

Access to Nutritious Foods

Alice Lenihan, MPH, RD, LDN
Branch Head Nutrition Services
NC Division of Public Health

Child Obesity Task Force
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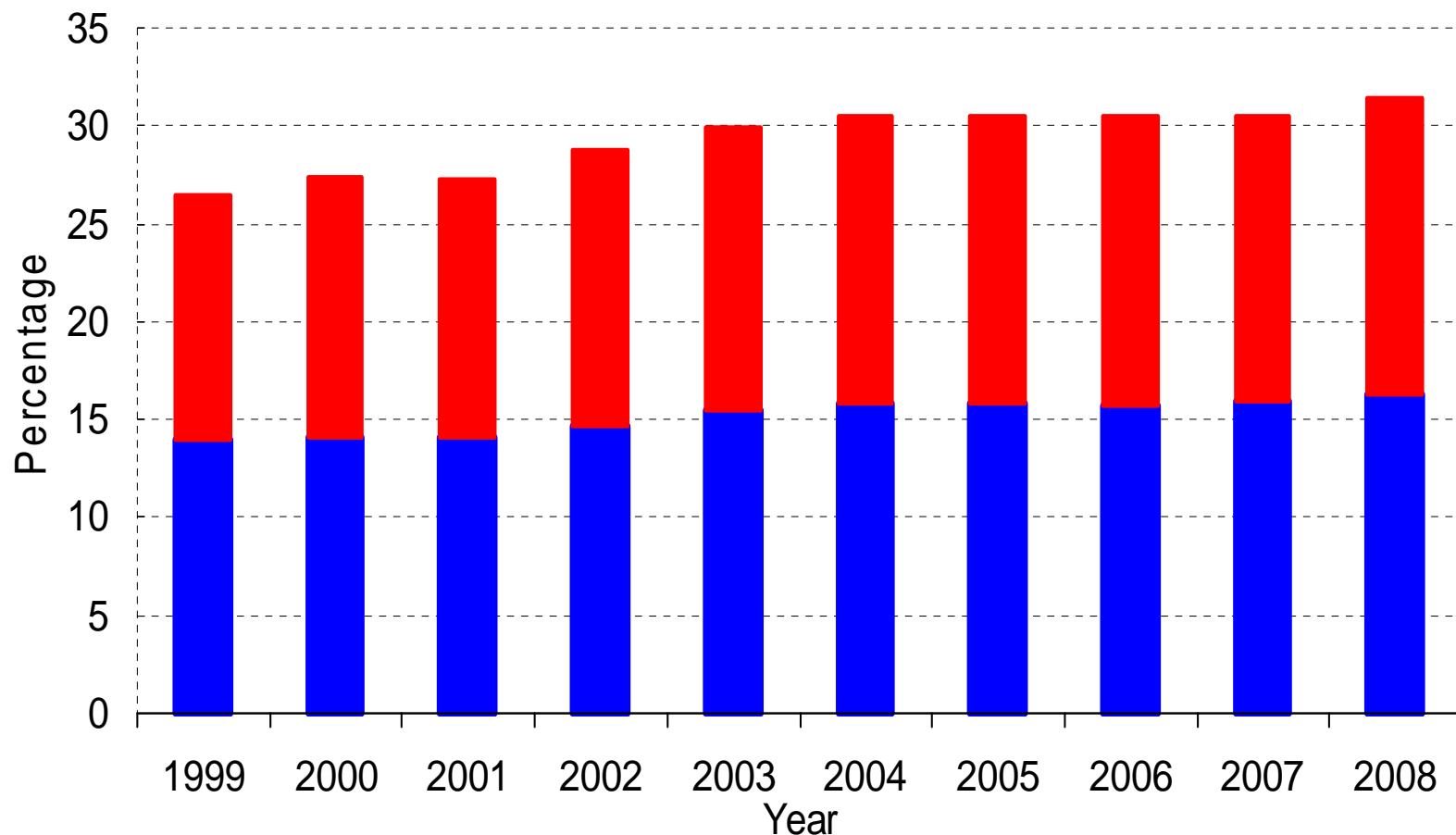




Discussion

- Origins and influences on childhood obesity
- Where do children eat
- Federal Nutrition Assistance Programs
- Best Practices- Opportunities for North Carolina to improve

Prevalence of Overweight and Obesity in North Carolina Children 2 to 5 Years of Age*, 1999-2008



■ Overweight (≥ 85 th and < 95 th Percentile BMI-for-age)

■ Obese (≥ 95 th Percentile BMI-for-age)

*Children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers. Percentiles were based on the CDC/NCHS Year 2000 Body Mass Index (BMI) Reference.

Origins and Influences on Childhood Obesity

■ Prenatal

- ☐ Pre pregnancy weight
- ☐ Pregnancy weight gain

■ Infancy

- ☐ Breastfed
- ☐ Formula fed

■ Preschool



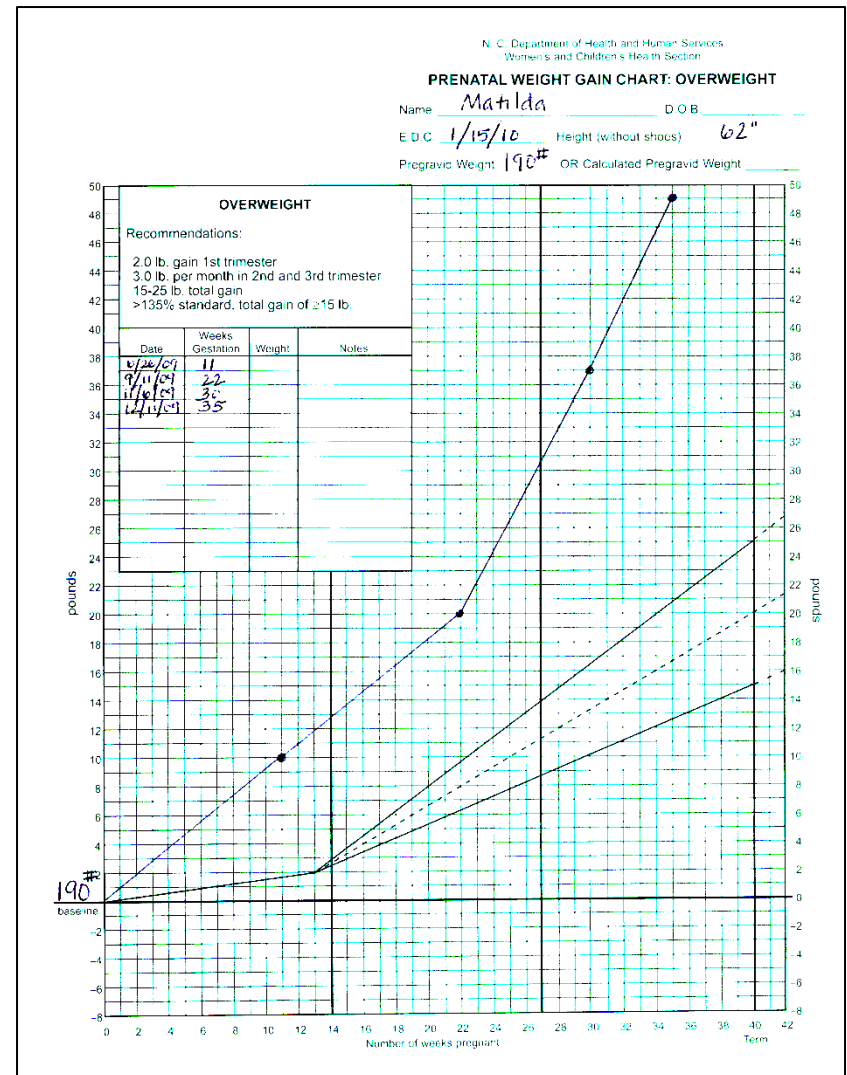
Matilda (Scenario A)

- BMI 35 prior to this pregnancy
- Eats two large meals/day; typically fast food items
- Works 40 hours/week and has no time for exercise
- Apprehensive about breastfeeding



Matilda's Pregravid Growth Chart

- Overweight prior to pregnancy
- Weight gain is rapid
- Total weight gain is excessive



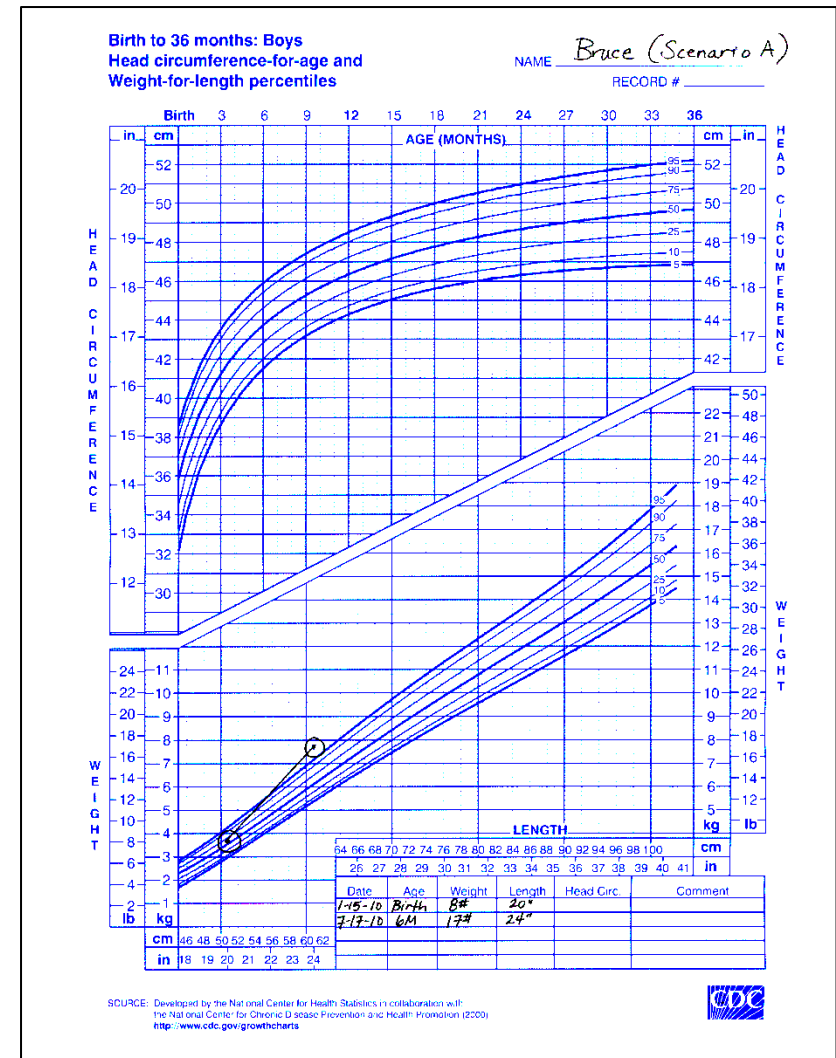
Bruce's Growth

■ Birth

- ☐ Weight 8 lbs
- ☐ Length 20 inches
- ☐ Formula fed, early introduction of solid foods

■ Six Months

- ☐ weight – 17 lbs
- ☐ height – 24 inches
- ☐ Wt/ht percentile = >95th
- ☐ Overweight



Matilda (Scenario B)

- BMI 35 prior to this pregnancy
- Eats two large meals/day; typically fast food items
- Works 40 hours/week and has no time for exercise
- Received breastfeeding education & wants to try it





Infant Feeding Choices

- Matilda chose to breastfeed and tailored her diet based on the nutrition counseling that she received
- Infant breastfeeds on demand.
- Matilda's workplace provides nursing mothers a place to pump and break time, thus she is able to continue to provide breast milk to her infant while working.

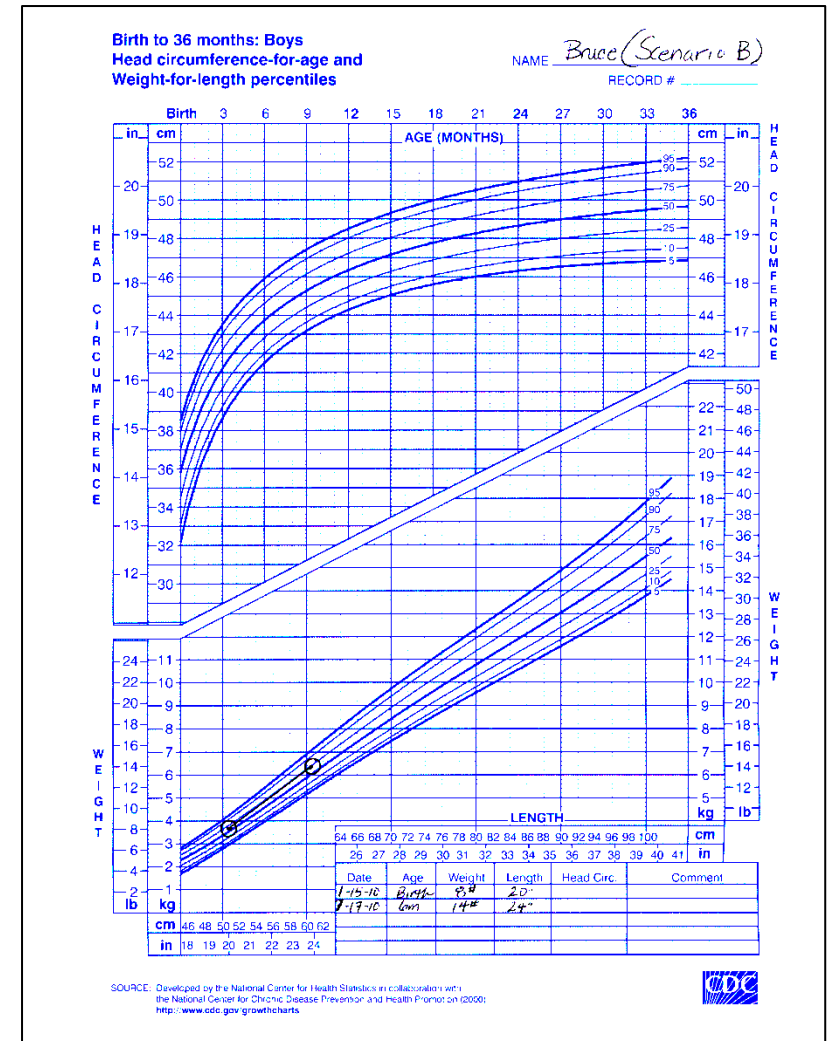
Bruce's Growth

■ Birth

- ☐ Weight 8 lbs
- ☐ Length 20 inches
- ☐ Breastfed, delays early introduction of solids

■ Six Months

- ☐ weight – 14 lbs
- ☐ height – 24 inches
- ☐ wt/ht percentile = 50th-75th
- ☐ Within normal range





Matilda (6 months postpartum)

- Overweight (BMI = 30)
- Busy taking care of new infant and working 40 hours/week, able to pump milk at her worksite.
- Takes advantage of her local Farmers' Market.
- Chooses lower calorie, low fat foods options at her fast food job when able.
- Walks in her neighborhood.



What Made the Difference ?

- Infant Feeding Choice

- ☐ Exclusively breastfed
- ☐ Delayed Introduction of solid foods

- Post Partum Weight Loss

- ☐ Side benefit of breastfeeding

Where Do Children Eat?

- Home
- Child Care
- School
- Outside of the Home
 - ☐ Restaurant
 - ☐ Fast food
 - ☐ Friends





Best Practices- Opportunities for North Carolina

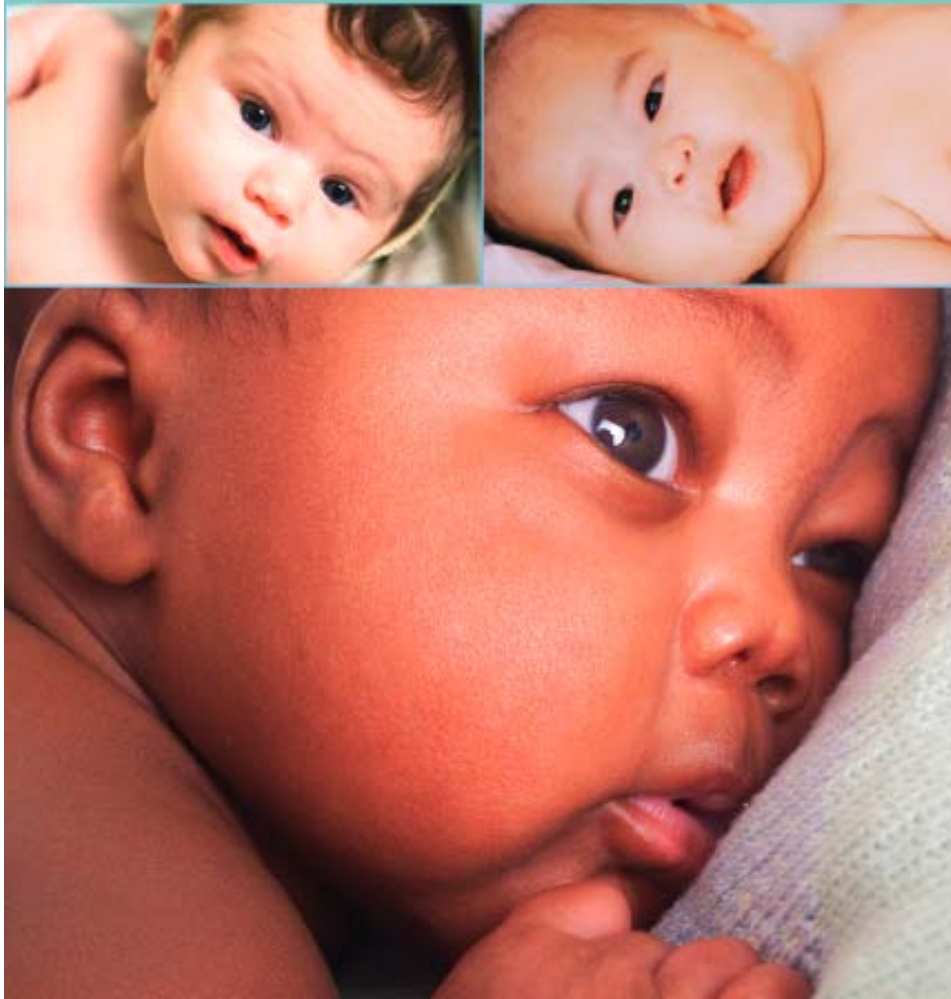
- Breastfeeding Promotion and Protection
- Child Care
- Schools
- Local Wellness Plans

Previous Discussions

- Farm to school, Farmers Markets
- Physical Activity
- Built Environment

Promoting, Protecting and Supporting Breastfeeding

A North Carolina Blueprint for Action
2006





Breastfeeding Promotion Opportunities

- Communities
- Workplace
- Child care facilities
- Health care facilities
- Education



Federal Nutrition Assistance Programs

- SNAP- Supplemental Nutrition Assistance Program (food and nutrition benefits)
- WIC- Special Supplemental Nutrition Program for Women, Infants and Children
- CACFP- Child and Adult Care Program
- SFSP- Summer Food Service Program
- NSLP- National School Lunch Program
- School Breakfast Program

Child Care Enhancements





CACFP Federal Meal Requirements

- Food Based not nutrient based.
- Daily Requirement
- Not required to meet Dietary Guidelines for Americans or be updated regularly

Institute of Medicine Committee convened January 2010 to study.



Child Care Menu Enhancements

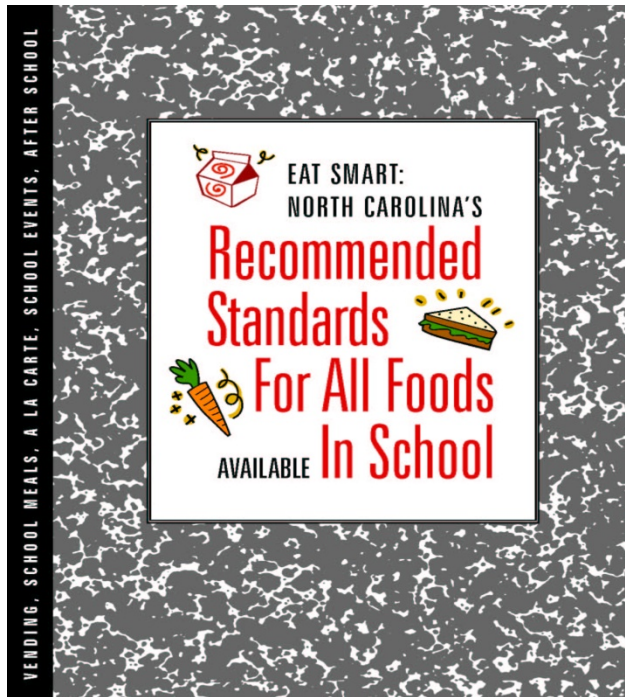
- Whole milk
- Juice
- Meat and Meat substitutes
- Enriched Grain
- Reduced Fat Milk
- Limit processed meats- Vienna sausages, baloney, hot dogs
- No juice under 12 months of age, limit for all others
- All grain products no more than 6 grams of sugar
- Limit sweet grains and baked goods



School Opportunities

DPI ---DPH Coordination

Eat Smart School Standards



Project Partners



8 Components of a Coordinated School Health Approach



Middle & High Schools
2002-2010.
Elementary Schools
Beginning 2012.

NC Healthy Schools Nutrition Priority School Level Impact Measure (SLIM)

Nutrition SLIM #1

% of schools that do not sell the following foods and beverages anywhere at school outside the school food service program:

- ☐ Baked goods that are not low in fat (e.g., cookies, crackers, cakes, pastries)
- ☐ Salty snacks that are not low in fat (e.g., regular potato chips)
- ☐ Chocolate Candy & Non-chocolate candy
- ☐ Soda pop or fruit drinks not 100% juice
- ☐ Sports Drinks

'08 Baseline 32% '13 Goal >36%





Local Wellness Policy

Requirements

- Federal Public Law 108.265 Section 204 --by June 30, 2006 all schools must develop Local Wellness Policy
- Involving parents, students, School Food Service, school board, school administrators and the public
- LEA will establish a plan for measuring implementation of the LWP



Key Areas

- Nutrition education
- Child Nutrition Programs in compliance
- Physical activity
- All foods/beverages available on campus
- School-based activities designed to promote student wellness
- Food safety and security
- Healthy and safe school environment

Local Wellness Policies- A Work in Progress

□ Advocacy Toolkit

□ Community Outreach

□ Training and Presentations

