

# Policy Brief

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## Ensuring Young Children Grow Up at a Healthy Weight: *Policy Opportunities to Prevent Obesity*

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### Healthy Lifelong Weight Begins at Birth

Good nutrition and physical activity in children's earliest years are important tools for building lifelong physical, cognitive, and mental health outcomes that influence how well children achieve their potential. Without access to healthy food and plenty of opportunities for physical activity, children's risk of being overweight or obese increases, and unhealthy weight can lead to serious, long-term physical and emotional health problems. Experts agree that preventing childhood obesity requires action in a child's earliest years—from birth to age two. Investing early in preventing childhood obesity yields benefits for all of us down the line by fostering a healthier population overall and greatly reducing obesity-related health care costs over time.

This policy brief gives an overview of the childhood obesity issue, highlights opportunities for prevention, and recommends five specific ways that Connecticut's child care settings and hospitals can help our youngest children get off to a healthy start.

### Childhood Obesity has Long-term, Public Health Consequences

By adopting smart policies and practices that reflect our state's commitment to Connecticut's children across their lifespan, we can reduce childhood obesity. The most effective approach is to prevent it in the first place. The long-held belief that "chubby" toddlers will shed their extra pounds as they grow up does not hold true for many children. By the time they enter kindergarten, more than one of every four children (27%) in the United States are either overweight or obese.<sup>1</sup> Recent research shows that obesity may be very difficult to reverse if children are obese by 5 years of age.<sup>2</sup> Overweight and obese kindergartners have four times the risk as normal-weight kindergartners of becoming obese by age 14. Acting early can prevent weight problems or provide appropriate interventions that stop problems from worsening as children grow.



In Connecticut, one of every three kindergartners is overweight or obese, as is one of every three low-income children in the WIC program.<sup>3</sup>

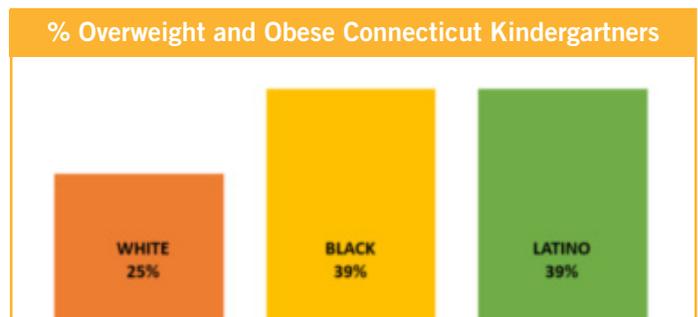


By promoting healthy weight in young children, we can reduce children’s risk of serious adverse health outcomes. For example, children who are overweight or obese are more likely to have the following:

- ▶ risk factors for future heart disease, such as high cholesterol and high blood pressure
- ▶ a warning sign for type 2 diabetes called “abnormal glucose tolerance,” although many children are being diagnosed with the full-blown disease in increasing numbers<sup>4</sup>
- ▶ breathing problems such as asthma
- ▶ gallstones, fatty liver disease, and gastroesophageal reflux (acid reflux and heartburn)
- ▶ problems with their joints<sup>5</sup>

In addition to their physical and cognitive health, children’s positive development depends on their social and emotional well-being. As children grow, their brains develop by weaving together skills and abilities—cognitive, physical, social, and emotional—that interact much the way the individual strands of a rope together form a whole. When this dynamic process is disrupted, for example, by emotional stress, the other parts of the process may be disrupted as well. Childhood obesity can contribute to poor social and emotional health because overweight and obese children are often bullied and rejected by their peers as a result of their weight.<sup>6</sup> That stress can affect every part of their development, interfering with their learning (cognitive), health (physical and mental), and social well-being.<sup>7</sup>

The problem can continue beyond adolescence. Children with a high body mass index (BMI) are more likely to be overweight or obese later in life.<sup>8</sup> As adults, they are more likely to suffer from heart disease, diabetes, respiratory problems, and other diseases that are serious, debilitating, and expensive to treat and that may have begun developing when they were young.<sup>9</sup> Our weight is determined by many factors including our social and environmental contexts, such as whether we have access to healthy food and safe places to engage in physical activity, like sidewalks for walking and parks for playing. In Connecticut and nationally, one consequence of such environmental factors is that low-income people and people of color have disproportionately high rates of obesity-related diseases. Addressing the root causes of obesity early in children’s lives, by ensuring that their environments support good nutrition and physical activity, is a critical step towards preventing obesity and its consequences for children’s long-term health.



In Connecticut, racial and ethnic minorities and those families who are poor are at higher risk of being overweight or obese. Researchers have linked the obesity epidemic to social, environmental and economic contexts.<sup>10</sup>



## Promoting Healthy Weight Through Early Prevention

To ensure children have the best foundation for lifelong health and to reduce childhood obesity rates, Connecticut can adopt evidence-based policies and programs that have been shown to work. Scientists have identified three significant factors that begin early in life and can increase children's risk of becoming overweight or obese as they grow up. Fortunately, these factors also present excellent opportunities for prevention.

- ▶ **Cumulative caloric imbalance** – Childhood obesity is the result of the cumulative effect of daily caloric imbalances that start small early in life and usually increase as the child becomes older. For young children, these excess calories often come from juices and other high-sugar beverages.
- ▶ **Weight gain in the first year of life** – There is a significant association between rapid weight gain during the first year of life and a risk of being overweight in childhood.
- ▶ **Introducing new foods** – When and how foods are introduced, and the type of foods children are fed when they are young, can influence lifelong taste preferences and eating patterns.<sup>2</sup>

Here in Connecticut, a commonsense and cost-effective place to put obesity prevention policies to work is in our child care centers, group child care homes, and family child care homes, which supervise more than 15,000 infants and toddlers.<sup>11</sup> We can make sure these settings are serving food that meets good nutrition standards and

giving young children plenty of time to be physically active. It is also sensible to make it easier for mothers to begin and continue to breastfeed their children, which can be achieved with supportive policies in hospitals, child care centers, and group child care homes.

## Smart Policies Are Our Best Opportunity to Promote Healthy Weight in Young Children

Investing early in the health of young children lays the foundation for lifelong health and prosperity. The following are five policy opportunities that may help to prevent childhood obesity.

### Healthy Weight Promotion in Early Childhood

- ▶ Increase support of breastfeeding mothers in hospitals, child care centers, and group child care homes
- ▶ Serve only healthy beverages in all child care settings
- ▶ Help child care centers and group child care homes follow good nutrition guidelines
- ▶ Increase physical activity time for infants and toddlers in all child care settings
- ▶ Protect infants and toddlers in all child care settings from “screen time”

**1** Increase support of breastfeeding mothers in hospitals, child care centers, and group child care homes.

Promoting healthy weights in young children can begin with breastfeeding. Breastfeeding benefits babies in many ways and may protect them from developing childhood obesity, type 2 diabetes,

and asthma.<sup>12</sup> Research suggests that breastfed babies may be better able to self-regulate their calorie intake, compared with formula-fed infants.<sup>13</sup> In addition, supporting breastfeeding in the general population will likely reduce obesity in at-risk populations' sub-groups, especially those that carry a genetic propensity to become obese.<sup>2</sup>

- ▶ Hospitals with birthing services can encourage new mothers to breastfeed by:
  - adopting and implementing the “Ten Steps to Successful Breastfeeding” recommended by the World Health Organization (WHO) and UNICEF<sup>14</sup>, or equivalent practice;
  - discontinuing the practice of giving free gift bags of infant formula to new mothers;
  - allowing anyone who provides lactation consultation in a hospital to be reimbursed for their services.

Similar recommendations are supported by the Connecticut Breastfeeding Coalition and the American Academy of Pediatrics (AAP). California has adopted the “Ten Steps,” and Maryland’s 32 birthing hospitals no longer give away bags of formula samples to new mothers.

- ▶ Child care centers and group child care homes can support and encourage mothers to breastfeed by creating a welcoming atmosphere. Specifically, they can:
  - provide a clean, private place for mothers to breastfeed or express milk, and space in a refrigerator to store it;
  - train their staff on ways to support breastfeeding clients and other staff, and on how to properly handle and store breast milk;
  - display breastfeeding promotion information.

These recommendations are supported by the Connecticut Breastfeeding Coalition and the AAP. Six states, including New York, California, and Maryland, require their child care centers to follow these policies.



## 2 Serve only healthy beverages in child care centers, group child care homes, and family child care homes.

Beverages such as fruit drinks and soda contain added sugar, often in the form of high fructose corn syrup and cane sugar. Added sugars have many calories and no nutrition, and should be a very limited part of a young child’s diet. Science clearly shows that consuming too much sugar contributes to obesity, type 2 diabetes, tooth decay, and even heart disease.<sup>15</sup> Sugary beverages, including soda and fruit drinks, account for almost half of the added sugars in our diets.<sup>16</sup> More than half of toddlers drink one or more servings of sweetened beverages each day.<sup>17</sup>

Despite its reputation as being healthy, 100% fruit juice is high in calories from concentrated fruit sugars, and drinking too much of it contributes to being overweight and obese.<sup>18</sup> Although it may contain some vitamins, juice also does not have the beneficial fiber that children get when they eat a piece of fruit.<sup>19</sup> Reducing or eliminating young children’s access to these beverages is an important step toward preventing childhood obesity.

- ▶ Child care centers, group child care homes, and family child care homes can help children avoid these extra, empty calories by:



- serving no beverages other than breast milk or infant formula to children ages 0-11 months;
- serving no beverages other than breast milk, unflavored full-fat milk, water, and no more than 4 ounces a day of 100% fruit juice to children 12 months to 2 years.

These recommendations are supported by the University of Connecticut Rudd Center for Food Policy and Obesity, the AAP, and the Institute of Medicine. Six states, including New York, California, and most recently, Maryland, require their child care centers to serve only healthy beverages.

### 3 Help child care centers and group child care homes follow good nutrition guidelines.

Connecticut child care regulations already require child care centers and group child care homes to serve food that meets the federal Child and Adult Care Food Program (CACFP) nutrition guidelines. The guidelines call for serving more whole grains and low-sugar cereals, fewer high-sugar desserts, fried foods, high-sodium foods, and no sugary drinks. Evidence shows that following the CACFP guidelines positively influences children's diets.<sup>20</sup> Many child care centers and group child care homes, however, do not follow the guidelines, perhaps because they are not aware of the requirement.<sup>21</sup>

- ▶ Child care centers and group child care homes can be helped to follow these guidelines when:
  - inspectors are trained to recognize whether the child care center or group child care home is following the CACFP standards;
  - the child care inspection form includes a check-off point for "following the most current CACFP guidelines".

The recommendation to follow CACFP guidelines in child care settings are supported by the National Resource Center for Health and Safety in Child Care and Early Education. Twenty-eight states require licensed child care centers to follow CACFP guidelines.<sup>22</sup>

### 4 Increase physical activity time for infants and toddlers in all child care settings.

Physical activity for both infants and toddlers is critical to their overall health and their ability to maintain a healthy weight as they get older.<sup>23</sup> Infants need "tummy time" to prepare them for sliding on their bellies and crawling; as they grow older, they need more time on their bellies to build strength. Toddlers benefit from both structured and unstructured physical activity.

- ▶ Child care centers, group child care homes, and family child care homes can help children get the activity they need by:
  - placing infants in a prone (on their tummies) position 2-3 times a day, for 3-5 minutes each time. The time should be increased as the infant shows enjoyment of the activity.<sup>24</sup>
  - allowing toddlers 60-90 minutes during an 8-hour day for moderate to vigorous physical activity, including running.<sup>25</sup>

Similar recommendations are supported by the AAP and the National Association for Sport and Physical Education. Connecticut would be a leader in adopting specific time requirements for infant and toddler physical activity in child care settings.





## 5 Protect infants and toddlers in all child care settings from “screen time”.

Television viewing in young children has been associated with obesity, as well as cognitive and speech delays, aggressive behavior, and lower academic performance.<sup>26</sup> Infants and toddlers whose bodies and brains are developing, need to be talking, playing, singing and otherwise interacting with people, not screens. The AAP notes “it’s a bad idea for children to watch TV before age 2....[but] about 40% of infants are watching some type of video by 5 months, and by age 2 the number rises to 90%.”<sup>27</sup>

- ▶ Child care centers, group child care homes, and family child care homes can encourage healthy infant and toddler development by:
  - never placing them in front of televisions, computers, or tablets to occupy them;

- never allowing infants and toddlers to passively watch a television, computer, mobile phone, or other screen that older children in the same room are watching.

These recommendations are supported by the AAP and the National Institutes of Health. Florida, North Carolina, and New York do not allow access to screens for infants and toddlers in their licensed child care centers.

## CONCLUSION

Connecticut’s children are our most important resource. We must use every opportunity to prevent childhood obesity from compromising their long-term health and well-being so that they realize their full potential. These affordable, achievable, commonsense measures can help to lay the strong foundation all of Connecticut’s youngest children need to grow up to be healthy, normal-weight adults.

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