



Advanced Level Wellness Training:

- ❖ **Obesity Prevention**
- ❖ **Contributing Factors**
- ❖ **Communication with Parents**
(Infants, Toddlers, Preschool, 6-8 Years Old)

Engage in an advance level of obesity prevention, identify contributing factors and learn how to communicate overweight and obese children with parents. Define how your center can influence what children eat and drink and how active they are, can build a foundation for healthy habits.





**Applying New Knowledge:
Learning & Transfer**

Child Care Training Consultants, LLC

Accredited by International Association for Continuing Education and Training (IACET)

Advanced Level Wellness Training:

Obesity Prevention, Contributing Factors, Communication with Parents

Child Care Training Consultants, LLC

Las Vegas, Nevada 89139

Theresa Vadala, Ed. D



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<p>CKA5 : Health, Nutrition and Safety</p> <p>Title: Advanced Level Wellness Training: Obesity Prevention, Contributing Factors, Communication with Parents</p> <p>Level: Advanced</p>	<p>2 Hours</p>	<p>0.2 CEUs</p>
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Dr. Theresa Vadala
(Instructor & Curriculum Designer)





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**Thank you for choosing
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Learning Assessment

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Participants must receive 100% on the learning assessment to obtain a certificate of completion.

Questions?

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Please contact us 24/7 at

childcaretrainingconsultants1@gmail.com



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Mission Statement

“Child Care Training Consultants, LLC’s is committed to design, develop, and implement current research-based professional growth and development training courses focused on core knowledge areas and competencies to assist families, educators, and leadership in achieving high standards of learning to ultimately achieve higher child outcomes.”

Vision

The vision of Child Care Training Consultants, LLC’s is to provide the early childhood community with quality ongoing professional growth and development rich in context that provides value to the audience and content made available to learners.



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About the Instructor

Theresa has over 30 years experience in the field of Early Childhood Education. During that time, she served as a Preschool Teacher, Disabilities Coordinator, Program Facilitator, and Director of an Early Childcare Program. She has a Doctoral Degree in Educational Leadership with Specialization in Curriculum and Instructional Design. Theresa is a Professional Growth & Development Trainer and Curriculum Designer and offers web-based courses internationally. She is the Executive Director/Owner of of the training organization Child Care Training Consultants, LLC., (CCTC).

Business Description

Child Care Training Consultants, LLC. (CCTC) is an accredited provider (AP) with the International Association for Continuing Education and Training (IACET) that provides Continuing Education Units (CEU) for adult education nationally. The business is also a recognized training organization with the Council for Professional Recognition, Child Development Associate Council (CDA), National Credentialing Program.



Learning Objectives

Participants will be able to:

Part 1: Obesity Prevention

- Define how obesity is measured in children and its limitations
- Identify the current statistics of obesity in children

Part 2: Contributing Factors to Childhood Obesity

- Identify contributing factors to obesity in children
- Define why obesity prevention is important
- Define the role of an educator in obesity prevention

Part 3: Communicating Overweight and Obese Children with Parents

- Define the role of a teacher in addressing overweight and obese children
- Define conversations with parents in addressing overweight and obese children



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AGENDA

Introduction

Part 1: Obesity Prevention

- a) Define how obesity is measured in children and its limitations
- b) Identify the current statistics of obesity in children

Part 2: Contributing Factors to Childhood Obesity

- a) Identify contributing factors to obesity in children
- b) Define why obesity prevention is important
- c) Define the role of an educator in obesity prevention

Part 3: Communicating Overweight and Obese Children with Parents

- a) Define the role of a teacher in addressing overweight and obese children
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Overview



Part 1: Obesity Prevention



< 18.5	Underweight
18.5–24.9	Normal weight
25.0–29.9	Overweight
30.0–34.9	class I Obesity
35.0–39.9	class II Obesity
≥ 40.0	class III Obesity



What is Obesity?

Obesity is a medical condition that occurs when a person carries excess weight or body fat that might affect their health. A doctor will usually suggest that a person has obesity if they have a high body mass index. Obesity is defined as body mass index (BMI) which is a measure of body fat based on height and weight. A person is considered obese when his or her BMI is 30 or higher. The reason BMI increases, is due to eating more calories than the body uses. The extra calories not used in physical activity are stored in your body as fat. Overweight is defined as having excess body weight for a particular height from fat, muscle, bone, water, or a combination of these factors. Body mass index, or BMI, is a widely used screening tool for measuring both overweight and obesity. BMI percentile is preferred for measuring children and young adults (ages 2–20) because it takes into account that they are still growing and growing at different rates depending on their age and sex.



What is Obesity?

Health professionals use growth charts to see whether a child's weight falls into a healthy range for the child's height, age, and sex. Children with a BMI at or above the 85th percentile and less than the 95th percentile are considered overweight. Children at or above the 95th percentile have obesity.





How is Obesity Measured?

Body mass index (BMI) is a measure used to determine childhood overweight and obesity (**Let's Move, CDC**). Overweight is defined as a BMI at or above the 85th percentile and below the 95th percentile for children and teens of the same age and sex (**Let's Move, CDC**). Obesity is defined as a BMI at or above the 95th percentile for children and teens of the same age and sex (**Let's Move, CDC**).

To check your BMI go to: <https://www.cdc.gov/bmi/child-teen-calculator/index.html>

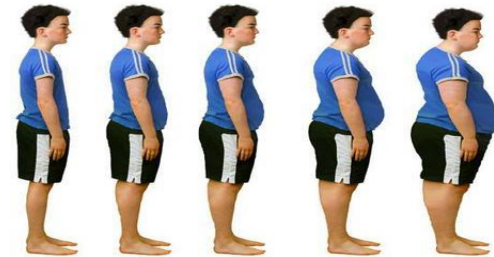
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Statistics

Obesity prevalence was 13.9% among 2 to 5 years old (**CDC**). In 2017, 32.6% of Nevada children entering kindergarten were considered overweight or obese; furthermore, the percentage of obese youth in Nevada is steadily climbing (**Nevada State Plan Handout**) Young children who are overweight by kindergarten are four times more likely to have obesity by 8th grade than those not overweight (**CDC**).

- About 12 million U.S. children ages 2 -19 are obese
- That is nearly 1 in every 3 children
- Over one-third of U.S. adults are obese (nearly 75 million adults)



Reflection: At what age is obesity prevalent? _____



Statistics

Over the past three decades, childhood obesity rates in America have tripled, and today, nearly one in three children in America are overweight or obese. The numbers are even higher in African American and Hispanic communities, where nearly 40% of the children are overweight or obese. If we don't solve this problem, one third of all children born in 2000 or later will suffer from diabetes at some point in their lives. Many others will face chronic obesity-related health problems like heart disease, high blood pressure, cancer, and asthma.

Reflection: What type of health problems do obese children face as they grow older?



Statistics

Today, children experience a very different lifestyle. Walks to and from school have been replaced by car and bus rides. Gym class and after-school sports have been cut; afternoons are now spent with TV, video games, and the internet. Parents are busier than ever and families eat fewer home-cooked meals. Snacking between meals is now commonplace.

Reflection: What are the differences in children's lifestyle in today's world?



Statistics

Thirty years ago, kids ate just one snack a day, whereas now they are trending toward three snacks, resulting in an **additional 200 calories a day**. And one in five school-age children has up to six snacks a day. Portion sizes have also exploded- they are now two to five times bigger than they were in years past. Beverage portions have grown as well- in the mid-1970s, the average sugar-sweetened beverage was 13.6 ounces compared to today, kids think nothing of drinking 20 ounces of sugar-sweetened beverages at a time.

Reflection: What type of drink do children tend to drink more of?



Statistics

In total, we are now eating 31 percent more calories than we were forty years ago—including 56 percent more fats and oils and 14 percent more sugars and sweeteners. The average American now eats fifteen more pounds of sugar a year than in 1970.

Eight to 18-year old adolescents spend an average of 7.5 hours a day using entertainment media, including, TV, computers, video games, cell phones and movies, and only one-third of high school students get the recommended levels of physical activity.

Reflection: How much sugar does the average American eat nowadays?



Part 2: Contributing Factors to Child Obesity

More children today tend to eat more boxed meals since both parents' work. Families are on the go and find it easier to provide their children with snacks or fast foods. Children in today's society are in the midst of the information age. Technology is at the tip of our fingers and young children are exposed to computer use and video games. With video games and easy access to movies online, children today watch countless hours of TV and lack physical activity.

Reflection: What factors contribute to childhood obesity?



Part 2: Contributing Factors to Child Obesity

Studies show that children younger than 2 years of age should not watch TV. Children 2 or older should only watch 1-2 hours of TV per day. The average amount of TV children watch today is 32.5 hours of TV per week. Another reason for lack of physical activity is that some children live in unsafe environment and do not play outdoors. Further, studies are showing that there is less play in school due to the rigors of academics and higher students' outcomes.



Why Obesity Prevention is Important

Obesity prevention is crucial because it significantly reduces the risk of developing numerous chronic diseases like heart disease, type 2 diabetes, stroke, certain cancers, and respiratory problems, which are often associated with carrying excess weight.

Weight gain and obesity

- Type 2 diabetes
- High blood pressure
- Tooth decay

Negative social interactions can increase the kids' risk of loneliness, depression, poor eating habits and illness. Overweight children have more unreciprocated friendships than their inner counterparts, a Keck School of Medicine of USC study finds.



Obesity Risk Factors

Risk factors include not enough physical activities due to too much TV time, computer or playing videos. Eating too many high calorie foods, sugary beverages, and fast food, these risk factors can cause health problems if not addressed.

Reflection: Why do children NOT get enough physical activities?





The Role of an Educator in Obesity Prevention

An educator plays a critical role in obesity prevention by actively incorporating nutrition and physical activity education into their curriculum, serving as a positive role model for healthy behaviors, and advocating for supportive school policies that promote healthy eating and regular exercise among students, thereby helping to establish lifelong healthy habits.





Part 3: Communicating Overweight and Obese Children with Parents

The role of a teacher in addressing overweight and obese children is parents is crucial. When communicating with parents about an obese child, it's crucial to approach the conversation with sensitivity, focus on health rather than appearance, avoid judgment, and work collaboratively to create a positive plan for lifestyle changes; prioritize open communication, use non-judgmental language, and emphasize the importance of family involvement in making healthy choices together.

Reflection: How should a teacher approach a parent about their child's obesity?



Part 3: Communicating Overweight and Obese Children with Parents

Encourage parents to have an an open dialogue and invite their child to share their thoughts and feelings how they feel about their body. If a child makes a negative comment about their weight, ask parents to try to learn what's behind it. Listen carefully and don't dismiss or downplay their worries.

Reflection: What can a parent do if their child makes a negative comment about their weight?



Communicating Overweight and Obese Children with Parents

Key points to remember when communicating with parents:

Start with empathy and understanding:

- Acknowledge the sensitive nature of the topic and express concern for the child's health.

Focus on behavior, not weight:

- Instead of saying "you need to lose weight," talk about making healthy food choices and increasing physical activity.

Use positive language:

- Frame discussions around building healthy habits and achieving goals, rather than focusing on negativity.

Involve the child:

- When appropriate, include the child in the conversation to ensure they feel heard and involved in the decision-making process.



Communicating Overweight and Obese Children with Parents

Collaborate with the family:

- Discuss strategies that can be implemented as a family unit to support healthy lifestyle changes.
- How to approach the conversation:

Ask open-ended questions:

- Encourage parents to share their perspective and concerns about their child's health.

Explain the health risks:

- Clearly communicate the potential health consequences associated with obesity, like increased risk of diabetes, heart disease, and joint problems.

Provide concrete recommendations:

- Offer specific, actionable steps like increasing fruits and vegetables, limiting sugary drinks, and incorporating regular physical activity.



Communicating Overweight and Obese Children with Parents

Offer support and resources:

- Share information about nutrition programs, community activities, and healthcare professionals who can provide additional support.

Be patient and understanding:

- Recognize that changing lifestyle habits takes time and may involve challenges.

What to avoid:

Using shaming or blaming language:

- Phrases like "you're too fat" or "why don't you control your eating" can be highly damaging.

Focusing solely on weight loss:

- The primary goal should be to promote healthy habits, not just to lose weight.

Making unrealistic expectations:

- Set achievable goals that are appropriate for the child's age and development.



Remind parents to pay attention to what their child eats?

How can you help your child learn about healthy foods?

Help your children understand healthy eating by teaching them about food—where it comes from and what nutrients it contains. You may be able to grow some food in your yard or in a pot. Older children can help you cook or help with shopping.

<https://publichealth.networkofcare.org/state-nv/HealthLibrary/Article>

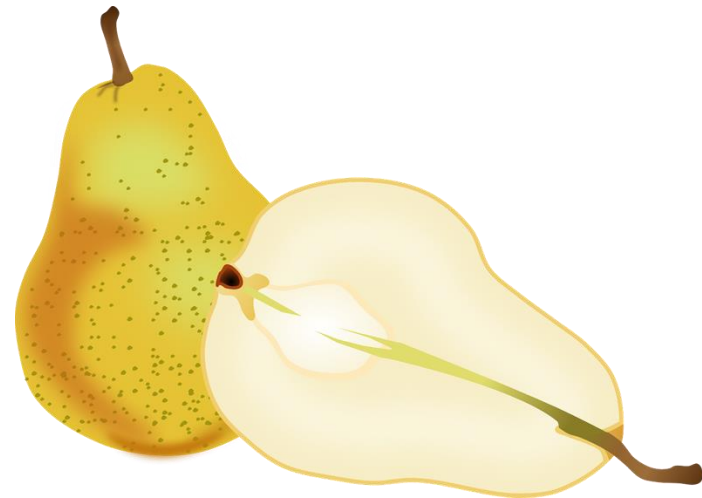




How can you help your child get started with healthy eating?

Here are some ideas for getting your child started with healthy eating. Set up a regular snack and meal schedule. Most children do well with three meals and two or three snacks a day. When your child's body is used to a schedule, hunger and appetite are more regular.

<https://publichealth.networkofcare.org/state-nv/HealthLibrary/Article>

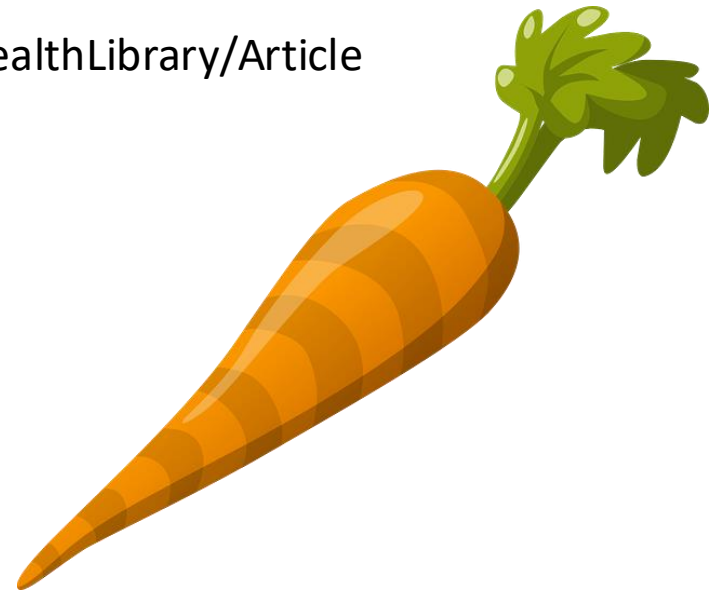




How can you help your child get started with healthy eating?

- Find at least one food from each food group that your child likes. Make sure this food is available most of the time. Don't worry if your child likes only one vegetable or one or two kinds of meats or fruits. Kids tend to accept new foods gradually, and their preferences expand over time.
- <https://publichealth.networkofcare.org/state-nv/HealthLibrary/Article>

Reflection: Children accept new foods gradually.

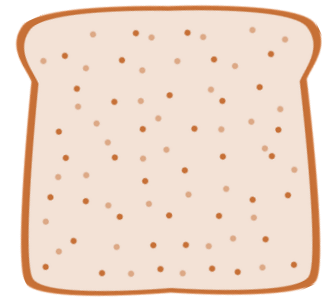




How can you help your child get started with healthy eating?

- Provide a healthy breakfast. A quick, healthy breakfast could be high-fiber cereal with milk and fruit, nonfat or low-fat yogurt, or whole-grain toast.
- Eat as a family as often as possible. Keep family meals pleasant and positive.
- Limit junk food. Get healthy snacks that your child likes and keep them within easy reach.

<https://publichealth.networkofcare.org/state-nv/HealthLibrary/Article>





Communicating with Families

Remind parents that it takes time to adjust to new habits. Parents can control how fast they make any changes. They don't have to change everything at once. Making small, gradual changes can help their child adjust to new eating habits. After awhile families may like this new way of eating. It's important to find a way that works for each family.

<https://publichealth.networkofcare.org/state-nv/HealthLibrary/Article>



Healthy Attitudes Towards Food and Exercise

There are many ways that adults can help children develop a healthy approach to food and exercise.

- Avoid punishing or rewarding your children with food.
- Be a good role model for healthy eating and exercising.
- Be a good role model by having a positive view of yourself, regardless of your body shape and size. If this is a struggle of your own, stick to positive self-talk, especially around children.



Healthy Attitudes Towards Food and Exercise

- Examine your own thoughts about food and your weight, body, and shape. Are you always on a diet? Do you get upset or anxious if you miss a workout? Remember you are a powerful role model for your child.
- Avoid judging other people's weight and size in front of your child or teen.
- Do not tease or criticize your child about his or her weight or shape.
- Avoid encouraging a young person to lose weight. Express love and concern for your child or teen, regardless of his or her weight. If you are worried about your child's health, ask your child's doctor to advise you and your child together.

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Part 1: Overview

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Young children who are overweight by kindergarten are four times more likely to have obesity by 8th grade than those not overweight **(CDC)**.



Part 2: Overview

Part 2: Contributing Factors to Childhood Obesity

- Identify contributing factors to obesity in children
- Define why obesity prevention is important
- Define the role of an educator in obesity prevention



Part 3: Overview

Part 3: Communicating Overweight and Obese Children with Parents

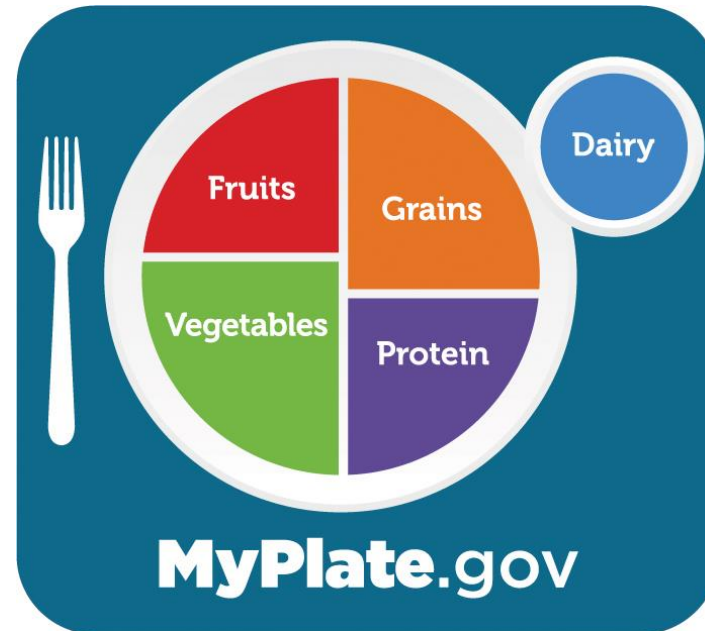
- Define the role of a teacher in addressing overweight and obese children
- Define conversations with parents in addressing overweight and obese children

When communicating with parents about an obese child, it's crucial to approach the conversation with sensitivity, focus on health rather than appearance, avoid judgment, and work collaboratively to create a positive plan for lifestyle changes



Resources

Review the Dietary Guidelines for Americans and MyPlate.gov for more information on



https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf



Resources

USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

Start simple with MyPlate



Healthy Eating for Families

Healthy eating is important at every age. Offer your family a variety of fruits, vegetables, grains, protein foods, and dairy or fortified soy alternatives. When deciding on foods and beverages, choose options that are full of nutrients and limited in added sugars, saturated fat, and sodium. Start with these tips:



Connect at mealtimes

Sit down together for a meal when you can. Turn off the TV and put away screens and devices, so you can “unplug,” interact, and focus on each other.



Plan out meals

Reduce stress at mealtimes by planning out meals before the week starts. Include quick and easy dishes, or leftovers, on nights that are extra busy.



Let everyone help

Kids learn by doing. Younger ones can mix ingredients, wash produce, or set the table, while older kids can help with ingredients. Everyone can help clean up.



Serve a variety of foods

Include choices from each food group—fruits, vegetables, grains, protein foods, and dairy or fortified soy alternatives—in meals and snacks throughout the week.



Let kids choose

Get kids engaged with meal preparation at home. Serve meals “family style” to encourage kids to be creative with their plates.



Offer nonfood rewards

Foods aren't the only rewards that kids like. Younger kids may enjoy gathering points toward a special outing, and older kids could earn extra screen time or an allowance.



Go to [MyPlate.gov](https://www.MyPlate.gov) for more information. USDA is an equal opportunity provider, employer, and lender.

**The benefits of healthy eating
add up over time, bite by bite.**

FNS-905-22
March 2022



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