



**STATE PARTNERSHIPS**  
— IMPROVING —  
**NUTRITION & EQUITY**

**State Partnerships Improving Nutrition & Equity**

**State Action Plan Guidance and Template**

**WITH AN UPDATED ACTION STEPS TEMPLATE**

**January 2023**

## SPINE State Action Plan Guidance and Template

Draft State Action Plans are due by December 15, 2022

Final State Actions Plans will be accepted by January 6, 2022

The NACDD SPINE team will reach out to each state to set up a meeting to provide technical assistance on the development of this plan and will review drafts and provide feedback. The State Action Plan (SAP) is meant to provide a strategic approach to implementation and may be revised over the grant period.

The SAP correlates to the scope of work included in your contract (see Attachment) and will be informed by both the work plan you submitted as part of your SPINE application and the existing state-level plan, or similar, that you are leveraging for your SPINE project.

### SPINE Key Concepts to Include

The following key concepts should be reflected in your SAP.

- **Food and Nutrition Security:** How will your project work ensure that all people in the population(s) to be reached always have adequate, quality, culturally relevant food that is safe to consume and that meets their dietary needs and food preferences? Which types of multisector partnerships will support this?
- **Health Equity:** How does your project work to attain the highest level of health for the population(s) to be reached? What efforts will your project make to address avoidable inequalities, historical and contemporary injustices, health and healthcare disparities, and inequitable food access? Which multisector partnerships will support this?
- **Community-Based Participatory Actions/Lived Experience Approach:** How will you ensure that community voices are considered in the development and implementation of project activities? Who are your community stakeholders and how will they support your SPINE project?
- **Policy, Systems, and Environmental Change Approach:** What sustainable, long-term, and community/population-level changes will your SPINE project have? How can partners and programs that serve groups most impacted by food and nutrition security be engaged?

### Activities from Scope of Work to Include

The following activities from your SPINE contractual Scope of Work should be reflected in your SAP:

- 1) Identify and develop at least one new formal partnership that supports addressing sustainable and equitable access to affordable, safe, and nutritious food.



- 2) Regularly convene state- and/or community-level partners (e.g., through existing coalitions, food policy councils, or similar organized groups) to support the implementation of SAP-related activities.
- 3) Prioritize and be able to demonstrate utilization of a community-based participatory approach in working with coalitions and similar groups (e.g., food policy councils), and with local jurisdictions and communities to implement SAP-related activities.

### **SPINE Policy, Systems and Environment (PSE) Outcomes**

Please note that all SAPs **must include and address the required outcome**. You can select/include and address the other outcomes in your plan if they are pertinent to your SPINE project.

- 1) **Required outcome:** At least 75% of established partnerships, existing and/or new, support the achievement of community- or systems-level improvements (including community clinical linkages) in states and communities that increase sustainable and equitable access to affordable, safe, and nutritious food using a community-based participatory approach and “lived experience” approach.
- 2) Increased number of community sites with implemented food service guidelines or healthy nutrition standards.
- 3) Increased new or enhanced places providing geographic or financial access to healthier foods.

### **Sections of the Template**

The SPINE State Action Plan Template is divided into three sections. Below is a description of each section to assist in completing your draft.

#### **Section 1: Key Program Activities**

Please note that all SAPs **must include and address the required activity**, which aligns with the required outcome above. SPINE program goals should be achieved through actions that involve partnerships and programs and services. The following activities can be reflected in your SAP.

*Please note, pertinent activities from an existing state-level plan can also be included in your SAP.*

- 1) **Required activity:** Identify and develop new or strengthen existing relevant partnerships in a formal and sustainable manner using memoranda or letters of understanding.
- 2) Coordinate with existing relevant national, state, and/or community organizations to develop and implement a SAP that supports equitable food and nutrition security throughout the food system including, but not limited to, charitable food assistance programs and institutions (e.g., food banks and pantries); hospitals; existing coalitions, food policy councils, or similar organized groups; and other partners within the context of responding to the COVID-19 public health emergency.
- 3) Implement a SAP that includes, but is not limited to, activities such as:



- Partner with community coalitions and community sites to equitably address and increase food and nutrition security (e.g., improve nutrition policies that include standards for food procured and distributed at food banks and pantries, increase acceptance of food assistance and food incentive vouchers in underserved areas, and increase or support breastfeeding).
  - Standardize food and nutrition security metrics used by food banks and pantries, as well as their local community partners, to help municipalities better understand burden, disparities, and equitable solutions to address food and nutrition insecurity, especially in communities with populations at high risk.
  - Advise health care systems on how to implement culturally competent food insecurity screening questions and emerging best practice models for referral to community resources such as charitable food assistance and/or breastfeeding programming.
  - Increasing access to T/TA for local leaders to equitably address food and nutrition insecurity in their communities through policy, systems, and environmental change approaches.
- 4) Prioritize and be able to demonstrate the utilization of a community-based participatory approach in working with coalitions and similar groups (e.g., food policy councils), and with local jurisdictions and communities to implement SAP-related activities.

**Filling out information in the “Key Program Activities” section of the template:**

- 1) Select which of the three listed outcome measures you are working on. Remember, the “required outcome” is mandatory.
- 2) Reach: Enter the estimated number of people you will reach in the population(s) your project focuses on. You will also need to describe how you developed this estimate, referencing the population or geographic area of focus, source of data, and/or methodology.
- 3) Describe your approach to addressing equitable food and nutrition security. Describe how you will operationalize equity considerations throughout your planning and implementation process.
- 4) Describe how you are integrating health equity into your project.
- 5) Provide action steps with a timeline to assist in achieving your SPINE project goals. For each action step, provide the responsible party/partners, expected output, and any additional comments. You may have more than one output for each activity.
- 6) Add new or delete unused rows.



## Section 2: Partnerships

In this section, please use the table to:

- List all your partnerships for your SPINE project.
- Indicate whether the partnership is:
  - New: newly formed partnership to implement SPINE program goals
  - Existing: not a new partnership, that has *not* been strengthened or enhanced as a result of the SPINE program
  - Strengthened: partnership existed beforehand and has been strengthened or enhanced as a result of the SPINE program
- State how the partnership will help with SAP implementation and influence PSE changes.

## Section 3: Additional Information

In this section, please describe:

- 1) Challenges/Barriers: describe any challenges or barriers you anticipate related to addressing equitable food and nutrition security that will impact implementation.
- 2) Solutions Identified: describe solutions to any of the challenges/barriers identified.
- 3) The state-level plan being leveraged for SPINE: describe the state-level plan(s), or similar, that is being leveraged for SPINE and list the pertinent activities.
- 4) Leveraging Other Funds: describe any additional funds your state has leveraged or plans to leverage in support of your SAP.
- 5) Other Comments: share any other comments regarding the SAP not addressed above.

You will have the opportunity to update information quarterly in the sections via an online platform that you will receive training on.

**Examples of how to complete each section are provided below in red font.**



# State Partnerships Improving Nutrition & Equity (SPINE)

## State Action Plan Template | State/Organization Name:

### Section 1: Key Program Areas

#### SPINE Policy, Systems and Environment (PSE) Outcomes

*Please note that all SAPs must include and address the required outcome. You can include and address the other outcomes in your plan if they are pertinent to your SPINE project.*

- At least 75% of established partnerships, existing and/or new, support the achievement of community- or systems-level improvements (including community clinical linkages) in states and communities that increase sustainable and equitable access to affordable, safe, and nutritious food using a community-based participatory approach and “lived experience” approach. (**Required outcome**)
- Increased number of community sites with implemented food service guidelines or healthy nutrition standards.
- Increased new or enhanced places providing geographic or financial access to healthier foods.

**Estimated Reach. Please state the estimated number of people you anticipate reaching/impacting through your food and nutrition security efforts:** 346,840 lowans

**Please describe below how you are estimating the number of people that will be reached (e.g., population or geography of focus, data source, and/or methodology).**

During this project period we will be developing a strategic plan that we hope in the future will impact all lowans who experience hunger. The estimated number, (346,840), was an average of the Iowa 2021 BRFSS survey and the 2020 Feeding America Mind the Meal Gap.

In Iowa, according to the 2021 Census, the population is 3,193,079 (and of that 2,455,478 are adults aged 18+). In the 2021 Iowa Behavioral Risk Factor Surveillance System (BRFSS) survey, adult lowans were asked two food security questions. The first question was, “The food that I bought just didn’t last, and I didn’t have money to get more.” and 12.2% (299,568 adults) of lowans answered this was true or sometimes true in the last 12 months. The second question was, “I couldn’t afford to eat balanced meals.” and

14.3% (351,133 adults) answered this was often, or sometimes true in the last 12 months. According to the 2020 Feeding America Map the Meal Gap, it is estimated that in Iowa, 229,500 people (and of those, 149,340 are adults) are facing hunger.

The BRFSS report is a more recent data measure than the Feeding America report and was conducted during the pandemic, therefore is likely a better measure of the current state of hunger in the state. However, the BRFSS data does not include children, which is why both reports are being considered in this reach calculation. Below is the math completed for this estimate:

Adult Iowans facing hunger: 149,340 (Feeding America) + 299,568 (BRFSS) + 351,133 (BRFSS) / 3 = 266,680

Children Iowans facing hunger: 80,160 (Feeding America)

Total Iowans facing hunger: 266,680 + 80,160 = 346,840

Data Sources: [Iowa BRFSS 2021 Report](#) and [Feeding America 2020 Mind the Meal Gap](#)

**Please describe your approach to addressing inequitable food and nutrition security.**

One in 14 people in Iowa face hunger. We know that collaborative efforts to increase nutrition education, and PSE changes will help improve the health of Iowans and strengthen the capacity and sustainability of the food system in Iowa.

The Iowa HHS SPINE Team are members of the Iowa HHS SNAP-Ed team, the strategic plan being developed as part of the SPINE Grant will inform the work of the SNAP-Ed plan in future years as it relates to food and nutrition PSE strategies. Larger action steps and goals will be strategically aligned with the larger goals of the newly developed strategic plan. For example, in January the SNAP-Ed team will conduct a needs assessment, looking at health equity data and priority populations based on health outcomes, access to services and other equity factors. Priority counties, communities, and ages will be determined from the needs assessment. Additionally, with the data from the needs assessment, a dynamic map will be created with county level profiles which will be updated yearly. The needs assessment will be used to identify targeted counties for recruitment of lived experience voices for focus groups during Y2 of the SPINE Grant. These projects will directly inform the implementation of the strategic plan developed during the SPINE grant project period.



The PM is the facilitator of a subgroup of the Iowa Food Systems Coalition, Food is Medicine (name subject to change). The Iowa HHS team will work closely with members and organizations of the Iowa Food System Coalition to align organizational strategies and action steps that can be implemented in the communities they serve.

**Please describe your approach to integrating health equity into your efforts.**

Health equity is one of Iowa HHS's guiding principles, we promote health for all by working to reduce health disparities and focusing on health where people live, learn, work and play. Iowa HHS defines health equity as supporting opportunities for everyone to live their healthiest life possible through the identification and reduction of social, economic and environmental barriers that impact health. Achieving health equity requires valuing all community members with focused and ongoing societal efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities. Iowa HHS works to achieve health equity through workforce development, data analysis and use, program activities and outreach, and assessment of internal and external policy and procedures. SDOH is incorporated throughout all department functions, are part of the overall Iowa HHS strategic plan.

Iowa HHS demonstrates its experience implementing strategies and activities in collaboration with multi sectoral partners to reduce disparities and improve health equity through its work. For example, the PM managed the CDC SDOH Accelerator Plan grant. Iowa HHS partnered with the Oakridge Neighborhood to assess the health needs specifically related to the SDOH domains; community-clinical linkages and food insecurity. A Community Health Needs Assessment (CHNA) and 6 different language focus groups were completed to collect quantitative and qualitative data. Throughout the process a leadership team made up of community leaders and stakeholders were engaged to provide feedback and direction for the next steps of the process. The end result was an Accelerator Plan, provided to the Oakridge Neighborhood that they can leverage for partnerships and resources to address the needs found from the assessments. Although there was no CDC funding for implementation of the Accelerator Plan, Iowa HHS continues to stay engaged with the Oakridge neighborhood by connecting partners with resources for implementation of pieces of the plan. The lived experience data collected through this project also has been used to inform other projects within the Bureau of Nutrition and Physical Activity including the SPINE Grant.

Additionally, Altarum uses the Equitable Evaluation Framework from the Equitable Evaluation Initiative to guide their work.



The PM also serves on the Iowa HHS Health Equity Drivers Forum serving on the Community Engagement committee and working with the Health Equity plan to address the goals of Iowa HHS.

In year 2 we will be taking an equitable approach to accomplishing our SPINE SAP goals. Our overall goal is to collect lived experiences from SNAP eligible Iowans to inform implementation activities for the Bureau of Nutrition and Physical Activity which includes the SNAP-Ed and WIC teams and future grants and projects.

We understand that we need to create relationships within communities prior to gathering lived experiences. Our plan is to spend an entire year creating new and strengthening existing partnerships. The first step in our process will be to consult a group of professionals working in the food and nutrition security space from across the state of Iowa. These individuals and organizations will form a steering committee that will inform the next steps of our process. The second step of the process is to recruit community leaders and stakeholders in 5 regions across Iowa that work with or represent Iowa's SNAP eligible audience. We will hold meetings and listening sessions with these individuals to develop a recruitment plan for lived experiences specific to their region in Iowa. During this process we will also be asking questions specific to the newly formed Iowa Nutrition Network Partnership Strategic Plan to ensure the goals and objectives meet community needs. Advisory committee members will be compensated for their time. The Iowa HHS team will ask advisory committees the best way to share data back to them throughout and at the end of the project for their future use.

The third step of our process is to recruit for and conduct focus groups of SNAP eligible individuals across Iowa. The plan is to conduct 10 focus groups, 2 in each region of the state. Each focus group will be specific to the region based on the recruitment plan.



## SAP ACTION STEPS TEMPLATE

### What are Major Action Steps?

These are overarching action steps support the strategies you listed at the beginning of Section 1 as well as work towards the outcomes you selected above. Major Action Steps should be reflected as whole numbers (Action Step 1,2,3, etc.)

### What are Sub Action Steps?

Your Major Action Steps most likely have Sub Action Steps that will help you achieve the Major Action Steps. They will be numbered as followed:

- Sub Action Steps for Action Step 1 will be 1.1, 1.2, 1.3, etc.
- Sub Action Steps for Action Step 2 will be 2.1, 2.2, 2.3, etc.
- And so on

While you will not have to detail the Responsible Parties/Partners, Expected Outputs, and Additional Comments for Major Action Steps, you will need to provide them for Sub Action Steps. Please see the template below.

### Some friendly reminders:

- **Action Steps** are specific activities that outline the **what** is being done, the **who** is delivering and **who** is receiving, **where** it is taking place (virtually, in person, etc.), **how** it is being implemented/the delivery model (webinar, conference, workshop, etc.) and by **when**.
  - Example: OHD (**who**) will partner with regional food banks (**who**) through an MOU (**how**) to gain local context in the selection of pantry locations and logistical expertise (**what**) to establish food pantries adjacent to or onsite of FQHCs (**where**) and/or clinics by September 2022 (**when**)
- **Expected Outputs** are the tangible or measurable deliverables that help you work towards the outcome you selected. Outcomes are the differences we make as a result of our outputs, which can be documents, processes, or policies that are developed as a result of the action step. Put another way, outputs are what the things we “walk away with” after we conduct an activity. Some examples might be: MOUs, Other types of partnership agreements, the connection mapping analysis document where gaps are identified, etc.
- **Re: Number of Action Steps:** There are a maximum of 5 Major Action Steps and 4 Sub Steps per Major Action Step for a total of 25 steps (5 Major, 20 Sub). Please do not feel obligated to fill out the entire allocated number of Action Steps. For example: You can only have 2-3 Major Action Steps and 1-2 Sub Steps for each and that is totally reasonable for your state’s SPINE project and the project period.



<b>Major Action Step 1:</b> Strengthen existing partnerships with the Iowa Food System Coalition and Iowa SNAC members. Also, create new partnerships with food, nutrition or healthcare partners.			
<b>Sub Action Step</b> <i>(who, what, where, how, when)</i>	<b>Responsible Party/Partners</b> <i>(Agency or the individual responsible for achieving the action step. Include partner(s) if any)</i>	<b>Expected Output</b> <i>(Provide expected output(s) for each action step, such as an MOU, a toolkit, training materials, 2 partners, 3 meetings attended, etc.)</i>	<b>Additional Comments</b> <i>(Added comments or resources useful for achieving the action step)</i>
<b>Sub Action Step 1.1:</b> Iowa HHS will meet with existing partners, and the Iowa SNAC members, to share SPINE goals and objectives in person and virtually.	Iowa HHS	Sign pledge by February 28, 2023 with SNAC members	Iowa Food System Coalition– 1 pledge Iowa SNAC Members– 6 pledges or combined into 1?
<b>Sub Action Step 1.2:</b> Iowa HHS will continue to strengthen and make new partnerships through 2023. Iowa HHS will engage new stakeholders through virtual and in person meetings and share SPINE goals and objectives.	Iowa HHS	1-3 meetings attended	
<b>Insert Major Action Step 2:</b> Use targeted assessments, environmental scan and updated Iowa food plan to develop a strategic plan for the Iowa Nutrition Network Partnership.			
<b>Sub Action Step</b> <i>(who, what, where, how, when)</i>	<b>Responsible Party/Partners</b>	<b>Expected Output</b> <i>(Provide expected output(s) for each action step, such as an</i>	<b>Additional Comments</b> <i>(Added comments or resources useful for achieving the action step)</i>



	<i>(Agency or the individual responsible for achieving the action step. Include partner(s) if any)</i>	<i>MOU, a toolkit, training materials, 2 partners, 3 meetings attended, etc.)</i>	
<b>Sub Action Step 2.1:</b> Iowa HHS will draft and finalize an infographic to inform Iowa Food System Coalition on relevant Iowa data that was gathered through the strategic planning process. Will provide the infographic to Iowa stakeholders and to the Iowa Food Plan.	Iowa HHS	Infographic will contain information related to the interview and survey results/findings that will include summaries, themes and recommendations for the Department's Iowa Nutrition Network Partnership.	Infographic will be provided to those who indicated they would like follow up information, interviewees and the Iowa Food System Coalition. Sharing data will strengthen our partnership with the IFSC.
<b>Sub Action Step 2.2:</b> Iowa HHS will hold meetings with Iowa SNAC members to discuss reports and set priorities. Priorities and goals will be used in the creation of a strategic plan.	Iowa HHS and Altarum	Iowa HHS team and Altarum will draft a strategic plan by May 31, 2023.	This will be a draft strategic plan and will serve as a living document that will likely be updated throughout 2023 and 2024 based on the feedback we get from the regional advisory groups and the focus groups.
<b>Insert Major Action Step 3 (works towards outcomes and supports your strategies):</b> Form a steering committee with local and regional agencies that are engaged in food and nutrition security that can assist in identification of members for regional advisory committees.			
<b>Sub Action Step</b> <i>(who, what, where, how, when)</i>	<b>Responsible Party/Partners</b> <i>(Agency or the individual responsible for achieving the</i>	<b>Expected Output</b> <i>(Provide expected output(s) for each action step, such as an MOU, a toolkit, training materials, 2 partners, 3 meetings attended, etc.)</i>	<b>Additional Comments</b> <i>(Added comments or resources useful for achieving the action step)</i>



	<i>action step. Include partner(s) if any)</i>		
<b>Action Step 3.1:</b> Work with Altarum identifying ways to recruit members for the steering committee.	Iowa HHS and Altarum	Recruitment materials and criteria for the steering committee.	
<b>Action Step 3.2:</b> Recruit steering committee members	Iowa HHS	Formation of 5-10 member steering committee representing all parts of the state. March-April 2023	
<b>Action Step 3.3:</b> Hold steering committee meetings	Altarum and Iowa HHS	PowerPoint which includes the purpose of the steering committee and brainstorming activities. March - April 2023	We plan on asking the preferred method and making a plan to provide data/information back to steering committee members.
<b>Insert Major Action Step 4 (works towards outcomes and supports your strategies):</b> Form 5 regional advisory committees which includes participants that work with target audiences (e.g. SNAP-eligible audience) and community leaders.			
<b>Sub Action Step</b> <i>(who, what, where, how, when)</i>	<b>Responsible Party/Partners</b> <i>(Agency or the individual responsible for achieving the action step. Include partner(s) if any)</i>	<b>Expected Output</b> <i>(Provide expected output(s) for each action step, such as an MOU, a toolkit, training materials, 2 partners, 3 meetings attended, etc.)</i>	<b>Additional Comments</b> <i>(Added comments or resources useful for achieving the action step)</i>
<b>Action Step 4.1:</b> Work with Altarum and steering committee to identify ways to recruit members for the steering committee.	Iowa HHS, Altarum and Steering Committee	Recruitment materials and criteria for steering committee. April- May 2023	



<b>Action Step 4.2:</b> Recruit advisory committee members	Iowa HHS and Steering Committee	Formation of 5 advisory committees with 5-10 members. May-June 2023	We plan on compensating advisory committee members for their time.
<b>Action Step 4.3:</b> Hold advisory committee meetings/listening sessions.	Iowa HHS and Altarum	PowerPoint which includes the purpose of the listening sessions and brainstorming activities. May-June 2023	
<b>Action Step 4.4:</b> Create a recruitment plan to get lived experience voices that are representative of that region as it relates to food and nutrition security	Iowa HHS, Altarum– Advisement from the advisory committees	Recruitment plan and materials. The recruitment plan needs to include ways to segment people out based on characteristics such as: black/African americans, white and hispanic, gender, adults with kids, older adults, etc. May-June 2023	
<b>Action Step 4.5:</b> Contractor will draft and finalize a report.	Altarum	Report will include best practices for recruitment, common themes from listening sessions and recommendations about the strategic plan goals and objectives. Due October 31, 2023	We plan on asking the preferred method and making a plan to provide data/information back to advisory committee members.

**Insert Major Action Step 5 (works towards outcomes and supports your strategies):** Hold focus groups for SNAP-eligible individuals to gather lived experiences to inform future nutrition and food insecurity PSE implementation activities and approaches.

<b>Sub Action Step</b> (who, what, where, how, when)	<b>Responsible Party/Partners</b> (Agency or the individual responsible for achieving the action step. Include partner(s) if any)	<b>Expected Output</b> (Provide expected output(s) for each action step, such as an MOU, a toolkit, training materials, 2 partners, 3 meetings attended, etc.)	<b>Additional Comments</b> (Added comments or resources useful for achieving the action step)
<u>Action Step 5.1:</u> Recruit members for focus groups	Iowa HHS, Altarum	Confirmed members for 10 focus groups, 2 in each region. September-October 2023	
<u>Action Step 5.2:</u> Hold Focus groups	Iowa HHS, Altarum	10 focus groups. November-December 2023	We plan on compensating focus group members for their time.
<u>Action Step 5.3:</u> Contractor will draft and finalize a report.	Altarum	Report will include best practices for recruitment, common themes from focus sessions and recommendations about the strategic plan goals and objectives. Due February 28, 2024	

# State Partnerships Improving Nutrition & Equity (SPINE)

## State Action Plan Template | State/Organization Name:

### Section 2: Partnerships

Partner Name	New, Existing, or Strengthened Partnership	How Partner Will Help to Implement SAP and Influence PSE Changes	<b>Progress</b> <i>Progress column(s) will be completed <u>during quarterly reporting</u> to describe progress in planned partnership activities and how efforts may have pivoted to address equitable food and nutrition security.</i>
Iowa Food System Coalition	Strengthened	The Iowa Food System Coalition will assist in the alignment of the strategic plan for the formed subcommittee. Throughout the development of the Iowa Food Plan the coalition has deployed focus groups and feedback sessions of those people working in food systems and the general population of Iowa to gain lived experiences. These experiences will be used to inform the goals of the Iowa Food Plan.	
Iowa Healthiest State Initiative	Existing	An existing SNAC partner that helps PSE changes throughout Iowa. This organization has specific programming that targets early care, worksites, communities, and individuals. Examples of PSE projects are a produce prescription pilot, 5-2-1-0 Healthy Choices Count! and Double Up Food Bucks.	

Iowa State University Extension	Existing	Iowa State University Extension is an existing USDA SNAP-Ed and PSE partner. Are experts in engaging rural communities and providing food related education throughout Iowa. They also specifically target Iowa food banks with their PSE project, 'Growing Together.'	
Iowa Supplemental Nutrition Program for Women, Infant, Children (WIC)	Existing	An existing SNAC partner. A USDA funded program, works with hospitals, community action agencies and expertise in nutrition and breastfeeding.	
State of Iowa Department of Education	Existing	An existing SNAC partner. A USDA funded program, works with schools throughout Iowa and expertise in nutrition initiatives aimed specifically at school aged children and food service guidelines.	
Dr. Jen Groos	Strengthened	Jen has worked with 5-2-1-0 and other PSE initiatives in the past. She currently works for a FQHC. She will assist in the engagement of other healthcare professional stakeholders.	
Dr. Dana Danley	New	Dana currently implements a PSE initiative with a local health center, a produce prescription and produce box program that is coupled with education related to chronic diseases. She will assist in the engagement of other healthcare stakeholders and provide insight into action steps or strategies on how PSE initiatives can be implemented at healthcare centers.	
Iowa Public Health Association	Strengthened	This group will be beneficial to identify individuals and organizations that can be included throughout the SPINE grant process.	
Iowa HHS SNAP-Ed	Existing	The main team for the Iowa HHS SPINE team. An existing SNAC partner that helps communities implement PSE changes. PSE initiatives include	



		Farm to School and Play Your Way, which is coupled with Pick a better snack, a nutrition education program in elementary schools. Additionally Physical Activity Access Program, a program that specifically improves access to activity for low income seniors in communities.	
Iowa Department on Aging	Existing	The Iowa HHS SNAP-Ed team regularly meets with the IDA to collaborate on ways to meet the needs of SNAP eligible adults 60+ in Iowa. The IDA sits on the SNAC committee which is developing a strategic plan to improve food/nutrition security with PSE changes.	
UnityPoint Health	New	As part of the CDC Oakridge Project a new relationship has begun. The Iowa HHS team has met with UnityPoint to share information on the SPINE grant and the Iowa SNAC. UnityPoint has internally been considering ways to make system changes related to food and nutrition security within their organization. We hope to stay engaged with UnityPoint through 2023.	

## State Partnerships Improving Nutrition & Equity (SPINE)



# State Action Plan Template | State/Organization Name:

## Section 3: Additional Information

### 1. Challenges/Barriers:

One anticipated challenge is healthcare professional capacity. Healthcare professionals in Iowa were stretched thin prior to the pandemic and even more so now. Forming new partnerships, completing a targeted assessment and forming a subcommittee with these individuals will prove to be difficult and may require some unusual navigation throughout this process.

The second anticipated challenge is bringing together a diverse set of stakeholders to the Iowa food plan and ensuring they understand the work of the subcommittee. Food security, health and nutrition quality are all vital parts of the food system. As the food system in Iowa is heavily dominated by agricultural production there may be competing priorities among subgroups.

### 2. Solutions, if any, related to challenges/barriers above:

We plan to engage a respected statewide healthcare professional leader, one of our partners, that can help with recruitment. We acknowledge the toll that the pandemic has had on healthcare professionals and we plan on being kind, flexible and appreciative for any amount of time we receive from these individuals.

The subcommittee will anticipate providing education about the importance of food and nutrition security as it relates to the food system of Iowa.

### 3. The state-level plan being leveraged for SPINE (please provide a description of the plan):

The PM leads Iowa's USDA State Nutrition Action Council (SNAC). The SNAC is a more than 20 year old partnership led by the Iowa HHS SNAP-Ed team. In this role, the PM has been working for over a year to align the partnership's efforts around PSE, including hosting webinars, facilitating strategic planning, and connecting with the work of the Iowa Food Systems Coalition.

The updated Iowa food plan, set to be released in June 2023 by the Iowa Food Systems Coalition, is a revitalization of the outdated 2011, "Iowa Local Food and Farm Plan". The Iowa Food Systems Coalition consists of nonprofits, universities, farmers, state agencies, food hubs, and farm to school staff. In 2021 members of the Iowa SNAC were part of the focus group and feedback process



for the Iowa Food Plan. In 2022 the PM took part in the visioning sessions for the Iowa Food Plan and meetings for the Iowa Food System Coalition.

Iowa HHS proposes to utilize the environmental scan, targeted assessments and Iowa Food Plan to develop a strategic plan specific for the subcommittee of state level public health programs and health care professionals.

Iowa HHS submits an annual SNAP-Ed plan that includes implementation of nutrition education and PSE strategies to individuals and communities in Iowa across the lifespan. The plan requires PSE approaches to be utilized and currently has three goals and six objectives related to PSE. The proposed activities of this grant would be written into the upcoming state plan in June 2023. This plan will also be used for long term sustainability of the strategic plan developed during the SPINE grant.

4. **Other Leveraged Funds:**

Iowa HHS is splitting costs for this project with SNAP-Ed funds. Additionally, supporting staff time for Haley Hopkins and Jill Lange are covered by SNAP-Ed funds.

5. **Other Comments:**

