

Starting Early: Obesity Prevention in Early Childhood

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In late 2009 The Boston Foundation, Greater Boston's community foundation and one of the largest community foundations in the nation, shifted its health grantmaking focus from access to prevention in order to address the rising tide of preventable chronic illness and the escalating health care costs stemming from the obesity epidemic. This epidemic poses a threat not only to the public health of the Commonwealth of Massachusetts, but also its fiscal stability and economic competitiveness. While progress has been made in programs and policy over the last five years, it has become increasingly clear that efforts to address obesity need to begin at earlier ages. The recent and significant upward trend in body mass index among children under the age of five in the last decade is cause for concern. In Massachusetts, where adult obesity rates are among the lowest in the nation, the rate among low-income, two- to five-year-olds (16.5 percent) is the fourth highest in the country (Levi et al. 2014).

BACKGROUND

Early childhood is a critical window of time for obesity prevention. Children are developing taste preferences, learning to walk and play, and eagerly mimicking both healthy and unhealthy behaviors of their caregivers (Obesity Prevention Source 2014). For many children, those caregivers may be someone other than parents or guardians. An estimated 75 percent of children in the United States spend time in child care for an average of 35 hours per week. Children's early-life experiences, such as lack of breastfeeding, too-little sleep, and too-much television, can increase the risk of obesity later in life (AAP et al. 2010). Intervening early in the life of children by engaging parents and early child care and education providers is crucial to turning around the obesity epidemic.

Recent studies reported in *The Journal of the American Medical Association* and *The New England Journal of Medicine* clearly indicate that funding and policy initiatives to fight obesity must "think younger" (Cunningham et al. 2014;

Ogden et al. 2014). These studies are further supported by the fact that one in eight U.S. preschoolers are obese, with rates notably worse among African-American (one in five) and Hispanic (one in six) preschoolers (Ogden et al. 2014). A child who enters kindergarten overweight has nearly four times the risk of becoming obese (32 percent vs. 8 percent). "Weight fate" is set by age five and reflects the fact that half of obese 14-year-olds were already overweight by the age of five.

ACTION-ORIENTED RESEARCH AND POLICY

In 2010 The Boston Foundation and New England Healthcare Institute launched the Healthy People/Healthy Economy coalition with the goal of shifting the state's focus from health care to health and making Massachusetts the national leader in health and wellness. In June 2013 the coalition flagged the issue of early childhood as a priority. The coalition's annual report card cited brain research demonstrating that learning and nurturing social supports in early childhood create biological "memories" that heavily influence the child's health and health habits over the course of an entire lifetime (Healthy People/Healthy Economy 2013). The 2014 report card further lifted early childhood as needing to be the

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key focus area for both education and care, stating that investment in childhood health and education may be the single most significant effective way to reduce health problems over the course of a lifetime (Healthy People/Healthy Economy 2014).

Early childhood providers are in a unique position to educate parents and guardians about healthy eating and physical activity habits and provide a healthy environment for children to eat, play, and grow. They can serve children age-appropriate healthy foods and limit consumption of junk food, sugary

drinks, and juice. They can also offer children ample opportunities for fun, active play throughout the day and keep televisions turned off and away from areas where children sleep. When parents are encouraged to reinforce these practices at home, children are assured the best chance of growing into a healthy weight.

A NEW APPROACH AND PHILANTHROPY'S ROLE

Elsie Taveras, Chief of Pediatrics at Massachusetts General Hospital for Children and a leader in early childhood obesity prevention, has noted:

Substantial evidence points to early childhood as a pivotal time for preventing young children from an obesity trajectory that is hard to alter by the time they enter middle school. Until recently, many of our national obesity prevention efforts have not leveraged opportunities to change the early “obesogenic” systems that increase children’s risk for obesity. Putting existing evidence into practice, leveraging systems that influence childhood obesity, and testing innovative multisector interventions for prevention of obesity in early childhood would have beneficial effects for the entire population. It would be particularly effective in reducing the burden of obesity and related chronic diseases among disproportionately affected U.S. populations such as racial/ethnic minorities and children living in disadvantaged communities (Taveras 2014).

With this in mind, The Boston Foundation was seeking an innovative approach to address early childhood obesity.

Substantial evidence suggests that conception through 24 months of age is a crucial period for the development and prevention of obesity and its consequences in mother-infant dyads and their families. Working with Dr. Taveras, The Boston Foundation will invest in a five-year effort to develop, implement, and evaluate an intervention that leverages early life systems and community resources, and addresses individual and family socio-contextual factors to improve outcomes among vulnerable family units in the “First 1000 Days” – from conception through 24 months of age. The overall goal of the First 1000 Days study is to reduce obesity risk and related racial/ethnic and socioeconomic disparities among vulnerable families, prevent excess weight gain among mothers, promote healthful growth among their offspring, and improve obesogenic behaviors in the family unit. It will bring together obstetric/gynecologic and pediatric medical practitioners with the Women, Infants, and Children federal grant program and community health programs (specifically maternal, infant, and early childhood home visiting programs) in a collective effort to improve health and behavioral outcomes for both the mothers and their children.

A strong network of community and public health partners, as well as clinical and public health practitioners from three different Massachusetts communities with a high burden of

obesity and health disparities, will be engaged as the pilot sites for the project. If proven successful, this collective impact approach may provide a blueprint for the necessary systemic changes needed to address obesity in early childhood in the very segments of the U.S. population needing it most.

SOURCES

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