

Welcome

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

CDC Vital Signs
**Progress on Children Eating More Fruit,
Not Vegetables**

August 12, 2014
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	Sonia A. Kim, PhD Epidemiologist, Nutrition Branch, National Center for Chronic Disease Prevention and Health Promotion, CDC Diane Peck, MPH, RDN Public Health Nutritionist, Obesity Prevention and Control Program, Alaska Department of Health and Social Services Kelli Stader, MPH, RD, CLS Nutrition Coordinator, Chronic Disease Prevention Unit, Wisconsin Department of Health Services
2:30 pm	Q&A and Discussion	Richard Schieber, MD
2:55 pm	Wrap-up	
3:00 pm	End of Call	



CDC *Vital*signs™ Teleconference

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



CDC Vital Signs Town Hall Teleconference

Progress on Children Eating More Fruit, Not Vegetables

Sonia A. Kim, 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 12, 2014

Key Findings

- ❑ The amount of whole fruit* children ate increased by 67% from 2003–2010, but remained low
- ❑ Whole fruit replaced fruit juice as the main contributor to children's diets
- ❑ The amount of vegetables children ate did not change, and was low

*Includes all forms of fruit (fresh, frozen, canned, and dried), except juice.

Fruits and Vegetables: Public Health Importance

- ❑ Provide vitamins, minerals, and fiber, which are important for growing bodies
- ❑ Intake tracks into adulthood
- ❑ Lower risk of heart disease, stroke, and some cancers; help with weight management

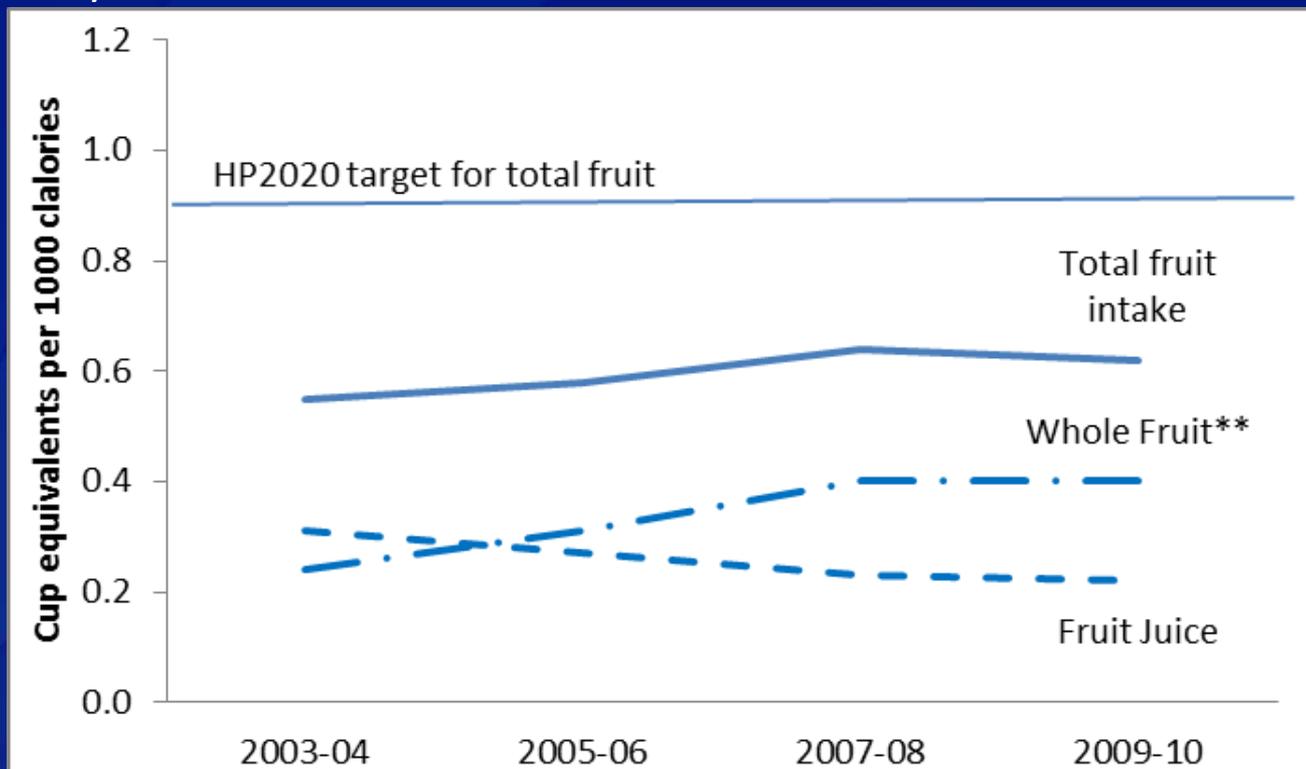
- ❑ **6 in 10** children don't eat enough fruit
- ❑ **9 in 10** children don't eat enough vegetables

Methods

- ❑ National Health and Examination Survey (NHANES) 2003–04 to 2009–10
- ❑ Children aged 2–18 years
- ❑ 24-hour dietary recall
- ❑ Total fruit
 - Whole fruit, juice
- ❑ Total vegetables
 - Dietary guidelines-encouraged (dark green, orange, red, and legumes)
 - White potatoes
 - Other
- ❑ Socio-demographic characteristics

Children ate more whole fruit, but they still need more

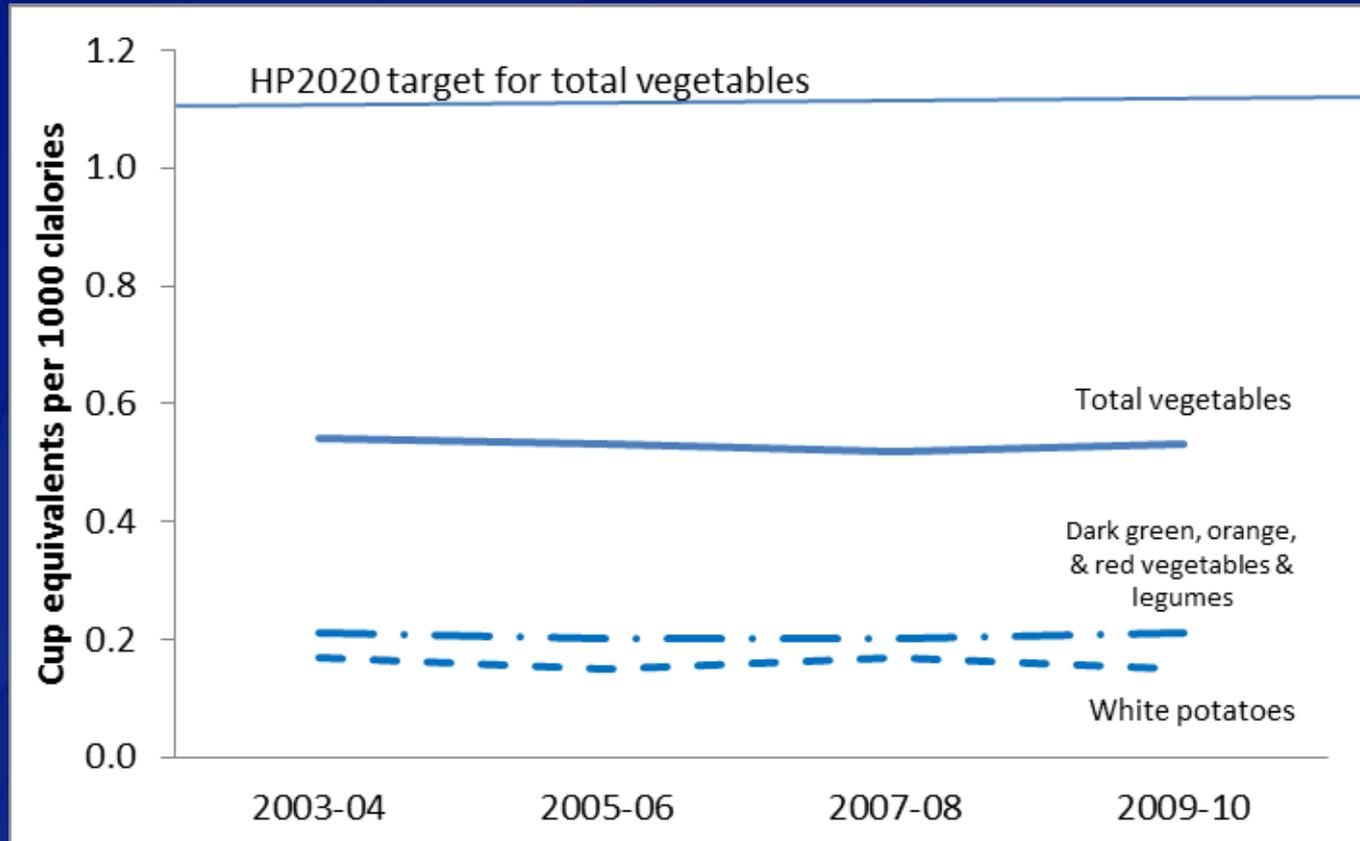
Mean intake of fruit in cup-equivalents per 1,000 calories among children, 2–18 years, National Health and Nutrition Examination Survey 2003 to 2010*



*Age adjusted to 2000 US population; ** All forms of fruit, excluding juices

No change in the amount of vegetables children ate

Mean intake of vegetables in cup-equivalents per 1,000 calories among children, 2–18 years, National Health and Nutrition Examination Survey 2003 to 2010*



*Age adjusted to 2000 US population; Other vegetables not shown

Child Care and Schools Can Help Improve Fruit and Vegetable Consumption

- ❑ About 60 million US children are enrolled in child care* or school
- ❑ Child care, school districts, and schools can
 - Meet or exceed current federal nutrition standards for meals and snacks
 - Serve fruits and vegetables whenever food is offered
 - Train staff to make fruits and vegetables more appealing and accessible

* Includes child care centers, daycare homes, Head Start programs, preschool, and pre-kindergarten

Child Care and Schools (continued)

- ❑ Child care, school districts, and schools can
 - Encourage teachers and staff to serve as role models for healthy eating
 - Provide nutrition education and hands-on learning opportunities, such as growing, tasting, and preparing fruits and vegetables

State and Local Officials Can

- ❑ Include nutrition standards that meet or exceed Child and Adult Care Food Program (CACFP) or those found in Caring for Our Children in Child Care licensing requirements and Quality Rating and Improvement Systems
- ❑ Provide training for child care and school staff on buying, preparing, and serving fruit and vegetables
- ❑ Help child care providers and schools reduce fruit and vegetable purchasing costs and develop farm-to-school and farm-to-preschool initiatives

Resources

- ❑ Vital Signs Town Hall Teleconference www.cdc.gov/stltpublichealth/townhall
- ❑ Vital Signs www.cdc.gov/vitalsigns
- ❑ School Health Guidelines to Promote Healthy Eating and Physical Activity <http://www.cdc.gov/healthyyouth/npao/strategies.htm>
- ❑ CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables http://www.cdc.gov/obesity/downloads/FandV_2011_WEB_TAG508.pdf
- ❑ CDC's State Indicator Reports www.cdc.gov/obesity/resources/reports.html
- ❑ USDA Healthier School Day—"Tool for Schools" Toolkit <http://www.fns.usda.gov/healthierschoolday>
- ❑ CDC's Overweight and Obesity Strategies and Solutions for My Community <http://www.cdc.gov/obesity/strategies/communitystrategies.html>
- ❑ Caring for Our Children, 3rd Edition <http://cfoc.nrckids.org/>

Contact

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



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Photo credit: Alaska Division of Agriculture

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Farm to School Program, Palmer



Photo Credit: Alaska Division of Agriculture

Nutritional Alaskan Foods for Schools Grant, Chugiak



Photo Credit: Chugiak High School

Salad Bars to Schools, Kiana



Photo Credit: Danny Daniels Photography

School Wellness Grantee Program – Yukon-Koyukuk School District



Photo Credit: Yukon-Koyukuk School District



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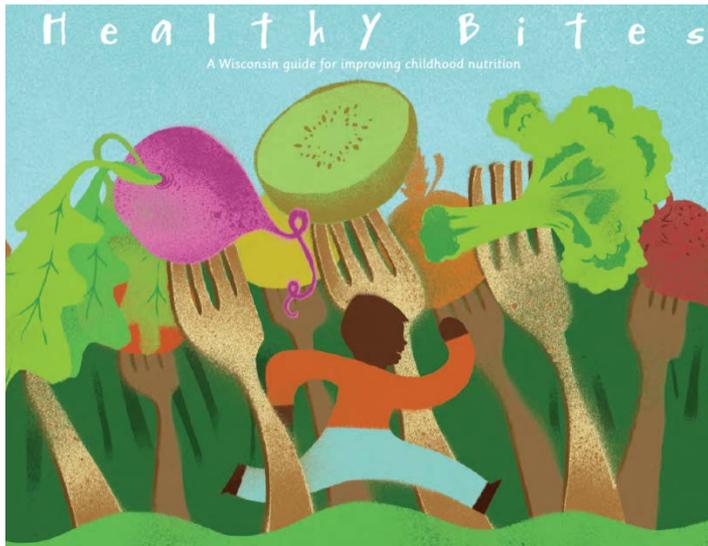
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Healthy Bites in Wisconsin



Kelli Stader, MPH, RD, CLS
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Wisconsin Early Childhood Obesity Prevention Initiative (WECOPI)

Mission: To develop and implement a collaborative statewide multi-strategy, evidence-based initiative to enhance nutrition and physical activity among 0–5-year-olds and their families by engaging providers, families, community partners, and other stakeholders

Membership

- Department of Health Services (DHS)—Resource development
- Department of Public Instruction (DPI)—Training
- Department of Children and Families (DCF)—Regulator/rules
- University of Wisconsin-Extension—Education
- Wisconsin Early Childhood Association—Trainer/conduit
- Supporting Families Together Association—Trainer/conduit
- Wisconsin Council on Children and Families—Advocacy



Healthy Bites (HB) Table of Contents

Nutrition for Children

Fruits & Vegetables

Grains & Breads

Meat & Beans

Alternates Beverages

Nutrition for Infants

Infant Feeding Practices

Infant Beverages

Infant Foods



Nutrition Environment

Menu Planning

Children with Disabilities or Other Special Dietary Needs

Meal Time Environment

Family Style Meal Service

Role Modeling

Picky Eaters

Locally Grown Foods

Gardening

Nutrition Education for Staff, Children and Parents

Foods Brought From Home

Celebrations

Fundraising

Staff & Work Place Wellness

http://fns.dpi.wi.gov/files/fns/pdf/healthy_bites.pdf



Healthy Bites Toolkit

- Each section contains
 - Serve These, Instead of These (Recommendations)
 - Why? (Rationale)
 - How? (Action Steps)
 - Sample Program Policies
- Quality Improvement Plan
 - Includes template for aims, barriers, tasks, responsible parties, resources, timeline, and evaluation



Fruit and Vegetable Guidelines

- Serve these...
 - Variety of fresh, frozen, canned, or dried fruits
 - Canned in water or 100% juice
 - Variety of fresh, frozen, or canned vegetables, especially dark-green, red, and orange; and beans and peas
 - Canned labeled as reduced sodium or no salt added
- Instead of these...
 - Canned fruits in syrup
 - Fried or pre-fried vegetables



Infant Fruits & Vegetables

- Serve these...
 - Offer variety of the following
 - Commercially prepared baby fruits and vegetables
 - Fresh or frozen fruits and vegetables
 - Canned fruits in water or 100% juice
 - Canned vegetables with no added salt
- Instead of these...
 - 100% fruit and vegetable juices until at least 12 months
 - Fruits and vegetables with added fat, salt, honey, sugars, or other sweeteners (including baby desserts)
 - Commercially prepared baby food dinners listing a fruit or vegetable as first ingredient
 - Fried or pre-fried vegetables
 - Fruits and vegetables that present choking hazards

Nutrition Environment

- Introduce locally grown produce into menus
 - Potential sources: farms, farmers' markets, community supported agriculture, produce auctions, gardens
- Start childcare garden, participate in community garden, or provide gardening experience at nearby site





Trainings

- CACFP Wellness grant—437 providers
- 2013 *Let's Move!* Child Care Workshop—74 attendees
- Wisconsin Partnership Program Healthy Bites grant—5 providers
- Child Care Resource & Referral—146 providers
- 2014 Wisconsin CACFP Conference—288 attendees
 - Keynote: Preventing Childhood Obesity
 - Farm to Preschool
 - Childcare gardens
 - Choosing healthy foods
 - Food and nutrition activities for kids



Fruit & Vegetable Early Care and Education Data

- 2010–2012 USDA CACFP Wellness grant (N=148 Group; 255 Family providers)
 - Serve fruits and vegetables at snack 3 times or more per week
 - Group increased 29%
 - Family increased 17%
 - Offer different varieties of fruits and vegetables all of the time
 - Group increased 44%
 - Rarely/never serve locally grown fruits and vegetables
 - Group decreased 26%
 - Family decreased 8%
 - Child care gardens
 - Group increased 20%
 - Family increased 8%

Policy & Systems Change

- State child care licensing and regulation
 - Commentary updates
- YoungStar (Quality Rating & Improvement System)
 - Nutrition point (CACFP)
- Governor's Early Childhood Advisory Council
 - WECOPI project team





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Vital Signs interactive buttons and banners

www.cdc.gov/vitalsigns/SocialMedia.html

Public Health Practice Stories from the Field

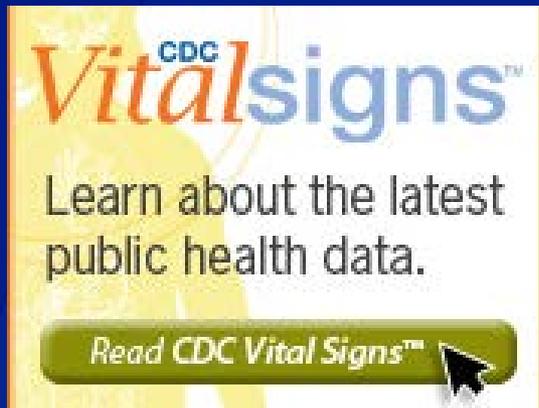
- Stories about the implementation of Public Health Practice Stories from the Field



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 9, 2014

2:00–3:00 pm (EDT)

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

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