

Weighing In: Early Childhood Obesity in Bridgeport

Preschoolers in Bridgeport are far more likely to be overweight than preschoolers nationwide

Obesity is rapidly becoming one of the country's number one health concerns. In the last thirty years, the obesity rate among preschoolers in the United States has more than doubled. The Health Task Force of the Bridgeport Child Advocacy Coalition, BCAC, undertook a study of obesity among Bridgeport's youngest children to see how widespread the problem was in our community.

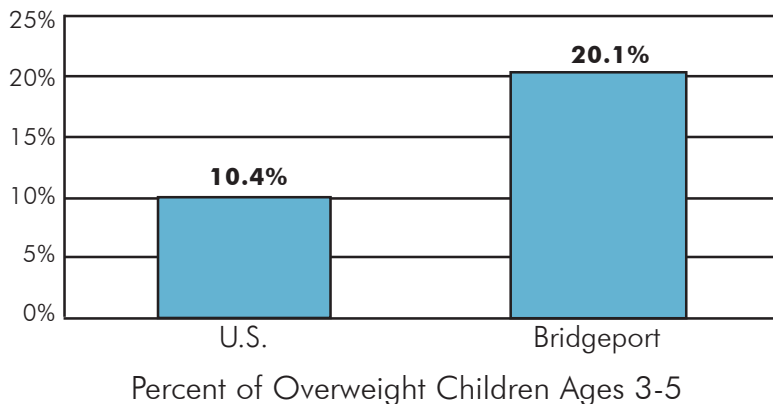
The earlier a child becomes overweight, the greater the likelihood that he or she will remain overweight

Being overweight, even as young as 2 years old, increases the likelihood of being overweight as an adult by as much as four times.

Obesity is linked to poor physical and emotional health in young children:

- According to the Centers for Disease Control and Prevention (CDC), if current obesity trends continue, as many as one in three children born in the year 2000 will develop Type 2 diabetes at some point in their lifetime. The CDC predicts that as many as *half* of Latino and African-American children will develop diabetes.
- Overweight children are more likely to have asthma, elevated blood pressure, high cholesterol, or bone and joint problems.
- Studies have shown that overweight girls, as young as 5 years old, already feel bad about their bodies and believe they are less smart and physically able than their peers who are not overweight.

The obesity rate of Bridgeport preschool children is twice the nationwide rate



For the first time in history, the life expectancy of today's children will be less than that of their parents because of obesity.

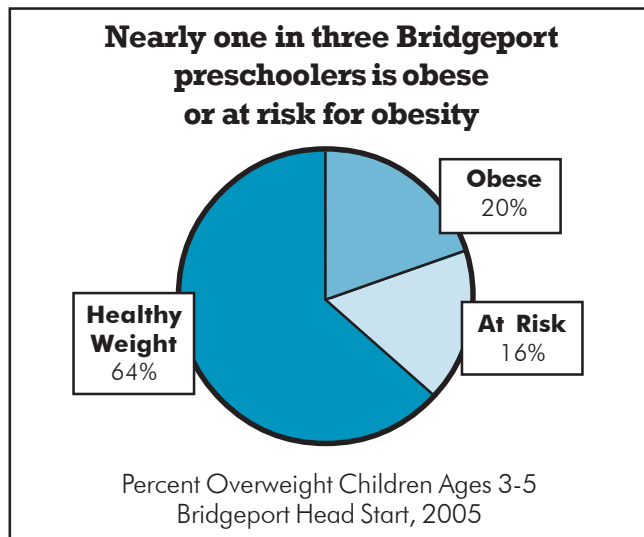
**New England Journal of Medicine
March 2005**

Early Childhood Obesity:

Shaping the Later Years

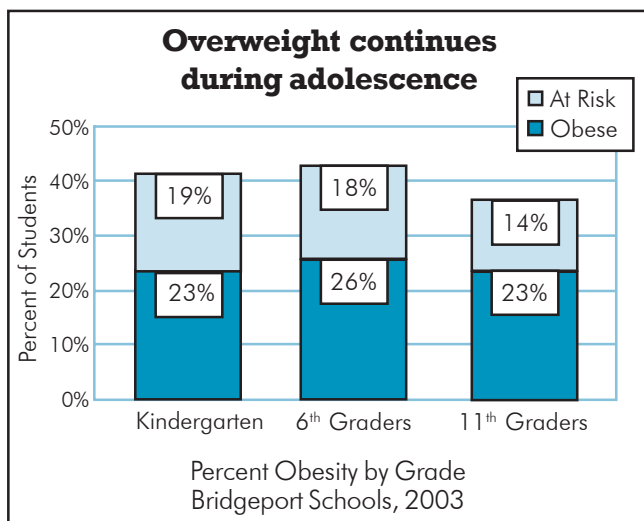
It is very important for a young child to maintain a healthy weight. The earlier in life a child becomes overweight or obese, the more likely the child will be obese as he or she grows older.

Children are generally considered obese or seriously overweight if they have a very high proportion of body fat. A commonly used guideline to measure obesity is the BMI or Body Mass Index, which is based on a child's height and weight. Children are considered at risk for being overweight if their weight falls between the 85th and 95th percentile on the BMI chart and obese if their weight is at or above the 95th percentile for their height on the BMI chart. Children who live in poverty, are African-American or Latino, or have one or both parents who are overweight are at high risk for obesity.



An analysis of the heights and weights of 785 children ages 3-5 in Bridgeport Head Start programs at ABCD and Hall Neighborhood House during fall 2005 found the following:

- 20% of children were obese.
- 16% of children were at risk for obesity.
- 21% of boys and 19% of girls were obese.



The high rate of obesity among preschoolers means that Bridgeport's children are entering school already overweight. In summer 2003, BCAC and the Bridgeport Health Department School-Based Health Centers analyzed the heights and weights of over 2,000 Bridgeport students in kindergarten, 6th and 11th grade. The analysis found that 23% of students were obese when they entered kindergarten; the percentage increased to 26% by 6th grade.

Bridgeport's own data showed that once a child is obese, he or she is likely to stay obese:

- 71% of overweight Bridgeport kindergarten students remained overweight in 6th grade.
- 77% of overweight Bridgeport 6th graders remained overweight in 11th grade.

Healthy Diet + Exercise = Healthy Weight

The role of parents and caregivers

Parents and caregivers play the most important role in preventing childhood obesity. If adults help children make nutritious food selections, model healthy eating habits, and make sure children are physically active, children are more likely to develop healthy habits that, in turn, should lead to healthy weight.

In a national survey conducted by Mathematica Policy Research, parents reported that one-third of toddlers 19 to 24 months old did not eat any fruit and one-fifth did not eat any vegetables in the course of a day. The most common vegetable reported eaten was french fries. The survey found that most toddlers ate “junk food,” including cookies, soda and salty snacks, at least once a day.

Many preschoolers don't eat enough fruits and vegetables

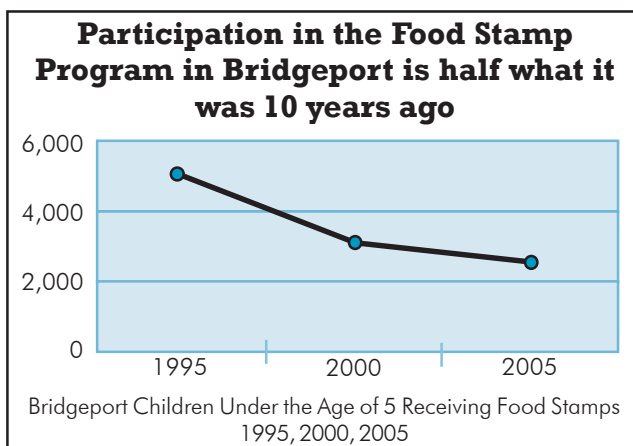
Buying a variety of fresh fruits and vegetables is difficult for low-income families who do not have a car and rely on public transportation.

Nearly 12,000 Bridgeport households do not have a car. There are no large-scale supermarkets that have a wide variety of fresh produce in the East End, South End or the West End/West Side of Bridgeport. As a result, many Bridgeport families rely on bodegas or small convenience stores for their groceries where the selection of fresh produce is very limited and more expensive than in supermarkets.

Laura R. has two small children, ages 4 and 7. She lives in the West End of Bridgeport and does not have a car. She relies on a neighbor to take her grocery shopping to a supermarket once a month. When she does her monthly shopping, she buys only enough fruits and vegetables to last one week. “If I buy too many fruits and vegetables they will go bad,” she reports. “I go to a small neighborhood grocery store when I run out of milk, juice and bread, but it has a small selection of fruits and vegetables. It is very expensive, so I do without.”

Despite the benefits, few people participate in food assistance programs

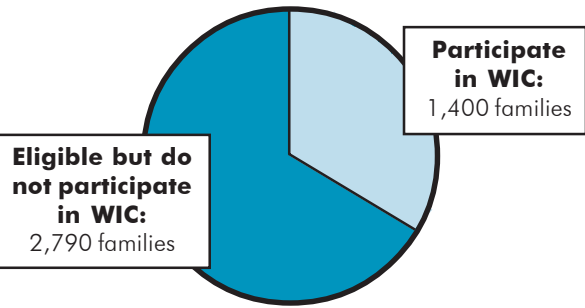
Participation in food assistance programs, such as the Food Stamp Program and WIC (Special Supplemental Nutrition Program for Women, Infants and Children), can improve the nutritional content of children's diets by as much as 20%.



Participation in the federal Food Stamp Program has declined dramatically and only 53% of eligible participants in Connecticut participate.

Under the Food Stamp Program, participants receive a cash allowance through a “debit card” to help them purchase food. The benefit amount depends on the family's income and assets. For example, a mother and two children with a family income of \$20,000 a year would receive a food stamp allocation of approximately \$160 a month. Despite its benefits, *only one in two eligible recipients statewide participates* in the Food Stamp Program. The declining enrollment is attributed to limited outreach due to the lack of funding.

Only one in three families eligible for WIC participates in the program



Participation in Bridgeport WIC Program, 2005

Only one in three eligible families participates in WIC

Pregnant women and mothers with children up to age 5 are eligible for WIC if their income is at or below 185% of federal poverty (\$30,710 a year for a family of three). Through the WIC program, mothers receive vouchers to purchase specific food items each month, including juice, eggs, milk, cheese, peanut butter, dried beans, carrots and tuna fish. During the summer, WIC participants can use special vouchers to purchase fresh fruits and vegetables at local farmers' markets.

A recent study found that the diets of WIC participants contain less fat and sugar than diets of non-WIC families of similar income levels. However, of the nearly 4,190 Bridgeport families eligible for WIC, *only one in three participates*. Outreach has been limited because of the lack of funding.

What about breastfeeding?

Studies indicate that babies who are breastfed are less likely to be obese when they are older than babies who are fed formula. In fact, one study predicts that breastfeeding babies for three to five months can reduce obesity by as much as 35%. Breastfeeding is challenging for low-income working mothers in entry level positions who do not have maternity leave or flexible time off to breastfeed.

Keep children active at least 60 minutes a day

Research shows that physical activity is important for early brain development and learning. Children who engage in daily physical activity tend to remain active as they get older. Children who are not active tend to be inactive adults.



A Kaiser Family Foundation study found that nationwide, children under the age of six spend an average of two hours a day watching television and videos, using computers and playing video games.

The American Academy of Pediatrics recommends that children should be active at least 60 minutes every day. BCAC surveyed licensed child care centers in Bridgeport to determine the amount of time spent in physical activity. Of the 18 licensed centers responding to the survey, only 10 kept children active at least 60 minutes a day.

There are no recommended minimum standards for physical activity under state licensing requirements for child care centers or family day care homes. Neither Head Start nor the National Association for the Education of Young Children (NAEYC), which accredits early childhood programs, has minimum requirements for time spent in physical activity.

What child care centers can do to help children maintain a healthy weight

In Bridgeport, as many as 4,630 young children are in full-day child care and Head Start programs. Preschoolers can spend as many as 8 to 10 hours a day in child care centers. Child care providers can promote the healthy development of young children by putting creative nutritional and physical activity programming into practice.

Best practices used by Bridgeport child care centers and family day care homes

- Encourage child care staff to eat with the children, but not to eat candy or drink soda in front of them.
- Establish a policy prohibiting “junk food” – foods high in sugar and/or fat.
- To help children try new foods, involve them in activities related to food and eating.

To help children try new foods:

- Encourage children to help prepare and mix the food they will eat.
- Serve foods that can be spread, poured or broken by hand.
- Ask the children to describe the food they are eating – have them identify the color, shape, texture of the food – and have a tasting party with new foods.
- Show different ways you can prepare food, such as slicing, dicing, making sticks or shredding.

Ideas to involve parents

- When a healthy snack is made at the center, send the recipe home with the children and encourage parents to make it for their families.
- Have a potluck dinner and ask each family to bring in a vegetable dish.
- Organize a program for parents on how to encourage children to eat more fruits and vegetables; encourage recipe sharing.

Captain 5 A Day – A Proven Program

Captain 5 A Day was developed by the Connecticut Department of Public Health. The program’s goals are to encourage preschoolers to eat more fruits and vegetables and to be more physically active. Training on this tested and validated program is free from the Department of Public Health and includes a kit with an audio- and videotape, as well as activities for children and parents. Family day care home providers are eager for such training as evidenced by the 25 providers who participated in a Captain 5 A Day training organized by BCAC in February 2006. For more information on Captain 5 A Day, call the Department of Public Health at (860) 509-7803.

Additional ideas to promote good mealtime practices

Parents and caregivers can help children learn to self-regulate and not overeat. Studies have shown that very young children from infancy to age 4 generally eat only until they are full. However, by the time they are 5, there is evidence that children will eat what is put on their plates and may overeat. In other words, if a 3-year-old is given a bag of potato chips, he or she might eat only half the bag. A 5-year-old is likely to eat the entire bag, even if he or she is not hungry.

Parents and caregivers should determine *when* children eat and *what* food to eat; children can determine how *much* to eat. Let children be their own guides and serve themselves to help them learn to select only the amount they will eat.

A new food may need to be introduced to young children as many as seven or eight times before they will eat it.

Mealtimes should be pleasurable; try to let children take their time eating and not rush them.

Recommendations

Local Level

CHILD CARE CENTERS

- Actively encourage low-income families to apply for WIC and food stamps
- Provide opportunities for children to be physically active at least 60 minutes a day, regardless of the weather
- Adopt a “healthy food only” policy
- Participate in training on Captain 5 A Day, implement the program onsite and retrain staff annually

BUSINESSES

- Adopt “breastfeeding friendly” policies in companies, such as providing flexible time and private space for nursing mothers
- Require health insurance to cover lactation counseling

State Level

- Promote early recognition of obesity by requiring health care providers participating in HUSKY to monitor children’s weight once a year using the BMI growth charts
- Increase funding for WIC to support local outreach and follow-up with families

National Level

- Increase federal funding for the Food Stamp Program to support local outreach
- Adopt standards for minimum activity levels – 60 minutes per day – as part of Head Start and NAEYC (National Association for the Education of Young Children) accreditation

**A special thank you to the
Connecticut Health Foundation
for its support.**



**BRIDGEPORT CHILD
ADVOCACY COALITION**
2470 Fairfield Avenue
Bridgeport, CT 06605
(203) 549-0075
FAX (203) 549-0203
www.bcacct.org

Chairwoman: Rae A. Sharp
Health Task Force Co-Chairs: Edith Cassidy and Frances Newby
Executive Director: Marilyn Ondrasik
Assistant Director: Barbara Edinberg
Senior Staff Associate: Anna Washington
Staff Associates: Jordanna Condall, Administrative Support
Mory Hernandez, HUSKY Outreach
Andrew Martinez, Research and Public Policy