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Request for Proposal—2009

Goal: To support initiatives to prevent childhood obesity

An Interdisciplinary Approach to Prevent Childhood Obesity and Promote Oral Health In Young Children

The HNH*foundation* has adopted an interdisciplinary approach in 2009 to prevent childhood obesity and promote oral health. The HNH*foundation* is seeking proposals from non-profit organizations that use interventions with demonstrated success and promising practices to achieve the goal outcome described below.

The HNH*foundation* board of directors will select one organization to receive funding up to \$60,000 for one year (additional years and funding to be considered) to conduct training, education and technical assistance to agency staff serving prenatal women and children up to age 5. Applicants demonstrating experience relative to the goal strategy described below and that illustrate experience with education, policy and environmental change to achieve behavior change will be prioritized.

Background

Research indicates overweight children are at increased risk for type 2 diabetes, heart disease and emotional problems and are more likely to grow up to be obese adults. From 1990 to 2005, the percentage of New Hampshire low-income children aged 2–5 years who were at risk for becoming overweight or obese increased from 20% to 35%.¹ Pregnant women who gain excessive or even appropriate weight, according to current guidelines, are four times more likely than women who gain inadequate weight to have a baby who becomes overweight in early childhood.²

In addition, consuming sugar-sweetened beverages (SSB) may be associated with obesity because these drinks are high in calories.³ Besides contributing to overweight or obesity, potential health problems associated with high intake of SSB include tooth decay, enamel erosion and lack of intake of other key nutrients.^{4,5} According to a 2008 policy statement issued by the American Academy of Pediatrics (AAP),⁶ parents and caregivers should be counseled on the importance of reducing exposure to sugars in foods and drinks to reduce the risk of tooth decay. Other AAP recommendations to prevent childhood tooth decay and related health problems include: avoiding carbonated beverages and juice drinks including those containing high fructose corn syrup and <100% natural juice, encouraging children to drink only water and milk between meals, and limiting the intake of 100% fruit juice to no more than 4 ounces per day.

A wide range of strategies including education and policy and environmental changes can play a role in positive dietary practices and increased physical activity. Early learning centers and health care settings can serve as venues to implement change strategies to prevent childhood obesity and tooth decay including: family education and agency policy changes to increase

consumption of fruits and vegetables and the elimination of SSB consumption, increase physical activity, and decrease sedentary activities such as television viewing and computer use. Environmental changes include increased availability of outdoor places to play, bike and walk.

Goal Outcome

Agencies serving prenatal women and children up to age 5 will provide parent and caregiver education on the role of healthy eating, eliminating consumption of SSB, and physical activity in reducing and preventing childhood obesity and tooth decay. In addition, agencies serving this population will implement policy and environmental changes, and integrate parent/caregiver education and staff modeling behavior to support the prevention of childhood obesity and tooth decay.

Proposals should illustrate statewide activities reaching agencies that serve pregnant women and children up to age 5. Proposals that demonstrate particular attention to quintile four and five communities, as listed in the *Kids Count NH Data Book 2008*, will be prioritized. Grant funding is available to achieve the goal outcome using the following strategy:

Goal Strategy

Conduct a combination of assessment, planning and training activities for the target population by:

- Integrating and implementing parent/caregiver education on the role of healthy eating, elimination of consumption of sugar sweetened beverages and physical activity in reducing and preventing childhood obesity and tooth decay in agencies serving children up to age 5
- Identifying policy and environmental changes, within child serving agencies, that support the prevention of childhood obesity including the elimination of SSB consumption
- Training staff to model behavior that reflects the prevention of childhood obesity, i.e. healthy eating, physical activity and limited consumption of SSB

For application submission, refer to the [Grantmaking Guidelines](#) and other related materials found on the HNHfoundation website, www.hnhfoundation.org under “Grant Center.”

Endnotes:

1. New Hampshire Pediatric Nutrition Surveillance System, 1990–2005.
2. Findings are from a study at the Department of Ambulatory Care and Prevention of Harvard Medical School (HMS) and Harvard Pilgrim Health Care, *American Journal of Obstetrics and Gynecology*, April 2007.
3. Sherry B. Food behaviors and other strategies to prevent and treat pediatric overweight. *International Journal of Obesity*, 2005; 29:S116–S126.
4. Birch LL, McPhee L, Sullivan S. Children’s food intake following drinks sweetened with sucrose or aspartame: time course effects. *Physiology and Behavior*, 1989; 45:387–395.
5. Louis-Sylvestre J, Tournier A, Verger P, Chabert M, Delorme B, Hossenlop J. Learned caloric adjustment of human intake. *Appetite*, 1989; 12:95–103.
6. American Academy of Pediatrics, Policy Statement - Preventive Oral Health Intervention for Pediatricians, *Pediatrics*, 2008; 122:1387–1394.