SCHOLARS
STRATEGY NETWORK

How Head Start Helps to Fight Childhood Obesity

David E. Frisvold, University of Iowa

Growing numbers of American adults and children are overweight – and that's a national problem because obesity contributes to many health difficulties throughout life. Obesity-related illnesses, in turn, contribute to the rising health care costs that burden families, businesses, and government budgets.

Obesity has tripled among U.S. schoolchildren; and children who gain too much weight often become, down the road, adults who suffer from obesity and the many problems that go with it. It is hardly surprising that officials have looked for ways to fight obesity in public schools. Children spend a lot of time in school, so why not address the growing problem of obesity there?

Recent reports suggest that school-based efforts along with others may be paying off, because the overall rise in obesity has stalled. However, the obesity rate for American children remains disconcertingly high – and the rate has continued to go up for particular sub-groups within the population. Part of the challenge for school-based policies is that a high percentage of children are already obese when they first arrive for kindergarten or first grade. And once youngsters are overweight, it is harder to reverse elevated obesity than it would be to prevent it from happening in the first place.

Because the prevalence of obesity among preschoolers has more than doubled since the late 1970s, the search is on for ways to reach these very young children. Various policies and programs have been proposed – all of them aiming to do several important things at once:

- What children eat has to be managed in ways that limit chances to eat unhealthy foods.
- Children need regular physical activity as well as good nutrition.
- Parents and other caregivers need to learn how to prevent obesity and understand why it is important to do so.

It is not easy to design a program that can accomplish these things together. But the research I have done with colleagues shows that one such comprehensive program already exists – the Head Start program serving poor youngsters in communities spread all across the United States.

Part of the Solution

The Head Start program was launched as part of the War on Poverty in 1965. It has served over 27 million poor children since then – making Head Start one of the largest federal investments in childhood development. Most participants are three or four-year-old children from households with incomes below the federal poverty line. Head Start centers aim to help young children be ready to succeed in school. To achieve that goal, they provide healthy food, involve children in educational activities, provide physical and mental health care, and give guidance to families as well as the children themselves.

From the standpoint of preventing obesity, Head Start makes a difference at just the right age, when children's ideas about appealing food are just being formed. Children in Head Start also come from low-income families whose members are at elevated risk for obesity. While they are in the program, the children go through highly structured activities each day, and staffers can serve healthy foods, give nutritional advice to parents, and monitor children's weight as they grow. Research shows that Head Start programs have had some success in fighting childhood obesity. And studies reveal that Head Start could do even more if the program is enhanced in specific ways.

How Head Start Can Do More

One of the major changes to Head Start in recent decades has been the expansion to full-day classes. Obviously, full-day programs are helpful to parents, especially since the mid-1990s, when welfare was redesigned to require mothers to work for wages. If participation in the Head Start program reduces obesity, then expanding the amount of time children spend in classes should further reduce obesity.

My research asked whether this is true. My co-investigators and I examined children's height and weight during their time in Head Start, and compared changes in obesity for children who attended either full-day classes or half-day classes. The results demonstrate that attending a full-day class significantly reduces the risk of being obese – by at least 25 percent. That is a very substantial gain in good health and in children's prospects for healthier lives in years to come.

Comprehensive efforts clearly matter. Programs can do a better job of fighting obesity if, like Head Start, they shape and influence many aspects of daily life for young children. Scattered visits to a doctor's office or sporadic home visits by a social worker may help. But they cannot rival care in a program a child regularly attends, where parents get to know the staff and can ask them questions and see and discuss all aspects of their children's development and wellbeing over many weeks and months.

The Future of Head Start

Debates about the future of Head Start should also take these findings into account. Most discussions about reauthorizing the program and setting funding levels – and most expert assessments of how Head Start might be improved – focus mostly on improvements in children's test scores and readiness for school. Of course such outcomes are important. But they are not the only thing Head Start does for its preschoolers. We need to keep in mind that Head Start improves other important facets of children's well-being, including their health and nutrition.

Head Start programs in rural and urban poor communities are proving to be one of America's most effective tools in the effort to reduce childhood obesity and help poor parents raise healthier offspring. We should celebrate this achievement – and do all we can to build on it for the future.

Read more in David E. Frisvold and Julie C. Lumeng, "Expanding Exposure: Can Increasing the Daily Duration of Head Start Reduce Childhood Obesity?" *Journal of Human Resources* 46, no. 2 (2011): 373-402 and David E. Frisvold and Animesh Giri, "The Potential of Early Childhood Education as a Successful Obesity Intervention," in *Obesity Interventions in Underserved U.S. Populations: Evidence and Directions*, edited by Virginia Brenna, Shiriki Kumanyika, and Ruth Zambrana (Johns Hopkins University Press, 2014).