A Conversation with Senior Leadership

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Hunger in America: Stark Deprivation Haunts a Land of Plenty

Hunger in America: Appalachia Ill-Fed Despite a National Effort

Hunger in America: Mississippi Delta

By HOMER BIGART
Special to The New York Times
Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among U.S. Adults

1994

Obesity

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Map Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;14.0%</td>
<td>Light Gray</td>
</tr>
<tr>
<td>14.0% - 17.9%</td>
<td>Orange</td>
</tr>
<tr>
<td>18.0% - 21.9%</td>
<td>Orange</td>
</tr>
<tr>
<td>22.0% - 25.9%</td>
<td>Orange</td>
</tr>
<tr>
<td>&gt;26.0%</td>
<td>Red</td>
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</tbody>
</table>

Diabetes

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Map Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;4.5%</td>
<td>Light Gray</td>
</tr>
<tr>
<td>4.5% - 5.9%</td>
<td>Orange</td>
</tr>
<tr>
<td>6.0% - 7.4%</td>
<td>Orange</td>
</tr>
<tr>
<td>7.5% - 8.9%</td>
<td>Orange</td>
</tr>
<tr>
<td>&gt;9.0%</td>
<td>Red</td>
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</tbody>
</table>
Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among U.S. Adults

2010

**Obesity**

- <14.0%
- 14.0%-17.9%
- 18.0%-21.9%
- 22.0%-25.9%
- >26.0%

**Diabetes**

- <4.5%
- 4.5%-5.9%
- 6.0%-7.4%
- 7.5%-8.9%
- >9.0%
Obesity Is Found to Gain Its Hold in Earliest Years

By GINA KOLATA  JAN. 29, 2014

Incidence of Childhood Obesity in the United States

Solveig A. Cunningham, Ph.D., Michael R. Kramer, Ph.D., and K.M. Venkat Narayan, M.D.

BACKGROUND
Although the increased prevalence of childhood obesity in the United States has been documented, little is known about its incidence. We report here on the national incidence of obesity among elementary-school children.
F as in Fat: How Obesity Threatens America’s Future 2013

Trust for America’s Health

Robert Wood Johnson Foundation
The State of Obesity
Iowa

ADULT OBESITY

Iowa is now the 12th most obese state in the nation. After three decades of increases, adult obesity rates remained level in every state except for Arkansas. However, rates remain high — Iowa’s adult obesity rate is 30.4 percent, up from 25.9 percent in 2003 and from 12.2 percent in 1990. Thirteen states now have adult obesity rates above 30 percent, 41 states have rates of at least 25 percent, and every state is above 20 percent. In 1980, no state was above 18 percent; in 1991, no state was above 20 percent; in 2000, no state was above 20 percent; and, in 2007, only Mississippi was above 30 percent.

Current adult obesity rate (2012)

30.4%

Rank among states (2012)
12/51

Adult obesity rate in Iowa (1990-2012)

Obesity rate by gender (2012)

Men 31.6%
Women 29.9%

Obesity rate by age (2012)

18-24 17.7%
25-44 31.4%
45-64 35.9%
65+ 29.6%

Obesity rate by race (2011)

White 29.2%
Black 37.9%
Latino 33.2%
ABOUT CHNA

The CHNA toolkit is a free web-based platform designed to assist hospitals and organizations seeking to better understand the needs and assets of their communities, and to collaborate to make measurable improvements in community health and well-being. Read more about CHNA.

WHAT’S NEW?

Data Update, 1/28/2014 - New maps and data now available for Foreign Birth indicator from the American Community Survey. More...

Data Update, 1/17/2014 - New maps and data now available for two socio-economic status indicators from the American Community Survey more...

Data Update, 1/10/2014 - New

Community Health Needs Assessment (CHNA)

Vulnerable Populations Footprint

Locate areas of concern for vulnerable populations and health disparities in your community based on spatial visualization of two indicators, poverty rate and educational attainment, which have been shown to strongly influence individual risk factors and community health status. Read more...

Recommended workflow:

Vulnerable Populations Footprint ➔ Core Health Indicators Report ➔ Full Health Indicators Report

Community Health Needs Assessment

Core Health Indicators Report

A limited number of indicators are selected to align with national health improvement initiatives focused on tobacco free living, healthy eating and active living, clinical prevention services, and social and emotional wellness. See community and health care action examples.

Full Health Indicators Report

This report uses the County Health Rankings, The Community Guide, Healthy People 2020 and other widely used data sets. Check out indicators data list to see what’s available.
Healthy People 2020

A Resource for Promoting Health and Preventing Disease Throughout the Nation
Nutrition and Weight Status

Objectives

■ Healthier Food Access
  – NWS–1  State nutrition standards for child care
  – NWS–2  Nutritious foods and beverages offered outside of school meals
  – NWS–3  State-level incentive policies for food retail
  – NWS–4  Retail access to foods recommended by Dietary Guidelines for Americans
Nutrition and Weight Status

Objectives

■ Weight Status
  – NWS–8  Healthy weight in adults
  – NWS–9  Obesity in adults
  – NWS–10  Obesity in children and adolescents

■ Food and Nutrient Consumption
  – NWS–14  Fruit intake
  – NWS–15  Vegetable intake
  – NWS–16  Whole grain intake
  – NWS–17  Solid fat and added sugar intake
Sec. 241 Healthy, Hunger-Free Kids Act

Strategies and Interventions must be “evidence-based.”
SNAP-Ed Strategies and Interventions: An Obesity Prevention Toolkit for States
Evidence-based Policy and Environmental Change in Child Care, School, Community, and Family Settings

24 July 2013

This toolkit is a collaborative effort between USDA Center TRT and NCCOR.
• An increase in breast feeding
• Changes in the WIC food package
• A drop in calories from sugary drinks.
Many states and US territories are showing decreases in childhood obesity


To learn more about how childhood obesity is measured, see http://www.cdc.gov/obesity/childhood/basics.html.

www.cdc.gov/vitalsigns
Nutrition and Physical Activity Self-Assessment for Child-Care (NAP SACC)

Intent of the Intervention

The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) program is a research-tested intervention designed to enhance policies, practices, and environments in child care by improving the:

- nutritional quality of food served,
- amount and quality of physical activity
- staff-child interactions
- facility nutrition and physical activity policies and practices and related environmental characteristics

The NAP SACC intervention primarily addresses the inter-personal and organizational levels of the socioecologic model.
What gets measured gets done.
Nutrition, Physical Activity, and Obesity Prevention Outcomes Evaluation Framework

Supplemental Nutrition Assistance Program Education
Western Region
Food and Nutrition Service
June 2013
<table>
<thead>
<tr>
<th>Short-Term Outcomes (Readiness)</th>
<th>Medium-Term Outcomes (Adoption)</th>
<th>Long-Term Outcomes (Implementation)</th>
<th>Impacts (Maintenance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST4: Identification of Opportunities</td>
<td>MT4: Nutrition Practices or Standards (Adopted)</td>
<td>LT10: Food Environment Changes</td>
<td>I3: Resources Percentage increase in institutional or community resources invested in nutrition and physical activity supports or standards</td>
</tr>
<tr>
<td># and type of opportunities identified for improving access or creating appeal for nutrition and physical activity in SNAP-Ed sites where nutrition education is provided</td>
<td># (% of SNAP-Ed settings where nutrition education is provided where at least one change is formally adopted in writing or practice to improve access or appeal for healthy eating</td>
<td># (% of SNAP-Ed settings with new or improved access or infrastructure that promotes healthy food choices, which may include:</td>
<td>a. Improvements in hours of operations/times allotted for meals</td>
</tr>
<tr>
<td>a. Organizational practice changes</td>
<td>a. Low-income work sites</td>
<td>b. Improvements in layout or display of food</td>
<td>b. Improvements in layout or display of food</td>
</tr>
<tr>
<td>b. Physical space/access</td>
<td>b. Child care settings</td>
<td>c. Changes in menus (variety, quality, offering lighter fares)</td>
<td>c. Changes in menus (variety, quality, offering lighter fares)</td>
</tr>
<tr>
<td>c. Social support/appeal</td>
<td>c. Schools/After-school/Youth Education</td>
<td>d. Point of purchase prompts</td>
<td>d. Point of purchase prompts</td>
</tr>
<tr>
<td>ST5: Local Champions</td>
<td>d. Extension</td>
<td>e. Reduced portion sizes</td>
<td>e. Reduced portion sizes</td>
</tr>
<tr>
<td># and type of local champions willing to improve access or create appeal for nutrition and physical activity in SNAP-Ed sites where nutrition education is provided</td>
<td>e. Food distribution/emergency food outlets</td>
<td>f. Menu labeling/calorie counts</td>
<td>f. Menu labeling/calorie counts</td>
</tr>
<tr>
<td>a. Youth</td>
<td>f. Food retail</td>
<td>g. Edible gardens</td>
<td>g. Edible gardens</td>
</tr>
<tr>
<td>b. Parents/Caregivers</td>
<td>g. Adult or senior services</td>
<td>h. Lactation supports</td>
<td>h. Lactation supports</td>
</tr>
<tr>
<td>a. Community Members</td>
<td>h. Other community-based organizations</td>
<td>i. Improvements in free water taste, quality, smell, or temperature</td>
<td>i. Improvements in free water taste, quality, smell, or temperature</td>
</tr>
<tr>
<td>b. Staff/Service providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Adult consumers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Leadership/Decision-makers</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ST6: Partnerships</td>
<td>MT5: Physical Activity Practices or Standards (Adopted)</td>
<td>LT11: Activity Environment Changes</td>
<td>I4: Sustainability Plan # (% of SNAP-Ed settings with a plan for sustaining the nutrition or physical activity standards or environmental changes</td>
</tr>
<tr>
<td># (% of organizational task forces that agree to develop a plan for improving nutrition or physical activity practices or standards</td>
<td># (% of SNAP-Ed settings where nutrition education is provided where at least one change is formally adopted in writing or practice to improve access or appeal for physical activity.</td>
<td># (% of SNAP-Ed settings with new or improved access or infrastructure that promotes physical activity, which may include:</td>
<td>a. Low-income work sites</td>
</tr>
<tr>
<td>a. School wellness policies</td>
<td>a. Low-income work sites</td>
<td>a. Increase in fruits and vegetables</td>
<td>b. Child care settings</td>
</tr>
<tr>
<td>b. Worksite wellness councils</td>
<td>b. Child care settings</td>
<td>b. Increase in availability of 100% whole grains</td>
<td>c. Schools/After-school/Youth Education</td>
</tr>
<tr>
<td></td>
<td>c. Schools/After-school/Youth Education</td>
<td>c. Increase in availability of lean proteins</td>
<td>d. Extension</td>
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<tr>
<td></td>
<td>d. Extension</td>
<td>d. Lower sodium levels</td>
<td>e. Food distribution/emergency food outlets</td>
</tr>
<tr>
<td></td>
<td>e. Food distribution/emergency food outlets</td>
<td>e. Lower sugar levels</td>
<td>f. Food retail</td>
</tr>
<tr>
<td></td>
<td>f. Food retail</td>
<td>f. Lower saturated or trans fats</td>
<td>g. Adult or senior services</td>
</tr>
<tr>
<td></td>
<td>g. Adult or senior services</td>
<td></td>
<td>h. Other community-based organizations</td>
</tr>
<tr>
<td></td>
<td>h. Other community-based organizations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thank you!

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