

### Part 3: It Starts At Home

What can be done to stop the obesity and cardiometabolic pandemic? Obviously there is no simple solution, and there is no solution that will automatically "fit" for all people. However, a place to start is at home with family and children.

The family environment will significantly influence the child's food preferences, activity levels, and attitudes towards health, fitness, nutrition, and body image (Budd & Hayman, 2008). The family environment is the foundation. Constant exposure, availability, and access to high-fat or high-sugar food with a lack of portion control/regulation tends to groom children to make those same choices later in life (Budd & Hayman, 2008). The distorted sense of portion size and exactly what macronutrients make up a balanced "plate" make an impression upon children.

Education and advocacy could really help in curbing the trend towards obesity. The health and fitness messages expressed by various stakeholders, micro- and macro-environments, need to convey solidarity in the messages' content. Promoting healthy choices in nutrition and activity need to come from the home environment, the school level, community, retail, marketing, sports, and government just to name a few (Budd & Hayman, 2008). Community advocates or "expert-resources" would be helpful in educating parents and children in nutrition, reading food labels, cooking/food-preparation, shopping, the "real" messages in commercials about foods, coping and life skills (Bud & Hayman, 2008).

The model for a healthy lifestyle start with parents and the home environment. Bud and Hayman (2008) noted that as early as 2 years old, children can learn to discriminate against heavier individuals. In fact, the home food environment model parallels that of the world model (Rosenkranz & Dzewaltowski, 2008). Those "micro-level" environmental factors are those that directly impact the child, and the "macro-level" factors are those that extend beyond the home and into the extended family, social/recreational circles, and community (Rosenkranz & Dzewaltowski, 2008).

Strauss and Knight (as cited in Rosenkranz & Dzewaltowski, 2008) studied the home environmental risks that promote obesity, and found that family income (family socioeconomics) and cognitive stimulation were significantly related to childhood obesity. In homes where there is food insecurity (growing up hungry, feast or famine), a trend is towards overweightness and obesity (Rosenkranz & Dzewaltowski, 2008). In families where there are fewer family meal times, there tends to be higher food insecurity (Rosenkranz & Dzewaltowski, 2008). Home environments that eat less fruits and vegetables regularly or have limited access to such, tend to have family members and children who are overweight and then go on to stay overweight in adult life (Rosenkranz & Dzewaltowski, 2008). Children whose parents do not discourage sweets (parents who do not restrict access to sugary foods), tend to drink more sugary beverages (Rosenkranz & Dzewaltowski, 2008). Those are a few examples, but the list goes on to illustrate how important the home-front is on molding children towards healthy habits.

Home structure and parenting were also found to correlate to childhood obesity. Children with a single-mother tended to have greater saturated fat intakes, and were more likely to become overweight/obese (Rosenkranz & Dzewaltowski, 2008). Teens from a single-parent home were

at least twice as likely to have irregular meal patterns thus increasing their risk towards overweight/obesity (Rosenkranz & Dziewaltowski, 2008). Parents/guardians need to take the lead and set examples for their children. Researchers have stressed the importance of parental influence and role modelling (Johnson, Welk, Saint-Maurice, & Ihmels, 2012; Rosenkranz & Dziewaltowski, 2008). Parents who are "permissive" (warm, but not firm) tend not to set limits and restrictions on food and nutrition, and tend to let children make their own food choices which may not always be helpful (Rosenkranz & Dziewaltowski, 2008). Parents on the other end of the spectrum, firm and more authoritative, offer children more structure and guidance towards healthful food choices (Rosenkranz & Dziewaltowski, 2008). Parenting styles where food is used as a reward (e.g. sweets, cookies, etc.) tended to create more problems for children later as children then associated sweets with "good" (and then vegetables as "bad") (Rosenkranz & Dziewaltowski, 2008).

While the problems of obesity and prevalence of cardiometabolic disorders is complex and daunting, research strongly suggests that lifestyle changes that begin in the home with family and friends create the most impact. "Parents exert perhaps the strongest and most direct influence on a child's potential risk for overweight and obesity" (Johnson et al., 2012, p. 1421). Help parents (via education, community support) bring up healthful children. Children can also create an impact by bringing in their influences from school into the home. Children can also educate the parents and other family members about healthful choices.

## References

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