

O C D



# Developments

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*Office of Child Development***Early Literacy**

## Addressing Literacy During Early Years Gaining As School Readiness Strategy

New strategies are emerging to promote early literacy in child care and preschools so that all children enter school with the foundation they need to become successful readers.

Although early literacy is critical to learning, it has been under emphasized in many child care and preschool programs. Child care providers lack training in how to promote it, and few college and university programs for students entering the early childhood field require them to take a sufficient number of early literacy courses.

More troubling are studies that suggest failure to read

at grade level is an increasing problem in the U.S., where an estimated one child out of three has significant reading problems that often begin early and are rarely overcome.

The good news is that early literacy is increasingly recognized as an essential part of getting children ready for school. Recent studies revealing the secrets of how the brain develops provide insight into how literacy can be better promoted at

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**Applying Lessons Learned**

## ECIDP Provides Building Blocks For Raising Quality of Child Care

A blueprint for improving child care in southwestern Pennsylvania and beyond is emerging from lessons learned while creating the high-quality learning experiences that lead to significant gains among young children enrolled in the Early Childhood Initiative Demonstration Project (ECIDP), an intensive early care and education program offered in two low-income Allegheny County neighborhoods.

ECIDP, the final stage of the broader Early Childhood Initiative, showed that high-quality early care and educa-

tion can significantly improve the school readiness of children, lower grade retention, and reduce the number of young children entering special education programs in low-income neighborhoods.

The project underscores the importance of quality learning experiences and adopting sound behind-the-scene processes to create them. Those processes are today informing efforts to design smaller-scale quality-improvement programs that can be more readily implemented in other

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an early age. And policymakers in Pennsylvania and elsewhere are showing greater interest in improving early literacy and the overall quality of child care and early education.

In Allegheny County, early literacy is a key part of an Allegheny County Family Support Policy Board proposal to improve the learning opportunities available to children in four at-risk neighborhoods by raising the quality of child care and preschool programs.

“Literacy is very important to all of the outcomes you are looking for,” said Laurie Mulvey, Director of Service Demonstrations, University of Pittsburgh Office of Child Development. “If you want children to be ready for school, you have to address literacy.”

### Early Years Critical

Brain research over the past decade has reshaped approaches to learning by revealing that the brain develops from the earliest moments of life and that experiences, nurturing, and positive relationships with parents, teachers, and other adults are highly influential to that development.

When it comes to preparing children for school, studies suggest establishing a strong foundation in reading early on is essential. How well they read in first grade, for example, has been found to predict how well they read in the third, fifth, and eleventh grades.

Studies also suggest hope. Better school performance and reduced grade retention, special education services, antisocial behavior, and delinquency have been seen among low-income children given high quality child care and early education that included well-trained staff who provided children with warm and stimulating relationships and taught numeracy skills and emergent literacy.

Emerging early learning strategies recognize that literacy begins long before formal reading instruction and that preparing young children in speaking, listening, and emotional development is the cornerstone to reading success and success in school.

### An Urgent Need

Moving these new ideas into practice is a challenge at the moment. The demand for early literacy is rising, but child care and preschool programs skilled in promoting early literacy are in short supply.

One reason is that early literacy in early childhood care and education programs has traditionally been under emphasized. Even in Head Start classrooms, which rank high in overall quality, language and reasoning scores are lower than other quality measures the Early Childhood Environmental Rating Scales (ECERS) uses to assess quality.

Those who work in early childhood care and education often enter the field with little training in how to help young children build a foundation in literacy. Only about 29% of Pennsylvania’s colleges and universities that offer early childhood personnel preparation programs require students to complete one or more courses in early literacy training to earn a bachelor’s degree, according to a recent survey.

The need for in-service training in literacy is recognized by early childhood care and education professionals in western Pennsylvania. More than half surveyed say they want more training in promoting literacy. And across the state, low-income parents surveyed say they want a greater emphasis on literacy and school preparation for their children.

### Sharper Focus On Literacy

In light of mounting evidence of the benefits of preparing children to read early on, literacy is becoming an essential part of efforts to improve the overall quality of the early learning experiences young children are exposed to.

Literacy is emphasized, for example, in a recent proposal by the Allegheny County Family Support Policy Board to improve the quality of child care in four low-income neighborhoods through a collaborative service delivery model that shares existing resources, makes professional development opportunities more available, and supports parents, child care

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communities and enable more children to benefit from high-quality early care and education.

The University of Pittsburgh Office of Child Development (OCD), for example, is adapting several lessons learned from ECIDP to improve the quality of child care in five southwestern Pennsylvania counties under a recent state Department of Public Welfare grant.

“It wasn’t that long ago that people started putting together the brain research and realized that quality child care can help a child and poor quality child care can actually hurt a child,” said Laurie Mulvey, OCD’s Director of Service Demonstrations. “We are now learning how we can achieve high-quality child care.”

### **Built On Strong Partnerships**

The Early Childhood Initiative, begun in 1996 as an ambitious attempt among private funders to deliver quality early care and education to every low-income child in the county, was scaled back to a demonstration project, ECIDP, in 2001 due to financial and logistical problems.

ECIDP’s scope was narrowed to the communities of Braddock and Wilkesburg, and management of the initiative was transferred from the United Way of Allegheny County to the University of Pittsburgh Office of Child Development. The Howard Heinz Endowment and Richard King Mellon Foundation remained as the main funders of the project.

Three years later, ECIDP stands as an example of how collaboration, careful planning, and a research-based approach to creating and sustaining quality learning opportunities can result in significantly better developmental outcomes for young children in low-income neighborhoods.

Strong partnerships established between OCD and the two lead agencies, Heritage Health Foundation in Braddock and Hosanna House in Wilkesburg, allowed them to collaborate on solving problems and developing solutions, setting a tone of cooperation that was essential to improving early care and education practices.

“You have to have mutual consent on how you follow through with the plan,” said Christina J. Groark, Ph.D., OCD Co-Director. “It can’t be imposed on someone. You need cooperation. Training won’t be accepted if participants don’t see the need for it or where it is leading them.”

From the partnerships, a Logic Model was developed that set clear goals and objectives and a course for achieving them. Professional development, curriculum, ways to include children with special needs, how to monitor quality, building partnerships with parents, financial accountability, and other issues were addressed in the process.

The benchmark of quality agreed upon was for sites to earn National Association for the Education of Young Chil-

dren (NAEYC) accreditation.

Today, ECIDP center classrooms and the family homes can boast program quality scores in the top one percent in Pennsylvania. Hosanna House is accredited by NAEYC and two family child care homes hold National Association for Family Child Care (NAFCC) accreditation.

### **Services Offered On-Site**

A key characteristic of ECIDP was the extensive on-site services and supports that OCD offered each agency – including quality assessments, technical support, and training – that allowed them to examine their programs and take the steps necessary to improve them.

Ongoing quality assessment and program improvement planning helped the agencies make quality enhancement a continuous process.

A baseline quality assessment of each classroom was done by independent consultants using the Infant/Toddler Environmental Rating Scale and the Early Childhood Environmental Rating Scale, and of each child care home using the Family Day Care Rating Scale. Assessments were then conducted every six months. OCD consultants met with program directors and teaching staff after each assessment to review results, identify strengths, and create plans to enhance the classroom quality.

### **Expert Assistance Given**

Each program was also provided with consultation and technical assistance in administration and learning environment, with consultants offering a guiding hand while being careful not to step into the role of others, solve their problems for them, or complete their tasks.

Administration assistance covered issues such as program evaluation, planning goals, developing policies and procedures, turnover and retention, setting accreditation standards, building parent involvement, and developing a comprehensive quality assurance system.

Technical assistance related to the learning environment addressed issues such as equipping, arranging, and maintaining classrooms; health and safety; classroom observation and feedback; teacher/child relationship building; child assessment; integrating children with special needs; communicating with parents; and continuous quality enhancement planning.

### **Training Tailored To Needs**

Training was also critical to creating an effective learning environment.

The professional development needs for each classroom were identified through observation, discussions with

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teachers, and quality assessments. Consultants and directors then developed a plan to address those needs that included on-site training and follow-up.

The benefits of this approach included being able to quickly address training needs and tailor training to the specific needs of a particular classroom or teacher. Classroom-specific training allowed teachers who work together to receive the same information at the same time and implement what they learned together. On-site training made it easier for consultants to help teachers put what they learned into practice, observe their progress, and offer feedback.

ECIDP also adopted a “train-the-trainer” model to help programs sustain quality levels on their own. “We train the supervisors so when we walk away they will not continually need assistance from other organizations. That is the model we hoped to leave,” Dr. Groark said.

### Extensive Menu Of Support

Other services and support rounded out an extensive menu that addressed issues important to creating high-quality early care and education opportunities. These included the following:

- Classroom observation and feedback that noted quality curriculum, reinforced quality teaching, recommended curriculum enhancements, and identified areas of concern.
- An early intervention assessment and referral process that provided teachers with support that helped them face challenging situations knowing they were not facing them alone.
- Early intervention consultation and training to reduce the chances of teachers responding to challenging behaviors in inappropriate ways that put children and programs at risk.
- A partnership with the SPECS Evaluation Team from the UCLID Center at Children’s Hospital of Pittsburgh, which provided a child assessment tool, training, and support that gave programs a way to measure child outcomes and teachers a way to develop more individualized curriculum plans that help children reach their full potential.
- A family child care component that integrated home-based programs into the overall project and built ties between centers and home-based programs and staff. The result

was a shared vision, shared goals, and a commitment to quality among home-based providers and a vehicle to share ideas and resources and ease the isolation they often experience.

### Applying Lessons Learned

Many of the lessons learned in ECIDP are being applied in a broader context to improve child care in Pennsylvania.

The training and technical assistance created by OCD that helped raise the quality of ECIDP providers recently received one of seven technical assistance awards (known as STARS TA) given by the Pennsylvania Department of Public Welfare Keystone STARS program to act as lead agency for child care consultation to Keystone STARS in Allegheny, Greene, Fayette, Washington, and Westmoreland Counties.

Keystone STARS, a state program to promote better child care, encourages providers to improve the quality level of their programs – moving up a four “star” rating system – by providing them with support and financial incentives.

The goal of the new STARS TA program is to help a wide range of child care providers move up the Keystone STARS quality rating scale and, in turn, create more enriching early learning experiences for the children they serve. The program is offered to centers large and small, home-based providers, group homes, and family day care homes. And the technical assistance and training is not restricted to child care providers in low-income neighborhoods.

STARS TA is the first major attempt to bring the kinds of processes that improved early care and education in ECIDP to a much larger stage.

To accommodate the five-county scope of the project, those processes must be streamlined – providing less intensive technical assistance, for example. A larger cadre of technical assistance providers is also needed.

Despite such challenges, OCD officials believe several essential processes field-tested in ECIDP can be successfully exported.

These essential ingredients include building strong relationships between programs and those who provide assistance; a sound, mutually agreed-upon plan and set of goals; a mutually acceptable way of assessing quality and progress; a timeline for achieving results; and on-site, hands-on assistance necessary to steer providers toward providing higher quality care. “It’s the same kind of thought process as with ECIDP, but on a much different scale,” said Mulvey. ■

# o c d | Special Report

## Childhood Obesity: Alarming Trends, The Risks Overweight Children Face, And How Families, Schools, And Communities Can Help

America is witnessing an alarming rise in the number of children who are overweight. The rates of overweight teenagers has tripled and more than twice the number of 6-11-year-olds are overweight today compared to 30 years ago. Although rates are higher among minorities and the poor, the unhealthy trend threatens children of every race, culture, and economic class.

Too much television and too little exercise, diets heavy with fast food, and parents who are overweight themselves are among the factors that contribute to childhood obesity – a condition that places children at greater risk of experiencing problems ranging from being diagnosed with Type II diabetes to being the target of bullies at school.

Rising childhood obesity is a reversible trend – one that studies report can be effectively addressed by steps taken at home, in schools, and throughout communities to steer children toward better diets, more active lifestyles, and healthier futures.

### The Problem

The number of American children who are overweight has risen steadily over the past 30 years, exposing a growing population to serious health consequences and other problems.

Some 15% of children ages 6-19 years old are at or above the 95 percentile of Body Mass Index (BMI), a measure of body weight adjusted for height.<sup>1</sup> Rates among teenagers more than tripled – 5% to 15.5% – from the late 1970s to 2000 and rates among children between the ages of 6-11 years more than doubled from 6.5% to 15.3%.

Childhood obesity rates continued to increase into the

21<sup>st</sup> century, reaching 16.5% of all U.S. children in 2002.<sup>2</sup> Even younger children are vulnerable. While the rate of overweight preschoolers age 2-5 years is lower than older children, it is no less alarming at 10.4%.<sup>3</sup>

Such rates of overweight children rank high in the world. In a study of 14 industrialized nations, the U.S. had the highest rate of 13-15 year olds who were overweight as defined as having a BMI at or above the 95 percentile.

The problem is more acute among minority and low income populations, whose rates of overweight children tend to be higher than overall national rates. More than 26% of African-American girls ages 12-19 are overweight,<sup>4</sup> for example, and teenagers from low-income families are twice as likely to be overweight than teens from higher income families.

### Many Causes

When more calories are consumed than the body uses, children gain weight. In recent years, the average caloric intake of American children has increased by 80 to 230 calories, depending on activity level.<sup>5</sup>

Weight gain may come down to a simple mathematical formula, but the reasons children are consuming more calories and burning off less are complex. Many factors related to eating habits, lifestyles, and family and societal influences are driving the surge in overweight children.

### Poor Diet

Studies warn that U.S. children do not eat a healthy diet, consuming less recommended foods and more of the foods that contribute to increased calories and weight gain. For

example:

- Only 2% of children 2-19 years old eat a healthy diet as defined by the Food Guide Pyramid and 75% of all children eat more saturated fats than recommended.<sup>6</sup>
- Children consume twice as much soft drinks than milk.<sup>7</sup>
- Children eat fewer home-cooked meals and more fast food. From 1977-1996, the daily percent of food eaten at home decreased from 74.1% to 60.5%.<sup>8</sup>
- Food children ate at restaurants and fast food chains increased from 6.5% to 19.3% from 1977-1996, suggesting that children are eating higher levels of fats, sugars, and carbohydrates, fewer fruits and non-starchy vegetables, and drinking less milk.

### Too Little Activity

Physical activity burns calories. Unfortunately, at the same time calorie intake is increasing among children, they are becoming less active. In fact, the National Health and Nutrition Examination Surveys, which found little increase in the average caloric intake of children from 1976-1994, suggests that lack of physical activity may be the cause of childhood obesity.<sup>9</sup>

The President Council on Physical Fitness and Sports reports that only one half of youths ages 12-21 years get regular physical activity and 25% of youths report no vigorous physical activity.

Such inactivity places children at much higher risk of being overweight. For example, not participating in sports or an exercise program was found related to both girls and boys ages 14-16 years being overweight.<sup>10</sup> Being overweight, in turn, increases the likelihood of being inactive.

### Too Much Television

Too many hours in front of television or playing computer or video games contributes to children's weight problems.

- In one study, girls who watched more than four hours of television a day, for example, were more likely to be overweight compared to girls who watched less than four hours of television<sup>11</sup>— a finding that may be related to the extra 175 calories per day the girls ate while watching five or more hours of television.
- Studies show that the time young children spend watching television increases as they age. One-year-olds, for example, were found to watch 11 hours per week on average and four-year-olds watch on average 18 hours per week. As the number of hours increase, preschoolers' risk of being overweight increases.<sup>12</sup>

- Watching television while eating affects what children eat. Children who eat meals while watching television tend to eat more meat, pizza, snack foods, and caffeinated drinks and less fruits, vegetables, and juices than children who do not eat meals in front of the TV.<sup>13</sup>

### Family Factors

Several family factors are associated with childhood obesity.

Children in low-income families are more likely to be overweight. This may be related to the economics of food. Poverty and food scarcity are associated with eating fewer vegetables and fruits and more less-expensive, energy-dense foods such as those made with refined grains and added sugars and fats.<sup>14</sup> Children from low-income families also spend more time watching television compared to children from higher income families.

Studies also suggest that having obese parents raises a child's risk of being obese. Among prepubescent girls, for example, having two obese parents is associated with having a BMI that is twice that of girls with two lean parents.<sup>15</sup> For children under the age of 10 years, having an obese parent doubles their risk of being obese as adults.<sup>16</sup>

### The Risks

Overweight children face heightened risks to their physical and emotional health — risks that jeopardize their well being today and later, as adults. Children are not the only ones affected. Risks related to childhood obesity raise medical costs for both families and taxpayers.

### Immediate Risks

One of the most serious health risks related to childhood obesity is early onset Type II diabetes, which, if diagnosed by age 10, reduces a child's life expectancy by 19 years on average. Type II diabetes among U.S. adolescents increased tenfold between 1982-1994.<sup>17</sup>

Studies warn that overweight children face other elevated health risks and related problems.

- They have higher levels of cholesterol and blood pressure, and more orthopedic problems caused by the extra weight carried by growing bones and joints, compared to children who are not overweight.<sup>18</sup>
- Overweight youths are more likely to report smoking and drinking alcohol<sup>19</sup> and more likely to report extreme dieting, skipping breakfast, and increased television watching compared to peers who are not overweight.<sup>20</sup>
- Obese children miss an average of four days per month of school, which could lead to lower school performance.<sup>21</sup>



Overweight children are also at risk of experiencing a number of social-emotional problems. For example, overweight teens are 2.5 times more likely to be diagnosed as having oppositional defiant disorder, depression, anxiety, ADD/ADHD, poor interpersonal relationships, and low self-esteem.<sup>22</sup> Overweight teenage boys and girls are also more likely to be victims of bullies.

### Risks As Adults

Being overweight as a child doubles a child's chances of being overweight as an adult. The risk is even greater if a child is obese at the age of 15-17 years.<sup>23</sup>

As overweight adults, these children will face higher rates of illness and disability, including Type II diabetes, chronic low back pain, joint pain and deterioration, cardiovascular diseases, respiratory problems, depression, and some cancers.<sup>24</sup>

### Higher Health Costs

As the number of overweight children rises in the U.S., so do the economic costs paid by families and taxpayers.

- Hospital charges related to obesity for children ages 6-17 years increased threefold from 1979-1981 to 1997-1999, rising from \$35 million to \$127 million.<sup>25</sup>
- Obesity costs taxpayers an estimated \$175 per person each year or about \$39 billion due to Medicare and Medicaid expenditures.<sup>26</sup>
- Prevention saves money. It is estimated that an overweight person who loses 10% of his or her body weight can reduce their lifetime medical expenses by \$2,200-\$5,300.<sup>27</sup>

### Prevention/Intervention

Plenty can be done to reverse the weight-gain trend among children. While prevention starts at home, a number of steps can be taken by schools, communities, pediatricians, and others to direct children toward a healthier path.

The American Academy of Pediatrics, in calling for prevention and early identification of childhood obesity, offered a number of recommendations for pediatricians, including regularly tracking each patient's risk, calculating and plotting BMI yearly, encouraging breastfeeding, and encouraging parents to promote healthy eating habits, physical activity, and limits on television.

### What Families Can Do

Families can take several steps to reduce the risks of their children becoming overweight. In some cases, prevention can begin just after a child is born.

Breastfeeding a baby for at least six months, for ex-

ample, reduces the risks. In one study, 13.6% four years olds were overweight if they were not breastfed or breastfed one month or less compared to 11.3% of those children breastfed 6-11.9 months.<sup>28</sup>

When it comes to promoting a healthy diet, examples set by parents and other family members are important. In a randomized study of 27 families who received educational materials for the family and support, parents who increased fruits and vegetable in their diets and ate less fat and sugar had children who did the same.<sup>29</sup>

Other steps families can take to reduce the risk of childhood obesity include:

- Keep less healthy foods out of the house to reduce the need for food rules. Research suggests children of food-controlling parents are more likely to binge on unhealthy foods when available and are more likely to overeat.
- Reduce the amount of juice, which tends to be high in calories. Substituting low-fat milk and water is a better choice.
- Eat together as a family. Adolescents, for example, eat more fruits, vegetables, and dairy products during a family meal and are less likely to skip breakfast.
- Keep offering rejected healthy foods.
- Do not use food as a reward or punishment and offer dessert occasionally in small quantities.
- Do not encourage children to diet. Children who diet may gain weight due to metabolic changes caused by food restrictions.<sup>30</sup>
- Adopt a physically active lifestyle.
- Reduce the amount of television and video time and do not let children eat meals in front of the television.
- Encourage children to be physically active a total of 60 minutes per day with each session being at least 15 minutes in length. And discourage long periods of inactivity that last two hours or more.
- Encourage children to participate in sports.

### Prevention In Schools

Schools have the capacity to help reduce the risk of childhood obesity with educational initiatives, healthier food choices, and by promoting physical activity.

To some extent, schools can influence what children eat while in school and point them toward healthier choices.

For example, replacing sodas in vending machines with water, milk, vegetable juice, and sports drinks is a step supported by the American Pediatric Association.

Another option is to make inexpensive, low fat snacks available. Reducing the price of low-fat snacks by 10%, 25%, and 50% increased their sales by 9%, 39% and 93%, respectively, and more teens choose low-fat snacks when the prices are lower than high-fat snacks.<sup>31</sup>

Making sure that all eligible students participate in the National School Lunch and Breakfast Programs (NSLP and NSBP) is another step that studies suggest promotes healthier eating. Teenagers in those programs have been found to drink more milk and eat more fruit and vegetables and less sugar than students not in the program.<sup>32</sup> However, students who participate in NSLP and NSBP also tend to eat more fat.

Other steps schools can take to reduce the risk of childhood obesity include:

- Integrate intervention and prevention obesity information within the school curriculum not just in physical education classes but also language arts, math, science and social studies. One program, Planet Health, reduced the rate of obesity among female students by adopting this approach using information and stories focused on reducing time watching television and limiting high fat foods, as well as increasing fruit and vegetable consumption and vigorous exercise.<sup>33</sup>
- Keep track of students' health with a health report card, which schools can use to track students' body-mass index and send the numbers home to parents along with information on how to decrease and prevent obesity.
- Support physical education.
- Modify physical education classes to increase level of activity and encourage active participation from all students. Research found, for example, that replacing softball with soccer and modifying rules so everyone plays, led students to spend more time in moderate to vigorous physical activity and increased aerobic capacity.<sup>34</sup>
- Increase sports teams and intramural activities.
- Provide exercise equipment in the schools to increase activity and aerobic fitness levels. One study found that 400 students had an average 5% decrease in body fat over one term using donated exercise equipment from the Lead-

ership in Fitness Training (LIFT) program, which provides funding for exercise equipment.<sup>35</sup>

Other school initiatives that seek to increase physical activity among students and improve their eating habits include programs such as Billions of Steps for Healthy Students, which promote walking by providing students with pedometer and encouraging them to walk 10,000 steps a day. Studies report that school children eat 92-93% of the fruit and vegetable snacks offered by the U.S. Department of Agriculture's expanded Fruit and Vegetable Program, suggesting that students will eat such snacks when choices are limited to such healthy choices when that is all that is offered.<sup>36</sup>

### What Communities Can Do

Communities also have a role to play in reducing childhood obesity.

Some communities report success in adopting mass media campaigns and community-wide interventions to promote an active healthy lifestyle. Steps include multi-media messages that promote taking part in physical activities, self-help groups, walking trails, and community events to support physical activity. Studies report a 14% increase in physical activity among residents of cities that adopted multi-dimensional programs.<sup>37</sup> Even small measures appear to help. Use of stairs increases, for example, when signs urging people to take stairs are placed near elevators.

Other recommended community-wide measures include:

- Reduce barriers to physical activity for children by offering low-cost or free activities, holding activities near bus lines or providing transportation to children who need it. The CDC reports that parents of children aged 9-13 years say the biggest barriers to their children being physically active are transportation problems and expense.
- Reduce marketing of unhealthy food choices to children and increase marketing of healthy foods and lifestyles. Children view an average of 40,000 television ads per year mostly marketing candy, cereal, and fast food and these significantly influence children's food choices and parents' food purchases.<sup>38</sup>
- Restructure communities to add sidewalks or improve existing sidewalks, add bike paths and lanes to existing streets, create auto-free zones for children to ride bikes

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and skateboard, and change zoning laws to create a mix of residential and commercial areas that encourage residents to walk to neighborhood stores.

- Encourage restaurants to provide healthy eating choices and encourage consumers to support such efforts by ordering the health options.
- Support the expansion of VERB, a CDC multi-media campaign to increase physical activity among young teens used in nine U.S. cities that markets physical activity to children ages 9 to 13 years through upbeat ads, teen star endorsement, and community activities.

Recognizing that the rising number of overweight children is a nationwide problem is the first step toward reversing the trend. The good news is that several preventive measures have been identified that allow families, schools, and communities to address the problem effectively.

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## Announcements...

### Parenting Guide Series Available From OCD

The University of Pittsburgh Office of Child Development is offering a series of easy-to-use parenting guides offering information and advice on 50 parenting topics. These guides are available free of charge to parents and organizations, agencies and professionals who work with children and families.

The You & Your Child parenting guide series, written and edited by the University of Pittsburgh Office of Child Development, covers topics ranging from how to deal with children's fears, finicky eating habits, and aggressive behavior to getting a child ready to read, setting rules, and coping with grief.

Each guide is based on current parenting literature and has been reviewed by a panel of child development experts and practitioners. The series is made possible by the Frank

and Theresa Caplan Fund for Early Childhood Development and Parenting Education.

To receive a printed set of all 50 guides by mail, send a request along with your name, organization, mailing address and telephone number to:

Parenting Guides  
University of Pittsburgh  
Office of Child Development  
400 North Lexington Avenue  
Pittsburgh, PA 15208

The You & Your Child parenting guides are also available on the OCD website as portable document files at: [www.education.pitt.edu/ocd/family/parentingguides.asp](http://www.education.pitt.edu/ocd/family/parentingguides.asp). ■



(Early Literacy continued from Page 2)

providers, educators and others who help children succeed in school.

The Policy Board has applied for a federal grant to support the Strengthening Early Learning Supports (SELS) Project, which includes the University of Pittsburgh Office of Child Development as the fiscal agent. OCD also manages United for Children, which acts as a coordinator for the early childhood professional community to develop a single plan to raise the quality in early education in Allegheny County.

The targeted SELS communities – the Allegheny County municipalities of Braddock, McKees Rocks and Wilkinsburg, and Pittsburgh’s Hill District neighborhood – each has a significant population of low-income families. Studies show that young children from low-income families are at greater risk for poor school performance, learning disabilities, challenging behaviors, school dropout, and other poor outcomes and that failure in literacy can be a chief reason why.

In addition, SELS pays close attention to the learning opportunities for children with special needs, whose development and education is too often jeopardized when their behaviors overwhelm child care providers and early education staff.

### Improving Quality Is The Key

SELS envisions high quality early learning opportunities that will live well beyond the 17-month project. Its goals are to improve literacy, improve the overall quality of early learning, help parents and providers improve children’s development and learning readiness, and provide children with special needs greater access to quality learning.

The program would offer help to improve child care programs in the neighborhoods, including family support centers, faith-based and secular organizations, family and group homes, nonprofit and for-profit child care centers, and family support centers – 123 providers in all.

Improving early learning opportunities for young children means educating providers in strategies that enhance literacy and other learning skills and supporting them as they work with those strategies. The key components of the SELS approach – training, technical assistance, and incentives that promote quality care – are provided through collaborations with existing organizations, programs and other resources.

At the eight family support centers found in the target communities, for example, SELS plans to train the home visitors how to integrate literacy strategies into their home visits and to train workers how to make literacy part of parent education and support groups for both mothers and fathers.

Mentors and coaches are also employed under SELS to help providers improve using a “train the trainer” model that is expected to create a strong base of well-trained parents, caregivers, and providers who will continue to train and mentor others for years to come.

### Using Existing Resources

Among the existing resources SELS relies on is Keystone STARS, a state program to promote better child care by encouraging providers to raise the quality of their programs. Providers, for example, can earn financial rewards for improving the quality of their care and for reaching and maintaining higher quality levels.

To date, however, only eight of the 123 providers in the four SELS neighborhoods are involved with Keystone STARS.

“If we fast-forward to the future and see 123 providers in these communities all involved with Keystone Stars, all targeted toward early literacy, early learning, and high quality care there will be a very big improvement in the learning opportunities children have before they reach kindergarten,” Mulvey said.

### Notice to *Developments* Subscribers

To subscribe to *Developments*, a free publication, please mail the following information to our office (if you have not already done so): name, profession, title/position, work address, and phone number. (See this newsletter’s back page for the OCD address.)

To submit material, write the Office of Child Development. Notices of programs or services will be published at the editor’s discretion. All programs must be educational and nonprofit, and any fees charged must be noted. Publication of services does not imply an endorsement of any kind by OCD, its funding agencies, or the University.

## Announcements...

### Free Background Reports Cover Children's Issues

The University of Pittsburgh Office of Child Development offers background reports on current topics important to children and families free of charge.

The series of reports, *Children, Youth & Family Background*, is updated with new topics throughout the year.

New reports published in June cover issues such as early childhood care and education, the latest research on bully and the impact of television violence on children, and preventing problem behavior among children.

The reports, originally produced to keep journalists and policymakers up to date on children's issues, are available free of charge to anyone interested in concise overviews of what is known about topics such as early childhood education, resilient children, school transition, and juvenile crime. The reports are written, edited, and reviewed by the University of Pittsburgh Office of Child Development.

All *Children, Youth & Family Background* reports are posted on the OCD website as portable document files (.pdf) for viewing and downloading at the following address: <http://www.education.pitt.edu/ocd/family/backgrounders.asp>. ■

### OCD Moves to New Web Site, Changes Its Internet Address

The University of Pittsburgh Office of Child Development has a new Web site where news about OCD and its projects, events, publications, and other information can be found.

The OCD homepage is located at [www.education.pitt.edu/ocd](http://www.education.pitt.edu/ocd) and provides links to general information about OCD, its divisions, and who to contact; OCD publications, including Special Reports, policy and research, background reports on issues important to children and families, and newsletters; children and family resources, such as parenting guides and parenting columns; news about trainings and conferences; and more. ■

Please bookmark OCD's  
new Web site address:

[www.education.pitt.edu/ocd](http://www.education.pitt.edu/ocd)



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