



PROGRESS REVIEW

Nutrition

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ February 13, 1998

The Acting Assistant Secretary for Health chaired the third review of progress on Healthy People 2000 objectives for nutrition. As the co-lead agencies for this priority area, the Food and Drug Administration and the National Institutes of Health led a discussion that focused on overweight prevalence and consumption of fruits and vegetables, with an emphasis on children and adolescents. A summary of the review of these and other selected nutrition objectives follows:

2.3 The prevalence of overweight has increased since 1980 for nearly all age, ethnic and gender groups. From a 1976-80 baseline of 24 percent, overweight prevalence in adult males 20-74 years of age (body mass index [BMI] ≥ 27.8) increased to 34 percent, according to data for 1988-94. Overweight prevalence for adult females (BMI ≥ 27.3) increased from the baseline of 27 percent to 37 percent in the same period. The year 2000 target is 20 percent for both groups. Data for 1988-94 showed that 24 percent of adolescents aged 12-19 were overweight (using BMI cutoffs based on modified age- and gender-specific 85th percentile values of the 1976-80 National Health and Nutrition Examination Survey), an increase from the baseline of 15 percent. While there are no year 2000 objectives for reducing overweight in children, data show that overweight in girls aged 4-5 (using sex- and age-specific 95th percentile of weight for stature based on NCHS/CDC growth charts) increased from 7.6 percent in 1976-80 to 11.2 percent in 1988-94. For boys in that age group, the increase was from 4.4 to 5 percent. Among children aged 6-11, overweight (using sex- and age-specific 95th percentile of BMI based on the National Health Examination Survey II) increased from 7.6 percent in 1976-80 to 13.6 percent in 1988-94.

2.5 Data for 1994-96 indicate that people 2 years of age and over received on average 33 percent of their total caloric intake from fat and 11 percent from saturated fat.

In the baseline period of 1989-91, the proportions were 34 percent and 12 percent, respectively. Thus, there is some progress toward the year 2000 targets: 30 percent for fat and 10 percent for saturated fat. In 1994-96, 33 percent of people age 2 and over met the

goal for fat intake (baseline: 22 percent) and 35 percent met the goal for intake of saturated fat (baseline: 21 percent), which is progress toward the 50 percent target.

HIGHLIGHTS

- Increasing Body Mass Index (BMI) carries increased risks of heart disease, diabetes and other chronic diseases in all populations, although there is some variation in absolute risk among different ethnic groups.
- The increase since 1980 in the prevalence of obesity in young children and youth is most probably associated with declining rates of participation in sports and other forms of physical activity. Only one state, Illinois, requires daily physical education in grades K-12.
- A comprehensive school health program in Denver has had notable success in improving health and fitness levels of Hispanic children from lower socioeconomic families. The key is an integrated approach to enhancing both sound nutritional behavior and physical activity levels.
- Research on the mechanisms that control food intake and energy balance is increasing the understanding of the roles that genetic, behavioral, and physiological factors play in the development of obesity.
- Research on identifying the genetic susceptibility to obesity is advancing and should make possible the future identification of individuals who are particularly susceptible to becoming overweight.
- The 5-A-Day for Better Health Program is a multi-level (national, state, and local) nutrition education program and public-private partnership that encourages the daily intake of at least 5 servings of healthful fruits and vegetables. Data from California suggest that nutrition education must be continued over time to achieve lasting success; when suspended, consumption of fruits and vegetables drops.
- Not all vegetable products consumed are low in fat. The U.S. Department of Agriculture's Continuing Survey of Food Intakes by Individuals found that one-third of vegetable servings consumed by persons 2-19 years of age in 1994-96 were fried potatoes.
- Fruit and vegetable consumption varies by meal and day of the week. It is higher on Mondays and Tuesdays, lower on Fridays and Saturdays. Eating away from home also influences consumption.

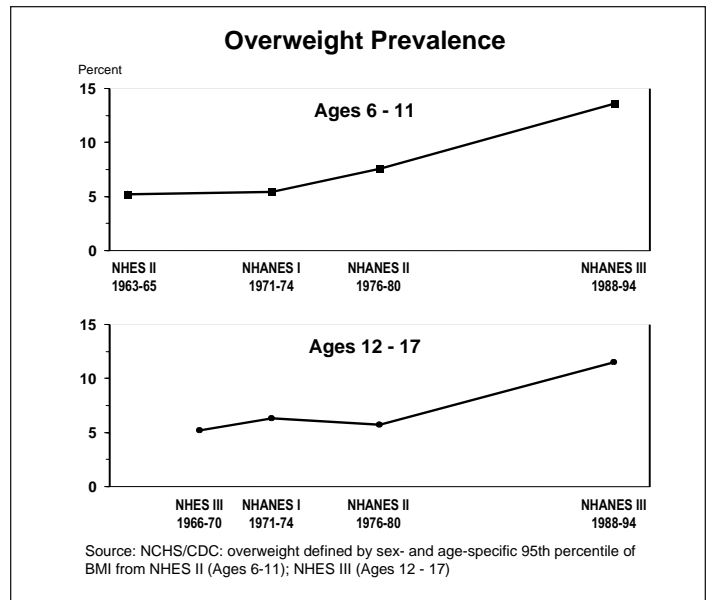
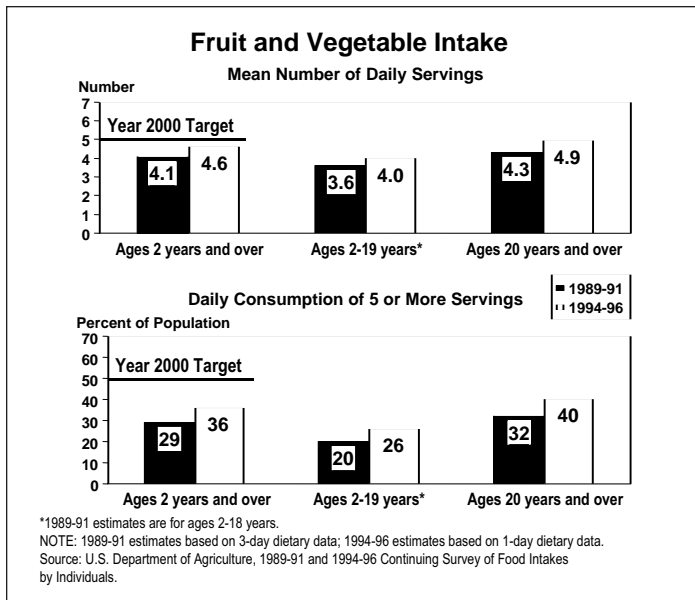
2.6 In 1994-96, the population aged 2 and over consumed an average of 4.6 daily servings of fruits and vegetables, an increase from the 1989-91 baseline of 4.1. Those aged 2-19 consumed an average of 4.0 daily servings (baseline: 3.6) and those aged 20 years and over consumed an average of 4.9 daily servings (baseline: 4.3). The year 2000 target for all groups is 5 servings. The proportion of the population aged 2 and over that met the *Dietary Guidelines for Americans* recommendation of 5 or more servings daily has increased from 29 percent in the baseline period 1989-91 to 36 percent in 1994-96. The age group 2-19 years showed an increase from 20 percent to 26 percent over this time span. The increase for those aged 20 and over was from 32 percent at baseline to 40 percent in 1994-96. The target for all groups is 50 percent.

2.19 There has been an increase from 60 percent in 1990 to 69 percent in 1994 in the proportion of States that require nutrition education in grades K-12, moving toward the year 2000 target of 75 percent.

2.20 In 1995, 18 percent of worksites with 50 or more employees offered nutrition or cholesterol education programs and 14 percent offered weight management

programs. The year 2000 target is for 50 percent of these worksites to provide such programs.

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2.21 In 1992, the percentages of primary care providers who provided nutrition assessment and counseling and/or referral to 81-100 percent of patients were as follows: pediatricians—53 percent; nurse practitioners—46 percent; obstetricians/gynecologists—15 percent; internists—36 percent; family physicians—19 percent. The percentages who formulated a diet/nutrition plan for 81-100 percent of patients who needed it were as follows: pediatricians—31 percent; nurse practitioners—31 percent; obstetricians/gynecologists—19 percent; internists—33 percent; family physicians—24 percent. The year 2000 target for each category and specialty is 75 percent.

FOLLOW-UP

- Forge stronger partnerships among Federal, state, local and private agencies that conduct programs to promote healthier eating habits as part of a healthy lifestyle.
- Emphasize the close linkage between diet and physical activity in health promotion messages. Ensure the consistency of positive, reinforcing messages to the public on nutrition, allowing for varying emphases depending on the particular population group targeted.
- Explore the feasibility of a Surgeon General's Report on obesity.
- Investigate ways to enhance funding to initiate, sustain, and broaden efforts to promote fruit and vegetable consumption and other healthful behaviors, especially at the state and community levels.
- When setting agendas for research on changing dietary behavior, explore behavioral and social intervention strategies based on lifestyles.
- Encourage the Department of Education to promote greater emphasis on public school programs in nutrition and physical activity.
- Seek ways to integrate and leverage funding for programs to promote healthful behaviors after school as well as in school.
- Achieve greater integration of current food consumption surveys with a view to increasing the compatibility of data sets.
- Develop consistent measures in federal reporting on nutritional status, including those reported in strategic plans and budget documents developed under the Government Performance and Results Act.

- Continue to advance preparations for the fifth edition of the *Dietary Guidelines for Americans*, to be issued jointly by HHS and USDA in 2000.

PARTICIPANTS

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