

Obesity prevention interventions needed beyond preschool

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A Rutgers study has found a need for early childhood obesity prevention interventions beyond preschool education settings.

The paper, which appears in the journal *PLOS ONE*, reviewed 34 studies of obesity [prevention](#) programs and policies spanning pregnancy, infancy and preschool and found that there is a need for culturally adapted, bilingual nutrition and physical activity programs for children and their families.

"The studies show that most healthcare system initiatives did not to improve childhood growth trajectories and that culturally adapted, bilingual nutrition and physical activity programs were more beneficial to children and their families," said lead author Sheri Volger, a graduate student at Rutgers School of Health Professions. "We also discovered there is little research on the cost-effectiveness of these programs and how much it actually costs to implement these prevention strategies."

In the United States, about 14 percent of [preschool children](#) are obese, with the highest rates among low-income racial and ethnic minority communities. In the Rutgers study, researchers found that less than half of the obesity prevention initiatives recommended during pregnancy, infancy or preschool worked at improving appropriate weight gain in children. Some studies did work to improve health behaviors, such as limiting [screen time](#), providing alternative playtime activities and serving nutritious snacks at childcare centers, but the researchers only included studies with a body mass index (BMI) outcome in the scoping review.

"Our study took a life course approach, which takes into account the important role that early life events play in shaping an individual's future health," said Volger.

While almost 80 percent of the interventions examined occurred during the preschool years, with 63 percent of these conducted in early childcare education settings serving [low-income families](#), such as Head Start or the YMCA, only 42 percent registered a significant improvement in the BMI in children at high risk of obesity. "This

finding underscores the needs to expand obesity prevention programs beyond the early childhood education setting," she said.

The majority of the studies conducted during pregnancy studied lower income, pregnant minority women who were receiving [health care services](#) through clinics, home visits and primary care practices in order to help prevent excess gestational weight gain and accelerated infant growth during pregnancy.

Workshops and groups sessions were among the most beneficial programs components aimed at decreasing BMI scores. These programs taught by trained educators reinforced healthy lifestyles habits to families and childcare employees. "We found that programs that incorporated parental or family participation tended to be the most successful. The study reinforces the need to develop multi-level, multi-component obesity prevention, public health initiatives, focusing on the child, family and community to obtain the largest population research," Volger said.

The study also highlights the need to intensify early childhood obesity preventive efforts during critical periods of health development. The researchers say future studies should estimate the feasibility, effectiveness and cost of implementing multilevel [obesity](#) prevention interventions and policies. "This early life stage is a critical time period because there is a growing body of evidence showing that it represents a phase when young children are developing food preferences but also susceptible to biological changes that will impact the child's short-term health, and long-term risk for chronic metabolic conditions," she said.

More information: Sheri Volger et al, Early childhood obesity prevention efforts through a life course health development perspective: A scoping review, *PLOS ONE* (2018). [DOI: 10.1371/journal.pone.0209787](https://doi.org/10.1371/journal.pone.0209787)

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