### **Building a Common Agenda**

The following organizational partners participated in the development of the common agenda:

Chicago Department of Public Health; Chicago Food Policy Action Council; Chicago Public Schools; Cook County Health; Illinois Department of Human Services; Illinois State Board of Education; Southern 7 Health Department; SNAP Education The University of Illinois Extension; Tazewell County Health Department; ACCESS Community Health Network; American Heart Association; Ann and Robert H. Lurie Children's Hospital of Chicago; Erie Family Health Centers; Esperanza Health Centers; Heartland Health Services; Illinois Academy of Nutrition and Dietetics; OSF Healthcare Children's Hospital of Illinois; PCC Community Wellness Center; Proviso Partners for Health: Veggie Rx; Southern Illinois University School of Medicine; UIC Office of Community Engagement and Neighborhood Health Partnership Station; Illinois 4-H Food Security Communities, Peoria Grown; Beyond Hunger; Catholic Charities of Archdiocese of Chicago; Feeding Illinois; Greater Chicago Food Depository; Marillac St. Vincent Family Services; Midwest Food Bank; Northern Illinois Food Bank; Illinois Public Health Association; Illinois Public Health Institute; Start Early; Illinois Network of Child Care Resource and Referral Agencies.

## **Our Shared Goal**

The shared goal of the Illinois Partnership for Childhood Nutrition Security is to ensure all children in the State of Illinois are nutrition and food secure through partnerships and collaboration. The Partnership recognizes that Black, Indigenous, Latinx, and Immigrant children are disparately impacted by nutrition and food insecurity and acknowledges the need for specific attention to these historically marginalized populations.

## **Identifying Data and Shared Measures**

The ICAAP Nutrition Security Team collected data relating to food system partners, healthcare providers, family experience, and community feedback. The following provides a brief overview of how data was collected, analyzed, and interpreted.

### ***Healthcare Experience***

ICAAP pediatrician experiences and interest in training were elicited through the ICAAP Food Insecurity Survey administered to its members.

### ***Partner Feedback***

A survey was disseminated to organizational partners during the formation of the Partnership. The survey contained questions about partner food security efforts, healthcare and other partnerships, food insecurity identification and referral processes, community feedback, barriers, best practices, and recommendations for the next steps.

Participant Partnership experiences related to the processes surrounding teamwork, collaboration, and consensus were also elicited at the end of the second and third convenings through online polling. Responses were used to improve the Partnership participant experience.

### ***Family Advisor Feedback***

Addressing food and nutrition insecurity in an equitable way requires a fundamental understanding and continuous feedback from those experiencing either type of insecurity in the state of Illinois. The Partnership recognizes that social vulnerability limits a community's access to healthy and adequate food.

Alexandra Vaughn, a family advisor, and active member of the ICAAP Childhood Nutrition Security Team, brought valued perspective and insight that guided the Partnership to ensure the needs of the community were being heard and represented at every meeting. Ms. Vaughn shared her experience navigating nutrition and food access systems in Illinois. Extensive paperwork, mental health stress, and familial issues made accessing benefits difficult for her family. Ms. Vaughn expressed frustration with the ingrained social stigma, administrative burden, and lack of resources available for her family and others facing food insecurity.

### ***Family Advisor Recommendations***

1. Creating family-friendly food insecurity questionnaires. Long and intrusive questionnaires and surveys prevent many households, like Ms. Vaughn's, from being properly screened for available services. Screening mechanisms should be drafted to be family-friendly, consistent, and specific to identify households that are food insecure.
2. Updating antiquated screening intake methods and extending the available window of time for families to complete a screening. Digital screening methods would potentially allow providers to expand screening to more households. Screening questionnaires should be mobile-friendly to eliminate barriers such as transportation and changing circumstances. Screening should also take into account fear of state and local interference in family matters.
3. Addressing social stigma is important. Decades of social stigmatization have negatively affected the way many eligible families seek out services. Changing the culture of resource availability is important.

### ***Community Feedback***

Various partner organizations, such as food pantries and food system partners, collected community feedback regarding guests' requests for additional culturally relevant foods, fruits, vegetables, and lean meat. A large percentage of respondents in one survey asserted that their cultural needs were met at the food pantries. Additionally, community members expressed that food banks should dispose of unhealthy food offerings and continue to provide more fresh produce, low salt options, and more healthy foods for children. Pantry staff and volunteers alike reported that they are interested in offering healthy eating take-home information. Organizations may have difficulty fulfilling these requests because of storage issues, availability, and funding. Similarly, food pantries and food banks across the state share the same concerns. Widespread feedback also from community members shows that many individuals have transportation barriers. Many individuals struggle to access food resources in the state. Additionally, eligible households report that they struggle with food insecurity despite receiving government benefits.

## Challenges/Limitations

Various barriers arose during the project, such as the short timeline of the grant cycle, financial resources, unique local issues, and lack of standardized community data. Some organizational partners expressed concerns about our discussions occurring at an accelerated pace, and that the Partnership might generate short-term solutions over long-term sustainable solutions. In response, the ICAAP team debriefed and dedicated the start of the third convening to clarify the project scope and acknowledge project limitations. It was explained that the Partnership was not meant to supplant the expertise, strategies, and roadmap collectively at the state, regional, and local levels. Instead, the Partnership's efforts were a springboard for future opportunities and partnerships and to align healthcare with existing partnership strategies. Based on additional offline discussions, it appeared that these clarifications helped partners better understand the vision and purpose of the project.

## Action Plan

The following action plan outlines the activities the Illinois Partnership on Childhood Nutrition will take to address various barriers. Additionally, it provides a structured plan of who will lead these activities and a targeted end date.

Activity	Who Will Lead?	By When?
Implement food insecurity screening and referral at Heartland Health Services	Heartland Health Services-Peoria, IL	September 30, 2023
Community Connection's Best Practice Tool	ICAAP Childhood Nutrition Security Team and Partnership	June 30, 2022
Food Insecurity Training for Healthcare Providers	ICAAP Childhood Nutrition Security Team	September 30, 2023
Market and Maximize Nutrition Programs and Benefits	Partnership Organizations/State Agency	September 30, 2023
Support Equitable Systems Change That Is Prioritized by Project Partners	Project Partners	Ongoing

**Appendix 1:**

Community Connections Work Group Summary

Illinois Partnership for Childhood Nutrition Security Community Connections Guide			
Processes to Prioritize	Findings from Partners	Insight	Pediatric Network Opportunities
Community Voice Drive Work	Client Advisory Councils		Connect Patients to Culturally Familiar and Nutritious Food Resources
Inventory	Increase Produce and Lean Meat	Preferences for Nutritious Food and Not Junk Food	Partner with Other Local Organizations/Groups for Food Connections and Good Nutrition Education  Consider Onsite Availability  Client Choice Format
	Culturally Familiar	Micro- Partnerships Rather Than Large Uniform Scaling (e.g., Select Schools and Select Agriculture Producers/Farmers)	
	Locally Procured	1 Year Time Frame to Establish Grower/Distributor Partnership  Thoughtful Considerations for Growing Request to Promote Sustainability	

		Consider Variability of Resources based on Location	
Education	Culturally Responsive Nutrition Education and Recipes	Cooking Demonstrations Menu Tasting  Dietetic Interns are a Resource	
Choice	Pre-Packed Boxes Via Drive-Thru May Be Preferred for Personal Shopping	Options for Both  Options Dependent on Local Preferences	
	Community Familiar Staff/Volunteer Pool		
Evaluation and Data Collection			Elicit Patient Viewpoints
Eliciting Viewpoints	<p>Easy Survey Format:</p> <ul style="list-style-type: none"> <li>● QR Codes</li> <li>● Verbal/Paper Options</li> </ul> <p>School-Based Approach</p> <ul style="list-style-type: none"> <li>● Send Home in Weekend Backpacks</li> <li>● Assure Anonymity Among Familiar Staff</li> <li>● Ask Healthcare Partners and Pantry Staff</li> </ul>	Pre-Post Surveying Is Difficult, However, Ask Branched Questions to Elicit More Opinions for Those Who Have Participated Previously in a Pantry or Mobile Pantry Event	<ul style="list-style-type: none"> <li>● Utilize and Contribute to Searchable Databases</li> <li>● Survey Your Patients</li> <li>● Create and Sustain Closed Loop Referral Systems</li> <li>● Support School-Based Feeding and Nutrition Programs</li> </ul>



## Appendix 2:

### Complied Resource List from Organizational Partners

- Advocates for Urban Agriculture. (2019). Advocates for Urban Agriculture Resource Guide. Retrieved from <https://www.auachicago.org/grower-resources/>
- Alliance for Health Equity. (2020). VeggieRx Case Study: Health Care and Food Partnership. Retrieved from [https://allhealthequity.org/wp-content/uploads/2020/02/Alliance\\_Case-Study-VeggieRx\\_final-Jan-2020.pdf](https://allhealthequity.org/wp-content/uploads/2020/02/Alliance_Case-Study-VeggieRx_final-Jan-2020.pdf)
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- City of Chicago, Healthy Chicago 2025, Greater Chicago Food Depository. (2020). Chicago Food Equity Agenda. Retrieved from [https://www.chicago.gov/content/dam/city/sites/food-equity/pdfs/City\\_Food\\_Equity\\_Agenda.pdf](https://www.chicago.gov/content/dam/city/sites/food-equity/pdfs/City_Food_Equity_Agenda.pdf)
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- Greater Chicago Food Depository. (2022) Find Food. Retrieved from <https://www.chicagosfoodbank.org/find-food/>
- GusNIP NTAE Center. (2021). Impact Findings Year 2: September 1, 2020, to August 31, 2021. Retrieved from <https://www.nutritionincentivehub.org/media/fjohmr2n/gusnip-ntae-impact-findings-year-2.pdf>

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- Illinois Commission to End Hunger. (2021). From Food Insecurity to Food Equity: A Roadmap to End Hunger in Illinois. Retrieved from <https://static1.squarespace.com/static/603fc10fa2120f0be59e5d86/t/604693ade576e13daf9d9fcc/1615238085448/From+Recovery+to+Resilience.pdf>
- UCSF NOPREN. (2019). Food System Indicator Database User Guide. Retrieved from [https://nopren.ucsf.edu/sites/g/files/tksra5936/f/Food%20System%20Indicators%20Database%20User%20Guide\\_8.26.21.pdf](https://nopren.ucsf.edu/sites/g/files/tksra5936/f/Food%20System%20Indicators%20Database%20User%20Guide_8.26.21.pdf)
- Urban Growers Collective. (2021). August Program Report. Retrieved from <https://urbangrowerscollective.org/2021/09/22/august-program-report/>
- West Side United. (2021). Neighborhood & Physical Environment. Retrieved from <https://westsideunited.org/our-impact/impact-areas/neighborhood-physical-environment/>