

Iowa WIC Program
1-800-532-1579



Your child has you. And you have WIC.

Bureau of Nutrition and Health Promotion

Friday Facts

Week ending Issue: March 25, 2011 – Issue #94

Policy

From the WIC Services Policy and Procedure Manual — 370.05 On-Site Agency Review

Goals of on-site agency review

A variety of on-site review visits are completed by state WIC staff to:

- Meet regulatory review requirements,
- Identify innovative and successful strategies to share with agencies,
- Monitor compliance with federal regulations and state policies, and
- Provide technical assistance and support.

Scheduling visits

In general, visits are completed during the first three quarters of the federal fiscal year. This allows adequate time for technical assistance or follow-up. Most on-site reviews are scheduled with input from the WIC Coordinator; however, clinic visits may be unannounced. For scheduled reviews, the agency director and WIC Coordinator will receive reminder letters several weeks before the visit.

Reports

Breastfeeding Termination Report

Did you know the Breastfeeding Termination Report is available in IWIN? This report provides a count of “ever breastfed” infants and children and the age at which they stopped breastfeeding. For more information, read policy 330.50.

Information

Obesity among Low-Income Preschool Children

Recent leveling in obesity rates among adults and children of all incomes has been reported by the National Health and Nutrition Examination Survey (NHANES). Similar leveling in rates among low-income preschool children has been reported by the Pediatric Nutrition Surveillance System (PedNSS), a child-based public health surveillance system that describes the nutritional status of low-income children who attend federally-funded maternal and child health and nutrition programs, primarily the WIC Program.

While leveling in obesity rates among adults and children of all incomes is encouraging, childhood obesity remains a serious public health problem even among this subset, as one in three low-income

children are obese or overweight before their 5th birthday. American Indian and Alaska Native children are particularly at risk. **At the end of Friday Facts** is a four-page release of data that includes the county-level prevalence of obesity among children aged 2 to four, and the state-level prevalence.

EBT Update

Burger, Carroll and Associates (BCA) have been selected as the planning contractor to perform EBT planning activities for the Iowa WIC program. The information that will be collected and organized by BCA will be vital to the Iowa WIC team in decision making involving an approach to EBT implementation. Planning activities will begin this spring and continue until next spring. Information to be produced will include:

- Study of WIC EBT readiness
- Assessment of Iowa WIC Program's business and technical capacity to support EBT
- Assessment of Iowa WIC organizational capacity to support EBT
- Feasibility study of using WIC at the farmer's market
- Comprehensive cost analysis
- Cost benefit analysis
- Analysis of EBT alternatives

The assessment will consider the readiness, business, and technical capacity of the State WIC office, retail vendors, and State WIC agencies. Additionally, the impact to the participant will be carefully considered when assessing the best approach to EBT. In the end, the goal of planning is to determine the best EBT approach for all WIC stakeholders in Iowa.

Dates to Remember

2011

NETC

- April 18 & 19
- July 25 & 26
- October 24 & 25

Advisory Committee Meetings

- July 15
- October 7

Core Workshops

- March 28 & 29 - Maternal Nutrition and Breastfeeding Workshop
- April 29 - Communication & Rapport Building Workshop
- June 23 & 24 - Infant and Child Nutrition Workshop

Available Formula

| Product | Quantity | Expiration Date | Agency | Contact |
|---------------------------------------|------------------------------------------|------------------------------|------------------------------|---------------------------------|
| Nutren 2.0 | (3) 24 pks of 8.45 oz bottles | April 2011 | Broadlawns | Nikki Davenport at 515-282-6710 |
| Nutren 2.0 | (2) 24 pks of 8.45 oz bottles | June 2011 | Broadlawns | Nikki Davenport at 515-282-6710 |
| Peptamin Jr Vanilla | (2) 24pks of 8.45oz bottles | June 2011 | Broadlawns | Nikki Davenport at 515-282-6710 |
| Enfaport Lipil | 23 – 8 oz cans (ready-to-feed) | 9/1/2011 | Johnson County WIC | Chuck Dufano @ 319-356-6042 |
| Similac Special Care Premature 24kcal | 5 cases 48 pk 2 oz bottles | 11/2011 | Broadlawns | Nikki Davenport at 515-282-6710 |
| Elecare, Vanilla | 4 cans, 14.1 oz Powdered Elecare Vanilla | Elecare Vanilla – March 2012 | Upper Des Moines Opportunity | Julie Erskine @ 712-213-1230 |

Obesity Among Low-Income Preschool Children

1 of 3 Children Are Obese or Overweight Before Their 5th Birthday

According to the 2009 *Pediatric Nutrition Surveillance System* (PedNSS) data, nearly one-third of the 3.7 million low-income children aged two to four years surveyed were obese or overweight, and 541,000 were obese.

Learn more at: www.cdc.gov/obesity/childhood/lowincome.html.

Health Risk Now and Later for Obese Children

- Obese children are more likely to have high blood pressure, high cholesterol, and type 2 diabetes, which are risk factors for cardiovascular disease.
- Obese children are more likely to become obese adults.
- The tracking of body mass index (BMI) that occurs from early childhood to adulthood has been documented, and early adiposity rebound in young children is associated with increased risk of obesity in young adulthood.^{1,2}

Some Children Burdened More Than Others

- American Indian and Alaska Native (20.7%) and Hispanic (17.9%) children aged 2 to 4 years have the highest rates of obesity.
- Since 2003, American Indian and Alaska Native children are the only ones that have shown a significant increase in obesity rates (1.7%) since 2003.

Importance of Reaching Low-Income Families

- According to the U.S. Census, in 2009, the number of U.S. people in poverty is the largest number in the 51 years poverty estimates have been published.
- Low-income families generally have less access to both healthy food choices and opportunities for physical activity. Many need nearby retail stores that provide healthy, affordable foods, as do many rural and predominantly minority communities. At the same time, many low-income communities lack or have restricted access to sidewalks, green space, parks, and recreation centers that may be perceived as unsafe; all are possible barriers to leisure time physical activity.
- More families are turning to public health programs, such as the *Special Supplemental Nutritional Program for Women, Infants and Children Program* (WIC), to meet the needs of their children younger than 5 years.

The PedNSS is a child-based public health surveillance system that describes the nutritional status of low-income U.S. children who attend federally-funded maternal and child health and nutrition program, primarily the WIC Program.

Learn more at: <http://www.cdc.gov/PedNSS>.



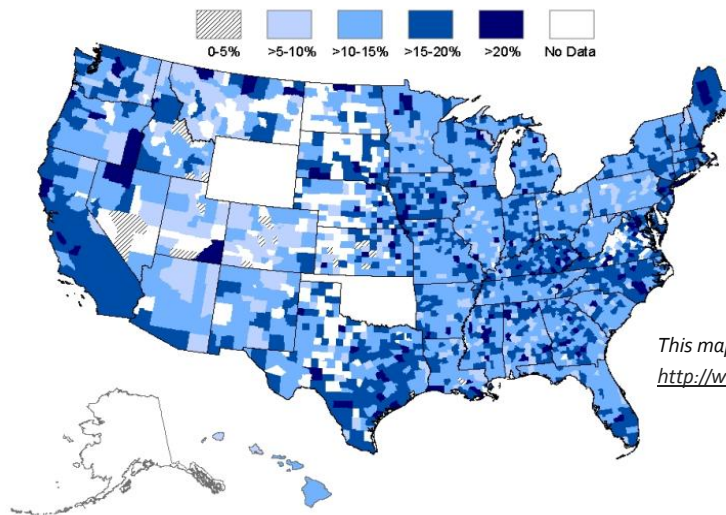
Overweight for children is defined as a BMI at or above the 85th and less than the 95th percentile, and obesity is defined as a BMI greater than the 95th percentile for age and gender per the 2000 CDC Growth Charts. See www.cdc.gov/growthcharts.

Obesity Rates Among U.S. Low-Income Preschool Children

Obesity Rates Exceed Health Goals

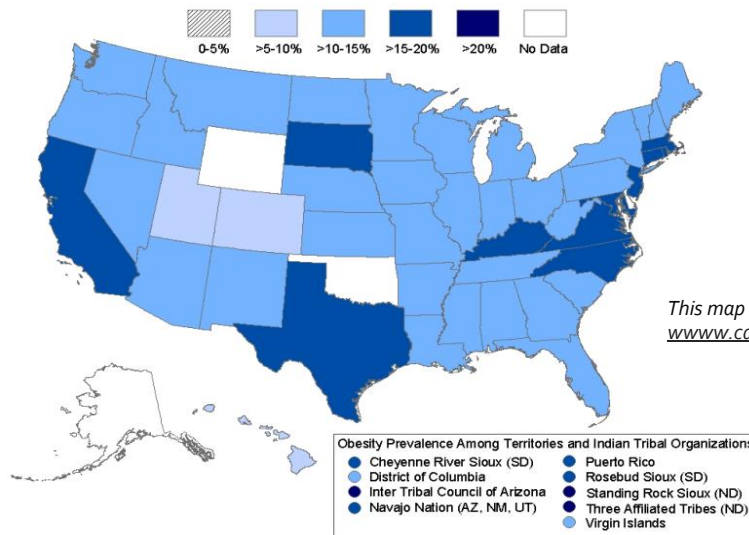
Few states, U.S. territories, or Indian Tribal Organizations had an obesity rate among low-income preschoolers participating in the 2009 PedNSS at or less than the *Healthy People 2020* target of 9.6%.

2007–2009 County Obesity Prevalence Among Low-Income Children Aged 2 to 4 Years



This map is accessible at <http://www.cdc.gov/obesity/childhood/lowincome.html>.

2009 State Obesity Prevalence Among Low-Income Children Aged 2 to 4 Years



This map is accessible at www.cdc.gov/obesity/childhood/lowincome.html.

Key Statistics

- 1 of 7 low-income, preschool-aged children is obese.
- 37.4% of counties with at least 100 records in the PedNSS have childhood obesity rates exceeding 15%.
- 5.5% of such counties have childhood obesity rates exceeding 20%.
- In 2009, American Indian or Alaska Native children had the highest prevalence of obesity (20.7%), followed by Hispanic (17.9%), non-Hispanic white (12.3%), non-Hispanic black (11.9%), and Asian/Pacific Islander (11.9%) children. The only increase in obesity rates since 2004 occurred among American Indian or Alaska Native children (1.7% increase).
- County obesity rates are variable within states. Even states with the lowest prevalence of obesity have counties where many low-income children are obese and at risk for chronic diseases.

Obesity Rates Among U.S. Low-Income Preschool Children

Action on Early Childhood Obesity: Priority Strategies

Increasing Physical Activity

- Priority strategies include increasing access with informational outreach, and conducting community-wide campaigns.
- Use the CDC's *State Indicator Report on Physical Activity, 2010*, to identify your state's needs, develop solutions, and work together within your community to promote physical activity among young children and their families. Available at http://www.cdc.gov/physicalactivity/downloads/PA_State_Indicator_Report_2010_Indicators.pdf.
- Access national guidelines at <http://www.cdc.gov/physicalactivity/everyone/guidelines/children.html> and <http://www.aahperd.org/naspe/standards/nationalGuidelines/ActiveStart.cfm>.

Increasing Fruit and Vegetable Consumption

- Priority strategies include starting or expanding *Farm to Where You Are* programs (e.g., farm to school, farm to health care, and farmers markets in communities), improving retail access, and promoting food policy councils.
- Use CDC's *State Indicator Report on Fruits and Vegetables, 2009*, to identify your state's needs, develop solutions, and work together within your community to promote fruits and vegetables. Available at http://www.fruitsandveggiesmatter.gov/health_professionals/statereport.html.
- Learn more about the WIC food package revisions that improves retail access to farmer's markets. Available at <http://www.fns.usda.gov/wic/benefitsandservices/foodpkgallowances.HTM>.
- Research-tested interventions, including a nutrition and physical activity self-assessment tool, resources related to *Eat Well Play Hard* in Child Care Settings, *KaBOOM*, and supporting communities to build play spaces, are accessible at www.center-trt.org.

Reducing Energy Dense Food and Sugar Consumption

- Priority strategies include ensuring that regulations and policies at all levels promote healthier foods and beverages in places where young children eat. Limiting access to sugar beverages and applying nutrition standards in child care settings are priority strategies.
- Standards for preventing obesity in early care and education programs are available at http://nrckids.org/CFOC3/PREVENTING_OBESITY/index.htm.
- Access *Head Start Body Start!* Resources for promoting physical activity and healthy eating are available at <http://www.aahperd.org/headstartbodystart/>.

Breastfeeding Initiation and Duration

- Priority strategies include developing state coalitions to support breastfeeding and implementing supports in maternity care and work site settings.
- Access state results on the *Maternity Care Practices Survey* at <http://www.cdc.gov/breastfeeding/data/mpinc/index.htm>.
- Use the *CDC Breastfeeding Report Card* to identify your state's needs, develop solutions, and work together within your community to promote and support breastfeeding. Also access the *CDC Guide to Breastfeeding Interventions* at <http://www.cdc.gov/breastfeeding/resources/index.htm>.
- The *WIC Program* is expanding breastfeeding peer counseling services. Learn more at <http://www.fns.usda.gov/wic/resources/>.
- Read the latest national breastfeeding recommendations at <http://www.surgeongeneral.gov/topics/breastfeeding/index.html>.



Obesity Rates Among U.S. Low-Income Preschool



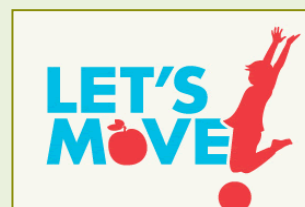
Action on Early Childhood Obesity: Priority Strategies

Decreasing Television Viewing

- Priority strategies include establishing policies to limit TV viewing in childcare settings. Childcare providers are sharing responsibility with parents for children during important developmental years.
- Research links eating nutritious food and limited screen-time, to more healthy childhood weight. Young children need places and time to play instead of watching television. In addition, foods high in sugar, fat, and salt are highly advertised on television, influencing children's eating habits.^{3,4,5,6}
- Apply television and screen-time standards recommended by the *American Academy of Pediatrics*. Learn more at <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;107/2/423>.

First Lady Obama Launches Let's Move

- Seeks to eliminate obesity in a generation.
- Campaign's main points of action are
 - Empowering parents and care givers,
 - Providing healthy food in schools,
 - Improving access to healthy affordable foods.



<http://www.letsmove.gov/>



CDC State and Community Obesity Programs and Recommended Strategies

Through the *Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases*, and the *Communities Putting Prevention to Work* initiatives, CDC provides funding to all 50 states to invest in policy, system and environmental approaches to improve dietary quality, increase physical activity, and reduce obesity. Visit CDC's *State-Based Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Disease* at <http://www.cdc.gov/obesity/stateprograms/statestories.html>. Read about *Communities Putting Prevention to Work* at <http://www.cdc.gov/chronicdisease/recovery/>.

CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States, 2009, offers guidance to improve local policies and the physical environment that influence daily choices that affect our health. Learn more at http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf.

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