



POLICY BRIEF

Babies' Battle of the Bulge

Fighting Childhood Obesity for a Healthier Arizona



FIRST THINGS FIRST
Ready for School. Set for Life.

Adult diseases are finding their way in to preschools and elementary schools, emphasizing the key role that early habits play in our long-term health and well-being. The prevalence of obesity among 2- to 5-year-olds has more than tripled since the 1970s, and multiple studies are showing increased levels of high blood pressure and diabetes in grade schoolers. Poor nutrition has also been linked to developmental delays and dental problems in young kids.

If you think 2 or 3 years old is too young to start fighting obesity, consider this: when researchers gauged preschoolers' attitudes about their overweight peers, the kids preferred to play with those who were at a healthier weight.ⁱ In another study, preschoolers used words like mean, lazy, ugly, stupid, and unhappy to describe overweight children.ⁱⁱ

There is no doubt: our kids are watching and developing attitudes about healthy weight early on. Early childhood represents a critical time when we – parents, community leaders and policymakers – have the best opportunity to instill habits in children that will create a healthier future – for them and for our state.

This policy brief outlines the problem of early childhood obesity, defines First Things First's (FTF) role in supporting healthy weight in young kids, and identifies possible solutions for families, early childhood educators and communities.



HOW BIG IS THE PROBLEM?

As previously mentioned, the prevalence of obesity among 2- to 5-year-olds has more than tripled since the 1970s. Low-income children and minorities (who tend to be disproportionately poor) are at greater risk for childhood obesity. In the US, 14 percent of low-income young children ages 2 to 4 are classified as obese (having a Body Mass Index greater than 95 percent expected for height and weight).ⁱⁱⁱ Almost 21 percent of Native American youngsters and almost 18 percent of Hispanic kids 2 to 4 years old are considered obese.^{iv} In Arizona, among children 2 to 4 years old enrolled in the Women, Infant and Children (WIC) program, 30 percent were either overweight (16 percent) or obese (14 percent). By comparison, 33 percent of Hispanic children were either overweight (17 percent) or obese (16 percent), and 38 percent of American Indian/Alaskan Native children were either overweight (18 percent) or obese (20 percent).^v

In addition to poverty, there are many social and environmental factors that contribute to childhood obesity. These factors include:

- Lack of support for breastfeeding and barriers to breastfeeding such as lack of knowledge,

supports or facilities for nursing mothers.^{vi} The American Academy of Pediatrics recommends that children be breastfed for the first year of life, whenever possible. Although there continues to be an increase nationally in the number of women who breastfeed their children at birth (77 percent in the most recent study), that percentage decreases to about 47 percent at 6 months of age, and only about 25 percent at 12 months.^{vii}

- increased consumption of low-nutrient foods, such as soft drinks and foods high in fat and sugar;
- easy availability of fast food and non-nutritious food, and larger portion sizes in fast-food chains and restaurants;
- aggressive marketing of junk food to children and their families;
- limited access to healthy and affordable foods in low-income communities;
- increased screen time (television and computer) in young children;
- lack of physical activity; and,
- a lack of access to safe spaces to play and exercise, such as community playgrounds and parks, and communities not designed to encourage walking and physical activity.^{viii}

While most of us can easily see the link between eating too much, not exercising enough, and gaining weight, there is another factor that contributes to this growing problem: not eating *enough* – of the *right* kinds of food, that is. Some children who are overweight or obese are simply not getting the nutrition they need to grow up healthy.

In 2009, 22 percent of families with children under the age of six in the U.S. experienced food insecurity, which is defined as not having access to enough food for an active and healthy life.^{ix} In Arizona, the percentage of households receiving food stamps almost doubled between 2007 and 2010 (6.9 percent to 13.2 percent, respectively).^{x, xi}

Families that experience food insecurity tend to buy more processed and fast foods that contribute to overweight and obese children rather than lean cuts of meat and fresh fruits and vegetables, which are more expensive. Food security, especially access to nutritious foods, is critical for ending both child malnutrition and obesity.

WHY ARE OVERWEIGHT KIDS A HEFTY PROBLEM FOR ARIZONA?

Childhood obesity can have serious implications for children's learning, health and overall well-being.

Obesity is associated with delayed skill acquisition in children as young as 2 to 3 years old. Overweight or obese school age children are more likely to miss more than two weeks of school in a year and to repeat a grade in school. In one study, obese children had rates of school absenteeism that were 20 percent greater than those of their non-obese classmates.^{xii} These patterns begin in infancy. At a time when our state is focused on improving kids' performance in school, we must consider the factors that keep our kids from showing up in the first place.

In addition, overweight and obese children are more likely to have high blood pressure, high cholesterol and type 2 diabetes, which place them at higher risk for cardiovascular disease as adults.^{xiii} In fact, if childhood obesity trends continue, experts predict it could cut two to five years off the lifespan of the average child in America, making this the first generation to have a shorter life expectancy than their parents.^{xiv}

" 30 percent of Arizona 2- to 4-year-olds are overweight or obese. "

FIRST THINGS FIRST'S ROLE IN PROMOTING HEALTHY WEIGHT FOR YOUNG KIDS

The early years play a critical role in establishing the foundation for a child's educational success and overall well-being. Recognizing this important fact, Arizona voters in 2006 created First Things First (FTF) to expand young children's access to the services that would help them arrive at kindergarten healthy and prepared to succeed. In many Arizona communities, weight represents a significant health challenge for many kids 5 and younger. If not addressed, that issue can also weigh heavily on their educational success. FTF helps to address these concerns through strategies that increase young children's access to nutritious food, and that increase the information that families and other caregivers have in order to make the best food and activity choices for young kids.

Through its **Food Security** strategy, First Things First builds partnerships and provides funds to provide food to families with young kids. This strategy builds on existing food distribution networks like food banks. The strategy supplements food distributed by the organizations or distributes vouchers to families to purchase food. Parent education on how to prepare nutritious food on a limited budget is included in some locations. In fiscal year 2012, FTF's Food Security grantees distributed 466,453 food boxes to families with kids 5 and younger.

In the current fiscal year, the First Things First regional partnership councils that fund food security strategies include: Central Maricopa, Central Phoenix, Cocopah Tribe, Gila River Indian Community, Graham/Greenlee, Hualapai Tribe, La Paz/Mohave, Navajo Nation, Northwest Maricopa, Pinal, Salt River Pima Maricopa Indian Community, Southeast Maricopa, Tohono O'odham Nation, Yavapai and Yuma.

Through its **Nutrition, Physical Activity and Obesity Prevention** strategy, First Things First focuses on programs in three areas: parents and families, early care and education settings, and communities.

Parent supports focus on parent education about the nutritional needs of children, healthy activity, and strategies to prevent childhood malnutrition and obesity. In fiscal year 2012, 4,833 parents and caregivers attended community-based classes on nutrition, physical activity and obesity prevention in a variety of community-based settings.

In early care and education settings, education and training focuses on offering healthy food choices, encouraging structured and unstructured play time, and limiting screen time. First Things First also supports efforts by the Arizona Department of Health Services (DHS) to improve nutrition and activity practices in licensed child care centers (see EMPOWER box on Page 7).

" Rates of childhood obesity have tripled since the 1970s. "

In some of the First Things First regions, there are community and child care gardens planned and local policy discussions are being had related to food deserts and increasing access to stores where fresh fruits and vegetables are available.

In the current fiscal year, First Things First regional partnership councils that fund a Nutrition, Physical Activity and Obesity Prevention strategy include: Cochise, Colorado River Indian Tribes, Navajo Nation, Navajo/Apache, Northwest & Southwest Maricopa, and San Carlos Apache.

Next Steps for First Things First

1. In addition to the FTF connection with the EMPOWER standards through DHS, a formal partnership is being developed among FTF, DHS and the Arizona Department of Economic Security to maximize federal funding to improve nutritional standards in child care settings.
2. FTF is developing a consistent message related to childhood nutrition across the programs funded by FTF, including voluntary in-home family support programs, community-based family resource centers and programs that improve the quality of child care. Using consistent language across all the programs that may touch parents and caregivers will help ensure that families and professionals working with our youngest kids get the message about what it takes to help kids develop habits that promote healthy weight from the earliest stages of life.

IMPLICATIONS FOR FAMILIES, POLICYMAKERS AND COMMUNITIES

Young children's eating and exercise habits are affected by their environment at home and in their communities. Because of this, strategies to enhance nutrition and activity for young kids need to span the home, early care and education programs, and the broader community. In short, we all have a role to play in preventing the battle of the bulge among kids birth to 5 years old.

What Families and Policymakers Can Do:

Families are the role models for children's behaviors. They select and prepare food and model a healthy and active lifestyle. According to a 2010 survey, 10 percent of Arizona adults reported getting no physical activity at all and another 36 percent reported an

insufficient amount. Only one in four said they ate the recommended five or more servings of fruits and vegetables each day.^{xv}

Families and policymakers can:

- Support exclusive breastfeeding for the first six months of a child's life and continuation of breastfeeding after the introduction of solid foods at six months until 1 year of age or until mutually desired. Mothers should be encouraged to initiate and continue breastfeeding even when a mother returns to work. Policies to provide designated space for breastfeeding areas within work places and child care centers, as well as having a mechanism to store breast milk in child care centers are important supports. In addition to decreasing risk of obesity, research shows that breastfed babies have a decreased risk of Sudden Infant Death Syndrome^{xvi} and a significantly decreased risk of developing Type 2 diabetes later in life.^{xvii}
- Educate and support families to include home activities that focus on physical movement with their children, including serving more nutritious foods, reducing the use of high sugar drinks and limiting their children's time spent in front of a TV or computer.
- Promote family-style meals and routine sleep patterns. Research has shown that preschool-aged children exposed to three household routines of regularly eating dinner as a family, getting an adequate nighttime sleep, and limiting screen viewing time had a 40 percent lower prevalence of obesity than children exposed to none of these routines.^{xviii}
- And, ensure that families that qualify for the WIC (Woman, Infants and Children) nutrition program and SNAP (Supplemental Nutrition Assistance Program) are enrolled and know how to use the WIC and SNAP benefits to access healthy and affordable foods.

What Early Care and Education Providers Can Do

In Arizona, center-based early care and education providers reported serving a little more than 100,000 children on an average day; this is about one in every four children under the age of 6.^{xix} In addition 60 percent of children who are under 6 years old have both parents in the labor force; and they likely spend all or some of their day being cared for by family members, friends, or early care and education providers away from their homes.^{xx} Not only do these children receive daily meals in these settings, they observe and learn habits of eating and activity from their teachers and caregivers. Providing good nutrition and promoting healthy behaviors in early care and education settings are critical components to combatting childhood obesity.



Center-based and home-based early care child education providers can:

1. Incorporate the 10 EMPOWER elements (see page 7) into their curriculum and activities for children in child care.^{xxi}
2. Support a mother's ability to continue breastfeeding infants and provide tools to store breast milk on site.
3. Place an emphasis on healthy eating, physical activity, and reinforcing positive body image for children in the early care and education curriculum.
4. Increase opportunities for physical activity and the development of fundamental movement skills.
5. Improve the nutritional quality and diversity of food offered to children.
6. Offer professional development to support teachers and other staff in implementing health promotion strategies and activities.
7. Offer farm-to-preschool opportunities connecting children and families to local produce in their area.
8. And, offer on-site gardens or garden-based curricula that connect children with their source of their food to increase the likelihood that they will try new fruits and vegetables.

“Obesity has been linked to decreased skill development, increased school absence and poor school performance.”

Empower Pack Center Standards*

As part of its child care quality improvement efforts, FTF supports the EMPOWER Standards that DHS is incorporating in to all licensed child care programs as a means to promote good health habits and prevent childhood obesity.^{xxii} This includes:

- 1) Encourage physical activity by scheduling at least 60 minutes of planned activity each day. This can be broken up in shorter time periods throughout the day and should include “sun safe” activities.
- 2) Limit kids' screen time – including TV, computer and video games – to less than one hour per day.
- 3) Avoid more than 60 minutes of sedentary activity at a time, except when kids are sleeping.
- 4) Offer water at least 4 times per day.
- 5) Serve 1% or skim milk for all children over 2 years old.
- 6) Limit fruit juice to 4 to 6 ounces per day, and serve only 100 percent fruit juice.
- 7) Serve meals family style and let children decide how much to eat. Avoid rewarding good behavior or a clean plate with food of any kind.
- 8) If able, participate in the USDA Child and Adults Care Food Program.
- 9) Be a completely (24-hour) smoke-free home or campus.
- 10) At least four times per year, provide families with information about tobacco cessation and second-hand smoke.

*Additional information is available at www.azdhs.gov

What Communities Can Do

Communities are the places where children live and play. Encouraging healthier community environments promotes healthier lifestyle choices for kids and their families.

Communities can:

- Form community coalitions to promote healthier food resources in the community, such as fruit and vegetable choices in small grocery stores and healthier choices in large chain grocery stores.
- Include advocacy projects to promote healthier community environments that encourage family friendly physical activity, such as playgrounds, walking trails, and community activities.
- Implement community interventions such as child care center gardens, farmers markets, community gardens, and community planning that includes healthier environments.

THE LAST BITE

Between birth and age 5, children are building habits and forming attitudes that will stay with them their entire lives. As caregivers and as individuals dedicated to building better communities, we have the perfect opportunity to reverse the disturbing trend of early childhood obesity and instead give them a strong, healthy start.



Endnotes

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- xx Ibid US Census 2010 American Community Survey.
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