

CDC *Vital Signs* Town Hall Teleconference

Progress on Childhood Obesity: Many States Show Declines  
Q&A

August 13, 2013  
2:00–3:00 pm EDT

Dan Baden: All right thank you very much for the wonderful presentations by all of you.

I'd like to remind everyone that you can get into queue to ask questions by pressing star 1, record your name when prompted and you'll be announced into the conference by the operator when it's your turn to ask the question.

I encourage you all to take advantage of this opportunity to share strategies, lessons learned, challenges, success stories and the like.

So to start us off this is all very encouraging, great news that we're hearing. I'm wondering if you could tell us what you think might have contributed to the declines in rates?

Dr. Ashleigh May: Hi. This is Ashleigh at CDC. We think there are multiple things that may be happening. We can't really pinpoint one specific factor that may have contributed to the declines that we found and reported in our report.

But among the possible factors may be some of the national initiatives that have occurred including *Let's Move* and even recommendations from organizations such as the Institute of Medicine that has focused on childhood obesity.

We also know there were some changes to the WIC food packages that occurred in 2009 to better align them with the dietary guidelines for

Americans and increasing fruits and vegetables included in those packages, increasing whole grains among other healthy food items.

And so those changes may have directly impacted the children who were included in our study.

Another factor that may come into play are some of the state and local initiatives, some of them that you've heard about today and on the call from the Lonias and Loretta.

And those changes have focused on a number of things including improving nutrition and physical activity, standards in child care settings and also various things the states and local communities are doing focusing on increasing healthy for retail among other topic areas.

There've also been increases in breast-feeding as Loretta just mentioned at the national level population level and across states.

And there's also been reductions in the consumption of sugar sweetened beverages among children. So we think, you know, all of these things and possibly others may be contributing to some of the declines that we're seeing across states.

Dan Baden: Okay great. Thank you very much. On a different tack, I still see many parents giving out juice boxes at birthday parties or at the swimming pool and I've seen overweight parents get really irate with their clinicians when they suggest that their children may be overweight.

Do you have any suggestions on how we can engage parents who don't recognize that their children are overweight?

Dr. Ashleigh May: I think one of the important things to remember and encourage parents to do is to be engaged with their healthcare provider in monitoring their child's weight so that they're aware of whether or not their child is overweight or on the road to becoming overweight and also learning about possible community resources from the healthcare providers as well to help improve nutrition and physical activity in the home.

Dan Baden: Okay great. Anyone else want to say anything on this?

Loretta Santilli: Hi. This is New York State. Something that we were just thinking about is really the healthy eating practices and the increased physical activity can be a touch point for the clinician with any child. It doesn't necessarily have to focus on those children that are showing signs of being overweight or obese.

So if it's built into those standard interactions with every child then maybe that parent won't necessarily feel specifically targeted.

Dan Baden: Good idea. So a different question, this one aimed at Loretta. You talked about the changes you made with WIC. Can you expound on that a little bit?

Loretta Santilli: Sure exactly. So we were talking about the food packages in general. So in 2009 that's when we first revamped that food package.

So what that food package did was to require the package for those that aren't familiar with WIC it is not a dollar value. It is actually a food prescription.

So the participants take a check that has very specific food items listed on them that are grouped together in a way that when put together sets up a very nutritious grouping of food.

So adding more fruits and vegetable to that package, looking at the grains to make sure those grains are the whole grain, changing over the milk instead of whole milk looking at the nonfat milk for the 2 to 4-year-old, looking at foods that had less fat, cholesterol, sodium.

So when we then add a food to the WIC acceptable foods list our nutritionists are selecting those foods that meet these higher levels of nutritional content as well as when put together put, you know, makes a well-balanced grouping. So that was some of the food changes, food package changes.

Dan Baden: Wonderful, thank you. Operator can you check if anyone's in the queue?

Coordinator: Yes. I am showing one question from Doug Beardsley and your line is open.

Doug Beardsley: Hi. This is Doug Beardsley with Jones County Public Health in Iowa. We're looking at our partnerships but also federal partnerships.

I was wondering if anybody could comment on potential strategies of looking at the SNAP program and having that look a little more like the WIC program?

Some great examples and I think success is there but under SNAP you can get a whole variety of very unhealthy very fattening food.

And I think bringing our federal partners in to that to maybe restrict or somehow promote healthier food is there any strategy at the federal level to work on that or can anybody else comment on that?

Heidi Blanck: Hi. This is Captain Heidi Blanck. I'm the chief of the ABC Prevention and Control Branch and work with Lieutenant Commander May here.

We have ongoing calls with USDA related to a number of our nutrition, physical activity, and obesity initiatives including SNAP Ed and SNAP.

What we've heard from folks there at USDA is that they are very open to small scale pilots and petitions.

I know in the past there have been some approaches Minnesota, New York City and others.

Those may not have been approved but we do hear that they are open. I think though what that would take is some rigorous design and evaluation related to those to show some improvement.

But we do hear that this is just from colleague to colleague that they are open for small-scale experiment.

Dan Baden: Okay thank you. Operator any other questions in queue at this time?

Coordinator: Not at this time.

Dan Baden: All right well I'll jump in with another one. Two of you mentioned NAP SACC. And I'm sorry, I'm not that familiar with the program. Can you talk more about that program like how many states are participating or anything you feel?

Dr. Ashleigh May: Can you repeat the question?

Dan Baden: Two of you talked about NAP SACC and I'm not that familiar with the program. It sounds like it's in Michigan and New York though.

Can you tell us more about the program or tell the group more about the program? Is it national? How many states is it in -- things along that line? I personally am not that aware of it.

Loretta Santilli: Hi. This is New York State. I think what we could do is give just a quick overview. I think we might want to tap into our CDC colleagues to talk about the national perspective.

Sarah Bonemwelgi: Hi. This is Sarah Bonemwelgi in New York. And the NAP SACC program was recommended to us by CDC so that is one of the reasons we piloted beginning in 2006 and then went to a statewide implementation in 2007.

And it's really designed as a continuous process of improvement whereby you use a standard self-assessment to assess your practices in childcare and discover the level at which you're performing.

You do this with several measures related to nutrition and physical activity to identify areas you like to improve.

And the childcare director does this. This is a voluntary process; this is not a prescriptive or imposed process. And that's one of the reasons we think it works.

You then identify areas you want to improve and develop an actual but simple improvement plan. You're also provided with consultation and training. And this is from a trained NAP SACC consultant.

And that training now can be done online through the center TRT site at University of North Carolina.

And so you would - childcare providers have their staff trained in issues relating to early childhood obesity, healthy eating, physical activity, reduced screen time and also personal health for childcare staff.

And that's an important one because when they embrace those practices they're more likely to promote them with the children they work with.

And then over a period of about six months consultation is provided. And this can be done at many levels. This was previously mentioned by telephone by email and in person to help providers act upon their improvement plan.

And then at the end of the six to eight months period they conduct another reassessment to see where they have improved, whether they've hit the markers they were going for and then they identify additional areas for improvement.

If someone else can speak to the number of states that's using NAP SACC that would be great.

Heidi Blanck: Hi. This is Captain Heidi Blanck again. We know that there is a number of states that have voluntary initiatives like those described here.

We also have at the national level the *Let's Move* childcare checklist that was brought up. So a number of years ago NIH and CDC worked with Diane Ward and other academic experts at University of North Carolina to validate and create the NAP SACC tools.

Now in the *Let's Move* childcare checklist we kind of called that NAPSACC 2.0 in the sense that this is trying to take the best practices and streamline them somewhat.

We have over 10,000 childcare providers in the nation that have signed on voluntarily to the checklist. And we monitor to see those that are meeting the best practices.

We have in every state right now we have an interactive map on our website so you can go on there and see the number childcare providers in your state that are currently part of that childcare checklist.

Not all large systems are currently inputting their data. So for example we work also with the Department of Defense and other groups that have centers throughout the US. Those don't show up but you get a nice kind of a sense of how this is really spreading across the nation as a way to really support the childcare center as a change in environment in policy and practice.

Dan Baden: All right. Thank you very much. One last check out to the operator, any questions in the queue?

Coordinator: Not at this time.

Dan Baden: Okay. So before we close we'd love you to let us know how we can improve these teleconferences so they're more beneficial to you.

You can email us your suggestions at <mailto:ostltsfeedback@cdc.gov>. That's O-S-T-L-T-S-feedback, one word, at cdc dot gov.

We hope you'll be able to join us for next month's call which will be focusing on hypertension and cardiovascular diseases. That will be held on September 10.

And I want to thank all the presenters and everyone who attended the call. That ends today's call. Goodbye.

Coordinator: Thank you. That does conclude today's conference. Parties may disconnect at this time.