

## **Talking Points for *Promoting Healthy Weight and Development in Early Childhood***

1. Many factors influence healthy weight and development. These factors can be shaped to positively affect everyone.
  - Achieving a healthy weight is influenced by determinants of health including genetics and family history, income, education, social support, race and ethnicity, and how your community is built.<sup>i</sup>
  - In Oregon, nearly 15% of children aged 2-5 years old participating in WIC are obese, over a quarter of 8<sup>th</sup> graders are overweight or obese, and 60% of adults are overweight or obese.<sup>ii,iii,iv</sup>
  - Being obese increases a person's risk of developing many chronic diseases including coronary heart disease, stroke, diabetes and some cancers. It can also decrease social/emotional wellbeing and increase risk for depression.<sup>v,vi</sup>
  
2. Public health promotes healthy weight and development by guiding actions during critical life periods.\*
  - Preconception, pregnancy and early childhood are critical time periods with opportunities to reduce risks and promote protective factors for lifelong health.
  - Maintaining a healthy pre-pregnancy and pregnancy weight, supporting exclusive breastfeeding during the first six months with continued breastfeeding for at least a year, promoting good nutrition, encouraging physical play, and supporting parents to create safe, stable and nurturing homes are all positive actions to prevent obesity now- and in the future.
  
3. Local public health and community partners have an integral role in supporting efforts for Oregon's smallest citizens to achieve healthy weight and development.
  - Local public health departments' core work is to promote healthy behaviors and engage partners.
  - Maternal and Child Health programs promote healthy weight and development for women, children, and families by supporting families before they are pregnant, when they are expecting, and during the formative years of their child's life.
  - Public health serves local communities through assessment, policy development and assurance of services.

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Critical Life Course Period	Modifiable Risk Factors for Child Obesity
Preconception	pre-pregnancy weight <sup>vii</sup>
Pregnancy	pregnancy weight gain, smoking behavior, and uncontrolled diabetes or gestational diabetes <sup>viii,ix,x</sup>
Early Childhood	low birth weight, large for gestational age <sup>xi</sup> , use of infant formula, feeding practices, introducing solid food before 6-months, early growth rebound, insufficient sleep <sup>xii-xiii</sup> , screen time, poor nutrition, limited physical activity, and the influence of places where children spend time, such as early care and school <sup>xiv</sup> , exposure to adverse childhood experiences <sup>xv</sup>

<sup>i</sup> Rahman T, Cushing RA, Jackson RJ. Contributions of built environment to childhood obesity. *Mt Sinai J Med.* 2011;78:49-57

<sup>ii</sup> 2006-2008 Pediatric Nutrition Surveillance System, Centers for Disease Control and Prevention.

<sup>iii</sup> 2009 Oregon Healthy Teens Survey

<sup>iv</sup> 2009 Oregon Behavioral Risk Factor Surveillance System

<sup>v</sup> NIH, NHLBI Obesity Education Initiative. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Available online: [http://www.nhlbi.nih.gov/guidelines/obesity/ob\\_gdlns.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf)

<sup>vi</sup> Luppino FS, de Wit LM, Bouvy PF, Stijnen T, Cuijpers P, et al. Overweight, obesity and depression: a systematic review and meta-analysis of longitudinal studies. *Arch Gen Psychiatry.* 2010 Mar;67(3):220-9.

<sup>vii</sup> Johnson DB, Gerstien DE, Evans AE, Woodward-Lopez G. Preventing obesity; a life cycle perspective. *J Am Diet Assoc.* 2006;106:97-102

<sup>viii</sup> Oken E, Gillman MW. Obesity research: fetal origins of obesity. *Obesity Research.* 2003;11(4):496-506

<sup>ix</sup> McMillen IC, Rattanatray L, Duffield JA, Morrison JL, MacLaughlin SM, Gentili S, Muhlhausler BS. The early origins of later obesity; pathways and mechanisms. *Advances in experimental medicine and biology.* 1967;646:71-81

<sup>x</sup> Adair LS. Child and adolescent obesity: epidemiology and developmental perspectives. *Physiol Behav.* 2008;94:8-16

<sup>xi</sup> Oken et al, 2003.

<sup>xii</sup> Adair, 2008.

<sup>xiii</sup> Anzman SL. Parental influence on children's early eating environments and obesity risk; implications for prevention. *Int J Obes.* 2010;34(7):1116-1124

<sup>xiv</sup> Johnson, 2006.

<sup>xv</sup> Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. [Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences \(ACE\) Study](#). *American Journal of Preventive Medicine* 1998;14:245-258.