BUILD Arizona is a coalition of children’s champions who are working together to enhance opportunities for all young children in Arizona, so that they can meet our state’s increasingly rigorous educational standards and become productive members of the workforce. BUILD Arizona supports the continued development of a coordinated system of programs, policies and services that responds to the needs of families. We are business leaders, nonprofit executives, public sector representatives, educators, health and other practitioners working toward the shared goal of making and keeping Arizona competitive in the years ahead.

**Long-term Goals**

Following are BUILD Arizona’s longest-term goals:

- All children enter school with the individual skills to meet success with Arizona Common Core Standards, graduate from high school, and attain post-secondary education to prepare them for the 21st century workforce.

- Arizona continues to develop a coordinated system of programs, policies, and services for children birth to age eight that responds to the needs of families – so that our children have the best opportunity to be successful in the earliest grades and beyond.

To reach these goals, BUILD AZ is working to develop a culture that supports early childhood as a critical component of the state’s education continuum and to establish adequate and sustained investments in high quality services for young children. As a first step, BUILD AZ has identified a series of recommendations and incremental steps in four key priority areas including children’s health, quality early learning, early grade success, and professional development.

The following brief provides background on the area of Quality Early Learning and the key elements our state needs to build on and strengthen to ensure a solid foundation for success for all young children – and a promising future for Arizona.

**Preparing Our Children for Long-term Success**

To ensure Arizona’s children are prepared to be successful in the global workforce of the future, BUILD Arizona has identified the following high-level recommendations in the area of Nutrition and Obesity Prevention in Early Childhood:

1. Inventory current efforts across child health, family support/home visiting, and early childhood education to prevent or respond to obesity. And identify linkages and potential connections to create a more integrated strategy around early childhood nutrition, physical activity and obesity prevention.

2. Analyze work within specific programs (Women, Infants and Children Nutrition Program (WIC), and Medicaid/EPSDT/the Affordable Care Act) serving high proportions of young children to identify opportunities to further convey and reinforce messages on child nutrition and health for young children.

3. Explore how to develop specific strategies related to populations/cultures with high rates of childhood obesity and other nutrition and fitness needs, working with leaders in those different population groups and within specific communities.

4. Provide education and outreach to parents and within communities which promote healthy practices for young children on a population basis, developing additional linkages with voluntary institutions (libraries, faith communities, community centers, recreation departments, etc.) to this end.

For more information contact: Cory Underhill, State Coordinator, at caunderbillaz@gmail.com.
Definition of Need: Why Responding to Obesity in the Earliest Years Is Essential

For the first time in America’s history, children are growing up with the prospect of being less healthy and living shorter lives than their parents. In large measure, this is because of the obesity epidemic in this country – which has an epidemiology that begins even before a child’s birth.

Obesity rates for children have grown dramatically over the last two decades. The Body Mass Index (BMI) of children who are overweight or obese increases as the child grows older. There has been dramatic growth in obesity in the earliest years of life that sets a trajectory for subsequent obesity.

An obese three-year old, for instance, is eight times more likely than a three-year old at normal weight to become an obese adolescent. Moreover, the impacts of early childhood obesity affect more than physical health. They impact social and emotional development, children’s inclusion in activities, and they help predict later educational success.

While there has been an increase in obesity among all children, the prevalence remains greatest among low-income children and among African-American children (particularly girls), Hispanic children and Native American children. These children often face the twin challenges of malnutrition and obesity.

Fortunately, there is a great deal of current attention to addressing childhood obesity – at the national, state and community levels. This includes the work of First Lady Michelle Obama and her “Let’s Move” initiative, and new emphases upon promoting healthy nutrition and exercise patterns in schools and child care programs and centers. This work also includes increased efforts to reach parents and children with information and guidance on practices that promote healthy development.

Further, research on healthy eating and exercise practices is providing new insights into what parents, schools and communities can do to prevent as well as treat obesity. At the same time, while research shows that children develop their eating and exercise patterns during the earliest years, there has been much less attention focused on developing new approaches to promoting healthy eating and exercise practices in the birth to five years, and particularly in the birth to two years – where engagement of families and their communities is essential.

The federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has been a major source of supplemental food for pregnant women and children through age four – and has a particularly strong component in encouraging breast feeding – but WIC currently reaches and serves only three in 10 young children and their families. The nutritional counseling provided through WIC is not necessarily reinforced by others who have contact with the parent or child. Even WIC, because it provides fruit juice as one of its supplemental foods, can send inappropriate signals to parents regarding healthy diets.

Survey research shows that parents, themselves, often do not have a good understanding of recommended nutrition and exercise practices for their infants and toddlers. When they do, parents may face barriers in implementing those practices. Research also shows that child health practitioners, while recognized as very credible sources of information and advice to parents, often provided very little advice (anticipatory guidance) regarding nutrition and exercise during well-child visits.
This is especially true for advice provided to parents of young children, as child health practitioners may not have the nutrition expertise to do so.

**What Success Looks Like**

Ideally, all parents would serve as their children’s first and most important nutritionist and fitness counselor. They would be knowledgeable about how to promote healthy eating and exercise patterns for their children. And ideally, this would start at birth and progress through the preschool years, when parents can be most influential in establishing patterns and helping children self-regulate and respond to their own body cues about eating and exercise.

Parents would be part of communities where their friends and colleagues would reinforce these practices, within the communities’ cultural backgrounds and traditions. And they would have information available in culturally responsive messages and in the family’s home language.

This knowledge would be reinforced in the interactions parents have with primary care health practitioners at well-child visits and with additional referrals and consultations from nutritionists when there are special concerns about a child’s nutrition and health. Resources, like Reach Out and Read, would be available to child health practitioners to provide to young children and their parents with guidance that promotes healthy nutrition and exercise practices.

Similarly, child care providers would provide nutritious snacks and meals and offer exercise opportunities, as well as informing parents about nutrition and exercise. Health and nutrition elements would be incorporated into early childhood licensing and regulation standards. Nurse consultants or others expert in health and nutrition would provide support and technical assistance to centers and family child development homes.

Finally, there would be access to affordable healthy foods and to recreational spaces for exercise throughout all communities, with positive messages and cues to reinforce healthy lifestyles for young children in the context of their families.

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**Where Arizona Stands Today**

There is no data specifically on young child obesity (as getting reliable information from parents at that age is difficult), but the National Survey of Children’s Health shows that Arizona currently ranks toward the bottom among states in obesity rates among children 10 to 17 (where reliable information is available). Further, there are more pronounced differences within Arizona than in the country as a whole both by both socioeconomic status and between White, non-Hispanic and Hispanic children.

Particularly given Arizona’s large Hispanic and Native American populations, where the prevalence rates for childhood obesity are very high, there needs to be specific attention given to developing strategies specific to and culturally responsive to those populations. As Table One shows, while overall about 36 percent of children in Arizona are overweight or obese, the rates are much higher among poor and among Hispanic children, even greater than for the country as a whole.

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### Table One: Obese or Overweight Children: Arizona and the Nation (2011-2012 Child Health Data Survey, 10 to 17 Year-olds)

<table>
<thead>
<tr>
<th></th>
<th>Arizona</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percent Overweight</strong></td>
<td>16.9%</td>
<td>15.6%</td>
</tr>
<tr>
<td><strong>Percent Obese</strong></td>
<td>19.8%</td>
<td>15.7%</td>
</tr>
<tr>
<td><strong>Arizona State Rank</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overweight</td>
<td>39th</td>
<td>51.0%</td>
</tr>
<tr>
<td>Obese</td>
<td>45th</td>
<td>25.2%</td>
</tr>
<tr>
<td><strong>Percent Overweight or Obese by Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 0-99% of Poverty</td>
<td>57.2%</td>
<td>44.7%</td>
</tr>
<tr>
<td>100-199% of Poverty</td>
<td>42.1%</td>
<td>37.3%</td>
</tr>
<tr>
<td>200-399% of Poverty</td>
<td>24.6%</td>
<td>28.7%</td>
</tr>
<tr>
<td>More than 400% of Poverty</td>
<td>23.7%</td>
<td>21.9%</td>
</tr>
<tr>
<td><strong>Percent Overweight or Obese by Insurance Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>47.0%</td>
<td>42.7%</td>
</tr>
<tr>
<td>Private</td>
<td>28.9%</td>
<td>25.0%</td>
</tr>
<tr>
<td>No Health Insurance</td>
<td>48.7%</td>
<td>37.7%</td>
</tr>
<tr>
<td><strong>Percent Overweight or Obese by Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>50.3%</td>
<td>39.8%</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>23.7%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>30.0%</td>
<td>41.6%</td>
</tr>
</tbody>
</table>

Data Resource Center for Child & Adolescent Health: [http://childhealthdata.org/browse/survey?q=2462&r=1](http://childhealthdata.org/browse/survey?q=2462&r=1)
**Champions for Health**

Fortunately, there are many champions in Arizona seeking to develop effective responses to reduce childhood obesity:

- The Arizona Chapter of the American Academy of Pediatrics (AZAAP) has developed a set of recommendations for childhood obesity prevention, assessment and treatment. AZAAP also hosts a 5-2-1-0 Way to Go website and toolbox (in both English and Spanish) to promote child health and nutrition:
  - 5 servings of fruits or vegetables per day
  - Less than 2 hours per day in front of a screen
  - 1 hour per day doing something active
  - Almost 0 sweetened drinks

- In redesigning its child care licensing fee structure, the Arizona Department of Health Services implemented the Empower Pack for child care centers which focuses upon supporting centers in incorporating physical activity, nutrition and anti-tobacco education into everyday center activities. This program has received national recognition and support for its effectiveness.

- First Things First has developed a report specific to obesity in the earliest years of life, *Babies’ Battle of the Bulge: Fighting Childhood Obesity for a Healthier Arizona*, with its own set of policy recommendations. First Things First also offers every parent an Arizona Parent Toolkit, which contains information about the value of breastfeeding and early nutrition.

- Children’s Action Alliance of Arizona has produced a similar policy report, *Weighing In*, which also provides a compendium of recommendations for policy attention to address the childhood obesity epidemic. While focused upon schools, it also has implications for younger children.

Further, while much of the national attention on childhood obesity has focused upon directly reaching out to children in the school-aged years, there is increasing attention to nutrition and exercise in the earliest learning years:

- The National Center for Children in Poverty has produced *Comprehensive Obesity Prevention in Early Childhood: Promising Federal and State Initiatives*, with a major focus upon obesity prevention initiatives in early care and education settings.

- ZERO TO THREE has provided a “parent-friendly” summary on the importance of good nutrition in the earliest years and what parents can do to support healthy eating, in *Healthy From the Start: How Feeding Nurtures Your Young Child’s Body, Heart, and Mind*, also endorsed by the American Academy of Pediatricians.

- The latest edition of *Bright Futures*, a publication on providing well-child care, developed by the American Academy of Pediatrics, provides guidance to what should happen at each well-child visit, with expanded information on providing anticipatory guidance (information and advice to parents) on nutrition and exercise.

- The Institute of Medicine and its Childhood Obesity Committee produced a 2011 report, *Early Childhood Obesity Prevention Policies: Goals, Recommendations, and Potential Actions*, which spells out both federal and state policies to respond to the obesity epidemic.


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While both the research and policy attention have focused more heavily on school-aged children than preschool aged children, there is increasing information and attention to obesity prevention and health development starting even before the birth of the child but certainly at birth and through the first five years of life.

**Incremental Steps to Get There**

Clearly, there is no silver bullet or discrete set of policy actions that will inoculate against the obesity epidemic. While many policy recommendations are geared toward improving the quality of food in publicly-supported or regulated programs serving young children, there is a limit to those who can be reached and what can be achieved through such efforts alone. The same holds for child health care practices and well-child visits.

For young children, in particular, parents remain their children’s first and most important nutritionist. In a society which values individual rights, there is no way to require parents to feed their toddlers healthy foods or adopt research-based practices for healthy eating and exercise. Ultimately, making changes requires much broader public recognition and support that reinforces healthy nutrition and exercise practices by the family and throughout society.

Such types of changes have occurred in the United States with respect to driving while intoxicated (in significant measure due to Mothers Against Drunk Driving), to using seat belts and child safety restraints, and to addressing SIDS through putting babies to sleep on their backs. While each also produced changes in policy and regulation and targeted new funding to support specific activities, the primary drivers behind these changes have been a core set of champions pressing for action that raised them to public visibility and engaged much larger parts of society to integrate these messages and activities into multiple programs and activities.

In Arizona, there certainly is a strong base to take next steps, to both increase public awareness about the need for change and to take additional specific steps to promote that change. There already is a good deal of information being provided to parents of young children – through the Arizona Parent Toolkit, through AZAAP’s 5-2-1-0 Way to Go materials, through WIC and its counseling materials, and through Empower. These could be examined for potential revision to ensure they reinforce one another and provide relevant and culturally and linguistically responsive messages to support effective nutrition and exercise practices -- with attention to different young child developmental stages.

There are opportunities to extend the reach of these materials, as well, through libraries, child health practitioner offices, grocery stores and early childhood recreational programs. There also are well-positioned champions in Arizona to lead this collaborative work, and there are national resources to draw upon. Particularly for Arizona, there are opportunities to engage Hispanic and Native American community leaders in developing strategies appropriate to their cultures and responsive to their own situations and needs.

**Costs/Financing**

There are many ways to finance effective actions to address childhood obesity in the earliest years. This can include reimbursing providers for nutrition screens and nutritional counseling under Medicaid and supplementing WIC with additional state funding to providing nutrition consultants to child care programs. Arizona could also increase the regulatory monitoring and oversight of child care programs generally and create a funding base for children’s play equipment for family child development homes, among a number of possible strategies.

In the end, however, responses to the obesity epidemic must be woven into the full range of existing activities and experiences of young children in ways that resonate with parents, their cultural and linguistic communities, and the services and supports they access. This requires a sufficient nexus of activity to keep the issue of young child obesity before multiple stakeholders as they are involved in other activities related to young children and their families. The greater the intentionality in advancing this work, and the more accessing and activating of existing champions and early adopters within different areas of work, the more progress will be made.
Overall Recommendations

There are many activities that Arizona could take to address different aspects of the obesity epidemic among children. Based on discussions with stakeholders from the public health sector, the medical field and early learning communities, the following specific recommendations have been advanced:

1. **Inventory current efforts across child health, family support/home visiting and early childhood education** to prevent or respond to obesity, and identify linkages and potential connections to create a more integrated strategy around early childhood nutrition, physical activity and obesity prevention.

2. **Analyze work within specific programs (WIC Program and Medicaid/EPSDT/the Affordable Care Act) serving high proportions of young children** to identify opportunities to further convey and reinforce messages on child nutrition and health for young children.

3. **Explore how to develop specific strategies related to populations/cultures with high rates of childhood obesity and other nutrition and fitness needs**, working with leaders in those different population groups and within specific communities.

4. **Provide education and outreach to parents and within communities which promote healthy practices** for young children on a population basis, developing additional linkages with voluntary institutions (libraries, faith communities, community centers, recreation departments, etc.) to this end.

Key to ongoing activity, however, is having some nexus for this work which can draw upon those who already are championing the work and support their efforts so they become more than the sum of their parts. Because of its current leadership and because Arizona is at the epicenter of child population growth and diversity, Arizona also has the potential to draw upon national leaders in the field. There has been much value and benefit in all the independent work in Arizona that has gone on to date. At the same time, there is an opportunity to pull this together into a more integrated strategy that maximizes the public education and political will-building that can occur.

What Other States Have Done

There are a number of examples of specific and diverse policy actions that different states have taken – on both the financing and regulatory fronts – to address childhood obesity, which could be reviewed by leaders in Arizona. These include:

- Changes to child care licensing and regulation and enforcement of nutrition standards and exercise space (*Arizona has initiated this process through the Empower Pack.*)
- Financing for nurse consultants and nutritionists to provide education and monitoring of child care facilities (*Arizona has begun this work through their First Things First program.*)
- Financing for centers and family child development homes for capital equipment to promote exercise
- Medicaid financing changes to reimburse child health practitioners for developmental screening and to cover nutrition counseling and obesity treatment services
- Taxes on sodas and snacks that do not meet nutritional standards (even with some funding going to health prevention programs)
- Supplemental funding for WIC to cover additional services
- Financing for public education campaigns related to healthy child development (breast feeding, 5-2-1-0 campaigns, etc.).

As important, however, have been efforts that focus attention on the obesity epidemic itself and work to raise its visibility and encourage others to respond. Arkansas is
the only state in the nation with a state Surgeon General, Dr. Joe Thompson. Since the early 2000’s, Surgeon General Thompson has made childhood obesity his cause célèbre. His efforts have resulted in a much higher level of broad public attention and response to obesity in the state.

Dr. Thompson also heads the Robert Wood Johnson Center for the Prevention of Childhood Obesity. Through using his “bully pulpit,” he has helped Arkansas turn the curve on childhood obesity, not through one specific policy but through multiple efforts and activities at both the state and community levels.

**Conclusion**

From birth, infants learn about the world around them and how to secure nourishment, move their bodies, and express their wants. The research and knowledge base has advanced significantly on how children grow and develop and what constitutes good nourishment, attention and activity from infancy to young adulthood. At the same time, the current pressures of parenting, the access to and convenience of unhealthy food choices, and the lack of similar access in many communities to healthy foods (or safe places for physical activity) is responsible for the current increase in obesity across all age groups, starting even in infancy.

Further, while families want to provide good nourishment for their children and for their children to be physically active, they may lack knowledge of how to provide this. Fortunately, there are many opportunities available to reach parents of young children and promote nutrition and exercise. There also is collective wisdom and leadership in Arizona to take advantage of these opportunities – by building upon current work and expanding it in further directions.

**Acknowledgments**

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BUILD Arizona is part of the BUILD Initiative, a national project that helps state leaders better prepare young children to thrive and succeed through a comprehensive early childhood system tailored to the needs of the state’s unique young child population.