Southwest Human Development Services
P.O. Box 28487 • Austin, Texas 78755-8487
(512) 467-7916 • Toll Free (800) 369-9082
Fax (512) 467-1453 • Toll Free (888) 467-1455
www.swhuman.org

Volume 27, Issue 12
Blake Stanford, President
Lindsey Seybold, Editor

Sponsors of the Child and Adult Care Food Program
Brenda Baldwin, Program Director
Martin North, Website/MM Kids Specialist

September 2013
Liz Curtis, Compliance Officer
Sheena Walter, Training

In this Issue:

New Pay Rates for July Claims!!

These rates are effective from July 1, 2013 through June 30, 2014.

Breakfast
Tier 1: $1.28
Tier 2: $.47

Lunch/Dinner
Tier 1: $2.40
Tier 2: $1.45

Snack
Tier 1: $.71
Tier 2: $.19

Kids2go Mobile App

Now that you have been upgraded to MM Kids HX, you can download the Kids2go mobile app onto your smartphone! You must still submit your claim monthly through the program on your computer. But all daily meals and attendance can easily be recorded with your mobile device.

Workshops for October

Saturday, October 12, 2013

Farmers Branch, TX 10a-12p
The Perfect Monitor Visit
Farmers Branch Library
13613 Webb Chapel Rd 75234
Directions: 972-247-2511
Registration: 972-243-3237 Wend'e
This workshop counts for all of 2014!
Please RSVP 972-243-3237 Wend'e

Training is past due!

All yearly training must be in our main office NO later than September 15th. If not completed and sent in by this time, corrective action will be taken. If you have any questions or need the test packages please call 1-800-369-9082 or you can visit our website swhuman.org to download it. Thank you!

The Q & A Corner:
Questions asked and Answers received!

We have recently received some popular questions and answers from providers with the food program. A few will be posted each month in this new newsletter section.

If one of the Q & As sparks one of your own questions, please call 1-800-369-9082 or email info@swhuman.org to ask the main office!

Q: What advice should be given to parents of obese children to establish and maintain the division of responsibility?

A: Remember that the adults decide what is to be served. Try to find out why the child is so focused on food. Is it a way to console themselves? Assist the children in recognizing their internal cues and respond when they are full. And remind children that if there is a particular food that they are very fond of, that we will always have it again.

Q: A child who eats a lot. How much should I let them eat before it is too much?

A: How much access does the child have to food at home? Have the parents forgotten to feed the child in the haste of the day? Or perhaps, it is a method of delaying going on to the next activity of the day. The adult can ask, "Is your tummy still hungry?" If they are eating simply because they like the way the food tastes, there needs to be a lot assurance that the food will be offered again. After talking more with this particular teacher, we found that this went on for three years, that the child ate a lot of something if he wanted, and very little if he didn't like it, and that his mother did the same thing at home. Also keep in mind that children eat more when they are active and growing. Let the child eat according to their internal cues.

Childhood Obesity Awareness Month

Body mass index (BMI) is a measure used to determine childhood overweight and obesity. It is calculated using a child's weight and height. BMI does not measure body fat directly, but it is a reasonable indicator of body fatness for most children and teens. For children and adolescents (aged 2—19 years): Overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex. Obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex.

Obesity rates among all children in the United States:

- Approximately 17% (or 12.5 million) of children and adolescents aged 2—19 years are obese.
- Since 1980, obesity prevalence among children and adolescents has almost tripled.

What are the consequences of childhood obesity?
Childhood obesity can have a harmful effect on the body in a variety of ways. Obese children are more likely to have–

- High blood pressure and high cholesterol, which are risk factors for cardiovascular disease (CVD). In one study, 70% of obese children had at least one CVD risk factor, and 39% had two or more.
- Increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes.
- Breathing problems, such as sleep apnea, and asthma.
- Joint problems and musculoskeletal discomfort.
- Fatty liver disease, gallstones, and gastro-esophageal reflux (i.e., heartburn).
- Obese children and adolescents have a greater risk of social and psychological problems, such as discrimination and poor self-esteem, which can continue into adulthood.

Additionally there are health risks later in life. Obese children are more likely to become obese adults. Adult obesity is associated with a number of serious health conditions including heart disease, diabetes, and some cancers. If children are overweight, obesity in adulthood is likely to be more severe.

A Growing Problem

There are a variety of environmental factors that determine whether or not the healthy choice is the easy choice for children and their parents. American society has become characterized by environments that promote increased consumption of less healthy food and physical inactivity. It can be difficult for children to make healthy food choices and get enough physical activity when they are exposed to environments in their home, child care center, school, or community that are influenced by–

- **Sugary drinks and less healthy foods on school campuses.** About 55 million school-aged children are enrolled in schools across the United States,and many eat and drink meals and snacks there. Yet, more than half of U.S. middle and high schools still offer sugary drinks and less healthy foods for purchase. Students have access to sugary drinks and less healthy foods at school throughout the day from vending machines and school canteens and at fundraising events, school parties, and sporting events.
- **Advertising of less healthy foods.** Nearly half of U.S. middle and high schools allow advertising of less healthy foods, which impacts students' ability to make healthy food choices. In addition, foods high in total calories, sugars, salt, and fat, and low in nutrients are highly advertised and marketed through media targeted to children and adolescents, while advertising for healthier foods is almost nonexistent in comparison.
- **Variation in licensure regulations among child care centers**. More than 12 million children regularly spend time in child care arrangements outside the home. However, not all states use licensing regulations to ensure that child care facilities encourage more healthful eating and physical activity.
- **Lack of daily, quality physical activity in all schools**. Most adolescents fall short of the 2008 Physical Activity Guidelines for Americans recommendation of at least 60 minutes of aerobic physical activity each day, as only 18% of students in grades 9—12 met this recommendation in 2007. Daily, quality physical education in school can help students meet the Guidelines. However, in 2009 only 33% attended daily physical education classes.
- **No safe and appealing place, in many communities, to play or be active.** Many communities are built in ways that make it difficult or unsafe to be physically active. For some families, getting to parks and recreation centers may be difficult, and public transportation may not be available. For many children, safe routes for walking or biking to school or play may not exist. Half of the children in the United States do not have a park, community center, and sidewalk in their neighborhood. Only 27 states have policies directing community-scale design.

- **Limited access to healthy affordable foods.** Some people have less access to stores and supermarkets that sell healthy, affordable food such as fruits and vegetables, especially in rural, minority, and lower-income neighborhoods. Supermarket access is associated with a reduced risk for obesity. Choosing healthy foods is difficult for parents who live in areas with an overabundance of food retailers that tend to sell less healthy food, such as convenience stores and fast food restaurants.
- **Greater availability of high-energy-dense foods and sugary drinks.** High-energy-dense foods are ones that have a lot of calories in each bite. A recent study among children showed that a high-energy-dense diet is associated with a higher risk for excess body fat during childhood. Sugary drinks are the largest source of added sugar and an important contributor of calories in the diets of children in the United States. High consumption of sugary drinks, which have few, if any, nutrients, has been associated with obesity. On a typical day, 80% of youth drink sugary drinks.
- **Increasing portion sizes.** Portion sizes of less healthy foods and beverages have increased over time in restaurants, grocery stores, and vending machines. Research shows that children eat more without realizing it if they are served larger portions. This can mean they are consuming a lot of extra calories, especially when eating high-calorie foods.
- **Lack of breastfeeding support.** Breastfeeding protects against childhood overweight and obesity. However, in the United States, while 75% of mothers start out breastfeeding, only 13% of babies are exclusively breastfed at the end of 6 months. The success rate among mothers who want to breastfeed can be improved through active support from their families, friends, communities, clinicians, health care leaders, employers, and policymakers.
- **Television and media.** Children 8—18 years of age spend an average of 7.5 hours a day using entertainment media, including TV, computers, video games, cell phones, and movies. Of those 7.5 hours, about 4.5 hours is dedicated to viewing TV. Eighty-three percent of children from 6 months to less than 6 years of age view TV or videos about 1 hour and 57 minutes a day. TV viewing is a contributing factor to childhood obesity because it may take away from the time children spend in physical activities; lead to increased energy intake through snacking and eating meals in front of the TV; and, influence children to make unhealthy food choices through exposure to food advertisements.

Strategies and Solutions

There is no single or simple solution to the childhood obesity epidemic, but learn what states, communities, and parents can do to help make the healthy choice the easy choice for children, adolescents, and their families.

States and communities can–

- Assess their retail food environment to better understand the current landscape and differences in accessibility to healthier foods.
- Provide incentives to existing supermarkets and farmers' markets to establish their businesses in low-income areas or to sell healthier foods.
- Expand programs that bring local fruits and vegetables to schools.
- Put salad bars in schools.
- Pursue a “Spectrum of Opportunities” to help early care and education facilities in their jurisdictions support optimal nutrition, breastfeeding, physical activity and screen time standards and practices.
- Enroll elementary, middle, and high schools in USDA's Team Nutrition program and apply for certification through the HealthierUS School Challenge.
- Increase access to free drinking water and limit the sale of drinks with added sugars in schools by establishing school wellness and nutrition policies.
- Support breastfeeding in hospitals and the workplace.
- Create and maintain safe neighborhoods for physical activity and improve access to parks and playgrounds.
- Support quality daily physical education in schools and daily physical activity in child care facilities.

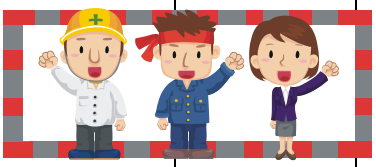
Parents can–

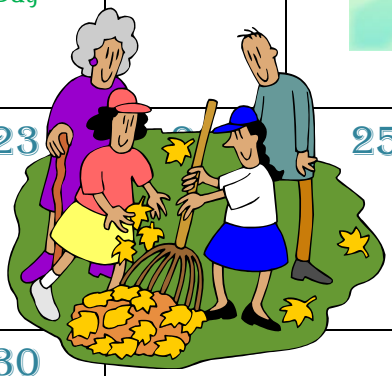
- Follow the advice of the American Academy of Pediatrics and limit media time for kids to no more than 1 to 2 hours of quality programming per day whether at home, school or child care.
- Visit the child care centers to see if they serve healthier foods and drinks, and limit TV and video time.
- Work with schools to limit foods and drinks with added sugars, fat and salt that can be purchased outside the school lunch program.
- Provide plenty of fruits and vegetables, limit foods high in fat and sugars, and prepare healthier foods at family meals.
- Serve your family water instead of drinks with added sugars.
- Make sure your child gets physical activity each day.

http://www.cdc.gov/obesity/childhood/

SEPTEMBER

1	2 Labor Day	3	4	5	6	7
8 Grandparents Day	9	10	11	12 Patriot Day	13	
15	16 Stepfamily Day	17			20	21 International Day of Peace
22 First Day of Autumn	23		25	26	27 Native American Day	
29	30					





As we talk to our children about healthy eating, we need to use tools that they can easily understand and remember. This link provides an excellent illustration for kids to understand healthy eating: http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/downloads/urwhateat.pdf

The graphic includes pictures of foods to **GO** – eat almost anytime and most often, **SLOW** – sometimes and less often, and **WHOA** – eat once in a while and least often. This helps kids understand that each food has different qualities and should be eaten in different quantities. Even toddlers can begin to understand when certain foods are appropriate and when they aren't. This page is easy to print and handout to kids and parents alike to keep nutrition and healthy eating in the forefront during childhood obesity awareness month.

Mystery Provider

Each month in this newsletter we put the provider ID of one MYSTERY PROVIDER. The Mystery Provider wins a fun children's book to share with their kiddos. If you find your ID somewhere in the newsletter call the office at 1-800-369-9082 and claim your prize!

August quiz answers

1. True
2. chart
3. true
4. chop
5. motivate
6. true
7. calcium
8. true
9. practice
10. relationship