

National Policy Update: Key Childhood Obesity Initiatives

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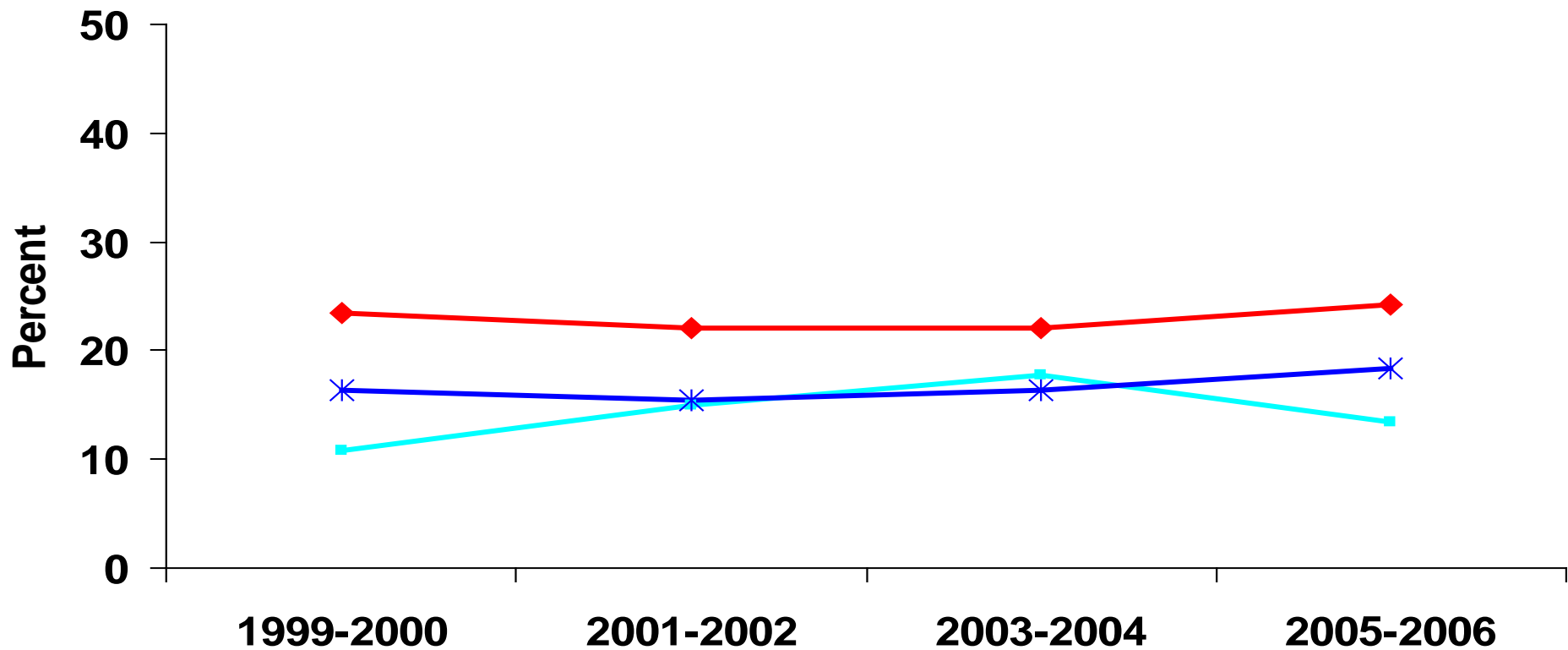
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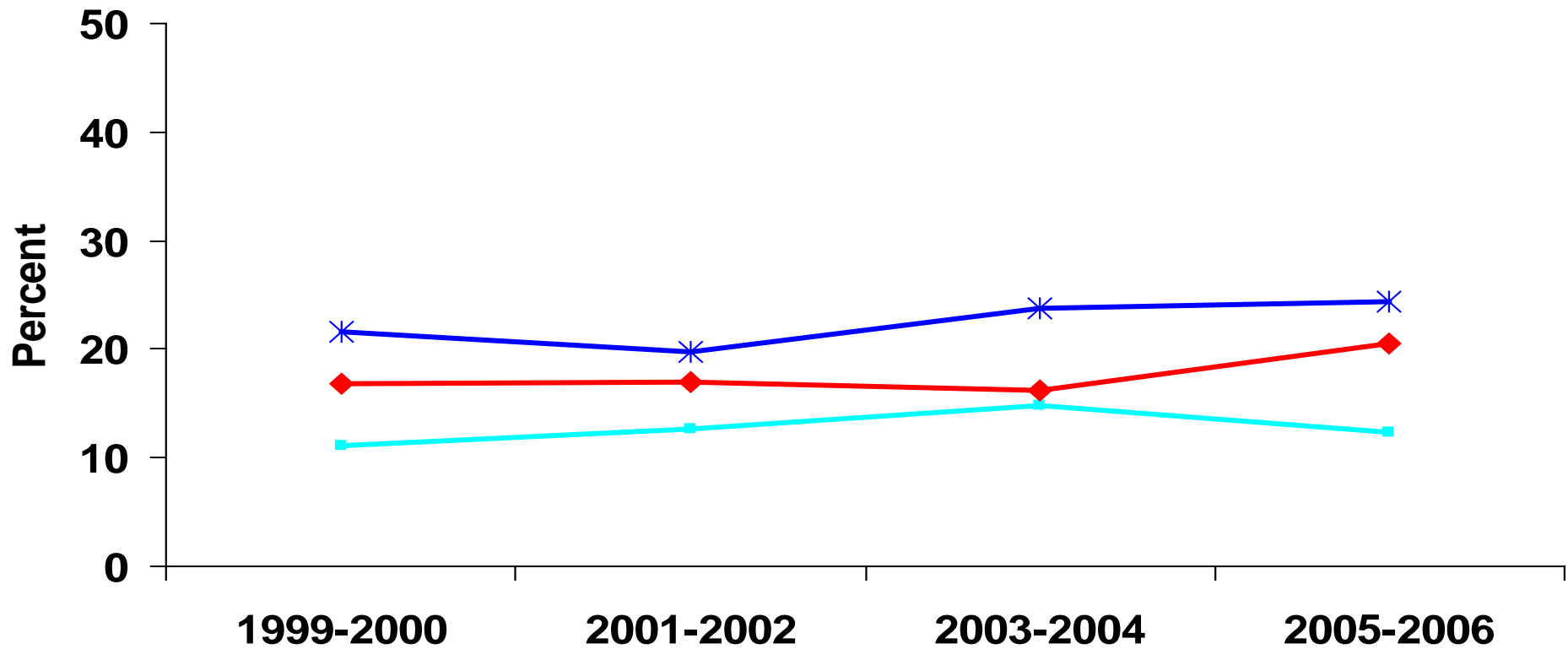
Changes in Obesity Prevalence by Race/ethnicity, Boys 2-19 Years

— Non-Hispanic White * Non-Hispanic Black ♦ Mexican American



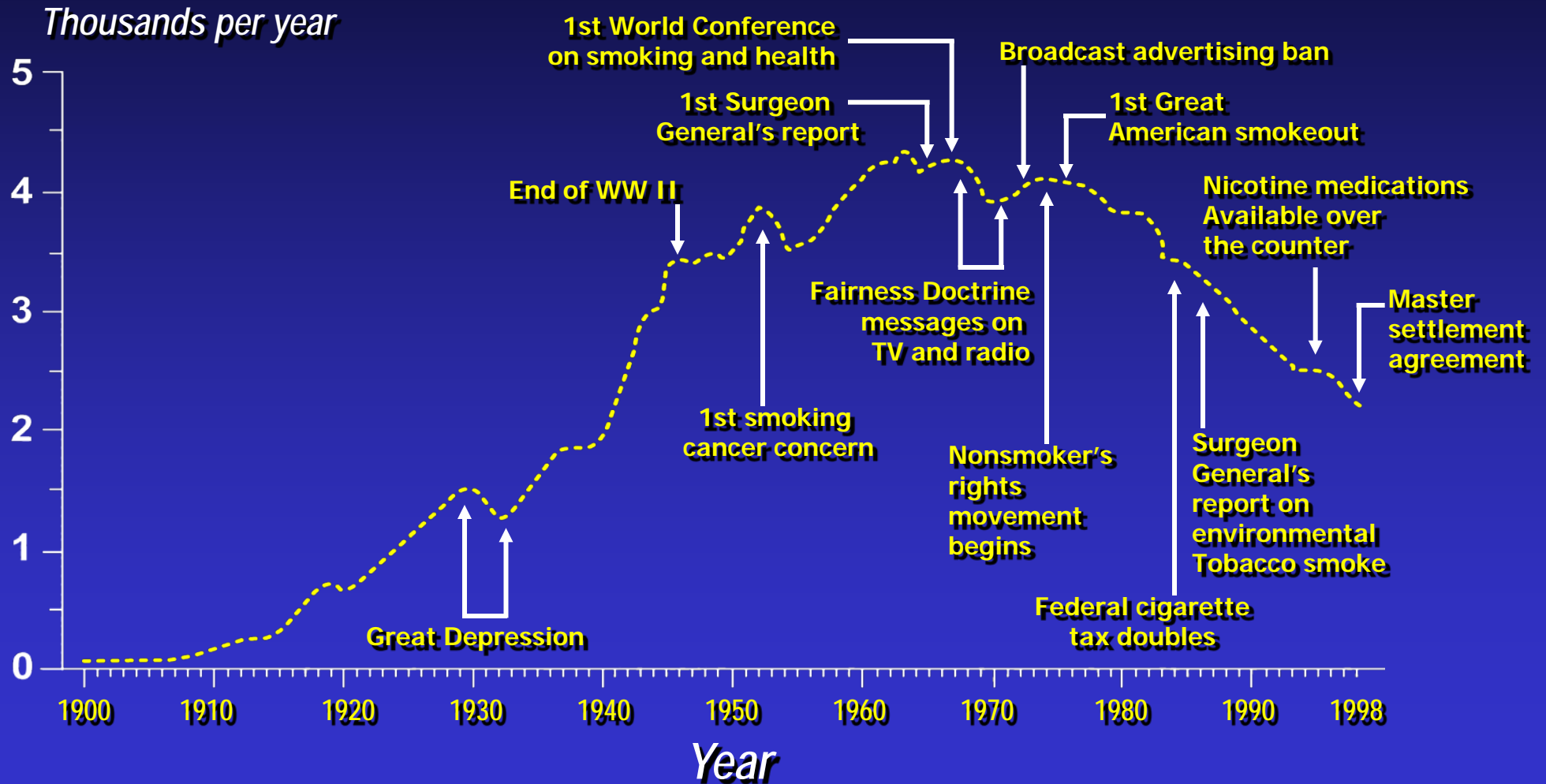
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Ogden CL et al. JAMA 2008;299:2401

Annual Adult per Capita Cigarette Consumption and Major Smoking and Health Events – US 1900-1998



Principal Targets for Obesity Prevention and Control

Pregnancy: pre-pregnant weight, weight gain, diabetes, smoking

Reduce energy intake

- Decrease high and increase low E_D foods

- Increase fruit and vegetable intake

- Reduce sugar drinks

- Decrease television time

Breastfeeding

Increase energy expenditure

- Increase daily physical activity

National Initiatives

Let's Move

Healthy Food and Sustainability Policy

Communities Putting Prevention to Work (CPPW) and CTGs

FTC Guidelines for Foods Marketed to Children

Surgeon General's Call to Action on Breastfeeding

Affordable Care Act

National Prevention Strategy

Let's Move Initiatives

- Let's Move Outside (Parks and Recreation)
- Let's Move Cities and Towns (n = 470)
- Chefs Move to Schools
- Let's Move in Indian Country
 - Baby Friendly Hospitals by 2012
 - Increased access to child nutrition program
 - HUSSC in school
- Let's Move Salad Bars to Schools
- Let's Move Child Care Challenge



Let's Move Child Care Challenge

Physical activity: 1-2h/d, outside play when possible

Screen time: None for <2yo; 30'/w during child care

Food: Fruits or vegetables at every meal, no fried foods, family style

Beverages: Water access at meals and throughout day; no sugar drinks; for ≥ 3 yo, LF or NF milk; limit juice to 4-6 oz 100% juice/d

Infant feeding: Support breastfeeding for mothers who want to continue during the child care day

Healthy Food and Sustainability Policy

Limits on trans fat, saturated fat and sodium

No added sweeteners to fruits

Offer daily at least one raw and one prepared vegetable

Whole grain options for bread and pasta as the standard choice

All milk \leq 2%

Low fat protein entrees; vegetarian entrée twice/week

At least 50% beverages other than 100% juice \leq 40Kcal/serving

Deep fried options limited to one choice/day

National Initiatives

Let's Move

Child Nutrition Reauthorization – Healthy Hunger-free Kids Act

Communities Putting Prevention to Work (CPPW) and CTGs

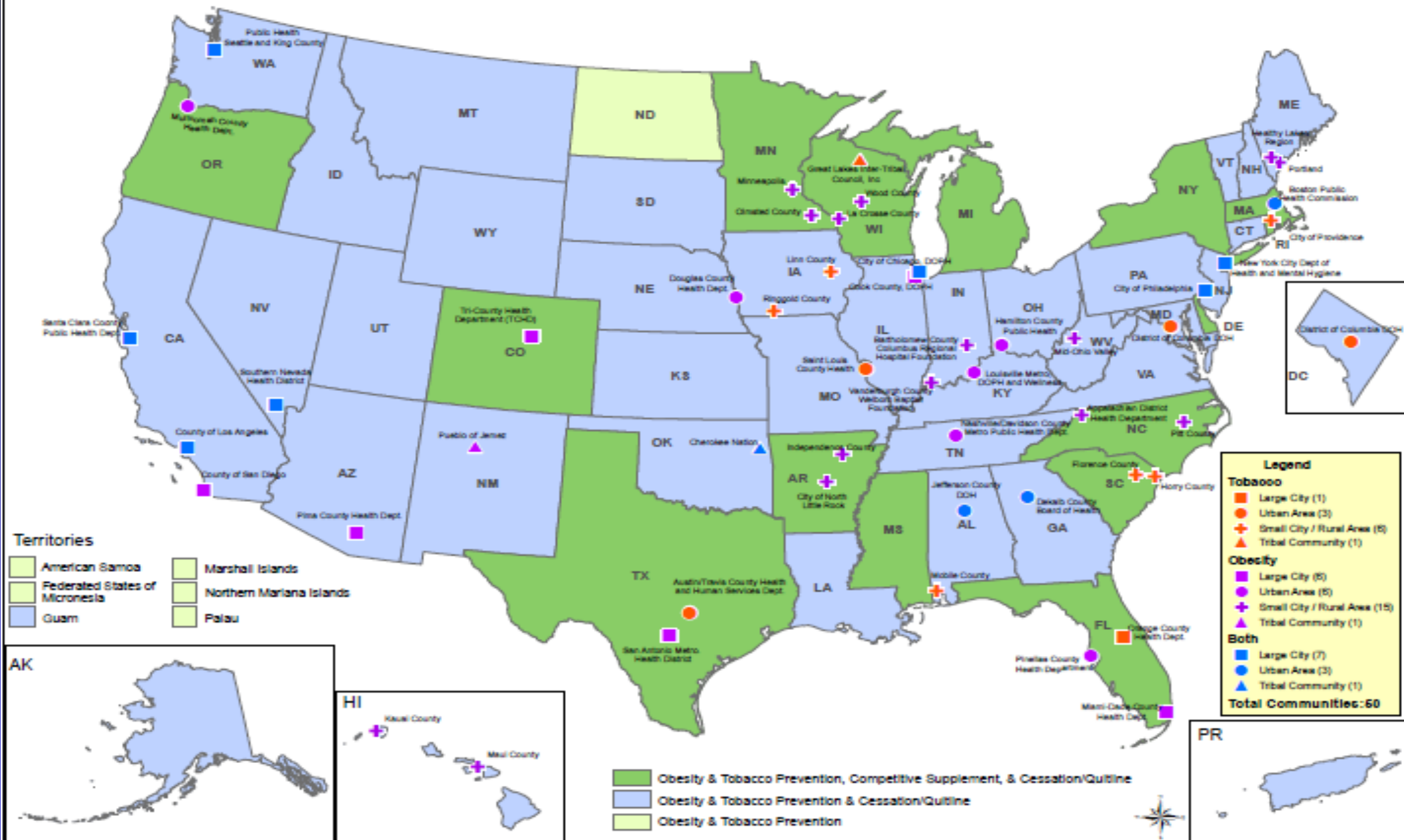
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Communities Putting Prevention to Work State and Territory, and Community Components, February 2011



Consolidated Chronic Disease Program

- Competitive grants to all State health departments - \$116m
- Community Transformation Grants - \$390m
- Competitive Performance Incentive Awards - \$22.5m
- Support for academic institutions and national organizations - \$46m
- CDC program leadership and subject matter expertise - \$141m

Community Transformation Grants

Goal: Decrease death or disabilities through changes in weight, proper nutrition, physical activity, tobacco use, emotional well-being and overall mental health

Priorities:

- Tobacco-free living

- Active living and healthful eating

- High impact quality clinical preventive services – BP, cholesterol

May also address

- Social and emotional wellness

- Healthy and safe physical environment

Community Transformation Grants

Capacity building: \$50,000 - \$500,000

Implementation:

States, local governments, non-profits: \$500,000 - \$10m

Territories: \$150,000

Tribal and AI/AN consortia: \$100,000 – \$500,000

Average Daily Energy Gap (kcal/day) Between 1988-94 and 1999-2002

	<u>Excess Weight Gained</u> (Lb)	<u>Daily Energy Gap</u> (kcal/day)
All Teens	10	110 -165
Overweight Teens	58	678 -1,017

Sugar drinks (SDs) = 250 Kcal/d

Only 21-50 Kcal/d of calories from SDs consumed in schools

Healthy Weight Commitment – 1.5 trillion Kcal reduction

12.5 Kcal per capita

Switch sugared for non-sugared breakfast cereal – 8-80 Kcal/d

Quality PE = 35 Kcal/d

Charge to the Working Group

The Working Group is directed to conduct a study and develop recommendations for standards for the marketing of food when such marketing targets children who are 17 years or younger or when such food represents a significant component of the diets of children. In developing such standards, the Working Group is directed to consider (1) positive and negative contributions of nutrients, ingredients and food (including calories, portion size, saturated fat, trans fat, sodium, added sugars, and the presence of nutrients, fruits, vegetables and whole grains) to the diets of children; and (2) evidence concerning the role of consumption of nutrients, ingredients, and foods in preventing or promoting the development of obesity among such children. The Working Group will determine the scope of the media to which such standards should apply.

Principle A

Foods marketed to children must provide a meaningful contribution to a healthful diet.

Option A:

Food must contain at least 50% by weight of one or more of the following: fruit; vegetable; whole grain; fat-free or low-fat milk or yogurt; fish; extra lean meat or poultry; eggs; nuts and seeds; or beans.

Main dish – 2 different food groups,

Meal – 3 different food groups

Or

Food must contain one or more of the following per RACC

Principle B

Foods marketed to children must not contain more than the following amounts of saturated fat, trans fat, sugar, and sodium.

Saturated Fat: ≤ 1 g per RACC* and $\leq 15\%$ of calories;

Trans Fat: 0 g per RACC* (<0.5 g)

Sugar: ≤ 13 g of added sugars per RACC*

Sodium:

- Foods: goal 140 mg/RACC, 210 mg interim level
- Main dish: goal 300 mg, interim 450 mg**

*For foods with a small RACC (30 g or less or 2 tablespoons or less), the criteria refer to the amount per 50 g of food.

National Initiatives

Let's Move

Healthy Food and Sustainability Policy

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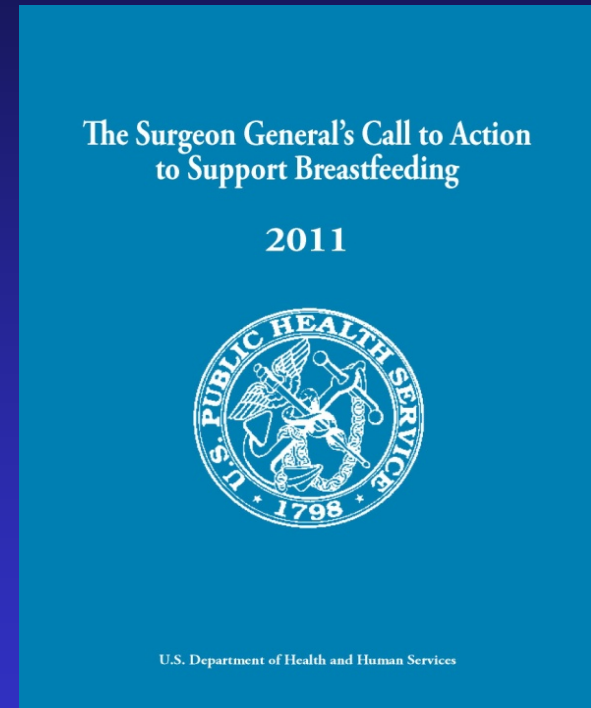
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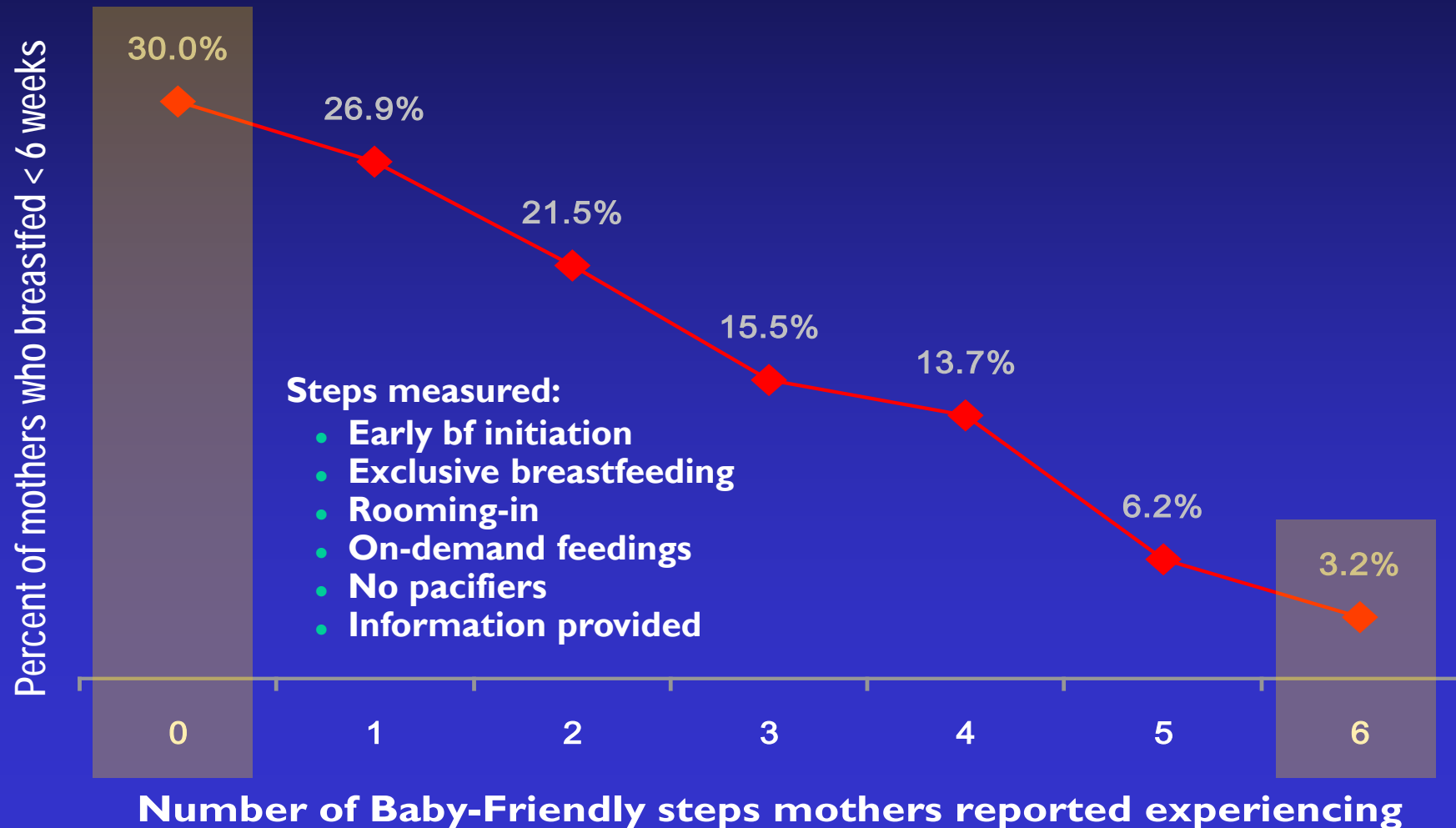
National Prevention Strategy

The Surgeon General's Call to Action to Support Breastfeeding

- The Call to Action includes 20 action steps and 52 implementation strategies for:
 - Mothers and their families
 - Communities
 - Health Care
 - Employment
 - Research
 - Public Health Infrastructure



The Number of *Baby Friendly* Steps in Place Predicts Risk of Breastfeeding Cessation (DiGirolamo et al., 2008).



Affordable Care Act. Title IV: Prevention of Chronic Disease and Improving Public Health

Subtitle A – Modernizing disease prevention and PH systems

- Sec 4001: National Prevention, Health Promotion and Public Health Council
- Sec 4002: Prevention and Public Health Fund
- Sec 4003: Clinical and community preventive services

Subtitle C – Creating healthier communities

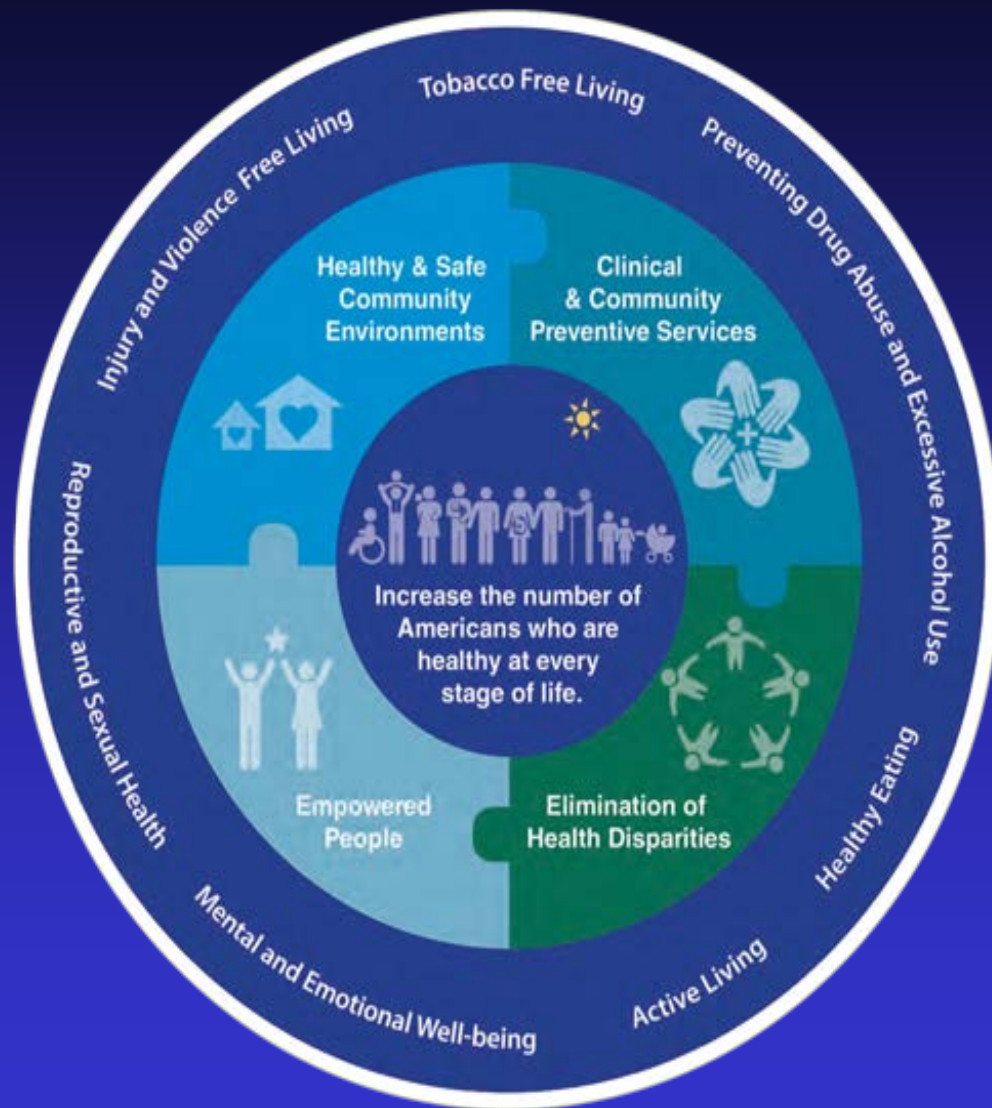
- Sec 4201: Community Transformation Grants
- Sec 4205: Menu labeling
- Sec 4207: Reasonable break time for nursing mothers

Affordable Care Act. Title IV: Prevention of Chronic Disease and Improving Public Health

Subtitle D – Support for Prevention and Public Health Innovation

- Sec 4303: CDC and employer-based wellness programs
- Sec 4306: Childhood obesity demonstration project

National Prevention Strategy



National Prevention Strategy: Recommendations for Healthy Eating

Increase access to healthy and affordable food

Implement organizational nutrition standards and policies

Improve nutritional quality of the food supply

Help people recognize and make healthy food and beverage choices

Support policies and programs that promote breastfeeding

Enhance food safety

National Prevention Strategy: Recommendations for Active Living

- Encourage community design that supports physical activity
- Promote and strengthen school and child care policies that increase physical activity
- Facilitate access to safe and affordable places for physical activity
- Support workplace policies to increase physical activity
- Health professionals should assess and counsel patients around physical activity