

News You Can Use
December 2005

Prevention of Overweight and Obesity in Infants and Toddlers

An Interview with Dr. Rachel Téllez
Medical Advisor to the Head Start Bureau

Rachel Téllez, M.D. is no stranger to the issue of obesity in infants and toddlers. She is a Pediatrician at Unity Health Care, Inc. in Washington, DC where 30% of the children are overweight. In fact, the obesity rates for all children have more than doubled and almost tripled in the last 30 years. The Centers for Disease Control-CDC (1998) found an increase of 18.6% to 21.6% from 1983 to 1995 in low-income preschool children across 18 states and the District of Columbia. An increasing public health problem among preschool children and infants and toddlers across the country, childhood obesity must be addressed on multiple levels. The following interview with Dr. Téllez gives more insight into this growing problem.

K.D-Berry: **Why is the problem of obesity in young children so important to Early Head Start (EHS) and Head Start (HS) staff?**

Dr. Téllez: Although this is a growing problem across the country for all young children, the problem has the greatest impact for underserved populations (e.g. Latino-American, African-American and American Indian). In general, for these populations, there are many barriers to having a healthy lifestyle, including but not limited to:

- **Lack of safe play areas.** More often than not, underserved populations are over represented in low income neighborhoods, where there's typically more crime and street violence. Families who live in areas where a lot of violence and crime exist are not comfortable allowing their young children to play outside. These children often stay in the house, and begin patterns of leading sedentary lifestyles at young ages—ages at which they should be more active. EHS and HS programs can play a vital role in providing regular movement and exercise activities for infants and toddlers in protected environments.
- **Parents working more than one job.** Many parents served by EHS and HS have to work more than one job to make ends meet. Parents often do not have the time to closely monitor young children's food choices because they are busy running from one job to the next. It is often easier and quicker to serve fast food, for instance, than to cook a meal. In EHS and HS programs, all meal plans are monitored and approved before serving to infants and toddlers. Program staff share these meal plans with families as a way to model healthy eating habits.

Parents can also learn how to make quick and nutritious meals and include their children in the preparation. For busy, working parents, having healthy food ideas is helpful and young children benefit from these choices.

- **Lack of access to and high cost of fresh fruit and vegetables.** For working parents it is often easier to go to the local convenience store than to take young children to a distant store with fresher food. Fresh food (for example fruit and vegetables; healthy snacks) is expensive and sometimes difficult to locate in certain communities. Fresh fruit and vegetables need to be made more available to all communities and at affordable prices. EHS and HS programs can partner with local food banks and other similar organizations around providing healthy food and snacks for families at affordable prices.

K.D-Berry: **How can EHS and HS staff and caregivers promote healthy eating and exercise for infants and toddlers?**

Dr. Téllez: EHS and HS programs have a wonderful opportunity to promote healthy lifestyles for infants, toddlers and preschoolers simply by the way the programs are structured, their attention to movement and exercise, and family style meals served throughout the day. EHS and HS programs start by consulting with their Health Services Advisory Committees (HSAC) and asking nutritionists to review all meal plans for the program. Committee members make recommendations where needed. Although consulting with the HSAC is a Head Start Performance Standard in the Health Services area, here are some more specific rules of thumb to share with parents.

- Breastfed infants have shown lower obesity rates in later childhood.
- Serve fresh fruit and water instead of juice; if juice is served only 4-6 oz. per day is recommended.
- Offer healthy-sized portions; the size of a young child's fist is an appropriate portion size for that child.
- Plan ahead so that healthy snacks such as cheerios, fresh fruit and vegetables are part of the young child's daily meals. For example, vegetables can be cut up over the weekend to make vegetable soup, add to spaghetti sauce or to quesadillas.
- Eat at the kitchen table and not in front of the television. It is easy to lose track of what young children are eating and the amount.
- Have planned mealtimes with young children; serve family style meals.

- Parents and teachers decide **when** infants and toddlers eat, and **what** they will be offered. A young child decides **if** she will eat and **how** much. However, sometimes young children might not be hungry. It is important for infants and especially toddlers to eat until they satisfy their hunger, but not to eat beyond hungry. Parents and teachers jobs are to recognize hunger cues in the infant and toddler to help the young child begin to recognize these cues in herself. The “Clean Plate Club” is now obsolete as well as the belief that the “larger the baby, the healthier.”
- Plan adequate time for structured and unstructured physical activities for children ages birth to two; 30 minutes of structured, and 60 minutes of unstructured physical activity are recommended for children ages 1 and up. Toddlers should have no more than 60 minutes of sedentary activity.

K.D-Berry: **Are there physical activities appropriate for infants and toddlers that can be used early on to promote interest in exercise as development progresses?**

Dr. Téllez: Yes. EHS and HS programs are great places to start physical activity in infants and toddlers because it is fun for them at this age. The earlier young children learn that being active is fun, the more likely they are to develop physical activity as a habit for life. For infants getting down on the floor and wiggling and moving is physically good for them. Toddlers enjoy imitation games like Simon Says and the benefits are two-fold. These types of games promote both physical activity and learning in young children. The Bright Futures in Practice-Physical Activity (2001) manual also has great ideas for physical activity and movement for young children.

K.D-Berry: **How can we help parents and staff understand that infancy is not too early to begin thinking about overweight and obesity issues?**

Dr. Téllez: Start by reminding parents how much the baby moved during pregnancy. Even before birth, babies are moving! Physical movement is important for an infant because she is rapidly adding new muscle tone and strength to her body as she grows and develops.

The importance of role modeling that staff and parents provide children cannot be underestimated. In other words, what the families and caregivers do, young children will imitate. Therefore, families who do not exercise regularly and are overweight are more likely to have young children who follow suit. The longer a child is overweight, the more health problems she’s likely to have later in life. Some of these health problems include asthma, bone and joint problems, childhood diabetes, high blood pressure, and high cholesterol. Socially, as young children who are overweight grow older, they may get teased by their peers because of their weight. This can lead to low self-esteem in these children. Ideally, the younger a child with overweight problems is identified, the better her chances for a healthier life.

Resources You Can Use

Dr. Téllez suggested the following resources for further information:

I Am Moving, I Am Learning: A Proactive Approach for Addressing Childhood Obesity in Head Start Children. Region III, Administration for Children and Families with Caliber, and ICF Consulting Company. Summary Report and Opportunities for Replication.

This pilot initiative was developed to prevent and reverse childhood obesity and promote lifelong fitness for Head Start children through increased physical activity and healthy nutrition choices. For further information please contact:

Linda M. Carson, Ed.D
Ware Distinguished Professor
Director, West Virginia
Motor Development Center
280 Coliseum
P.O. Box 6116
West Virginia University
Morgantown, WV 26506
Email: linda.carson@mail.wvu.edu

or
Amy R. Requa, MSN, CRNP, CPNP
Certified Pediatric Nurse Practitioner
Health Content Specialist
Region III Head Start Technical
Assistance System
Caliber, an ICF Consulting Company
Suite #844
150 S. Independence Mall West
Philadelphia, PA 19106
Email: arequa@acf.hhs.gov

Local Parks and Recreation Centers

Local Boys and Girls Clubs

Both of these organizations provide programs for young children that include exercise and movement activities and also promote healthy eating habits.

Local Food Banks

Local Food Banks often provide educational programs for families around healthy nutrition.

Articles and Publications

Lumeng, J. (2005). *What can we do to prevent childhood obesity?* In *Zero To Three: 21st-Century Challenges to Young Children's Health*. Fenichel, E. (ed.). 25(3). Washington, DC: Zero To Three.

Patrick, K., Spear, B., Holt, K., Sofka, D. (eds.) (2001). *Bright futures in practice: Physical activity*. Arlington, VA: National Center for Education in Maternal and Child Health.

Websites

Bright Futures Nutrition Fact Sheets

<http://www.brightfutures.org/nutritionfamfact/index.html>

Bright Futures Physical Activity Development Chapters

<http://www.brightfutures.org/physicalactivity/index.html>

Eat Smart Play Hard (USDA)

<http://www.fns.usda.gov/eatsmartplayhard/>

Maternal and Child Health Library (MCH)

<http://www.mchlibrary.info/databases/action.lasso>

National Association for Sport & Physical Education (NASPE)

<http://www.aahperd.org/naspe/template.cfm?template=toddlers.html>

Virginia's "Fit WIC" program

http://www.nal.usda.gov/wicworks/SharingCenter/statedev_FIT-VA.html