

Leadership

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Immediate Past President AAP
Director AAP Institute for Healthy Childhood Weight

A close-up photograph of a young child with dark, curly hair, looking upwards with a curious expression. The child is wearing a light-colored shirt with thin, dark horizontal stripes. Their hands are raised, with fingers slightly spread, as if gesturing or reaching for something. The background is a plain, light-colored wall.

**How are the
children?**

Foundations of Health: Goal for Every Child

Sound, appropriate nutrition

- ✓ Health-promoting food intake, eating habits beginning with mother's pre-conception nutritional status

Stable, responsive environment of relationships

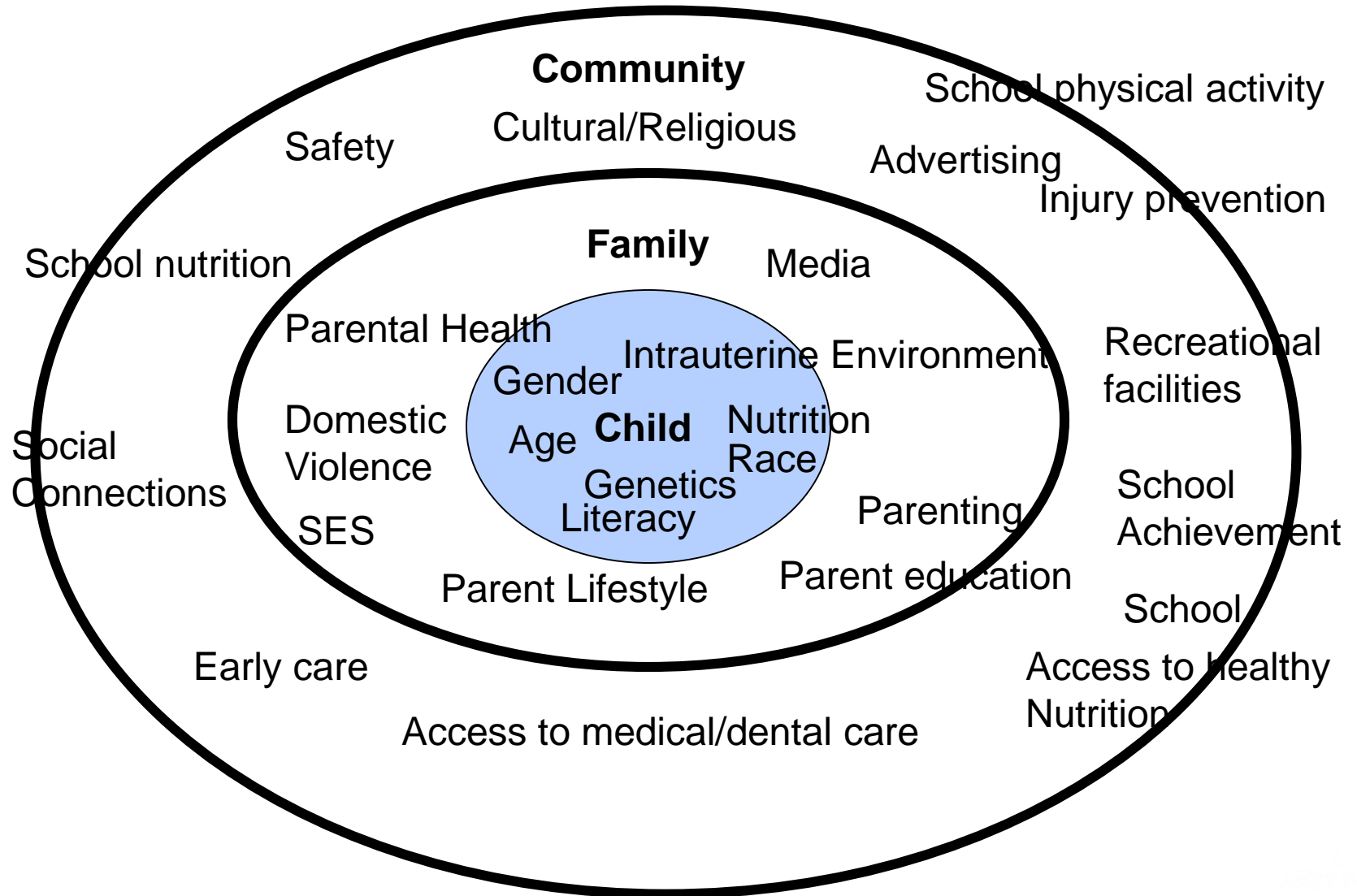
- ✓ Consistent, nurturing, protective interactions with adults that enhance learning, help develop adaptive capacities that promote well-regulated stress response systems

Safe, supportive physical, chemical and built environments

- ✓ Provide places for children that are free from toxins, allow active, safe exploration without fear, offer families opportunities to exercise, make social connections



Foundations of Child Health are Rooted in the Socioecological Model



Child Health: National



- **Diet quality**

- Children ages 2-17 who meet federal diet quality standards: **50%**

- **Obesity**

- Children ages 6-17 who have obesity: **18%**

- **Activity limitation**

- Children 5-17 with activity limitation resulting from one or more chronic health conditions **9%**

- **Food Insecurity**

- Children 6-10 living in food insecure homes: **21%**

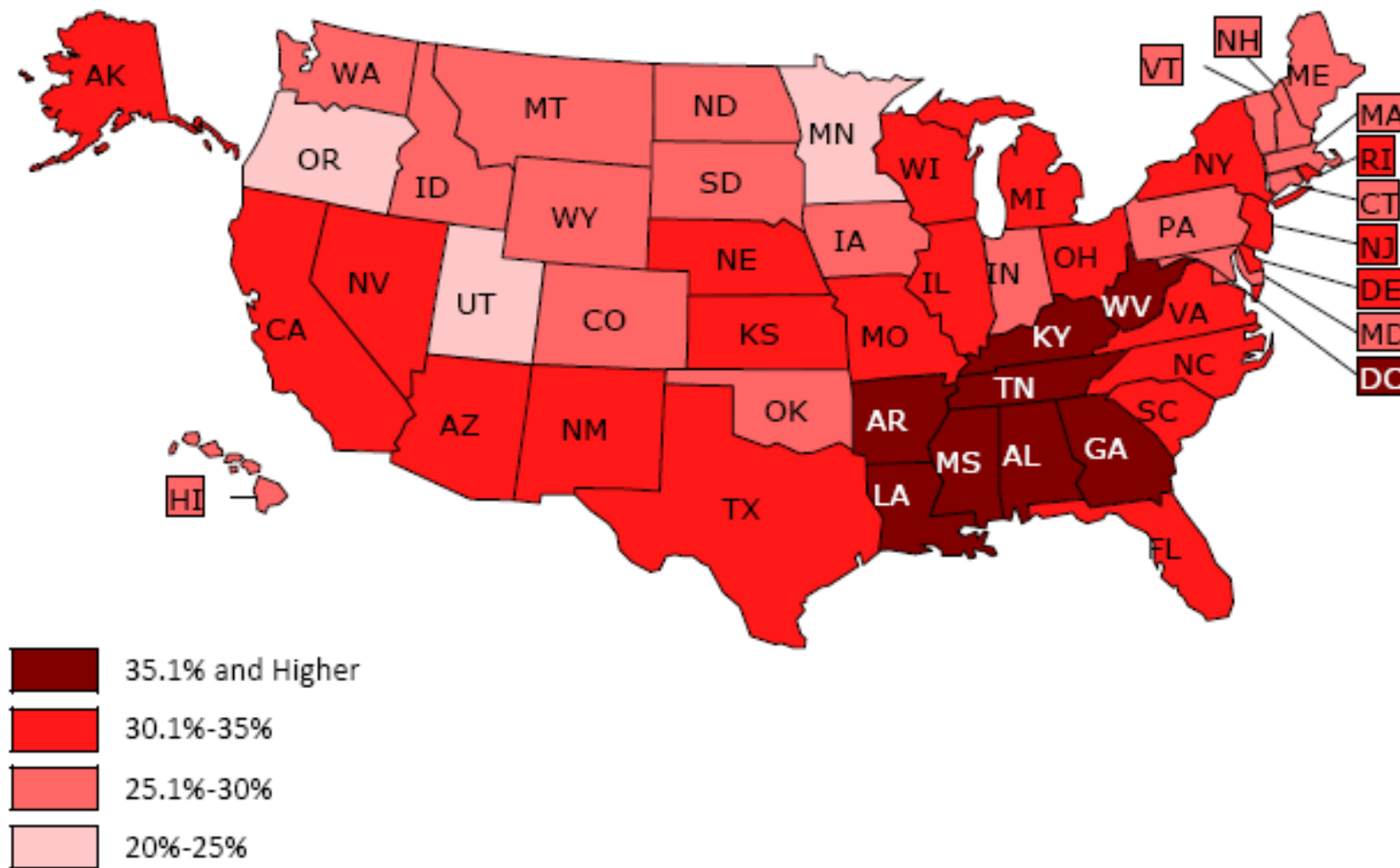


Children's Nutritional Needs

“an adequate diet for children...one that contains an appropriate density of nutrients, is sufficiently diverse that it supplies adequate but not excessive amounts of nutrition, is palatable and culturally acceptable, affordable and available year round and overall supports normal growth and development.”

- Allen L, Causes of Nutrition Related Public Health Problems of Children : Available Diet J Ped Gastr Nutr 2006 43 S8-S12

Percentage of Children with Obesity 2012



www.ncsl.org/issues-research/health/childhood-obesity-trends-state-rates.apx

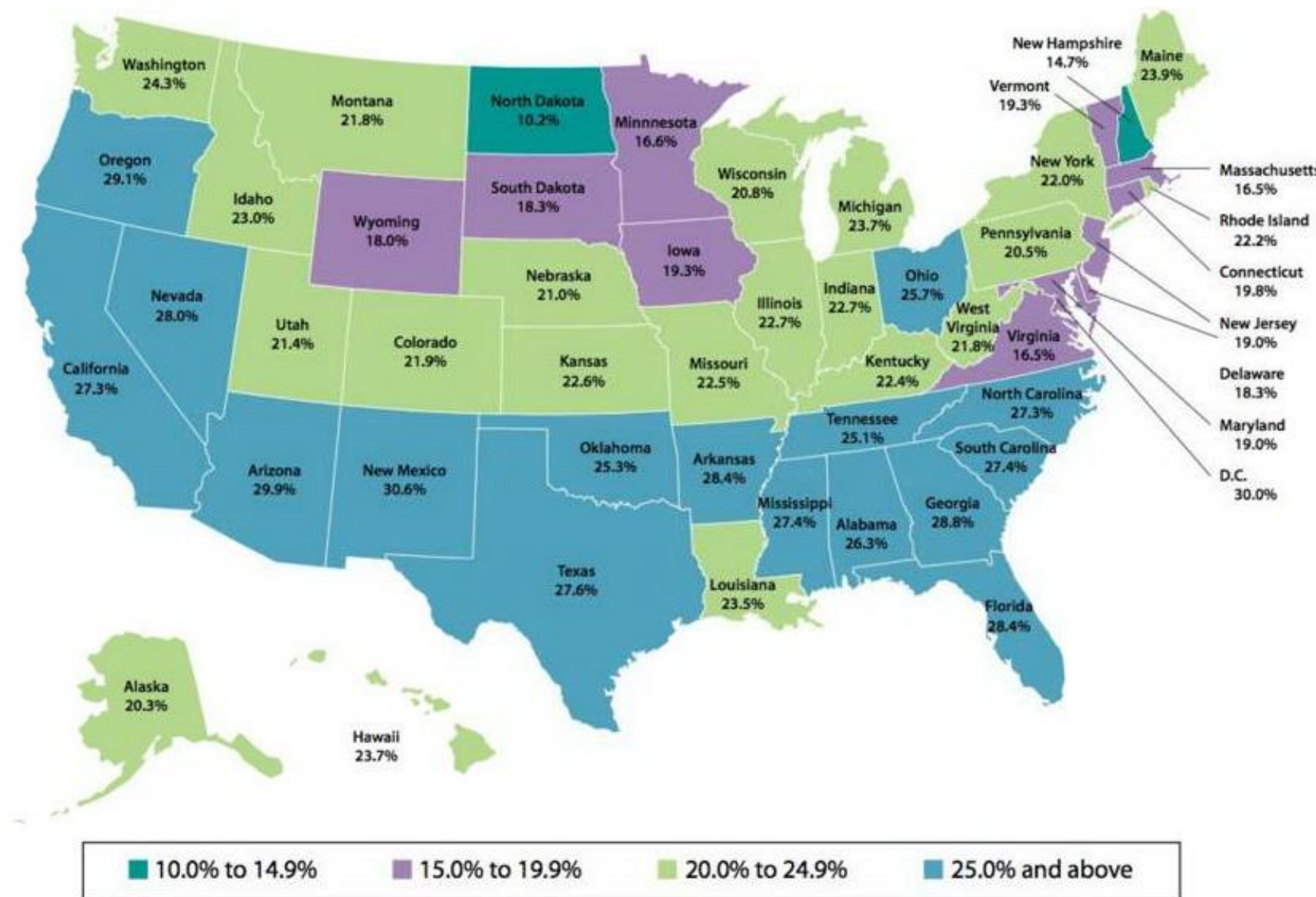
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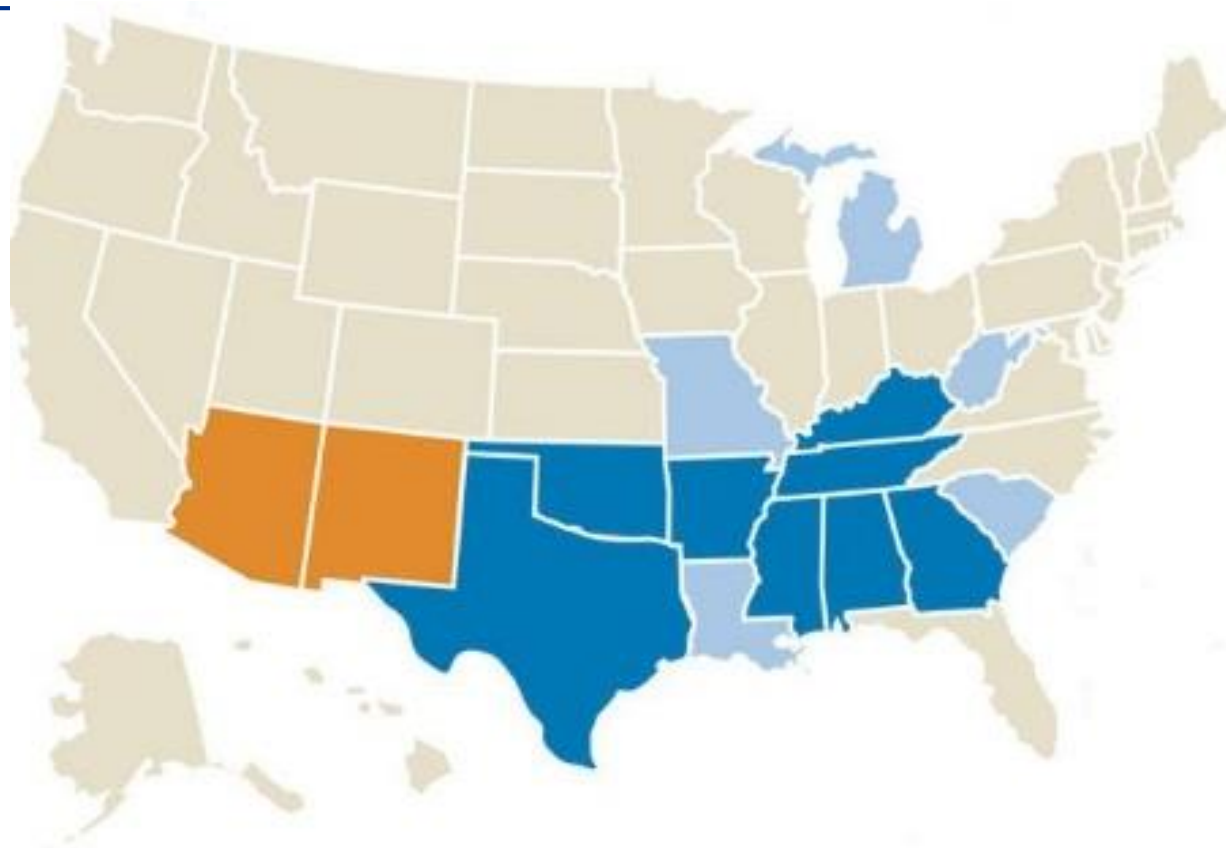
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Child Food Insecurity Rates by State in 2011

Child food insecurity is widespread, with the highest rates appearing in the South and the West.



The Overlap Between Food Insecurity and Obesity



States that appeared on the bottom 15 list of for obesity and either food insecurity or poverty

States that appeared on all three lists

States that appeared on the food insecurity and poverty list - but not the obesity list

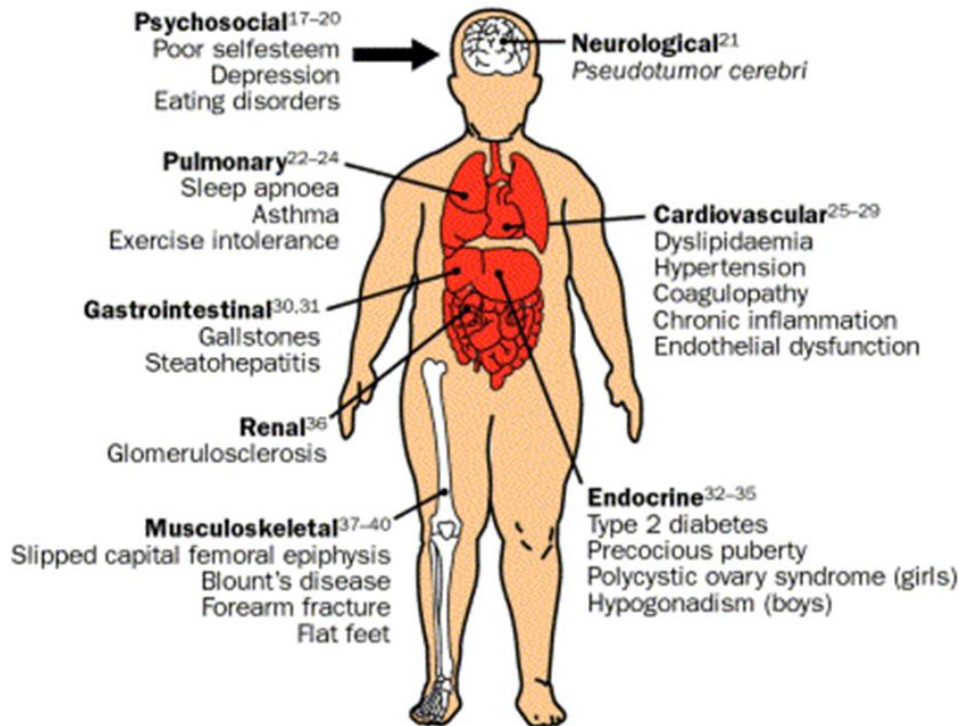
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Health Consequences of Childhood Obesity

- Obesity-related co morbidities
 - Type 2 diabetes
 - Hypertension
 - Nonalcoholic fatty liver disease
 - Dyslipidemia
 - Upper Airway Obstruction
 - Sleep Apnea Syndrome
 - Blount's Disease
 - Polycystic ovary syndrome
 - Obesity related emergencies
 - Depression/anxiety



Child Health and Food Insecurity

Parent-reported poorer health and developmental risk

- ✓ More frequent stomach aches, headaches, colds, hospitalizations, anemia and chronic conditions

- ✓ More anxiety, depression, school difficulties

- Nord M, Food insecurity in households with children: Prevalence, severity, and household characteristics. 2009 USDA, Economic Research Service
www.ers.usda.gov/Publications/EIB56/

- ✓ More difficulty with interpersonal skills, self control, attentiveness, flexibility and persistence

- Howard LL, Does food insecurity at home affect non cognitive performance at school? A longitudinal analysis of elementary school classroom behavior. 2010 Economics of Education Review 20, 157-176

Infants more likely to have insecure attachments and perform more poorly on cognitive assessments

- Zaslow M et al Food security during infancy: Implications for attachment and mental proficiency in toddlerhood. 2009 Maternal and Child Health Journal 13(1) 66-80



Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

- 2009, 50% of U.S. infants participated in WIC, and about 25% of pregnant women, postpartum women, and children ages 1–4
 - Oliveira, Victor; Frazao, Elizabeth. The WIC Program: Background, Trends and Economic Issues, 2009 Edition. USDA Economic Research Service Report. 2009; 73
 - Jackson MI. Early childhood WIC participation, cognitive development and academic achievement. Soc Sci Med. 2015 Feb;126:145-53. doi: 10.1016/j.socscimed.2014.12.018. Epub 2014 Dec 15
- WIC overlaps with critical and sensitive periods of developmental plasticity when intervention is crucial for brain development
 - Gluckman, Petter; Mark, Hanson. The Developmental Origins of Health and Disease: The Breadth and Importance of the Concept. Advances in Experimental Medicine and Biology. 2006; 573(1):1–7.

Health Benefits of WIC

- WIC participants (pregnant women, young children) have higher nutrient intake than those who do not participate
 - Fox, MK.; Hamilton, W.; Lin, B. National School Lunch Program. In: Anonymous. , editor. Effects of Food Assistance and Nutrition Programs on Nutrition and Health: Volume 3, Literature Review. 2004. p. 175-208
- Nutrition education
- Links to other health services
- Longer pregnancies
- Fewer premature births
- Fewer infant deaths
- Savings in health care costs,

Educational Benefits of WIC

- WIC participation is associated with significantly stronger cognitive development
 - 0.062 SD higher on the Bayley Mental Development assessment than their similar peers who do not receive exposure in utero.
 - Magnitude is comparable in size to the relationship between breastfeeding and cognitive development.
 - 1/4 the size of race/ethnic and maternal education gaps in early cognitive development
- School age children perform significantly better on reading assessments measured by passage comprehension or broad reading scores, this advantage is close to 0.3 of a standard deviation.

■ Jackson ML. Early Childhood WIC Participation, Cognitive Development and Academic Achievement. *Soc Sci Med.* 2015 February ; 126: 145–153. doi:10.1016/j.socscimed.2014.12.018

Relational Benefit of WIC

- Promoting healthy infant and child feeding behavior
- Helping families build self efficacy around nutrition
- Strengthening nutritional environments at home
- Promoting nurturing parent relationships

Nutrition as a Foundation of Child Health: Federal Advocacy on WIC

Childhood Nutrition Supports Lifelong Health



Child nutrition is a basic foundation of health

Good nutrition during pregnancy and childhood decreases the risk of prematurity, fetal or infant death, anemia and subsequent obesity and other chronic illnesses. Just like pediatricians vaccinate to protect children against illnesses like the flu, so too can we protect children against chronic illness brought on by overweight or obesity by supporting strong federal policies and programs in the following areas:

Early nutrition

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Child and Adult Care Food Program (CACFP) fight food insecurity and promote nutrition in early childhood.

- The science-based WIC food package provides essential supplemental nutrition to low-income and nutritionally vulnerable pregnant and breastfeeding moms, and children up to five years of age.
- WIC improves birth outcomes and the health of infants, supports breastfeeding moms through education and peer support and connects families to medical care.
- CACFP provides more than 3 million children in child care, Head Start and afterschool settings with healthy, balanced meals throughout the day.

School-based nutrition

Nearly 1 in 3 school-age children and adolescents in the United States is overweight or obese. Obese children are at increased risk for high blood pressure, high cholesterol, cardiovascular disease, type 2 diabetes, sleep apnea, asthma, joint problems, fatty liver disease, and social and psychological problems.

- Since children typically consume up to half of their daily calories in school, the nutritional quality of school meals through the National School Lunch and School Breakfast programs as well as competitive foods plays a key role in promoting child health.
- The updated nutritional quality for school meals under the *Healthy, Hunger-Free Kids Act of 2010* (HHFKA) will ensure that children receive more servings of fruits, vegetables, whole grains and low-fat or nonfat milk, and consume less sodium and unhealthy fat.
- Already, more than 90% of schools are meeting or exceeding these criteria.

Food insecurity and child hunger

Good nutrition is not only an essential component of chronic disease prevention and treatment; it also helps treat the effects of chronic hunger.

- One in six children in this country lives in households where food is scarce and may experience educational, health and behavioral problems as a result.
- Under the HHFKA, the Community Eligibility Provision is reducing hunger and maximizing program efficiency by allowing schools in high poverty areas to reach even more children with free meals.
- Lack of access to nutritious foods during out-of-school time, particularly in the summer months, makes millions of children vulnerable to illness, hospitalization and behavioral health challenges.

For more information, contact Tamar Magarik Haro (tharo@aap.org) or Madeline Curtis (mcurtis@aap.org) in the AAP Washington, DC office



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- Pediatricians as partners in WIC advocacy:
 - Congressional visits
 - Op-eds and letters to the editor
 - Grassroots
 - Website with resources

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Informing the Legislative Process



- Testified before the Senate Agriculture Committee in May of 2015 as the committee contemplated child nutrition reauthorization.
- Focus was on the importance of early nutrition on child health and the effectiveness of the WIC program.

Spotlight Issue: Maintaining Eligibility for WIC

- AAP joins National WIC Association in opposing efforts to delink WIC eligibility from Medicaid eligibility (known as adjunctive eligibility).
 - To be eligible for WIC on the basis of income, applicants must have an income at or below 185% of the FPL or be eligible through adjunctive eligibility due to qualification for Medicaid, SNAP or TANF.
 - Infant formula manufacturer, Mead Johnson, argues that up to 20% of the WIC population has an income above 185% of the FPL (USDA data is less than 2%).
- Pediatricians across the country have published op-eds in their newspapers touting the importance of linking WIC and Medicaid.
- The Senate bill makes no changes to adjunctive eligibility, but instead authorizes a study to examine the impact of AE on WIC participation.

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WIC is helping to build the Foundations of Child Health

Sound, appropriate nutrition

- ✓ Health-promoting food intake, eating habits beginning with mother's pre-conception nutritional status

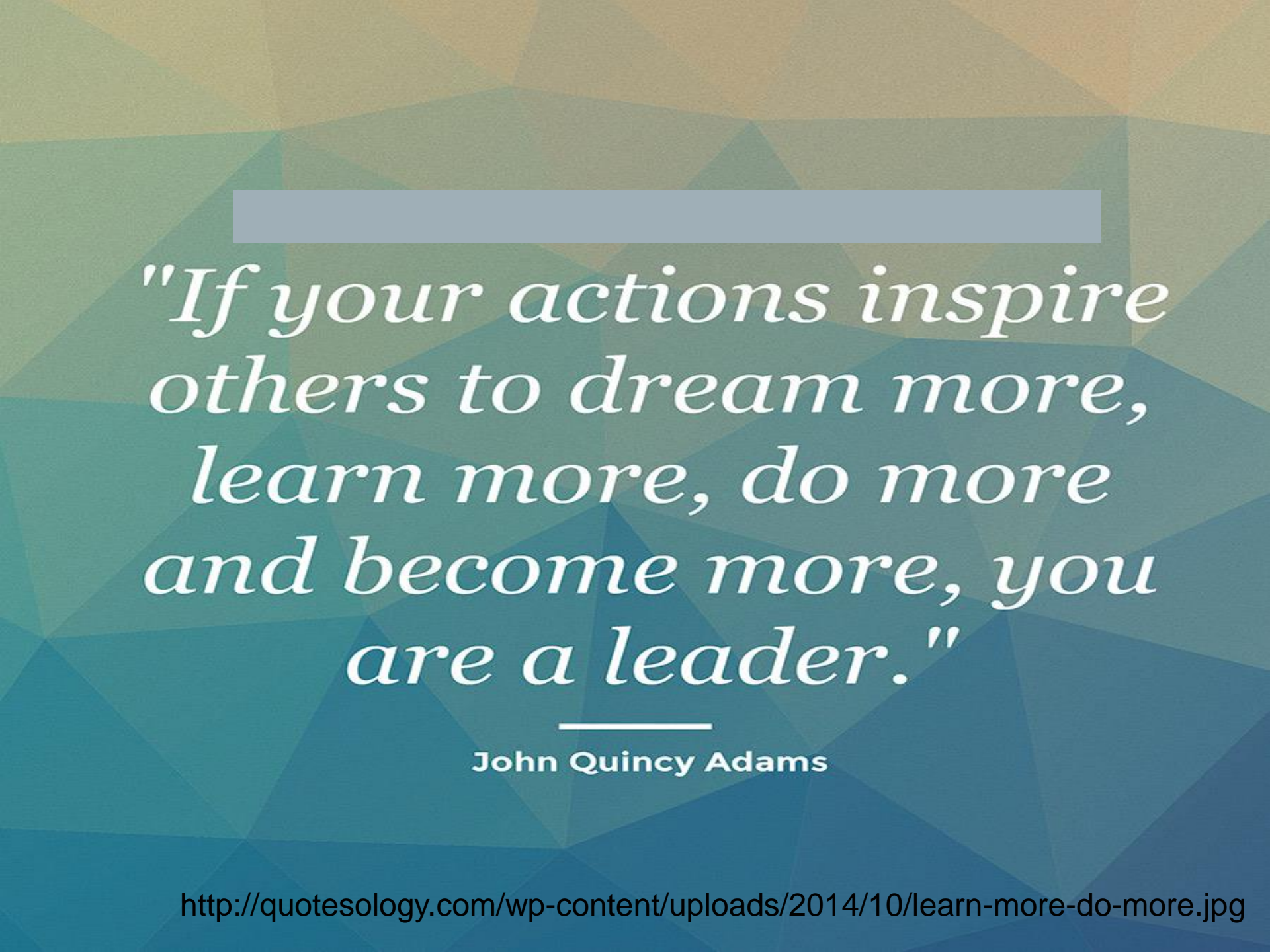
Stable, responsive environment of relationships

- ✓ Consistent, nurturing, protective interactions with adults that enhance learning, help develop adaptive capacities that promote well-regulated stress response systems

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*"If your actions inspire
others to dream more,
learn more, do more
and become more, you
are a leader."*

John Quincy Adams

Leadership

The first person you have to lead is you

- ✓ What do you value?
 - Equity, truth telling, generosity etc.
- ✓ What are you passionate about?
 - People
 - Knowledge
 - Places
 - Activities etc
- ✓ What are your strengths?
- ✓ Where do you need to grow?



Leadership

- What motivates you?
 - Making connections
 - Learning
 - Security
 - Recognition
 - Accomplishment
 - Relationships etc
- Understand your personality
 - Dreamer, doer, analytic, organizer etc.

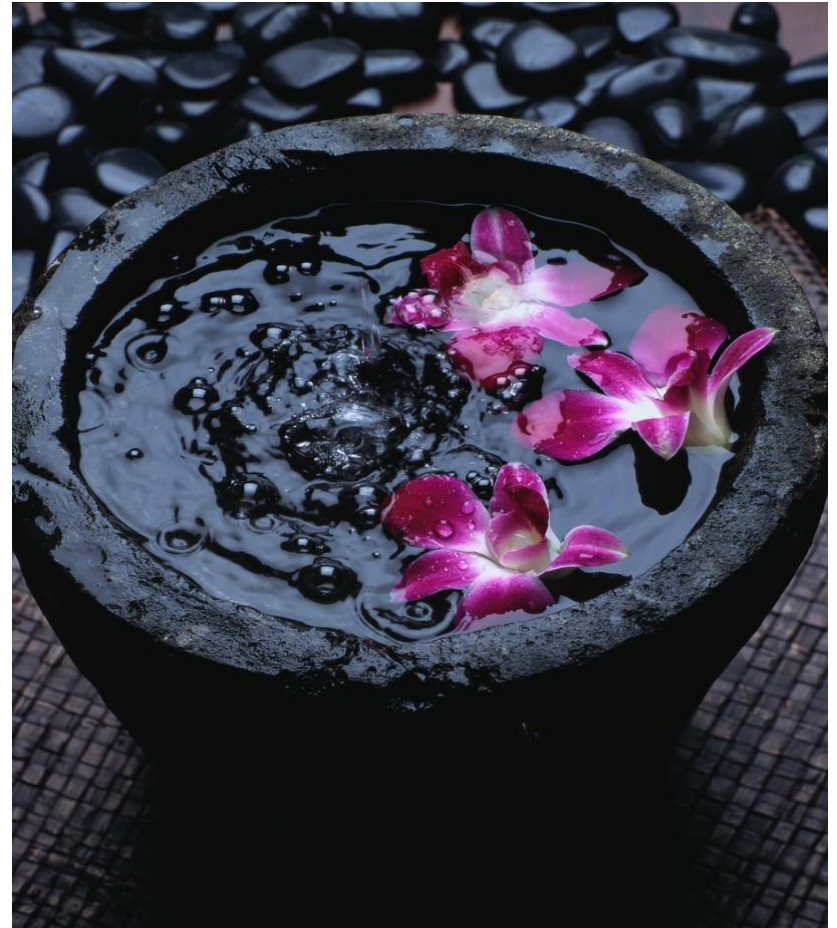


Some things I have learned

- Don't be afraid to reach out
 - Children with obesity needed help
- Ask and learn all the time
 - From your colleagues, patients, study and grow
- Say the “strategic yes”
 - Keep focused on what's important
- Try new things
 - Research, writing, speaking

Leadership: Reflection

- ✓What moves you forward
- ✓What is your hope
- ✓Who touches you
- ✓What is in your heart



Inspiration

- What moves you forward?



Vision

- What is your hope?



Advocacy

- Who touches you?



Passion

- What is in your heart?



“We don’t see things as they are, we see things as we are.”

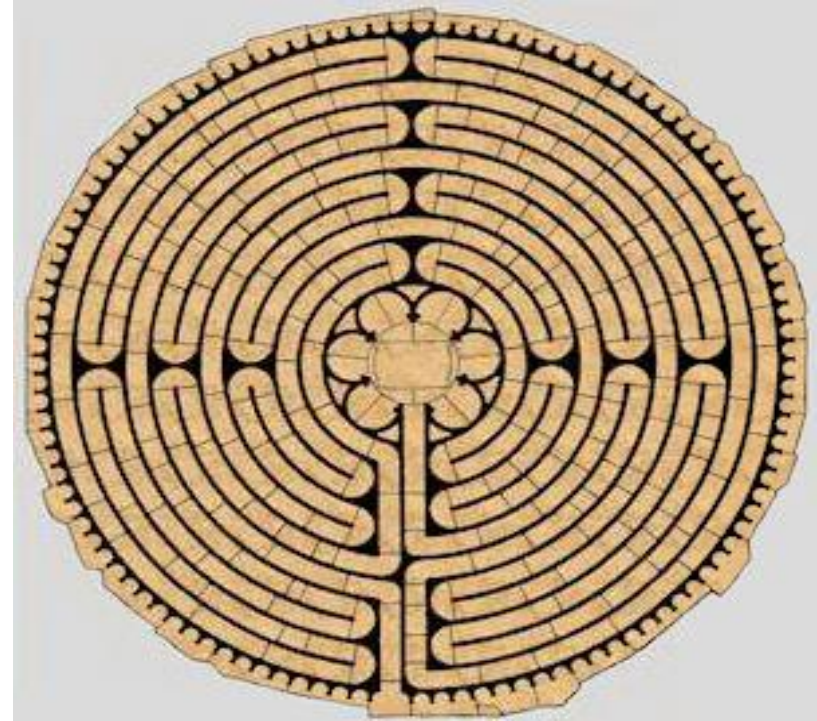


Anais Nin

- Nin A. *The Diary of Anais Nin, 1939-1944*. New York, NY: Harcourt Brace & World; 1969.42


Path forward

- Each step we take can be informed by all of these considerations
- If this happens there is a congruency about the path we are taking even if it's not a straight line
- And that can accomplish the alignment of your values, your passion, your goals, and your progress towards achieving them



A little bit about my journey



A photograph of a baby lying on its back on a white, wrinkled sheet. The baby is wearing a white diaper and is looking directly at the camera with a joyful expression, its mouth open in a smile. The baby's legs are bent and its arms are resting on the sheet. The background is a soft, out-of-focus white.

**When I approach a child, he
inspires in me two sentiments;
tenderness for what he is, and
respect for what he may become.**

—Louis Pasteur



Building the Foundations for Child Health: Moving Toward A National Agenda for Children



Child Advocacy – my Passion

- Stay involved
 - Join your professional organization, find fellow advocates
- Step up
 - Take on leadership roles, get elected, get involved
- Speak up
 - Lend your voice to those who don't have a voice
- Say what's true
 - Stay close to your heart and don't be afraid

Child Advocacy – my mission

- Build bridges
 - If you disagree build a bridge don't dig a moat
- Bring your best self
 - No matter where you are, who your speaking with, bring your best self – you will bring out the best in others
- Bend don't break
 - There is always a way around, over or under or through an obstacle- be creative and stay positive
- Be grateful
 - Be grateful for your faith, your family and your friends

Be yourself- there is no one like you

