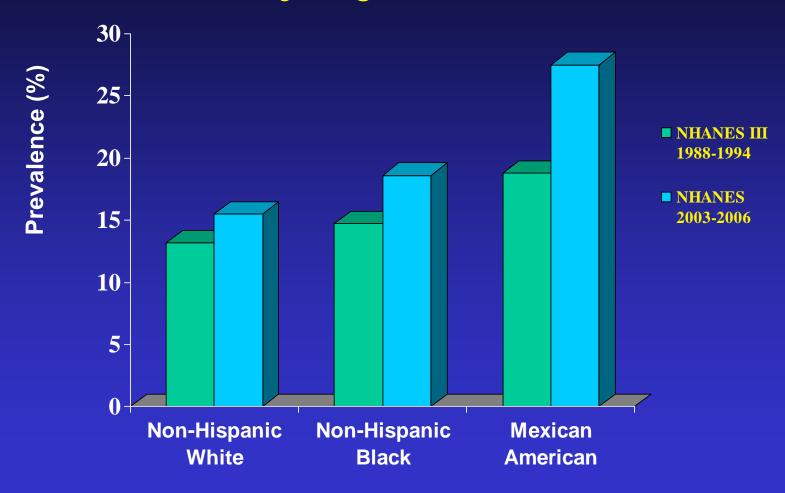
Healthy Weight in Early Childhood: Why Is This Important?

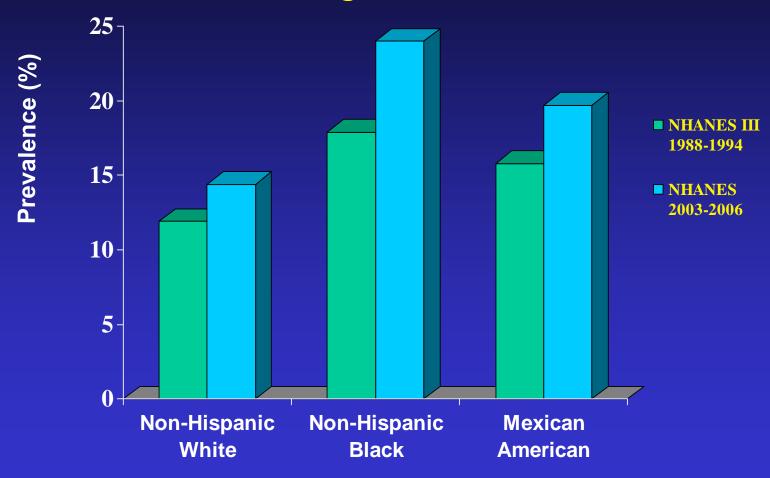
William H. Dietz, MD, PhD
Former Director
Division of Nutrition, Physical Activity, and
Obesity
Centers for Disease Control and Prevention

Overweight Prevalence by Race/Ethnicity for Boys Aged 6 - 11 Years



Source: Ogden CL et al. JAMA. 2008;299:2401-5; MMWR 1997; 46:199-202

Overweight Prevalence by Race/Ethnicity for Girls Aged 6 - 11 Years



Source: Ogden CL et al. JAMA. 2008;299:2401-5; MMWR. 1997:46:199-202.

Obesity Trends in Youth over the Past 12 Years



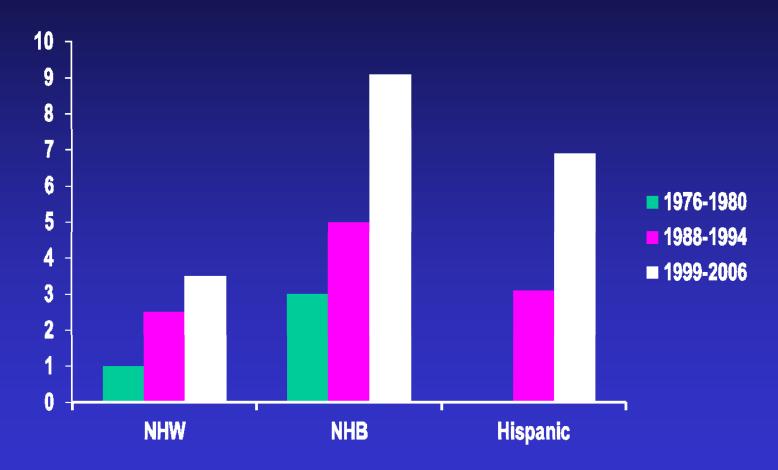
Ogden et al. 2012, NCHS data brief

Declines in Obesity Prevalence

<u>Location</u>	<u>Ages</u>	<u>Baseline</u>	<u>FU</u>	% Change
Philadelphia	K - 12	2006-7	2009-10	- 4.7%
New York City	K – 8	2006-7	2010-11	- 5.5%
Mississippi	K – 5*	2005	2011*	- 13.3%
California	G 5-9	2005**	2010**	- 1.1%

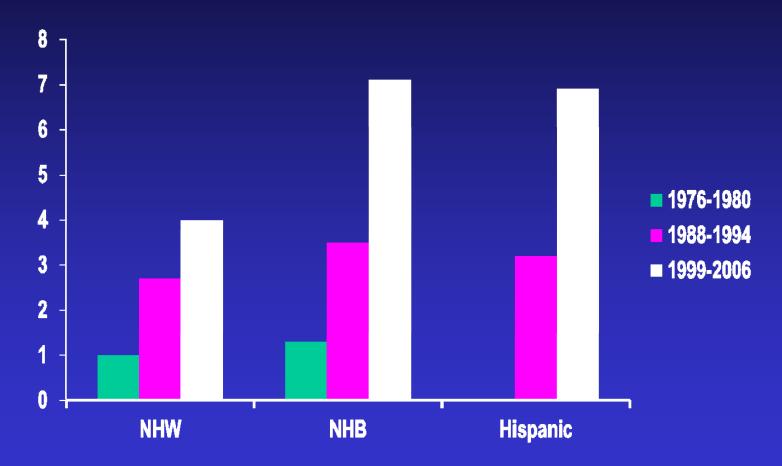
^{*}Spring; **CA Fitness Test Robert Wood Johnson Issue Brief, September 2012

Changes in the Prevalence of Severe Obesity (120% of the 95th %tile) in Girls 1976-2006



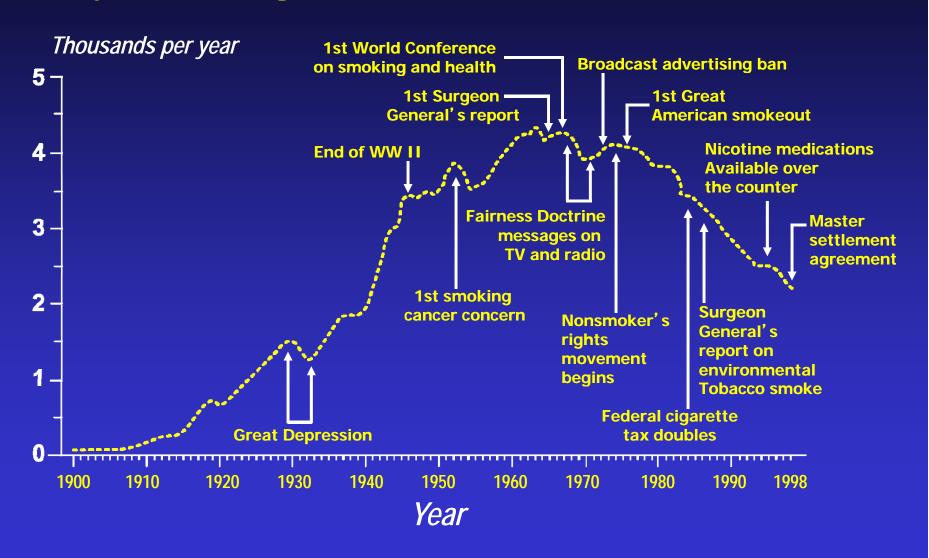
Wang et al. Int J Pediatr Obesity 2010; on line

Changes in the Prevalence of Severe Obesity (120% of the 95th %tile) in Boys 1976-2006

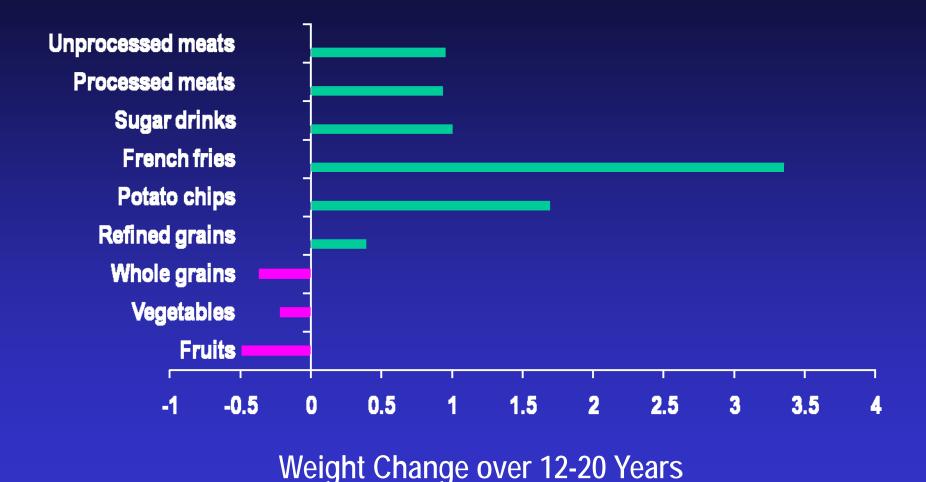


Wang et al. Int J Pediatr Obesity 2010; on line

Annual Adult per Capita Cigarette Consumption and Major Smoking and Health Events – US 1900-1998



Changes in Dietary Habits and Weight Change

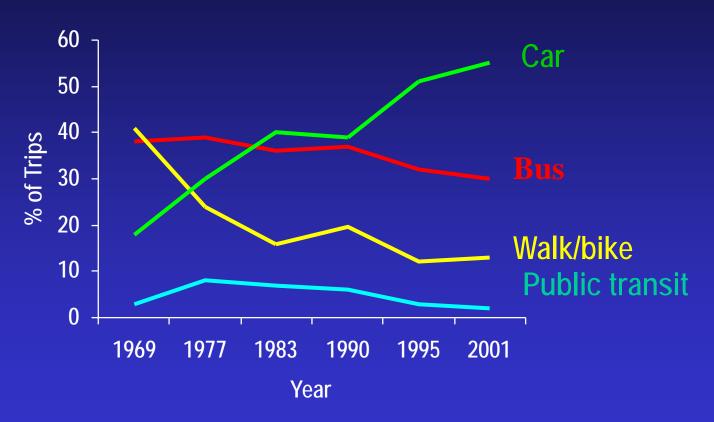


Mozaffarian D et al. NEJM 2011364:2392

Concerns Raised by the Feeding Infants and Toddlers Study

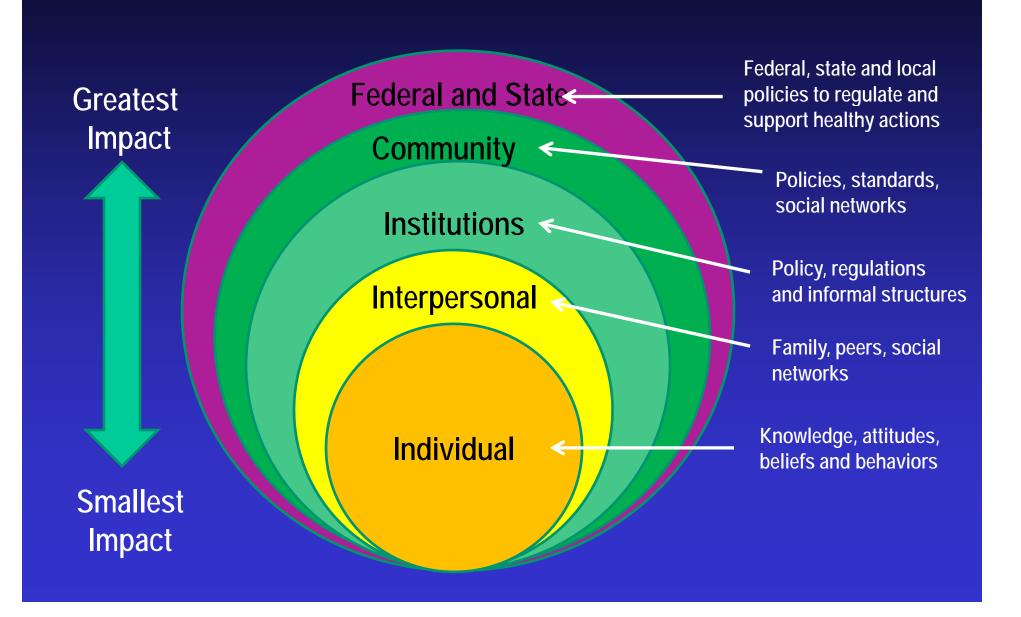
- 45% of 12-23.9 mo children and 78% of 24-47.9 mo children have sodium intakes above the UL
- 75% of children have excessive saturated fat intakes
- Approximately 30% of children consumed no vegetables on the survey day, and 20% - 30% children consumed no fruit
- Approximately 30% of children are consuming presweetened cereals
- High caloric density foods are frequently consumed as snacks
- 27% of 12-23 mo children consumed a sugar drink daily

Standardized Share of Mode for Trips to School National Personal Transportation Survey



McDonald NC. Am J Prev Med 2007;32:509

Social Ecological Model



Premise

The reduction of obesity will require a combination of effective clinical services for the treatment of obesity, and policy, systems, and environmental changes that prevent obesity and sustain weight loss to prevent relapse in patients who have lost weight

Important Considerations

- Policy provides guidelines for behavior. Not all policy is legislative, regulatory, or a result of litigation
- Evidence RCTs are not necessarily the gold standard
- Solution based vs problem based research
- Stealth interventions
- Assessing the dose of community interventions (Reach X Strength = Dose)

Energy Deficits Necessary to Achieve the HP 2010 (Prevalence = 5%) and HP2020 Goals (10% Decrease) by 2020

<u>Age</u>	<u>HP2010</u>	<u>HP2020</u>
2-5 yo	33 Kcal/d	5 Kcal/d
6-11 yo	149 Kcal/d	40 Kcal/d
12-19 yo	177 Kcal/d	31 Kcal/d

Wang YC et al. Am J Prev Med 2012; 42:437

How Can We Achieve the Energy Deficit for Prevention?

Sugar drinks (SDs) = 250 Kcal/d Only 21-50 Kcal/d of calories from SDs consumed in schools

Substitute water for juice in after-school programs - 60 kcal/d

Healthy Weight Commitment – 1.5 trillion Kcal reduction 12.5 Kcal per capita

Switch sugared for non-sugared breakfast cereal – 8-80 Kcal/d

Quality PE = 35 Kcal/d

Strategies to Address Principal Targets for Obesity Prevention and Control

Pregnancy weight gain, smoking, gestational diabetes Limited progress Decrease high E_D foods **Procurement policies** Menu labeling Increase fruit and vegetable intake **Procurement policies** Salad bars in schools Farmers markets

Farm to institution policies

Strategies to Address Principal Targets for Obesity Prevention and Control

Reduce sugar drinks

Procurement policies

Promotion of water intake

Restricted access in municipal facilities

Labeling

Taxes

Decrease screen time

Limited progress

Food marketing to children

Strategies to Address Principal Targets for Obesity Prevention and Control

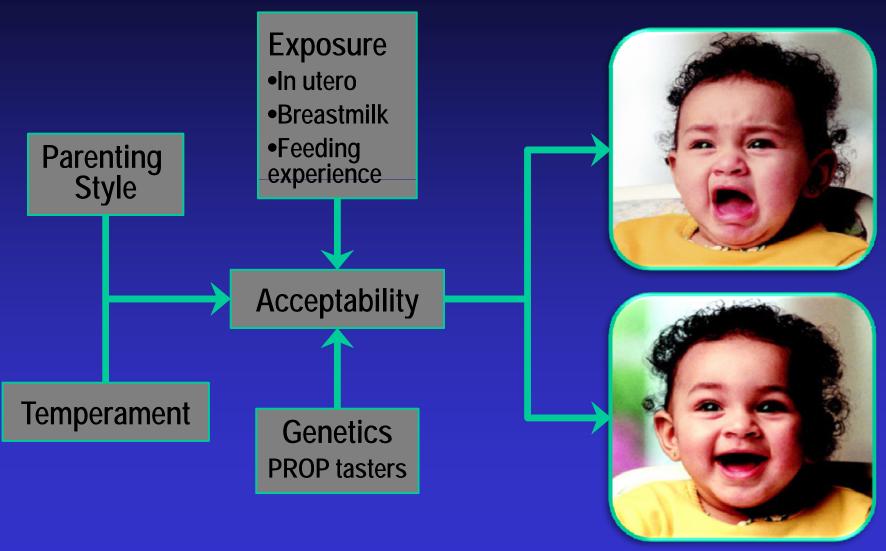
Breastfeeding CDC funding for 90 Baby Friendly Hospitals in 29 states Other support for Baby Friendly – 7 states Physical activity Fitness measures in youth **Interim PAG report** Active Schools Acceleration Project (ASAP) Healthy Kids Out of School Project (HKOS) **Quality PA Programs**

Settings for the Prevention and Treatment of Obesity

- Home
- Medical Settings
- Child care
- School
- Work Site
- Community



Factors That Affect Feeding Infants and Toddlers



PROP=6-*n*-propylthiouracil.

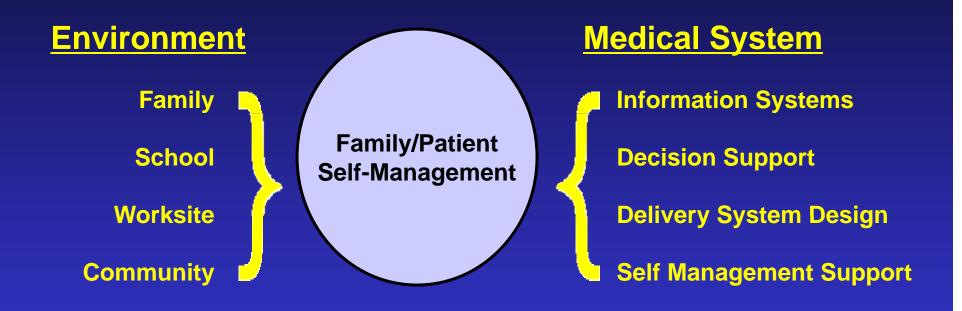
Factors that Influence Food Consumption in Young Children

- 1. Encouraging food consumption of an item results in lower consumption
- 2. Restricting access to a food increases its desirability
- 3. Repeated exposure to a food increases the likelihood of its consumption
- Larger portion sizes increase consumption in older but not younger children
- 5. Parental consumption of a food increases the likelihood that a child will consume it

Parenting Styles

	Expectations for Self-Control		
	High	Low	
High Sensitivity	Authoritative Respectful of child's opinions but maintains clear boundaries	Permissive Indulgent, without discipline	
Low Sensitivity	Authoritarian Strict disciplinarian	Neglectful Emotionally uninvolved and does not set rules	

Chronic Care Model



Dietz WH et al. Health Affairs 2007;26:430

Opportunities in Medical Settings

- Survey current curricula and provider practices
- Revise curricula for providers to address obesity
- Address bias
- Define competencies at every level of training
- Re-join public health and clinical medicine
- Make hospitals the healthiest worksites on the planet
- Apply Community Health Needs Assessment (CHNA) and Community Benefit Initiatives (CBI) to develop clinical: community partnerships

Children in Early Care and Education Programs

In 2001, 73% of preschool children ages 3-5 years old (8.6 million children) participated in at least one weekly non-parental care arrangement

Nearly 60% of children 3-4 years with employed mothers participate in center-based care

41% of preschool children are in child care for 35 or more hours/week

Capizzano J et al. www.urban .org/url.cfm?ID=309438; www.urban .org/url.cfm?ID=309439

Let's Move Child Care Challenge

Physical activity: 1-2h/d, outside play when possible Screen time: None for <2yo; 30' /w during child care Food: Fruits or vegetables at every meal, no fried foods, family style

Beverages: Water access at meals and throughout day; no sugar drinks; for \geq 3yo, LF or NF milk; limit juice to 4-6 oz 100% juice/d

Infant feeding: Support breastfeeding for mothers who want to continue during the child care day

Community Strategies

Increase access to healthy and affordable food
Help people recognize and make healthy food and
beverage choices
Support policies and programs that promote
breastfeeding
Encourage community design that supports
physical activity
Facilitate access to safe and affordable places for
physical activity – Parks and Rec

Opportunities

Find co-benefits of obesity prevention and control
Mobilize parents of children with ADHD to
preserve recess and restore PE
Identify targets that address the triple bottom line
(health, economics and the environment)

Invest in data
Focus on solutions
Connect existing efforts

HBO: The Weight of the Nation

Four documentaries

Consequences

Choices

Children in Crisis

Challenges

Short films

Stigma

Nashville Takes action

A Model of Community Action

Workforce Wellness

www.theweightofthenation.hbo.com

Resources

www.activeschoolsasap.org

www.childobesity180.org/ourintiatives/out-of-school-time/

www.healthychildren.org/growinghealthy

Healthy worksites and hospitals (under quick resources)

www.cdc.gov/hwi

Recommended Community Strategies and Measurements to Prevent

Obesity – MMWR 2009;58:RR-7

www.theweightofthenation.hbo.com

cche.org/pubs/CCHE-publication-CommunityHealthInitiatives_

DoseGuide.pdf