



Childhood Nutrition: Preventing Hunger and Promoting Health

May 29, 2014

Low-Income Forum on Energy
Statewide Conference

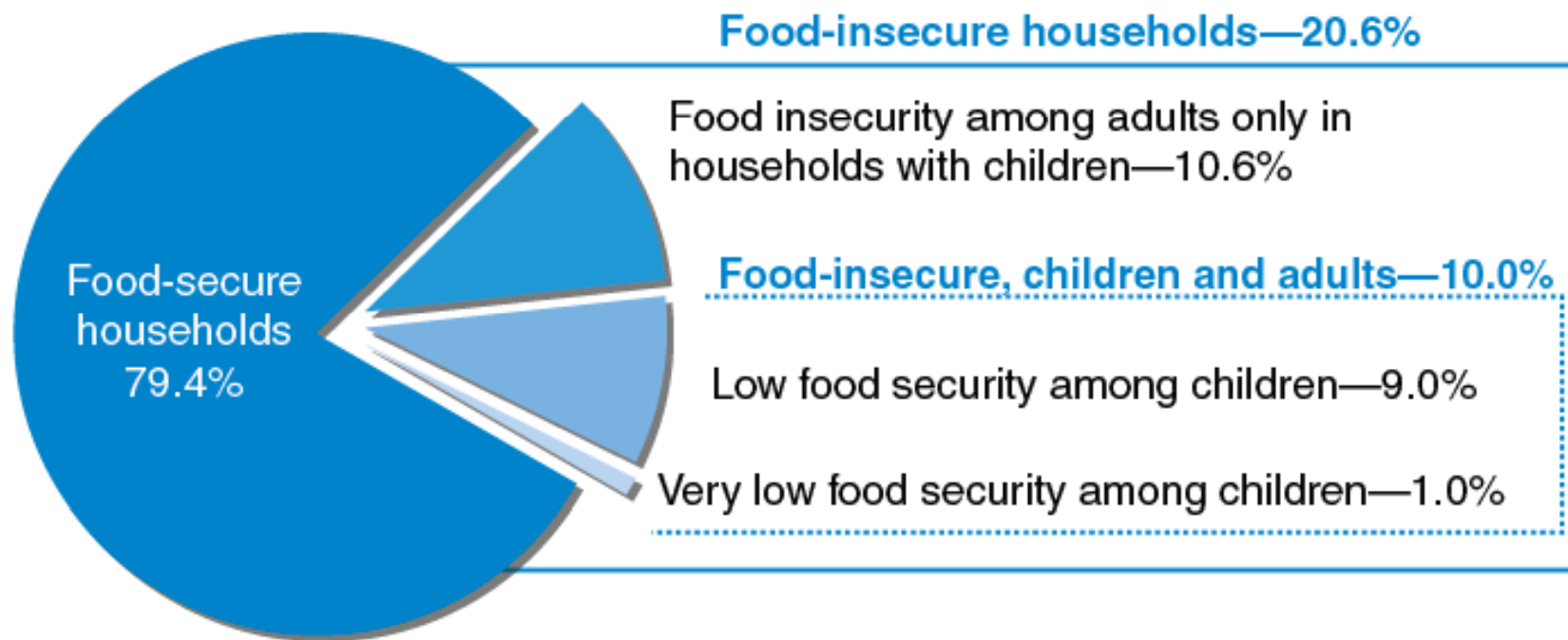
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Hunger – Food insecurity

Figure 2

U.S. households with children by food security status of adults and children, 2011



Source: Calculated by USDA, Economic Research Service using data from the December 2011 Current Population Survey Food Security Supplement.

According to USDA

Food Insecure Households increased 26%
over the last 5 years



Alphabet Soup



- Supplemental Nutrition Assistance Program (SNAP) - formerly known as food stamps
- National School Lunch Program (NSLP) (also Breakfast)
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Child and Adult Care Food Program (CACFP)
- Hunger Prevention and Nutrition Assistance Program (HPNAP)

Supplemental Nutrition Program for Women, Infants and Children - WIC

- Federal grant program, \$6.6 billion in 2013 – NYS \$550M
- Eligibility: gross income limit of 185% of federal poverty level and presence of nutritional risk as assessed by a WIC health care provider
- Foods provided as part of a package include:
 - Low or fat free milk
 - Infant formula
 - Fruits and vegetables
 - 100% Juice
 - Peanut butter
 - Canned fish
 - Beans, peas and lentils
 - Whole grains – cereal, bread, brown rice



WIC

- Average monthly caseload is approx. 512,000
 - 24% (114,000) women (pregnant/lactating)
 - 23% (108,000) infants (<1 yr)
 - 53% (254,000) children (2-4 yrs)
- 75% of caseload is located in the greater NYC Metropolitan region
- WIC serves ~50% of all infants born in NYS

Benefits of WIC

- The results of multiple studies conducted by governmental and other non-government entities prove that WIC is one of the nation's most successful and cost-effective nutrition intervention programs.



Child and Adult Care Food Program

- 14,000 sites – 330,000 meals served/day
- Entitlement Program with same eligibility requirements and reimbursement rates as the National School Lunch Program
- 2013 funding = \$2.8 billion – NYS \$216M



Benefits of CACFP

- Children receive nutritious meals and snacks
- Children are not as sick
- Parents don't have to pack food to bring to child care
- Providers receive regular training and guidance
- Reimbursement helps providers buy healthier food
- Communities benefit

Hunger Prevention and Nutrition Assistance Program (HPNAP)

- Funding
 - TANF – amount varies annually
 - State Funding
- Nearly \$4 million is spent annually on fresh produce and 1% or low fat milk
 - Over \$1.0 million is spent on NYS grown products
- Food insecure households increased 26% over the last 5 years

HPNAP

- Support for emergency food systems
 - Emergency meals over 200 million meals
 - 8 Regional Food Banks
 - 2,500 Emergency food relief providers
 - Nutrition support –
 - nutrition and food safety training
 - Operational support
 - Food service equipment and operation costs
 - Gleaning and food recovery
 - Un-harvested produce/un-sold produce from farms
 - Un-served food from eateries and food stores
 - Transportation
 - Funds to transport food from across nation to NYS

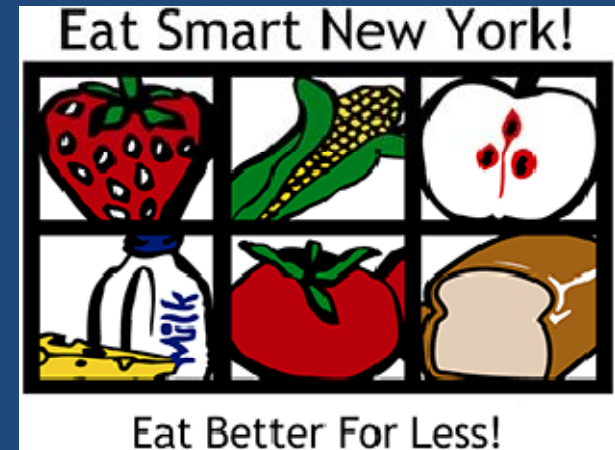
SNAP (aka Food Stamps)

- In 2013, more than 3 million people received SNAP benefits each month in NYS
 - 13% of recipients were preschool children
 - 80% of recipients reside in households at or below the Federal poverty level
 - 35% of these households have children
- SNAP participation has increased 61% from 2008 to February 2014
- Nationally, 1 in 7 Americans received SNAP benefits

SNAP-Education

Eat Smart NY

- NYS Department of Health
 - Eat Well Play Hard in Child Care Settings
 - » Child care centers
 - » Family day care homes
 - Just Say Yes to Fruits and Vegetables
 - » Food Banks
 - » Emergency food sites
- Cornell County Cooperative Extension
- Cook Shop (NYC only)



Name That Vegetable

- All US children have inadequate intakes of fruits and vegetables, and total amounts of f/v intakes may not vary between food secure and food insecure children. However, for food insecure children, a greater proportion of their f/v intake was made up of one vegetable.

- Can you guess which vegetable?



Why do we care?

- Access to healthy food is key to promoting child health and wellness
- Healthy eating supports academic performance
- Poor food choices and sedentary lifestyles lead to obesity in early childhood
- Obesity leads to chronic disease which can shorten lives and reduce quality of life
- Obesity carries an economic burden
- Racial, ethnic and income disparities are significant
- Children are our most valuable resource

What are we doing about it?

Prevention is the best cure for hunger and obesity!

- Promote the availability of affordable healthy food and beverages.
- Support healthy food and beverage choices.
 - Non-fat, low fat milk consumption
 - Vegetable & fruit consumption
 - Whole grain consumption
- Encourage and support breastfeeding.
- Encourage physical activity and limit sedentary activity (like screen viewing) among children and youth.
- Create safe communities that support physical activity.
- Encourage communities to organize for change.

People need to know how to make healthful food choices, but it also needs to be easy, and economical, for them to make such choices.



Questions?



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