

Obesity Prevention: healthy eating habits

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In North Carolina, the percentage of adults who are obese has doubled from 13 percent in 1990 to 30 percent of the population in 2009 – and the problem extends across the nation. If we continue at this rate, it is likely that half of all U.S. adults could be obese by 2030.

The worse news is that the obesity epidemic is present long before we reach adulthood or even adolescence. In Durham County, 1 in 5 low income children age 2 to 4 seen in WIC or child health clinics is already obese, and adults are responsible for this grim reality. Our young children model eating and health behaviors after parents and caregivers.

The most recent data from the Kindergarten Health Assessment (KHA) Project, a collaborative project of Durham's Partnership for Children and Durham Public Schools that analyzes state mandated KHA forms to assess the health status of young children when they begin kindergarten, shows that nearly 18 percent of all children entering kindergarten at Durham Public Schools in the 2010-2011 school year were either overweight or obese.

The cause of childhood obesity seems simple enough: children consume too many calories for their level of physical activity. While these two factors indisputably make up the equation for how much we weigh, most children are dealing with additional stressors, including unhealthy school menus, unsafe places to play, limited access to healthy and affordable foods, and early childhood settings that do not promote healthful eating and physical activity.

School children that are overweight or obese face greater obstacles in the classroom. They may develop health risks such as asthma or diabetes; obese children also have a greater risk of social and psychological problems, including discrimination and low self-esteem, which can persist in adulthood.

We know that it is critical to raise our children in environments that foster healthy eating habits and adequate physical activity in order for them to enter the academic world in optimal health. And health and physical development is just one of five areas of development that represent the whole child (other areas include social and emotional, language and communication, approach to learning, and cognitive skills). In order to educate parents, schools, and health care professionals on the importance of child health and well-being, the Partnership and its partners developed recommendations for building blocks for healthy living and the importance of good nutrition and regular physical activity.

Tips to help children develop healthy eating habits:

- Be a healthy role model and show by example
- Re-think your drink – choose water
- Talk with children about making smart food choices
- Eat more meals at home. Involve children in meal planning, preparation and cooking. Children are more likely to eat what they help make.
- Get Moving! Make physical activity a part of every day.

Recommendations for infants and toddlers (0-24 months):

- Breastfeed for at least the first year of life. Infants who are not breastfed should be given iron-fortified formula.
- No cow's milk until 12 months.
- Serve whole milk between 12 months and 2 years.
- No juice until 6 months of age.
- Limit juice to 4-6 fluid ounces per day. Only feed juice from a cup.
- Introduce new and healthy foods and wait 4 days between offerings in case of allergic reaction.
- Do not introduce foods with little nutritional value.

Recommendations for toddlers and young children (2-5 year olds):

- Fruits and Vegetables: Two servings daily. These may be given as snacks, such as apple or carrot slices.
- Whole Grains: Four servings daily. Examples: multigrain toast for breakfast, a sandwich on wheat bread for lunch and brown rice or another whole grain for dinner.
- Milk and Dairy: Three servings daily. These can include cheese, yogurt and milk.
- Protein: Two servings daily. Encourage children to try a variety of proteins, such as turkey, eggs, fish, chicken, and baked beans.

Best Practices for Healthy Eating in Child Care:

- High fat, high sugar, and high salt foods are served less than one time per week or not at all.
- Sugar sweetened beverages are not served.
- Children older than two years are served reduced fat milk (skim or 1%).
- Clean, sanitary drinking water is available for children to serve themselves throughout the day.
- Nutrition education is offered to child care providers at least one time per year.
- Juice is limited to a total of 4-6 ounces or less per day for children over one year of age.
- Food is not used as a reward or punishment.
- Nutrition education is offered to children at least three times per year.
- At least one child care provider sits with children at the table and eats the same meals and snacks.
- Children are encouraged but not forced to eat.