

CREATING POLICY BRIEFS FOR INFANT & CHILD NUTRITION & PHYSICAL ACTIVITY: A CASE STUDY FOR DIETITIANS' PARTICIPATION IN POLICY



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Systems thinking is essential to effective problem-solving in public health. However, for those in clinical practice, *how to best support policy change beyond a single organization isn't always clear.* What follows is a case study in how a dietitian can participate in policy work for multiple audiences.

Objectives

1. Define potential roles for a dietitian's or similar health professional's knowledge in policy change.
 2. Identify skills outside clinical training that are required for dietitians working in policy-related issues.
- Then use the knowledge above to:
3. Describe the importance of health-related best practices in early childhood education (ECE) on the level of systems and policy rather than individual ECE programs.
 4. Create 3 policy briefs for use by the Washington State Department of Health (WA DoH) that describe adherence to health-related best practices in ECE in Washington state early learning programs.

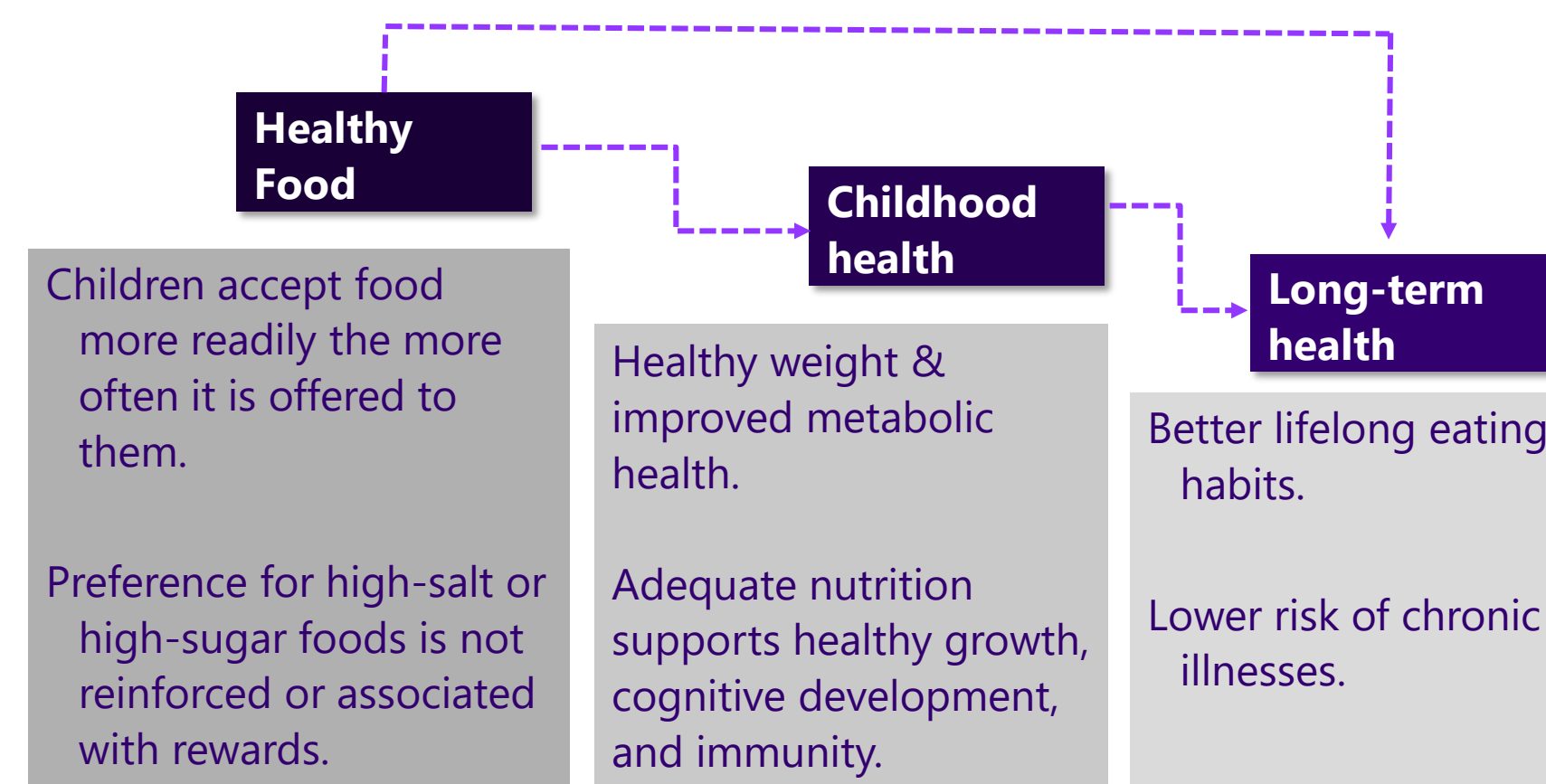
Methods

1. Attended legislative hearings, meetings of coalitions and advocacy groups.
2. Attended two legislative days where nonprofit organizations facilitate citizens' outreach to state legislators.
3. Completed a Voices for Healthy Kids spokesperson training given by an experienced federal lobbyist.
4. Reviewed scientific and gray literature on:
 - Short and long-term impacts of infant/childhood nutrition and physical activity.
 - Recommendations for and benefits around breastfeeding.
 - Successful interventions to improve best practices in ECE.
5. Reviewed WA DoH Washington State Survey of Nutrition and Physical Activity in Early Learning reports from 2013 and 2018.
6. Summarized 2018 findings in 3 detailed policy briefs for a wide audience on: toddler and child nutrition, infant health (nutrition/breastfeeding, and physical activity).

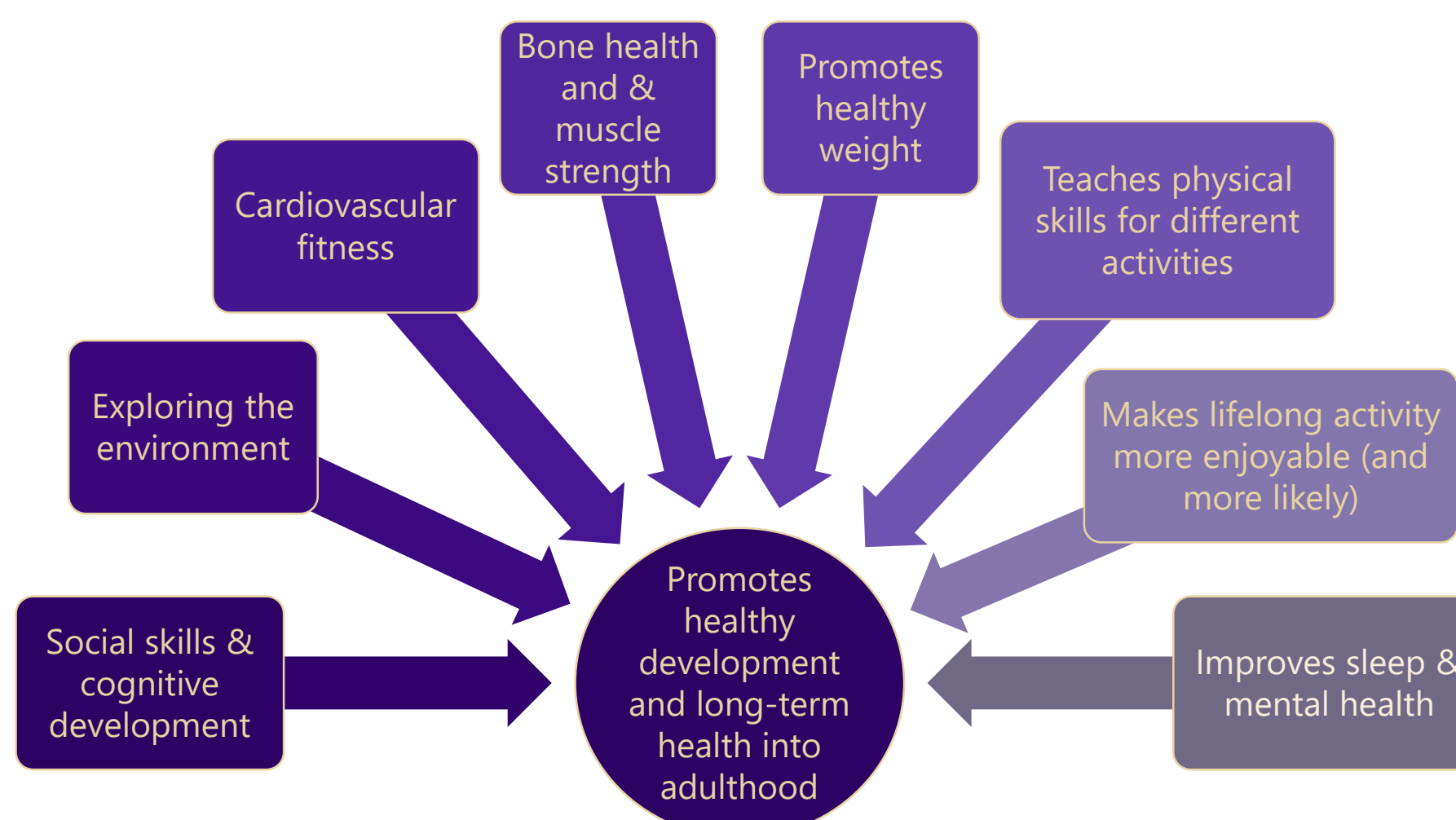
Findings: Samples from Final Policy Briefs

WA DoH has not yet published the 2018 survey report, so the results are not included here. Below are two examples of text and infographics version that will be included in shorter briefs distributed to legislators and advocacy groups.

Benefits of Good Nutrition in Children & Toddlers



Benefits of Physical Activity in Young Children



Recommendations: How To Support Clinicians' Participation in Policy Change

Help clinicians identify their "megaphone"

Every health practitioner needs to identify his or her megaphone: the person or agency with the most direct line of communication with whoever has the power to effect policy change in your clinical practice. Depending on the desired level of change, this might be a practice manager, city or state health department, a national non-profit, or a professional governing body (i.e. the Academy of Nutrition & Dietetics).

These entities, in turn, are responsible for continued outreach to clinicians to help them better understand their role in advocacy. Identifying themselves clearly as points of contact, as a part of professional training or employee orientation would be an excellent first step.

Collective action

Effective coalitions align themselves with the shared mission of multiple organizations, taking advantage of their collective expertise. In addition, coalitions such as the COPC have an active legislative team, which establishes a clear agenda on behalf of the coalition and effectively lobbies for action on legislation.

Hone advocacy and communications skills

Advocacy isn't a skill commonly taught in clinical training, but is required in order to effectively speak for patients and communities. Clinicians should be offered time and funding for training on how to quickly convey key messages to stakeholders and policymakers.

Effective writing for policymakers and other busy professionals is also key, and distinct from scientific writing. Brevity (keeping briefs to 1 page or less) is essential, as is a realistic and concrete ask of the target audience.

Reaching out to state officials

While federal policies determine much of our practice, a great deal of the policies dietitians work within are decided at the state level or below. Thankfully, state legislators are often available outside of legislative session. Emails are fine, but in-person communication can have more impact. Healthcare organizations should develop guidelines that facilitate in-person visits so legislators can understand how policy change could support practitioners, particularly those working with underserved populations.

Staying up-to-date

Busy clinicians may miss an opportunity to advocate for policy change. Dietitians can use DPGs or other networks to find listservs that match their professional interests, and sign up for any action alerts.

Data collection

Health information leaders should ensure the electronic health record or other data collection methods allow quantifying problems or the efficacy of public programs. Collecting metrics is a key part of making an argument in favor of policy change or maintenance of existing programs.



Washington State Capitol Building, Olympia, WA. Photo by Jessica Wolf.

Acknowledgments

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