

APPENDIX





Objective Status: Nutrition and Weight Status

Target met Improving

Healthier Food Access

- NWS-1 States with food and beverage nutrition standards for pre-school children in child care
- NWS-2.1 Schools not offering calorically sweetened beverages
- NWS-2.2 School districts requiring schools to offer fruit and vegetables to students
- NWS-3 State with policies to incentivize food retail outlets to provide foods encouraged by the **Dietary Guidelines**
- NWS-4 Access to a food retail outlet that sells a variety of foods encouraged by the Dietary **Guidelines for Americans**

Health Care and Worksite Settings

- NWS-5.1 Primary care physicians assessing body mass index in adult patients
- NWS-5.2 Primary care physicians assessing body mass index in child or adolescent patients
- NWS-6.1 Office visits for cardiovascular disease, diabetes, or hyperlipidemia that include diet or nutrition counseling
- NWS-6.2 Office visits by obese adults that include weight reduction, nutrition, or physical activity counseling

- NWS-6.3 Physician visits by child or adult patients that include nutrition and diet counseling
- NWS-7 Worksites that offer nutrition or weight management classes or counseling

Weight Status

- NWS-8 Healthy weight among adults
- NWS-9 Obesity among adults
- NWS-10.1 Obesity among children (2–5 years)
- NWS-10.2 Obesity among children (6–11 years)
- NWS-10.3 Obesity among adolescents (12–19 years)
- NWS-10.4 Obesity among children and adolescents (2–19 years)
- NWS-11.1 Inappropriate weight gain in children (2-5 years)
- NWS-11.2 Inappropriate weight gain in children (6-11 years)
- NWS-11.3 Inappropriate weight gain in adolescents (12–19 years)
- NWS-11.4 Inappropriate weight gain in children and adolescents (2–19 years)
- NWS-11.5 Inappropriate weight gain in adults (20+ years)



Objective Status: Nutrition and Weight Status

Target met O Improving O Little/No change OGetting worse DBaseline only ODevelopmental

Food Insecurity

- NWS-12 Very low food security among children
- NWS-13 Households with food insecurity

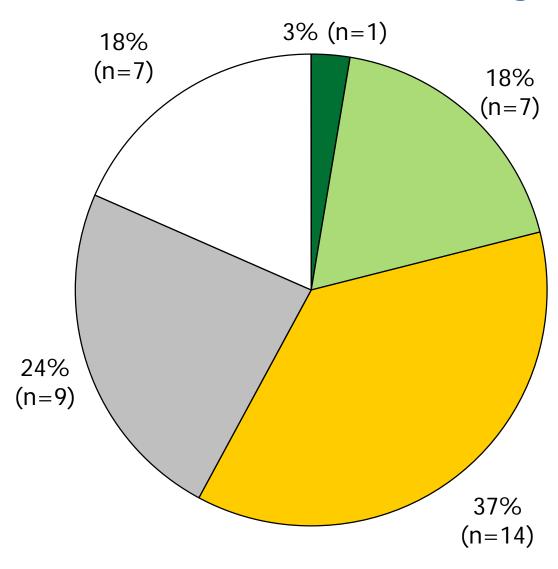
Food and Nutrient Consumption

- NWS-14 Fruit consumption
- NWS-15.1 Total vegetable consumption
- NWS-15.2 Dark green vegetables, red and orange vegetables, and beans and peas
- NWS-16 Whole grain consumption
- NWS-17.1 Percent calories from solid fats
- NWS-17.2 Percent calories from added sugars
- NWS-17.3 Percent calories from solid fats and added sugars
- NWS-18 Percent calories from saturated fats
- NWS-19 Total sodium intake
- NWS-20 Total calcium intake

Iron Deficiency

- NWS-21.1 Iron deficiency in children (1–2 years)
- NWS-21.2 Iron deficiency in children (3–4 years)
- NWS-21.3 Iron deficiency in females (12–49) years)
- NWS-22 Iron deficiency in pregnant females

Current HP2020 Objective Status: Nutrition and Weight Status



Total number of objectives: 38

- Target met
- Improving
- Little/No change
- Getting worse
- Baseline only
- Developmental



Progress in Food and Nutrient Consumption

	Baseline (Year)	Most Recent (Year)	Target	Progress
NWS-14 Mean daily intake of fruits (cup equivalents per 1,000 calories)	0.5 (2001–04)	0.6 (2007–10)	0.9	25.0%
NWS-15.1 Mean daily intake of total vegetables (cup equivalents per 1,000 calories)	0.8 (2001–04)	0.8 (2007–10)	1.1	0.0%
NWS-15.2 Mean daily intake of dark green vegetables, red and orange vegetables, and beans and peas (cup equivalents per 1,000 calories)	0.3 (2001–04)	0.3 (2007–10)	0.6	0.0%
NWS-16 Mean daily intake of whole grains (ounce equivalents per 1,000 calories)	0.3 (2001–04)	0.4 (2007–10)	0.6	33.3%
NWS-17.1 Mean percent of total daily calorie intake from solid fats	18.9 (2001–04)	16.0 (2007–10)	16.7	131.8%
NWS-17.2 Mean percent of total daily calorie intake from added sugars	15.7 (2001–04)	14.8 (2007–10)	10.8	18.4%
NWS-18 Mean percent of total daily calorie intake from saturated fats	11.3 (2003–06)	11.0 (2007–10)	9.5	16.7%
NWS-20 Mean total daily calcium intake (mg)	1119 (2003–06)	1120 (2007–10)	1300	0.6%

NOTES: Data are for mean daily intake by persons aged 2 years and older based on a single 24-hour dietary recall. Data are age adjusted to the 2000 standard population. Progress is assessed based on the percent of targeted change achieved. SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS; Food Patterns Equivalents

Objective Status: Physical Activity



Physical Activity among Adults

- PA-1 No leisure time physical activity PA-2 Compliance with the 2008 PA guidelines:
 - 2.1 Aerobic PA: 150 or 75 minutes/week
 - 2.2 Aerobic PA: 300 or 150 minutes/week
 - 2.3 Muscle-strengthening PA
 - 2.4 Aerobic and muscle-strengthening PA

Physical Activity among Children & Adolescents

- PA-3 Compliance with the 2008 PA guidelines:
- 3.1 Aerobic PA: 60 minutes per day
- 3.2 Muscle-strengthening PA
- 3.3 Aerobic and muscle-strengthening PA
- PA-4 Physical education requirement in schools:
- 4.1 Elementary
- 4.2 Middle/junior high schools
- 4.3 Senior high schools
- PA-5 Participation in daily school PE
 - PA-6 Elementary school recess requirement:
 - 6.1 States
 - 6.2* School districts

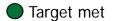
- PA-7 School districts requirement for elementary school recess for 20+ minutes
- PA-8.1 No TV or video viewing: children 0-2 years
 - PA-8.2 TV, video or video games ≤2 hours/day:
 - 8.2.1 Children 2-5 years
 - 8.2.2 Children 6-14 years
 - 8.2.3 Adolescents in grades 9-12
 - PA-8.3 Computer use for non-school work ≤2 hours/day:
 - 8.3.1 Children 2-5 years
 - 8.3.2 Children 6-14 years
 - 8.3.3 Adolescents in grades 9-12
 - PA-9 State child care licensing regulations:
 - 9.1 Large muscle or gross motor activity
 - 9.2 Participation in vigorous or moderate PA
 - 9.3 PA for specified time period

Health Care Settings

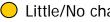
- PA-11 Office visits that include exercise counseling:
- 11.1 Patients with cardiovascular disease. diabetes, or hyperlipidemia
- 11.2 All child and adults patients

NOTE: *Change not statistically significant.

Objective Status: Physical Activity

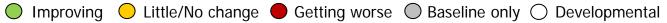


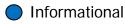












Worksites and Communities

- PA-10 Access to school physical activity facilities
- PA-12 Worksite physical activity and fitness programs

PA-13 Community walking:

- 13.2 Children and adolescents

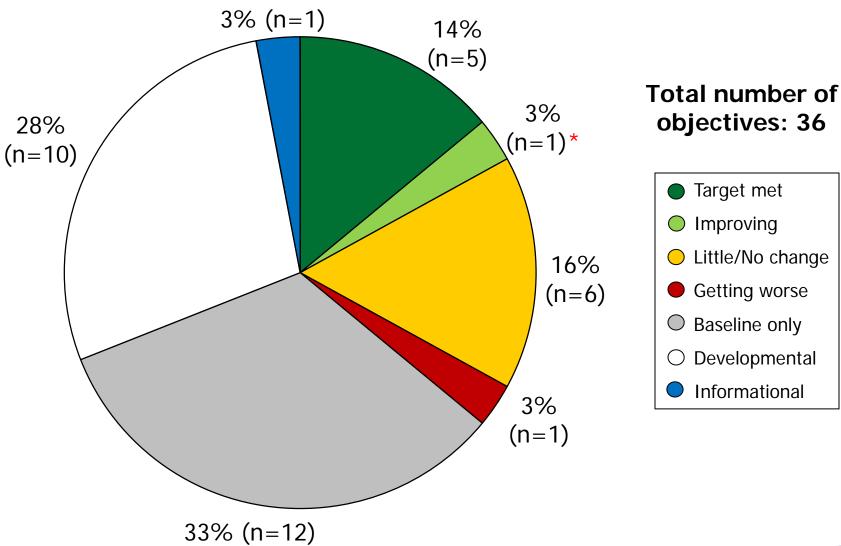
PA-14 Community bicycling:

- 14.1 Adults
- 14.2 Children and adolescents

PA-15 Legislative policies for the built environment to enhance access and availability of PA opportunities:

- 15.1 Community-scale policies
- 15.2 Street-scale policies
- 15.3 Transportation and travel policies

Current HP2020 Objective Status: Physical Activity





Michael M. Landa

Director FDA/Center for Food Safety and Applied Nutrition



Protecting and Promoting Your Health









Appendix





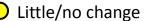
Summary: HP2020 Nutrition & Weight Status FDA Objectives

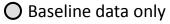
Objective	Description	Status
NWS-14	Increase the contribution of fruits to the diets of the population aged 2 years and older	
NWS-15	Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older	
NWS-15.1	Increase the contribution of total vegetables to the diets of the population aged 2 years and older (Leading Health Indicator)	
NWS-15.2	Increase the contribution of dark green vegetables, red and orange vegetables, and beans and peas to the diets of the population aged 2 years and older	
NWS-16	Increase the contribution of whole grains to the diets of the population aged 2 years and older	





Improving







Summary: HP2020 Nutrition & Weight Status FDA Objectives (contd.)

Objective	Description	Status
NWS-17	Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older	
NWS-17.1	Reduce consumption of calories from solid fats	
NWS-17.2	Reduce consumption of calories from added sugars	
NWS-17.3	Reduce consumption of calories from solid fats and added sugars	
NWS-18	Reduce consumption of saturated fat in the population aged 2 years and older	
NWS-19	Reduce consumption of sodium in the population aged 2 years and older	\bigcirc
NWS-20	Increase consumption of calcium in the population aged 2 years and older	\bigcirc

O Baseline data only

Little/no change

Improving





Revoking GRAS Status of PHOs

(Docket No. FDA-2013-N-1317)

Health benefits

- According to the CDC, elimination of PHOs from the food supply could prevent 10,000 - 20,000 coronary events and 3,000 - 7,000 coronary deaths annually.
- Using NHANES data, CDC scientists reported a 58% decrease in blood levels of four major trans fatty acids from 2000 to 2009.

Food products

- According to a USDA/ERS report (EIB bulletin 95, April 2012), new food products made without trans fats generally contain less saturated fat, sodium, and calories, suggesting that reducing trans fats was not compensated by increases in these other nutrients.
- The number of new food products claiming 0 g trans fat/serving on the Nutrition Facts label increased from 64 in 2003 to 544 in 2006.
- Between 2006-2010, 95% of all new food product introductions, including 86% of all new bakery products, contained no trans fats.
- Products claiming 0 g trans fat/serving represented more than 10% of all new food product introductions in 2005 and 2006.





Menu and Vending Machine Labeling: Publication Details

- Menu Labeling Proposal: Food Labeling; Nutrition Labeling of Standard Menu Items in Restaurants and Similar Retail Food Establishments
 - Published April 6, 2011 in Federal Register (76 FR 19192)
 - Docket No. FDA-2011-F-0172
 - 60-day comment period was extended
- Vending Machines Labeling Proposal: Food Labeling;
 Calorie Labeling of Articles of Food in Vending Machines
 - Published April 6, 2011 in Federal Register (76 FR 19238)
 - Docket No. FDA-2011-F-0171
 - 90-day comment period was extended

