



#### Acknowledgement

The content for the NCH Healthy Active Living resources was derived from the American Academy of Pediatrics Institute for Healthy Childhood Weight Healthy Active Living for Families project.







#### Little Voices for Healthy Choices

Multimedia DVD and Archive Disc

**3rd Edition** 

A National Initiative on Music, Movement, Nutrition, Brain Development and Sleep for Infants and Toddlers







#### Agenda

- Why Obesity?
- Why is EHS important
- 5,2,1,0 Framework
- Parent Perspective
- Strategies to support Healthy Active Living

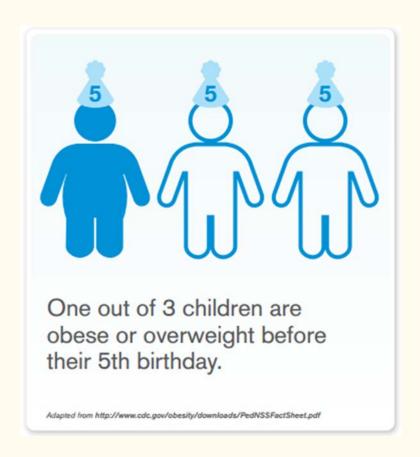


### What are the numbers at the national level?

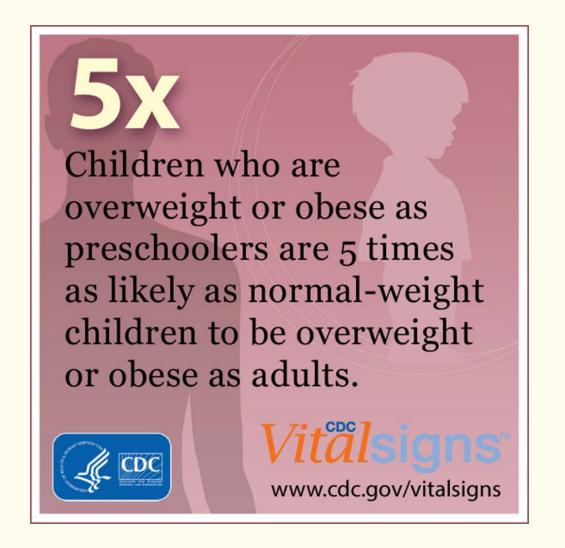
 Almost 10 percent of infants and toddlers have high weights for length.

 Slightly over 20 percent of children aged 2 to 5 are overweight or obese.

 28-34% of children in Head Start



# What are the numbers at the national level?



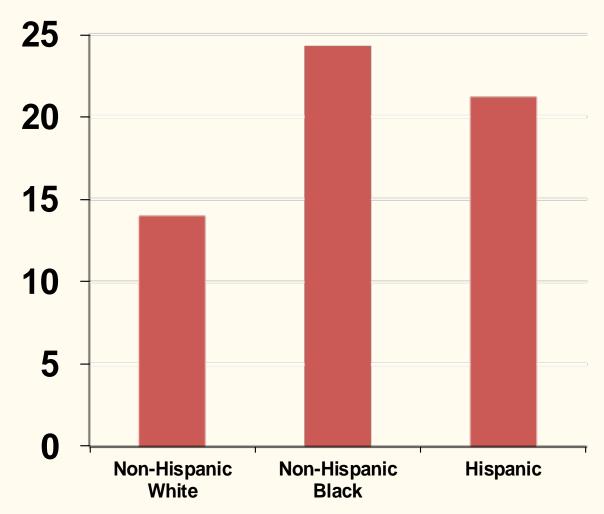


#### Did you know...

- Overweight preschoolers are more likely to become overweight and obese school students.
- 80% of obese adolescents become obese adults.
- More specifically
  - Children assume the eating practices of the family.
  - BMI is predictive of obesity in childhood and later life.

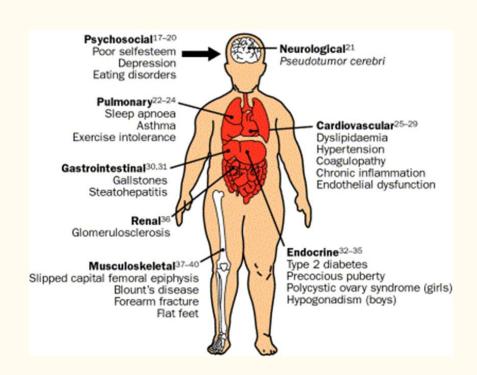


# Obesity Disproportionately Affects Minority Children



#### Physiological Impact

- Type 2 diabetes
- Hypertension
- Nonalcoholic fatty liver disease
- Dyslipidemia
- Upper Airway Obstruction
- Sleep Apnea Syndrome
- Blount's Disease
- Polycystic ovary syndrome
- Obesity related emergencies



#### Psychological Impact

- In addition to the devastating physical health consequences, overweight and obese children suffer social and emotional health consequences as well.
- Obese children:
  - have lower self-esteem;
  - are more likely to be depressed;
  - suffer from bullying and teasing; and
  - have lower academic achievement.



#### **Critical Period**

- Children are acquiring their eating, activity, and sleep patterns.
- Age 0-5 is a critical window to shape healthy habits.









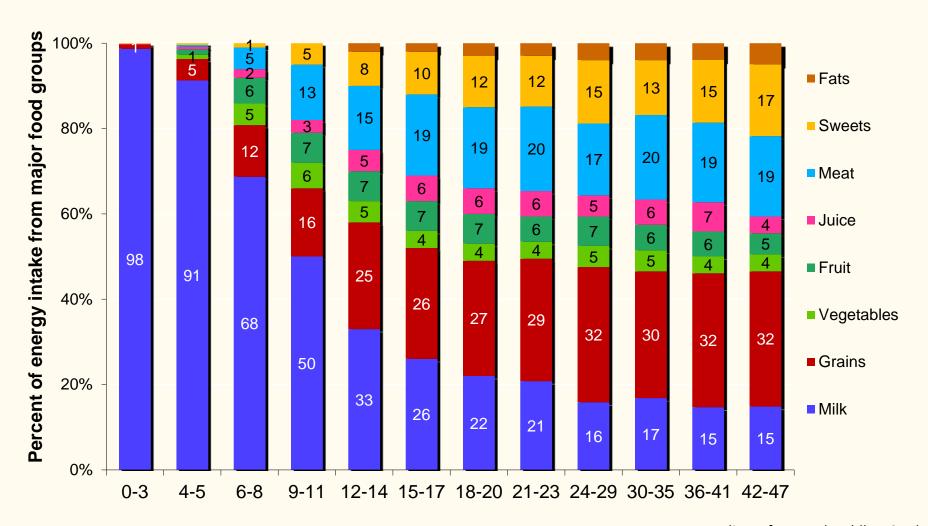
#### What do we know?

In general, most young children:

- Are not eating enough fruit and vegetables (if any).
- If they are eating vegetables it is usually limited to the starchy ones (i.e. potato and corn).
- Many consume sugary drinks, cereal, and snacks on a daily basis.
- Spend more time in front of a screen (TV, computer, phone, tablet, etc.) than other generations.
- Sleep less than recommended amount.



#### What are Young Children Eating?





#### **Small Changes Can Make A Difference**

- Specific food choices matter
  - Eliminating only 33 calories per day can reduce levels of obesity in young children and this can be achieved by serving.

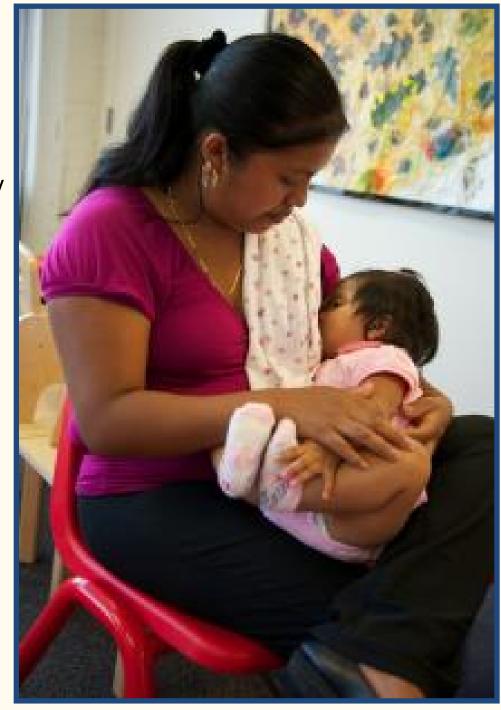
More often	Less often, smaller portions
Fruits	Sweets, esp sweet beverages
Colorful veggies	French Fries
Yogurt, bananas, hot cereal	Pizza, cookies, hotdogs



#### Important Factors in Onset of Obesity

- Maternal weight gain during pregnancy
- Rate of weight gain during infancy
- Breastfeeding
- Introduction of complimentary foods
- Diet quantity and quality
- Parent feeding practices
- TV viewing time
- Physical Activity
- Sleep Routine
- Family Meals

(Key areas where Early Head Start and Head Start already has policy and/or can influence behavior.)





#### **A Simple Framework**

















### **Current Physical Activity Patterns**

- Infants who spend too much time in confining equipment such as car seats, swings, bouncy seats, exersaucers, or strollers may experience delayed motor skill development.
- Many children less than 5 years of age fail to get at least 60 minutes of moderate to vigorous activity per day.



















# What We Know About Screen Time

- Screens are more prevalent than ever.
- 61% of children younger than 2 are exposed to television and spend approximately 1 hour and 20 minutes a day watching television.
- 30% of children aged 0 to 3 have televisions in their bedrooms.
- 39% of toddlers are using mobile devices for entertainment.



#### What we know: Parent's Perception

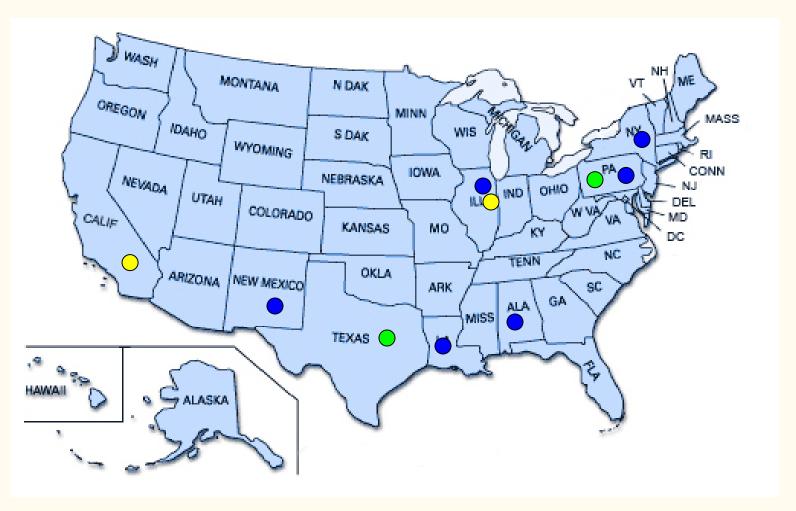
- Parents think obesity is a serious problem.
- However, it is not perceived as a problem in their family.
- Parents are receiving mixed messages about obesity.

# What we know: Parent's Preferences

- In general, it is best to present written health information:
  - Plain language (low literacy, white space, visually appealing, minimal text).



# Healthy Active Living For Family Focus Groups



### What factors detracted from message endorsement by parents?

- Use of "obesity" language, esp related to infants.
- Guidance focused on future outcomes.
- Limited knowledge of recommendations.
- Disconnect between guidance and personal experience.

### What contributed to message endorsement?



- Respect for the parent and his/her expertise.
- Explanation of the "why" behind the recommendations.
- Actionable strategies for implementation.

 Use of healthy active living, healthy habits, growing healthy and healthy weight instead of obesity and overweight.

## Start today: Help your child stay at a healthy weight for life.

Yes, it's true! The first years set the stage for healthy habits for the rest of your child's life. It's never too early to start.

 Incorporating immediate outcomes and benefits in addition to future outcomes:

You've probably heard that breastfeeding is best for you and your baby. You may have even heard that breastfed babies get sick less often. But did you know that your baby will benefit from breast milk long after you've stopped nursing?



 Including the "why" to help increase knowledge and add value to statement:

Breast milk and formula are the best choices for your baby. When it's time for him to start using a cup (around 6 to 9 months), give him breast milk, formula, or water.

Soda pop and juice — even 100% fruit juice:

- Add unneeded calories to your baby's diet
- Get your baby used to very sweet, sugary flavors
- Can harm your baby's new teeth

Why: in simple & clear statements

Acknowledging their expertise and important role as a parent:

- Being a parent is an important and hard job!
- No one knows your child better than you, tell me a little bit about....

 Including realistic actionable strategies and try to meet parents where they are:

If TV time has gotten a bit out of control in your home, you are not alone! We understand that managing your kids' TV time can be a struggle. Even if you can't cut out TV completely, cutting back on TV will help. Try to limit TV to no more than 2 hours in a day.

- Skip the ads. Watch TV shows on DVDs or TV On Demand. Shows with lots of ads for unhealthy foods make it harder for your child to learn to make healthy food choices.
- Try turning off the TV during mealtime, playtime, bath time, and bedtime.
- Watching TV will not help your child fall or stay asleep. It is best to keep the TV out of your child's bedroom so she can get the best rest possible.

- Acknowledge real life experiences and varying sources of information/inputs:
  - Being a working mom is not easy and can be tiring, sometimes it can be really hard to ...
  - Grandparents love your baby/child and love to share advice, sometimes it is hard to sort through all the information …
  - Many cultures have wonderful traditions and sometimes it is hard to figure out how to ...



## When Talking to Families:

### It is most important to:

- Listen to family.
- Personalize and customize information to their child and family experiences and needs.







## Why is family engagement so important?

- Families have expertise about their child's health and well-being
- Families are our partners
- Families make the decisions about their child's health
- Families will have the responsibility for long-term follow-up



## Considerations

What dowe want families to do?

How can we get "buy in" from the families that we serve?

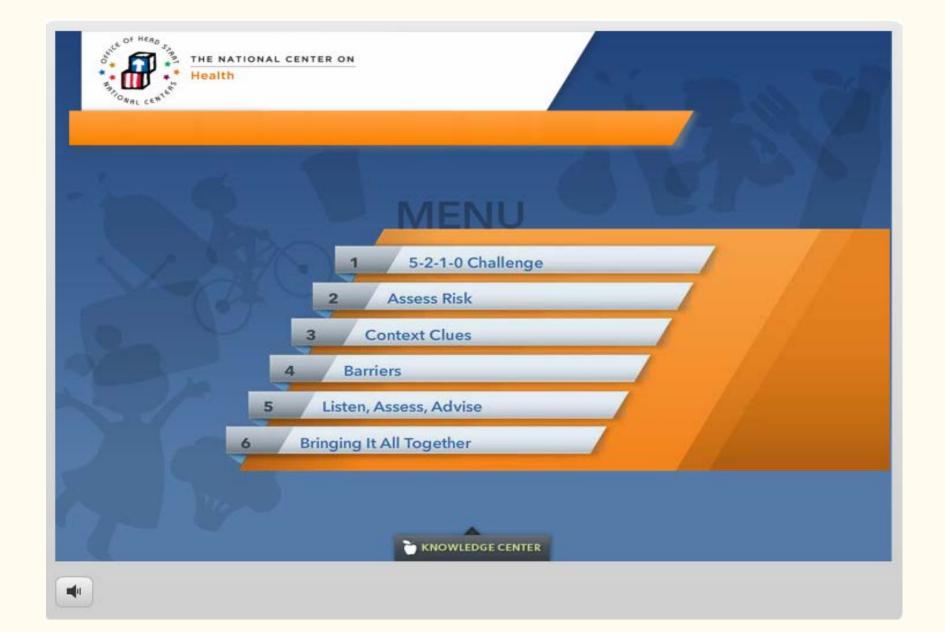
How do we develop a plan?

How do we follow-up and conduct an ongoing assessment of their success?

## Healthy Active Living Resources





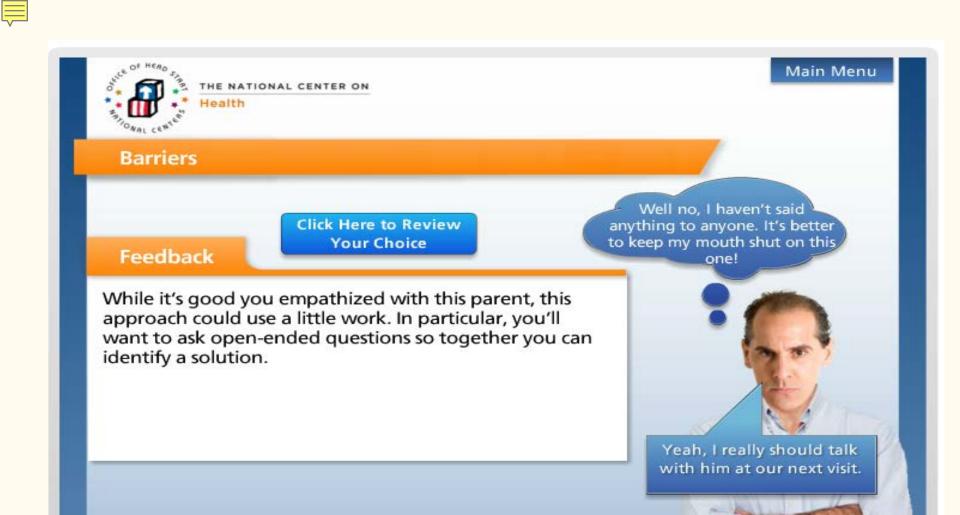
























Main Menu

#### **Barriers**

Click Here to Review Your Choice

#### Feedback

Great response! You showed that you heard the parent's concerns and acknowledged he is trying to do what's best for his baby. By asking an open-ended question, you helped him to identify an actionable strategy to share with his mother.

We do have a routine at home that seems to work for Joshua. We start with a warm bedtime bath and then a lullaby or two.



I could ask my mother to follow the same bedtime routine we have at home. Those two things really seem to help him sleep through the night.



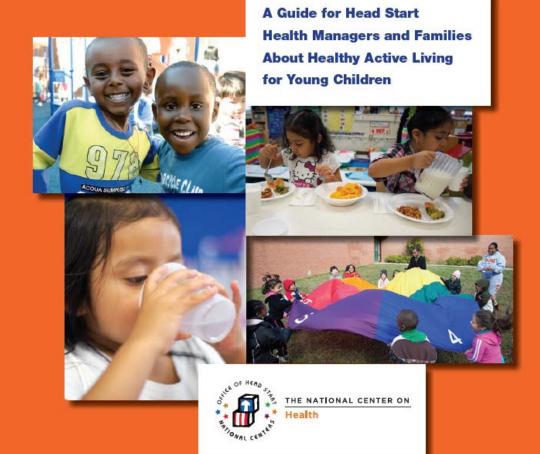




NEXT >

## Growing Healthy Flipchart

## GROWING HEALTHY



## **Healthy Active Living For Families Resources**



## **Material Resources**

- Head Start Body Start
- I am Moving I am Learning
- Little Voices for Healthy Choices
- Let's Move Childcare
- Nature Based Learning
- Growing Healthy flipchart and tearpad





### **Online Resources**

- USDA
  - Eat Smart Play Hard
  - Team Nutrition
- Healthy Active Living for Families
- Let's Move
- Choose My Plate
- Eat Right.org

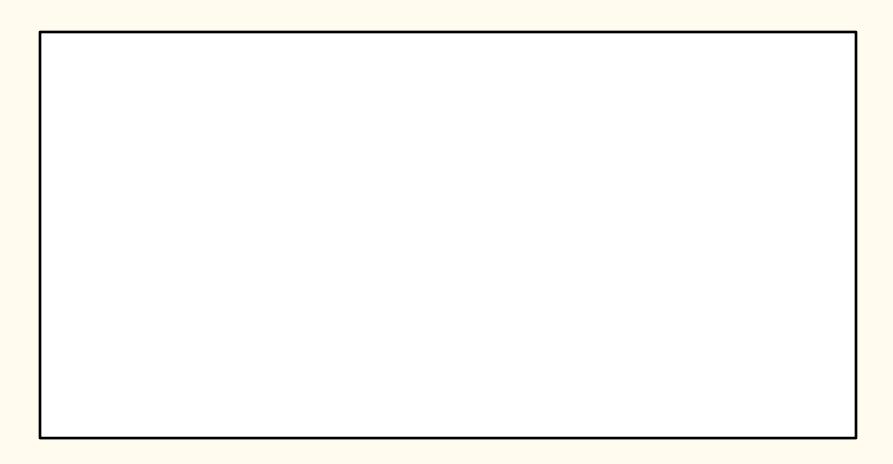




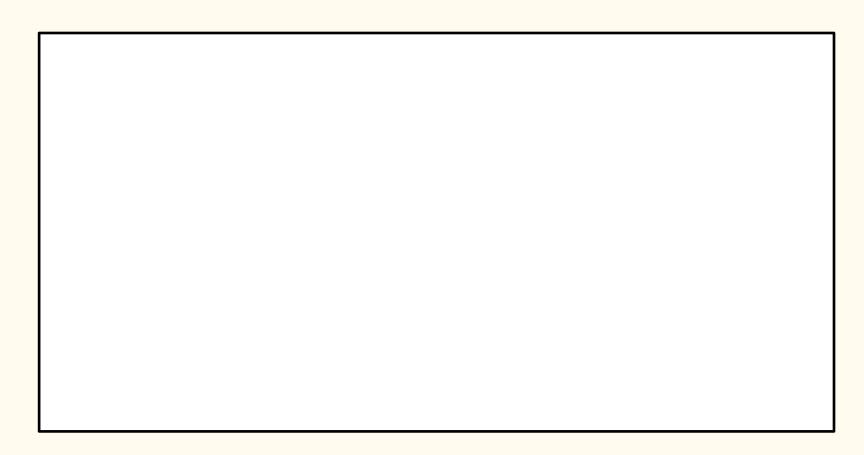
### **Additional Resources**

- http://www.nourishinteractive.com
- http://www.learningzoneexpress.com
- http://www.nfsmi.org
- http://www.myplate.gov
- http://www.ewg.org/goodfood/
- http://www.healthychildren.org
- http://www.activelivingbydesign.org/

## **Next Steps for My Program**



## **Next Steps for Myself**



## National Center on Health Contact Information

Toll-Free: 888-227-5125

Email: <a href="mailto:nchinfo@aap.org">nchinfo@aap.org</a>

Florence Rivera: <a href="mailto:frivera@aap.org">frivera@aap.org</a>

Website: <a href="http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center">http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center</a>



# Early Head Start National Resource Center Contact Information

ehsnrcinfo@zerotothree.org

1-877-4EHS-NRC (1-877-434-7672)

Early Head Start program directors, managers, supervisors, trainers, and direct-service staff can join the EHS Listserv

lannunziata@zerotothree.org

