



National WIC Association
Your child has you. And you have WIC.



WIC: Preventing Maternal and Childhood Overweight and Obesity – A Call to Action

As the nation’s premier public health nutrition program, WIC is a cost-effective, sound investment—ensuring the health of our children.

NWA’S MISSION

NWA provides its members with tools and leadership to expand and sustain effective nutrition services for mothers and young children.

Excessive weight gain in pregnancy not only increases health risks for the mother, but has been shown to increase the risks of obesity in children.¹ Research indicates that a child who begins kindergarten overweight is four times more likely to become obese.² The Supplemental Nutrition Program for Women, Infants and Children (WIC) is uniquely positioned to help prevent pregnant women from gaining excessive amounts of weight in pregnancy and ensure children enter kindergarten at a healthy weight. In recent years, a number of activities involving WIC have focused on preventing childhood obesity.

The National WIC Association, NWA, is pleased to have joined in support of First Lady, Michelle Obama’s initiative, Let’s Move! The initiative started in 2010 and addresses the pressing issue of childhood obesity. The White House report³ on childhood obesity, which established the need for Let’s Move! clearly defined the role of WIC in addressing this issue. The report highlighted how WIC can help prevent low-income children from becoming overweight and obese through breastfeeding peer counseling programs, WIC cash value vouchers for fruits and vegetables, and the WIC farmers market initiative. Since the report was published, a research study found a decrease in obesity trends for pre-school aged children in New York and California. The researchers, in part, attribute the decline in obesity rates among preschool children in recent years to the success of federal nutrition programs such as WIC.⁴ The role of WIC in preventing childhood obesity has also been recognized by The Centers for Disease

Control who describes WIC as part of their Strategy to Prevent Obesity and other Chronic Diseases.⁵

“The physical and emotional health of an entire generation and the economic health and security of our nation is at stake.”

- First Lady Michelle Obama at the Let’s Move! launch on February 9, 2010⁶

Obesity in the United States

The U.S. is in the midst of an obesity epidemic. Although obesity prevalence varies across the country, there are currently no states with an obesity rate less than 20%.⁷ In addition:

- ➔ 69% of adults in the US are overweight or obese.⁸
- ➔ 34.9% of adults are obese.⁹
- ➔ About 31.8% of children (age 2-18) are overweight or obese.¹⁰
- ➔ 17% of children (age 2-18) are obese.¹¹
- ➔ Nearly half the women of childbearing age are overweight or obese.¹²
- ➔ Higher income women and women with college degrees are less likely to be obese than low-income women and women without a college degree.^{13, 14}
- ➔ The most recent NHANES survey found that 8% of women of reproductive age were extremely obese.¹⁵

Obesity and Public Health

The negative public health implications of obesity are far-

reaching. As a result of overweight and obesity, especially among young people and minorities, it is anticipated that there will be a decline in life expectancy for the average American by as much as five years over the next few decades. Children may have a shorter life expectancy than their parents.¹⁶

- People who are overweight or obese are at risk of developing a number of life threatening diseases such as coronary heart disease, some types of cancers, type II diabetes and hypertension.^{17, 18, 19}
- In addition to ethnic disparities, childhood overweight has been linked to maternal obesity. In a study of low-income families participating in the WIC Program, children whose mothers were obese during early pregnancy were 2.5 times more likely to be overweight during their preschool years.²⁰
- In obese pregnant women, the risk of developing gestational diabetes mellitus (GDM) is significant.²¹
- The presence of GDM is associated with pregnancy and perinatal risks, such as congenital abnormalities and stillbirth.²² For women with a history of GDM, their chance of developing diabetes is 20 to 50 percent.²³
- Type 2 diabetes, which used to be uncommon in children, is now increasing at an alarming rate, especially among ethnic minority children.²⁴
- Although mortality and morbidity are not usually associated with obesity during childhood, there are detrimental psychosocial consequences (e.g., low self-esteem) of being overweight during this period.²⁵

Obesity Beyond Public Health

As well as having a large impact on public health, rising levels of obesity also has societal and economic impacts.

- The healthcare costs of obesity are high. For example, the Medicaid costs of a child being treated for obesity are estimated at \$6,730 annually, while the average healthcare costs for children covered by Medicaid is \$2,446.²⁶
- New research studies suggest that the obesity epidemic may pose a threat to both national security and our economy. For example, a 2015 article which reviewed overweight and obesity trends among soldiers entering the US army between 1989 and 2012 warns that ‘the US Army is not immune to the US obesity epidemic.’²⁷
- There is also growing evidence that obesity is affecting our economy. It is estimated that obesity-related absenteeism from the workplace costs \$4.3 billion annually.²⁸

WIC’s Opportunity to Prevent Overweight and Obesity

WIC is the leading public health nutrition program and the largest provider of nutrition and breastfeeding services to pregnant and postpartum women, infants, and children in the US. It is in a unique position to impact the disproportionate effect that the obesity and overweight epidemic has on the low-income, minority populations it serves. With 66% of WIC participants report having incomes less than the Federal Poverty Level and 33% having less than 50% of the Federal Poverty Level, WIC families are even more likely to be at risk of obesity.²⁹

Meanwhile, the increasing prevalence of childhood obesity has been especially pervasive among different minority groups. According to the 2010 Pediatric Nutrition Surveillance System (PedNSS) report, the prevalence of overweight in children two to five years old was the highest among American Indian/Alaska Native (20.1 percent), and Hispanic children (17.6percent).³⁰

WIC serves over 8 million mothers and young children, over half of all America’s infants and one-quarter of its children 1 to 5 years of age each month. WIC can help prevent overweight and obesity through the Program’s nutrition services that provide nutrition and breastfeeding education, nutritious foods, and improved access to healthcare and social services.

Breastfeeding rates in the WIC program are steadily on the rise. Breastfeeding has been shown to reduce the risk for developing obesity later in childhood.³¹ With support from lactation consultants and breastfeeding peer counseling programs, WIC can help more moms to breastfeed and better the future health of their children.

Leveraging on WIC’s extensive reach and expertise, NWA recommends that WIC staff play an active role in preventing maternal and childhood overweight and obesity by:

- providing worksite wellness opportunities for all WIC staff so they can be effective educators by modeling healthy eating and physical activity behaviors;
- providing and promoting evidence-based nutrition education to encourage breastfeeding and healthy eating as the norm for WIC families;
- providing and promoting

participant education on regular physical activity as the norm for WIC families;

- collaborating with public and private partners at the local, state, and national levels to promote consistent nutrition and physical activity messages using community-based approaches;
- utilizing mass media markets to advocate breastfeeding, healthy eating, and physical activity behaviors;
- promoting obesity-related research and evaluation to enable implementation of effective interventions in the WIC population; and
- supporting and/or developing public policies that promote sound consumer nutrition information, access to healthy food choices, and increased opportunities for physical activity.

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