Obesity Among Low-Income Preschool Children

1 of 3 Children Are Obese or Overweight Before Their 5th Birthday

According to the 2009 *Pediatric Nutrition Surveillance System* (PedNSS) data, nearly one-third of the 3.7 million low-income children aged two to four years surveyed were obese or overweight, and 541,000 were obese.
Learn more at: www.cdc.gov/obesity/childhood/lowincome.html.

Health Risk Now and Later for Obese Children

- Obese children are more likely to have high blood pressure, high cholesterol, and type 2 diabetes, which are risk factors for cardiovascular disease.
- Obese children are more likely to become obese adults.
- The tracking of body mass index (BMI) that occurs from early childhood to adulthood has been documented, and early adiposity rebound in young children is associated with increased risk of obesity in young adulthood. [1,2]

Some Children Burdened More Than Others

- American Indian and Alaska Native (20.7%) and Hispanic (17.9%) children aged 2 to 4 years have the highest rates of obesity.
- Since 2003, American Indian and Alaska Native children are the only ones that have shown a significant increase in obesity rates (1.7%) since 2003.

Overweight for children is defined as a BMI at or above the 85th and less than the 95th percentile, and obesity is defined as a BMI greater than the 95th percentile for age and gender per the 2000 CDC Growth Charts.
See www.cdc.gov/growthcharts.

Importance of Reaching Low-Income Families

- According to the U.S. Census, in 2009, the number of U.S. people in poverty is the largest number in the 51 years poverty estimates have been published.
- Low-income families generally have less access to both healthy food choices and opportunities for physical activity. Many need nearby retail stores that provide healthy, affordable foods, as do many rural and predominantly minority communities. At the same time, many low-income communities lack or have restricted access to sidewalks, green space, parks, and recreation centers that may be perceived as unsafe; all are possible barriers to leisure time physical activity.
- More families are turning to public health programs, such as the *Special Supplemental Nutritional Program for Women, Infants and Children Program* (WIC), to meet the needs of their children younger than 5 years.

The PedNSS is a child-based public health surveillance system that describes the nutritional status of low-income U.S. children who attend federally-funded maternal and child health and nutrition program, primarily the WIC Program.
Learn more at: http://www.cdc.gov/PedNSS.

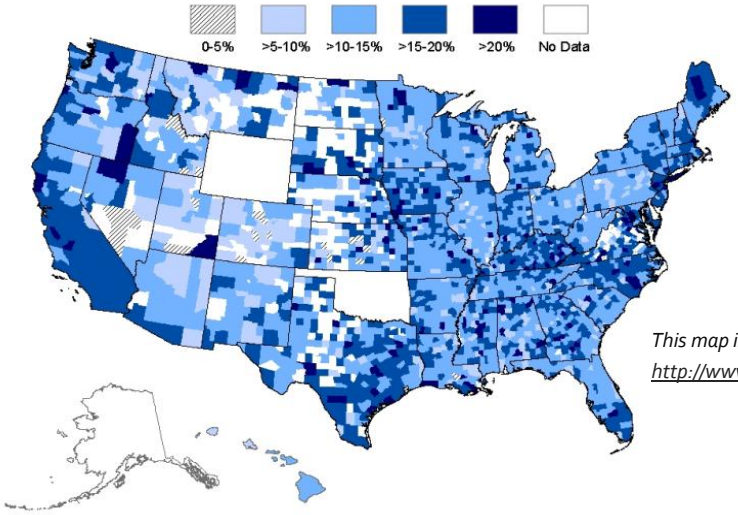
National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity and Obesity

Obesity Rates Among U.S. Low-Income Preschool Children

Obesity Rates Exceed Health Goals

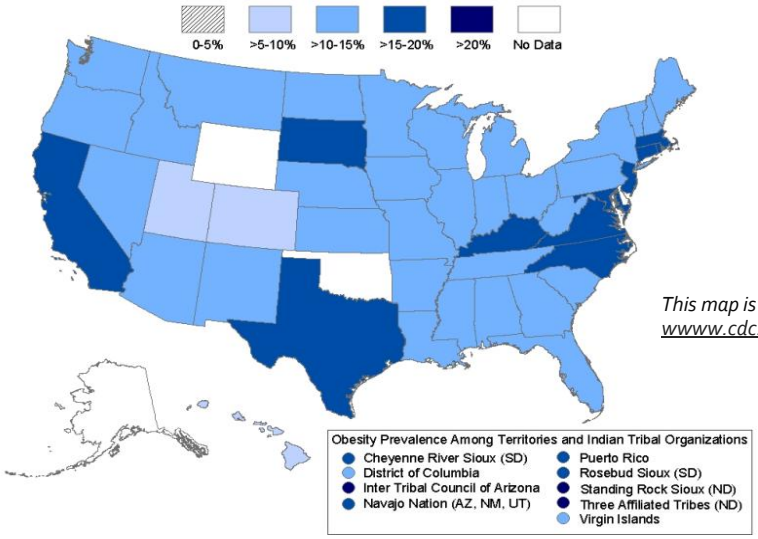
Few states, U.S. territories, or Indian Tribal Organizations had an obesity rate among low-income preschoolers participating in the 2009 PedNSS at or less than the *Healthy People 2020* target of 9.6%.

2007–2009 County Obesity Prevalence Among Low-Income Children Aged 2 to 4 Years



This map is accessible at http://www.cdc.gov/obesity/childhood/lowincome.html .

2009 State Obesity Prevalence Among Low-Income Children Aged 2 to 4 Years



This map is accessible at wwww.cdc.gov/obesity/childhood/lowincome.html .

Key Statistics

- 1 of 7 low-income, preschool-aged children is obese.
- 37.4% of counties with at least 100 records in the PedNSS have childhood obesity rates exceeding 15%.
- 5.5% of such counties have childhood obesity rates exceeding 20%.
- In 2009, American Indian or Alaska Native children had the highest prevalence of obesity (20.7%), followed by Hispanic (17.9%), non-Hispanic white (12.3%), non-Hispanic black (11.9%), and Asian/Pacific Islander (11.9%) children. The only increase in obesity rates since 2004 occurred among American Indian or Alaska Native children (1.7% increase).
- County obesity rates are variable within states. Even states with the lowest prevalence of obesity have counties where many low-income children are obese and at risk for chronic diseases.

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Action on Early Childhood Obesity: Priority Strategies

Increasing Physical Activity

- Priority strategies include increasing access with informational outreach, and conducting community-wide campaigns.
- Use the CDC's *State Indicator Report on Physical Activity, 2010*, to identify your state's needs, develop solutions, and work together within your community to promote physical activity among young children and their families. Available at http://www.cdc.gov/physicalactivity/downloads/PA_State_Indicator_Report_2010_Indicators.pdf.
- Access national guidelines at http://www.cdc.gov/physicalactivity/everyone/guidelines/children.html and http://www.aahperd.org/naspe/standards/nationalGuidelines/ActiveStart.cfm.

Increasing Fruit and Vegetable Consumption

- Priority strategies include starting or expanding *Farm to Where You Are* programs (e.g., farm to school, farm to health care, and farmers markets in communities), improving retail access, and promoting food policy councils.
- Use CDC's *State Indicator Report on Fruits and Vegetables, 2009*, to identify your state's needs, develop solutions, and work together within your community to promote fruits and vegetables. Available at http://www.fruitsandveggiesmatter.gov/health_professionals/statereport.html.
- Learn more about the WIC food package revisions that improves retail access to farmer's markets. Available at http://www.fns.usda.gov/wic/benefitsandservices/foodpkgallowances.HTM.
- Research-tested interventions, including a nutrition and physical activity self-assessment tool, resources related to *Eat Well Play Hard* in Child Care Settings, *KaBOOM*, and supporting communities to build play spaces, are accessible at www.center-trt.org.

Reducing Energy Dense Food and Sugar Consumption

- Priority strategies include ensuring that regulations and policies at all levels promote healthier foods and beverages in places where young children eat. Limiting access to sugar beverages and applying nutrition standards in child care settings are priority strategies.
- Standards for preventing obesity in early care and education programs are available at http://nrckids.org/CFOC3/PREVENTING_OBESITY/index.htm.
- Access *Head Start Body Start!* Resources for promoting physical activity and healthy eating are available at http://www.aahperd.org/headstartbodystart/.

Breastfeeding Initiation and Duration

- Priority strategies include developing state coalitions to support breastfeeding and implementing supports in maternity care and work site settings.
- Access state results on the *Maternity Care Practices Survey* at http://www.cdc.gov/breastfeeding/data/mpinc/index.htm.
- Use the *CDC Breastfeeding Report Card* to identify your state's needs, develop solutions, and work together within your community to promote and support breastfeeding. Also access the *CDC Guide to Breastfeeding Interventions at* http://www.cdc.gov/breastfeeding/resources/index.htm.
- The *WIC Program* is expanding breastfeeding peer counseling services. Learn more at http://www.fns.usda.gov/wic/resources/.
- Read the latest national breastfeeding recommendations at http://www.surgeongeneral.gov/topics/breastfeeding/index.html.

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Decreasing Television Viewing

- Priority strategies include establishing policies to limit TV viewing in childcare settings. Childcare providers are sharing responsibility with parents for children during important developmental years.
- Research links eating nutritious food and limited screen-time, to more healthy childhood weight. Young children need places and time to play instead of watching television. In addition, foods high in sugar, fat, and salt are highly advertised on television, influencing children's eating habits.[3,4,5,6]
- Apply television and screen-time standards recommended by the *American Academy of Pediatrics*. Learn more at http://aappolicy.aappublications.org/cgi/content/full/pediatrics;107/2/423.

First Lady Obama Launches Let's Move

- Seeks to eliminate obesity in a generation.
- Campaign's main points of action are
  - Empowering parents and care givers,
  - Providing healthy food in schools,
  - Improving access to healthy affordable foods.

http://www.letsmove.gov/.

CDC State and Community Obesity Programs and Recommended Strategies

Through the *Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases*, and the *Communities Putting Prevention to Work initiatives*, CDC provides funding to all 50 states to invest in policy, system and environmental approaches to improve dietary quality, increase physical activity, and reduce obesity. Visit *CDC's State-Based Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Disease* at http://www.cdc.gov/obesity/stateprograms/statestories.html. Read about *Communities Putting Prevention to Work* at http://www.cdc.gov/chronicdisease/recovery/.

CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States, 2009, offers guidance to improve local policies and the physical environment that influence daily choices that affect our health. Learn more at http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf.

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