

Welcome

Office for State, Tribal, Local and Territorial Support
presents . . .

CDC Vital Signs
Progress on Childhood Obesity:
Many States Show Declines

August 13, 2013
2:00–3:00 pm (EDT)



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

Agenda

2:00 pm	Welcome & Introductions	Richard Schieber, MD Coordinator, CDC <i>Vital Signs</i> Program, CDC
2:04 pm	Presentations	Lieutenant Commander Ashleigh L. May, PhD Epidemiologist, Obesity Prevention and Control Branch, National Center for Chronic Disease Prevention and Health Promotion, CDC Lonias Gilmore, MPH Public Health Consultant, Nutrition, Physical Activity and Obesity Training Coordinator, Michigan Department of Community Health Loretta A. Santilli, MPH Director, Division of Nutrition, New York State Department of Health
2:30 pm	Q&A and Discussion	Richard Schieber, MD
2:55 pm	Wrap-up	
3:00 pm	End of Call	



CDC
Vitalsigns™ Teleconference
to support STLT efforts and build
momentum around the monthly
release of **CDC Vital Signs**



CDC Vital Signs Town Hall Teleconference

Progress on Childhood Obesity *Many States Show Declines*

Lieutenant Commander Ashleigh L. May, PhD

Epidemiologist

Division of Nutrition, Physical Activity, and Obesity

National Center for Chronic Disease Prevention and Health Promotion

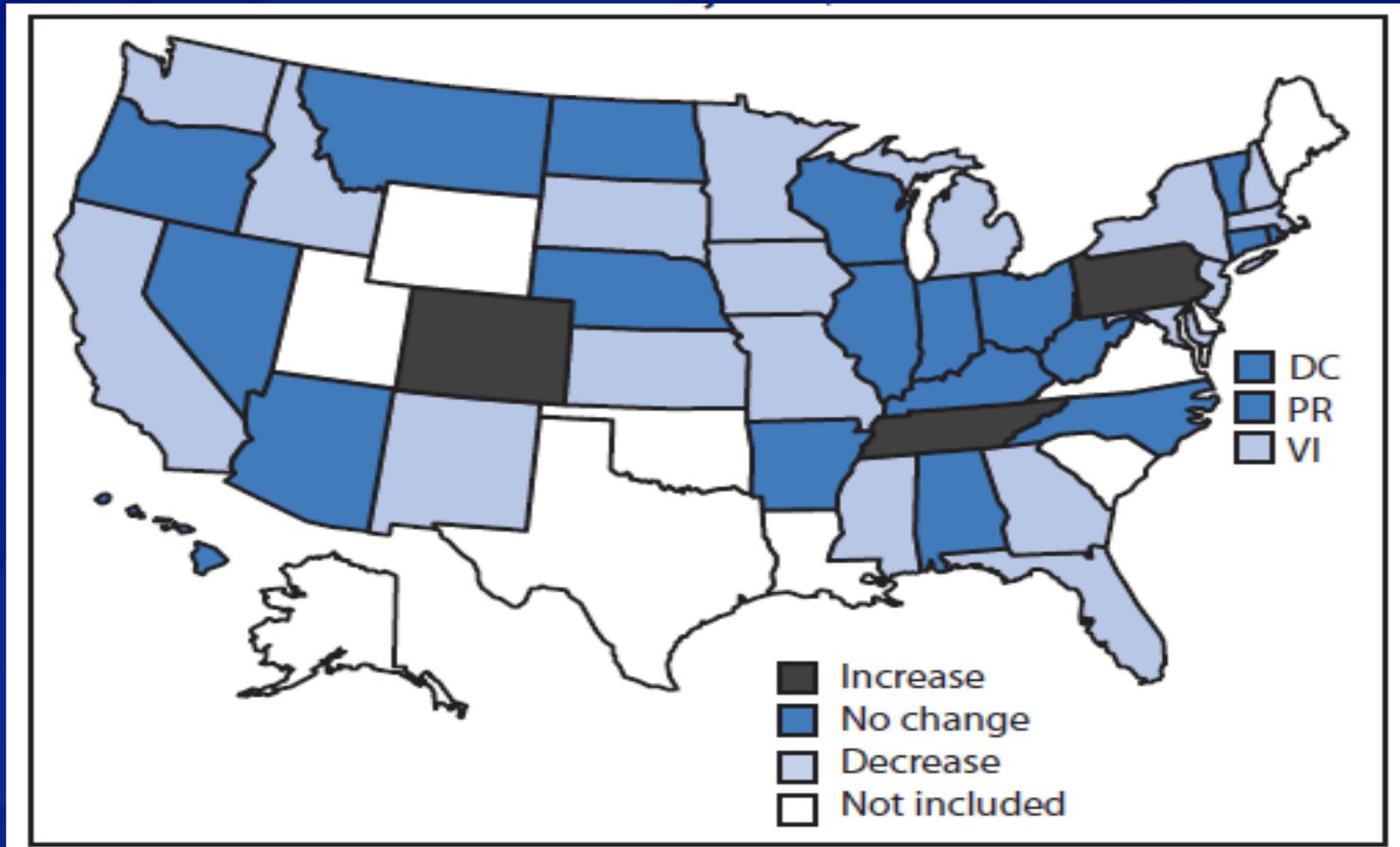
Centers for Disease Control and Prevention

August 13, 2013

Key Findings

- ❑ **After decades of rising, obesity rates among low-income preschoolers are now showing small, but significant declines in many states:**
 - Small declines in 19 of 43 states and territories
 - Small increases in 3 of 43 states and territories
 - No change in 21 of 43 states and territories

Figure 1. Decreases and increases*† in obesity§ prevalence from 2008 to 2011 among low-income preschool-aged children—Pediatric Nutrition Surveillance System (PedNSS), United States



* Trends assessed by logistic regression models adjusted for age, sex, and race/ethnicity

† Annual decreases and increases in obesity are statistically significant at $p < 0.05$

§ Obesity defined as having an age- and sex-specific body mass index ≥ 95 th percentile, according to the 2000 CDC growth charts

Childhood Obesity: Public Health Importance

- ❑ 1 in 8 US preschoolers is obese
- ❑ Obesity tracks into adulthood
 - Overweight or obese preschoolers are 5 times as likely to be overweight or obese as adults
- ❑ Negative health consequences over the life course
- ❑ Obesity is costly
 - Among adults, obesity was associated with \$147 billion in medical costs in 2008 (www.cdc.gov/obesity/data/adult.html)

State and Local Officials Can Help Reduce Obesity

□ Role of State and Local Officials

- Creating partnerships with diverse stakeholders
- Increasing access to healthy, affordable food and beverages
- Providing access to safe, free drinking water
- Helping local schools open gyms, playgrounds, and sports fields during non-school hours
- Encouraging the use of best practices for nutrition, physical activity, and screen time in child care

Resources

- ❑ Vital Signs Town Hall Teleconference
www.cdc.gov/stltpublichealth/townhall

- ❑ Vital Signs www.cdc.gov/vitalsigns

- ❑ Overweight and Obesity www.cdc.gov/obesity
 - Childhood Overweight and Obesity www.cdc.gov/obesity/childhood

- ❑ CDC's State Indicator Reports
www.cdc.gov/obesity/resources/reports.html

Questions?

For more information, please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: <http://www.cdc.gov>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Reducing Barriers to Eating Smart and Moving More for Michigan's Low-Income Families



Lonias Gilmore, MPH
Public Health Consultant and
Nutrition, Physical Activity, and Obesity Training Coordinator
Michigan Department of Community Health

design by Dóri Sirály for Prezi



Environmental support
increases opportunities for
low-income families with
children to eat healthier
and move more.



Healthy Child Care

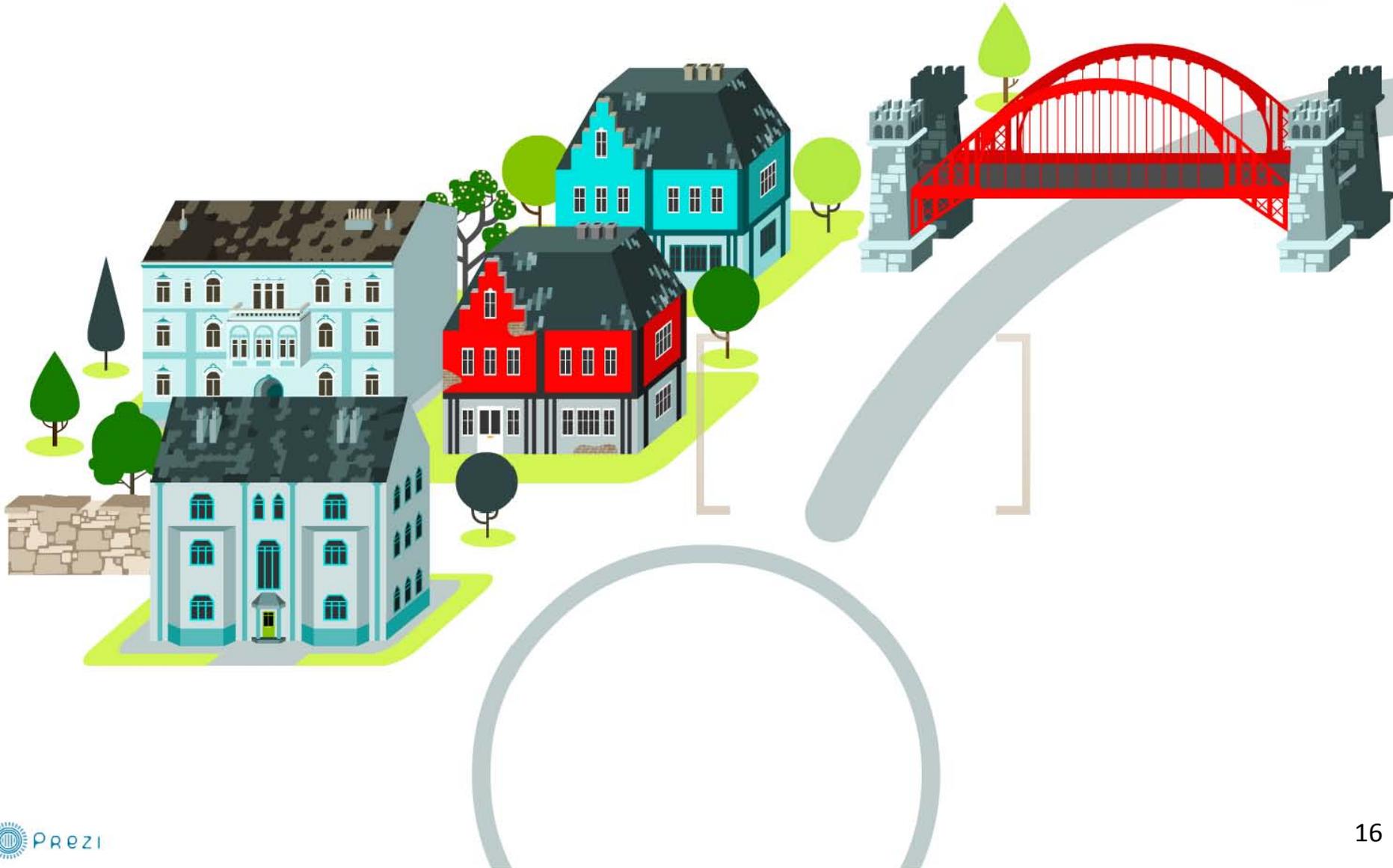
Nutrition and Physical Activity
Self-Assessment for Child Care
(NAPSACC) is online

1. Self-assessment
2. Action planning
3. Targeted technical assistance
and training



Healthy Child Care

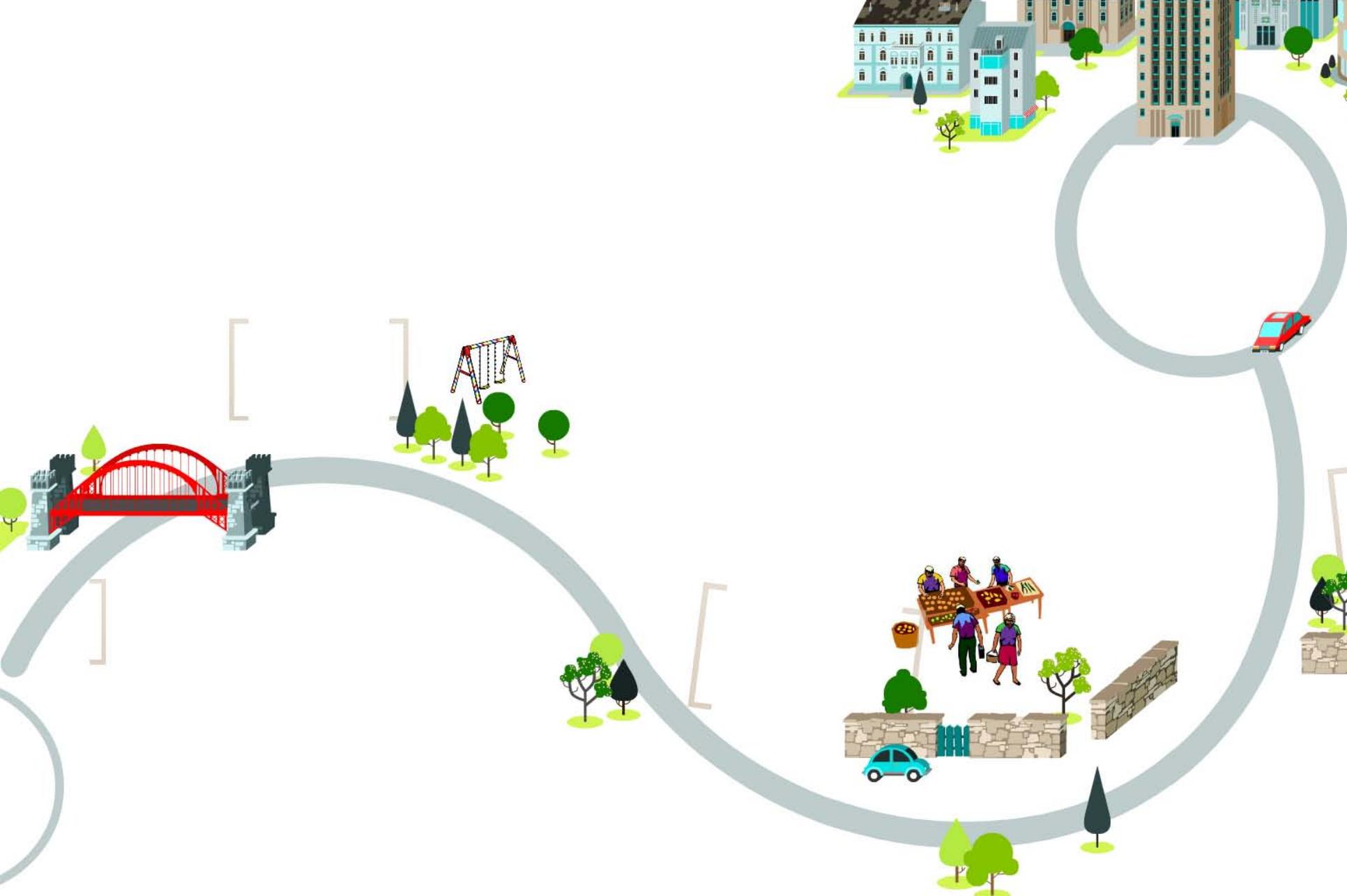
NAPSACC has reached more than **7,000** low-income children aged 5 years and under in nearly **100** licensed childcare centers.



Healthy Communities: Adequate and Safe Parks and Trails

Park improvements have the potential to increase access to physical activity for about 4,800 children from low-income families.

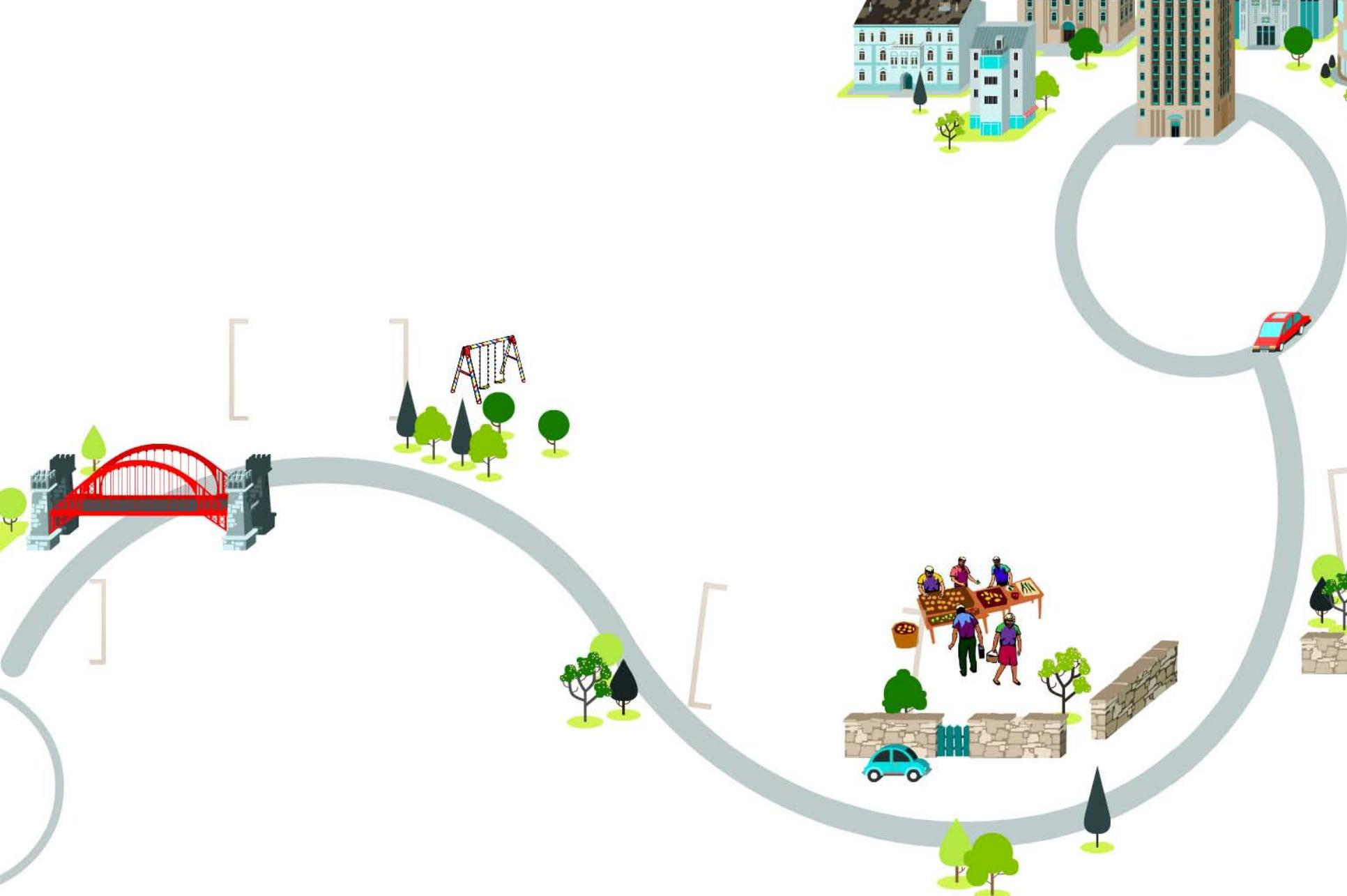




Healthy Communities: Healthy Food Access

- Farmer's markets across Michigan are accepting EBT
- Supplemental Nutrition Assistance Program (SNAP) recipients are making healthier lifestyle choices



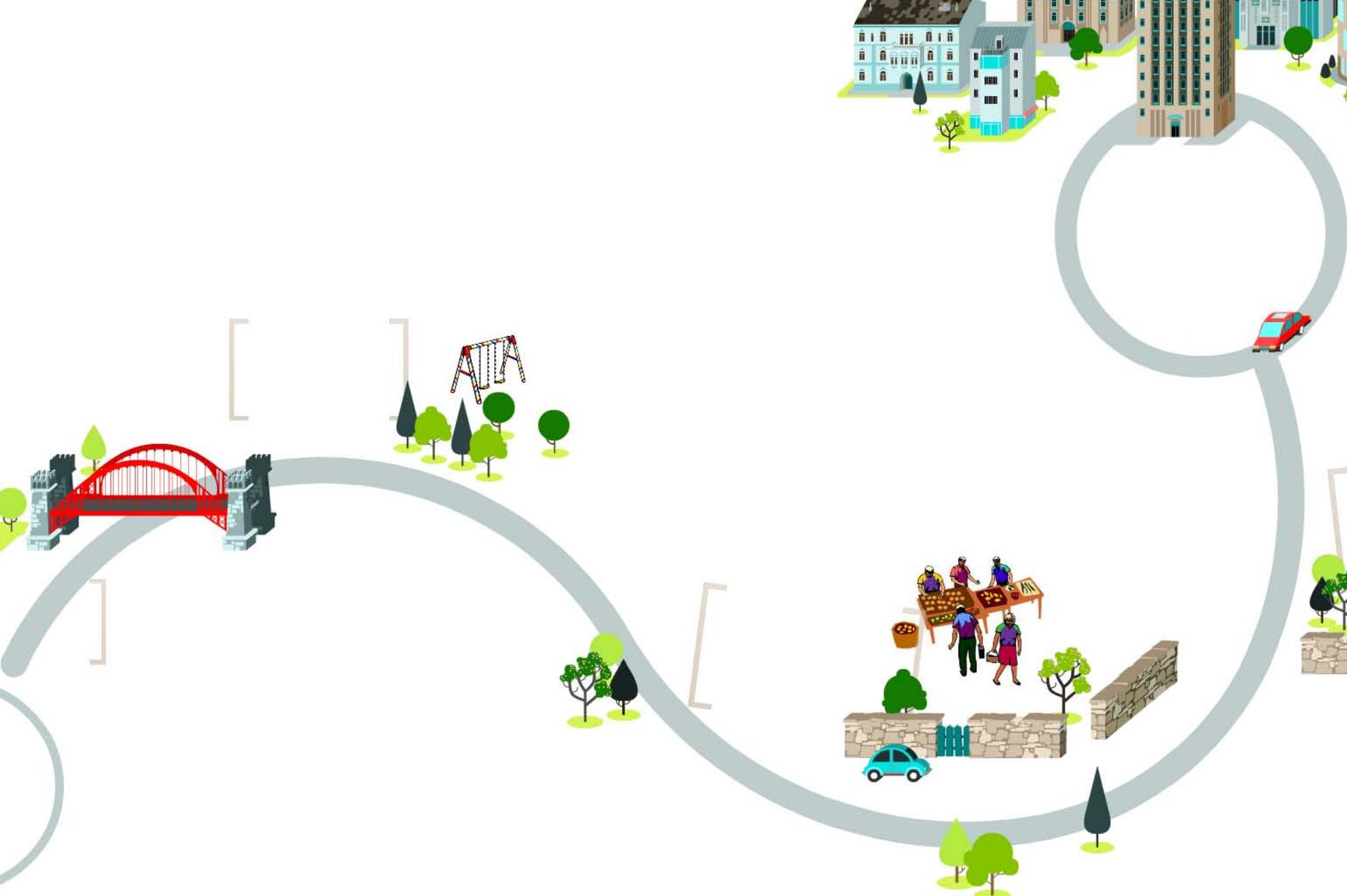




Lessons Learned

- Partnerships are key
- Building capacity in local jurisdictions works
- Policies make it stick







**Making the
“healthy choice” the
“easy choice” for
low-income families
with young
children**



Lonias Gilmore, MPH

Email: GilmoreL@michigan.gov

Michigan Healthy Childcare:

<http://mihealthtools.org/childcare>

MDCH Department of Community Health:

<http://www.michigan.gov/preventobesity>



**TOOLS FOR PROMOTING
HEALTHY GROWTH**

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

design by Dóri Sirály for Prezi

 **Building Healthy Communities**
Michigan Department of Community Health



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

Vital Signs Town Hall Teleconference
August 13, 2013

Loretta A. Santilli, MPH
Director, Division of Nutrition
New York State Department of Health
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Why Do We Care?

- Obesity in children and adolescents has **tripled** over the past three decades and has reached epidemic proportions
- Approximately **one-third** of children in New York State (NYS) are overweight or obese
- **Total obesity-related healthcare costs in NYS are estimated at \$11.8 billion every year**

Unless we reverse this trend, children may face a shorter lifespan than their parents



What Are We Doing About It?

- NYS has been responding to the rising obesity rates since the mid-1990s
 - State-level system and policy changes
 - Local, multi-faceted interventions
 - Cross-sector coordination including partnerships with early care and education system, health care settings, and the community
 - Evaluation and performance improvement



Prevention Is the Best Cure!

- Comprehensive Obesity Prevention Strategies
 - Support healthy food and beverage choices
 - Increase access to and consumption of non-fat/low-fat milk, fruits & vegetables, and whole grains
 - Promote and support breastfeeding
 - Encourage physical activity and limit sedentary activity (like screen viewing) among children and youth

CACFP

Child and Adult Care Food Program

- NYS CACFP is a \$213M program helping providers serve **330,000** nutritious meals and snacks per day to low-income children and adults in **14,000** daycare sites
- **Key Intervention—In 2010, NYS implemented a healthier meal pattern in CACFP facilities that exceeded national CACFP standards**





Eat Well Play Hard

- Eat Well Play Hard in Child Care Settings (EWPH-CCS)
 - National recognition as practice-tested intervention
 - Evaluation results
 - Increased children's daily at-home consumption of vegetables, use of 1% or fat-free milk
 - Higher rates of child-initiated vegetable snacking and parental offerings of vegetables
- Eat Well Play Hard in Day Care Homes is modeled after EWPH-CCS and customized for the family daycare environment



NAPSACC

- Statewide implementation of the Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC)
 - NAPSACC reached 254 child care facilities, 2,250 staff, and 11,430 children
 - Providers completing the intervention improved nutrition and physical activity practices
 - Sustained improvements at 2 to 3 years were associated with written policies

WIC

Supplemental Nutrition Program for Women, Infants, and Children

- \$550M federal grant program in NYS providing supplemental nutritious foods, information on healthy eating, and referrals to health care
 - Average monthly caseload is approximately 512,000 low-income women, infants, and children
 - WIC serves about 50% of all infants born in NYS
- **Key Interventions—Changes to WIC food packages and WIC Healthy Lifestyles Initiative**





WIC Interventions

- In 2009, New York became the **first state** in the nation to revamp its WIC food packages to reflect the latest science on healthy diets and address obesity
- WIC Healthy Lifestyles Initiative encourages participants and their families to adopt a healthier lifestyle through physical activity and improved nutrition
 - Implementation of FitWIC, a fun, low-cost, and innovative education approach to promote physical activity at all 100 WIC agencies



Breastfeeding Support Activities

- Designed to increase the initiation, duration, and exclusivity of breastfeeding in NYS
- WIC activities
 - Breastfeeding mother food package designed to support exclusive breastfeeding consistent with AAP policy statement
 - Loving Support Peer Counseling Program
 - Breastfeeding coordinators in local agencies
 - Breast pumps as needed
 - Making It Work Toolkit for working moms
- CACFP Breastfeeding Friendly Child Care Initiative
 - 549 breastfeeding-friendly designated CACFP participants
- Breastfeeding Quality Improvement in Hospitals
 - 16 breastfeeding-friendly hospitals in NYS

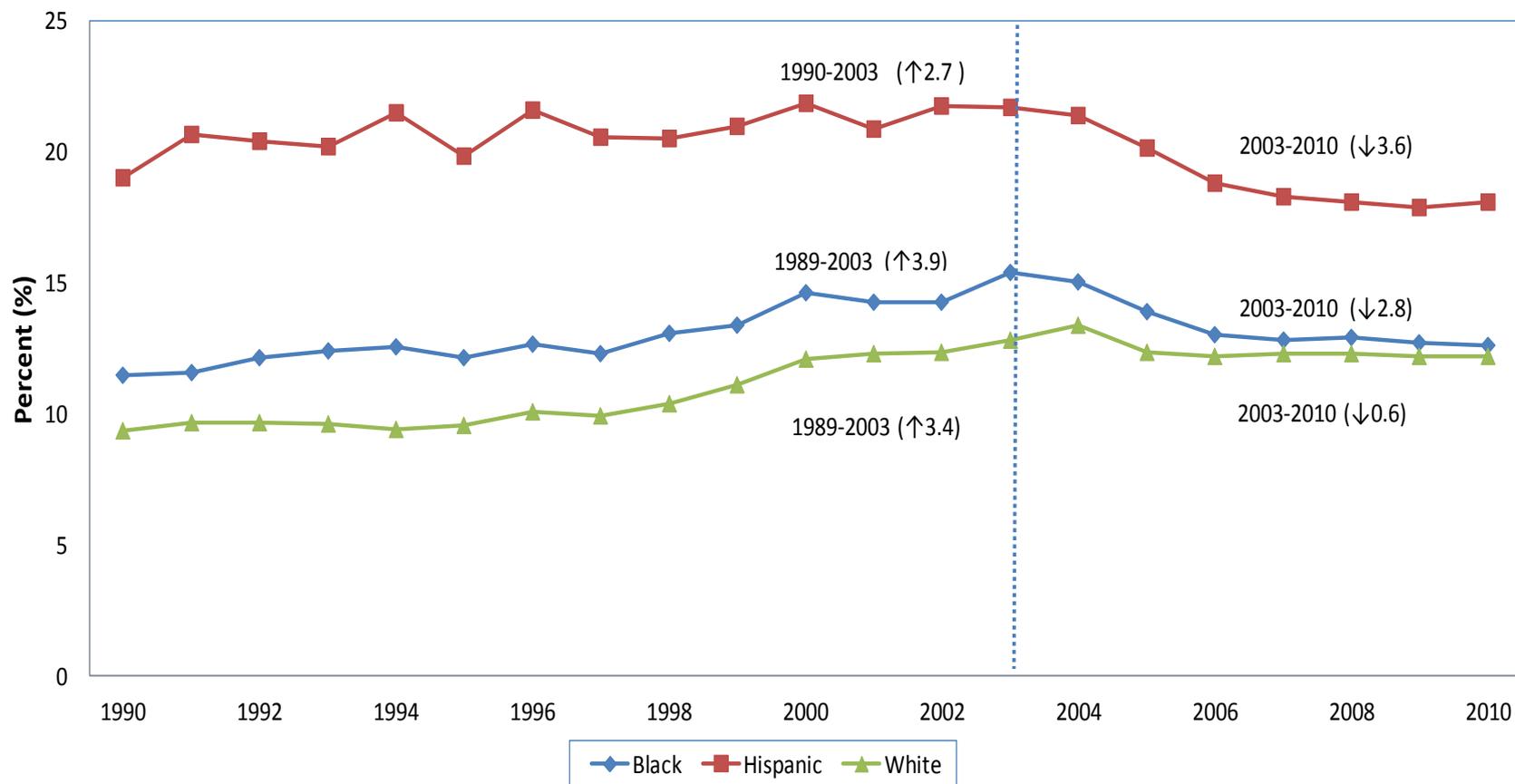


State-Level Partnerships

- Obesity Prevention in Child Care Partnership
 - Affiliated with the NYS Early Childhood Advisory Council
 - Advanced statewide adoption of obesity prevention best practices in child care settings
 - Resulted in the incorporation of nutrition, physical activity, screen time, and breastfeeding standards in NYS's child care quality-rating improvement system and in revised child care regulations

How Are We Doing?

Obesity Prevalence Trends Among WIC Children 2–4 Years by Race/Ethnicity, New York State, 1990–2010



We ARE Reversing the Trend!

- Obesity among children 2–5 years of age participating in WIC decreased from 16.7% in 2003 to **14.3%** in 2011.
- By 2011, approximately **6,800** more children 2–5 years in WIC were drinking low-fat or fat-free milk compared to whole milk (66.4% in 2009 to 69.4% in 2011).
- Breastfeeding initiation rates among WIC participants 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 obesity prevention practices and standards and monitor performance
- Nutrition, physical activity, screen time, and breastfeeding interventions can help promote and support practice improvements in multiple settings, including early child care and education centers
- Partnerships are essential to engage key stakeholders in individually and collectively addressing early childhood obesity and sustaining obesity prevention best practices over time

***CDC Vital Signs* Electronic Media Resources**

Become a fan on Facebook

www.facebook.com/cdc

Follow us on Twitter

twitter.com/CDCgov/

Syndicate *Vital Signs* on your website

<http://tools.cdc.gov/syndication/search.aspx?searchURL=www.cdc.gov%2fvitalsigns>

***Vital Signs* interactive buttons and banners**

www.cdc.gov/vitalsigns/SocialMedia.html

Public Health Practice Stories from the Field

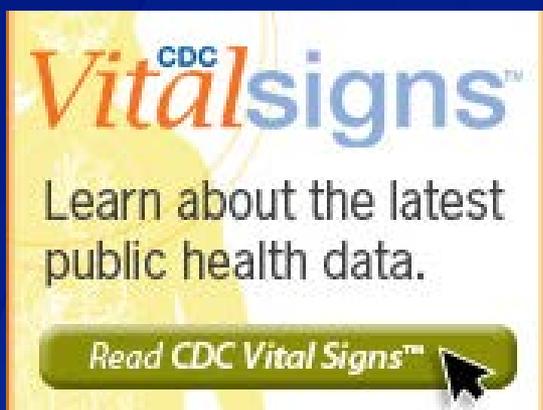
- Stories about the implementation of Public Health Practice Stories from the Field



www.cdc.gov/stltpublichealth/phpracticestories

Provide feedback on this teleconference:

OSTLTSFeedback@cdc.gov



Please mark your calendars for the next
Vital Signs Town Hall Teleconference

September 10, 2013

2:00–3:00 pm (EDT)

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