

Milan

INTERNATIONAL SOCCER
ACADEMY

Diet Nutrition Exercise Initiative

- MISA is committed towards helping our players and their families maintain a healthy lifestyle thereby reducing the chances of developing Type II diabetes, cardiovascular disease and other debilitating disease.
- Soccer is our tool to help achieve fitness and our coaches and staff are prepared to help our community thrive through proper education and informative programs.





Winnable Battles: **Nutrition, Physical Activity, & Obesity**



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

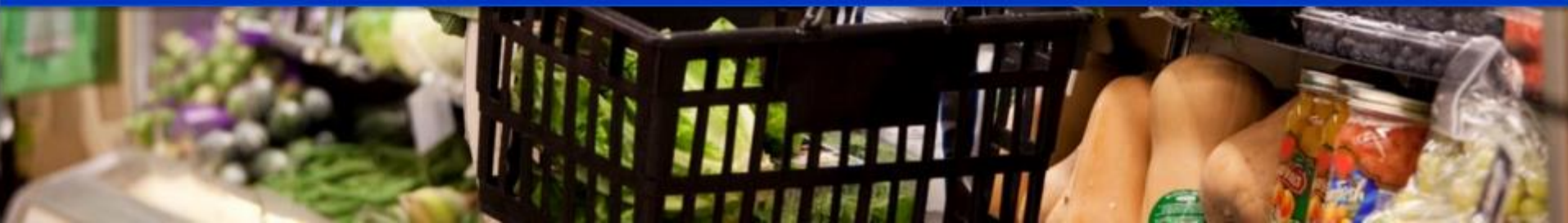
Health Benefits of Healthy Eating and Active Living

- Helps control weight
- Reduces the risk of cardiovascular disease
- Reduces the risk of type 2 diabetes and metabolic syndrome
- Reduces the risk of some cancers
- Increases the chances for living a longer and healthier life

Eating healthy and getting regular physical activity are two of the most important things people can do for their health.



HEALTHY NUTRITION



How much fruit and vegetables do children need daily?

Girls

Age	Fruit	Vegetables
2-3	1 cup	1 cup
4-8	1-1½ cups	1½ cups
9-13	1½ cups	2 cups
14-18	1½ cups	2½ cups

Boys

Age	Fruit	Vegetables
2-3	1 cup	1 cup
4-8	1-1½ cups	1½ cups
9-13	1½ cups	2½ cups
14-18	2 cups	3 cups

These amounts are for children who get less than 30 min/day of moderate physical activity, beyond normal daily activities. More active children may be able to consume more while staying within calorie needs.



Fruit & Vegetable Consumption Among Children

- 6 in 10 children don't eat enough fruit. *
- 9 in 10 children don't eat enough vegetables. *
- The amount of whole fruit children eat has increased by 67% from 2003 to 2010, but the amount eaten still remains low. **
- Experts recommend that most fruit come from whole fruit, rather than fruit juice. The amount of fruit juice children drank from 2003 to 2010 decreased by one-third. **

Healthy Hunger Free Kids Act of 2010: School Provisions to Improve Nutrition

- School Meal Standards (breakfast and lunch)
- Competitive Foods Standards (“Smart Snacks”)
- Local Wellness Policies

99% of kids aged 7-13 are enrolled in schools, making it the prime environment to model lifelong eating habits.



How Much Fruit and Vegetables Do Adults Need Daily?

Women

Age	Fruit	Vegetables
19-30	2 cups*	2 ½ cups*
31-50	1 ½ cups*	2 ½ cups*
51+	1 ½ cups*	2 cups*

Men

Age	Fruit	Vegetables
19-30	2 cups*	3 cups*
31-50	2 cups*	3 cups*
51+	2 cups*	2 ½ cups*

*These amounts are appropriate for individuals who get less than 30 minutes per day of moderate physical activity, beyond normal daily activities. Those who are more physically active may be able to consume more while staying within calorie needs.

United States Department of Agriculture

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

Fruit & Vegetable Consumption Among Adults



- 86% of men do not meet fruit consumption recommendations.
- 76% of women do not meet fruit consumption recommendations.



- 88% of men do not meet vegetable consumption recommendations.
- 84% of women do not meet vegetable consumption recommendations.

Health & Sustainability Guidelines Adopted by the federal government in 2010

- Set standards for vendors who provide food concessions or vending services in federal government facilities.
- Help vendors maximize a healthier and sustainable food service by:
 - Increasing offerings of healthier food and beverage choices.
 - Eliminating industrially-produced trans fats.
 - Decreasing sodium content in available foods.
 - Allowing individuals to make informed decisions about what they are purchasing and eating by labeling food items.

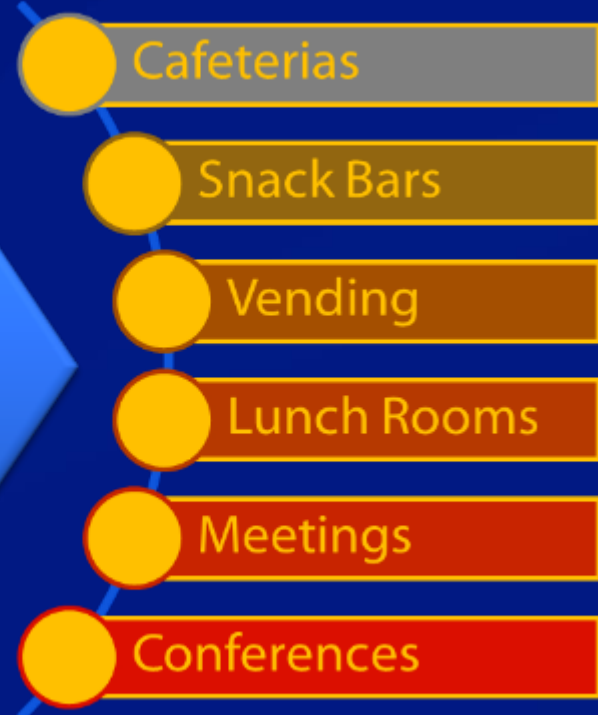
Guidelines Can Also Be Used By Non-Federal Government Entities

Settings

- Federal, state, local governments
- School systems
- Worksites
- Hospitals
- Institutionalized populations
- Assisted-living communities
- Colleges and universities
- Community-based organizations (including faith-based)
- Day care centers



Venues



Find the Health and Sustainable Guidelines at:

www.cdc.gov/chronicdisease/pdf/guidelines_for_federal_concessions_and_vending_operations.pdf

Reductions in Salt Intake Can Reduce High Blood Pressure

□ Increased sodium in the diet = increased blood pressure = increased risk for heart attack and stroke.

- Generally, lower consumption of salt means lower blood pressure.

- Within the span of a few weeks, most people experience a reduction in blood pressure when salt intake is reduced.

□ Even people with blood pressure in the normal range benefit from sodium reduction; there appears to be no threshold.

Most Children and Adults in the U.S Consume Too Much Sodium

- Average sodium intake in the US is 3,500 mg per day.
- Most of the sodium comes from packaged and restaurant foods.
- 44% of US sodium intake comes from only ten types of foods.

Rank	Food Types	%
1	Bread and rolls	7.4
2	Cold cuts and cured meats	5.1
3	Pizza	4.9
4	Poultry	4.5
5	Soups	4.3
6	Sandwiches	4.0
7	Cheese	3.8
8	Pasta mixed dishes	3.3
9	Meat mixed dishes	3.2
10	Savory snacks	3.1

Estimated Effects of Sodium Reduction on Hypertension Prevalence and Related Costs

- Reducing average population intake to 2300 mg per day (current recommended maximum) may...**
 - Reduce cases of hypertension by 11 million.
 - Save \$18 billion in health care costs.
 - Gain 312,000 Quality Adjusted Life Years (QALYs).
- Reducing average population intake even lower – to 1500 mg per day (recommended maximum level for “specific populations” described in the Dietary Guidelines for Americans) – may...**
 - Reduce cases of hypertension by 16 million.
 - Save \$26 billion in health care costs.
 - Gain 459,000 Quality Adjusted Life Years (QALYs).

Key Strategies to Address Sodium Reduction

- ❑ Establish sodium reduction standards in government facilities and educational institutions.
- ❑ Promote innovative restaurant initiatives to reduce sodium content of restaurant meals.
- ❑ Increase availability of lower-sodium processed and restaurant food products.

Tools and Guidance to Address Sodium Reduction

□ Consumers:

- Million Hearts® Healthy Eating and Lifestyle Resource Center
- Fact sheets for sodium reduction
- Resources for reducing sodium in [children's diets](#)
- Resources for reducing sodium intake in older adults

□ Public Health Professionals:

- Guides for healthful food procurement and venue-based sodium reduction
- New sodium research
- Sodium Reduction Toolkit
- Archived webinars and videos

<http://recipes.millionhearts.hhs.gov/>

www.cdc.gov/salt

<http://www.cdc.gov/vitalsigns/children-sodium/>



PHYSICAL ACTIVITY

Physical Activity Guidelines

Children and adolescents: (6-17 years of age)

- **60 minutes** (1 hour) or more of
- physical activity each day.

Adults (18 years of age and older)

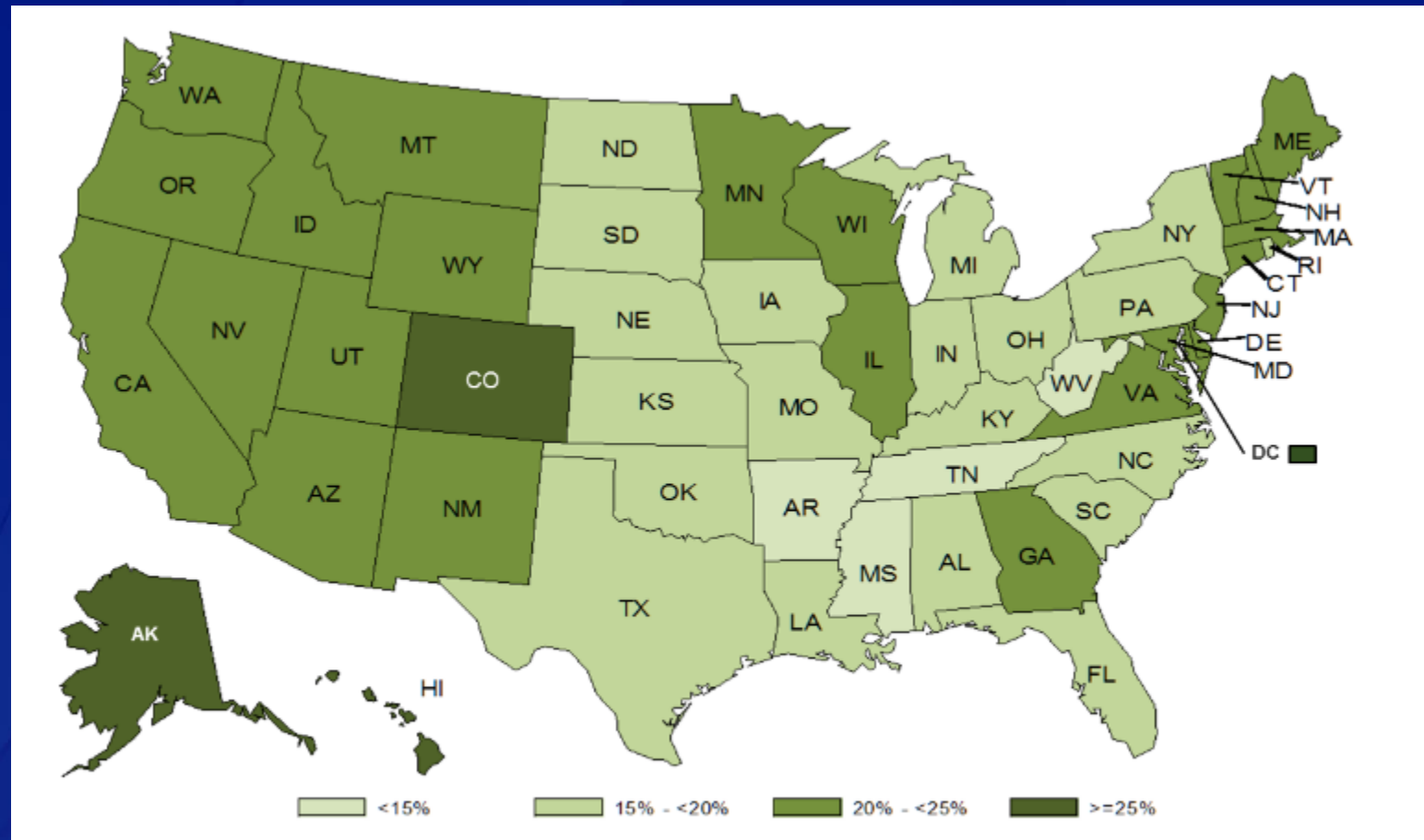
- **2 hours and 30 minutes** (150 minutes) of moderate-intensity aerobic activity (i.e., brisk walking) **OR 1 hour and 15 minutes** (75 minutes) of vigorous-intensity aerobic activity (i.e., jogging or running) every week
- OR an equivalent combination of both.
- **2 or more days a week** of muscle-strengthening activities that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).



Physical Activity Behaviors in the U.S.

- Only about half of U.S. adults meet the minimal guideline for aerobic physical activity.
- Women and older adults are not as likely to get the recommended level of weekly physical activity.
- Fewer than a third of high school students get enough physical activity every day.

Proportion of U.S. Adults Meeting Aerobic and Muscle-Strengthening Physical Activity Guidelines by State (BRFSS, 2013)



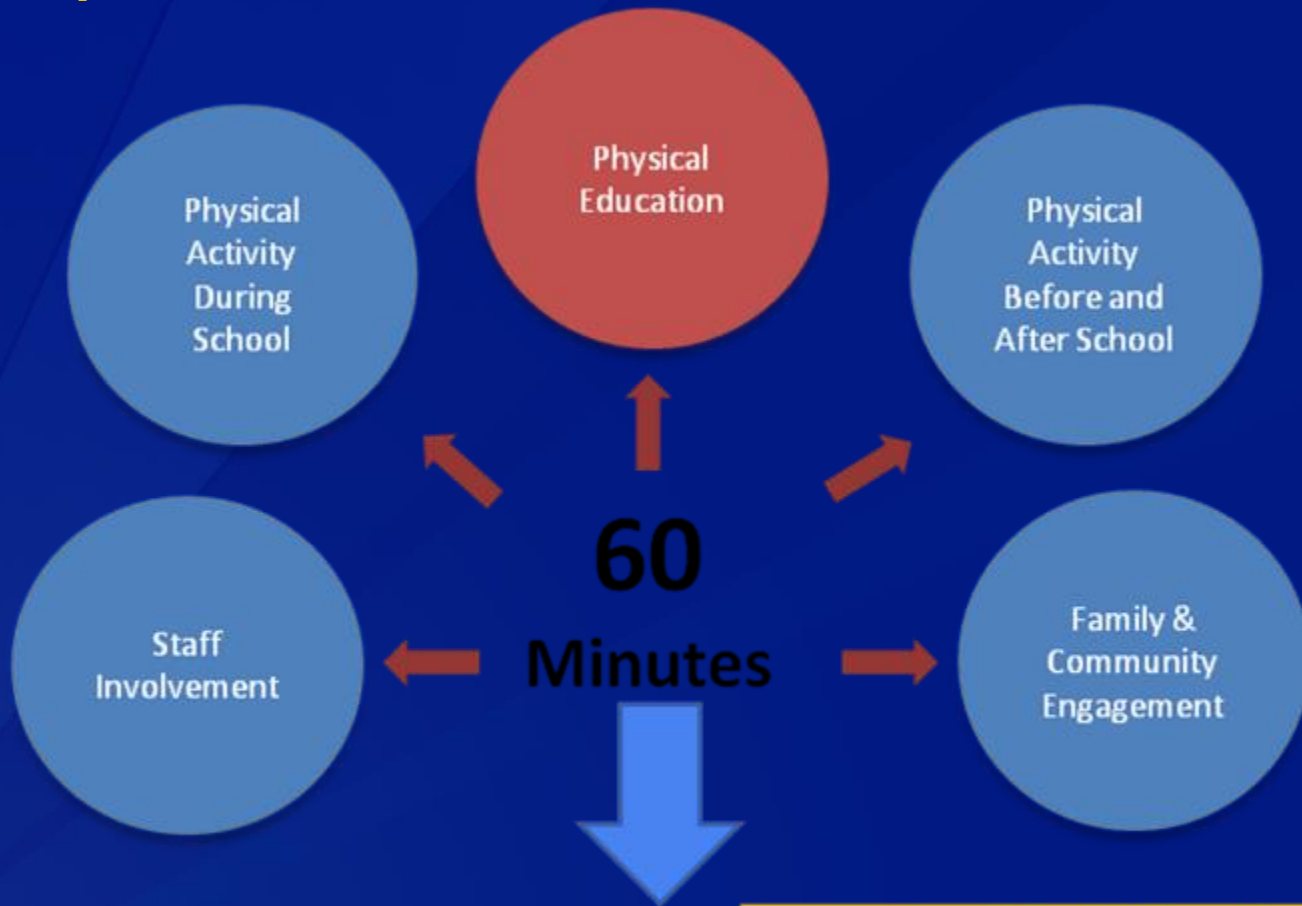
Economic Consequences

Inadequate physical activity costs Americans

Inadequate levels of physical activity are associated with **\$117 billion** in annual health care costs.



Comprehensive School Physical Activity Program (CSPAP)



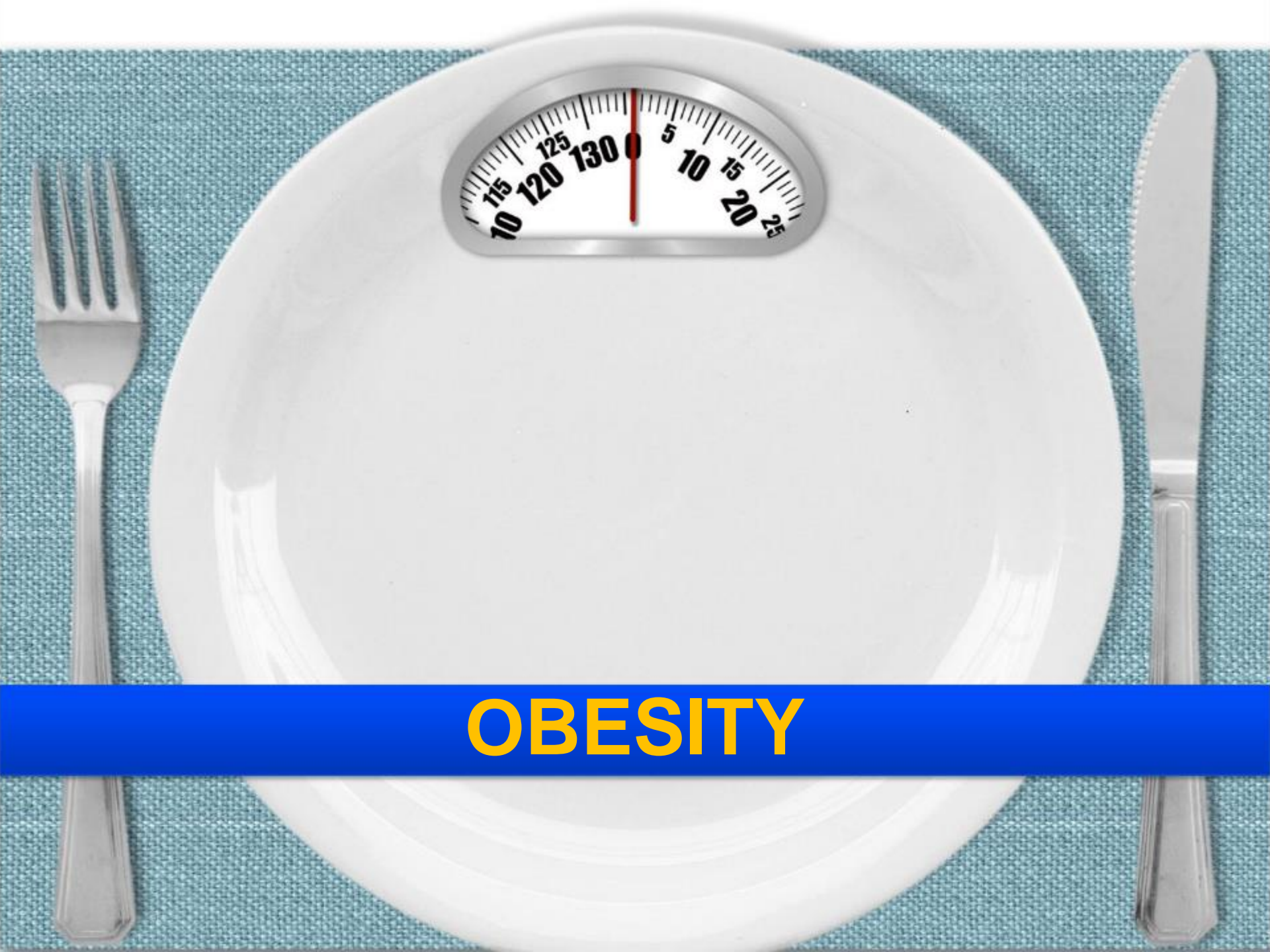
Let's Move Active Schools

Presidential Youth
Fitness Program

How To Get Americans Moving More



- Improve physical education and physical activity in schools and early child care settings.
- Increase opportunities and incentives for physical activity in worksites.
- Make communities more walkable through transportation and community design planning.



OBESITY

Obesity is common, costly, and serious *More than one-third of adults (78.6 million) have obesity.*

- Since 1980, there has been a dramatic increase in obesity in the United States. Recent data suggest a slowing or leveling off of this trend.
- The annual medical costs for obesity among adults in the U.S. are estimated to be **\$147 billion per year**.
- Obesity is associated with the leading causes of death in the U.S., including Type 2 diabetes, cardiovascular disease, and some cancers.

Overweight and Obesity—Adults

Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI is a fairly reliable indicator of body fatness for most people.

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 and above	Obese

For a BMI calculator, go to:

WWW.CDC.GOV/HEALTHYWEIGHT

Body Mass Index (BMI) For Children and Teens

Weight Status Category	Percentile Range
Underweight	Less than the 5th percentile
Healthy weight	5th percentile to less than the 85th percentile
Overweight	85th to less than the 95th percentile
Obese	Equal to or greater than the 95th percentile

http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

Prevalence of Childhood Obesity in the U.S., 2011-2012

- Childhood obesity prevalence remains high. Young people with obesity, aged 2 to 19, is 17%.
- In 2011-2012, 8.4% of 2- to 5-year-olds had obesity compared with 17.7% of 6- to 11-year-olds and 20.5% of 12- to 19-year-olds.
- Among children 2 to 5, the percentage with obesity declined from 13.9% in 2003 – 2004 to 8.4% in 2011-2012.

Spectrum of Opportunities for Obesity Prevention in Early Care and Education Settings





- Let's Move! Child Care is a nationwide call-to-action that empowers child care providers to make positive health changes in children, early on, that could last a lifetime.
- CDC 's Division of Nutrition and Physical Activity is the government agency leading the Let's Move! Child Care initiative.
- For more information, go to:
<http://www.healthykidshealthyfuture.org/home/startearly.html>

Let's Move! 5 Child Care Goals

1. Physical Activity: Provide 1-2 hours of physical activity during the day.

2. Screen Time: None under age 2. For 2+, work to limit to 30 minutes/week during child care. Aim for no more than 1-2 hours/day of quality screen time at home.

3. Healthy Food: Try to serve fruits or vegetables at every meal. Eat meals family-style when possible. Avoid serving fried food.

4. Healthy Beverages: When you can, give water during meals and all day. Avoid sugary drinks. Two and up, serve low- or non-fat milk and 4-6 ounces max of 100% juice a day.

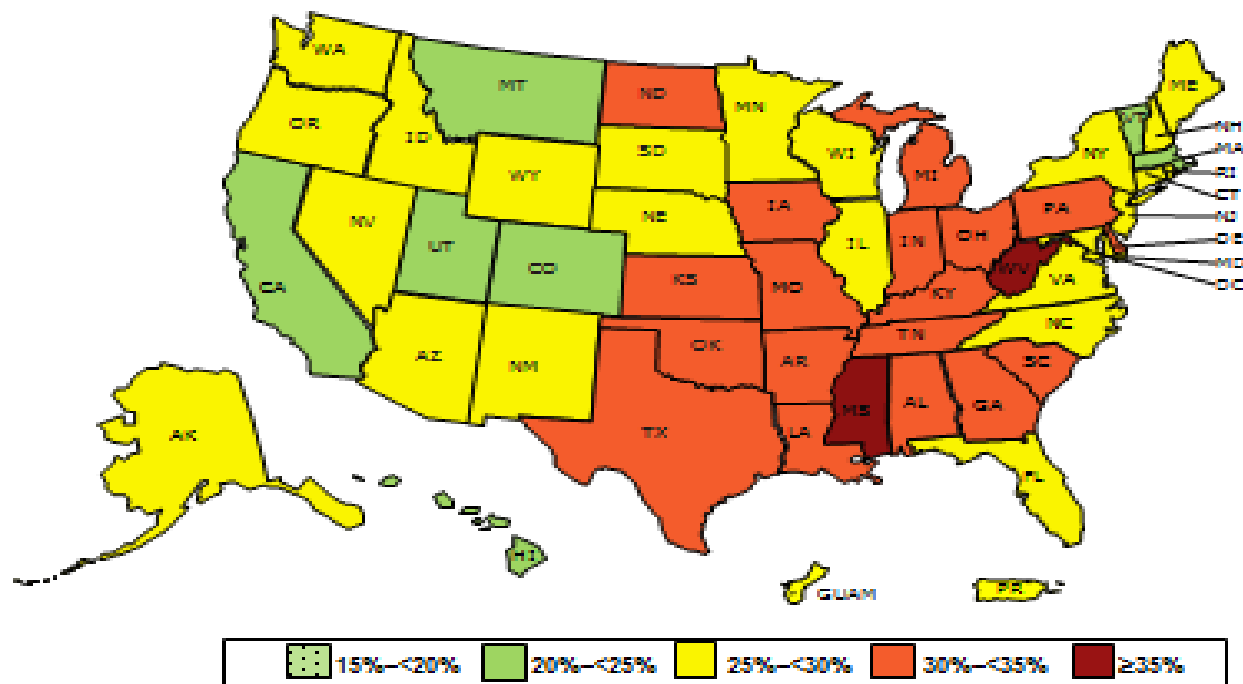
5. Infant Feeding: Provide breast milk to infants of mothers who wish to breastfeed. Welcome mothers to nurse mid-day and support parents' decisions with infant feeding.

Prevalence* of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2013

*Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.

Prevalence* of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2013

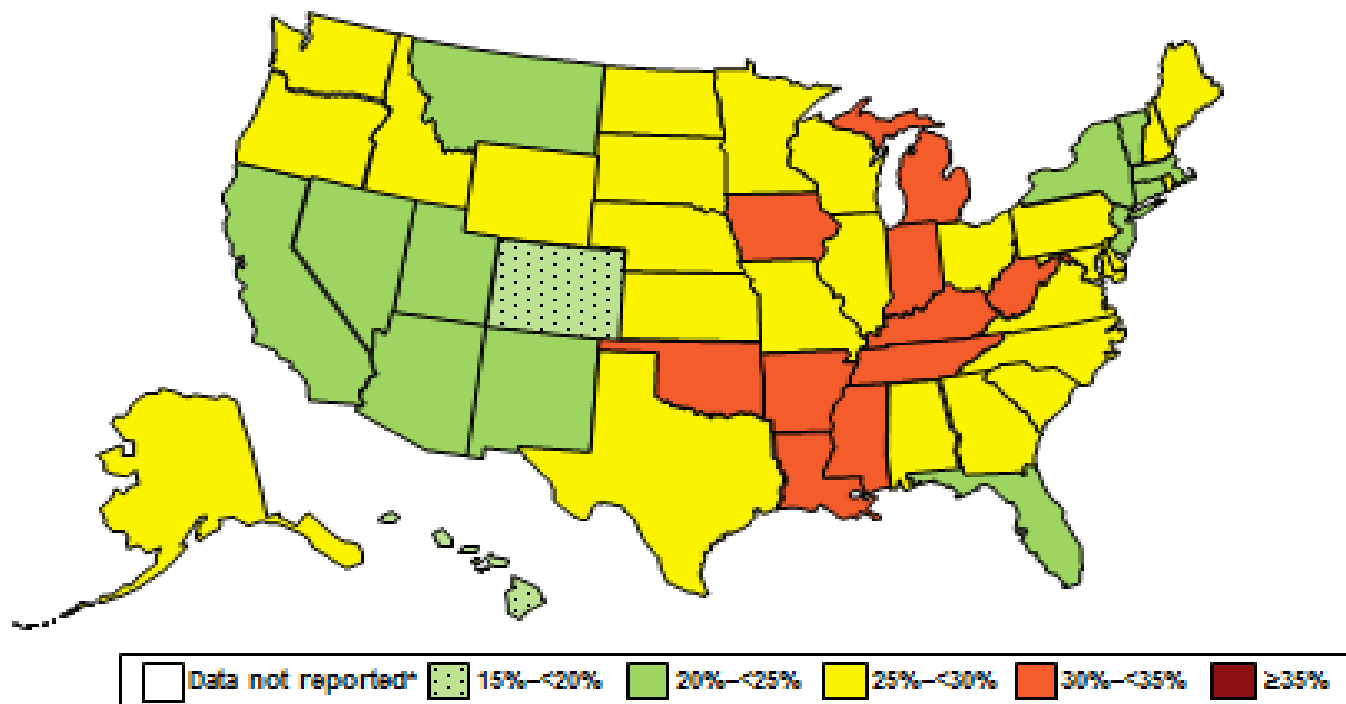
*Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.



Source: Behavioral Risk Factor Surveillance System, CDC.

Prevalence of Self-Reported Obesity Among White Adults, by State (BRFSS, 2011-2013)

Prevalence of Self-Reported Obesity Among Non-Hispanic White Adults, by State, BRFSS, 2011-2013



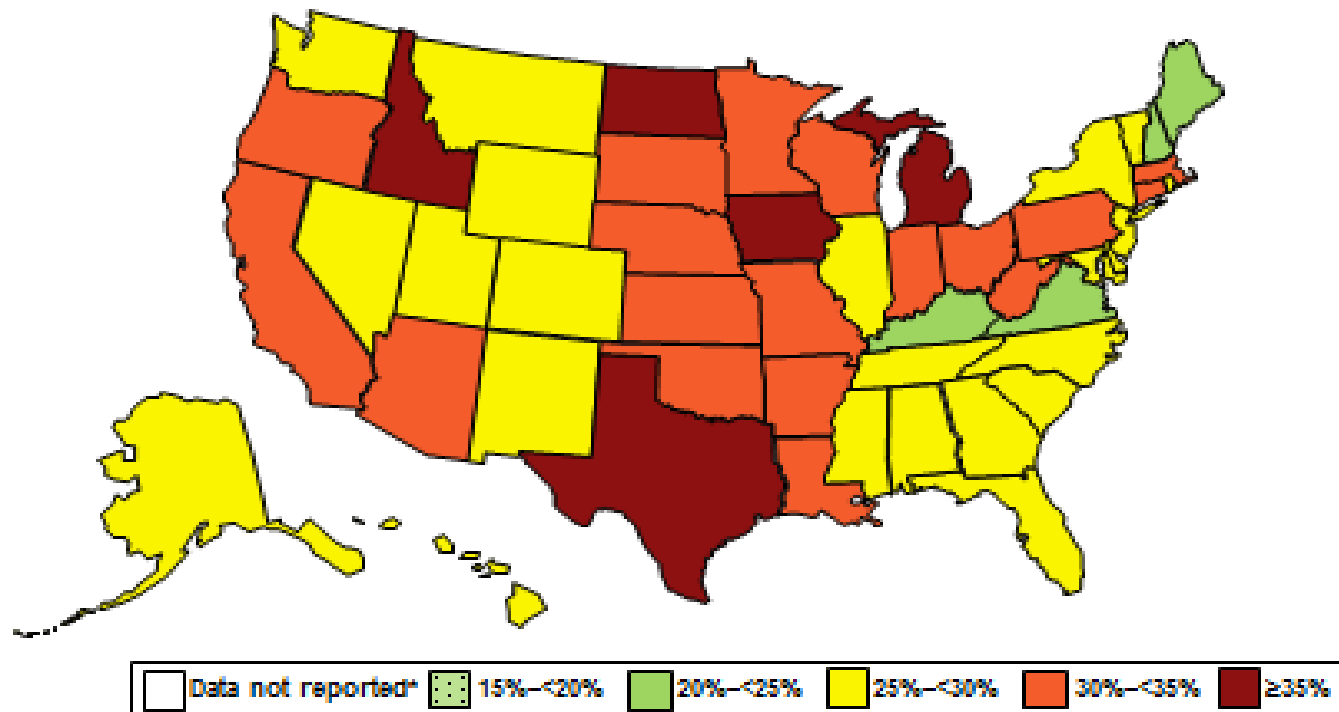
* Sample size < 50 or the relative standard error (dividing the standard error by the prevalence) $\geq 30\%$.

Source: Behavioral Risk Factor Surveillance System, CDC.



Prevalence of Self-Reported Obesity Among Hispanic Adults, by State (BRFSS, 2011-2013)

Prevalence of Self-Reported Obesity Among Hispanic Adults, by State, BRFSS, 2011-2013



* Sample size < 50 or the relative standard error (dividing the standard error by the prevalence) $\geq 30\%$.

Source: Behavioral Risk Factor Surveillance System, CDC.



Medical Costs for Adults With Obesity Are Rising

	1998 <i>(in 2008 dollars)</i>	2006 <i>(in 2008 dollars)</i>
Total Costs	\$75 billion/yr	\$147 billion/yr
% of U.S. Medical Costs	6.5%	9.1%

Increased prevalence, not increased per capita costs, was the main driver of the increase in costs.

Solutions Surround Us

- ☐ Clinical Settings
- ☐ Schools
- ☐ Food Retail
Environments
- ☐ Community Design



Clinical Settings

- ❑ Adopt policies and practices in maternity hospitals that support breastfeeding.
- ❑ Conduct regular BMI screenings; document and track results in electronic health records.
- ❑ Provide nutrition and physical activity counseling for high risk groups.



Schools

- Meet or exceed nutrition and physical activity standards in schools and afterschool programs.
- Establish Safe Routes to School programs.
- Establish shared-use agreements to increase places for physical activity after school hours.



Childcare and Early Education



- Provide nutritious meals and snacks.
- Engage children in adequate, age-appropriate physical activities.
- Limit screen time.
- Fully support breastfeeding mothers and babies.

Food Retail Settings

- Healthy grocery options
- Healthy concessions, vending, and cafeteria standards
- Healthy restaurant options and kids meals
- Healthy corner stores



Community Design

- Complete Streets
- Trails & greenways; parks and recreational facilities
- Planning and zoning ordinances for healthy design



www.cdc.gov/winnablebattles

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

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.



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