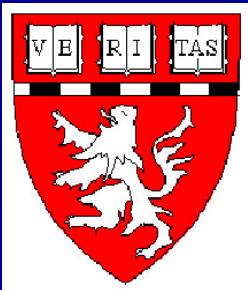


What to Do with the Young Child to in Health Care Settings to Prevent Lifelong Obesity?

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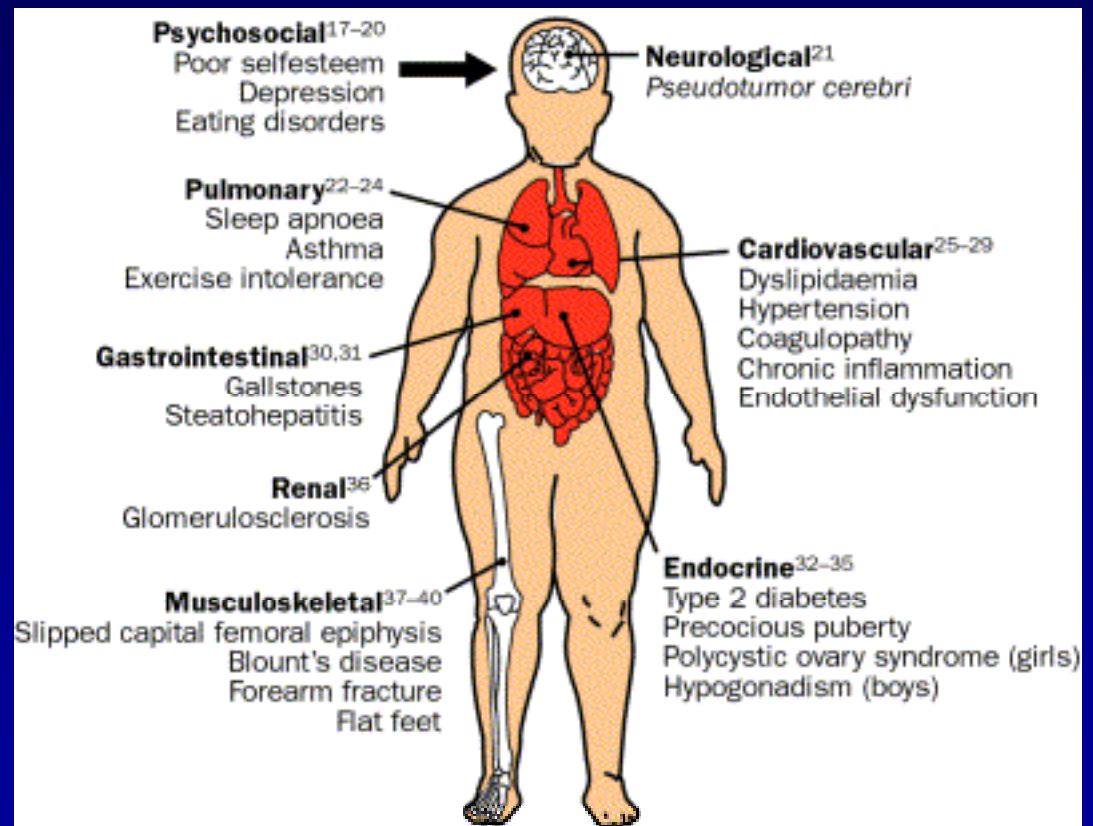


*Grantmakers in Health
Start Smart: Healthy Weight in Early Childhood
October 16, 2012*



Childhood obesity is prevalent and of consequence

- 17% of children age 2 – 19 years are obese (BMI \geq 95th percentile)
- Childhood obesity is associated with both short- and long-term adverse outcomes and may presage reduced life expectancy



The obesity epidemic has not spared the nation's youngest children

- Almost 10 percent of infants and toddlers have high weights for length.
- Slightly over 20 percent of children aged 2 to 5 are overweight or obese.
- Approximately one in five children is already carrying excess weight as he or she enters kindergarten.

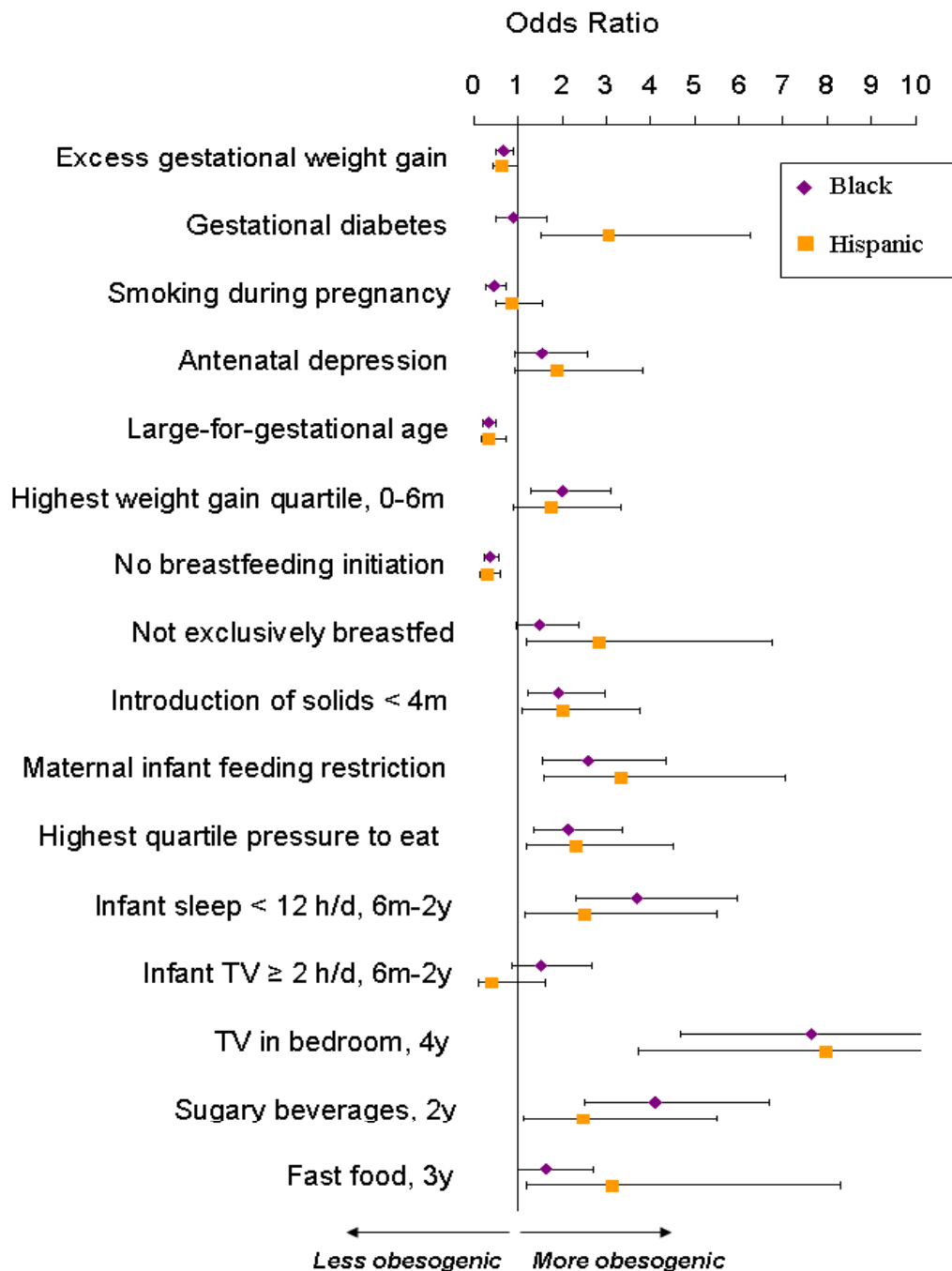
The early developmental period provides unique opportunities

- Children are acquiring their eating, activity, and sleep patterns.
- Opportunities for establishing healthy eating practices, good physical activity habits, and optimum sleep durations, rather than trying to change existing unhealthy patterns later on.
- With careful healthcare provider monitoring, there are chances to identify risks early.

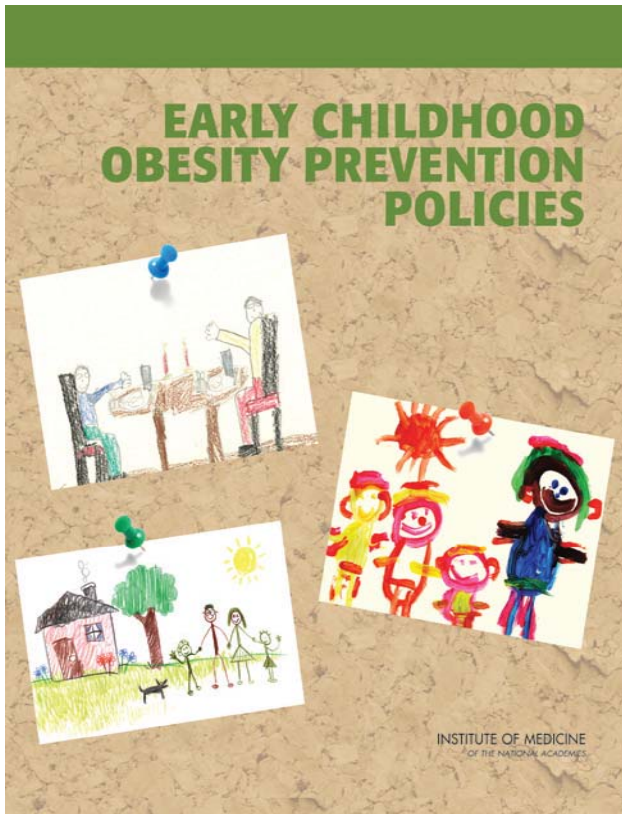
Selected Determinants of Childhood Obesity

- Gestational weight gain and GDM
- Maternal smoking during pregnancy
- ***Accelerated infant weight gain***
- ***Breastfeeding***
- ***Sleep duration and quality***
- ***Television viewing & TV sets in bedrooms***
- ***Food supply & marketing environments***
- Responsiveness to infant hunger and satiety cues
- Parental feeding practices, eating in the absence of hunger
- Portion sizes
- Fast food intake
- ***Sugar-sweetened beverages***
- ***Physical activity***
- Socio-cultural, recreation, & transport environments

- Racial/ethnic differences exist in many early life risk factors for childhood obesity



Taveras, et al. *Pediatrics*; 2010



Early Childhood Obesity Prevention Policies

Supported by the Robert Wood
Johnson Foundation

The report is available for free download at: <http://iom.edu/obesityyoungchildren>.



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Audience

People who support parents and families in raising healthy young children:

- Child care providers
- Child care regulatory agencies
- Health care providers
- Government agency employees at all levels
- Members of the broader community that influence the environments of young children



Recommendations:

- Growth monitoring and screening for overweight
- Healthy eating
- Physical activity
- Exposure to marketing and screen time
- Sleep

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Growth monitoring & screening:

- Healthcare providers should measure weight and length or height in a standardized way, plotted on WHO growth charts (ages 0–23 months) or CDC growth charts (ages 24–59 months), as part of every well-child visit.
- Healthcare professionals should consider children at high risk of obesity based on:
 1. Attained weight-for-length or BMI \geq 85th percentile
 2. Accelerated rate of weight gain
 3. Parental weight status



Physical Activity:

- Provide opportunities for active play at least 15 minutes per hour while in child care
- Provide both structured and unstructured play opportunities
- Provide outdoor and indoor environments for play
- Avoid punishing children for being physically active
- Avoid withholding physical activity as punishment



Healthy Eating:

- Promote the consumption of a variety of nutritious foods and support breastfeeding during infancy
- Create a feeding environment that is responsive to children's hunger and fullness cues so that they are able to regulate their own food intake early in their lives
- Avoid sugary beverage consumption; limit 100% fruit juice to no more than 4 oz per day, serve from a cup rather than bottle
- Child-care regulatory agencies should require that safe drinking water be available and accessible to children in child care facilities

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Marketing, Screen Time & Sleep

- Limit young children's screen time and exposure to food and beverage marketing;
- Do not permit televisions, computers or other digital media devices in children's sleeping areas
- Promote age-appropriate sleep durations for young children.



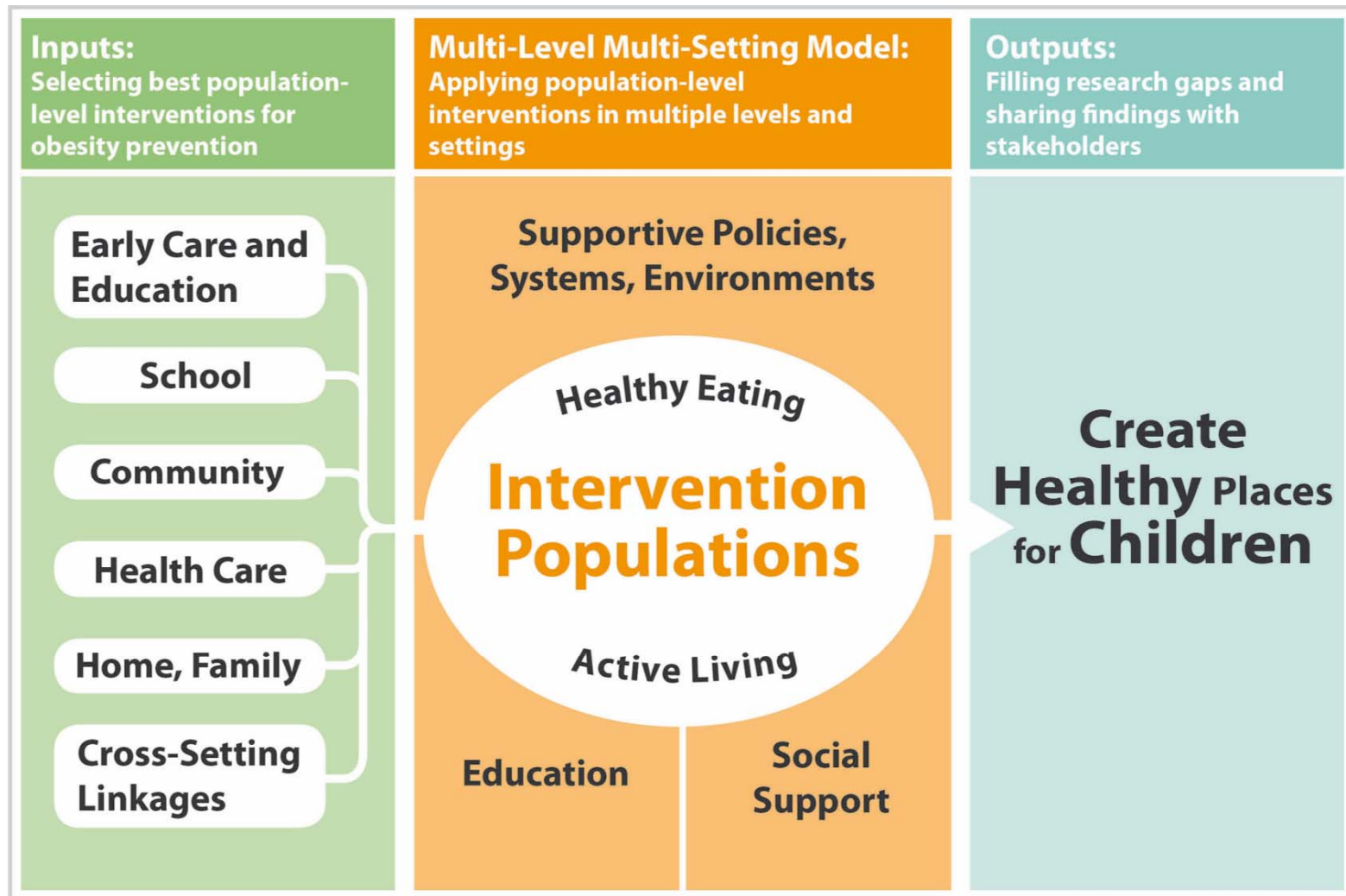
Challenges & Opportunities

1. Insufficient provider knowledge and self-efficacy in counseling and advocacy on obesity prevention across the lifecourse
 - Need to develop curricula and toolkits to equip providers with advocacy skills; training on latest policies and practice guidelines

Challenges & Opportunities

2. Too much work happening in silos and too little work leveraging early life systems that interact with mothers and their infants
 - Strong need for clinical-community partnerships; need to support providers to engage with community agencies such as WIC, Early Child Care Settings

Multi-sector, population-level strategies hold the most promise for obesity prevention!



Challenges & Opportunities

3. Trends toward widening of gaps in prevalence of obesity among racial/ethnic minorities
 - Evidence suggests beginning prevention early can reduce disparities.
4. Early detection and screening could be aided by electronic health records
5. Insufficient surveillance of overweight/obesity in early childhood
6. Insufficient funding for interventions < 2 years of age

Summary

- Prenatal period and early childhood are important for development of obesity and chronic disease throughout life;
- Prevention must start early and focus on evidence-informed behaviors and policies.

