LOOKING BACK, MOVING FORWARD: A YEAR IN REVIEW

DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY (DNPAO) ANNUAL UPDATE

Good Nutrition

Regular Physical Activity

Healthy Weight

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

TODAY'S LEARNING OBJECTIVES

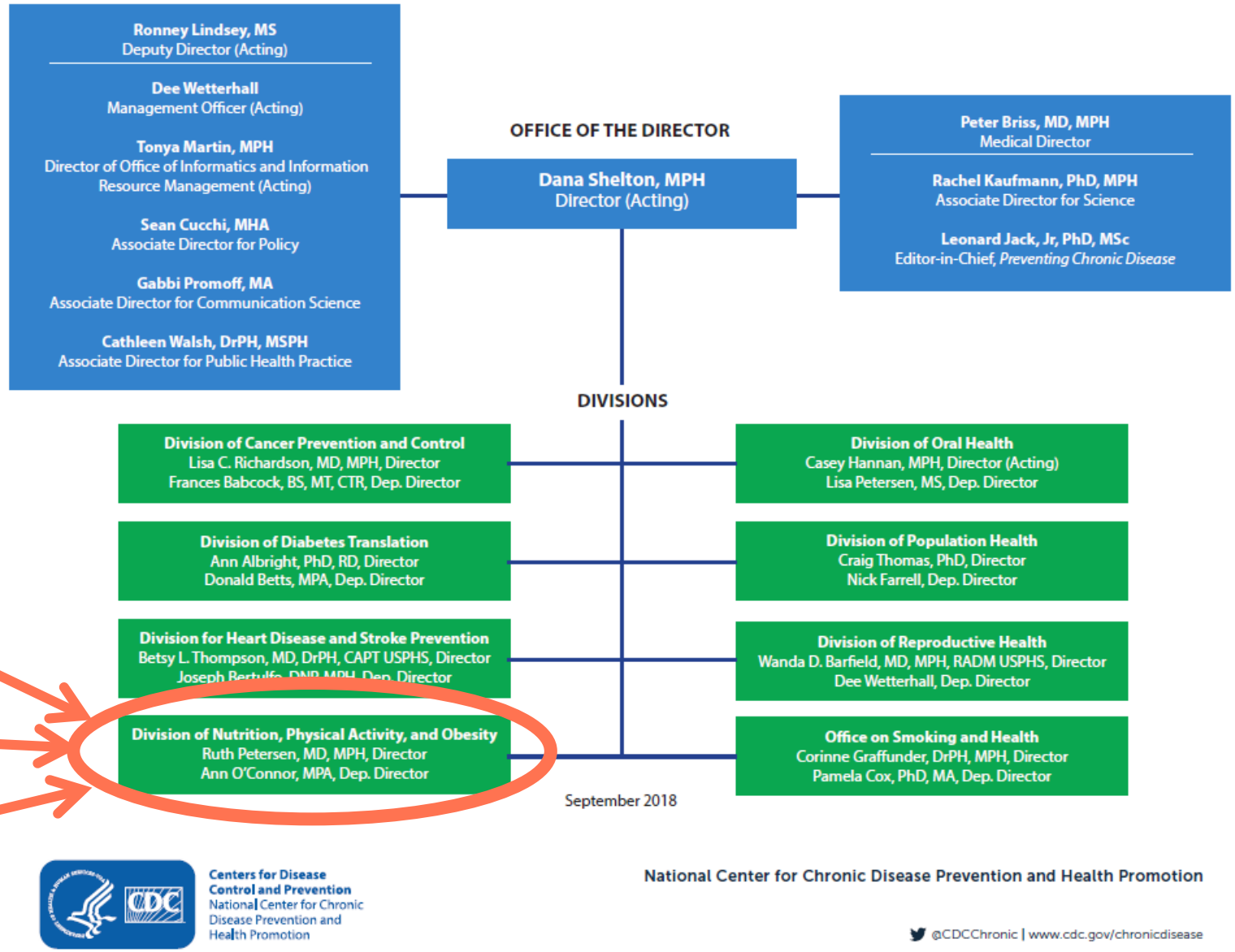
Today's discussion will focus on

- Overview of DNPAO Priorities
- Highlights from Division Branch Chiefs
- Future Direction of DNPAO

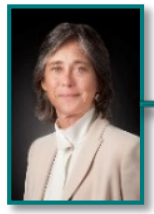
DNPAO MAIN OBJECTIVES

- Improved dietary quality to support healthy child development and improved nutrition for all ages
- People of all ages and abilities meeting physical activity guidelines

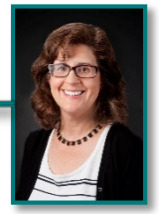
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION



DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY



Ruth Petersen,
Director



Ann O'Connor,
Deputy Director

Office of the Associate
Director for Science

Deborah Galuska, Associate
Director for Science

Office of Policy, Partnerships,
& Communications

Janelle Gunn, Associate
Director for Policy

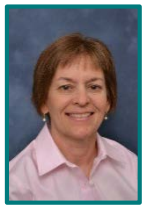
Nutrition Branch

Rafael (Rafa) Flores-Ayala,
Branch Chief

Obesity Prevention &
Control Branch

CAPT Heidi Blanck,
Branch Chief

Physical Activity &
Health Branch



Janet Fulton
Branch Chief

Program Development &
Evaluation Branch

Terry O'Toole,
Branch Chief

DNPAO BUDGET HISTORY – FY 2015 – FY 2019

DOLLARS IN THOUSANDS

Budget Activity/Description	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Nutrition, PA, High Obesity Counties and Obesity	$47,585	$49,895	$49,803	$54,920	$56,920
High Obesity Counties* (non-add)	$7,500	$10,000	$10,000	$15,000	$15,000
REACH *REACH joined DNPAO in 2017. Italicized amounts are not added to DNPAO total.*	*$50,950*	*$50,950*	$34,950**	$34,950**	$34,950***
National Early Childcare Collaborative	$4,000	$4,000	$4,000	$4,000	$4,000
Hospital Promoting Breastfeeding	$8,000	$8,000	$8,000	$8,000	$8,000
Total	**$59,585**	**$61,895**	**$96,753**	**$101,870**	**$103,870**
Childhood Obesity Research Demonstration (CORD)****	$5,000	$5,000	$5,000	$5,000	$5,000

Notes:

Source: FY 2015-2019 Appropriations

*High Obesity funding is a non-add, and therefore not included in the total amount
**REACH program total for FY 2017 and FY 2018 was $50,950 ($16,000 not shown supports tribal initiatives).
***REACH program total for FY 2019 is $55,950 ($21,000 not shown for tribal work).
**** CORD was appropriated at $25M in 2011; $10M in 2016; and $30M in 2018.

DNPAO STRATEGIC PRIORITIES

Reaching All Americans Across the Lifespan by Supporting

A Healthy Start for Infants

- Breastfeeding
- Early Child Nutrition
- Vitamins & Minerals
- First 1,000 Days

Children & Youth Growing Up Strong & Healthy

Adults & Older Adults Maintaining a Healthy Lifestyle

- Good Nutrition & Healthy Food Environments
- Physical Activity & Access to Environments Designed for Physical Activity
- Healthy Weight Management & Obesity Prevention

NUTRITION HIGHLIGHTS

PHYSICAL ACTIVITY HIGHLIGHTS

OBESITY HIGHLIGHTS

PROGRAM HIGHLIGHTS

HIGHLIGHTS FROM DIVISION BRANCH CHIEFS

NUTRITION BRANCH HIGHLIGHTS

Rafael (Rafa) Flores-Ayala,
Branch Chief

NUTRITION BRANCH HIGHLIGHTS

A Healthy Start for Infants

Maternal, Infant & Young Child Nutrition

- Provided technical assistance to 93 and training to 89 hospitals in maternity practices supportive of breastfeeding
- Launched Infant and Toddler Nutrition Website
- Collaborated with American Academy of Pediatrics on improving physician capacity to support infant and toddler feeding
- Published and contributed to publications in infant and young child nutrition and surveillance

Vitamin & Mineral Malnutrition

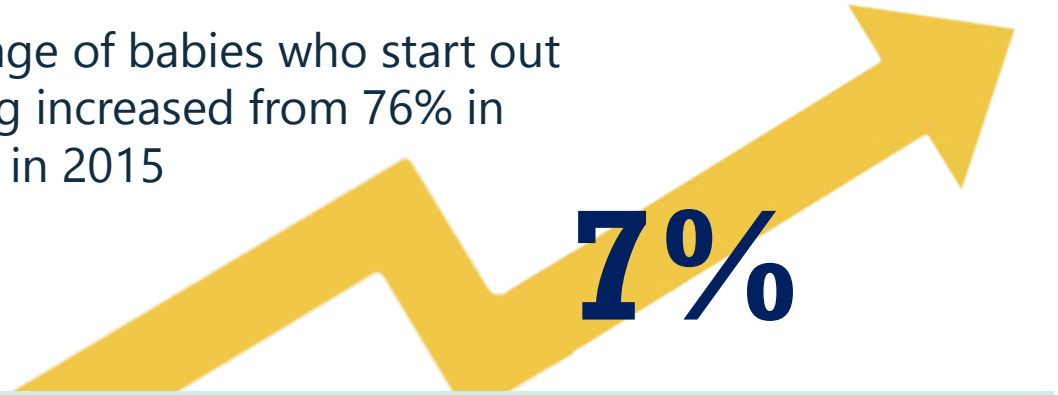
- Strengthened national nutrition surveillance systems globally
- Started Hemoglobin Guidelines update with the World Health Organization
- Conducted program impact evaluations in 3 countries
- Published and contributed to publications in vitamin and mineral nutrition and surveillance

WE ARE MAKING A DIFFERENCE

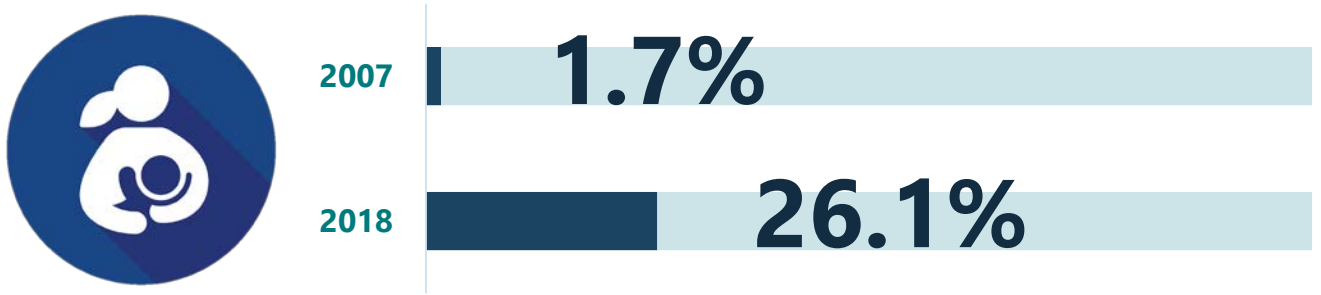
“Given the importance of breastfeeding on the health of mothers and children, it is critical that we take action to support breastfeeding. Women who choose to breastfeed face numerous barriers—only through the support of family, communities, clinicians, healthcare systems, and employers will we be able to make breastfeeding the easy choice.”

Jerome M. Adams, MD, MPH
U.S. Surgeon General

The percentage of babies who start out breastfeeding increased from 76% in 2005 to 83% in 2015



The percentage of births in hospitals with recommended maternity care practices that support breastfeeding increased from 1.7% in 2007 to 26.1% in 2018

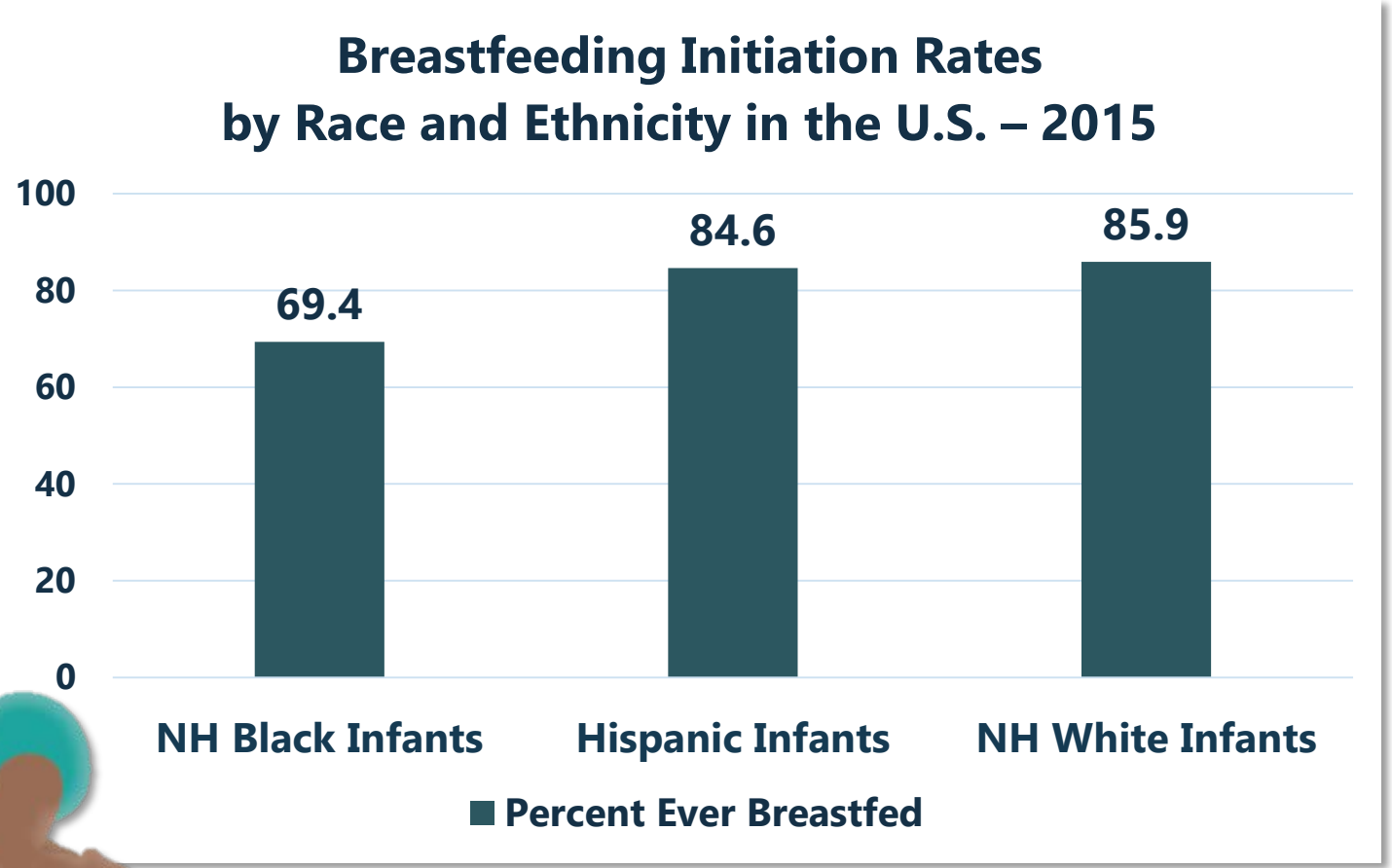


DISPARITIES EXIST IN BREASTFEEDING RATES BY ETHNICITY

Breastfeeding rates are rising overall, but disparities remain:

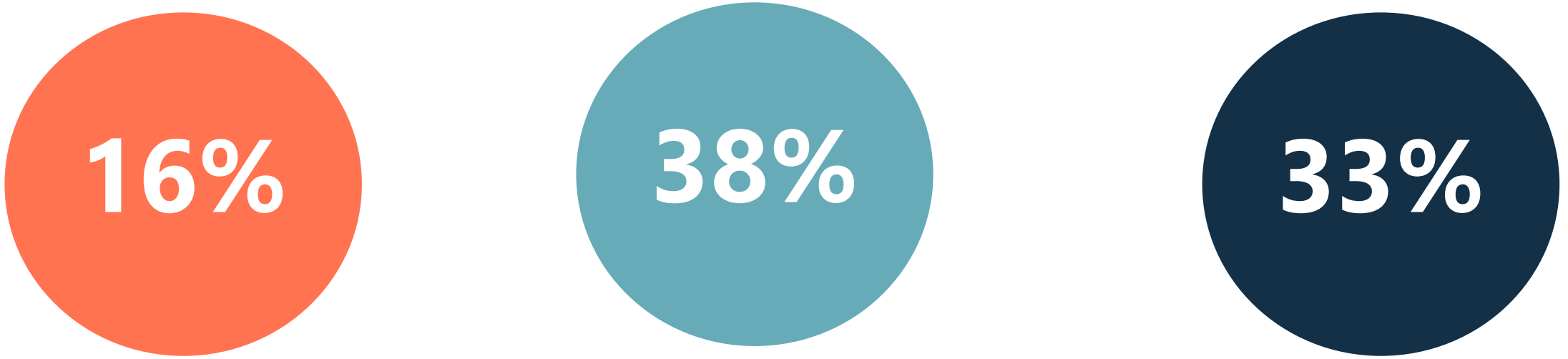
Community efforts to increase access to support for ALL MOMS

Narrowing the Gap



Source: https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-socio-dem-2015.htm

TRANSITIONS: STARTING COMPLEMENTARY FOODS



Introduced to solid foods before 4 months old

Introduced to solid foods between 4 to <6 months old

Introduced to solid foods between 6 to <7 months old

Source: Barrera et al. J Acad Nutr Diet 2018;118: 464–470.

INFANT AND TODDLER NUTRITION WEBSITE

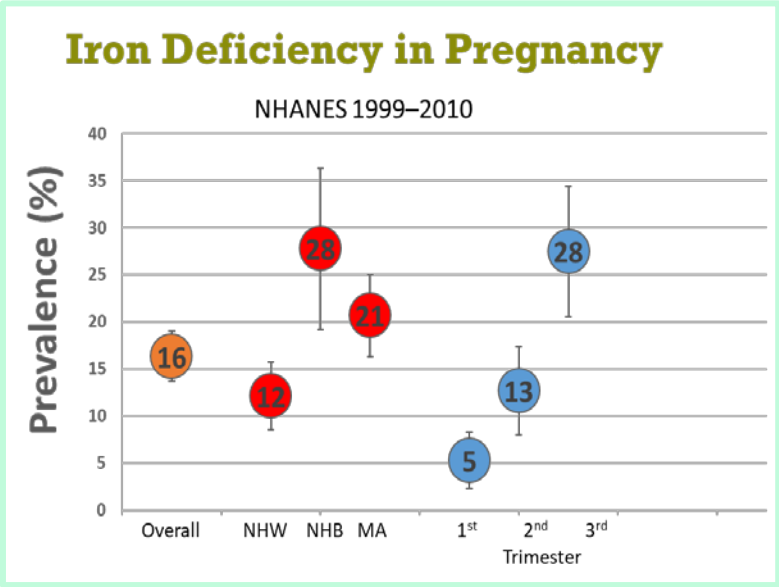
Infant and Toddler Nutrition

Good nutrition during the first 2 years of life is vital for healthy growth and development. Starting good nutrition practices early can help children develop healthy dietary patterns. This website brings together existing information and practical strategies on feeding healthy foods and drinks to infants and toddlers, from birth to 24 months of age. Parents and caregivers can explore these pages to find nutrition information to help give their children a healthy start in life.

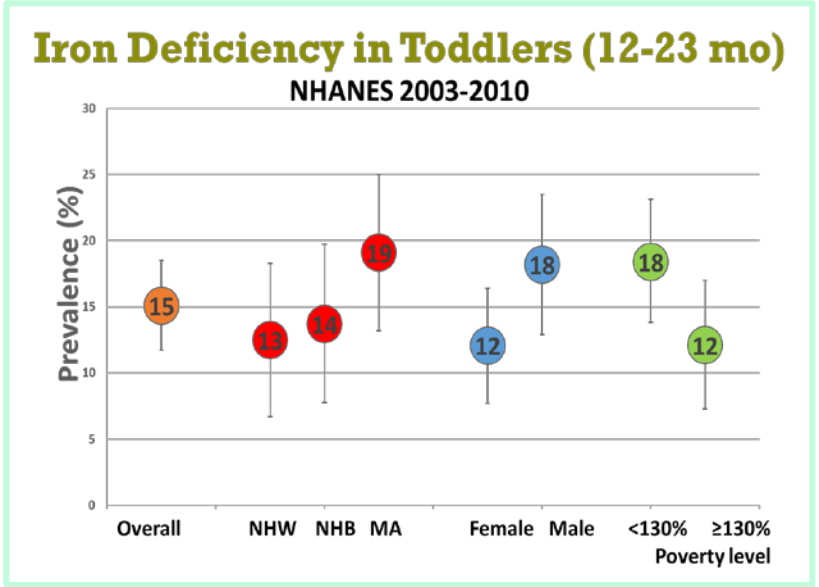
https://www.cdc.gov/nutrition/infantandtoddlernutrition/

MICRONUTRIENT SURVEILLANCE

- Iron & Iodine: critical for healthy birth outcomes, fetal/child growth & brain development
- Iron: disparities in deficiency; lack clear screening & treatment guidelines (data gaps)
- Iodine: intake from foods declining



Gupta PM, Hamner HC, Suchdev PS, Flores-Ayala R, Mei Z. 2017 *AJCN*



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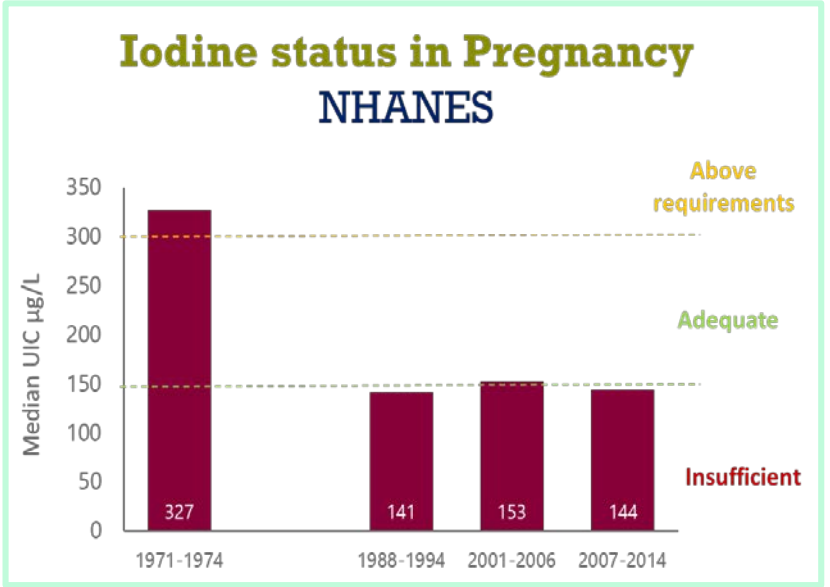
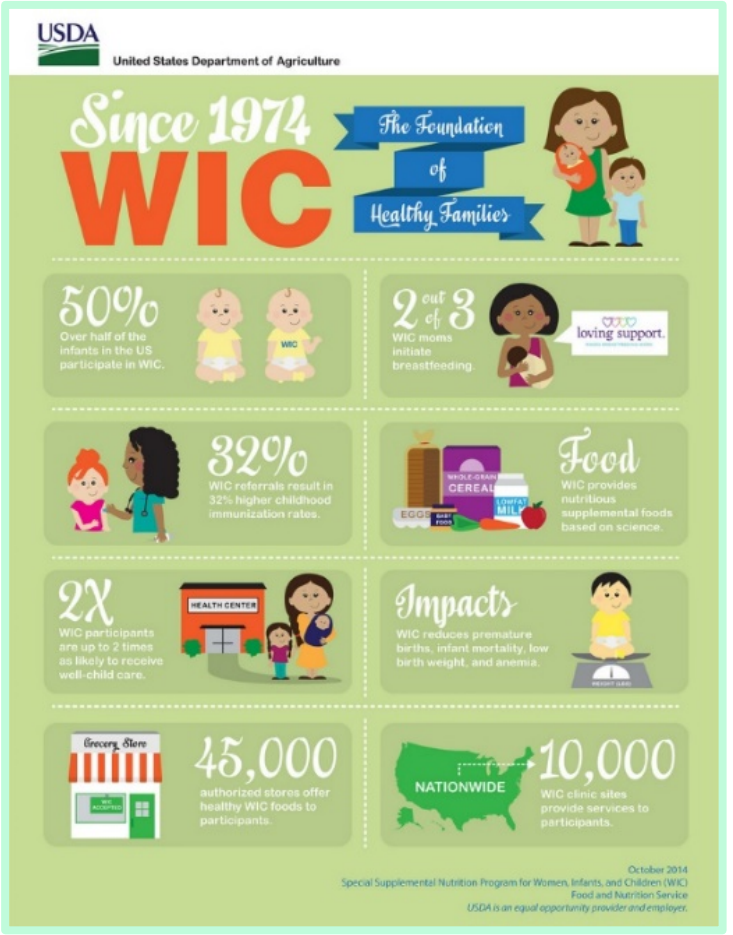


Caldwell KL et.al. 2005 Thyroid 15:692–699;
Perrine, et al. 2018 Thyroid DOI: 10.1089/thy.2018.0345

HEMOGLOBIN GUIDELINES UPDATE AND IMPLICATIONS

World Health Organization

Haemoglobin concentrations for the diagnosis of anaemia and assessment of severity



Cut-offs for age groups may change, especially for children 6-59 months

- Change prevalence estimates in US and other countries
- Screening, WIC participation, clinical decisions

PHYSICAL ACTIVITY AND HEALTH BRANCH

Janet Fulton, Branch Chief

PHYSICAL ACTIVITY BRANCH HIGHLIGHTS

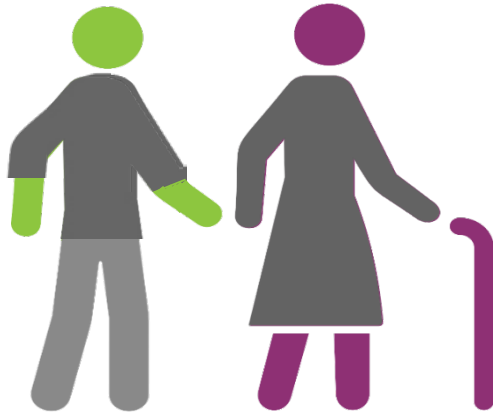
Resources and Initiatives

- Physical Activity Guidelines
- Healthy People 2030
- Active People, Healthy Nation

Improve and Promote Activity-Friendly Communities

- Routes + Destinations
- SPAN, HOP, and REACH Strategies

TOO FEW AMERICANS GET THE RECOMMENDED AMOUNT OF PHYSICAL ACTIVITY



About **31 million** adults aged 50 or older are inactive, meaning they get no physical activity beyond that of daily living

Only 40%

of school-aged youth who live a mile or less from school report that they usually walk to school

Only 1 in 5

adults and high school students fully meet physical activity guidelines for aerobic and muscle-strengthening activities

PHYSICAL ACTIVITY -- THE WONDER DRUG

"If you could package physical activity into a pill, it would be the most effective drug on the market."

Dr. Ruth Petersen
Director of CDC's Division of Nutrition, Physical Activity, and Obesity

"Physical activity is the closest thing we have to a wonder drug."

Dr. Tom Frieden
Former CDC Director

PHYSICAL ACTIVITY IS ONE OF THE BEST THINGS YOU CAN DO TO IMPROVE YOUR HEALTH

Benefits for Children & Adolescents

- Improved bone health and weight status (ages 3-17)
- Improved cardiorespiratory and muscular fitness (ages 6-17)
- Improved cardiometabolic health (ages 6-17)
- Improved cognition (ages 6-13)
- Reduced risk of depression (ages 6-13)

Benefits for Adults and Older Adults

- Lower risk of all-cause mortality, CVD mortality, and CVD (including heart disease and stroke)
- Lower risk of hypertension, type 2 diabetes, adverse blood lipid profile
- Lower risk of cancers of the bladder, breast, colon, endometrium, esophagus, kidney, lung, and stomach
- Improved cognition, quality of life, sleep, bone health, and physical function
- Reduced risk of dementia (including Alzheimer's disease), anxiety, and risk of depression
- Slowed or reduced weight gain, prevention of weight regain following initial weight loss, and weight loss (particularly when combined with reduced calorie intake)
- Lower risk of falls and fall-related injuries (older adults)

PHYSICAL ACTIVITY GUIDELINES FOR AMERICANS 2ND EDITION*

Preschool-Aged Children

- **Active throughout the day**
- Adult caregivers encourage active play

School-Aged Children and Adolescents

- **60 minutes or more** of moderate-to-vigorous intensity activity daily

Adults

- **Move more and sit less** throughout the day
- 150 to 300 minutes a week of moderate intensity activity

Older adults

- Adult guidelines
- **Multicomponent** activity

*Muscle strengthening activity is recommended for school-age children and adolescents, adults, and older adults.

CONNECTING ACTIVITY-FRIENDLY ROUTES WITH EVERYDAY DESTINATIONS

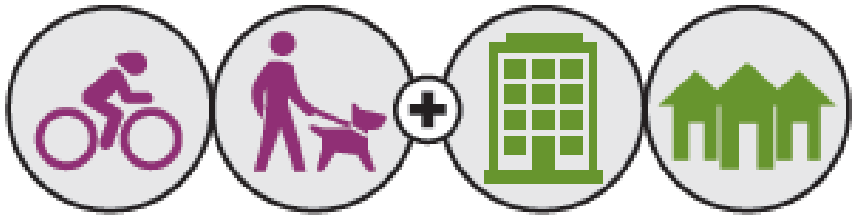
Combined Approaches to Increase Physical Activity

Activity-Friendly Routes

A direct and convenient connection with everyday destinations, offering physical protection from cars, and making it easy to cross the street.

Everyday Destinations

Places people can get to from where they live by walking, bicycling, or public transit, i.e. grocery stores, schools, worksites, parks, restaurants, etc.

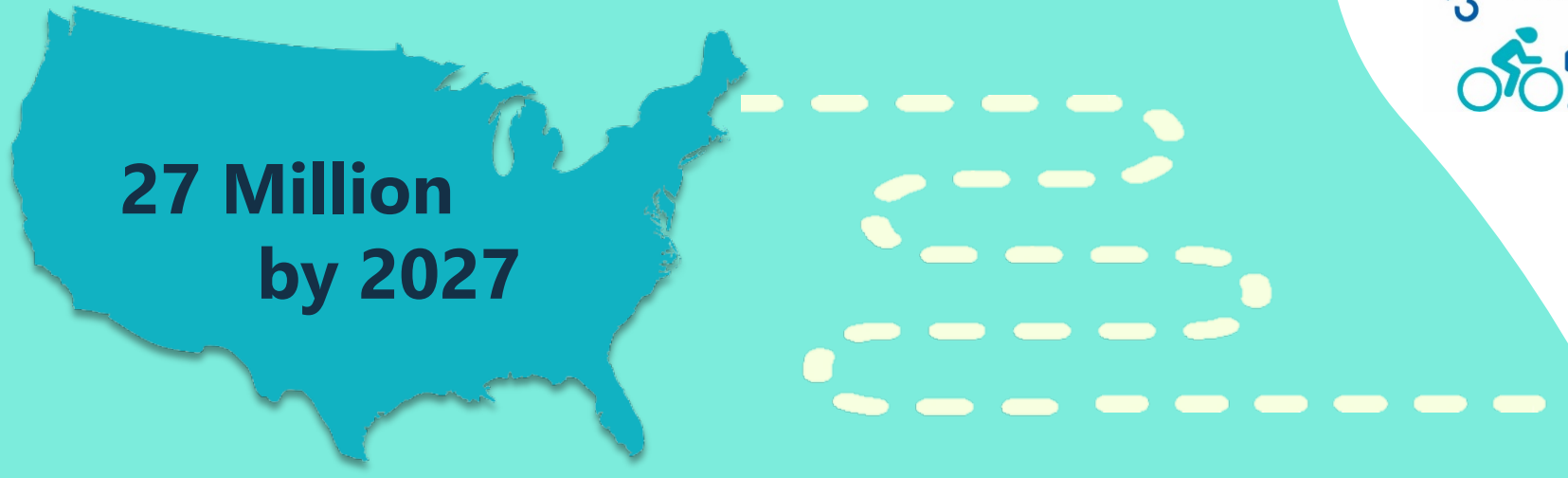


Check out resources, including Real-World Examples, Implementation Resource Guide, and a Visual Guide at:
https://www.cdc.gov/physicalactivity/community-strategies/beactive/index.html

A national initiative led by CDC to help

27 million Americans

become more physically active by 2027. Increased physical activity can improve health, quality of life, and reduce healthcare costs.



CREATING AN ACTIVE AMERICA, TOGETHER

ACTIVE PEOPLE, HEALTHY NATION℠

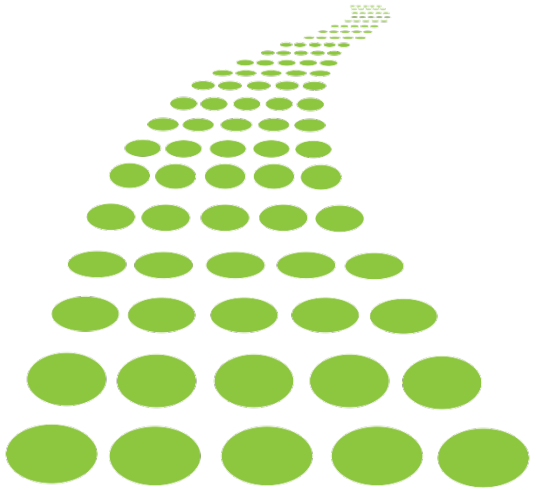
FIND OUT MORE ABOUT ACTIVE PEOPLE, HEALTHY NATION, GO TO www.cdc.gov/activepeoplehealthynation

HOW TO CONTINUE THE MOMENTUM

CREATING AN ACTIVE AMERICA, TOGETHER

ACTIVE PEOPLE, HEALTHY NATION℠

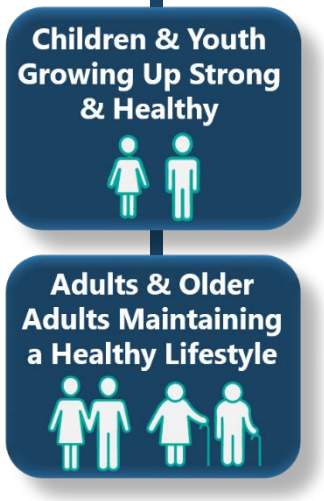
- **Create places** for physical activity
- **Build supports** for parks and recreation
- **Promote** free youth sports
- **Share messages** that encourage physical activity across the lifespan
- **Evaluate and monitor** programs and policies with data that matter



OBESITY PREVENTION AND CONTROL BRANCH

CAPT Heidi Blanck,
Branch Chief

OBESITY BRANCH HIGHLIGHTS



Good Nutrition & Healthy Food Environments

- Improved practices to support implementation of food service guidelines within settings such as worksites, hospitals, and community settings
- Increased supply of healthy foods and consumer demand via farm-to-institution, salad bars, and use of behavioral design strategies
- Supported states through monitoring tools including the 2018 Fruit and Vegetable State Indicator Report and individual State Action Guides

Healthy Growth & Childhood Obesity Prevention

- Improved state ECE systems and provider best practices by providing technical assistance on incorporating obesity prevention standards
- Made strides in supporting low-income children and their families in managing obesity through quality healthcare practices including screening and referral to clinic or community programs
- Improved and expanded obesity assessment, policy research, data linkage, and surveillance including use of Electronic Health Records

CHILDHOOD OBESITY IS A MAJOR THREAT TO THE U.S.

The Problem

1 in 4

Nearly **1 in 4** children (aged 2 to 5) are overweight or have obesity

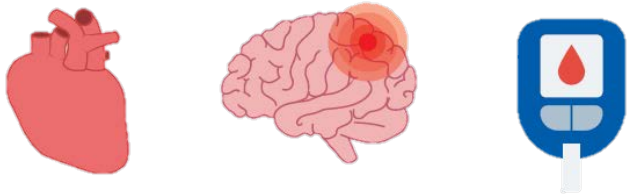
Obesity puts children at risk for **Type 2 diabetes, asthma, anxiety and depression, and low self-esteem**

Obesity costs the U.S. healthcare system **$147 billion** a year

TACKLING HIGH OBESITY

The Problem

1 in 3 adults in the United States have obesity



Obesity can lead to **heart disease, stroke, type 2 diabetes, and at least 13 cancers**

The estimated annual medical cost of obesity in the United States was **$147 billion** in 2008

CDC IS HELPING OUR NATION'S CHILDREN GROW UP HEALTHY & STRONG

Partners · Health Equity

Public Health Surveillance

Training and Technical Assistance, Peer-to-Peer Networking

Translation Tools and Resources

Fund Partners, States, and Communities to Implement Best Practices

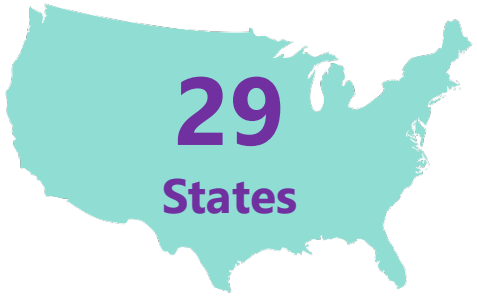
https://www.cdc.gov/grand-rounds/pp/2018/20180821-childhood-obesity.html

TOGETHER WE ARE MAKING A DIFFERENCE

Obesity declined among toddlers on WIC aged 2 to years 4 years from **15.9% in 2010 to 14.5% in 2014**

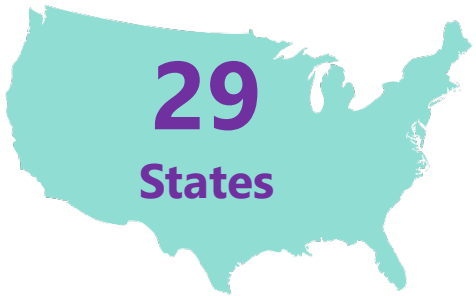
From 2011 to 2016, **over 22,000 ECE providers** nationwide pledged to adopt obesity prevention practices in childcare centers

States are strengthening their ECE standards and helping providers meet those standards

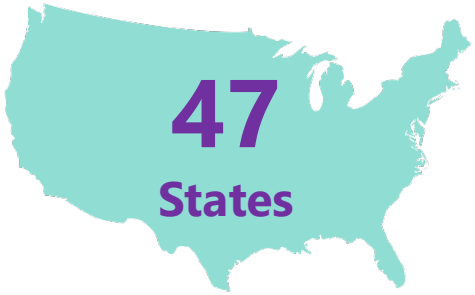


Obesity standards in Quality Rating Improvement Systems

Obesity standards in state licensing requirements



Encouraged enhanced food reimbursement program standards



Have on-demand training on obesity prevention for professional development

CDC's Childhood Obesity Research Demonstrations (CORD)

CORD Focus & Audience

Finding the best way to implement the USPSTF pediatric obesity recommendations for low-income families: screening, referral to quality programs

Lessons Learned

- Families want access to quality **weight management programs: clinic or community sites**
- **Time spent in program** – better attendance often led to better improvements in weight
- **Clinical-Community Linkage: All settings matter** in supporting children as they move through their day

Working across the health system to reach children and families in need

Together We Can Make a Difference

Reaching low-income children and families

With the **National Association of Community Health Centers**, CDC brought child weight-management programs to locations in 4 states **16**

The programs are **evidence-based (MEND)**, and serve children ages 7-13 with obesity

Family-focused programs help children **build new skills** to make **healthy choices**

This will help us find the **key components** of **successful programs**, to bring them to **more people** in **more places**

PROGRAM DEVELOPMENT AND EVALUATION BRANCH

Terry O'Toole,
Branch Chief

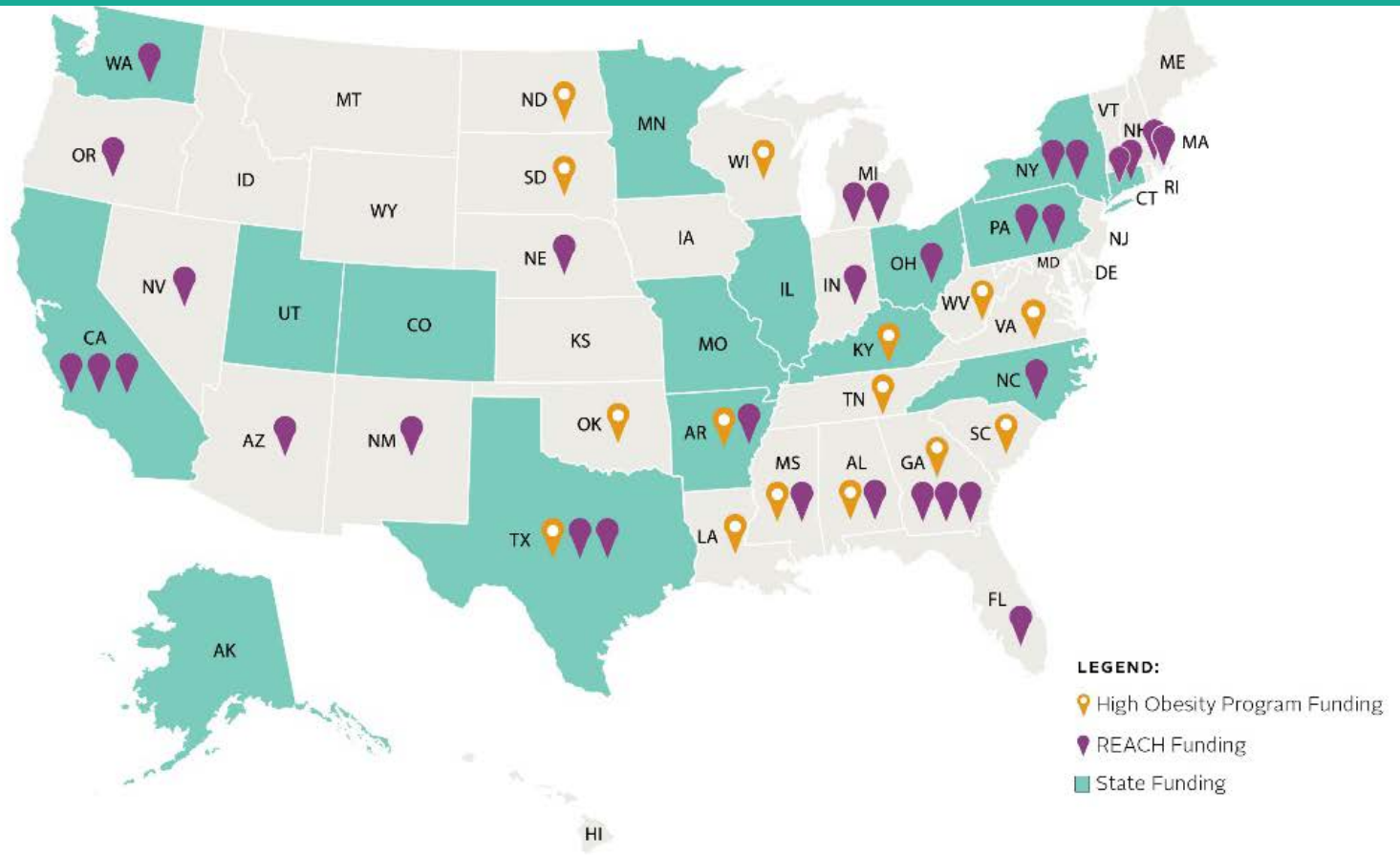
PROGRAM HIGHLIGHTS

A Healthy Start for Infants

Children & Youth Growing Up Strong & Healthy

Adults & Older Adults Maintaining a Healthy Lifestyle

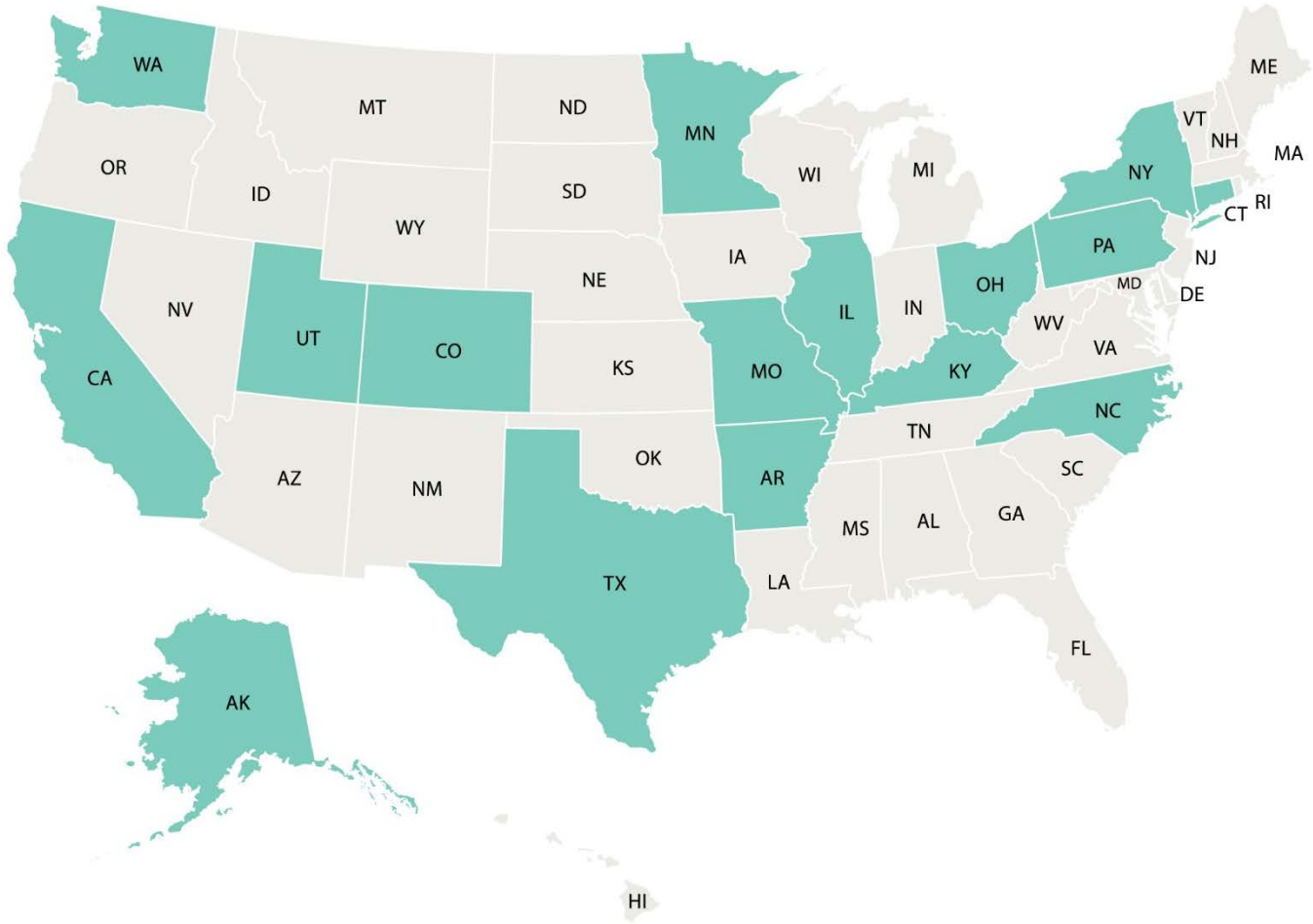
Reaching All Americans Across the Lifespan



DNPAO'S STATE PHYSICAL ACTIVITY AND NUTRITION PROGRAM (SPAN)

- 16 state and local recipients across the country will strengthen state and local efforts to implement interventions that support healthy nutrition, safe and accessible physical activity, and breastfeeding
- This program will support state investments that benefit the whole state and that allow recipients to leverage public health systems at multiple levels, including local government

Funded Recipients (Fiscal Year 2018)

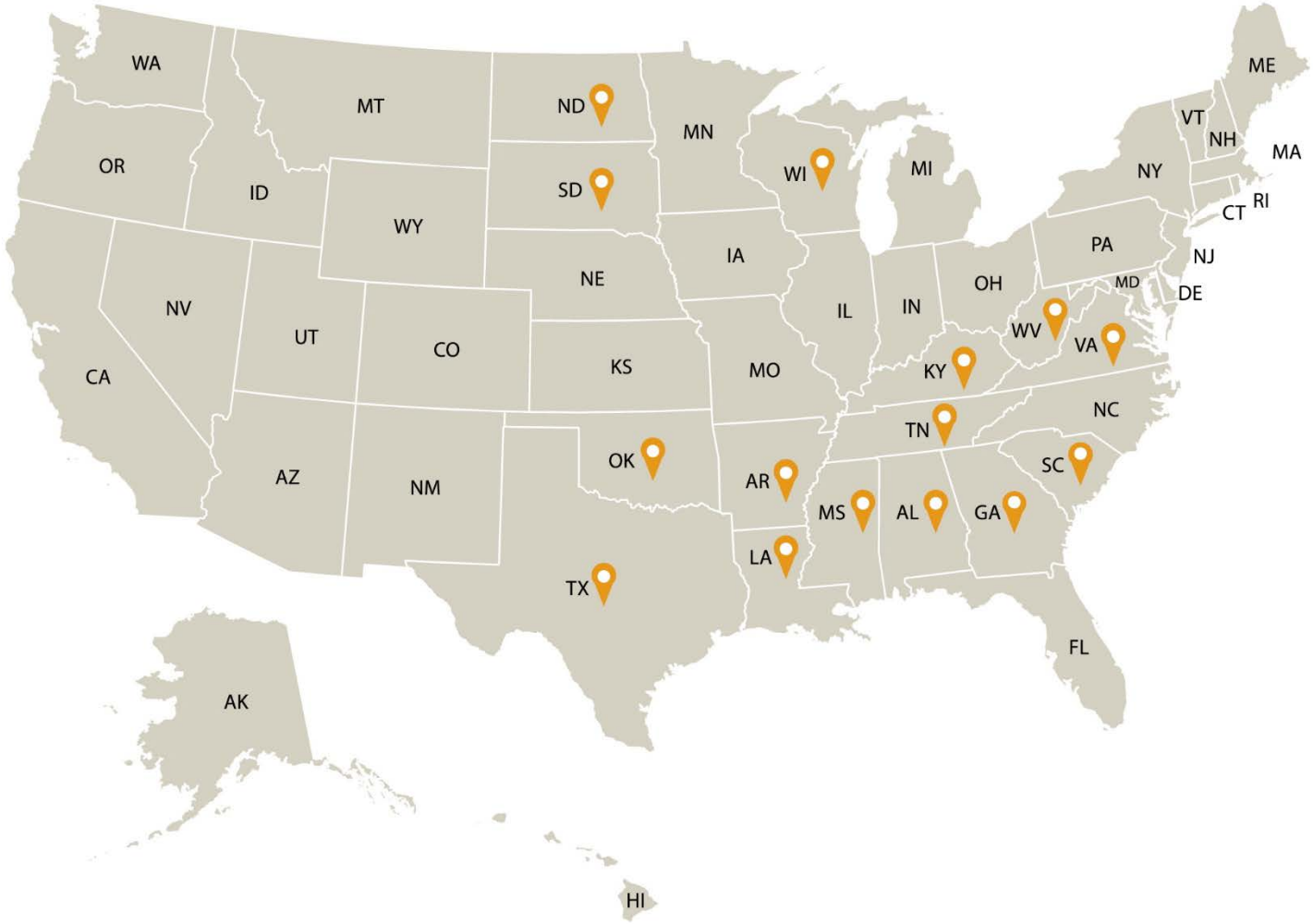


To learn more about the SPAN program, please visit: https://www.cdc.gov/nccdphp/dnpao/state-local-programs/span-1807/index.html.

DNPAO'S HIGH OBESITY PROGRAM (HOP)

- 15 land grant universities will leverage community extension services to increase access to healthier foods and opportunities for physical activity in counties that have more than 40% of adults with obesity
- Residents of these communities may have less access to healthy foods and fewer opportunities to be physically active
- Recipients will implement evidence-based strategies to increase access to healthier foods and to safe places for physical activity through existing cooperative extension and outreach services

Funded Recipients (Fiscal Year 2018)

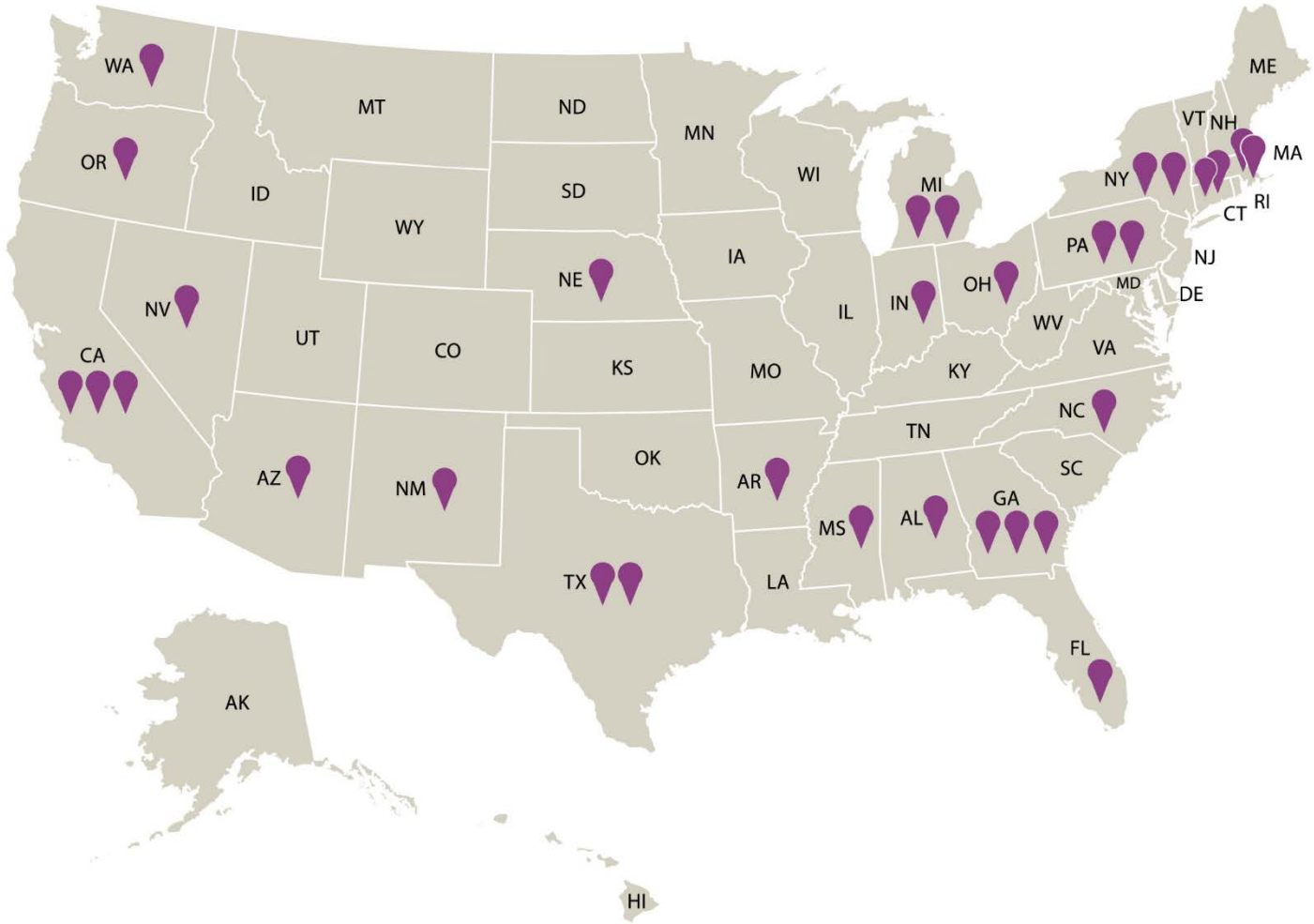


To learn more about this program, please visit: https://www.cdc.gov/nccdphp/dnpao/state-local-programs/hop-1809/high-obesity-program-1809.html.

DNPAO'S RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH (REACH) PROGRAM

- One of the only CDC programs that explicitly focuses on improving chronic diseases for specific racial and ethnic groups in urban, rural, and tribal communities with high disease burden
- 31 organizations funded
- Will aim to improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic populations with the highest risk, or burden, of chronic disease

Funded Recipients (Fiscal Year 2018)



To learn more about the new program, please visit: https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/current_programs/index.html.

DNPAO – NOFO STRATEGIES

Nutrition

- Implement interventions to support breastfeeding
- Establish healthy nutrition standards in key institutions such as ECE
- Make improvements to state and local programs/systems
- Implement food service guidelines in worksites and community settings to increase availability of healthy foods
- Work with food vendors, distributors and producers to enhance healthier food procurement and sales

Physical Activity

- Collaborate with partners to connect activity-friendly routes to everyday destinations to increase physical activity
- Implement and integrate physical activity standards into statewide early care and education (ECE) systems

Community/Clinical Linkages

- Promote the use of appropriate and locally available programs for individuals in the priority population(s)
- Expand the use of health professionals to increase referral of individuals in the priority population(s) to appropriate and locally available health and preventive care programs

DNPAO AMBASSADOR PROGRAM

- Facilitate unfunded states access to DNPAO resources (e.g., networking calls, technical assistance)
  - Ambassadors can participate in DNPAO sponsored training and technical assistance activities
  - Every state with an assigned Project Officer to serve as liaison

RECIPIENT TRAINING IN ATLANTA

Leading the Charge for a Healthy Nation

CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) National Training

Omni Atlanta Hotel at the CNN Center, Atlanta, Georgia

FUTURE DIRECTION

PUTTING IT ALL TOGETHER AND MOVING FORWARD

- States and Communities
- Addressing Health Disparities
- Learning Together

HAVE YOU HEARD ABOUT OUR ONLINE RESOURCES?

Data Trends and Maps
Interactive database that provides national and state health status and behaviors

State Community Health Media Center
Collection of free and low-cost, audience-tested advertising and support materials

Division of Nutrition, Physical Activity, and Obesity (DNPAO) Website
CDC.gov/nccdphp/dnpao

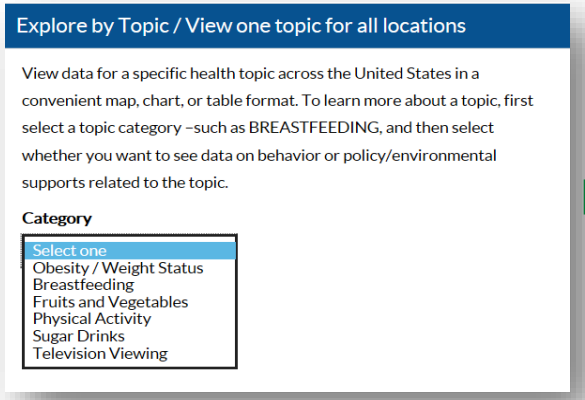
DNPAO Facebook Page
Facebook.com/CDCEatWellBeActive

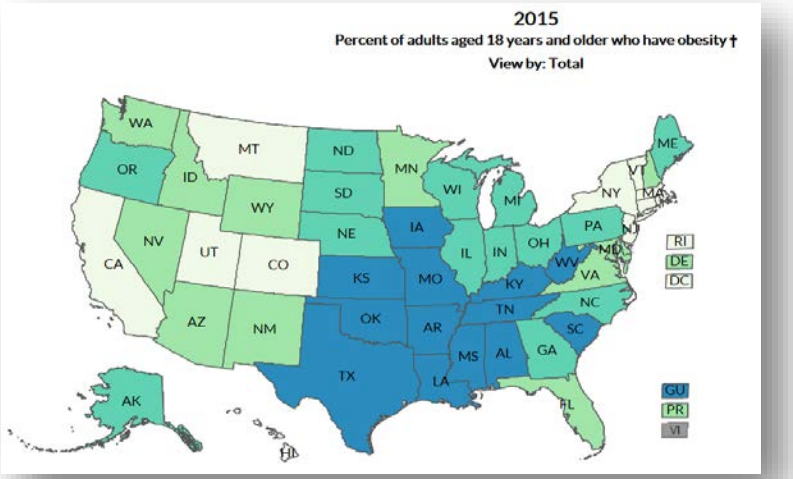
DNPAO Twitter
@CDCObesity
@CDCMakeHealthEZ

DNPAO'S DATA, TRENDS, AND MAPS

- Interactive state-by-state and national data via clickable maps, charts, and tables
- Provides the most recent health and behavior data
- Export data & save visualizations
- Create custom maps and charts
- Data available for 59 indicators

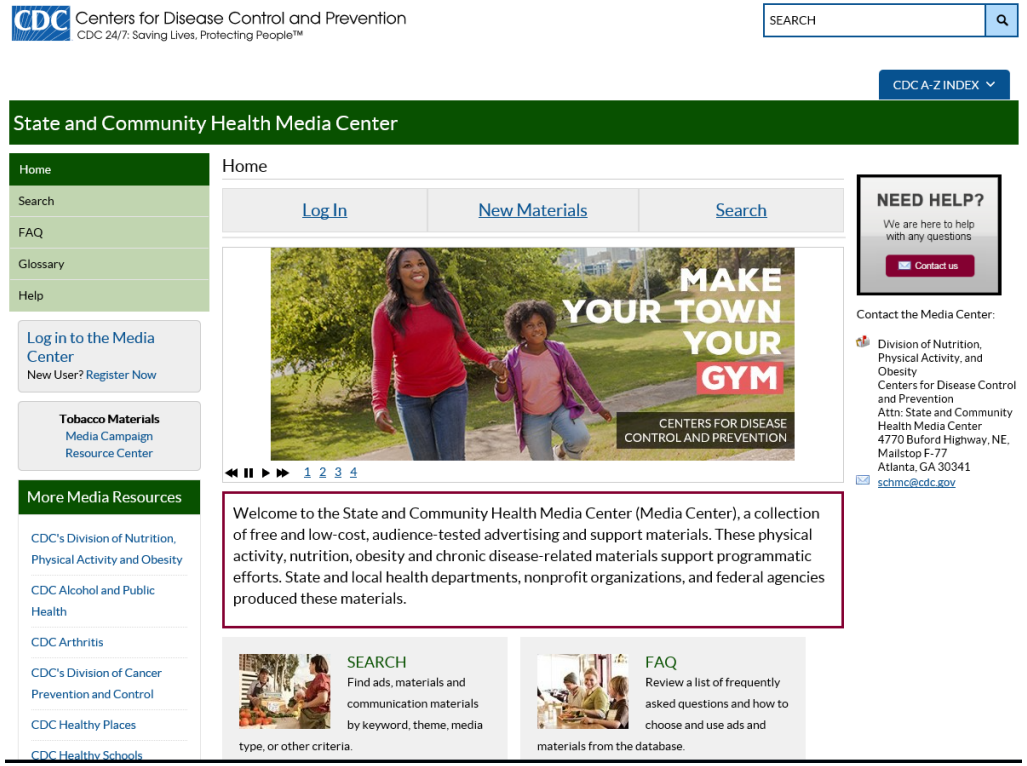
Select a topic to see nationwide maps, charts, and tables





Source: https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html

STATE AND COMMUNITY HEALTH MEDIA CENTER (CHMC)



- Includes more than 1,4000 ads, materials, or photos on nutrition, obesity, physical activity and other chronic diseases
- Includes audience testing and research
- Saves time and money compared to producing new materials
- Source: https://nccd.cdc.gov/schmc
- For more information, email schmc@cdc.gov

Questions?

THANK YOU

For more information, contact: **dnpaopolicy@cdc.gov**

Help us keep America healthy and strong. See how at: **cdc.gov/nccdphp/dnpao**

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition, Physical Activity, and Obesity (DNPAO)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.