

Nutrition for Family Living

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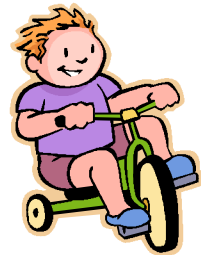
December, 2005 Topics

- The role of parents and communities in obesity prevention
- Three reports that inform Extension education to address child obesity issues
- What's happening with whole-grain consumption?

The role of parents and communities in obesity prevention

By Rebecca Surles, Leah Whigham and Sherry Tanumihardjo

Background: Overweight children face serious medical issues as well as emotional and social problems. Both families and communities have key roles in the prevention and treatment of childhood overweight. Increasing physical activity and encouraging healthy eating habits go hand-in-hand to help improve children's fitness and health. Experts recommend that we begin to teach these healthy behaviors early in a child's life.



Parental involvement: Parents are the most important role models for children. When parents adopt healthy behaviors, a child has a much better chance of adopting similar habits that will help maintain a healthy weight. Experts now suggest that 60 minutes of physical activity on most, and preferably all days of the week, is important for children and adolescents. Families could begin with turning off the television. Families can also encourage physical activity by buying sports equipment for presents instead of video games. Rather than going to the movies as a family, playing a game of frisbee or croquet in the park would encourage healthy habits. Everyday ideas include walking instead of driving to school or nearby activities, parking further away from the store, or taking the stairs instead of the elevator. Everyone can participate in housecleaning and yard work, which encourage activity. By parents supporting active lifestyles, not only will the family feel better, they will have an opportunity to spend "quality" time together.

Creating a sensible, healthy eating plan is another key factor parents should follow for successful weight management. Children should not be placed on restricted diets. They should be encouraged to include a variety of foods, especially whole grains, fruits, vegetables, and low-fat dairy products. Foods lower in nutrients should be limited. Tips to parents include using less fat to cook meals, choosing leaner meats, providing water and milk instead of soda or sweetened drinks, and decreasing fried foods and heavy creams. Furthermore, involving kids in meal planning and preparation, centering meals around vegetables, and eating together are healthy habits parents can choose to help the family eat sensibly.

Community involvement: Communities can have a large influence in preventing and controlling overweight in children. A powerful correlation exists between the amount of time a child spends outside and physical activity. By providing safe environments to play, sidewalks for walking, and bike paths for cycling or inline skating, physical activity may increase. In addition, access to supermarkets, farmers' markets, and community gardens may increase consumption of more nutritious foods. This is particularly a concern in low-income neighborhoods where access to healthier foods has decreased due to the relocation of supermarkets to the suburbs, the lack of transportation, and the increase in convenience stores and fast-food restaurants that offer a variety of low-cost, high-calorie, low-nutrient foods. Communities are therefore vital in building an environment that positively influences the health of children.



Nutrition for Family Living December, 2005

The bottom line: Mobilizing communities to provide healthy environments requires the involvement of many stakeholders. Parents, schools, youth organizations, local businesses, restaurants, grocery stores, health care providers, and city planners are all important in the initiation and maintenance of a healthy community. Programs and environments that help to prevent overweight in children are more likely to be successful with community-wide involvement.

A note to educators: A recent study concluded that parents are usually ready to make changes if they have an older child, believe they are overweight themselves, and perceive their child's weight is a health problem. However, parents' own failed experiences with weight loss may prevent them from assisting their children to make healthy changes. As educators, we need to be sensitive to these factors.

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Three reports that inform Extension education to address child obesity issues

By Susan Nitzke

Following is a summary of three recent evidence-based summaries from government agencies or expert groups. They provide further support for advice for parents and communities in the article above. Along with the *Dietary Guidelines for Americans*, these reports are important resources for Extension as we establish needs-based priorities and choose appropriate messages, materials, educational strategies and evaluation indicators for educational programs.

U.S. Government Accountability Office (GAO) summarized information on program strategies and elements that are likely to contribute to success in addressing childhood obesity. In May 2005 they asked experts from universities, government agencies, and private companies/organizations to respond to a written survey on what strategies/elements they believe are most important for designing such a program. GAO followed up with phone interviews with officials from four specific programs. GAO chose to conduct a written survey of experts because there was limited information on evaluated programs that describe successful efforts to address childhood obesity. The main results were:

- “Increasing physical activity” was the program strategy identified by 141 experts as most important from the 9 categories offered in GAO’s written survey. “Improving children’s nutritional intake” was third in importance, after a catch-all category called “other.” The GAO report acknowledges that increasing physical activity may have been given higher rankings than improving nutritional intake because it is more straightforward, i.e., increasing physical activity is less complicated/confusing than dealing with all the issues that are involved in children’s nutritional intakes.
- Experts identified use of best practice or evidence-based models as the most important element to include in the design/implementation of such a program. Other key elements were suitability/acceptability for the target community, and sufficient financial and human resources.
- Body mass index (BMI), psychological measures and decreased TV viewing were often mentioned, but there was no clear consensus on the best way to measure program outcomes.

The Mathematica Policy Research group conducted a review to identify behaviors at the household level that have the potential to prevent or treat childhood obesity. This was done to help the Agency for Healthcare Research and Quality prepare “practical, salient messages about specific behaviors” for a video that pediatricians could give out to children and parents. Mathematica used a scoring system based on the number of studies showing benefit, consistency of findings, and strength of study design to rank the potential benefits of educational messages for 17 behaviors in 4 domains. For physical activity, the highest ranked behavior was reducing screen time. The highest ranked eating behaviors were limiting portion sizes and reducing the number of meals eaten away from home. Several food behaviors had high scores, but limiting sugar-sweetened beverages was given the highest ranking in that category because it is less ambiguous as a basis for educational messages than limiting about other types of food. Breastfeeding received the highest ranking in the parent feeding category. On the basis of these rankings, the behavioral messages that were chosen as the best candidates for the video project were increasing time spent in gross motor play and limiting portion sizes when eating away from home and when consuming sugar-sweetened beverages.



Nutrition for Family Living December, 2005

In response to a request from the U.S. Congress via the Centers for Disease Control and Prevention, the National Academy of Sciences Institute of Medicine published an evidence-based report on *Preventing Childhood Obesity: Health in the Balance* earlier this year. The report has recommendations for the federal, state and local governments, industry/media, health-care professionals, community/nonprofit organizations, schools, and parents and families. The recommendations for parents and families are to promote healthful eating behaviors and regular physical activity for children by:

- Choosing exclusive breastfeeding as the method for feeding infants for the first 4-6 months of life
- Providing healthful food and beverage choices for children by carefully considering nutrient quality and energy density
- Assisting and educating children in making healthful decisions regarding types of foods and beverages to consume, how often, and in what portion size
- Encouraging and supporting regular physical activity
- Limiting children's TV viewing and other recreational screen time to less than 2 hours per day
- Discussing weight status with their child's health-care provider and monitoring age- and gender-specific BMI percentile
- Serving as positive role models for their children regarding eating and physical activity behaviors.

Implications for Extension Educators: Although these three reports used different techniques to capture the research findings that inform programming to prevent child obesity, the recommendations are consistent in many ways. They point out that we need much more research to help us know how to be most effective in addressing child obesity issues for various audiences of learners and how to measure our success. All three reports make similar recommend promoting more active play to replace excessive sedentary "screen time" and providing healthful foods and beverages in appropriate portion sizes.

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Institute of Medicine. 2005. *Preventing Childhood Obesity: Health in the Balance* <http://www.iom.edu/report.asp?id=22596>. This website also provides ordering information for the report in the form of a hardcover book. Contents are also online, along with fact sheets that summarize the report and its recommendations for advertisers, industry, schools, parents, communities, health care providers and government.

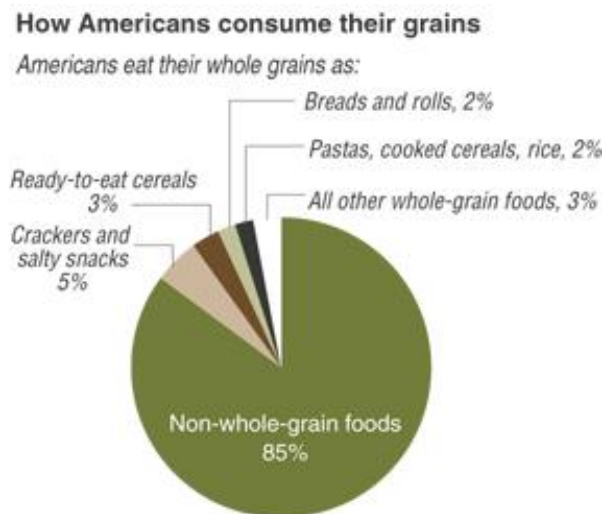


What's happening with whole-grain consumption?

By Amy Rettammel

In January, the newly revised *Dietary Guidelines for Americans* were released, complete with advice to “make half your grains whole.” For a person needing 2,000 calories per day, this would mean eating 3 ounces of whole grains per day – for example, 1 ½ cups of cooked brown rice or 3 slices of whole-wheat bread.

How did consumption compare to this recommendation before the Dietary Guidelines were released? In food intake surveys from 1999-2000, nearly 40% of Americans did not report eating any whole grains in an entire day. Below is a figure showing how Americans were consuming their grains in 1999-2000:



Source: ERS analysis of 1999-2000 National Health and Nutrition Examination Survey (NHANES) data.

USDA's Economic Research Service (ERS) is tracking the impact of the 2005 *Dietary Guidelines on Americans'* eating patterns. In a September 2005 publication, *Food Dynamics* and *USDA's New Dietary Guidelines*, ERS reports that in the 8 weeks after the release of the *Guidelines*, the average shopper bought about 13% more pounds of whole-grain products than during the same period of time in 2004. When compared to the 8 weeks before the *Dietary Guidelines* were released, shoppers were buying 12% more whole-grain breads and 19% more whole-grain rice in the 8 weeks after the *Guidelines* were released.

Implications for educators: Future food survey data will tell us whether a short-term increase in whole-grain purchases will translate into a sustained increase in whole-grain consumption. According to the *Food Dynamics* report, consumers do modify their food choices in reaction to diet and health information. For example, due to greater awareness about the links between diet and high cholesterol, Americans today consume about half the eggs and about three times the amount of low-fat milk products as in 1950. As educators, we can ride the wave of current consumer interest in new dietary recommendations, building understanding and skills so that learners are more able to make informed dietary choices.



Nutrition for Family Living December, 2005

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