

## OBESITY MANAGEMENT: EARLY YEARS

### Is there a fat chance we can save our children from obesity?



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By measuring obesity rates in children centres, we help deliver a more targeted approach to nutrition interventions.

As we have all feared, childhood obesity in the UK has been rising at an alarming rate. The World Health Organisation confirms that obesity is one of the most serious public health challenges of the 21st century. Although positive steps have been taken in recent years through the control of advertising, the improvement of school meals and the introduction of the social marketing campaign Change4Life (England), childhood obesity is not going away. In the UK currently 9.8% of children in Reception Year (age four to five years) and 18.7% in Year 6 (aged 10 to 11 years) are classed as obese (2).

Obesity is defined as 'abnormal or excessive fat accumulation that may impair health factors' and the causes are complex relating to a wide range of behavioural and societal factors as highlighted by the Foresight obesity report (1). Grub4life is working with local authority and London Borough Children's Centres to tackle overweight and obesity in the under fives. Founded on the belief that, 'Good nutrition should start from an early age and that good health is the foundation for good learning', the Grub4life experience is that it's no good waiting for children to start school if you want to teach them about healthy eating - it needs to start right from the very beginning.

The problem of obesity is compounded by obesogenic environments which promote the overconsumption of high fat, salt and sugar foods and inhibit physical activity. There is also a strong relationship between social deprivation and childhood obesity with increased prevalence occurring where there is socioeconomic deprivation. Moreover, the evidence is compelling that overweight and obese children are more likely to stay obese into adulthood and go on to develop non-communicable diseases such as diabetes and cardiovascular disease at a younger age. With the number of obese children projected to rise to 25 percent by 2050 (Foresight report), the Government's aim 'to reverse the rising tide of overweight and obesity', particularly in children, is

by anyone's measure ambitious and some may say unachievable if interventions focus only on school age children. Children don't suddenly start becoming overweight aged five, the process begins much earlier.

#### CURRENT GOVERNMENT POLICY

'Healthy lives, healthy people' (3) is the Government white paper outlining the changes to our National Health Service (NHS). A ring-fenced budget has been set aside to be specifically used for the improvement of public health. From April 2013, top tier and unitary local authorities will be made responsible for public health services with a duty to take steps to improve the health of their population (through the health and social care bill). In other words, money is available to support local projects which can demonstrate they improve public health.

In the immediate future, local authority's budgets will be based upon the Primary Care Trusts' public health spending in 2009/10 and will be weighted to reflect the level of health inequalities in a given area. There will also be a 'health premium' (funded from within the overall public health budget) rewarding authorities for progress against priorities in the Public Health Outcomes Framework, a little like performance related pay.

More recently, the Government released 'Healthy lives, healthy people: a call to action on obesity in England' (4), This white paper has provoked some negative attention with its emphasis on personal responsibility and lack of legislation or attempts to change the food environment in which individuals live. The report sets out a national ambition to achieve a sustained downward trend in the level of excess weight in children by 2020. The Government has also pledged to prioritise early education and support families, especially the most vulnerable.

#### MEASURING CHILDHOOD OBESITY RATES

We already have a National Child Measurement Programme (NCMP) which measures children's weight ▶

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and height at Reception Year and in Year 6. This programme helps to inform local planning and the delivery of services for children, as well as gather population-level surveillance data to allow analysis of trends in growth patterns and obesity.

But what about pre-reception year? By the time an overweight or obese child reaches Reception age, it may already be too late to change the eating behaviours engrained into them during the years of infant feeding, weaning and early childhood. So, shouldn't we be measuring younger children to identify and support those at risk groups? Children Centres play a vital role in parental and child education. With the right support, they can have immeasurable, positive influence over the development of good eating practices.

#### UNDER-FIVES – MEASURING OBESITY RATES

A number of pilot projects are planned to help Children Centres establish their local overweight and obesity rates for the under fives. The partnership of Grub4life's nutrition expertise and the Children Centres' understanding of local parents and issues, will spark innovation, knowledge, growth and, most importantly, will establish what does and doesn't work. The measurements will identify those children most at risk and act as a platform for engaging with families about healthy lifestyles and weight issues.

#### TARGETED APPROACH TO THE DELIVERY OF NUTRITION INTERVENTIONS

The new commissioning structure is still not very clear and few local authorities have yet appointed a director of public health. However, by contributing to improving the childhood obesity rates within a borough/local authority, this kind of work could improve access to increased funding for Children Centres via the ring-fenced public health budget's 'health premium'.

There are currently 3,600 Children Centres in the UK, half of which are in some of the UK's most deprived areas. They are there to offer a vital source of support to parents with young children. With the right guidance and training from experts like Grub4life, they are perfectly positioned to deliver targeted nutrition and health education and offer support to parents and children, particularly those with the greatest need.

For more information about Grub4life's work visit [www.grub4life.org.uk](http://www.grub4life.org.uk) or email: [nigel@grub4life.org.uk](mailto:nigel@grub4life.org.uk)

#### References:

- 1 Foresight. Tackling Obesity: Future Choices (2007). UK Government Office of Science
- 2 National Child Measurement Programme: England 2009/10 school year (2010). NHS Information Centre
- 3 Healthy lives, healthy people: our strategy for public health in England (2010). Department of Health
- 4 Healthy lives, healthy people: a call to action on obesity (2011). Department of health

## Is BMI Enough?

Helen received a telephone call from her sons school nurse advising her that her six year old child was categorised as obese. She was very upset and couldn't understand as her child participated in lots of activities, was very energetic and tall for his age. So she took him to her local gym where they professionally tested him using a Bioelectrical Impedance Analysis (BIA) device. Results of which showed him to be within the recommended ranges for body fat and that he did indeed have a high lean mass.

In an age where image is paramount to children, being categorised wrongly as obese has the potential to damage the Childs self-esteem and confidence. Yet this is simply avoidable by assessing the composition of the body rather than the overall weight and height.

Using Body Mass Index (BMI) - the ratio of height and weight, is not a sufficient method to get an accurate picture of health when assessing fitness and weight issues. Monitoring only an individuals weight fluctuations can mask not only serious changes in the body's health, but also increases the number of false positives in the assessment of obesity.

BIA is a simple technique that was first established in the late 1980's, primarily employed in the fitness industry, to monitor fat loss and lean gain. The individual lays down to allow the fluids in the body to settle, during which time four electrodes are placed on the hand and foot. These electrodes are then attached to lead wires and after inputting weight, height, age, activity level (for calorie calculations) and Hip / Waist measurements (for cardiac risk), the test is undertaken, which takes 3 seconds. A small electrical signal is sent around the body and the resistance and reactance to the flow of the current is measured. This is then used to calculate the body composition using specialist children's formulas.

*Having exact and accurate information on the Childs body composition is a powerful tool that must not be neglected in the fight against obesity.*



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**Questions relating to:** *Obesity Management: early years*

Type your answers below and then **print for your records**. Alternatively print and complete answers by hand.

Q.1	What is the definition of obesity?
A	
Q.2	What are the current UK statistics relating to obesity in children?
A	
Q.3	What are the key factors that compound the problem of obesity?
A	
Q.4	Which diseases are overweight and obese children more prone to develop if they remain overweight into adulthood?
A	
Q.5	Briefly describe the current measurement programme for children in the UK.
A	
Q.6	What is the main aim of the Government white paper 'Healthy lives, healthy people'?
A	
Q.7	How is Grub4life delivering nutrition interventions to the under fives?
A	

Please type extra notes here . . .