Alaska Obesity Facts: Early Childhood Obesity (0-5 years old)

**Why be concerned about early childhood overweight and obesity?**

- 10% of children less than 2 years old in the U.S. have a high weight-for-length ratio and 21% of children age 2–5 are overweight or obese.¹
- 31% of low income preschoolers (2-4 year olds) in the U.S. are overweight or obese.²
- One-third of obese preschool children and about half of obese school-age children become overweight adults.³
- Excessive and rapid weight gain in the first years of life can increase the risk of obesity and chronic disease later in life.⁴
- Some medical conditions associated with obesity in adults have been diagnosed in obese children, including type 2 diabetes, high blood pressure, high blood cholesterol, fatty liver, sleep apnea, and musculoskeletal and psychosocial disorders.⁵

**Early Childhood Weight Status in Alaska**

Statewide representative weight status data for children younger than high school age are only available for 3-year-olds. Several different programs in the state maintain or collect height and weight records for children in target populations. The data described below provide the best estimates available of early childhood overweight and obesity in Alaska.

- **Women, Infants, and Children (WIC) Nutrition Program** collects measured height and weight on low income infants and children served by the program.⁶
- **Childhood Understanding Behaviors Survey (CUBS)** is a representative survey of all 3-year-olds who were born in Alaska. Child height and weight data are self-reported by the mother.⁷
- **Alaska Oral Health Basic Screening Survey** collects measured height and weight on a sample of kindergarteners from around the state.⁸

**Prevalence of Overweight and Obesity Among Children Participating in the WIC Program, CUBS, and the Alaska Oral Health Basic Screening Survey, Alaska**

- Although data come from different populations in Alaska, all indicate that a substantial proportion of Alaska's young children are overweight or obese.
What Can Alaska Child Care Providers, Worksites & Communities Do?4

- **Child Care Providers:** Follow the evidence-based recommendations for physical activity; meals, snacks and beverages; TV and computer time; and infant feeding.
- **Worksites:** Since breastfeeding is associated with reduced risk of childhood obesity, adopt policies that allow employees time to breastfeed infants or express milk in a private setting during work hours.
- **Communities:** Support parents’ efforts to be healthy by promoting healthy environments in settings outside the home where young children spend substantial time.

What Can Health Care Providers Do?4

- Assess, monitor, and track growth from birth to age 5.
- Give consistent evidence-based nutrition and physical activity messages for all children regardless of weight status.

What Can Individuals Do?4

- Maintain a healthy pre-pregnancy weight and keep weight gain during pregnancy within the limits recommended by your health care provider.
- Breast milk only (no food or formula) for your infant’s first 6 months. Continue breastfeeding as you introduce healthy foods for the first year or more.
- Serve your child a variety of healthy foods and be physically active with your child.
- No screen time during the first 2 years of life; then limit screen time to less than two hours per day.
- Make sure your child gets enough sleep.

References

6. Alaska Department of Health and Social Services, Alaska Division of Public Health, Maternal and Child Health Epidemiology Unit. Alaska Childhood Understanding Behavior Survey (CUBS). Personal Communication with Margaret Young on 8/31/11.