

# making a difference in early childhood obesity

by Dan Huber

News reports calling attention to the steady increase in the number of overweight adults have become an accepted part of our media landscape. Worse still, warnings continue that more and more young children, like the adults who care for them, are carrying too much weight. Unfortunately, this bad news about our growing obesity problem isn't just hype. Research confirms that children weigh more than they have in the past and, more ominously, that this weight, if carried into adulthood, has inevitable negative health implications.

## The scope of the problem

For many in the early childhood community, confirmation that too many young children are overweight comes as no surprise. Early childhood teachers see it every day — and so do health professionals. Health professionals measure



Dan Huber is the creative force behind Video Active Productions, which specializes in the development of health and safety instructional video programs for early

childhood teachers and health professionals who work with early childhood teachers. His most recent program, "Facing the Challenge," was developed in partnership with the Devereux Early Childhood Initiative. He is currently developing video-based, interactive online modules including programs on preventing obesity in young children.

the severity of the problem by comparing the weights of young children today with recommended growth charts and body mass index (BMI) graphs that identify healthy weight ranges based on a child's height and gender. According to Alice Ammerman, DrPH, RD, head of the Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC) program at the University of North Carolina, "Current estimates are that 25% of children between 2 and 5 years of age are overweight. One study suggests that children of this generation may be the first to have a shorter life expectancy than their parents." Ammerman points out that the reason excess weight is so dangerous is that there is evidence it is an underlying cause of many chronic illnesses:

"Increasingly, studies that track the health of overweight children over time show an association between childhood obesity and a number of chronic diseases, such as diabetes, heart disease, and cancer. We have also seen an alarming increase in Type 2 Diabetes, formerly called adult onset diabetes, among youth."

Since we know that many children weigh more than they should and that it is unhealthy to carry this weight into

adulthood, what can we do? Can the early childhood community work with families to provide information and change attitudes about nutrition and physical activity in ways that will make a difference?

## What we can do

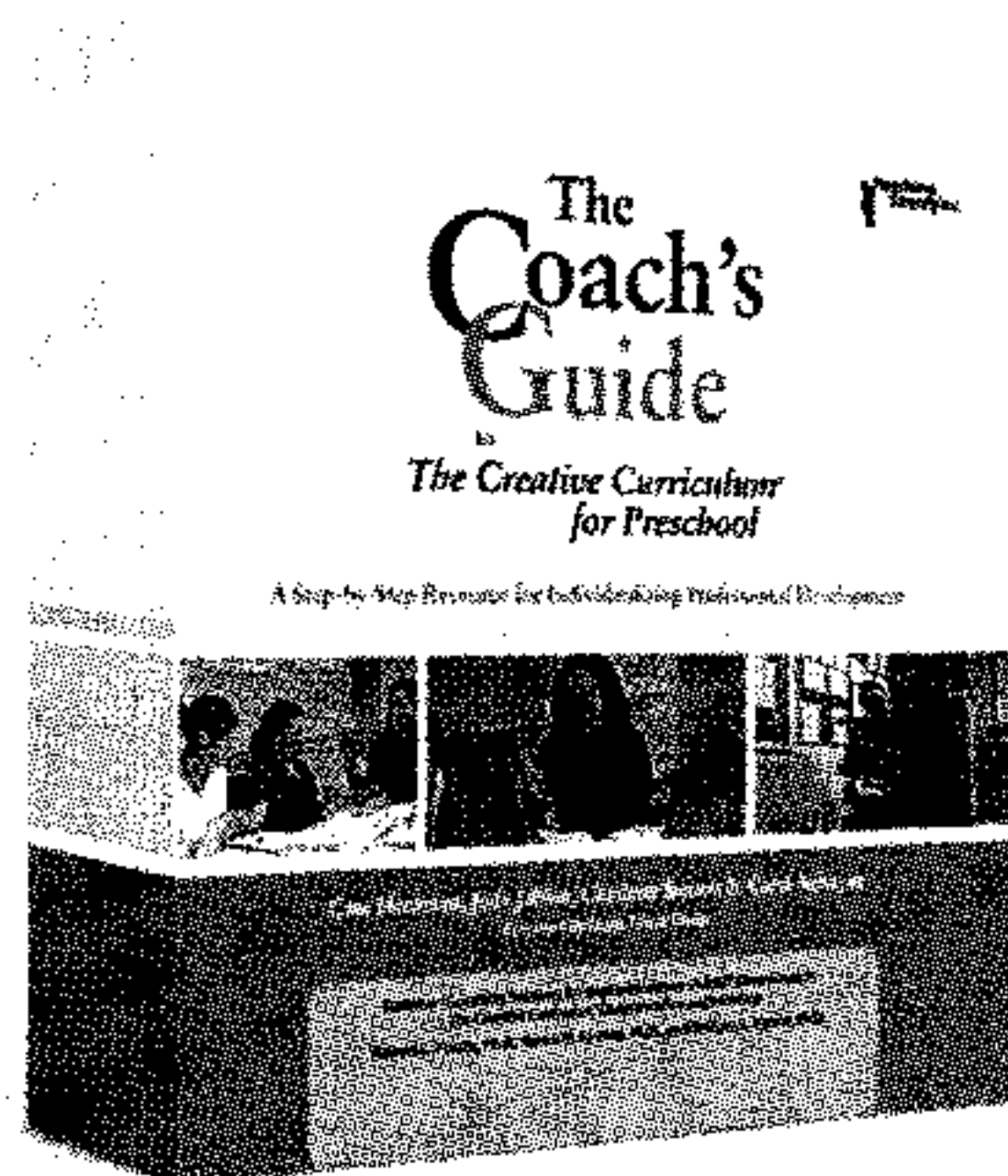
As with so much in early childhood, teachers of young children are in an ideal position to make a significant difference. Young children adopt healthy habits more easily and are able to apply these habits over a longer period of time than older children. This has profound implications for early childhood educators. The positive influences conveyed to children, subtle and overt, are played out in the thousands of life choices children make as they travel through adolescence and into adulthood. Caring adults can build awareness and teach the decision-making skills needed to identify healthy diet and activity options.

When children understand and appreciate the importance of good nutrition and an active lifestyle, they have a kind of protection or immunity against the challenging environments at the root of the current crisis. Most experts agree that the widespread availability and promo-

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tion of unhealthy food options combined with reduced opportunities for physical activity has created a set of conditions that threatens children's health. Early childhood programs can give children protection against this threat by making modifications to program practices and teaching methods using innovative and newly available tools.

### Teaching children about healthy choices

There are now several formal efforts underway to design child care initiatives that teach children how to make healthy choices. The campaigns have different approaches, but they all identify three goals:

- Increasing the daily amount of movement and physical activity for all children;
- Helping children develop a healthy body image and learn about nutrition; and

- Involving families to insure that newly established good habits are continued at home.

**Healthy Habits for Life.** Nemours Health and Prevention Services, KidHealth.org, and Sesame Workshop collaborated in developing the Healthy Habits for Life Child Care Resource Kit. The Resource Kit provides classroom tools to help teachers get started teaching children about healthy choices. According to Dorothy Onn, MSW, Senior Program and Policy Analyst for Nemours, the resource kit was developed to meet an identified need:

"We, in conjunction with KidsHealth.org, had been told that preschool teachers were enthusiastic about fitness and nutrition education, but lacked training and resources. So we developed the kit to give caregivers colorful, practical, easy-to-use tools featuring the familiar Sesame characters to help them teach and encourage nutrition and physical

activity. We had also tapped into the research that Sesame Workshop did showing that placing Elmo's picture next to broccoli increased the likelihood that children would try it."

The resource kit is divided into three sections. The first two sections provide ready-to-use activities that encourage movement and show children how to make healthy choices. The third section is designed to help children integrate and retain what they've learned. The kit also includes one-page newsletters intended to keep families informed about the program's activities to build healthy habits and to encourage parents to support and reinforce these messages at home.

**I Am Moving, I Am Learning.** Another effort — I Am Moving, I Am Learning — emerged out of a collaboration between the Head Start Regional Office and Technical Assistance System and West Virginia University. I Am Moving, I Am

Learning (IM/IL) began as a regional program, but is now being implemented by Head Start grantees throughout the United States. Participating staff attend 2□ days of intensive training to learn about the importance of the mind-body connection and the relationship between physical fitness and early learning. Lila Herndon Vizzard, MPH, Manager in Early Education Services at ICF International says that the IM/IL trainings help teachers appreciate that making healthy choices is not only about weight control:

“In addition to developing habits and practices that last a lifetime, teachers learn about many of the less commonly anticipated outcomes of good nutrition and physical activity, including improvements in focus and attention and stimulation of creative thinking. I think many teachers who participate in the program come to better appreciate that physical movement is not a discrete activity relegated to recess or structured gross motor activities, but that it can easily be infused throughout the learning day across all kinds of activities and environments and can enhance the learning experience for both children and their teachers.”

To date, the full IM/IL training has been provided to about 1,000 Head Start grantee and delegate agencies.

One message the resource kit and IM/IL share is that movement matters. Small changes, like developing active circle time themes or taking longer routes to move between activity areas, will, over time, add up to a lot more physical activity for children. Amanda Bryans, Director of the Educational Development and Partnerships Division at the Office of Head Start explains the program’s activity goals:

“IM/IL teaches that children should have at least 30-60 minutes of moderate to vigorous physical activity integrated

throughout their day at Head Start. Times that were traditionally sedentary — waiting to brush teeth, circle time, standing in line — have become times for music and movement. More planning goes into outdoor time with teachers engaging in activities that involve all children’s participation.”



IM/IL is one of the tools used by the Head Start Body Start National Center for Physical Development and Outdoor Play (HSBS). The goal of HSBS is to increase the participation of Head Start children in structured and unstructured physical activity to at least 60 minutes a day during school hours. The program is also planning to expand training efforts in order to craft a more comprehensive outreach to children, teachers, and families. HSBS Center Director, Karin Spencer, EdD, says, “HSBS Master Trainers are currently developing enhancements to IM/IL to include modules focused on outdoor play, adapting activities to include all children, and partnering with parents to increase physical activity in the home setting.”

### Addressing teachers’ concerns

One concern early childhood teachers may have is whether efforts to increase activity and teach nutrition will require replacing existing curriculums and lesson plans. Advocates of obesity prevention programs recognize that this kind of change isn’t practical or necessary. Instead, the emphasis is on modifying what teachers already do — not starting over. For example, math lessons that are modified to include counting fruits or comparing the sizes of different vegetables have cognitive value and are also a way of introducing new foods. Early childhood programs are more likely to affect a child’s decision-making process when educators recognize that teaching young children how to make

healthy choices isn’t a separate subject, like math or reading. It’s a way of thinking that can be part of every subject and needs to be integrated into the whole program. This makes it easier for programs to get started making changes but, to be successful, this type of effort requires a deep commitment from teachers, program directors, and families. For example, family-style meals are encouraged since they give teachers a chance to eat with children in an atmosphere that allows them to model healthy eating and talk about healthy food choices. According to Karin Spencer, teachers acting as role models are an important part of this commitment:

“Children must develop healthy preferences early for both physical activity and eating. Young children will imitate the models presented, both positive and negative. It is crucial that adults strive to provide positive models. In addition, incorporating a mascot or character-based role-model to inspire healthy lifestyles and lasting behavior change can also be effective strategies. While an adult may not always be perfect, the mascot can always follow the ‘rules’ for healthy living and provide a good example.”



Teachers aren’t the only adults children observe. Parents too, need to understand and model healthy choices.

### Parents as healthy role models

Parents will be more receptive to a program’s efforts to coordinate health and safety initiatives when there is already a partnership in place. Effective partnerships are built on mutual respect. To build this kind of relationship, teachers need to do more than just send information home. They have to be open to interaction, receptive to feedback, and willing to adapt their messages to the cultural realities and life circumstances of individual families. Lila Herndon



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Vizzard points out that understanding the daily challenges families face will help teachers put the information they provide to parents into perspective:

“A key component to successfully translating new health practices into the home is an understanding of the other environments in which the child spends time, especially the home and community settings. For example, families struggling in poverty may not have access to safe play spaces or fresh, healthy foods, such as fruits or vegetables. Or the parents’ work and commute may take away time for preparing healthy meals or engaging their children in active play. Understanding these specific challenges allows teachers to tailor their communications and the strategies they share to account for these needs and to begin to work around, across, and eventually through these barriers.”



### Conclusion

There are almost always barriers to teaching young children how to make healthy eating and activity choices. That’s why there are so many children struggling with excess weight in early childhood classrooms today. By helping to change the way kids think about food and exercise, early childhood educators can impact the physical, cognitive, and social and emotional development of millions of young children. That’s certainly worth the effort. One barrier to getting this done — the lack of practical, effective teaching tools to address the problem — is coming down. And that’s good news for teachers who are ready to make a difference.

### Resources

Head Start Body Start  
[www.headstartbodystart.org](http://www.headstartbodystart.org)

Habits for Life Child Care Resource Kit  
[www.GrowUpHealthy.org](http://www.GrowUpHealthy.org)

Center of Excellence Website, hosted by UNC HPDP, which contains information and resources about the NAPSACC intervention  
[www.center-trt.org/index.cfm?fa=opinterventions.intervention&intervention=napsacc&page=intent](http://www.center-trt.org/index.cfm?fa=opinterventions.intervention&intervention=napsacc&page=intent)

I Am Moving, I Am Learning  
<http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Nutrition/Nutrition%20Program%20Staff/IMIL/IamMovingIam.htm>



Short videos demonstrating these points can be viewed at  
[www.childcareexchange.com](http://www.childcareexchange.com)