

Strategies to Support and Encourage Healthy Active Living

Lisa: Hello and welcome. Thank you for joining us today for "Strategies to Support and Encourage Healthy Active Living." This webinar is presented by the Head Start National Center on Health. At this point, I would like to introduce today's speaker. Florence Stevens is the Safety and Health Promotion Initiative Manager at the American Academy of Pediatrics in Elk Grove Village, Illinois. She has extensive community-based experience in designing and implementing public health programs -- specifically, an Early Head Start home visiting program targeting homeless and mentally ill parents in Chicago. She has also served as the manager of a women's, infants and children clinic in Gary, Indiana. Ms. Stevens has experience developing health strategies with high-risk families to achieve healthier lifestyles. She has a Bachelor of Science in Dietetics and a Master's in Public Health. Again, thank you for joining us today. I'm going to turn it over to Florence.

Florence Stevens: Thank you, for the introduction, Lisa. I'm happy to be here today to discuss how we, as Head Start staff, can support families within healthy active living. I would like to spend time reviewing obesity in children, where we stand at a national level, and why obesity is important in the age group Head Start and Early Head Start serves. I also want to introduce the 5210 framework, talk about how families perceive obesity messages, and review helpful resources, including the recently developed tools in the National Center on Health, the Healthy Active Living flip chart and tearpad. As registrants for this webinar, these tools will be mailed to you following your webinar evaluation. At a national level, about one in five preschoolers are carrying excess weight when they enter kindergarten. This is more important than it seems. Overweight preschoolers are five times more likely, compared to their normal weight peers, to be overweight or obese as adults.

So, children in your programs, today, who are overweight or obese are five times more likely to struggle with this as adults and with the health consequences being overweight or obese can bring. What you will hear me say over and over again is just how critical you are to help families make healthy behavior changes now. Recent data from the CDC reported earlier this month that obesity rates among low-income preschoolers are dropping. The data comes from the Pediatric Nutrition Surveillance System and found from 2003 to 2010 the prevalence of obesity decreased from 15.21 to 14.94. So, a very minimal but encouraging change.

I would like to note, though, that this decrease was seen in all groups except for American Indian and Alaskan natives. This group actually saw a slight increase. Which leads me to my next slide. Obesity disproportionately affects minority children. American Indian, Alaskan natives, and Hispanic children age two to four have the highest rates of obesity, while non-Hispanic white children show the lowest rates of obesity. These racial and ethnic disparities are starting early and appear to be widening.

So, we have covered that overweight and obese children are likely to be overweight and obese adults, but of particular interest to you as Head Start staff is that children have assumed the eating habits of their family by age two. So, this speaks to two things. One, your role in interventions are vital to breaking the continuance of obesity, not just in children but into their adult lives. The second is that as we plan interventions, we cannot focus solely on the child; rather, our efforts need to encourage the whole family to change.

Why is this important? Obesity in adults has been associated with cardiovascular risk factors, increased healthcare costs, and premature death. Obese adults are at increased risk for stroke, coronary heart disease, hypertension, type 2 diabetes, certain types of cancer, depression, among others. Since children who are obese are more likely to be obese adults, your efforts at this age translate to long-term and substantial health benefits. The data we reviewed can be overwhelming, especially if you try to translate these figures to your role in your Early Head Start or Head Start program.

What does this mean for you? What I would like for it to mean to you is just how important you are regarding childhood obesity. You have multiple opportunities to help families make changes. It is easier for them to establish healthy habits now, rather than change later in life. And this also might be a good opportunity to discuss our own healthy behaviors. You don't have to be the model of health to model being healthy. We all struggle with leading healthier lives, and I will encourage all of you to use your own struggle, as you help families make changes. Don't feel that because you are not a healthy weight or the model of health that you cannot talk to families about making healthier choices. In certain circumstances, you may actually be the best person.

Most current evidence has identified these factors, that you see on your screen, as those that can influence early childhood obesity. If you look closely, you will notice that Early Head Start and Head Start programs have a role in every single one of these factors, from the time that you enroll a pregnant woman to when you send her child off to kindergarten.

So, what do we know? In general, we know that children are not eating enough fruits and vegetables. On an average day, 30 percent of preschoolers did not consume a single serving of vegetables; 25 percent did not consume a single serving of fruit. On the flip side, however, 86 percent consumed dessert sweets and sweetened beverages every day. If they are eating vegetables, they tend to be starchy ones, such as potatoes and corn. Vegetable consumption typically drops considerably at nine months as babies transition to finger food. The vegetables are often replaced with non-nutritious snack foods, such as crackers, cereal, French fries, and cookies. And unfortunately, this pattern actually remains through adulthood.

Small changes, however, can make a difference. Eliminating only 33 calories a day can reduce levels of obesity. This can be done by offering more fruit, veggies, and yogurt and less sweets, French fries, pizza, and juice. A hundred percent fruit juice is often recommended as a great source of vitamin C and parents often think it's a healthy option. But as with most things, it must be served in moderation. Ten to 15 percent of calories in the diets of young children come from sugar-sweetened beverages including juice. Switching from juice to fresh fruit can help eliminate these 33 calories a day.

So, let's talk about physical activity. Infants need activity, too; it is recommended to provide five to ten-minute supervised active breaks throughout the day. Research has shown that infants who spend too much time confined in car seats, swings, strollers, etcetera, may experience delayed motor skill development. So, it's important to provide tummy time and teach families how to safely provide it at home. And then children age one to five should get 30 minutes of structured play and at least 60 minutes of unstructured play every day. The data shows that many children under five years of age do not receive 60 minutes of moderate or vigorous physical activity each day.

On the next slide, research has also shown that young children are often sedentary from over 30 to 56 minutes per hour. So, we can see that children are not getting the physical activity they need to grow and learn. Screen time. Screens are more prevalent than ever. Children under two spend twice as much time reading TV and videos as they do reading books. Thirty percent of children three and younger also have a TV in their bedroom. And children who have a TV in their bedroom are more than twice as likely to be overweight. Research has shown that something as simple as taking the TV out of the bedroom can improve their sleep habits and decrease their risk of obesity.

For those of us who work with families, we understand that TV time can be a struggle. Parents often value TV or online games that provide educational value. They feel these activities are good for their children and they also value the time TV gives them-- that TV will entertain their child while the parent can cook dinner, clean the house, or sometimes even just take a deep breath. Parents have even told us that limiting screen time to zero is unachievable and will, in fact, stop listening to anything else we have to say, once zero screen time is mentioned.

Your role is to help parents understand why screen time can be an unhealthy habit and strategize ways they can cut back. Even if families can't cut out TV completely, cutting back will help. Over the past two years, there has been a significant decrease in the amount of sleep children get, with the most pronounced decrease seen in children under three. Less sleep is associated with an increased risk of obesity, in not only children but adults as well. So, establishing and maintaining bed and nap time routines is very important.

All right, and this list shows the target behaviors within infant age groups that have the strongest evidence for intervention. The next slide are the target behaviors for young children that research has identified to have the strongest link to obesity. If you notice on both of these two slides, Early Head Start and Head Start programs have identified all of these as areas of health that should be focused on. So, the figures I've just discussed represented children at a national level.

Let's take some time to examine what's going on in Head Start. About a third of the children who enter Head Start are already overweight or obese, but the great news is that many programs are doing more to support healthy eating and growth motor activity than required. So, many programs have identified a need for their children and to pass the minimum requirements to help our children be healthier. And the data that I'm displaying in the next few slides actually comes from the SHAPES study which is the Study of Healthy Activity and Eating Practices and Environments in Head Start.

Fruit juice accounts for a third of all fruits and vegetables consumed by preschoolers. And according to the study, 94 percent of programs support a base of some fruit other than juice each day. And the calories from white potatoes in a child's diet double after one year, and French fries become 41 percent of calories from vegetables by the age of two. I'd like to actually repeat that, because almost half of all the calories from vegetables for a two-year old typically come from French fries.

So, as we can see here, that 97 percent of programs serve some vegetable other than fried potatoes is a step in the right direction. And then these are some further statistics about what Head Start programs are also doing, which includes 91 percent of programs reported serving fruit and vegetables every day.

With regards to physical activity, 74 percent of programs reported providing children with structured gross motor play for at least 30 minutes each day and 73 percent reported providing unstructured gross motor activity for at least 30 minutes each day. But if you'll notice the second bullet point, this number dropped significantly for programs who provide both structured and unstructured activity each day. Children who engage in physical activity are more likely to stay healthy, focused and engaged in all learning activities in your program.

So, incorporating both structured and unstructured play can enhance their health and well-being and also enhance how well they learn. So, I think we've covered how well you're already doing to encourage healthy active living with your families; however, I think we can all acknowledge there is more that we could do.

The National Center on Health asked Head Start health managers what they felt kept them from enhancing their current activities and talking with families about healthier habits. What you told us at the time; oh, I'm sorry; what you told us was that time, knowledge, and money were barriers, that you wanted help communicating with and engaging families around obesity, addressing cultural barriers related to healthy living and improving staff wellness. You also told us that you would like more plain language and culturally appropriate education materials for staff and for your families. And you also told us that you think barriers for families in making healthier choices include a lack of access to healthy foods and safe places to play, their knowledge about the healthy choices to make, and cultural barriers. So, we have heard you.

I would like to spend some time this afternoon, then, addressing these knowledge, communication, and engagement barriers. I will be reviewing some high-level messaging informed by parents, provide strategies to communicate with families about healthy active living, and finally, I want to showcase the resources I mentioned in the beginning that were built with these parent-informed plain language messages. So, what do parents think of our obesity messages? What resonates with them and what doesn't? Understanding what motivates families will help us as Head Start staff connect and partner with parents to make healthier choices for their families. If we ignore the parent perspective, we will be spinning our wheels. We will keep seeing the same messages and parents will keep ignoring us.

So, this data was actually collected from the Institute for Healthy Childhood Weight. They conducted 30 focus groups across the country with both English and Spanish-speaking low-income families. They asked them to inform the development of obesity messages and then later evaluate how well the drafted messages resonated with them. And this slide is just a map of where those focus groups were conducted. So, parents were able to acknowledge that obesity is a serious problem, just not for their family, and they felt there were too many mixed messages about obesity.

It is important that we provide the same healthy active living messages within the community -- so, among pediatricians, nurses, WIC staff, as well as within our own Head Start programs. The health manager, teacher, family service worker all need to understand the concepts related to healthy active living and be giving families the same message. And parents told us they prefer, when they are provided with written health information, that it is plain language, so low literacy with very little text and visually appealing.

We need to keep in mind that parents have a lot to focus on at any one time, and we need to provide materials with clear messages that require little reading. Things parents did not like hearing in their message: The use of "obesity," especially when we're talking about infants; they prefer terms such as healthy active living, healthy weight, and healthy habits. They also told us they don't respond to future outcomes. So, it doesn't resonate to tell a mom that breast-feeding will have long-term health benefits for her baby. This isn't that mom doesn't care about the long-term health of her baby, but because she's trying to survive today, she's really thinking about how she's going to sleep tonight, rather than what the effects will be on her child in 20 years.

So, parents did respond to messages that acknowledge them as experts on their child. That while we might have knowledge of best recommendations, they know and understand what works for their family best. They also look for the why behind our recommendations and wanted actionable strategies that worked for their family. So, when you're talking with families, consider using terms such as healthy active living, healthy habits, and growing healthy. And this is just an example of a message that was created based on those focus groups of what parents said resonated with them.

And then here is the example that I mentioned earlier. Instead of long-term outcomes, talk with parents about immediate benefits. For example, mom's baby will be sick less often if she breast-feeds. This is something she can relate to in the near future. And when talking with families, explain the "why" behind your recommendations -- why should this be important to them.

And another way to share the "why" is with "did you know" statements such as, "Did you know that 100 percent fruit juice can harm your baby's teeth?" And acknowledge their expertise and important role as a parent. Ask open-ended questions and listen to what families have to say in order to build strategies together. And partner with families to build realistic actionable strategies. This speaks to meeting families where they are. If their child is watching four hours of TV a day, it's unrealistic to ask them to reduce that time to zero immediately. Instead of telling them it's bad and to stop, partner with parents to find solutions that work for them. Once families make a commitment and change toward healthier behaviors, you can help them build on their small successes. And finally, acknowledge their real-life experiences and varying sources of information such as grandparents, neighbors, and friends. Parents have told us they value the opinions and experiences of people they consider their peers. And it's most important overall to listen to the family and personalize information to their needs.

5-2-1-0 is a simple and common framework that can be used to create consistent messages around a complex issue, to provide simple healthy habits to follow and make the biggest health impact. These are simple messages that families can both understand and remember. These are not the only messages that you may need to discuss with families, but they can be a starting place for your dialogue. So, five or more fruits and vegetables a day: This can serve as the doorway to talking about healthy nutrition and setting realistic goals for veggie and fruit consumption. Two hours or less of screen time a day, one hour or more of physical activity a day can be the pathway to talking about movement and active play. And then zero sugar-sweetened beverages can be a starting point to talking about risky behaviors, such as consuming sugar-sweetened beverages. I'd like to take a note to talk about best recommendations.

We actually want children to eat nine fruits and vegetables a day and children under two to have no exposure to screen time. But as we covered earlier, families are not even close to these goals. Families need to feel that being healthy is attainable, and these goals are a good starting place. This framework is being used in many state campaigns from Maine all the way to Hawaii, and these are just some examples of how the other states have tailored it to their needs. And 5-2-1-0 is also consistent with major drivers of policy and education for childcare, such as Let's Move Child Care and Caring for our Children. So, here are some suggested resources, and I'll point out the extended food and nutrition education program which is led by the USDA. You can find more information on the USDA website, but this program can offer individual or group nutrition education for your families and can be a great supplement to your services.

And then, of course, use the resources that you have available. Members of your Health Service Advisory Committee, such as the registered dietitians, physicians, and nurses, can be great assets. And then this is a list of online resources that may support your obesity prevention. I'd like to point out two resources on this slide, Healthy Choices Little Voices and I Am Moving, I Am Learning. These resources are great if you're ready to take your healthy active living services to the next level. They're obesity-prevention curriculums that integrate healthy active living throughout your program.

If your program is ready to take this next step, I highly recommend these two resources. And then the parent focus groups that I presented earlier were used to inform the Institute for Healthy Childhood Weight, Healthy Active Living for Families, or HALF project, for short. This project created a parent resource Web page for these parent-informed obesity messages. So, parents have the choice to dive into information related to their child's age or topic of interest.

They also have the opportunity to read what other parents think in parent-to-parent quote boxes integrated throughout the website. And you can find this resource at [HealthyChildren.org /growinghealthy](http://HealthyChildren.org/growinghealthy).

And then we've reached our resources. So, the National Center on Health used strength-based plain-language messages that were informed by evidence and parent feedback to develop two educational tools, the Growing Healthy flip chart and tearpad. These educational tools were designed to support and engage Head Start staff and families in healthy eating and active living. The messages found within these resources were also developed on -- based on the 5-2-1-0 framework we covered earlier. So, in the front of the chart is intended to engage and support family-directed healthy active living discussions.

Notice the reliance on images and plain-language messages. The back side of the chart is for you to use as reference points during your conversations. It starts with a "why is it important" section, because if you remember, parents told us they value the "why" behind healthy active living information. So the "why" has been provided to help you explain the importance of healthy habits and how these habits can directly affect their child. And in the following section on the back side of the flip chart focuses on potential talking points to use with families. These messages are often categorized by age or healthy active living target such as toddler and infants or physical activity and screen time. These talking points are also strength-based and plain language. And then this the Growing Healthy tearpad. This is a great resource to help families create healthy active lifestyle goals. As you can see, the 5-2-1-0 messages are already placed on the front, and the back of the tearpad provides healthy active living strategies for families. Remember, parent-derived goals should be actionable, reachable, and time-sensitive.

The benefit of the tearpad is that it encourages parents to make their own goals, write them down, and then they can keep it in their -- post within their home or on their refrigerator. And then it looks like we have plenty of time for questions. So I think that we're going to answer a couple of questions, and give me just one moment.

Lisa: Okay, thanks, Florence, for that great information, and thanks to all of you who are sending in questions for us. Keep them coming. Florence, could you just take us back to slide number 29? It's the slide with the map of the United States where you were talking about the focus groups. We've had a couple of questions about what do the different colored dots mean that are on some of the states? I don't know if you could speak to that a little bit, or tell us a little bit more about some of the focus groups that you were doing.

Florence: So, the green dots represent the focus groups conducted in Spanish, and I believe the yellow and blue dots were to represent those that were "asked to inform" messages, and then the yellow dots were those groups were asked to evaluate the messages once they were created.

Lisa: Okay, great. We were told to -- this is a question from a participant. We were told to only purchase 100 percent juice. If it contains too much sugar, what should we do? Can we add water to it?

Florence: Typically we don't recommend adding water to it, and you won't be asked to purchase anything less than 100 percent fruit juice. My recommendation, and what we were discussing today, is that instead of juice and in place of juice, serving water, low-fat milk, or fresh fruit. I think my point I was getting at was more so that juice, while 100 percent juice, provides sugar to a child's diet.

Lisa: Great. Do the new My Plate initiatives replace the food pyramid?

Florence: Yes, the new My Plate initiatives were a redraft of My Pyramid, and so those are the new concepts.

Lisa: Okay, we have a couple of questions about having the resources made available, so the tearpad and the flip chart, we will go over that at the end of the webinar, so rest assured, we will cover that information for you. Florence, do you have any suggestions about how to help those children who have the opposite problem from obesity and struggle with being underweight despite healthy balanced meals and snacks?

Florence: Well, very often children who are overweight and underweight have very similar issues or interventions, planned interventions. I would, again, work with the family very closely to examine diet and have referrals to registered dieticians for those who are underweight.

Lisa: We often see children under two with hand-held computer games and iPods and things like that. Is this harmful even though they aren't really reading or playing anything?

Florence: The point that we're trying to get at with that is that they're also not playing, so they're not being active while they're on the screen. The time that they spend looking at computer games or smartphones or even watching cartoons is not time that they are allowed to be active.

Lisa: Okay, great. And it looks like we have right now just a couple more questions related to things that are not the materials. So should we be using BMI charts for all Head Start children regardless of their ethnicity or race? I think this comes from early when you were talking about how in across the different race groups and ethnic groups there are different risk factors for obesity.

Florence: Right. And we also have to take in account that the charts that you're speaking of were actually created based on white children, I believe, and so you don't have the racial diversity that perhaps we may see in a Head Start program. However, it's important to remember that BMI is a guidance and a figure that you can use, not to necessarily say that a child is always overweight or obese based on that one factor alone but to examine the diet in its entirety and also growth pattern. So it's a great tool if you're plotting the individual growth patterns of that child, regardless of their ethnicity.

Lisa: Thank you. Could you clarify for everybody what is low-fat milk and at what age should children be switching from whole milk to low-fat milk?

Florence: Typically, it's recommended that children at age two decrease from whole milk to low-fat milk. In Head Start programs, we usually call low-fat milk 1 percent or non-fat, but you can also use 2 percent as a low-fat milk. But if you're in the Head Start program, that is usually what they're talking about is 1 percent and non-fat.

Lisa: Okay, great. Thank you, Florence, for sharing your time and expertise with us today. It looks like we are going to wrap up a little bit before our scheduled hour time slot. Please continue to send in questions. We will absolutely answer them via email, if we weren't able to get to your question today. I'm going to pull up the National Center on Health contact information so that you can see how to get in touch with us. On the screen, you'll see our toll-free phone number, 888-227-5125. We also have an email address and it's nchinfo@aap.org.