

Center for Healthy Weight and Nutrition



# **2017 Early Childhood Wellness and Nutrition Symposium**

**Improving Outcomes with Multisector Integration**

Columbus, Ohio



**NATIONWIDE  
CHILDREN'S**

*When your child needs a hospital, everything matters.<sup>SM</sup>*







**More than 100**  
professionals from  
22 organizations in Ohio  
attended the symposium.

## Improving Outcomes with Multisector Integration

The 2017 Early Childhood Wellness and Nutrition Symposium was held on October 26th in Columbus, Ohio. The focus of the symposium was improving child nutrition outcomes with integration from leaders across multiple sectors (i.e., education, childcare, health, and community sectors). More than 100 professionals from 22 organizations working with young children in Ohio attended the symposium, shared their ideas and experiences, and explored new opportunities to collaborate towards improving the nutrition and health of young children. The conference was supported by an unrestricted grant from the Nestlé Nutrition Institute.

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**“[ It ] is very important to build trust, buy-in, working from the bottom-up is really important .... ”**

**“Leadership buy-in is critical. Without a mandate from the top, it will be difficult to make upstream and population health a priority among needed partners.”**

**– Ms. Debbie Chang, MPH,**  
Nemours Children’s Health System,  
Keynote Speaker

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## Current Status of Early Childhood Wellness and Nutrition

Dr. Virginia Stallings from Children’s Hospital of Philadelphia (CHOP) shared an in-depth review of the current data from the *Feeding Infants and Toddlers Study* (FITS, 2016). FITS is a national, cross-sectional survey of U.S. parents and caregivers of infants, toddlers, and preschool-age children. FITS provides evidence to reinforce messages from the American Academy of Pediatrics (AAP), The National Academies of Science (NAS) Health and Medical Division (HMD), formerly the Institute of Medicine (IOM), among many other national organizations and societies. Dr. Stallings shared important details about the Dietary Guidelines for Americans which are to be updated again in 2020 to include recommendations for young children from birth through 24 months for the first time.



**50% of Children**  
36 to 47.9 months of age  
consumed sugar-sweetened  
beverages.

**224**  
**Calories from**  
**sweets per day**  
are consumed by children  
36 to 47.9 months of age.

### **What have we learned?**

Analyses of FITS 2016 data indicate that a dietary shift occurs around 12 months of age, where sweets and snacks begin to play an increasing role in the diet of young children.

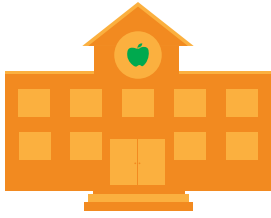
- Fifty percent of children 36 to 47.9 months of age consumed sugar-sweetened beverages, and fruit-flavored drinks are the most commonly consumed type.
  - Children 12 months of age and older who reportedly consumed sugar-sweetened beverages on the day of the survey, consumed approximately 100–110 calories from such products.
- Expressed as energy per capita, children 36 to 47.9 months of age consume approximately 224 calories from sweets per day.
- On a positive note, toddlers' intake of fruit increased from 2002–2016, even when excluding juice.
- However, vegetable intake has not seen a similar increase across age groups. Of concern, FITS 2016 found that 27% of 2- and 3-year-old children did not consume a distinct vegetable portion. Fried potatoes remain the most commonly consumed vegetable.

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**“Children under five years are almost completely dependent on others to provide their food. Focusing on understanding their current patterns of food intake and teaching them and their parents healthy eating is of one of the last chances we really have to craft the story of obesity prevention.”**

**– Virginia Stallings, MD,**  
The Children's Hospital of Philadelphia

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**60% of Children's**  
time is spent in early education  
and childcare settings.



**WIC serves more than**  
**50% of infants**  
in the country.

## Multi-sector Initiatives for Early Childhood Wellness and Nutrition

Ms. Debbie Chang and Ms. Allison Gertel-Rosenberg from Nemours Children's Health System shared the national evidence and their own experiences on scaling promising practices and strategic prevention initiatives designed to curb childhood obesity. Dr. Emia Oppenheim, from The Ohio State University, and Ms. Emily Torres, from the Ohio Department of Health, discussed local, state-based innovative, multi-sector initiatives for early childhood health and wellness in Ohio. These initiatives involved early education, childcare, health, and community sectors. Strategies on program implementation, data collection, and policy development within each of these different sectors and integration among them for obesity prevention and treatment for young children were outlined. Throughout the presentation, Dr. Oppenheim and Ms. Torres shared examples of how families in Ohio were impacted through existing partnerships, research, policy, and environmental changes.



### What have we learned?

We learned about effective, multi-sector work:

- Three key areas (childcare & schools, healthcare, governmental programs) touch the lives of young children every day.
  - Children spend approximately 60% of their time in early education and childcare settings.
  - Children have 10-12 primary care visits in their first 5 years of life.
  - WIC serves one out of every four children, and more than half of infants in the country.
- Programs need to focus on lifelong habits and developmental milestones, not weight status.
  - Developing healthy food preferences early in life leads to good nutrition habits.
  - Developing motor skills early in life are important for good physical activity habits.
  - Establishing family mealtime routines early in life help sustain good nutrition habits.



## Early intervention is important.

- Efforts that are relevant, feasible to implement, and influence policy and environmental changes affect population health.
  - Efforts need to be relevant, considerate of the specific needs of the parents and communities being served, and involve partnerships to meet those needs.
  - Efforts need to be aligned, easy to understand, and convenient to implement.
  - Policy and environmental changes lead to increased reach to families and communities and long-term sustainability.

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**“We need to intervene early, but we also need to intervene with programs that foster nurturing, resilience building, healthy foods, and access to health care.”**

**– Emia Oppenheim, PhD, RD,**  
The Ohio State University

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## Healthcare Providers' Role on Early Childhood Wellness and Nutrition

The symposium addressed how healthcare providers can more efficiently and consistently promote health and wellbeing from birth to adolescence.



### 💡 What have we learned?

Lessons and experience shared during the panel discussion suggested that:

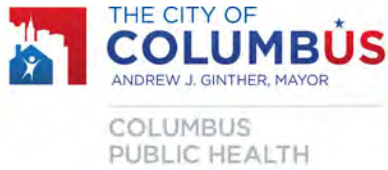
- Programs and tools are available for healthcare providers to provide parents with advice that is relevant to their child's developmental stage. An example is the *Parenting at Mealtime and Playtime* (PMP) program developed by the Ohio Chapter of the American Academy of Pediatrics.
- Primary care providers can be connected with community healthcare professionals, such as WIC dietitians, to foster collaboration and expand efforts in obesity prevention.
- Medicaid reimbursement for community programs and services such as community health workers is lacking.
- Healthcare providers are often overwhelmed with tasks at well-child visits. Some tips to help address early childhood nutrition and wellness-related issues include maintaining consistent messaging, using developmentally-appropriate advice, and incorporating messages for the family within the electronic medical record.
- The providers' roles include:
  - Early risk assessment.
  - Building the foundation for healthy habits.
  - Tracking weight/length and age appropriate body mass index (BMI).
  - Managing the child with overweight/obesity.
  - Supporting family bonding and fostering healthy connections.

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**"The secret to directing parental advice is to follow developmental milestones: What is your child doing now and what will she be doing next."**

– Amy Sternstein, MD,  
Nationwide Children's Hospital

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## The Community's Role on Early Childhood Wellness and Nutrition

The panel members discussed the role of the community in early childhood wellness and nutrition. Ms. Ali Segna, from Columbus Public Health, discussed Growing Healthy Kids Columbus (GHKC). GHKC is a coalition that brings organizations together to establish consistent messaging campaigns to achieve policy, system, and environmental changes across sectors. Dr. Carolyn Gunther, from The Ohio State University, discussed a community-based participatory research study, Simple Suppers. Simple Suppers is a program that helps families establish regular family mealtimes by addressing barriers, teaching nutrition, food preparation and cooking skills to young children, and provides relevant resources to families. Finally, Ms. Moskowitz-Brown, from Local Matters, a non-profit community organization, discussed Growing Matters, a curriculum for preschoolers through high schoolers. Growing Matters is focused on building knowledge and positive attitudes around healthy eating, hands-on food preparation and gardening activities from an early age. All the speakers spoke on the importance of engaging families in all stages of their programs.



### What have we learned?

- Coalitions are important to bring together community organizations that are focused on similar issues in order to learn from and build on existing work, avoid duplication, establish consistent messaging, collaborate, and advocate for change.
- Community efforts need to focus on where families already are, at times and locations that fit into their existing daily activities, and in ways that are most convenient for them.
- Understanding what components of these programs are most effective on their own is an important next step to allow programs to expand without being costly or time prohibitive.

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**“You need to go where people are and fit into their daily activities and make it convenient for them.”**

**– Dr. Carolyn Gunther,**  
The Ohio State University

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## A Call to Action

Good nutrition is vital to optimal childhood growth, development, health, and extends to health in adulthood. Yet, findings from recent research and multi-sector activities indicate that multiple challenges remain for overweight young children.

The following practice, research, and policy implications were discussed next steps in the areas of early childhood nutrition and health:

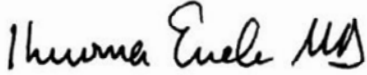
- More research is needed that involves early childhood nutrition, especially secondary analyses, to support clear and consistent evidence-based guidelines for children at all ages.
- Work with governmental organizations and insurance companies to establish reimbursable community prevention efforts by demonstrating the financial argument for prevention in both the short and long term (particularly within Medicaid).
- An open channel between sectors (early childcare and education staff, communities, healthcare providers, and policy makers) to seize opportunities to engage parents, integrate family supports, and collaborate with early childcare and education staff.
- Different sectors should understand the most effective components of current linkages to scale up efforts and maintain results.
- Effective interventions that start early in life and use a network-collaborative model, connecting the dots around the child at the practice level as well as system level, to deliver consistent messaging on healthy eating, active living, and parent engagement.
- Policy and environmental changes related to childhood wellness and nutrition that can promote long-lasting changes across sectors.

## Acknowledgment



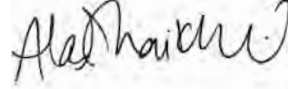
“Thank you to the Nestle Nutrition Institute for providing an unrestricted grant which made this educational opportunity possible.”

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