

HALTING THE RISE IN OBESITY AND DIABETES

Life Stage: Early Childhood (0 - <5 yrs)

INTERVENTION POINTS

<p>1. Social Determinants/Health Promotion</p> <p>National policies reducing cost and improving accessibility of healthy foods</p> <p>Health education for parents and care-givers on early childhood diet/nutrition, portion control and physical activity</p> <p>Health promotion – childhood obesity, healthy lifestyle, nutrition</p> <p>Promotion of ECE and Childcare/Daycare Centre standards and guidance on incorporating physical activity and healthy nutrition, water- and milk-only policy</p> <p>Promotion of breastfeeding</p> <p>Access to quality, comprehensive prenatal care</p>	<p>2. Primary Prevention/Risk Reduction</p> <p>Obesity prevention in ECE and care settings</p> <p>Monitoring of routine growth and development</p> <p>Identification and Risk reduction</p> <p>Health education –diet, physical activity.</p>
<p>5. Quality of Care</p> <p>Adherence to national guidelines for clinical management</p> <p>Clinical Care Quality Reporting system with monitoring and accountability mechanisms</p>	<p>3. Screening & Early Detection</p> <p>Routine screening guidelines</p> <p>Implementation in all Child care services for blood glucose and weight</p>
	<p>4. Care and Treatment</p> <p>Protocols for pediatric weight management</p> <p>Protocols for management of impaired glucose metabolism in young child</p> <p>Referral resources</p> <p>Statutory reporting of diabetes diagnoses for National Register</p>

Defining Childhood Obesity

Weight Category	(<2yrs)	(2-<5 yrs)	COMMENTS
Underweight	<u>Weight-for-Age</u> <2 nd percentile	<u>BMI-for-age</u> <5 th percentile	For children and teens, BMI is age and sex-specific and is often referred to as BMI-for-age . A child's weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults, because children's body composition varies by age and gender. BMI level (among children and teens) is expressed relative to other children of the same age and sex.
Normal Weight		5 th to <85 th	
Overweight		≥85 th and <95 th	
Obese	>98 th percentile	≥95 th	

HEALTH PROMOTION IN ALL CARE SETTINGS

<p>Environmental & social policy</p> <ul style="list-style-type: none"> • Availability and accessibility of healthy food • Food advertising & marketing to children • Societal, cultural, and pre-school & daycare influences • Recreational spaces to promote physical activity • Baby-friendly workplace policies (e.g. maternity leave, breastfeeding etc) <p>Parenting</p> <ul style="list-style-type: none"> • Healthy eating/physical activity interventions with active parental engagement, initiated in infancy (<2 yrs) • Modelling positive behaviours; use of behavior change techniques, focus on skill-building • Create home and preschool environments that promote health diets <p>Pre-schools & day/ child cares</p> <ul style="list-style-type: none"> • School nutrition policies to reduce unhealthy diets (e.g. water- or milk-only policies, fruits and vegetables). • School physical activity policies and interventions to meet recommended standards (e.g. free extra-curricular games)
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EVIDENCE

<p>Parental factors increasing young child's obesogenic diets include:</p> <ul style="list-style-type: none"> • Negative parent/family modelling • Lack of knowledge • Time constraints • Using food as a reward • Affordability of healthy food • Concerns about child's health • Child's food preferences also increased intake. <p>Factors improving young child's nutrition and obesity prevention:</p> <ul style="list-style-type: none"> • Promoting any amount/length of period of breastfeeding • Parental feeding practices such as being responsive to infant cues • Content of infant diet (e.g. no introduction of solid foods under age 4 months) <p><i>Need for more interventions to impact the social context and upstream influences that lead to obesity – government policies (e.g. food subsidies) and private sector practices (e.g. fast food marketing).</i></p> <p><i>School policies and interventions affect unhealthy diets and physical activity more so than anthropometric measures (e.g. overweight/obesity or in limiting weight gain in preschool children).</i></p>

PRIMARY PREVENTION IN ALL CARE SETTINGS

<p>Routine "Well Child" Growth Monitoring</p> <ul style="list-style-type: none"> • Measure Height/Length & Weight, calculate BMI percentile at all Well Child visits. DOH Anthropometric policy recommends at months 1, 2, 4, 6, 9, 12, 15, 18, 24; then at least annually to age 5 years. • Diet and nutritional history <p>Schools/Day & child cares</p> <ul style="list-style-type: none"> • Diet only, diet + physical activity interventions, with home and community components
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EVIDENCE

<p><i>Obesity prevention in ECE and care settings</i></p> <ul style="list-style-type: none"> • educational materials consistent across all care settings • capacity-building of parents and other providers of care • parents encouraging children to drink water • parental participation in partnership with ECE <p><i>NICE Obesity Prevention Guidelines for Daycare facilities recommend:</i></p> <ul style="list-style-type: none"> • minimize sedentary activities during play time • provide regular opportunities for enjoyable active play and structured physical activity sessions • implement guidance on food procurement and healthy catering.
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SCREENING AND EARLY DETECTION	EVIDENCE
<p>Routine “Well Child” Growth Monitoring</p> <ul style="list-style-type: none"> Measure Height/Length & Weight, calculate BMI percentile at all Well Child visits. DOH Anthropometric policy recommends at months 1, 2, 4, 6, 9, 12, 15, 18, 24; then at least annually to age 5 years. Behavioural Counseling Interventions: Assess, Advise, Agree, Assist, Arrange Offer moderate- intense (26 or more hours over 2-12 months) diet, physical activity, and behavioural obesity treatments 	<ul style="list-style-type: none"> <i>Routine Screening for obesity to begin at age 6 years – earlier is recommended as obesity at 5 years predicts later obesity.</i> <i>The USPSTF found that comprehensive, intensive behavioral interventions with a total of 26 contact hours or more over a period of 2 to 12 months resulted in weight loss. Behavioral interventions with a total of 52 contact hours or more demonstrated greater weight loss and some improvements in cardiovascular and metabolic risk factors. These effective, higher-intensity (>26 contact hours) behavioral interventions consisted of multiple components.</i>
CARE AND TREATMENT	EVIDENCE
<ul style="list-style-type: none"> Obesity prevention in ECE and care settings <ul style="list-style-type: none"> educational materials consistent across settings capacity-building of parents parents encouraging children to drink water parental participation in partnership with ECE Diabetes care should be provided by a specialist and team. 	<ul style="list-style-type: none"> Multi-component interventions appear to be an effective treatment option for overweight and obese preschool children. Managers and health care professionals in all primary care settings should ensure that <i>preventing and managing obesity is a priority at both the strategic and delivery levels</i>; resources must be dedicated for action.
QUALITY OF CARE	EVIDENCE
<ul style="list-style-type: none"> Access to mental health professionals Diabetic kidney disease –annual monitoring Regular dental examinations Benefits of physical activity, weight loss, and provision of support Annual eye examination HbA1C every 3 months 	<ul style="list-style-type: none"> <i>Children and their carers may experience psychological problems (anxiety, depression, behavioural and conduct disorders and family conflict) or psychosocial difficulties that can impact on the management of diabetes and well-being.</i> <i>Offer to children and carers dietetic support to help to optimize body weight and blood glucose control.</i> <i>Explain HbA1c target level ideal for minimization of risk of long-term complications.</i>

KEY: BMI = Body Mass Index ECE = Early Childhood Education DOH = Department of Health NICE – National Institute for Clinical Excellence
 USPSTF = US Preventive services Task Force

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