Obesity Prevention in Early Care and Education Settings:
Opportunities for Cuyahoga County

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Obesity in Ohio and the Nation

Childhood obesity has become an epidemic in the United States, where one in three children is either obese or overweight. Excess weight in childhood is of particular concern because overweight children are more likely to be overweight as adults, do not perform as well in school, and have more physical and mental health problems than children at healthy weights. Experts believe that children today will not live as long as their parents due to obesity. The increase in obesity is contributing to the rise in chronic conditions such as heart disease, type II diabetes, asthma, osteoarthritis and certain cancers. Excess weight is becoming more common at young ages. Over 20% of children ages 2-5 are overweight and about half of these children are obese. Over their next five years, the proportion of children that are overweight or obese roughly doubles (see Figure 1). Therefore, the earliest years represent a crucial opportunity to promote healthy weight among children.

There are only 13 states with a greater proportion of adults who are obese than Ohio. Children in Ohio ages 2 to 5 years are more likely to be overweight or obese compared to children nationwide (28.2% versus 17.4%). As is the case nationally, Ohio’s obesity rates are higher among children who are Black or Hispanic, and among those living in low income families (see Figure 2). Therefore, particular attention should be focused on the needs of low income and minority populations.

Nearly three-quarters of all U.S. children ages 3 to 6 years are in some form of non-parental care. Of those children, 57 percent are enrolled in a center-based childcare program. Children consume a significant portion of their daily calories, and spend many of their waking hours in childcare. They also develop taste preferences and eating habits. Therefore, early learning and care facilities are an important setting for obesity-prevention interventions.

There are currently over 280,000 children in licensed Ohio childcare centers; about 80,000 children are younger than age 2. This represents about one in five children under two years of age and nearly half of children ages 3-5. Nearly half of these children benefit from financial assistance for these services.

**Figure 1: Overweight and Obesity in U.S. Children**

- Ages 2-5: 20%
- Ages 6-11: 40%
- Ages 12-19: 60%

Source: Ogden, et al., 2010

**Figure 2: Ohio Children who are Overweight or Obese**

- Black: 60%
- Hispanic: 40%
- White: 20%
- Low income: 60%
- Not Low income: 40%

Source: Cutler, et al., 2009

Children whose body mass index (BMI) is between the 85th and 94th percentile compared with a normal group of children the same age and gender are considered overweight.

If their BMI is at or above the 95th percentile, they are considered obese.

See cdc.gov/obesity/childhood for more information.
Preventing Obesity in Early Care and Education

There is no magic bullet that will solve the obesity epidemic.

Rather, experts recommend that community-based coalitions work together to identify priorities, set goals, share information, and measure success. Furthermore, changing environments where people work, eat, play and sleep can help prevent obesity. Child care settings present an important opportunity to come together to build healthy lifestyles. Strategies presented here are based on research and experience in other communities that have been shown to help children achieve and maintain healthy weight over their lifetimes.

Early care settings present opportunities to affect children’s eating, physical activity and sleep habits. In addition, factors in this environment can influence patterns that will affect their weight, health and well-being for their entire lives. The most important domains recommended by experts include:

- **Infant feeding:** Human milk is best suited to meet the nutritional needs of infants. Experts recommend that children breastfeed without any additional food or liquid for their first six months. Children who are breastfed are more likely to maintain a healthy weight. Therefore, centers should encourage and enable mothers to provide breast milk for their infants.

- **Food service and feeding:** Children’s food preferences develop early. Those who eat fruits and vegetables, low-fat or nonfat milk and dairy products (over age 2), whole grains, and who avoid high calorie foods with little nutrition are more likely to remain at a healthy weight. Ensuring that child care workers eat with children and that they eat and serve age-appropriate portions will help children develop healthy eating habits. Drinking water should be available at all times.

- **Physical Activity and Screen Time:** Children should have multiple structured and unstructured opportunities to be active throughout the day. Also, infants should not have any time in front of screens and time for children over age two should be limited. When children are in front of screens, they are inactive and, often, exposed to marketing of unhealthy foods and beverages. Caregivers should also ensure that children get the amount of sleep that is appropriate for their age.

Caregivers should incorporate information about nutrition and physical activity into the curriculum. In addition, they should serve as role models by eating the same food served to children, sitting with them to eat, and eating age-appropriate portions. Caregivers should also participate in physical activity with children to serve as role models and to maintain their own health and well-being.

**Family members must be engaged** to support these healthy practices. Parents of young children determine much of what children eat, and strongly influence their activity levels. At home, children should get messages about food choices and amounts, physical activity, screen time and sleep that are consistent with health-promoting messages in their early learning settings.

### Strategies

- Policies
- Needs assessment
- Training
- Technical assistance
- Voluntary standards/ratings
- Incentives
- Monitoring

### Evidence-Based/Informed Opportunities

- Infant feeding
- Food service and provision
- Physical activity
- Screen time
- Nutrition and physical education
- Caregiver involvement
- Family engagement
Relevant Local Organizations

**Invest in Children (IIC)** is a public-private partnership whose mission is to mobilize resources and energy to ensure the well-being of all young children in Cuyahoga County, provide supportive services to parents and caregivers, and build awareness, momentum, and advocacy in the community around children and family issues. IIC established the Universal Pre-Kindergarten (UPK) program in 2007 to make high quality early learning programs accessible to families with low or moderate income.

**Starting Point** is Northeast Ohio’s childcare and early education resource and referral agency that serves families, early childhood professionals and the community. Starting Point seeks to improve the amount and quality of care available in the community, helps families obtain child care services, and provides training and technical assistance for early learning and care staff.

**Health Improvement Partnership Cuyahoga (HIP-C)** is completing a community planning process to develop a plan to improve the health of all people who live, work, learn, and play in Cuyahoga County. HIP-Cuyahoga emphasizes the social, economic, political, and environmental conditions that can impact wellness, health, and opportunity.

**The Cuyahoga County Board of Health (CCBH)** supports Child and Family Health Services and the Creating Healthy Communities programs to address chronic disease prevention through environmental, systems and policy changes.

**The Cleveland Department of Public Health** inspects day care and early childhood education centers, educates providers, and performs disease surveillance. In addition, the Mom’s First program provides services for high-risk pregnant women including health education.

**Healthy Cleveland** is an initiative of Mayor Frank Jackson and Cleveland City Council seeking to reduce health disparities and improve the quality of life for area residents. Pertinent initiatives include efforts to increase access to healthy foods and safe places for recreation.

**Case Western Reserve University’s** Urban Health Initiative and Prevention Research Center for Health Neighborhoods provide leadership, expertise and programs that address food access, physical activity, clinical care and data collection, among other things, on topics relevant to obesity prevention and treatment.

Relevant State Efforts

**Ohio Department of Education** licenses preschool programs operated by public, charter and non-public schools.

**Ohio Department of Job and Family Services (ODJFS)** licenses and regulates family child care homes (with 7-12 children) and child care centers with more than 12 children.

**The Ohio Department of Health** and **Office of Health Transformation** are confronting obesity through the State Health Improvement Plan and through Medicaid services.

With funding from the federal Race to the Top program, Ohio is increasing the quality of child care through Step Up to Quality (SUTQ), our state’s voluntary quality rating and improvement system. By 2020, child care subsidies can only be used at highly rated facilities.

The state has also adopted new Early Learning and Development Standards. Health-related ones include:

- Toddlers (ages 16-36 months) need to know how to make simple food choices and demonstrate willingness to try new foods. Pre-kindergarten (ages 3-5) must understand that eating a variety of foods helps the body grow and be healthy and know whether foods are nutritious or non-nutritious.

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### Table 1: Ohio Child Care Standards In Comparison with Model National Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Child Care Centers</th>
<th>Large Homes</th>
<th>Small Homes</th>
<th>Standard</th>
<th>Child Care Centers</th>
<th>Large Homes</th>
<th>Small Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infant Feeding</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Yellow</td>
<td>Green</td>
<td>Yellow</td>
<td>Plan solid introduction</td>
<td>Green</td>
<td>Green</td>
<td>Yellow</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Introduce solids at 4-6 months</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
</tr>
<tr>
<td>Feed on cue</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>No juice &lt;12 months</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
</tr>
<tr>
<td>Stop at satiety</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td></td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Limit oil/fat</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Low fat protein</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Red</td>
</tr>
<tr>
<td>Low fat milk for children older than 2 years</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Whole grains</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Red</td>
</tr>
<tr>
<td>Variety of fruits, veg</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Water available</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
</tr>
<tr>
<td>Juice is 100%</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Limit Juice amount</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Red</td>
</tr>
<tr>
<td>Teach portion size</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Eat with children</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
</tr>
<tr>
<td>Appropriate serving</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Limit salt, avoid sugar</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Red</td>
</tr>
<tr>
<td>Do not bribe with or force food</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Do not reward or punish with food</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Space for active play</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Training</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
</tr>
<tr>
<td>Play with children</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Don’t withhold play</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
</tr>
<tr>
<td>No screen time for children younger than 2</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>No TV with meals</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
</tr>
<tr>
<td>Outdoor play</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Other play</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
</tr>
</tbody>
</table>

**Key:** Ohio regulations in comparison with model national standards

**Source of ranking information**
Strategies to support healthy practices in early learning and care settings

- **Within center policies**: Each center could make commitments to adopt healthy policies that go beyond state standards. Examples include not serving juice to infants or allowing children younger than 2 to have any screen time. Let’s Move Child Care encourages centers to commit to improvements in the child care environment related to healthy weight, and recognizes centers that meet goals.

- **Assess the environment**: The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) is a tool to help centers assess their own practices, plan improvements, get technical assistance, and measure the impact of changes made in the program.

- **Training and technical assistance**: Local, state and national resources are available to help centers change and improve policies and practices. Training can take place on site, in groups, or on-line. Starting Point is the local resource and referral agency responsible for local early learning and care provider training.

- **Quality rating and improvement systems (QRIS)** are voluntary programs used to assess, improve and promote quality in early care by establishing standards in areas such as safety and teacher training requirements. Ratings help parents identify high quality centers and motivate centers to improve quality. Financial incentives can also be used to encourage families to select highly rated centers. Ohio is encouraging families to choose highly rated facilities. However, Ohio’s newly revamped Step Up to Quality rating system does not include standards related to healthy eating or physical activity. Some states are including these factors in their QRIS.

- **Local communities can set up systems to monitor progress** in obesity policies, practices, and outcomes. Thus, the number of centers adopting healthy policies could be measured, along with the number of children enrolled in these centers. The actual body mass index of enrolled children could also be looked at over time using data that cannot be linked to specific children.
Promising Practices for Expansion

Since 2009, the Cuyahoga County Board of Health (CCBH) has been a regional leader in bringing the Farm to School model to Northeast Ohio as an innovative strategy to address childhood obesity. CCBH received the Model Practice designation from the National Association of City and County Health Officials (NACCHO) in 2013 for its F2S work. The Students Eating Locally (SEL) Project has been the result of the CCBH, the South Euclid Lyndhurst School District, Red Basket Farm and AVI Fresh committing to make the healthy choice the easy choice for students since 2010. Students across six school campuses can access up to 22 varieties of local produce each day.

Jump to It: A Happy Healthy Me is an early childhood obesity prevention program funded by the Mt. Sinai Health Care Foundation in collaboration with the Cleveland Metropolitan School District, University Hospitals’ Rainbow Babies and Children’s Hospital and the Children’s Museum of Cleveland. The program includes nutrition and physical activity curriculum for children in pre-kindergarten and kindergarten children and their families.


For further information, including key resources for addressing obesity in early care and learning settings, see:

Urbanhealth.case.edu and mtsinaifoundation.org

Early Childhood Obesity Summit II: The Role of Child Care Settings was convened by the Mt. Sinai Health Care Foundation in partnership with St. Luke’s Foundation and the following organizations:

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