Exploring the Evidence: Healthy Eating – Getting Started

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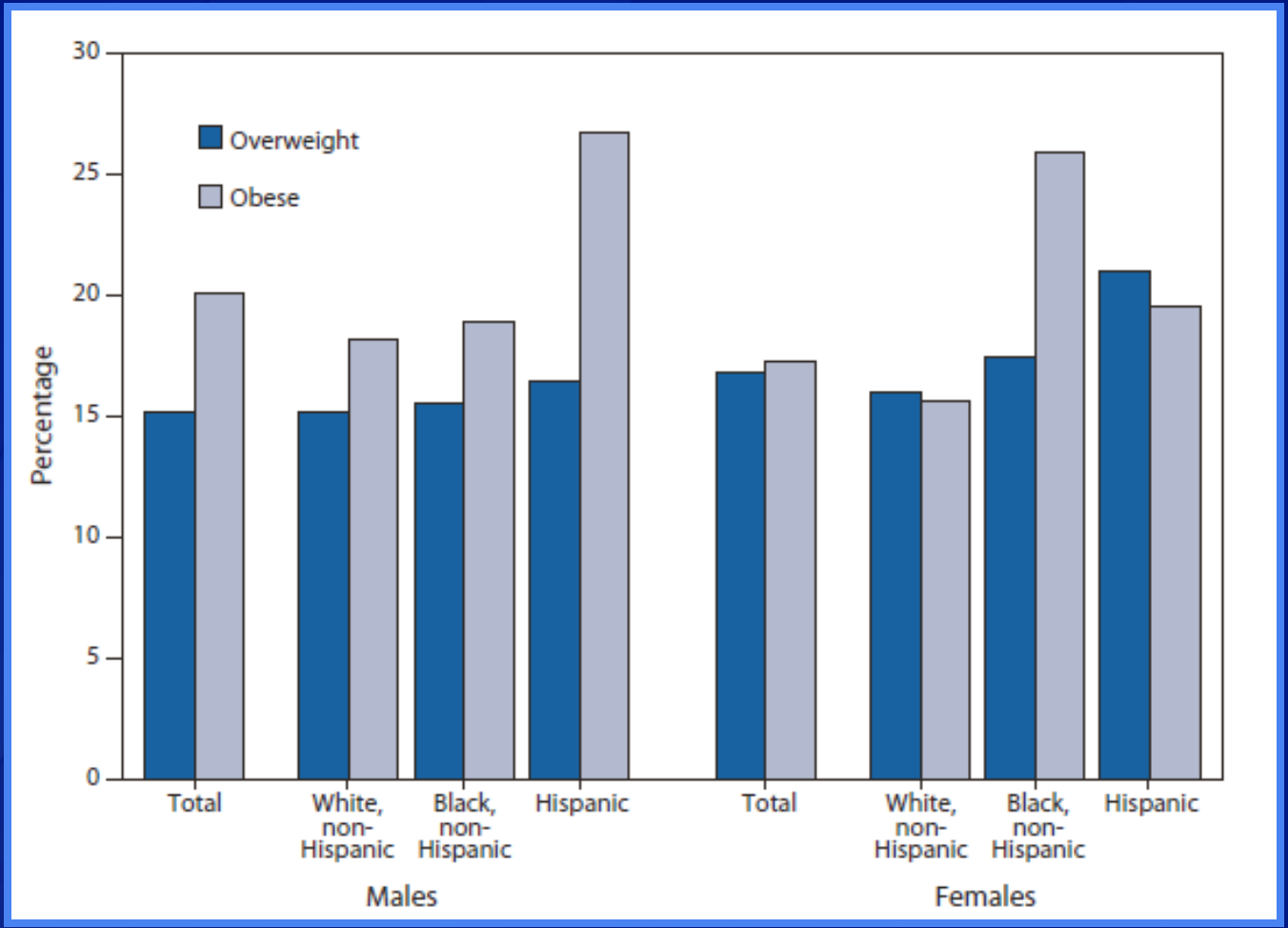
Division of Nutrition, Physical Activity, and Obesity

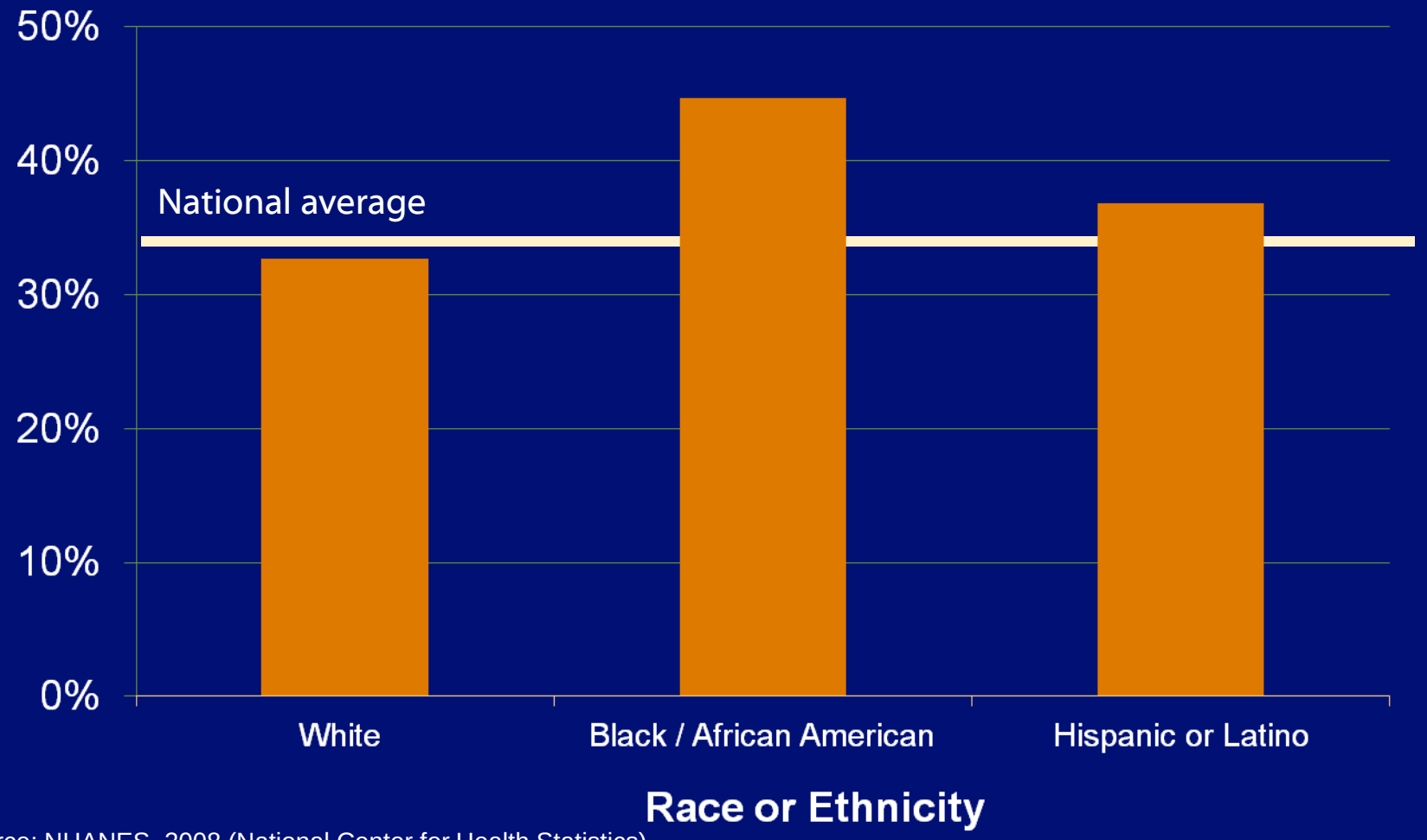
Centers for Disease Control and Prevention
Division of Nutrition, Physical Activity, and Obesity

Prevalence of overweight and obesity among youths (by race/ethnicity and sex)



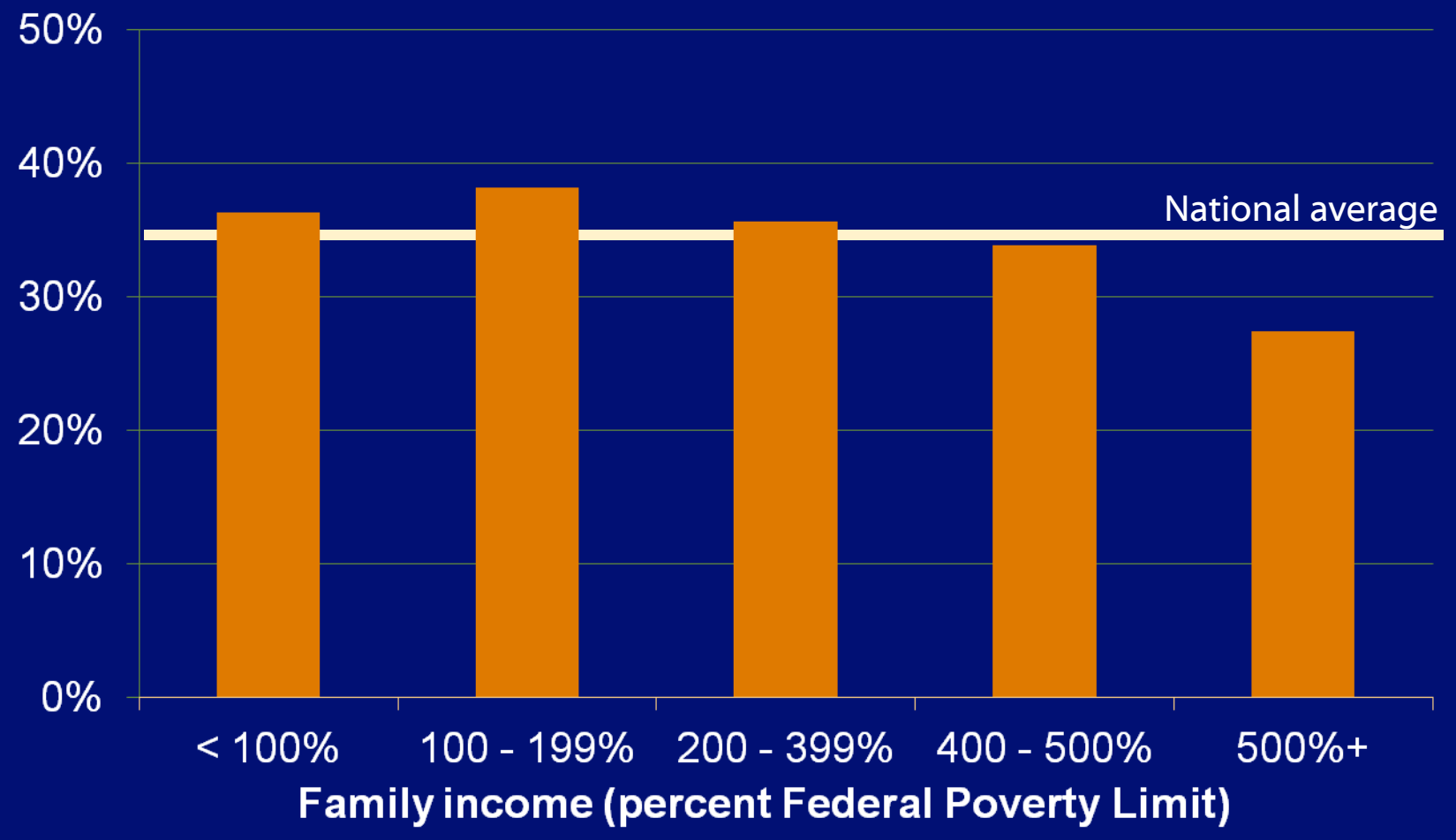
National Health and Nutrition Examination Survey, 2007--2008.. MMWR 59(40);1312.

Percentage of adults who are obese (by race/ethnicity)



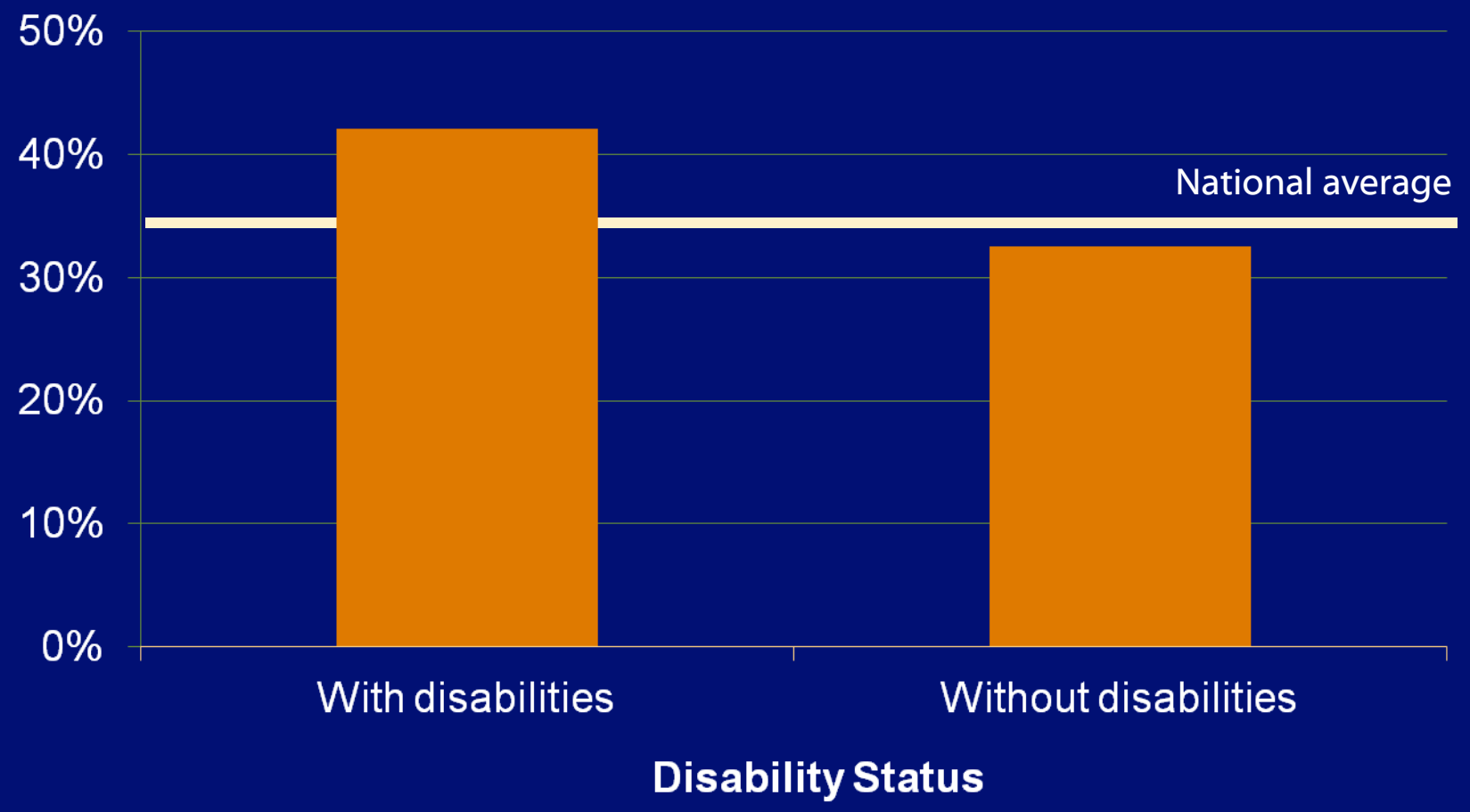
Source: NHANES, 2008 (National Center for Health Statistics)

Percentage of adults are obese (by family income)



Source: NHANES, 2008 (National Center for Health Statistics)

Percentage of adults who are obese (by disability status)



Source: NHANES, 2008 (National Center for Health Statistics)

Shifts in Food Environment in the U.S.

- Relative prices of healthful foods increased faster than prices for less healthful foods
- Increased portion size
- Increased media advertising
- Increased availability of foods typically
- Increased school vending a la carte foods

Shifts in Dietary Patterns in the United States

- Increased caloric intake when eating out
- Increased consumption of soft drinks
- Continued low consumption of fruits and vegetables
- Reduced frequency of family meals

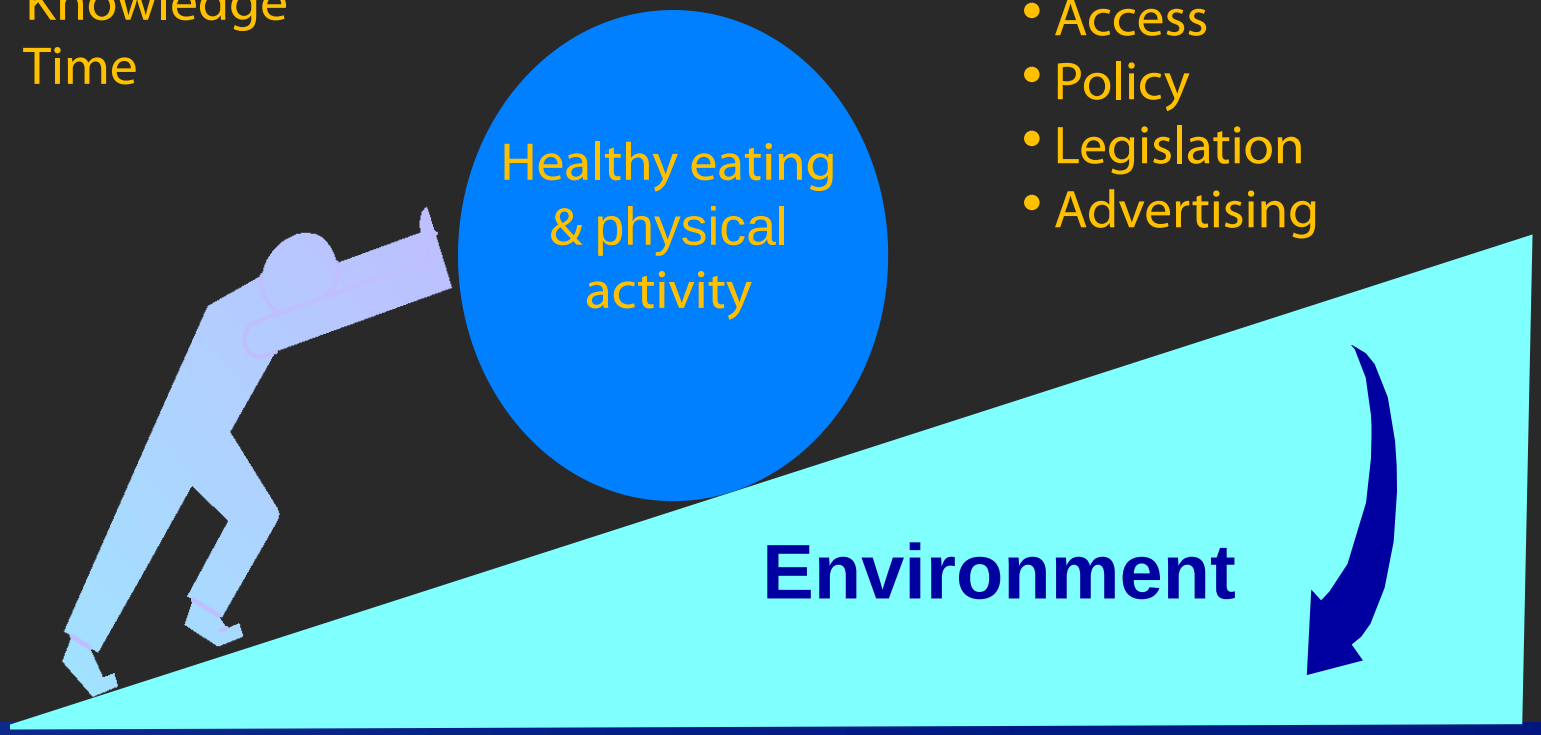
Making Healthy Choices Easier

Individual

- Culture
- Skills
- Knowledge
- Time

Environment

- Affordability
- Price/ Economic
- Access
- Policy
- Legislation
- Advertising



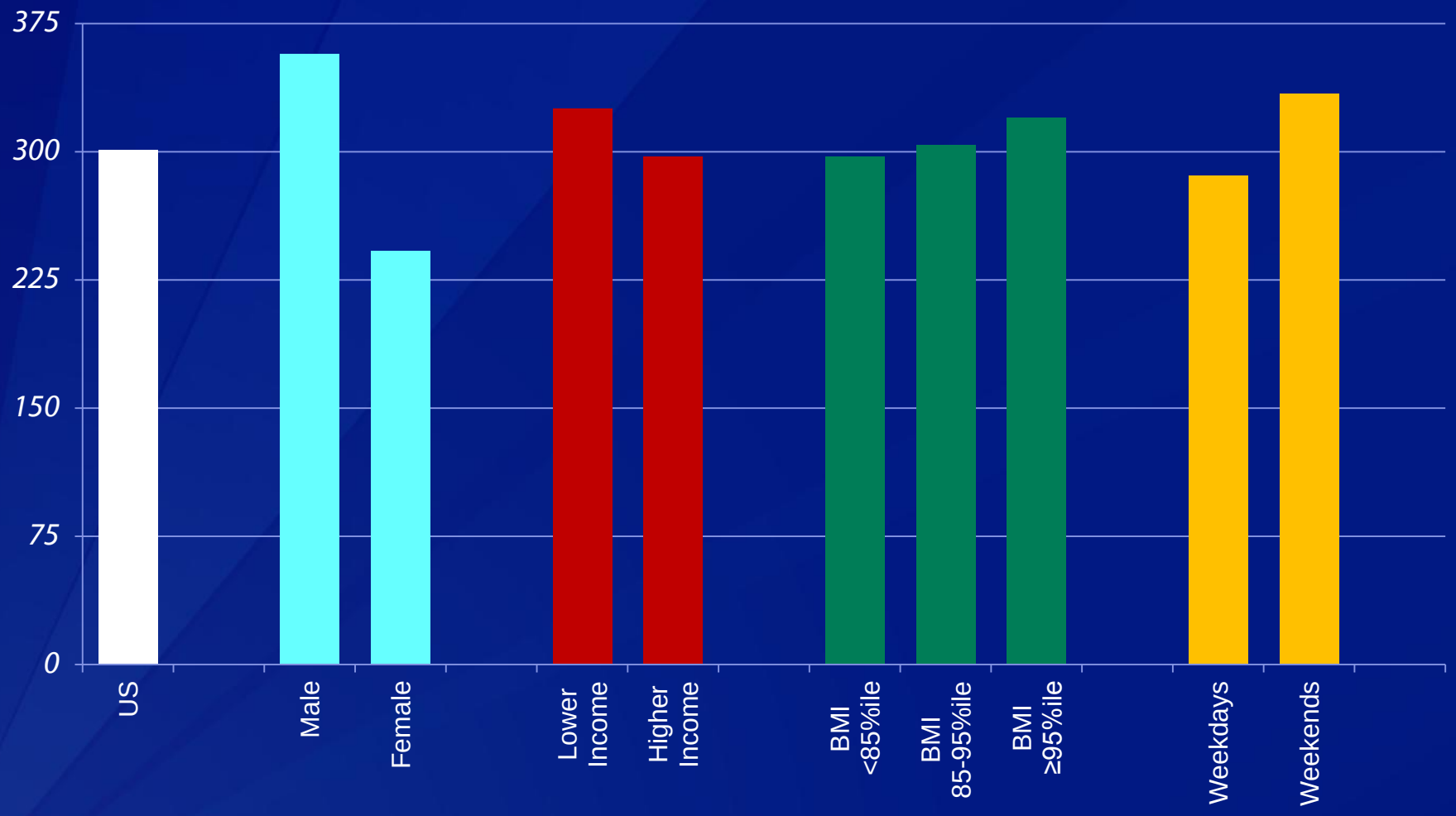
Principle Target Areas

- Increase consumption of fruits and vegetables
- Decrease consumption of sugar sweetened beverages
- Reduce consumption of high energy dense foods
- Increase breastfeeding initiation, duration, and exclusivity
- Increase physical activity

Fruit and Vegetable Consumption by Income

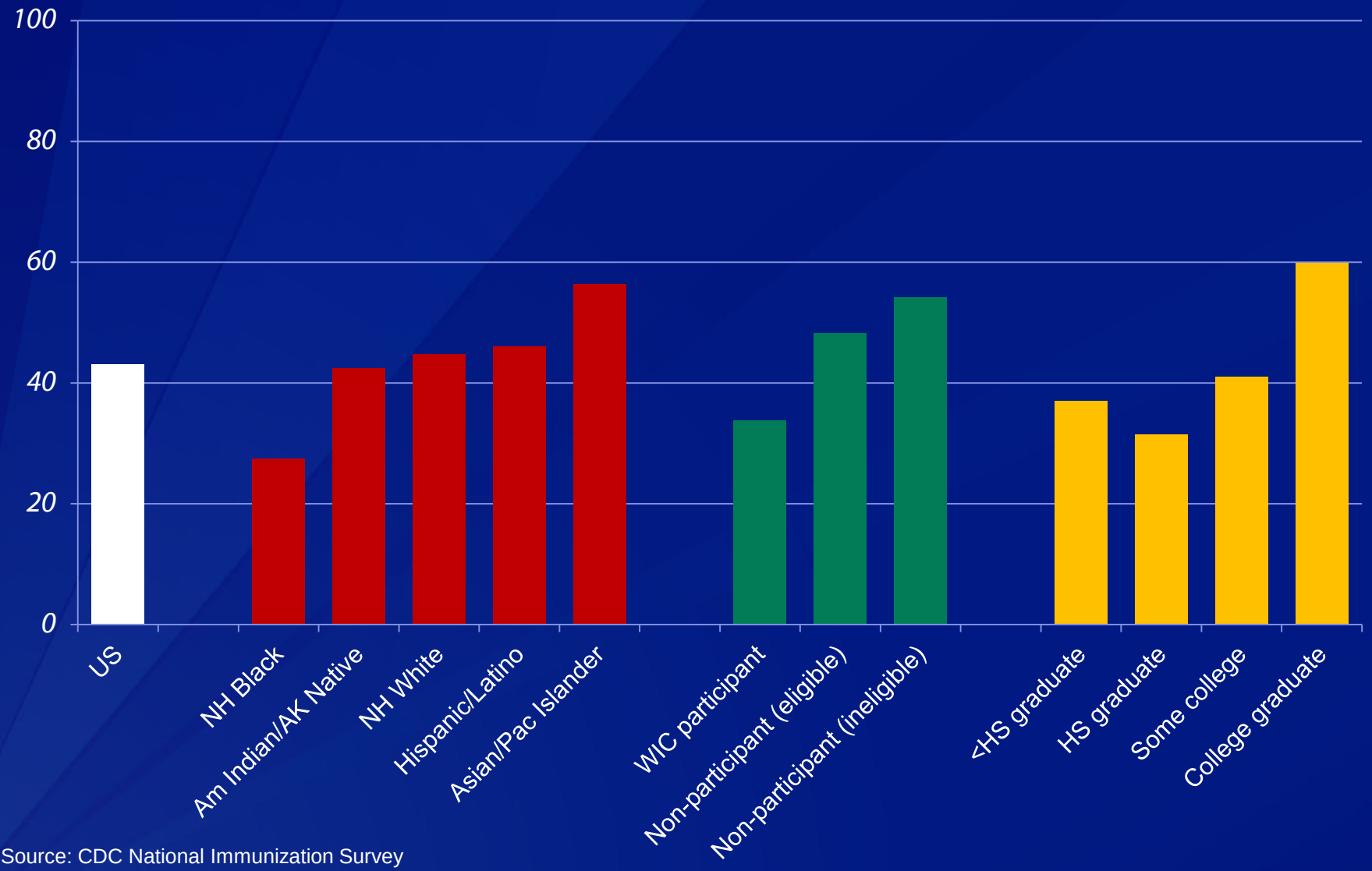
Source: BRFSS 1996 & 2009

Calories from Sugar Sweetened Beverages



Source: Wang et al Pediatrics 121(6):1604-1614

Breastfeeding Rates at 6 months



Source: CDC National Immunization Survey

Primary Healthy Eating Strategy

- **Nutrition standards and guidelines in hospitals, early care and education, schools, institutions, and government and other workplaces**
  - Making healthy choices affordable and accessible where people live, work, learn, and play
  - Americans associate hospitals with health
  - 61% of children 6 or younger in child care
  - 50 million children in schools 6+ hours per day
  - 140 million American adults work outside their home

Standards & Guidelines

- Standard: something considered by an authority or by general consent as a basis of comparison; an approved model
- Guideline: statement by which to determine a course of action
  - Aim to streamline particular processes according to a standard
  - Following guidelines is never mandatory
  - Guidelines are not binding and are not enforced
- Assist staff, management, and contractors in aligning the food environment with healthier and more sustainable choices and practices

Health and Sustainability Guidelines

- Guidelines? Standards? Policy?
- Gentle
- Flexibility
- Dietary:
  - Food vs. nutrient level
  - Choice vs. restriction
- Feasible: business and customer, all stakeholders
- Appropriately targeted for population and setting
- What else should be included?

Nutrition & Health

- Align choices with Dietary Guidelines for Americans, 2010
- Atmosphere, architecture, cleaning, serving ware, cooking methods
  - Seasonal vegetables and fruits
  - Whole grain options, including pasta
  - High fiber, low sugar cereals
  - Low-fat milk, yogurt and cottage cheese
  - Vegetarian entrees
  - Lean meat entrees
  - 100% fruit juice
  - Freely available drinking water
  - Foods with less sodium
  - Foods free of synthetic sources of trans fats
  - Smaller portion sizes

Sustainability

- Building design and facilities, energy use, waste, cleaning materials, packaging, serving ware
- Sourcing of foods
- A sustainable food system:
  - Integrates production, processing, distribution, and consumption
  - Regenerates rather than degrades natural resources
  - Is socially just and accessible
  - Supports the development of local communities

The Power of Food Service Guidelines

Direct

- Influence individuals by changing the food environment
- Adults spend considerable time at work as do children in school
- Over 100 million Americans eat at work daily [1,2]

Indirect

- Influence family behavior and community norms

System

- Increase healthy food production - coupled with demand
- Develop social structures and culture norms and values

1 Bureau of Labor Statistics
2 Linnan L, Bowling M, Childress J, et al. Results of the 2004 National Worksite Health Promotion Survey. *Am J Public Health.* 2008; 98(8):1503-9.

Settings and Targets

Settings

- Federal, state, local governments
- School systems
- Worksites
- Hospitals
- Institutionalized populations
- Assisted living communities
- Colleges and universities
- Community-based organizations (including faith-based)
- Day care centers

Targets

- Cafeterias
- Snack bars
- Vending
- Lunch rooms
- Meetings
- Conferences

Guideline Examples

- **City**: NYC
- **County**: LA County
- **State**: Michigan, California, Oregon
- **Federal**: Health and Sustainability Guidelines for Federal Concessions and Vending Operations
  - GSA Nation Capital Region: over 20 million annual transactions
  - Nationwide GSA manages 10,000 building
  - HHS: 120,000 employees
- **Business, universities, schools**

Make Healthy Choices the Easy Choice

- More accessible
- More appealing
- More affordable

Implementation Issues

- As contracts are renewed
- Gradually but progressively
- Cafeterias, snack bars, shops, vending
- Various settings
  - Geographic, demographic
- Overall feasibility issues
- Approach

Food Policy Councils

- Support and advise residents and governments in developing policies and programs to improve local food system
- Goal of increasing consumer access to and availability of affordable, healthy foods
- Include stakeholders from public, private, and non-profit sectors
- Represent a wide array of interests, including nutrition, health, agriculture, education, policy, community design, and commerce
- May be commissioned by state, tribal, or local governments, developed at grassroots level, or some combination of approaches

Health Equity and Health Disparity Considerations

- **Are the population groups experiencing disparities, clearly defined?**
- **What targeted strategies for those populations are most likely to be effective?**
- **Are barriers and potential unintended consequences of strategies for populations experiencing disparities considered and accounted for in jurisdiction-wide strategy design and implementation?**
- **What data needs to be collected to assess for differential impact across population groups and measure impact on disparities?**

Discussion Questions

- Are there any questions about why our focus is on nutrition standards and guidelines in any or all of these locations rather than other nutrition interventions?
- What is your community already working on in terms of nutrition standards and guidelines?
- What changes will you need to make to your plan as a result of this discussion?
- Who is currently in your coalition who will be helpful in working toward nutrition standards and guidelines in each of the settings?
- What additional partners will be needed
- What support do you think you will need from CDC?