The Challenge

Across the United States today—in homes, child care centers, doctors’ offices, schools, playgrounds, and shopping centers—we see dramatic and growing evidence of the childhood obesity epidemic. The number of overweight and obese American children has escalated since the 1970s. For preschool children (ages 2 to 5), the rate of obesity and overweight has more than doubled (Center for Health and Health Care in Schools, 2005), with one in four preschoolers overweight or at-risk for obesity (Story, Kaphingst, & French, 2006).

According to the Centers for Disease Control and Prevention (2007), overweight and obesity describe weight ranges that are higher than what is generally considered healthy (for a given height) and correspond to an increased risk of certain diseases and other negative health outcomes. Young children who are overweight or obese significantly increase their risks for myriad chronic diseases and other adverse health consequences in adulthood, including:

- Depression and social isolation
- Type 2 diabetes
- Cardiovascular disease
- High blood pressure
- High Cholesterol
- Orthopedic problems and destruction of weight-bearing joints

Rising adult obesity rates in the United States are having serious implications even for babies. According to the March of Dimes (March of Dimes Birth Defects Foundation, 2004), obesity among women ages 20 to 29 increased from 7 percent in 1960–1962 to 17 percent in 1988–1994. The prevalence of overweight among this age group almost doubled during the same period, from 11 percent to 19 percent. Obese pregnant women are at increased risk for a variety of complications and adverse health outcomes, including preeclampsia, gestational diabetes, Caesarean section, and postpartum infection. Maternal obesity also places a fetus at increased risk for neural tube defects, birth trauma, and late fetal death.

From Intervention to Prevention

Efforts to address childhood obesity typically have focused on reducing the incidence of overweight and obesity in children by modifying negative behaviors and attitudes about nutrition and physical activity. Established negative habits or patterns are difficult to unlearn, however. Prevention efforts that promote good nutrition, physical activity, and healthy lifestyle choices are important in teaching young children how to become and stay healthy. In addition, a preventive approach to childhood obesity can provide the greatest return on investment and result in greater, more lasting effects. Across Federal, academic, and private sectors, a consensus is emerging on key issues related to addressing the childhood obesity challenge:

- Modifying or influencing knowledge, attitudes, and behaviors associated with both physical activity and nutrition is central to any childhood obesity prevention effort.
Intervention and prevention efforts must target **children** and the **adults** in their lives, from parents and extended families to health care providers, teachers, and child care providers.

Intervention will be only partially effective; prevention is key to sustained behavior change. Health promotion initiatives must reach out to target populations early and often, focusing on **very young children** and **pregnant women**. It is never too early to start children on a path to good health.

Being obese or overweight disproportionately affects **low-income** and **minority** children and, in particular, Hispanic and African-American children. Obesity prevention must address the **cultural and socioeconomic factors** that have a heightened influence on the nutrition and physical activity of these children.

High rates of childhood obesity foretell a **public health crisis** for future generations. In addition, rising rates of childhood obesity will lead to significant **fiscal crises** in terms of increased health care costs, as well as decreased productivity and earning capacity for adults struggling with long-term health consequences.

Obesity prevention requires a systematic, community approach. Efforts that focus on the individual are not adequate to overcome **community barriers**, including **market forces** and limitations of the **built environment** (living space structures such as grocery stores, playgrounds, housing, and open space) that contribute to poor nutrition and insufficient physical activity.

Where Change Is Possible and Federal Leadership Is Essential

Many national initiatives to stem the tide of childhood obesity have yielded significant positive results across a range of community settings, age groups, and at-risk populations. However, for sustainable, systemic change, a holistic approach is needed to integrate policy development, health promotion innovations, and best practices across key settings where pregnant women and young children spend time, and where change agents can inform and influence decision-making and behavior development. Such environments include:

- Child care settings
- Health care provider offices and settings
- Neighborhoods and communities
- Homes

While schools and workplaces also are key locations for intervention, these four environments are the primary settings for health promotion and prevention of **early** childhood obesity. Because pregnant women and young children live and learn in all these environments, the settings present interconnected opportunities for intervention and the greatest potential for change.
Child Care Settings – Early Learning for Healthful Living

Thirteen million of the nation’s 21 million preschool-age children spend a significant portion of their days in child care (Story et al., 2006). Whether in center-based facilities, family child care, or kith and kin arrangements, prevention initiatives can greatly influence young children’s learning about nutrition and physical activity. Obesity prevention strategies in child care settings should address:

- **Licensing standards**: Working with states to encourage adoption of standards of care that promote good nutrition and physical activity within licensed facilities.

- **Professional development**: Training child care providers on establishing culturally sensitive, positive nutrition practices and integrating activities that increase children’s exposure to moderate to vigorous physical activity during their time in care.

- **Family support and education**: Equipping child care providers with family-centered information and resources to extend health promotion, learning, and behavior change beyond the child care facility and staff.
Program management: Offering technical assistance to help programs access resources and establish policies and procedures to institutionalize positive nutrition and physical activity standards.

High-quality child care is an established priority across a number of federal agencies, including the Department of Health and Human Services and Department of Defense. All families and children, whether they participate in Head Start, receive support through the Child Development Block Grant, or participate in military child care services, can benefit from the lessons learned and innovative practices developed to build positive physical activity and nutrition practices. Consolidating and coordinating agency and workgroup initiatives could dramatically increase the reach of new community-based solutions, resulting in far greater impacts and sustainability across all environments.

Health Care Providers – Prevention Through Primary Care

Health care providers often fail to give adequate guidance to families with overweight, obese, or at-risk children. Time constraints and reimbursement issues can limit the amount or quality of anticipatory guidance that health professionals offer. Providers may lack information about available resources and local initiatives to which they can direct patients. They may defer to the parents’ cultural or familial expectations about weight, nutrition, and physical activity, or feel uncomfortable actively addressing obesity issues with families. Some prenatal care providers may not be aware of the risks to infants associated with maternal obesity (not to mention the health risks to women during pregnancy).

Health care providers must become an integral part of a comprehensive obesity prevention approach. Obesity prevention strategies should engage primary care providers, including pediatricians, general practitioners, and OB/GYNs, through:

- Anticipatory guidance support: Providing tools, resources, and information to help adult and child patients understand the health benefits of good nutrition and specific strategies for encouraging behavior change.
- Cultural sensitivity training: Educating providers about the specific challenges facing different minority populations and the cultural norms that influence their decision-making about nutrition, physical activity, and lifestyle.
- Resources for low-income patients: Linking providers with local resources and programs to support vulnerable patients and help them overcome the challenges that often contribute to poor nutrition and limited physical activity.

Integration of efforts across these approaches will greatly enhance the ability of individual health care providers and professional organizations to identify best practices and ensure that providers have the most current information available to deliver quality care to young children and their families.

Neighborhoods and Communities – Revamping the Built Environment

The built environment refers to all structures that make up living spaces, such as housing developments, parks, transportation systems, and food establishments. Researchers have identified a number of relationships between the built environment and childhood obesity, such as limited walking access to schools and playgrounds and the proximity of food

shopping venues, such as quick marts, that sell more processed foods and fewer fresh fruits and vegetables. Structural and planning issues associated with the built environment pose challenges for promoting positive health and preventing obesity, and community factors often aggravate the problem. Not only may low-income communities have fewer playgrounds and recreational facilities, but the facilities that exist may pose serious safety concerns, making them unusable. In addition, families without access to a large grocery store may frequent local stores, spending more of their income on processed and less nutritious foods. Federal agencies can support inclusion of community development and urban planning stakeholders into obesity prevention and health promotion efforts that focus on the built environment, such as:

- **Needs assessment and cost analysis:** Analyzing community barriers that hinder efforts to promote good nutrition and physical activity and identifying opportunities to increase health promotion cost-effectiveness.

- **Collaborations with community markets:** Helping local vendors increase the availability and affordability of nutritious foods for consumers and supporting partners who take leadership roles in community health promotion.

- **Strategic health promotion and public relations:** Providing community members with current, best practice information and resources to help them make better choices and adopt healthy lifestyles.

- **Public space advocacy and planning:** Working with grassroots organizations to communicate the need for and benefits of public green space and recreational facilities, and helping community planners incorporate cost-effective designs for walkability and improved access to shopping, schools, and other community services.

### Homes – Reaching Children and Families

Establishing lifelong patterns of good nutrition and physical activity depends on teaching children and their families about positive behavior choices. Knowing what healthy foods are and the importance of physical activity is not enough. Families also need support around healthy shopping and cooking that addresses the persistent hurdles that prevent them from making healthy choices, including food insecurity, access (location and transportation availability) to healthy foods, perceptions about the time and cost involved in healthy eating, household food storage and meal preparation, recipe knowledge and culturally appropriate nutrition choices. Creating home environments that are conducive to developing good nutrition habits and a lifelong dedication to physical activity is best achieved through the following types of strategies:

- **Promoting prenatal maternal health:** Providing pregnant women with access to quality prenatal care that includes anticipatory guidance about appropriate weight gain and physical activity to help ensure a healthy pregnancy and delivery and a healthy start for their infants.

- **Obesity prevention education and resources:** Tailoring nutrition and physical activity messages to meet the needs of families, including information that is culturally sensitive, nonjudgmental, and respects the financial and community challenges facing many families living in poverty.

- **Ongoing support and validation:** Offering community resources that reflect consistent messages across environments so that efforts parents make to institute lifestyle changes are reinforced and validated by valued community members.
Summary

The rising incidence of obesity among children is a national concern and stemming the tide has become a national priority. But just as the signs of this epidemic are visible throughout our communities, so are the resources and opportunities for change. We as a country better understand the complex factors that contribute to childhood obesity and are supporting efforts at the local, state, regional, and national levels to implement solutions to this critical health problem. However, much important work remains, from identifying and promoting best practices to coordinating efforts and fostering collaboration across environments to address obesity comprehensively and systematically. Agencies throughout the federal government are committed to dedicating resources to address the growing childhood obesity epidemic and help prevent its negative consequences. By taking a leadership role in fostering cross-agency collaboration and resource-leveraging that breaks down the silos keeping innovative practices from reaching new audiences, the government can forge a new model for efficient and effective partnership in health promotion and disease prevention. Adoption of an integrated approach to early childhood obesity prevention capitalizes on the phenomenal achievements that have been realized to date, while continuing to expand the real impact of these efforts on the lives of our nation’s children and families.

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References


Additional Resources


