

Promoting Healthy Weight for Young Children: A blueprint for preventing early childhood obesity in North Carolina

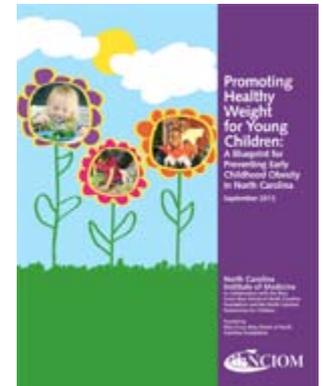
Early Childhood Obesity Summit

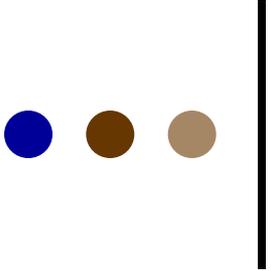
Adam Zolotor, MD, DrPH

Vice President

North Carolina Institute of Medicine

March 19, 2014



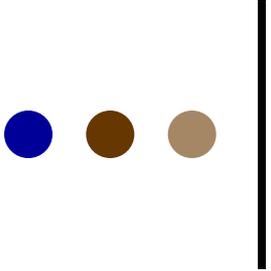


NC Institute of Medicine

Quasi-state agency chartered in 1983 by the NC General Assembly to:

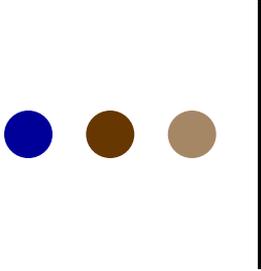
- Be concerned with the health of the people of North Carolina
- Monitor and study health matters
- Respond authoritatively when found advisable
- Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions *NCGS 90-470*

More information available at www.nciom.org



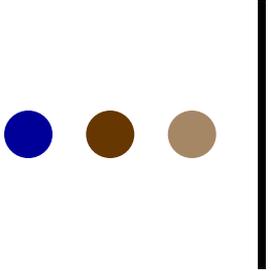
Agenda

- Overweight and obesity among young children
- Overview of task force process
- Overview of recommendations
- Summary of the day's events



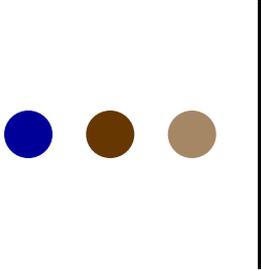
Early Childhood Obesity in North Carolina

- Almost one-third of all young children (ages 2-4) are obese or overweight:
 - 31.6% of young children were overweight or obese in 2011 compared to 18.6% in 1981.
 - ~1 out of every 6 young children (16.2%) were overweight and a similar proportion (15.4%) of children were obese.
- Young children who are overweight or obese have a greater risk of becoming obese as adolescents or adults.



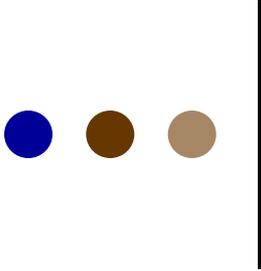
Health Consequences

- Obesity can have negative health consequences on young children. Obesity in children can lead to:
 - Increased risk of cardiovascular disease, type 2 diabetes, sleep apnea, bone and joint problems, social and psychological problems.
- Adults who are overweight or obese are more likely to:
 - Develop type 2 diabetes, high blood pressure, heart disease, certain cancers, and are at higher risk of a stroke.



NCIOM Task Force on Early Childhood Obesity Prevention

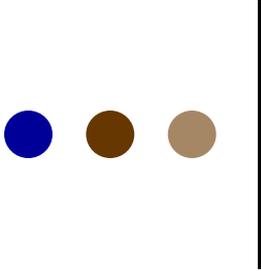
- The Blue Cross and Blue Shield of North Carolina Foundation (BCBSNCF) requested that the NCIOM:
 - Establish a task force focused on preventing overweight and obesity among children birth through age five.
 - Create a blueprint for North Carolina's public and private investments around early childhood obesity prevention
 - Goal to increase the percent of healthy weight young children birth to age five.
- This task force was a collaboration between NCIOM, BCBSNCF, and NC Partnership for Children.



NCIOM Task Force on Early Childhood Obesity Prevention

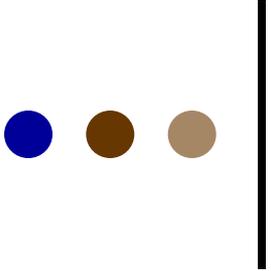
- NCIOM Task Force

- Co-chaired by **Kathy Higgins**, president, Blue Cross and Blue Shield of North Carolina Foundation; and **Olson Huff, MD**, former chair, North Carolina Partnership for Children, Inc. and chair, North Carolina Early Childhood Foundations
- Included more than 70 other Task Force members including state and local policymakers, health professionals, public health professionals, child care providers, nutrition experts, faith community representatives, nonprofit community organizations, and philanthropic organizations.



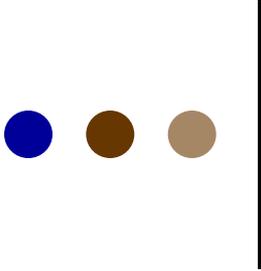
Task Force Process

- 1) The Task Force examined evidence-based and promising practices from prior studies and reports, including:
 - Institute of Medicine of the National Academies, Early Childhood Obesity Prevention Policies (2011)
 - North Carolina Division of Public Health, Enhanced Nutrition Standards for Child Care: Final Report to the General Assembly (2010)
 - North Carolina Health & Wellness Trust Fund, Childhood Obesity in North Carolina: A Report of Fit Families NC (2005)
 - North Carolina Institute of Medicine, Prevention for the Health of North Carolina: Prevention Action Plan (2009)
 - White House Task Force on Childhood Obesity Report to the President. White House Task Force. Solving the Problem of Childhood Obesity within a Generation (2010)



Task Force Process

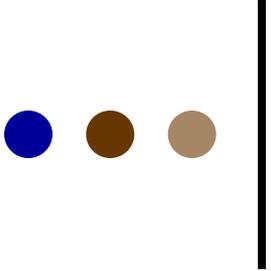
- 2) Examined issues using a socioecological framework, considering clinical, community and environment, and policy options.
- 3) Identified barriers to implementing evidence-based and promising practices.
- 4) Developed a strategic plan to address early childhood obesity in North Carolina.



Recommended Strategies

○ Clinical Strategies:

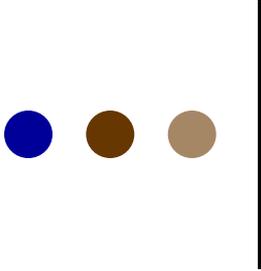
- 1: Increase and enhance the education of health professionals while in training (pre-service) or in residency programs.
- 2: Expand education for practicing health professionals, which could be met through enhanced continuing education opportunities.
- 3: Ensure adherence of insurers/payers to the Affordable Care Act requirements for coverage of the prevention, diagnosis, and treatment of obesity (as outlined in the American Academy of Pediatrics Bright Futures guidelines)



Recommended Strategies

- Clinical Strategies (cont'd):

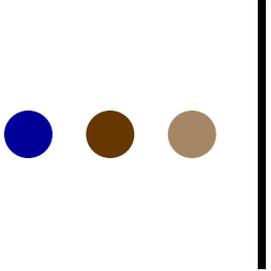
- 4: Convene a group to identify and catalog core statewide and local services, resources, and supports for health professionals to refer families and children for additional support or interventions to enhance clinical recommendations.



Recommended Strategies

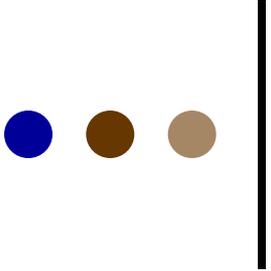
- Community and Environment Strategies:

- 1: Expand the use of evidence-based and evidence-informed strategies for physical activity and nutrition in pilot child care centers.
- 2: Provide pre-service and in-service education for child care providers on evidence-informed strategies for physical activity and nutrition.
- 3: Cross train all child care consultants and other support personnel on evidence-based and evidence-informed strategies for physical activity and nutrition.



Recommended Strategies

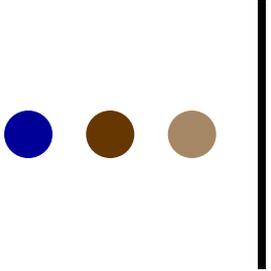
- Community and Environment Strategies (cont'd):
 - 4: Increase the focus of Eat Smart, Move More North Carolina focus on young children and their families.
 - 5: Form an ECOP Communications Committee to develop a communications campaign to support policy and behavior change to reduce early childhood obesity.



Recommended Strategies

o Policy Strategies

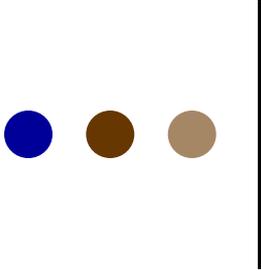
- 1: Create a voluntary recognition program for child care programs and early education programs that meet enhanced physical activity and nutrition standards.
- 2: Enhance family education and early childhood healthy weight and obesity prevention strategies through existing maternal, infant, and early childhood home visiting and family strengthening programs.
- 3: Expand the focus of state agencies to include early childhood health, physical activity, and nutrition through healthy community design.



Recommended Strategies

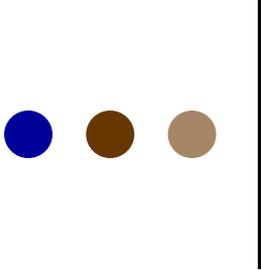
o Policy Strategies (cont'd)

- 4: Improve the collection and reporting of physical activity and nutrition data in multiple settings to more fully promote healthy weight among young children.
- 5: Improve the collection of body mass index (BMI) data for young children and make the information available to policymakers, health professionals, and the public to evaluate existing programmatic and policy initiatives and to inform future ones.
- 6: Promote breastfeeding for all North Carolina infants.



Today's event: Break Out Sessions

- 11:15-12:30 Break Out Session 1
 - Communication and social messaging
 - Clinical strategies
- 2:15 – 3:30 Break Out Session 2
 - Enhanced child care standards
 - Community engagement



Plenary Sessions

- **Lunch: Keynote speaker (12:30-2:00)**

- **Aldona Wos, MD**

Secretary

North Carolina Department of Health and
Human Services

- **Closing plenary and remarks (3:30-4:00)**

- **Allison Gertel-Rosenberg, MS**

Director, National Prevention and Practice
Nemours



Questions

