BACKGROUND
The need for a public health agenda to promote healthy weight and development in early childhood emerged as a top priority from Oregon’s Maternal and Child Health (MCH) leadership retreat in 2010. Following the retreat, state and local public health MCH leaders framed recommendations for preventing and reducing childhood obesity.

These recommendations are based on the 10 essential services of public health, and are grounded in primary prevention, the social determinants of health, and a life course perspective. To slow the obesity epidemic and prevent obesity before it starts for our children and generations to come, policy, systems and environmental changes, along with upstream, evidence-based interventions are needed.

KEY FACTS
- Many children are already carrying too much weight at a very young age. In Oregon, nearly 15 percent of children aged 2–5 years who participate in the Women, Infants and Children (WIC) Program are obese.
- Children who are overweight or obese are at risk of becoming overweight or obese adults.
- Being overweight or obese increases the risk for chronic diseases, including coronary heart disease, stroke, diabetes and some cancers, as well as decreasing social and emotional wellbeing, and increasing the risk for depression.
- Today’s children are projected to have shorter life expectancies than their parents or grandparents due to overweight and obesity.

WHAT INFLUENCES CHILDHOOD OBESITY?
Obesity is a complex health issue, influenced by our genes, the social and physical environments in which we live, work, learn and play, and early life influences during the critical periods of preconception, pregnancy and early childhood.
PARTNERSHIP DEVELOPMENT:
Build strong state and local partnerships that promote healthy weight and development through policy, systems and environmental changes.

- Engage community leadership in prevention-focused coalitions and networks (county and/or regional).
- Coordinate and collaborate with state and local programs and system partners to support and/or expand upstream prevention strategies.

HEALTH PROMOTION AND PUBLIC EDUCATION:
Inform and educate the public about healthy weight and development using linguistically and culturally appropriate language.

- Inform and educate the public and stakeholders about population-based, upstream obesity prevention and the financial/community costs of the obesity crisis.
- Promote active peer-to-peer support in communities.
- Provide evidence-based health promotion, education, and interventions through MCH programs and services.
- Promote parents as partners for healthy weight and development in childhood.
- Identify education gaps in provider practice.

ASSESSMENT:
Assess healthy weight and development trends, risk factors, and health outcomes. Communicate findings.

- Assess state- and community-level needs to understand community priorities, identify barriers, strategies, and solutions and engage local support.
- Monitor trends (obesity rates, risk and protective factors, and health outcomes), describe child obesity, and identify disparities (including racial/ethnic, geographic, socioeconomic, mental health, and special health care needs).
- Review regulations and licensing standards for schools, early care and education and provider settings.
- Support research and demonstration projects to advance the evidence base.
LINK AND ASSURE:
Strengthen services and interventions that promote healthy weight and development.

- Identify resources and supports for parent referrals to programs that address early childhood obesity issues and promote healthy weight in children, with a special focus on populations experiencing disparities.
- Describe the effect of adverse childhood experiences on obesity, and connect families with needed support.
- Assure linkages and continuity of care through health homes with a focus on preventive services for pregnant women with gestational diabetes or history of diabetes, and children at risk for obesity.
- Seek participation of leaders and community members of diverse race, ethnicity, culture and ability.

POLICY DEVELOPMENT, PROMOTION AND ENFORCEMENT:
Provide leadership for prioritizing, planning and policy development. Promote and enforce legal requirements and ensure public accountability. Promote health at every table.

- Educate state and local policymakers about primary prevention of childhood obesity for lifelong health and learning.
- Promote health in all policies, using partnership, collaboration and health impact assessment efforts. Assure special focus on built environment in policies and plans.
- Advance key state and local policies to support healthy weight and development in childhood and prevention of childhood obesity.
- Collaborate and promote local Healthy Communities objectives.
- Strengthen place-based obesity prevention policies and practices that address nutrition, physical activity, screen time and breastfeeding.
- Promote healthy worksites through awareness of organizational policies and practices.
- Enforce laws and regulations that promote healthy weight and development in childhood.

WORKFORCE DEVELOPMENT:
Assure the capacity and competency of the workforce.

- Provide resources, support and education on evidence-based practices to individuals who interact with parents and children (including health care providers in the context of a health home, early childhood learning and school personnel, and worksites).
- Promote quality training for the public health workforce on relevant laws and regulations, and on evidence-based interventions.
- Support personnel achieving professional certification, such as International Board Certified Lactation Consultant (IBCLC).

SUSTAINABLE FUNDING DEVELOPMENT
Identify, develop and secure sustainable funding and resources to support healthy weight and development efforts.

- Identify public and private funding and support for a comprehensive obesity prevention plan at state and local levels.
- Identify successful programs and interventions for use as funding strategies.
- Provide/assure flexible funding to support community engagement and capacity that is not tied to direct service, and to support coordination and collaboration efforts across programs.
WHERE DO WE GO FROM HERE?

Many local public health programs are already taking action in their communities. We offer these examples and recommendations as a menu of possibilities, to highlight opportunities to build on what is already working well, look for opportunities to enhance or expand efforts, and promote the exchange of ideas for what works at local levels.

Consider the following examples from local public health partners:

- Ensuring consistent messaging and uniform practices for topics that cross programs, such as breastfeeding and child care.
- Promoting workplace policies that support breastfeeding for staff and clients.
- Leveraging state-level priorities with local leaders to support community investment in obesity prevention.
- Convening a community-led process to prioritize and identify actions for local implementation.

GETTING STARTED — HELP START A MOVEMENT!

- Launch a multi-disciplinary discussion within your organization to create a common understanding of related work and partnership efforts across all programs and services.
- Take steps to coordinate and collaborate across programs that serve the same clients, or address the same or similar issues.
- Choose one or two actions, and commit to their implementation.
- Share information about your efforts and successes with your colleagues and peers across Oregon’s state and local public health systems.

OUR VALUES

- Development of an integrated public health system of county, community-based, tribal, state, regional and national agencies working together to improve the health of Oregonians.
- Coordination, cooperation and collaboration with partners, stakeholders and our communities.
- Ongoing improvement of cultural sensitivity in all aspects of this work.
- Achievement of health equity for all Oregonians.
- Reduction of factors that negatively affect health.
- Recognition of families as partners for childhood obesity prevention.
- Implementation of evidence-based prevention efforts across the life span.
- Evaluation of activities and initiatives for effectiveness, accessibility and quality.
- Discussion and dissemination of findings and results to the public, partners, stakeholders and communities (including special populations affected by disparities).
Promoting Healthy Weight and Development in Early Childhood.

References


