



American Academy of Pediatrics
Institute for Healthy
Childhood Weight

WHERE LIFELONG RESULTS BEGIN

Encouraging Healthy Active Living for Families

CLOCC Quarterly Meeting
December 9, 2015

Mala Thapar, MPH
Program Manager, Institute for Healthy Childhood Weight
American Academy of Pediatrics



American Academy of Pediatrics
Institute for Healthy
Childhood Weight

WHERE LIFELONG RESULTS BEGIN

The Institute serves as a translational engine for pediatric obesity prevention, assessment, management and treatment; and moves policy and research from theory into practice in American healthcare, communities, and homes.

Mission

The Institute will empower pediatricians, families and children to:

- Better **prevent, assess and treat** obesity and its comorbidities;
- **Enhance partnerships with families** to find and navigate individual pathways to healthy active living; and
- **Catalyze stakeholders and communities** to build and enhance capacity for healthy active living.



Sandy Hassink, MD, FAAP
Medical Director



Stephen Cook, MD, MPH,
FAAP, FTOS
Associate Director



Victoria Rogers, MD, FAAP
Associate Director

Advisory Board



Leann Birch, PhD



Stephen Daniels, MD, PhD, FAAP



William H. Dietz, MD,
PhD, FAAP



Steven Gortmaker, PhD



Matt Longjohn, MD, MPH



Martin Sepulveda, MD,
FACP



Lisa Simpson, MB, BCH,
MPH, FAAP



Denise Wilfley, PhD



Susan Woolford, MD, FAAP

Steering Committee



Ryan Buchholz, MD, FAAP



Kimberly Edwards, MD, FAAP



Elizabeth Goodman, MD,
FSAHM, FAAP



Ihuoma Eneli, MD,
MS, FAAP



Robert Schwartz, MD, FAAP



Joseph Skelton, MD,
MS, FAAP, FTOS



Christine Wood, MD, FAAP, CLE

Priority Focus Areas

Optimizing Health Care

Engaging Parents/Families

Catalyzing Communities

1 Early Obesity Prevention

Potential Targets:

- Parent Skill Building
- Consistency in Messaging

Throughout all endeavors leverage/consider: technology, systematic approaches, data collection/evaluation, and advocacy

2 Treatment

Potential Target:

- Transformation of Primary Care

Today's Discussion

Today's Discussion

- Importance of early obesity prevention
- Healthy Active Living for Families Project
- Additional early obesity prevention work

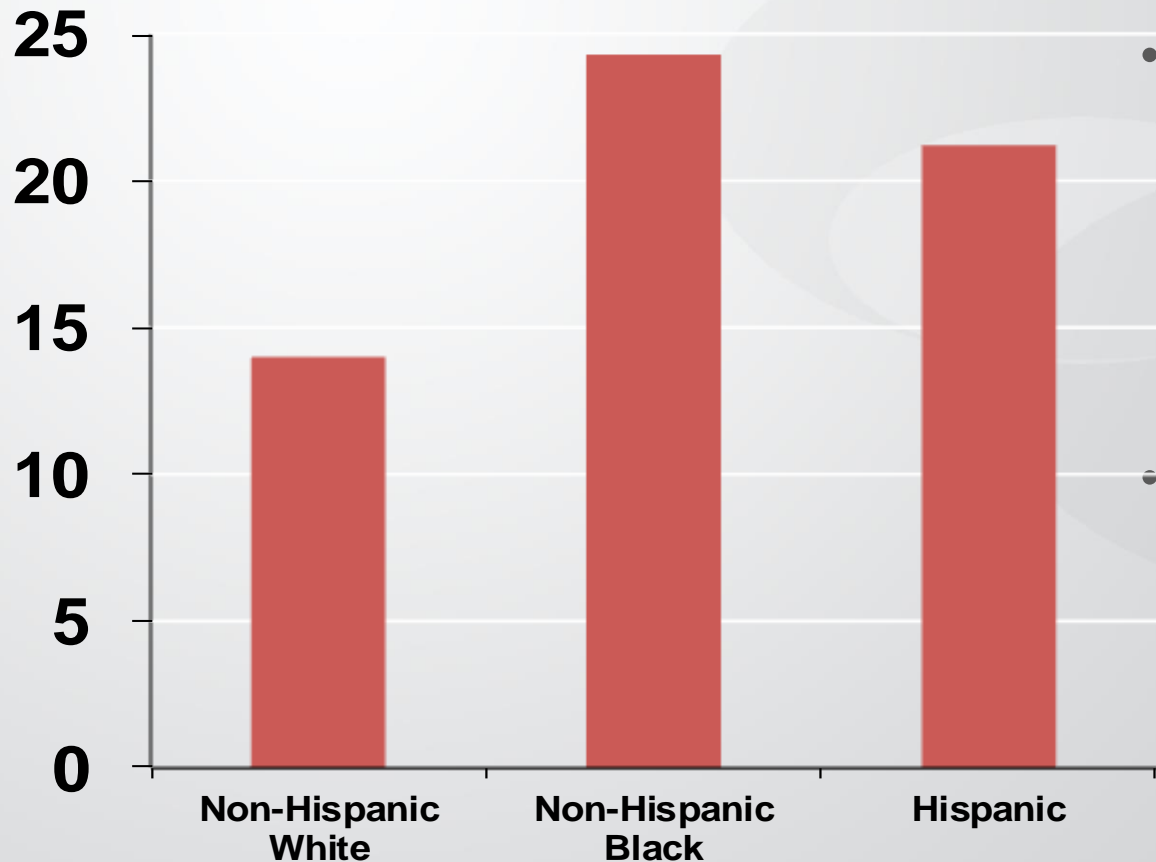


Obesity in Young Children

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.
- Approximately one in five children is already carrying excess weight as he or she enters kindergarten.

Obesity Disproportionately Affects Minority Children



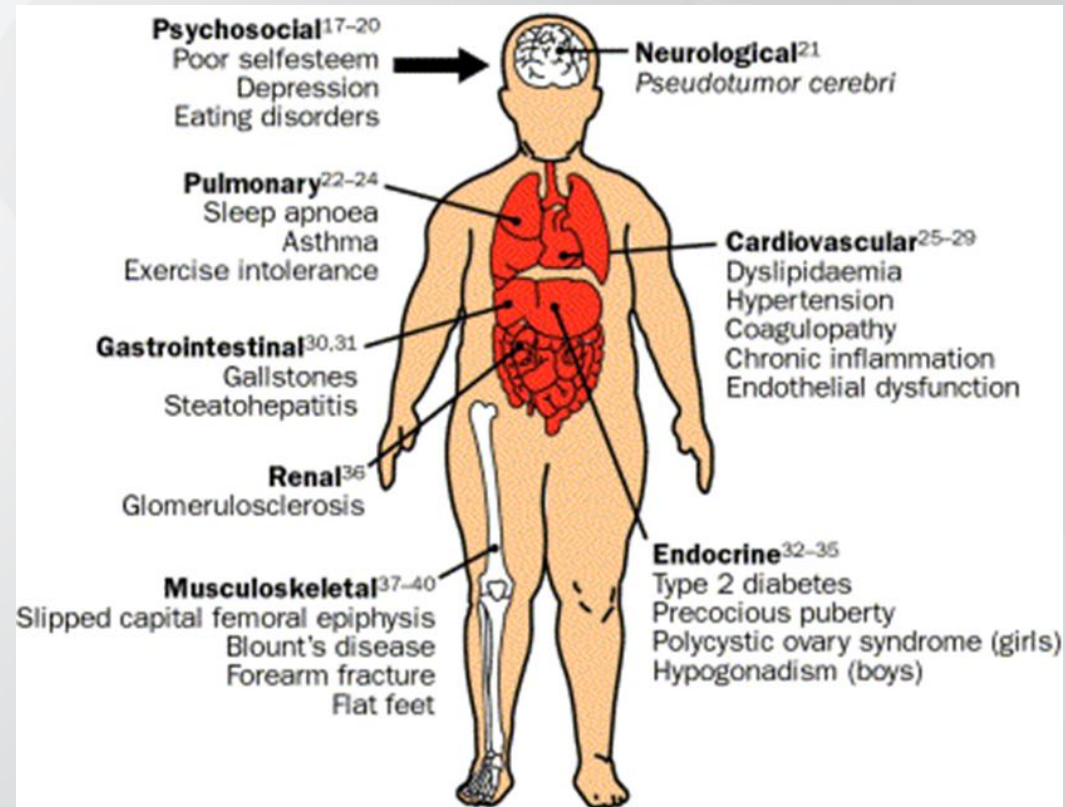
- In 2010: 14% of white, 24.3% of Black, and 21.2% of Hispanic children 2-19 years were obese.
- Overall rates are stubbornly high; racial/ethnic disparities are starting early and appear to be widening.

Did you know?

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

Why is this important?

- 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

- Obese children:
 - have lower self-esteem;
 - are more likely to be depressed;
 - suffer from bullying and teasing; and
 - have lower academic achievement.

Critical Period



Important Factors in the Onset of Obesity

- Maternal weight gain during pregnancy
- Rate of weight gain during infancy
- Breastfeeding
- Introduction of complementary foods
- Diet quantity and quality
- Parent feeding practices
- TV viewing time
- Physical activity
- Sleep routine
- Family meals



Introduction to the Healthy Active Living for Families (HALF) Project



HALF Focus Groups



What we learned: 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 learned: Parent's Preferences

- It is best to ask parents how they prefer to receive their health information
 - In general, it is best to present written health information that is plain language (low literacy, white space, visually appealing, minimal text).
 - Other possibilities parent groups, classes, websites, texting, peer mentoring

What factors detracted from message endorsement by parents?

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

What factors contributed to message endorsement by parents?



- Respect for the parent and his/her expertise
- Explanation of the “why” behind the recommendations
- Actionable strategies for implementation
- Tailored and personalized information

How we addressed the detractors:

- 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.

How we addressed the detractors:

- 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?

How we addressed the detractors:

- 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

How we addressed the detractors:

- We incorporated real life experiences and strategies to address disconnect with **real life experience**:

"My baby is not sleeping well and I need some sleep too! My mom told me to put cereal in his bottle so that he will sleep all night. Is this a good idea?"

Parent Parent

"When my first baby started eating solids, I fed him fruits first, which was a mistake. It was a struggle after that to get him to eat any veggies! With my second baby, we started with veggies and meat, and now she eats almost anything I give her."

How we capitalized on endorsers:

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....*

How we capitalized on endorsers:

- 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.*

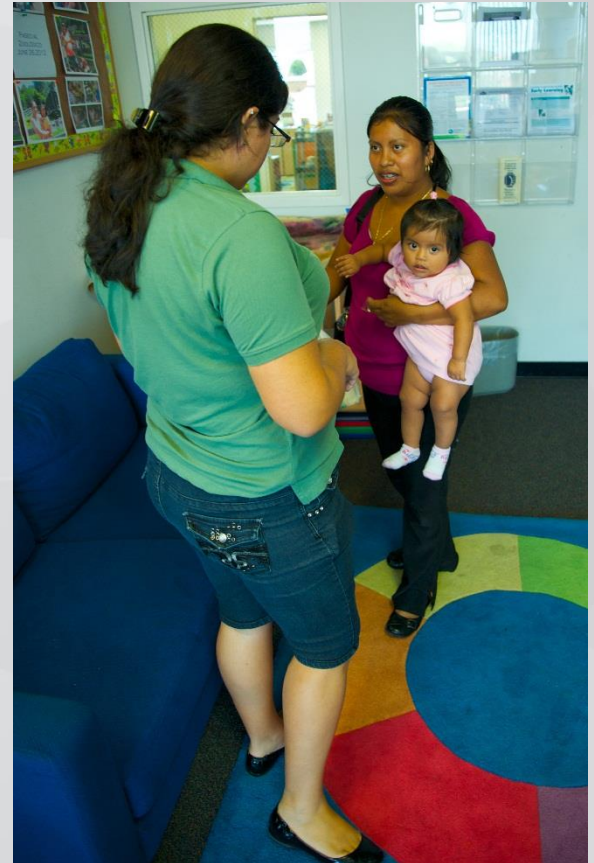
How we capitalized on endorsers:

- 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 ...*

How we capitalized on endorsers:

It is most important to:

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



Resulting Resources

www.healthychildren.org/growinghealthy

Food & Feeding
Good eating habits begin early.

baby 0 to 12 months | **toddler** 1 to 3 years | **preschool** 3 to 5 years

Physical Activity
Even small children need to get moving.

baby 0 to 12 months | **toddler** 1 to 3 years | **preschool** 3 to 5 years

Tips for Parents
Being a parent is an important job!

baby 0 to 12 months | **toddler** 1 to 3 years | **preschool** 3 to 5 years

Quick Tips
Keep Your Child Healthy

1: My child is:
 0 to 1 years | 1 to 3 years | 3 to 5 years

2: Boy | Girl

3: I want tips on:

- Breastfeeding
- Bottlefeeding
- Starting solid food
- Picky eaters
- Snack time
- Routines and schedules
- Physical activity
- Screen time (tv & online)
- Sleep

Parent2Parent

"I love my baby but I'm really busy and I work. I have other kids. It's just a lot of work...I breastfed for the time that I'm off of work but trying to go back to work and pump...I'm like oh, forget it!"
- Mom, Midwest

Are you raising a healthy, active child?

GET TIPS

healthychildren
Powered by pediatricians. Trusted by parents.

TAKE QUIZ

Resulting Resources

www.aap.org/HALFIG

Healthy Beverages:

Choose milk or water for your child's beverage

[click to hide information](#)

For information ->



Conversation Starters

Tell me a little bit more about what your child ate and drank yesterday and the day before?

What is your child's favorite drink?

What kind of beverages is your child drinking between and with meals?

Can you tell me what happens when you try to set limits on sugared beverage consumption?

What are your feelings about juice?



Additional Early Obesity Prevention Work

Partnership with the Head Start National Center on Health

EVEN BABIES NEED ACTIVE PLAY



GROWING HEALTHY: TODDLERS (1-3 Years)

STAFF NOTES FEEDING TODDLERS IN A HEALTHY WAY

Why Is This Important?

- Many parents know what foods are healthy but they may have difficulty feeding children in a healthy way due to food insecurity, lack of confidence with meal prep or questions about portion sizes and snacks.
- Picky eating frustrates and discourages so many parents!
- Many parents find it hard to set limits on sugary beverages, including juice. Some parents view juice as a way to provide their toddler with the recommended servings of fruit/vegetables. Even 100% fruit juice has sugar that can damage teeth.

Talking Points About Healthy Eating

- Serving sizes for toddlers are very small. A serving size of veggies is only 1-2 tablespoons, about the size of a quarter.
- Lots of parents say their child is picky, especially when it comes to new foods or eating fruits and vegetables. You are not alone!
- Did you know that a young child might need to try a new food 10-15 times over several months before she'll eat it?
- If possible, give your toddler a couple healthy choices at mealtimes but let her decide when and how much to eat.

Talking Points About Healthy Beverages

- Water and low-fat milk are the best beverage choices for your toddler. Toddlers never need soda pop or sports drinks.
- Toddlers need about 3 servings (1/2 cup for this age) of milk each day.
- Skip the juice and stick with water. Sometimes young children fill up on juice and then don't want to eat healthier foods.
- Try letting your child pick out a favorite, special cup for water only.
- If you choose to give other drinks, limit it to 4-6 ounces a day of 100% juice or low-fat, low-sugar, flavored milk.



GROWING HEALTHY

There are lots of ways to grow healthy but you don't have to do them all at once.

Child's Name _____ Date _____

IDEAS FOR LIVING A HEALTHY ACTIVE LIFE

- 1 Eat at least 5 fruits and vegetables a day.
- 2 Keep screen time (like TV, video games, computer) down to 2 hours or less per day.
- 3 Get 1 hour or more of physical activity every day.
- 4 Drink 0 sugar-sweetened drinks. Replace soda pop, sports drinks and even 100% fruit juice with milk or water.

OUR GOAL FOR THIS MONTH IS TO:
Need help getting started? Turn this card over for more healthy ideas.

- 1 Eat _____ fruits and vegetables a day.
- 2 Limit screen time to _____ minutes a day.
- 3 Get _____ minutes of physical activity a day.
- 4 Limit sugary drinks to _____ a day.

Our plan: _____

Parent's Name _____ Staff contact _____

Adapted from the American Academy of Pediatrics Institute for Healthy Childhood Weight.

THE NATIONAL CENTER ON Health
188 New Stone #68/207-6125
Email: NCCHW@dup.org

HEALTHY

...a Day
... month, pick a color from the rainbow and try to eat a...
... (green, purple, orange, yellow, red). It's a great...
... help get fruits and veggies ready to serve...
... mix the salad. Your little chef may...
... helps to prepare...
... pies are just too expensive? Try using frozen

...a Day
... time is to make a "no television (or...
... with them. Use commercial breaks for...
... or come up with a crazy new way to do

... child watch TV, set a timer for 30...
... will know how long they watched...
... seem like a convenience but...
... your child's ability to sleep.

...tivity a Day
... 15 minutes several times each day...
... but you don't have to do it all at...
... school to you but they'll be new to your child. They might...
... or bad weather has you stuck in the house? Don't let it keep your and...
... your child from being active together. Try one of these fun activities:

- 1 Have an indoor parade.
- 2 Set up a scavenger hunt inside.
- 3 Start your own indoor Olympics—who can jump on one foot the longest or do the most sit ups?

... Sugary Drinks a Day

- 1 Let your child pick their favorite "big kid" cup to use for water.
- 2 Think plain water is too boring? Try adding a fruit slice (like orange) for natural flavor.
- 3 Avoid buying juice—if it's not in the house, no one can drink it.
- 4 If you're still trying to cut sugary drinks down to zero, keep up the great work! Young children should never have soda pop or sports drinks but if you choose to give juice, please remember:
 - 1 make sure the label says 100% fruit juice.
 - 2 limit the amount to 1 small cup a day (4-6 ounces if you measure it out).
 - 3 serve milk with meals and offer water at snack time.

Online Module

OFFICE OF HEAD START NATIONAL CENTERS THE NATIONAL CENTER ON Health

MENU

- 1 5-2-1-0 Challenge
- 2 Assess Risk
- 3 Context Clues
- 4 Barriers
- 5 Listen, Assess, Advise
- 6 Bringing It All Together

KNOWLEDGE CENTER

OFFICE OF HEAD START NATIONAL CENTERS

THE NATIONAL CENTER ON Health

ISSUE TRACKER

MAIN MENU

5-2-1-0 Challenge

Exploring the 5-2-1-0 Framework

The 5-2-1-0 framework focuses on a few top line target behaviors that are appropriate for all children regardless of weight status.

5-2-1-0 can also serve as a framework to help you remember other desired behaviors and risk factors that arise as a child grows.

Click Continue to learn more.

5 2 1 0

CONTINUE

KNOWLEDGE CENTER

< PREV NEXT >

Healthy Active Living Grants

- Partnering AAP chapters, pediatric residency programs, and community-based organizations
- Focus of grants:
 - Physical Activity promotion for children birth – 5
 - Parenting skill around early obesity prevention



A program of the American Academy of Pediatrics

MetLife Foundation

Policy Roundtable Series

- Purpose: Help to align diverse stakeholders around a P-5 obesity prevention policy agenda to improve maternal and young child nutrition and physical activity in the U.S., especially among at-risk populations.
- Goal: Identify and prioritize the most strategic and impactful obesity prevention policy opportunities in the window between pregnancy and a child's fifth birthday (P-5)



Robert Wood Johnson
Foundation

Partnerships in Early Prevention

Link
pediatricians
with local Y
programs



Study coordinated
and consistent
messaging to families
across WIC and
primary care in PA



Nutrition Roundtable:
Challenges &
Opportunities Across
Pregnancy, Infancy &
Toddlerhood



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Developmental
Approach to
Childhood Obesity:
The Fetal and Early
Childhood Years

Questions?



Contact Information

Mala Thapar, MPH

Program Manager, Institute for Healthy Childhood Weight

American Academy of Pediatrics

mthapar@aap.org

847-434-4284