

POLICY RECOMMENDATIONS ON IMPROVING EARLY CHILDHOOD NUTRITION

**CALIFORNIA WORKING FAMILIES POLICY SUMMIT
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INTRODUCTION

California's working poor families with very young children are stressed out, and damaged nutritional health is often the result. The fiscal, temporal, and psychic pressures of low-wage work, inadequate transportation, poor housing, and neighborhood violence increase family susceptibility to environmental influences that are associated with poor nutrition and obesity: ubiquitous and cheap junk food, media bombardment, sedentary habits, and confusing or culturally incompetent nutrition messages. It is not surprising that these young parents find it hard to make breastfeeding, exercise, and healthy diets a personal or household priority.

New parents need help creating the critical foundation for lifelong health for babies and toddlers, and they need help before their kids start kindergarten. Current trends show that by the time they enter school, one in four children are already overweight – and treatment programs are expensive, stigmatizing and not very effective. Early intervention among preschoolers, prior to the onset and consolidation of poor eating habits and sedentary behaviors is key to really preventing obesity, instead of just treating it.

Nature's best first food, breastmilk, actually protects babies against later obesity (and many other ills) and breastfeeding helps moms lose weight. However, especially in the face of heavy marketing from infant formula companies, breastfeeding is not easy unless moms have good support and an accommodating workplace. As babies grow, good early feeding practices, such as stopping when the baby is full (not overfeeding) and offering a variety of new foods, build tastes and habits that lay the groundwork for a lifelong healthy eating. Studies indicate that preschoolers are more likely to modify their lifestyle behaviors than school-age kids, and that adults play a more central role in the process.¹ Creeping infants and toddlers are naturally active and curious. They don't need organized sports to stay physically active, but they do need safe and appropriate spaces in which to explore and play – and these are hard to find in our inner cities and rural communities.

There is no single environment, such as public schools in the case of older children, where policymakers can focus reforms designed to help parents prevent the onset of obesity in California's youngest kids. With less than half of 3-5 year-olds enrolled in child care in California, the world of the preschooler is essentially the home and the neighborhood -- an environment which has increasingly become "obesigenic." Young parents or elderly or informal caregivers with limited resources and time have poor access to healthy food and physical activity. Meats, fish, fresh fruits and vegetables are often limited (and more expensive) in low income neighborhoods. Overcrowded housing makes it hard for developing infants to crawl and explore their environments. Unsafe neighborhoods and inadequate parks and public transit make active play difficult, with toddlers stuck in car seats or strollers because walking is just not an option.

Too often, television is the "babysitter" and fast-food is the familiar and well-loved "reward." Preschoolers now spend as much time with screen media (TV, videos, video games, and computers) as they do playing outside.² During the same period in which childhood obesity has increased so

dramatically, there also has been an explosion in media targeted to children.³ Most researchers agree that children do not understand commercials the same way adults do, and children under six cannot distinguish between program content and commercials. For decades, child advocates have been calling for reduction or regulation of aggressive marketing of unhealthy products to very young children, but real change has been elusive in the current “free market” era.

Families with young children can get limited advice, support and direct assistance from federal nutrition programs. In California, the **WIC program** is the largest provider of nutrition and breastfeeding support services to infants and toddlers, annually providing nutritious food and parental guidance to over 750,000 kids from birth to age five (WIC serves an additional 550,000 pregnant and postpartum women). The **Child and Adult Care Food Program**, which includes children served by Head Start and other preschool programs, is another important nutrition program, serving about 300,000 preschool kids in FY 2002. **Food Stamps, food pantries and emergency meal programs** are lifeline programs serving many thousands of these same families in tough times.

Despite WIC’s proven success in improving birth outcomes, lowering iron deficiency anemia rates, and improving dietary intake in a high-risk population, serious nutrition problems persist in California WIC families. In the past decade, overweight and obesity have eclipsed nutrient deficiency and stark hunger, as the most serious public health nutrition problem facing the low-income population WIC serves. About 28% of all WIC participants (and 25% of WIC children age 1-5) are overweight (weight-for-height greater than the 95th percentile), according to state data; with the highest obesity rates in Hispanic, African Americans, and Native Americans.⁴ In 2003, over 40% of children enrolled in California Head Start were overweight.⁵ The consequences are staggering: increased rates of type II diabetes, heart disease, respiratory difficulties, psychosocial problems, and adult obesity that cost California an estimated \$25 billion annually and will kill more people than AIDS, violence, car crashes and drugs combined.⁶

While obesity rates have been rising, hunger hasn’t gone away, and it often co-exists with obesity in the most emarginated families. Since infants and toddlers risk permanent brain damage if they or their mothers lack key nutrients at key stages, the fact that an estimated 2 million California children still face food insecurity is extremely worrisome, especially since poor families’ utilization of federal food assistance remains surprisingly low: in 2003, half of hungry households were not helped by any federal food programs at all.⁷

POLICY OBJECTIVE #1

Create a “zone of health” around every young child in California: Make young children OFF LIMITS to the provision, marketing or modeling of unhealthy foods, messages, and behaviors.

Background

Current obesity prevention efforts and interventions, including both state-funded and foundation-funded interventions alike, are largely focused on school-age children and adults, with an emphasis on social marketing and changing school environments. Less has been done to study conditions and test environmental interventions (as opposed to health education campaigns) among families with children from infancy to age five.

The California WIC Association believes that more attention needs to be paid to what immediate and longer-term practical steps can be taken at an earlier age to prevent nutrition problems, sedentary habits, and obesity. Parents, early childhood stakeholders and providers need information, tools, and resources so that they can begin to bring focus and energy to protect very young – and particularly vulnerable -- children from early and long-lasting harm. A strong alliance of parents, caregivers,

advocates and other groups, working together to clean up the food and activity environment, can make a difference in our children's health.

Recommended Actions

- A. The California Health and Human Services Agency should direct the appropriate state agencies to collaborate with public and private partners in the convening of a Early Childhood Obesity Prevention Task Force. The Task Force should to pursue collaborative strategies, research, and policy development designed to protect California's youngest children from harmful provision, marketing or modeling of unhealthy foods, messages, and behaviors during the first five years of life.
- B. The Senate and Assembly Health, Human Services and Education Committees should hold joint Legislative Hearings that focus specifically on Preventing Obesity in Early Childhood, covering issues such as:
 - Overview of the data showing the extent and consequences of early childhood obesity and the long term health and economic costs of failing to address the problem in the early years;
 - The particular vulnerability of very young children to media/marketing messages and the direct health consequences;
 - Policy options for improving food and activity environments in federal- and state-funded child care settings;
 - Options for improving access to healthier foods, recreation, and "walkable" communities for young families in low-income neighborhoods.

POLICY OBJECTIVE #2

Protect and support breastfeeding for the first six months among low-income women in California.

Background

Sustained breastfeeding (exclusive breastfeeding up to six months, as recommended by the Academy of Pediatrics) has long been recognized as a proven obesity prevention strategy for myriad and well-documented reasons. More recent research shows that sustained breastfeeding actually protects children from later obesity and even diabetes. Making hospitals and worksites more breastfeeding-friendly and providing more culturally competent support for working mothers are two key strategies for overcoming very real barriers to breastfeeding.

Hospital breastfeeding initiation rates can be substantially improved by ensuring early and constant contact between mother and newborn, and by curtailing in-house "detail" marketing (free formula as well as underwriting of trainings, travel, dinners, equipment and other incentives) to hospital staff and mothers. Returning to work without lactation support usually means the end of breastfeeding. While WIC clinics help working moms with direct support and electric breast pump loans, workplace and community supports are almost non-existent, especially in the low-wage fast-food and service industry.

Recommended Actions

- A. The Department of Health Services (DHS) should pursue changes in state licensing regulations and practice polices in order to better protect and support breastfeeding and mother-infant bonding in California hospitals.

- B. DHS should streamline and simplify existing Medi-Cal regulations to facilitate the reimbursement of Lactation Consultants for services to low-income mothers.
- C. The Governor should issue an Executive Order to make all State of California worksites Breastfeeding Friendly (must provide onsite lactation accommodation and support).
- D. The Senate Office of Research should explore tax incentives and other mechanisms that encourage or reward low-wage employers who establish or support Breastfeeding Friendly worksites.

POLICY OBJECTIVE #3

Preserve and improve federal nutrition programs serving very young children.

Background

Federal nutrition programs – especially when effectively linked to health and social services -- can help families achieve food security and prevent obesity. These programs serve thousands of the most vulnerable children in California. We must ensure their survival in upcoming federal and state budget battles, continue to improve the foods they offer, and seek ways to streamline enrollment and access rules so those most in need will participate.

Recommended Actions

- A. The Governor should “Hold children harmless,” by urging Congress and the President to protect federal nutrition programs operating in California from any federal cuts, including WIC, Food Stamps, Head Start, and meal programs including the Child and Adult Care Food Program.
- B. The Legislature should extend current and proposed school meal nutrition standards to the Child and Adult Care Food Program (CACFP).
- C. The Governor should find the modest funding needed for the WIC Fruit & Vegetable Pilot Program recently authorized by Congress.
- D. The Department of Education and DHS should continue testing and implementing paperwork reduction options to:
 1. Streamline enrollment into preschool nutrition programs such as WIC and CACFP;
 2. Blend funding for nutrition services within these programs; and
 3. Establish “Express Lane Eligibility” between these programs and Healthy Families/Medi-Cal.

ENDNOTES

¹ UC Berkeley Center for Weight and Health. Halting the Obesity Epidemic: Early Childhood is Critical. Unpublished review of literature, April 2001.

² Rideout, V., Vandewater, E., and Wartella, E., Zero to Six: Electronic Media in the Lives of Infants, Toddlers, and Preschoolers, Henry J. Kaiser Family Foundation, 2003.

³ Henry J. Kaiser Family Foundation Issue Brief: The Role of Media in Childhood Obesity, February 2004.

⁴ CA Dept. of Health Services, WIC Branch ISIS Data

⁵ CA Head Start Association Webpage, 2003 Program Facts

⁶ RAND Research Highlights: The Health Risks of Obesity: Worse than Smoking, Drinking, or Poverty. RB-4549, March 2002.

⁷ Bryan Hall, Hunger and Food Insecurity Nov 2004, Center on Hunger and Poverty Bulletin.