The National WIC Association, NWA, is pleased to join in support of First Lady Michelle Obama’s initiative to combat childhood overweight and obesity and the President’s budget proposals to Eat Healthier, Live Better that reinforce the First Lady’s initiative including:

- $7.6 billion for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to fully serve all eligible individuals.
- $10 billion over 10 years for a strong Child Nutrition and WIC reauthorization.
- $50 million for a new “Healthy Food Financing Initiative” to bring grocery stores and other healthy food retailers to underserved communities.

The National Challenge

The U.S. is in the midst of an obesity epidemic. For three decades, the prevalence of obesity has increased dramatically in all segments of the U.S. population regardless of age, gender, or ethnicity (1, 2, 3).

- Among women of childbearing ages (20-39 years), the percentage of obesity nearly tripled from 12.3 percent in 1980 to 34 percent in 2008 (4, 5).
- In children, the prevalence of obesity among two to five year olds more than doubled between 1980 and 2006, increasing from 5.0 percent to 12.4 percent (6, 7). Of particular concern is that 26.2 percent of children in this age group are overweight or at risk of being overweight (8).

- Researchers predict that if the rate of overweight and obesity continues to rise at the current pace, 75 percent of adults and approximately 24 percent of children will be overweight or obese by 2015 (9).
- As a result of this dramatic rise in 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 (10).

WIC’s Challenge

In the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) population, rates of maternal overweight and obesity and childhood overweight were similar to the national trends (11, 12). While there is no evidence that women and children in the WIC Program are more likely to be overweight compared to the general U.S. population (13), there is a concern that rising obesity rates disproportionately affect ethnic minority groups and low-income populations (1, 14, 15).

- The most recent National Health and Nutrition Examination Survey (NHANES) data indicated that the prevalence of overweight and obesity was highest among non-Hispanic black (78.2 percent) and Mexican American women (76.9 percent) compared to non-Hispanic white women (61.2 percent) (4).
Women with incomes below the poverty level were more than twice as likely to be obese as compared to women with the highest incomes (16).

Hispanics and blacks make up the majority of the WIC caseload (62 percent), followed by whites (32 percent), Asian/Pacific Islanders (4 percent), and American Indian/Alaskan Natives (2 percent) (11).

The increasing prevalence of childhood obesity has been especially pervasive among different minority groups. According to the 2008 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 (17.8 percent) compared to white children (15.9 percent) (17).

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 (18). This is especially disconcerting since it is estimated that 70 percent of overweight children will likely become overweight adults (19, 20).

Among adults, obesity has been associated with an increased risk for coronary heart disease, hypertension, certain cancers, and type 2 diabetes (15, 21).

In obese pregnant women, the risk of developing gestational diabetes mellitus (GDM) is significant (22). The presence of GDM is associated with pregnancy and perinatal risks, such as spontaneous abortion, neonatal hypoglycemia, respiratory distress syndrome, and stillbirth (23, 24, 25). For women with a history of GDM, their chance of developing diabetes is 20 to 50 percent (26).

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 (27, 28).

Type 2 diabetes, which used to be uncommon in children, is now increasing at an alarming rate, especially among ethnic minority children (29, 30, 31).

The obesity epidemic has also led to a significant increase in economic cost. According to the Institute of Medicine (IOM), obesity related medical costs have been estimated to range from $98 billion to $129 billion each year (32). It is highly likely that this figure will continue to rise.

As the nation’s premier public health nutrition program, WIC provides the competitive edge that will give our nation’s future leaders a fair start in life.

The Obesity Trend is a Serious Public Health Concern

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WIC’s Opportunity and Track Record

WIC serves over 9.2 million mothers and young children, over half of all America’s infants and one-quarter of its children 1-5 years of age. WIC has improved at-risk children’s health, growth and development, and prevented health problems for 35 years.
Quality Nutrition Services—at WIC’s Heart

Quality nutrition services are the centerpiece of WIC: nutrition and breastfeeding education, nutritious foods, and improved healthcare access for low and moderate income women and children with, or at risk of developing, nutrition-related health problems including overweight, obesity, and type-2 diabetes.

NWA RECOMMENDATIONS FOR WIC’S ROLE IN PREVENTING MATERNAL AND CHILDHOOD OVERWEIGHT AND OBESEITY

1. Provide worksite wellness opportunities for all WIC staff so they can be effective educators by modeling healthy eating and physical activity behaviors.
2. Provide and promote evidence-based nutrition education to encourage breastfeeding and healthy eating as the norm for WIC families.
3. Provide and promote participant education on regular physical activity as the norm for WIC families.
4. Collaborate with public and private partners at the local, state, and national levels to promote consistent nutrition and physical activity messages using community-based approaches.
5. Utilize mass media markets to advocate breastfeeding, healthy eating, and physical activity behaviors.
6. Promote obesity-related research and evaluation to enable implementation of effective interventions in the WIC population.
7. Support and/or develop public policies that promote sound consumer nutrition information, access to healthy food choices, and increased opportunities for physical activity.

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. The WIC Program is in a unique position to impact the disproportionate effect that the obesity and overweight epidemic has on the low-income, ethnic and culturally diverse populations it serves.

The effectiveness of obesity prevention/intervention programs offered by WIC is affected by the availability of funds, overburdened local infrastructures, cultural barriers, or other competing priorities.

WIC’s efforts to reverse the obesity trend and yield life-changing behaviors for WIC families are successful when combined with the efforts of other agencies and organizations as a part of a comprehensive strategy. Partnerships, coordination, and pooled resources are key to impacting the nation’s obesity epidemic.

Key Education Messages

Visit: http://www.nwica.org/?q=webfm_send/65 for a copy of the National WIC Association’s position paper entitled “The Role of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in the Prevention of Maternal and Childhood Overweight and Obesity,” and a list of key education messages relevant in the WIC clinic setting to educate WIC families on overweight and obesity issues (see pages 16 & 17).
References


For further information visit www.nwica.org