

Public Health Practice Stories from the Field



Coordinated Efforts Reversing the Trend of Childhood Obesity in New York State

In 2003, obesity increased to a high of 16.7% from 13.9% in 1989 among New York State's low-income children aged 2–5 years participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Total obesity-related healthcare costs in New York State (NYS) exceed an estimated \$11.8 billion each year.

Beginning in the mid-1990s, NYS responded to rising childhood obesity rates by making several key changes to improve large-scale nutrition programs serving low-income children:

- Using science-based obesity prevention programs in childcare centers, including
 - **Eat Well Play Hard**—a nutrition and physical activity curriculum aimed at young children, parents, and childcare providers
 - **Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)**—a program that helps childcare providers assess and plan improvements in their nutrition and physical activity practices and policies
- Requiring healthier food and beverage offerings in nutrition programs for low-income families, such as the Child and Adult Care Food Program and the WIC food package
- Fostering state-level partnerships to establish standards in childcare settings for
 - Healthier food and beverages
 - Increased physical activity
 - Decreased screen time
- Promoting breastfeeding in WIC programs

\$11.8 billion

Annual obesity-related healthcare costs in New York State

15%

Decrease in 2003-2011 in the percentage of WIC children aged 2–5 years who were obese

500,000

Women, infants, and children reached by local WIC strategies to increase physical activity and improve nutrition

10%

Increase in percentage of new WIC mothers who began breastfeeding after systems and policy changes implemented

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Accomplishments

As a result of these NYS initiatives, obesity among low-income WIC children aged 2–5 years declined by 15%, from 16.7% in 2003 to 14.2% in 2011. In addition:

- Children who participated in Eat Well Play Hard were more likely to
 - Eat vegetables daily and drink 1% or fat-free milk
 - Choose vegetables for snacks and be offered vegetables by their parents
- NAP SACC was used in 254 childcare facilities, reaching 2,250 staff and 11,430 children. Childcare providers who completed the intervention improved nutrition and physical activity practices. Those with written policies sustained their improvements 2–3 years after participating in NAP SACC.
- NYS became the first state to revamp WIC food packages to reflect the latest science on healthy diets and obesity.
- Ninety-four WIC agencies reached 500,000 women, infants, and children through Fit WIC, a low-cost physical activity intervention. Participating staff reported healthy lifestyle changes, increased job satisfaction, and greater comfort in discussing physical activity with participants. Participating parents said their children watched less TV and played outside more.
- NYS convened a state-level partnership to help childcare providers adopt obesity prevention best practices. As a result, new nutrition and physical activity standards were added to the state's childcare quality rating improvement system and regulations for the state's 14,500 childcare providers, including
 - Mandatory serving of low-fat milk, water, or 100% juice, unless the parent supplies alternatives
 - Mandatory opportunities for physical activity every day
 - Limited screen time
- To help more WIC participants start and continue breastfeeding, the WIC program trained WIC educators as certified lactation counselors, started peer counselor programs in each local WIC agency, conducted social marketing campaigns, and worked with healthcare providers to promote breastfeeding benefits. Breastfeeding initiation rates among WIC mothers increased from 72% in 2008 to 79% in 2012.

Lessons Learned

- Isolated initiatives are not sufficient to improve and sustain obesity prevention practice. State agencies can establish statewide obesity prevention practices and standards and monitor performance over time.
- Nutrition, physical activity, screen time, and breastfeeding interventions can help improve practices in early childcare and education centers.
- Formal partnerships should focus on broad, commonly held goals rather than specific programmatic interests. This was essential to engaging key stakeholders, including state agencies and organizations.

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