Welcome to

Supporting the 2015-2020 Dietary Guidelines for Americans: The Role of State and Territorial Health Agencies

Wednesday, June 29, 2016

Presented by ASTHO and the HHS Office of Disease Prevention and Health Promotion
Objectives of the call:

- Provide an overview of the key recommendations from the 2015-2020 Dietary Guidelines for Americans.

- Provide examples of how state health agencies can lead or support effective strategies to increase healthy eating across various sectors and settings in their state.
Speakers

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The Dietary Guidelines for Americans: What It Is, What It Is Not

- Published by HHS and USDA every 5 years
- Provides evidence-based recommendations about the components of a healthy and nutritionally adequate diet
- Mandated to inform Federal food, nutrition, and health policies and programs
- *Not developed* for consumers directly
- Focuses on disease *prevention* rather than disease *treatment*
Developing the Dietary Guidelines for Americans
(Figure I-3)

1  Review the Science

First, an external Advisory Committee creates the Advisory Report and submits it to the Secretaries of HHS and USDA. This report is informed by:
- Original systematic reviews
- Review of existing systematic reviews, meta-analyses, and reports by Federal agencies or leading scientific organizations
- Data analyses
- Food pattern modeling analyses

2  Develop the Dietary Guidelines

Using the previous edition of the Dietary Guidelines, the Advisory Report, and consideration of public and Federal agency comments, HHS and USDA develop a new edition of the Dietary Guidelines. The 2015-2020 Dietary Guidelines for Americans includes:

5 Guidelines

Key Recommendations that support the Guidelines

Science-based nutrition guidance for both professionals and organizations working to improve our nation’s health.

3  Implement the Dietary Guidelines

Federal programs apply the Dietary Guidelines to meet the needs of Americans through food, nutrition, and health policies and programs—and in nutrition education materials for the public.
Federal dietary guidance publications for consumers are required by law to be consistent with the Dietary Guidelines

- National School Lunch Program and School Breakfast Program
  - Feed > 30 million children each school day
- Special Supplemental Nutrition Program for Women, Infants and Children
  - Scientific underpinning for its food packages and nutrition education program
  - ~8 million beneficiaries
- Older Americans Act Nutrition Services programs
  - Nutrition programs for older adults
  - ~5,000 community-based nutrition service providers
  - Together serve >900,000 meals a day across the U.S.
- Head Start
- Health education campaigns and other policy initiatives - CDC, NIH, and FDA
- Healthy Eating Index
  - Research tool and measurement of diet quality in the US
- Department of Defense and the Department of Veterans Affairs
Non-Federal Sectors

Impacts public health initiatives and activities across the Nation

- **Health professionals rely on for**
  - Current, evidence-based nutrition information
  - To improve eating behaviors in the populations they serve
- **Academic institutions**
  - Use in nutrition research and curricula
- **National public health organizations, advocacy groups, and the media**
  - Refer to the Dietary Guidelines when translating scientific information for the general public
- **Food industry uses the Dietary Guidelines in**
  - Planning food reformulations
  - Marketing and promoting products to consumers
A Roadmap to the 2015-2020 Edition of the Dietary Guidelines for America
2015-2020 Dietary Guidelines for Americans:

Contents

• Executive Summary
• Introduction
• Chapter 1: Key Elements of Healthy Eating Patterns
• Chapter 2: Shifts Needed to Align with Healthy Eating Patterns
• Chapter 3: Everyone Has a Role in Supporting Healthy Eating Patterns
• Appendices
The Guidelines
2015-2020 Dietary Guidelines for Americans:

The Guidelines

1. **Follow a healthy eating pattern across the lifespan.** All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.

2. **Focus on variety, nutrient density, and amount.** To meet nutrient needs within calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.

3. **Limit calories from added sugars and saturated fats and reduce sodium intake.** Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.
4. **Shift to healthier food and beverage choices.** Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.

5. **Support healthy eating patterns for all.** Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide, from home to school to work to communities.
Key Elements of Healthy Eating Patterns:

Key Recommendations

Consume a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level.

A healthy eating pattern includes:

- A variety of vegetables from all of the subgroups—dark green, red and orange, legumes (beans and peas), starchy, and other
- Fruits, especially whole fruits
- Grains, at least half of which are whole grains
- Fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages
- A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), and nuts, seeds, and soy products
- Oils

A healthy eating pattern limits:

- Saturated fats and trans fats, added sugars, and sodium
Key Elements of Healthy Eating Patterns:

Key Recommendations (cont.)

Key Recommendations that are quantitative are provided for several components of the diet that should be limited. These components are of particular public health concern in the United States, and the specified limits can help individuals achieve healthy eating patterns within calorie limits:

- Consume less than 10 percent of calories per day from added sugars
- Consume less than 10 percent of calories per day from saturated fats
- Consume less than 2,300 milligrams (mg) per day of sodium
- If alcohol is consumed, it should be consumed in moderation—up to one drink per day for women and up to two drinks per day for men—and only by adults of legal drinking age.

Meet the Physical Activity Guidelines for Americans
Examples of healthy eating patterns:

- Healthy U.S.-Style Eating Pattern
- Healthy Mediterranean-Style Eating Pattern
- Healthy Vegetarian Eating Pattern

Designed to

- Consider the types and proportions of foods Americans typically consume,
- But in nutrient-dense forms and appropriate amounts,
- Which result in eating patterns that are attainable and relevant in the U.S. population

*There are many ways to consume a healthy eating pattern.*
Inside Healthy Eating Patterns:
Other Components

“In addition to the food groups, it is important to consider other food components when making food and beverage choices.”

- Added sugars
- Saturated fats
- Trans fats
- Cholesterol
- Sodium
- Alcohol
- Caffeine
Inside Healthy Eating Patterns:
Other Components — Examples of Content

**Cholesterol**
- Individuals should eat as little dietary cholesterol as possible while consuming a healthy eating pattern.
- The Healthy U.S.-Style Eating Pattern contains approximately 100 to 300 mg of cholesterol across the 12 calorie levels.

**Caffeine**
- Much of the available evidence on caffeine focuses on coffee intake.
- Three to five 8-oz cups of coffee per day can be incorporated into healthy eating patterns.
- Individuals who do not consume caffeinated coffee or other caffeinated beverages are not encouraged to incorporate them into their eating pattern.
- In addition, caffeinated beverages may contain added calories from cream, whole or 2% milk, creamer, and added sugars, which should be limited.
Current Eating Patterns in the United States

Percent of the U.S. Population Ages 1 Year and Older Who are Below, At, or Above Each Dietary Goal or Limit (Figure 2-1)

Note: The center (0) line is the goal or limit. For most, those represented by the orange sections of the bars, shifting toward the center line will improve their eating pattern.

Data Source: What We Eat in America, NHANES 2007-2010 for average intakes by age-sex group. Healthy U.S.-Style Food Patterns, which vary based on age, sex, and activity level, for recommended intakes and limits.
Shifts to Align with Healthy Eating Patterns:

Examples

• Increasing **vegetables** in mixed dishes while decreasing the amounts of refined grains or meats high in saturated fat and/or sodium.

• Incorporating **seafood** in meals twice per week in place of meat, poultry, or eggs.

• Using vegetable **oil** in place of solid fats when cooking, and using oil-based dressings and spreads on foods instead of those made from solid fats.

• Choosing beverages with no **added sugars**, such as water.

• Using the Nutrition Facts label to compare **sodium** content of foods and choosing the product with less sodium.
Creating and supporting healthy choices

A Social-Ecological Model for Food and Physical Activity Decisions (Figure 3-1)

Figure 3-1

Are there successful strategies that can be utilized or considered?

(Figure 3-3)
Are there successful strategies that can be utilized or considered?

Home, individuals and families
- Try out small changes to find what works for them
- Add more veggies to favorite dishes
- Plan meals and cooking at home
- Incorporate physical activity into time with family/friends

Workplaces
- Offer healthy food options in the cafeteria, vending machines, and at staff meetings or functions
- Provide health and wellness programs and nutrition counseling
- Encourage walking meetings or activity breaks

Communities
- Increase access to affordable, healthy food choices through community gardens, farmers’ markets, shelters, and food banks
- Create walkable communities by maintaining safe public spaces

Food retail outlets
- Inform consumers about making healthy changes
- Provide healthy food choices

(Figure 3-3)
2015-2020 Dietary Guidelines
“Tools & Resources” Available at DietaryGuidelines.gov

• Executive Summary*
• Recommendations At-a-Glance*
• Digital Press Kit
  – Frequently Asked Questions
  – Top 10 Things You Need to Know
  – Factsheets
  – B-roll and graphics

• Toolkit for Professionals
  – Healthcare provider handouts
  – Conversation starters
  – Example social media messages
  – Static and interactive graphics
  – Adaptable PowerPoint Presentation

Join our listserv for updates at DietaryGuidelines.gov for more to come!

*Available in English and Spanish
Mass in Motion: Eat Better, Move More

State Agency Food Procurement Standards

Monica Bharel, MD, MPH
Commissioner
Massachusetts Department of Public Health
VISION
Optimal health and well-being for all people in Massachusetts, supported by a strong public health infrastructure and healthcare delivery.

MISSION
The mission of the Massachusetts Department of Public Health (DPH) is to prevent illness, injury, and premature death; to ensure access to high quality public health and health care services; and to promote wellness and health equity for all people in the Commonwealth.

DATA
We provide relevant, timely access to data for DPH, researchers, press and the general public in an effective manner in order to target disparities and impact outcomes.

DETERMINANTS
We focus on the social determinants of health - the conditions in which people are born, grow, live, work and age, which contribute to health inequities.

DISPARITIES
We consistently recognize and strive to eliminate health disparities amongst populations in Massachusetts, wherever they may exist.

EVERYDAY EXCELLENCE
PASSION AND INNOVATION
INCLUSIVENESS AND COLLABORATION
Age-adjusted Prevalence of Obesity Among U.S. Adults Aged 18 Years or Older

Childhood Obesity Disparities: Income

Source: Body Mass Index Screening in Massachusetts Public School Districts, 2014
Obesity among Mass Adults by Race/Ethnicity

Source: Massachusetts Behavioral Risk Factor Surveillance System, 2014
• BMI reporting

• School Nutrition Standards

• Executive Order 509

• Require BMI testing for all students in grades 1, 4, 7 and 10. Schools are required to report the data to MDPH in aggregate.

• The surveillance data that has been collected over the past 5 years of implementation has given the Department preliminary information to target, strengthen and evaluate initiatives that are successfully reducing incidence of childhood obesity.
School Nutrition Standards

• The “Act Relative to School Nutrition” was signed into law in July 2010 and required MDPH to establish standards for competitive foods and beverages sold or provided in public schools school day. The Public Health Council approved the original regulations in June 2011.

• The standards apply to foods and beverages sold or provided in school cafeterias as a la carte items, vending machines and school stores and snack bars.

• Regulations updated in November 2014 to align with USDA standards.
Executive Order 509
Nutrition Standards for State Agencies

- Signed into law in 2009, these first-in-the-nation state food procurement standards require state agencies to follow nutrition standards when buying or serving food and beverages.
- The standards apply to agencies that provide food to agency clients and patients and to all contracts procured as of July 1, 2009.
- 9 impacted agencies serving an estimated 141 million meals and snacks per year.
Highlights from EO 509

• “State government can promote healthier eating habits and serve as a model for businesses, institutions and residents by requiring that all state contracts for the purchase of food or the provision of food services adhere to defined nutrition standards”

• “The commonwealth’s adherence to nutrition standards will encourage food suppliers and service providers to incorporate such standards into their products and operations generally”
Highlights from EO 509

• “Each state agency shall ensure that it purchases and provides food that meets defined nutrition standards..."

• “State agencies that purchase or serve food shall comply with nutrition guidelines established by the Department of Public Health. These guidelines shall govern the purchase and serving of food by state agencies, and shall ensure that persons served by such agencies are offered a broad choice of healthy, balanced meals and snacks.

• The Department may phase in the guidelines to accommodate existing contracts and to provide gradual modification of prevailing food preferences”. 
EO 509

Nutrition Standards

• MDPH worked closely with an interagency Advisory Board to develop the standards, based on the 2005 Dietary Guidelines for Americans (DGAs).
• The standards encourage use of healthy food options such as whole grains, fruits and vegetables, lean meats and alternative protein sources and skim or non-fat dairy products.
• The standards were revised in 2012 to align with the 2010 Dietary Guidelines for Americans (DGA), and will be reviewed for possible update to align with the 2015 DGA.
• DPH partnered with Framingham State University to develop an online training in the nutrition standards

• Additional guidance materials are also available, including the *Healthy Meeting and Event Guide*, developed for use by all state agencies to ensure all meetings are healthy meetings

  • State agencies that are not impacted by the Executive Order are encouraged to adopt Healthy Meeting policies using the *Healthy Meeting and Event Guide*
• Baseline Assessment
  • 63% of those responding reported using some type of nutritional standards when purchasing and preparing food
  • 33% of those responding followed at least half of the standards being proposed under EO 509

• 2014 Assessment
  • 77% of staff were “very” or “somewhat” familiar with the nutrition standards created under EO 509
  • 58% of respondents “always” or “most of the time” purchase food that complies with the standards created under EO 509
• Advisory Board provided feedback that some employees who would benefit from the online training don’t have access to computers

• Department worked with its academic partner (Framingham State University) to develop a “hard copy” of the training and offer in-person trainings to agency personnel by request.
• There are no dedicated funds to support implementation of the Executive Order
  – The work aligns with deliverables for coordinated chronic disease funding, so the Department is able to allocate staff time and resources from that grant to support this work

• There is no identified procedure to measure compliance

• Release of the 2015 Dietary Guidelines offers opportunity for review and revision of the existing standards
Mass in Motion:
Eat Better, Move More

State Agency Food Procurement Standards

Monica Bharel, MD, MPH
Commissioner
Massachusetts Department of Public Health
Stock Healthy Shop Healthy

http://extension.missouri.edu(stockhealthy)

Pat Simmons, MS, RD, LD
Missouri Department of Health and Senior Services

Slides from Kara Lubischer, University of Missouri Extension
What is Stock Healthy, Shop Healthy?

- Evidence-based comprehensive, community-driven initiative
- Nutrition education
- Community involvement
- Store engagement

- Listed in the SNAP-Ed Toolkit
- Partnership with DHSS, University of Missouri Extension and local public health agencies
What does ACCESS really mean?

Accessibility: Can you get to food sources?

Availability: If so, is healthy food available?

Affordability: If so, can you afford it?

Know how: Do you know how to prepare it?
Why the small food retailer?

- Part of the community fabric
- Economic driver and employer
- Gathering place

- Access point
- Strong community partner
- Year-round solution to closing the food gap
Key components to successful implementation of Stock Healthy, Shop Healthy
Tools and resources

- Website with materials
- Retailer and Community Toolkits
- Evaluation Toolkit
- Training—webinar series
- TA

extension.missouri.edu/stockhealthy
Evaluation

Qualitative
- Stakeholder interviews
- Customer feedback
- Store owner interviews
- Community events

Quantitative
- Healthy Food Shelf Space Measurement Tool
  - Year one results showed an 8.7% increase in shelf space dedicated to healthy goods
- Environmental audit
- Sales data
- Loyalty cards
- Surveys: community, customer, taste-tests, etc.
- Educational programs

Stock Healthy
Shop Healthy
Program results

- 22 participating stores/communities (11 rural towns and 11 urban/suburban neighborhoods)
- 37 nutrition classes offered
- 40 store changes made such as updating displays, adding new basket stands or shelves, painting, new coolers, moving produce coolers to the front of the store, etc.
- 32 community outreach and engagement activities conducted
- 27 community partners engaged
- 318,673 potential population reach using ZCTA data
Program results

- **Retailers reported** increase in demand for healthy foods due to:
  - **In-store nutrition education**
  - **Point-of-decision prompts (shelf talkers)**

- **Community partners** reported that outreach and education increased residents' awareness of:
  - The participating retailer
  - Availability of healthy foods at the store
Challenges

- Strong partnership development is a must
  - Partnership must be built before jumping into this program
- True community development = a painfully slow-moving process at times
  - It’s not always easy, but we must be patient
- Must be sensitive to who is delivering the message
- Becoming a SNAP-eligible store is a timely process but beneficial for sustainability
Q&A

If you have a question, you may type it into the chat box now or press the phone commands to have the operator unmute your line.

Kellie O. Casavale  
HHS Office of Disease Prevention and Health Promotion

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Massachusetts Department of Public Health

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Thank you for joining us!

Please complete our webinar evaluation survey:
http://astho.az1.qualtrics.com/SE/?SID=SV_3kobxLBmjAIXX3n

Visit ASTHO’s website for additional resources and to access a recording of today’s presentation:
http://www.astho.org/Programs/Prevention/Promoting-the-Dietary-Guidelines-for-Americans/

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