



# Child Care, Childhood Obesity, and Policy Intervention

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# You Can Lose Your Baby Fat

New Rules To Protect Kids From  
Obesity; Debunking the Great Denial  
That Obesity Doesn't Affect Us



# Why is nothing happening to stop the obesity epidemic?

- ◆ Is it because Obesity is mostly due to genetics?
- ◆ Is it because only poor people from broken homes, and lazy people get obese?
- ◆ Is it because Obesity can not be prevented, since it is too complex?
- ◆ Is it because “we treat it like a mere inconvenience” –Dr James Marks, RWJF



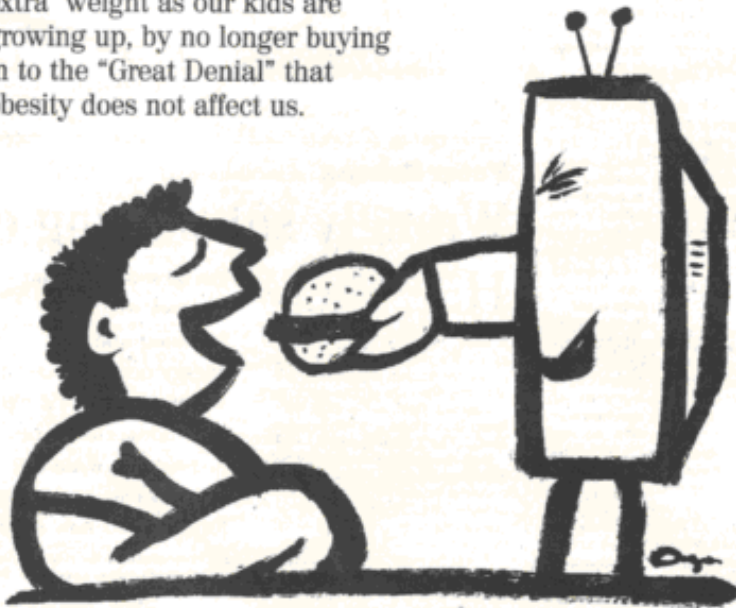
# You Can Lose Your Baby Fat...

## ◆ Ever Hear This?

- “What a cute cherubic baby, with the little fat legs” ( A Fat Baby is a Healthy Baby)
- “He will be a great football player”
- “I’m not fat, just a “little overweight”
- “Now that I am pregnant, I can eat for two!”
- ”There’s no difference between breast/bottle”
- “Day Care and TV both watch your kids and have your child’s best interests at heart”

# You Can Lose Your Baby Fat

We have a chance to start our kids out with healthy habits and lifestyles and prevent the gradual putting on of "a little extra" weight as our kids are growing up, by no longer buying in to the "Great Denial" that obesity does not affect us.



- ◆ The Golden Arches and the Great Denial
- ◆ Gilbert Forbes 1970s
- ◆ Tom Robinson 2007



# You Can Lose Your Baby Fat

- ◆ NICHD Early Child Care Study 9/2006
- ◆ Major Press “You Don’t Lose Your Baby Fat”
- ◆ Got me thinking... WHY is this happening?
- ◆ Context: 30 years research/interventions
  - Family Health Project
  - Studies of Child Activity and Nutrition
  - Coordinated Approach to Child Health

# NICHD SECCYD

Pediatrics.2006,Sep;118(3):e594-601

ARTICLE

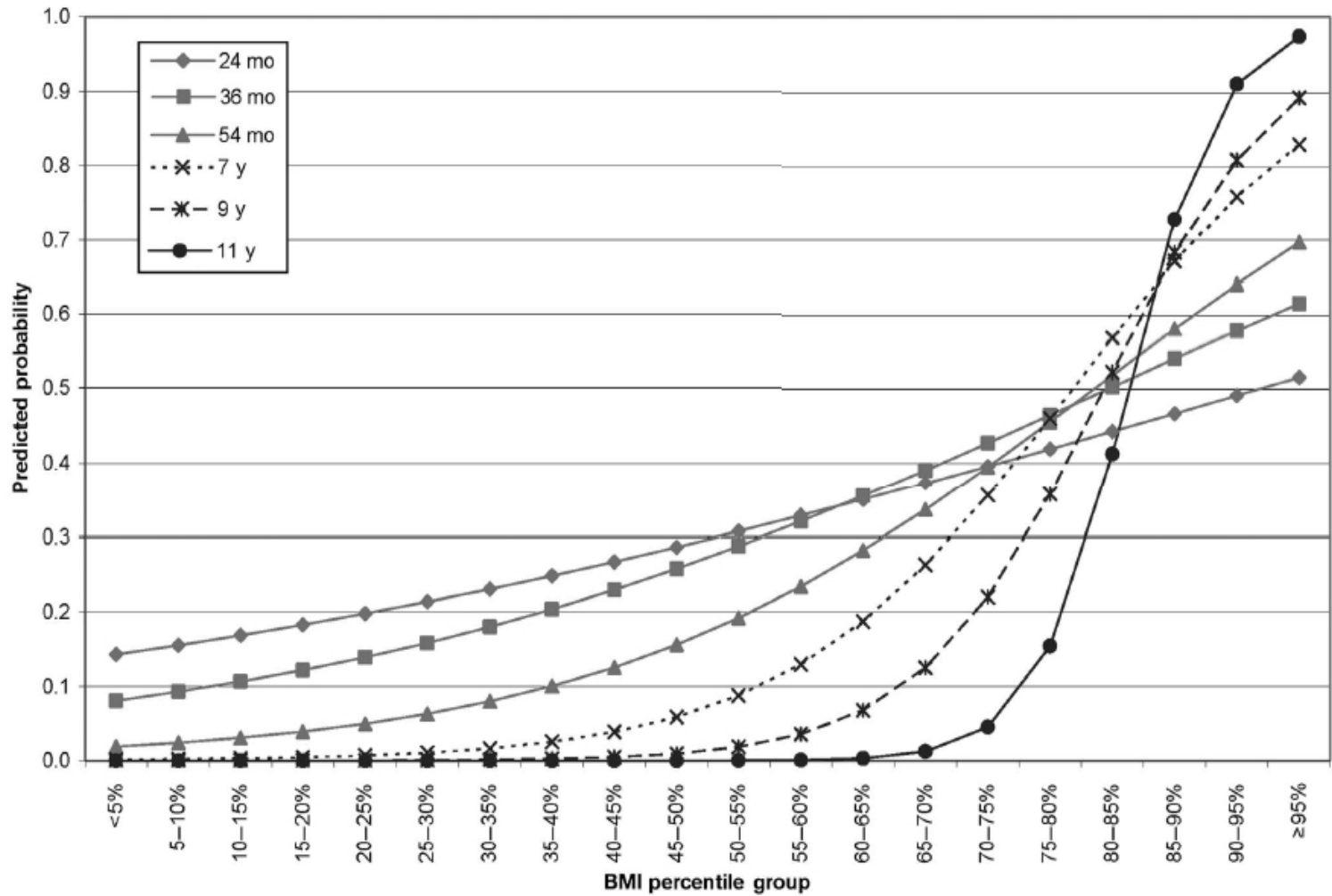
## Identifying Risk for Obesity in Early Childhood

Philip R. Nader, MD<sup>a</sup>, Marion O'Brien, PhD<sup>b</sup>, Renate Houts, PhD<sup>c</sup>, Robert Bradley, PhD<sup>d</sup>, Jay Belsky, PhD<sup>e</sup>, Robert Crosnoe, PhD<sup>f</sup>, Sarah Friedman, PhD<sup>g</sup>, Zuguo Mei, MD<sup>h</sup>, Elizabeth J. Susman, PhD<sup>i</sup>; for the National Institute of Child Health and Human Development Early Child Care Research Network

Ages 2-12 years

1,024 ten USA sites

BMI at 2,3,4.5; 7,9,11years; outcome BMI age 12years



Probability of >85<sup>th</sup> at Age 12 by BMI score, ages 2-11



# NICHD SECCYD

- ◆ RESULTS
- ◆ PRESCHOOL: EVER  $>85^{\text{th}}$ % ( at any time point) were FIVE TIMES more likely to be  $>85^{\text{th}}$ % at age 12, than those who never crossed over the  $85^{\text{th}}$ %
- ◆ SCHOOL: 1X = 25 , 2X = 159 , 3X = 374 times more likely to be  $>85^{\text{th}}$ % at age 12
- ◆ NO ONE 50% or less became  $>85^{\text{th}}$ % at 12yrs



# San Diego SCAN

350 Mex-Amer, Anglo-Amer families with child 4-17 yrs longitudinal cohort selected publications

2005 Diabetes Care Jan;28(1), Pediatrics 1998,101

2003 J Sch Hlth Feb; 73(2):51-7

2002 J Dev Behav Pediatr. 23(3):127-32

2002 J Am Diet Assoc. 102(5):683-9

1998 J Am Diet Assoc. 98(11):1282-9

1997 Res Q Exerc Sport 68(3):195-202

1992 J Dev Behav Pediatr. 13(3):173-80

1991 J Am Diet Assoc. 91(8):954-8

# SD SCAN LESSONS LEARNED



- ◆ CVD Risk factors and diabetes risk can be detected in childhood and persist
- ◆ Principles of cohort maintenance
- ◆ Home meal watching and bedroom TV increases watching TV and weight
- ◆ Day Care Setting not examined
- ◆ Dietary behavior (younger) influenced by home environment.
- ◆ Physical Activity influenced by home and play spaces, prompts from peers and adults
- ◆ Parents look for factors of convenience and safety in choices of eating and recreation places
- ◆ TV advertising to kids impacts parental purchasing patterns



# Family Health Project

206 Mex Amer and Anglo families each with a 5<sup>th</sup> or 6<sup>th</sup> grade child. Year long intervention with 2 year follow up. Selected publications

1990 Health Educ Q. 17(4) 417-428

1989 Health Educ Q. 16(2):229-244

1988 J Behav Med 11(5):447-458

1988 Fam Community Health 11(1):48-59



# Family Health Project lessons

- ◆ Two yr follow up with persistent reported diet changes and physiologic changes in cholesterol and blood pressure (adults)
- ◆ Family support systems – fun and motivating
- ◆ Selling a family based intervention (recruitment issues)
- ◆ Cultural and Language compatibility
- ◆ Observation suggested generalization of behavior change



# YOU CAN LOSE YOUR BABY FAT

- ◆ How big a BMI Problem if you start early?
- ◆ Can you access preschoolers?
- ◆ Can you involve the family?
- ◆ Can it be culturally compatible?
- ◆ How does it relate to child development?
- ◆ Will it be enough without considering total environment?



# Average height Girl

Age (yrs)	Mean weight	85% weight	95% weight
3	32 lbs	36 (+4)	38(+6)
7	55 lbs	58 (+3)	65 (+10)
12	104 lbs	119 (+15)	138 (+19)

# The Skinny on Fat

- ◆ Fat Tissue plays important role
- ◆ Grows in two ways
  - Adding Fat to Existing Fat Cells
  - New Fat Cells only three times in development
    - Infancy
    - Adolescence
    - Pregnancy





# Child Development/Parenting

- ◆ Harsh Parenting, Lack of sensitivity
- ◆ Know the Child you Get
- ◆ Temperamental Characteristics
- ◆ Roots of obesity may originate in sense of shame and guilt vs sense of acceptance, trust and confidence
- ◆ How does parent interpret imagination



## Do's for Toddlers

- ◆ Give two choices rather than NO
- ◆ Distract and redirect rather than oppose
- ◆ Use CHILD SIZE PORTIONS of healthy foods and snacks
- ◆ Use low-fat/skim milk after 2
- ◆ Let food just happen,
- ◆ Have sweets occassionally
- ◆ Active play outside at least one hour
- ◆ Limit TV to 1-2 hours per day
- ◆ Investigate Day Care settings re nutrition/activity

# Don'ts for Toddlers

- ◆ Worry about a decreased appetite from 2-4 years

Say: “ Ah come on, honey, just one more bite”, or “You can have some candy if you finish your plate”

Have a “Candy Stash” drawer, or prolong Halloween or Easter candy more than one day

Constantly tell children to “stop running around”, “be careful”, “slow down”, “sit down and watch TV”



# Don'ts for Toddlers



- ◆ Add a TV to a child's bedroom
- ◆ Put the child down when correcting ( not YOU are bad, but what you DID was not good)



# Accessing Preschoolers/families

- ◆ Healthcare referral?
  - Barriers MD and Parental acceptance
  - Lack of evidence based programs
  - Need for demonstration/evaluation projects involving institutional access: WIC, Day-care, Early Child Care



# Involving Family

- ◆ Convenience
- ◆ Incentives (?tied to WIC)
- ◆ Recruitment
- ◆ Child care
- ◆ Skill based
- ◆ Enjoyable
- ◆ Evaluation
- ◆ Be Alert to Possible Cultural Beliefs/Conflicts



# Cultural and Language Compatible

- ◆ Mono and bilingual capacity
- ◆ Feedback/alteration of activities
- ◆ Cognizant of common parenting practices
- ◆ Use of social/family support and role models



# The Broader Environment

- ◆ Environment is local plus more
- ◆ Community-wide benchmarks
  - Available , acceptable play/recreation spaces
  - Availability of fresh fruits and vegetables
  - Daily physical activity in schools and preschools ( one hour)
  - Counter-advertising efforts
  - Vending policies in govt. agencies



For a sneak preview of a book in development, email me at [pnader@ucsd.edu](mailto:pnader@ucsd.edu)

*You CAN Lose  
Your Baby Fat:*

**NEW RULES TO  
PROTECT KIDS  
FROM OBESITY**

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