Objectives

• Explain early childhood obesity in Ohio
• Understand Ohio Healthy Programs
• Describe relationship between Adverse Childhood Experiences (ACEs) and obesity
Statewide Data

2017 Ohio Preschool BMI Surveillance
- Underweight, 4.0
- Obese, 11.6
- Overweight, 14.1
- Healthy Weight, 70.3

Demographics

Significant difference in BMI by insurance type

- Enrolled in Medicaid
- Not enrolled
Children entering kindergarten with excess weight are 4X as likely to become obese by the 8th grade.

**Obesity’s Toll in Childhood**

**Short term**
- Psychosocial problems
  - Depression, bullying, anxiety
- Increased risk factors
  - Hypertension, high cholesterol, abnormal glucose tolerance, joint problems
- IDDM, HTN
- Gallstones and reflux
- Fatty Liver Disease

**Long term**
- High BMI in childhood and adolescence associated with increased obesity in adulthood
- Increased chronic disease in adulthood
  - Heart disease, diabetes, hypertension, asthma, fatty liver disease and cancer
5 Reasons Why Early Childhood is the Critical Window

1. There is a newly recognized pattern emerging across the US. Children are gaining weight at younger ages than ever before.1,2
2. Obesity prevention interventions focused on 2 to 7 year olds have been shown to be effective and have a lasting impact on children.3,4
3. It is easier to impact the habits of 0 to 5 year olds than to change habits in adulthood.5
4. Preferences for food and levels of activity are set by the time children are 2 to 3 years old.6
5. Delayed action regarding obesity prevention can lead to skyrocketing costs and morbidity, while early intervention can lead to decreased health risks later.7

ODH : Comprehensive Approach

- Health Practitioners – MD, OD, RN WIC, HV, CHW
- Early Care and Education Settings – preschools, centers, family child care homes, and head starts
- Family engagement
- Community partnerships

Additionally...
Consistent messaging
Sustainability through PSEC Surveillance Systems
Ohio Healthy Program Overview

Four part designation program

1. Trainings
2. Implement / adopt policy to ensure healthy practices are maintained in the program
3. Improved menus
4. Parent engagement
Ohio Healthy Programs

Statewide trainings= 15 hrs Ohio Approved SUTQ

Document: Policy & Menu Changes, Parent Engagement

OHP Designation

Ohio Healthy Program Trainings

- Trainings based on evidence-based curriculum, *Healthy Children, Healthy Weights* (created by Columbus Public Health).
- Offered online or face to face, through train the trainer model.
- Six training topics – Divided into 3 sessions:
  - Session 1 – Healthy Habits, Parts 1-4 (One staff person from each age level represented must attend)
  - Session 2 – Healthy Menus (audience: cook/menu planner)
  - Session 3 – Healthy Policies (administrators)

*15 hours of Ohio Approved credit for SUTQ in-person training

*10 hours of Ohio Approved credit for SUTQ online training
Policy Implementation

Implement a policy to ensure healthy practices are maintained in the program.

Examples:

Menu Improvements

• Offering a different non-fried vegetable everyday in a 5 day period
• Offering a different fruit everyday in a 5 day period (not counting juice)
• Offering a whole grain food everyday
• Offering fried foods no more than 1x/wk
• Only offer beverages without any added sugar or sweeteners
• Offering 100% juice no more than 1/d and limit portion size (4-6oz)
• Only offer cereals with 6gms or less of sugar per dry ounce
• No highly processed meat regardless of animal type (beef, turkey etc.)
Parent Engagement

- Parent engagement required each year.
  - Bulletin boards displaying healthy messages
  - Cooking activities
  - Hosting healthy lunches
  - Healthy articles for newspapers

13 Key Messages
Spanish, English and now Somali

Breastfeeding Welcome
Make Snacks Count
Reduce Screen Time
Make Each Plate a Healthy Plate
Build Children Up with Words
Growing Great Tasters
An Hour a Day to Play
Water First for Thirst
Take Time for Meals
Make Breakfast Count
Healthy Celebrations
Good Rest is Best
Cold Weather Fun
Resources

Trainings + policies + menus + parents = OHP designation

Current OHP Designated Programs:

https://ocrra.org/ohp/
Questions??

Adverse Childhood Experiences (ACEs)

- Incorporated into OHP curriculum in 2016 through partnerships
- Goal to educate ECE program providers on:
  - ACEs definition and prevalence
  - link to negative health outcomes
  - ways to increase resiliency in young children
Adverse Childhood Experiences

ACEs and the Prevalence of Severe Obesity (BMI $\geq 35$)

ACEs and Obesity

ACEs Primer: https://vimeo.com/139998006
Resilience: The Superpower!

- Having strong relationships with adults
- Mastering a skill
- Learning problem solving
- Experiencing small mistakes
- Resources:
  - ResilienceTrumpsACEs.org
  - ACEsTooHigh.com

Build Children Up with Words

**Process praise** helps children develop a sense of satisfaction within themselves

Use “noticing” vs. “evaluating” language:

- **Evaluating**: “I like how you made your friend smile.”
- **Noticing**: “I see how you held the door for your friend and how that made them smile.”

Be observant and specific
- Focus on the process (actions)
**Self Body Image**

How do you see yourself when you look in the mirror? Or in your mind?

How do you feel about your body, including your height, shape, and weight?

How do you feel ‘in’ your body? Not just ‘about’ your body?

Do you respond to others in a certain way based on their body shape & size?

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**Young Children Are Developing...**

Body image & self-esteem

Positive or negative feelings about their bodies

Positive or negative feelings about physical activity

Eating behaviors
Adults Are Powerful Role Models

How OHP Promotes Resiliency

• Gardening
• Family Style Dining
• Physical Activity
• Promoting family engagement and modeling
Examples of ODH Lifecourse Approach to Prevention

Home Visiting  Ohio Healthy Program  Adolescent Health

Evidenced-Based Home Visiting

What is Home Visiting?
Home visiting is a free, voluntary program that gives pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.

What are the Goals of Home Visiting?
- Improve maternal and child health
- Prevent child abuse and neglect
- Encourage positive parenting
- Promote child development and school readiness
Adolescent Health

• Community forums to address needs of adolescent girls ages 10-12 to improve positive youth development, health outcomes and infant vitality
• Increase and improve adolescent well-visits
• Support the Ohio Adolescent Health Partnership, www.ohioadolescenthealth.org

Questions??
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